Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	**7 December 2022**
Title of paper	Performance Report
Presented by	Maggie Oldham, Chief Planning, Performance and Strategy Officer and Deputy Chief Executive Officer
Author	Roger Parr
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 Balance 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 Lancashire and South Cumbria. This report summarises key aspects of system performance.

Recommendations

The Board is asked to:

- Note the summary of key performance metrics for Lancashire and South Cumbria.
- 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		
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 – 7 December 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 Balance 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 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 AHC 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 Lancashire and South Cumbria, 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 Learning Disability register have their annual health check undertaken.

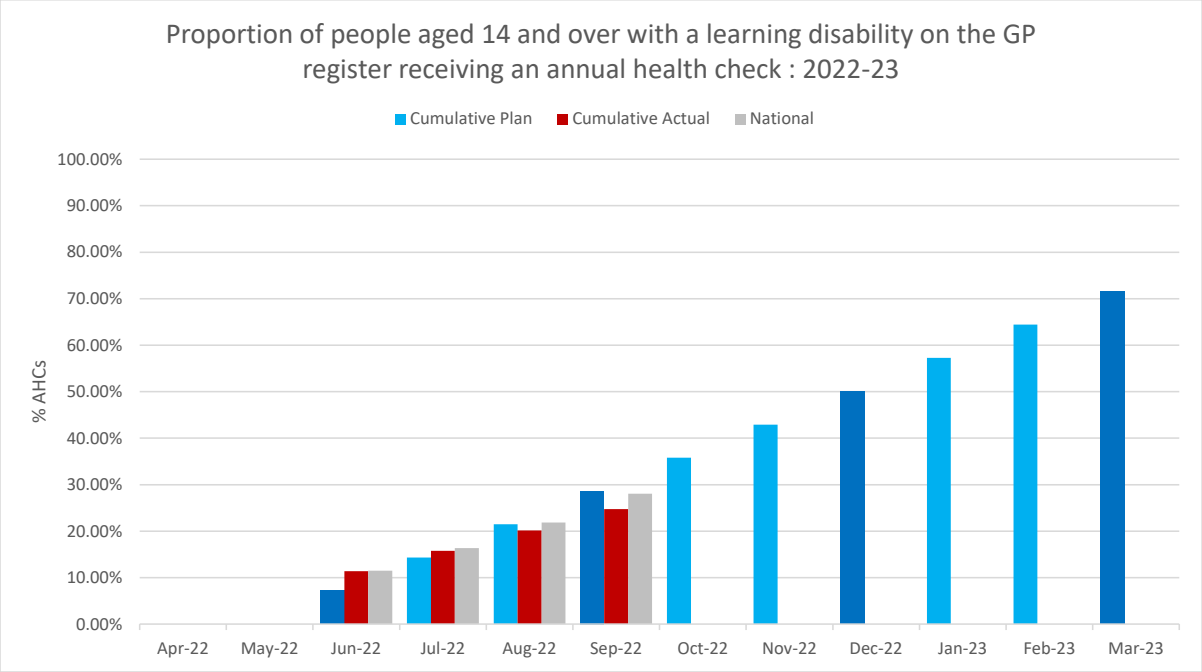
2.3.4 The ICB submitted a quarterly trajectory for 2022-23 which is aiming to deliver a total of **6955** health checks by the end of Q4 2022-23.

2.3.5 At the Q2 position the publicly available September data is currently reporting **2205** checks to date (**31.7%** of our annual target of 6955)

2.3.6 This suggests that **24.7%** of patients on the current Learning Disability register have had an AHC in the 6 months from April to September. For comparison, the position across the North West is **26.5%,** while the national position is **28.0%.**

2.3.7 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 Health Checks –actuals vs plan (cumulative)

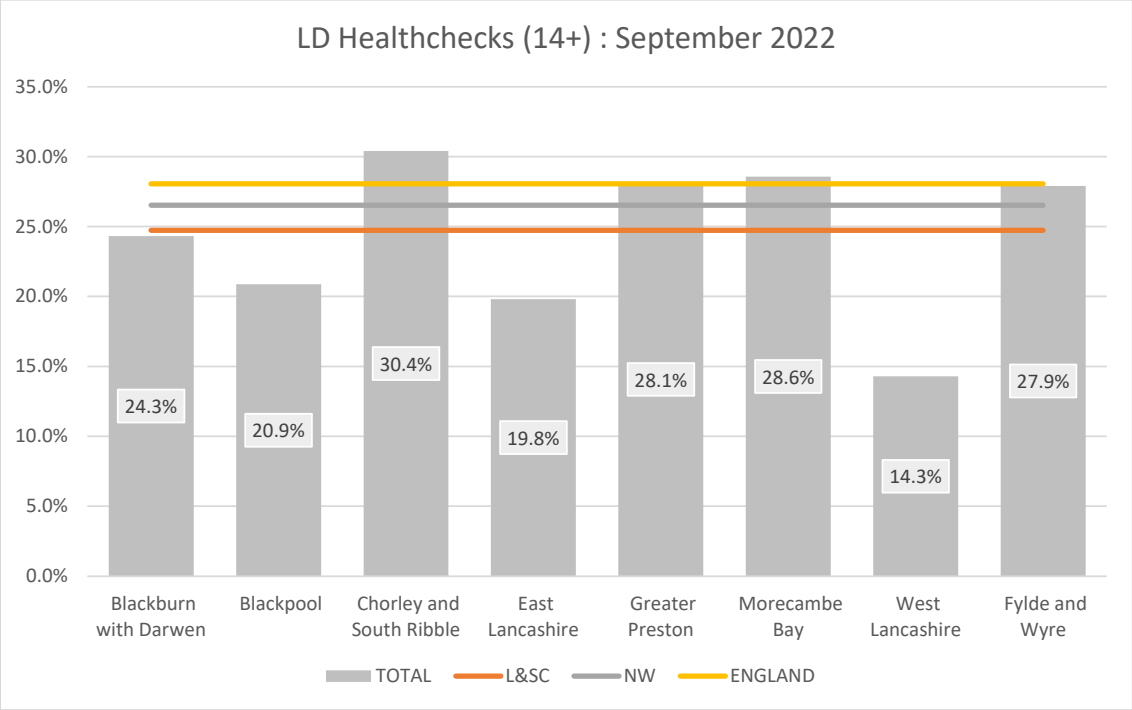


2.3.9 There is significant variation within Lancashire and South Cumbria. A comparison of the previous CCG (sub-ICB areas) footprints highlights :

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 also above the national position to September 2022.

b) Conversely, East and West Lancashire are both reporting **<20%** of AHCs at the end of September 2022.
c) There will be further variation at PCN and individual practice level.

2.3.10 Learning Disability (LD) Health Checks (14+) – September 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. At the end of October 22, 1150 (41.7%) have now received an AHC, and 710 invitations and follow ups to attend for AHC for this cohort were sent out in September

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 – available on EMIS
- LD awareness raising, reasonable adjustment and AHC training commenced in November for all practices, co-ordinated by the Primary Care Training Hub.
- 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 and sharing of 22/23 AHC data performance via Primary Care Networks (PCNs).
- Monthly monitoring of 21/22 outstanding health checks performance across LSC, available for PCNs
- 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 LD, 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 LD, which supports Primary Care in understanding more about their patients. The digital app is in trial phase and is being tested with patients with LD along with Primary Care to understand the information gathered. The digital app is led by a local GP.
- 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 reduced slightly in the latest reported position (Aug 2022 = 195,427 / Sep 2022 195,021 / Reduction of 406 patients).

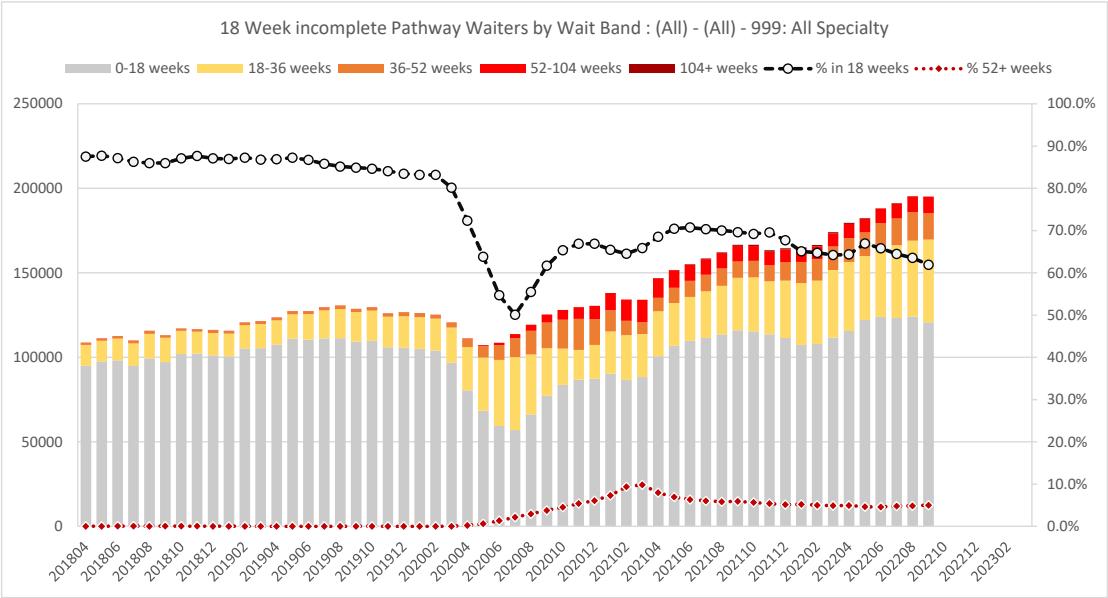
- The longest waiters (78+ weeks / 104+ weeks) have reduced further in the Sep 2022 position.
- However, the number of patients who have been waiting in **excess of 52 weeks** has continued to increase.

2.4.2 At the end of September 2022, the total number of patients waiting across LSC was **195,021** of which **55** had been waiting **over 104 weeks** for treatment. For those patients waiting in excess of 104+ weeks at one of the 4 x LSC acute providers, these were due to patients choosing to postpone their

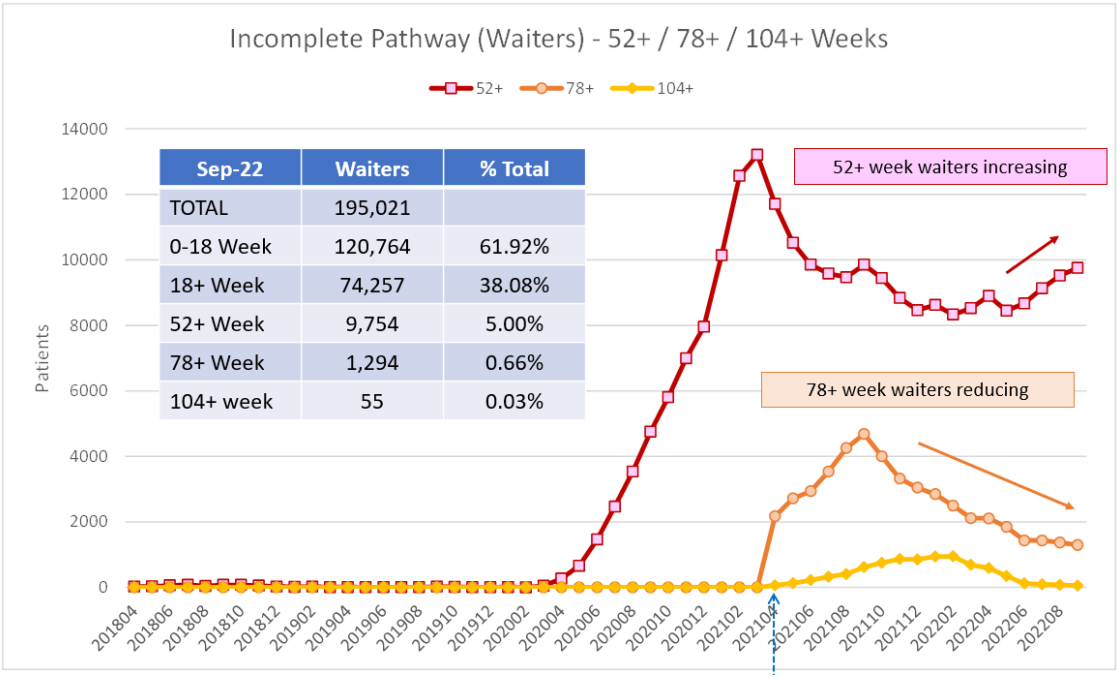
surgery, or were unfit or highly complex; i.e. there were no patients waiting over 104 weeks due to capacity issues.

- **1294** (0.66%) had been waiting **78+ weeks** and **9754** (45.0) 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 – September 2022



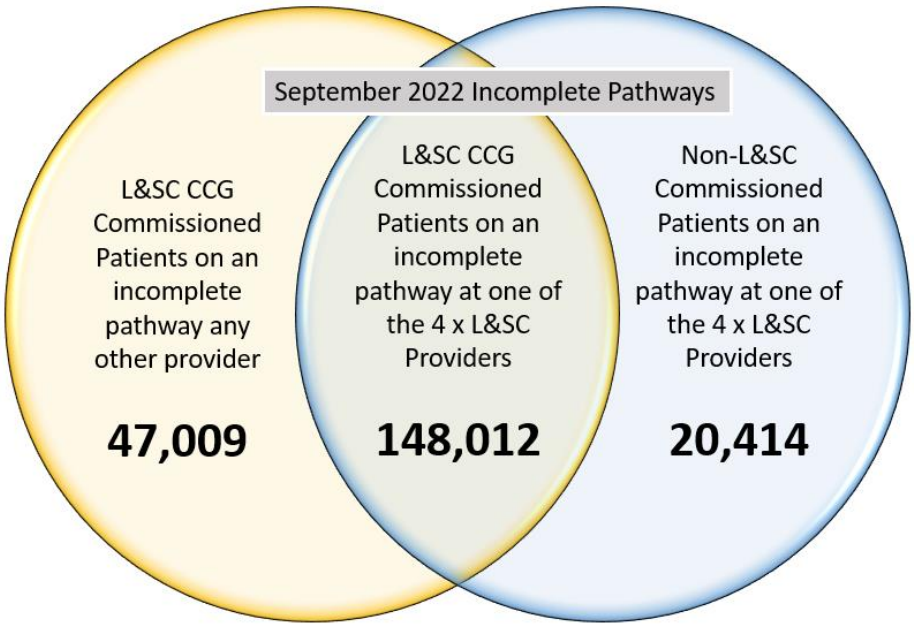
2.4.4 LSC Longer waiter trends



2.4.5 In terms of which provider LSC patients are waiting for treatment at, **148,012 (75.9%)** of these waiters are at one of the 4 x LSC main NHS providers. The remaining **47,009 (24.1%)** are waiting across a range of independent sector and 'out of area' providers.

2.4.6 From a provider perspective, **148,012** of their waiters are for patients for ICB commissioned services, with the remaining **12.12% (20,414)** waiting for non-ICB commissioned services (including Maxillo-Facial / Oral Surgery which is currently NHSE commissioned and accounts for **10,914** of these waiters).

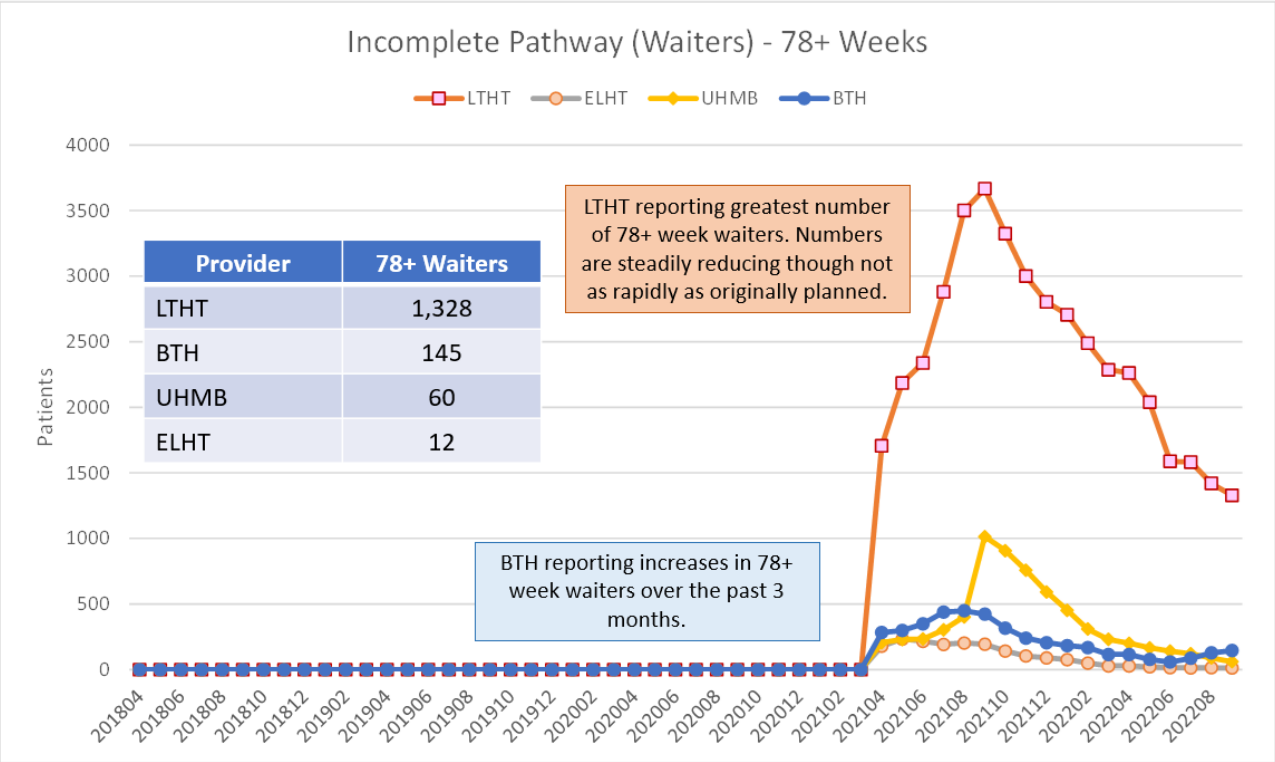
2.4.7 RTT Incomplete Pathway Waiters – September 2022



2.4.8 Of the **1294** over 78 week waiters reported for LSC at the end of September 2022, **970 (75.0%)** are reported at one of the 4 main LSC acute providers. This means that at the end of September 2022 there were **324** patients at Independent Sector providers or providers outside of Lancashire and South Cumbria. We will need to seek assurance from providers regarding their plans for the management of these long waiting patients and when it is anticipated they will have zero 78+ week waiters.

2.4.9 From a provider perspective, **970** of their 78+ week waiters are for patients for ICB commissioned services, with the remaining **575 (37.2%)** waiting for non-ICB commissioned services / patients (including Maxillo-Facial / Oral Surgery which is currently NHSE commissioned and accounts for **356** 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.

2.4.10 The overwhelming majority of these 78+ week long waiter patients **(86%)** are waiting at Lancashire Teaching Hospitals NHS Trust (LTHT)



2.4.11 Weekly reporting by providers shared with the Provider Collaborative Board's (PCB) Elective Care Recovery Group (ECRG) highlights that the 78+ week planned waiting list reduction trajectory was not being met for the first time in year in September 22.

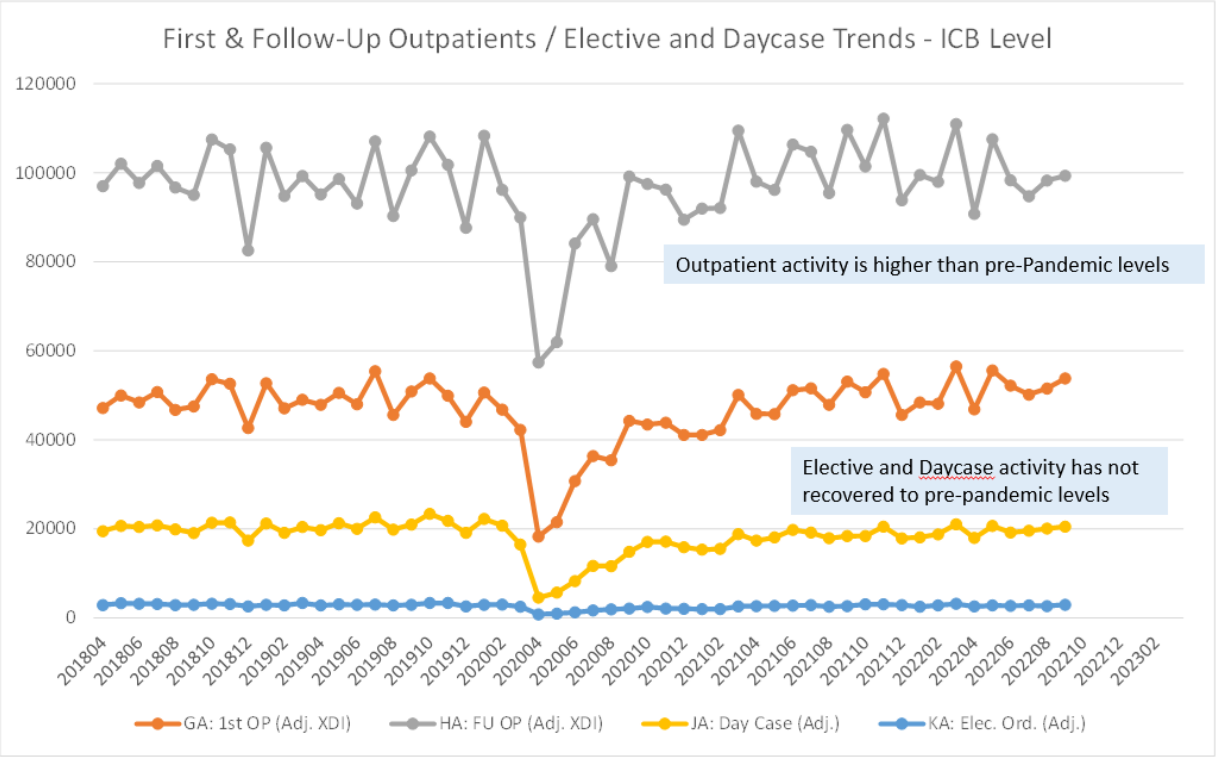
2.4.12 The waiting list position is intrinsically linked to the relative balance between new demand into providers and treatment activity undertaken on patients.

2.4.13 System plans were submitted to NHSE earlier in the year to recover the volumes of activity undertaken to surpass pre-pandemic levels to support reductions in waiting lists.

2.4.14 At the LSC commissioner level, outpatient activity (both first attendances and follow-up attendances) has recovered to above historical levels. However, although daycase and elective inpatient activity has been steadily increasing during the year it is still below both pre-pandemic and planned activity levels. Although GP referrals / new clock start events are also lower than in the pre-pandemic period, the differential between this new demand and activity volumes will need to be minimised to make further impacts on waiting list sizes.

2.4.15 Weekly updates provided through the ECRG also report that elective and daycase activity is below planned levels.

2.4.16 LSC Commissioner (all provider) activity trends over time



PERIOD	GA: 1st OP (Adj. XDI)	HA: FU OP (Adj. XDI)	JA: Day Case (Adj.)	KA: Elec. Ord. (Adj.)	COMBINED
Mar19-Feb20	592364	1185979	251828	35860	1778343
Oct21-Sep22	614089	1204697	232435	33728	1818786
% Recovery	103.7%	101.6%	92.3%	94.1%	102.3%

2.4.17 The ICB will be carrying out a review of the planned cost of delivering elective recovery to inform the allocation of resources in the second half of the financial year.

2.4.18 PCB are overseeing actions that are being undertaken to improve this position are:

Theatre Transformation:

- Capped theatre utilisation is an area of focus for LSC and opportunity to improve against. Whilst performance is improving, we are below peer and the median.
- A System Theatre Board, which is accountable to the LSC ECRG, has been created

- Improvement plans are in place; all Trusts have identified the local key issues blocking achievement of the 85% utilisation standard, actions to address these and a trajectory in place.
- The Programme Team are currently working in collaboration with individual Trusts, visiting sites and reviewing local data with Theatre colleagues
- Through the system-wide programme, key stakeholders are being brought together from across the four acute Trusts to share best practice, standardise practice where this adds value and work together to achieve this standard.

Chatbot: This is our system-wide programme to roll out an automated call system supporting the clinical validation of LSC patients waiting 30+ weeks.

- The programme has now been rolled out to all hospitals and clinical specialities in LSC.
- Aiming to validate circa **32,000** patients with a forecast number that will be removed from waiting lists of circa **3,000**. Figures across LSC to date :
  - **2%** of all patients indicated a worsening of symptoms and required an appointment sooner.
  - **9%** of all patients indicated they could leave the list.
  - **89%** of all patients indicated they could remain on the list.

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

- We continue to support the movement of patients between providers to help deliver equity of waiting times for our residents and support target delivery
- A weekly meeting using an agreed Standard Operating Procedure drives transfers between LSC providers and also supports the Mutual Aid (MA) process for tertiary referrals, providers outside of LSC and the independent sector

Outpatient Transformation: 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

- Between April and August 2022, 24,000 patients were discharged to a PIFU pathway, a rate in M5 of 1.6%. Plan is to achieve a rate of 5% by the end of March 2023, which would be see c. 8,500 patients each month moving to PIFU, equating to 102,000 patients in 2023/24.
- In addition, each provider is leading on 2-3 pathway developments to drive a step change to reduce follow up attendances. Once implemented the full pathway/SOP/patient info will be shared with the three remaining trusts to allow them to be fast followers Independent Sector: Ensure patients across the system are treated in date order to eliminate long waits

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

- Working collaboratively with Primary Care, this programme of work aims to optimise referrals to reduce the number of inappropriate referrals, freeing up capacity for clinicians to address the backlog and reduce waiting times whilst supporting primary care to manage more effectively.
- Good progress being made to increase the coverage of specialist advice whilst also taking targeted action to increase usage of specialist advice, including advice and guidance.
- LSC are currently over-performing against the national target (16%) with 35% of specialist advice contacts per 100,000 OP attends.

Clinical Networks: Drive elective care recovery through improved sustainability of clinical services, patient experience and outcomes for the population of LSC.

- In line with the Getting It Right First Time (GIRFT) High Volume, Low Complexity work (HLVC), we have eight clinical networks across the surgical specialties. These clinically-led groups are working to address areas of variation and improve against the HVLC performance standards.
- Each have identified 3 or 4 key priority deliverables / metrics by using local and national evidence-based data

Surgical Hubs

- We have successfully secured over £39m to expand and develop our Surgical Hubs, increasing theatre capacity, outpatient facilities and diagnostic capacity
- Once construction is complete and the new facilities operational (most within 2023/24), this will deliver 12,851 electives, 28,312 outpatients and 3,575 endoscopy procedures.
- Evaluation will be led through our system programme of work, with dialogue continuing to further develop our Surgical Hubs via our ICS/PCB Clinical Strategy

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]. *Please note that incomplete LTHT data has been reported for this metric in September 2022 – hence this will have implications for the LSC total position – based on previous performance it would be expected to improve when the complete data is submitted.*

2.5.3 National reporting against these 4 metrics for September 2022 is shown below :

- None of the 4 x LSC providers were reporting achievement of these standards with the exception of University Hospitals Morecambe Bay (UHMB) against the 28 day faster diagnosis standard.
- The table below summarises the September 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 (September 2022)

PROVIDER	2 Week	31 Day	62 Day	FDS
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	87.30%	86.81%	65.60%	77.83%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	77.92%	92.31%	64.50%	63.31%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	44.19%	80.56%	34.10%	33.33%
EAST LANCASHIRE HOSPITALS NHS TRUST	76.95%	90.87%	57.40%	66.00%
L&SC AGGREGATE (4 x Providers)	**70.70%**	**86.69%**	**53.00%**	**68.94%**
TARGET	93.00%	96.00%	85.00%	75.00%

2.5.5 LSC Cancer Alliance Performance against 4 core cancer standards (September 2022)

Cancer Alliance	2 Week	31 Day	62 Day	FDS
L&SC Cancer Alliance (CCG TOTAL)	70.92%	86.98%	52.70%	68.74%
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 Lancashire and South Cumbria position remains above trajectory and is not reducing as per initial plans.
- 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 and as part of the national recovery programme are subjective to national NHSE scrutiny with ICB support. 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 largest backlog as a proportion of the total PTL. The number of patients waiting over 62 days at LTH increased in September and began to reduce in the middle of October. This progress continued in November.

- 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 - in place across the system - with a proposed model change at UHMB planned
- 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
- Implementation of Teledermatology
- 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 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

2.6.2 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 7th November 2022 there were an average **of 46.0 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 7th November 2022 there were **22.1 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 **20.7%** of all arrivals waiting over **30 mins** for handover.
- There are variations in handover time by provider during this most recent week.

2.6.3 There is a requirement in 2022-23 to reduce 12-hour waits in Emergency Departments (ED) 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 in excess of 12 hours have been increasing and during the most recent week (7-13th November 2022) an average of **161.7** patients per day waited more than 12 hours from arrival (**7.8%** of all attendances).

2.6.4 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.

- 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.
- KPI's in the oversight framework can be updated monthly, quarterly, or annually.

3.2 It will be important that the ICB Performance Report covers national guidance, locally identified priorities, and has a strong correlation to the national NHS Oversight Framework (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.

3.3 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.

3.4 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 to recover performance across the system continue.

5. Recommendations

5.1 The Board is asked to:

- Note the 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
7th December 2022

APPENDIX A : BALANCED SCORECARD

Lancashire and South Cumbria Integrated Care Board

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	2.5	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		3	Y
	Total patients waiting more than 104 weeks to start consultant-led treatment		3	
	Total patients waiting more than 52 weeks to start consultant-led treatment		3	
	Diagnostic activity levels – Imaging: MRI / CT / Non-Obstetric Ultrasound		1	Y
	Diagnostic activity levels – Physiological measurement: Cardiology - Echocardiography		2	Y
	Diagnostic activity levels – Endoscopy: Colonoscopy / Flexi-Sig / Gastroscopy		2	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	2.2	1	Y
	Proportion of patients discharged to usual place of residence		2	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 / rehabilit			
Refresh Primary Care	Estimated diagnosis rate for people with dementia	2.0	1	
	Number of general practice appointments per 10,000 weighted patients		2	Y
	Seasonal influenza vaccine uptake amongst GP Patients in England 2022 to 2023 - 65 Years and over		3	
	% 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