Inspecting Informing Improving

Webforms Output: Core standards declaration 2007/2008
May 2008

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Healthcare Commission

Confirmation

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

- 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:	Basildon And Thurrock University Hospitals NHS Foundation Trust
Chief Executive's First Name:	Alan
Chief Executive's Surname:	Whittle
Chief Executive's Email:	alan.whittle@btuh.nhs.uk
Organisation Code:	RDD

- 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

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

General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.
The declaration form is divided into the following sections:
1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

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

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

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public 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

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.

General statement of compliance

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

The Basildon and Thurrock University Hospitals NHS Foundation Trust's Board of Directors has considered the available evidence in relation to its compliance with the Core Standards for Better Health, including comments from third party organisations, and is satisfied that the organisation is compliant. The Board has reasonable assurance that the Trust has been meeting the standards without significant lapses from 1 April 2007 to 31 March 2008.

In May 2007 the Trust declared non-compliance with standard C8b. The Trust implemented an action plan which has been monitored quarterly by the Board of Directors and the Trust has achieved compliance in 2007/08. Declarations on compliance with the Terms of Authorisation including the Standards for Better Health were reported quarterly to Monitor.

Determining compliance

The Trust repeated the robust self-assessment process undertaken in 2006/07 in assessing and declaring compliance against the 24 Core Standards and the subsections therein.

Declarations of compliance have been received from each of the clinical and non-clinical directorates, from each of the four Executive-led governance sub-committees responsible for ensuring compliance at Trust level and from the validation process. Validation of the compliance status was undertaken for each domain by a pairing, consisting of an executive director and a non executive director. The Trust's Internal Auditors independently checked the evidence relating to three domains, Accessible and Responsive Care, Governance and Public Health and provided substantial assurance within their report.

The assessment of compliance by executives and the validation process took into account third party comments where they were available and included a risk assessment to determine whether there was a lapse. The Trust is particularly grateful to the Basildon Patient and Public Involvement Forum, the East of England Strategic Health Authority, Essex County Council, Basildon Housing and Community Overview and Scrutiny Committee and Thurrock Council Health and Well-being Overview and Scrutiny Panels, the Essex and Thurrock Safeguarding Children Boards and the Foundation Trust's Board of Governors for their input to the assessment. Where comments were made, any uncertainty or gaps identified were limited and specific. None were considered to constitute a significant lapse.

The Executives and the pairings provided assurance to the Board of Directors on their assessment of compliance. Board members discussed and agreed the level of compliance to be declared as a reflection of its corporate responsibility.

Internal Audit provided an opinion on the adequacy of systems in place for the Board of Directors to gain assurance in order to sign off the final Declaration of Compliance and substantial assurance was given.

The Audit Committee considered and agreed the Trust's completion of the assessment process.

- 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

Healthcare Commission

Hygiene code

Statement on measures to meet the Hygiene Code

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

The Basildon and Thurrock University Hospitals NHS Foundation Trust recognises that the Health Act 2006 introduced a statutory duty on the Trust from 1 October 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board of Directors has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure the code is being observed. Specifically the Trust can confirm that it has achieved the year on year reduction in MRSA bacteraemias and significantly reduced Clostridium Difficile rates for 2007/2008.

The Trust was visited by the Healthcare Commission as part of the 2007 visit programme, to test compliance against the Hygiene Code. Although areas were identified for improvement, there were no significant lapses. Action plans were in place to resolve the areas identified and, therefore, the Board of Directors is confident in its compliance with the Health Act 2006.

- END OF PAGE -

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

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

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

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* 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

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* 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 -

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

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:

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* 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

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* 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

- END OF PAGE -

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* 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

- END OF PAGE -

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* 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

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* 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

- END OF PAGE -

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

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

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

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

O **compliant**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

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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**
O not met
O 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.

O **compliant**
O not met
O insufficient assurance

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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**
O not met
O insufficient assurance

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

O **compliant**
O not met
O insufficient assurance

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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**
O not met
O insufficient assurance

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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**

O not met

O insufficient assurance

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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**

O not met

O insufficient assurance

- END OF PAGE -

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**

O not met

O insufficient assurance

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

O **compliant**

O not met

O insufficient assurance

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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**

O not met

O insufficient assurance

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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**

O not met

O insufficient assurance

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

O **compliant**

O not met

O 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.

O **compliant**

O not met

O insufficient assurance

- END OF PAGE -

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

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

Patient focus domain - core standards (C13a - C14c)

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

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

O **compliant**
O not met
O insufficient assurance

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* 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

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* 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

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* 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

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* 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

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* 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**

O not met

O insufficient assurance

- END OF PAGE -

Patient focus domain - core standards (C15a - C16)

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

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

O **compliant**

O not met

O insufficient assurance

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

O **compliant**

O not met

O insufficient assurance

- END OF PAGE -

* 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**

O not met

O insufficient assurance

- END OF PAGE -

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

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

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

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

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

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

O **compliant**

O not met

O insufficient assurance

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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**

O not met

O insufficient assurance

- END OF PAGE -

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

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

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

- END OF PAGE -

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

O **compliant**

O not met

O insufficient assurance

- END OF PAGE -

* 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

- END OF PAGE -

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

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

Public health domain - core standards (C22a - C24)

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

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

O **compliant**

O not met

O insufficient assurance

- 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.

O **compliant**

O not met

O insufficient assurance

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

O **compliant**

O not met

O 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

Electronic sign off page

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

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

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance

- the statement on measures to meet the Hygiene Code are a true representation of the trust's position

- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), patient and public involvement forums, overview and scrutiny committees and local safeguarding children boards

- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

- END OF PAGE -

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Michael Large	Chairman
2	Mrs	Janis Gibson	Non-Executive Director
3	Mr	Robert Holmes	Non-Executive Director
4	Mr	John Kent	Non-Executive Director
5	Mr	Trevor Parks	Non-Executive Director
6	Mr	Peter Sheldrake	Non-Executive Director
7	Ms	Helen Sturgess	Non-Executive Director
8	Mr	Peter Wardle	Non-Executive Director
9	Mr	Alan Whittle	Chief Executive
10	Mrs	Jenny Galpin	Director of Projects and Facilities
11	Mr	Mark Magrath	Director of Planning and Service Development
12	Dr	Stephen Morgan	Medical Director
13	Ms	Maggie Rogers	Director of Nursing
14	Mr	Adam Sewell-Jones	Director of Finance
15	Mr	Nigel Taylor	Director of Personnel and Organisational Dvelopment
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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Comments from specified third parties

Please enter the comments from the specified third parties below.

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

East of England Strategic Health Authority

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

Direct Line: 01223 597680
Fax:
E-Mail: paul.Watson@eoe.nhs.uk
Website: www.eoe.nhs.uk

Our ref:

Date: 15 April 2008

Alan Whittle
Chief Executive
Basildon & Thurrock University Hospital NHS Foundation Trust
Basildon University Hospital
Nethermayne
Basildon
Essex SS16 5NL

Dear Alan

NHS East of England assessment of Basildon & Thurrock University Hospital NHS Foundation Trust 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).

In relation to standard C4a the SHA notes that provisional data indicates that a year on year reduction in MRSA cases at Basildon & Thurrock University Hospital NHS Foundation Trust has been achieved and that there has been a reduction in C. Diff cases from 2006/07.

In relation to standard C4c the SHA notes that the BTUH has a safe and MHRA accredited service for the processing of surgical instruments.

In relation to standard C19 the SHA notes:
- An excellent and sustained performance around the key cancer targets.
- The 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.

We invite you to add our comments alongside your declaration. We are submitting a copy of these comments to your lead PCT.

Yours sincerely

PAUL WATSON
Director of Commissioning

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

PATIENT AND PUBLIC INVOLVEMENT IN HEALTH FORUM FOR BASILDON AND THURROCK HOSPITALS

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

PATIENT AND PUBLIC INVOLVEMENT IN HEALTH FORUM FOR BASILDON AND THURROCK HOSPITALS
ANNUAL HEALTH CHECK
MEMBERS HAVE VISITED MONTHLY DURING APRIL 07 AND MARCH 08
REVIEWING 26 WARDS AND DEPARTMENTS

CORE AND DEVELOPMENTAL STANDARDS First Domain Safety
Domain Outcome Patient safety is enhanced by the use of health care processes, Working practices and systemic activities that prevent or reduce the risk of harm to patients.
Core standards
C1 Healthcare organisations protect patients through systems that
a) 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;
1. As far as we are aware.
2. Health & Safety representatives are always agreeable to answer any concerns raised by the Forum, incident report books are available on all wards and

departments. Matrons are very involved with wards and departments and often
attend PPI Visits.
3. A new patients discharge questionnaire is now in progress.
b) Ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.
1. As far as we are aware. The Forum monitor safety notices during visits and often point out when there are too many notices or if they need laminating or made permanent.
C2 Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.
1. As far as we are aware
2. The Forum visited children's services on 20th February 2007 and found the service very good. There is now a Trust wide group who will implement standards across the Trust. A Health Care Commission member came to speak
to the Forum in November 2007 and explained the assessment criteria.
3. CRB checks are in place. There is also restricted access to Children's Services.
C3 Healthcare organisations protect patients by following NICE Interventiona} Procedures guidance.

C4 Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:
a) The risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA
1. Members monitor levels of infection on wards at each visit. MRSA and
Clostridium Difficile are regular agenda items on quarterly meetings with the
Director of Nursing. The Trust changed their cleaning contractor in December
2006.
2007/08 - There is ongoing monitoring of cleanliness by the Forum. Much
improved. We stiil have concerns on the amount of time given to domestics for
cleaning wards and departments and feel this is limited.
The Trust has ongoing external and internal reviews of infection rates.
A presentation was given to the Forum in January 2008 by Microbiologist.
b) All risks associated with the acquisition and uses of medical devices are minimised;
1. As far as we are aware.
2. As far as we are aware.
c) All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;
1. The Forum visited the Sterile Supplies Department on 17th November 2006 and Theatres in July 2007 and February 2008. Both Day Units have been visited and meet the criteria.
d) Medicines are handled safely and securely;
1. During visits we check medicine trolleys and controlled drugs areas are
secure.
2. As far as we are aware
e) 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.
1. As far as we are aware. We monitor this during visits. Refurbishment has taken place in some wards, disposal areas have been improved.

Second Domain - Clinical and Cost Effectiveness
Domain Outcome Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.
Core standards
C5 Healthcare organisations ensure that they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;
1. As far as we are aware
2. As far as we are aware

Clinical care and treatment are carried out under supervision and leadership;
1. A 3 year Skills Mix review is taking place. We monitor staffing levels at each visit. Matrons actively monitor care on wards and departments
Clinicians continuously update skills and techniques relevant to their clinical work;
1. There are very active teaching centres on site for all staff. The Forum visited in October 2005. Some teaching areas have been updated and extended
Clinicians participate in regular clinical audit and reviews of clinical services.
1. As far as we are aware
2. Presented at Public Trust Board Meetings. Reports are available to PPI Forum and the public.
C6 Healthcare organisations cooperate with each other and social care to ensure that patients' individual needs are properly managed and met.
1. As far as we are aware. Patients sometimes have delayed discharge due to problems in Community Care.
Third Domain - Governance
Domain Outcome Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.
Core standards
C7 Healthcare organisations
a) Apply the principles of sound clinical and corporate governance;
1. As far as we are aware
2. Health & Safety/Risk Management Teams are always happy to speak to the Forum members. The Trust has regular audit meetings.
3. As far as we are aware
b) Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;
1. As far as we are aware,
c) Undertake systematic risk assessment and risk management;
1. As far as we are aware.
2. As far as we are aware.
3. The Trust have regular audits.

d) Ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;
1. One of the few hospitals who in the last two years received Excellent from the Health Care Commission Health Check.
e) Challenge discrimination, promote equality and respect human rights;
1. As far as we are aware.
2. The Forum have never heard of concerns raised by the public.
f) Meet the existing performance requirements set out in the annex.

1. As far as we are aware.
C8 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;

1. Matrons are in place with responsibility for certain areas. Ward Sisters have responsibility for the whole ward. Any concerns raised by the PPI Forum are always acted on promptly.
Organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under representation of minority groups.
1. As far as we are aware.
2. There is a staff appraisal system in place.
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.
1. As far as we are aware
C10 Healthcare organisations
a) Undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies;
1. As far as we are aware, but the Forum have raised concerns regarding the process undertaken by the Trust to recruit staff from abroad. Particularly with language problems.
b) Require that all employed professionals abide by relevant published codes of professional practice
1. As far as we are aware. The Trust always acts promptly with any concerns raised by PPJ Forum.

C11 Healthcare organisations ensure that staff concerned with all aspects of the provision of health care
a) Are appropriately recruited, trained and qualified for the work they undertake;
1. Yes as far as we are aware.
2. Yes as far as we are aware.
b) Participate in mandatory training programmes;
1. The Trust regularly monitor attendance, this is often discussed at Trust Board meetings.
2. Yes, very pro active induction programmes.
c) Participate in further professional and occupational development commensurate with their work throughout their working lives.
1. As far as we are aware. There are active education centres on site.
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.
1. As far as we are aware. A member of PCT PPI Forum is part of Research Review Group.

Fourth Domain Patient Focus
Domain Outcome Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other (especially social care) whose services impact on patient wellbeing.
Core standards
C13 Healthcare organisations have systems in place to ensure that Staff treat patients, their relatives and carers with dignity and respect;
1. Yes. The Hospital now has a questionnaire in place for patients prior to discharge.
2. Usually any concerns raised by The Forum are dealt with promptly by the PALS Department.
Appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information;
1. Yes as far as we are aware.
2. Yes, as far as we are aware.
Staff treat patient information confidentially, except where authorised by legislation to the contrary.
1. Yes as far as we are aware.

C14 Healthcare organisations have systems in place to ensure that patients, their relatives and carers
a) Have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;
1. Yes through the Formal System or PALS.
2. New discharge questionnaire
b) Are not discriminated against when complaints are made;

1. Not as far as we are aware
c) Are assured that organisations act appropriately on any concerns.and, where appropriate, make changes to ensure improvements in service delivery.
1. Always recorded in the Trust Board minutes following .discussion on any complaints also discussion at Maternity Services Liaison Committee on any complaints in Maternity
2. Yes. Members of the public can raise concerns at Trust Board Meetings and through PALS
C15 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;
1. 07/08 Patients pleased with new menus and hot evening meal appreciated and good choices available.
2. 06/07 The Forum had great concerns about the cleanliness of kitchen, now we can say that the preparation areas are very good lots of changes made
appears bright and clean, new storage fridges and freezers also equipment.
Kitchen due for refurbishment in the near future
New menu's started in March 07, appear very good cover 5 a day also a hot meal will be served in the evening.
Forum members usually check food being served during visits
Members took part in the Health Overview and Scrutiny review on hospital food and highlighted concerns of diabetic patients in hospital
08 - Kitchen visit in February. Plans are in place for refurbishment by September/October 2008
Patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.
1. Many wards have a ward hostess. Food boxes are available between meals and out of hours.
2. Religious dietary requirements appear to be met
3. Protected meal times, special tray covers for those that require assistance
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 aftercare
1. As far as we are aware, the hospital meets language requirements and meets the Discrimination and Race Relation acts.
2. Yes so much information is now given to patients it can be over whelming especially for the elderly. There is a regular Foundation Times and Newsletter available

Fifth Domain Accessible and Responsive Care
Domain Outcome Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

Core standards
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.
1. As far as we are aware, choose and book is in place in many areas
2. Patients have input into information booklets and PPI Forum often consulted.
There is a Hospital Patient Group.
C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably, access to services and treatment equitably.
1. As far as we are aware
2. As far as we are aware. Choose and Book in place in many areas.
C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.
1. Yes the Trust regularly met the 4 hour wait target over the last year. Members attended the PEAT Annual Audit in January 07
2. Members visited A&E in October 2007. Some problems over December
07/January 08 due to restricted discharge into Community Care.

Sixth Domain Care
Environment and Amenities
Domain Outcome Care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

Core standards
C20 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 fheir property, and the physical assets of the organisation;
1. Yes as far as we are aware
2. Many areas have restricted access. One area we have concerns and are
currently in discussions with Trust. Outcome looks promising.
Supportive of patient privacy and confidentiality.
1. Members do not feel this standard is always met with the continued use of mixed bays on wards other than ITU, HDU, and Assessment units. Forum recently discussed with the Director of nursing who requested Matrons review concerns. Improvements have been seen that the Trust is trying not to mix patients but discharge of patients into community is sometimes an issue.
C21 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and welt maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.
1. Forum members had concerns on a recent visit to Main Operating Theatres. Ongoing discussions with Trust who are reviewing with some urgency our
concerns. PPI ongoing monitoring of Theatres 6 monthly. Last visit February
2008. Plans are in place to improve reception and storage.
2. Some of the older wards are being refurbished. Excellent quality and
standard noted. Few ongoing problems with cleanliness, Trust is dealing with
company providing services. Linen supplies, some shortages noted and
ongoing discussions with Matrons and Director of Nursing.
Seventh Domain - Public Health
Domain Outcome Programmes and services are designed and delivered in collaboration with ail relevant and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.
Core standards
C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by
a) Cooperating with each other and with local authorities and other organisations;

1. Yes as far as we are aware.
Making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.
1. Yes as far as we are aware
C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

1. The Trust usually have plans in place to meet National Service Frameworks
2. Yes
3. East of England review of current services in Essex. PPI Members involved
C24 Healthcare organisations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services.
1. Yes Major Incident policy
2. Updated and presented to the Trust Board August/September 2007. Also
reviewing and action planning on electrical power failures and I.T. failure.
Confirmed bv forum members at their meeting on the 18th February 2008 and to be forwarded to the Hospital Trust by the 3rd March 2008
Copies to be sent to:
Health Care Commission
Basildon and Thurrock Hospital Trust
South West Essex Primary Care Trust
Essex Health Overview and Scrutiny Committee
Commission for Patient & Public Involvement in Health
East of England Strategic Health Authority
Essex County Council - Duncan Wood, LINks
John Baron, MP
Angela Smith, MP
Andrew McKinley, MP
Eric Pickles, MP

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

Essex Safeguarding Children Board and Thurrock Safeguarding Children Board

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

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

Comments from specified third parties

The ESCB comments that Basildon and Thurrock University Hospitals NHS Foundation Trust demonstrates strong commitment to safeguarding children at both a strategic and operational level and demonstrates this through the activity it undertakes for the Board.

The Trust is represented on the Board via its membership of the Health Safeguarding Children Network, a Board sub-group. The Trust provides regular and constructive representation to the South Locality Safeguarding Group.

When required to contribute to serious case reviews during this period the Trust has cooperated fully and in the manner expected.

The Trust has responded well to the requirements to establish new child death review processes under Working Together and has contributed to the development of these across the south of the county.

As required by the Board the Trust 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 which accord with Working Together.

Civic Offices, New Road, Grays, Essex, RM17 6TJ

Alan Whittle
Chief Executive,
Basildon and Thurrock University Hospital NHS Foundation Trust
Nethermayne,
Basildon
SS16 5NL

Date: 25 April 2008
Direct Dial: 01375 652730

Dear Alan,

Re: Commentary on Basildon and Thurrock University Hospital NHS Trust declaration on Standards for Better Health

With reference to your request in relation to the above declaration, please find below a brief response from the Thurrock Safeguarding Children Board.

The Thurrock Safeguarding Children Board (TSCB) wishes to state that the Basildon and Thurrock University Hospital (BTUH) NHS Foundation Trust has shown its commitment to the Board and to the business of safeguarding Thurrock children and young people.

However the Board recognises that due to staffing issues, attendance at both strategic and operational level TSCB meetings has been on occasion variable, and the Board would like the BTUH Trust to reaffirm its long-term commitment, as a key partner, to the aims of the TSCB.

We look forward to a strong and supportive partnership with the BTUH Foundation Trust.

Yours sincerely,

-----SIGNED----
David Watts
Thurrock Safeguarding Children Board Manager

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

- END OF PAGE -

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Essex County Council Health Scrutiny

Comments. There is no word limit on this answer.

Essex County Council
Health Scrutiny
PO Box 11, County Hall
Chelmsford
Essex CM1 1LX

Chief Executives of all Health Trusts in Essex

Our ret: GJR/U.220.01/57/93 Date: 14 March 2008

Dear Chief Executive
Annual Health Check 2008/09
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 Trust's 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 untii 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 Health 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.

Graham Redgwel
Governance Officer

Please reply to Graham Redgwell
Telephone: 01245 430360
DXno: 12330 Chelmsford 7
Fax: 01245 280180
Internet: www.essexcc.gov.uk
Email: grahamr® essexcc.qov.uk

Name of overview and scrutiny committee 2

Basildon Housing and Community Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

The Annual Health Check Declaration 2007-08 was not considered by the
Housing and Community Overview and Scrutiny Committee and therefore have no comment.

Regards

Healthcare Commission

Overview and scrutiny committee comments

Sarah Northrop
Meetings Manager

Name of overview and scrutiny committee 3

Thurrock District Council Health and Wee-being Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

Andrea

I'm very sorry. It seems I neglected to write to you following the last meeting of Thurrock's Health & Well-being O and S Committee. Committee Members did not offer any collective comments Standards for Better Health.

It is possible some Committee Members may have chosen to offer comments individually.

Please accept my apologies for the delay in replying.

Regards

Mike

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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

Healthcare Commission

Board of governors' comments

Please enter the comments from the board of governors in the box below. There is no word limit on this answer.

I read the papers with great interest but feel I do not have the necessary detailed information to comment.

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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