

Webforms Output: Core standards declaration 2008/2009
April 2009

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

This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

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

General guidance on how to complete the declaration form

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

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

here

This guidance covers:

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

How the declaration form is laid out

The declaration form is divided into the following sections

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

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

General Guidance

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

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

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

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

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

Section 1. General statement of compliance

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

Section 2. Domain pages for core standards

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

Initial questions: For each part standard you must categorise your trust under one of the following headings:

- o Compliant: a declaration of compliant should be used where a trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the whole of the assessment year, from 1 April 2008 to 31 March 2009.

- o Not met: a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.
- o Insufficient assurance: a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been one or more significant lapses during the year. However, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence of a significant lapse during the year that a declaration of "not met" may be more appropriate.

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

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

- o Start date - This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2008.
- o Date at which you expect to have assurance of compliance - this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2008/2009 assessment year. If non compliance has not been resolved by the end of the year (31 March 2009), then the "end date of non compliance" should not be entered as 31 March 2009, but the appropriate later date. It should be noted that those standards with a date prior to 1st April 2009 may be inspected.
- o Description of the issue - a short description of the significant lapse or why the trust does not have reasonable assurance.
- o Action plan - a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

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

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

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

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

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

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

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

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

Section 3. Sign off

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

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

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

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

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

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

Section 4. Comments from specified third parties

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

for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards.

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

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINKs or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

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

Frequently Asked Questions:

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

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

Reasonable assurance

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

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

Significant lapse

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. Please see the "Domain pages for core standards" section of this guidance for more information.

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

here

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

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

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

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

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

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

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

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

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

here

Q12. How do I submit my declaration form?

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

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

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

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

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

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

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

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

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

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

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

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 Trust Board is satisfied that, through the Trust's self assessment and internal scrutiny processes, it has sufficient assurance to ensure this declaration provides an accurate representation of the trust's position against each core standard for the period 1st April 2008 to 31st March 2009. London Ambulance Service NHS Trust is declaring compliance with all the core standards, except for the standard C4d - Medicines are handled safely and securely, for which the Trust is declaring "not met" for the fourth quarter of 2008/09, but compliant by 31st March 2009. This is based on some of the control issues identified by the internal auditors for which immediate actions were put in place.

The Trust carried out a self assessment of the core standards based on the Healthcare Commission criteria for ambulance trusts in 2008/09. The process of this self assessment has involved the collection and review of evidence based data, policies and procedures from across the Trust throughout the year. The Standards for Better Health Group, Senior Management Group, Clinical Governance Committee and the Trust Board have reviewed this process and associated evidence against each core standard and have signed the final declaration off as a true record and reflection of the Trust's performance and compliance against the standards for 2008/09. The Internal auditors have confirmed that the Trust has good processes in place for monitoring compliance against each of the standards and have given "Substantial Assurance" and identified some good practices in this respect.

The Board Assurance Framework which maps the risks and mitigating actions to the core standards was also used as assurance for achieving the core standards. Further assurance was taken from the compliance with level 1 of the revised NHSLA Risk Management Standards for Ambulance Services in November 2008.

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

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

Safety domain - core standards (C1a - C3)

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

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

compliant

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

compliant

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

compliant

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

compliant

Safety domain - core standards (C4a - C4e)

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

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

compliant

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

compliant

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

compliant

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

not met

Start date of non-compliance or insufficient assurance

01-01-2009

Date at which you expect to have assurance of compliance

31-03-2009

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

An internal audit of drug controls identified a number of weaknesses in the management of drug packs at a station level within the Trust.

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

- A bulletin was issued by the Director of Operations to reinforce the requirement to comply with the Drug Management Procedures
- A Weekly auditing of drug packs to check compliance
- A Drug Usage form was included in packs to check drugs administered against PRF details
- Auditing of drug cupboards to check condition and security
- An electronic messages was sent to all Area Operations Managers to remove all drug packs due to expire within 48 hours form vehicles when moved under Flexible fleet
- A quarterly internal audit programme to check compliance with procedures to be put in place to ensure compliance going forward

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

compliant

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

Governance domain - core standards (C7a - C9)

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

Standard C7f is assessed through the existing commitments & national priorities component of the annual health check.

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

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

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

Governance domain - core standards (C10a - C12)

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

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

compliant

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

compliant

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

compliant

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

compliant

* 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

* 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

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

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

Patient focus domain - core standards (C13a - C14c)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

compliant

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

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

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

Standard C19 is assessed through the existing commitments & national priorities component of the annual health check.

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

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

compliant

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

compliant

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

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

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

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

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

compliant

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

compliant

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

compliant

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

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

Public health domain - core standards (C22a - C24)

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

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

compliant

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

compliant

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

compliant

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

compliant

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

Electronic sign off page

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

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

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

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

Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr.	Sigurd Reinton	Chairman
2	Mr.	Peter Bradley	Chief Executive
3	Mr.	Michael Dinan	Finance Director
4	Mr.	Martin Flaherty	Director of Operations
5	Mr.	Martin Smith	Director of Corporate Services
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Comments from specified third parties

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

* Strategic Health Authorities

1

* Local involvement networks

2

* Local child safeguarding boards

1

* Learning Disability Partnership boards

2

* Non-specified third party organisations:

1

Comments from specified third parties

Please enter the comments from the specified third parties below.

Strategic Health Authority Comments

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

London Strategic Health Authority

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

SHA only provides a third party commentary (for inclusion with the declaration when the organisation sends it to the CQC) in exceptional circumstances only when they have a major concern on the Trust's Declaration. As the SHA do not have any concerns on London Ambulance Trust's AHC Declaration, they will not be commenting on it.

Local Involvement Network comments

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

Harrow Link

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

Re: LAS Annual Health Check Commentary

Dear Laila

Thank you or inviting Harrow LINK to participate in the above commentary.

Harrow LINK is in the process of forming a Harrow LINK Executive Committee; unfortunately it is unlikely to be in place much before June. The Executive Committee would normally respond to these commentaries, however in its absence the Harrow LINK Steering Group have decided that since they do not have the necessary experience or knowledge about the London Ambulance Service at present, they will abstain from making a comment this year.

Once again, thank you for inviting us to make a commentary.

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

LINK Southwark

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

Having discussed the LAS declaration with Barry Silverman, Chair of LINK Southwark, I would like to inform you that LINK Southwark will not be making a commentary on the declaration.

At present the LINK is in the stage of forming its governance and workplan and does not have the capacity to comment on any 2008/09 annual health check declarations. However, the LINK is very keen to be invited to comment on the 2009/10 annual health checks or the alternative process to be named by the Care Quality Commission. Therefore I would like to request that you inform us of any training events that will be held regarding preparing LINKs and other bodies for contributing to future declarations.

Local child safeguarding boards comments

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

Child Safeguarding Board London

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

The Strategic Health Authority has employed a full time safeguarding children advisor. The safeguarding children advisor is a member of the London Safeguarding Children Board Executive and represents issues for NHS London alongside the Chief Nurse. The LAS have implemented their own safeguarding strategic planning group and the SHA safeguarding advisor is a member of that group. The group acts as a forum for sharing good practice in safeguarding against regional and national priorities, and issues specific to the LAS are taken to the London Safeguarding Children Board as they arise. Minutes of group are maintained and issues between members openly discussed. We are able to comment that we believe the London Ambulance Service is compliant with statutory requirements in relation to safeguarding children as expressed within the ethos of the healthcare standards for the period covered by this declaration.

Learning Disabilities Partnership Board comments

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

Barnet Learning Disability Partnership Board

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

Dear Laila

Annual Healthcheck

I would like to thank you for attending the Barnet Learning Disabilities Partnership Board on 2nd April 2009. It was really nice to meet you and to have the opportunity to consider how we can work together to provide better healthcare for people with a learning disability.

We do not have any specific comments on the Trust's declaration. However we did discuss the importance of the Trust through its governance arrangements considering the issues raised within the Health and Local Government Ombudsman's report entitled 'Six Lives.'

In our discussion we noted the following area for further joint working

o Providing training / advice for ambulance staff and people with a learning disability and their carers as to what information should be provided when contacting the ambulance service in an emergency. Your response to this was that you would be happy to arrange a meeting with the London Ambulance Trust to discuss training requirements.

I look forward to hearing from you with regards to the above points in due course.

Kate Kennally
Co-chair of the Barnet Learning Disability Partnership Board

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

Southwark Learning Disabilities Partnership Board

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

Learning Disability Response to Healthcare Commission Annual Health Check of London Ambulance Service. March 2009

The following information pertains to a discussion of the London Ambulance Service request for feedback to complete its annual health check. This discussion occurred on Monday 23rd March during the meeting of the Health Sub-group of the partnership board. The meeting was attended by the lead nurse for Learning Disabilities within Southwark PCT, a senior social worker (joint chairs) two members of the learning disability commissioning team, an advocate, a service user who is also a representative of the 'Speaking-up' self advocacy group and a residential home manager.

We were unable to give feedback on all of the performance standards as we are not party to governance arrangements within the organisation.

SAFETY.

The group felt that the LAS struggles to manage people with learning disability who are very anxious and may display challenging behaviour. In these situations there is a great reliance on residential support staff and carers to manage difficulties. It was felt that there has been an inadequate response by the LAS to the recommendations in the paper Healthcare for all (2008) with regard to training of all clinical staff around the needs of people with learning disabilities.

The group are not aware of any care pathways available to meet the specific needs of people with autism who are unable to wait for long periods and this omission could compromise safety of all concerned.

CLINICAL AND COST EFFECTIVENESS.

We are not aware of any liaison happening between the London Ambulance Service and either learning disability statutory services or people with learning disability. We are not aware of any training undertaken by LAS clinical staff with regard to care of people with learning disability but believe very strongly that people with learning disability would be better served by the LAS if this were in place.

Clinicians in the group are aware of a case where the LAS has responded very appropriately to the needs of one individual living in the borough who repeatedly called 999 to go to A&E when there was nothing medically urgent to attend to. LAS has worked as valued member of the multi-disciplinary team to ameliorate this situation which has benefited the patient concerned.

GOVERNANCE.

The group felt unable to respond to this chapter as we are not party to the governance arrangements of the London Ambulance Service.

PATIENT FOCUS.

Please read paragraph above.

With reference to Core Standard C13b, We are aware of disparities in the application of the mental capacity act by ambulance crew responding to emergency calls. We can think of cases where individuals with learning disability definitely did not have capacity to make an informed decision but were not taken to hospital by ambulance crew because the person had voiced dissonance with the plan, despite assurances by carers and professional information on hand to back up carer's perspective.

With reference to Core Standard C14a, We are not aware of information regarding the complaints process being available in a format accessible to people with learning disabilities.

Core Standard C16 We are not aware of any general service information being available in a format accessible to people with learning disabilities.

ACCESSIBLE AND RESPONSIVE CARE.

Core Standard C17 - The group is unable to recall when people with learning disability in Southwark have been consulted on any aspect of the delivery of London Ambulance Service.

Generally the group feels that the ability of the Ambulance service to meet the needs of people with learning disability varies considerably and is based on some compassionate crew members who are able to think laterally and take a genuine interest in an individual.

CARE ENVIRONMENTS AND AMENITIES.

The group was at a loss to know how the LAS might support people with very individual needs such as claustrophobia or agoraphobia.

PUBLIC HEALTH.

No comments.

Commentaries from other third party organisations

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

Patients Forum for London Ambulance Trust

* Please enter the first commentary for this organisation

Annual Health Check -2008-2009

Over the past year the Patients' Forum has ceased to be a statutory forum and has become instead a voluntary sector organisation. The Forum has continued to grow in respect of the numbers of those who are active in and attend meetings of the Forum. We have also continued to develop relationships with health planners, commissioners and providers across London and work with many community groups. A key development for the Forum has been its ability to attract members of LINKs from across London. Attendance at Forum meetings has included a large numbers of Chairs of London LINKs.

Another key development during 2008-9 has been an exchange of letters between the LAS and the Forum, through which both parties have expressed their intention to promote and encourage the relationship between the Trust and the Forum and to continue productive and positive approaches to involving patients and the public in a wide range of London Ambulance Service and related activities.

The LAS also agreed to support the Forum by providing meeting rooms and indemnity cover for Forum members participating in monitoring activities in relation to LAS service.

C5c Clinical staff regularly update their skills and techniques
C11b Staff participate in mandatory training
C11c Staff participate in professional development

The LAS is committed to the effective training of staff and to the continuous updating of their skills. However, in an organisation which is continuously required to respond to emergencies, the tension between responding to these emergencies and ensuring that the continuing commitment to training is realized, leads to periods when staff are unable to attend for training.

The problem is intensified by the movement of staff from being station based to being located in key locations in the community. The loss of station-based training opportunities as a result of a more active approach to responding to calls, needs to be assessed in terms of the impact on training.

To secure compliance with C5 and C11 in future years we would like the LAS and the Commissioners to ensure that levels of staffing are sufficient to ensure that training programmes are not undermined by service pressures.

C5d Clinical staffs regularly participate in clinical audit and review
C6 Healthcare organisations work in partnership with other care services

The LAS actively works with other healthcare organisations to improve care and care pathways, and at a station level staff participate in clinical audit and review. The Forum believes that joint clinical audit and review between front-line clinical staff and hospital A&E staff could be greatly improved. The Forum considers such audits to be of vital importance to enable paramedics and technicians to improve their clinical skills by examining the outcome of their clinical practice. We propose that each paramedic and technician should be given the opportunity to attend 2 or 3 joint clinical meetings each year with hospital A&E staff, to examine clinical outcomes for patients they have treated and reflect on the care they have provided as a way of improving practice.

We think this approach is particularly important for the review of outcomes for Category A patients. We also believe that ongoing clinical review of this type would help the LAS assess the effectiveness of care for Cat A patients, who do not receive a service within 8 minutes. This approach would also help to inform the LAS on the effectiveness of the decision making process in the Emergency Operations Centre in relation to Cat A calls and help to develop joint clinical work between the front line staff, hospital A&E staff and the Emergency Operations Centre.

The Forum believes that both the LAS and the Commissioners will need in future to ensure that a system is in place to gather management information to demonstrate compliance with this aspect of C5 and C6 compliance.

C7e Discrimination is challenged

The Forum is concerned that since 2004 when it began monitoring diversity in the LAS that the data continues to show that over 95% of front-line technicians and paramedics are white British people, and that the number of people from other ethnic groups has remained at a very low level.

Data on this issue has been difficult for the Forum to access from the LAS but some of the data requested was received on April 23rd.

The Forum has been given assurances by the Equality & Diversity Manager, that the Forum will be involved in discussions on this issue and we welcome this commitment. There have been many initiatives over the past five years to improve diversity and we would now like to see evidence of systematic progress toward demonstrating achievements in relation to compliance with standard C7e.

C10a Employment checks are undertaken

We were concerned to discover that retrospective CRB checks of LAS staff revealed that a number of staff had evidence of past criminal activity that the LAS were not aware of. We would like to see a more thorough and proactive approach to the examination of CRB records in order to achieve compliance with C10a.

C13a Staff treat patients, relatives and carers with dignity and respect

The evidence received from our members is that staff invariably show respect for patients, carers and relatives and treat them with dignity. We would like to see a closer examination of the rare cases of complaints against staff who have failed to show proper respect. The Forum would also like to see evidence of what lessons have been learnt for staff training generally, and in relation to the reduction in the number of complaints concerning behaviour and attitude during the process of care.

C14a Accessible complaints procedures
C14c Complaints are responded to and where appropriate changes made

The LAS is an early adopter for Making Experience Count which we applaud. However, we strongly believe that the new complaints system which combines complaints with enquiries is confusing for the public. Complaints are now described as 'enquiries' on the LAS website and no contact address is given for letters of complaint. We believe that there is a serious risk that people wishing to make complaints will be put off by the lack of clarity about how to make a complaint. We appreciate the reasons behind this approach and the commitment of staff to resolving issues but we do not feel that the new approach is more user-friendly to people who are distressed and wish to make a complaint. We do however acknowledge that the current system enables the LAS to examine in detail issues which formerly would have been seen as 'pals inquiries and not subject to close scrutiny.

In addition to improving the website, we would also like the LAS to ensure that information about how to make a complaint and the process, is easily available in hard copy as well as on the website. Unless information is widely available in traditional paper form, access for those wishing to complain is denied, especially to some older people and those whose first language is not English.

The Forum formerly sat on the LAS Complaints Committee, but this committee was terminated and not replaced as far as the Forum is aware.

We have requested, over many years, but never received, anonymised details of recommendations arising from complaints, together with details of actions taken and outcomes in relation to improved patient care. The Forum has raised this issue at Board Meetings and Governance Meetings. We would like to have access to this data as evidence that appropriate systems of governance are in place in relation to the investigation of complaints and evidence exists of consequent organizational change.

C17 Patient and public involvement

The LAS is committed to effective patient and public involvement. As an organisation it is inclusive, facilitates the involvement of users, patients and carers and is open to comment and criticism. The LAS has a well established PPI committee to which the Forum is welcomed and this enables the Forum to participate in discussions on many key issues.

In many ways the LAS is an exemplary organisation in relation to PPI. Access to the organisations includes full participation in Board Meetings. The Forum also attends and participates in the Clinical Governance Committee, the Research Committee and a number of other committees and groups that are concerned LAS clinical and front-line services.

The LAS has given a commitment that if it becomes a Foundation Trust that its meetings will continue to be open to the public. We applaud this decision.

Our one concern with respect to PPI, is that two major events; one on the PTS (patients transport service) and one on the 'LAS and mental health services', which were organised by the LAS and involved many users, were very successful, but have not been followed up. We are concerned about this issue because the involvement of volunteers in LAS activities should result in tangible, demonstrable and recordable improvements in service provision and policy. The LAS rightly invested significant resources in these events and both the LAS and the public should benefit from real outcomes.

C18 Equal access and choice of services and treatment
C19 Access to emergency services

The Forum is concerned about access issue of services for people with hearing and speech disabilities. We have discussed this issue on many occasions with the LAS and although they are committed to finding a solution to improved access, progress is slow because of delays at a national level. We are pleased the LAS have now decided to look for a local solution to improved access and that Forum members will be actively involved in this process. Forum members with hearing disabilities have been continuously involved with the LAS in finding a solution to this problem.

On the issue of language we are aware that language-line is available, but we are concerned about the appropriateness of this approach in such a diverse city as London. Clearly language-line meets the needs of many people, but we are concerned about the speed of access in cases where people have a life-threatening condition and are unable to talk English.

We feel that equal access to services will only be approached when staff in the emergency operations centre are available who can speak a significant number of languages of those who use the service. The LAS has already shown their enthusiasm for this approach through their leading edge project in Tower Hamlets, where staff are learning to speak Bengali.

End

April 24th 2009

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

Overview and scrutiny committee comments

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

0 5

Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

WESTMINSTER HEALTH SCRUTINY TASK GROUP

Comments. There is no word limit on this answer.

HEALTHCARE COMMISSION ANNUAL HEALTHCHECK 2008/9

WESTMINSTER HEALTH SCRUTINY TASK GROUP COMMENTARY

Introduction

We are grateful to the Healthcare Commission for inviting the Westminster Health Scrutiny Task Group to comment on the performance of our local NHS Trusts against the 24 core standards that constitute the minimum level of service that patients have the right to expect.

We have considered draft declarations from the following local NHS Trusts:

- o Imperial College NHS Trust;
- o NHS Westminster/Westminster Primary Care Trust;
- o Central and North West London NHS Foundation Trust; and
- o London Ambulance Service NHS Trust.

Specific comments on these declarations are set out below. As in previous years, we will be sharing our observations with all the NHS trusts in Westminster, and will also make them available on the City Council's website.

Our partnerships with our local NHS trusts continue to be productive and open. We are again pleased to note that in the main trusts are submitting a position of compliance with the standards, with a very small number of non-compliant areas.

The Task Group's commentary on the Trust's declarations has been informed by a range of work conducted by the Group throughout 2008/09. Of particular note:

- o In partnership with Westminster LINK, Westminster Scrutiny organised a public Annual Health Check event, at which the Trusts presented on their performance against the core standards, and written and verbal feedback was collected from members of the public on their experiences.
- o The Task Group has met with CNWL and NHS Westminster Trusts specifically to discuss their declarations.
- o Westminster Scrutiny has been building a relationship with the Westminster LINK over the past year, as a conduit for more detailed public engagement on health issues, including through LINK members attending Task Group meetings.
- o The Task Group completed a scrutiny review report on Direct Access to Primary Care, which made recommendations to be taken forward by NHS Westminster and the Council.
- o The Task Group has conducted a review into the provision of defibrillators across Westminster.
- o The Task Group is running a series of discussions for Members and PCT non-executive directors on health inequalities issues and responses in Westminster.

Last year Members identified a need to engage with the Trusts earlier and more comprehensively in the Annual Health Check process. This year, in addition to meeting with the Trusts to discuss their initial draft declarations, the Annual Health Check public event was held to provide a forum for public discussion with and between the Trusts in relation to their declarations.

We were pleased by the initial level of public engagement and responses received through this event, and received positive feedback regarding the value of the process. We believe that this approach provides a very useful model of engaging the public in the Annual Health Check process. We hope to hold similar events in the future and hope to further refine the approach with the support of the LINK and the Trusts.

Cllr Barrie Taylor
Chair - Health Task Group
March 2009

WESTMINSTER HEALTH SCRUTINY TASK GROUP COMMENTARY

The Task Group's comments on the declarations of each of the Westminster NHS Trusts are included below.

It remains difficult for local authorities to comment in any detail on all 24 core standards, many of which are clinically-based. The Members of the Westminster Health Scrutiny Task Group have focused our comments on the standards that relate to the task group's scrutiny work, in which the Group feels it can add the most value to the process. In relation to the core standards, this work is primarily grouped in the areas of:

- Patient Focus.
- Accessible and Responsible Care.
- Care Environment and Amenities.

London Ambulance Service NHS Trust

General Comments

The Task Group welcomes that London Ambulance Service will declare full compliance with all 24 core standards.

Members have been greatly encouraged by the engagement of the London Ambulance Service with the Task Group this year on the issue of defibrillators and look forward to progressing further reviews with them going forward.

Core Standards Fourth Domain - C13-C16: Patient Focus

At Westminster's Annual Health Check event, it was noted that sign language provision is not currently high enough among London Ambulance Service staff. The Task Group has noted that sign language is the number one course being taken up by LAS staff, and that the LAS is working to improve services for deaf people.

Name of overview and scrutiny committee 2

Merton Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

I confirm that Merton scrutiny will not be submitting any text for inclusion in the LAS declaration on this occasion

Name of overview and scrutiny committee 3

The Royal Borough of Kensington and Chelsea

Comments. There is no word limit on this answer.

The Royal Borough will not be commenting on the London Ambulance Trust Annual Health Check this year.

Name of overview and scrutiny committee 4

Richmond Borough Health Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

I can confirm that our Overview & Scrutiny Committee have no comment to make on your annual healthcheck declaration

Name of overview and scrutiny committee 5

Havering Health Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

Dear Ms Abraham

Health Overview and Scrutiny Committee Comments on LAS Annual Healthcheck Self-Assessment Declaration

I am writing on behalf of Councillor Ted Eden, Chairman of Havering's Health Overview and Scrutiny Committee. The Committee has now reviewed the Trust's Annual Healthcheck declaration and is pleased to note that the Trust is declaring compliance with all standards except one. The Committee has no further comments to make on the Trust's declaration on this occasion.

Yours sincerely

Anthony Clements
Principal Overview and Scrutiny Officer
CC: All members, Health Overview and Scrutiny Committee
Councillor Michael White, Leader, Havering Council
Councillor Robert Benham

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