

Performance Report (PR)

ICB Board Meeting

17 September 2026



Introduction

The ICB aspires to move from reporting performance to actively assuring and improving population outcomes.

A group has been established to develop the Performance Report and a transition plan is in place with clear actions and timescales for delivery.

The ambition is to get to a position where the ICB Board receives a report that articulates whether:

- Outcomes are improving for our population
- Services are safe, effective, accessible and equitable
- The ICB is delivering the priorities it has committed to
- Resources are used productively and sustainably
- There are risks and what actions are being taken

This is particularly important in the 2026/27 environment: NHS England's new Oversight Framework explicitly combines delivery segmentation, organisational capability and an oversight response, rather than treating performance as simply a collection of key performance indicators.

This version of the Performance Report presents the first iteration towards the ambition and includes:

- Population Health Outcome / Unifying Goal achievement
- Health Inequality metrics
- Key metrics by domain that detail
 - 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

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Executive Summary



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 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.



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.



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.



Urgent and Emergency Care

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@Home (Virtual ward) capacity across Lancashire and South Cumbria was 373 beds with an occupancy of 58.8%, below planned achievement.



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.



Community

There is improving performance in 18 weeks RTT for CYP community services, although it is currently not meeting target. The number of 52 weeks waits for Adult services fell significantly in June 26 to 35 from 71 in the previous month, whereas the number for Children and Young people increased to 32.



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 4 main providers are meeting the target for the proportion of the waiting list waiting over 52 weeks., the ICB is currently not meeting the target.



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.

ICB Metric Summary

Metric Code	Key Performance Indicator	Date	Plan	Actual	In Month Position
EC001	18 week RTT Performance %	Jun-26	66.58%	65.91%	✖
EC002	52 week RTT Performance %	Jun-26	1.14%	1.33%	✖
EC003	TOTAL Incomplete RTT Pathways	Jun-26	230,896	230,887	✓
EC004	3) New RTT periods - YTD	Jun-26	168,609	175,242	✖
EC005	1a) Completed pathways for admitted patients (unadjusted) - YTD	Jun-26	31,327	29,810	✖
EC006	1b) Completed pathways for non-admitted patients (unadjusted) - YTD	Jun-26	110,924	112,152	✓
EC007	Specialist Advice - Pre-Referral (Rate per 100 OP)	Jun-26	-	8.33	
EC007	Specialist Advice - Pre-Referral (% DIVERTED)	Jun-26	-	31.4%	
CO001	Number of adults waiting over 52 weeks on community waiting lists	Jun-26	56	35	✓
CO002	Number of children waiting over 52 weeks on community waiting lists	Jun-26	49	32	✓
CO003	18 weeks performance - children	Jun-26	66.50%	57.44%	✖
CYP001	WLMS – RTT 18 weeks performance (under 18)	Jul-26	70.00%	61.79%	✖
CYP002	52+ Weeks RTT % performance	Jul-26	<1%	1.05%	✖
D001	% of patients that receive a diagnostic test within six weeks (National ambition of 95%)	Jun-26	82.4%	83.3%	✓
CA001	% meeting faster diagnosis standard	Jun-26	80%	77.51%	✖
CA002	31 Day First Treatment (94% Standard)	Jun-26	94%	95.0%	✓
CA003	62 Day referral to treatment (80% Standard)	Jun-26	80%	70.5%	✖

Metric Code	Key Performance Indicator	Date	Plan	Actual	In Month Position
UEC001	A&E 4 Hour Standard (82% Target)	Jul-26	82%	77.24%	✖
UEC002	A&E 4 Hour Standard - Type 1 Only	Jul-26	-	63.63%	
UEC003	% of patients spending more than 12 hours in an emergency department (prov)		-	9.25%	
UEC004	Average ambulance response time: Category 2	Jul-26	00:30:00	00:23:30	✓
UEC005	Virtual ward occupancy	Jul-26	80.16%	58.90%	✖
UEC006	2 Hour urgent community response (UCR) - % in 2 hours	Jun-26	70.00%	96.42%	✓
UEC007	Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.	Jun-26	-	25.70%	
MH001	Estimated diagnosis rate for people with dementia	Jun-26	66.7%	68.38%	✓
MH002	Inappropriate out of area placements	Jul-26	0	10	✖
MH003	Talking therapies - % of patients achieving reliable recovery	Jul-26	44.8%	43.50%	✖
PC001	Number of general practice appointments per 10,000 weighted patients	Jun-26	4,384	4,595	✓
PC002	% Same Day General Consultation Acute	Jun-26	78.5%	78.9%	✓
PC003	Workforce – FTE doctors in General Practice per 10,000 weighted patients	Jun-26	-	5.58	
PC004	Recover Dental Activity - Increase in Units of Dental Activity (UDA)	Jul-26	96%	106.22%	✓
PC005	Percentage of resident population seen by an NHS dentist - ADULT	Jul-26	40.70%	41.60%	✓
PC005	Percentage of resident population seen by an NHS dentist - CHILD	Jul-26	66.20%	68.77%	✓

Lancashire & South Cumbria ICB - Population Health Outcomes and Unifying Goals

Population health outcome metrics show that Lancashire and South Cumbria continue to perform below the England average for life expectancy, healthy life expectancy, wider determinants of health and key preventable risk factors.

There has been some improvement in the measures supporting the ICB's Unifying Goals, however more formal assessment of progress requires agreement on the reporting timeframes and baseline position.

Category	What we want to achieve	How we will measure it	L&SC	England	Timeframe	L&SC Trend	Trend over time vs England (as per date range) L&SC — England —
High level outcomes	Longer Life	Life Expectancy at birth (Female)	81.9 years	83.3 years	2020-2024	Improving	
		Life Expectancy at birth (Male)	77.9 years	79.5 year	2020-2024	Improving	
	Healthier Life	Healthy Life Expectancy at birth (Female)	59.5 years	61.3 years	2011-2024	Worsening	
		Healthy Life Expectancy at birth (Male)	58.5 years	60.9 years	2011-2024	Worsening	
Improving the health of the population	Monitor wider determinants of health	School readiness (%)	64.4%	68.3%	2022-2025	Worsening	
		Children in relative low-income families (%)	25.8%	19.8%	2021-2025	Worsening	
		Economic Inactivity Rate (%)	21.9%	20.5%	2025	n/a	No time series data available
	Shift to prevention and reducing risk factors	Adult Smoking Prevalence (%)	10.6%	10.4%	2020-2024	Improving	
		Adults classified as overweight or obese (%)	67.5%	64.6%	2022-2025	Worsening	
Category	What we want to achieve	How we will measure it	Target	L&SC Gap in DSR IMD1&2 vs IMD9&10	Timeframe	L&SC Trend	Trend over time (as per date range)
Lancashire and South Cumbria ICB's Unifying Goals for health inequalities (Note: data is provisional and needs further review)	Reduce the gap in HLE by 50% between most and least deprived	Deprivation gap in under 75 mortality per 100,000 people	50% reduction in gap	401.53	2018-2025	Improving	
	Decrease non-elective admissions by 20% for people from IMD 1 & 2	Deprivation gap in emergency admissions IMD 1 & 2 per 100,000 people	20% reduction in gap	8,034.74	2018-2025	Improving	
	Optimise the health of children with a long-term condition in IMD 1 & 2	Deprivation gap in paediatric non-elective admissions per 100,000 people	20% reduction in gap	3,494.87	2018-2023	Improving	

Lancashire & South Cumbria ICB – Population Health Outcomes and Inequalities

The ICB has a statutory duty to report against a nationally recommended set of health inequality metrics, with a more detailed assessment published alongside the annual report. The measures presented here focus on differences between the most and least deprived populations. The latest position is mixed, with inequalities narrowing for some measures and widening for others. These changes have not been tested for statistical significance and should therefore be interpreted with caution.

- 2025-26 comparison to 2024-25 including deprivation gap where available. Where no comparison or metric is available, the measure has been excluded.
- Annual metrics will be available alongside the ICB annual report in September.
- Trends have not been tested for statistical significance and are an observation based on changes in the deprivation gap only.

Health Inequality Statement Metrics, The Last 12 Months

		Metric	2024-25	2025-26	12-month trend in underlying metric by IMD IMD 1 (most deprived) IMD 5 (least deprived)
Improved		Deprivation gap in percentage of patients who are managed to target for atrial fibrillation (AF)	1.3%	1.1%	
		Deprivation gap in percentage of patients who are managed to target for cholesterol	-7.16	-6.82%	
		Deprivation gap in pre-term births	0%	-2.0%	
		Number of people in a mental health inpatient setting who have a learning disability or are autistic	65	60	IMD trend not available
		Deprivation gap in emergency admissions in adults per 100,000 (directly standardised rate)	41.5	33.8	
		Deprivation gap in non-elective bed days (per 100,000) occupied by asthma, chronic obstructive pulmonary disease and community-acquired pneumonia	3032.1	2107.2	
Same		Deprivation gap in percentage of cancers diagnosed at stage 1 and 2	8.0%	8.1%	
		Percentage of patients aged 14+ on GP learning disability registers who have had an annual health check	81.4%	80.3%	IMD trend not available
Worsened		Deprivation gap in percentage of hypertension (HTN) patients treated to target	4.9%	5.8%	
		Rates of eligible patients with severe mental illness (SMI) receiving an annual physical health check and action plan	63.1%	60.7%	IMD trend not available
		Deprivation gap in gestational age at booking	6.7%	9.6%	
		Deprivation gap in elective admissions in adults per 100,000 (directly standardised rate)	26.5	30.5	
		Deprivation gap in emergency attendances in adults per 100,000 (directly standardised rate)	150.5	208.3	
		Deprivation gap in percentage of patients with type 1 diabetes receiving all 8 care processes	4.1%	6.4%	
		Deprivation gap in percentage of patients with type 2 diabetes receiving all 8 care processes	2.7%	5.3%	

New Report Format – Metric Descriptor

Metric descriptor:-

Brief description of the indicator with inclusion of target details if known.

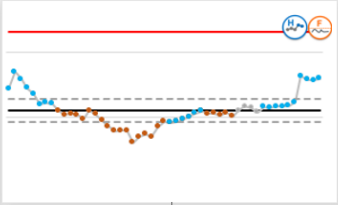
This data reports performance for each of the 4 main acute providers within the ICB (if applicable) against the plan figure.

(**BTH** – Blackpool Teaching Hospital, **ELHT** – East Lancashire Hospitals, **LTHT** – Lancashire Teaching Hospitals, **UHMB** – University Hospitals of Morecambe Bay)

North-West and England data is provided if available, which can provide a benchmark for the ICB data.

The sub-ICB data shows a breakdown at the previous CCG footprint (if available) to give more granularity to the information.

- BwD - Blackburn with Darwen
- BLK - Blackpool
- EL - East Lancashire
- CSR - Chorley & South Ribble
- GP - Greater Preston
- WL- West Lancashire
- FW - Fylde & Wyre
- MB - Morecambe Bay

18-Week wait referral to treatment, %		L&SC ICB Jun-26		Jun-26										
2026/27 the NHS interim operational target for Referral to Treatment (RTT) expects 70% of patients to begin consultant-led elective treatment within 18 weeks of referral by Mar-27.		Actual: 65.91% Plan: 66.58%		NW.	Eng.		BTH	ELHT	LTHT	UHMB				
				Actual:	64.81%	65.83%		59.16%	71.99%	58.71%	70.73%			
				Plan:				62.61%	65.25%	59.10%	72.14%			
				Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB		
				ICB:	70.65%	59.41%	69.69%	65.14%	65.08%	67.50%	60.61%	68.36%		

Actual :- latest data reported for the indicator
Plan :- forecast submitted as part of the NHS Medium Term Plan (MTP) for the month for that indicator.

This is the **SPC chart** for the actual data for the indicator. The red line is the target. The left of the 2 circles shows the special cause variation for the indicator (in this instance that shows improving variation). The right circle shows Assurance (in this instance the indicator is consistently failing target). For more info, see following slide.

Statistical Process Control Charts – Notes

Within this report there are a number of Statistical Process Control (SPC) charts used to visualise reported metrics. Below is a ‘Key’ to the KPI Variation and Assurance icons:-

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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. **High (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. **High (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 2027 ambition based on the 2026-27 operational planning submission (where this metric was required to be submitted) or the national constitutional target / expectation.

Charts Key:

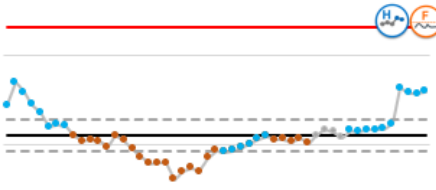
- Upper / Lower process limits
- Mean
- Target

Escalation Rules:

1. There is special cause variation of concern
2. Where there are targets and these are not consistently being met or there is a change in assurance rating

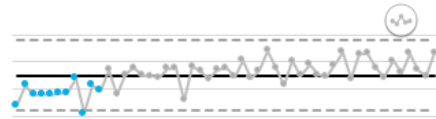
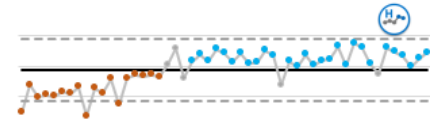
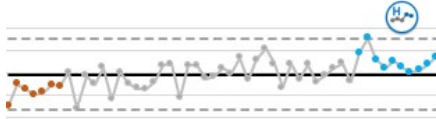
ELECTIVE / PLANNED CARE

Data Source: NHSE RTT Statistics, <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

EC001: 18-Week wait referral to treatment, %	L&SC ICB Jun-26	<table><tr><td>Jun-26</td><td>NW.</td><td>Eng.</td><td></td><td>BTH</td><td>ELHT</td><td>LTHT</td><td>UHMB</td><td></td></tr><tr><td>Actual:</td><td>64.81%</td><td>65.83%</td><td></td><td>59.16%</td><td>71.99%</td><td>58.71%</td><td>70.73%</td><td></td></tr><tr><td>Plan:</td><td></td><td></td><td></td><td>62.61%</td><td>65.25%</td><td>59.10%</td><td>72.14%</td><td></td></tr><tr><td>Sub-</td><td>BwD</td><td>BLK</td><td>EL</td><td>CSR</td><td>GP</td><td>WL</td><td>FW</td><td>MB</td></tr><tr><td>ICB:</td><td>70.65%</td><td>59.41%</td><td>69.69%</td><td>65.14%</td><td>65.08%</td><td>67.50%</td><td>60.61%</td><td>68.36%</td></tr></table>	Jun-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB		Actual:	64.81%	65.83%		59.16%	71.99%	58.71%	70.73%		Plan:				62.61%	65.25%	59.10%	72.14%		Sub-	BwD	BLK	EL	CSR	GP	WL	FW	MB	ICB:	70.65%	59.41%	69.69%	65.14%	65.08%	67.50%	60.61%	68.36%	 Timeframe: 2022 to 2026
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ELECTIVE / PLANNED CARE

Data Source: NHSE RTT Statistics, <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

EC004: Clock starts, new RTT periods The clock starts on the exact date the hospital or trust receives the referral from a GP or other authorised healthcare professional.	L&SC ICB Jun-26 Actual: 63,525 Plan: 62,156	<table><tr><th>Jun-26</th><th>NW.</th><th>Eng.</th><th></th><th>BTH</th><th>ELHT</th><th>LTHT</th><th>UHMB</th><th></th></tr><tr><td>Actual:</td><td></td><td></td><td></td><td>9,018</td><td>15,494</td><td>14,148</td><td>10,951</td><td></td></tr><tr><td>Plan:</td><td></td><td></td><td></td><td>7,560</td><td>14,066</td><td>14,102</td><td>10,043</td><td></td></tr><tr><td>Sub-ICB:</td><td>BwD</td><td>BLK</td><td>EL</td><td>CSR</td><td>GP</td><td>WL</td><td>FW</td><td>MB</td></tr><tr><td></td><td>5,939</td><td>6,790</td><td>13,172</td><td>6,569</td><td>8,416</td><td>4,752</td><td>5,611</td><td>12,276</td></tr></table>	Jun-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB		Actual:				9,018	15,494	14,148	10,951		Plan:				7,560	14,066	14,102	10,043		Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB		5,939	6,790	13,172	6,569	8,416	4,752	5,611	12,276	 Timeframe: 2022 to 2026
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EC005: Clock stops, completed pathways for admitted patients An RTT clock stop (admitted) refers to the exact moment a patient's waiting time record ends because they have been admitted to a hospital as an inpatient or day case to start their first definitive treatment.	L&SC ICB Jun-26 Actual: 10,463 Plan: 10,886	<table><tr><th>Jun-26</th><th>NW.</th><th>Eng.</th><th></th><th>BTH</th><th>ELHT</th><th>LTHT</th><th>UHMB</th><th></th></tr><tr><td>Actual:</td><td></td><td></td><td></td><td>1,340</td><td>2,511</td><td>2,323</td><td>1,126</td><td></td></tr><tr><td>Plan:</td><td></td><td></td><td></td><td>1,304</td><td>2,315</td><td>2,316</td><td>1,150</td><td></td></tr><tr><td>Sub-ICB:</td><td>BwD</td><td>BLK</td><td>EL</td><td>CSR</td><td>GP</td><td>WL</td><td>FW</td><td>MB</td></tr><tr><td></td><td>1,015</td><td>1,185</td><td>1,162</td><td>2,408</td><td>1,148</td><td>1,654</td><td>765</td><td>1,126</td></tr></table>	Jun-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB		Actual:				1,340	2,511	2,323	1,126		Plan:				1,304	2,315	2,316	1,150		Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB		1,015	1,185	1,162	2,408	1,148	1,654	765	1,126	 Timeframe: 2022 to 2026
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EC006: Clock stops, completed pathways for non-admitted patients A non-admitted RTT clock stop occurs when a patient's Referral to Treatment (RTT) waiting time clock stops for care that does not involve a hospital admission as an inpatient or day case.	L&SC ICB Jun-26 Actual: 40,289 Plan: 38,569	<table><tr><th>Jun-26</th><th>NW.</th><th>Eng.</th><th></th><th>BTH</th><th>ELHT</th><th>LTHT</th><th>UHMB</th><th></th></tr><tr><td>Actual:</td><td></td><td></td><td></td><td>5,655</td><td>9,934</td><td>9,172</td><td>6,885</td><td></td></tr><tr><td>Plan:</td><td></td><td></td><td></td><td>4,297</td><td>8,993</td><td>7,591</td><td>7,135</td><td></td></tr><tr><td>Sub-ICB:</td><td>BwD</td><td>BLK</td><td>EL</td><td>CSR</td><td>GP</td><td>WL</td><td>FW</td><td>MB</td></tr><tr><td></td><td>3,853</td><td>4,234</td><td>4,625</td><td>8,135</td><td>5,479</td><td>7,612</td><td>2,919</td><td>3,432</td></tr></table>	Jun-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB		Actual:				5,655	9,934	9,172	6,885		Plan:				4,297	8,993	7,591	7,135		Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB		3,853	4,234	4,625	8,135	5,479	7,612	2,919	3,432	 Timeframe: 2022 to 2026
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ELECTIVE / PLANNED CARE

Data Source: [North West System EROC Dashboard - North West Outpatient Transformation Programme - Futures](#)

EC007: Pre-Referral Specialist Advice

A&G provides primary care with continued access to specialist clinical **advice**, enabling a patient's care to be managed in the most appropriate setting

L&SC ICB Jun-26

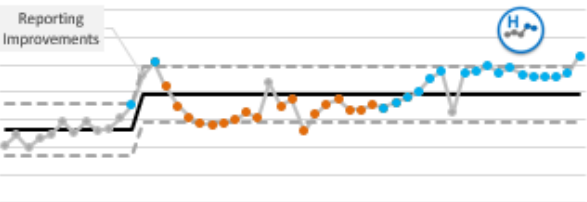
Utilisation: 8.3

Diversion: 31.4%

Jun-26

	NW.	Eng.		BTH	ELHT	LTHT	UHMB
Utilisation:	5.3	7.9		7.4	14.6	8.1	6.8
Diversion:	31.7%	29.2%		23.4%	19.4%	21.8%	45.8%

Pre-Referral Specialist Advice (Advice and Guidance) - Utilisation



Timeframe: 2022 to 2026

Pre-Referral Specialist Advice (Advice and Guidance) - Diversion



Timeframe: 2022 to 2026

ELECTIVE / PLANNED CARE

Commentary:

18-Week wait referral to treatment (RTT)

The June 2026 RTT data reports that at ICB level we have dropped below our planning trajectory (-0.67%) that aims to deliver 18-week performance of 73.13% by the end of March 2027 (although the overall waiting list size is on plan).

There is specialty level variation underneath this with Neurology, Oral Surgery and Cardiothoracic Surgery all reporting <=56% of patients waiting under 18 weeks. At Provider level, East Lancashire Hospitals is reporting the strongest performance against this metric. The remaining three 3 acute providers are all currently below trajectory.

Total waiting over 52 weeks

The June 2026 RTT data reports that at ICB level we are currently off track with our planning trajectory that aims to deliver 52+ week performance of 0.38% by the end of March 2027. Gynaecology (616 patients) and Trauma & Orthopaedics (440 patients) have the highest number of patients currently waiting in excess of 52 weeks.

The significant reductions in long waiters during 2025-26 appears to have stalled over the past couple of months. Of the 3,063 x 52+ week waiters at ICB level at the end of June 2026, 406 patients (13.3%) were waiting at IS providers or at NHS providers outside of the LSC area.

Clock Starts and Stops

Clock starts are running above planned levels for the ICB both in month and in the year to date and there has been no significant reduction in demand presenting into Acute systems to date. Providers have been aiming to keep up with the demand through increased clock stops to support improving performance and reducing waiting lists. However, this is a dynamic relationship and variation in patterns and trends occurs between specialties and providers.

Pre-Referral Specialist Advice [Advice & Guidance (A&G)]

There was no requirement to submit a trajectory for Specialist Advice within the 2026-27 operational planning round. Pre-referral specialist advice utilisation has plateaued following improvements during late 2024 and early 2025. Although the actual volume of diverted requests has also remained at elevated levels, the diversion rate for pre-referral specialist advice has remained relatively consistent and is not at the levels that were anticipated nationally. There is variation by specialty and provider across these metrics. The ICB has a significant proportion of specialist advice that takes place post-referral which has a contribution to the overall system diversion activity.

Actions:

Referral to treatment (RTT)

There are a number of programmes of work being progressed which aim to improve pathways in key priority areas which should help manage demand and support the organisational 'shift left'. Specific schemes include - aiming to increase utilisation for A&G requests, move to more alignment with the national strategies and plans relating to the e-RS system [electronic Referral Service] and clinical triage opportunities through Single Points of Access (SPOA).

Tier 2 developments for 2026/27 with a Gynaecology Tier 2 community service procurement is underway (to be mobilised by Q4) and Ophthalmology Care Navigation Hub commenced in June 2026. Further work on Headache Pathway will take place in-year directly impacting Neurology demand.

As part of the Outpatient Transformation programme, we are working on a range of efficiency and productivity metrics (DNAs; Cancellations; Theatre utilisation; PIFU) and to manage patients in communities where possible. In addition, the primary care Local Enhanced Service (LES) scheme for 2026-27 is also intended to support reductions in acute activity.

System wide forums , such as the Referral optimisation and Demand Management Group, are supporting the progression of elective referral demand management schemes and the delivery of the national single point of access programme.

Advice & Guidance (A&G)

There are plans to increase utilisation rates for pre-referral specialist advice (A&G) to support addressing waiting list challenges. There is a requirement to implement Single Point of Access (SPOA) across targeted specialties by October 2026.. Working is ongoing with NHSE on the developments with e-RS and the implications of this in terms of impact on A&G and the transition from locally commissioned bespoke A&G digital platform service. Move to e-RS A&G system has been delayed due to complications with national service developments. Local system to continue with current 3rd party system for A&G.

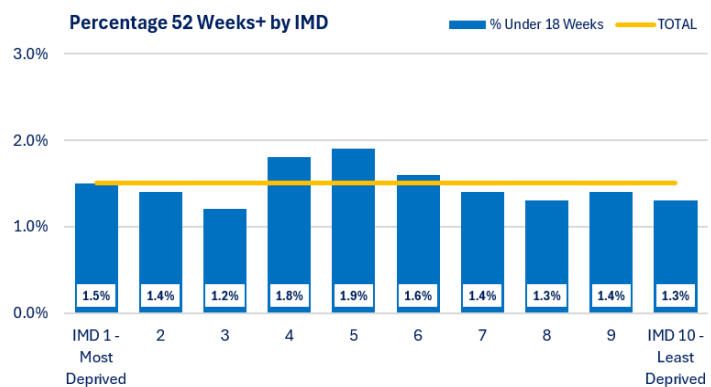
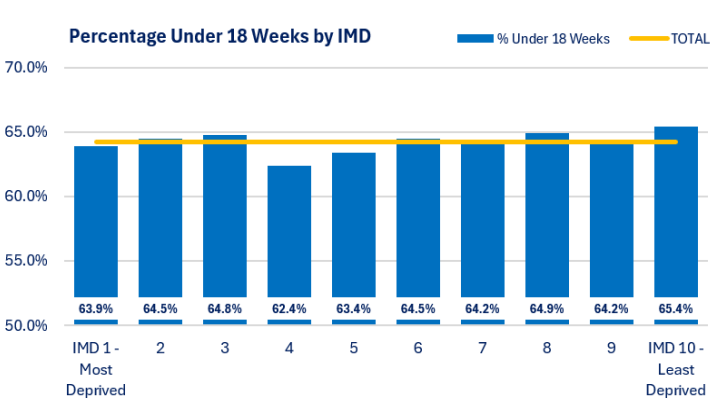
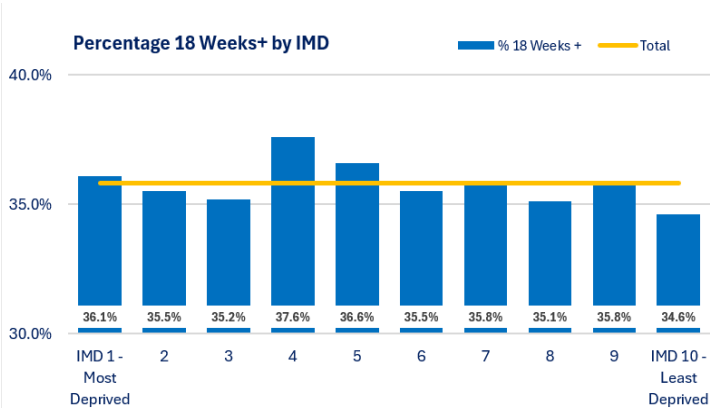
ELECTIVE / PLANNED CARE

Metric	Patient Safety and Experience
Glaucoma (ELHT)	The ELHT Glaucoma service continues to experience significant pressure due to demand exceeding available consultant capacity. This has resulted in extended waits for first appointments and surgery for patients with progressive glaucoma. The Trust has reported a number of harm incidents associated with delayed follow-up, and harm reviews are ongoing to ensure appropriate clinical oversight and learning. The service is implementing a Board-approved recovery plan, including recruitment of additional consultants, use of mutual aid, and insourcing options. To protect patient safety, ELHT temporarily paused new glaucoma referrals from 11 May 2026; other providers in Lancashire and South Cumbria remain open. Monthly updates are provided to the ELHT Quality Committee, and reopening will be dependent on demonstrable improvement in capacity and performance.
Gastroenterology (BTH)	BTH continues to address a backlog of gastroenterology correspondence and has taken steps to strengthen administrative capacity, supported by the planned implementation of the Accurx digital solution. The Trust has prioritised gastroenterology as an early adopter of this system, with staff training completed and rollout expected by the end of July 2026. To support recovery of long waits, insourcing arrangements have increased appointment availability, and recruitment activity is underway to address consultant gaps. The BTH Quality Committee has reviewed the position and is assured by the improvement work underway across outpatient pathways.

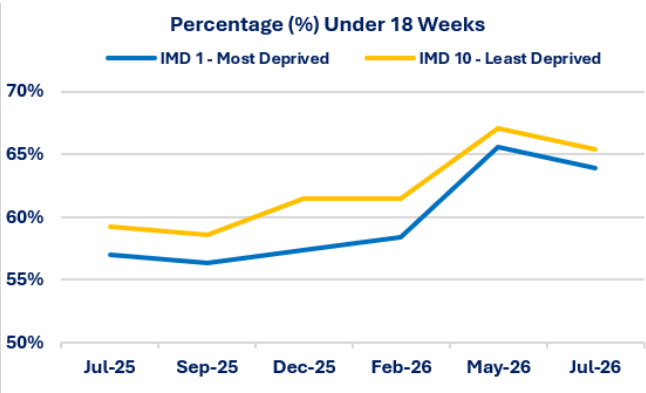
ELECTIVE / PLANNED CARE

Health Inequalities Data Source: Waiting List Minimum Dataset (WLMDs)

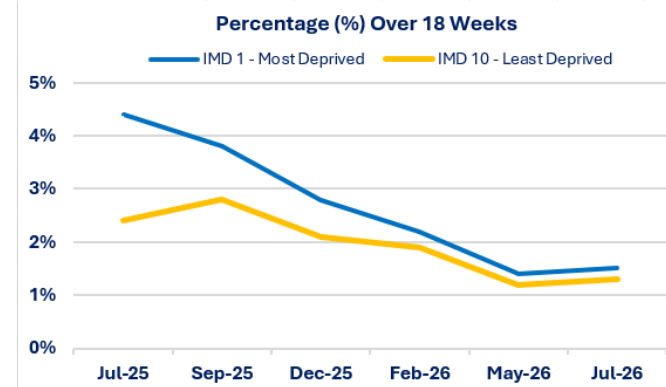
Waiting List Minimum Dataset (WLMDs) - July 2026				
IMD Decile	Count of Patients	% Under 18 Weeks	% 18 Weeks +	% 52 Weeks +
IMD 1 - Most Deprived	35,732	63.9%	36.1%	1.5%
2	21,544	64.5%	35.5%	1.4%
3	15,988	64.8%	35.2%	1.2%
4	16,772	62.4%	37.6%	1.8%
5	15,036	63.4%	36.6%	1.9%
6	18,220	64.5%	35.5%	1.6%
7	15,346	64.2%	35.8%	1.4%
8	18,393	64.9%	35.1%	1.3%
9	19,723	64.2%	35.8%	1.4%
IMD 10 - Least Deprived	11,538	65.4%	34.6%	1.3%
TOTAL	195,624	64.2%	35.8%	1.5%



Waiting List Minimum Dataset (WLMDs) - ALL Age, % Under 18 Weeks						
IMD Decile	Jul-25	Sep-25	Dec-25	Feb-26	May-26	Jul-26
IMD 1 - Most Deprived	57.0%	56.3%	57.4%	58.4%	65.6%	63.9%
IMD 10 - Least Deprived	59.2%	58.6%	61.5%	61.5%	67.1%	65.4%



Waiting List Minimum Dataset (WLMDs) - ALL Age, % Over 18 Weeks						
IMD Decile	Jul-25	Sep-25	Dec-25	Feb-26	May-26	Jul-26
IMD 1 - Most Deprived	4.4%	3.8%	2.8%	2.2%	1.4%	1.5%
IMD 10 - Least Deprived	2.4%	2.8%	2.1%	1.9%	1.2%	1.3%



- There was minimal change in the gap between deprivation levels for percentage of people waiting either under 18 or over 52 weeks.

COMMUNITY

Data Source: <https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FCommunityHealthServices%2Fview%3FobjectId%3D202353573>

CO001: Number of adults waiting over 52 weeks on community waiting lists The NHS Medium Term Plan (MTP) has set a target of zero 52 weeks waiters by the end of the financial year 2026-27.	L&SC ICB Jun-26 Actual: 35 Plan: 56	<table><tr><th>Jun-26</th><th>NW.</th><th>Eng.</th><th></th><th>BTH</th><th>ELHT</th><th>LCFT</th><th>UHMB</th></tr><tr><td>Actual:</td><td>332</td><td>6,528</td><td></td><td>33</td><td>0</td><td>0</td><td>2</td></tr></table>	Jun-26	NW.	Eng.		BTH	ELHT	LCFT	UHMB	Actual:	332	6,528		33	0	0	2	Timeframe: 2022 to 2026
Jun-26	NW.	Eng.		BTH	ELHT	LCFT	UHMB												
Actual:	332	6,528		33	0	0	2												
CO002: Number of children waiting over 52 weeks on community waiting lists The NHS Medium Term Plan (MTP) has set a target of zero 52 weeks waiters by the end of the financial year 2026-27.	L&SC ICB Jun-26 Actual: 32 Plan: 49	<table><tr><th>Jun-26</th><th>NW.</th><th>Eng.</th><th></th><th>BTH</th><th>ELHT</th><th>LCFT</th><th>UHMB</th></tr><tr><td>Actual:</td><td>6,724</td><td>86,978</td><td></td><td>32</td><td>0</td><td>0</td><td>0</td></tr></table>	Jun-26	NW.	Eng.		BTH	ELHT	LCFT	UHMB	Actual:	6,724	86,978		32	0	0	0	Timeframe: 2022 to 2026
Jun-26	NW.	Eng.		BTH	ELHT	LCFT	UHMB												
Actual:	6,724	86,978		32	0	0	0												
CO003: 18 weeks performance - children The ICB has recognises that meeting the 78% performance target looks challenged at this stage. As part of the NHS medium term plan, the ICB submitted a realistic plan, which was accepted, that the year end performance for 2026-27 would be 66.5%.	L&SC ICB Jun-26 Actual: 57.44% Plan: 66.5%	<table><tr><th>Jun-26</th><th></th><th>BTH</th><th>ELHT</th><th>LSCFT</th><th>UHMB</th><th>NCIC</th><th>LTHT</th></tr><tr><td>Actual:</td><td></td><td>52.85%</td><td>56.96%</td><td>no data</td><td>90.14%</td><td>44.99%</td><td>43.26%</td></tr></table>	Jun-26		BTH	ELHT	LSCFT	UHMB	NCIC	LTHT	Actual:		52.85%	56.96%	no data	90.14%	44.99%	43.26%	Timeframe: 2022 to 2026
Jun-26		BTH	ELHT	LSCFT	UHMB	NCIC	LTHT												
Actual:		52.85%	56.96%	no data	90.14%	44.99%	43.26%												

Commentary:

CYP 18 weeks performance and over 52 weeks waits

- There has been an increase in the number of 52 weeks waits for the ICB in June 26 compared to the previous month. There are currently 32 children waiting over 52 weeks in community services for those reported through the CHS sitrep. All these long waiters are at Blackpool Teaching Hospitals with 27 in the Speech and Language Therapy Service.
- The ICB is also monitoring long waits for Children's Community Paediatric Services at NCIC and LTH currently not reported through the CHS sitrep and working with those providers to reduce the number.
- The 18 weeks performance for Children Young People's community services is still significantly below the 78% target in the medium-term plan at 57.44%. This is an improving position over the last 6 months.

Adult over 52 weeks waits

- The number of Adult over 52-week waits has reduced significantly in June 2026 to 35 from 71 in the previous month. This reduction has been driven by a reduction in long waiters at UHMB down from 26 to 2 and BTH down from 44 to 33.
- There is one patient who has been reported as waiting over 104 weeks which BTH are currently checking as this appears to be a data quality issue.

Actions:

CYP over 52 weeks waits

- Providers are submitting monthly waiting times and recovery plans which is demonstrating a reduction in those CYP waiting over 52-weeks. Assurance has been sought on the communication, signposting and waiting well information through the vulnerable services meetings. These will now be done through the Contract and Commissioning Assurance meetings.
- Harm reviews have been requested on all long waits, with no harms identified to date.
- The vulnerable services meetings for all providers has significantly reduced the number of 52 weeks waits for children's community services and have now brought them back in plan. These meetings are being stepped down, and management of the waits will continue through the Contract and Commissioning Assurance meetings with the providers.
- Work is continuing with LTHT to ensure they are reporting their long waits through the appropriate reporting mechanisms.
- Work continues with NCIC through their community contract meeting to manage the long waiters.
- The work undertaken in the 90-day challenge in quarter 4 of 25/26 has had a significant impact on the number of long waiters.
- The ICB gets a verbal update on the long waits in LSCFT through the contract meeting until reporting commences from the EMIS migration.

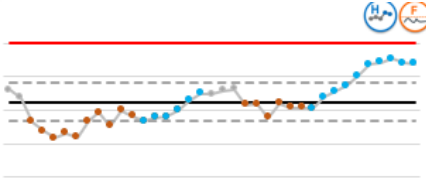
Adult over 52 weeks waits

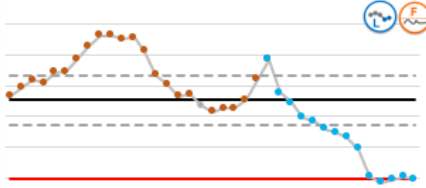
- The long waits position and recovery continue to be worked through the community operational meetings with providers.
- The Head of Performance and Assurance presents and discusses performance with operational leads for the providers at the monthly provider collaborative meeting.
- UHMB have an action plan for the recovery of Speech and Language Therapy Services which has been shared with the ICB through the operational group meeting. They have made significant improving in reducing the number of over 52 weeks waits from 26 in May 26 to 2 in June 26.
- The community performance lead has met with BTH regarding the long waits across their services. BTH are checking the accuracy of the reporting for these services, particularly a 104 weeks wait for Neurorehabilitation and continuing with their action plans for the recovery of the long waiters' position.

Metric	Patient Safety and Experience
Children & Young People- ASD/ADHD Pathway (Lancashire & South Cumbria Foundation Trust)	Quarterly thematic reviews continue to highlight sustained demand and extended waits across ASD/ADHD pathways. The ICB and LSCFT have issued public communications outlining commissioned pathways and actions to address waiting times. From August 2025, BTH began accepting autism referrals for Central and West Lancashire, and from June 2026 expanded to North Lancashire. Referrals are triaged within six weeks, with accepted cases placed on the assessment waiting list. Approximately 2,500 long-waiters previously held by LSCFT have transferred to BTH as part of a new commission supported by additional resource. To support families, five Neurodevelopmental Hubs launched in July 2026, providing early, needs-led advice and support irrespective of diagnosis.

CHILDREN, YOUNG PEOPLE and MATERNITY

Data Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/wlmds/>

CYP001: WLMDS – RTT 18 weeks performance (under 18)	L&SC ICB Jul-26							 Timeframe: 2023 to 2026
2026/27 the NHS interim operational target for Referral to Treatment (RTT) expects 70% of patients to begin consultant-led elective treatment within 18 weeks of referral by Mar-27.	Actual: 61.79% Plan: 70%	Jul-26	4 Main Providers		BTH	ELHT	LTHT	UHMB
		Actual:	61.91%		58.21%	70.23%	53.16%	70.43%

CYP002: 52+ Weeks RTT % performance	L&SC ICB Jul-26							 Timeframe: 2023 to 2026
The NHS Medium Term Plan (MTP) has set a target of zero 52 weeks waiters by the end of the financial year 2026-27.	Actual: 1.05% Plan: <1.0%	Jul-26	4 Main Providers		BTH	ELHT	LTHT	UHMB
		Actual:	0.89%		1.16%	0.23%	0.59%	2.19%

Commentary:	Actions:
18 weeks Performance - After continuous improvement in the 18 weeks RTT figure from June 2025 to March 2026, the performance has level out over the last 4 months. - UHMB and ELHT have relatively strong performance with particular improvement seen at ELHT in the last 12 months. 52 weeks RTT Performance - The ICB is meeting this target in July 26 for under 18 across the 4 main providers, however for the ICB as a commissioner the target is not being met. - The main concern for hospitals within LSC is the position at UHMB. The 2.19% figure represents 73 children, the majority waiting in Paediatric Surgery, Paediatric Trauma and Orthopaedics and ENT.	- In line with the Medium-term planning framework the CYP quality team have drafted metrics for schedule 4 and 6 to be included in the 26/27 contract. This is so their dedicated oversight on CYP waits and the clear expectation on the review process to take place for any child waiting over 52 weeks. - The ICB continues to work with the provider collaborative to understand the reasons and solutions for 18 weeks performance being under plan. - Performance issues are raised through the Contract and Commissioning Assurance Meetings with the providers. - The ICB works with the provider collaborative to understand the issues around these waits and to put in plans to reduce them. - NHS England have requested ICB's complete a self assessment tool on 'state of readiness' for Singel Point of Access (SPOA) across the 10 specialities , with Paediatrics being one of the 10. Submissions by 31st July. - The ICB works with the provider collaborative to understand the issues around these waits and to put in plans to reduce them. - The quality lead is looking for assurance that no harms have come to these children due to their long waits.

DIAGNOSTICS

Data Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/>

D001: Percentage of Patients that receive a diagnostic test within 6 weeks

The monthly diagnostics waiting times and activity return collects data on waiting times and activity for 15 key diagnostic tests and procedures. The ICB current aim is 99% by 2028/29

L&SC ICB Jun-26

Actual: 83.3%
Plan: 82.7%

Jun-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB	
Actual:	86.68%	78.70%		77.6%	95.7%	71.1%	88.2%	
Plan:				70.8%	98.0%	69.1%	97.0%	
Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB
	97.5%	80.0%	93.5%	76.5%	67.0%	77.3%	80.6%	87.3%

Timeframe: 2022 to 2026

Commentary:

Percentage of Patients that receive a diagnostic test within 6 weeks

The national ambition is for 99% of patients to receive their diagnostic test within 6 weeks by March 2029. The latest data for June 2026 reports that the ICB achieve plan along with East Lancashire Hospitals exceeded their plan.

At an ICB level, performance in June improved from the previous month (+2.3%), but remains well below target. The ICB position is driven by challenged performance at Lancashire Teaching Hospitals Trust. Community diagnostic centre (CDC) activity improved but overall remains under plan.

Audiology remains the only diagnostic test to demonstrate special cause deterioration. However recent improvements demonstrate stabilisation and recovery within the service.

Actions:

Blackpool Teaching Hospital - (Computed tomography (CT), Magnetic resonance imaging (MRI) Cardiac / Non-Obstetric Ultrasound (NOUS) / Endoscopy

- Business case in development to increase substantive reporting capacity. Non-cardiac activity for CT and MRI is compliant
- Support through insourcing and recruitment on-going

University Hospitals Morecambe Bay - (NOUS)

- Locum sonographer has started and recruitment is on-going.
- Insource provider is scheduled to start supporting recovery in September.

Three Trusts have engaged with the independent sector to support audiology recovery, utilising non-recurrent in-year CDC funding.

DIAGNOSTICS

Metric	Patient Safety and Experience
Pathology	Pathology services continue to transition to the One Pathology network, with operational variation across sites. Industrial action has affected testing capacity at ELHT, particularly for routine monitoring. ESR testing is currently unavailable, and alternative monitoring approaches are being reviewed to ensure patient safety. Histopathology remains a key pressure point, with demand exceeding reporting capacity. ELHT has reduced its backlog significantly, though progress has plateaued. Network-wide mitigations include strengthened governance, daily coordination, outsourcing, recruitment and automation. Further assurance is required on sustainable backlog reduction and communication with primary care.
JAG Accreditation (LTH)	LTH does not currently have a formal endoscopy pre-assessment service, which is required to meet Joint Advisory Group (JAG) standards. This contributed to the Trust not achieving accreditation at recent inspection. Informal arrangements create inconsistency in patient advice and increase risk of cancellations or delays. A business case proposes investment in a nurse-led pre-assessment model to meet national standards. Discussions are ongoing between the Trust and ICB commissioners.

CANCER

Data Source: Network Contract DES (MI) - NHS England Digital

CA001: Faster diagnosis standard, FDS

The NHS Operational Plan has set a target of 80% of patients to be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer.

L&SC ICB Jun-26

Actual: 77.51%
Plan: 80.1%

Jun-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB	
Actual:	77.90%	79.00%		70.37%	78.82%	83.75%	75.96%	
Plan:				78.69%	80.00%	80.02%	81.28%	
Sub-	BwD	BLK	EL	CSR	GP	WL	FW	MB
ICB:	76.28%	71.73%	77.57%	83.35%	82.63%	75.75%	74.64%	76.86%

Timeframe: 2022 to 2026

CA002: 31-day first treatment, 94% standard

Requirement that a patient starts their first or subsequent cancer treatment within 31 days of a formal "decision to treat".

L&SC ICB Jun-26

Actual: 95.03%
Plan: 95.00%

Jun-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB	
Actual:	96.19%	92.20%		97.07%	95.66%	93.53%	97.90%	
Plan:				94.70%	94.78%	94.05%	95.71%	
Sub-	BwD	BLK	EL	CSR	GP	WL	FW	MB
ICB:	94.16%	94.15%	95.80%	92.31%	93.33%	94.01%	96.85%	96.68%

Timeframe: 2022 to 2026

CA003: 62-day referral to treatment, 80% standard

Requirement that patients should start their first definitive treatment within 62 days (roughly two months) of an urgent suspected cancer referral, an urgent screening referral, or a consultant upgrade.

L&SC ICB Jun-26

Actual: 70.5%
Plan: 76.3%

Jun-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB	
Actual:	73.80%	69.90%		60.71%	75.45%	73.68%	65.36%	
Plan:				75.95%	76.13%	80.00%	73.50%	
Sub-	BwD	BLK	EL	CSR	GP	WL	FW	MB
ICB:	78.21%	53.91%	71.78%	80.00%	71.43%	73.49%	66.70%	67.14%

Timeframe: 2022 to 2026

22

Commentary:

Faster Diagnosis Standard

The NHS Operational Plan has set a target of 80% of patients to be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer. The ICB did not achieve the FDS standard, however Lancashire Teaching Hospitals Trust achieved their plan. For achievement, L&SC was ranked 23rd out of 36 ICBs and 13th out of 20 Cancer Alliances.

31 Day - The "31-day (COMBINED) Decision to Treat to Treatment" standard in England refers to the NHS target that 94% 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 above the standard at 95.2% in June 2026, as was the total ICB position at 95.0%. For achievement, L&SC was ranked 10th out of 36 ICBs and 8th out of 20 Cancer Alliances.

Actions:

Cancer Alliance Support:

- System-wide IOTA scanning implementation across providers to improve ovarian cancer diagnostic accuracy.
- Adult tele dermatology procurement and continuation of the Centralised Virtual Triage model.
- Additional investment in biopsy, pathology and triage capacity across skin services to manage demand.
- Revised provider improvement plans and enhanced monthly KLOE oversight.
- Implementation of revised NG12 gynaecology guidance, referral form updates and optimisation of HRT USS pathways through the Gynaecology Steering Group.
- Workforce development to expand image-guided biopsy capacity and support improvements in pathology turnaround times.
- Full bladder and kidney pathway analysis with recommendations returned to providers.
- Continued FIT utilisation and risk stratification to reduce endoscopy demand and improve LGI pathway efficiency.

Support from the Cancer Alliance includes:

- Oncology pathway improvement work to increase treatment capacity and reduce delays.
- Centralised pre-SACT assessment service and ePROMs pilot progressing, with implementation planned during Q2/Q3.
- Oncology transformation programme progressing, including pharmacy approval streamlining, optimisation of chair utilisation and development of integrated performance dashboards.
- Development of Treatment in the Community SACT model continues, subject to funding and commissioning approvals.
- Additional skin pathway capacity introduced to manage seasonal demand and maintain treatment performance.
- Aseptic transformation programme underway to increase pharmacy capacity and support future SACT demand.

Commentary Continued:

62 Day - The "62-day referral to treatment standard" is a key performance target in the UK's National Health Service (NHS) for cancer care. It mandates that patients referred for suspected cancer should begin their first definitive treatment within 62 days of the referral date. Performance has been challenged for some time with none of the Lancashire & South Cumbria providers achieving the target and all remain below plan. Workforce issues and capacity constraints across a several providers is contributing to poorer 62-day performance. For achievement, L&SC was ranked 17th out of 36 ICBs and 10th out of 20 Cancer Alliances.

Early-Stage Proportion – All Cancer Sites

Lancashire and South Cumbria saw an improved early-stage diagnosis proportion from 53.6% in March 2025 to 56.3% in March 2026 an increase of 2.7% points. Over the same period the national average increased from 58.1% to 59.3% a 1.2%-point improvement. Although we are improving at a faster rate than the national average we remain below the national position.

A key ambition of the national cancer plan is to significantly increase the proportion of cancers diagnosed at Stage 1 and Stage 2 to 75% by 2035. In the context of other Cancer Alliances, Lancashire and South Cumbria is making positive improvement. The actions underway locally are working when we benchmark ourselves across the wider system. The latest figures show that Lancashire and South Cumbria has moved from 20th to 18th out of England's 20 Cancer Alliances for early-stage diagnosis.

Actions:

Support from the Cancer Alliance includes:

- Improvement work within FDS and 31-day standards continues to support sustained 62-day recovery across pathways.
- MDT optimisation programme launched with NHS Transformation Unit support, focusing on reducing repeat discussions, improving diagnostic sequencing and strengthening MDT efficiency. Four priority MDTs will be reviewed during 2026/27.
- Demand and capacity modelling completed for EBUS services across all providers, with actions progressing through local improvement plans.
- Non-surgical oncology transformation and Treatment in the Community model progressing to reduce treatment delays and increase capacity.
- Widening of see-and-treat skin services and continued use of tele dermatology to support 62-day performance.
- Full pathway analysis and targeted improvement activity continuing across Lower GI and urology pathways.

URGENT and EMERGENCY CARE

Data Source: <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2026-27/>,
<https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

UEC001: A&E 4-hour standard (ALL TYPE) Four-hour A&E standard requires that at least 95% of patients attending Accident and Emergency are admitted, transferred, or discharged within four hours. Interim operational standards set specific recovery milestones, aim for provider organisations to maintain or improve to 82% by Mar-27.	L&SC ICB Jul-26 Actual: 77.24% Plan: 82%	<table><tr><td>Jul-26</td><td>NW.</td><td>Eng.</td><td></td><td>BTH</td><td>ELHT</td><td>LTHT</td><td>UHMB</td></tr><tr><td>Actual:</td><td>74.00%</td><td>75.37%</td><td></td><td>78.59%</td><td>79.24%</td><td>73.89%</td><td>71.51%</td></tr><tr><td>Plan:</td><td></td><td></td><td></td><td>76.66%</td><td>80.19%</td><td>73.09%</td><td>72.00%</td></tr></table>	Jul-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB	Actual:	74.00%	75.37%		78.59%	79.24%	73.89%	71.51%	Plan:				76.66%	80.19%	73.09%	72.00%	<
Jul-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB																				
Actual:	74.00%	75.37%		78.59%	79.24%	73.89%	71.51%																				
Plan:				76.66%	80.19%	73.09%	72.00%																				

URGENT and EMERGENCY CARE

Data Source: <https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FNorthWestUECTransformation%2Fview%3FobjectId%3D54564880>, <https://www.england.nhs.uk/statistics/statistical-work-areas/2-hour-urgent-community-response/>, <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

UEC005: Virtual ward occupancy	L&SC ICB Jul-26	<table><tr><th>Jul-26</th><th>NW.</th><th>Eng.</th><th></th><th>BTH</th><th>ELHT</th><th>LTHT</th><th>UHMB</th></tr><tr><td>Actual:</td><td>63.25%</td><td>74.98%</td><td></td><td>81.69%</td><td>67.50%</td><td>48.75%</td><td>39.73%</td></tr></table>	Jul-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB	Actual:	63.25%	74.98%		81.69%	67.50%	48.75%	39.73%	 Timeframe: 2023 to 2026
Jul-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB												
Actual:	63.25%	74.98%		81.69%	67.50%	48.75%	39.73%												
UEC006: 2 Hour urgent community response (UCR) - % in 2 hours	L&SC ICB Jun-26	<table><tr><th>Jun-26</th><th>NW.</th><th>Eng.</th><th></th><th>BTH</th><th>UHMB</th><th>LSCFT</th><th></th></tr><tr><td>Actual:</td><td>89.29%</td><td>85.88%</td><td></td><td>94.24%</td><td>98.85%</td><td>66.67%</td><td></td></tr></table>	Jun-26	NW.	Eng.		BTH	UHMB	LSCFT		Actual:	89.29%	85.88%		94.24%	98.85%	66.67%		 Timeframe: 2023 to 2026
Jun-26	NW.	Eng.		BTH	UHMB	LSCFT													
Actual:	89.29%	85.88%		94.24%	98.85%	66.67%													
UEC007: Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals	L&SC ICB Jul-26	<table><tr><th>Jul-26</th><th>NW.</th><th>Eng.</th><th></th><th>BTH</th><th>ELHT</th><th>LTHT</th><th>UHMB</th></tr><tr><td>Actual:</td><td>24.20%</td><td>24.90%</td><td></td><td>22.24%</td><td>15.09%</td><td>15.39%</td><td>19.63%</td></tr></table>	Jul-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB	Actual:	24.20%	24.90%		22.24%	15.09%	15.39%	19.63%	 Timeframe: 2023 to 2026
Jul-26	NW.	Eng.		BTH	ELHT	LTHT	UHMB												
Actual:	24.20%	24.90%		22.24%	15.09%	15.39%	19.63%												

URGENT and EMERGENCY CARE

Commentary:

A&E 4-hour standard

The target for 2026-27 is aimed at provider organisations where every Trust is to maintain or improve to 82% by March 2027. A provider level planning trajectory was submitted targeting delivery of the standard. For the month of July 2026, the ICB aggregate performance improved from the previous month. As a system, Lancashire and South Cumbria was equal 11th best performing ICB during July 2026, outperforming northwest and national averages for All Type performance.

For 'All Type' attendances, 80,412 patients were seen throughout the month, a similar number compared with the same period in 2025. For 'Type 1' performance, Lancashire and South Cumbria was the 15th best performing ICB during July 2026, outperforming the northwest average. In terms of numbers, over 46,425 Type 1 patients were seen throughout the month, equating to approximately 1,500 per day on average.

Patients spending more than 12 hours in an emergency department

The 12hr target is measured from the point of arrival at the A&E department, unlike the previous 12hr target which was measured from the decision to admit. While the 4hr target focuses on the time to initial assessment and treatment, the 12hr target addresses the overall time a patient spends in the A&E department before being moved to a suitable location.

There is some variation across providers with Lancashire Teaching Hospital Trust having the lowest level of patients spending over 12 hours in A&E for all Type and Type 1 attendances. Blackpool Teaching Hospital had the worst Type 1 performance, with 17.4% of patients waiting over 12 hours.

Ambulance response time – Category 2

The target refers to the Northwest Ambulance Service (NWS) response time for ambulance calls which are for serious but non-life-threatening medical emergencies like a stroke or major burns. The standard target is a mean average response time of 18 minutes. This was adjusted to a mean average of 30 minutes in 2023/24 as part of the urgent and emergency care recovery plan. The original 18-minute mean target for Category 2 response times has not been achieved for a significant period both regionally and nationally. Lancashire & South Cumbria performance was 00:23:30 in July 2026, which exceeded northwest (NWS) achievement and the national average.

Actions:

A&E 4-hour standard

Local Urgent and Emergency improvement plans were refreshed for 2026/27. Key focus of plans continues to be prevention, admission avoidance, flow and discharge. Further implementation of Care Coordination/Single Point of Access will enable clinical triage and navigate patients to the most appropriate place to receive the care required.

Hear & Treat, See & Treat and See & Convey are well established across L&SC maximising existing services e.g. Hospital@Home, Urgent community response (UCR), Same day emergency care (SDEC).

Integrated Urgent Care (IUC) providers work closely with Trusts to support appropriate management of patients ensuring services are maximised. Where appropriate, the IUC providers in reach during pressured periods.

Ambulance response time – Category 2

As there is a strong correlation between improvements in hospital handover times and Category 2 ambulance performance then there is a robust focus on ambulance handover across LSC. Establishment of the Strategic Ambulance Improvement group (SAIG) led to the development of local ambulance improvement groups on each hospital footprint bringing together Acute staff, UEC commissioners and NWS locally. 24-hour Clinical Assessment Services (CAS) are operated by IUC providers 24/7/365 across L&SC supporting NWS with assessment and treatment where appropriate. All deliver high deflection rates away from ambulance call outs and A&E attendance.

URGENT and EMERGENCY CARE

Metric	Patient Safety and Experience
UHMBT OPEL 4 - ED patient flow	The ICB Quality Team undertook informal visits to RLI and FGH Emergency Departments to observe patient flow and operational pressures. No patient safety or quality concerns were observed during these visits.
Corridor Care (ELHT)	ELHT has demonstrated sustained improvement in reducing corridor care, with numbers decreasing from 2,120 in January to 1,700 in June. Performance against the 12-hour standard has also improved, placing the Trust in a stronger position regionally and nationally. Improvements have been driven by strengthened admission controls, increased use of alternative pathways, improved discharge processes, and enhanced visibility of clinical standards. A reset plan is in place to eliminate corridor care, supported by whole-system actions to reduce avoidable admissions and length of stay.

MENTAL HEALTH and LEARNING DISABILITIES

Data Source: <https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-dementia-data>, <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>, <https://app.powerbi.com/view?r=eyJrIjojZDI5NTliNGltNjY3My00Y2MxLW11YjMtOGYyYWE4ZjZiNjFkIiwidCI6IjM3YzM1NGlyLTg1YjAtNDdmNS1iMjlyLTA3YjQ4ZDc3NGVIMyJ9>

MH001: Estimated diagnosis rate for people with dementia The national dementia diagnosis target in England has aimed for 66.7% of people aged 65+ estimated to be living with dementia to have a formal diagnosis, this metric was removed from the NHS operating planning guidance.	L&SC ICB Jun-26 Actual: 68.4% Plan: 66.7%	<table><tr><td>Jun-26</td><td>NW.</td><td>Eng.</td><td colspan="7"></td></tr><tr><td>Actual:</td><td>70.07%</td><td>66.23%</td><td colspan="7"></td></tr><tr><td>Sub-ICB:</td><td>BwD</td><td>BLK</td><td>EL</td><td>CSR</td><td>GP</td><td>WL</td><td>FW</td><td>MB</td></tr><tr><td></td><td>64.6%</td><td>69.7%</td><td>65.7%</td><td>68.8%</td><td>73.3%</td><td>66.4%</td><td>65.5%</td><td>71.4%</td></tr></table>	Jun-26	NW.	Eng.								Actual:	70.07%	66.23%								Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB		64.6%	69.7%	65.7%	68.8%	73.3%	66.4%	65.5%	71.4%	 Timeframe: 2023 to 2026
Jun-26	NW.	Eng.																																							
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	64.6%	69.7%	65.7%	68.8%	73.3%	66.4%	65.5%	71.4%																																	
MH002: Inappropriate out of area placements Adult acute mental health inpatient admissions sent to units outside their local service.	L&SC ICB Jul-26 Actual: 10 Plan: 0	<table><tr><td>Jul-26</td><td>LSCFT</td><td colspan="7"></td></tr><tr><td>Actual:</td><td>10</td><td colspan="7"></td></tr><tr><td>Plan:</td><td>0</td><td colspan="7"></td></tr></table>	Jul-26	LSCFT								Actual:	10								Plan:	0								 Timeframe: 2024 to 2026											
Jul-26	LSCFT																																								
Actual:	10																																								
Plan:	0																																								
MH003: Talking therapies - % of patients achieving reliable recovery NHS Talking Therapies is 48% for standard periods, moving up to 51% for the 2026/27 period.	L&SC ICB Jul-26 Actual: 43.5% Plan: 44.8%	<table><tr><td>Jun-26</td><td>NW.</td><td>Eng.</td><td></td><td>BTH</td><td>LSCFT</td><td>Lancashire Womens Centre</td><td>Village Practice</td></tr><tr><td>Actual:</td><td>44.0%</td><td>47.3%</td><td></td><td>41.9%</td><td>42.9%</td><td>36.7%</td><td>50.0%</td></tr></table>	Jun-26	NW.	Eng.		BTH	LSCFT	Lancashire Womens Centre	Village Practice	Actual:	44.0%	47.3%		41.9%	42.9%	36.7%	50.0%	 Timeframe: 2024 to 2026																						
Jun-26	NW.	Eng.		BTH	LSCFT	Lancashire Womens Centre	Village Practice																																		
Actual:	44.0%	47.3%		41.9%	42.9%	36.7%	50.0%																																		

Commentary:

Estimated Diagnosis Rate of People with Dementia

The ICB is meeting the target for the proportion of people estimated to have dementia. The ICB performance is above the England position but below the North-West.

Talking Therapies Reliable Recovery

The reliable recovery for Talking Therapy at ICB level reduced slightly in June 26 from the previous month. It is currently under plan, with only one of the 4 main providers meeting their target.

Inappropriate Out of Area Placements

The number of out of area placement increased to 10 at the end of July. The average daily number over the month is slightly lower at 8. The data for August is likely to show a significant fall in this number.

Actions:

Talking Therapies Reliable Recovery

- In addition to the ongoing action plan reported previously, the ICB is implementing a newly developed “NHS Talking Therapies reliable recovery and improvement guide” through close collaboration with providers.
- The launch of the guide will take place at the NHS Talking Therapies Service Improvement Group meeting. This event will bring together all providers to implement the guide and incorporate both national and local best practices. The group will concentrate on the primary drivers of reliable recovery, including:
 - improving engagement and reducing early drop-out,
 - ensuring adequate therapy dose and timely step-up,
 - reducing waits within the treatment pathway,
 - strengthening recovery-focused supervision and governance, and
 - improving the accuracy and use of outcomes data to drive service improvement rather than performance management alone.
- Providers are using the maturity tool and outcome dashboards to identify cohorts and pathways with lower recovery, undertake targeted improvement work, and share learning across the system. This includes a particular focus on people with higher clinical complexity, longer in-pathway waits, and lower treatment completion rates, where reliable recovery is most sensitive to service design and workforce capacity.
- A key enabler of this work is workforce expansion. The ICB will need to ensure that NHS Talking Therapies ringfenced SDF Autumn Statement and Fair Share funding is fully utilised to expand the NHS Talking Therapies workforce. This is essential to enable services to increase session dosage, improve supervision capacity, and reduce waiting times — all of which have a strong and evidenced relationship with improved reliable recovery and reliable improvement.
- Assurance will continue to be provided through the NHS Talking Therapies Delivery Group and the NHS Talking Therapies Oversight Group (LSCFT-specific), with oversight of progress against the improvement guide, workforce growth, waiting times, treatment dose, and recovery metrics.
- National guidance is clear that services are expected to use ringfenced NHS Talking Therapies funding to continue to expand their workforce, even where workforce modelling suggests trajectories are being met. NHSE recognises that sustained workforce growth is necessary to reliably reduce waits, increase session dosage, and improve outcomes while adhering to the NHS Talking Therapies Manual. This expectation has been factored into the ICB’s medium-term workforce planning and underpins the approach to improving reliable recovery across the system

Inappropriate Out of Area Placements

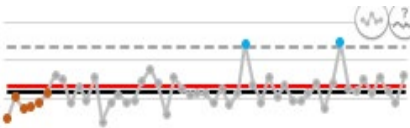
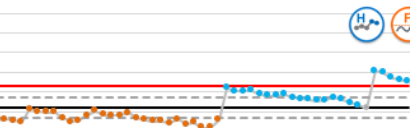
- LSCFT are in year 2 of their inpatient plan with one of aims to improve patient flow and reduce length of stay with 10 high impact discharges actions seeking to reduce the number of out of area placements.
- The plan in coordination with the ICB centres around
 - Review and Refining the escalation process
 - Mobilisation of Patient First
 - A comprehensive review of the MADE process with Health Innovation North-West Coast.
 - Implementing agreed system actions from the MADE review.
- Currently LSCFT OAP practitioners attend weekly meetings with HUB, LCC, Rehabilitation and ICB colleague.
- ICB colleagues attending regular MADE events and weekly meetings with HUB, LCC and Rehabilitation colleagues

MENTAL HEALTH and LEARNING DISABILITIES

Metric	Patient Safety and Experience
Absent without leave (AWOL) thematic review	LSCFT has seen a recent increase in AWOL incidents following a period of sustained reduction. The Trust is continuing to strengthen safe leave planning and risk assessment processes, supported by improvements to digital documentation systems.
Ligature Incidents LSCFT Trust wide	LSCFT reports a sustained reduction in ligature incidents, attributed to the introduction of door-top alarms. The Trust continues to monitor prohibited items and fire safety risks through the Early Warning Signs initiative.
Fylde Safer Staffing Review (HBTT)	A safer staffing review has been requested for Fylde Home Based Treatment Teams to ensure alignment of workforce capacity with demand and clinical risk. Staffing levels have reduced since the previous review, and some teams have experienced sickness-related pressures affecting access targets. Trust-wide reviews of the Initial Response Service and HBTT operating hours are underway, with outcomes to be shared at the Trust Safety Summit.
Incident at an ICB Commissioned Crisis & Recovery House provided by 'Waythrough' prompting a review of the Crisis houses in L&SC	Recent incidents at ICB-commissioned Crisis and Recovery Houses have highlighted risks relating to placement processes, mixed-sex environments and substance management. Access for 16–17-year-olds remains paused while commissioning intentions for alternative provision are developed. Quality and commissioning reviews are underway to strengthen interoperability between HBTT and Waythrough services and ensure consistent application of Standard Operating Procedures.

PRIMARY CARE

Data Source: [Appointments in General Practice - NHS England Digital](#), [General Practice Workforce - NHS England Digital](#)

PC001: No. of general practice appointments per 10,000 weighted patients Despite no national target in place local targets have been put in place for numbers of GP appointments per 10,000 weighted population.	L&SC ICB Jun-26 Actual: 4,595 Plan: 4,384	<table><tr><td>Jun-26</td><td>NW.</td><td>Eng.</td><td colspan="7"></td></tr><tr><td>Actual:</td><td>4,615.8</td><td>5,466.9</td><td colspan="7"></td></tr><tr><td>Sub-ICB:</td><td>BwD</td><td>BLK</td><td>EL</td><td>CSR</td><td>GP</td><td>WL</td><td>FW</td><td>MB</td></tr><tr><td></td><td>4,396.1</td><td>3,753.4</td><td>4,687.0</td><td>4,655.0</td><td>5,058.7</td><td>5,196.2</td><td>4,896.0</td><td>4,458.8</td></tr></table>	Jun-26	NW.	Eng.								Actual:	4,615.8	5,466.9								Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB		4,396.1	3,753.4	4,687.0	4,655.0	5,058.7	5,196.2	4,896.0	4,458.8	 Timeframe: 2022 to 2026
Jun-26	NW.	Eng.																																							
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Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB																																	
	4,396.1	3,753.4	4,687.0	4,655.0	5,058.7	5,196.2	4,896.0	4,458.8																																	
PC002: % Same day consultation appointments There is a requirement for GP practices to provide same-day consultations for all patients with clinically urgent needs.	L&SC ICB Jun-26 Actual: 78.95% Plan: 78.51%	<table><tr><td>Sub-ICB:</td><td>BwD</td><td>BLK</td><td>EL</td><td>CSR</td><td>GP</td><td>WL</td><td>FW</td><td>MB</td></tr><tr><td></td><td>76.51%</td><td>79.68%</td><td>73.41%</td><td>76.16%</td><td>83.45%</td><td>68.14%</td><td>81.98%</td><td>85.03%</td></tr></table>	Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB		76.51%	79.68%	73.41%	76.16%	83.45%	68.14%	81.98%	85.03%	 Timeframe: 2025 to 2026																				
Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB																																	
	76.51%	79.68%	73.41%	76.16%	83.45%	68.14%	81.98%	85.03%																																	
PC003: Workforce – FTE doctors in General Practice per 10,000 weighted patients Number of full-time equivalent doctors per 10,000 weighted patients.	L&SC ICB Jun-26 Actual: 5.58 Plan: no plan	<table><tr><td>Jun-26</td><td>NW.</td><td>Eng.</td><td colspan="7"></td></tr><tr><td>Actual:</td><td>6.34</td><td>6.25</td><td colspan="7"></td></tr><tr><td>Sub-ICB:</td><td>BwD</td><td>BLK</td><td>EL</td><td>CSR</td><td>GP</td><td>WL</td><td>FW</td><td>MB</td></tr><tr><td></td><td>5.42</td><td>4.82</td><td>5.23</td><td>5.61</td><td>6.87</td><td>5.66</td><td>4.73</td><td>6.23</td></tr></table>	Jun-26	NW.	Eng.								Actual:	6.34	6.25								Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB		5.42	4.82	5.23	5.61	6.87	5.66	4.73	6.23	 Timeframe: 2022 to 2026
Jun-26	NW.	Eng.																																							
Actual:	6.34	6.25																																							
Sub-ICB:	BwD	BLK	EL	CSR	GP	WL	FW	MB																																	
	5.42	4.82	5.23	5.61	6.87	5.66	4.73	6.23																																	

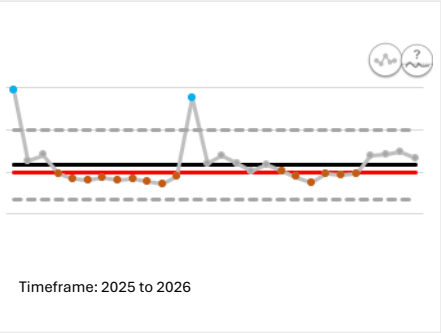
Data Source: [Dental Data - Themes - Open Data Portal](#)

PC004: Units of dental activity delivered (UDA)

UDAs are like tokens that NHS England give to local dentists. When a dentist sees a patient at their practice the dentist uses up a number of these Units. The dentist must use up between 96 and 102 per cent of the UDAs allocated each year.

L&SC ICB Jul-26

Actual: 106.2%
Plan: 96.0%



PC005: Dental, Unique Patients

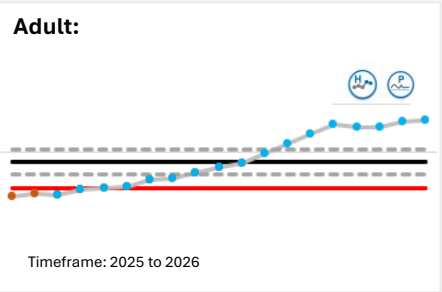
ADULTS : Percentage of resident adults seen by an NHS dentist in the previous 24 months.

CHILDREN : Percentage of resident children seen by an NHS dentist in the previous 12 months.

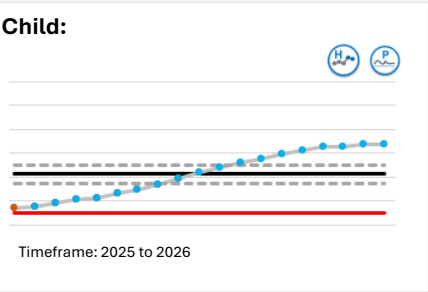
L&SC ICB Jul-26

Jul-26	ADULT	CHILD	
Actual:	41.60%	68.80%	
Plan:	40.70%	66.20%	

Adult:



Child:



PRIMARY CARE

Commentary:

GP Appointments

The June 2026 data shows we are above our in-month plan by +42k appointments (+4.8%) 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. There are variations in appointment rates at sub-ICB level. Due to workforce and recruitment pressures, L&SC continues to have fewer FTE doctors per 10,000 weighted population than national averages.

Same Day Consultation Appointments

Reported activity to June 2026 indicates that the ICB is currently in line with its planned trajectory for increasing the proportion of same day consultation appointments towards the national 90% target by March 2027. There are variations between sub-ICB areas and at practice level.

Units of Dental Activity (UDA)

In the first 3 months of 2026-27, there has been strong performance in the volumes of UDAs delivered in each month and cumulatively where 109.72% of all Planned UDAs have been delivered.

Dental, Unique Patients - The percentage of unique patients seen within the specified period (24 months for adults / 12 months for children) are running above planned levels this year. Submitted plans for the next 3 years target additional improvements in performance.

Actions:

GP Appointments

ICB continuing to work with practices to maintain and improve access for patients, i.e. through our reactive visits and proactive visits programme which includes focus on access data and improvement.

Big Primary Care Conversation webinar held 8 July included key messaging regarding access (opening hours, online consultations, prospective records access, practice website info, NHS App etc).

Big Primary Care Conversation webinar arranged for w/c 31 August with a focus on Same-Day Access for Clinically Urgent Patients coding and requirements, as well as GPAD data quality.

Development of a Same-Day Access for Clinically Urgent Patients and GPAD data quality data set.

The ICB is working with practices to promote and support them access additional funding via the new national practice-level GP reimbursement scheme which allows GP practices to claim funding to recruit new salaried GPs, increase hours for existing salaried GPs, or continue to fund GP posts previously supported by PCN schemes. The scheme aims to boost capacity for clinically urgent same-day access.

Dental Activity

The ICB's local Dental Access and Oral Health Improvement Programme was developed to enhance its understanding and management of oral health for L&SC and includes local and national initiatives :

Children :

- Child Access and Oral Health Improvement
- Additional access to routine care is also offered through a specific pathway to patients in prioritised groups to ensure their oral health does not impact or prevent treatment for other conditions.

Adults :

- Care Homes support to increase the numbers of elderly patients accessing dental services.
- Urgent Dental Care pathway to increase access for patients.
- Integrated Dental Access Programme to support patient with additional treatment needs following Urgent Care, patients who are not urgent but require treatment within 7 days, and specific patients who are within prioritised groups to ensure their oral health does not impact or prevent treatment for other conditions.
- A review of the data set adopted has been undertaken to ensure consistency and accuracy of data.

PATIENT EXPERIENCE / SAFETY / INFECTION, PREVENTION, CONTROL (IPC)

Metric	Patient Safety and Experience
Prevention of future deaths (PFD)	No Prevention of Future Deaths reports have been issued to the ICB or providers since the last reporting period.
Never Events	Two Never Events (wrong-site surgery) have been reported since the previous report. Learning responses are underway to understand contributory factors and prevent recurrence.
Patient Safety Incident Response Framework (PSRIF) Provider Policy & Plan Update	Two new and five revised PSIRF policies and plans have been submitted and reviewed against national guidance. All meet required standards. Draft policies from four further providers are under review, and 18-month revisions have been requested where due.
Discharge letters - UHMBT	UHMBT identified a process issue resulting in a backlog of unsent clinic and discharge letters. The issue was resolved promptly, with all letters issued by 13 June 2026. Enhanced controls have been implemented, and harm monitoring arrangements are in place. No confirmed patient harm has been identified to date.

PATIENT EXPERIENCE / SAFETY / INFECTION, PREVENTION, CONTROL (IPC)

Metric	Patient Safety and Experience
Clinical Coding	• The clinical coding resource remains pressured across LSC, affecting BTH, ELHT and UHMBT, with impact noted for data quality, delayed and inaccurate reporting of mortality indicators, capture of accurate activity and continued reliance on overtime and agency to supplement workforce capacity. • LTH clinical coding shows a low number of spells with invalid primary diagnosis and higher than national depth of coding for both elective and non-elective admissions, which supports their positive reported position for mortality. • Issues are more prominent at BTH due to reliance of paper-based records for coding, meaning that current provision needs to be on-site, limiting availability of agency coders. The Digital Clinical Noting Project is starting in August in the Surgical Assessment Unit and the Acute Frailty Unit. This electronic record will then roll out to Medical Assessment Centre (MAC), Acute Medical Unity (AMU) and all wards. • Mutual aid opportunities continue to be explored with other, LSC Trusts. Although support has been limited, BTH has secured 3 days a week from a Clinical Coding Trainer at ELHT, who had previously worked at BTH. However, this arrangement is due to end in August 2026, further reducing available support. • BTH has made good progress in stabilising current-year clinical coding performance, however, this position remains fragile and resource-dependent, with a significant historical backlog and ongoing workforce constraints. • Achieving a sustainable position will require continued investment in workforce, training and the adoption of digital and AI-enabled solutions. • A Clinical Coding Optimisation Programme is in place which sets out a phased approach to restore and sustain coding performance through four stages: Recover, Stabilise, Grow and Transform.
Health Care Associated Infections (HCAI)	The 2026/27 HCAI Standard Contract has been published, maintaining existing threshold approaches. Collaborative IPC work continues across the ICB, including antimicrobial stewardship initiatives and establishment of a system-wide IPC improvement group. A review at LTH has highlighted the need to redesign decontamination leadership arrangements within the revised financial position.

MORTALITY – SUMMARY HOSPITAL MORTALITY INDICATOR (SHMI)

Data Source: [Summary Hospital-level Mortality Indicator \(SHMI\) - Deaths associated with hospitalisation - NHS England Digital](#)

Trust	SHMI Value	Banding Description	Trend
Blackpool Teaching Hospitals	1.36	Higher than expected	↑
East Lancashire Hospitals Trust	1.26	Higher than expected	↔
Lancashire Teaching Hospitals	0.98	As expected	↑
University Hospitals of Morecambe Bay	1.03	As expected	↓

Time Period: Mar-25 – Feb-26

Actions :	Assurance:
- ELHT - The most recent HSMR+ and SHMI figures now include a full 12 months of coded data, and therefore the issue relating to incomplete diagnostic codes impacting SHMI has resolved. There is still an impact on SHMI from the removal of SDEC coding and the Trust are working to reintroduce this data set, which will have a positive impact on the position. This is not likely to be realised until February 2027. - UHMBT - There are 4 red alerting diagnostic groups for HSMR, this is impacted by the reduction in observed deaths due to lack of coding of non-elective episodes of care and any co-morbidities. The 12-month rolling SHMI (Mar-25 to Feb 26) is showing a SHMI value in the expected range, however due to the high percentage of invalid diagnostic codes for UHMBT should be interpreted with caution. - BTH - There remains a high number of invalid primary diagnosis (33.9%) because of coding pressures, reducing the reliability of SHMI reporting. - From the 1st of April 2026, prospective coding has commenced for all cases using e-discharge letters and LPRES (GP electronic coding of co-morbidities). - The Digital Clinical Noting Project development using Maxims is starting in August in the Surgical Assessment Unit and the Acute Frailty Unit. Over the next 2 months, this electronic record will then roll out to Medical Assessment Centre (MAC), Acute Medical Unity (AMU) and all wards.	- Work continues to improve the throughput of Structured Judgement Reviews (SJR), with some improvement noted. - Advancing Quality Alliance (AQUA) have undertaken a review of mortality at ELHT, they noted improvement with coding, higher recording of pneumonia than northwest region (active improvement plans in place) and opportunities to strengthen the quality and consistency of SJR's. - All alerting groups are reviewed by both the Medical Examiners and the Mortality Reviewers. Medical Examiners continue to scrutinise all hospital deaths and mortality reviews are maintaining 100% reviews in some diagnostic groups. - The crude mortality trend is stable, which gives assurance that mortality is not increasing, despite the increased SHMI due to coding. - Triangulation by case note reviewing of the likely “higher risk” deaths has been undertaken for Coroners cases and deaths highlighted through the incident reporting system with detailed scrutiny of PSIIIs. - Even with these plans in place, SHMI may take 12-18 months to fully re-balance. This is because all SHMI is done 6-months retrospectively and the SHMI quoted is for the previous 12 months.