Integrated Care Board

Date of meeting	9 July 2026
Title of paper	Integrated Performance Report
Presented by	Alex Heritage, Chief Strategy & Planning Officer
Author	Glenn Mather, Neil Holt and Damian Nelson (Performance Team)
Agenda item	10
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 for the period April- May 2026.

Overall, system performance remains under sustained pressure, with some areas performing well against plan or relative to regional and national benchmarks, but material challenges persist in elective recovery, diagnostics, cancer performance and primary care capacity. Continued focus is required on recovery trajectories, long waits, workforce constraints and reducing unwarranted variation across providers and services.
The Quality and Outcomes Committee received and reviewed the Integrated Performance Report at their meeting on 10th June 2026.

Accordingly, the Board is asked to note a number of key performance areas:

Elective Recovery: At the end of April 2026, 229,313 patients were waiting for treatment across the ICB. While the April position was in line with plan, delivering the waiting list recovery trajectory to March 2027 will be challenging, particularly in relation to overall waiting list size and 18-week performance.

Diagnostics: Performance for patients to receive their diagnostic test within 6 weeks deteriorated in April 2026 from the previous month and remains below the 99% target. There were 58,018 patients waiting for a diagnostic test across the ICB, an increase of 2.34% from the previous month and 12.96% from the beginning of the financial year. The community diagnostic centres delivered 77% of its annual activity plan in 2025/26.

Cancer: The ICB did not achieve the Faster Diagnosis Standard of 80% in April 2026. The 31-day treatment target was ahead of planned performance at 94.6%. The 62-day target (85%) has been challenged for some time with none for the local providers achieving their planned target in April 2026.

Urgent and Emergency Care (UEC): For the month of May 2026, 77.17% of patients were seen within 4 hours in A&E. There were 80,438 attendances during the month, approximately 1,700 patients more compared with the same period in 2025.
Hospital@Home (Virtual ward) capacity across Lancashire and South Cumbria was 399 beds with an occupancy of 83.7%, ahead of the planned achievement.

Mental Health: There were no inappropriate out of area placements (OAPs) for Mental Health Services at the end of April 2026. The ICB is not meeting the planned target for Talking therapies reliable recovery and reliable improvement in April 2026. The dementia target was met in March 2026 and will be reported quarterly going forward into 2026-27. The access to CYP mental health, average length of stay and individual placement support are all meeting targets. The access to perinatal services was just below target.

Children and Young People: For elective care the number of children on a waiting list in the Waiting List Minimum Data Set (WLMDS) for the 4 main providers in the ICB fell to 17,599 at the end of May 2026 from 18,291 in the previous reported period (March 2026). The number of over 52 weeks waits fell to 165 from 194 and the proportion of over 52 weeks compared to the full waiting list fell below the 1% target at the end of May 2026 (0.94%). This is in contrast to the ICB as a commissioner (including those of our patients being treated out of area) which is still above the 1% target.
The 18 weeks RTT performance also improved in May 2026 for both the main providers and the ICB as a commissioner to 62.6%. For community services the number of 52 weeks waits fell to 224 in April 2026 from 473 in February 2026, 18 weeks performance has also improved to 54.1% but remains significantly below the 78% target.

Primary Care: The ICB planned for an increase in the number of general practice appointments per 10k weighted population in the 2026-29 planning round. Although April 2026 appointment volumes are below planned levels, we are in line with our trajectory for the proportion of clinically urgent consultations that have taken place on the same day. 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. The number and proportion of unique adults seen (in a 24 month period) and children seen (in a 12 month period) continues to exceed our planning assumptions.

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 inequalities in cancer early diagnosis rates, elective waiting times, Cardiovascular disease (CVD) metrics, Serious Mental Illness (SMI) & Learning Disabilities (LD) health checks have been updated, with key points included in the report.

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**
Executive Team	30 June 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:	Alex Heritage, Chief Strategy & Planning Officer

Integrated Care Board – 9 July 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 and support 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.

1.5 It is recognised that the Integrated Performance Report will be further developed to support the managed transition of the Integrated Care Board with an enhanced focus on population health and an outcomes framework to underpin the defined strategic objectives of the organisation.

2.0 Key Performance Indicators

2.1 The period covered within the report is April 2026 to May 2026. The system remains subject to on-going pressure and high demand across all service areas, both in hospital and within the community.

2.2 Overall, system performance remains under sustained pressure, with some areas performing well against plan or relative to regional and national benchmarks, but material challenges persist in elective recovery, diagnostics, cancer performance and primary care capacity.

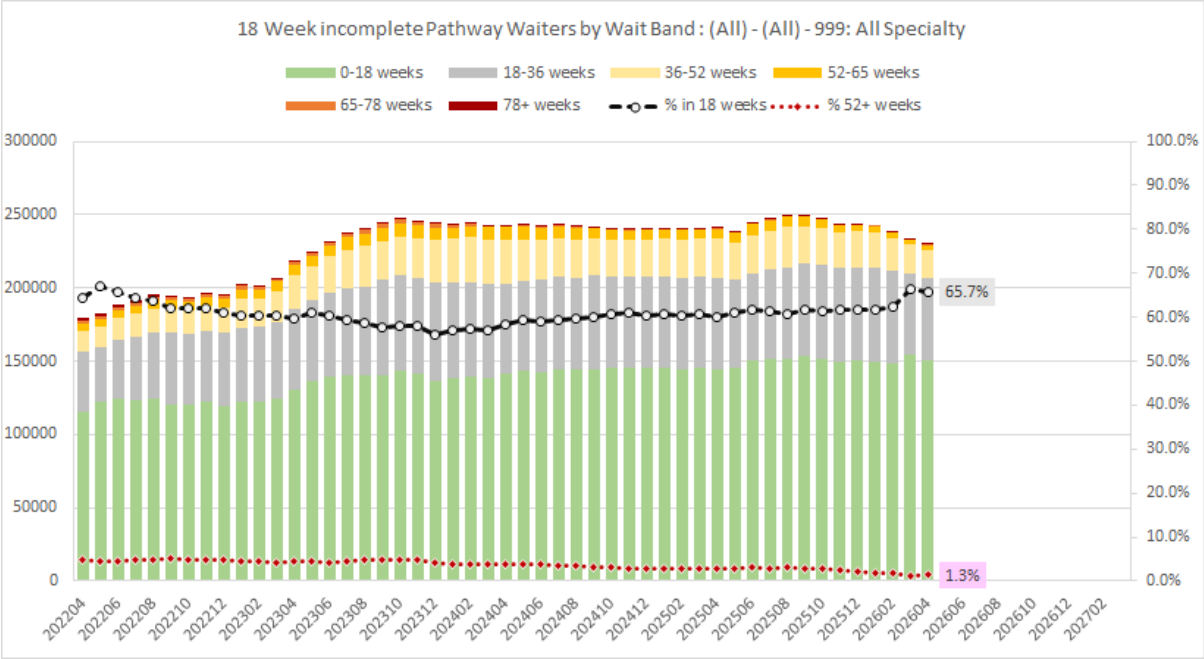
2.3 Continued focus is required on recovery trajectories, long waits, workforce constraints and reducing unwarranted variation across providers and services.

2.4 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 reported through 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.

2.5 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 229,313 patients at the end of April 2026.



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

- 2 patients waiting in excess of 78 weeks.
- 90 patients waiting in excess of 65 weeks.
- 3067 x 52+ week waiters of which 490 patients (15.98%) 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 together with the total size of the waiting list. 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 April 2026, the ICB was reporting that 65.71% of patients were waiting 0-18 weeks for treatment (against our 64.95% trajectory to get to our 'expected' target).

ICB performance is marginally above both the regional average (64.4%) and national average (64.9%). Although this is a positive position, monthly improvements will need to be sustained to keep in step with this challenging trajectory. However, there are variations in performance by specialty and across all providers that our patients access for treatment.

3.5 A total of 3,067 (1.34%) of patients were waiting 52 weeks or longer for treatment at the end of April 2026 (against our 1.31% recovery trajectory). There is variation by provider and specialty with half of these 52+ week patients waiting in 4 specialties; Gynaecology (608), Trauma and Orthopaedics (344), Neurology (315) and Cardiology (284).

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 Although the national ambition is for zero x 65+ week waiters, we have seen increases in the number of these longer waiting patients reported at the end of April 2026. Referral to Treatment (RTT) data reported a total of 90 x 65+ week waiters for L&SC ICB patients. Gynaecology, Cardiology and Cardiothoracic Surgery are responsible for 78 (86.7%) of these long waiters.

3.8 Pre-referral Advice and Guidance diversion rates have remained relatively consistent, though below the nationally anticipated range of 40-45%, and this has meant that due to improved utilisation rates the actual volume of diverted patients has increased. There remain variations by specialty and provider. Work is ongoing to support the local delivery of Single Points of Access (SPOA) in line with the national programme.

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 April 2026 from the previous month to 77.3%, remaining above national performance (75.1%), but below the Northwest position (84.6%). The aggregate performance for the 4 main providers also deteriorated in the month to 76.6%. There is variation in performance across providers from 59.7% at Lancashire Teaching Hospitals to 87.5% at East Lancashire Hospitals Trust. However, all providers saw a deterioration in performance.

4.2 The diagnostic waiting list for the ICB and the 4 main providers increased in April 2026. There were 58,018 patients waiting across the ICB, an increase of 2.34%

from the previous month and 12.96% from the beginning of the financial year. This trend is greater than seen nationally and across the Northwest.

4.3 The ICB position is driven by challenged performance at Lancashire Teaching Hospitals Trust and Blackpool Teaching Hospitals. Workforce challenges across diagnostic services impacted on the overall performance trajectory for several services. Endoscopy has seen the greatest improvement in year, exceeding expectations by 24.86%. Significant performance improvements, in/outsourcing and additional capacity have helped to support recovery trajectory. Whilst Non-obstetric Ultrasound (NOUS), may not be the worst performing service with regards to percentage performance, it has had the greatest detrimental impact on the overall system position due the volume of patients waiting longer than 6-weeks and the overall waiting list size.

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 Community diagnostic centre programme delivered 77% of its annual activity plan in 2025/26. 268,682 diagnostic tests were delivered in year across all diagnostic specialities.

5.0 Domain 3 – Children & Young People (CYP)

5.1 There has been a further fall in the number of 52 weeks waits in community services to 224 at the end of April 2026 from 473 at the end of February 2026 when performance was last reported, as the service offer for Spring North and recovery plans impact positively on long waiters. The 18 weeks performance has improved to 54.1% for the ICB, still significantly below the target of 78% for the medium term NHS plan for 2026-27.

5.2 The children and young people's team continue to work with the main providers through the vulnerable services process for those children waiting over 52 weeks for these services.

5.3 For those providers within the ICB, for the last 2 months there has been a fall in the number of children on elective care waiting lists from 18,291 at the end of March 2026 to 17,599 at the end of May 2026. At the end of May there were 165 children waiting over 52 weeks, a fall from 194 at the end of March 2026. Most of the 52 weeks waits are for the Paediatric Surgery Service, Special Care Dentistry and ENT, the proportion of 52 weeks waits of the total waiting list is 0.94% below the 1% target. The 18 weeks performance is 62.6% up slightly from the end of March figure of 61.8%.

5.4 For the ICB as a commissioner there has been a fall in the waiting list to 21,765 from 22,169 at the end of March 2026. There were 233 52 weeks waiters at the end of May 26 down from 254 at the end of March, the proportion of the total

waiting list was 1.07% above the 1% target. The 18 weeks performance for the ICB as a commissioner at the end May 2026 was also 62.6%.

6.0 Domain 4 – Cancer

6.1 In April 2026 there was a deterioration against the Faster Diagnosis Standard that contributed to the ICB not meeting its planning trajectory of 80%. 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 94.4% in April 2026, although above the planning trajectory of 94.3%. The total ICB position was 94.6%, ahead of the planning trajectory 94.5%.

6.3 Achievement against the 62-day standard remains less favourable. Overall, performance across the ICB in April 2026 was 64.4%, below the planning trajectory of 75.3%. None of the four main providers achieved the target or their planning trajectory.

Provider Performance against 3 core cancer standards (April 2026)

PROVIDER	FDS	31 Day	62 Day
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	75.3%	98.0%	60.4%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	66.2%	95.7%	60.4%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	78.6%	92.1%	63.7%
EAST LANCASHIRE HOSPITALS NHS TRUST	75.4%	96.0%	66.7%
L&SC AGGREGATE (4 x Providers)	**73.9%**	**94.4%**	**63.0%**
TARGET	80.0%	96.0%	85.0%

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

CANCER ALLIANCE	FDS	31 Day	62 Day
L&SC Cancer Alliance (CCG TOTAL)	**74.2%**	**94.6%**	**64.4%**
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 May 2026, the proportion of patients seen and treated within 4 hours in A&E was 77.17%. This performance was better than both the England (75.69%) and the Northwest (73.91%) achievement.

7.2 The latest data shows an improvement on the proportion of patients waiting more than 12 hours in A&E (7.58% for week ending 15 June 2026), a better position to that across the North West (8.38%).

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 May 2026 the proportion of delays over 30 minutes fell to 25.3% from 26.0% in the previous month. There was variation between providers. In comparison, performance across the Northwest was 25.3% and 24.3% nationally.

7.4 The Category 2 response time target was amended from 18 minutes to 30 minutes. During May 2026 achievement for the Northwest was 24 minutes and 51 seconds against a planning trajectory of 23 minutes and 10 seconds. Performance across Lancashire & South Cumbria was slightly better at 23 minutes and 25 seconds.

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

7.5 Once people no longer need hospital care, being at home or in a community setting (such as a care home) is the best place for them to continue recovery. However, unnecessary delays in being discharged from hospital are a problem that too many people experience. To track the scale and extent of this issue a metric looks at the average number of beds occupied by patients who no longer meet the criteria to reside (NMC2R) as a percentage of the average number of occupied adult General and Acute (G&A) beds available during the month.

7.6 Across Lancashire & South Cumbria, 13.9% 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.

7.7 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 L&SC was 399 beds and occupancy was 83.7% for the May 2026 snapshot, and represented a significant improvement from the previous month and ahead of the planning trajectory of 80.2%. Capacity and utilisation are consistently in line with national averages.

7.8 Work continues on reporting the delivery, impact, exceptions and de-escalation cost reductions of the place-based Urgent and Emergency Care improvement plans. 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 no inappropriate out of area placements at the end of April 2026 for Lancashire and South Cumbria ICB.

8.2 The performance for NHS Talking Therapies in April 2026, shows that the ICB is not meeting the plan for both Reliable Improvement and Reliable Recovery. Reliable improvement is just under plan at 65.53% verses 66.78% plan, reliable recovery is under plan at 41.96% verses 44.17% plan. The commissioners continue to work with providers on recovery plans to meet the target.

8.3 The dementia prevalence data is being published quarterly in 2026-27. Quarter 1 data will be published at the end of July 2026. The data from March 2026 shows that the ICB is meeting the dementia prevalence target at 68.5%, performance remain below the Northwest but above the national average.

8.4 The latest data shows that average length of stay in acute mental health beds, the children and young people access target and people with individual placement support are all meeting their targets. The access to perinatal mental health care was just below target for March 2026, 2415 verses 2420 plan.

9.0 Domain 7 – Primary Care

9.1 The 2026-27 Operational Planning guidance required the ICB to submit a plan for the anticipated (and increased) volumes of General Practice appointments that would be undertaken profiled across the year. Although the volume of appointments undertaken in April 2026 is below planned levels (-4.4%), the ICB is in line with the trajectory for the proportion of clinically urgent consultations that

have taken place on the same day. 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 5.63 full time equivalent GPs per 100k weighted population for the ICB compared with 6.29 FTE GPs per 100k weighted population nationally.

9.3 It is the ICB's ambition for 40.8% of the adult resident population (in a 24-month period) and 66.4% of resident children (in a 12 month period) to have seen an NHS dentist by March 2027. The latest available position for April 2026 indicates that the ICB is currently above these targets with 41.4% for adults and 68.3% for children.

9.4 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 (February 2026 at the time of writing) is running above planned levels. Planning for 2026-29 has moved to using unvalidated data to set and monitor plans and will focus on the 7 clinical pathways, Blood Pressure checks, and oral contraception consultations. Reporting will be updated in 2026-27 to reflect this once the unvalidated data becomes available.

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 been reducing for the last six 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 Availability of data is a particular challenge, with many datasets not having been updated for some time. Data for inequalities in cancer early diagnosis rates, elective waiting times, Cardiovascular disease (CVD) metrics, Serious Mental Illness (SMI) & Learning Disabilities (LD) health checks have been updated, key points include:

11.2.1 There has been a slight decrease in the number of people from the most deprived groups who have cancer diagnosed early, but the overall trend in the last year remains positive.

11.2.2 The gap in elective waiting times between most and least deprived groups continues to narrow, with improvement across all IMD groups in number of people waiting more than 18 weeks.

11.2.3 Health checks for people with learning disability and autism have reached the annual target at March 2026.

11.2.4 Physical health checks for people with Severe Mental Illness (SMI) have fallen slightly compared to last year.

11.2.5 Hypertension treatment to target trends continue to improve year-on-year, although the gap between most and least deprived remains steady.

11.2.6 Although the smoking at time of delivery (SATOD) indicator deteriorated very slightly in Q3 2025-26 to 5.63% from 5.61% in the previous quarter, the trend is sustained improvement across all areas within the ICB. In Blackpool, whilst the rate continues to fall, the level of SATOD remains one of the highest in England.

11.3 The annual health inequalities metrics are currently being updated to be published alongside the annual report and will provide greater granularity on activity underway and impact in time for the next report.

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 2025-26 and 2026-27. The number of referrals from GP practices increased by 4.62 which is higher than demographic growth.

12.3 The number of patients being added to an elective care waiting list also increased (1.93%), 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 June 2025 and May

2026, there were over 25k more A&E attendances than in the same period during the previous year.

METRIC	PERIOD	2025-26	2026-27	% Variance
GP Referrals (Rolling 12)	May-Apr	471,877	493,698	4.62%
Elective care waiting list clock starts (per working day)	May-Apr	2713	2766	1.93%
A&E Attendances (All Types)	Jun-May	892836	918161	2.84%

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.

Alex Heritage
Chief Strategy & Planning Officer
June 2026

APPENDIX A : Domain Metric Statistical Process Control Tables

Elective Recovery / Planned Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
18 week RTT Performance %	Apr 26	65.71%	73.13%			60.82%
52 week RTT Performance %	Apr 26	1.34%	0.38%			3.66%
Total Incomplete Pathways	Apr 26	229313	196470			229042
% of all outpatient attendances moved / discharged to PIFU	Apr 26	5.58%	-			4.25%
3) New RTT periods	Apr 26	57023	-			54964
1a) Completed pathways for admitted patients (unadjusted)	Apr 26	9916	-			9611
1b) Completed pathways for non-admitted patients (unadjusted)	Apr 26	37745	-			34601
Pre-Referral Specialist Advice (Advice and Guidance) - Utilisation	Mar 26	7.0	-			6.8
Pre-Referral Specialist Advice (Advice and Guidance) - Diversion	Mar 26	32.6%	-			36.7%
Post-Referral Specialist Advice (Advice and Guidance) - Utilisation	Mar 26	28.0	-			29.4
Post-Referral Specialist Advice (Advice and Guidance) - Diversion	Mar 26	9.9%	-			9.6%
0-18 week Incomplete pathway waiters	Apr 26	150685	-			139005
52+ week incomplete pathway waiters	Apr 26	3067	742			8259
65+ week incomplete pathway waiters	Apr 26	90	0			1604
78+ week incomplete pathway waiters	Apr 26	2	0			353
WLMDS - 0-18 years - % in 18 weeks	May 26	62.6%	-			57.5%
WLMDS - 0-18 years - % Over 52 weeks	May 26	1.1%	-			2.8%
WLMDS - All Age - % in 18 weeks	May 26	65.0%	-			61.3%
WLMDS - All Age - % Over 52 weeks	May 26	1.5%	-			2.5%
Time to first attendance, waiting for first event and waiting less than 18 weeks.	May 26	72.1%	-			67.6%
A&G Pre-Referral Diversions	Mar 26	2391	-			2009
TOTAL Completed Pathways	Apr 26	47661	-			44212

COMMUNITY

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
Number of Adults on Community Waiting List	Apr 26	13620	-			14445
Number of Children on Community Waiting List	Apr 26	2568	-			5185
Number of Adults waiting over 52 weeks on Community Waiting Lists	Apr 26	65	289			101
Number of Children waiting over 52 weeks on Community Waiting Lists	Apr 26	22	118			202
Community Care Contacts	Mar 26	230255	-			189272
18 weeks Performance - Adults	Apr 26	91.5%	78.0%			88.6%
18 weeks Performance - Children	Apr 26	54.1%	78.0%			55.0%

Children, Young People and Maternity

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
WLMDS - % 0-18 weeks	May 26	62.6%	65.0%			55.8%
WLMDS - % 52 weeks	May 26	9.4%	1.0%			3.9%
WLMDS - Total over 52 weeks	May 26	165	0			805
Smoking at time of delivery	Dec 25	5.8%	6.0%			8.4%
Population vaccination coverage - MMR for 2 doses (5yrs olc	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 weel	Apr 26	77.3%	99.0%			75.2%
Diagnostics % over 6 week - MRI	Apr 26	13.4%	5.0%			10.8%
Diagnostics % over 6 week - CT	Apr 26	10.1%	5.0%			6.6%
Diagnostics % over 6 week - NOUS	Apr 26	25.4%	5.0%			17.7%
Diagnostics % over 6 week - COLONOSCOPY	Apr 26	9.1%	5.0%			32.3%
Diagnostics % over 6 week - FLEXI-SIGMOIDOSCOPY	Apr 26	9.6%	5.0%			38.7%
Diagnostics % over 6 week - GASTROSCOPY	Apr 26	10.8%	5.0%			27.3%
Diagnostics % over 6 week - ECHOCARDIOGRAPHY	Apr 26	36.9%	5.0%			44.9%
Diagnostics % over 6 week - DEXA	Apr 26	3.7%	5.0%			5.8%
Diagnostics % over 6 week - AUDIOLOGY	Apr 26	49.3%	5.0%			30.9%
Diagnostic Tests - Magnetic Resonance Imaging	Apr 26	12657	-			12191
Diagnostic Tests - Computed Tomography	Apr 26	20954	-			20468
Diagnostic Tests - Non-Obstetric Ultrasound	Apr 26	21917	-			22994
Diagnostic Tests - Colonoscopy	Apr 26	2120	-			2101
Diagnostic Tests - Flexi Sigmoidoscopy	Apr 26	550	-			552
Diagnostic Tests - Gastroscopy	Apr 26	2324	-			2267
Diagnostic Tests - Cardiology - Echocardiography	Apr 26	5913	-			5623
Diagnostic Tests - DEXA Scan	Apr 26	1436	-			1511
Diagnostics Tests - Audiology	Apr 26	5656	-			5187
Diagnostic Waiting List Total	Apr 26	58018	-			50151
% Waiting over 6 weeks	Apr 26	22.70%	-			23.25%

CANCER

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
% meeting faster diagnosis standard	Apr 26	74.20%	80.00%			74.56%
31 Day First Treatment	Apr 26	64.60%	96.00%			90.62%
62 Day referral to treatment	Apr 26	64.40%	85.00%			65.54%
Percentage of Lower GI Suspected Cancer referrals with an accompanying FIT result	Apr 26	82.70%	80.00%			88.25%
Breast screening coverage - % females aged 53 - 70 screened in the last 36 months	Dec 25	65.20%	-			67.91%
Bowel screening coverage, aged 60-74, screened in last 30 months	Dec 25	63.42%	-			65.65%

Urgent and Emergency Care (UEC)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
A&E 4 Hour Standard	May 26	77.17%	82.00%			76.56%
A&E 4 Hour Standard - Type 1 Only	May 26	62.50%	-			61.74%
% patients spending more than 12 hours in an emergency department [PROV]	May 26	7.58%	-			8.63%
Mean ambulance response time: Category 2	May 26	00:24:51	00:30:00			00:28:08
Ambulance handover delays over 30 minutes (% of arrivals)	May 26	25.28%	-			30.07%
Ambulance handover delays over 60 minutes (% of arrivals)	May 26	5.49%	-			9.18%
Virtual Ward Capacity per 100k	May 26	21.3	-			20.3
Virtual Ward Occupancy	May 26	83.7%	80.0%			71.3%
2 Hour UCR - % in 2 Hours	Apr 26	96.6%	80.0%			93.9%
Total UCR Standardised rates	Apr 26	116.0	180.0			114.4
Delayed Transfers of Care / No Medical Criteria to Reside [Provider]	Apr 26	13.90%	-			12.05%
Number of patients discharged on discharge ready date [PROV]	Apr 26	85.24%	-			83.63%
% Type 1 patients spending more than 12 hours in an emergency department [PROV]	May 26	14.30%	-			14.02%
A&E Attendances (TOTAL)	May 26	80428	-			74111
Category 2 Incidents	May 26	48288	-			48421

Mental Health and Learning Disabilities

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
Inappropriate out of area placements (OAPs)	Apr 26	0	0			11
Estimated diagnosis rate for people with Dementia	Mar 26	69%	67%			69%
NHS Talking Therapies - % patients patients achieving reliable recovery	Apr 26	42.0%	48.0%			45.3%
NHS Talking Therapies - % patients patients achieving reliable improvement	Apr 26	65.6%	67.0%			66.3%
Average Length of Stay for Adult Acute Beds	Mar 26	66.0	75.1			65.4
People accessing Specialist Community Perinatal MH services	Mar 26	2415	2240			2455
Number of CYP aged under 18 supported through NHS funded MH services with at least one contact	Mar 26	34815	31710			32198
Individual Placement Support : Number of people accessing IPS services	Mar 26	1705	-			818

Primary Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
General Practice Appointments	Apr 26	844113	870137			858769
General practice appointments per 10,000 weighted patients	Apr 26	4186.2	4315.2			4188.2
General Practice Appointments seen within two weeks (%)	Apr 26	84.89%	-			86.83%
FTE GPs	Apr 26	1135.3	-			1058.6
FTE Nurses	Apr 26	619.3	-			626.7
FTE Direct Patient Care	Apr 26	564.2	-			544.8
FTE Total Clinical Staff	Apr 26	2318.9	-			2243.7
Units of Dental Activity delivered	Mar 26	341919.4	-			201406.8
Units of Dental Activity delivered as a % of Plan (cumulative)	Mar 26	99.2%	100.0%			102.8%
Urgent Dental Appointments	Mar 26	12661	13743			11738
% of resident population seen by an NHS dentist - ADULT [24 months]	Apr 26	41.4%	40.3%			40.7%
% of resident population seen by an NHS dentist - CHILDREN [12 months]	Apr 26	68.3%	63.0%			65.8%
PHARMACY FIRST CONSULTATION ACTIVITY	Feb 26	32608	26001			28957
NHS Sight Tests	May 26	40785	-			36254
S044a: Antimicrobial resistance : Antibacterial items by STAR-PU	Mar 26	0.90	-			0.98
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in prim	Mar 26	7.71%	-			7.59%
High Dose Opioids : Opioids with likely daily dose of ≥120mg morphine equivalence per 1000	Mar 26	1.04	-			1.39
% of hypertension patients who are treated to target as per NICE guidance	Dec 25	69.60%	80.00%			68.71%
LES - Vasectomies [Claims]	Mar 26	98	-			87
LES - Ring Pessaries - Total [Claims]	Mar 26	249	-			156
Total FTE (Clinical) per 10k Weighted pop	Apr 26	11.50	-			11.25
% Same Day General Consultation Appts	Apr 26	76.06%	90.00%			74.72%
CQC Ratings - Inadequate or Requiring Improvement	Apr 26	6	0			5
Estimated diagnosis rate for people with Dementia	Mar 26	68.5%	66.7%			68.8%
% people aged 14 and over with LD receiving an annual health check	Apr 26	3.94%	81.00%			36.08%

All Age Continuing Care

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
Eligible for Standard CHC per 50k	Mar 26	58.13	-			54.25
Eligible for Fast Track CHC per 50k	Mar 26	21.69	-			28.17
TOTAL ELIGIBLE for CHC per 50k	Mar 26	79.82	-			82.42
Eligible for Funded Nursing Care per 50k	Mar 26	81.05	-			75.78
Total no. of assessments found to be eligible per 50k	Mar 26	45.11	-			39.26

Better Care Fund (BCF)

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
BwD - % Discharged on Discharge Ready Date	Apr 26	88.00%	86.50%			87.82%
BwD - Avg Days from DRD to Discharge (excl 0 day)	Apr 26	2.40	4.42			3.47
BwD - Avg Days from DRD to Discharge (All)	Apr 26	0.30	0.60			0.43
BPool - % Discharged on Discharge Ready Date	Apr 26	90.40%	87.00%			87.84%
BPool - Avg Days from DRD to Discharge (excl 0 day)	Apr 26	7.30	6.39			5.83
BPool - Avg Days from DRD to Discharge (All)	Apr 26	0.70	0.87			0.73
Lancs - % Discharged on Discharge Ready Date	Apr 26	85.50%	86.00%			84.58%
Lancs - Avg Days from DRD to Discharge (excl 0 day)	Apr 26	4.60	4.83			4.98
Lancs - Avg Days from DRD to Discharge (All)	Apr 26	0.70	0.68			0.77
WM&F - % Discharged on Discharge Ready Date	Apr 26	81.60%	83.00%			81.67%
WM&F - Avg Days from DRD to Discharge (excl 0 day)	Apr 26	7.30	8.21			8.73
WM&F - Avg Days from DRD to Discharge (All)	Apr 26	1.30	1.40			1.59
BwD - Emergency admissions to hospital for people aged 65+ per 100,000 pop	Feb 26	1704.4	1708.9			1676.4
BPool - Emergency admissions to hospital for people aged 65+ per 100,000 pop	Feb 26	1600.8	1879.4			1757.3
Lancs - Emergency admissions to hospital for people aged 65+ per 100,000 pop	Feb 26	1385.4	1662.2			1560.1
WM&F - Emergency admissions to hospital for people aged 65+ per 100,000 pop	Feb 26	1169.4	1341.5			1335.6

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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean
FFT - A&E	Apr 26	75%	-			76%
FFT - Ambulance	Apr 26	92%	-			92%
FFT - Community	Apr 26	95%	-			95%
FFT - Dental	Apr 26	96%	-			97%
FFT - GP	Apr 26	92%	-			91%
FFT - Inpatient	Apr 26	94%	-			94%
FFT - Antenatal	Apr 26	91%	-			91%
FFT - Birth	Apr 26	93%	-			92%
FFT - Postnatal Ward	Apr 26	83%	-			88%
FFT - Postnatal Community	Apr 26	88%	-			86%
FFT - Mental Health	Apr 26	88%	-			87%
FFT - Outpatient	Apr 26	95%	-			94%
Preventing Future Deaths	May 26	0	-			1
Never Events	May 26	1	-			2
No. PSII Commissioned	May 26	1	-			9
MRSA	May 26	6	-			3
C-Diff	May 26	66	-			67
E-Coli	May 26	94	-			113
Klebsiella. Spp	May 26	36	-			26
P.aeruginosa	May 26	13	-			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.