

1. SUMMARY OF KEY PERFORMANCE ISSUES

1.1 Planned Care and Long Term Conditions

- The CCG continues to narrowly underperform on the 92% target for the percentage of patients waiting less than 18 weeks for treatment. Overall waiting times have not deteriorated over the year though there are pressures in a few key specialties at LTHT. Over 52 week waits were concentrated solely in colorectal surgery and in spinal surgery. Capacity constraints exist within these two specialties across West Yorkshire restricting our ability to address this issue, however LTHT have recently recruited to additional surgical capacity which is expected to be available from July-19.
- The total waiting list size remains above the trajectory for this year. As of January-19 it was 5.2% higher than planned yet during February it increased by almost a further 4%. The increase in February is predominantly due to some recent changes in the way in which patients are referred into and registered into LTHT; the introduction of the Referral Assessment Service has reduced delays in reporting on bookings from referral and has had the effect of showing an increase in the number of patients reported on by around 1,500 people, despite no 'real' growth in the waiting list size. The 'real' growth is associated with increases in cancer referrals and other service expansions. In dermatology, for example, there has been a significant increase in 2 week wait referrals.
- Cancer performance continues to be challenging. The recent underperformance for issues around 2 week cancer referrals are system wide, and are linked to a national increase in demand linked to national media and individual patient stories. 62 day performance has been affected in part by LTHT increasing the numbers of cancer cases treated each month to try to make progress on the backlog. In urology in particular there has been a significant surge in referrals, and a significant increase in the numbers of cases detected in recent months.

1.2 Unplanned Care

- In March 2019, Leeds Teaching Hospitals NHS Trust did not achieve the required 95% performance standard, although performance has vastly improved recently and on some days the 95% standard is being achieved. Reasons for this underperformance include frequent high emergency department attendances (exceeding 700 across both sites over some 24 hour periods), increased acute demand on critical care and high acuity, high bed occupancy levels which is impacting on timely flow.
- In February-19, Yorkshire Ambulance Service (YAS) narrowly missed the nationally set 7-minute average for responding to calls from people with life-threatening illnesses or injuries by an average of 3 seconds. However, responses to this category of call within 15 minutes for 90% of all calls of this type received was achieved. YAS also failed to meet all other Category 2 and 4 measures.

- February's underperformance may have connections to the fact that YAS's final phase of the fleet replacement programme took place in month which may have reduced productivity.

1.3 Mental Health and Learning Disabilities

- The national standard for IAPT access in 2018/19 is for 19% of the prevalent population to access the service in the reporting year. This equates to almost 1.6% of this population accessing IAPT support each month (approximately 1,600 - 1,700 people). Between April and December 2018, just over 10,600 people accessed IAPT support in Leeds - approximately 4,300 fewer than required levels. This is due to workforce capacity being below the level required to reach this target.
- We continue to underperform against the trajectories for people with a learning disability or autism reliant on inpatient care, although this is also the case across the region. Revised trajectories have been submitted to demonstrate expected progress over the coming two years in line with the expectations set out in the NHS Long Term Plan.
- However, a forensic outreach liaison service (FOLS) will be implemented from 1st April 2019 to support the discharge of people who have a forensic history which will help to reduce the number of people reliant on inpatient care.
- We are mandated to increase the number of health checks undertaken for people on the learning disability register by 64% in 2018/19 when compared to 2016/17. For Leeds this equates to a figure of 3,081 health checks being undertaken annually. By the end of Q3 1,113 such checks had taken place (against a YTD target of 1,819). The Health Facilitation Team continues to offer support to all GP practices to introduce Annual Health Checks or increase their uptake.

1.4 Children's and Maternity

- Successfully delivering against the trajectory for the number of children and young people with a diagnosable mental health condition being able to access NHS funded community services continues to be challenging due to local data not being accurately reflected within national performance reports. We are developing a proposal to centrally commission specialist mental health provision direct to the clusters which will deliver the necessary information flow and provide assurance about quality and impact. An interim data collection taking place in June 2019 will provide a more accurate reflection on activity as all providers will be able to submit a manual input of their activity.
- Two out of seven young people urgently referred to the CYP eating disorder service in the 12 months ending Q3 2018/19 were not seen by the service within one week of referral due to patient choice. Due to the small numbers involved, this led to an underperforming position against this reporting quarter and it is not felt there is a need for further action given the reasons provided by the provider.

1.5 Continuing Healthcare (CHC)

- We have embedded a member of the team in LTHT to increase upon the proportion of full CHC assessments being undertaken in an acute setting. Consequently, the target of no more than 15% of assessments being undertaken in hospital has been met in Q4 2018/19. However, this has reduced capacity within the team to complete referrals within the 28 day timescale and with the number of referrals received increasing by an average of 12% per month, achievement against this performance standard has become even more challenging.

1.6 Proactive Care and Population Commissioning

- Due to the introduction of Personal Wheelchair Budgets (PWBs) from 1st April 2018, we delivered almost three times the required number of PHBs in 2018/19. We anticipate higher than nationally expected performance during 2019/20 as a consequence of the introduction of PWBs, so we have planned to deliver against a stretch target in 2019/20.
- We continue to scope the provision of PHBs to new patient groups and remain part of the National PHB Mentoring programme 2018/19 (partnership between the CCG and wheelchair service) to support the spread of PWBs nationally.