

Integrated Care Board

Date of meeting	24 July 2025
Title of paper	Integrated Performance Report
Presented by	Asim Patel, Chief Digital Officer
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Agenda item	18
Confidential	No

Executive summary

The purpose of the report is to provide the Integrated Care Board (ICB) with the latest position against a range of published performance metrics.

Summary of key performance metrics

Elective Recovery – There has been a marginal increase in the number of patients waiting for treatment up to 240,649 patients at the end of April 2025 at ICB level. There were 202 patients reported waiting in excess of 65 weeks, with just under half of these waiting under the Gynaecology specialty.

Diagnostics – There has been an improvement in performance against the 6 weeks diagnostic target during April 2025 to 79.3% for the four main Lancashire & South Cumbria providers. Latest performance for the ICB shows that 80.1% of people waited less than 6 weeks for a diagnostic test. The national performance (78.8%) and the North West performance (86.1%) both deteriorated in month.

Cancer – In April 2025, the faster diagnosis deteriorated across the ICB (73.7%). Performance against the 31-day standard also deteriorated with only one local provider meeting the 95% target. Achievement against the 62-day standard remains significantly challenged across all providers.

Urgent and Emergency Care (UEC) – Performance against the 4hr target in May 2025 was 77.5%, an improvement on the previous period but below the 78% target for May 2025. The percentage of patients spending more than 12 hours in an emergency department also improved during the most recent period. Category 2 response times was achieved in May 2025 (23 minutes and 34 seconds).

Mental Health – The out of area placement target has been revised to people in beds out of area, rather than bed days. The latest data shows that there were 2 inappropriate out of area placements, which is below plan. The dementia prevalence target continues to be met within L&SC ICB, above the national position.

Children and Young People – The levels of smoking at time of delivery are higher than national levels and significantly above those levels in Blackpool, however the rate is falling. The population vaccine coverage (MMR) for children under 5 continues to be above both the regional and national figure. The elective recovery for children shows that the number over 65 weeks waiters is currently at 36 (beginning July), with improving 18 weeks performance.

Primary Care - The number of General Practice appointments provided in April 2025 was slightly lower than our 2025-26 planning submission and is broadly in line with General Practice appointments rates seen across the North West. L&SC continues to have a lower general practice workforce per head of population than national averages.

All Age Continuing Care - Continuing Health Care (CHC) Eligibility reduced in April 2025 moving closer to the National average.

Recommendations

The Board is asked to note achievement against key performance indicators for Lancashire and South Cumbria and support the actions being undertaken to improve performance against metrics in this report.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments
Associated risks	✓			
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications	✓			

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Quality & Outcomes Committee	2 July 2025	Committee notes the report.
Executive Team	15 July 2025	Approved.

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed	✓			

Equality impact assessment completed	✓			
Data privacy impact assessment completed	✓			

Report authorised by:	Asim Patel, Chief Digital Officer
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Integrated Care Board – 24 July 2025

Integrated Performance Report

1.0 Introduction

- 1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (L&SC) and will be held to account by NHS England (NHSE) for system delivery against key constitutional performance and quality targets. Therefore, it is essential there is a robust performance reporting function in place to provide the ICB with an overview and highlight risks and challenges.
- 1.2 The purpose of the report is to provide the Board with the latest position against a range of published performance metrics appropriate balance scorecards to enable the Board to maintain oversight of progress against the ICB's strategic objectives and enable the Board to respond to identified and emergent risks.
- 1.3 Due to when updated data is received, this report provides the most recent position on a selection of indicators where available.

2.0 Key Performance Indicators

- 2.1 The system remains subject to on-going pressure and increased demand which impacts on performance metrics and one part of the system does not operate in isolation.
- 2.2 The table below provides a timeseries of key indicators:

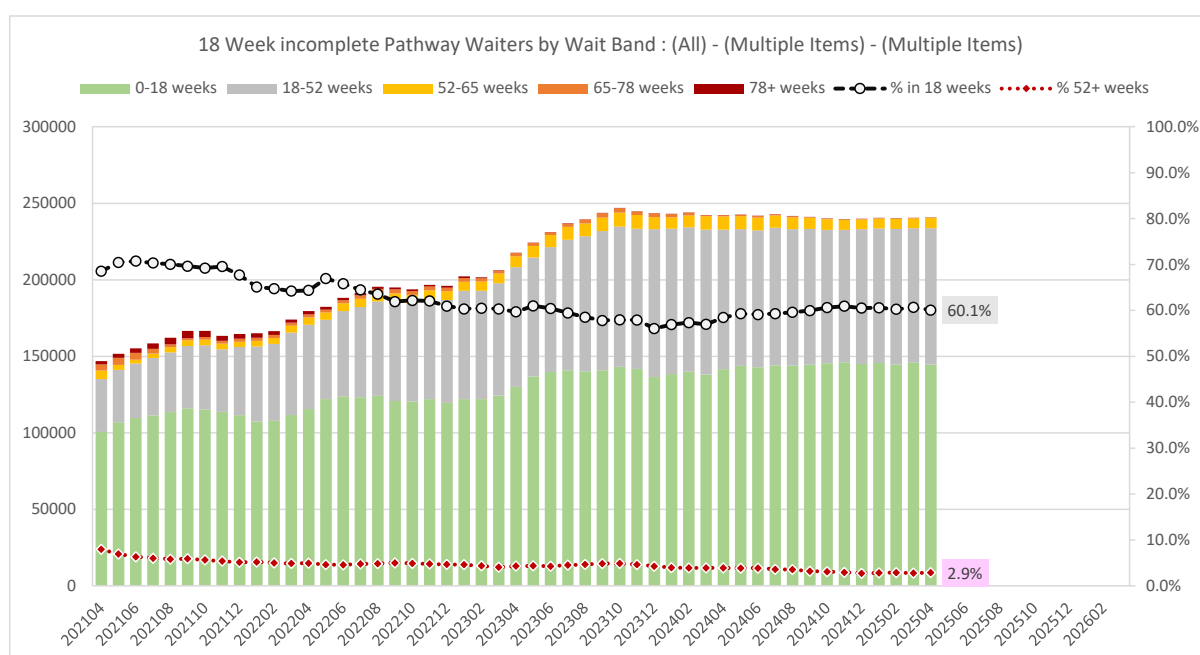
Table: 12 Month Timeseries of ICB Key Performance Indicators

Key Performance Indicator	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TREND	NORTH WEST	NATIONAL
Total patients waiting more than 104 weeks to start consultant-led treatments	1	1	0	1	0	0	0	0	0	0	2	1	0	0			0	0
Total patients waiting more than 78 weeks to start consultant-led treatments	39	21	18	13	16	29	43	62	37	19	28	36	11	10			0	0
Total patients waiting more than 65 weeks to start consultant-led treatments	745	786	960	1101	882	828	358	466	347	275	340	340	155	202			0	0
Total patients waiting more than 52 weeks to start consultant-led treatments	9546	9448	9391	9408	8832	8574	7763	7495	7087	6617	6771	6975	6662	6991			0	0
Capped Theatre Utilisation	79.80%	79.70%	83.30%	81.60%	82.35%	83.20%	84.00%	84.00%	86.10%	84.30%	84.00%	83.90%	82.90%	84.30%			80.30%	80.80%
BADS Daycase Rates	83.90%		84.40%	83.90%	83.50%	83.50%	85.30%	85.20%	85.20%	85.10%		85.50%					84.20%	84.60%
Specialist Advice - Pre-Referral (Rate per 100 OP)	7.35	6.50	6.73	5.60	6.21	6.57	6.75	6.39	6.37	6.53	6.45	6.65	6.81	6.90			4.47	6.50
Specialist Advice - Post-Referral (Rate per 100 OP)	35.41	28.59	28.15	27.25	25.63	27.73	26.57	28.32	27.37	29.43	27.26	26.96	29.20	29.00			25.52	22.70
Patient Initiated Follow-Ups (PIFU)	4.12%	3.66%	3.70%	3.76%	3.81%	4.21%	4.47%	4.36%	4.16%	4.41%	4.14%	4.38%	4.35%	4.50%			3.69%	3.97%
Number of Adults on Community Waiting Lists	15460	15176	15519	15855	15460	18816	18563	17607	16871	16579	12295	12123	12156	12619				
Number of Children on Community Waiting Lists	6415	6477	6379	6527	6119	5958	5886	5846	5896	5909	5821	5864	6125	5937				
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	75.30%	73.53%	76.34%	74.36%	73.17%	71.02%	71.40%	71.90%	73.68%	71.96%	73.90%	79.62%	80.74%	80.11%			86.08%	78.76%
People waiting longer than 62 days to start cancer treatment	358	400	434	531	505	504	483	451	394	458	424	392	410	455	563			
31 Day First Treatment (96% Standard)	92.04%	90.42%	93.35%	94.19%	92.69%	94.44%	92.94%	92.69%	92.13%	94.20%	90.94%	94.11%	91.90%	91.15%			94.06%	91.30%
62 Day referral to treatment (85% Standard)	73.10%	65.94%	68.02%	70.87%	68.68%	68.59%	67.18%	68.24%	71.22%	73.62%	70.66%	68.14%	69.52%	67.22%			72.51%	69.85%
% meeting faster diagnosis standard (75% Standard)	77.31%	75.24%	78.37%	78.29%	77.80%	77.64%	75.90%	79.85%	79.05%	80.61%	75.99%	80.82%	79.43%	73.73%			76.29%	76.72%
A&E 4 Hour Standard (76% Recovery Target)	76.05%	77.83%	77.86%	78.42%	78.33%	78.32%	77.00%	76.44%	76.06%	75.00%	74.46%	76.41%	76.89%	77.39%	77.52%		72.82%	75.39%
A&E 4 Hour Standard - Type 1 Only	60.22%	63.53%	63.72%	64.25%	64.64%	64.15%	62.54%	61.93%	61.98%	60.63%	58.67%	61.39%	61.63%	62.30%	62.68%		58.01%	61.21%
Proportion of patients spending more than 12 hours in an emergency department	9.98%	8.96%	7.66%	7.66%	7.57%	6.79%	8.79%	8.91%	8.48%	9.78%	11.25%	10.08%	8.57%	8.32%	6.96%		8.68%	
Average ambulance response time: Category 2	00:24:22	00:21:48	00:25:54	00:26:53	00:27:44	00:21:03	00:28:53	00:35:06	00:36:47	00:42:21	00:35:44	00:28:40	00:25:31	00:23:52	00:23:34			00:27:54
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	33.68%	30.85%	32.90%	31.17%	30.43%	25.16%	32.64%	36.90%	37.12%	40.24%	38.88%	32.42%	29.75%	29.73%	27.61%			28.05%
Number / % of patients with a LOS exceeding 21 days [BCF]	9.10%	9.20%	8.78%	8.69%	8.51%	7.81%	8.27%	8.37%	8.17%	8.26%	9.34%	9.33%	9.01%					7.35%
Proportion of patients discharged to usual place of residence [BCF]	93.48%	92.64%	93.38%	93.27%	92.56%	93.21%	92.89%	93.35%	92.71%	92.09%	92.48%	93.39%	92.89%					93.13%
2 Hour Urgent Community Response (70% Target)	95.50%	95.08%	95.11%	93.28%	93.98%	93.48%	94.74%	92.36%	91.24%	90.58%	90.23%	91.84%	94.02%	93.24%			87.15%	84.17%
Virtual Ward Occupancy (Snapshot)	54.77%	50.83%	58.63%	46.46%	54.95%	57.08%	68.74%	71.39%	65.72%	74.80%	77.75%	71.05%	68.90%	59.25%	47.18%		66.71%	75.00%
Total Virtual ward capacity per 100k of adult population	27.34	22.84	22.84	22.89	22.89	22.89	22.62	20.95	20.95	20.14	20.14	20.14	20.14	20.14	20.14		21.25	19.50
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	79.82%	3.66%	7.31%	11.41%	16.83%	22.16%	27.60%	34.73%	43.31%	50.48%	61.21%	72.58%	81.43%				82.04%	79.88%
Estimated diagnosis rate for people with dementia	68.34%	68.35%	68.48%	68.44%	68.89%	69.14%	69.33%	69.44%	69.68%	69.28%	68.83%	68.44%	68.39%	68.13%			70.02%	65.52%
Number of general practice appointments per 10,000 weighted patients	4093.8	4137.7	4144.9	3885.5	4255.3	3821.2	4163.2	5451.8	4357.0	3906.9	4572.7	4070.9	4333.8	3930.3			3977.7	4720.2
% Same Day Appointments (ACC-08)	42.55%	43.30%	42.92%	42.89%	41.65%	42.83%	41.47%	35.39%	40.89%	44.57%	43.18%	42.21%	42.32%	42.28%				
% of Appointments within 2 weeks of booking (ACC-08)	88.30%	87.05%	87.62%	87.31%	87.15%	87.43%	87.08%	84.99%	86.62%	87.90%	87.78%	87.41%	86.83%	85.96%				
Percentage of resident population seen by an NHS dentist - ADULT	38.48%	38.08%	38.22%	38.32%	38.46%	38.54%	38.63%	38.78%	38.85%	38.93%	40.16%	40.22%	40.20%	40.28%	40.26%			
Percentage of resident population seen by an NHS dentist - CHILD	59.87%	59.61%	60.00%	60.20%	60.59%	60.77%	61.00%	61.39%	61.59%	61.80%	63.43%	63.54%	63.84%	64.08%	64.04%			
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	7.52%	7.45%	7.41%	7.38%	7.35%	7.35%	7.33%	7.30%	7.33%	7.34%	7.38%	7.43%	7.47%					
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	1.109	1.150	1.169	1.019	1.126	1.091	1.010	1.055	1.020	1.032	1.032	0.932	0.948					0.74

- 2.3 The following narrative outlines current performance against other key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.
- 2.4 Indicators are aligned to the strategic objectives within the updated balanced scorecard (Appendix A).
- 2.5 Information on the balanced scorecard is reported at a 'level' that is readily available from national reporting.

3.0 Domain 1 – Elective Recovery

- 3.1 The number of patients waiting for treatment has increased marginally this month to a total of 240,649 patients waiting for treatment at the end of April 2025 at ICB level. Looking over the past 12-15 months, the total waiting list size has plateaued with very little movement of any significance in year.



- 3.2 At the end of April 2025, Lancashire & South Cumbria ICB commissioned activity included:
- 10 patients waiting in excess of 78 weeks.
 - 65+ week waiter numbers have not reduced to zero and there remain 202 patients waiting in excess of 65 weeks at the end of April 2025. 72 of these patients (35.6%) were waiting at IS providers or at NHS providers outside of the LSC area. Gynaecology accounts for 94 (46.5%) of these waiters
 - 6991 x 52+ week waiters. Neither the ICB nor the aggregate LSC providers position is delivering the 52+ week waiting list reduction trajectory which has

been re-phased to deliver significant movement towards the 1% milestone target for 2025-26.

- 3.3 The end of April 2025 position for the 4 main NHS providers within Lancashire & South Cumbria reported:
- 0 x 104+ week waiters
 - 3 x 78+ week waiters (2 at Blackpool Teaching Hospitals / 1 at East Lancashire Hospitals)
 - 132 patients waiting 65+ weeks
 - 190,529 patients awaiting treatment.
- 3.4 During 2025-26, the focus has moved back to the 18 week referral to treatment measure. There is a national average target of 65% by March 2026 as a milestone towards recovery back to the 92% constitutional standard and within the planning round expected performance (5% above baseline) has been articulated for each provider (and ICB). At the end of April 2025 the ICB was reporting that 60.1% of patients were waiting 0-18 weeks for treatment which is above the regional (57.2%) and national average (59.7%). However, there are variations in performance across the 4 main providers within our system (from 54.8% at Lancashire Teaching Hospitals Trust (LTHT) to 68.2% at University Hospitals of Morecambe Bay (UHMB).
- 3.5 Model Hospital metrics highlight a subset of circa 200 procedures identified by the British Association of Day Surgery (BADs) as most suited to being undertaken as a day case (or outpatient procedure based on the updated definition). Latest information shows Lancashire & South Cumbria was performing at 85.5% (Dec24-Feb25), which is higher than regional and national averages.
- 3.6 Lancashire & South Cumbria ICB latest performance (28th May 2025) on theatre capped utilisation is 84.3% which is within the upper quartile of performance and is well above the national and regional average.
- 3.7 The percentage of patients who are discharged to a Patient Initiated Follow-Ups (PIFU) is marginally above our updated 2025-26 planning submission [Plan = 4.28% / Actual = 4.5%] and local performance remains above the North West and National averages. However, there are wide variations between providers with University Hospitals Morecambe Bay making the greatest contribution to the overall system level performance.
- 3.8 Pre-referral diversion rates for specialist advice in April 2025 was 35.5% which was higher than the national diversion rate while our utilisation rate was also higher. However, post referral diversions (9.6%) were lower than regional and national averages despite higher levels of utilisation.

- 3.9 The reported number of adults and children with waits over 52 weeks in the community continues to highlight pressure on the Paediatric Community pathway and therapy services for children and tier 3 weight management services for adults. The Children & Young People commissioners are currently undertaking a review of the children's paediatric pathway which will ensure consistent delivery across the ICB. Discussions with providers on the 2025-26 plan shows that they expect pressure on these pathways to continue into the latter part of the financial year 2025-26.

4 Domain 2 – Diagnostics

- 4.1 Performance against the 6 weeks diagnostic target improved (79.3%) for Lancashire & South Cumbria providers. Both East Lancashire Hospitals Trust and Lancashire Teaching Hospitals saw an improvement in their performance during April 2025 compared to the previous month. The performance for Lancashire & South Cumbria ICB deteriorated slightly in the month to 80.1%. The national performance (78.8%) and the North West performance (86.1%) both deteriorated in month.
- 4.2 The total waiting list for the ICB, which includes the 4 main providers, ICB patients being treated out of areas and within the independent sector, reduced to 51,919 in the month (the 4 main providers decreased in April 2025 from the previous month and now stands at 43,280). The North West waiting list increased in month, whilst the National waiting list reduced.
- 4.3 The most challenged performance at Lancashire Teaching Hospitals Trust is mainly due to consistently high number of patients waiting over 6 weeks for diagnostic scopes and echocardiography which for April 2025 had 2,276 patients and 1,298 patients waiting over 6 weeks respectively. Improvement has been seen with the total number of patients that are waiting over 6 weeks reducing to 5,795 in total compared to 6,639 the previous month. Regular oversight meetings on diagnostic performance continue to take place.
- 4.4 The Community Diagnostic Centres (CDCs) are a key national policy, part of the elective care recovery plan, aimed at enhancing diagnostic services in England. They alleviate pressure on acute services, dedicate resources for elective diagnostics, and boost diagnostic capacity.
- 4.5 Across Lancashire & South Cumbria, the total activity in April 2025 across the CDCs was 20,324 against a plan of 24,324. There was a significant underachievement against plan for Lancashire Teaching Hospitals with a total of 4,993 tests delivered against a plan of 8,683 (58%). This was due to staffing pressures across the Trust and CDC site which is not expected to be fully resolved until Q2. Achievement against plan for the four local providers is as follows:

- Blackpool Teaching Hospitals – 2 CDC – 112% against plan
- East Lancashire Hospitals Trust – 2 CDC – 100% against plan
- Lancashire Teaching Hospitals – 1 CDC – 58% against plan
- University Hospitals Morecambe Bay – 3 CDC – 91% against plan

4.6 Delivery by site shows significant variation with some overperforming by 23% in month and some significantly underperforming against plan. This will continue to be monitored closely to ensure that systemwide available capacity and funding is optimised to delivery maximum activity levels.

5 Domain 3 – Children & Young People

5.1 For the full year 2024-25 the proportion of women smoking at time of delivery (SATOD) was higher in Blackpool (13.1%) and Lancashire (7.15%), than the England average (6.1%). Blackburn with Darwen Local Authority is under the national average at 5.8%. The rate of SATOD did fall in the year however and initiatives with more women seen by the treating tobacco dependency team and an increase in women who have supported care plans.

5.2 The population vaccination coverage for 5-year-olds compares favourably in quarter 4 of 2024-25 (Lancashire – 87.1%, Blackburn with Darwen – 85.1%, Blackpool 87.2%) with the Northwest (86.3%) and national levels (84.5%). The Primary Care Networks (PCNs) continue to work with the Improving Immunisation Uptake Team (IIUT) to increase uptake in vaccinations for 0–5-year-olds.

5.3 For Children's community services there were 245 waiting over 52 weeks in April 2025 down from 255 in March 2025, with 240 of those waiting for Community Paediatric services. There is an ongoing paediatric services review being led by the ICB children's team looking at a consistent delivery of service, however in the immediate term the ICB is working with providers on recovering the current position using the vulnerable service contract process.

5.4 For elective waits in children, the latest position shows that the number waiting over 65 weeks is currently 36, with 683 children waiting over 52 weeks. The largest number of 52 weeks waits are for the Maxillofacial service at Lancashire Teaching Hospitals and East Lancashire Hospitals and the paediatric service at Lancashire Teaching. The 18 weeks performance is currently 56.6%.

6 Domain 4 – Cancer

6.1 In April 2025, the faster diagnosis standard was narrowly missed across the ICB (73.73%) with all providers achieving the 75% target with the exception of Blackpool Teaching Hospitals which reduced the aggregate total. Performance

has reduced in April due to several factors across providers, with breast pressures a significant factor. This is a deterioration on the previous month and the first time the target has not been achieved for over a year.

- 6.2 Performance against the 31-day standard deteriorated slightly to 91.1%, missing the 95% target and was just below national levels in April 2025. University Hospitals Morecambe Bay was the only local provider to achieve the 95% target.
- 6.3 Achievement against the 62-day standard remains less favourable. Overall, performance across the ICB in April 2025 was 67.2%, with none of our providers achieving the target.

Provider Performance against 3 core cancer standards (April 2025)

PROVIDER	FDS	31 Days	62 Day
Blackpool Teaching Hospitals NHS Foundation Trust	65.8%	95.4%	64.0%
East Lancashire Hospitals NHS Trust	77.1%	94.8%	78.7%
Lancashire Teaching Hospitals NHS Foundation Trust	77.8%	84.5%	53.1%
University Hospitals of Morecambe Bay NHS Foundation Trust	79.2%	98.6%	71.5%
L&SC AGGREGATE (4 x Providers)	73.7%	91.2%	67.4%
TARGET	75.0%	96.0%	85.0%

L&SC Cancer Alliance Performance against 3 core cancer standards (April 2025)

Cancer Alliance	FDS	31 Days	62 Day
L&SC Cancer Alliance (CCG TOTAL)	75.1%	90.8%	66.4%
TARGET	75.0%	96.0%	85.0%

- 6.4 Setting these measures in context, Lancashire & South Cumbria was ranked as follow with a combined 12-month rolling performance up to April 2025:
- 16/42 ICB for FDS standard
 - 20/42 ICB for 31-day standard
 - 21/42 ICB 62-day standard
- 6.5 Actions to improve waiting times include service transformation in dermatology, SACT (Systemic Anti-Cancer Treatment) and non-surgical oncology. Service improvement work in urology, gynaecology and there are investments made to each Trust to support improvements in their local pathways.
- 6.6 Cancer is more prevalent in Lancashire and South Cumbria population verses nationally (4% vs 3.5%). The rate of premature mortality from cancer in Lancashire (129.9) is significantly worse than the England value (123.2).
- 6.7 For early diagnosis we remain amongst the worst nationally for the proportion of people diagnosed with early-stage cancers. Early stage means the cancer is localised with no or limited spread (53% compared to 57% nationally). Whilst we

have improved at a faster rate than the national average over the last 12 month, we still have too many patients being diagnosed with late-stage cancers. The gap between our local system is most acute within lung, prostate and upper gastrointestinal. Actions underway include tailored and targeted community engagement and campaigns, investment in VCFSE (voluntary, community, faith and social enterprise sector) partnership with Spring North to ensure targeted funding to specific communities and groups in our highest need areas with a focus on health inequalities not just cancer.

- 6.8 The lung screening programme is looking to shift the dial on finding lung cancers early and increasing curative treatments and survival for our population. Locally, 322 lung cancers have been diagnosed by the programme between August 2021 and April 2025. In the last 12 months, 83% of diagnosed cancers were early stage (stage 1 and 2). The ICB is completing scans in Fylde and Wyre prior to covering the ever smokers in Preston from August 2025. We are operational in Blackpool, East Lancashire, and Blackburn with Darwen.

7 Domain 5 – Urgent & Emergency Care

- 7.1 Performance against the 4hr target in May 2025 was 77.5%, which was an improvement on the previous period, but slightly below the 78% target within the planning guidance. Lancashire & South Cumbria performed better than the Northwest and national average. Only East Lancashire Hospitals achieved the target with Blackpool Teaching Hospitals just below and Lancashire Teaching Hospitals being significantly below the other providers.
- 7.2 The percentage of patients spending more than 12 hours in an emergency department improved during the most recent period. There continues to be variation by provider, although Lancashire & South Cumbria performed better than the Northwest average.
- 7.3 There is a requirement to minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards.
- 7.4 The Category 2 response time target in the planning guidance is an average of 30 minutes across the year. This was achieved once again in May 2025 at 23 minutes and 34 seconds and continues to compare favourably to the national achievement of 27 mins and 54 seconds. NHS England 45-minute ambulance handover Implementation (Release to Rescue) is expected to commence in July 2025 and all providers are required to have processes to support safe and successful implementation at site levels.

*CAT 2 - A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport

- 7.5 Adult General & Acute (G&A) bed occupancy rates (adjusted for void beds) improved in May 2025 to 96.0%, which was above the averages across the Northwest (95.2%) and England (94.5%).
- 7.6 Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. To track the scale and extent of this issue a measure in the System Oversight Framework (SOF) that looks at the average number of beds occupied by patients who no longer meet the criteria to reside (NMC2R) as a percentage of the average number of occupied adult (G&A) beds available during the month.
- 7.7 Across Lancashire & South Cumbria 12.6% of all adult G&A beds were occupied by NMC2R patients, which was an improvement on the previous period. These can fluctuate daily (and a weekly cycle) while there is variability at provider level, overall, the ICB performed better than North West and National averages.
- 7.8 The Virtual Ward Programme across Lancashire & South Cumbria is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Virtual ward capacity across Lancashire & South Cumbria remained at 373 beds. The occupancy of 47.2% for May 2025 snapshot shows a decrease from the previous month and behind the planning trajectory of 80.2%.
- 7.9 Work continues on reporting the delivery, impact, exceptions and de-escalation cost reductions of the place-based Urgent and Emergency Care improvement plans. Flu vaccination will be a key part of the UEC Recovery plan. The ICB will renew and refresh flu vaccination plans for staff and system work, focusing on support into care homes. The UEC Strategic System Oversight Board continues to review delivery of improvement plans, their impact and key challenges and constraints.

8.0 Domain 6 – Mental Health and Learning Disabilities

- 8.1 The latest information at the end of May 2025 shows that there were 2 patients with an inappropriate out of area placement (OAPs), down from 30 at the start February 2025 and under plan at this stage. The ICB continues to work with Lancashire & South Cumbria Foundation Trust to deliver their 5-point plan to reduce the number of OAPs based on:
- Patient pathways programme to improve care and reduce Length of Stay (LoS) and bed occupancy - starting with the Emotionally Unstable Personality and Psychosis pathways and undertaking clinical pathway redesign, process design and team development.
 - Strengthening community base Mental Health services to tackle avoidable admissions and support earlier discharge by improving Home First Team

offer, developing community based rehabilitation and reducing waits for CMHTs.

- Reshape Lancashire & South Cumbria Foundation Trust Bed Model – looking at demands for the type of beds required and developing supply to match the demand requirement.
- Develop innovative solutions to housing needs of patients on discharge, which has had success in 23/24 working with the ICB and Local Authorities.
- Work with the ICB and Local Authorities to reduce those clinically ready for discharge (CRFD) by 50%, by utilising regular MADE (Mutli-Agency Discharge Events) for example.

8.2 The latest local data shows that the ICB is not meeting the reliable recovery target (46%) and is just under target for reliable improvement target year to date (66.9%), for NHS talking therapy services.

8.3 Dementia diagnosis rates remain above the target and are also above national levels, although in the latest month it is below the Northwest level. Lancashire and South Cumbria Foundation are completing a review of memory assessments services in Pennine Lancs in June 25 to address the poor performance for waiting times.

9.0 Domain 7 – Primary Care

9.1 The number of General Practice appointments provided in April 2025 was slightly lower than our 2025-26 planning submission and is broadly in line with General Practice appointments rates seen across the North West. However, the rate of appointments per 100k weighted population seen locally is below the national average and there continue to be variations across the ICB.

9.2 86% of General Practice appointments were offered within 2 weeks of booking in April 2025 (for the 8 specific appointment types) and 52.6% of these appointments were offered on the same day. Although performance is marginally below regional and national averages, there remain variations at sub-ICB (and lower) levels with same day appointments ranging from 42.8% to 61.0%.

9.3 L&SC has a lower general practice workforce per head of population than national averages and this will impact upon the number of appointments able to be provided. This is particularly significant in terms of GPs per head of population as the latest position suggests 5.4 Full time equivalent GPs per 100k weighted population for the ICB compared with 6.14 FTE GPs per 100k weighted population nationally.

9.4 The NHS Long Term Plan (NHSLTP) includes a major ambition to prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years. To complement the NHSLTP, the National Cardiovascular Disease Prevention

System Leadership Forum (CVDPSLF) has agreed specific ambition for management of high blood pressure.

- 9.5 The latest data for December 2024 from CVDPrevent reported that 67.6% of L&SC hypertension patients were treated to target as per NICE guidance. This is marginally above the Northwest and national position. However, further progress will need to be made to achieve the revised target of 80% by March 2025.
- 9.6 It is the ICB's ambition for 40.3% of the adult resident population (in a 24 month period) and 63.03% of resident children (in a 12 month period) to have seen an NHS dentist by March 2026. The latest available position to May 2025 is reporting 40.3% for adults and 64.04% of children both of which are running above our planning trajectory. For 2025-26 the basis of this measure has been changed to the resident population irrespective of where the dental practice that sees them is based.

10.0 Domain 8 – Palliative Care

- 10.1 Lancashire & South Cumbria had a practice population of 1,86,137 in May 2025. Of those patients registered with a General Practitioner (GP) as of May 2025, 15,093 (0.8%) were included on a Quality and Outcome Framework (QOF) palliative care register.
- 10.2 The aim is to have an ongoing 0.6% of the total population on the palliative care register, 60% of these identified as being in the last year of life by the time they have died and 60% to have had a care plan/EOL discussion by the time they have died.
- 10.3 Lancashire & South Cumbria performance is at 46% of patients deceased in May 2025 on the QOF register for end of life, with West Lancashire place achieving the highest performance at 56.0% of people registered and Pennine Lancashire the lowest at 42.1%. The total number of people that have died and had a form of care planning was 36.6% in May 2025 with Morecambe Bay place achieving the highest performance at 48.3% and West Lancs the lowest at 22.9%.
- 10.4 A set of indicators have been compiled by the End of Life team, which will be reported going forward to reflect wider activity in the community.

11.0 Domain 9 – All Age Continuing Care

- 11.1 'NHS Continuing Healthcare' (NHS CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been assessed and found to have a 'primary health need' as set out in the National framework for NHS Continuing Healthcare and NHS-funded nursing care. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness.

- 11.2 Continuing Health Care (CHC) Eligibility reduced again in April 2025 to 14% from an average of approximately 20% in quarter 4 of the last financial year, moving closer to the National average.

CHC Eligibility

Indicator	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Number Eligible for Standard CHC (Snapshot)	1,774	1,852	1,919	1,933	1,945	1,962	1,966	2,016	1,932	1,918	1,893	1,870
Indicator	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Standard CHC Referral Conversion Rate (% CHC Eligibility)	33%	24%	30%	32%	32%	31%	32%	27%	26%	21%	12%	14%

Indicator	Q4 24-25	Indicator	Latest Benchmarking (Q4 24-25)			
	Lancs & S Cumbria		Lancs & S Cumbria	Greater Manchester	Cheshire & Merseyside	National
Standard CHC Referral Conversion Rate (% CHC Eligibility)	19.7%	Standard CHC Referral Conversion Rate (% CHC Eligibility)	19.7%	17.8%	22.1%	13.6%

- 11.3 The Number of Fast Track patients within L&SC has reduced by 458 (44.8%) from July 2024 to April 2025. This has led to reduction in the number of patients eligible for Fast Track per 50k population dropping from 41.1 Q4 2023-24 to 28 at the end of Q3 2024-25. (Projection of circa 22 at the end of Q4 – awaiting NHSE finalised data).

12.0 NHS Operational Planning Guidance 2025-26

- 12.1 Following the publication of the NHS 2025-26 priorities and operational planning guidance, the integrated performance report will align to the new set of national metrics. There will be an increased focus on outcomes and health inequalities reflecting the three unifying goals agreed by the ICB Board, along with actions to improve services and reduce variation across Lancashire & South Cumbria.

13.0 Fit for the future - 10 Year Health Plan for England

- 13.1 The 10 Year Health Plan published earlier this month is designed to track progress across the three major reform shifts – hospital to community, analogue to digital, sickness to prevention and support transparency, financial discipline, workforce readiness and innovation. Included are clear milestones on waiting times, financial health, digital usage, care planning, public health goals and workforce metrics. The ICB performance framework will reflect these ambitions and will include measures to monitor progress and provide assurance through the integrated performance report as it evolves.

14.0 NHS Oversight Framework

- 14.1 The new NHS Oversight Framework 2025-26 describes a consistent and transparent approach to assessing ICBs and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement.
- 14.2 It has been developed with the engagement and contributions from the NHS leadership and staff, representative bodies, think tanks, including through two public consultations.

14.3 The framework will be reviewed in 2026-27 to incorporate work undertaken to implement the ICB operating model and to take account of the ambitions and priorities in the 10 Year Health Plan.

14.4 NHSE will not be segmenting ICBs in 2025-26 as this will be a year of significant change for ICBs as we transform in line with the Model ICB Blueprint to focus on strategic commissioning and implement plans to meet the running cost reductions. Support to ICBs in this year will be focussed on the safe implementation of their plans.

15.0 Conclusion

15.1 Whilst performance within Lancashire & South Cumbria continues to compare well with that of the northwest and nationally, we are seeing an increase in waiting times, pressure across urgent care pathways and a deterioration against key metrics. Work is on-going within teams to develop plans where performance is challenged to improve performance.

16.0 Recommendations

16.1 The Board is asked to note achievement against key performance indicators for Lancashire & South Cumbria and support the actions being undertaken to improve performance against metrics in this report.

Asim Patel
Chief Digital Officer
July 2025

Appendix A – Performance Scorecard

S05 - Meet national and locally determined performance standards and targets		ICB COMMISSIONER				S02 - Equalise opportunities and clinical oucomes across the area													
						Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central			Lancashire - Coastal	South Cumbria	PROVIDER					
									CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)	BTH	ELHT	LTHT	UHMB	LSCFT	NWAS
Key Performance Indicator	Date	Plan	Actual	In month	Direction	BwD (00Q)	Bpool (00R)	EL (01A)	CSR (00X)	GP (01E)	WL (02G)	FW (02M)	Mbay (01K)						
Total patients waiting more than 104 weeks to start consultant-led treatments	Apr-25	0	0	✓	↔	0	0	0	0	0	0	0	0	0	0	0	0		
Total patients waiting more than 78 weeks to start consultant-led treatments	Apr-25	0	10	✗	↑	0	1	2	1	0	4	1	1	1	2	0	0		
Total patients waiting more than 65 weeks to start consultant-led treatments	Apr-25	0	202	✗	↓	4	56	18	15	18	24	56	11	101	13	17	1		
Total patients waiting more than 52 weeks to start consultant-led treatments	Apr-25	6033	6991	✗	↓	841	835	2120	553	761	358	823	700	1322	2598	1642	430		
18 week RTT Performance %	Apr-25		60.08%		↓	57.85%	57.12%	57.21%	60.55%	59.63%	64.63%	58.65%	65.84%	55.67%	56.46%	54.82%	68.19%		
52 week RTT Performance %	Apr-25		2.91%			3.70%	3.39%	3.96%	2.25%	2.50%	2.02%	3.16%	1.71%	3.87%	4.31%	2.67%	1.40%		
WLMDS - % waiting 0-18 weeks	01-Jun-25	61.17%	60.47%																
WLMDS - % waiting 52+ weeks	01-Jun-25	2.57%	3.15%																
WLMDS - Total over 52 weeks	01-Jun-25	6524	7656																
WLMDS - CHILDREN (0-18) % waiting 0-18 weeks	01-Jun-25	61.18%	54.43%																
WLMDS - CHILDREN (0-18) % waiting 52+ weeks	01-Jun-25	2.37%	4.70%																
WLMDS - CHILDREN (0-18) Total over 52 weeks	01-Jun-25	561	1162																
BADS Daycase Rates [Provider]	Dec24-Feb25		85.5%		↔									90.50%	83.10%	82.90%	86.40%		
Specialist Advice - Pre-Referral (Rate per 100 OP)	Apr-25		6.90		↔									5.96	5.82	8.71	7.42	0.00	
Specialist Advice - Pre-Referral (% DIVERTED)	Apr-25		35.5%											31.4%	27.0%	27.9%	44.0%	0.0%	
Specialist Advice - Post-Referral (Rate per 100 OP)	Apr-25		29.00		↔									44.95	27.52	2.48	25.92		
Specialist Advice - Post-Referral (% DIVERTED)	Apr-25		9.6%											9.2%	12.7%	42.8%	5.4%		
Patient Initiated Follow-Ups (PIFU)	Apr-25	4.28%	4.50%	✓	↑									0.79%	1.68%	2.51%	12.20%		
Number of Adults on Community Waiting Lists	Apr-25		12619		↔									5357	1136		3331	2339	
Number of Children on Community Waiting Lists	Apr-25		5937		↑									1111	1851		395	2768	
Number of Adults on Community Waiting Lists waiting 52+ weeks	Apr-25		93		↑									134	13		0	0	
Number of Children on Community Waiting Lists waiting 52+ weeks	Apr-25		245		↑									155	95		4	1	
Diagnostic Tests - Magnetic Resonance Imaging	Apr-25	11,553	12,417	✓										2181	2531	2682	2380		
Diagnostic Tests - Computed Tomography	Apr-25	19,929	20,755	✓										4844	5259	4120	4170		
Diagnostic Tests - Non-Obstetric Ultrasound	Apr-25	21,909	21,458	✗										3344	6504	5480	3463		
Diagnostic Tests - Colonoscopy	Apr-25	2,220	2,150	✗										500	880	152	359		
Diagnostic Tests - Flexi Sigmoidoscopy	Apr-25	605	546	✗										91	120	56	133		
Diagnostic Tests - Gastroscopy	Apr-25	2,233	2,378	✓										391	971	131	406		
Diagnostic Tests - Cardiology - Echocardiography	Apr-25	5,698	6,148	✓										1061	1588	2119	731		
Diagnostic Tests - DEXA Scan	Apr-25	1,487	1,493	✓										267	345	375	341		
Diagnostics Tests - Audiology	Apr-25	4,812	5,045	✓										626	615	663	799		
Diagnostics % in 6 week - MRI	Apr-25	13.0%	12.2%	✓															
Diagnostics % in 6 week - CT	Apr-25	5.0%	9.4%	✗															
Diagnostics % in 6 week - NOUS	Apr-25	18.1%	13.0%	✓															
Diagnostics % in 6 week - COLONOSCOPY	Apr-25	45.3%	31.8%	✓															
Diagnostics % in 6 week - FLEXI-SIGMOIDOSCOPY	Apr-25	56.1%	45.7%	✓															
Diagnostics % in 6 week - GASTROSCOPY	Apr-25	38.4%	28.6%	✓															
Diagnostics % in 6 week - ECHOCARDIOGRAPHY	Apr-25	39.2%	30.7%	✓															
Diagnostics % in 6 week - DEXA	Apr-25	23.1%	15.7%	✓															
Diagnostics % in 6 week - AUDIOLOGY	Apr-25	21.0%	28.8%	✗															
% of patients that receive a diagnostic test within six weeks (National ambition of 95%)	Apr-25	95%	80.1%	✗	↑	94.3%	81.1%	95.9%	67.4%	62.8%	88.7%	81.7%	78.6%	82.72%	98.55%	63.18%	80.02%		

S05 - Meet national and locally determined performance standards and targets		ICB COMMISSIONER				S02 - Equalise opportunities and clinical outcomes across the area												ICB PROVIDER AGGREGATE						
						Blackburn with Darwen	Blackpool	Lancashire - East	Lancashire - Central		Lancashire - Coastal	South Cumbria	PROVIDER											
People waiting longer than 62 days to start cancer treatment	May-25		563	✖	↓									72	252	139	100				563	✖	↓	
31 Day First Treatment (96% Standard)	Apr-25	96%	91.1%	✖	↓	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	95.4%	94.8%	84.5%	98.6%				96%	90.8%	✖	↓
62 Day referral to treatment (85% Standard)	Apr-25	85%	67.2%	✖	↓	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	64.0%	78.7%	53.1%	71.5%				85%	56.4%	✖	↓
% meeting faster diagnosis standard	Apr-25	75%	73.73%	✖	↓	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	65.8%	77.1%	77.8%	79.2%				75%	75.0%	✓	↔
A&E 4 Hour Standard (78% Target)	May-25	78%	77.52%	✖	↑									78.3%	79.7%	71.0%	75.4%				78%	76.65%	✖	↓
A&E 4 Hour Standard - Type 1 Only	May-25		62.68%		↔									54.6%	66.1%	63.4%	65.0%					62.68%		
Proportion of patients spending more than 12 hours in an emergency department [provider]	w/e 11 June 2025	2%	7.82%											8.1%	8.1%	9.9%	4.2%				2%	7.82%	✖	↑
Average ambulance response time: Category 2	May-25	00:30:00	00:23:34	✓	↑													00:23:34		00:30:00	00:23:34	✓	↓	
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	May-25	5%	24.34%		↑									27.8%	19.4%	33.6%	16.0%	27.6%		5%	24.34%			
Delayed Transfers of Care / No Medical Criteria to Reside [Provider]	May-25		13.3%											2.5%	12.0%	14.8%	26.9%					13.29%		
Adult G&A Bed Occupancy	May-25	92%												95.85%	97.12%	95.71%	94.99%			92%	95.97%	✖		
G&A Bed Capacity	May-25													767	782	822	592				2963			
% G&A Beds Occupied by Patients patients with a length of stay of 7+ Days	May-25		49.4%											50.1%	44.0%	52.8%	50.8%				49.4%			
% G&A Beds Occupied by Patients patients with a length of stay of 14+ Days	May-25		27.4%											28.0%	23.3%	29.2%	29.8%				27.4%			
% G&A Beds Occupied by Patients patients with a length of stay of 21+ Days	May-25		17.2%											17.9%	14.2%	18.5%	18.6%				17.2%			
Number / % of patients with a LOS exceeding 21 days [BCF]	Mar-25		9.0%			10.23%	9.69%	8.60%				9.96%												
Proportion of patients discharged to usual place of residence [BCF]	Mar-25		92.89%			91.92%	92.42%	92.51%				95.80%												
AVOIDABLE ADMISSIONS : Indirectly standardised rate (ISR) of admissions per 100,000 population [BCF]	Jan-Dec 2024					0.77	1.76	1.07				0.95												
Emergency hospital admissions due to falls in people aged 65 and over (DSR per 100,000) [BCF]	2023-24					1205.76	1940.79	1622.26				1932.21												
Reducing length of stay for patients in hospital for 21 days and over - Variance to Plan	March 2025													-3	5	54	-6			446	496	✖	↑	
2 Hour Urgent Community Response (70% Target)	Apr-25	70%	93.24%	✓	↔									88.57%	88.97%		97.62%	79.17%						
Virtual Ward Bed Capacity vs Plan	May-25		373		↔									71	160	80	47			425	373	✖		
Virtual Ward Occupancy (Snapshot)	May-25	80%	47.18%	✖	↓									7.04%	88.75%	0.00%	53.19%			80%	47.18%			
Total Virtual ward capacity per 100k of adult population	May-25	20.14	20.14		↔																			
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	Mar-25	73.5%	81.4%		↑	79.3%	71.2%	83.0%	82.7%	82.0%	85.8%	80.4%	83.7%											
Inappropriate adult acute mental health Out of Area Placement (OAP) - Active [LSCFT]	Mar-25	0	0	✓	↑												0		0	0	✓	↓		
Estimated diagnosis rate for people with dementia	Apr-25	66.7%	68.13%	✓	↔	63.2%	70.0%	65.0%	72.9%	75.0%	66.6%	65.3%	68.6%											
Talking Therapies : % of Eligible Referrals having reliably recovered	Apr-24-Feb-25		48.00%		↔									46.00%			48.00%							
Number of general practice appointments per 10,000 weighted patients	Apr-25	4004	3930	✖	↑	3795	3527	4010	4284	4165	4456	4663	4006											
% Same Day Appointments (ACC-08)	Apr-25		52.57%		↔	61.0%	42.8%	51.5%	51.6%	60.9%	54.0%	52.6%	50.4%											
% of Appointments within 2 weeks of booking (ACC-08)	Apr-25		85.96%		↑	88.7%	83.7%	85.6%	86.2%	92.1%	85.9%	84.2%	83.5%											
General Practitioner appointments per FTE GP	Apr-25		319.00		↑	404.32	266.39	329.80	340.35	266.37	325.05	333.74	318.31											
Recover Dental Activity - Increase in Units of Dental Activity (UDA)	Mar-25		98.23%		↑																			
Pharmacy First Consultations by Type	Nov-24		17597		↑																			
Optometrist - NHS Sight Tests	May-25		36177		↔																			

DATA UPDATED WITHIN THIS REPORT
NO UPDATE AVAILABLE FOR THIS REPORT
UPDATE TO BE CONFIRMED