

# Integrated Care Board

<b>Date of meeting</b>	19 March 2026
<b>Title of paper</b>	Integrated Performance Report
<b>Presented by</b>	C Harris, Chief Commissioning Officer
<b>Author</b>	Glenn Mather, Neil Holt and Damian Nelson (Performance Team)
<b>Agenda item</b>	10
<b>Confidential</b>	No

## Executive summary

The Integrated Performance Report (IPR) was presented to the March 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 was a total of 243,284 patients at the end of December 2025. Delivery of our planned waiting list recovery trajectory continues to be a challenge, particularly around total waiting list size and 18-week performance. There are more people waiting over 52+ weeks than originally planned, notably in specialties such as Gynaecology, Oral Surgery and Neurology.

**Diagnostics** – Performance for patients to receive their diagnostic test within 6 weeks deteriorated in December 2025 from the previous month and remains well below the 99% target. The number of patients waiting for a test in December 2025 increased to 50,237 from 50,155 in the previous month. Community Diagnostic centre activity was under plan in December 2025.

**Cancer** – The ICB achieved the Faster Diagnosis Standard of 75% in December 2025. The 31-day treatment target was not achieved, with performance at ICB level just below the standard at 93.5% in December 2025. The 62-day target (85%) has been challenged for some time.

**Urgent and Emergency Care (UEC)** – For the month of January 2026, the ICB did not achieve the target of 78% of patients to be seen within 4 hours in A&E. There were 75,559 attendances during the month, over 4,000 more patients seen compared with the same period in 2025. Hospital@Home (Virtual ward) capacity across Lancashire and South Cumbria was 384 beds with occupancy of 322 (83.9%). 80% (8,766 out of 10,955) of ambulances were handed over in 45 mins.

**Mental Health** – There has been a further fall in the performance for reliable recovery in the talking therapies service to 40.9%. There is work ongoing with commissioners to mitigate against this performance which is detailed in the report. The number of inappropriate out of area placements increase to 2 in December 2025 reflecting

pressures in beds for mental health services. There has been a fall in the proportion of patients being identified with Dementia in January 2026 to 68.5%, above the target and the performance for England but below North West performance. The access to children and young people's mental health services, perinatal mental health services and individual placement support remain significantly above target.

Children and Young People – In elective services, the waiting list for under 18s on the waiting list minimum data set (WLMDs) fell to 18,181 at the end of January 2026 from 18,423 from the previous reported month (November 2025). The 18 weeks Referral to Treatment (RTT) performance also improved from 56.97% in November 2025 to 58.68% at the end of January 2026. There were 421 children waiting over 52 weeks for elective care at the end of January, with 10 of those waiting over 65 weeks.

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. Although the year to date position is below planned levels (-1.1%) the gap is closing, and the December data shows we are above our plan by +10,000 appointments (+1.3%) for the month. 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

There continues to be progress on reducing the numbers of the longest waiters (>52 weeks) across all providers and early diagnosis of cancer continues to improve across the population.

#### **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	4 March 2026	Committee notes the report.
Executive Team	10 March 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			✓		

**Report authorised by:** Asim Patel, Chief Digital Officer

# Integrated Care Board – 19 March 2026

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## Integrated Performance Report

### 1.0 Introduction

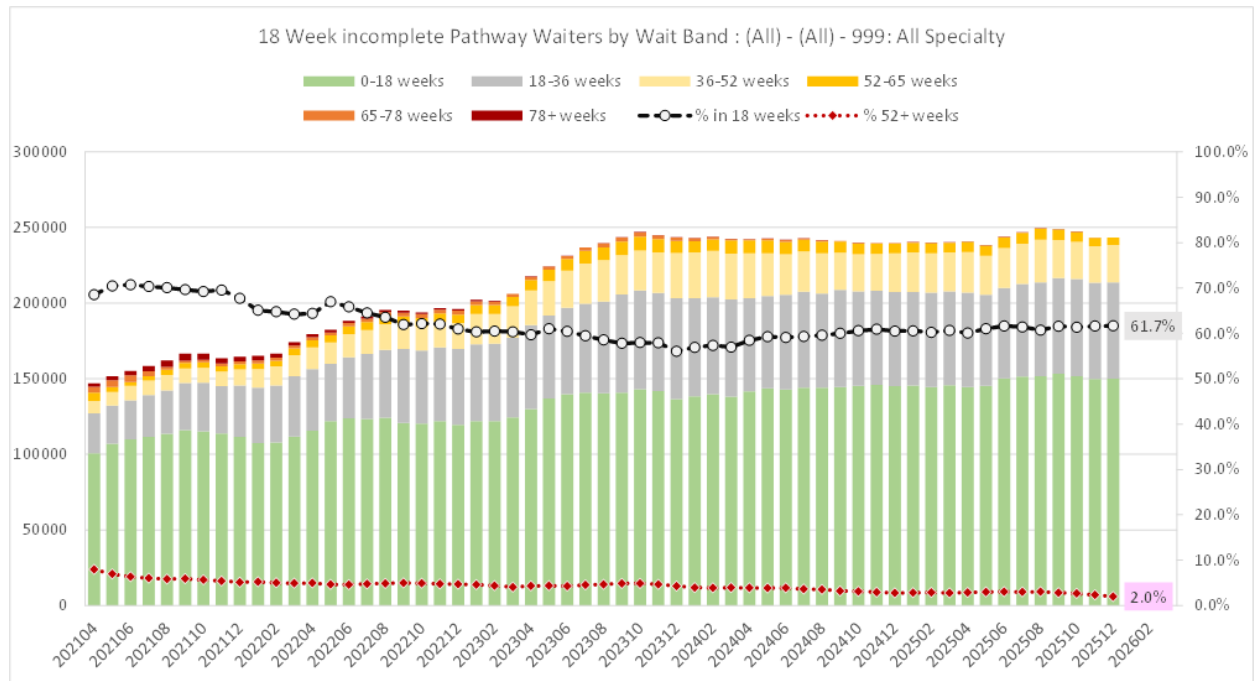
- 1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (L&SC) and will be held to account by NHS England (NHSE) for system delivery against key constitutional performance and quality targets. Therefore, it is essential there 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 period covered within the report is December 2025 to January 2026. The system has been subject to on-going pressure and increased demand throughout the year, however the winter months are traditionally more challenging.
- 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 March 2026 Quality and Outcomes Committee.

### 3.0 Domain 1 – Elective Recovery

3.1 The number of patients waiting for treatment in the ICB was a total of 243,284 patients at the end of December 2025.



3.2 At the end of December 2025, Lancashire & South Cumbria ICB reported:

- 3 patients waiting in excess of 78 weeks.
- 36 patients waiting in excess of 65 weeks.
- 4825 x 52+ week waiters of which 690 patients (14.3%) were waiting at Independent Sector (IS) providers or at NHS providers outside of the L&SC 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 December 2025, the ICB was reporting that 61.7% of patients were waiting 0-18 weeks for treatment (against our 64.5% trajectory to get to our 'expected' target). Although off trajectory, ICB performance is above the regional average (59.1%) and is marginally above the national average (61.4%). However, there are variations in performance across the 4 main providers within our system.

- 3.5 1.98% of patients were waiting 52 weeks or longer for treatment at the end of December 2025 (against our 1.75% recovery trajectory). Although this is a better position than the regional average (2.15%) we have not reduced the number and proportion of long waiting patients as we originally planned. There is variation by provider and specialty with over 600 patients waiting in excess of 52 weeks in each of Oral Surgery, Neurology and Gynaecology.
- 3.6 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.
- 3.7 NHS England 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”. Despite every effort by providers and ICB commissioners to get all patients seen and treated by the deadline, the latest December 2025 Referral to Treatment (RTT) data reported a total of 36 x 65+ week waiters for L&SC ICB patients. Gynaecology and Cardiothoracic Surgery are responsible for 20 of these long waiters.
- 3.8 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 deteriorated in December 2025 from the previous month to 77.4%, remaining above national performance (75.2%), but below the Northwest position (84.5%). The aggregate performance for the 4 main providers within the ICB also deteriorated in the month to 76.1%. There is variation in performance between providers from 56.8% at Lancashire Teaching Hospitals to 98.4% at East Lancashire Hospitals Trust.
- 4.2 The diagnostic waiting list for the ICB and the 4 main providers increased in December 2025. However, the ICB waiting list has fallen by 2,873 (5.4%) since the end of 2024-25 while the aggregated waiting list for the 4 main providers has fallen by 2,663 (6%) over the same period. This trend compares well against both the national and Northwest 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 modalities with the highest number of patients waiting of

6 weeks were Audiology, Echocardiography and MRI. Action plans are in place for both providers that covers insourcing / outsourcing and workforce capacity.

- 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 December 2025. 23,520 tests were undertaken against a plan of 28,403, 17% under plan. Preston Healthport and Westmorland saw the greatest variance. Mitigations to optimise as much CDC capacity as possible have included mutual aid within CDCs for Echo, optimising the 'CDC First' approach by diverting elective activity from Acute hospitals to CDCs where possible and adjusting the profile of tests delivered to meet demand. Blackpool Teaching Hospital has a plan to redirect independent sector Magnetic Resonance (MR) activity through its CDCs and East Lancashire Hospitals Trust has been able to overperform against plan in some areas to optimise system capacity.

## **5.0 Domain 5 – Children & Young People (CYP)**

- 5.1 Children and Young People's community services have seen a further increase in the number of 52 weeks waiters from the previous reporting period. There are currently 578 children waiting over 52 weeks (including waits for North Cumbria Integrated Care (NCIC) and Lancashire Teaching Hospitals (LTHT)). The 18 weeks performance for CYP community services is 41.2% including performance for NCIC and LTHT, this significantly below the 78% performance target for the 26/27 medium term plan. The total waiting list is currently down to 4,372 mainly due to issues with reporting from LSCFT community services as they migrate to another reporting system.
- 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 in elective care across the four main providers at the end of January 2026 was 18,181 down from 18,423 at the end of November 2025. The 18 weeks RTT performance was 58.7% at the end of January 2026 up from 57% at the end of November 2025. There were 421 (2.32%) children waiting over 52 weeks in elective services across the 4 main providers at the end of January 2026 against 478 (2.59%) over 52 weeks waits at the end of November 2026.
- 5.4 At the end of January 2026, the number of children waiting for the ICB as a commissioner was 22,665, including 4,937 outside the ICB area. The 18 weeks

RTT performance for the ICB at the end of the January 2026 was 58.3% slightly below the 4 main providers performance. There are 99 children waiting over 52 weeks in out of area providers.

5.5 The long waiter numbers continue to be mainly in Special Care Dentistry, Maxillofacial Surgery, paediatric trauma and orthopaedics and ear, nose and throat (ENT). There continues to be several initiatives being led by the ICB children and young people commissioners to resolve the current demand and reduce future demand.

## 6.0 Domain 4 – Cancer

6.1 In December 2025, the ICB achieved the Faster Diagnosis Standard of 75%, but remained below plan. Performance at Blackpool Teaching Hospital was the most challenging.

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 providers was below the standard at 93.7% in December 2025, with the total ICB position being 93.5%.

6.3 Achievement against the 62-day standard remains less favourable. Overall, performance across the ICB in December 2025 was 70.8%, with none of our providers achieving the target.

### **Provider Performance against 3 core cancer standards (December 2025)**

PROVIDER	FDS	31 Day	62 Day
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	76.0%	98.1%	76.5%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	68.9%	97.4%	68.7%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	81.6%	90.5%	64.1%
EAST LANCASHIRE HOSPITALS NHS TRUST	79.0%	94.6%	75.1%
<b>L&amp;SC AGGREGATE (4 x Providers)</b>	<b>76.5%</b>	<b>93.7%</b>	<b>70.6%</b>
TARGET	75.0%	96.0%	85.0%

### **L&SC Cancer Alliance Performance against 3 core cancer standards (December 2025)**

CANCER ALLIANCE	FDS	31 Day	62 Day
L&SC Cancer Alliance (CCG TOTAL)	76.5%	93.5%	70.8%
TARGET	75.0%	96.0%	85.0%

- 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 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 In January 2026, the number of patients seen and treated within 4 hours in A&E remained under the 78% target at 74.4%. This performance was better than both the England (72.5%) and the Northwest (70.9%) achievement.
- 7.2 The latest data shows a deterioration on the proportion of patients waiting more than 12 hours in A&E (10.69% for week ending 16 February 2026), a similar position to that across the North West (10.63%).
- 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 had been falling throughout the year, however in January 2026, 34.97% of handovers took longer than 30 mins. In comparison, performance across the Northwest was 36.20% and 33% the nationally. There was variation between providers with University Hospitals Morecambe Bay at 28.4% and Blackpool Teaching Hospitals at 43.2%.
- 7.4 45-minute ambulance handover implementation (Release to Rescue) requires all providers to have processes to support safe and successful implementation at site levels. In January 2026, 80% (8,766 out of 10,955) 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 had been achieved up to November 2025, although there has been a deterioration in January 2026 to 30 minutes and 47 seconds. The position in Lancashire & South Cumbria compare favourably to the national achievement of 35 mins and 04 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 14.0% of all adult General and Acute (G&A) beds were occupied by patients who were 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 Northwest 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 was 384 beds and occupancy was 83.9% for January 2026 snapshot, a significant improvement from the last reported period and above the planning trajectory of 80.2%. 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.
- 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 There were 2 inappropriate out of area placements for the ICB at the end of January 2026, mainly due to an increase in demands on mental health beds. There is continuing work with Lancashire & South Cumbria Foundation Trust and the ICB on the 5 point plan as highlighted previously. One of the key elements of the plan, the number of patients Clinical Ready for Discharge (CRFD) has seen a fall in the last quarter of 2025.
- 8.2 The proportion of patients achieving reliable recovery has fallen further to 40.9% in December 2025 against a target of 48%. The commissioner continues to work with providers on the primary drivers of reliable recovery including engagement and reducing early drop-out, ensuring adequate therapy dose and timely step-up, reducing waits within the treatment pathway, strengthening recovery-

focused supervision and governance and improving the accuracy of outcomes data.

- 8.3 The dementia prevalence target is being met, albeit performance is falling for the ICB and remains below the Northwest but above the national average.
- 8.4 The latest data shows that 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. Although the year-to-date position is below planned levels (-1.1%) the gap is closing, and the December 2025 data shows we are above our plan by +10k appointments (+1.3%) for the month. 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 5.29 full time equivalent GPs per 100k weighted population for the ICB compared with 6.17 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 December 2025 is reporting 41.0% for adults and 67.2% 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]. Updated data indicates some increase in the average monthly volumes to around 12,500 though this is still short of the target. 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 and this has been repeated in October 2025 (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 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 five quarters.

## **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.

11.2 Planned care – There continues to be progress on reducing the numbers of the longest waiters (>52 weeks) across all providers, with the reduction being larger for the most deprived patients. For those being seen below 18 weeks, the equity gap increased from 2.2% in July 2025 to 3.4% in February 2026. This increased gap is due to improvements being more pronounced in the least deprived than the most deprived.

11.3 Early diagnosis of cancer continues to improve across the population, with the biggest improvement being in the most deprived populations. The gap between the most and least deprived population improved from 8.64% in August 2025 to 6.25% in September 2025. The new England 10 Year Cancer Plan has set the target of 75% of cancers to be detected at stage 1 or 2 by 2035 across the whole population and includes a focus on reducing inequalities in early diagnosis and screening.

11.4 Severe Mental Illness (SMI) & Learning Disability (LD) health checks - The percentage of health checks done for both groups continue to match last year's performance levels. For learning disability health checks, the trajectory indicates

the target will be met for 2025-26. The trajectory for SMI health checks is similar to last year.

11.5 Improving the number of patients diagnosed with hypertension who are treated to target (as per NICE guidance) is one of the Core20plus5 priorities. There continues to be a gradual improvement at every deprivation level although the equity gap remains steady, with people in the most deprived groups least likely to be receiving optimal treatment. There is a continuing focus on case finding for hypertension in the most deprived groups.

## 12.0 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 4.02 which is higher than demographic growth.

12.3 The number of patients being added to an elective care waiting list also increased (2.52%), 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-25 and Jan-26, there were 25,664 more A&E attendances than in the same period during 2024-25.

METRIC	PERIOD	2024-25	2025-26	% Variance
GP Referrals (YTD)	Apr-Jan	392151	407903	4.02%
Elective care waiting list clock starts (per working day)	April-Dec	2691	2759	2.52%
A&E Attendances (All Types)	April-Jan	744481	770145	3.45%

## 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 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**  
**March 2026**

## APPENDIX A : Domain Metric Statistical Process Control Tables

### Elective Recovery / Planned Care

KPI	Latest month	Measure	Target	Variation	Assurance
18 week RTT Performance %	Dec 25	61.7%	66.2%		
52 week RTT Performance %	Dec 25	2.0%	1.3%		
Total Incomplete Pathways	Dec 25	243284	210051		
% of all outpatient attendances moved / discharged to PIFU	Dec 25	5.5%	5.1%		
3) New RTT periods	Dec 25	54194	-		
1a) Completed pathways for admitted patients (unadjusted)	Dec 25	9454	-		
1b) Completed pathways for non-admitted patients (unadjusted)	Dec 25	36090	-		
Pre-Referral Specialist Advice (Advice and Guidance) - Utilisation	Dec 25	7.4	-		
Pre-Referral Specialist Advice (Advice and Guidance) - Diversion	Dec 25	33.6%	-		
Post-Referral Specialist Advice (Advice and Guidance) - Utilisation	Dec 25	30.2	-		
Post-Referral Specialist Advice (Advice and Guidance) - Diversion	Dec 25	10.1%	-		
0-18 week Incomplete pathway waiters	Dec 25	150005	-		
52+ week incomplete pathway waiters	Dec 25	4825	2760		
65+ week incomplete pathway waiters	Dec 25	36	0		
78+ week incomplete pathway waiters	Dec 25	3	0		
WLMDS - 0-18 years - % in 18 weeks	Jan 26	58.6%	64.7%		
WLMDS - 0-18 years - % Over 52 weeks	Jan 26	2.2%	1.1%		
WLMDS - All Age - % in 18 weeks	Jan 26	61.1%	66.1%		
WLMDS - All Age - % Over 52 weeks	Jan 26	1.9%	1.3%		
Time to first attendance, waiting for first event and waiting less than 18 weeks.	Jan 26	66.4%	71.3%		
A&G Pre-Referral Diversions	Dec 25	2135	-		

## COMMUNITY

KPI	Latest month	Measure	Target	Variation	Assurance
Number of Adults on Community Waiting List	Dec 25	12975	-		
Number of Children on Community Waiting List	Dec 25	2697	-		
Number of Adults waiting over 52 weeks on Community Waiting Lists	Dec 25	60	289		
Number of Children waiting over 52 weeks on Community Waiting Lists	Dec 25	198	118		
Community Care Contacts	Nov 25	188820	-		
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	Jan 26	58.7%	65.0%		
WLMDS - % 52 weeks	Jan 26	2.3%	1.0%		
WLMDS - Total over 52 weeks	Jan 26	421	0		
Smoking at time of delivery	Sep 25	5.6%	6.0%		
Population vaccination coverage - MMR for 2 doses (5yrs old)	Sep 25	86.9%	95.0%		

## DIAGNOSTICS

KPI	Latest month	Measure	Target	Variation	Assurance
% of patients that receive a diagnostic test within six weeks	Dec 25	77.4%	99.0%		
Diagnostics % over 6 week - MRI	Dec 25	10.7%	5.0%		
Diagnostics % over 6 week - CT	Dec 25	4.3%	5.0%		
Diagnostics % over 6 week - NOUS	Dec 25	19.3%	5.0%		
Diagnostics % over 6 week - COLONOSCOPY	Dec 25	22.7%	5.0%		
Diagnostics % over 6 week - FLEXI-SIGMOIDOSCOPY	Dec 25	25.9%	5.0%		
Diagnostics % over 6 week - GASTROSCOPY	Dec 25	19.9%	5.0%		
Diagnostics % over 6 week - ECHOCARDIOGRAPHY	Dec 25	47.2%	5.0%		
Diagnostics % over 6 week - DEXA	Dec 25	1.4%	5.0%		
Diagnostics % over 6 week - AUDIOLOGY	Dec 25	52.0%	5.0%		
Diagnostic Tests - Magnetic Resonance Imaging	Dec 25	12083	-		
Diagnostic Tests - Computed Tomography	Dec 25	20648	-		
Diagnostic Tests - Non-Obstetric Ultrasound	Dec 25	21329	-		
Diagnostic Tests - Colonoscopy	Dec 25	1665	-		
Diagnostic Tests - Flexi Sigmoidoscopy	Dec 25	454	-		
Diagnostic Tests - Gastroscopy	Dec 25	1939	-		
Diagnostic Tests - Cardiology - Echocardiography	Dec 25	5179	-		
Diagnostic Tests - DEXA Scan	Dec 25	1478	-		
Diagnostics Tests - Audiology	Dec 25	4956	-		

# CANCER

KPI	Latest month	Measure	Target	Variation	Assurance
% meeting faster diagnosis standard	Dec 25	76.45%	80.00%		
31 Day First Treatment	Dec 25	93.53%	94.00%		
62 Day referral to treatment	Dec 25	70.80%	75.08%		
Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result	Jan 26	89.91%	80.00%		
Breast screening coverage - % females aged 53 - 70 screened in the last 36 months	Sep 25	68.25%	-		
Bowel screening coverage, aged 60-74, screened in last 30 months	Sep 25	63.15%	-		

# Urgent and Emergency Care (UEC)

KPI	Latest month	Measure	Target	Variation	Assurance
A&E 4 Hour Standard (78% Target)	Jan 26	74.44%	78.00%		
A&E 4 Hour Standard - Type 1 Only	Jan 26	58.93%	-		
% patients spending more than 12 hours in an emergency department [PROV]	Jan 26	10.69%	-		
Mean ambulance response time: Category 2	Jan 26	00:32:48	00:30:00		
Ambulance handover delays over 30 minutes (% of arrivals)	Jan 26	34.97%	-		
Ambulance handover delays over 60 minutes (% of arrivals)	Jan 26	14.16%	-		
Virtual Ward Capacity per 100k	Jan 26	20.5	-		
Virtual Ward Occupancy	Jan 26	83.9%	80.0%		
2 Hour UCR - % in 2 Hours	Dec 25	94.2%	80.0%		
Total UCR Standardised rates	Dec 25	117.0	180.0		
Delayed Transfers of Care / No Medical Criteria to Reside [Provider]	Jan 26	14.00%	-		
Number of patients discharged on discharge ready date [PROV]	Dec 25	83.13%	-		
% Type 1 patients spending more than 12 hours in an emergency department [PROV]	Jan 26	19.30%	-		
A&E Attendances (TOTAL)	Jan 26	75599	-		
Category 2 Incidents	Jan 26	50599	-		





















## Mental Health and Learning Disabilities

KPI	Latest month	Measure	Target	Variation	Assurance
Inappropriate out of area placements (OAPs)	Jan 26	2	0		
Estimated diagnosis rate for people with Dementia	Jan 26	69%	67%		
NHS Talking Therapies - % patients patients achieving reliable recovery	Dec 25	40.9%	48.0%		
NHS Talking Therapies - % patients patients achieving reliable improvement	Dec 25	65.4%	67.0%		
Average Length of Stay for Adult Acute Beds	Nov 25	69.0	75.1		
People accessing Specialist Community Perinatal MH services	Dec 25	2505	2240		
Number of CYP aged under 18 supported through NHS funded MH services with at least one contact	Dec 25	34220	31710		
Individual Placement Support : Number of people accessing IPS services	Dec 25	1345	-		






## Primary Care

KPI	Latest month	Measure	Target	Variation	Assurance
General Practice Appointments	Dec 25	844585	870137		
General practice appointments per 10,000 weighted patients	Dec 25	4188.5	4315.2		
General Practice Appointments seen within two weeks (%)	Dec 25	86.93%	-		
FTE GPs	Dec 25	1066.2	-		
FTE Nurses	Dec 25	628.9	-		
FTE Direct Patient Care	Dec 25	560.2	-		
FTE Total Clinical Staff	Dec 25	2255.3	-		
Units of Dental Activity delivered	Jan 26	275457.8	-		
Units of Dental Activity delivered as a % of Plan (cumulative)	Jan 26	99.3%	100.0%		
Urgent Dental Appointments	Jan 26	12649	13743		
% of resident population seen by an NHS dentist - ADULT [24 months]	Jan 26	41.1%	40.3%		
% of resident population seen by an NHS dentist - CHILDREN [12 months]	Jan 26	67.3%	63.0%		
PHARMACY FIRST CONSULTATION ACTIVITY	Oct 25	39648	26001		
NHS Sight Tests	Jun 25	36935	-		
SO44a: Antimicrobial resistance : Antibacterial items by STAR-PU	Nov 25	0.92	-		
SO44b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	Nov 25	7.60%	-		
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	Nov 25	1.02	-		
% of hypertension patients who are treated to target as per NICE guidance	Sep 25	69.38%	80.00%		
LES - Vasectomies [Claims]	Dec 25	66	-		
LES - Ring Pessaries- Total [Claims]	Dec 25	300	-		
Total FTE (Clinical) per 10k Weighted pop	Dec 25	11.18	-		

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

KPI	Latest month	Measure	Target	Variation	Assurance
FFT - A&E	Dec 25	74%	-		
FFT - Ambulance	Dec 25	92%	-		
FFT - Community	Dec 25	96%	-		
FFT - Dental	Dec 25	97%	-		
FFT - GP	Dec 25	92%	-		
FFT - Inpatient	Dec 25	95%	-		
FFT - Antenatal	Dec 25	86%	-		
FFT - Birth	Dec 25	86%	-		
FFT - Postnatal Ward	Dec 25	93%	-		
FFT - Postnatal Community	Dec 25	84%	-		
FFT - Mental Health	Dec 25	85%	-		
FFT - Outpatient	Dec 25	94%	-		
Preventing Future Deaths	Jan 26	0	-		
Never Events	Jan 26	3	-		
No. PSII Commissioned	Jan 26	9	-		
MRSA	Jan 26	2	-		
C-Diff	Jan 26	49	-		
E-Coli	Jan 26	107	-		
Klebsiella. Spp	Jan 26	26	-		
P.aeruginosa	Jan 26	9	-		

## All Age Continuing Care

KPI	Latest month	Measure	Target	Variation	Assurance
Eligible for Standard CHC per 50k	Dec 25	59.40	-		
Eligible for Fast Track CHC per 50k	Dec 25	21.12	-		
TOTAL ELIGIBLE for CHC per 50k	Dec 25	80.52	-		
Eligible for Funded Nursing Care per 50k	Dec 25	81.09	-		
Total no. of assessments found to be eligible per 50k	Dec 25	42.34	-		

## 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.