

Integrated Care Board

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| Date of meeting | 22 January 2026 |
| Title of paper | Integrated Performance Report |
| Presented by | Asim Patel, Chief Digital Officer |
| Author | Glenn Mather, Neil Holt and Damian Nelson (Performance Team) |
| Agenda item | 12 |
| Confidential | No |

Executive summary

The Integrated Performance Report (IPR) was presented to the January 2026 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 – The number of patients waiting for treatment in the ICB has reduced for the second consecutive month to a total of 247,078 patients at the end of October 2025, however delivery of our planned waiting list recovery trajectory continues to be a challenge. There are more people waiting over 52+ weeks than planned, particularly in specialties such as Gynaecology, Oral Surgery, Gastroenterology and Neurology. The patient cohort aged under 18 are experiencing longer waits (on average) than the adult population.

Diagnostics – Performance for patients to receive their diagnostic test within 6 weeks improved in October 2025 from the previous month but remains well below the 99% target. The number of patients waiting for a test in October 2025 increased to 50,153 from 47,775 in the previous month. Community Diagnostic centre activity was under plan in October 2025.

Cancer – Performance for the ICB in aggregate across the 4 providers achieved the Faster Diagnosis Standard of 75% in October 2025. The total ICB position was just below the target at 74.0%. Performance for 31 day treatment target (96%) was not achieved. The 4 main provider aggregate figure was just below the standard at 95.7% in October 2025. The 62 day target (85%) has been challenged for some time.

Urgent and Emergency Care (UEC) – For the month of November 2025, the ICB did not achieve the target of 78% of patients to be seen within 4 hours in A&E. There were 76,775 attendances during the month of November 2025, 3,000 more patients seen compared with the same period in 2024. Hospital@Home (Virtual ward) capacity across Lancashire and South Cumbria is currently 373 beds with occupancy of 242 (64.88%) for November 2025. In November, 91% (9,559 out of 10,505) of ambulances were handed over in 45 mins.

Mental Health – There continues to be good performance in access for children and young people, specialist community perinatal services and the number of people accessing Individual placement support. The average length of stay in acute inpatient beds is currently below target. The number of out of area placement was at zero in the reporting period and is now meeting target. Dementia diagnostic rates continue to be above target and above national levels. NHS talking therapies shows that the target for reliable improvement is being met, however the performance is below target for reliable recovery and performance is deteriorating.

Children and Young People – The 18 weeks performance for children’s elective Care was 56.97% and the proportion of children on a waiting list waiting over 52 weeks was 2.6%. There has been a further improvement in the proportion of women smoking at the time of delivery, which fell to 5.6% in quarter 2 of 2025-26, albeit Blackpool remains the highest proportion nationally. The Measles, Mumps, and Rubella (MMR) vaccination rate (2 doses 5 years old) fell slightly in quarter 2 2025-26 to 86.9%, which continued to be above both the North West and England figure but below the optimal coverage.

Primary Care - The ICB planned for an increase in the number of general practice appointments per 10k weighted population in the 2025-26 planning round. In the 8 months to November 2025, the ICB is running below this plan. Appointment rates are significantly below the national average and is directly influenced by workforce and recruitment pressures.

The 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. Urgent dental appointments continue to be delivered, though the latest reported position is below the level of additional capacity that has been commissioned.

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

All Age Continuing Health Care (CHC) - The ICB is a national outlier in both monthly CHC eligibility rates and eligibility per 50k population, with almost double the rate seen nationally. The number of Fast Track patients within Lancashire & South Cumbria reduced by 50% since March 2024.

Health Inequalities

For patients waiting over 52 weeks, the equity gap between the most and least deprived populations has reduced. This shift towards greater equity is not evident for those waiting below 18 weeks and there are significant variations between specialties, Trusts and age-groups.

Early diagnosis of cancer continues to improve across the population, with the biggest improvement being in the most deprived populations.

For urgent and emergency care, there is a clear correlation in some areas across Lancashire and South Cumbria between areas of high deprivation and areas with high preventable usage of urgent care.

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 the achievement and on-going actions against key performance indicators and the work underway to improve quality and safety and reduce health inequalities across Lancashire and South Cumbria.

| 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 | 7 January 2026 | Committee notes the report. |
| Executive Team | 13 January 2026 | |

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 | | | ✓ | |
|---|--|--|---|--|

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| Report authorised by: | Asim Patel, Chief Digital Officer |
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Integrated Care Board – 22 January 2026

Integrated Performance Report

1.0 Introduction

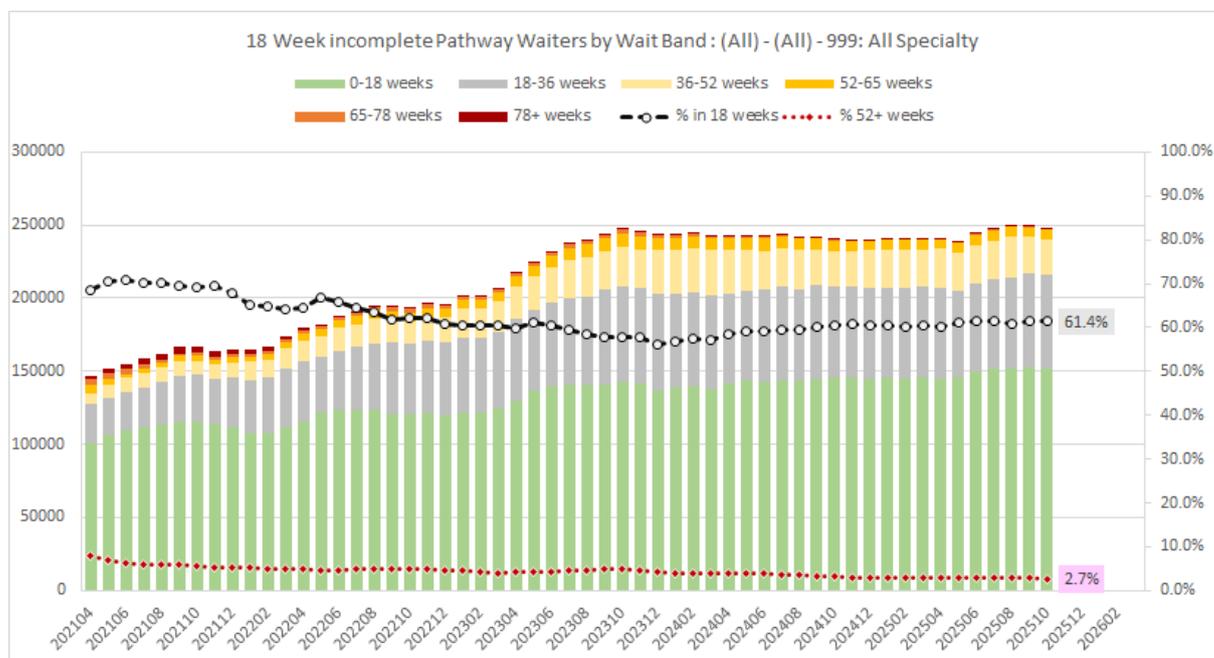
- 1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (L&SC) and will be held to account by NHS England (NHSE) for system delivery against key constitutional performance and quality targets. Therefore, it is essential there 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 (IPR) includes 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 following narrative outlines current performance against a number of key NHS metrics, focused on quality and safety initiatives and health inequality goals that were highlighted within the Integrated Performance Report that was reviewed at the Quality and Outcomes Committee. The 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.
- 2.3 Appendix A contains the full suite of SPC summary tables across each of the themed commissioning domains as reported via the Integrated Performance Report through the January Quality and Outcomes Committee.

3.0 Domain 1 – Elective Recovery

3.1 The number of patients waiting for treatment in the ICB has reduced for the second consecutive month to a total of 247,078 patients at the end of October 2025.



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

- 6 patients waiting in excess of 78 weeks.
- 127 patients waiting in excess of 65 weeks.
- 6597 x 52+ week waiters of which 947 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 (RTT) 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 October 2025, the ICB was reporting that 61.4% of patients were waiting 0-18 weeks for treatment (against our 63.99% trajectory). Although off trajectory, ICB performance is above the regional average (58.9%) and is close to the national average (61.7%). However, there are variations in performance across the 4 main providers within our system.

- 3.5 2.67% of patients were waiting 52 weeks or longer for treatment at the end of October 2025 (against our 1.97% recovery trajectory). Although this is a better position than the regional average (2.91%) we have not reduced the number and proportion of long waiting patients as we originally planned. There is variation by provider and specialty with particular challenges in Gynaecology, Oral Surgery, Gastroenterology and Neurology. Specific programmes of work are underway across the system to support delivery and address these pressures through both the Planned Care commissioning and Elective Reform provider initiatives.
- 3.6 A national letter from the NHS Chief Executive on 18 September 2025 outlined the requirement that “all providers are expected to eliminate their remaining 65 week waits by mid-December and meet the planning guidance requirements for 52 week waits by the end of March 2026”. The latest October 2025 Referral To Treatment (RTT) data reports a total of 127 x 65+ week waiters for L&SC ICB. Well over half of these current 65+ week waiters are waiting in Gynaecology. Despite every effort by providers and ICB commissioners to get these patients seen and treated by the deadline, local data tracking individual long waiter patients indicates that there were 28 patients who had been waiting 65+ weeks for treatment as at 31 December 2025.
- 3.7 Pre-referral Advice and Guidance utilisation has been increasing this year, supported by the national enhanced service for general practice. However, our diversion rates are below the nationally anticipated range of 40-45% with variations by specialty and provider.

4.0 Domain 2 – Diagnostics

- 4.1 The national ambition is for 99% of patients to receive their diagnostic test within 6 weeks. Performance for the ICB improved in November 2025 on the previous month to 80.7%, remaining above national performance (78.7%), but below the North West position (86.0%). The aggregate performance for the 4 main providers within the ICB also improved in the month to 79.6%. There is variation in performance between providers from 63.1% at Lancashire Teaching Hospitals to 98.5% at East Lancashire Hospitals Trust.
- 4.2 The diagnostic waiting list for the ICB and the 4 main providers increase in November 2025. However, the ICB waiting list has fallen by 5.9% since the end of 2024-25 (2,957) while the aggregated waiting list for the 4 main providers has fallen by 6.72% (2,819) 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 The ICB position is driven by challenged performance at Lancashire Teaching Hospitals Trust and Blackpool Teaching Hospitals. At Lancashire Teaching Hospitals Trust, Echocardiography, Colonoscopy and Non-obstetric Ultrasound (NOUS) had the highest number of patients waiting over 6 weeks. At Blackpool

Teaching Hospital, the modality with the highest number of patients waiting of 6 weeks were Audiology, Echocardiography and NOUS.

- 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 centre activity was under plan in October. 22,993 tests were undertaken against a plan of 29,901, 23% under plan. Preston Healthport and Westmorland saw the greatest variance. All CDC sites have been asked for recovery plans and trajectories until the end of March 2026 to ensure all available capacity and funding is utilised.

5.0 Domain 3 – Children & Young People (CYP)

- 5.1 The reported number of children and young people experiencing waits of 52 weeks or more for community services has risen to 551, primarily because the ICB is now receiving data from Lancashire Teaching Hospitals and North Cumbria Integrated Care (NCIC). Most of these long waits are found in Community Paediatrics and Speech and Language Therapy. The total community waiting list for children and young people stands at 6,433, incorporating figures from both Lancashire Teaching Hospitals and NCIC. Notably, only 44.3% of children are waiting less than 18 weeks which is below the medium-term plan target of 78% that ICBs are expected to meet in 2026-27.
- 5.2 Long waits for community paediatrics services are being monitored through the '90 day challenge' work requested by NHSE in quarter 3 of 2025-26. The plan is to reduce the number of 52 weeks in the service by the end of quarter 4 2025-26. The children and young people's team continue to work with the main providers through the vulnerable services process and have commissioned a third party to undertake initial assessment on those children waiting over 52 weeks for these services.
- 5.3 The number of children waiting for elective care was 18,423 for the 4 main providers at the end of November 2025 an increase from the previous month. The number of children on the waiting list was 22,741. The 18 weeks performance was at 56.97% and has remained static since July 2025. There were 478 children waiting over 52 weeks at the end of November 2025, mainly for dental services, trauma and orthopaedics and ENT.
- 5.4 The long waiter numbers are mainly in Special Care Dentistry, Maxillofacial Surgery, paediatric trauma and orthopaedics and ear, nose and throat (ENT). There are several initiatives being led by the ICB children and young people commissioners to resolve the current demand and reduce future demand. A

dental summit was held to improve pathway efficiency, including better use of theatre capacity, targeted preventative initiatives with primary care dental practitioners, and detailed work to understand demand on the general paediatric pathway.

5.5 Smoking at Time of Delivery (SATOD) has continued to improve in quarter 2 of 2025-26 and has fallen to 5.6%. The performance for SATOD remains relatively high with Blackpool being the highest place in the country despite big improvements in performance.

5.6 The number of smoking status 'not known' has also fallen significantly in quarter 2 of 2025-26 to 5.4%, which gives more confidence that there is an improving trend and that proportion of women smoking at time of delivery is falling.

6.0 Domain 4 – Cancer

6.1 In October 2025, performance for the ICB in aggregate across the 4 providers achieved the Faster Diagnosis Standard of 75%. The total ICB position was just below the target at 74.0%. Performance at Blackpool Teaching Hospital was the most challenged, although an improvement was seen across the breast pathway.

6.2 The "31-day Decision to Treat to Treatment" standard in England refers to the NHS target that 96% of cancer patients should begin their first definitive treatment within 31 days of a decision to treat. This standard applies to all cancer patients, regardless of how they were referred for treatment. Performance for the ICB in aggregate across the 4 x providers was below the standard at 95.7% in October 2025, with the total ICB position being 95.4%.

6.3 Achievement against the 62-day standard remains less favourable. Overall, performance across the ICB in October 2025 was 64.4%, with none of our providers achieving the target.

Provider Performance against 3 core cancer standards (October 2025)

| PROVIDER | FDS | 31 Day | 62 Day |
|--|--------------|--------------|--------------|
| UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST | 76.2% | 95.6% | 70.0% |
| BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST | 70.0% | 97.2% | 57.7% |
| LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST | 75.7% | 95.0% | 63.0% |
| EAST LANCASHIRE HOSPITALS NHS TRUST | 78.4% | 96.2% | 73.0% |
| L&SC AGGREGATE (4 x Providers) | 75.0% | 95.7% | 66.3% |
| TARGET | 75.00% | 96.00% | 85.00% |

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

| CANCER ALLIANCE | FDS | 31 Day | 62 Day |
|----------------------------------|--------|--------|--------|
| L&SC Cancer Alliance (CCG TOTAL) | 74.0% | 95.4% | 66.4% |
| TARGET | 75.00% | 96.00% | 85.00% |

- 6.4 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.
- 6.5 Service improvement work is ongoing across a range of pathways including Urology, Skin, Lung and Gynaecology. Investments have been made to each Trust to support improvements in their local pathways.
- 6.6 The ICB Cancer Board which includes representation from all acute trusts, NHSE, Public Health, and the Cancer Alliance oversees early diagnosis, screening, and secondary care delivery. Operational oversight takes place at monthly trust-level reviews and fortnightly cancer manager meetings focusing on variation, milestone tracking, and best practice.

7.0 Domain 5 – Urgent & Emergency Care

- 7.1 The information for November 2025 shows that for the number of patients seen and treated within 4 hours in A&E remained under the 78% target at 75.5%. This performance was better than both the England (74.2%) and the North West (71.8%) achievement.
- 7.2 The latest data shows a slightly improved position on the proportion of patients waiting more than 12 hours in A&E (9.42% for week ending 10 December 2025). The data shows that this performance was better than that across the North West (10.2%).
- 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 30 minutes has been falling since December 2024 and for November 2025 was at 21.1%, below both the North West figure (27.0%) and the national performance (25.9%). There is variation between providers with East Lancashire Hospitals at 14.7% and Blackpool Teaching Hospitals at 28.2%.
- 7.4 From 1 August 2025, NHS England 45-minute ambulance handover implementation (Release to Rescue) commenced with all providers being required to have processes to support safe and successful implementation at site levels. In November 2025, 91% (9,559 out of 10,505) of ambulances were handed over in 45 mins.

7.5 The Category 2 response time target in the planning guidance is an average of 30 minutes across the year. This was achieved again in November 2025 at 27 minutes and continues to compare favourably to the national achievement of 30 mins and 46 seconds.

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

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 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.

7.7 Across Lancashire & South Cumbria 14.9% 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.

7.8 The Hospital@Home (previously referred to as Virtual Ward Programme) across Lancashire & South Cumbria is predominantly designed to deliver 'step up' community capacity to support admission avoidance. Capacity across Lancashire & South Cumbria remained at 373 beds. The occupancy of 64.9% for November 2025 snapshot shows a decrease from the last reported period and is below the planning trajectory of 80.16%. However, capacity and utilisation are consistently in line with national averages and our system has among the highest patient throughput of systems in England, a measure we believe is essential to consider alongside utilisation. The model continues to deliver strong hospital admission avoidance, with 74% of referrals being 'step up' from the community, higher than many systems nationally.

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. The Urgent and Emergency Care (UEC) Strategic System Improvement Group 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 information at the end of November 2025 shows that there were no inappropriate out of area placements (OAPs).

- 8.2 The performance for talking therapies proportion of patients achieving reliable recovery has further fallen to 42.9% in October 2025 against a target of 48%. The lead commissioner continues to work with providers on a detailed recovery plan and is looking at digital innovation tools to triage patients through an interactive chatbot, gather clinical information, and provides immediate self-help resources such as cognitive behavioural therapy (CBT) exercises and mood coaching while patients await therapy. These digital initiatives are anticipated to significantly reduce clinician time, thereby improving productivity and efficiency. Additionally, they support reliable recovery and help in reducing waiting times
- 8.3 The dementia prevalence target is being met for the ICB and remains below the North West but above the national average.
- 8.4 The latest data shows that talking therapies reliable improvement, average length of stay in acute mental health beds, access to community perinatal mental health services, children and young people access target and people with individual placement support are all meeting their targets.

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 data suggests that although we are above our planned volumes for November 2025, we are below our original planning submission for the year to date. There are variations in appointment rates at sub-ICB level.
- 9.2 Lancashire & South Cumbria 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 5.31 full time equivalent GPs per 100k weighted population for the ICB compared with 6.22 FTE GPs per 100k weighted population nationally.
- 9.3 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 November 2025 is reporting 40.6% for adults and 66.21% of children, both of which are running above our planning trajectory.
- 9.4 In February 2025, the 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 ICB has reported a level of delivery consistent with the programmes baseline [around 11,500 urgent appointments per month].

However, the latest November 2025 position has dropped below usual levels and is triggering a special cause variation. This is contributing to the cumulative activity to date being reported to be below planned levels. Additional capacity from the call handling service has recently come online and should direct more people into the services the ICB has commissioned. The ICB has also implemented the Urgent Dental Care Incentive Scheme in the second half of this year with an associated communications campaign to support this initiative.

- 9.5 The Pharmacy First service enables patients to be referred into community pharmacy for an urgent repeat medicine supply, minor ailments consultation, or for one of seven minor illnesses. Pharmacy provision is excellent across the system with 98% of pharmacies signed up to deliver Pharmacy First. There is variation of GP referrals into the service, however the ICB has a Pharmacy Access programme to look at those practices who are sending low and no referrals. 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 slowed. Blood Pressure checks had a peak in October 2024, though the underlying trend is one of steady growth (despite a drop in the August 25 data). Similarly, oral contraception consultations are also increasing.

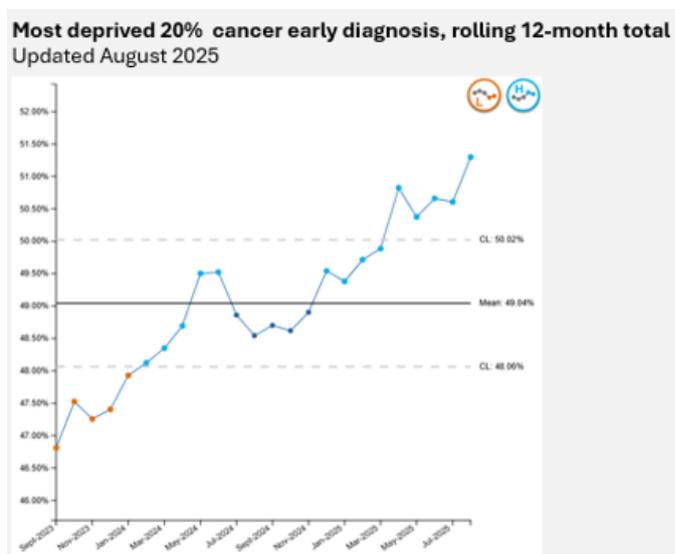
10.0 Domain 8 – All Age Continuing Care

- 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 in both monthly eligibility rates and eligibility per 50 thousand population with almost double the rate seen nationally. The number of fast track patients within L&SC has reduced by 50% from March 2024.

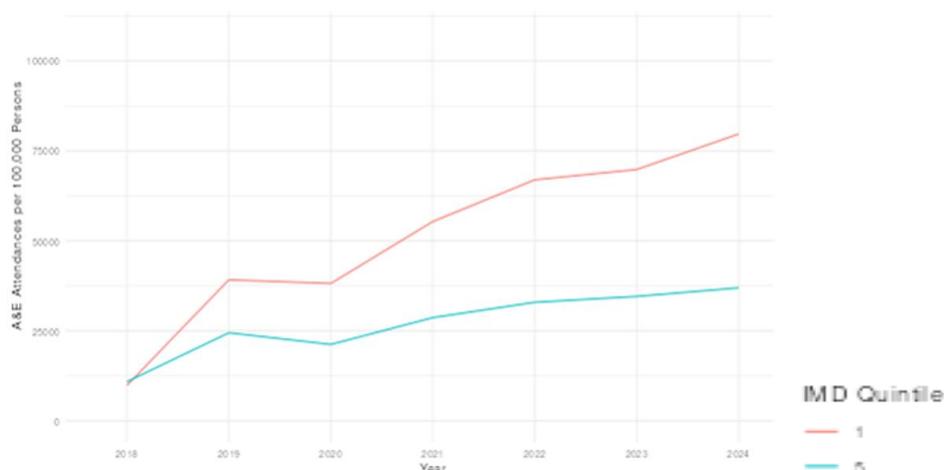
11.0 Health Inequalities

- 11.1 Progress in addressing health inequalities across the population is ongoing, and whilst some measures take time to reflect meaningful change, efforts continue to improve both outcomes and the availability of timely data in this area. Below are key observations on planned care, urgent care and cancer.
- 11.2 Planned care – For patients waiting over 52 weeks, the equity gap between the most and least deprived populations has reduced from 2% in July 2025 to 0.7% in December 2025.
- 11.3 Early diagnosis of cancer continues to improve across the population, with the biggest improvement being in the most deprived populations. The gap in the

12-month rolling early cancer diagnosis between the most and least deprived was 8.78% in August 2024 compared to 8.64% in August 2025.



11.4 For urgent and emergency care, data sources show clear correlation between areas of higher deprivation and highest urgent and emergency care usage.



11.5 It is widely recognised that inequality, including poverty, economic inactivity, education and housing are fundamental drivers of preventable urgent care demand. Work is underway between the urgent and emergency care (UEC) Delivery Boards and the Population Health team to understand needs and put in place targeted interventions.

12. Demand in the system

12.1 Effective monitoring of demand is a foundational requirement for system planning, operational resilience, and financial sustainability. As the ICB moves through the 2026-27 planning cycle, demand intelligence will underpin every major strategic and operational decision.

12.2 The table below compares demand in the system between 2024-25 and 2025-26. The number of referrals from GP practices increased by 4.58% which is higher than demographic growth.

12.3 The number of patients being added to an elective care waiting list also increased (2.78%), but not at the same rate as GP referrals.

12.4 Demand pressure is not isolated to primary care or elective care, it is system-wide and contributes to rising A&E activity. Between April and November 2025, there were 20,009 more A&E attendances than in the same period during 2024-25.

| METRIC | PERIOD | 2024-25 | 2025-26 | % Variance |
|--|---------------|----------------|----------------|-------------------|
| GP Referrals (rolling 12 months) | Dec-Nov | 459228 | 480263 | 4.58% |
| Elective care weighting lists starts (per working day) | April-Oct | 2705.1 | 2780.3 | 2.78% |
| A&E Attendances (All Types) | April-Nov | 598928 | 618937 | 3.34% |

12.5 Further analysis on demand and activity will be built into ICB reporting and will be available in future integrated performance reports.

13. Conclusion

13.1 Whilst performance within Lancashire & South Cumbria continues to compare well with that of the North West 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. Recommendations

14.1 The Board is asked to note the achievement and on-going actions against key performance indicators and the work underway to improve quality and safety and reduce health inequalities across Lancashire and South Cumbria.

Asim Patel
Chief Digital Officer

January 2026

APPENDIX A : Domain Metric Statistical Process Control Tables

Elective Recovery / Planned Care

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|-----------|-----------|
| 18 week RTT Performance % | Oct 25 | 61.4% | 66.2% | | |
| 52 week RTT Performance % | Oct 25 | 2.7% | 1.3% | | |
| Total Incomplete Pathways | Oct 25 | 247078 | 210051 | | |
| % of all outpatient attendances moved / discharged to PIFU | Oct 25 | 5.4% | 5.1% | | |
| 3) New RTT periods | Oct 25 | 63160 | - | | |
| 1a) Completed pathways for admitted patients (unadjusted) | Oct 25 | 11202 | - | | |
| 1b) Completed pathways for non-admitted patients (unadjusted) | Oct 25 | 42632 | - | | |
| Pre-Referral Specialist Advice (Advice and Guidance) - Utilisation | Oct 25 | 7.6 | - | | |
| Pre-Referral Specialist Advice (Advice and Guidance) - Diversion | Oct 25 | 33.6% | - | | |
| Post-Referral Specialist Advice (Advice and Guidance) - Utilisation | Oct 25 | 27.4 | - | | |
| Post-Referral Specialist Advice (Advice and Guidance) - Diversion | Oct 25 | 8.9% | - | | |
| 0-18 week Incomplete pathway waiters | Oct 25 | 151619 | - | | |
| 52+ week incomplete pathway waiters | Oct 25 | 6597 | 2760 | | |
| 65+ week incomplete pathway waiters | Oct 25 | 127 | 0 | | |
| 78+ week incomplete pathway waiters | Oct 25 | 6 | 0 | | |
| WLMDS - 0-18 years - % in 18 weeks | Dec 25 | 56.7% | 64.7% | | |
| WLMDS - 0-18 years - % Over 52 weeks | Dec 25 | 2.5% | 1.1% | | |
| WLMDS - All Age - % in 18 weeks | Dec 25 | 61.1% | 66.1% | | |
| WLMDS - All Age - % Over 52 weeks | Dec 25 | 2.3% | 1.3% | | |
| Time to first attendance, waiting for first event and waiting less than 18 weeks. | Nov 25 | 66.2% | 71.3% | | |
| A&G Pre-Referral Diversions | Oct 25 | 2466 | - | | |

COMMUNITY

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|-----------|-----------|
| Number of Adults on Community Waiting List | Oct 25 | 12823 | - | | |
| Number of Children on Community Waiting List | Oct 25 | 4647 | - | | |
| Number of Adults waiting over 52 weeks on Community Waiting Lists | Oct 25 | 50 | 289 | | |
| Number of Children waiting over 52 weeks on Community Waiting Lists | Oct 25 | 224 | 118 | | |
| Community Care Contacts | Aug 25 | 186305 | - | | |
| Average Length of Stay Community Beds | Sep 25 | 24 | 26 | | |

Children, Young People and Maternity

| KPI | Latest month | Measure | Target | Variation | Assurance |
|--|--------------|---------|--------|-----------|-----------|
| WLMDS - % 0-18 weeks | Nov 25 | 57.0% | 65.0% | | |
| WLMDS - % 52 weeks | Nov 25 | 2.6% | 1.0% | | |
| WLMDS - Total over 52 weeks | Nov 25 | 478 | 0 | | |
| Smoking at time of delivery | Sep 25 | 5.6% | 6.0% | | |
| Population vaccination coverage - MMR for 2 doses (5yrs) | Sep 25 | 86.9% | 95.0% | | |

DIAGNOSTICS

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|-----------|-----------|
| % of patients that receive a diagnostic test within six weeks | Oct 25 | 80.7% | 99.0% | | |
| Diagnostics % over 6 week - MRI | Oct 25 | 8.6% | 5.0% | | |
| Diagnostics % over 6 week - CT | Oct 25 | 10.2% | 5.0% | | |
| Diagnostics % over 6 week - NOUS | Oct 25 | 9.1% | 5.0% | | |
| Diagnostics % over 6 week - COLONOSCOPY | Oct 25 | 25.9% | 5.0% | | |
| Diagnostics % over 6 week - FLEXI-SIGMOIDOSCOPY | Oct 25 | 30.6% | 5.0% | | |
| Diagnostics % over 6 week - GASTROSCOPY | Oct 25 | 22.6% | 5.0% | | |
| Diagnostics % over 6 week - ECHOCARDIOGRAPHY | Oct 25 | 46.4% | 5.0% | | |
| Diagnostics % over 6 week - DEXA | Oct 25 | 0.9% | 5.0% | | |
| Diagnostics % over 6 week - AUDIOLOGY | Oct 25 | 44.5% | 5.0% | | |
| Diagnostic Tests - Magnetic Resonance Imaging | Oct 25 | 13339 | - | | |
| Diagnostic Tests - Computed Tomography | Oct 25 | 22247 | - | | |
| Diagnostic Tests - Non-Obstetric Ultrasound | Oct 25 | 23271 | - | | |
| Diagnostic Tests - Colonoscopy | Oct 25 | 2124 | - | | |
| Diagnostic Tests - Flexi Sigmoidoscopy | Oct 25 | 555 | - | | |
| Diagnostic Tests - Gastroscopy | Oct 25 | 2440 | - | | |
| Diagnostic Tests - Cardiology - Echocardiography | Oct 25 | 5411 | - | | |
| Diagnostic Tests - DEXA Scan | Oct 25 | 1629 | - | | |
| Diagnostics Tests - Audiology | Oct 25 | 5971 | - | | |

CANCER

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|-----------|-----------|
| % meeting faster diagnosis standard | Oct 25 | 74.00% | 80.00% | | |
| 31 Day First Treatment | Oct 25 | 95.37% | 94.00% | | |
| 62 Day referral to treatment | Oct 25 | 66.37% | 75.08% | | |
| Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result | Oct 25 | 89.69% | 80.00% | | |
| Breast screening coverage - % females aged 53 - 70 screened in the last 36 months | Mar 25 | 70.46% | - | | |
| Bowel screening coverage, aged 60-74, screened in last 30 months | Mar 25 | 66.31% | - | | |

Urgent and Emergency Care (UEC)

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|----------|----------|-----------|-----------|
| A&E 4 Hour Standard (78% Target) | Nov 25 | 75.46% | 78.00% | | |
| A&E 4 Hour Standard - Type 1 Only | Nov 25 | 60.75% | - | | |
| % patients spending more than 12 hours in an emergency department [PROV] | Nov 25 | 9.42% | - | | |
| Mean ambulance response time: Category 2 | Nov 25 | 00:30:18 | 00:30:00 | | |
| Ambulance handover delays over 30 minutes (% of arrivals) | Nov 25 | 18.96% | - | | |
| Ambulance handover delays over 60 minutes (% of arrivals) | Nov 25 | 4.39% | - | | |
| Virtual Ward Capacity per 100k | Nov 25 | 20.1 | - | | |
| Virtual Ward Occupancy | Nov 25 | 64.9% | 80.0% | | |
| 2 Hour UCR - % in 2 Hours | Oct 25 | 95.0% | 80.0% | | |
| Total UCR Standardised rates | Oct 25 | 114.1 | 180.0 | | |
| Delayed Transfers of Care / No Medical Criteria to Reside [Provider] | Nov 25 | 13.93% | - | | |
| Number of patients discharged on discharge ready date [PROV] | Oct 25 | 82.74% | - | | |
| % Type 1 patients spending more than 12 hours in an emergency department [PROV] | Nov 25 | 15.90% | - | | |

Mental Health and Learning Disabilities

| KPI | Latest month | Measure | Target | Variation | Assurance |
|--|--------------|---------|--------|-----------|-----------|
| Inappropriate out of area placements (OAPs) | Nov 25 | 0 | 0 | | |
| Estimated diagnosis rate for people with Dementia | Nov 25 | 69% | 67% | | |
| NHS Talking Therapies - % patients achieving reliable recovery | Oct 25 | 42.9% | 48.0% | | |
| NHS Talking Therapies - % patients achieving reliable improvement | Oct 25 | 67.5% | 67.0% | | |
| Average Length of Stay for Adult Acute Beds | Sep 25 | 67.0 | 75.1 | | |
| People accessing Specialist Community Perinatal MH services | Sep 25 | 2555 | 2240 | | |
| Number of CYP aged under 18 supported through NHS funded MH services with at least one contact (rolling 12 months) | Sep 25 | 33440 | 31710 | | |
| Individual Placement Support : Number of people accessing IPS services | Sep 25 | 1155 | - | | |

Primary Care

| KPI | Latest month | Measure | Target | Variation | Assurance |
|--|--------------|----------|--------|-----------|-----------|
| General Practice Appointments | Nov 25 | 853450 | 870137 | | |
| General practice appointments per 10,000 weighted patients | Nov 25 | 4232.5 | 4315.2 | | |
| General Practice Appointments seen within two weeks (%) | Nov 25 | 86.05% | - | | |
| FTE GPs | Nov 25 | 1071.6 | - | | |
| FTE Nurses | Nov 25 | 628.3 | - | | |
| FTE Direct Patient Care | Nov 25 | 552.5 | - | | |
| FTE Total Clinical Staff | Nov 25 | 2252.4 | - | | |
| Units of Dental Activity delivered | Oct 25 | 180389.8 | - | | |
| Units of Dental Activity delivered as a % of Plan (cumulative) | Oct 25 | 100.6% | 100.0% | | |
| Urgent Dental Appointments | Nov 25 | 9318 | 13743 | | |
| % of resident population seen by an NHS dentist - ADULT [24 months] | Nov 25 | 40.6% | 40.3% | | |
| % of resident population seen by an NHS dentist - CHILDREN [12 months] | Nov 25 | 66.2% | 63.0% | | |
| PHARMACY FIRST CONSULTATION ACTIVITY | Aug 25 | 28287 | 26001 | | |
| NHS Sight Tests | Jun 25 | 36935 | - | | |
| S044a: Antimicrobial resistance : Antibacterial items by STAR-PU | Oct 25 | 0.92 | - | | |
| S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care | Oct 25 | 7.60% | - | | |
| High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients | Oct 25 | 1.15 | - | | |
| % of hypertension patients who are treated to target as per NICE guidance | Jun 25 | 68.91% | 80.00% | | |
| LES - Vasectomies [Claims] | Nov 25 | 105 | - | | |
| LES - Ring Pessaries - Total [Claims] | Nov 25 | 314 | - | | |
| Total FTE (Clinical) per 10k Weighted pop | Nov 25 | 11.17 | - | | |

Patient Experience / Safety / Infection, Prevention, Control (IPC)

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---------------------------|--------------|---------|--------|---|-----------|
| FFT - A&E | Oct 25 | 70% | - |  | |
| FFT - Ambulance | Oct 25 | 92% | - |  | |
| FFT - Community | Oct 25 | 95% | - |  | |
| FFT - Dental | Oct 25 | 97% | - |  | |
| FFT - GP | Oct 25 | 92% | - |  | |
| FFT - Inpatient | Oct 25 | 94% | - |  | |
| FFT - Antenatal | Oct 25 | 90% | - |  | |
| FFT - Birth | Oct 25 | 91% | - |  | |
| FFT - Postnatal Ward | Oct 25 | 92% | - |  | |
| FFT - Postnatal Community | Oct 25 | 88% | - |  | |
| FFT - Mental Health | Oct 25 | 87% | - |  | |
| FFT - Outpatient | Oct 25 | 94% | - |  | |
| Preventing Future Deaths | Nov 25 | 1 | - |  | |
| Never Events | Nov 25 | 0 | - |  | |
| No. PSII Commissioned | Nov 25 | 14 | - |  | |
| MRSA | Nov 25 | 2 | - |  | |
| C-Diff | Nov 25 | 45 | - |  | |
| E-Coli | Nov 25 | 96 | - |  | |
| Klebsiella. Spp | Nov 25 | 23 | - |  | |
| P.aeruginosa | Nov 25 | 7 | - |  | |

All Age Continuing Care

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|-----------|-----------|
| Eligible for Standard CHC per 50k | Jun 25 | 61.30 | - | | |
| Eligible for Fast Track CHC per 50k | Jun 25 | 20.22 | - | | |
| TOTAL ELIGIBLE for CHC per 50k | Jun 25 | 81.52 | - | | |
| Eligible for Funded Nursing Care per 50k | Jun 25 | 80.32 | - | | |
| Total no. of assessments found to be eligible per 50k | Jun 25 | 38.48 | - | | |

Better Care Fund (BCF)

| KPI | Latest month | Measure | Target | Variation | Assurance |
|--|--------------|---------|--------|-----------|-----------|
| BwD - % Discharged on Discharge Ready Date | Oct 25 | 86.67% | 86.50% | | |
| BwD - Avg Days from DRD to Discharge (excl 0 day) | Oct 25 | 2.81 | 4.42 | | |
| BwD - Avg Days from DRD to Discharge (All) | Oct 25 | 0.38 | 0.60 | | |
| BPool - % Discharged on Discharge Ready Date | Oct 25 | 90.28% | 87.00% | | |
| BPool - Avg Days from DRD to Discharge (excl 0 day) | Oct 25 | 5.64 | 6.39 | | |
| BPool - Avg Days from DRD to Discharge (All) | Oct 25 | 0.55 | 0.87 | | |
| Lancs - % Discharged on Discharge Ready Date | Oct 25 | 83.81% | 86.00% | | |
| Lancs - Avg Days from DRD to Discharge (excl 0 day) | Oct 25 | 5.02 | 4.83 | | |
| Lancs - Avg Days from DRD to Discharge (All) | Oct 25 | 0.81 | 0.68 | | |
| WM&F - % Discharged on Discharge Ready Date | Oct 25 | 78.90% | 83.00% | | |
| WM&F - Avg Days from DRD to Discharge (excl 0 day) | Oct 25 | 8.01 | 8.21 | | |
| WM&F - Avg Days from DRD to Discharge (All) | Oct 25 | 1.69 | 1.40 | | |
| BwD - Emergency admissions to hospital for people aged 65+ per 100,000 pop | Aug 25 | 1553.4 | 1708.9 | | |
| BPool - Emergency admissions to hospital for people aged 65+ per 100,000 pop | Aug 25 | 1550.8 | 1879.4 | | |
| Lancs - Emergency admissions to hospital for people aged 65+ per 100,000 pop | Aug 25 | 1511.9 | 1662.2 | | |
| WM&F - Emergency admissions to hospital for people aged 65+ per 100,000 pop | Aug 25 | 1267.5 | 1341.5 | | |

Statistical Process Control (SPC)

Key to KPI Variation and Assurance Icons

| Variation | | | Assurance | | | |
|---|---|---|---|---|---|---|
|   |   |  |  |  |  |  |
| Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values | Special cause of improving nature or higher pressure due to (H)igher or (L)ower values | Common cause - no significant change | 'Pass' Variation indicates consistently - (P)assing of the target | 'Hit and Miss' Variation indicated inconsistency - passing and failing the target | 'Fail' Variation indicates consistently - (F)ailing of the target | Data Currently unavailable or insufficient data points to generate SPC |

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low(L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

TARGETS

Within the SPC tools the 'TARGET' has been set either to the March 2026 ambition based on the 2025-26 operational planning submission (where this metric was required to be submitted) or the national constitutional target / expectation.