STANDARDS FOR BETTER HEALTH
DECLARATION FOR 2006/07
BOARD REPORT

Background

In July 2004, Standards for Better Health was published, which includes 24 core standards that "describe a level of service, which is acceptable and which must be universal". The core standards therefore, represent a level of service that all patients and service users of all ages should be able to expect from the NHS. There are also a number of developmental standards, which Trusts are also expected to be working towards.

For the year 2005/06 Bolton PCT made a declaration that it was compliant with all the core standards. The PCT is now required to produce a declaration for the year 2006/07. The declaration should state where:

- Standards have been met without significant lapses

- Standards for which the assurances received by the Board make it clear that there have been significant lapses: a statement for each standard that this applies to should be included in the declaration, together with the duration of any lapse and an outline of the action plan in place to correct the situation, including the predicted date by which the standards will be met. Where action plans are cited, it is not necessary to include a copy of them separately with the declaration.

- Standards for which a lack of assurance leaves the Board unclear as to whether there have been significant lapses: a statement for each standard that this applies to should be included in the declaration, together with an outline of the action plan in place to correct the situation, including the date by which assurance will be robust enough to determine compliance. Where action plans are cited, it is not necessary to include a copy of them separately with the declaration.

It is for Trust Boards to decide whether a given lapse is significant or not. However, in making this decision, the Healthcare Commission anticipates that Boards will consider the extent of risk to patients, staff and the public, and the duration and impact of any lapse. The declaration is not intended as a medium for reporting isolated, trivial or purely technical lapses in respect of the core standards.

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process. These standards are C7d, C7f and C19.

PCTs need to consider the following for each standard when completing their declaration:

- Directly provided services: whether they have reasonable assurance that their services are meeting the core standard
- Independent contractors: whether they have taken reasonable steps to ensure that the services provided by independent contractors are meeting the core standard
- Commissioned services: whether they have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard.

There are some standards that are particularly relevant to the PCT's role as a commissioner, which are C5a, C18, C22 and C23. The PCT will therefore wish to be assured that they have taken into account these standards when commissioning services.

The final declaration will include an opinion from internal audit, a general statement from the PCT and commentaries (if received) from the local Patient and Public involvement (PPI) Forum, the Overview and Scrutiny Committee (OSC) and the Strategic Health Authority (SHA).

The PCT is also required for 2006/07 to make a shadow declaration relating to our compliance with a number of developmental standards within the public health domain. This shadow declaration will not contribute to the PCT's overall rating for 2006/07 but will be made public by the Healthcare Commission. For information acute trusts will be making shadow declarations against a number of developmental standards from the safety and clinical and cost effectiveness domains for 2006/07.

All organisations will also be asked for 2006/07 to make a statement relating to infection control arrangements, for Bolton PCT this will be based on our Infection Control Annual Report which was approved by the board in March 2007.

Process in Bolton

1. During 2005/06 the PCT completed a comprehensive assurance framework against the standards using a template (appendix 1). The PCT chose to undertake a full assurance exercise against all the standards including those which are core but we are not asked to comment on in our draft declaration and the developmental standards, which are not part of the declaration for 2005/06. This work was completed by lead managers allocated to each standard and overseen by the directors allocated to each of the 7 domains.

2. This exercise was updated in February/March 2007 and has formed the basis upon which this declaration has been completed.

3. Throughout the year work has been ongoing within each of the standard areas to further improve the PCT's performance. Whilst the PCT is compliant in each area, as a learning organisation, it will always be possible for us to improve our performance in these areas. Some of this work is about improving the processes involved, and some of this work is about improving the assurance/evidence we have that the processes are being used and are effective. For 2007/08 the action plan that will help the PCT further improve our position against the Standards for Better Health is incorporated into the Clinical Governance Development Plan which is framed within the 7 domains of the standards. A copy of the 2006/07 action plan and current progress is available from the Assistant Chief Executive.

4. Meetings have been held relating to the three areas that the Healthcare Commission is undertaken shadow assessments against developmental standards in 2006/07. Action plans and current position has been agreed for the Public Health domain resulting in an overall fair shadow declaration (appendix 2). Action plans have been agreed for the Safety and Clinical and Cost Effectiveness domains, no shadow declaration is required from PCTs for 2006/07 against these domains – a copy of the action plans is available from the Assistant Chief Executive.

5. Internal Audit completed an assessment in 2005/06 and found the PCT to have significant assurance that the standards were being met. They are currently undertaking their review of our processes for 2006/07 and the subsequent report will be made available to the Board as soon as possible.

6. As in 2006, the Patient and Public Involvement (PPI) Forum, Health Overview and Scrutiny Committee (HOSC) and Strategic Health Authority (SHA) have the opportunity to provide a comment to us to include in the declaration. A briefing from the PCT and an opportunity for them to agree their commentaries took place for the PPI Forum on 20 March 2007 and will take place for HOSC on 17 April 2007. The SHA has agreed to let us have their comment by 30 April 2007. The declaration with commentaries will be submitted on the Healthcare Commission website by noon on 1 May 2007.

7. The Board is being presented with the declaration showing compliance against all core standards (appendix 3), excluding commentaries, at the PCT's April Board meeting for approval. The full declaration, including commentaries, will be presented at the May Trust Board meeting for Board members to note. As our board meetings are held in public, with papers put on the website, this will ensure we are compliant with making our final declaration available to the public by the Healthcare Commission's deadline (Friday 18 May 2007).

8. PCTs are not in a position to be able to include the required information from internal and external auditors in their final declarations by the deadline for submission. Instead the PCT must forward information from the internal audit opinion to the Healthcare Commission in June 2007. Any issues arising from the external audit opinion will be communicated directly to the Healthcare Commission by external audit in July/August 2007.

Hannah Dobrowolska
Assistant Chief Executive
2 April 2007

Appendix 1

Example of the proforma used for each standard to provide assurance of compliance.

Standard	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.	**Compliance**		**Lead director (for domain)**	Anna Basford
C01a		**Mar 06**	**March 07**		
Domain		Compliant	Compliant	**Lead manager (for standard)**	Paul Phoenix
Safety					

Overall risk assessment	Likelihood	2	Impact	3	Risk rating	6

Key risks	**Controls in place**	**Gaps in controls**	**Risk assessment**			**Assurance on controls (evidence)**	**Additional action/assurance required**
What could prevent this objective (standard) being achieved?	*What controls/systems do we have in place to assist in securing delivery of our objective (standard)?*	*Where are we failing to put controls/systems in place? Where are we failing in making them effective?*	**Likelihood**	**Impact**	**Risk rating**	*What proof do we have that our controls/systems exist and are working well?*	*What further action is required to reduce this key risk?*
The complex lines of communication. Availability of key personnel to attend meetings. New Services being developed and merged	• Joint committee membership. Health and Safety, Clinical Interface and Learning Forum, • Local Policies and procedures. • Some shared services now directly managed so clearer lines of communication in place. • Reporting to the NRLS • Benchmarking against other organisations	• Limited number of joint formal arrangements / Terms of Reference • Independent contractors implementation varies	2	3	6	• Internal audit review • External CNST Level 1b assessment • Learning Forum • IWL • Monthly reports to the Service Provision meeting.	Continuous monitoring and audit of results

Appendix 2

Public Health – Developmental Standards
Update and PCT action plan
Last update: 5 February 2007

Introduction

The PCT will be shadow assessed for 06/07 on the Public Health Developmental Standards.

Jan Hutchinson, Deborah Harkins, Lesley Jones, Angela Hardman and Hannah Dobrowolska met on 5 February to agree their view on current position and agree an action plan. This is based on a review of the "Criteria for assessing developmental standards in 2006/07" (pgs 28-32) and the toolkit provided by the Healthcare Commission relating to Bolton PCT.

Current assessment and evidence

Criterion 1: The PCT gathers, generates and shares high quality local intelligence about the health, health inequalities and well-being of its local population.		
Assurance statements: **'fair'** and **'good'** developmental progress	Assurance statements: **'excellent'** developmental progress	Evidence
• The PCT monitors, analyses and predicts patterns of health service use, access to services and local health needs, using tools that capture the views of patients, the public and their representatives, audit equity and assess the health impact. **ACHIEVE** • The PCT generates and shares local intelligence describing the health, health inequalities and well-being of its local population with local partners. The information is disseminated in accessible formats to a range of audiences including patients, the public and their representatives. **ACHIEVE** • Local intelligence includes economic analyses of the cost and effectiveness of health improvement programmes. **FAIL**	• Intelligence systems include a range of data regarding levels of health inequality within the local population (including, for example, the findings of equity audits within all service areas, rural proofing and needs assessment). **FAIL**	• SHA performance visit folder • Public Health annual report and presentation to various bodies • Equity audits • HOSC, PPI Forum meetings • Good relations with media • Health survey • Reports produced by Public Health Analyst

Criterion 2: The PCT uses local intelligence to commission effective services and programmes to improve the health and well-being of its local population and to narrow health inequalities		
Assurance statements: **'fair'** and **'good'** developmental progress	Assurance statements: **'excellent'** developmental progress	Evidence
• Commissioning decisions of the PCT are influenced by local intelligence and are reviewed for their contribution to tackling health inequalities. **ACHIEVE** • Commissioning decisions are taken with local partners, including patients, the public and their representatives. **ACHIEVE** • Clinicians are involved in defining and agreeing commissioning decisions, based on local intelligence, equity and evidence of effectiveness including cost/benefit analysis. **TBC** • The impact and outcomes of commissioning decisions on the health, health inequalities and well-being of the local population are evaluated (including scrutiny with patients, the public and their representatives) and are reviewed and amended, if necessary, in light of the findings. **TBC**	• Local intelligence is integrated into decision-making at all levels of strategy and commissioning (both PCT and practice-wide) to achieve equitable and proportionate commissioning of services relative to need. Programmes to improve health and well-being, and tackle health inequalities include joint working and commissioning with local partners. **FAIL**	• Data included in all PCT strategies • PBC and clinical commissioning forum work e.g. using COPD • Neighbourhood renewal strategy • Health visitor and podiatry reviews • Commissioning Panel

Criterion 3: The PCT improves health and well-being, and tackles health inequalities through the delivery of high quality, evidence-based services and programmes.		
Assurance statements: **'fair'** and **'good'** developmental progress	Assurance statements: **'excellent'** developmental progress	Evidence
• The healthcare organisation has taken initial steps to implement, as appropriate, the following NICE guidelines taking into account *How to put NICE guidance into practice (* NICE, 2005). Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling (NICE, 2006) and Brief interventions and referral for smoking cessation in primary care and other settings (NICE, 2006). ***ACHIEVE*** • The PCT delivers evidence-based approached to meet the priorities defined in *Choosing Health: Making Healthier Choices Easier* (Department of Health, 2004), and other locally	• The PCT has a consistent set of measures for local use on health, well-being and health inequalities, and these demonstrate overall improvements in health and well-being and narrowing of health inequalities. **FAIL** • The PCT implements and evaluates policies for the promotion of health and well-being of all staff working for the PCT either directly or indirectly (for example, via contracts with agencies or third party organisations). **ACHIEVE**	• IWL • Board paper on NICE • Physical activity strategy • LAA, NRF and other regeneration funded work • HR report • Life expectancy action plan/ strategy • Health trainers

defined priorities and targets based on secured and identified resources. **ACHIEVE** • The PCT commissions, manages, delivers (using staff with sufficient specialist skills and expertise) and evaluates health improvement programmes and programmes to tackle health inequalities. **ACHIEVE** • Workplace initiatives to promote the mental and physical health of PCT staff are in place in accordance with *The Management of Health, Safety and Welfare Issues for NHS Staff* (Department of Health/NHS Employers, 2005). **ACHIEVE** • Employment monitoring statistics are compared to the characteristics of the local population and an action plan to increase employment opportunities for under-represented or marginalized groups within the organisation has been implemented and monitoring demonstrates improvement. **ACHIEVE**		

Action plan

Action	Who	When	Current position against action
Present the Public Health annual report to the PPI Forum and Health and Care Together	Jan	May 07	
Undertake an economic~~y~~ analysis of the "we wills" within the Improving Health section of the PCT's Manifesto (this may require work to be externally commissioned)	Debs	Sept 07	~~We could possibly commission this externally~~
Agree and monitor action following the report into ethnicity monitoring	Angela	April 07 & ongoing	
Complete needs assessment for people with SMI in respect of their physical health needs ~~Not sure we can do this – first need to reviews the extent to which SMIs are in place and how much information thay contain – would need scoping. Could be a good PH trainee project???~~	Lesley	Dec 07	~~Apparently SMI registers are now in place and an audit is planned to ascertain the degree to which they are being used to assess physical health. I will liaise with Miranda to find out more.~~
Complete health needs assessment for ~~new and emerging communities More accurately about HNA of~~ asylum seekers and refugees	Angela	Dec 07	.
Set equity targets in terms of access in 4 priority areas and ensure commissioners include these in PCT and PBC service provider contracts	~~??~~Jan	March 08 (in contracts for 08	

and monitor their achievement		/09) & ongoing	
Complete breast and cervical screening audits. Agree and monitor action plan as required.	Angela	June 07, Aug 07 & ongoing	
Complete an assessment of the abdo pain service to confirm whether expected savings have been achieved and carry out equity audit of patients referred to the service	Carol P	June 07	
On an annual basis complete an assessment of the cost/benefit assumptions included in the LDP for that year to confirm whether they were achieved. ~~Huge task~~	Dawn/ Carole H	March 08	
Agree and monitor implementation of an action plan as a result of the recent analysis of under doctored areas in Bolton.	Joan	June 07 & ongoing	

Conclusion

Based on the above scores, the PCT will be declaring itself at FAIR for the shadow assessment of 06/07 performance. The above action plan will help move the PCT towards a rating of good, however to ensure the PCT achieves a rating of good or excellent in 07/08 additional public health capacity, particularly analyst and specialist time, will be required.

Appendix 3: Declaration against core standards

It is not possible to include a copy of the actual draft declaration as this is submitted via the Healthcare Commission's website, as such below is a summary of the PCT's response.

Compliance against the standards

The PCT has declared itself 'COMPLIANT' against ALL of the Core Standards for which we were asked to make a declaration for the full year 1st April 2006 to 31st March 2007 (the other options for the PCT to declare itself were 'not met' or 'insufficient assurance'). For your information the standards are listed below (please note that we were not asked to make a statement against standards C7d, C7f and C19).

Domain 1: Safety
Domain Outcome: Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

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.
C1b	Healthcare organisations protect patients through systems that ensure that patients safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection (HAI) 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).
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.
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.
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.
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 & safety of staff, patients, the public and the safety of the environment.

Domain 2: Clinical & Cost Effectiveness
Domain Outcome: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes.

C5a	

	Healthcare organisations ensure that they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.
C6	Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Domain 3: Governance
Domain Outcome: Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.

C7a	Healthcare organisations apply the principles of sound clinical and corporate governance.
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.
C7c	Healthcare organisations undertake systematic risk assessment and risk management (including compliance with the controls assurance standards).
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.
C8a	Healthcare organisation support their staff through having access to processes which permit them to rise, 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.
C8b	Healthcare organisation support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.
C11c	

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

Domain 4: Patient Focus
Domain Outcome: Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.
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.
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.
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.
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.
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides balanced diet.
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.
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.

Domain 5: Accessible and Responsive Care
Domain Outcome: Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Domain 6: Care, environment and amenities
Domain Outcome: Care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function.

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

Domain 7: Public Health
Domain Outcome: Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

C22a	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.
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.
C22c	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.
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.
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.

Other comments

General statement of compliance NB – THIS IS THE PROPOSED STATEMENT, IT MAY BE AMENDED FOLLOWING THE BOARD MEETING AND/OR COMMENTARIES RECEIVED	Bolton PCT Trust Board has reasonable assurance that the PCT has complied with the core standards without significant lapses during the period 01 April 2006 to 31 March 2007. This decision has been made based on a thorough assurance framework exercise for each standard involving relevant staff from across the PCT. The Board has approved this final declaration unanimously at the Board Meeting held on 11 April 2007, where the Board asked the Chair, PEC Chair and Chief Executive to be signatories of the declaration on behalf of the full Board.

Strategic Health Authority commentary	Comment awaited.
Patient and Public Involvement Forum commentary	Comment awaited.
How many Overview and Scrutiny Committees will be commenting on your trust?	1
Overview and Scrutiny Committee 1 - commentary	Comment awaited.

Electronic 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. There is no requirement for a paper copy of the final declaration to be signed and returned to the Healthcare Commission.

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. 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

Please state how many members of the trust board, including the non-executive directors, will be signing off the form (maximum of 30):

3

Details of first signatory

Mrs	Pam Senior	Chair
Signature:		

Details of second signatory

Dr	Stephen Liversedge	PEC Chair

Signature:	

Details of third signatory

Mr	Tim Evans	Interim Chief Executive
Signature:		