



Reference: CSA10000  
Date: 03/05/2006

Trust self-declaration:

Organisation Name	Barts And The London NHS Trust
Organisation Code:	RNJ

Please supply the following information:

<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 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 2005 to 31 March 2006.</p> <p>In respect of the core standards C9 and C15b, the Trust Board concluded at the interim declaration stage in October 2005 that it had insufficient assurance at that time of compliance with these standards. It therefore agreed action plans to deliver the necessary degree of assurance by 31 March 2006 to allow the Board to determine compliance in the final declaration. The Trust Board has monitored the implementation of the action plans and reviewed the additional assurances which they have delivered. The Trust Board concluded at its meeting on 29 March 2006 that it now has reasonable assurance that the Trust is 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 ageing buildings and infrastructure. These challenges will be 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's final declaration was discussed in public at the open session meeting of the Trust Board on 29 March 2006 and will be made available on the Trust's website following submission to the Healthcare Commission. The Trust is particularly grateful to the Barts and The London Patient and Public Involvement Forum, the London Borough of Tower Hamlets Health Scrutiny Panel and the Corporation of London Health Scrutiny Sub Committee for their input to the core standards assessment.</p>
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Please indicate your trust's compliance with each of the following standards:

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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 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	Compliant

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	and safety of staff, patients, the public and the safety of the environment.	
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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

Please indicate 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	Compliant

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	personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Insufficient assurance
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 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

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

**Standards C7f and C19 are picked up through our assessment of existing targets. Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.**

Please complete the details below for standard C9 for which you indicated your trust does

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not comply, or that you have insufficient assurance:

<p>Start date of non-compliance or insufficient assurance</p>	<p>01/04/2005</p>
<p>End date of non-compliance or insufficient assurance (planned or actual)</p>	<p>29/03/2006</p>
<p>Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)</p>	<p>At the interim declaration stage the Trust Board did not have sufficient assurance on the effectiveness of the health records system in place to determine the level of compliance with all elements of the core standard.</p> <p>Monthly case notes retrieval audits from April to September 2005 did not cover all specialities and, although the Trust had a Destruction Policy in place, there were no agreed targets for implementation or reliable monitoring data to determine how many records were being destroyed.</p> <p>Although the Trust already held CNST Level 1 status for Standard 4 (Health Records), it was agreed that the planned reassessment and assessment at Levels 1 and 2 in January 2006 would also provide external assurance on the effectiveness of the health records management systems and processes.</p>
<p>Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)</p>	<p>The Trust already had an established Health Records Service Improvement Plan. However, an additional plan was developed to provide assurance of the effectiveness of the health records management system by 31 March 2006. The action plan included increasing monthly retrieval audits to include a wider range of specialities and against a target of 90% notes availability and a process (including staff training) to implement notes destruction in accordance with Information Governance requirements and against a target of 1,000 per month. Plans to install notes tracking hardware in all satellite libraries, train staff and develop standing operating procedures were also instigated.</p> <p>Progress and audit reports were monitored and reported at the Healthcare Governance Steering Group and discussed by the Trust Board in January 2006.</p> <p>Outcomes from the CNST assessment in January 2006 against the Health Records Management standard also provided positive assurance. Level 1 criteria were fully met. The Health Records Standard at Level 2 achieved an 89% score against the 75% required.</p> <p>Therefore there is now more reliable and regular performance data in relation to the effectiveness of the Trust's health records management system which has enabled the Trust Executive Group to recommend to the Trust Board that the previous gaps in assurance are now corrected. At its meeting on 29 March 2006, the Board concluded that it now has assurance that the Trust is compliant with the standard.</p>

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

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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.	Insufficient assurance
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

Please complete the details below for standard C15b for which you indicated your trust does not comply, or that you have insufficient assurance:

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Start date of non-compliance or insufficient assurance	01/04/2005
End date of non-compliance or insufficient assurance (planned or actual)	29/03/2006
Description of the issue (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	Self assessment at the interim declaration stage indicated reasonable assurance of compliance against key elements of the core standard's requirements including nutritional screening processes and the use of nursing and midwifery nutritional assessment tools and processes. However, the nutritional screening audit programme was not sufficiently robust nor were the audit data available covering April to September 2005 comprehensive enough to provide full assurance that all patients' nutritional needs are assessed on admission or at other appropriate points in their care.
Actions planned or taken (you are restricted to 1500 characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	<p>The Trust has reviewed and strengthened the membership and remit of its Nutritional Committee and sub group structure to oversee a work plan and agreed objectives to ensure ongoing compliance and improvement in food service provision and dietary needs.</p> <p>The nutritional screening tool was redesigned and a new methodology to enable audit of nutritional clinical practice in paediatrics and maternity services introduced. An audit of all inpatient areas was conducted in December 2005 and results reported in January 2006. The significant improvement evident and broader audit data now available means there are now robust systems in place for regular audit of nutritional practice in all clinical areas. This enabled the Trust Executive Group to conclude and recommend to the Trust Board that the previous gaps in assurance have now been addressed. At its meeting on 29 March 2006, the Board concluded that it now has assurance that the Trust is compliant with the core standard.</p>

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

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

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**Standards C7f and C19 are picked up through our assessment of existing targets  
Standard C7d is assessed through our use of resources component which uses  
information from assessments undertaken by the Audit Commission and Monitor.**

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

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 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.	Compliant
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	Compliant

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	programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

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

**As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority. There is no requirement for a paper copy of the final declaration to be signed and returned to the Healthcare Commission.**

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

**the general statement of compliance, and information provided for each standard, are a true representation of the trust’s compliance**

**any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees**

**they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above**

Please state how many individual(s) will be signing off the declaration (maximum of 30):

Number of signatories	1
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Electronic sign off – details of individual(s)

	Title	Full name	Job title
	Mr	Paul M White	Chief Executive

Please enter the commentaries below. If copying and pasting, it is advisable to copy the text

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and paste unformatted into a new document. Then copy and paste the unformatted text into the web form.

<p>Strategic health authority commentary</p>	<p>ANNUAL HEALTH CHECK – 2005/06 FINAL DECLARATION OF COMPLIANCE WITH CORE STANDARDS SHA commentary for: Barts and the London NHS Trust</p> <p>Date: 28th April 2006</p> <p>Overall statement The trust has undertaken a comprehensive and robust assessment of its compliance with the core standards, supported by clear governance arrangements and engagement with the board and senior management team. The completion of further CNST assessments in January has provided the trust with additional assurances in relation to many of the standards.</p> <p>Engagement with the SHA The trust has been proactive in its engagement with the SHA during the period of the declaration and, in particular, worked collaboratively on a sector-wide basis to learn from the interim declaration process. We look forward to continuing to work closely with the trust in 2006/07.</p> <p>Consultation with other key partners The trust has engaged well with other local partners, and this is reflected in the range of useful comments which have been provided in support of this declaration. The work and input of the trust's PPI forum is particularly extensive and its comments highlight a number of areas where the trust is working hard to improve the experience of patients. The trust has also sought the input of Healthcare Commission colleagues to help assure the quality of its approach.</p> <p>Comments on the organisation's assessment of compliance with core standards The SHA supports the trust's assessment of compliance across all of the domains, and agrees that sufficient assurances are now in place for standards C9 [records management] and C15b [individual nutritional requirements].</p> <p>Stephen Langford Executive Director of Service Transformation</p>
<p>Patient and public involvement forum commentary</p>	<p>PATIENT AND PUBLIC INVOLVEMENT FORUM BARTS AND THE LONDON ANNUAL HEALTHCHECK PERFORMANCE ASSESSMENT STANDARDS FOR BETTER HEALTH COMMENTS ON THE HEALTHCARE COMMISSION'S PERFORMANCE CORE STANDARDS MARCH 2006 FOREWORD</p>

This report represents the forum's perspective on its assessment of the Trust's performance against the core standards identified. We have included the following domains:

- First Domain - Safety
- Fourth Domain - Patient Focus
- Fifth Domain - Accessible and Responsive Care
- Sixth Domain - Care Environment and Amenities
- Seventh Domain - Public Health

We have blocked some core standards together as there is some essential overlap and interlinking between domains.

It is our opinion that the domains and core standards selected for comment are those which are most representative of the forum's 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.

Our comments can be further substantiated through our meetings with individual patients, other patient user groups, formal forum clinical visits and our own individual experience as users of the Trust's services.

The core standards included also have a direct bearing on the forum's annual action plans, implementation and evaluation outcomes.

We are also involved with various Trust committees and 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.

Additionally we have been working collaboratively with Tower Hamlets PCT PPI Forum, Tower Hamlets Overview and Scrutiny Committee and the Health Scrutiny Panel.

The forum has also engaged with City University St. Bartholomew School of Nursing and Midwifery on pre and post registration curriculum design and development from the users and carers' perspective. We have input to CPD programmes for multi-professional staff jointly funded by the London Deanery and the Trust.

It is our considered view that this commentary would be incomplete without including our involvement with the New Hospitals Building Project. In this respect we have particular interest in the environment during construction concerning facilities and amenities management, standards of patient care and safety and have representation on the relevant groups/committees.

I want to express my thanks to all the forum members who have contributed their comments to this report by virtue of their special individual and shared hard work and commitment to both the PPIF and to the communities and patients that the Trust serves.

PPI Forum Comments

1. Core Standard C4 First Domain – Safety

1.1 The Trust is to include hospital acquired MRSA infections in its SUI reports as a means of providing a more rigorous monitoring and control process.

1.2 The vascular access device policy has been widened to include a programme of monitoring and training and will be more proactive by incorporating a continuing improvement plan

1.3 As a result of the forums formal visit to Bodley Scott Day Unit and Wards a special group led by the Lead Cancer Nurse has been set up to address issues around transport access and costs for cancer patients.

1.4 We have been impressed on a recent formal follow up visit to the Coronary Care Unit and Harvey Ward at Barts Hospital by the improvements in standards of hygiene and the general ward environment.

1.5 Additionally we have also visited other areas of the hospital in the past few months all of which have shown the successes in improving standards of general cleanliness in the patients' environment.

1.6 Risk assessment monitoring and review during the New Build are key components of patient's safety. The forum has representation on the 'Minimising Risk Group' that was recently established in order that staff are more aware of pollution matters and act more proactively. A continuing routine dialogue will take place between Trust Staff and the Health and Safety Executive.

1.7 We join PEAT inspections across all Trust hospitals and provide formal feedback and receive reports.

2. Core Standards C13, C16, C20 and C21. Fourth Domain – Patient Focus + Sixth Domain – Care Environment and Amenities

2.1 The forum Chair and/or deputy have participant representation at monthly Trust Board Public Meetings and members attend the Clinical Governance Committee, Clinical Effectiveness Unit, the Smarten Up Campaign Assurance Board and the Trust PPI Committee.

2.2 Staff Better Behaviours and Code of Conduct and Improved Patient Information are also incorporated into the Trust's Smarten Up Campaign Project.

2.3 The Forum is involved in the formal evaluation of this on going Project into which formal performance standards have now been incorporated.

2.4 We have input to the Trust Core Policies Working Group that included the development of some of the following policies.

2.5 Medical compliance aid-self administration of medicines by hospital inpatients and their carers, patient transport policy and patient visiting times.

2.6 The environment during the New Build construction has resulted in reinforcing the importance of continuing building relationships with local residents, the forum and other representatives of the local community such as the Royal London Residents Consultative Forum.

3. Core Standards C13 – C16 Fourth Domain – Patient Focus

3.1 The forum has been involved in designing a patient information leaflet, and involved in the patient accelerating change project re discharge care for the elderly and in the design of a bedside patient questionnaire.

3.2 We have been involved in improving discharge arrangements for the elderly and ensuring better integration of care with community services.

3.3 A special leaflet has been designed for discharge arrangements with forum input.

3.4 The Trust Elective Admissions Group is involved in developing the vision of the Trust's standards on pre admission services.

3.5 The Trust provides food for a wide variety of ethnic groups including Halal and Kosher.

3.6 Our formal visit to Grosvenor A & B Children's Wards focussed on children's food. While we acknowledge the idiosyncratic attitudes of some children towards food and that sick children need a high calorific intake, we believe that better nutritional standards could be implemented for children.

3.7 Recently children and families had an opportunity to visit the suppliers premises in Wapping and were able to give feedback to the Trust's Children and Young People's Forum.

3.8 The Trust has set up a Nutritional Group that has completed an audit from the patient's perspective. Menus are to be changed to provide greater choice for patients and to improve nutritional standards for all patients.

4. Core Standards C17,C20 and C21 Fifth Domain -Accessible and Responsive Care + Sixth Domain – Care Environment and Amenities

4.1 The Trust has developed and implemented a structure for a Trust wide PPI Strategy.

4.2 Named PPI Leads have been appointed to all clinical directorates.

4.3 Base line assessment of all patient/carer user groups' involvement in the Trust has been done.

4.4 The PPI Committee has been established into which the forum's work has been incorporated. Shared policy development has taken place that strengthens the process of feedback and action planning on the outcomes and recommendations of forum clinical visits. Formal evaluation of members' involvement in projects and groups will be done.

4.5 The forum's standards and processes for undertaking clinical visits have been expanded and forms part of the PPI strategy.

4.6 The views of users and carers including those of the forum have been sought in designing, planning, delivering and improving health care services. In our experience this has been particularly so in relation to the New Buildings Project which effects both current and future patient

services.

5. Core Standard No.C17 Fifth Domain – Accessible and Responsive Care

5.1 The Trust Better Behaviours Training has targeted Outpatients Staff. Mystery shoppers have been deployed as observers to provide feedback. A new telephone system has been established and patients receive information when clinics are running late.

5.2 Formal visits have been undertaken to both the elective and emergency Orthopaedic wards.

5.3 There are difficulties with the antiquity of the buildings on Croft Ward and the ward shows evidence of piecemeal refurbishment over many years.

5.4 We were successful in relocating phlebotomy services and in making significant improvements to the quality and delivery of the service and have continuing involvement with the Diagnostics and Therapeutics Directorate.

5.5 We have also promoted the importance of health advocacy and translation services and 24 hr. advocacy appointments have been made in A&E. Maternity services have benefited by the provision of Bengali and Somali translators. A female Bengali advocate for breast cancer patients is now available.

5.6 Complaints have been increasing from Bangladeshi patients as a whole. However we have been informed that the Trust is becoming more efficient at picking up patients' complaints. This is being addressed through building relationships with the Complaints Team, PALS and local community representatives.

5.7 Maternity services have been criticised on the grounds of unsatisfactory standards of cleanliness and poor staff attitudes. We acknowledge that there are complexities surrounding cultural differences and expectations amongst staff and patients in the Unit.

5.8 Improvements were needed and ante natal and post partum education provided for patients relatives aimed at reconciling some of these differences and also enabling women to be better prepared and informed.

5.9 We have recently completed a formal visit to the Maternity Unit and were impressed by the standards of cleanliness in antenatal and postnatal wards. Bed spaces had been changed to meet current standards. The mothers we met were satisfied with their care.

5.10 We have expressed our distress (shared with staff), about the bad effects on staff morale because of poor attitudes in staff to staff, staff to patients, partners to mothers and babies and patients and relatives to staff both inside and outside the hospital.

5.11 We have supported staff recommendations to reduce the deficit in the midwifery establishment; provide 24 hr female advocacy and translation service; increase clerical support and upgrade the HCA level from Level Two to Level 3.

5.12 Patient Panel members that are representative of the local community now sit on various committees and groups in Maternity services such as governance and research.

5.13 The 'Staff Better Behaviours' part of 'The Smarten Up Project' prioritised training for Outpatients and the Maternity Unit. The last phase of this training is now being implemented for Maternity staff that is specific to addressing issues concerning ethnicity and cultural diversity.

5.14 A working group is to be established to include Social Action for Health (A local charity representing BME) the Director of Maternity Services and the forum to address cross-cultural and other contentions in the delivery of maternity services.

6. Core Standards C20 to C21 Sixth Domain – Care Environment and Amenities

6.1 Monitoring of standards of patient care during decant and new build and current enabling works entail involvement by the forum in the quality of the environment and standards of patient care during construction with the Trust, the New Build Consortium and the Royal London Hospital Residents Consultative Forum.

6.2 We have been involved in the interior and exterior design of the new hospitals. We also have input into the design of special clinical areas.

6.3 We continue to monitor access and provision of services through membership of various other groups concerning the New Build.

6.4 Forum representatives are also involved with the recently established Trust wide multi professional management teams and other agencies concerning delivery of services contracts to the Trust.

6.5 Further widening of the patient representative network has occurred recently through the established Patients Panel. A joint venture with Tower Hamlets PCT PPI Forum and backed by both trusts.

7. Standard C23 C24 Seventh Domain - Public Health

7.1 The Forum has representation on a joint working group between the Trust and Tower Hamlets PCT on Cancer Implementation Plans.

7.2 Joint partnerships between the Trust, the PCT and the London Borough of Tower Hamlets with the New Build Consortium promote and plan for revival and regeneration of the local community and adjacent boroughs in terms of job opportunities, training and education for local people.

7.3 We have representation on the Overview Scrutiny Committee Health Panel and have had input into the research project entitled 'Sexual Health in Young People in Tower Hamlets'. We are currently involved in the project concerning Obesity in Young People in Tower Hamlets a part of its Choosing Health Strategy.

7.4 We have also been involved in the selection and interview process for PPI strategic and networking representation for Chronic Fatigue Syndrome Research with the Department of Psychological Medicine at St. Bartholomew's Hospital

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	<p>7.5 The A&amp;E at the Royal London demonstrated its ability and capacity to deal with the major incident relative to the 7 July bombings.</p> <p>7.6 A Trust Emergencies Planning Manager has been appointed to the A&amp;E.</p> <p>Concluding Statement</p> <p>The PPI Forum since its inception as a statutory body has experienced continuing difficulties because of the lack of provision of adequate administrative support for carrying out its duties and work plans.</p> <p>Throughout this two-year period the Trust has been unstinting in supporting us without in anyway compromising our independent statutory status.</p> <p>We have undertaken cross referencing at meetings and training events with other forums in the London region The evidence shows that the PPI Strategy set up by the Trust has reinforced and brought into sharper focus the structure and processes by which its PPI policy is delivered.</p> <p>We are well aware that the Trust operates in a difficult environment and in buildings that are long overdue for replacement. It also serves a local catchment area population which is one of the most economically deprived, socially disadvantaged and with one of the poorest health records in the country.</p> <p>FORUM MEMBERS          Kathleen Banks          Ronald Ng          Peter Sharp          Claire Giles          Ahmed Omer          Francis John          Belle Harris          Susie Reilly          Jennifer Begum          Muhammed Goni Ullah</p> <p>20 March 2006</p>
<p>How many overview and scrutiny committees will be commentating on your trust?</p>	<p>2</p>

**Please enter the commentaries below. If copying and pasting, it is advisable to copy the text and paste unformatted into a new document. Then copy and paste the**

**unformatted text into the web form.**

Overview and scrutiny committee 1 - commentary

<p>Overview and scrutiny committee commentary</p>	<p>Tower Hamlets - Health Scrutiny Panel</p> <p>Research &amp; Scrutiny Team Tower Hamlets Town Hall Mulberry Place 5 Clove Crescent London E14 2BG</p> <p>30 March 2006</p> <p>Dear Paul</p> <p>Annual Health Check: Barts and The London NHS Trust</p> <p>As a Health Scrutiny Panel we have conducted three 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> </ul> <p>We therefore have a considerable level of knowledge and engagement with the Trust.</p> <p>At the draft stage, we raised concerns about bilingual staff (Fifth Domain 'Accessible and Responsive Care' - C16) and ethnicity monitoring of service users (Fifth Domain 'Accessible and Responsive Care' - C18). We are pleased that the Trust has responded positively to these comments and is taking action to address both issues.</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 Healthcheck process and look forward to developing further our work with the Trust.</p> <p>I hope these comments are helpful.</p> <p>Councillor Julia Mainwaring Chair of Health Scrutiny Panel</p>
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Overview and scrutiny committee 2 - commentary

<p>Overview and scrutiny committee</p>	<p>Corporation of London - Health Scrutiny Sub Committee</p> <p>Annual Health Check 2006</p>
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## Core standards assessment final declaration

commentary	<p>Thank you for an opportunity to comment on your 'Annual Health Check'. The City of London Health Scrutiny Sub Committee would like to re-iterate comments made in response to you draft annual health check, last year.</p> <p>Namely that;</p> <ul style="list-style-type: none"><li>• where possible any spare capacity in the breast care unit should be made available to city workers;</li><li>• as the reception is the first point of contact worried patients have with the hospital, more care should be taken to ensure that the main receptions are fully staffed and welcoming.</li></ul> <p>One point the Sub committee feels needs to be raised again is that although patients and relatives are responsible for children they bring to the hospital; the Sub committee is of the view that where a play area is provided there should be some level of professional supervision. There is concern that patients and relatives, attending the Breast Care Unit, could be preoccupied with their condition.</p> <p>I would like to confirm that the City of London's Health Scrutiny Sub Committee still broadly feel satisfied with the treatment and care offered by the Barts and Royal London Trust, subject to the comments above.</p> <p>Yours sincerely</p> <p>Richard Regan Chairman of the Health Scrutiny Sub (Community Services) Committee</p>
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