

## Performance, Quality and Outcomes Report: Position Statement

### Governing Body papers

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<b>Purpose of Paper</b>	
To update Governing Body on key performance, quality and outcomes measures.	
<b>Key Issues</b>	
<p><b>1. <u>Areas of concern, which remain under review</u></b></p> <p><u>Cancer waiting times</u>                  A number of the Cancer Waiting times were not met at either a CCG or STH level. The Cancer Alliance is addressing the capacity and demand issues which affect STH and neighbouring providers' issues through joint action. Despite concerted work to manage capacity across the system, it is likely that these issues will not be fully resolved until at least Quarter 3 of 2019/20. Workforce shortages, theatre capacity and availability of equipment continue to be challenging issues across the areas covered by the Alliance (South Yorkshire, Bassetlaw and North Derbyshire).</p> <p><u>Improving Access to Psychological Therapies (IAPT)</u>  <i>Access:</i> Access to IAPT for July is 1.88%, which is just above the new monthly target of 1.83%. This represents the new national increased and cumulative target of 22% for the year, increased from 19% last year. However, published data for the first quarter of the year shows that the target is not being achieved, the cumulative performance for Quarter 1 is at 5.01% against a target of 5.50%.</p> <p>The IAPT service carried out a "deep dive" into its performance in July to look at capacity gaps and to analyse any differences across the city. More progress has been made in recent months, in embedding IAPT including the introduction of a direct booking system into IAPT from STH diabetic clinics; the delivery of IAPT sessions in the chronic pain team; the implementation of a secondment of a Clinical Psychologist to enhance leadership for the IAPT Long Term Condition pathways. It is anticipated that these actions are helping to remove some of the identified barriers, which will open up referrals from STH clinicians and help the service to continue to increase its performance around the access targets.</p> <p><i>Recovery:</i> Governing Body members will be aware that SHSC has struggled to deliver the national standard on a consistent basis for 50% of patients moving towards recovery. The target had been achieved for 4 consecutive months, however the latest 2 months (for June &amp; July) shows a slight drop in performance.</p>	

### A&E 4 hour wait

This remains an area of close scrutiny, as despite concerted effort across the health and social care community, the standard is not being met at Sheffield Teaching Hospitals NHSFT. Current daily performance remains variable due to a wide number of factors, including ambulance handovers, which are improving slightly. The CCG continues to commission services in the community which provide patients with alternatives to attending A&E, where appropriate, for example, the out of hours GP hubs. The Trust has had some success in recruiting additional staff, however there are national shortages in the workforce, and in common with many other providers, STH has not been able to recruit to all posts.

## **2. Performance and quality highlights**

### Continuing Healthcare

Latest data for Quarter 2 shows that Sheffield continues to do better than the national standard for the two key performance measures: proportion of Decision Support Tool assessments undertaken in a non-hospital setting, and proportion of referrals completed within 28 days.

### Diagnostics

During July and August, STH met the waiting times target for Diagnostics – 99.98% patients received their diagnostics test within 6 weeks. This is after 2 months of being below target due to workforce issues within Ultrasound – these have now been resolved.

### Delayed Transfers of Care

The previous six months of data show continued reduction since last year in the volume of days where patients are experiencing delays in their transfer of care out of hospital. In August, Sheffield met the national target.

### Ambulance Response Times

The NHS England Ambulance Response standards all types of calls were achieved for the first time in August 2019. Previous figures in this report showed incorrectly that the target for category 4 was not being achieved, however when the correct data is used, it shows that, 90% of calls were responded to in 1 hour, 28 minutes, 2 seconds (against the target of 3 hours).

### Education Health Care Plans (EHCPs)

Encouraging progress is being made in reducing the length of time taken to produce EHCPs; 23 new EHC plans were issued in September, a decrease of 18 from August. Out of the 23, 21 were issued within the 20 weeks target. The average timescale for EHC plan completion for 2019 has improved throughout the year and is now 18 weeks.

## **3. Issues to Note**

### Quality Premium 2019/20

There will be no Quality Premium (QP) scheme for the current year (2019/20) – this has been stood down by NHSE in the last week. A review of QP was announced by NHSE and the decision was made for it to be stopped; this was not completely unexpected as guidance had not been released regarding an in-year scheme for 2019-20. Sheffield CCG, like many other CCGs, was not awarded any money from QP in 2018/19. The measures in the Quality Premium will still be monitored by the CCG as many of them are Constitutional standards and reflect important elements of quality and safety.

### Mental health

Representatives from the CCG's Mental Health, Learning Disability, Autism and Dementia portfolio will present some information regarding current issues in local mental health services as part of this agenda item, in response to questions raised by GP members at a previous Governing Body meeting.

### **Is your report for Approval / Consideration / Noting**

Consideration.

### **Recommendations / Action Required by Governing Body**

The Governing Body is asked to discuss and note:

- Sheffield performance on delivery of the NHS Constitution Rights and Pledges
- Key issues relating to Quality, Safety and Patient Experience

### **What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?**

#### **Which of the CCG's Objectives does this paper support?**

1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield

Specifically, the risks:

- 1.2 System wide or specific provider capacity problems emerge in secondary and / or primary care to prevent delivery of statutory requirements of the NHS Constitution.
- 2.1 Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes.

#### **Description of Assurances for Governing Body**

- Quality & Outcomes Report to Governing Body
- A&E Delivery Board Minutes
- Operational Resilience Group
- PMO assurance documentation and delivery plans
- Contracting Monitoring Board minutes
- Primary Care escalation meetings (supporting Primary Care Framework)
- Quality Assurance Committee minutes
- Commissioning for Quality Strategy
- Safeguarding and Serious Incident reports
- CQC inspection review of providers and provider action plans
- Clinical Audit reports

### **Are there any Resource Implications (including Financial, Staffing etc)?**

Not applicable at this time.

**Have you carried out an Equality Impact Assessment and is it attached?**

Not completed; the attached report is a position statement on quality and performance standards and describes work being taken forward to address any shortcomings in CCG core business.

***Have you involved patients, carers and the public in the preparation of the report?***

This paper reports on the achievement of quality and performance measures of our providers, including contractual and national Constitutional requirements. Reporting is based on nationally agreed data sets and standards. Patient views are addressed in the Quality dashboard, in the patient reported outcome measures (PROMS), and in the coverage of Trust performance relating to complaints and the Friends and Family Test.

# Performance, Quality & Outcomes Report

2019/20 : Position statement  
using latest information  
for the November 2019 meeting  
of the Governing Body

# Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q2 19/20**	CCG Latest monthly Position	CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position				
						Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service	
<small>* Mental Health CPA 7 day follow-up &amp; Cancelled Operations (28 days) trend lines are using latest quarterly (not monthly) data.                      ** All Quarterly data relates to Quarter 2 2019/20, except for Cancer waiting times, Elective Cancelled operations, IAPT &amp; DTOC where Q1 2019/20 is used .                      This is the latest available.</small>										
Referral To Treatment waiting times for non-urgent consultant-led treatment	All patients wait less than 18 weeks for treatment to start	92%		92.97%	Aug-19		92.91%	89.23%		
	No patients wait more than 52 weeks for treatment to start	0		1	Aug-19		0	2		
Diagnostic test waiting times	Patients wait 6 weeks or less from the date they were referred	99%		99.65%	Aug-19		99.73%	98.18%		
A&E Waits	Patients are admitted, transferred or discharged within 4 hours of arrival at A&E	95%	87.36%	88.41%	Sep-19		85.70%	97.59%		
	No patients wait more than 12 hours from decision to admit to admission	0		0	Sep-19		0	0		
Cancer Waits: From GP Referral to First Outpatient Appointment (YTD)	2 week (14 day) wait from referral with suspicion of cancer	93%	93.88%	95.07%	Aug-19		95.31%	100.00%		
	2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)	93%	89.23%	96.83%	Aug-19		96.98%			
Cancer Waits: From Diagnosis to Treatment (YTD)	1 month (31 day) wait from diagnosis with suspicion of cancer to first treatment	96%	94.58%	97.46%	Aug-19		95.20%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen	98%	100.00%	100.00%	Aug-19		100.00%	100.00%		
	1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy	94%	93.83%	91.89%	Aug-19		94.88%			
	1 month (31 day) wait for second/subsequent treatment, where treatment is surgery	94%	97.16%	95.56%	Aug-19		91.67%			
Cancer Waits: From Referral to First Treatment (YTD)	2 month (62 day) wait from urgent GP referral	85%	81.18%	78.33%	Aug-19		74.04%	100.00%		
	2 month (62 day) wait from referral from an NHS screening service	90%	95.56%	100.00%	Aug-19		92.86%			
	2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient	(85% threshold)	81.82%	77.78%	Aug-19		77.05%			
Ambulance response times	Category 1 (life threatening) calls resulting in an emergency response arriving within 7 minutes (average response time)	7 mins		6 mins 50 secs	Aug-19					6 mins 50 secs
	Category 2 (emergency) calls resulting in an emergency response arriving within 18 minutes (average response time)	18 mins		17 mins 4 secs	Aug-19					17 mins 4 secs
	Category 3 (urgent) calls resulting in an emergency response arriving within 120 minutes (90th percentile response time)	120 mins		86 mins 58 secs	Aug-19					86 mins 58 secs
	Category 4 (less urgent) calls resulting in an emergency response arriving within 180 minutes (90th percentile response time)	180 mins		88 mins 2 secs	Aug-19					88 mins 2 secs

## Highest Quality Healthcare - NHS Constitution Measures Performance Dashboard

Performance Indicator		Target	CCG Quarterly Q2 19/20**	CCG Latest monthly Position	CCG Performance against standard (latest 6 months)*	Latest Provider Total Monthly Position				
						Sheffield Teaching Hospital	Sheffield Children's Hospital	Sheffield Health & Social Care	Yorkshire Ambulance Service	
Ambulance handover / crew clear times	Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E	Local Reduction		10.68%	Aug-19		13.28%	3.25%		10.68%
	Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E	Local Reduction		2.34%	Aug-19		0.34%	0.00%		2.34%
	Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		5.30%	Aug-19		4.23%	3.25%		5.30%
	Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call	Local Reduction		0.29%	Aug-19		0.33%	0.00%		0.29%
Mixed Sex Accommodation (MSA) breaches	Zero instances of mixed sex accommodation which are not in the overall best interest of the patient	0		3	Aug-19		0	0	3	
Cancelled Operations	Operations cancelled, on or after the day of admission, for non-clinical reasons to be offered another date within 28 days	Local Reduction	5		Aug-19		5	0		
	No urgent operation to be cancelled for a 2nd time or more	Local Reduction		0	Aug-19		0	0		
Mental Health	People under adult mental illness specialties on CPA (Care Plan Approach) to be followed up within 7 days of discharge	95%	92.86%						95.45%	

## Highest Quality Healthcare - Mental Health / DTOC Measures Performance Dashboard

Early Intervention in Psychosis (EIP)	Proportion of EIP patients seen in 2 weeks	56%	86.05%	100.00%	Sep-19			100.00%	100.00%	
Improved Access to Psychological Therapies (IAPT)	Number of patients receiving IAPT as a proportion of estimated need	5.5% (Qtr target)	5.01%	1.88%	Jul-19				1.90%	
	Proportion of IAPT patients moving to recovery	50.00%	50.55%	47.52%	Jul-19				47.06%	
	Proportion of IAPT patients waiting 6 weeks or less from referral	75.00%	89.46%	87.04%	Jul-19				87.16%	
	Proportion of IAPT patients waiting 18 weeks or less from referral	95.00%	98.98%	99.07%	Jul-19				99.08%	
Dementia Diagnosis	Estimated rate of prevalence of people aged over 65 diagnosed with dementia	71.5%		79.80%	Sep-19					
Delayed Transfers of Care (DTOC)	Total number of delayed days (from acute and non-acute) when a patient is ready for discharge but is still occupying a bed	4,212 (Qtr target)	3,536	1,297	Aug-19		1,188		84	

## Highest Quality Health Care NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
RTT 52 week waits - SCHFT	<p>During August, one Sheffield patient and one Derbyshire patient waited over 52 weeks at Sheffield Children's NHSFT.</p> <p>The Sheffield patient was as a result of an administration error, as the referral had not been appropriately logged. Standard Operating Procedures have been reiterated to all staff. The patient was re-booked in August, but failed to attend the appointment. They were re-offered an appointment on 18/10/2019. The Trust does not expect that there will be any further 52 week breaches caused by the same underlying reason.</p> <p>The Derbyshire patient who breached was also due to an administrative error, as the pathway was incorrectly closed. Additional training has been offered to staff to mitigate this risk in the future. The patient was re-offered an appointment and seen on 11/09/ 2019 and no patient harm arose as a result of the delay.</p>	None	None
RTT - SCHFT	<p>Sheffield Children's NHS FT did not meet the target for Referral to Treatment waiting times from April to August, which is the latest month's data available. The reasons for the breaches in August remain as per previous months.</p> <p>There are two main factors contributing to the breaches:</p> <p>1) In common with many other NHS Trusts, SCH has been affected by national regulations around how consultants are remunerated, which has meant that additional work outside contracted hours is not rewarded at the same rate as previously, due to pension changes. Many consultants are choosing not to work these additional hours, which is impacting on the Trust's ability to run extra lists at weekends and in the evenings. SCH are looking to recruit new staff for particular specialities where there are particular capacity issues, however the impact of this will not be evident for a few months due to the lead in time for recruitment.</p> <p>2) SCH continue to have significant wait time pressures in oral surgery (which is an NHS England commissioned specialty). SCH receive many referrals from STH past 18 weeks, potentially due to valid clinical reasons, and thus the breach occurs at SCH. SCH are currently in discussions with STH and NHS England about how they can work together to mitigate this situation.</p> <p>To provide some context, the position in August relates to 968 SCH patients who were waiting over 18 weeks. The issue regarding consultant pay and pensions is being taken forward at a national level.</p>	Performance against target will continue to be reported until it is being consistently met.	None
Diagnostic Waits - SCHFT	The latest data for August is Sheffield Children's NHS FT is below target (98.18%). Equipment failure contributed to this breach and the Trust is working to rectify the issue.	This is not expected to be a long standing issue and will be reported on until the target is achieved.	None
Cancer Waiting Times - 62 day waits	<p>The CCG has met the targets for: Cancer 2 week wait, 2 week Breast, 31 day first treatment, 31 day subsequent treatment (drug) and 62 day screening. However the 31 day subsequent radiotherapy, 62 day standard target and the 62 day consultant upgrade have not been met.</p> <p>Performance was discussed at the recent Cancer Alliance Board and at the recent Operational Cancer meeting in September, where a number of factors relating to STH performance were highlighted, including: an increase in demand, capacity challenges, workforce gaps, and IPTs (Inter Provider Transfers). The lower Gastro-Intestinal pathway nationally appears to be a consistently pressured pathway and this may be impacted upon further by the implementation and rollout of the Faecal Immunochemical Test (FIT) screening. There have also been issues with access to isotopes for diagnostic imaging within STH; this has been escalated to NHS England.</p> <p>Performance is anticipated to improve in some pathways, due to the return to work of some Radiography staff, and the appointment of an additional radiographer.</p>	<p>The Cancer Alliance is addressing the capacity and demand issues which affect STH and neighbouring providers' issues through joint action.</p> <p>Despite concerted work to manage capacity across the system, and additional support from the Cancer Alliance, it is likely that these issues will not be fully resolved until at least quarter 3 of 2019/20 as workforce, capacity and availability of equipment continue to be challenging across the area covered by the Cancer Alliance.</p>	To note the continued work undertaken locally and across the Cancer Alliance to address immediate capacity and performance issues.

## Highest Quality Health Care NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
A & E Waits	<p>STH performance remains variable on a day to day basis, dropping at times by circa 10%. The total average for the last 30 days has improved to 85.24% (August 82.38%). SCH maintains a consistently good performance.</p> <p>In order to support the overall Sheffield unscheduled care system and A&amp;E performance, the CCG has commissioned extended access hubs to enable patients to see a GP in the evenings and at weekends. Year to date figures shows an 87.2% utilisation rate and Sheffield Walk in Centre have increased 111 direct bookings from 2 to 4 appointments per hour, with August having an uptake of 347 appointments. The Sheffield Winter Plan has now been signed off at A&amp;E delivery board, and work is underway to review capacity and demand forecasting across the system.</p> <p>A new Standard Operating Procedure enabling core YAS crews to refer patients to the Sheffield Single Point of Access (SSPA) went live on 1st October. This will help to ensure appropriate conveyance to hospital by enabling routine &amp; consistent use of non-acute community pathways. Several events are planned at the Trust to support roll out and communications between the crews and SSPA. Scoping will take place over the next 6 months to identify if there is a need for an out of hours pathway.</p> <p>Draft Mental Health, Learning Disability, Urology and End of Life profiles have been created for the Sheffield Directory of Service. Data analysis to identify biggest opportunities commenced for End of Life pathway and for Care Homes, working closely with the CCG's Quality in Care Homes team and Care Home Medicine Optimisation Team. Work continues on the draft SY&amp;B Divert and Repatriation Policy for the acute trusts, which enables cross system co-operation to discharge patients in a safe and timely manner, even when they are in hospital outside their resident town or city.</p> <p>A Task and Finish group has been set up with partner and public representation to deliver the "Improving Knowledge and Information" work stream through a series of monthly meetings, reporting in to the ACP Operational Resilience Group. The areas of focus will be social marketing, targeted engagement and staff education, and will start first as part of winter communications. The improving pathways work will continue to be part of the "front door improvement programme".</p>	<p>STH are not delivering the 95% constitutional standard for the four hour A&amp;E wait. The CCG has developed a front door plan to deliver an increase in the number of people who access advice and treatment in other settings rather than A&amp;E. We continue to work closely with STH and monitor their progress on their "Action 95" improvement plan.</p>	<p>To continue to endorse the CCG's ongoing monitoring of STHFT's progress towards achievement of the A&amp;E standard and the delivery of any necessary mitigating actions, as agreed through the Contract Management Board.</p>
Ambulance Response Times	<p>The NHS England Ambulance Response standards all types of calls were achieved for the first time in August 2019. Progress continues to be closely monitored by the Urgent Care Team, Urgent and Emergency Care Transformation Delivery Board and at the Yorkshire &amp; Humber 999/111 Contract Management Board meeting.</p>	<p>Ongoing monitoring.</p>	<p>None this month.</p>
Ambulance handover / crew clear times	<p>Ambulance handovers remained challenging throughout July and August, with variable performance daily, although the average number of hours lost per day over a 30 day period in July steadily improved, with 11.13 lost hours (compared to 12.72 in June). SCH handovers remain consistent with no breaches over one hour.</p> <p>Implementation by YAS of the nationally mandated framework for urgent ambulance and Inter Facility Transfer requests by health care professionals went live 9th October &amp; it was expected to cause some operational issues as it became established. YAS have produced supporting documentation to ensure a consistent message across Yorkshire and the Humber.</p> <p>The Trust and CCG continue to work together to facilitate the ambulance service and hospitals working together to agree effective escalation procedures for periods of high demand, with agreed trigger and response mechanisms. YAS are now using direct conveyance pathways to ensure that where appropriate, patients are taken directly to the speciality rather than via A&amp;E. The initial focus will be the review of Sheffield's urology pathway and development of the 111 Directory of Service (DoS), which enables YAS to get the patient to the correct health services.</p>	<p>The CCG continues to facilitate meetings between STH &amp; YAS to discuss measures to improve performance moving forward, particularly in view of the additional pressure on the Trust created by the temporary closure of the Robert Hadfield wing for remedial fire safety works.</p>	<p>To continue to endorse the approach of monitoring ambulance handover performance, the monitoring of any necessary mitigating actions through monthly Contract Management Group.</p>

## Highest Quality Health Care NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
Mixed Sex Accommodation breaches	<p>There were three breaches of the Mixed Sex Accommodation (MSA) standard in August. This was for Sheffield patients at The Michael Carlisle Centre at Sheffield Health and Social care NHS FT (SHSC).</p> <p>The breaches occurred in an 18 bedded mixed sex ward for older people with mental health problems. The ward consists of a mixture of single rooms along a corridor and a four bed dormitory.</p> <p>An increase in male admissions in August to this ward meant it was impossible to offer some of the environmental safety measures already in place, meaning a breach occurred. The male was in a single room which had no en-suite facilities. Female service users had to walk past his bedroom door to access nearest facilities. This situation was managed through ensuring that robust safety procedures were in place, including one to one observations. All female service users were offered support, and their management plans were updated accordingly. The breach was counted as affecting three people, the one male and two female patients.</p> <p>A member of the CCG's quality team, who leads on MSA, undertook a site visit at the request of the SHSC staff. It was accepted that this was an unusual and unavoidable breach, due to the layout of the ward.</p>	Ongoing monitoring.	None requested.
Cancelled Operations - (on day of admission)	<p>During Quarter 1 (April - June 2019), there were five elective operations cancelled at the last minute for patients, and then not re-scheduled within 28 days - all at Sheffield Teaching Hospitals NHS FT. All were in different specialties, and all patients have now been seen. The details of breach reasons and actions being undertaken were included in this report last month.</p> <p>Data for Quarter 2 will be available for the next report.</p>	Ongoing monitoring.	None requested.
Mental Health CPA 7 day follow up	<p>The reported dip in performance in July of 88%, 3 patients, (against the target of 95%) has been understood and investigated, as reported at the last Governing Body meeting in September. The target for the remaining months of Q2 has been achieved, 95% for August and 95.45% for September.</p>	CPA, in line with monthly performance reporting, is a standard agenda item at the Contract Management Group (CMG). SHSC continue to focus on improving their data collection systems and the CCG will expect an improvement in order to achieve the national standard.	To continue to receive monitoring reports on this national standard.

## Highest Quality Health Care NHS Constitution Measures Performance Dashboard: Actions

Area	Action being taken	Expected timeframe for improvement	Action requested of Governing Body
<b>Mental Health / DTOC Measures Performance Dashboard: Actions</b>			
Improved Access to Psychological Therapies (IAPT) Access	<p>SHSC IAPT service continues to over achieve on the 6 week waiting time target at 87.04%, well over the 75% target and also over achieves on the 18 week waiting time target at 99.07%, exceeding the 95% target</p> <p>Access to IAPT for July is 1.88%, which is just above the new target of 1.83%. This represents the new national increased target of 22% for the year, increased from 19% last year. Nevertheless, cumulative performance for Quarter 1 is at 5.01% against a target of 5.50%, showing that in the first 4 months of 2019/20, the access target is not yet being met consistently, with the exception of July.</p> <p>This figure includes access to the Long Term Condition (LTC) IAPT pathways (providing mental health support for people suffering from ten physical conditions, including respiratory illness, persistent pain, gastrointestinal problems). Referrals to these pathways have not been as high as anticipated. This issue was escalated to the STH Mental Health Committee through a joint presentation of a paper by STH's Director of Psychological Services, and SHSC Medical Director to seek further agreement and cooperation on the delivery of the IAPT LTC pathways. Consequently, further meetings with all of the relevant specialty triumvirate teams and IAPT leadership team have been underway to jointly address the identified barriers, with support from the above committee.</p> <p>More progress has therefore been made in recent months, in embedding IAPT including the introduction of a direct booking system into IAPT from STH diabetic clinics; the delivery of IAPT sessions in the chronic pain team; the implementation of a secondment of a Clinical Psychologist to enhance leadership for the IAPT LTC pathways. It is anticipated that these actions are helping to remove some of the identified barriers, which will open up referrals from STH clinicians and help the service to continue to increase its performance around the access targets.</p>	As previously reported, the senior IAPT service leadership team is reviewing current capacity, demand, recruitment and training, in order to develop a plan to increase access over the coming year. They are also exploring innovative new roles within SHSC to improve recruitment.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.
Improved Access to Psychological Therapies (IAPT) Recovery Rate	<p>The IAPT Recovery Rate target dipped in July to 47.52% against a target of 50%. However local data would suggest that the cumulative data for Quarter 1 is at 51.09%.</p> <p>It should be noted that the recovery rate figures are nationally considered to be a complex measure to achieve, as it mixes an assessment of 2 measures and combines them into one recovery score. One is a measure of depression and one is a measure of anxiety. However, when the IAPT service applies a recognised tool which assesses Statistically Reliable Clinical Measures of Improvement, it achieves over 60% improvement rates, even though, as has been previously reported, it works with clinically more complex patients than the average national IAPT services.</p>	Ongoing.	Governing Body is asked to continue to receive these updated position statements, until this standard is delivered consistently.

## Highest Quality Health Care - Quality Dashboard

Performance Indicator	Reporting period	Sheffield CCG		Sheffield Teaching Hospital		Sheffield Children's Hospital		Sheffield Health & Social Care		Yorkshire Ambulance Service						
		Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data	Target / Average	Latest data					
<b>PATIENT SAFETY</b>																
Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)	Q1 19/20			Target	95%	95.05%										
Rate of reporting of patient safety incidents per 1000 bed days, using the National Reporting and Learning System (Trusts which report higher number of incidents tend to have a more effective safety culture)	Oct18 - Mar19			Provider Actual previous year	40.84	47.49			Provider Actual previous year	69.79	58.32					
Number of patient safety incidents, using the National Reporting and Learning System	Oct18 - Mar19						Provider Actual previous year	1848	1294		Provider Actual previous year	824	1077			
Proportion of patient safety incidents resulting in severe harm or death	Oct18 - Mar19			Provider Actual previous year	0.24	0.23	Provider Actual previous year	0.00	0.15	Provider Actual previous year	0.81	0.86	Provider Actual previous year	1.09	0.74	
Incidence of Healthcare Associated Infections - MRSA	Sep-19	Plan	0	0	Plan	0	0	Plan	0	0						
Incidence of Healthcare Associated Infections - Clostridium Difficile (Cdiff)	Sep-19	Plan	18	24	Plan	13	16	Plan	1	0						
	Sep-19 YTD	Plan	105	103	Plan	83	71	Plan	6	5						
Incidence of Healthcare Associated Infections - E Coli Blood Stream Infection	Q1 18/19	Target	129	169	No Provider targets		45	No Provider targets		0						
Serious Incidents - Number opened in month	Sep-19	No target		7	No target		4	No target		1	No target		2	No target		0
Serious Incidents - Never Events	Sep-19 YTD				Target	0	5	Target	0	0	Target	0	0	Target	0	0
<b>PATIENT EXPERIENCE</b>																
Patient Reported Outcome Measures (PROMS) Health gain (EQ-5D Index) - hip replacement surgery (primary)	Apr18-Mar19 (Provisional data)			England Average	0.469	0.429										
Patient Reported Outcome Measures (PROMS) Health gain (EQ-5D Index) - knee replacement surgery (primary)	Apr18-Mar19 (Provisional data)			England Average	0.341	0.345										
Friends and Family Test Response rate - A & E	Aug-19			Target	20%	21.7%	Children's Trust average	8.5%	15.0%							
Friends and Family Test Response rate - Inpatients	Aug-19			Target	30%	27.4%	Children's Trust average	24.7%	21.8%							
Friends and Family Test Number of responses - Mental Health	Aug-19						Children's Trust average	30	23	Average for Trust last 12 months	201	98				
Friends and Family Test Proportion recommended - A & E	Aug-19			England Average	86.2%	83.8%	Children's Trust average	89.2%	83.6%							
Friends and Family Test Proportion recommended - Inpatients	Aug-19			England Average	95.9%	95.8%	Children's Trust average	94.3%	90.7%							
Friends and Family Test Proportion recommended - Mental Health	Aug-19						Children's Trust average	50.9%	73.9%	England Average	89.4%	94.9%				
Staff Friends and Family Test Proportion recommended - as a place of work	Q1 19-20			England Average	65.9%	78.4%	England Average	65.9%	64.4%	England Average	65.9%	50.6%				
Staff Friends and Family Test Proportion recommended - as a place of care	Q1 19-20			England Average	80.9%	91.6%	England Average	80.9%	89.6%	England Average	80.9%	62.0%				
Patient Complaints Number of complaints responded to within agreed timescale	Various			Internal target	85%	90% (Jul19)	Internal target	85%	72% (Jun19)	Internal target	75%	0% (Q1 18/19)				
Mixed Sex Accommodation Number of breaches	Aug-19	Target	0	3	Target	0	0	Target	0	0	Target	0	3			
Continuing Healthcare (CHC) Proportion of DST's (Decision Support Tool) completed on patients in an acute hospital setting	Q2 19-20	Target	15%	0%												
Continuing Healthcare (CHC) Proportion of Referrals completed within 28 days	Q2 19-20	Target	80%	92%												
<b>HOSPITAL MORTALITY</b>																
Summary Hospital-Level Mortality Indicator (SHMI)	Apr18-Mar19			England Average	1.0012	0.9747										
<b>CHILDREN &amp; YOUNG PEOPLE</b>																
Average delivery time for Education Healthcare Plans (EHCP)	Up to Sep 19 YTD	Target	20 wks	18 wks												

## Highest Quality Health Care - Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
<b>Patient Safety</b>			
Healthcare Associated Infections	<p>The targets for Clostridium Difficile (C.diff) have changed for 2019/20. This is because the C.diff guidance from April 2019 for acute trusts includes 'Acute Trust Attributable cases' (as in previous years) but also 'Acute Trust Associated cases' - this means cases diagnosed in the community, out-patients or shortly after admission but the patient has been an STH in-patient within the past 28 days. Therefore the objective for STH has increased and there will be a rise in the number of cases as some would previously have been classed as community cases.</p> <p><u>Clostridium difficile</u> STHFT had 16 cases in September, the total to the end of September is 71 (target end of that month is 83). Update on 2018-19 Root Cause Analysis (RCA) reviews of Q4 is now complete. STH had 19 cases in Q4 of which 5 were lapses. For 2018-19, STH had 84 cases (target 86) of which only 15 were lapses. SCH has had zero cases in September and remain on 5 cases against a target of 6 for the end of September. NHS Sheffield CCG had 24 cases of C. difficile in September. RCAs continue.</p> <p><u>MRSA Bacteraemia</u> Zero cases in August.</p> <p><u>E Coli</u> As reported last month, during Quarter One, there were 169 cases of E Coli across the CCG. Of these, 102 were community acquired, 29 were healthcare associated and 37 were hospital attributable.</p>	The CCG undertakes weekly monitoring of Healthcare Associated Infections.	None requested.
NRLS - Patient Safety	<p><u>STH</u>: There was 'significant change' in the reporting rate for the latest data compared to the previous year (47.49 incidents per 1000 bed days last year compared to 40.84 this year). However this remains a "Green" as the trust continues to increase its reporting of incidents which is seen as a positive.</p> <p><u>SCH</u>: The latest report shows as 1,294 incidents (last year) compared to 1,848 incidents – a 30% decrease. Whilst there is a significant decrease, the previous 12 months have shown increases and we are in discussion with the trust in October to understand these patterns of reporting. A further update will be available for next meeting.</p> <p><u>SHSCT</u>: Reporting of incidents remains green as per last quarter and there are no current concerns.</p> <p><u>YAS</u>: For number of incidents, this has changed from 824 incidents to 1077 incidents the previous year – a 31% increase. Further analysis is needed to determine whether this is due to increased reporting as we need to establish the parameters for the recording of deaths to identify whether this is a significant increase or not.</p>	Ongoing	None requested.
Never Events and Serious Incidents	<p>The total number of Never Events for 2019/20 so far is 5, (4 for STHFT and 1 for independent providers). One of the Never Events that was reported for July has been de-classified and has had the 'Never Event status' removed - this was for the paediatric patient at Charles Clifford Dental Hospital. Never Event status is not automatically obvious and is discussed and decided between the Quality Managers and the Trust, informed by published guidance. A Never Event needs to have the potential to cause death or severe harm; this is extremely unlikely for root canal treatment. STHFT have forwarded to us an NHS Improvement document that specifically states that root canal treatment is not considered to be a Never Event.</p> <p>There was one new Never Event for September at STH - this was a 'Surgical/invasive procedure incident meeting Serious Incident criteria'. A patient with a diagnosis of cataracts for insertion of IOL (intraocular lens) to their right eye. The patient required a +24.5 diopter lens, the first lens inserted was +24.5, but this did not insert correctly as it malfunctioned and a second lens was requested. The second lens that was then inserted was a +24 diopter. Although this was in the refractive range this was not the IOL strength intended. The patient was informed of the error and a decision was taken to leave the +24 IOL in situ as this was still within an acceptable refractive range for the patient.</p>	The CCG continues to undertake weekly monitoring.	None requested.

## Highest Quality Health Care - Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
<b>Patient Experience</b>			
<b>PROMS (Patient Reported Outcome Measures)</b>	<p>Patients undergoing elective inpatient surgery for hip and knee replacement are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. This is measured using a methodology called PROMS (Patient Reported Outcome Measures).</p> <p>Latest release of PROMS data for April 2018 to March 2019 shows that STH FT is just below the England Average for EQ5D Index for Hip replacement (primary) and just above England Average for Knee replacement (primary). Please note that the PROMS data is still provisional, so is subject to change once finalised.</p> <p>The Trust is currently undertaking local analysis on the data to understand which specific indicators on the EQ5D are contributing to this score, and if further investigation should take place. The Annual PROMS Report to the STH Healthcare Governance Committee will be submitted in October 2019 and any further actions and next steps will be included within the paper.</p>	Ongoing	None required.
<b>Friends and Family Test (FFT)</b>	<p><u>STHFT:</u> Response rates for FFT are good. STH closely monitors FFT response and recommendation rates and takes action when rates drop. This includes ward level improvement plans for inpatient areas, where the proportion of people who would not recommend the service is higher than the national average.</p> <p>Staff FFT: response rate remains low, but improved in Q1 19/20 (13% in Q1, improved from 6% in Q4 18/19). Throughout 2018/19 and in Q1 19/20 recommendation rates are good both for 'place to work' (76-80% 2018/19) and 'to receive care' (92-94%).</p> <p><u>SCHFT:</u> A&amp;E - response rate improved and has been at or above 14% since Sept 2018. There has been a corresponding drop in the recommend rate and between Sept 2018 and July 2019 10%-15% would NOT recommend the service.</p> <p>Inpatients - the response rate was very high (82-99%) July 2018 -March 2019. There was concern that the collection method (via bedside TVs) skewed the data and it was therefore changed, leading to a drop in the response rate. The proportion of patients that would recommend the Trust fluctuates, but overall has improved, from 76% in May 2017 to 91% in July 2019. Between April and August 2019, when the response rate reduced due to the change in collection method, the recommend rate (88- 91%) was the highest it had been in two years. The changes in collection methods mean that the data is not strictly comparable. The collection methods used In Quarter One this year have returned to the methods used prior to July 2018; and the recommendation rate had significantly improved, which indicates an improved patient experience.</p> <p>Staff FFT: the response rate is high (45% in Q1 19/20). Over the past four years the recommendation rate for 'place to work' has decreased and has been at 61-65% for the past two years. The recommendation rate for the</p> <p><u>SHSCFT:</u> The recommend rate is consistently high (90-100%). However the response rate is low and the vast majority of FFT responses relate to the Memory Service. The Trust set a target trajectory for increasing responses. There was an initial increase in the number of responses, with 200-300 responses being received per month during October 2018- February 2019. This increase has not been sustained, and since February 2019 the Trust's trajectory targets have not been met. In August 2019 89 responses were received.</p> <p>Staff FFT: response rate is low (7% in Q1 19/20). Throughout 2018/19 and in Q1 19/20 recommendation rates are poor both for 'place to work' (51-61%) and 'place to receive care' (61-68%).</p>	Ongoing.	None required.

## Highest Quality Health Care - Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
Mixed Sex Accommodation breaches	<p>There were three breaches of the Mixed Sex Accommodation (MSA) standard in August. This was for Sheffield patients at The Michael Carlisle Centre at Sheffield Health and Social care NHS FT (SHSC).</p> <p>The breaches occurred in an 18 bedded mixed sex ward for older people with mental health problems. The ward consists of a mixture of single rooms along a corridor and a four bed dormitory.</p> <p>An increase in male admissions in August to this ward meant it was impossible to offer some of the environmental safety measures already in place, meaning a breach occurred. The male was in a single room which had no en-suite facilities. Female service users had to walk past his bedroom door to access nearest facilities. This situation was managed through ensuring that robust safety procedures were in place, including one to one observations. All female service users were offered support, and their management plans were updated accordingly. The breach was counted as affecting three people, the one male and two female patients.</p> <p>A member of the CCG's quality team, who leads on MSA, undertook a site visit at the request of the SHSC staff. It was accepted that this was an unusual and unavoidable breach, due to the layout of the ward.</p>	Ongoing monitoring.	None requested.
Patient Complaints	<p>The number of complaints responded to within agreed timescale remains below target at Sheffield Children's NHSFT and at Sheffield Health and Social Care NHSFT.</p> <p>In response to falling compliance with complaints handling targets, the CCG formally requested a remedial action plan. The plan is now being implemented in order to address this issue. In Q1, 0% complaints were responded to within 25 days. However, 50% were agreed within a timeframe that the complainant had agreed to. SHSC has provided assurance that performance is improving from Q2 onwards.</p>	Ongoing.	To maintain an overview of progress.
<b>Children and Young People</b>			
Education Healthcare Plans (EHCP)	<p>Currently the Local Authority maintains 3,415 EHC Plans, a net increase of 26 from last month. In September there were 43 requests for EHC plan assessments (a significant increase from August and higher than the 28 in September 2018) with a 75% agree to assess rate. In the last 12 months, 564 new requests for EHCP were received, compared with 498 in the previous year – an increase of 66 requests.</p> <p>23 new EHC plans were issued in September, a decrease of 18 from August. Out of the 23, 21 were issued within the 20 weeks target. The average timescale for EHC plan completion for 2019 has improved throughout the year and is now 18 weeks.</p> <p>In September 21 new mediation cases were received by the LA – a decrease of 10 from August. Mediation notifications have increased significantly – 207 in 2019 to date, 45% increase on all of 2018. The number of families going directly to tribunal decreased to 6 cases having peaked at 14 for August, with 47 such cases in 2019 to date. There were 15 new tribunal requests lodged in September, of which 7 are placement related. The number of appeals received in 2019 [98] has already exceeded the total 2018 figure [95].</p> <p>There is still potential to improve the contribution of the health sector involvement in the EHCP process. We are looking at creating additional health resource in the SENDSAR team, as well as additional community therapy resource to support the SENDSAR service (commencement date to be confirmed). The CCG has invested to increase the capacity of our Designated Clinical Officer, gradually increasing her hours from two to five days a week. The increased time commitment was intended to come fully into effect by 28th October 2019 but will be delayed until November.</p>	The CCG will continue to work with partners to support an improved process that meets the required timescales.	To maintain an overview of progress.

## Highest Quality Health Care - Quality Dashboard Actions

Area	Commentary / Action being taken	Expected timeframes	Action requested of Governing Body
<b>Safeguarding</b>			
Safeguarding	<p>Current Active Cases – Since last month one new Domestic Abuse Serious Incident review has been agreed. This gives a total of 9 current active reviews for children , adults and domestic abuse.</p> <p>CQC inspection of SCH NHS FT identified a number of safeguarding concerns. The trust has drafted an action plan and the CCG will be monitoring progress via their safeguarding committee which meets bi-monthly.</p> <p>One Provider Trust has still failed to submit their annual self-assessment assurance tool. This has been escalated.</p> <p>The CCG has completed its annual Section 11 audit with the SCSP Challenge meeting set for 15th November.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>December 2019</p>	Governing Body to note

## Highest Quality Health Care Provider CQC Ratings

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for providers within Sheffield CCG locality. The CQC monitors, inspects and regulates health and social care services. Only providers that are rated as either 'Requires Improvement' or 'Inadequate' in the month or have had a 'focussed inspection' will be displayed for information in the table below.

Organisation Name	Provider Name	Organisation Inspection Directorate	Specialism / Services	Date of Inspection report	Overall CQC Rating	CQC Rating	Report
SYHA Enterprises Limited	See the Person - Stocksbridge	Adult social care	Dementia, Learning disabilities, Mental health conditions, Personal care, Physical disabilities, Sensory impairments, Caring for adults under 65 yrs, Caring for adults over 65 yrs	17/09/2019	Inadequate	Is the service safe? – Inadequate Is the service effective? – Inadequate Is the service caring? – Requires Improvement Is the service responsive? – Requires Improvement Is the service well-led? – Inadequate	<a href="http://www.cqc.org.uk/location/1-5523170233">http://www.cqc.org.uk/location/1-5523170233</a>
Jubilee Angels Limited	Jubilee Angels	Adult social care	Dementia, Learning disabilities, Mental health conditions, Personal care, Caring for adults under 65 yrs, Caring for adults over 65 yrs	19/09/2019	Requires improvement	Is the service safe? – Requires Improvement Is the service effective? – Requires Improvement Is the service caring? – Good Is the service responsive? – Requires Improvement Is the service well-led? – Requires Improvement	<a href="http://www.cqc.org.uk/location/1-5648563575">http://www.cqc.org.uk/location/1-5648563575</a>
Countrywide Care Homes Limited	Heeley Bank Care Home	Adult social care	Accommodation for persons who require nursing or personal care, Dementia, Physical disabilities, Treatment of disease, disorder or injury, Caring for adults over 65 yrs	08/10/2019	Requires improvement	Is the service safe? – Requires Improvement Is the service effective? – Requires Improvement Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires Improvement	<a href="http://www.cqc.org.uk/location/1-310212652">http://www.cqc.org.uk/location/1-310212652</a>
Indigo Care Services Limited	Loxley Court	Adult social care	Accommodation for persons who require nursing or personal care, Dementia, Mental health conditions, Treatment of disease, disorder or injury, Caring for adults over 65 yrs	12/10/2019	Requires improvement	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires Improvement	<a href="https://www.cqc.org.uk/location/1-2855716275">https://www.cqc.org.uk/location/1-2855716275</a>

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for all GP practices within Sheffield CCG locality. The table shows the number of Sheffield practices rated under the 4 current CQC ratings.

Practice Overall Rating	Number of Sheffield GP Practices	Proportion of GP Practices
Outstanding	0	0%
Good	85	98%
Requires Improvement	2	2%
Inadequate	0	0%
<b>TOTAL</b>	<b>87</b>	<b>100%</b>

Data as at Quarter 1 2019-20

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for all GP practices within Sheffield CCG locality. The table shows the number of Sheffield practices rated under the 4 current CQC ratings.

Practice Overall Rating	Number of Sheffield Care Homes	Proportion of Care Homes
Outstanding	0	0%
Good	93	86%
Requires Improvement	14	13%
Inadequate	1	1%
<b>TOTAL</b>	<b>108</b>	<b>100%</b>

Data as at Quarter 2 2019-20

## Highest Quality Health Care - Provider CQC Ratings

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for the 3 largest providers within Sheffield CCG locality. (Sheffield Teaching Hospitals, Sheffield Children's Hospital and Sheffield Health and Social Care The CQC monitors, inspects and regulates health and social care services.

Organisation Name	Date of latest inspection report	Specialism / Services	CQC rating	CQC Rating	Comments
Sheffield Teaching Hospitals NHS Foundation Trust <a href="https://www.cqc.org.uk/provider/RHQ">https://www.cqc.org.uk/provider/RHQ</a>	14/11/2018	Overall Rating	Good	Is the service safe? – Good Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Outstanding Is the service well-led? – Good	Although the Trust was rated good, an action plan has been produced and in the process of being delivered during the last year and is generally on track. Quarterly assurance reports are provided to the CCG on delivery.
		Northern General Hospital	Good		
		Royal Hallamshire Hospital	Good		
		Weston Park Hospital	Requires Improvement		
		Charles Clifford Dental Hospital	Good		
<a href="https://www.cqc.org.uk/provider/RHQ/survey/5">https://www.cqc.org.uk/provider/RHQ/survey/5</a>	29/01/2019	Maternity Services Survey 2018	Labour and birth	Benchmarked as 'About the same' as other providers	An action plan was developed following the publication of Maternity Services Survey 2018 and being delivered. We await 2019 results next January to see if improvements have been made.
			Staff	Benchmarked as 'About the same' as other providers	
			Care in hospital after birth	Benchmarked as 'About the same' as other providers	
Sheffield Children's NHS Foundation Trust <a href="https://www.cqc.org.uk/location/RCUEF">https://www.cqc.org.uk/location/RCUEF</a>	16/07/2019	Overall Rating	Good	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Good	In July, the Trust retained its overall rating of "Good", with Good reported in all domains apart from Safe. The Safe domain has been assessed as "Requires Improvement" as improvements are needed in Urgent and Emergency Care, Community services and Community and Inpatient CAMHS. Seven other services were rated "Good" for the Safe domain.  Two service areas, Transitional services and inpatient Mental Health, were upgraded from an overall assessment of "Requires Improvement" to "Good" during this inspection.  The Trust continues to make progress against their CQC action plan and provide assurance to the CCG and the CQC.
		Critical Care	Good		
		Medical Care	Good		
		Outpatients and diagnostic imaging	Good		
		Urgent and Emergency Services	Good		
		Neonatal services	Requires Improvement		
		Transitional services	Good		
		Surgery	Good		
		End of life care	Outstanding		
		Mental Health	Good		

## Highest Quality Health Care - Provider CQC Ratings

The following table provides an overview of CQC (Care Quality Commission) inspection ratings for the 3 largest providers within Sheffield CCG locality. (Sheffield Teaching Hospitals, Sheffield Children's Hospital and Sheffield Health and Social Care The CQC monitors, inspects and regulates health and social care services.

Organisation Name	Date of latest inspection report	Specialism / Services	CQC rating	CQC Rating	Comments
Sheffield Health and Social Care NHS Foundation Trust <a href="https://www.cqc.org.uk/provider/TAH">https://www.cqc.org.uk/provider/TAH</a>	05/10/2018	Overall Rating	Requires Improvement	Is the service safe? – Requires Improvement Is the service effective? – Good Is the service caring? – Good Is the service responsive? – Good Is the service well-led? – Requires Improvement	The Trust has an action plan in place to address key areas of concern. The CCG took some actions to gain further assurance, including a Board to Board meeting. The Trust are making progress against the CQC action plan and working closely with CQC. A further CQC inspection is anticipated after October. The CCG continues to have ongoing concerns relating to staffing levels and complaints management.
		Wards for people with a learning disability or autism	Good		
		Long stay or rehabilitation mental health wards for working age adults	Good		
		Community mental health services with learning disabilities or autism	Good		
		Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement		
		Community-based mental health services for adults of working age	Good		
		Community-based mental health services for older people	Outstanding		
		Forensic inpatient/secure wards	Requires improvement		
		Mental health crisis services and health-based places of safety	Requires improvement		
		Substance misuse services	Good		
		Wards for older people with mental health problems	Good		