



Reference: AHC106616  
Date: 04/05/2007

**Your details**

Trust self-declaration:

Organisation name:	Barts And The London NHS Trust
Organisation code:	RNJ

**General statement of compliance**

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

<p>General statement of compliance</p>	<p>Other than for two areas of insufficient assurance recorded in the domain sections of this final declaration, the Trust Board of Barts and The London NHS Trust has reasonable assurance that the Trust has been compliant with the core Standards for Better Health and that there have been no significant lapses throughout the period 1 April 2006 to 31 March 2007.</p> <p>In respect of core standards C3 and C5a, the Trust Board has insufficient assurance of compliance with these standards throughout the year. Actions have been put in place to deliver the necessary degree of assurance by 31 March 2007. The Trust Board has reviewed the actions and the additional assurances which they have delivered. The Trust Board concluded at its meeting on 28 March 2007, that it has reasonable assurance that the Trust is now compliant with these core standards.</p> <p>The Trust's compliance with a number of the core standards should be viewed against the background of the significant challenges to service delivery presented by aging buildings and infrastructure. These challenges are being addressed by the Trust's ambitious PFI plans to rebuild or refurbish the totality of its estate over the next eight years. In the meantime, targeted investment in existing infrastructure should ensure continued compliance with the core standards. Compliance with the core standards should also be considered in the context of the Trust providing district general hospital services to one of the UK's most ethnically diverse and deprived communities.</p> <p>The Trust has worked closely with its New Hospitals partner (Capital Hospitals Ltd) to ensure regular monitoring of its sub contractors' compliance with the relevant core standards.</p> <p>The Trust's declaration was discussed in public at the open session meeting of the Trust Board on 28 March 2007 and will be made available on the Trust's website following submission to the Healthcare Commission. The Trust Board is particularly grateful to the Barts and</p>
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## Core and developmental standards declaration 2006/2007

	The London Patient and Public Involvement Forum, the London Borough of Tower Hamlets Health Scrutiny Panel and the City of London Health Scrutiny Sub Committee, for their input to the core and developmental standards assessment.
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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>Barts and The London NHS Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from 1 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 as at March 31st 2007, that it has suitable systems and arrangements in place to ensure that the Code is being observed at this Trust.</p> <p>Specifically the Trust Board can confirm that in March 2007 the Trust used a Code of Practice Self Assessment tool to assess it's year- end position against all the requirements of the Code. This demonstrated no areas of significant concern in relation to the Infection Control arrangements. A programme of on going development work has been identified and is in progress.</p> <p>During 2006/07, the Trust's Infection Control arrangements and action plans were assessed twice by a team from the Department of Health and were deemed to be satisfactory on both occasions.</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	Insufficient assurance

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	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 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

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

Please complete the details below for standard C3, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	11/05/2006
End date of non-compliance or insufficient assurance (planned or actual)	21/03/2007
Description of	The Trust has a central NICE guidance database for the logging,

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<p>the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>dissemination and tracking the implementation of all NICE guidance. Clinical leads complete a short pro forma to confirm whether the relevant procedure is undertaken and if so that the NICE recommendations are being followed. There were delays in completion of some of these pro formas, particularly in those areas for which there are a large number of interventional procedure guidelines. The Trust Board does not therefore have sufficient assurance that all NICE guidelines have been implemented, in order to determine the level of compliance with this standard throughout the 2006/07 financial year.</p>
<p>Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>There has been targeted follow up of all outstanding pro formas through regular reports to individual Clinical Directors, General Managers and directorate Governance Leads. This has resulted in a significant improvement in the timeliness of the information held on the database and increased focus within directorates of their responsibilities for maintaining the central NICE database system. The Clinical Governance Committee reviews monthly reports on implementation of all NICE guidance and ensures immediate follow up of any outstanding issues.</p> <p>Therefore the information held on the Trust's NICE guidance database is now more robust and provides greater assurance that NICE guidance is being implemented and monitored. This enabled the Trust Board at its meeting on 28 March 2007 to conclude that the previous gaps in assurance have been corrected and there is reasonable assurance that the Trust is compliant with the standard.</p>

### Safety domain - developmental standard

Please supply the following information:

<p>Your level of progress in relation to developmental standard D1</p>	<p>Good</p>
<p>Your comments on your performance in relation to the comparative information contained in your information toolkit(s)</p>	<p>The Trust Board has reasonable assurance that the safety related information toolkit indicators and the Trust's internal Risk Management system and data, support a developmental progress rating of good for 2006/7.</p>
<p>Your highest local priorities for improvement relating to developmental standard D1</p>	<p>Over the next two years the Trust is participating in the Health Foundation UK's funded programme 'The Safer Patient's Initiative' (SPI) in partnership with the Royal Free Hampstead NHS Trust. The SPI programme has been developed with the US based Institute for Healthcare Improvement following the 'Saving 100,000 lives Campaign. The SPI will be a key focus of the Trust's safety developments in 2007/8 including undertaking a Trust-wide diagnostic safety climate survey and establishing executive director led safety walkabouts. Four clinical teams/pilot areas will focus and drive safety practice and clinical outcome</p>

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	<p>improvement in areas such as infection prevention, intravenous line care, medicines management, intervening early and the care of patients in the operating theatre.</p> <p>The Trust Board has also identified regular and formal monitoring of the risks associated with patient discharge and transfer from one organisation to another, as a developmental priority for 2007/08.</p>
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### 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.	Insufficient assurance
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

### Clinical and cost effectiveness domain - non-compliance/insufficient assurance

Please complete the details below for standard C5a, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	11/05/2006
End date of non-compliance or insufficient assurance (planned or actual)	21/03/2007

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<p>Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>The Trust has a central NICE guidance database for the logging, dissemination and tracking implementation of all NICE guidance. Clinical leads complete a short pro forma to confirm whether the technology appraisal guidance is relevant to the Trust and how it is being implemented. There were delays in completion of some of these pro formas. The Trust Board does not therefore have sufficient assurance that all NICE guidelines have been implemented in order to determine the level of compliance with this standard throughout the 2006/07 financial year.</p>
<p>Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)</p>	<p>There has been targeted follow up of all outstanding pro formas through regular reports to individual Clinical Directors, General Managers and directorate Governance Leads. This has resulted in a significant improvement in the timeliness of the information held on the database and increased focus within directorates of their responsibilities for maintaining the central NICE database system. The Clinical Governance Committee reviews monthly reports on implementation of all NICE guidance and ensures immediate follow up of any outstanding issues.</p> <p>Therefore the information held on the Trust's NICE guidance database is now more robust and provides greater assurance that NICE guidance is being implemented and monitored. This enabled the Trust Board at its meeting on 28 March 2007 to conclude that the previous gaps in assurance have been corrected and there is reasonable assurance that the Trust is now compliant with the standard.</p>

### Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

<p>Your level of progress in relation to developmental standard D2a</p>	<p>Good</p>
<p>Your comments on your performance in relation to the comparative information contained in your information toolkit(s)</p>	<p>The Trust has reviewed and noted the Information Toolkit's comparative data within the context of available local information and data such as outcomes from Cancer Peer review. In the key delivery areas specified in the Developmental Standard D2a, i.e. Cancer, Stroke, and Coronary Heart Disease, the Trust's clinical services do meet national expectations and guidance for quality and clinical effectiveness.</p> <p>The Trust Board will use the toolkit indicators to review and drive further improvement in the depth and accuracy of clinical coding in each speciality and in particular strengthening senior clinician involvement in coding validation.</p>
<p>Your highest local priorities for improvement relating to developmental standard D2a</p>	<p>In 2007/8 one of the Trust's priorities relating to D2a is to develop a systematic and prioritised audit programme for NICE Guidance.</p>

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	In addition to strengthen the link and relationship between the local comprehensive research networks for stroke, cancer, and coronary heart disease and the relevant NICE and National Service Framework governance and delivery mechanisms, and leads.
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### 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.	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	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

### 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
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	Compliant

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	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.	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

### 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	Compliant
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	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.	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 - 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	Compliant

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	public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	
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### Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mr	John Goulston	Interim Chief Executive

### 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>SHA comments re Barts and the Royal London Hospitals NHS Trust (for inclusion in the Declaration against Core Standards 2006/07)</p> <p>In reviewing the declaration NHS London has followed the principle of self assessment, except where its performance reviews and information clearly indicate a different interpretation. This process has not highlighted any major concerns with the Trust's assessment.</p> <p>PROVIDER AGENCY</p>
Patient and public involvement forum comments	<p>ANNUAL HEALTH CHECK PERFORMANCE ASSESSMENT STANDARDS FOR BETTER HEALTH PATIENT AND PUBLIC INVOLVEMENT FORUM BARTS AND THE LONDON NHS TRUST COMMENTS ON THE HEALTHCARE COMMISSION'S DEVELOPMENTAL AND CORE STANDARDS 19 MARCH 2007</p> <p>1. INTRODUCTION 1.1 This report includes commentary on developmental and core standards that incorporate the following domains:</p> <p>Safety Clinical and Cost Effectiveness Governance Patient Focus Accessible and Responsive Care Care Environment and Amenities Public Health</p> <p>1.2 The Forum's members are users of the Trust's services and therefore have direct experience as patients in all three of the Trust'S hospitals in the year under review.</p>

1.3 It is our opinion that the domains, developmental and core standards selected for comment are most representative of the forums experience in working with the Trust, building effective relationships with the staff and in involving other relevant bodies concerned with improving standards of patient care.

1.4 Our comments are further substantiated through our meetings with individual patients, other patient groups and formal forum clinical visits.

1.5 Our comments also have a direct bearing on the forum's annual action plans, implementation and evaluation outcomes.

1.6 We are also involved with various Trust committees and project groups concerned with developing policy, forming strategy and implementing plans to improve the Trust's capacity to become more patient focused and continually improve the patient's experience.

1.7 Additionally we have been working collaboratively with Tower Hamlets Joint PPIF Strategy Project Group, Tower Hamlets Overview and Scrutiny Committee and the Health Scrutiny Panel.

1.8 We have been involved with Queen Mary's London University and City University/St Bartholomew School of Nursing Strategic Alliance Inter Professional Education Programme Early and Middle Years Curriculum development and implementation.

1.9 We are to have representation at our monthly forum meetings from academic staff concerning statutory practice based nurse education and training in the Trust's hospitals.

1.10. The New Hospitals Building Project continues to engage our activities regarding the quality of the environment during construction, facilities and amenities management and standards of patient care and safety.

1.11 We wish to reiterate as in last years PPIF comments that there is overlap between domains and relevant core standards along with some similar features in the newly introduced developmental standards

## 2. DEVELOPMENTAL STANDARDS COMMENTS

### D1 - Safety

\* SUIs form a regular part of Clinical Governance includes infection control and medical interventions.

\* The Trust has Infection Control wards at the Royal London and Barts hospitals, in which patient cohorts with specific infections are nursed and treated in bays/side rooms

\* The Infection Control Team involves the forum in managing risks re MRSA Clostridium Difficile and other hospital-acquired infections. We have a representative on the Infection Control Committee.

\* The New Build Consortium forms part of the Trusts framework for managing risk assessment

\* The 'Trust's Safer Patient's Initiative' a joint collaborative project monitored by the Institute of Health Improvement and the UK Health Foundation. A Joint Learning Expertise Sharing entailing Quality Improvement, Measurement and PDSA cycles. Four Pilot areas are involved at the RL enabling crossover between a Ward, ITU and Theatres.

\* MRSA Tracking is undertaken via the Clinical Governance Committee

#### D2 - Clinical and Cost Effectiveness

\* National service frameworks are incorporated into the Trust's policies regarding care of the elderly and child protection.

The forum has input to the:

\* Trust's 'Dignity and Privacy Policy'

\* Patient Care Pathway 18 week Project to reduce waiting times for patients

\* Manage Risks associated with the New Hospitals Build.

#### D3 - D6 Governance

\* The forum's main recommendations in reports of clinical visits have been incorporated into the relevant directorate action plans. 'Exception Reporting' is to form part of the directorate's annual performance management reviews via the Clinical Governance Committee.

\* A prioritisation exercise is being done re upgrade funding for bathrooms, showers and toilets at the RL.

\* Outcomes from the Maternity visit have resulted in improved communications with the community and ethnic minority groups in Tower Hamlets

\* The hospital acts as a magnet for many people with psychiatric problems many of which are associated with addictions.

\* The Accident and Emergency clinical visit highlighted the difficulties experienced by staff in managing mentally ill out of area patients that are admitted to A&E at the Royal London Hospital.

\* We have addressed the risks associated with over long stays in secure rooms at in A&E because of long delays in getting access to London Ambulance services for patients transport back to their areas.

\* The Trust acknowledges that the DoH Mental Capacity Act 2005 impacts uniquely on its patient;s services.

\* Our visit to Wellington Ward gave us insights into the realities of caring for older people admitted with acute medical illness episodes and the associated high dependency care needed. A multi agency interdisciplinary patient care management teams including geriatric psychiatric input to deliver care to patients.

\* An Acuity and Dependency Tool has been used that identifies that there is a need for more nursing staff in some medical wards.

\* Consultation process commenced with Tower Hamlets Council OSC re the Trust's bid for Foundation Status. The forum has been formally invited to engage in the public consultation exercise.

\* The London Hospital Residents Consultative Forum monitors and reviews the effects of the Hospitals New Build on the immediate environment from the resident;s perspective and other stakeholders who live and work in the Whitechapel area.

\* The PACS system introduced into Diagnostics and Therapeutics enables fast processing of plain film and X-rays - reports etc., and in sharing information across all Trust hospital sites. We observed this processing both as patients and at our clinical visits to Diagnostics and Therapeutics at the Royal London.

#### D8 - D9 Patient Focus

\* The forum has been involved in the development of a Patient Bedside Questionnaire. (To be piloted), and has input to the Patient Information Reference Group.

\* We have provided feedback on patients concerns and compliments too from our clinical visits

\* The Patient Information Reference Group's Better Patient Information Project aims towards standardisation and improvement of the quality of

written information for patients and others. This includes access for different patients groups, carers and relatives as well as using alternative technology, the Internet and mobile phones.

- \* Trust Complaints have increased and to date can be attributed to improved implementation of patient complaint procedures.
- \* We have access to regular feedback and reports from Complaints and PALS. We were able to promote improved access to PALS for patients and relatives across all hospital sites.
- \* A major review of PALS services is aimed at improving access, advocacy, and follow through of patient concerns using a combination of evidence from PALS and Complaints.
- \* Trust Senior Management Clinical Visits with Structured Interviews included are to be undertaken using the PDSA cycle.
- \* A Patient and Public Involvement Working Group has been established to audit complaints paying particular attention to Race Impact. 'Exception Reporting' to be monitored via the Clinical Governance Committee. Forum involvement is pending.
- \* Patients and staff experience difficulties during the transition phase to the PFI provider Corillion particularly with regard to patients transport and currently complaints reflect this changeover
- \* Difficulties with Patientline have been widely publicised nationally and further expansion of this service in the Trust has ceased.
- \* A review is being undertaken of patients' views on usage of mobiles and the supply of pay phones in wards and departments including the feasibility of providing cordless phones to bed bound patients.

#### D11 - Accessible and Responsive Care

- \* The Trust's 'Facilitated Discharge Plan' re overlong patient stays aims at improving efficient and effective use of both hospital and community health and social services.
- \* The Translation and Advocacy services policy on standards concerning access for ethnic minority and other patient groups has been expanded to include alternative means of improving access to these services.
- \* We have access to the current Picker Inpatient Survey and the Health Care Commission Complaints Cases/National Confidential and Independent Review.
- \* Trust Complaints Project/Review team has been set up and further in-patient surveys are to be implemented.
- \* Complaints to be monitored through 'Exception Reporting' to the Clinical Governance Committee.
- \* The Trust PPIF representative to meet with the Inter Professional Advisory Board to obtain the doctors' views on Picker Inpatient Survey. This along with feedback from relevant Nursing Staff and the PPIF.
- \* Structural changes to the management of CEU, Complaints and PPI have sought to bring together a more cohesive and coherent way of managing improving the patient's experiences when using the Trust's services.
- \* In depth analysis of the main complaints components to be undertaken.

#### D12 - Care Environment and Amenities

- \* The Trust Hospitals have both internal and external environments that disproportionately disadvantage the quality of patient and staff experience due to out of date buildings and a history of poor repair and maintenance. The New Hospitals forecast much better modern amenities and facilities compliant with modern hospitals standards.
- \* Currently the Trust is undergoing a transitional phase in the transfer of amenities services to Corillion the PFI provider. The management and co-ordination of these services during the implementation phase has

experienced some difficulties.

\* The Trust wide Transport Group at which we have representation is managing changes that include rationalisation of transport services for both patients and staff, monitoring patient journeys, reducing costs and generally improving the patients access and experience

D13 - Public Health

\* The Trust, PCT and OSC recognise and have shared appreciation of the health problems of Tower Hamlets population concerning heart disease, diabetes, obesity and dental health in children, and the sexual health of young people in Tower Hamlets. The OSC and the Trust have shared these health promotion and health education projects. Language difficulties, cultural differences and beliefs add to the complexities in engaging with the population being targeted.

\* Currently we have been involved with the OSC Health Panel in reviewing GP and dentistry services in Tower Hamlets.

### 3. CORE STANDARDS COMMENTS

C2 - C3 - C4 Safety

\* The Trust has a very effective Children's and Young People's Forum that has PPIF representation. This forum has continuing communication with representatives from the PCT, LAPS, OCS, PALS, PPI Committee the New Build Consortium and the amenities PFI provider 'Carillion'.

\* The Trust Patient and Public Involvement Committee has similar representation as above.

\* Recently issues surrounding management of transition stage from childhood to adolescence in clinical areas have been addressed. Children are having input on food and to the interior design of the new Children's hospital.

\* A major audit is being undertaken in A&E department on the management of the transitional phase from childhood to adolescence.

\* Evidence from our involvement with Clinical Effectiveness Working Group and Clinical Governance shows that patient protection through following NICE guidelines are being progressively implemented monitored and reviewed

\* Policies are in place re monitoring and review, SUIs via the Clinical Governance Committee.

\* Clinical visits to Diagnostics and Therapeutics highlighted stringent procedures and electronic monitoring of radioactive waste at the Bart's site. COSH at RL and storage and transport.

\* Security improvements re access to radioactive isotopes are planned.

\* The Forum had significant input to 'wrist banding' for patients undergoing radioactive isotopes now incorporated in the Trust's Core Policies.

C5 - Clinical and Cost Effectiveness

\* The forum has representation on the Clinical Effectiveness Working Group and receives feedback on how NICE guidelines are being more effectively incorporated into Directorates via Clinical Governance.

C8 - Governance

\* The forum's clinical visits gave us opportunities to meet with front line staff. We found those we met to be honest, open, realistic and imaginative in expressing their concerns for patient's safety and also in identifying ways and means of improving the patient's experience.

\* The cogency and practical intelligence applied in the staff's action plans were admirable. These included efficiency savings, alternative use of resources and finding monies to make necessary improvements to the

environment and amenities.

\* Cancer services forum visit recommendation re Coulter Counter request resulted in a clinical governance issue regarding up keep of equipment. The money obtained will now be used for electronic signoff for drug administration.

\* Wellington Ward Royal London Clinical visit report update on recommendations shows that the number of staff on nights has increased although robust discussion is still taking place to address the funding issue that this has raised. (See also Acuity and Dependency Study under D3 & D6)

\* We have been involved in 360-degree appraisal and interview and selection of staff involved with patient involvement.

\* There has been a reduction of student nurses as the intake across the board has been lower this year.

C13 - C14 - C15 - C16 - Patient Focus

\* The Trust has a formal Patient Dignity and Privacy Policy and other Core Policies on aspects of consent and patient confidentiality, all with forum input. Further advances are being made on Racial Equality and Diversity development

\* The forum has consistent regular access to reports from PALS and Complaints so we are able to raise concerns. We refer individual and organisational issues/concerns to PALS and advised to take up complaints procedure where appropriate. The forum and Trust developed a strategy for dealing with forum members experience as patients. Patient confidentiality is preserved in all cases

\* Improvements have been made to the quality, diversity and patients access to food, an outcome of the forum's clinical visits to Maternity Unit, Bodley Scott Cancer wards, Grosvenor Wards A&B, Coronary Care Unit and Harvey wards. Menus have been changed to fortnightly and minority group foods are more available in dispenser machines. Light snacks, sandwiches and drinks are available 24 hrs.

\* Recently we have had opportunities to sample patients food at a PEAT visit at Bart's, the RL and the London Chest hospital. We were able to witness improvements in the quality and variety of patient food. The patients we spoke to were generally satisfied with their food.

\* The Trust Nutrition Committee Report March 07 aims to review nutritional screening of patients in outpatients setting, end of life care-linking with the Liverpool Care Pathway implementation and review of the roles and responsibilities of the Nutrition link worker. Also includes review of children's menus, food presentation at point of serving and a planned nutritional awareness/week that will incorporate the launch of Protected Mealtimes.

\* However the main points to note are around the transitional phase from the Trust to the PFI provider Carillion. Children have been to visit the suppliers at Wapping and are now given a greater say in options for choices.

\* Great strides have been made in the quality of production, content, relevance, appropriateness and accessibility of information for patients, public and staff. In the wards, clinics, departments leaflet distribution and top up is to be improved with a system in place for regular stock up. Principles to be applied across the Trust.

\* This has been achieved via the Smarten Up Campaign Assurance Board Improved Patient Information Project. This work is still on going and the forum has representation on the Patient Information Reference Group.

\* We have been invited to participate again at interviews and selection of patient representatives to the Chronic Fatigue Syndrome Research Project at the Department of Psychological Medicine Bart's Hospital

- \* The forum participated at the Open Conference 'Care Cafe' at Bart's Hospital and gave feedback/ support to the new 'Patient Care Philosophy and Pledge' to be further promoted with a relaunch.
- \* Report of the evaluation of the training programme (targeted at specific administrative and clinical staff) of the Smarten Up Campaign Assurance Board 'Building Better Behaviours Project' is awaited.
- \* The Cancer Strategy Unit in conjunction with the Transport Department has taken up the travel issues concerning patients. Patients are now much more aware of how to get refunds on travel expenses and Congestion charges. However there are no additional parking spaces available at Bart's Hospital.

#### C17 - Accessible and Responsive Care

- \* The forum has had considerable input to the design, planning, delivery and improving services both in the New Build and the current environment regarding changes that can be made for the convenience and safety of patients. This has been especially so in relation to implementation and recommendations made from our clinical visits.
- \* Patients' views and recommendations were included in our clinical visits reports on standards of hygiene and infection control, quality of food, the general environment and amenities, quality of care and treatment, security, transport, access to telephone services and patient advocacy and translation services.
- \* The Forum along with 'Exception Reporting' to the Clinical Governance Committee receives progress reports on Clinical Visits Action Plans.

#### C20 - Care Environment and Amenities

- \* The age and out of date environments in which the Trust delivers its services disproportionately affects the impact on patients, visitors and the public.
- \* The long period until the new hospitals are completed entails a tremendous challenge for the Trust to meet necessary and essential standards in the internal and external environments. Assuring the maintenance of good standards of care and treatment for patient for the coming years is crucial in its ambition to put patient and public involvement at the core of its working practices.
- \* The Trust's Smarten Up Campaign has done much to assure a cleaner, smarter environment with improved standards of cleanliness and hygiene in clinical environments.
- \* Additionally we have found on clinical visits that so many innovative ideas and changes have made to improve patient safety and security.
- \* Recently we have visited the newly refurbished Alexandra Wing with the OSC Health Panel demonstrating what the future may bring. A continual review is taken of the quality of patient care during decant and new build.

#### C21 - Care Environment and Amenities

- \* The Trust has implemented fully DoH standards and maintained cleanliness standards to meet NHS specifications. Reinforced through the 'Hand Washing Campaign' directed at staff, public and patients. Standards of cleanliness and infection control formed part of the forums clinical visits structure. Members also attended PEAT visits at all three hospital sites this year.
- \* However the condition of the buildings and the materials have made maintenance and cleaning standards difficult. This also applies to facilities such as toilets, bathrooms and showers. Additional monies have been found to make improvements to the latter in some areas.
- \* Further monies are to be used to upgrade other clinical areas to include Outpatients at the RL. Prioritising for selection of other areas for

	<p>improvement are to be undertaken.</p> <p>C23 - Public Health          * NSF and national plans as applicable adhered to e.g. CHD, Diabetes, Obesity in Children, and Sexual Health in Young People with Tower Hamlets Overview and Scrutiny Committee and Health Panel.          * The No Smoking Policy is difficult to implement across the board especially with regard to patients, relatives and others who visit the Trust's premises.</p> <p><b>4. CONCLUSION</b>          The forum has gone through another year of uncertainty and ambiguity concerning the future. Without the continuity of the supportive relationship with the Trust we would have found it impossible to perform in such a consistently more effective way this year.          We look forward to supporting the Trust through its consultation stages in its bid to become a Foundation Trust. A formal response on issues arising from the current consultation literature is being collated by the PPIF to be sent to the Interim CEO.          Finally I want to express my thanks to all forum members who have contributed their comments to this report. Their special individual and shared hard work and commitment to both the PPIF and the communities and patients that the Trust serves is much appreciated and valued.          And thanks to all the Trust staff that both individually and collectively have helped and supported us during the past year in our successes and travails.</p> <p>Chair PPIF Barts and the London Trust 19 March 2007</p>
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**Overview and scrutiny committee comments**

Overview and scrutiny committee 1

<p>Comments</p>	<p>London Borough of Tower Hamlets Health Scrutiny Panel</p> <p>Annual Health Check: Barts and The London Trust</p> <p>Thank you for attending our Health Scrutiny Panel meeting on 20th March 2007 to present your draft Annual Health Check declaration.</p> <p>As a Health Scrutiny Panel we have conducted four reviews into health services provided in the borough. The reviews have been cross cutting in nature looking at services provided by the Tower Hamlets Primary Care Trust, Barts and the London Trust and the Council. These are:</p> <ul style="list-style-type: none"> <li>* Community Engagement, Health Promotion and Diabetes (2003/04)</li> <li>* Access to Sexual Health Services for Young People (2004/05)</li> <li>* Delivery Choosing Health: a case study of services for reducing childhood obesity (2005/06)</li> <li>* Access to GP / Dentistry Services (2006/07)</li> </ul> <p>The Panel also meets formally four/five times a year and looks at a number of issues. This year it included Local Area Agreements target for health, PCT Commissioning Intentions, response to consultations,</p>
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	<p>review actions plans as well as a number of service visits. Therefore, the Panel have a considerable level of knowledge and engagement with the Trust.</p> <p>The Panel welcomed the priority and commitment of Barts and the London NHS Trust in making sure it was compliant with all of the Core Standards. The Panel acknowledged the extensive process the Trust has undertaken in reviewing all of the standards.</p> <p>There are some issues which the Panel would like to draw the Trusts attention and these are detailed under the relevant standards below:</p> <p>Domain 4: Patient Focus</p> <p>C15 - During visits to hospitals and councillors surgeries patients have raised concerns about the choice of 'Halal' food. Although a menu with options for Halal food has been sent to Councillors this is not available to patients. Staff education and choice of Halal food needs to be considered.</p> <p>C16 - Concerns about bilingual staff were raised last year and this seems to be a continuing issue with patients and has been raised with Councillors. The Panel did acknowledge the positive steps taken by Trust to improve this.</p> <p>Through one of the Panel Members work with a Bengali Women's group concerns have been voiced about leaflets in Hospital Accident and Emergency Department that are translated badly into Bengali. They are grammatically incorrect and often lose the meaning of the message. Most of the borough's Bengali population come from Sylheti region and read Sylheti rather than Bengali. The Trust needs to consider this in translating information. It was felt that the Trust needed further quality control of translated leaflets.</p> <p>Domain 5: Public Health</p> <p>C18 - The Panel was pleased to note that concerns raised last year about ethnicity monitoring of patients have been positively acted upon and the Trust was using this data in providing an equitable service.</p> <p>C23 - The Panel raised concerns about the Breast Screening rate. The Trust assured Members that this was getting better, but more work was needed. The Mobile Unit was going around the borough and the Trust was working with local women's organisations such as Jagonari to improve screening rates.</p> <p>We welcomed the priority and commitment of the Trust in making sure it was compliant with all of the Core Standards. We welcome the Trust's commitment to engaging with the Health Scrutiny Panel on both our reviews and the Annual Health Check process. We look forward to developing further our work with the Trust.</p> <p>I hope these comments are helpful.</p> <p>Chair of Health Scrutiny Panel</p>
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<p>Comments</p>	<p>City of London Health Scrutiny Sub Committee</p> <p>Annual Health Check</p> <p>Thank you for the presentation that you gave to the Health Scutiny Sub-Committee in February which outlined the draft Health Check, noting that this at that time was at an early stage. At the meeting the following comments were noted to you:</p> <ul style="list-style-type: none"> <li>* Standard C1(A) - that it would be more useful to know how the Hospital compared internationally</li> <li>* Standard C10(c)- queried the processes concerning the various checks in respect of non-professional employees and were partner agencies ensuring these systems were followed as part of general employment practice</li> <li>* Standard C20(A) - confirmed that officers at Barts were aware of previous criminal incidents levels at Royal London and that these has reduced, although it was recognised that a challenge remained in respect of the A&amp;E department</li> <li>* Buffy Bears - this service was currently being re-examined as these were issues around accessibility and safety</li> </ul> <p>As you know we resolved that 2 representatives of Sub-Committee would carry out a sample check on the accessible and responsive care domain (C17 &amp; C18) and patient focus domain (C13a, C13b &amp; C16).</p> <p>On 22 March 2007,----- accompanied by ----- and -----, received presentations, asked questions, and examined documents on the five identified standards, together with additional information concerning catering; website content and complaints handling and measuring. There were some lively discussions and exchanges of views and our representatives were satisfied that the excercise was a positive example of the scrutiny function in action.</p> <p>In general, we were impressed with the progress that Barts and the London had made against the standards reviewed, particularly in relation to the risk assessment of complaints and the ongoing learning points developed from these. We noted that several of the leaflets were in the process of being updated to reflect the latest information and thought they were generally well written and presented with very clear recommendations. In considering the catering arrangements we considered the menu choices available excellent and the process for ordering clear and simple for patients use.</p> <p>We hade a limited number of concerns that were grouped into four areas:</p> <ol style="list-style-type: none"> <li>1. We were not convinced that the linkages between Surveys and the proposed Improvement Plans were clear and demonstrable.</li> <li>2. We found the Internet Site easy to navigate however, felt that it still excluded some potential patient groups, for example no specific young persons area.</li> <li>3. Within the leaflets we saw there was reference to advocacy provision in other languages however, this was not translated into those language areas.</li> <li>4. Within the Complaints leaflet and website area we felt it would be</li> </ol>
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useful to provide clear instructions on how to make a complaint and identify a suitable contact telephone number/freepost service, together with allowing provision for submitting an anonymous complaint.

Our concerns were raised with you during the meeting and I am confident that they will have been addressed by the time of your final submission. I will report there verbally to our next Health Scrutiny Sub-Committee that this letter has been sent to you in accordance with the resolution passed.

Yours sincerely

**CHAIRMAN**  
for and on behalf of the Health Scrutiny Sub-Committee