

Integrated Care Board

Date of meeting	17 September 2026
Title of paper	Performance Report
Presented by	Alex Heritage, Chief Strategy & Planning Officer
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Agenda item	12
Confidential	No

Executive summary

The purpose of this report is to provide the Integrated Care Board (ICB) with a summary of the latest position against key performance and update on the work underway to develop the Performance Report (PR).

The ambition is to develop a truly integrated report that is outcome focused, forward facing, aligned to our populations and demonstrate the improvements our action achieves.

A development / transition plan has been produced that articulates clear actions and milestones required to support the evolution of the PR. A working group has been established to support the implementation of the plan. Oversight of progress will continue through the Quality & Outcomes Committee.

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:

1. The latest performance achievement and on-going actions against key performance indicators.
2. The process in place to develop the Performance Report and provide feedback on the new visualisation components.

Which Strategic Objective/s does the report relate to:

Which Strategic Objective/s does the report relate to:		Tick
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	

SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	✓
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	✓
Implications		
	Yes	No
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	8 September 2026	
Conflicts of interest associated with this report		
Not applicable		
Impact assessments		
	Yes	No
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 – 17 September 2026

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 this report is to provide the Board with an update on the work underway to develop the Performance Report (PR) and present a summary of the latest position against key performance indicators.

2.0 Key Performance Indicators

- 2.1 The period covered within the Performance Report is June 2026 to July 2026. The system remains subject to on-going pressure and high demand across all service areas.
- 2.2 Whilst performance within Lancashire & South Cumbria continues to compare well with that of the Northwest and nationally across several measures, there are continuing challenges in the size of elective waiting lists, cancer performance measures and long waits in community services.
- 2.3 Below is a summary of the most recent validated position:
 - 2.3.1 Elective Planned Care – At the end of June 2026, 230,887 patients were waiting for treatment across the ICB. While the June's position was in line with our 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. The longest waits of 52 weeks or more remain a particular pressure, especially in Gynaecology, Trauma and Orthopaedics, Gastroenterology and Cardiology.
 - 2.3.2 Diagnostics – Performance for patients to receive their diagnostic test within 6 weeks improved in June 2026 and was ahead of plan. There were 54,848 patients waiting for a diagnostic test across the ICB, a similar number to the month previous month, but a 5.3% reduction from the beginning of the financial year. Community diagnostic centre (CDC) activity improved but overall remains under plan.

- 2.3.3 Cancer – The ICB did not achieve the Faster Diagnosis Standard of 80% in June 2026. The 31-day treatment target was ahead of planned performance at 95.03%. The 62-day target (85%) has been challenged for some time with none for the local providers achieving their planned target in June 2026. A deep dive session with the Board to review cancer performance is diarised for November 2026.
- 2.3.4 Urgent and Emergency Care (UEC) – For the month of July 2026, 77.24% of patients were seen within 4 hours in A&E. There were 80,412 attendances during the month, a similar number compared with the same period in 2025. Hospital at Home (Virtual ward) capacity across Lancashire and South Cumbria was 373 beds with an occupancy of 58.8%, below planned achievement.
- 2.3.5 Mental Health – The ICB met the Dementia diagnosis rate in June 26, the performance for Talking Therapies Reliable Recovery remains challenged and there was an increase in the number of inappropriate out of area placements in July which provisional data suggest will fall back again in August.
- 2.3.6 Community - There is improving performance in 18 weeks Referral to treatment for Children and young people's community services, although it is currently not meeting target. The number of 52 weeks waits for adult services fell significantly in June 2026 to 35 from 71 in the previous month, whereas the number for children and young people increased to 32.
- 2.3.7 Children and Young People – The performance for elective 18 weeks performance in under 18 across the 4 main providers has levelled off in the last 4 months. The ICB is meeting the target for the proportion of the waiting list waiting over 52 weeks.
- 2.3.8 Primary Care - The June 2026 data for GP appointments shows we are above our in-month plan and ahead of the cumulative plan to this month. The ICB appointment rate continues to be similar to North-West averages though remains well below the national average. Units of dental activity in the first 3 months of 2026-27 showed strong performance in each month.

3.0 Performance Report Development

- 3.1 Following the release of the NHS Blueprint, the Board requested the current Performance Report (PR) to be forward-facing, outcomes driven report to support population-focused strategic commissioning.
- 3.2 It is recognised that undertaking a change in reporting whilst continuing to oversee performance will require a phased approach. The following headline actions are supported by specific sub-actions to help shape the future reporting. The timescales detailed denote when the action will commence rather than will be complete and will evolve over time:

Phase	Action	Timescale
One	- Continue to produce the existing PR	September 2026
	- Develop Transition plan with clear outputs	September 2026
	- Introduce revised visualisations with a focus on Place	September 2026
	- Include a broader range of metrics aligned to Population Health and Place	November 2026
Two	- Commence reporting aligned too predictive modelling	January 2027
Three	- Introduction of dynamic reporting and exploration of advanced analytics	April 2027

3.3 Throughout the development phases the following elements will be considered:

- Scope of report – the inclusion of outcome metrics along with financial, workforce and contract data.
- Capacity and capability – exploring the opportunities to support the production of reports and the technology available for automation.
- Population focus – move away from disease specific reporting towards place-based and population insights.
- Flexibility – ability to report across different boundaries e.g. new place (LGR) footprints and local government geographies, acute footprints, PCNs etc.
- National developments – availability of data is critical and although the direction of travel is unclear, the ICB should progress local plans.

3.4 A small group has been established to take forward the development of the IPR. The group in collaboration will deliver the transition plan co-opting subject matter experts as required.

3.5 The transition plan will be presented at the October 2026 Quality & Outcomes Committee along with progress updates for the duration of the plan.

3.6 In line with the plan, this first updated report attached introduces a revised visualisation / prototype view that includes:

- Population Health Outcome / Unifying Goal achievement
- Health Inequality metrics
- Key metrics by domain that details:
 - Achievement against plan at ICB, Provider and Place level
 - Benchmarked against Northwest and England achievement
 - Supporting commentary and actions to improve performance
- Statistical process chart (SPC) to demonstrate trends and variation.

4.0 Next steps

4.1 The IPR development group will continue to meet regularly each month to review the actions within the transition plan and develop the report.

- 4.2 Production of the report will require input from across the organisation to ensure depth of information. To support this a RACI (Responsible; Accountable; Consulted; Informed) process will be undertaken to identify who will need to be involved and clarify roles.
- 4.3 Key operational leads from within the commissioning and population health teams will be asked to support describing the schemes, actions and impact that is driving performance.
- 4.4 The Transition plan will be presented at the October 2026 Quality & Outcomes Committee with the latest version of the report.
- 4.5 At future Board meetings, an evolving report will be provided with narrative to support progress made and further actions planned between meetings.

5.0 Recommendations

- 5.1 The Board is asked to note:
 - 1. The latest performance achievement and on-going actions against key performance indicators.
 - 2. The process in place to develop the Integrated Performance Report and provide feedback on the new visualisation components.

Alex Heritage
September 2026