Webforms Output: Core standards declaration 2007/2008
May 2008

Generated 08/05/08
FRM-12, FRR-6C4
Confirmation

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

SS14 3HG

- END OF PAGE -

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: South West Essex PCT

Chief Executive's First Name: Pam

Chief Executive's Surname: Court

Chief Executive's Email: pam.court@swessexpct.nhs.uk

Organisation Code: SPY

- 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
Guidance

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 heath). 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
Guidance

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.

### 2007/08 process

The PCT’s declaration has been made following a comprehensive assessment process.

The PCT has identified Sponsors and Owners for each of the standards, and the Owners have been working with the Integrated Governance team in ongoing monitoring of compliance against the standards, and in taking forward action planning. Status updates have been presented to the Integrated Governance Committee and Board. The Owners and Integrated Governance team have also reviewed the PCT risk register and the Serious Untoward Incidents that have been reported throughout 2007/2008. These have been reviewed as ‘Lapses’ and have been rated according to the Healthcare Commission guidance on Significant Lapses. The PCT has been implementing action plans to address any weaknesses identified within the declaration process.

The compliance ratings for the standards have been peer-reviewed and agreed by the executive and non-executive directors and confirmed by the Board.

In line with the advice from the Commission, a statement of compliance with a standard indicates that the standard has been substantially met throughout the year, with adequate systems and processes in place. This does not necessarily mean that there were no lapses at any time within any of the areas concerned; but that the duration and impact of any lapses that may have been identified did not constitute an order of risk to patients, staff or the public, in the context of the area in question, to justify a declaration of non-compliance.

Evidence to support compliance has been collated and reviewed for robustness and appropriateness to support compliance with the standards. The evidence for 2007/08 includes documentation from the PCT’s Provider Services. Evidence in relation to independent contractors has been gathered through the contract monitoring processes and through Integrated Governance team involvement, including Quality & Outcomes Framework achievements, to evidence the steps that have been taken to ensure that the services provided by independent contractors are meeting the standards. In relation to commissioned services, the Standards for Better Health requirements have been built into the contracting and monitoring processes, and evidence is in place to support this.

As part of its assurance, the Board has noted the comments of the following third parties:

- The East of England Strategic Health Authority, whose statement is based on the review of its own evidence in relation to a limited number of standards on which it felt able to comment. This notes among other things the progress that has been made in relation to access.
- The joint Patient & Public Involvement Forum, whose positive comments on joint working are welcomed. The PCT’s evidence and any lapses against the standards, and the PCT’s potential compliance rating, were reviewed and discussed with the Forum.
- The Essex Health Overview & Scrutiny Committee, with whom the PCT’s potential compliance rating was shared. We welcome the positive comments of the Committee in relation to the consultation process undertaken by the Trusts in South Essex for the restructuring of mental health employment and day services. The Committee’s input to that process was also very helpful and the PCT felt that this was a positive example of working to support positive consultation with the community. The Thurrock Health & Well-being Overview & Scrutiny Committee has not offered any comments.
- The Essex Safeguarding Children Board and Thurrock Safeguarding Children Board, both of which have commended the PCT’s strong commitment to safeguarding children at both a strategic and operational level, and to supportive partnership working.
- The Local Pharmaceutical Committee for Essex has also offered comments in support of the PCT’s declaration and these have been inserted in the Patient & Public Involvement Forum section within the Statements from Specified Third Parties template, and identified separately.
- The PCT’s assessment has also reflected a number of key external sources of evidence, including feedback from the Healthcare Commission’s cross-checking analysis from 2006/2007 and its January 2008 race equality review, which assessed the PCT’s evidence of compliance against the Race Equality elements of standards C7a, C8b, C16, C17 and C18; and the PCT considered the outcome of the provisional review report in considering its compliance rating. We also discussed and reviewed with our local Healthcare Commission Assessor, the progress in addressing issues arising from the earlier review of complaints processes, within Core Standards C14a, C14b and C14c, and implementation of actions being taken forward in relation to the standards that we declared as non-compliant in 2006/07. A review has also been undertaken of data from other regulatory and review organisations, such as Internal Audit, the NHS Litigation Authority and PEAT (Patient Environment Action Team) inspections, to further inform the assessment of compliance.
- Throughout the process, the PCT has liaised with other Trusts within the local health economy to ensure that the approach that we have taken to the self-assessment and ongoing development, is broadly consistent with that of other organisations, and to share the outcomes of work on the standards.

### Assessment of compliance

To the best of our knowledge and belief we are compliant in those standards that we have declared to be such in this statement, and have based this on detailed consideration of an extensive range of documentary evidence supporting the different standard domains. However, we also recognise that there is a continuing need to develop and update the database of documentary evidence that supports this assurance.

Following the review process described above, the Board has determined that full-year compliance was achieved on all of the core standards with the exception of Standards C4a, C4b, C4c and C18, but that these were brought to full compliance by the end of the period. The issues involved and actions taken to address these are set out in the relevant domain pages.

The Board recognises the need to make and sustain progress across all its activities and services, and the PCT will continue to work with partners to take forward the development and improvement of healthcare for South West Essex. As part of this, any issues identified in the ongoing review of performance against the Standards for Better Health, have been reflected in our business planning process and in the development of strategies and action plans for different areas.
Statement on measures to meet the Hygiene Code

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

Following last year’s declaration of non-compliance with the Health Act, South West Essex PCT is in a position to state full compliance with the code as of 31st March 2008. Key developments to enable us to state this compliance have been:

- The investment of staff to the Infection Control Team, to facilitate re-commencement of both the audit and training programmes, and development of other work streams
- The review and circulation of policy and guidelines for infection prevention and control (including a separate antibiotic formulary)
- Development and implementation of a risk assessment tool
- Monthly monitoring of cleaning contracts
- The introduction of Essential Steps into the Trust
- Robust arrangements for the accountability of infection prevention and control in both the commissioning and provider arms of the PCT.

Whilst we recognise that there are some areas for further development, there is a clear action plan to ensure all work is completed. The work programme for 2008/2009 will be merged with the newly developed risk assessment tool, updated quarterly and become the ‘live’ document to which the Trust will work.

The PCT and dental colleagues have a concern that there is no agreed national standard against which we should be auditing practices, and pending this we have adopted the guidelines of the Infection Prevention Society. However, the following progress has been achieved in respect of decontamination within dental practices:

- The majority of practices have purchased a washer-disinfector, as part of the Essex Decontamination Strategy
- Each practice has an individual action plan to work towards compliance with the national decontamination strategy (however, without some significant building work, some will not be achievable)

There is a planned programme to audit all practices in 2008/2009 to review and update action plans.
Safety domain

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
O not met
O 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.

O compliant
O not met
O insufficient assurance

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

O compliant
O not met
O 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).

O compliant
O not met
O insufficient assurance

Start date of non-compliance or insufficient assurance 01-04-2006

End date of non-compliance or insufficient assurance 01-10-2007
Safety domain

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

As the Health Act (Hygiene Code) only came into effect in late 2006, at March 2007 we were unable to declare full compliance with this core standard.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We have assessed our compliance in the light of the measures to meet the Hygiene Code, as summarised in that section, and are confident that we have met the standard in the course of the year.

The Health Act has been adopted as the basis for our annual infection control work programme, thereby implementing all duties within the Health Act – see details in statement on Hygiene Code.

* 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
O not met
O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

As at 31 March 2007, the decontamination strategy had yet to be fully implemented; this was with specific regard to the acquisition of single-use equipment and formed part of the ongoing action plan for this standard and standard C4c.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

The decontamination strategy forms part of the infection control annual work programme and we achieved full compliance as stated in the Hygiene Code by 01.10.07. The Infection Control Team has continued to work closely with the Essex Decontamination Project Manager, the locality directorates (Primary Care Directorate with effect from 01.04.08) and independent contractors to facilitate this work.

- 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.

O compliant
O not met
O insufficient assurance

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

As at 31 March 2007, the decontamination strategy had yet to be fully implemented; this was with specific regard to the acquisition of single-use equipment and formed part of the ongoing action plan for this standard and standard C4a.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)
The Health Act has been adopted as the basis for our annual infection control work programme, thereby implementing all duties within the Health Act – see details in statement on Hygiene Code.

The decontamination strategy forms part of the infection control annual work programme and we achieved full compliance as stated in the Hygiene Code by 01.10.07. The Infection Control Team has continued to work closely with the Essex Decontamination Project Manager, the locality directorates (Primary Care Directorate with effect from 01.04.08) and independent contractors to facilitate this work.

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

  O compliant
  O not met
  O 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.

  O compliant
  O not met
  O insufficient assurance

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 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.

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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.

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

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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.

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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.
* 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.

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.

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

* 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.

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

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.
Patient focus domain

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
  - O not met
  - O 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.
  - O compliant
  - O not met
  - O 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.
  - O compliant
  - O not met
  - O 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.
  - O compliant
  - O not met
  - O 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.
  - O compliant
  - O not met
  - O 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.

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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.

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* 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.

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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.

<table>
<thead>
<tr>
<th>Compliance Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Compliant</td>
<td></td>
</tr>
<tr>
<td>Not Met</td>
<td></td>
</tr>
<tr>
<td>Insufficient Assurance</td>
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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.
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

Start date of non-compliance or insufficient assurance

End date of non-compliance or insufficient assurance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

As at 31 March 2007 the PCT did not feel able to declare this standard as being fully met, as the national patient survey information had changed and the new diabetes-specific survey promised only limited scope for identifying general access to all services. At the same time, other recent survey information indicated that there was room for improvement within access, especially in relation to Choose and Book, and wide variations in patient experience and satisfaction across primary care services in South West Essex.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

These include:

- A comprehensive plan for improving access, responsiveness and choice in primary care was in place from September 2007. Resources for improvement have been focused on the worst performing practices in order to achieve greater equity and support the sharing of good practice; progress achieved includes the offer of extended opening hours by a number of practices.

- A recovery plan for Choose & Book was signed off during the year. All commissioned and extended choice providers are displayed on the front sheet of the Directory of Services; and specific actions are being taken to encourage greater uptake and ensure that patients whose GPs do not currently use Choose & Book are not disadvantaged.

- The PCT has consulted on and launched a Healthcare Strategy that sets out a programme to develop and implement service strategies for different conditions, and to review, redesign and develop care pathways. This is supported by a Health Inequalities Strategy driving a range of actions including health equity audits and measures to extend services and interventions to hard to reach communities.

- A range of patient choice information has been developed, and media campaigns instituted to promote the opportunities and choice available to patients.

- The 2007 results of the diabetes survey contained positive feedback in relation to access to services, although with some variations between the different localities, which has informed the action plans being taken forward.
Care environment and amenities domain

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
  - O not met
  - O insufficient assurance

* 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
  - O not met
  - O insufficient assurance

* 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
  - O not met
  - O insufficient assurance

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.
Public health domain

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.

- END OF PAGE -

* 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.

- END OF PAGE -

* 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.

- END OF PAGE -

* 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.

- END OF PAGE -
Public health domain

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.
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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<table>
<thead>
<tr>
<th>Title</th>
<th>Full name</th>
<th>Job title</th>
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<tbody>
<tr>
<td>Dr</td>
<td>Robin Bell</td>
<td>Clinical Chair</td>
</tr>
<tr>
<td>Mrs</td>
<td>Jackie Brown</td>
<td>Director of Finance &amp; Contracting</td>
</tr>
<tr>
<td>Mrs</td>
<td>Pam Court</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Mr</td>
<td>Len Green</td>
<td>Non-executive Director</td>
</tr>
<tr>
<td>Dr</td>
<td>Katherine Gronqvist</td>
<td>Director of Public Health</td>
</tr>
<tr>
<td>Mr</td>
<td>Stephen King</td>
<td>Interim PCT Chair</td>
</tr>
<tr>
<td>Mrs</td>
<td>Frances Pennell-Buck</td>
<td>Non-executive Director</td>
</tr>
<tr>
<td>Mr</td>
<td>Mel Porter</td>
<td>Non-executive Director</td>
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<tr>
<td>Mrs</td>
<td>Barbara Stuttle CBE</td>
<td>Director of Quality &amp; Nursing</td>
</tr>
<tr>
<td>Mr</td>
<td>Senan Walsh</td>
<td>Non-executive Director</td>
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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 enter the comments from the specified third parties below.

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

** East of England SHA **

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

<table>
<thead>
<tr>
<th>Pam Court</th>
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<tr>
<td>Chief Executive</td>
</tr>
<tr>
<td>South West Essex PCT</td>
</tr>
</tbody>
</table>

Dear Pam

NHS East of England assessment of SW Essex PCT performance against Standards for Better Health

I am writing to you in accordance with Health Care Commission (HCC) guidance to provide you with the comments of NHS East of England on the performance of your organisation against HCC standards.

The NHS East of England has assessed performance against a limited number of standards for the period April 2007 projected to end of March 2008. These standards were selected from the full complement of HCC standards as those on which we consider we can reasonably comment given the limited information held by the Strategic Health Authority (SHA).

We acknowledge that the PCT has been consolidating processes and work following the new organisation being formed in late 2006 and that the Primary Care Trust (PCT) continues to develop clinical and corporate governance arrangements.

In relation to standard C4a we note that provisional data indicates a year on year reduction in MRSA and a reduction in C. Diff cases from 2006/07.

In relation to standard C18 the SHA notes:

The PCT has achieved 46% patient choice in September against an England average of 45%.

In relation to standard C19 the SHA notes:

An excellent and sustained performance around the key cancer targets

Projected achievement of the 18 week maximum wait milestones of 85% of patients on an admitted pathway seen within 18 weeks and 90% of patients on a non-admitted pathway seen within 18 weeks.

In relation to standard C23 the SHA notes:

Diabetic Retinopathy screening is offered in line with the national standard, smoking cessation is on line to achieve the annual target.

Please submit this letter with your declaration. I look forward to hearing the outcome of the HCC’s assessment.

Yours sincerely

PAUL WATSON
Director of Commissioning

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

** South West Essex PPI Forum + Essex Local Pharmaceutical Committee **

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

** PATIENT AND PUBLIC INVOLVEMENT FORUM **

This is a commentary produced by the Patient and Public Involvement in Health (PPI) Forum for South West Essex for inclusion in the Trust’s Declaration for the Annual Health Check for the year to March 31st 2008.

** Background **

This year has been a difficult year for the Forum with the uncertainty about its actual date of cessation together with the provider services of the PCT moving towards an arm’s length situation.

** Involvement with the Trust **

The Forum has continued to have a seat at the Board meetings in public and given the opportunity to raise issues on behalf of the Patients and public.

As well as members of the Forum sitting on several of the PCT’s committees all the Forum and Locality Forums’ meetings, a total of 26, have been attended by a member of the PCT’s PPI team. This has eased the flow of information.

The majority of the Forum’s meetings, including the 16 meetings held in public, have had staff and clinicians, provided by the PCT, to speak on a large variety of subjects. This has proved a very useful way of both obtaining information regarding services and enabling questions and criticism to be put directly to staff. C16

** Consultations **

During the year the main consultation was the Mental Health Day Care Service Review. The Forum arranged a meeting in public at which the Director of Commissioning and three of his team together with a voluntary organisation representing users talked us through the proposals and enabled relevant questions to be addressed. C17

** Out of Hours Service **

Having been part of the team developing the specification for the new contract a member of the Forum sat on the Selection Panel and the implementation team. This has enabled both the monitoring of the various response times against the national standards of the contract up to January 2008 and also to ensure necessary modifications to provide a more integrated service within the new contract from February 2008. C19

** Infection Control **

The infection Control Nurse for the PCT attended a Forum meeting held in public and addressed the meeting on MRSA and Clostridium difficile. Advice
Comments from specified third parties

ESSEX LOCAL PHARMACEUTICAL COMMITTEE

Essex Local Pharmaceutical Committee is a statutory body with a responsibility to represent community pharmacists, independent contractors providing NHS services to patients within the PCT locality. The Committee understands that the PCT must consider compliance in the independent contractors and further to assess whether the PCT has taken reasonable steps to engage and communicate with the independent contractors, to ensure that the services are meeting the "standards". Essex LPC wishes to confirm that South West Essex PCT has met these standards and has in fact taken more than reasonable steps with regard to engagement and communication. The Committee would like to feature some examples below, which it believes represent good practice. Further, the Committee considers that the promotion of such good practice to PCTs operating outside South West Essex would be extremely beneficial.

Community Pharmacy Contractual Framework - Compliance Monitoring

South West Essex PCT has ensured that the contractual framework monitoring has been conducted professionally. The Committee particularly welcomes the administrative arrangements which include advanced distribution of appropriate materials for consideration and careful scheduling of appointments to visit all independent contractors. The visiting team from the PCT has been sufficiently diverse and experienced in order to ensure that the monitoring visits perform a learning and developmental role for the independent contractors (and for the PCT). Following on from the monitoring, the PCT has produced a report providing additional learning principles and developmental resources. This report has been widely circulated. The LPC is confident that engagement with the contractors in this manner will continue to ensure high quality compliance and integration with PCT goals.

Enhanced Services Development

South West Essex PCT has identified a number of intuitive opportunities for community pharmacy to deliver high quality services in a convenient location to patients. The PCT have ensured that the pharmacists have had the appropriate opportunity to understand and subsequently to deliver these services. In particular, the LPC welcomes a series of day time training days initiated and supported by the PCT in this regard.

John Stanley
Chief Executive
Essex Local Pharmaceutical Committee

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

** Essex Safeguarding Children Board + Thurrock Safeguarding Children Board

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

ESSEX SAFEGUARDING CHILDREN BOARD

Ms P Court
Chief Executive
South West Essex PCT

Dear Ms Court

Standards for Better Health – Healthcare Commission

On behalf of the Essex Safeguarding Children Board I would like to make the following comments.

The ESCB comments that South West Essex PCT demonstrates strong commitment to safeguarding children at both a strategic and operational level and demonstrates this through the activity it undertakes for the Board.

South West Essex PCT provides regular and constructive representation to the Safeguarding Board, its Business Planning Group, across its workstreams and at Locality Safeguarding Group level where the Designated Nurse is Vice Chair. South West PCT also provides the chair for the Health Safeguarding Children Network, a Board subgroup.

South West PCT has made good progress with the establishment of child death review processes in the South of the county, working effectively in partnership with South East Essex PCT.

Where required South West Essex PCT has cooperated fully with serious case reviews during this time period and has responded to action plans in the manner required.

As required by the Board South West PCT has completed an audit of its responsibilities under section 11 of the Children Act 2004.

The Board has no evidence to suggest that the Trust does not follow national child protection guidelines in their own activities and in their dealings with others. The Trust has adopted the Southend, Essex and Thurrock Child Protection Procedures.

Yours sincerely

Cathryn Adams
Acting Head of Safeguarding
Chair – ESCB Business Planning Group

THURROCK SAFEGUARDING CHILDREN BOARD

Pam Court
Chief Executive, South West Essex NHS Primary Care Trust

Dear Pam,

Re: Commentary on South West Essex Primary Care Trust declaration on Standards for Better Health

With reference to your letter dated 5th March 2008 in relation to the above declaration, please find below a brief response to your request from the Thurrock Safeguarding Children Board.

The Thurrock Safeguarding Children Board (TSCB) wishes to state that the South West Essex Primary Care Trust has shown a strong and clear
commitment to the Board, both in terms of financial support, and from its officers when participating in the various work groups that are organised by the TSCB.

The South West Primary Care Trust has demonstrated by its recent actions that it is committed to improving the level of safeguarding for Thurrock children and young people, and it remains a key partner of the TSCB in achieving this in Thurrock.

We look forward to a continued strong and supportive partnership with the Primary Care Trust.

Yours sincerely,

David Watts
Thurrock Safeguarding Children Board Manager
Comments from specified third parties

Please enter the ninth commentary for this organisation

Please enter the name of the organisation that has provided the tenth commentary

Please enter the tenth commentary for this organisation

Please enter the name of the organisation that has provided the eleventh commentary

Please enter the eleventh commentary for this organisation

Please enter the name of the organisation that has provided the twelfth commentary

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Please enter the name of the organisation that has provided the fifteenth commentary

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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
Overview and scrutiny committee comments

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

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

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Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Essex Health Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

Dear Chief Executive

Over the last year, the Committee (HOSC) has received a number of presentations from Health Trusts in Essex describing their work and their financial position. The HOSC is grateful to all who have attended for the constructive and helpful approach taken. There has also been considerable contact between Trusts' officers and officers here at County Hall and I hope we all agree that much useful work takes place ‘behind the scenes’.

Despite the amount of work undertaken, the HOSC does not feel that it has much to say as regards the annual health check. Where issues of concern have been raised the Trusts have responded quickly and where good work has been done the HOSC has made its satisfaction known at the time. The matters have therefore been resolved and it is clear that the scrutiny system in Essex has matured to the stage where matters are dealt with and do not need leaving until the health check stage and a third party has to become involved.

There have also been a number of issues requiring attention at the regional level which do not fall within the health check system.

I am therefore sending to the appropriate Trust(s) any comments made and would ask that these be included in your submission to the Healthcare Commission please. If there is no attachment with this letter the HOSC has no comments to make. For the reasons set out above, please do not see a lack of response as equating to a lack of interest.

Yours faithfully

Graham Redgwell
Governance Officer
Essex County Council
Health Scrutiny

SOUTH EAST ESSEX PCT
SOUTH WEST ESSEX PCT
SOUTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST
(Accessible and Responsive Care Domain – Standards C17-C18)

The Committee received detailed presentations from officers of these Trusts regarding proposals to restructure mental health employment and day services in the south of the county.

The Committee accepted the argument that the majority of service users had not been using the existing drop in centres, as they did not meet their aspirations. It also agreed that the evidence showed that the current service was not meeting the needs of specific demographic groups, such as women and ethnic minorities. It therefore supported the wish of the PCTs to reduce the number of hours that these drop in centres were open.

The Committee supported the proposals that much more of the work of the Mental Health Employment and Day Services would now take place in the community, which would reduce isolation and give more choice to users. The Committee noted that research showed that 86% of men and 83% of women wanted to go back into the work place within the first year, but that after that time these figures dropped considerably as the desire to return to work reduced. The wish of the two PCTs to become exemplars in the work place, in order to provide meaningful jobs for mental health service users, was welcomed. The service user would have access to the support employment schemes to enable them to return to either paid work or voluntary work which would be linked to the benefits they currently receive. Each service user’s case would be treated on merit and the time span adjusted if necessary.

The Committee enquired about the support mechanisms to be put in place for individual clients. It also confirmed that sufficient funding would be in place to enable these changes to take place.

In giving its support, the Committee was particularly pleased to be able to compliment the Trusts on the consultation methods used to gather the views of service users, their carers and relatives, and stakeholder bodies involved in service provision. This had led to a widespread and constructive debate and to bodies feeling confident in being able to ‘sign up’ to a complex set of proposals.
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.