Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	**2 November 2022**
Title of paper	Performance Report
Presented by	Maggie Oldham, Chief Planning, Performance and Strategy Officer and Deputy Chief Executive Officer
Author	Neil Holt
Agenda item	9
Confidential	No

Purpose of the paper

The purpose of this paper is to update the Integrated Care Board (ICB) on the performance of the Lancashire and South Cumbria (LSC) health care system. The current performance against some of the key NHS metrics within the balanced scorecard that are identified as being 'at risk' of delivery have been explored with supporting commentary regarding actions being taken to improve and mitigate risk.

Work has commenced to further develop the ICB Performance framework and to develop an Integrated Performance Report with appropriate Balanced Scorecards to enable the Board to maintain oversight of progress against the ICBs strategic priorities and enable the Board to respond to identified and emergent risks. The next steps section of the paper outlines this work, including a workshop facilitated by the NHS England (NHSE) National Lead for Making Data Count, scheduled for January 2023, which will enable board members to jointly develop future reports.

Executive summary

The ICB has statutory responsibilities for NHS commissioned services across LSC. This report summarises key aspects of system performance, and outlines some of the actions being taken to improve and mitigate the risk.

Recommendations

The Board is asked to:

- **Note** the initial summary of key performance metrics for LSC
- **Support** the actions being undertaken to improve performance against identified high risk metrics.
- **Note** the ongoing work to further develop the performance framework and reporting, in particular the board workshop.
- **Support** the continuation of the Task and Finish Groups work with the input of Non-Executive Members

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
ICB executive team		

Conflicts of interest identified
Not applicable

Implications				
If yes, please provide a brief risk description and reference number	**Yes**	**No**	**N/A**	**Comments**
Quality impact assessment completed		X		
Equality impact assessment completed		X		
Data Privacy impact assessment completed		X		
Financial impact assessment completed		X		
Associated risks		X		
Are associated risks detailed on the ICB Risk Register?		X		

Report authorised by:	Kevin Lavery, Chief Executive

Integrated Care Board – 2 November 2022

Performance Report

1 Introduction

1.1 The Integrated Care Board (ICB) has statutory responsibilities for NHS Commissioned services across Lancashire and South Cumbria (LSC) 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 paper is to present the ICB Performance Report. The key performance indicators (KPIs) included have been selected to update the board on identified significant risks in the system.

1.3 Work has commenced to further develop the ICB Integrated performance framework and to develop an Integrated Performance Report with appropriate Balanced Scorecards to enable the Board to maintain oversight of progress against the ICB's strategic priorities and enable the Board to respond to identified and emergent risks.

1.4 The next steps section of the paper outlines this work, including a workshop facilitated by the NHSE National Lead for Making Data Count, scheduled for January 2023, which will enable board members to jointly develop future reports.

2 Key Performance Indicators

2.1 The following narrative outlines current performance against some of the key NHS metrics within the balanced scorecard that are identified as 'at risk' of delivery with supporting commentary regarding actions being taken to improve and mitigate risk.

2.2 Sub-ICB / Provider level detail is provided where appropriate to understand variation within the ICB.

2.3 Learning Disabilities (LD) Annual Health Checks (AHCs)

2.3.1 NHSE's Long Term Plan states that action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability. To help do this, NHSE aims to improve uptake of the existing AHCs in primary care for people aged 14 and over with a learning disability, so that at least **75%** of those eligible have a health check each year by the end of March 2024.

2.3.2 In LSC, this target is **71.6%** by end March 2023 and **75%** by end March 2024.

2.3.3 This metric is a cumulative metric i.e.; the percentage of health checks is expected to increase quarter on quarter as more and more people on the LD register have their annual health check undertaken.

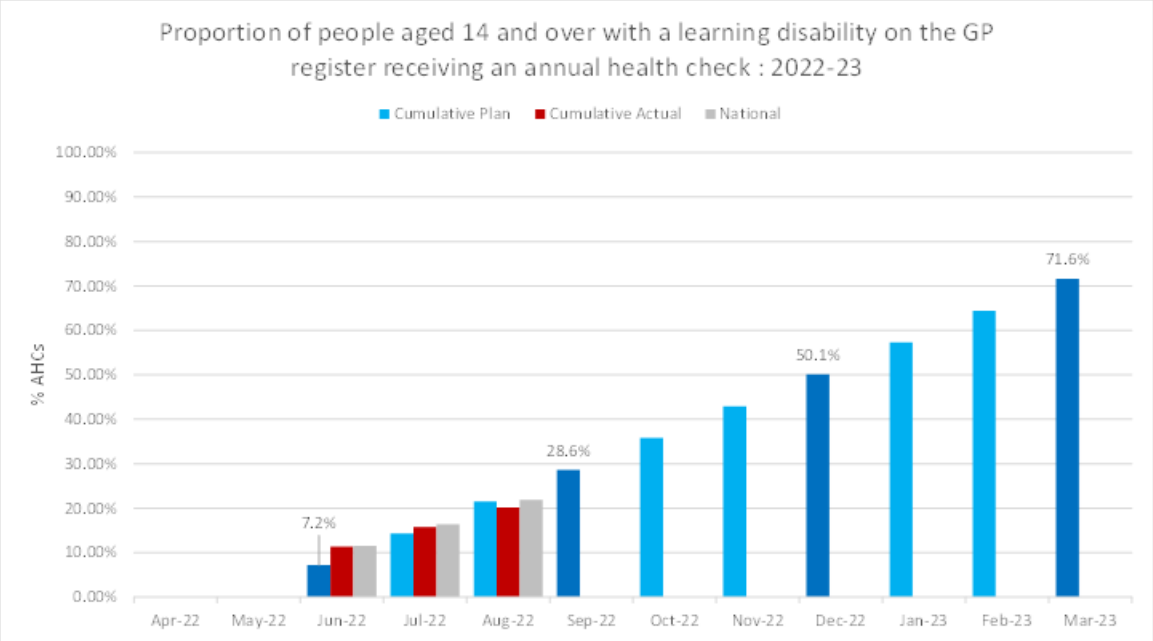
2.3.4 The ICB submitted a quarterly trajectory for 2022-23 which is aiming to deliver a total of **6955** health checks by the end of Q4 2022-23.

2.3.5 Although the Q2 (Sep) actual position is not available at the time of writing, the publicly available August data is currently reporting **1777** checks to date (**25.5%** of our annual target of **6955**).

2.3.6 This suggests that **20.1%** of patients on the current LD register have had an AHC in the 5 months from April to August. For comparison, the position across the North West is **20.7%,** while the national position is **21.9%.**

2.3.7 The 22/23 position to date represents a cumulative improvement of **582** more checks completed in 22/23 than at this point in 21/22. The LSC historic trend shows a greater proportion of AHC completed in Q3 and Q4 with a correlation to vaccination programme.

2.3.8 LSC Annual Health Checks –actuals vs plan (cumulative)

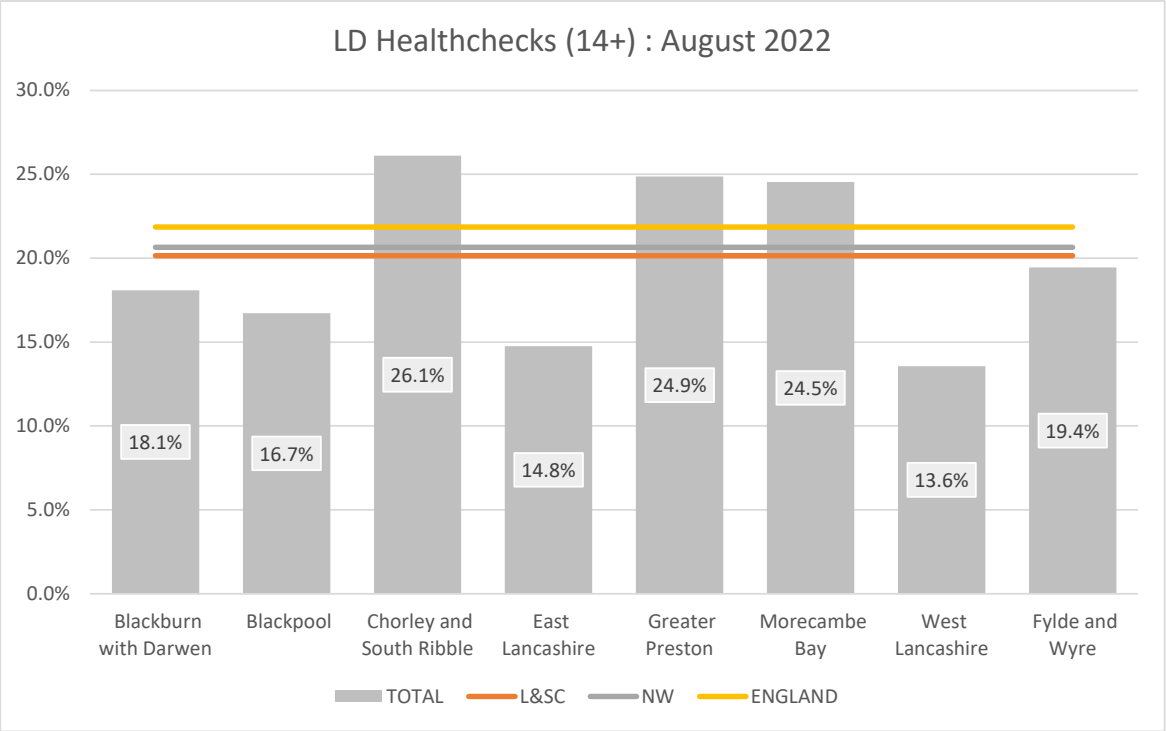


2.3.9 There is significant variation within LSC; a comparison of the previous CCG (sub-ICB areas) footprints highlights:

a) strong performance across the practices within Chorley & South Ribble, Greater Preston and Morecambe Bay. In these areas performance to date is in advance of the ICB trajectory and above the national position to August 2022.
b) Conversely, East and West Lancashire are both reporting **<15%** of AHCs at the end of August 2022.

c) There will be further variation at Primary Care Networks (PCN) and individual practice level.

2.3.10 LD Annual Health Checks (14+) – August 2022 by Sub-ICB level



2.3.11 In addition to 22/23 delivery the ICB has been asked to focus on those patients who did not receive a health check in 21/22. There were **2753** people on the register who had not received a health check in 21/22. **830** (30%) have now received an AHC.

2.3.12 Actions that are being undertaken to improve this position are:

- Lancashire and South Cumbria NHS Foundation Trust (LSCFT) Health facilitation team fully recruited and actively supporting GP practices with aspects such as LD register validation, data inputting, AHC delivery, training and awareness raising.
- All Practices have now received LD register validation and review process information, to ensure accuracy of LD registers across ICB.
- All GP practices stratified for the team to target practices who have 0% completion to date as a priority (32 practices – 10% of the LD register) and the team is also targeting practices with the largest registered populations.
- Monthly monitoring of 21/22 outstanding health checks performance across LSC, available for PCNs to monitor progress.
- Clinics have been established to support specialist vaccinations for people with a learning disability. These will also promote and encourage the uptake of AHCs (operating throughout November).
- AHC best practice materials (pre health questionnaire, easy read letters etc) and vaccination material uploaded and accessible on EMIS (GP Clinical IT

System), to encourage consistency across the ICB in the process for invitation, follow up and approach.

- Training will be rolled out to practices throughout November and December, to raise awareness of learning disabilities, share best practice relating to easy read materials, communication and encourage bespoke invitations and follow up activity, to increase invitations, and reduce declinations.
- System communications campaign is continuing to promote the benefits of health checks and encourage attendance – primarily targeting education and health and social care organisations.
- Confirmed prompt within Easy Eye Care optical checks, to encourage health check take up.
- Pennine Lancashire has invested in developing a digital app for patients with learning disabilities, which supports primary care in understanding more about their patients. The digital app is in trial phase and is being tested with patients with learning disabilities along with primary care to understand the information gathered. The digital app is led by a local GP who is passionate about patients with learning disabilities.
- Live AHC demonstration and awareness took place at a lived experience conference on 18 October, to over 60+ individuals with a learning disability, to promote the benefits of an AHC.
- Progressing the required Data Protection Impact Assessment (DPIA) with ICB Information Governance (IG) to enable follow up calls to take place, as part of an additional support offer for interested GP practices.

2.4 Waiting Lists with a specific focus on 78+ week waiters

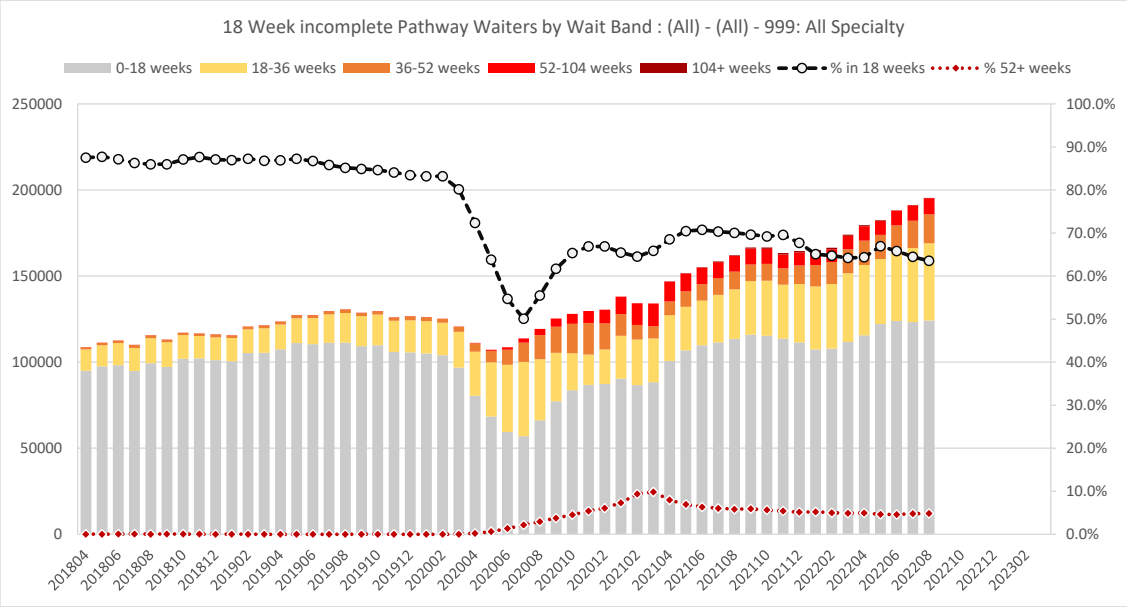
2.4.1 The total waiting list size for patients registered at GP practices across LSC has continued to increase.

- The number of patients who have been waiting in **excess of 52 weeks** has also been increasing.
- The longest waiters (78+ weeks / 104+ weeks) have been reducing during this year.

2.4.2 At the end of August 2022 the total number of patients waiting across LSC was **195,427** of which **80** had been waiting **over 104 weeks** for treatment. **60** of which are either classified as low priority or patient choosing to wait. **20** are complex patients some of whom will waiting for specialist treatments outside LSC.

- **1374** (0.70%) had been waiting **78+ weeks** and **9521** (4.9%) had been waiting **over 52 weeks.**
- By way of comparison, at the end of Feb 2020 (pre-COVID) the total number of waiters was **125,065** with only **5** patients waiting longer than 52 weeks.

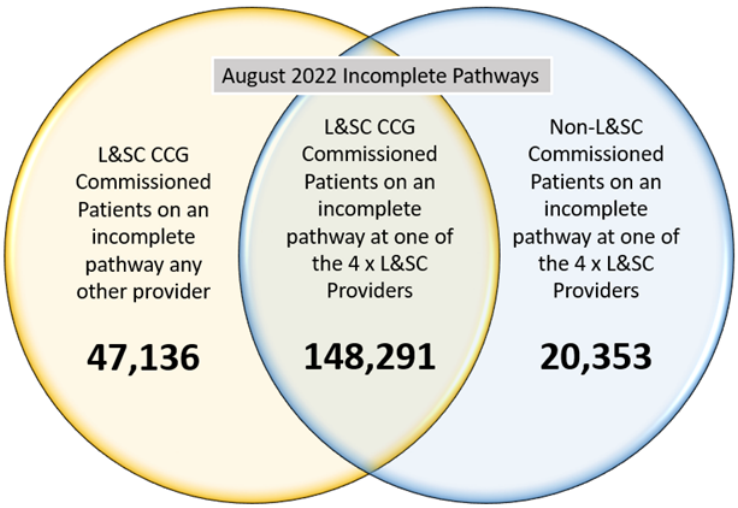
2.4.3 Incomplete RTT pathway waiters by time band – April 2018 – August 2022



2.4.4 In terms of which provider LSC patients are waiting for treatment at, **148,291 (75.88%)** of these waiters are at one of the 4 x LSC main NHS providers. The remaining **47,136 (24.12%)** are waiting across a range of independent sector and 'out of area' providers.

2.4.5 From a provider perspective, **148,291** of their waiters are for patients for ICB commissioned services, with the remaining **12.1% (20,353)** waiting for non-ICB commissioned services (including Maxillo-Facial / Oral Surgery which is currently NHSE commissioned and accounts for **11,063** of these waiters).

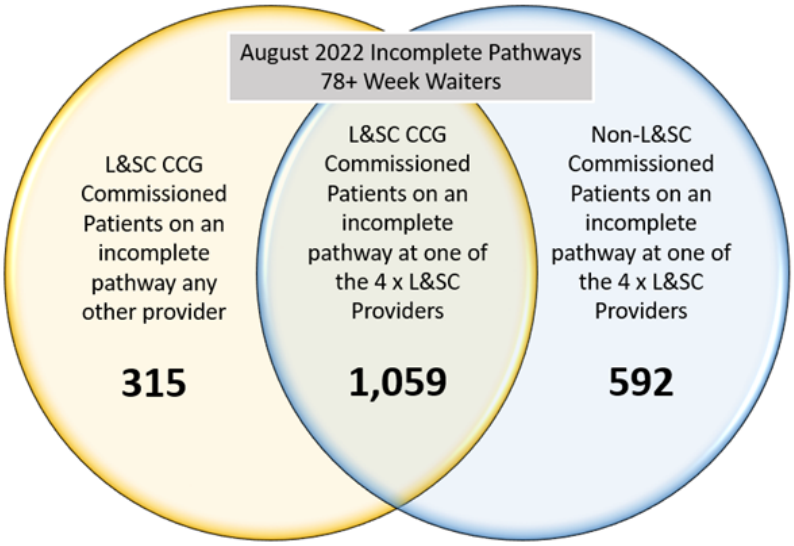
2.4.6 RTT Incomplete Pathway Waiters – August 2022



2.4.7 Of the **1374** over 78-week waiters reported for LSC at the end of August 2022, **1059 (77.07%)** are reported at one of the 4 main LSC acute providers. This means that at the end of August 2022 there were **315** patients at Independent Sector providers or providers outside of LSC.

2.4.8 From a provider perspective, **1059** of their waiters are for patients for ICB commissioned services, with the remaining **592 (35.9%)** waiting for non-ICB commissioned services / patients (including Maxillo-Facial / Oral Surgery which is currently NHSE commissioned and accounts for **389** of these 78+ week waiters). It will be important for the ICB to understand the anticipated position that it will be faced with should it become the responsible commissioner for Oral Surgery from April 2023.

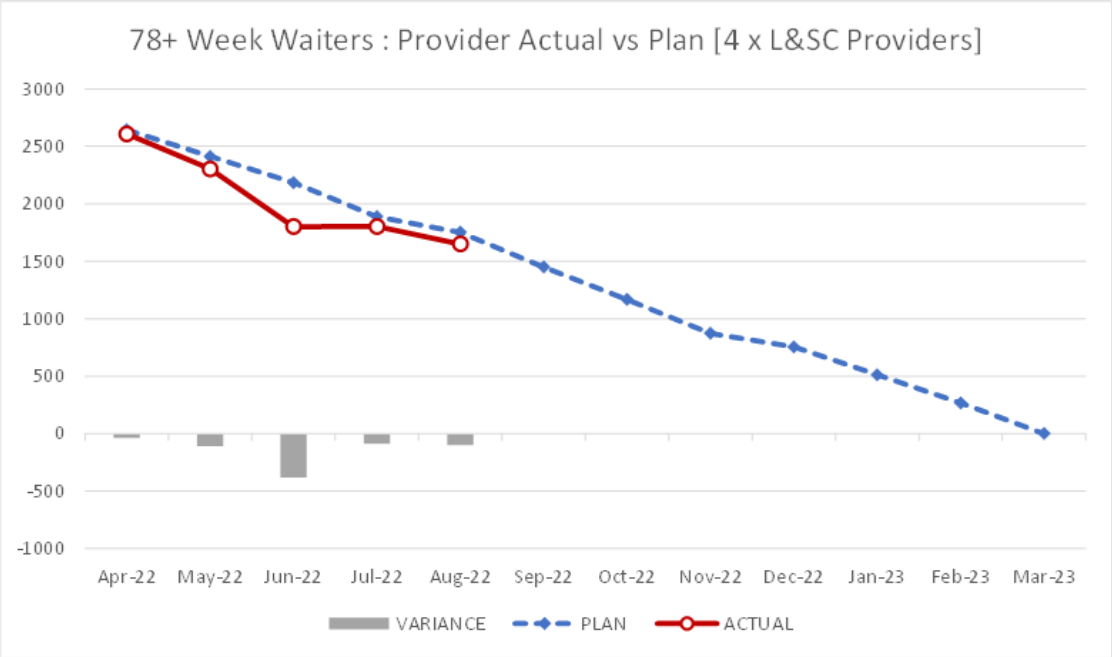
2.4.9 RTT Incomplete Pathway Waiters 78+ Weeks - August 2022



2.4.10 Within the 2022-23 planning round, 78+ week waiter reduction trajectories were submitted by LSC providers with the aim of having zero 78+ week waiters by the end of March 2023.

2.4.11 At the end of August, the reported position for the 4 x LSC providers was still tracking below plan (though there is some variation between providers). Lancashire Teaching Hospitals (LTH) is reporting **86%** of the total 78+ week waiters across the 4 main LSC acute providers though it is delivering reductions as per its recovery plan.

2.4.12 78+ Week Waiters – Actual waiters against recovery trajectory



2.4.13 More timely data based on weekly reporting by providers shared with the Elective Care Recovery Group (ECRG) suggests that during late - September and into early October the 78+ week waiting list reduction trajectory was not being met. Maxillo-Facial surgery is highlighted as contributing around 20% of the overall total of 78+ week waiters.

2.4.14 Actions that are being undertaken to improve this position are:

Theatre Productivity:

- Introduced a System Theatre Board which reports to the LSC ECRG and the Provider Collaborative Board (PCB).
- ECRG team working in collaboration with individual Trusts, visiting sites and reviewing local data with Theatre and Anaesthesia and Perioperative Medicine (APOM) colleagues.
- East Lancashire Hospitals NHS Trust (ELHT) is a pilot site for "Right Procedure Right Place".
- Identify all theatre lists that are not fully utilised in 642 processes and ensuring productivity is maximised.
- Improvement via range of key actions incl. golden patient, Theatre Right review, Envoy project to reduce cancellations & changed Infection Prevention Control (IPC) processes.
- Working with NHSE colleagues on local metrics incl. additional opportunities for High Volume Low Complexity (HVLC) Cases per month; System, Trust, specialty & procedure level to ensure monthly review/monitoring.
- Build on current utilisation, ensure maintain minimum 65% & stretch 85% for capped utilisation, reporting back to NW Regional Elective Recovery Board.

- Review other key metrics including British Association of Day Surgery (BADS), Cancelled on the Day (CND), downtime, surgical hubs, National review - The Productive Operating Theatre.
- Identify issues/risks and understand mitigations, ascertain good practice & investigate variation, to agree plan of work.
- Targeted Investment Fund (TIF2) and Community Diagnostic Centres (CDC) - increased theatre and endoscopy capacity.

Chatbot:

- In April 2022 following a successful pilot, ICS ECRG Board approved rollout of automated validation to all LSC patients waiting 30+ weeks, to understand if they feel their condition has deteriorated or if they no longer require their appointment / treatment (treated elsewhere or condition resolved). If no longer required, this is assessed by a clinician.
- Aimed to validate circa **32,000** patients with a forecast number that will be removed from waiting lists of circa **3,000**.
- **15,030** patients contacted in 2022/23. **1058 (9%)** patients indicated they wished to be removed from the waiting list. **47%** project completion against patient validation target.
- **11,788** patients validated (**78.4%** response rate).
- It is positive to note that *Chatbot* is being adopted across the NW Region and has been recognised as good practice nationally.

Mutual Aid: Ensure patients across the system are treated in date order to eliminate the 78+ and 104+ WW

- Executive Director and Clinical Lead led weekly mutual aid meetings supporting the elimination of long waiting patients.
- The Mutual Aid meetings include requests for support to the cancer pathway.
- Inter Provider Transfer (IPT) processes in place for tertiary referrals to ascertain if patients can be treated by local provider.
- Associate Director for Elective Recovery and ICB Head of Planning, Transformation & Delivery met with Independent Sector providers to understand if they have any underutilised capacity to support elective and cancer recovery for both GP referral and IPT processes. These support the reduction and impact on the demand for Acute Trust in the System and the reduction of the current waiting list.
- Process for new ways of working being developed with the National Team at two of LSC Independent Sector (IS) providers
- Awaiting outcome from the Mutual Aid bid that has been submitted for funding to the Regional Team to add structure and coordination to the process. This would align to the remit of the Elective Care Recovery Team, using the ChatBot system and a dedicated administration and waiting list / health records team to proactively support mutual aid.

Outpatient reform: Addressing the high amount of backlog for follow up patients will allow clinicians more time to focus on new referrals. Implementation of Patient Initiated Follow Up (PIFU) pathways will reduce the number of patients being discharged requiring routine follow up appointments

and importantly it supports the patient safety agenda as patients will be reviewed and deemed suitable for PIFU.

- All 4 providers working together on the delivery of a system PIFU plan.
- Utilising data an informed plan has been developed to target the areas where there is higher demand and large waits for Outpatient Follow Up (OPFU).
- Each provider is leading on 2-3 pathway developments and implementing in their trust. Once implemented the full pathway/sop/patient info will be shared with the 3 remaining trusts to allow them to be fast followers.

Independent Sector: Closer working with the Independent Sector to support reduction of longs waits.

- There are 2 pathways, first is from GP referral which supports the reduction and impact on the demand for Acute Trust in the System. The second is the IPT process which supports the reduction of the current waiting list.

Referral Optimisation: Reduce the number of inappropriate referrals into acute trusts.

- The Referral Optimisation Working Group is planning collaboratively with Primary Care to manage referrals into all 4 acute trusts.
- Implementation of Advice and Guidance (A&G) for rheumatology and a system plan to increase this based on referral data.
- A full system review of Referral Assessment Services (RAS) is being undertaken to explore the impact of RAS vs pre-referral A&G which will be progressed at the new outpatient continuous improvement board which is being led by LTHT with an aspiration to start to look at a system referral management service.

Clinical Networks: Aim to drive elective care recovery through improved sustainability of clinical services and improve patient experience and outcomes for the population of LSC.

- Nine Clinical networks/High Volume Low Complexity (HVLC) work for surgical specialties addressing areas of variation and improving HVLC performance standards. Each identified 3 or 4 key priority deliverables / metrics by using local and national evidence-based data including, not limited to, Model Hospital Getting It Right First Time (GIRFT) metrics, BADS, HVLC, local performance metrics, evidence-based indications, activity levels, Waiting List volume and clinical pathways – the latter four based on system level datasets.
- Set for surgery initiative embedded at University Hospitals of Morecambe Bay (UHMB) moved to next phase of implementation across the System. To support patients that have been on the waiting list for long periods of time to ensure they are fit for surgery https://setforsurgery.co.uk
    - A digital offer to help all our patients do better.
    - A system level tool to share waiting lists equitably and target those most in need (COOs/DCOOs/DDOPs).
    - A trust level tool to target morbidity earlier and prevent complications and cancellations - streamlining Pre-Operative

Assessment (POA) processes (APOM/POAs) – Each Trust is tasked with implementing Set For Surgery (#SFS) within their Trusts with support from the #SFS Project Team. This is led by the Deputy Director of Operations (DDOP) for each Trust with clinical and operational colleagues.
    - Potential platform for smarter 'front end' – development of the model from point of referral (work ongoing within UHMB/personalised care)
- National My Planned Care project to ensure accurate waiting times information is available at specialty and subspecialty level with links to generic patient information www.myplannedcare.co.uk

2.5 Cancer Metrics : Constitutional standards with a specific focus on reducing the cancer backlog

2.5.1 There are a number of long-standing cancer metrics that are aligned to NHS Constitutional standards. The 3 overarching core metrics are:

- Two Week Wait from Urgent Referral to First Consultant Appointment (2 Week) [93% Standard]
- One Month Wait from a Decision to Treat to a First Treatment for Cancer (31 Day) [96% Standard]
- Two Month Wait from Urgent Referral to a First Treatment for Cancer (62 Day) [85% Standard]

2.5.2 Since April 2021, data around the 28 Day Faster Diagnosis Standard (FDS) has also been reported. This was a new performance standard that was introduced to ensure patients who are referred for suspected cancer have a timely diagnosis [75% Standard].

2.5.3 Cancer Alliance reporting against these 4 metrics for August 2022 is provided in Appendix B.

- None of the 4 x LSC providers were reporting achievement of these standards with the exception of UHMB against the 28-day faster diagnosis standard.
- The table below summarises the August 2022 performance against each of these metrics which shows the degree of variation in performance across providers.
- The Cancer Alliance system performance (based on the 8 x CCG position) is not achieving any of these 4 x standards

2.5.4 Summary Table of Provider Performance against 4 core cancer standards (August 2022)

PROVIDER	2 Week	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	83.50%	93.33%	56.95%	79.54%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	75.01%	87.73%	67.39%	67.03%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	51.26%	84.40%	46.90%	50.33%
EAST LANCASHIRE HOSPITALS NHS TRUST	72.98%	90.64%	43.89%	73.82%
L&SC AGGREGATE (4 x Providers)	**71.07%**	**87.95%**	**52.36%**	**67.99%**
TARGET	93.00%	96.00%	85.00%	75.00%

2.5.5 Lancashire and South Cumbria Cancer Alliance Performance against 4 core cancer standards (August 2022)

Cancer Alliance	2 Week	31 Day	62 Day	FDS
L&SC Cancer Alliance (CCG TOTAL)	71.78%	88.31%	53.49%	67.75%
TARGET	93.00%	96.00%	85.00%	75.00%

2.5.6 Reducing the Cancer backlog is a key aim of the NHS, as outlined in the 22/23 NHS Planning guidance.

- This measure is concerned with understanding the total number of people who have waited over 62 days and is tracked by individual providers against the reduction trajectories submitted in the 2022-23 planning submission.
- Trajectories were revised across three trusts for H2 (Oct22-Mar23) - though the target for March 23 remains.

2.5.7 Weekly Patient Tracking List (PTL) figures are submitted by providers and reported through the ECRG and via the Cancer Alliance to track progress.

- The latest position shows that the LSC position is moving away from trajectory and is not reducing as per initial plans.
- There is an emergent serious issue at LTH and ICB (Cancer Alliance) and NW Region are working with them on developing a responsive action plan.
- Further analysis shows that the Lower Gastrointestinal pathway is responsible for almost half of these backlog patients and is a challenge for several providers.
- Skin cancer pathways are also a particular issue for LTHT.

2.5.8 ELHT and LTHT are both 'Tier 1' trusts as part of the national recovery programme. LTHT for both elective recovery and cancer, and ELHT for their cancer backlog. This results in enhanced surveillance and support from national and regional NHSE colleagues. LTHT is currently identified as the Trust which has the most rapidly growing 62-day backlog in England.

- Providers are working through and delivering against several actions to improve this position including:
- Protocol for patients with double negative Faecal Immunochemical Test (FIT) test to be discharged
- Additional independent sector capacity including a virtual hospital model for colorectal pathways, insourcing for suspected skin cancer and additional endoscopy mobile/modular units
- Pathway redesign and investing in additional staff

- Innovations
- Improved utilisation of existing staff across the pathway to reduce waits and increase treatment numbers
- Programme of productivity and efficiency in endoscopy

2.6 Emergency Access

2.6.1 The Balanced Scorecard has been extended to include two additional metrics associated with Urgent and Emergency Care access. In addition to the Category 2 Ambulance Response time metric, the scorecard now also includes the following measures from the SOF:

- Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals
- Proportion of patients spending more than 12 hours in an emergency department

2.6.2 There is a requirement in 2022-23 to minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards. Elements within this include:

- Eliminating handover delays of over 60 minutes
- Ensuring 95% of handovers take place within 30 minutes

2.6.3 Daily average volumes for 30-60 min delays have increased since September 2020 but have plateaued out from late September 2021 onwards.

- In the week starting 10th October 2022 there were an average **of 51.9 x 30-60 min** handover delays per day.
- Daily average volumes for 60+ minute delays have been increasing since June 2021. In the week starting 10th October 2022 there were **31.3 x 60+ min** handover delays.
- When these are compared with ambulance arrival volumes over the same period then as a system, we are reporting **9.6%** of ambulance arrivals have a **60+ minute** handover delay, with **25.6%** of all arrivals waiting over **30 mins** for handover.
- There are variations in handover time by provider with Category 2 a key area of concern. LSC is performing better than other systems within the NW Region albeit in challenging circumstances.

2.6.4 There is a requirement in 2022-23 to reduce 12-hour waits in EDs towards zero and no more than 2%. All EDs face significant challenges in this area.

- In January 2021 the daily average was 32 x 12+ hour waits across LSC providers - this position deteriorated significantly during the surges experienced during summer 2021, reaching a daily average of 116 patients by the end of August 2021.
- Further surge in demand was experienced during the winter period, leading to a peak daily average of over 209 during late March 2022.
- Despite some initial improvement in April and May, volumes of patients waiting more than 12 hours have been increasing and during the most

recent week (10-16th October 2022) an average of **177.1** patients per day waited more than 12 hours from arrival (**8.7%** of all attendances).

2.6.5 A range of strategies and approaches are being utilised to try to tackle the identified challenges with Urgent and Emergency Care access including :

- Access to urgent care advice through the NHS 111 online service
- NHS 111 clinical assessment can offer immediate advice or referred to the appropriate clinician for a face-to-face consultation
- Urgent treatment centres providing locally accessible and convenient diagnosis and treatment services diverting patients away from A&E
- Use of Same Day Emergency Care (SDEC) services allowing for the rapid assessment, diagnosis, and treatment of patients presenting with certain conditions, and discharge home same day if clinically appropriate
- Establishment of an Acute Frailty programme identifying frail patients within a few hours of their arrival to hospital and enabling prompt, targeted management based on a comprehensive geriatric assessment approach
- Focusing efforts to reduce the length of stay for patients in hospital longer than 21 days, reducing the risk of harm and providing care in the most clinically appropriate setting
- Working closely with primary and community care services to ensure an integrated, responsive healthcare service helping people stay well longer and receive preventative or primary treatment before it becomes an emergency
- Specific projects to deliver 2 Hour Urgent Community Response, Virtual Wards, Intermediate Care and Transfer of Care Hub.

3. Next Steps

3.1 The report included in this paper does not present all the KPIs the ICB has to deliver.

3.2 Further work is needed to determine which KPIs need reporting to Board and those that can be monitored by Executive Directors and or through sub committees of the Board.

3.3 It is important that the ICB Performance Report covers national guidance, locally identified priorities, and has a strong correlation to the national NHS SOF for 2022/23 and the work of the ICBs statutory committees. The report also needs adapt to the ICB's strategic priorities, which when complete, will further shape the performance reporting.

3.4 The Task and Finish Group will continue with this work and will benefit from non-executive insight along with support from NHSE Making Data Count team and MLCSU.

3.5 A workshop facilitated by the NHSE National Lead for Making Data Count is scheduled for January 2023 which will enable board members to jointly develop and shape the future reporting.

3.6 Appendix A provides the initial set of data developed across six domains, using the latest information where this is available, together with an indication as to the current level of performance within a balanced scorecard. The illustration also confirms those metrics which are also contained in the national SOF.

4. Conclusion

4.1 There are significant pressures in the system as we move towards an anticipated seasonal surge.

4.2 Mitigations and further actions to recover performance across the system continue.

5. Recommendations

5.1 The Board is asked to:

- Note the initial summary of key performance metrics for LSC.
- Support the actions being undertaken to improve performance against the high-risk metrics identified in this report.
- Note the ongoing work to further develop the performance framework and reporting, in particular the board workshop.
- Support the continuation of the Task and Finish Groups work with the input of Non-Executive Members

Maggie Oldham

Chief of Strategy, Planning and Performance

2 November 2022

APPENDIX A : BALANCED SCORECARD

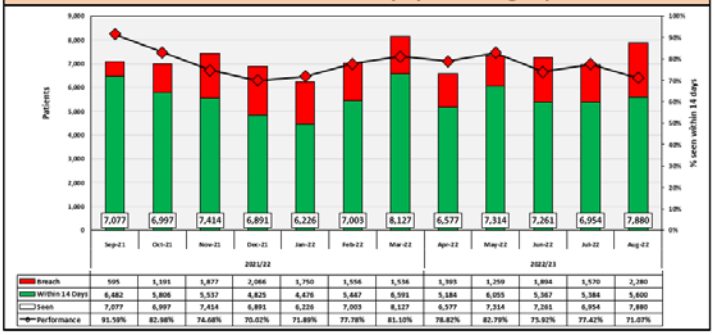
STRATEGY	Metric	Domain Rating	Metric Rating	SOF
Tackle Health Inequalities	Smoking at time of delivery	2.3	3	
	Bowel screening coverage, aged 60-74, screened in last 30 months		1	Y
	Population vaccination coverage – MMR for two doses (5 years old) to reach the optimal standard nationally (95%)		2	Y
	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check		3	Y
	Healthy Life Expectancy		3	
Improve and Sustain NHS Trust Performance	People waiting longer than 62 days to start cancer treatment	2.3	3	Y
	2 Week Wait Referrals (93% Standard)		3	
	31 Day First Treatment (96% Standard)		3	
	% meeting faster diagnosis standard		3	Y
	Total patients waiting more than 78 weeks to start consultant-led treatment		2	Y
	Diagnostic activity levels – Imaging: MRI / CT / Non-Obstetric Ultrasound		1	Y
	Diagnostic activity levels – Physiological measurement: Cardiology - Echocardiography		1	Y
	Diagnostic activity levels – Endoscopy: Colonoscopy / Flexi-Sig / Gastroscopy		3	Y
	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external)		1	Y
	System Oversight Framework 'Segment 3' rating		2	Y
	Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals.		3	Y
	Proportion of patients spending more than 12 hours in an emergency department		3	Y
	Average ambulance response time: Category 2		2	Y
Workforce	Vacancies (12 month rolling rate)	2.5	3	
	Turnover (12 month rolling rate)		2	Y
	BAME staff (average across organisations)		2	
	Sickness (12 month rolling rate)		3	Y
Strengthen Social Care System	Total virtual ward capacity per 100k of adult population	2.4	1	Y
	Proportion of patients discharged to usual place of residence		3	Y
	Number / % of patients with a LoS exceeding 21 days		3	
	Delivery of Finney House Beds - Delivery Plan Assurance		2	
	Delayed Transfers of Care / No Medical Criteria To Reside		3	
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitatio			
Refresh Primary Care	Estimated diagnosis rate for people with dementia	1.8	1	
	Number of general practice appointments per 10,000 weighted patients		2	Y
	% of hypertension patients who are treated to target as per NICE guidance		2	Y
	Proportion of diabetes patients that have received all eight diabetes care processes		2	Y
	Hypertension case-finding		2	
Recover Financial Position	Cumulative position against plan	2.6	3	
	Forecast position against plan		1.5	
	Delivery of efficiency target (S119a)		3	Y
	Agency spend against plan		3	Y

Lancashire and South Cumbria Integrated Care Board

APPENDIX B : CANCER ALLIANCE Reporting – 4 Core Cancer Metrics by Provider and the Cancer Alliance System Totals

2 Week Wait Referrals (93% Standard)

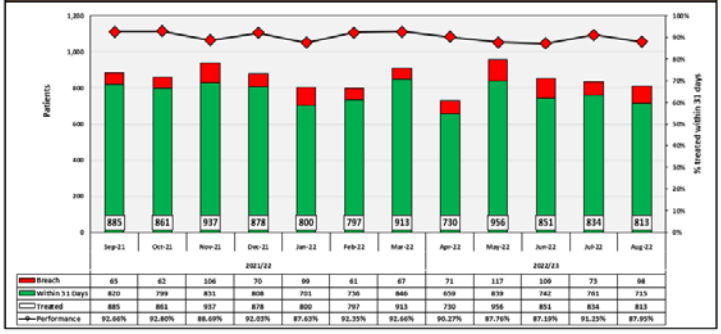
Cancer Alliance Providers (Sep-21 to Aug-22)



Provider	Aug-22			Sep-21 to Aug-22		
	Seen	Breach	Performance	Seen	Breach	Performance
BTH	1,937	484	75.01%	19,010	2,795	85.30%
ELHT	2,261	611	72.98%	23,512	3,920	83.33%
LTH	1,791	873	51.26%	23,282	9,070	61.04%
UHMB	1,891	312	83.50%	19,916	3,182	84.02%
CA Providers	7,880	2,280	71.07%	85,720	18,967	77.87%
CA CCGs	8,579	2,421	71.78%	93,475	20,591	77.97%

31 Day First Treatment (96% Standard)

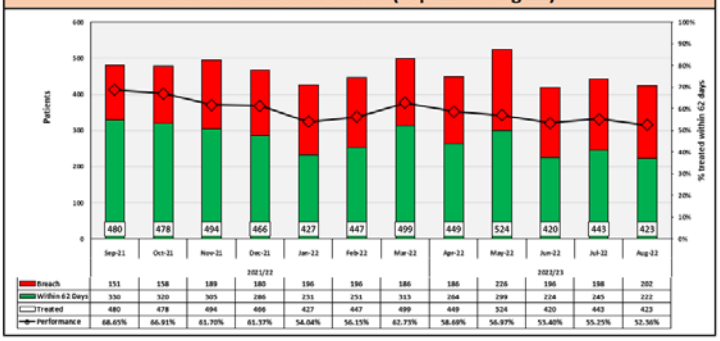
Cancer Alliance Providers (Sep-21 to Aug-22)



Provider	Aug-22			Sep-21 to Aug-22		
	Treated	Breach	Performance	Treated	Breach	Performance
BTH	163	20	87.73%	2,348	153	93.48%
ELHT	203	19	90.64%	2,533	183	92.78%
LTH	327	51	84.40%	3,493	493	85.89%
UHMB	120	8	93.33%	1,881	169	91.02%
CA Providers	813	98	87.95%	10,255	998	90.27%
CA CCGs	898	105	88.31%	11,195	1,048	90.64%

62 Day Classic Performance (85% Standard)

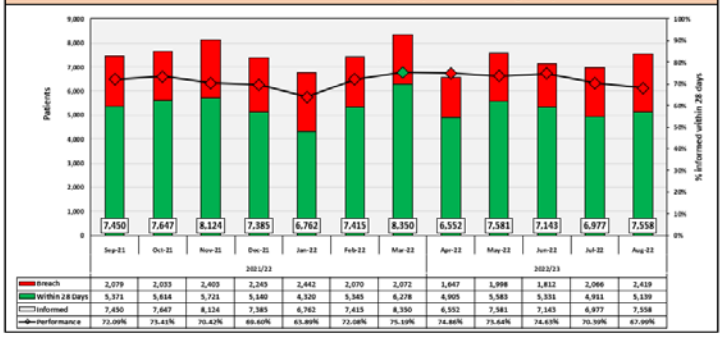
Cancer Alliance Providers (Sep-21 to Aug-22)



Provider	Aug-22			Sep-21 to Aug-22		
	Treated	Breach	Performance	Treated	Breach	Performance
BTH	92.0	30.0	67.39%	1,248.5	426.0	65.88%
ELHT	110.5	62.0	43.89%	1,444.5	583.5	59.61%
LTH	145.0	77.0	46.90%	1,687.5	831.0	50.76%
UHMB	75.5	32.5	56.95%	1,167.0	421.0	63.92%
CA Providers	423.0	201.5	52.36%	5,547.5	2,261.5	59.23%
CA CCGs	458.0	213.0	53.49%	5,963.0	2,431.0	59.23%

28 Day Faster Diagnosis All Referrals (75% Standard)

Cancer Alliance Providers (Sep-21 to Aug-22)



Provider	Aug-22			Sep-21 to Aug-22		
	Informed	Breach	Performance	Informed	Breach	Performance
BTH	1,814	598	67.03%	19,760	6,322	68.01%
ELHT	2,139	560	73.82%	24,605	6,358	74.16%
LTH	1,792	890	50.33%	23,477	8,148	65.29%
UHMB	1,813	371	79.54%	21,102	4,458	78.87%
CA Providers	7,558	2,419	67.99%	88,944	25,286	71.57%
CA CCGs	8,278	2,670	67.75%	96,646	27,822	71.21%