Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	14 May 2026
Title of paper	Integrated Performance Report
Presented by	Craig Harris, Chief Commissioning Officer & Accountable Emergency Officer
Author	Glenn Mather, Neil Holt and Damian Nelson (Performance Team)
Agenda item	11
Confidential	No

Executive summary

The purpose of this report is to provide the Integrated Care Board (ICB) with a summary update on the latest position against key performance.

Summary of key performance metrics

Elective Recovery – The number of patients waiting for treatment in the ICB was a total of 238,113 at the end of February 2026. 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 improved in February 2026 from the previous month but remains well below the 99% target. The number of patients waiting for a test in February 2026 increased to 53,250 from 51,362 in the previous month. Community Diagnostic centre activity was under plan in February 2026.

Cancer – The ICB achieved the Faster Diagnosis Standard of 75% in February 2026. The 31-day treatment target was not achieved, with performance at ICB level just below the standard at 95.4% in February 2026. The 62-day target (85%) has been challenged for some time.

Urgent and Emergency Care (UEC) – For the month of March 2026, the ICB achieved the target of 78% of patients to be seen within 4 hours in A&E. There were 76,557 attendances during the month, approximately 1,500 patients less compared with the same period in 2025. Hospital@Home (Virtual ward) capacity across Lancashire and South Cumbria was 384 beds with an occupancy of 299 (77.9%). 88.3% (9,692 out of 10,596) of ambulances were handed over in 45 mins.

Mental Health – Although there has been an improvement in the reliable recovery rate for Talking Therapies to 43% in February 2026, it remains below target with work

ongoing to recover the position. The access to children and young people's mental health services, perinatal mental health services, and individual placement support remain significantly above target. The average length of stay in acute mental health wards is below plan.

Children and Young People – In elective services, the waiting list for under 18s on the waiting list minimum data set (WLMDS) has risen to 18,283 at the end of March 2026 from 18,181 from the previous reported month (January 2026). The 18 weeks Referral to Treatment (RTT) performance has further improved from 58.68% in January 2026 to 61.79% at the end of March 2026. There were 194 children waiting over 52 weeks for elective care at the end of March 2026, with 1 child 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 (-0.7%) the gap is closing, and the February 2026 data shows we are above our plan by +41,000 appointments (+5.2%) for the month. Appointment rates per weighted population are significantly below the national average and are 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. However, the number and proportion of unique adults seen (in a 24 month period) and children seen (in a 12 month period) have exceeded our planning aspirations.

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 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.

Health Inequalities

Data for cancer early diagnosis rates, Cardiovascular disease (CVD) metrics, Serious Mental Illness (SMI) & Learning Disabilities (LD) health checks have been updated.

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

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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**
Executive Team	5 May 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

Lancashire and South Cumbria Integrated Care Board

Integrated Care Board – 14 May 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

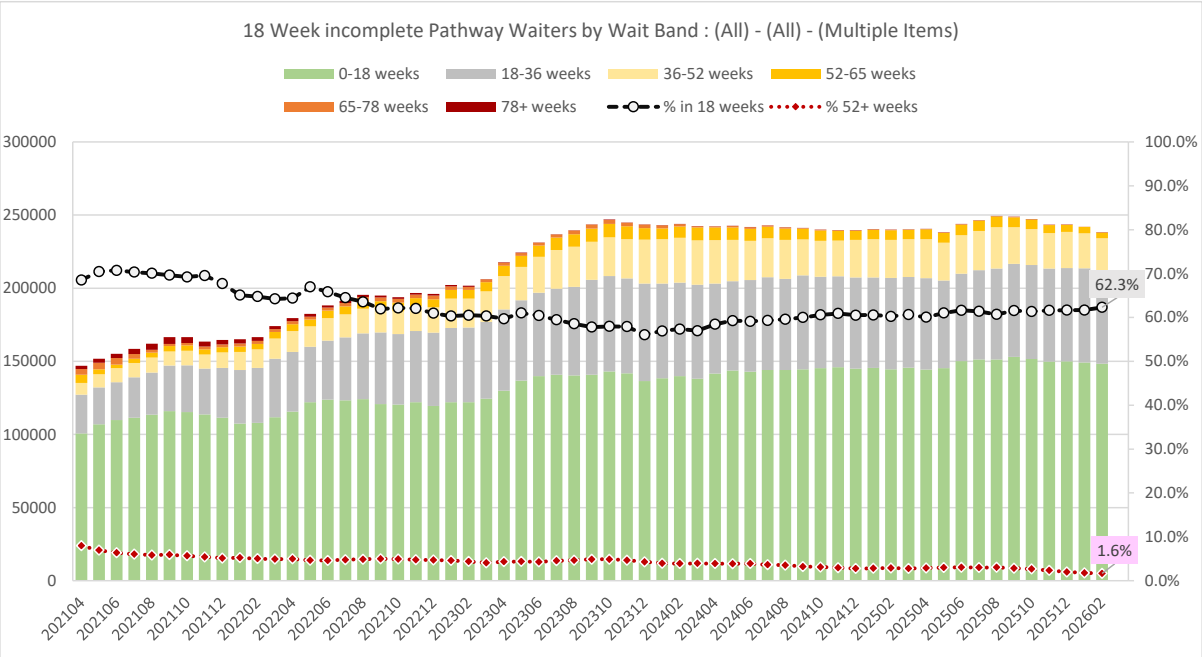
2.1 The period covered within the report is February 2026 to March 2026. The system has been subject to on-going pressure and increased demand throughout the year, however the winter months are traditionally more challenging.

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 are included within the Integrated Performance Report. 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.

3.0 Domain 1 – Elective Recovery

3.1 The number of patients waiting for treatment in the ICB was a total of 238,113 patients at the end of February 2026.



3.2 At the end of February 2026, Lancashire & South Cumbria ICB reported:

- 2 patients waiting in excess of 78 weeks.
- 46 patients waiting in excess of 65 weeks.
- 3913 x 52+ week waiters of which 565 patients (14.4%) were waiting at Independent Sector (IS) providers or at NHS providers outside of the L&SC area.

3.3 The clear national focus has moved back to the 18-week referral to treatment (RTT) measure. There was a national average target of 65% by March 2026 as a milestone towards recovery back to the 92% constitutional standard. The 2026-29 ICB Medium term planning submission is targeting delivery of 73.13% by March 27, 83.4% by March 28, and continued improvement to deliver the 92% minimum by March 2029.

3.4 At the end of February 2026, the ICB was reporting that 62.3% 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 (61.1%) and is marginally below the national average (62.5%). However, there are variations in performance across the 4 main providers within our system.

3.5 1.64% of patients were waiting 52 weeks or longer for treatment at the end of February 2026 (against our 1.52% recovery trajectory). Although this is a better position than the regional and national averages and shows an improved movement to target we have not reduced the number of long waiting patients as much as we originally planned. There is variation by provider and specialty with over 400 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 February 2026 Referral to Treatment (RTT) data reported a total of 46 x 65+ week waiters for L&SC ICB patients. Gynaecology, Cariology and Cardiothoracic Surgery are responsible for 32 of these long waiters.

3.8 More timely unvalidated date covering the period through to the end of March 2026 shows further improvements against the percentage within 18 week and the percentage over 52 week performance measures.

3.9 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 February 2026 from the previous month to 81%, remaining above national performance (79.8%), but below the Northwest position (88.8%). The aggregate performance for the 4 main providers

within also improved in the month to 79.9%. There is variation in performance across providers from 62.9% at Lancashire Teaching Hospitals to 98.3% at East Lancashire Hospitals Trust.

4.2 The diagnostic waiting list for the ICB and the 4 main providers increased in February 2026. There were 53,250 waiting across the ICB, an increase of 2.56% from the beginning of the financial year. This trend compares well against both the national and Northwest diagnostic waiting list sizes, which have both increased at a greater rate 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, Audiology 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, which have seen a reduction in number of patients waiting.

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 L&SC, community diagnostic centre performance in February 2026 reached 82% against plan, with Lancashire Teaching Hospitals and East Lancashire Hospitals Trust meeting and exceeding the target respectively. East Lancashire Hospitals Trust reported data quality issues due to the installation of a new Radiology system. Therefore, the overall position is believed to be higher than recorded. Year to date performance was 76%.

5.0 Domain 5 – Children & Young People (CYP)

5.1 There has been a fall in the number of 52 weeks waits in community services to 473 at the end of February 2026, as the service offer for Spring North impacts positively on long waiters. The 18 weeks performance is 50.8% for the ICB, significantly below the target of 78% for the medium term NHS plan for 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 At the end of March 2026 there were 18,291 children on waiting list across the 4 main providers in L&SC. The size of the waiting list has remained static since the start of October 2025 which is challenging with the need to reduce the overall size. There were 194 (1.06% of the total waiting list) children waiting over 52 weeks at the end of March in the 4 main providers, which has more than halved since the beginning of the calendar year, driven by falls in children waiting for Paediatric Dentistry and Maxillofacial Surgery. The 18 weeks RTT performance was 61.8% continuing a steady increase since the start of the calendar year.

5.4 At the end of March 2026 there were 252 children waiting over 52 weeks for the ICB as a commissioner, down from 544 at the start of the calendar year, with 51 waiting out of area. The total waiting list is at 22,169 and remains static in the year. The 18 weeks RTT performance is at 62% slightly above the performance for the 4 main providers in the ICB.

6.0 Domain 4 – Cancer

6.1 In February 2026, the ICB achieved the Faster Diagnosis Standard of 75%, but remained below plan. Performance at Blackpool Teaching Hospital was the most challenged.

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 94.3% in February 2026, 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 February 2026 was 65.8%, with none of our providers achieving the target.

Provider Performance against 3 core cancer standards (February 2026)

PROVIDER	FDS	31 Day	62 Day
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	79.2%	96.0%	65.7%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	70.4%	97.3%	57.4%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	81.5%	91.7%	65.2%
EAST LANCASHIRE HOSPITALS NHS TRUST	82.9%	97.0%	66.6%

L&SC AGGREGATE (4 x Providers)	**78.4%**	**94.3%**	**64.0%**
TARGET	75.0%	96.0%	85.0%

L&SC Cancer Alliance Performance against 3 core cancer standards (February 2026)

CANCER ALLIANCE	FDS	31 Day	62 Day
L&SC Cancer Alliance (CCG TOTAL)	**78.7%**	**95.4%**	**65.8%**
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 There are four main pathway reviews for improvement in 2026-27 that will impact on all aspects of cancer wait times along with several cross-pathway projects focusing on Oncology treatments. There is also a procurement for a multi-year dermatology service with an anticipated go live of early 2027.

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 March 2026, the number of patients seen and treated within 4 hours in A&E exceeded the 78% target at 78.49%. This performance was better than both the England (77.1%) and the Northwest (75.0%) achievement.

7.2 The latest data shows an improvement on the proportion of patients waiting more than 12 hours in A&E (8.89% for week ending 13 April 2026), a similar position to that across the North West (9.64%).

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. In March 2026 the proportion of delays over 30 minutes fell to 21.37% from 34.97% in the previous reporting period. In comparison, performance across the Northwest was 25.6% and 22.6% nationally. There was variation between providers with East Lancashire Hospitals Trust at 16.5% and University Hospitals Morecambe Bay at 32.6%.

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 March 2026, 88.3% (9,692 out of 10,596) 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, when a deterioration was seen across the winter months. The position improved in March 2026 to 24 minutes and 33 seconds across the North West which was favourably to the national achievement of 26 mins and 18 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 13.0% 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 L&SC is predominantly designed to deliver ‘step up’ community capacity to support admission avoidance. Capacity across L&SC was 384 beds and occupancy was 77.9% for the March 2026 snapshot, slightly below 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 3 inappropriate out of area placements for the ICB at the end of March 2026, as pressure continues for mental health beds. There is continuing work with Lancashire & South Cumbria Foundation Trust and the ICB on the 5-point plan as highlighted in previous reports.

8.2 Although there has been an improvement in the performance for reliable recovery from the previously reported figure to 43%. However this is still significantly below the target of 48%. The ICB continue to work with the main providers on a recovery plan for reliable recovery.

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 (-0.71%) the gap is closing, and the February 2026 in month data shows we are above our plan by +41,000 appointments (+5.2%) for the month. There are variations in appointment rates at sub-ICB level.

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 5.72 full time equivalent GPs per 100k weighted population for the ICB compared with 6.31 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 March 2026 indicates that we have surpassed both these targets with 41.5% for adults and 68.1% of children.

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 700,000 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.

9.5 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. 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 above planned levels. The number of consultations for the seven defined clinical pathways has increased again, with December 2025 reporting the highest volumes of consultations over the past two years. Blood Pressure checks had a peak in October 2024 and this has been repeated in October 2025. Oral contraception consultations are also continuing to steadily increase.

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 Data for cancer early diagnosis rates, Cardiovascular disease (CVD) metrics, Serious Mental Illness (SMI) & Learning Disabilities (LD) health checks have been updated.

11.3 There was a slight decrease in early diagnosis of cancer in the most disadvantaged patients, increasing the gap between most and least deprived. CVD treatment to target rates remained steady across deprivation levels, although a gap between most and least disadvantaged remains. Health checks for those with learning disabilities exceeded the national target at an ICB level, although some sub-ICB areas fell slightly short of the 70% target according to internal data.

11.4 A full health inequalities report will be presented next report to the Quality and Outcomes Committee.

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 4.03 which is higher than demographic growth.

12.3 The number of patients being added to an elective care waiting list also increased (2.66%), 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 2025 and March 2026, there were over 24k more A&E attendances than in the same period during 2024-25.

METRIC	PERIOD	2024-25	2025-26	% Variance
GP Referrals (YTD)	Apr-Feb	471,877	490,917	4.03%
Elective care waiting list clock starts (per working day)	Apr-Feb	2700	2772	2.66%
A&E Attendances (All Types)	Apr-Mar	890790	915141	2.73%

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.

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APPENDIX A : Domain Metric Statistical Process Control Tables

Elective Recovery / Planned Care

KPI	Latest month	Measure	Target	Variation	Assurance
18 week RTT Performance %	Feb 26	62.3%	66.2%		
52 week RTT Performance %	Feb 26	1.6%	1.3%		
Total Incomplete Pathways	Feb 26	238113	210051		
% of all outpatient attendances moved / discharged to PIFU	Feb 26	5.5%	5.1%		
3) New RTT periods	Feb 26	55958	-		
1a) Completed pathways for admitted patients (unadjusted)	Feb 26	8682	-		
1b) Completed pathways for non-admitted patients (unadjusted)	Feb 26	35095	-		
Pre-Referral Specialist Advice (Advice and Guidance) - Utilisation	Feb 26	7.2	-		
Pre-Referral Specialist Advice (Advice and Guidance) - Diversion	Feb 26	31.7%	-		
Post-Referral Specialist Advice (Advice and Guidance) - Utilisation	Feb 26	28.6	-		
Post-Referral Specialist Advice (Advice and Guidance) - Diversion	Feb 26	10.3%	-		
0-18 week Incomplete pathway waiters	Feb 26	148332	-		
52+ week incomplete pathway waiters	Feb 26	3913	2760		
65+ week incomplete pathway waiters	Feb 26	46	0		
78+ week incomplete pathway waiters	Feb 26	2	0		
WLMDS - 0-18 years - % in 18 weeks	Mar 26	62.0%	64.7%		
WLMDS - 0-18 years - % Over 52 weeks	Mar 26	1.1%	1.1%		
WLMDS - All Age - % in 18 weeks	Mar 26	64.4%	66.1%		
WLMDS - All Age - % Over 52 weeks	Mar 26	1.5%	1.3%		
Time to first attendance, waiting for first event and waiting less than 18 weeks.	Mar 26	71.2%	71.3%		
A&G Pre-Referral Diversions	Feb 26	2050	-		

COMMUNITY

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
Number of Adults on Community Waiting List	Feb 26	12511	-			14481
Number of Children on Community Waiting List	Feb 26	2585	-			5302
Number of Adults waiting over 52 weeks on Community Waiting Lists	Feb 26	46	289			103
Number of Children waiting over 52 weeks on Community Waiting Lists	Feb 26	112	118			210
18 weeks Performance - Adults	Feb 26	90%	78%			88%
18 weeks Performance - Children	Feb 26	51%	78%			55%

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Children, Young People and Maternity

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
WLMDS - % 0-18 weeks	Mar 26	61.8%	65.0%			55.5%
WLMDS - % 52 weeks	Mar 26	1.1%	1.0%			3.8%
WLMDS - Total over 52 weeks	Mar 26	194	0			844
Smoking at time of delivery	Dec 25	5.8%	6.0%			8.4%
Population vaccination coverage - MMR for 2 doses (5yrs old	Dec 25	86.4%	95.0%			87.2%

DIAGNOSTICS

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
% of patients that receive a diagnostic test within six w	Feb 26	81.0%	99.0%			75.1%
Diagnostics % over 6 week - MRI	Feb 26	8.4%	5.0%			10.7%
Diagnostics % over 6 week - CT	Feb 26	4.1%	5.0%			6.4%
Diagnostics % over 6 week - NOUS	Feb 26	20.1%	5.0%			17.2%
Diagnostics % over 6 week - COLONOSCOPY	Feb 26	16.2%	5.0%			34.3%
Diagnostics % over 6 week - FLEXI-SIGMOIDOSCOPY	Feb 26	15.7%	5.0%			41.0%
Diagnostics % over 6 week - GASTROSCOPY	Feb 26	11.9%	5.0%			28.8%
Diagnostics % over 6 week - ECHOCARDIOGRAPHY	Feb 26	33.5%	5.0%			45.6%
Diagnostics % over 6 week - DEXA	Feb 26	0.9%	5.0%			6.2%
Diagnostics % over 6 week - AUDIOLOGY	Feb 26	44.8%	5.0%			29.5%
Diagnostic Tests - Magnetic Resonance Imaging	Feb 26	11857	-			12133
Diagnostic Tests - Computed Tomography	Feb 26	18574	-			20393
Diagnostic Tests - Non-Obstetric Ultrasound	Feb 26	21919	-			23037
Diagnostic Tests - Colonoscopy	Feb 26	1807	-			2116
Diagnostic Tests - Flexi Sigmoidoscopy	Feb 26	476	-			554
Diagnostic Tests - Gastroscopy	Feb 26	2130	-			2272
Diagnostic Tests - Cardiology - Echocardiography	Feb 26	5676	-			5598
Diagnostic Tests - DEXA Scan	Feb 26	1438	-			1507
Diagnostics Tests - Audiology	Feb 26	5260	-			5137

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CANCER

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
% meeting faster diagnosis standard	Feb 26	78.70%	80.00%			74.50%
31 Day First Treatment	Feb 26	95.40%	94.00%			91.10%
62 Day referral to treatment	Feb 26	65.80%	75.08%			65.42%
Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result	Mar 26	90.41%	80.00%			88.68%
Breast screening coverage - % females aged 53 - 70 screened in the last 36 months	Sep 25	68.25%	-			68.14%
Bowel screening coverage, aged 60-74, screened in last 30 months	Sep 25	63.15%	-			65.81%

Urgent and Emergency Care (UEC)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
A&E 4 Hour Standard (78% Target)	Mar 26	78.49%	78.00%			76.52%
A&E 4 Hour Standard - Type 1 Only	Mar 26	64.93%	-			61.68%
% patients spending more than 12 hours in an emergency department [PROV]	Mar 26	8.89%	-			8.66%
Mean ambulance response time: Category 2	Mar 26	00:24:33	00:30:00			00:28:21
Ambulance handover delays over 30 minutes (% of arrivals)	Mar 26	21.37%	-			30.39%
Ambulance handover delays over 60 minutes (% of arrivals)	Mar 26	5.13%	-			9.44%
Virtual Ward Capacity per 100k	Mar 26	20.5	-			20.2
Virtual Ward Occupancy	Mar 26	77.9%	80.0%			71.4%
2 Hour UCR - % in 2 Hours	Feb 26	94.7%	80.0%			93.8%
Total UCR Standardised rates	Feb 26	95.0	180.0			113.5
Delayed Transfers of Care / No Medical Criteria to Reside [Provider]	Mar 26	13.00%	-			11.91%
Number of patients discharged on discharge ready date [PROV]	Feb 26	82.36%	-			83.36%
% Type 1 patients spending more than 12 hours in an emergency department [PROV]	Mar 26	13.90%	-			13.98%
A&E Attendances (TOTAL)	Mar 26	76557	-			73855
Category 2 Incidents	Mar 26	45507	-			48470

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Mental Health and Learning Disabilities

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
Inappropriate out of area placements (OAPs)	Mar 26	3	0			11
Estimated diagnosis rate for people with Dementia	Mar 26	68%	67%			69%
NHS Talking Therapies - % patients patients achieving reliable recovery	Feb 26	43.0%	48.0%			45.5%
NHS Talking Therapies - % patients patients achieving reliable improvement	Feb 26	66.3%	67.0%			66.3%
Average Length of Stay for Adult Acute Beds	Feb 26	65.0	75.1			65.4
People accessing Specialist Community Perinatal MH services	Feb 26	2445	2240			2457
Number of CYP aged under 18 supported through NHS funded MH services with at least one contact	Feb 26	34885	31710			32084
Individual Placement Support : Number of people accessing IPS services	Feb 26	1660	-			780

Primary Care

KPI	Latest month	Measure	Target	Variation	Assurance
General Practice Appointments	Feb 26	835083	870137		
General practice appointments per 10,000 weighted patients	Feb 26	4141.4	4315.2		
General Practice Appointments seen within two weeks (%)	Feb 26	86.73%	-		
FTE GPs	Feb 26	1152.6	-		
FTE Nurses	Feb 26	629.6	-		
FTE Direct Patient Care	Feb 26	561.1	-		
FTE Total Clinical Staff	Feb 26	2343.4	-		
Units of Dental Activity delivered	Mar 26	221332.8	-		
Units of Dental Activity delivered as a % of Plan (cumulative)	Mar 26	94.3%	100.0%		
Urgent Dental Appointments	Mar 26	12335	13743		
% of resident population seen by an NHS dentist - ADULT [24 months]	Mar 26	41.5%	40.3%		
% of resident population seen by an NHS dentist - CHILDREN [12 months]	Mar 26	68.1%	63.0%		
PHARMACY FIRST CONSULTATION ACTIVITY	Jan 26	32574	26001		
NHS Sight Tests	Feb 26	39502	-		
S044a: Antimicrobial resistance : Antibacterial items by STAR-PU	Feb 26	0.90	-		
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in prim	Feb 26	7.66%	-		
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000	Feb 26	0.98	-		
% of hypertension patients who are treated to target as per NICE guidance	Dec 25	69.60%	80.00%		
LES - Vasectomies [Claims]	Mar 26	98	-		
LES - Ring Pessaries - Total [Claims]	Mar 26	249	-		
Total FTE (Clinical) per 10k Weighted pop	Feb 26	11.62	-		

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All Age Continuing Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
Eligible for Standard CHC per 50k	Dec 25	59.40	-			54.14
Eligible for Fast Track CHC per 50k	Dec 25	21.12	-			28.35
TOTAL ELIGIBLE for CHC per 50k	Dec 25	80.52	-			82.49
Eligible for Funded Nursing Care per 50k	Dec 25	81.09	-			75.63
Total no. of assessments found to be eligible per 50k	Dec 25	42.34	-			39.09

Better Care Fund (BCF)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
BwD - % Discharged on Discharge Ready Date	Feb 26	88.40%	86.50%			87.89%
BwD - Avg Days from DRD to Discharge (excl 0 day)	Feb 26	3.40	4.42			3.54
BwD - Avg Days from DRD to Discharge (All)	Feb 26	0.40	0.60			0.43
BPool - % Discharged on Discharge Ready Date	Feb 26	85.70%	87.00%			87.76%
BPool - Avg Days from DRD to Discharge (excl 0 day)	Feb 26	6.96	6.39			5.68
BPool - Avg Days from DRD to Discharge (All)	Feb 26	0.99	0.87			0.72
Lancs - % Discharged on Discharge Ready Date	Feb 26	84.40%	86.00%			84.57%
Lancs - Avg Days from DRD to Discharge (excl 0 day)	Feb 26	5.83	4.83			4.97
Lancs - Avg Days from DRD to Discharge (All)	Feb 26	0.91	0.68			0.77
WM&F - % Discharged on Discharge Ready Date	Feb 26	80.90%	83.00%			81.67%
WM&F - Avg Days from DRD to Discharge (excl 0 day)	Feb 26	6.93	8.21			8.78
WM&F - Avg Days from DRD to Discharge (All)	Feb 26	1.32	1.40			1.60
BwD - Emergency admissions to hospital for people aged 65+ per 100,000 pop	Dec 25	1747.6	1708.9			1680.9
BPool - Emergency admissions to hospital for people aged 65+ per 100,000 pop	Dec 25	1934.3	1879.4			1831.7
Lancs - Emergency admissions to hospital for people aged 65+ per 100,000 pop	Dec 25	1656.6	1662.2			1580.5
WM&F - Emergency admissions to hospital for people aged 65+ per 100,000 pop	Dec 25	1316.5	1341.5			1345.5

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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
FFT - A&E	Feb 26	70%	-			76%
FFT - Ambulance	Feb 26	92%	-			92%
FFT - Community	Feb 26	94%	-			95%
FFT - Dental	Feb 26	97%	-			97%
FFT - GP	Feb 26	92%	-			91%
FFT - Inpatient	Feb 26	94%	-			94%
FFT - Antenatal	Feb 26	87%	-			91%
FFT - Birth	Feb 26	88%	-			92%
FFT - Postnatal Ward	Feb 26	85%	-			88%
FFT - Postnatal Community	Feb 26	86%	-			86%
FFT - Mental Health	Feb 26	86%	-			87%
FFT - Outpatient	Feb 26	94%	-			94%
Preventing Future Deaths	Mar 26	4	-			1
Never Events	Mar 26	2	-			1
No. PSII Commissioned	Mar 26	9	-			9
MRSA	Mar 26	3	-			3
C-Diff	Mar 26	48	-			67
E-Coli	Mar 26	113	-			114
Klebsiella. Spp	Mar 26	32	-			25
P.aeruginosa	Mar 26	8	-			9

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.