NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	25 September 2025
Title of paper	Integrated Performance Report
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Agenda item	11
Confidential	No

Executive summary

The new and updated Integrated Performance Report (IPR) was presented to the September Quality and Outcomes Committee for their review, scrutiny and assurance. The purpose of this report is to provide the Integrated Care Board (ICB) with a summary update on the latest position against key performance metrics highlighted within the full Integrated Performance Report.

Summary of key performance metrics

Elective Recovery - Delivery of our planned waiting list recovery trajectory continues to be a challenge. Although the proportion of patients waiting under 18 weeks on an incomplete pathway list is improving in line with our recovery trajectory the actual numbers of patients that this relates to is higher than we anticipated. We are not currently on track against our 52+ week waiting list trajectory and have more longer waiting patients than planned, particularly in specialties such as Gynaecology, Oral Surgery and Gastroenterology. The patient cohort aged under 18 are experiencing longer waits (on average) than the over 18 population. Specific programmes of work are underway across the system to support delivery through both the Planned Care commissioning and Elective Reform provider initiatives. Advice and Navigation is a crucial scheme to support managing patients in the most appropriate setting and only converting to a referral into hospital if necessary. Our utilisation for pre-referral specialist advice continues to increase and is above regional and national levels while our diversion rate remains above national levels.

Diagnostics – There has been an improvement in performance against the 6 weeks diagnostic target in June 2025 to 78.6% on the previous month for the four main Lancashire & South Cumbria providers. Latest performance for the ICB shows that 79.1% of people waited less than 6 weeks for a diagnostic test. The ICB performance is above the national performance (78.7%) but below the North West performance (84.8%).

Cancer – ICB performance against the 75% Faster diagnosis standard was 74.2% in June 2025, though 2 of the 4 L&SC providers did achieve this standard. Performance

for 31-day treatment target for the 4 providers was just below the standard at 95.5% in June 2025, ranking the Cancer Alliance 7th out of 20 nationally and the ICB 13th out of 42. At least 89.1% of Lower Gastrointestinal (LGI) urgent suspected cancer referrals include a Faecal Immunochemical Test (FIT) result in June 2025 against an 80% target.

Urgent and Emergency Care (UEC) – Performance against the 4hr target remains static in July 2025 at 77.35% for the ICB, just below the 78%. The percentage of patients spending more than 12 hours in an emergency department deteriorated during the most recent period. Category 2 response times was achieved in July 2025 (23 minutes and 33 seconds).

Mental Health – The number of out of area placements remained at 2 patients in June 2025. The dementia prevalence target continues to be met within L&SC ICB, above the national position. The proportion of patients achieving reliable recovery is below target in June 25 at 43.5%. There is good performance in access for children and young people, specialist community perinatal services and the number of people accessing Individual placement support.

Children and Young People – The number of 52 weeks waiters has fallen in community services but is still above the predicted levels at this stage of the year. The 18 weeks performance in elective care is below target and has remained static in June 25 at 57%. The proportion of children waiting over 52 weeks for elective care is 4% above the 1% target.

Primary Care - The ICB planned for an increase in the number of general practice appointments and in the 3 months to June 2025 we are running marginally below this plan. However, our appointment rate is below the national average and is directly influenced by workforce and recruitment pressures.

Our Dental Access and Oral Health Improvement Programme has been developed to enhance our understanding and management of oral health for the population of Lancashire and South Cumbria and includes a range of both local and national initiatives. We are already above our March 2026 ambition for the proportion of individual patients seen for both Adults (within 24 months) and Children (within 12 months), while the volumes of dental activity delivered are also above our planning trajectory. it is anticipated that the additional urgent dental capacity that has been commissioned will start to be utilised from August onwards.

The Pharmacy First service enables patients to be referred into community pharmacy for an urgent repeat medicine supply, minor aliments consultation, or for one of seven minor illnesses. Consultation activity reported to date is running well above planned levels.

All Age Continuing Care - Continuing Health Care (CHC) Standard and Fast Track Eligibility continue to reduce and move closer to the National average.

2025-26 Oversight Framework – at the time of writing the first publication of NHS provider performance, ranking and segmentation league tables has been released. For our four NHS acute providers there are two in segment 3 and two in segment 4.

The North West Ambulance Service (NWAS) was the top ranked ambulance trust in the country.
Public and Stakeholder Engagement
The ICB works with provider and partner colleagues to consider patient experience and public feedback on individual services within each organisation. ICB programmes of work related to the key performance metrics included in this report consider patient and resident voices, public engagement and involvement and patient experience as an important aspect of service or performance improvement.
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	3 Sept 2025	Committee notes the report.
Executive Team	16 Sept 2025	

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

Integrated Care Board – 25 September 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 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 The integrated performance report is being developed to include a commentary on the impact on quality of services and to draw out the inequalities of various indicators where applicable, so interventions can become more accurately tailored to the needs of the population.

1.4 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:

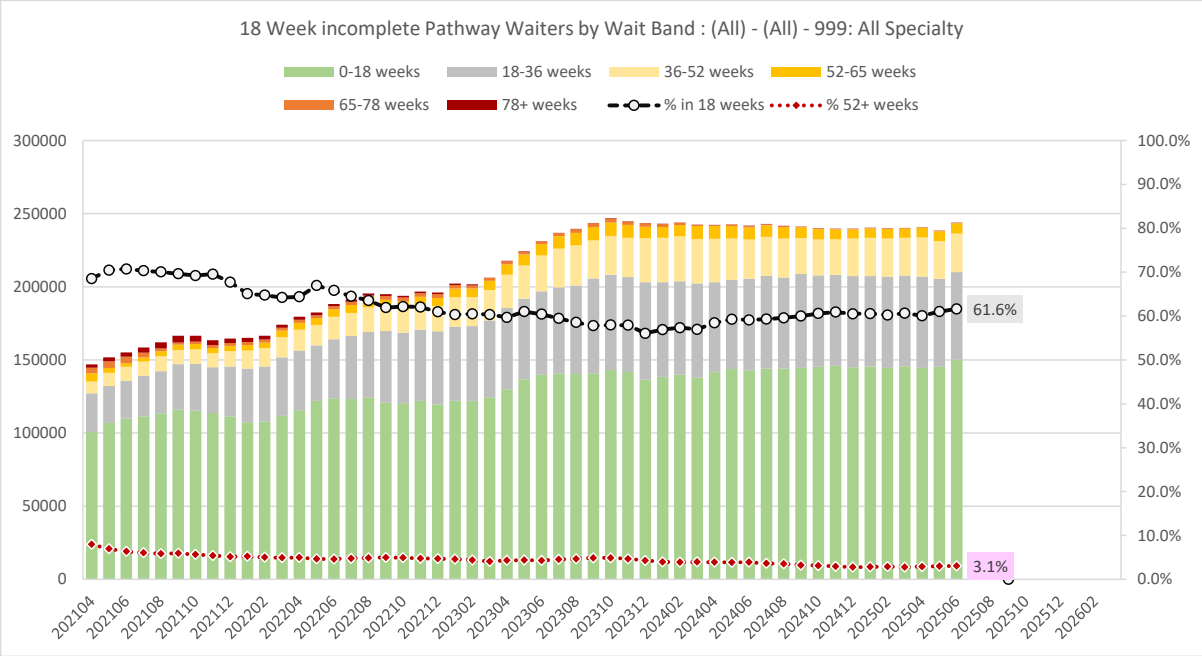
Table: 12 Month Timeseries of ICB Key Performance Indicators

Key Performance Indicator	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	Jun-25	Jul-25	TREND	NORTH WEST	NATIONAL
Total patients waiting more than 104 weeks to start consultant-led treatments	1	0	1	0	0	0	0	0	0	2	1	0	0	0	0			5	371
Total patients waiting more than 78 weeks to start consultant-led treatments	21	18	13	16	29	43	62	37	19	28	36	11	10	29	19			124	1890
Total patients waiting more than 65 weeks to start consultant-led treatments	786	960	1101	882	828	358	466	347	275	340	340	155	202	368	350			1897	11851
Total patients waiting more than 52 weeks to start consultant-led treatments	9448	9391	9408	8832	8574	7763	7495	7087	6617	6771	6975	6662	6991	7096	7487			35449	194773
Capped Theatre Utilisation	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%	82.00%	85.60%			79.70%	81.00%
BADS Daycase Rates		84.40%	83.90%	83.50%	83.50%	85.30%	85.20%	85.20%	85.10%		85.50%	85.70%	85.50%					84.70%	85.00%
Specialist Advice - Pre-Referral (Rate per 100 OP)	6.50	6.73	5.60	6.21	6.57	6.75	6.39	6.37	6.53	6.45	6.65	6.81	7.06	7.53	8.85			4.61	7.20
Specialist Advice - Post-Referral (Rate per 100 OP)	28.59	28.15	27.25	25.62	27.72	26.57	28.32	27.36	29.42	27.26	26.95	29.16	28.62	28.53	31.78			29.25	24.10
Patient Initiated Follow-Ups (PIFU)	3.66%	3.70%	3.76%	3.81%	4.21%	4.47%	4.36%	4.16%	4.41%	4.13%	4.38%	4.35%	4.35%	4.36%	4.47%			3.63%	3.94%
Number of Adults on Community Waiting Lists	15176	15519	15855	15460	18816	18563	17607	16871	16579	12295	12123	12156	12619	12503	12531				
Number of Children on Community Waiting Lists	6477	6379	6527	6119	5958	5886	5846	5896	5909	5821	5864	6125	5937	5196	5231				
% of patients that receive a diagnostic test within six weeks (March 2025 ambition of 95%)	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%	78.69%	79.13%			84.77%	78.68%
31 Day First Treatment (96% Standard)	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%	93.31%	94.72%			95.28%	91.74%
62 Day referral to treatment (85% Standard)	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%	65.31%	62.96%			69.31%	67.09%
% meeting faster diagnosis standard (75% Standard)	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%	71.52%	74.18%			76.18%	76.83%
A&E 4 Hour Standard (76% Recovery Target)	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%	77.23%	77.35%		72.99%	76.40%
A&E 4 Hour Standard - Type 1 Only	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%	62.59%	62.48%		58.19%	63.09%
Proportion of patients spending more than 12 hours in an emergency department	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%	7.82%	7.42%		8.68%	
Average ambulance response time: Category 2	00:21:48	00:25:55	00:26:53	00:27:44	00:21:04	00:28:55	00:35:10	00:36:47	00:42:22	00:35:43	00:28:40	00:25:31	00:23:52	00:23:34	00:25:39	00:26:02			00:27:54
Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	30.85%	32.90%	31.16%	30.43%	25.16%	32.59%	36.80%	37.13%	40.23%	38.85%	32.42%	29.75%	29.73%	27.61%	27.21%	24.51%			28.10%
2 Hour Urgent Community Response (70% Target)	95.08%	95.11%	93.28%	93.98%	93.48%	94.74%	92.36%	91.24%	90.58%	90.23%	91.84%	94.02%	93.07%	93.03%	90.06%			86.24%	84.98%
Virtual Ward Occupancy (Snapshot)	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%	70.78%	79.36%		68.48%	70.87%
Total Virtual ward capacity per 100k of adult population	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	20.14	20.14		21.41	19.59
% of people aged 14 and over with a learning disability on the GP register receiving an AHC	3.66%	7.31%	11.41%	16.83%	22.16%	27.60%	34.73%	43.31%	50.48%	61.21%	72.58%	81.43%		8.78%	13.12%			13.68%	13.37%
Estimated diagnosis rate for people with dementia	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%	68.23%	68.37%			70.02%	65.52%
Number of general practice appointments per 10,000 weighted patients	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	3925.7	4129.6			4463.5	5253.5
% Same Day Appointments (ACC-08)	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%	42.33%	41.90%				
% of Appointments within 2 weeks of booking (ACC-08)	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%	87.03%	86.77%				
Percentage of resident population seen by an NHS dentist - ADULT	38.08%	38.22%	38.32%	38.46%	38.54%	38.63%	38.78%	38.85%	38.93%	40.16%	40.22%	40.20%	40.29%	40.32%	40.34%				
Percentage of resident population seen by an NHS dentist - CHILD	59.61%	60.00%	60.20%	60.59%	60.77%	61.00%	61.39%	61.59%	61.80%	63.43%	63.54%	63.84%	64.13%	64.23%	64.57%				
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	7.45%	7.41%	7.38%	7.35%	7.35%	7.33%	7.30%	7.33%	7.34%	7.38%	7.43%	7.47%	7.51%	7.54%	7.57%				
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	1.150	1.169	1.019	1.126	1.091	1.010	1.055	1.020	1.032	1.032	0.932	0.948	0.997	0.984					0.72

2.3 The following narrative outlines current performance against a number of key NHS metrics that were highlighted within the Integrated Performance Report that was reviewed at the Quality and Outcomes Committee. These focus metrics were identified using statistical process control (SPC) charts as demonstrating 'special cause variation' or where the current position appears to be adrift of planned performance.

3.0 Domain 1 – Elective Recovery

3.1 The number of patients waiting for treatment in the ICB has increased this month to a total of 243,870 patients at the end of June 2025. Looking over the past 18 months, the total waiting list size has shown minimal movement of any significance.



3.2 At the end of June 2025, Lancashire & South Cumbria ICB commissioned activity included:

- 19 patients waiting in excess of 78 weeks.
- 350 patients waiting in excess of 65 weeks.
- 7487 x 52+ week waiters of which 1078 patients (14.4%) were waiting at IS providers or at NHS providers outside of the LSC area.

3.3 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. Within the 2025-26 planning round a level of expected performance (5% above baseline by March 2026) has been articulated for each provider (and ICB).

3.4 At the end of June 2025, the ICB was reporting that 61.63% of patients were waiting 0-18 weeks for treatment (against our 61.62% trajectory). This is above the regional (58.6%) and national average (61.5%). However, there are variations in performance across the 4 main providers within our system (from 54.9% at Lancashire Teaching Hospitals Trust (LTHT) to 68.4% at University Hospitals of Morecambe Bay (UHMB).

3.5 3.07% of patients were waiting 52 weeks or longer for treatment at the end of June 2025 (against our 2.4% recovery trajectory). Although this is a better position than the regional average (3.44%) we are behind the national average (2.63%). There is variation by provider and specialty with particular pressures in Gynaecology, Oral Surgery and Gastroenterology. Specific programmes of work are underway across the system to support delivery and address these challenges through both the Planned Care commissioning and Elective Reform provider initiatives

3.6 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% (Feb-Apr2025), which is higher than regional and national averages.

3.7 Lancashire & South Cumbria ICB latest performance (13th July 2025) on theatre capped utilisation is 85.6% which is within the upper quartile of performance and is above the national and regional average.

3.8 The percentage of patients who are discharged to a Patient Initiated Follow-Ups (PIFU) is tracking close to our updated 2025-26 planning submission [Plan = 4.5% / Actual = 4.47%] 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.

3.9 Pre-referral diversion rates for specialist advice in June 2025 was 35.8% which was higher than the national diversion rate while our utilisation rate was also higher and is increasing. However, post referral diversions (9.1%) were lower than regional and national averages despite higher levels of utilisation.

3.10 The number of adults waiting over 52 weeks for community services continues to fall to 59 in June 2025. The expected increase in pressures at the beginning of the for the tier 3 weight management services has not materialised. The new delivery model for this service has reduced the number of 52 weeks waits.

4 Domain 2 – Diagnostics

4.1 The performance for the ICB has improved slightly in June 2025 on the previous month to 79.1%, which is above the national performance (78.7%), but below the North West position (84.8%). The aggregate performance for the 4 main providers within the ICB has also improved in the month to 78.6%, although there is variation in performance between providers from 60.4% at Lancashire Teaching Hospitals to 98.4% at East Lancashire Hospitals.

4.2 The waiting list for the ICB and the 4 main providers continues to fall into June 2025. The ICB waiting list has fallen by 7.5% since the end of 24/25 (3,933) while the aggregated waiting list for the 4 main providers has fallen by 9.3% (4,123) over the same period. This trend compares well against both the national and north west diagnostic waiting list sizes which have both increased over the same period.

4.3 Lancashire Teaching Hospitals continues to be the most challenged of the providers for diagnostic performance in June 2025. The largest number of over 6 weeks waits continues to be colonoscopy and Echocardiography for Lancashire Teaching Hospitals (LTHT), however there are fewer than in the last reported period. The waiting list for diagnostics for LTHT is falling overall too.

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, community diagnostic centres activity was under plan in June 2025. There were 19,884 tests were undertaken against a plan of 27,544. Preston Healthport and Westmorland saw the greatest variance. Workforce challenges remain at Preston Healthport which have limited the capacity to deliver some modalities. There is active recruitment continuing to mitigate this shortfall in activity.

5 Domain 3 – Children & Young People

5.1 There was a fall in the number of children waiting over 52 weeks for community services in the ICB, there are currently 291 children waiting over 52 weeks . The most challenged service continues to be the Paediatric Community Service. The ICB is working with providers through the vulnerable services process to recover this position. The Children and Young People's commissioners have worked with providers to develop an ICB wide service specification for this service, which will ensure consistency in delivery.

5.2 For elective waits in children, the latest position shows that the number waiting over 65 weeks is currently 31, with 711 children waiting over 52 weeks equating to 3.74% of the total waiting list against a 1% target. 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, there is also a growing number of long waiters for Ear Nose and Throat services. The 18 weeks performance is currently 56.9% and remains static.

5.3 The latest full year data (2023) on stillbirths and neonatal mortality shows that the ICB is below the North West figure and at the England average for both stillbirths and neonatal mortality. Within year the rates of stillbirths and neonatal mortality is reviewed monthly by the Lead Obstetrician and Midwife for the Local Maternity and Neonatal System (LMNS).

6 Domain 4 – Cancer

6.1 In June 2025, LTHT and UHMB both achieved the 75% Faster Diagnosis Standard (FDS). However, the total ICB position was below target at 74.2%. Performance at Blackpool Teaching Hospital has been challenged since April 2025 due to issues in the Breast and Lower Gastrointestinal (LGI) pathways, with breast seeing the largest decline in performance.

6.2 ICB Performance against the 31-day standard improved to 94.7%, which although above our recovery trajectory is still below the 96% target. Lancashire Teaching Hospitals was the only local provider that did not achieve the standard for this measure in June 2025.

6.3 Achievement against the 62-day standard remains less favourable. Overall, performance across the ICB in June 2025 was 63.0%, with none of our providers achieving the target.

Provider Performance against 3 core cancer standards (June 2025)

PROVIDER	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	98.27%	61.31%	79.57%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	96.53%	56.12%	62.19%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	93.62%	57.17%	83.50%
EAST LANCASHIRE HOSPITALS NHS TRUST	96.44%	76.77%	73.67%
L&SC AGGREGATE (4 x Providers)	**95.49%**	**63.47%**	**75.50%**
TARGET	96.00%	85.00%	75.00%

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

Cancer Alliance	31 Day	62 Day	FDS
L&SC Cancer Alliance (CCG TOTAL)	94.72%	62.96%	74.18%
TARGET	96.00%	85.00%	75.00%

6.4 Actions to improve waiting times include service transformation in dermatology, SACT (Systemic Anti-Cancer Treatment) and non-surgical oncology. Service

improvement work is ongoing in urology and gynaecology and there are investments made to each Trust to support improvements in their local pathways.

6.5 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 worse than the England value (123.2).

6.6 A key ambition is that by 2028, 75% of people with cancer are diagnosed at early stage (stage 1 &2). Early stage means the cancer is localised with no or limited spread. Across Lancashire and South Cumbria ICB we consistently have a lower proportion of patients presenting at an early stage than nationally. Latest figures from the Rapid Cancer Registration Dataset (RCRD) report early stage diagnosis performance of 54.2%. Whilst we have improved early diagnosis at a faster rate than the national average over the last 12 months, there remain a number of cancer modalities that continue to be priority areas for improvement.

6.7 The lung cancer screening programme is having a positive impact on the proportion of lung cancers diagnosed at an early stage particularly in the sub-ICBs where the screening programme is live. This has increased our ICB level early-stage diagnosis percentage for lung cancers above the national average for the first time.

6.8 At least 80% of Lower Gastrointestinal (LGI) urgent suspected cancer referrals should include a Faecal Immunochemical Test (FIT) result. The ICB has achieved over the target since February 2025.

7 Domain 5 – Urgent & Emergency Care

7.1 The information for July 2025 shows that for the number of patients seen and treated within 4 hours in A&E was just under the 78% target at 77.35%. This performance is better than both the England (76.4%) and the North West (72.99%) figures.

7.2 The latest data shows an upwards pressure on the proportion of patients waiting more than 12 hours in A&E (8.43% for week ending 11 August 2025). The data shows that this performance is slightly better than for the North West (8.64%).

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. The proportion of delays over 60 minutes has been falling since December 2024 and for July 2025 is at 5.05% under both the North West figure (6.01%) and the national performance (5.5%). There is variation between providers with East Lancashire Hospitals at 1.71% and Lancashire Teaching Hospitals at 8.37%.

7.4 The Category 2 response time target in the planning guidance is an average of 30 minutes across the year. This was achieved again in July 2025 at 23 minutes and 33 seconds and continues to compare favourably to the national achievement of 28 mins and 40 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 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 metric 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 General and Acute (G&A) beds available during the month.

7.6 Across Lancashire & South Cumbria 12.4% of all adult General and Acute (G&A) beds were occupied by patients who are not meeting the criteria to reside (NMC2R), The data can fluctuate daily (and weekly) while there is variability at provider level, overall, the ICB performed better than North West and National averages.

7.7 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 79.4% for July 2025 snapshot shows a significant increase from the last reported period and is now just below the planning trajectory of 80.2%.

7.8 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 Urgent and Emergency Care (UEC) Recovery plan. The ICB will renew and refresh flu vaccination plans for staff and system work, focusing on support into care homes. The Urgent and Emergency Care(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 There are number of indicators that have been introduced as part of the 25-26 NHS plan which the ICB has started to monitor. The latest information at the end of June 2025 shows that there were still 2 patients with an inappropriate out of area placement (OAPs), down from 30 at the start February 2025 and above a plan of 0. The ICB continues to work with Lancashire & South Cumbria

Foundation Trust to deliver their 5-point plan to reduce the number of OAPs. The latest information suggests an upward pressure on this indicator.

8.2 The latest local data shows that the ICB is not meeting the reliable recovery target for talking therapies with performance at 43.5% against a target of 48%. Providers have been asked for a detailed recovery plan which will be assured through the NHS Talking Therapies Delivery Group.

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.

8.4 The latest data shows that talking therapies reliable improvement, average length of stay for Adult Acute Beds, People Accessing Specialist Community Perinatal Mental Health services, Children and Young People Mental Health access and the Number of People Accessing Individual Placement Support are all either meeting target or are above plan.

9.0 Domain 7 – Primary Care

9.1 The 2025-26 Operational Planning guidance required the ICB to submit a plan for the anticipated volumes of GP appointments that would be undertaken profiled across the year. The latest June data suggests that we are marginally below our original planning submission both in month and cumulative year to date. There are variations at sub-ICB level ICB.

9.2 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 5.34 Full time equivalent GPs per 100k weighted population for the ICB compared with 6.08 FTE GPs per 100k weighted population nationally.

9.3 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.

9.4 The latest data for March 2025 from CVDPrevent reported that 70.31% of L&SC hypertension patients were treated to target as per NICE guidance. This is in line with the Northwest and national position. However, there are variations in performance across deprivation quintiles and further progress will need to be made to achieve the 80% target.

9.5 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 for June 2025 is reporting 40.34% for adults and 64.57% 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.

9.6 In February 2025, L&SC ICB was given a target allocation for the number of additional urgent dental appointments the ICB would need to provide as part of the Government's commitment to deliver an additional 700k urgent appointments nationally. The volume of urgent dental appointments delivered has been relatively consistent over the past 24 months (around 11,500 per month) and it is anticipated that the additional capacity that has been commissioned will start to be utilised from August onwards.

9.7 The Pharmacy First service enables patients to be referred into community pharmacy for an urgent repeat medicine supply, minor aliments consultation, or for one of seven minor illnesses. Consultation activity reported to date is running well above planned levels. The growth in the number of consultations for the seven defined clinical pathways has levelled off while urgent medicine supply referrals have also settled into a pattern of between 4-5,000 referrals per month (though the April figure has increased). Blood Pressure checks had a peak in October 2024, though the underlying trend is one of steady growth. Similarly, oral contraception consultations are also increasing.

10.0 Domain 8 – All Age Continuing Care

10.1 ' 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.

10.2 The ICB is a national outlier for Standard CHC packages in both monthly eligibility rates and eligibility per 50 thousand population, with almost double the rate seen nationally. The rate has reduced for the last three quarters and is closing the gap to the national average.

10.3 The Number of Fast Track patients within L&SC has reduced by 50% from March 2024. This has led to the number of patients eligible for Fast Track per 50k population dropping from 41.1 in Q4 2023-24 to 20.4 at the end of Q1 2025-26. However, our rates are still higher than the national average of 16.5 per 50k.

11.0 NHS Operational Planning Guidance 2025-26 and Integrated Performance Report

11.1 The revised and updated Integrated Performance Report (IPR) was presented to the September Quality and Outcomes committee. This report has been developed to align to the national metrics in the NHS 2025-26 priorities and operational planning guidance along with legacy metrics of key relevance. The report contains an increased focus on quality, outcomes and health inequalities while the analysis of performance has been improved to utilise Statistical Process Control (SPC) methodology. The integrated report also includes narrative outlining actions being undertaken to improve services and reduce variation across Lancashire & South Cumbia.

11.2 The IPR will continue to be developed and refined in line with further national, regional and local requirements to support the ICB in reporting progress against its functions and responsibilities.

12.0 NHS Oversight Framework

12.1 The NHS Oversight Framework 2025-26 introduces a transparent system for assessing provider performance, presenting league tables that allow comparison between local trusts across England.

12.2 Performance is measured across five key domains: access to services, effectiveness and experience, finance and productivity, patient safety, and people and workforce. Trusts are ranked and segmented into categories based on their challenges, with those facing greater difficulties receiving tailored support, including intensive help through the Recovery Support Programme for the lowest performers.

12.3 The framework intends to provide ongoing monitoring, support, and accountability to drive improvements in healthcare services

12.4 The tables below provide a summary of the segments local providers have been placed in. NHS England will not be segmenting ICBs in 2025-26.

LSC Acute NHS Providers Oversight Framework Summary Table

Provider	Score	Rank [/134]	Segment
Blackpool Teaching Hospitals NHS Foundation Trust	2.93	125	4
East Lancashire Hospitals NHS Trust	2.5	89	3
Lancashire Teaching Hospitals NHS Foundation Trust	2.97	127	4
University Hospitals of Morecambe Bay NHS Foundation Trust	2.47	83	3

LSC Non-Acute NHS Providers Oversight Framework Summary Table

Provider	Score	Rank [/61]	Segment
Lancashire & South Cumbria Foundation Trust	2.84	53	4

Ambulance Providers Oversight Framework Summary Table

Provider	Score	Rank [/10]	Segment
North West Ambulance Service NHS Trust (RX7)	1.82	1	1

13.0 Conclusion

13.1 Whilst performance within Lancashire & South Cumbria continues to compare well with that of the northwest and nationally across a number of measures, there are continuing challenges in the size of elective waiting lists, cancer performance measures and long waits in community services.

14.0 Recommendations

14.1 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

September 2025