



Reference: AHC106271  
Date: 01/05/2007

**Your details**

Trust self-declaration:

Organisation name:	North West Ambulance Service NHS Trust
Organisation code:	RX7

**General statement of compliance**

Please enter your general statement of compliance in the text box provided.

General statement of compliance	<p>On 1st July 2006, North West Ambulance Service NHS Trust was established to replace four predecessor organisations:</p> <p>Cumbria Ambulance Service NHS Trust Greater Manchester Ambulance Service NHS Trust Lancashire Ambulance Service NHS Trust Mersey Regional Ambulance Service NHS Trust</p> <p>The new organisation has used the self-assessment process to review the position across all areas of the organisation throughout 2006/7. It has accepted that where there was pre-existing evidence of compliance this should be acceptable up to the agreement of new trust-wide arrangements.</p> <p>All self-assessments were considered at an assessment day by a panel including executive and non-executive directors, along with an internal auditor. The proposals were approved through the Audit Committee.</p> <p>The assessment has led to a declaration of compliance in all but three standards, where insufficient assurance of compliance was identified in two, and a third standard was identified as being not met</p>
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**Statement on measures to meet the Hygiene Code**

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>The Trust Infection Control Policy, approved by the Board on 28th March 2007 states:</p> <p>1.0 POLICY STATEMENT The North West Ambulance Service NHS Trust is committed to</p>
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	<p>promoting the highest standards of infection control to ensure that appropriate measures are in place within the Trust to reduce the risk of acquired infections and therefore increase the safety of our patients, staff and the public.</p> <p>The Trust Board is fully committed to addressing the risks of healthcare associated infection and serious communicable diseases, through a policy aimed at dealing proactively with the outcomes and continually developing safer working practices</p> <p>The North West Ambulance Service NHS Trust recognised that the Health Act 2006 introduced a statutory duty on NHS organisations from 1st October 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Trust Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this Trust.</p> <p>The Board can confirm that it meets the requirements for the Annual Health Check as stated in the Standards for Better Health C4a, C4c and C21.</p> <p>The Trust acknowledges that the provision of appropriate training is central to the achievement of this aim.</p> <p>This document applies to all employees of the Trust with active lead from managers at all levels to ensure that infection control is a fundamental part of the total approach to quality. Copies of the policy will be available on all sites. This policy will also be shared with external stakeholders and where appropriate expert advice will be sought.</p> <p>Signed by: Mr JD Burnside, Chief Executive</p>
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### Safety domain - core standards

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

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Not applicable (ambulance / mental health / learning disabilities services should declare 'not applicable')

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C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	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 - core standards

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

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that	Compliant

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	clinicians participate in regular clinical audit and reviews of clinical services.	
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 - core standards

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

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	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
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.	Insufficient assurance
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted	Compliant

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	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.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

### Governance domain - non-compliance/insufficient assurance

Please complete the details below for standard C7e, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/07/2006
End date of non-compliance or insufficient assurance (planned or actual)	01/12/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Although three of the four predecessor trusts had Race Equality Statements, only two were fully compliant with legislation. There has been a significant increase in the level of response expected of public bodies in this regard in the last year, and the panel agreed that one essential requirement was the introduction of Race Impact Assessments. The panel therefore agreed that, although there was much good practice in place and no evidence of significant breaches, there was insufficient assurance of compliance
Actions planned or taken	An Assistant Director for Equality and Diversity has been appointed in the structure of the new Trust, who is responsible for completing the

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(maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	development of race, disability and gender equality schemes for the new trust, and for ensuring the trust wide implementation of Race Impact assessments. Progress on this work will be monitored by the audit committee to ensure compliance for 2007/8
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Please complete the details below for standard C9, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/07/2006
End date of non-compliance or insufficient assurance (planned or actual)	01/10/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	This standard encompasses all records across the organisation, although the emphasis does lie with clinical records. The standard refers to national guidance from 2006 that requires addressing by the organisation as a whole. There is some doubt about the best way to address this, and in particular there is a need for clarity regarding accountability. No significant breaches were identified. For these reasons it was agreed to recommend a report of insufficient assurance.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust is at present agreeing the key accountabilities before establishing a records management working group to deliver a trust-wide records management strategy.

### Patient focus domain - core standards

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

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant

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C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Not met
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.	Not applicable (ambulance trusts should declare 'not applicable')
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.	Not applicable (ambulance trusts should declare 'not applicable')
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

### Patient focus domain - non-compliance/insufficient assurance

Please complete the details below for standard C14b, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	28/02/2007

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Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	A Healthcare Commission audit of complaints handling in one of the predecessor trusts in February 2007 identified that the existing complaints policy did not explicitly state the Trust's commitment not to discriminate. This omission was corrected in the policy for the new trust agreed on 28th February 2007. The advice from the Healthcare Commission has been to declare non-compliance for this standard
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The new complaints policy has now been approved and adopted, and shared with the Healthcare Commission assessor. It is fully compliant with the standard. There will now be a complete review of all complaints literature for the public to reflect the changes. A programme for training staff in complaints handling under the new system is being put in place.

### Accessible and responsive care domain - core standards

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

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

### Care environment and amenities domain - core standards

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

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national	Compliant



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	specification for clean NHS premises.	
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### Public health domain - core standards

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	Compliant
	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

### Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mrs	Mary Whyham	Chair
2.	Mr	Alan Bickerstaffe	Non-executive Director

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3.	Mr	Tom Carr	Non-executive Director
4.	Mrs	Patricia Corless	Non-executive Director
5.	Mr	Eddie Pope	Non-executive Director
6.	Mr	Ian Rush	Non-executive Director
7.	Mr	John Burnside	Chief Executive
8.	Mr	Bob Williams	Deputy Chief Executive
9.	Mrs	Diane Hardwick	Director of Finance
10.	Mrs	Madeline Harding	Director of Service Development and Modernisation
11.	Mr	Jon Lenney	Director of Human Resources
12.	Professor	Kevin Mackway-Jones	Medical Director
13.	Mr	Barry Thurston	Director of Information Management & Technology

### Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health authority comments	<p>North West Strategic Health Authority Standards for Better Health Commentary - 2006 / 2007</p> <p>Trust name: North West Ambulance Service NHS Trust</p> <p>The SHA has received a copy of the trust's draft declaration, reviewed the trust action plans and performance management information and is able to comment on the following standards.</p> <p>Domain: Safety Standard SHA Commentary C1a The trust reports serious and untoward incidents to the SHA through the StEIS / UNIFY serious and untoward incident reporting system. The SHA recognises the work undertaken in this reconfigured trust but further work will need to be undertaken to ensure that serious and untoward incidents are appropriately reported and investigated.</p> <p>Domain: Governance Standard SHA Commentary C7a The SHA recognizes the work undertaken by the reconfigured trust. The trust developed an action plan in agreement with the HCC to address identified weakness and areas of non compliance in one predecessor trust. The SHA is working closely with the trust to ensure compliance</p> <p>Domain: Public Health Standard SHA Commentary C24 The trust has a robust emergency plan in place which complies with national and local arrangements, and risks associated with the plan have been identified with management systems in</p>
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	<p>place</p> <p>This year's commentary has been prepared within the context of the organisational changes within the NHS in 2006. Next year the SHA looks forward to working with NHS Trusts and PCTs to make patient safety, clinical excellence and care a priority.</p> <p>Mike Farrar Chief Executive North West SHA</p>
<p>Patient and public involvement forum comments</p>	<p>C1a) The Public Forum is represented on the Trust's Clinical Governance Committee, Health, Safety and the Environment Committee and the Area Management Committees.</p> <p>Forum Lancashire Area Committee is of the opinion that the Trust is compliant on this standard [minutes of the above committees]</p> <p>The Cumbria Area Committee is of the opinion that the Trust is compliant on this standard [minutes of the above committees]</p> <p>C4 Cumbria Area Committee have monitored this on visits to Ambulance Stations and in PTS and A&amp;E vehicles survey. Concern was shown and reported to the Trust that although the Trust was compliant in reducing the risks regarding MRSA they were not always informed by hospital staff when patients being transported had MRSA [PTS and A&amp;E vehicle reports, Forum meeting minutes, Forum representation on the Risk Committee]</p> <p>C7a) and c) The Forum is represented on the Trust's Clinical Governance Committee and Health, Safety and the Environment Committee and has observed the applications of these principles in practice [minutes of the above committees]</p> <p>C8 Cumbria Area Committee visited numerous Ambulance Stations and HQ and spoke to staff. They were reassured that support was available and given to staff [report on visits to Ambulance stations]</p> <p>The Cumbria Area Committee is of the opinion that the Trust is compliant on this standard in the Cumbria area [Forum attendance of the Trust's Cumbria and Lancashire PPI Group]</p> <p>C11 The Forum is aware that the Trust has a low uptake of mandatory training in some areas, particularly Cheshire and Mersey [Cheshire and Mersey Area management committee 17.01.07]</p> <p>A Forum survey in the Greater Manchester area showed that ambulance staff need more training and awareness of mental health issues to better communicate with and reassure mental health patients [Forum Mental Health survey report]</p> <p>C13 Following a recommendation by the Cheshire and Merseyside area of the Forum, the Trust put in place a minicom system and have made improvements to the accessibility of their website [Cheshire and Mersey Area Committee minutes]</p> <p>The Greater Manchester Area of the Forum gave the Trust some feedback on their Do Not Attempt Resuscitation guidance document and</p>

their End of Life Care pilot study. The group feel that the Trust's documents do not uphold the principles of patient choice and dignity at end of life, as DNAR orders have to be validated every 4 days. The Forum have suggested an 'opt out' system for resuscitation. [Forum report on DNAR documents]

The Cumbria area committee are satisfied that the Cumbria and Lancashire area of the Trust is compliant with this standard [Area Committee minutes]

C14 a) During the Lancashire Area Committee's study of Patient Transport Service in the Lancashire area, members observed that the Trust's complaints and PALS leaflets are available in Patient Transport waiting areas and A&E waiting areas, on Trust vehicles and on patient information boards in the acute hospitals in the Lancashire area. Members have observed the presence of the Lancashire area PALS manager, and the systems in place to follow issues raised through the PALS service. The Forum Lancashire area committee is of the opinion that the Trust's Lancashire area is compliant on this standard [Forum PTS study report]

The Cumbria area committee is similarly satisfied [previous Cumbria Ambulance Service PPI Forum minutes]

C17 The Forum have been consulted by the Trust on:

- 1) NNAS Disability Equality Scheme and Action Plan
- 2) GM area Do Not Attempt Resuscitation and End of Life documents

C18 During the Lancashire Area Committee's study of the PTS, Forum members discovered that the ability of patients and or their carers to access the service on an equitable basis was non present, in many cases because patients and or their carers were unaware of their entitlement to use PTS. In a significant number of cases patients and carers only became aware of an entitlement to PTS through conversations with other patients, NHS staff or other organisations. Since the responsibility of equitable access to PTS lies with the Primary Care Trusts, the Lancashire area Forum members are unable to state that the Trust is not compliant with this standard [Forum PTS study report]

The Cumbria Area Committee are aware of disparate interpretations of the Eligibility Criteria for PTS being applied throughout Cumbria. This led to the re-issue of the same by the Chief Executive of CAS in early 2006. The Cumbria Area Committee are currently unable to confirm that the criteria are being applied uniformly [Forum meeting minutes]

C19 The Forum has been consulted by the Trust about various access requirements. We have provided advice on aspects of disability, foreign language, ethnic and racial minority access and the Trust has responded positively, modifying some facilities, and looking at further possibilities and training. The Trust has made wide contacts in the community and proposes further contacts. Access is not only a matter of physical facilities but also of person to person response. Barriers can be perceived through fear, ignorance, and rejection. This is a complex problem and in the nature of things will never be complied with fully. It will need constant work monitoring and revising and must never deteriorate to 'box ticking'. [Forum comment and advice.]

C20 As part of the Lancashire area's study of PTS, visits to 10 acute

	<p>hospital PTS waiting areas were undertaken. As commented in the 2006 health check, there was a huge variety in provision of PTS waiting areas. In some hospitals there was a clearly designated PTS waiting area with toilet and refreshment facilities in addition to a comfortable and pleasant environment. In others signage and designated areas for patients and staff were poor, with only limited access to seating, toilet and refreshment facilities. Patients and PTS staff had to share an area which raised a number of questions in relation to patient privacy and confidentiality. Forum members understand that the Ambulance Trust has no guaranteed space in acute hospitals and is reliant, therefore, on individual hospitals providing accommodation for PTS waiting areas. Nevertheless, when commissioning new hospital buildings or refurbishments it would seem appropriate that facilities for PTS waiting area which were supportive of patients' privacy and confidentiality were integrated into the planning and design at the earliest stages. The members also felt that with a widening of patient choice, appropriate PTS waiting facilities would be, potentially, of even greater need.</p> <p>Our observations and discussions are not significantly robust for us to argue that the Trust is not compliant as we are not convinced that the Trust has the authority to demand appropriate provision, however we wish to express our concerns for continuing and future attention and action [Forum member visits to acute hospitals in Lancashire - reports]</p>
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**Overview and scrutiny committee comments**

Overview and scrutiny committee 1

<p>Comments</p>	<p>Cumbria Health and Well-being Scrutiny Committee</p> <p>Proposed Comments for the Annual Health Check 2006-7</p> <p>North West Ambulance Service NHS Trust</p> <p>C6 - Healthcare Organisations co-operate with each other and social care to organizations to ensure that patients' individual needs are properly managed and met</p> <p>Comment There have been significant problems with lack of involvement of the former Cumbria Ambulance Trust with the County Council in analysis of road safety analysis</p> <p>Source of Evidence Scrutiny of the Cumbria Road Safety Partnership</p> <p>C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services</p> <p>Comment There has been active engagement with scrutiny, including good contact with named lead Director, agreement on information sharing, notification of changes, attendance at meetings of the Committee to answer their questions and participating in workshops</p>
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	<p>Source of Evidence Meetings with lead officers; PCT chairs meeting with scrutiny; meeting the Committee.</p> <p>C19 - Healthcare organizations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.</p> <p>Comment The former Cumbria Ambulance Service was not meeting national emergency response standards, but the new N. W. Ambulance Service is planning to introduce locator equipment on Cumbria's ambulances to improve emergency access across the whole area.</p> <p>Source of Evidence Meeting with Trust, Jan 07</p>
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Overview and scrutiny committee 2

<p>Comments</p>	<p>Dear Mr Butcher</p> <p>I refer to John Burnside's letter to me of the 29th March re the above declaration. I am pleased to note that the trust is able to declare full compliance against all but two standards i.e. C7e challenging discrimination and C9 Records management where, for the reasons stated you declare insufficient assurance.</p> <p>Whilst I have always been impressed by and appreciative of the contributions made by John Burnside and yourself at the various Scrutiny Committee meetings held re Making it Better and Healthy Futures and others I do not feel that our committee is able to make specific comments on the declaration. . You will be aware that we are now in the election period and the Committee will not meet again until May. I and colleagues and officers have pointed out to the Healthcare Commission the impracticality of asking Local Authority Scrutiny Committees to comment within the timescale which they have imposed but our comments seem to have fallen on deaf ears.</p> <p>Once again however .on a more positive note I would wish to record my appreciation of the very positive and practical contributions made by your self and your colleagues to the Manchester and AGMA SC Meetings, particularly when we considered a number of hypothetical case histories on how to manage possible scenarios in the event of the various options being implemented.</p> <p>I note your comments re Records Management. Since my term of office as Chair expires In May I am passing a copy of your letter to Ged Devereux of the Joint Health Unit for him to consider whether we need to discuss this further and I will ash him to pass on a copy to my successor when he is appointed .</p> <p>I am pleased to also to note the positive outcomes of the merger process particularly since we did have some concerns about possible adverse short terms impacts that could have resulted from the process.</p>
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	<p>Yours sincerely</p> <p>Councillor Tony Parkinson Chair Association of Greater Manchester Authorities Health Scrutiny Panel</p>
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Overview and scrutiny committee 3

Comments	<p>Wirral Social Care, Health and Inclusion Overview and Scrutiny Committee has not considered any items relating to NWAS as part of their work programme, therefore can make only very limited comments.</p> <p>C17 NWAS invited scrutiny officers and chairs across the North West region to a meeting to hear about and discuss proposals for changes to control centres in the North of the region.</p>
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Overview and scrutiny committee 4

Comments	<p>Lancashire County Council Social Care &amp; Health O&amp;S Committee:</p> <p>Comments for the NW Ambulance Trust.</p> <p>C17 The views of patients, their carers and other are sought and taken into to account in designing, planning, delivering and improving healthcare services OSC comment;</p> <p>There has been engagement with the NW Ambulance Trust regarding services and how the Trust plans to engage with stakeholders, which is currently ongoing.</p>
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