

## 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. LTHT continue to address these areas and the CCG is actively engaged in seeking solutions wherever possible. Patients in vascular surgery and urology are now being offered choice of independent sector providers where they are waiting over 18 weeks as are spinal patients.
- Over 52 week waits were concentrated solely in colorectal surgery and in spinal surgery. By March month end, only patients in spinal surgery were waiting more than 52 weeks. Steady progress has been maintained. There is a major capacity constraint in these services across West Yorkshire and Harrogate and unavailability of a key surgeon due to a recent case of sickness creates further challenges for a very stretching clearance plan for LTHT. Significant oversight is in place with NHSE/I and LTHT has now appointed two more surgeons but they are unable to start until August/September.
- The waiting list size has continued to grow in the past few months. This is across a wide range of specialties, but with the biggest increases in gynaecology, plastic surgery and urology, together with colorectal surgery. Much of the growth relates to the introduction of the Referral Assessment Service in LTHT which reduced delays in bookings from referral and improved patient experience of converting their referrals but has added about a week's worth of waiting list just through this process change. Additionally it has had the unintended consequence of making it harder for practices to use the e-referral system to offer choice, and has resulted in more patients being referred into LTHT rather than other providers. There is also real growth 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 and breast, urology and colorectal services have experienced similar growth.
- 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.
- Although a growing proportion of patients with suspected cancer are not being seen within the first 14 days, the overall 62 day referral to Treatment standard for patients with a diagnosed breast cancer continues to be maintained. Although the delay in time to first appointment is clearly not ideal and potentially distressing to patients, it has not resulted in any increased delay to treatment for patients who are diagnosed with cancer.
- 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 May 2019, Leeds Teaching Hospitals NHS Trust did not achieve the required 95% performance standard, although performance has vastly improved recently. However attendance to A&E has increased over the last 12 months by an average of 3.5% each month. This increase in attendances numbers is above the 2% growth that was anticipated.
- The System Resilience Assurance Board (local A&E Delivery Board) manages the work plan and challenges of the unplanned care system. The Leeds System Recovery Plan has been developed and agreed by SRAB and the Partnership Executive Group (PEG). The recovery plan incorporates Newton Europe priorities on discharge, and will be updated to include the findings on hospital avoidance diagnostics when published. The plan will continue to promote a Home First approach, to support people returning to their usual place of residency as soon as it is safe to do so.
- In March-19, Yorkshire Ambulance Service (YAS) achieved almost all targets, narrowly missing the achievement of 90th percentile Category 4 calls by 9 seconds (target of within 3 hours). This follows YAS's final phase of the fleet replacement programme (delivered in February) which may have hindered productivity previously.

## 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). During 2018/19, 14,000 people accessed IAPT support in Leeds - approximately 6,000 fewer than required levels. Psychological wellbeing practitioner (PWP) staff vacancies due to market conditions continue to pose a challenge for the provider in meeting the access 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. The original trajectory has not been achieved due to a culmination of issues, including a lack of appropriate providers who are able to meet the needs of people with the most complex presentation and/or offending behaviour, a lack of local Intensive Support Service, a lack of local Forensic Outreach Liaison Service (FOLS) and MoJ restrictions and specialist commissioning using Locked Rehabilitation as a usual pathway.

## 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.

- Three out of six young people urgently referred to the CYP eating disorder service in the 12 months ending Q4 2018/19 were not seen by the service within one week of referral due to patient choice, with the latest (one in Q4) delay 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.
- The percentage of children waiting no more than 18 weeks for a wheelchair has been consistently achieved during the last financial year however in Q4 there were 12 children that exceeded the 18 weeks waiting time. These 12 cases were all for children with highly complex needs and they required specialist wheelchairs which had to be specifically modified and adjusted which also warranted appointments in clinic.

#### 1.5 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.