

PURPOSE OF REPORT

- 1.1 This report provides assurance to the organisation that we are delivering against the requirements of the NHS Mandate and Constitution which embed the priorities of our local populations. Where performance falls below the expected standards, remedial action is described.
- 1.2 The narrative provides an update by exception on key themes and current issues and should be read in conjunction with the dashboards. The dashboards provide a high-level view of how the CCG is progressing in delivering its strategic objectives. The dashboards included with this report are:
 - NHS Constitution and Operational Planning
 - Quality and Safety
- 1.3 The indicators and metrics in each dashboard have been chosen to provide a balanced view for each sector. Please note that the metrics are flexible and may change depending on sustained performance.

2. SUMMARY OF KEY PERFORMANCE ISSUES

2.1 Planned Care and Long Term Conditions

- In February-18, the 92% Referral to Treatment standard was narrowly missed for Leeds patients (91.1%). Improvements linked to outpatients at LTHT, particularly around high volume pathways such as spinal surgery where there has been a big focus on outpatient clearance, improve the likelihood of the standard being achieved in future.
- There remain significant risks to waiting times for elective surgical patients because of the significant reductions in elective surgery from December onwards. This has led to a significant increase in over 18, over 40 and over 52 week waiters. There were 25 Leeds CCG patients over 52 weeks at the end of February and 47 at the end of March.
- In February the Leeds CCG achieved all but 2 of the cancer standards. The main 62 day GP referral to treatment time target has been achieved for the second month in a row (85.3% against a standard of 85%) The two areas of under-achievement were 62 day upgrades (5 out of 19 not treated within 62 days) and referrals from NHS screening programme (2 patients out of 12 not treated within 62 days).
- The shortage of beds has led to some patients on a cancer pathway being cancelled with the numbers still high in March. Some patients are cancelled at a diagnostic phase rather than at a treatment phase. All patients are tracked and re-dated as quickly as possible. Delays in patients being transferred into LTHT also impacts on the overall performance for LTHT and for Leeds patients as patients are treated in date order other than for clinical exceptions.

2.2 Unplanned Care

- The 4 hour A&E waiting time was delivered in 67.5% of cases at Leeds Teaching Hospitals NHS Trust (LTHT) during March 2018 (against the 95% standard), which is the lowest it has ever been at the Trust. LTHT continue to experience continued pressure with patient flow across the trust which has a significant impact on the achievement of the Emergency Care Standard.
- Emergency Department attendances have not experienced any significant growth in 2017/18 and the key contributors to the deterioration of this standard's performance remains to be slow patient flow and discharge volumes which are not sufficient to create the capacity required to enable optimum system flow.
- Both the average response times for category 1 and category 2 ambulance standards were not achieved by Yorkshire Ambulance Service in February-18. The target of at least 90% of category 1 calls responded to within 15 minutes was achieved. Local intelligence reports show that Yorkshire Ambulance Service had no issues to report in Leeds but experienced delays in surrounding areas due to handover and turnaround.

2.3 Mental Health and Learning Disabilities

- Improving Access to Psychological Therapies (IAPT) access continues to be below target. The target for 17/18 is for 16.8% of the prevalent population to be accessing IAPT support by the end of March 2018; the latest performance for Leeds is 12.2% against a year-to-date target of 15.4%. A recovery plan is in place which is monitored by monthly submissions to MH commissioners and quarterly performance meetings.

2.4 Children's and Maternity

- Both waiting times for referrals to the eating disorder services measures met the desired performance levels in Q3 of 2017/18 for Leeds North and Leeds South and East CCGs. Due to small numbers, performance has been suppressed for this quarter for Leeds West CCG.

2.5 Continuing Healthcare (CHC)

- We are currently underperforming against the two Continuing Healthcare Quality Premium measures. Q3 performance for assessments taking place in an acute hospital setting for Leeds was 21.0% against a target of 15%. Performance remains below desired levels due to the huge surge in demand that required nurses diverted from other teams to support.

2.6 Neighbourhood Care

- There are a total of 227 beds commissioned via the Community Care Beds contract, which is now fully mobilised. We are continuing to develop a process for the identification of delayed discharges in conjunction with the bed bureau and Leeds City Council (Adult Social Care). Patients delayed in community beds are not subject to the national delayed transfer of care definitions, therefore work is underway to develop a suite of delay indicators to assist in understanding the quality of service being provided.

2.7 Proactive Care and Population Commissioning

- Personal Health Budget (PHB) figure for 2017/18 was 177 against a target of 314. Whilst we have continued to make slow but steady progress in the existing cohorts, we are actively exploring extending the PHB offer to new cohort groups, including end-of-life and some mental health patients. During Q4 we have started to explore PHBs for renal dialysis transportation and have started discussions with colleagues at LCC and NHSE to explore how we can better link PHBs with the Collaborative Care & Support Planning approach to self-management which is now being delivered in over 70 GP practices across the city.
- Leeds Wheelchair Service started to offer PWBs from 1st April 2018. Once fully implemented, we anticipate the PHB numbers will significantly increase to approximately 300 new PHBs per quarter, thereby enabling us to meet our March 2019 target (540 PHBs).

3. NEXT STEPS

3.1 The key actions which will be undertaken in relation to performance are as follows:

- To continue to closely monitor the commissioner and provider-led actions in relation to areas of underperformance.