Care Quality Commission

Webforms Output: Core standards declaration 2008/2009
April 2009

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Care Quality Commission

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* Please enter your NHS code and click search. Then please 'select' the name of your organisation and click continue below:

5N4

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

Organisation Name:	Sheffield PCT
Chief Executive's First Name:	Jan
Chief Executive's Surname:	Sobieraj
Chief Executive's Email:	jan.sobieraj@sheffieldpct.nhs.uk
Organisation Code:	5N4

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

General guidance on how to complete the declaration form

You might find it helpful to print the following instructions (using the print function of your browser) so you can refer to them easily while you are completing the declaration form.

We have also published a guidance document titled "your guide to the core standards assessment 2008/09 "which you may find useful. This can be located by using the following link:

here

This guidance covers:

- How the declaration form is laid out
- Guidance related to each section
- FAQs

How the declaration form is laid out

The declaration form is divided into the following sections

1. General statement of compliance
2. Domain pages for core standards
3. Sign off
4. Comments from third parties

For the majority of sections there are multiples pages which require completion. You can save the form at any point, but you will not be able to submit a section until all questions are completed and you will not be able to submit the entire form until all sections have submitted.

General Guidance

The declaration you make will be the basis of your score for the assessment of core standards.

Your core standards declaration should cover the period from April 1st 2008 to March 31st 2009.

Please note, you will not be asked to make a statement on the Hygiene Code, nor is there a specific developmental standards assessment as part of the 2008/2009 annual health check.

When making your declaration you must consider whether your trust's board (or an appropriate officer with delegated authority from the board) has received reasonable assurance that the organisation has been compliant with the core standard for the entirety of the assessment year (1 April 2008 - 31 March 2009) and that no significant lapses have occurred.

When making your declaration you may find it helpful to keep a record or file of the evidence that your board considered when reaching its judgment. It is this evidence which will be required if your trust is selected for inspection in the summer.

Section 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.

Section 2. Domain pages for core standards

This is the main body of the declaration form. Each standard your trust is required to declare against will be set out here, organised under the domain headings.

Initial questions: For each part standard 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 reasonable assurance that it has been meeting a standard, without significant lapses for the whole of the assessment year, from 1 April 2008 to 31 March 2009.

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

o 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 one or more significant lapses during the year. However, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence of a significant lapse during the year that a declaration of "not met" may be 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.

Subsequent questions if you declare 'not met" or 'insufficient assurance': If you declare 'not met', or 'insufficient assurance' for a particular standard, you must complete the subsequent questions in the declaration form which relate to action plans. Please note you are not required to complete these if you have declared compliant and therefore you will not be able to input data.

o Start date - This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2008.

o Date at which you expect to have assurance of compliance - this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2008/2009 assessment year. If non compliance has not been resolved by the end of the year (31 March 2009), then the "end date of non compliance" should not be entered as 31 March 2009, but the appropriate later date. It should be noted that those standards with a date prior to 1st April 2009 may be inspected.

o Description of the issue - a short description of the significant lapse or why the trust does not have reasonable assurance.

o Action plan - a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

o in your 2007/2008 declaration the standard was declared as 'not met' or insufficient assurance' and
o in your 2007/2008 declaration the corresponding action plan had an end date on or before 31st March 2008 and
o the standard has again been declared as 'not met' or 'insufficient assurance' for 2008/2009

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

Some standards are not included as part of the core standards assessment and you are therefore not required to declare against them. They are assessed separately elsewhere in the annual healthcheck. These standards are:

C7d - this relates to financial management and will be measured through the quality of financial management 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 commitments and national priorities assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing commitments and national priorities assessment.

In addition three standards have been judged to be not applicable to ambulance trusts for the 2008/2009 core standards assessment and as such will only be shown on the declaration form for other trust types. The three standards are

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. 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

- any commentaries provided by specified third parties have been reproduced verbatim (but with confidential and personal information removed). Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, local involvement networks, learning disability partnership boards, local safeguarding children boards 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

Section 4. 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, local involvement networks, learning disability partnership boards and local safeguarding children boards.

or foundation trusts, third parties must include the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority. Only foundation trusts will be able to access the comments from boards of governors section of the declaration form.

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINks or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. 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. A box will be provided on the declaration form for this purpose.

Frequently Asked Questions:

Q1. What do you mean by reasonable assurance and significant lapse?
Q2. Why can I not access all the sections of the form?
Q3. How do I delegate to someone who isn't listed in the delegate list?
Q4. How do I nominate someone to complete the form?
Q5. How can I print a section of the form?
Q6. How can I print all the form in one step?
Q7. How can I print the form in the format it would be appear as submitted, so that it does not show all the not applicable questions?
Q8. Some of the standards seem to be missing, why is this?
Q9. What are the key dates with regard to the declaration form?
Q10. I am still having trouble with the webform, where can I get further help?
Q11. Where can I find further information on the core standards assessment for 2008/2009?
Q12. How do I submit my declaration form?
Q13. I need to resubmit my form, what do I do?
Q14. My pdf shows standards and questions which are not relevant to my trust - what should I do?
Q15. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

Q1. What do you mean by reasonable assurance and significant lapse?

Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Trusts' boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.

Significant lapse

Trusts' boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by lapse or lapses in compliance with a standard, such as loss of privacy, compromised personal data or injury, etc. Clearly this decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring. There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than ?1 million or the death of a patient or a breach of confidentiality, for example, cannot provide a complete answer.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account their vulnerability to the potential harm, etc).

Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse.

Q2. Why can I not access all the sections of the form?

Some sections are only relevant to specific trust types. For instance the "PCT Guidance" section is only accessible to primary care trusts and the "Board of governors' comments" section is only accessible to mental health and acute trusts. Additionally some questions are dependent on your declaration, for instance if you declare "not met" or "insufficient assurance" we require you to submit details.

You will only have access to those sections relevant to your trust type and your declaration.

Q3. How do I delegate to someone who isn't listed in the delegate list?

You can only delegate to those people who have been nominated to complete the form. If you wish to nominate an additional individual please complete the registration form which is available within the forms website.

Q4. How do I nominate someone to complete the form?

If you are a "Lead" and wish to nominate another person within your organisation as a nominated lead or to delegate completion of the form, you must complete the registration form available through the online forms system at using your standard log in details

Once selected the registration form will prompt you to nominate and supply the name and e-mail address of a colleague you wish to delegate access to the declaration form.

You then have to indicate whether you wish this individual to be a "Lead" or a "Completer". A 'Lead' is able to fill in the form or delegate the form to other registered users in their trust to complete. A 'Lead' has the final review of the form and is able to submit the data. A 'Completer' can fill in the form or relevant sections of it but is unable to delegate access to the form or able to submit the completed form.

Please ensure you select the 'complete' option in order to submit your nomination.

It is possible to have more than one registered lead for your organisation, if you require this please ensure you use the duplicate allocation option on the registration form.

Information will be sent to each registered lead explaining how they can access the online declaration form. Nominated leads will not be able to access their online declaration form until their registration has been submitted.

Q5. How can I print a section of the form?

On the summary page of the form select the "pdf" button for the part of the form you wish to print. This then enables you to print just that section of the form. It will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q6. How can I print all the form in one step?

You are able to print the declaration form as one document through the "Available forms" section of the myform website. Select the "pdf" button which is relevant to the form you wish to print, this then enables you to print the declaration form as one rather individual sections. Please note it will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q7. How can I print the form in the format it would be appear as submitted, so that it does not show the questions that are not applicable?

In previous years, prior to submission, you were only able to print a "pre-submitted" version of the PDF form using the "view printable version in PDF" link. The pre-submitted version of the PDF shows all the questions, including those which are not applicable to the trust. The questions are hidden from view on the online form. This function is still available this year.

However, this year there is an additional section titled "draft submission form", which will become available once you start filling in the declaration form. Clicking on this link will open a PDF form based on the information provided on the online form so far. The version of the PDF provided in this section will hide any questions not applicable to the trust based on the information provided so far.

Once the submit button is pressed the form is frozen and the final PDF only shows those questions which are applicable and the answers selected. This final PDF can be accessed by selecting the "view printable version in PDF" link.

Q8. Some of the standards seem to be missing, why is this?

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. Please see the "Domain pages for core standards" section of this guidance for more information.

Details can be found in the published criteria documents available at the follow link:

here

Q9. What are the key dates with regard to the declaration form?

Tuesday March 3rd 2009 the declaration form will be made available on our website for trusts to start entering their data. Nominated leads will not be able to access the online declaration form until their registration has been submitted.

From Wednesday April 15th 2009 trusts will be able to submit their completed declarations. Regional teams will carry out a set of checks against each submitted declaration. We aim to complete these checks, and to inform each trust of the outcome, within three working days of receiving the declaration.

The final date for submission of the 2008/2009 declarations is 12:00 noon on Friday Mary 1st 2009. Failure to submit a declaration by the deadline may result in your trust being penalised and will lead to a greater chance of being inspected in the summer.

By Friday 22nd May 2009 we expect all trusts to have published their declarations. If a trust does not make the declaration publicly available, we will publish it on our website indicating that it has not been shared with the local community.

Q10. I am still having trouble with the webform, where can I get further help?

If you are still having difficulties with the declaration webform please contact our helpline on 0845 601 3012 or feedback@healthcarecommission.org.uk.

Q11. Where can I find further information on the core standards assessment for 2008/2009?

Our guidance documents for the core standards assessment for the 2008/2009 annual healthcheck can be found:

here

Q12. How do I submit my declaration form?

Each section of the declaration form needs to be completed and the "finish" button selected, changing the status of the section to "finished". The "submit" button is then available on the main page of the web form and the form can be submitted.

Q13. My pdf shows standards and questions which are not relevant to my trust - what should I do?

The pre submitted pdf shows all questions including those, which are not applicable to the trust and are hidden from view on the online form. This is set up so that the "pre-submit" version of the pdf showed all questions in order that it could be consider in it's entirety in hard copy before being populated The hidden questions which do not apply to the trust and do not appear on the webform should be ignored.

Once the submit button is pressed the form is frozen and the final pdf only shows those questions which are applicable and the answers selected.

Q14. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

The text entered will disappear once the submit button is pressed, the text will remain visible until this point. This is to prevent trusts accidentally changing their declaration and losing all the data they have previously entered. This information will not be submitted as part of your declaration and will not show on the final declaration form / pdf.

You can print off a pdf version of the form as it will display once submitted. Please see FAQ 7 for more information on how to do this

Q15. I need to resubmit my form, what do I do?

All trusts will be allowed to request one resubmission between the above dates, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declaration are published on our website. We advise you to refer to these rules before submitting your declaration, and before submitting a request for resubmission. A request for resubmission needs to be made by your trust's registered lead

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8th May 2009 (whichever is earlier).

Guidance for primary care trusts

This guidance covers areas which primary care trust may require further assistance on:

General guidance

Comparisons to last year's declaration

Third party comments

Resubmission

General

The trust boards of PCTs will, for the first time, make a separate declaration on their compliance with the Department of Health's core standards for their commissioning and contracting functions, which is separate from their function as providers of services. This will include their responsibility for specialised commissioning groups.

At the same time, trust boards of PCTs with provider services will also be required to make a declaration on the compliance with the Department of Health's core standards of their provider services.

In order to do this there are two separate declaration forms. Please ensure when you are completing the forms you are aware of whether you are completing the declaration form for the commissioning or provider arm. To help distinguish between the two, the commissioning declaration form has a slightly pink background.

The trust boards of PCTs will have to declare on their assurance of compliance with all the standards for both their commissioning arms and provider services. When considering their commissioning arm they will have to take into account three perspectives, which will be combined into a single declaration for the PCT as a commissioner. The three perspectives are:

corporate body

commissioning functions

commissioned services and independent contractors

Further explanation of these three perspectives can be found in our published document

here

The Criteria for assessing core standards in 2008/09 document published in December 2008 contains separate criteria for the assessment of the PCT as a provider and as a commissioner. The separation of the criteria will not increase the scope of the assessment of PCTs overall, since our assessments have always covered the commissioning function. Rather, the revised criteria provides greater clarity as to how the assessment of standards applies to the PCT commissioning arm. Hybrid trusts, for example PCTs that also provide mental health and / or learning disability services, should also consider the criteria for mental health trusts when making their provider arm declaration. These documents are available on our website

The two declarations will be assessed, cross checked, and where inspections take place, inspected separately and result in two separate core standards scores for the PCT (i.e. one score for the services the PCT provides and one score for the PCT as commissioners.

We have produced an FAQ document to answer queries relating to the separate assessment of PCTs as commissioners and providers in 2008/09. This is available:

here

Comparisons to last year's declaration

If in last year's declaration, your PCT declared 'not met' or 'insufficient assurance' for a particular standard and the accompanying action plan had an end date that continued into 2008/2009 you will need to consider where the significant lapse / insufficient assurance took place - the commissioning or provider arm. For whichever arm the significant lapse or insufficient assurance refers to, we would expect you to again declare 'not met' or 'insufficient assurance' with an updated action plan.

As in last years declaration we will also ask you for additional information where, in 2007/2008, the PCT declared a standard as 'not met' or 'insufficient assurance' but had an end date of non compliance prior to 1st April 2008 but again declares 'not met' or 'insufficient assurance' for the same standard in 2008/2009, we will ask you to describe the circumstances for this second consecutive declaration of non-compliance.

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

However we recognise that the concern identified in the prior year may not relate to the same arm of the PCT as the concern identified for the 2008 2009 declaration. You will therefore need to consider in which arm of the PCT the 2007/2008 significant lapse / insufficient assurance took place (the commissioning or provider arm) before responding to the question.

Prison Health services

When completing your declarations for the 2008/2009 annual health check, PCT commissioners will be asked explicitly to take into account their responsibilities for commissioning healthcare with regard to those in prison and youth offenders. Where you have commissioning responsibilities in this regard and are inspected on a standard, you will be asked about such duties and will be expected to demonstrate the evidence you considered in achieving board assurance.

You are invited to provide further information to demonstrate your commitment on how you are complying with these requirements, in the section of the declaration form entitled 'General Statement of Compliance'.

Third Party commentaries

We recognise the difficulty that some third parties may have in tailoring commentaries to reflect the two distinct arms of the PCT (commissioner and provider), as a result we do not require different commentaries to be submitted on the two declarations. Instead we expect the same third party commentary to be submitted on both the commissioning and provision declarations.

We have published guidance on our website for LINks, overview and scrutiny committees, local safeguarding children boards and learning disability partnership boards about this stage of the declaration process. The guidance can be found by using the following link:

here

Resubmitting your declarations

If you have submitted your declarations and notice factual inaccuracies that can be rectified, you can request a resubmission of either or both of your declarations. All PCTs will be allowed to request one resubmission of each declaration, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declarations will be published, together with the request for resubmission form, on our website. If both of your PCT's declarations require resubmission, separate requests must be submitted. A request for resubmission needs to be made by your trust's registered lead using the appropriate online form.

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8 May 2009 (whichever is earlier).

General statement of compliance

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

NHS Sheffield has assured itself that the Provider Arm of the PCT is fully compliant with the applicable Core Standards for Better Health between the period of 1st April 2008 to 31st March 2009, and this was agreed at Trust Board on 7th April 2009. Assurance has been gained through the implementation of robust governance and monitoring arrangements as follows:

An Executive Director and an operational lead have responsibility for each applicable standard or element of a standard.

A dedicated team has been put in place who have responsibility for driving the continued implementation of the standards and improvements to quality and the validation of evidence to support this.

Throughout 2008 / 2009, NHS Sheffield Trust Board, Provider Services Management Board and Governance Group have monitored the implementation of action plans on a monthly basis to ensure continued compliance with all core standards.

During 2008 / 2009 the accountability arrangements and delivery of standards within directly provided services has been strengthened with the introduction of new reporting structures at strategic, business unit and individual service level. The Provider Services Risk Management Governance Group has overseen the implementation of the core standards action plans.

Each service has undertaken a self assessment of compliance against all core standards and action plans have been implemented and monitored to ensure full compliance.

A number of "mock inspections" have been undertaken by NHS Sheffield at service level and plans have been implemented to address any areas for further development.

Excellent working relationships have been developed between NHS Sheffield and directly provided services. Performance against the delivery of the core standards is monitored within monthly contract meetings.

Internal Audit has reviewed compliance with the standards, and supporting evidence and found the process and implementation to be robust with evidence of compliance.

Comments have been received from all specified third parties, which are broadly positive and support our view of compliance.

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

O compliant

* 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.

O compliant

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

O compliant

* C3: Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.

O compliant

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).

O compliant

* 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.

O compliant

* 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.

O compliant

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

O compliant

* 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.

O compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

O compliant

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

O compliant

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

O compliant

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

O compliant

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

O compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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 commitments & national priorities component of the annual health check.

Standard C7d is assessed through our quality of financial management 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.

O compliant

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

O compliant

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

O compliant

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* 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.

O compliant

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* 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.

O compliant

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* 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.

O compliant

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.

O compliant

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

O compliant

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* 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.

O compliant

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

O compliant

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* 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.

O compliant

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* 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.

O compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

O compliant

* 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.

O compliant

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

O compliant

* 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.

O compliant

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

O compliant

* 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.

O compliant

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.

O compliant

* 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.

O compliant

* 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.

O compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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 commitments & national priorities 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.

O compliant

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

O compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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.

O compliant

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

O compliant

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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.

O compliant

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.

O compliant

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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.

O compliant

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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.

O compliant

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* 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.

O compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit 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

- 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), LINks, overview and scrutiny committees, Learning Disability Partnership boards 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.

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 Submit button to return to the main section list

Comments from specified third parties

Please select the numbers of each type of third party that you wish to enter comments from

* Strategic Health Authorities

O 1

* Local involvement networks

O 1

* Local child safeguarding boards

O 1

* Learning Disability Partnership boards

O 1

* Non-specified third party organisations:

O 1

Comments from specified third parties

Please enter the comments from the specified third parties below.

Strategic Health Authority Comments

Please select the name of the first strategic health authority that has provided the commentary

O Yorkshire and The Humber Strategic Health Authority

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

As you will recall, last year your Trust invited the SHA to provide comments to be included within your declaration to the Healthcare Commission, as part of the annual health check. My purpose in writing to you again this year, is to once again offer comments, in the hope that this will add value to your declaration.

I note that you have declared compliance across all of the core standards for 08/09. I would like to commend you for the hard work you have put in to deliver this position.

We have attempted to gather intelligence from across the SHA to reinforce or critique your declaration; we would like to offer the following comments on the core standards.

Patient Focus
The SHA will continue to work, via the Primary Care Trust, to ensure improvement in privacy and dignity, through the delivery of plans to eliminate mixed sex accommodation
The SHA are pleased that the trust attends and contributes to the Patient Experience and Engagement Learning Network and we will continue to offer support to the trust to further develop their involvement of patients and the public in their work.

In addition we are aware that extensive patient and public engagement has been carried out to help the redesign of intermediate care services in Sheffield. The SHA acknowledges that the consultation process to harness public views to help inform service location and provision was well run and effective.

Emergency Preparedness
The SHA are currently unable to provide final commentary on core standard 24 because of a data validation process that has been requested by the DH Pandemic Influenza team.

Safeguarding Children
The PCT has recently submitted a self assessment against the recommendations of the review undertaken in Haringey on the Baby P case. It was clear that a lot of work had been put into this self assessment and strong partnership working with the local authority is evident. The SHA would find it useful to have further discussion with you about strategic leadership on safeguarding from the PCT and particularly how the PCT's commissioning processes, including service specifications are used to set out and monitor safeguarding requirements. In addition it would be useful to explore how the PCT is assuring itself that children and young people with a relatively high risk of abuse or neglect are routinely identified and protected by front line staff in universal services such as GPs, health visitors, midwives. We would also like to look at the new vulnerability assessment is in place and explore the possibilities of sharing this regionally.

Use of Resources
The SHA has during 2008/9 worked closely with the Audit Commission and your PCT to identify development areas in order to continue to further improve systems of financial reporting, financial management, internal control and value for money. In addition the SHA has advised you of the change in the assessment process (the transition from ALE to Use of Resources). You have established your own performance improvement programme and set the level of achievement you aim for in 2008/9. You recently completed an Achievement Report. I note a number of PCT's are concerned that in some cases the change in the scoring and assessment process will mean the improvements achieved will not be translated into change in Use of Resources score from 2007/8 to 2008/9. The SHA is taking up these concerns with the Audit Commission.

Improving Health Outcomes through multi-agency partnerships
The strength of partnership working is noted in the WCC panel report for Sheffield. They have a long history of robust JSNA. On competency 2 in the WCC assurance process, Sheffield attained an overall 3 with 3 for "creation of a LAA based on joint need' a 3 for 'ability to conduct constructive partnerships' and a 2 for 'reputation as an active and effective partner' They should continue to work in partnership to tackle the wider determinants of health. Sheffield is concentrating work on smoking to reduce smoking prevalence at delivery which currently stands at around 14% and is one of the lowest in the country.

Existing National Targets
The SHA acknowledges the ongoing efforts to achieve the key targets supporting improvements in providing responsive and accessible care such as 18 weeks, A&E and cancer waiting times. We acknowledge the challenges you have faced across the health economy to deliver the four hour standard in A&E and commend the work you have put in to deliver a health economy wide action plan. We note that performance management of these targets is robust however there remains a risk to delivery for 08/09.

Workforce and Equality Duties
At this point in time the SHA does not currently collect information that would enable us to verify or comment on the declarations made by any PCT for standards relating to workforce. The PCT has declared compliance against the statutory equality duties.

Governance
In response to issues identified by the SHA, the PCT is improving its processes to performance manage serious untoward incidents (SUI's) reported by its FT providers. In respect of the PCT's own SUI's, the PCT acknowledges the need to continue to work with the SHA to ensure that the system for reporting, investigation and action planning is timely, robust and embedded. Children's safeguarding is an issue of concern, which the PCT has worked hard to address.'

Local Involvement Network comments

* Please enter the name of the first Local involvement network that has provided the commentary

Sheffield Local Involvement Network (LINK)

* Local involvement network comments. There is no word limit on this answer.

For this Commentary the Sheffield LINk has taken the advice of the Healthcare Commission and held discussions with community organisations on the experiences of their members and staff of health services during the year 1st April 2008 to 31st March 2009 in Sheffield.

All of the discussion meetings took place within the city of Sheffield and were undertaken during February and March 2009. Participants were asked to mention both positive and negative points relating to their experiences and observations in relation to those core standards being considered by Sheffield LINk.

The community groups consulted were:
Focus group of LINK members on the Primary Care Trust
Focus group of LINK members on the Sheffield Teaching Hospitals Foundation Trust
Focus group of LINK members on the Sheffield Children's Hospital Foundation Trust
MAAN Somali Mental Health Project (MAAN)
Pakistan Muslim Centre (PMC)
Ray of Hope (support group for families of children with special needs) (RH)
Sheffield Expert Elders (EE)
Sheffield Royal Society for the Blind (SRSB)
Sheffield Churches Council for Community Care (SCCCC)

In all around 80 People were engaged in these discussions.

All the evidence in the commentary is derived from these community group discussions, unless otherwise stated.

As the LINk has only been operational for a short period of time the data for this commentary is necessarily limited. We will be able to draw on a range of data sources in the future including the work of LINk project groups.

C4 - Safety
Positive comments
The groups had observed a number of instances of good practice, such as doctors, dentists and nurses wearing gloves and washing their hands. Several people at their GPs had seen needles put straight into sharps bins. (LINk, PMC, EE).

Negative comments
LINk members raised the issue of hygiene at opticians as they had never observed the rest for the chin or the lens frames being wiped. They also thought patients should be asked if they are allergic to latex, but had never observed this.

C6 - Cooperation between Healthcare organisations
Positive comments
Patient Opinion web site: Three postings complimenting the good co-operation between GP practices and hospitals.

Negative comments
SRSB members raised the issue of referrals to hospital for eye problems. There seemed to be confusion over whether opticians could refer patients. Most opticians said that the patient's GP would have to make the referral. An example was given of an optician who tried to refer someone to the eye clinic however that was over a year ago and no referral had materialised. LINk members said they were confused over what the NHS does and what social care does.

C13 - Dignity and Respect, Consent, Confidentiality
Positive comments
Some members from all the groups said they had never observed any breaches of confidentiality at their GPs. A good example of dignity was given of a child with disability whose GP provides excellent care, talks to the patient directly and in a manner that puts the patient at ease (RH). SRSB reported that they were aware of consent forms being read out to blind people.

Negative comments
Some Expert Elders reported difficulties of confidentiality in queues at GPs' reception areas. Reception staff saying they need to know the ailment. Unanimous view that patients do not want to listen to other people's problems or have other people overhear theirs. This also applies to telephone conversations which can be overheard by other patients.

SRSB members commented that staff tend to address themselves to companions and not to the blind person. Also staff sometimes do not treat people with visual impairments in a tactful manner- for example saying to sit in the chair over there, or handing them leaflets. There is also an assumption that if someone is wearing glasses they can see even if a person is recorded as visually impaired on their notes.

C14 - Patient Feedback/Complaints
Positive comments
One person had made a complaint regarding access to appointments and had received a letter of response and was happy with the outcome. (PMC).

Negative comments
LINk members said they had never seen any information on complaints or PALS at GPs, dentists, opticians or pharmacies. They also commented that they felt disinclined to make any complaint about their dentistry services for fear of being struck off and being unable to find another NHS dentist. Dentists seemed not to be adapting with extended opening times to match people's changing lifestyles.

SRSB said that they the complaints procedure was difficult for someone who is visually impaired as it involved writing letters.

LINk Comment
The overall view from the groups was that PALS and complaints procedures are not publicised and patients are not informed about them.

C16 - Information Available to Patients and Public
Positive comments
LINk members commended pharmacists for clear information about their medicines when receiving prescriptions.

Negative comments
LINk members said that their dentists did not explain which treatment was on the NHS and which was private, or how much each would cost. An example in GP care was given by an Expert Elder of the difficulty experienced in getting information relating to their 98 year old father. SRSB gave instances of problems caused by reliance on printed information for medicines and NHS letters - which are often poorly printed, insufficiently contrasting and in an inappropriate front, making them difficult to read for poorly sighted people. SCCCC felt there were communication issues around Intermediate Care - as people often did not understand what will happen when they are released from hospital, what comes next, what will it cost, how long will it last? MAAN reported that lack of knowledge of how to access services was a common problem.

C17 - Patient and Public Involvement
Positive comments
LINk members gave examples of being consulted by their GP practices on a triage service for appointments and extra surgery hours. Another member had received a telephone call asking him to take part in a telephone survey by NHS Sheffield on cancer awareness.

The Expert Elders group reported that they had taken part in a lot of surveys and consultations through POPPs and Expert Elders, including on access to services, Intermediate Care, dentistry, and extra care housing. Similarly the Sheffield LINk members reported that they had attended consultation meetings with PCT managers on the new City Centre GP Surgery, Intermediate Care, End of Life Strategy and the Primary Care Strategy.

SCCCC commented that they had a good working relationship with 95% of the health professionals it has contact with. Occasionally they had to tell the professionals what they need.

Negative comments
Expert Elders reported frustration with two consultation exercises - the Derbyshire Lane Surgery moving to Gleadless despite public opinion being against it as there were no public transport links, and the Health Centre in the Norfolk Park Regeneration Area has never been built and nothing has happened despite consultation after consultation.

LINk Comment
The majority of participants were of the view that NHS Sheffield was making genuine attempts to ascertain the views of patients and the public in Sheffield. Several people commented that the PCT was more open to the views of the public since the merger of PCTs in Sheffield.

C18 - Equal Access
Positive comments
LINk, PMC and Expert Elder members all reported being offered a choice of hospitals by their GPs and a free delivery service for prescriptions from pharmacists.

Negative comments
General Practice: People from all the groups reported it was difficult to get an appointment at their GPs when they needed one and felt there were insufficient appointments available for people who telephoned in to their GP's surgery. A common comment was that patients were told to ring the surgery at 8am but the telephone is constantly engaged and when you eventually get through the appointments have gone. Waiting times reported for an appointment varied from two days to two weeks. LINk members were also concerned over having to pay for premium rate telephone calls when they called their GP practice.

One example given by a LINk member was that he could not make an appointment at his doctors for more than one week in advance. He was told to attend the surgery early in the morning just to make an appointment and had to go three times before he was able to make an appointment. He felt this was putting patients to great inconvenience and was unacceptable.

Dentists: Some Expert Elders and LINk members said they could not find an NHS dentist and had been forced to go private.

Other Access Issues: SCCCC commented that transport to appointments is a problem especially if someone needs a person to accompany them (there may not be a seat for the escort). It creates difficulties in accessing health services.

Some difficulties reported by SRSB for visually impaired people who don't go out in darkness hours or cannot take a bus, who then rely on promised telephone calls from the various health services which are not always kept. An example was referral to smoking cessation, where nurses were not returning calls.

PMC and MAAN reported occasional problems with understanding reception staff due to language difficulties.

SCCCC had knowledge of people with long term illnesses who were finding it difficult to see the same doctor regularly for continuity of care.

Patient Opinion web site: One posting saying the choose and book system failed in their case. One posting saying patient not given a choice to go to a Sheffield hospital even though they lived in Sheffield.

LINk Comment
Many negative comments were made by the community groups on access and appointments. This is borne out by the PCT's own reports on PALS and complaints.
The PALS reports show 37 inquiries regarding GP appointments and 34 inquiries regarding access to an NHS dentist over the second and third quarters of 2008/09. Access is noted as the largest subject of all inquiries. (The Report for Quarter 1 was not sent to the LINk).

(Patient Advice and Liaison (PALS) 1 July - 30 September 2008 (Quarter two) and
Patient Advice and Liaison (PALS) 1 October - 31 December 2008 (Quarter Three).

Formal PCT complaints on "Appointments delay and cancellation" are reported as averaging 17% of all complaints over the first 3 quarters of 2008 09, second only to "all aspects of clinical treatment" which averaged 44%. (NHS Sheffield Report on Compliments, Complaints and MP Enquiries, January 2009).

C19 - Emergency Health Care and Access
Positive comments
LINk members gave examples of obtaining emergency dental treatment and mental health crisis services out of hours. Expert Elders were impressed as some GP surgeries hold a slot for emergencies only such as one hour each morning.

Negative comments
Several people from the groups said they had trouble with the telephone system for emergency care. There were a lot of options so that people went round and round in circles and were eventually told they were in a long queue or that the service was now closed. A PMC member was given conflicting advice when he rang the emergency doctor service at night for his wife and was told they could not come for 2 hours so to call 999 for an ambulance. He did so and went to A&E at NGH only to be told they should have come by taxi as it was not an emergency. LINk and Expert Elders members said they did not know if they could go to the Dental Hospital if they needed emergency dental treatment.

Patient Opinion web site: One posting saying GP out of hour's service refused to visit the patient.

LINk Comment
On the evidence obtained access to emergency care appears patchy and inconsistent.

C20 - Environments
Positive comments
LINk members reported being impressed by modernisation at their practices. Several said they liked the soothing music played at their practice. A good example given was that the reception desk at a practice had been lowered which was better for patients (especially those in wheelchairs).

Negative comments
SRSB commented that the layout of buildings can create problems for the visually impaired. Spoken references to rooms and colors are difficult to understand.

A LINk member said that a waiting room at his GPs was so small he would not use it for fear of catching an infection.

Local child safeguarding boards comments

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

Sheffield Safeguarding Children Board

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

In response to your request for input from the Safeguarding Board for your submission to the healthcare commission we would make the following points.

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).

NHS Sheffield have continued to contribute fully to Serious Case Reviews and produced good quality written and verbal contribution. In addition they have shown commitment to learning from these processes by formulating and implementing clear and manageable action plans. Of credit is the commitment shown to change practice at the earliest opportunity to improve their safeguarding practice by implementing their action plans with immediate effect.

NHS Sheffield have a clear monitoring process for monitoring their action plans with named leads responsible for each action point and clear timescales. This clear structure enables the safeguarding board to have regular updates of progress being made and the safeguarding board are requesting other partner agencies to adopt a similar structure.

NHS Sheffield have lead responsibility for a 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.

NHS Sheffield has developed in-house training strategies and has a commitment to producing high quality safeguarding training.

2. The healthcare organisation works with partners to protect children as set out in Working Together to safeguard children.

NHS Sheffield is represented on the Safeguarding Board and the Operational Executive.

Representatives of the Trust sit on sub-groups, including the Health Reference group, the Practice Review & Standards Group and the Policy and Procedures Implementation Group of the Safeguarding Board.

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

NHS Sheffield representatives who sit on these groups are full and active participants who make valuable contributions to the safeguarding agenda. There is always full attendance at these meetings and they are clearly prioritised by members of NHS Sheffield.

Recently NHS Sheffield completed that Challenge and Improvement tool that considers governance arrangements in the safeguarding board and will sit on the working group to develop an action plan.

It is positive that NHS Sheffield always responds promptly to requests for information, audits and questionnaires commissioned by the Safeguarding Board.

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 the NHS Sheffield aware of safer recruitment standards and regulations and they have demonstrated engagement with that agenda.

Recently they, along with all partner agencies, were asked to complete a Safer Recruitment review. This was returned promptly and gave full information.

An action plan has been developed from the safer recruitment review.

The information provided in the review states CRB checks are completed as appropriate to the post.

Learning Disabilities Partnership Board comments

* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Learning Disabilities Partnership Board

* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

This document is the independent view of the Improving Health Group a subgroup of the Learning Disabilities Partnership Board on Sheffield Primary Care Trust's performance against the Healthcare Commission Core Standards as part of the Annual Health Check.

The Group 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 last year.

The group would also like to state that to get full Partnership Board feedback, future sessions should be planned approximately three months in advance next year to enable meaningfully engagement with carers and service users.

Through the work the Group has undertaken over the period April 2008 to January 2009 we are able to comment on the following core standards:
C6: Joint planning and partnership working
C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights
C13a: Healthcare organisations have system sin place to ensure that staff, treat patients, their relatives and carers with dignity and respect.
C22a&c: Healthcare organisations promote, protect and demonstrably improve the health of the community services, and narrow health inequalities

C6 - Examples of good practice:
Work with NHS Disability Strategy Lead on Nice guidance looking at Mental Health /'Green Light' tool kit and promoting positive working across the Care Trust Mental Health and Learning Disability Services.

Work to develop commissioning intentions for learning disability: engagement with stakeholders is seen as a key achievement to have been included, compared to previously, and for bids and to get as far through the process.

All the work of the learning disability partnership board is taken forward as partnership approaches with NHS Sheffield. The 'Good Life Learning Disabilities Strategy' is an example of this.

Positive work has taken place by NHS Sheffield, Sheffield Teaching Hospital and Local Authority to identify discrimination around access of people with learning disability to epilepsy services. A positive outcome is the funding of an epilepsy project nurse to progress work on reducing this discrimination.

Work by NHS Sheffield to implement the Direct Enhanced Service with GPs to improve access for people to health care is seen as positive.

C7e - A good example is work on Deprivation of Liberty implementation in Sheffield in partnership with NHS Sheffield and other health and social care organisations.

Leadership on the Disability Equality Duty by NHS Sheffield Disability Strategy Lead into the Learning Disabilities Partnership Board, and increased challenges by the partnership board to other sectors of the council has been a result of this engagement.

Equality Impact Assessments (EIA) conducted with Local Authorities on the impact of the transfer of learning disability accommodation services.

Presentation of the Intermediate Care Strategy, the Mental Health Strategy and involvement in the End Of Life Strategy through either the Improving Health Group or the Learning Disability Partnership Board is seen as an important step towards better inclusion of people with learning disabilities, and should occur for all new strategies/initiatives.

C13a - Work with Sheffield Teaching Hospitals, Sheffield Health and Social Care NHS Foundation Trust (SHSC), Local Authority and NHS Sheffield on improving access and dignified treatment of people with learning disability in accessing hospital care "Traffic Light System".

Group was aware of work on 'Essence of Care', and work on preferred 'Place of Care' for people with learning disability.

C16 - An example of this is the Expert Patient Programme (EPP), which is seen as a national exemplar of good practice.

The development of an overarching Communication Framework for people with a learning disability has had involvement by NHS Sheffield Disability

Strategy lead.

Lead clinicians and managers in SHSC Trust would welcome opportunities to work with NHS Sheffield Communication Leads and Patient Public Involvement/Patient Advice Liaison Service (PPI/PALS) on standards for accessible information for people with a learning disability.

Good liaison with PALS officers in engaging with people with a learning disability.

C22 - Health Inequalities Section on Learning Disabilities in the Director of Public Health's report and the Joint Strategic Needs Assessment are seen as positive.

Joint Commissioning arrangements and working relationships are strengthening.

Positive examples are Dental Strategy, Intermediate Care Strategy and 'Good Life' (health components strengthened).

Commentaries from other third party organisations

* Please enter the name of the organisation that has provided the first commentary

N/A

* Please enter the first commentary for this organisation

N/A

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

Overview and scrutiny committee comments

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

O 1

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Health and Community Care Scrutiny and Policy Development Board

Comments. There is no word limit on this answer.

"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 2008/2009, made as part of the Healthcare Commission Annual Health Check. Members especially wish to recognise the continuing partnership between the Trust, the City Council and other organisations and the Trust's readiness to present their declaration to the Board and to answer Members' questions in a detailed and open manner.

In the context of improving health services and improving public health, the Board sought to concentrate upon particular core 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 to make the following comments in relation to the Trust as a provider and commissioner:-

C4 - Infection Control
With regard to infection control, the Board noted that as a provider of services there was in place an infection control strategy and regular reporting to the Department of health in relation to cases of MRSA, which, together with cases of C Difficile, had reduced in number during 2008/09. The podiatry service has participated in the Clean your Hands Campaign and undertaken an infection control audit and there was also evidence of greater detail required from GPs in relation to Practice self-audits of infection control.

C6 - Joint Planning/Partnership Working
The Board were pleased to note that the Trust were continuing to contribute to opportunities for partnership working, as evidenced by collaborative work with the City Council, such as with the pooled budget for learning disabilities services; and with health trusts in the City.

In addition, the Board noted that Podiatrists work in the intermediate care teams and deliver training for the POPPS service and care home staff.

Comment was made with reference to the development of an electronic Single Assessment Process and the Trust acknowledged that there were problems with software/IT applications. The Board asked for further clarification with regard to the progress in the development of the Single Assessment Process. * Further information was subsequently provided to the Board concerning progress with an electronic common assessment process.

C7 - Governance
The Board recognised that the Trust's governance arrangements would be reviewed to reflect its role as a commissioning organisation. It is also noted that all Trust policies have Equality Impact Assessments.

The Board observed that in a recent development and as part of the Compassionate Care Project, Sheffield healthcare providers were invited to submit proposals to deliver initiatives that would demonstrate improvements to patient care in respect of compassionate care, dignity, privacy and respect.

In addition, evidence submitted by Patient Advice and Liaison Service (PALS) was also examined through the Patient Safety Group.

C14 - Information and Complaints
The Board were pleased to note that, where possible, the Trust sought to resolve issues before they reached the stage of a 'formal' complaint and that the complaints process could involve clinical advice or input. Complaints and compliments informed learning and service evaluation and improvement.

The Trust offered a comprehensive range of publications, such as information leaflets in several languages. Whilst there was concern from Members that people without access to the internet might be disadvantaged by not being able to access information relating to treatment or care, the Board were assured that staff would be able to use web-based information to better inform patients. The Trust might also access other means of communication, including interpreters and advocacy services (through PALS).

C17 - Patient Views
The Board noted activity undertaken by the Trust in seeking views of patients, carers and others in the planning and improvement of healthcare services. An example being the views expressed on podiatry services as part of consultation with patients living with diabetes.

Patients' views are also represented through the Trust's relationship with the Sheffield Local Involvement Network (LINk), the expert patient programme and consultation activity, for example in relation to stroke services.

C18 - Equal Access and Choice
In relation to equal access and choice of services and treatment, the Trust demonstrates compliance in a number of ways, including the establishment by the Primary Care Mental Health Service of a BME Inclusion Group to deliver a BME Inclusion Strategy; an Enhanced Public Health Programme initiative in Sharrow to bring local people closer to health services in relation, for example, to smoking cessation (known as Shipshape).

There are also more GP Practices with extended opening hours, including at weekends, which improved both access and people's perceptions regarding access. The PCT monitors the performance of GPs in the City according to a quality and outcomes framework. Practices are incentivised to extend opening hours and this was also monitored.

C22 - Health Inequalities
In relation to reducing health inequalities, the Board recognised the Trust's identification of priority areas through the combined Director of Public Health Annual Report and Joint Strategic Needs Assessment, which was the basis of the Trust's commissioning intentions and the Achieving Balanced

Health Strategy. The Trust's role as a partner in the Sheffield First for Health & Well Being Partnership and its delivery plan which contributes to reducing health inequalities is also recognised, together with the development of an action plan in response to the findings of the Audit Commission in relation to addressing health inequalities.

C23 - Disease Prevention
In relation to disease prevention, the Board recognised continuing programmes to tackle various health conditions and the Trust's identification of priority areas (through the combined Director of Public Health Annual Report and Joint Strategic Needs Assessment) which informed both the Achieving Balanced Health Strategy and Local Area Agreement or Vital Signs targets.

The contribution of Enhanced Public Health Programmes to disease prevention was also noted which was identified in the award of Beacon Status to Sheffield in May 2008 in relation to tackling health inequalities.

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