



Reference: CSA56803

Date: 26/10/2005

Trust Self-Declaration:

Trust:	Bassetlaw PCT
CSA Main Contact:	Andrew Beardsall
Main contact's email:	Andrew.Beardsall@Bassetlaw-PCT.NHS.UK

Safety domain

Please indicate 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
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	Compliant

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

Clinical and cost-effectiveness domain

Please indicate 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

Governance domain

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

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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
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	Compliant

	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.	Compliant

Patient focus domain

Please indicate 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
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
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.	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
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Accessible and responsive care domain

Please indicate 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

Care environment and amenities domain

Please indicate 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

Public Health domain

Please indicate 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	Compliant
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	organisations and 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.	
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

Endorsed by (internal Audit view of the quality of processes used by the board in making its last statement of Internal Control)

	<p>Audit Manager: Leanne Morton Head of Internal Audit: Tim Thomas</p> <p>Date of Issue: June 2005</p> <p>1. Introduction</p> <p>All NHS bodies have been required to submit a Statement on Internal Control (SIC), a public disclosure being part of their Annual Report, since 2001/2002. Heads of Internal Audit have been, similarly, charged with providing organisations with an opinion of the effectiveness of their system of internal control. This Annual Report provides my opinions as Head of Internal Audit. It also summarises the activities of Internal Audit for the period 1st April 2004 to 31st March 2005. The organisation should take this opinion into consideration when completing the SIC but also the opinions of other review bodies and management assurance (see fig 1)</p> <p>The requirement for me to give annual opinions on the Assurance Framework and the System of Internal Control is principally detailed in the publication 'Assurance The Board Agenda' issued in July 2002 supplemented by 'Building</p>
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the Assurance Framework: A Practical Guide' in March 2003.

Both documents provide guidance to Board members to meet the challenge of being informed about their system of internal control through the implementation of an 'Assurance Framework'. The Assurance Framework will inform the Accountable Officer and the Board about the effectiveness of their system of internal control and that they are doing their reasonable best to manage the principal risks to the organisation achieving its objectives and to identify any significant weaknesses which need to be addressed. The guidance I have received from the Department of Health (Gateway Ref: 4483) requires me to give a Head of Internal Audit Opinion in two components as follows:--
An opinion on your overall arrangements for gaining assurance i.e. the Assurance Framework.

An opinion on, and limited to, the work carried out by Internal Audit during the year on the effectiveness of the management of those principal risks identified within the organisation's Assurance Framework

These opinions (see section 3) form part of the overall arrangements put in place by the Board to produce its Statement on Internal Control (SIC). The Board should consider my opinions, together with management assurances, its own knowledge of the organisation and assurances received throughout the year from other review bodies (such as the Healthcare Commission, External Audit and CNST/RPST) when producing its SIC. In addition, the Strategic Health Authority may take my opinions into account as part of their overall assessment of the organisation's control environment, to assist them in fulfilling their performance management responsibilities.

2. 2004/05 Internal Audit Activity

2.1 Plan Outturn

Throughout the year we have updated the Audit Committee on progress against the Internal Audit plan of work. I attach, as Appendix A, a summary of all activity undertaken.

2.2 Compliance with Standards

As Internal Auditors we are required to comply with a set of standards for the conduct of Internal Audit in the NHS. These standards cover all aspects of our work ranging from adherence to a professional code of conduct and ethics through to the operational delivery, review and reporting aspects of our work. We have undertaken our own internal review against these standards during the year and believe that all of our work has been undertaken in adherence with these standards.

2.3 Summary of key audit work undertaken

Our plan of work for 2004/05 was divided into two broad categories; work on the financial systems that underpin your financial processing and reporting and then broader risk focused work.

- Financial systems assurance

During the year we have undertaken reviews of the core financial systems. In general we have been able to conclude that a sound system of internal control is in place, with the exception of those risks highlighted in Section 3 (Opinion

2).

- Assurance Framework and risk focused work

In terms of development of your Assurance Framework we have undertaken a programme of work to review progress and to keep you informed of any advice from the Department of Health. In particular, we have:

- Issued key message guidance to you following the Department of Health's review of the 2003/04 Assurance Framework process.
- Undertaken an interim assessment of the development of your Assurance Framework during 2004/05 which also included understanding your response to Standards for Better Health, the cessation of Controls Assurance and how this fitted into your overall governance arrangements.

We have also liaised with the Strategic Health Authority SIC Lead and External Audit during the year. In particular, we worked closely with the SHA SIC lead for the Month 9 Assessment of Assurance Frameworks 2004/05.

In forming my Head of Internal Audit Opinion for this year, I have accounted for the formal advice issued by the Department of Health, discussions with Department of Health representatives at the Internal Audit Practitioners Group and liaised with your SHA SIC Lead. The key messages being that:

- Organisations should be able to demonstrate how their framework has developed in 2004/05.
- There is recognition that Assurance Frameworks are still a developing concept and that there should, therefore, be an expectation that organisations will have achieved their reasonable best.

2.4 Internal Audit recommendations

Ranking recommendations

All Internal Audit reports provide management action plans detailing recommendations to improve the system of control or to better comply with established controls and/or best practice. Recommendations made are ranked in terms of their relevant importance to the client and the level of risk presented. High-risk matters are indicative of the most significant areas of concern while low risk issues are indicative of matters of limited concern, best practice or of a housekeeping nature.

An analysis of our recommendations for 2004/05 is shown in the following table

Recommendations

High = 0 Medium = 42 Low = 38 Total = 80

In all instances, appropriate actions have been agreed with management to address the areas of weakness identified. Progress in relation to the implementation of agreed action points has been reported to the Audit Committee during the course of the year, and there are no causes for concern. Recommendations will continue to be followed up during 2005/06.

3. Internal Audit

Opinions

The Board's Responsibilities

The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives. This should be based on an ongoing risk management process that is designed to identify the principal risks to the organisation's objectives, to evaluate the nature and extent of those risks, and to manage them efficiently, effectively and economically.

Boards are responsible for putting in place arrangements for gaining assurance about the effectiveness of the organisation's system of internal control. To achieve this, the Board should identify the principal risks to the organisation meeting its principal objectives and map out the key controls in place to manage these risks. The Board should also identify how they have gained sufficient assurance about the effectiveness of these key controls.

Assurances may be derived from a number of sources and it is the responsibility of the Board to determine how much reliance can be placed on each of them. Internal audit provides a significant source of assurance.

Head of Internal Audit's Responsibilities

I am required to give annual opinions covering two components:

§An opinion on your overall arrangements for gaining assurance i.e. the Assurance Framework;

§An opinion on, and limited to, the work carried out by Internal Audit during the year on the effectiveness of the management of those principal risks identified within your Assurance Framework.

My opinions are intended to assist the Board in completing the Statement on Internal Control (SIC), and are not intended for any other purpose. They are provided overleaf.

Opinion 1 - The Assurance Framework

To support this opinion, I have reviewed the overall arrangements the Board has in place for an Assurance Framework that provides the evidence to support the SIC. This has entailed reviewing the way in which the Board has identified objectives, risks and controls; identified sources of assurances on those controls; and assessed the value of assurances obtained. Following this review I am required to conclude whether:

An Assurance Framework has been established which is designed and operating to provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation or that, An Assurance Framework has been established but is inadequate

It is my opinion that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2004/05 SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the

organisation.

I have reached this opinion based on the following factors:

The PCT's Assurance Framework was assessed as a category A for 2003/04, however, limited review and update of the Framework has been undertaken during 2004/05. .

Accordingly, we have undertaken further testing on the actions identified in the Assurance Framework action plan. This provided assurance that progress has been made by the Board in monitoring the actions required on the key risks identified by the PCT.

In providing my opinion, we have also looked at the wider governance arrangements within which the Assurance Framework operates as a tool to facilitate the Boards understanding of its objectives, principal risks and controls.

With minor exceptions, we were able to demonstrate that for a sample of ten principal risks, the PCT had received assurance during 2004/05 as detailed within its Assurance Framework. . A separate report is being provided to the PCT to assist further development of its Assurance Framework where necessary.

Opinion 2 - The system of internal control based on Internal Audit work undertaken

The internal audit plan for 2004/05 was developed to provide management with independent assurance on the adequacy and effectiveness of systems of control across a range of financial and organisational areas. To achieve this, the plan included areas of traditional audit but also contained an allocation of time to be specifically dedicated to areas of concern identified directly from your Assurance Framework. As such, our internal audit plan has been designed to enable me to provide you with an opinion on your system of internal control, based upon the work that we completed, at the time it was undertaken. Throughout the year we have provided assurance with respect to the risks, systems and processes that we have audited. We measure the adequacy and effectiveness of internal control in systems on a four point scale:

Full Assurance: The system of internal control is designed to meet the system's objectives and controls are consistently applied in all the areas reviewed

Significant Assurance: There is a generally sound system of control designed to meet the system's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.

Limited Assurance: Weaknesses in the design or inconsistent application of controls put the achievement of the system's objectives at risk in the areas reviewed.

No Assurance: Weaknesses in control, or consistent non-compliance with key controls, could result (or have resulted) in failure to achieve the system's objectives in the areas reviewed.

For those key systems and processes reviewed by Internal Audit in 2004/5 (relating to principal risks identified in the Assurance Framework) the levels of assurance that were provided are as follows:

FinancialBalance = FB

IM&T Arrangements =IMT

(note the list below was re-formatted from a table produced by internal audit as this would not paste directly into the Healthcare Commission on-line

form)

FB Accounting and Ledger = Significant level of assurance

FB Budgetary Control = Significant level of assurance

FB Debtors = Significant level of assurance

FB Creditors = Significant level of assurance

FB Treasury Management = Significant level of assurance

FB Asset Register Full level of assurance

FB Payroll = Limited level of assurance

IMTInformation

Governance Framework = Significant level of assurance

The results of these reviews, together with my overall knowledge and understanding of governance and risk management arrangements within the organisation, leads me to conclude that I can provide significant assurance on the system of internal control operated, as it relates to those areas that have been audited. I have arrived at this decision because I believe that:

There is a generally sound system of control in place designed to meet the organisation's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.

Notwithstanding this I would draw your attention to the following concerns identified during the course of our work:

The following concerns regarding the Payroll System resulted in risk that its objectives may not be adequately achieved;

- Inadequate control over authorisation;
- Lack of contingency plans for Payroll and HR systems;
- System Documentation for Payroll and HR unavailable;
- Inadequate reconciliation between HR and Payroll systems.

TIM THOMAS
Head of Internal Audit

APPENDIX A
Internal Audit Outturn 2004/05

AUDIT ASSIGNMENT
PLANDAYS = PD
ACTUAL DAYS =AD

Annual CA Core Standards /
Assurance Framework Work PD8 AD8
Accounting and Ledger Control PD 5 AD5
Debtors PD4 AD4
Creditors PD5 AD5
Treasury Management PD3 AD3
Asset Register PD3 AD3
GMS Contract Payments PD5 AD0
Budgetary Control PD7 AD7
Payroll PD6 AD8
LIFT PD10 AD1
Assurance Work

/ Core Standards PD5 AD5
 Post Payment Verification
 (Assurance Work) PD8 AD3
 Ophthalmic Services PD5 AD7
 Healthcare Standards Review
 (Assurance Work)PD12 AD7
 IT Technical Security Review PD3 AD3
 Information Governance
 Framework PD4 AD4
 IT – Finance Systems Follow up PD2 AD2
 IT – IM&T Policies
 and Procedures Follow up PD1 AD1
 Management / Contingency
 / Follow up PD34 AD35
 Carried Forward to 2005/06 AD19
 TOTAL PD130 AD130

Internal Audit Outturn 2004/05

AUDIT ASSIGNMENT

(The list below is taken from a table of assurance opinions within internal audits report - this table would not copy directly onto the Healthcare Commission form)

Annual CA Core Standards
 Assurance Framework Work
 Status = Complete, Opinion = N/A

Accounting and Ledger Control
 Status =Complete, Opinion =Significant

Debtors
 Status =Complete, Opinion = Significant

Creditors
 Status =Complete, Opinion = Significant

Treasury Management
 Status =Complete, Opinion =Significant

Asset Register
 Status =Complete, Opinion = Full

GMS Contract Payments
 To be carried forward to 2005/06N/A

Budgetary Control
 Status =Complete, Opinion =Significant

Payroll
 Status =Complete, Opinion =Limited

LIFT
 N/A N/A

Assurance Work
 / Core Standards

	<p>Status =Complete, Opinion =N/A</p> <p>Post Payment Verification (Assurance Work) To be carried forward to 2005/06N/A</p> <p>Ophthalmic Services Status =Complete, Opinion =Limited</p> <p>Healthcare Standards Review (Assurance Work) Deferred N/A</p> <p>IT Technical Security Review Status =Complete, Opinion =Significant</p> <p>Information Governance Framework Status =Complete, Opinion =Significant</p> <p>IT – Finance Systems Follow up Status =Complete N/A</p> <p>IT – IM&T Policies and Procedures Follow up Staus = Complete N/A</p> <p>Management / Contingency / Follow up Carried Forward to 2005/06 N/A N/A</p>
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Has the auditor disclosed any matters in relation to the Statement on Internal Control within the Independent (external) Auditor's Report to the Directors of the Board on the financial statements in 2004/2005?

	No
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Please supply the following information

general statement of compliance	<p>The Board of Bassetlaw PCT is assured that the PCT is achieving the core standards as laid out within Standards for Better Health. It is assured it was achieving these standards as of 1 April 2005 and continues to do so.</p> <p>The PCT has undergone a self-assessment process and as part of this produced an action plan, which was agreed with Trent Strategic Health Authority. The Board do not consider that the actions identified within this plan were required as a response to any significant lapses against the core standards but were part of the Trust's normal continual improvement processes.</p> <p>The Board is satisfied the PCT has taken all reasonable steps to ensure services provided by independent contractors are compliant with the core standards and</p>
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	that commissioning arrangements suitably take into account the core standards.
strategic health authority commentary	The Trust has made progress on its Clinical governance development plan (CGDP) for 2004-2005 and demonstrated progress across the standards domains at the 2005 review of clinical governance by the SHA. The PCT has made improvements in establishing systems and processes for patient safety and has specifically made improvements in untoward incident reporting from employed staff and GPs. The CGDP for 2005-2006 reflects standards for better health and contains a range of action to further strengthen and embed core standards across the PCT
patient and public involvement forum commentary	The Patient and Public Involvement in Health Forum for Bassetlaw Primary Care have taken the decision not to provide detailed comment regarding Bassetlaw Primary Care Trust's draft declaration regarding the Healthcare Commission Core Standards at this time as we do not believe we have the necessary expertise. However, we would like to draw attention to the fact that we feel that the Primary Care Trust has consulted with the forum fully and has taken steps to seek our views upon a number of issues during our existence, and we have no reason to believe that the Trust do not meet the 24 core care standards as set out in the declaration.
How many overview and scrutiny committees will be commenting on your trust?	1

Overview and scrutiny committee 1 - commentary

Overview and Scrutiny Committee Commentary	<p>The Health Panel of Bassetlaw District Council's Overview and Scrutiny Committee has looked at the self assessment process undertaken by Bassetlaw Primary Care Trust. The following comments are made on the draft and the Health Panel will continue to monitor the Primary Care Trust until the final declaration is produced in March 2006. Members were informed during the process by three meetings with representatives from Bassetlaw Primary Care Trust (The Chief Executive, Finance Director and Clinical Governance Manager).</p> <p>The Panel looked specifically at the processes by which the Trust assures specific healthcare services within the area, covered in the Third domain, Governance and Fourth domain: Patient focus. External services includes GPs, pharmacists, dentists and optometrists. The Trust takes the lead in North Nottinghamshire for dental services.</p> <p>The main area where the Trust does not do as well as it might is in waiting times to see a GP. However, once patients get to see a GP a high proportion are satisfied with the service provided. In relation to GPs Members were concerned that all patients receive equal access to services. The Trust confirmed that if an individual patient experienced difficulty in finding a GP then it (The Trust) would take on responsibility for ensuring the patient was registered with a GP.</p> <p>The Panel was pleased to note that proactive, preventative initiatives to encourage healthy living are in place.</p> <p>Overall the Panel was satisfied that the above assessment processes were robust</p>
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	and the Trust fit for purpose.
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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 the declaration in the space provided below. As a minimum, we require that the declaration is signed by an appropriate officer(s) with delegated authority. Signatures below represent the following:

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

approval that any commentaries provided by specified third parties (i.e. strategic health authority (where relevant), patient and public involvement forums and overview and scrutiny committees) have been reproduced verbatim.

approval that the relevant comments from the head of internal auditor opinion have been reproduced verbatim, and that the information provided in respect of the external auditor's view reflect the independent auditor's report to the directors of the board on the financial statement in 2004/05.

Please state how many members of the trust board, including the non-executive directors, will be signing the form (maximum of 20):

Number of signatories	3
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Details of first signatory

Mr	St J Deakin	Chairman
Signature:		

Details of second signatory

Dr	C Stanley	Chairman of the Executive Committee
Signature:		

Details of third signatory

Mrs	J L Newcombe	Chief Executive
Signature:		