



Webforms Output: Core standards declaration 2007/2008
May 2008

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

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This is the information that we have for your organisation.

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

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

- END OF PAGE -

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

PCT
Community Trust
PCT with Mental Health
Care Trust with PCT

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

Mental Health
Learning Disability
Care Trust with Mental Health

* Please enter your type of organisation

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

General Guidance

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

The declaration form is divided into the following sections:

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

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

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

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

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

1. General statement of compliance

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

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

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

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

3. Domain pages for core standards

Separate sections have been set up for each domain.

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

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

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

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

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

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

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

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

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

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

Issue - a statement detailing:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Sign off

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

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

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

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

5. Comments from specified third parties

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

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

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

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

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

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

General statement of compliance

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

Using the guidance from the Healthcare Commission the Trust Board of the London Ambulance Service NHS Trust (LAS) has been given assurance by the evidence contained within the Assurance Framework that the organisation is fully compliant with the core standards of the Annual Health Check. The Board has received adequate information to make an informed decision that there has been no significant lapse in compliance with the twenty four core standards of the Annual Health Check for the period from 1 April 2007 to 31 March 2008.

The Board has reviewed the risks that threaten the Trust's principal objectives, which include managing the extent of risks to patients, staff and the public and how they may impact on the overall achievement of compliance with the core standards. It has also reviewed its Risk Management Policy and received an update on Risk Management arrangements trust-wide, as part of a information session on Risk management.

Comment has been invited from all commentators and stakeholders required by the Healthcare Commission to contribute to this declaration by the mechanism of the 247 247 (24 hours a day, seven days a week the LAS achieves the 24 standards of the 7 domains of the Annual Health Check) event held on 13th March. Invitations to the event were sent to NHS London, the Patients Forum and the Healthcare Commission. Presentations on the day were made by the Chief Executive, Director of Finance and Deputy Director of Operations, to representatives from 13 London borough Overview and Scrutiny Committees. Senior LAS Managers attended information desks for each of the seven domains of the Annual Health Check and there were audio visual displays from our Make Ready Scheme Contractors and sketches recording discussions from the Event's Conference illustrator. Eight Overview and Scrutiny Committees have provided comments for this declaration. Commentary has been obtained from the Pan London Safeguarding Children Health Professionals network, where the LAS works with members of all the London Safeguarding Children Panels.

Further Assurance was taken from the NHSLA Risk Management standard for pre hospital care in Ambulance Service (level 2 compliance has been maintained)and The Trust's Improving Working Lives Practice plus status.

The Trust's Race Equality Scheme is in place together with Disability and Gender Equality schemes. The Trust's approach to Equality Impact Assessment has been developed more rigorously. The Trust held a Public and Patient Involvement Event at the Oval on 26th March. The event included interactive sessions with stakeholders from patients and the public including a group with learning difficulties. Delegates were given presentations on how Equality Impact Assessment was undertaken for key components of the five workstreams of the Service Improvement Programme.

As last year the approach for validating compliance and the rigour of processes to take assurance for the Board have been audited by Internal Auditors as part of our Internal Audit Programme, agreed by the Trust Audit Committee. Progress with evidencing compliance with the Annual Health Check has been routinely given to our commissioners, Richmond and Twickenham primary Care Trust.

Regarding the commentary provided by the Patients Forum, the Trust is aware that they have expressed their views about performance targets and other aspects of the Healthcare Standards. We are able to provide the context behind their views, from our perspective in the following paragraphs.

The Trust has been striving to improve both Category A and Category B targets throughout 07/08 against a background of further overall demand increases of circa 3.2%. It has also been extremely focussed on preparing for the new Call Connect standards which are even more demanding and require us to reach patients some two minutes earlier. These new standards will apply from April 08 and it should be noted that in making progress towards them the Trust has had to significantly increase the numbers of Fast Response Units required and that these units are targeted predominantly to Category A calls and not Category B. This fact has been recognised by our commissioners who in turn commissioned us for a 90% Category B target during 07/08 accepting that making significant progress towards Call Connect was more important in year than achieving the Category B targets in full. That having been said, the Trust has delivered the best Category B performance it has ever seen with 84.4% for the year as a whole and several months at 86% or above. Category B performance in April 08 is running at 90% and once again commissioners have set a target of 90% for the 08/09 year. The Trust expects changes to working practices which will lead to more efficient deployment of ambulances to enable further improvements to be made during 08/09. The Trust therefore expects to exceed the 90% commissioned target during 08/09 and aspires to being at 95% by the final quarter.

C5c For paramedic registration there is a shared responsibility owned by paramedics and the London Ambulance Service. It is the responsibility of individuals registered as paramedics to maintain and provide evidence through their portfolios of Continuing Professional Development. It is acknowledged that some of this development will be by attending formal sessions but may also include reflective practice.

C5d We appreciate the Forum's concern over the lack of direct feedback from Emergency Departments but we are aware that they also have performance pressures to manage. Several of the locally arranged training sessions for frontline staff are given by Emergency Department staff and these evidence that liaison does take place. Examples of these sessions include obstetrics training provided by midwives and stroke management training provided by stroke management specialist staff.

The front line staff of the LAS uses Clinical Performance Indicators (CPIs) which are supported by electronic access. Part of the CPI related to the monitoring of PRF records audits the completion of the ethnicity box. For the period covered by this report completion of the ethnicity box is recorded as 78%.

C5e The Trust's Department of Education and Development now captures the training provided at complex level by local Trainers. These programmes are designed to meet the needs of frontline staff. Records of these local programmes show that training provided was related to Paediatrics, ECG, Obstetrics and Minor Injuries.

Modular training has also been provided in three modules, Patient Assessment, Advanced Life Support, and Manual Handling. This supercedes the CPD course. The Patient Assessment Module includes guidance on diversity issues.

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

Statement on measures to meet the Hygiene Code

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

The LAS Infection Control Group ensures that responsibility for infection prevention and control is devolved to the appropriate professional groups and relevant support units within the Trust. The Medical Director is the infection control lead within the Trust and oversees implementation of the Trust's Infection Control Policy and Procedure. The Medical Director reports directly to the Chief Executive. As the Vice Chairman of the Clinical Governance Committee and manager of the Clinical Governance Team, she supports the Annual Infection Control Report of the Trust Board. Infection control is also included in the Medical Director's reports to the Board. The Infection Control Steering Group coordinates implementation of the Infection Control Policy and relevant JRCALC guidelines. The Corporate Health and Safety Group monitors the appropriateness of Safety Alert Bulletins (SABs) to emergency care. The Infection Control Steering Group is formed of representatives from management and staff including an infection control specialist. Infection Control initiatives for the period covered by this report included an audit of every ambulance complex. The Infection Control audit programme has been reviewed and the clinical ownership of it enhanced with the redesign of the audit tool in the Infection Control Steering Group. Arrangements for cleaning by operational staff and operatives of the Make Ready Scheme are held under continuous review by the Infection Control Steering Group. Quality assurance is in place in the contract with the Make Ready Scheme providers. Clear definition of their responsibilities for cleaning and those of Trust staff are set out in policies, procedures and contracts. The Make Ready Scheme is responsible for cleaning the exterior and interior of ambulance vehicles including equipment, trolley beds and chairs. Operational staff have similar responsibilities during their period of duty. Visitors to the Trust and staff using its premises are advised on infection control issues by a range of media (including handwashing posters). Over the past year the LAS has introduced a range of disposable equipment for use by operational staff, to complement the single use equipment already in place. The LAS has also commenced a review of its infection control procedures manual which is due to be shortly.

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

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

Safety domain - core standards (C1a - C3)

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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Safety domain - core standards (C4a - C4e)

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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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

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

Governance domain - core standards (C7a - C9)

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

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

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

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

- 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.

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

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

Patient focus domain - core standards (C13a - C14c)

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

Patient focus domain - core standards (C15a - C16)

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

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

compliant

not met

insufficient assurance

- END OF PAGE -

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

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

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

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

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

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

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

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

Public health domain - core standards (C22a - C24)

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

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

compliant

not met

insufficient assurance

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

Electronic sign off page

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

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

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

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

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Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Peter Bradley CBE	Chief Executive Officer
2	Mr	Michael Dinan	Director of Finance
3	Mr	Martin Flaherty OBE	Director of Operations
4	Ms	Fionna Moore	Medical Director
5	Ms	Caron Hitchen	Director, Human Resources+Org.Development
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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

NHS London

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

In reviewing the declaration NHS London has followed the principle of self assessment, except where its performance reviews and information clearly indicate a different interpretation. This process has not highlighted any major concerns with the Trust's assessment.

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

London Ambulance Service NHS Trust
Patients Forum

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

Safety domain -core standards

Cla 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.

The Forum asked for and received details of 10 complaints received from patients or the public during 2007-8 where specific recommendations have been made to the LAS . This data has been sought by the Forum for a number of years and we are pleased that it is now available. We also asked for evidence that the process used by the LAS to ensure that these recommendations have an enduring impact on services provided to the public and that this information is given to the complainant.

In response the LAS has stated that in future examples of complaints with recommendations will be included in quarterly reports to Clinical Governance Committee and Complaints Committee and that 'Learning components' will be placed on the Trust's website to demonstrate what has been learnt by the Trust from the differing strands of service -user and stakeholder feedback. The LAS has also confirmed that complainants are now notified of the proposed action to be taken by the Trust as a result of issues raised by the complainant and that the complainant is later updated when implementation has taken place. Outcome Reports will in future be completed in relation to complaints and presented to the Clinical Governance Committee.

The Forum is very pleased with the progress made over the past year and recognises that there is still a great deal more to be done for the LAS to demonstrate that recommendations from complaints have an enduring impact on services provided to the public and that complainants are updated on the progress made. We hope that in the near future that the LAS will be able to routinely show what recommendations have been made from complaints, SUIs, inquests and PALS and within a single document be able to show the continuing and enduring impact of these recommendations on patient care.

The Forum is very pleased that the LAS have been chosen as an 'Early Adopter' site for the 'Making Experiences Count' programme.

There has been a small reduction in the percentage of complaints received by the LAS in 2006-7 and 2007-8 regarding the attitude of front line staff (paramedic, technician, EOC and related services). However, the types of complaints still constitute about 50% of all complaints received by the LAS.

The LAs has advised the Forum that they usually address this problem through reflective practice exercises, e.g. in relation to EOC/UOC, these are facilitated by EOC (Emergency Operations Centre) Training Managers. The details of staff involved are recorded to identify repeat incidents involving the same staff and/or emerging local or departmental problems. The LAS has also engaged an agency to facilitate an 'Excellence in Patient Communications' training course which staff attend if they are identified as having communication problems.

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

The Forum sought assurances that the LAS has systems to ensure that robust and proactive systems are now in place to enable all front-line clinical staff to attend appropriate clinical and diversity training. Detailed information has been provided to show how training courses have been developed to meet the particular needs of staff and the total hours attended by staff. However the Forum has not been provided with information to demonstrate that the availability of training is currently meeting the needs and requirements of frontline staff.

In response to our request for details of access to diversity training for staff we were told that the module in this subject is being revised to ensure that it reflects current best practice. 365 members of staff attended a session on diversity which was included as an integral element of the CPD course until the course itself was discontinued in April 2007. Diversity training will recommence in an updated form in May 2008 and will allow clinical and non-clinical staff to explore these issues together. We have not been able to ascertain the coverage of diversity training in relation to the needs of all frontline staff and the LAS.

We asked for information that would confirm that all state-registered staff attended sessions required for the renewal of their state-registration during 2007-8. Complete data is not available because some paramedics choose to undertake their development with providers outside the Trust, which makes it difficult for the LAS to audit centrally. (The requirement of the HPC is that paramedics remain current in their practice and encourage the individual to adopt a range of methodologies to achieve that. These options can range from course attendance to reading journal articles).

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

The Forum believes that it is essential for the LAS to develop effective arrangements with Accident and Emergency Services to facilitate effective audit of the clinical interventions of front-line staff. We regard this as essential for the development of staff and effective clinical practice. The Forum considers that more regular and effective liaison between LAS and A&E clinicians is essential for the development of effective clinical pathways for acutely ill patients. Where such meetings take place they can lead to real service improvements (e.g. direct access for angioplasty).

The view of the LAS is that it is difficult to take forward this approach because it rests with A&E Departments to implement. However we have been assured that local management teams have regular discussions with their colleagues in A&E departments. However, there are only limited opportunities for discussion between front-line LAS staff and clinical staff in A&E departments, other than at the time of the incident. Some A&E departments do have staff meetings where clinical issues are discussed but LAS staff are generally not invited to attend and LAS varying shift patterns and workload would make it difficult to release relevant staff to attend.

The Forum continues to believe that the approach we suggest should be a priority for the LAS.

Compliance of staff with filling in of the ethnicity box on PRF.

We are advised that compliance for the period 01/01/07-31/01/08 was completed in 41.4% of cases. The Forum are concerned that many frontline staff do not currently appreciate the clinical case for accurately and comprehensively filling in the ethnicity box.

Governance Domain core standards
C7(f) - Healthcare organisations meet the existing operational national performance requirements

The Forum is concerned that the LAS is not achieving its Category B target and has raised this matter with the LAS and with the commissioners.

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.

The Forum wishes to repeat its comments from the previous year that it is concerned that the LAS has not made significant progress with regard to the employment of BME staff over the past three years. This issue has been raised repeatedly and although senior staff and Board Members are fully committed to change, there has been little progress in the ethnic composition of front line (paramedic and technician) staff during this period. The Forum has met with Caron Hitchen, Director of HR and held a public meeting with the LAS and the Commission for Equality and Human Rights on this issue.

Patient Focus domain -core standards
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.

Access to emergency services for people with hearing disabilities is an issue of major concern for the Forum and the LAS. We are very pleased with the considerable amount of work that has taken place to develop these services.

Accessible and responsive care domain-core standards

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

The LAS continues to be proactive in the development of PPI work across the service and is involved in a large number of initiatives to involve patients and the public in their work. A valuable new PPI action plan has been produced and community engagement officers will be employed in many local ambulance stations. A very successful PTS users' event was held by the LAS.

The Forum would like to see PPI work on the development and monitoring of the LAS long term strategy.

The Forum has been concerned for some time that there is not enough progress with the development of mental healthcare within the LAS. This requires more comprehensive training for staff. The Forum would like to see greater engagement with mental health users' groups, MIND and work with expert patients who have mental health problems.

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

London SAfeguarding Children Health Professionals Network

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

The London Safeguarding Children Health Professionals Network is a pan London group constituted from Safeguarding Children leads from every London local authority and Primary Care Trust. The NHS London SC lead and London Ambulance Service SC lead are members of this network. The London Ambulance Service participates in this network which acts as a forum for sharing good practice in safeguarding children across London. Minutes of network 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.

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)

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

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Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Havering Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

The Committee's comments for inclusion in the Trust's return to the Healthcare Commission are as follows:
Core Standard C17: The views of patients, their carers, and others are sought and taken into account in designing, planning, delivering and improving healthcare services - The Committee does not dispute the Trust's self-assessment of compliant with this standard. The Committee would like to request however that the Trust makes every effort to engage with the Local Involvement Networks (LINKs) for its area once these organisations commence operations from April this year. The Committee would like to offer its assistance to the Trust in engaging with the Havering LINK if this would be useful.

General Comment- The Committee has noted that the Trust has declared it is compliant with each standard on this occasion and has no further comments to make at this time.

Name of overview and scrutiny committee 2

Merton Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

LB Merton has received your declaration and that we have no commentary to add as our past year's scrutiny has not included anything directly in relation to the LAS.

Name of overview and scrutiny committee 3

London Borough of Greenwich Healthier Communities & Older People Scrutiny Panel

Comments. There is no word limit on this answer.

Following the 24-7-24-7 event on 13 March the panel wishes to comment on the following standards

The panel was impressed by LAS's commitment to the Annual Health Check process and their willingness to engage with stakeholders at the 24-7-24-7 event. The panel's future work programme will reflect its plans to develop its scrutiny of LAS, especially in terms of the impact of the "A Picutre of health in outer South East London" (APOH) reconfiguration.

Standards C1a, C14a, C14c-Complaints about service quality and access

The panel was convinced of LAS commitment to improving its response to complaints and demonstrating service improvement as a result of this.

Standards C5, b, c, C11b-Staff training

The panel is concerned about the implications of Healthcare for London (HFL) and APOH on LAS staff training and would like to be convinced that sufficient resources will be allocated to this.

Standards-C5 d-Joint Clinical Meetings with A&E.

The Panel recognised the importance of these joint meetings especially in the light of the implications of HFL and APOH.

Standard C17-Patient and public involvement

The Panel recognised the importance of LAS maintaining its very high level of commitment to patient and public involvement especially as it is a pan-London organisation serving diverse London boroughs.

Name of overview and scrutiny committee 4

London Borough of Hounslow's Adults Health and Social Care Scrutiny Panel

Comments. There is no word limit on this answer.

London Borough of Hounslow's Adults Health and Social Care Scrutiny Panel will not be submitting any commentary to the Annual Healthcare Commission Check 2007/8 for the London Ambulance Service. The Panel's work in the last year has had to prioritise other areas as its work focus and therefore, regrettably we are unable to provide any meaningful commentary for the London Ambulance Service.

Name of overview and scrutiny committee 5

Ealing Council's Health, Housing and Adult
Social Services Scrutiny Panel

Comments. There is no word limit on this answer.

Ealing Council's Health Housing and Adult Services Scrutiny Panel has no comments on the performance of the London Ambulance Service as it did not consider any issues relating to the work of the LAS during 2007/8.

Name of overview and scrutiny committee 6

Hammersmith and Fulham Borough Health
and Adult Social Care Scrutiny Committee

Comments. There is no word limit on this answer.

The Health and Adult Social Care Scrutiny Committee resolved, at its meeting on 1 April 2008, that it will not submit a commentary on the London Ambulance Service's self declaration to the Healthcare Commission.

Name of overview and scrutiny committee 7

Royal Borough of Kensington and Chelsea
Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

RBKC will not be providing a comment on the LAS due to short time period and similar requests from 6 other Trusts

Name of overview and scrutiny committee 8

Richmond Borough Health Overview and
Scrutiny Committee

Comments. There is no word limit on this answer.

from the Chairman
I did find your presentation at the Holiday inn Bloomsbury, on Thursday 13/3 most interesting. It is clear that you are doing a very good job. I am not making a response for inclusion in your feedback to the Health Check as I don't consider that I have anything of sufficient relevance to add.

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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