



Webforms Output: Core standards declaration 2007/2008
May 2008

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* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

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This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at forms@healthcarecommission.org.uk

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

- END OF PAGE -

If your organisation is any of the following please select the option PCT or Community Trust:

PCT
Community Trust
PCT with Mental Health
Care Trust with PCT

If your organisation is any of the following please select the option Mental Health or Learning Disability

Mental Health
Learning Disability
Care Trust with Mental Health

* Please enter your type of organisation

- Acute
- Mental Health/Learning Disability
- PCT
- Ambulance
- Isle of Wight NHS PCT
- NHS Direct
- Health Protection Agency
- NHS Blood and Transplant

General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

Your declaration will be the basis of your score for the assessment of core standards.

For core standards, your declaration should cover the period from April 1st 2007 to March 31st 2008. The statement on the Hygiene Code should set out whether the appropriate measures are in place to ensure that the provisions of the Hygiene Code were being observed during 2007/2008.

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public health). We expect that trust boards will use this information along with the local data that trusts already use when reviewing their performance and considering their compliance with the core standards.

Please note you are only able to access sections applicable to your trust type.

1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages and the comments received from the specified third parties. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

2. Statement on measures in place to meet the Hygiene Code

Trusts are asked to provide a short statement outlining whether the trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during March 2007/ 2008. This year, we have been inspecting acute trusts as part of our duty under the Hygiene Code. If you have the results of a Hygiene Code inspection, you must include a short summary of the findings and any actions taken as a result of the inspection. This statement is also intended to provide assurance to patients and the public that trusts have taken due account of their new duties under the Code.

Please note – the Health Protection Agency and NHS Direct are not required to provide a statement on measures in place to meet the Hygiene Code.

3. Domain pages for core standards

Separate sections have been set up for each domain.

For each part standard (for example, C7b), you must categorise your trust under one of the following headings:

Compliant - a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, from April 1st 2007 to March 31st 2008.

Not met - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there has been one or more significant lapses in relation to a standard during the year.

Insufficient assurance - a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

If one or more standards within a domain is declared as 'not met' or 'insufficient assurance', please record the details for each of these standards, including the following items of information:

Start date - the date at the start of the period for which the trust has:

- identified a lack of assurance to determine whether there have been any significant lapse(s)
- or
- identified one or more significant lapses which means that the trust has not met the standard

End date (planned or actual) - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

Issue - a statement detailing:

- why the trust does not have assurance to determine their level of compliance
- or
- the details of the significant lapse(s) that have been identified

Action plan - an outline of the steps the trust is taking, or has taken, to:

- address an issue of 'insufficient assurance' (that is, the actions in place to gain assurances of whether or not the trust is meeting the standard)
- or
- address an issue of 'not met' (that is, the actions in place to address the areas for which the trust has identified one or more significant lapse(s))

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

Please describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan.

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. These standards are:

C7d - this relates to financial management and will be measured through the use of resources assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing targets assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing targets and new national targets assessments.

In addition there are standards which are not applicable for certain trust types and as such will only be shown on the declaration form where applicable:

C3 - regarding NICE interventional procedures, we are not assessing ambulance trusts, mental health services, primary care trusts and learning disability services on this standard for 2007/2008.

C4c - regarding reusable medical devices, we are not assessing ambulance trusts, mental health services and learning disability services on this standard for 2007/2008.

C15a and C15b - regarding provision of food for patients, we are not assessing ambulance trusts on these standards.

C22b - regarding local health needs, we are not assessing acute trusts, ambulance trusts, mental health services and learning disability services on this standard for 2007/2008

HPA / NHSD and NHSBT - Some standards are not included in the declaration for your trust. These will have been agreed with you and the reasons for their exclusion are documented on our website

4. Sign off

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors), should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

5. Comments from specified third parties

Trusts are required to invite comments on their performance against the core standards, from specified third parties. These comments must be reproduced verbatim in the relevant sections of the form. The specified partners are:

- for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, the trust's patient and public involvement forum and the local safeguarding children board
- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority
- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

Where a specified local partner declines to comment, a statement to this effect must be included in the declaration, along with any reasons cited by the local partner for their lack of comment.

Please note that Frequently Asked Questions are available by clicking the link within the 'Completer Information' section.

Guidance for PCTs

PCTs need to consider the following for each core standard when completing their declaration:

- directly provided services: whether they have reasonable assurance that their services are meeting the core standard
- independent contractors: whether they have taken reasonable steps to ensure that the services provided by independent contractors are meeting the core standard. It is recognized that trusts will have different ways through which they might take reasonable steps to engage and communicate with independent contractors. Some examples might include:
 - through the work of the professional executive committee (PEC)
 - by reviewing information from the quality outcomes framework (QOF)
 - by engaging with local networks (for example the local dental practice board, local pharmacy committee, local optometry committees, etc.)
- commissioned services: whether they have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard. In some cases we expect that trusts may have formalised their requirements and monitoring arrangements with regard to the standards, for example through detailing contractual clauses and service level agreements. More commonly though we expect that they may be relying on other, more general mechanisms, such as:
 - feedback from patients on commissioned services
 - review of performance monitoring information
 - risk assessments of commissioned services
 - routine meetings between the PCT and the providers of their commissioned services, etc.

There are some standards that are particularly relevant to the PCT's role as a commissioner which are C5a, C6, C7e, C17, C18, C22, C23 and C24. The PCT will therefore wish to be assured that they have taken into account these standards when commissioning services.

General statement of compliance

* Please enter your general statement of compliance in the text box provided. There is no word limit on this answer.

General Statement of Compliance

The Board of Directors at Sheffield PCT has reasonable assurance that Sheffield PCT is fully compliant with all 43 Core Standards for Better Health between the period of April 1st 2007 to March 31st 2008, and this was approved at Trust Board on 1st April 2008.

During 2007/08, the PCT has developed and implemented detailed and robust action plans which have been made available on the PCT website for public access. This was to ensure continued compliance with those standards declared fully compliant and the 9 standards that were declared 'not met' or 'insufficient assurance' in 06/07.

Assurance has been gained through the implementation of robust governance and monitoring arrangements as follows:

A dedicated Clinical Governance Team has responsibility for ensuring the core standards are implemented and supporting evidence is identified and collated.

An Executive Director is nominated responsibility for each domain, and Operational Lead allocated to each standard/element of a standard.

Action plans were agreed in April 2007 for each standard and resources were allocated and targeted to ensure these were implemented. Action plans have been monitored at the Governance Group and exception reports presented to Trust Board on a monthly basis.

A full review by Executive Directors of the standards took place in February 2008 to establish assurance of compliance, in relation to Provider Services, Independent Contractors and Commissioned Services.

The PCT met with the Healthcare Commission and the SHA in February 2008 to review progress with compliance of those standards not met in 06/07 and assurance was provided that the implementation of action plans were on target.

Independent Contractors

The PCT is assured that all contractors have been engaged in the implementation of the core standards and this has been driven and managed via the Professional Executive Committee.

General Practice

All practices have engaged this year with the Quality and Outcomes Framework and over 70% of practices have had a visit this year, with support provided for those requiring additional assistance.

Community Pharmacy

There has been focussed work this year to introduce a more robust clinical quality framework linked to the core standards and each practice has undertaken a self assessment. Plans are now in place to review 30% of the total number of Pharmacies in the form of follow up visits during 08/09.

Dental Providers

A clinical quality framework was introduced during 06/07 and a self assessment was undertaken by every dental provider. During this year 10% of the total number of practices have been visited as a follow up to this process to provide assurance of compliance. In addition 35 (43%) of dental practices participate in the British Dental Association Good Practice Scheme which supports the implementation of quality standards.

Optometry

A clinical quality framework was introduced in 03/04 which has been updated this year to reflect the core standards. Visits to all practices in Sheffield are undertaken annually to assess compliance with the contract and clinical governance standards. The Optical Adviser provides support and advice to practices.

Commissioned Services

The PCT has embarked on focussed work this year to ensure that quality standards are agreed and tightly monitored within all the major contracts. All contracts have been reviewed and for Foundation Trusts, schedule 19 sets out the commissioner's expectations for quality monitoring in relation to the core standards. The PCT has developed effective relationships with providers and is fully engaged within the clinical governance meetings and reporting arrangements of Sheffield Children's Hospital Foundation Trust and Sheffield Teaching Hospital Foundation Trust. During the year, the PCT has also introduced improved contract monitoring processes for Sheffield Care Trust in relation to quality standards.

Quality standards are also clearly defined within the service level agreement for the PCT Provider Services and within procedures set out for Practice Based Commissioning.

Third Party Comments

Third party comments have been provided by the Sheffield PPI forum, the Overview and Scrutiny Committee, the Safeguarding Children's Board and the Strategic Health Authority.

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Statement on measures to meet the Hygiene Code

* Please enter this statement in the box provided. There is no word limit on this answer.

Sheffield PCT recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being implemented in the Trust. Action plans have been implemented throughout the year and monitored monthly at Trust Board. Resources have been targeted to ensure delivery of the plan. In addition the Trust has developed strong, effective relationships with secondary care providers and HCAI targets have been met.

MANAGEMENT, ORGANISATION AND THE ENVIRONMENT -

Examples of evidence includes: Director of Infection Prevention and Control (DIPC) in place, PCT infection prevention and control strategy action plan, infection control policies and procedures, management arrangements for infection control are in place, cleaning and environmental standards.

CLINICAL CARE PROTOCOLS - Examples of evidence includes:

Clinical procedures in place; MRSA protocol across the health community, procedures for the safe handling and disposal of sharps in place and incidents monitored.

HEALTH CARE STAFF - Examples of evidence includes: induction and training programmes in place, access to infection control and occupational health advice and support available.

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Safety domain - core standards (C1a - C3)

Please declare your trust's compliance with each of the following standards:

* C1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

compliant

not met

insufficient assurance

* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

compliant

not met

insufficient assurance

* C2: Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

compliant

not met

insufficient assurance

- END OF PAGE -

Safety domain - core standards (C4a - C4e)

Please declare your trust's compliance with each of the following standards:

* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

compliant

not met

insufficient assurance

* C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

compliant

not met

insufficient assurance

- END OF PAGE -

* C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

compliant

not met

insufficient assurance

- END OF PAGE -

* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

compliant

not met

insufficient assurance

* C4e: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

compliant

not met

insufficient assurance

- END OF PAGE -

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Clinical and cost effectiveness domain - core standards (C5a - C6)

Please declare your trust's compliance with each of the following standards:

* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

compliant

not met

insufficient assurance

* C5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

compliant

not met

insufficient assurance

* C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

compliant

not met

insufficient assurance

* C5d: Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

compliant

not met

insufficient assurance

* C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

compliant

not met

insufficient assurance

- END OF PAGE -

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Governance domain - core standards (C7a - C9)

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing targets component of the annual health check.

Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

Please declare your trust's compliance with each of the following standards:

* C7a and C7c: Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.

compliant

not met

insufficient assurance

* C7b: Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

compliant

not met

insufficient assurance

* C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

compliant

not met

insufficient assurance

* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

compliant

not met

insufficient assurance

* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

compliant

not met

insufficient assurance

* C9: Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

compliant

not met

insufficient assurance

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Governance domain - core standards (C10a - C12)

Please declare your trust's compliance with each of the following standards:

* C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

compliant

not met

insufficient assurance

* C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.

compliant

not met

insufficient assurance

* C11a: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

compliant

not met

insufficient assurance

* C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

compliant

not met

insufficient assurance

* C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

compliant

not met

insufficient assurance

* C12: Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

compliant

not met

insufficient assurance

- END OF PAGE -

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Patient focus domain - core standards (C13a - C14c)

Please declare your trust's compliance with each of the following standards:

* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

compliant

not met

insufficient assurance

* C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

compliant

not met

insufficient assurance

* C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.

compliant

not met

insufficient assurance

* C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

compliant

not met

insufficient assurance

* C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

compliant

not met

insufficient assurance

* C14c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

compliant

not met

insufficient assurance

- END OF PAGE -

Patient focus domain - core standards (C15a - C16)

Please declare your trust's compliance with each of the following standards:

* C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

compliant

not met

insufficient assurance

* C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

compliant

not met

insufficient assurance

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* C16: Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

compliant

not met

insufficient assurance

- END OF PAGE -

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Accessible and responsive care domain - core standards (C17 - C18)

Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

Standard C19 is assessed through the existing targets component of the annual health check.

Please declare your trust's compliance with each of the following standards:

* C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

compliant

not met

insufficient assurance

* C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Care environment and amenities domain - core standards (C20a - C21)

Please declare your trust's compliance with each of the following standards:

* C20a: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

compliant

not met

insufficient assurance

- END OF PAGE -

* C20b: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

compliant

not met

insufficient assurance

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* C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

compliant

not met

insufficient assurance

- END OF PAGE -

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Public health domain - core standards (C22a - C24)

Please declare your trust's compliance with each of the following standards:

* C22a and C22c: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

not met

insufficient assurance

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* C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

compliant

not met

insufficient assurance

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* C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

compliant

not met

insufficient assurance

* C24: Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Electronic sign off page

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- the statement on measures to meet the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), patient and public involvement forums, overview and scrutiny committees and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

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Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Jan Sobieraj	Chief Executive
2	Mr	Anthony Pedder	Chairman
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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Comments from specified third parties

Please enter the comments from the specified third parties below.

* Please enter the name of the strategic health authority that has provided the commentary

Sheffield Strategic Health Authority

* Strategic health authority comments. There is no word limit on this answer.

Firstly, the SHA acknowledges the huge amount of work the PCT has undertaken to improve upon last years score. Detailed Action Plans have been shared with the SHA and performance has been monitored throughout the course of the year. Feedback from the HCC meeting held in February 2008 was very positive and I am very pleased full compliance has been declared.

More detailed comments relating to specific standards are included below.

It is felt that the Trust has up to date and tested plans to deal with incidents, emergency situations and major incidents, in accordance with relevant guidance, including the Civil Contingencies Act 2004.

Colleagues inform me that there are effective processes in place to identify, report and take action on child protection and as far as I can ascertain are compliant with the standards within Working Together to Safeguard Children. Partnership arrangements are in place in all our communities in as much as all PCTs and acute Trusts are members of their multi agency safeguarding boards. Sheffield has submitted a plan to reduce drug misuse as part of the vital signs process and can therefore be declared compliant with this standard.

In terms of performance, the SHA acknowledges the hard work that has been undertaken with both Sheffield Teaching Hospitals NHSFT and Sheffield Children's Hospital NHSFT in recent months, to strive to achieve the key access targets e.g. 18 weeks and A&E. Achievement of these targets remains challenging with final performance against 18 weeks as yet unknown but I am aware every effort has been made in the last few months to ensure targets are achieved.

Performance against the Sexual Health targets (including GUM and Chlamydia screening) has been a challenge for most organisations across Yorkshire and Humber. All PCTs are struggling to meet the target for Chlamydia screening and I am aware of the problems Sheffield has experienced during this year.

The Mental Health targets for Sheffield have also proved difficult to achieve and we do recognise the PCT has worked in partnership with Sheffield Care Trust to develop a robust strategy. The report from the recent HCC Mental Health Acute Services Review is still awaited and may identify a number of recommendations for action which I am certain the PCT and Trust will implement effectively.

If you have any queries relating to any aspect of this letter, please email Lisa Widdowson, Locality Lead on lisa.widdowson@yorksandhumber.nhs.uk.

* Please enter the name of the patient and public involvement forum that has provided the commentary

Sheffield Primary Care Trust Patient & Public Involvement Forum

* Patient and public involvement forum comments. There is no word limit on this answer.

This document is the independent view of the Sheffield PCT PPI Forum on Sheffield Primary Care Trust's performance against the Healthcare Commission Core Standards as part of the Annual Health Check.

The Forum would like to state that members have developed a good working relationship with many members of staff from Sheffield PCT in their work during the year.

Through the work the Forum has undertaken over the period April 2007 to January 2008 we are able to comment on the following core standards:-

C6: Healthcare Organisations co-operate with each other and social care to ensure that patients' individual needs are properly managed and met.

Members of the Citywide Older People's Health Group are through POPPS (Partnerships for Older People's Projects, lead by the Sheffield City Council) working with health and social care providers and the local authority to ensure the improvement of signposting and simplifying of access of services for older people in the city. Sheffield PCT is an active partner in this work.

The forum has received an approach from Hallam GP Consortia in respect of Older People's Care and are receptive to a PPI forum representative at meetings, together with other agencies, to ensure the views of older people are taken into consideration when commissioning older people's services.

C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

A representative of the forum sits on a group established by the PCT to improve nutrition for residents of care homes.

C16: Healthcare organisations make information available to patients and the public on their services.

Forum members have picked up various leaflets from the PCT aimed at the general public in public outlets such as libraries, e.g. winter health services. We have in general been impressed with the clear content and layout. However the PCT does not routinely send copies of information leaflets or other documents to the Forum for information or comment.

C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Representatives from the PCT have attended Forum meetings on a regular basis.

Members from the South East Area Sub Group have met with Practice Managers at GP surgeries in the area to discuss access to services. All visits have been positive and members have been satisfied with all aspects of access and information provided to patients.

Members of South East Area Sub Group have worked with the PCT and local GP Practices for the provision of "Satellite Health Facilities" for the new retirement village at Woodhouse.

Members of South East Sheffield Area Sub Group have met individual Practice Managers and have positive responses in respect of access and

improvements to services at GP Practices.

Members of the Dentistry Sub Group have worked with staff from the PCT on the formulation of a Patient Survey on the provision and access to dental services in the city.

Members took part in the National Dentistry Watch survey at a local level to assess patients' ability to access dentistry services in Sheffield and the quality of care provided. A report of findings was submitted to Sheffield PCT which was acknowledged.

Members of South West Area Sub Group are working with the PCT, Patients and Staff from a local Surgery on a "Did Not Attend" Campaign to advise patients who no longer need their reserved appointments to let the practice know so that the times are available to other people. A report of findings is to be sent to the PCT.

The forum has been involved in the consultation for "Achieving Balanced Health", having had a presentation from the Chief Executive of the PCT. They have provided a response to the consultation and met with the Director of Strategy to discuss the findings and proposals from the consultation.

The forum, after a joint meeting with Sheffield Care Trust PPI forum, has provided a response to the PCT consultation on the Reconfiguration of Mental Health Services in Sheffield.

C18: Healthcare Organisations enable all members of the population to access services equally and offer choice in access to services and treatment equally.

Members of the Deaf Awareness Sub Group have worked with the PCT, Individual GP Practices and NHS Trusts across the city on the communication problems faced by deaf and hard of hearing patients. Reports of findings for the GP Practices have been sent to the Trust.

C22a: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations.

Members of the Adult Obesity Sub Group have met with representatives from Sheffield PCT to discuss the "Action Plan to tackle Obesity and Overweight" and were satisfied with the Plan.

A summary of responses to questionnaires sent to all GP surgeries in Sheffield regarding the provision of lifestyle change advice for patients who have been or are overweight plus staff training on the issue has been forwarded to Sheffield PCT. A response is awaited.

Forum Members on the Older People's Health Group are actively contributing to the Sheffield POPPS project (Partnerships for Older People's Projects) as members of workstream groups, as Expert Elders and by being involved in consultation and other events, we have therefore experienced at first hand the contribution being afforded to POPPS by the PCT. Some concerns were expressed about the commitment of the PCT to this work, and a letter was sent to the PCT outlining these concerns by the Sheffield Older People's Empowerment Network.

C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

Members participated, along with other PPI Forums from Sheffield and Rotherham in a "South Asian and Afro-Caribbean Diabetes Awareness Day" on 12 November 2007 at Tinsley Green Children's Centre, Sheffield. The event, which was supported by representatives from Sheffield PCT, who provided several information stands and activities, was aimed at raising the awareness amongst local communities for the need for "healthy living" to prevent and manage diabetes.

Members participated, along with other PPI Forums from Sheffield and Rotherham in a "Schools' Health and Well Being Event" on 29 May 2007 at Spring Lane College, Sheffield, was well supported by representatives from Sheffield PCT, who provided "activities". The event was aimed at raising the importance of "healthy living" among children including nutrition and exercise to prevent any future illnesses.

* Please enter the name of the local child safeguarding board that has provided the commentary

Sheffield Safeguarding Board

* Local child safeguarding board comments. There is no word limit on this answer.

1. Effective processes are in place for identifying, reporting and taking action on child protection issues in accordance with Working Together to Safeguard Children (HM Government 2006).

All health care agencies were issued with a self-audit tool in November 2006 under Section 11 of the Children Act 2006 which also made clear links with the National Service Framework for Children, Young People and Maternity Services – DOH 2004. This has 8 core elements and would indicate that an organisation was fulfilling the C2 requirements fully. Sheffield Children's Hospital completed this self-audit in November 2006 which indicated that they were satisfactorily addressing all Section 11 requirements:

This process will be repeated again this year and there is a commitment that this will be progressed by all board members.

Sheffield Primary Care Trust have contributed fully to Serious Case Reviews and produced high quality written and verbal contributions. In addition they have shown commitment to learning from these processes by formulating and implementing clear and manageable action plans.

Sheffield Primary Care Trust have an in-house Safeguarding Children group that meet on a regular basis to provide their organisation with an overview of safeguarding issues and how this impacts on their work.

Sheffield Primary Care Trust has developed in-house training strategies and has a commitment to producing safeguarding training.

2. The healthcare organisation works with partners to protect children as set out in Working Together to Safeguard Children: Sheffield Primary Care Trust is represented on the Safeguarding Board and the Operational Executive.

Representatives of the Trust sit on sub-groups, including the Health Reference group of the Safeguarding Board.

Sheffield Primary Care Trust has named leads for safeguarding who make regular representation and provide appropriate feedback to policies and procedures.

Sheffield Primary Care Trust representatives who sit on these groups are full and active participants who make valuable contributions to the safeguarding agenda.

3.Criminal records Bureau (CRB) checks are conducted for all staff and students with access to children in the normal course of their duties in accordance with CRB disclosures in the NHS.

The Safeguarding Board has made Sheffield Primary Care Trust aware of safer recruitment standards and regulations and they have demonstrated engagement with that agenda.

Sheffield Children's Hospital has indicated that they have one trained member in safer recruitment sitting on every interview panel.

We do not have any specific data around CRB checks.

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Overview and scrutiny committee comments

* How many overview and scrutiny committees will be commenting on your trust? (maximum of 10)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Scrutiny and Policy Development Board

Comments. There is no word limit on this answer.

SHEFFIELD PRIMARY CARE TRUST

The Scrutiny and Policy Development Board wish to thank the Officers of the Sheffield Primary Care Trust for their presentation in relation to the Core Standards for Better Health 2007-2008 and particularly wish to recognise the continuing partnership working between the Trust, the City Council and other bodies, together with the Trust's willingness to present their declaration to the Board and to answer questions in detail and with candour.

In the context of improving health in the City and improving Health Services, the Board sought to concentrate upon particular standards, namely: C4 - Infection control; C6 - Co-operating to meet patients' individual needs; C7 - Sound governance; C13 - Dignity; C14 - Information and complaints; C16 - Information on services; C17 - Obtaining patient views; C18 - Equal access to services; C22 - Reducing health inequalities; C23 - Disease prevention and health promotion programmes.

The Board would wish particularly to make the following comments:-

With regard to the Developmental Standard (D13) relating to the Trust's leading role in relation to public health, the Board were pleased to note the Trust's proposed declaration status of "good" against the Developmental Standard, which included that the Trust should address public health problems and health inequalities; protect the population from identified hazards to health; and take into account current and emerging policies and knowledge on public health issues in developing public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services.

The Board were pleased to note that the Trust were continuing and improving partnership working, as evidenced by the Joint appointment, with the City Council, of the City's Director of Public Health; co-chairmanship of Sheffield First for Health and Well Being (the Local Delivery Partnership Board) and contribution to Partnerships including those relating to Older People, Children and Mental Health Services; Multi-agency strategies, such as being a co-signatory to the Sheffield First Agreement; Joint services and procedures, for example intermediate care and the management of pooled budgets.

The Board noted a significant level of engagement with patients and the public, illustrated by the development of the Trust's Patient Involvement and Public Engagement Strategy; consultation as part of Achieving Balanced Health strategic review; encouragement and use of Patient and Public Involvement Forums, involvement with Patient and Community Groups; the Annual Patient Survey to inform the development of services; and other evidence, such as Expert Patient Groups, PALS Managers and the Health Compact.

The Board welcome positive intervention to improve public health and to reduce inequalities, including Enhanced Public Health Programmes leading to evidence-based interventions in targeted communities and initiatives that were part of the Local Area Agreement Local Delivery Plan.

In relation to disease prevention, the Board recognised continuing programmes to tackle diabetes, chronic obstructive pulmonary disease, coronary heart disease, tobacco and substance misuse and cancer and programmes to deal with sexual health and obesity; the Trust's identification of nine priority areas through the Achieving Balanced Health Strategy and the City-wide co-ordination of National Institute for Health and Clinical Excellence (NICE) and National Service Framework (NSF) implementation.

The Board also accepted that, although it was not referred to specifically in the presentation, Mental Health was a priority for the Trust.

There was also recognition of investment by the Trust to improve infection control, such as the employment of Modern Matrons and a learning programme to improve cleanliness and reduce infection.

The Board recognised the attention given by the Trust to issues of dignity and respect and specific monitoring in relation to secondary care. Members also pointed to the need to gather information and views from patients and carers in a timely manner so as to ensure a timely and appropriate response from services.

Finally, the Board acknowledged the measures being taken by the Trust in relation to new immigrants to Sheffield, whilst recognising difficulties experienced such as the low response rate for health screening of immigrant population.

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