



Reference: CSA54635  
Date: 21/10/2005

**Trust Self-Declaration:**

Trust:	Barts And The London NHS Trust
CSA Main Contact:	Paul White
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**Safety domain**

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

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant

C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Insufficient assurance
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

## Details of non-compliance for safety domain

**Please complete the details below for standard C04b, which you indicated your trust does not comply with:**

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/03/2006
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)	The Trust has identified the specialist diagnostic and therapeutic equipment for which training is required and a training system is in place. Further assurance is required on the effectiveness of the totality of the system to ensure that all appropriate staff have received or will receive training.
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)	Monitoring and evaluation of the delivery and effectiveness of the training programme. Source of action plan: CNST level 2 action plan.

## Clinical and cost-effectiveness domain

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

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

## Governance domain

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

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	Compliant

	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

## Details of non-compliance governance domain

**Please complete the details below for standard C09, which you indicated your trust does not comply with:**

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/03/2006
Description of the Issue (you are restricted to 1500	The Trust requires additional assurance of the degree of effectiveness of the systems and processes in place for the management of health records in ensuring that records are available when and where required and are disposed of

characters including spaces. This is approx. 200 - 250 words or half a side of A4 typed)	in line with agreed policy.
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)	Health Records Board work programme includes collection of benchmarking data regarding availability and quality of records in clinics. Sampling of records being undertaken to assess applicability of current Retention and Destruction policy for health records. Source of action plan: Health Records Board, CNST level 2 action

## Patient focus domain

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

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant

C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	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

## Details of non-compliance patient focus domain

**Please complete the details below for standard C15b, which you indicated your trust does not comply with:**

Start Date of Non-Compliance	01/04/2005
End Date of Non-Compliance (Planned or actual)	31/03/2006
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)	The Trust has recently introduced a new nutritional screening tool. Further assurance is required on its effectiveness in the Trust to identify patients' nutritional requirements.
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)	Monitoring and audit work to be undertaken to assess effectiveness of new nutritional screening tool. Source of action plan: Nutritional Assessment and Specialist Services Sub Group

## Accessible and responsive care domain

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

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

	services equally and offer choice in access to services and treatment equitably.	
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## Care environment and amenities domain

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

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

## Public Health domain

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

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other 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 programmes which meet the requirements of the national service	Compliant

	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

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

	<p><b>HEAD OF INTERNAL AUDIT OPINION ON THE EFFECTIVENESS OF THE SYSTEM OF INTERNAL CONTROL AT BARTS AND THE LONDON NHS TRUST FOR THE YEAR ENDED 31 MARCH 2005</b></p> <p><b>INTRODUCTION</b></p> <p>My opinion is provided to inform the Board of Barts and The London NHS Trust to assist them in completing their Statement on Internal Control (SIC), which forms part of the Annual Financial Statements for the year 2004/2005, and is not intended for any other purpose. The Statement provides public assurances about the effectiveness of the organisation's system of internal control.</p> <p><b>The System of Internal Control</b> The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives. This should be based on an ongoing risk management process that is designed to identify the principal risks to the organisation's objectives, to evaluate the nature and extent of those risks, and to manage them efficiently, effectively and economically.</p> <p><b>The Assurance Framework</b> Boards are responsible for putting in place arrangements for gaining assurance about the effectiveness of the organisation's system of internal control. To achieve this, the Board should identify the principal risks to the organisation meeting its principal objectives and map out the key controls in place to manage these risks. The Board should also identify how they have gained sufficient assurance about the effectiveness of these key controls.</p> <p>Assurances may be derived from a number of sources and it is the responsibility of the Board to determine how much reliance can be placed on each of them.</p> <p><b>OPINIONS</b></p> <p><b>Opinion on the Assurance Framework</b></p> <p>The Internal Audit review of the organisation's overall arrangements for gaining assurance has concluded that:</p> <p>An Assurance Framework has been established which is designed and operating to meet the requirements of the 2004/05 SIC and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.</p>
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	<p>Opinion on the Effectiveness of the System of Internal Control: 1</p> <p>Limitation of Opinion – where an Assurance Framework is fully embedded</p> <p>My opinion is primarily limited to the work carried out by Internal Audit during the year on the effectiveness of the management of those principal risks identified within the organisation’s Assurance Framework. It is also informed by reliance on work carried out by third parties, such as External Audit, as detailed in the Internal Audit Annual Report.</p> <p>On this basis it is my opinion that for the identified principal risks covered by Internal Audit work the Board has significant assurance that there is a generally sound system of control designed to meet the organisation’s objectives. However, some weaknesses in the design or inconsistent application of controls may put the achievement of particular objectives at risk.</p> <p>Further details informing this conclusion are recorded in the Internal Audit Annual Report 2004/2005.</p> <p>It is the Board’s responsibility to satisfy itself it has sufficient assurance about the operation of controls in place to manage other principal risks.</p> <p>Derek Corbett Director of Audit London City Audit Consortium</p> <p>May 05, 2005</p>
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**Has the auditor disclosed any matters in relation to the Statement on Internal Control within the Independent (external) Auditor's Report to the Directors of the Board on the financial statements in 2004/2005?**

	No
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**Please supply the following information**

<p>general statement of compliance</p>	<p>Other than for the three areas of insufficient assurance recorded on the domain forms of this draft declaration, the Board of Barts and The London NHS Trust has reasonable assurance that there have been no significant lapses in meeting the core standards during the period 1 April 2005 to 30 September 2005.</p> <p>In respect of the three areas where insufficient assurance is recorded, the Trust Board is satisfied that plans are in place to deliver the necessary degree of assurance to allow it to determine compliance in the Trust’s final declaration for the period to 31 March 2006.</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. The Trust also provides district general hospital services to one of the UK’s most ethnically diverse and deprived communities.</p>
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	<p>The Trust's draft declaration was approved in public at the open session meeting of the Trust Board on 19 October 2005.</p>
<p>strategic health authority commentary</p>	<p>ANNUAL HEALTH CHECK – 2005/06 INTERIM DECLARATION OF COMPLIANCE WITH CORE STANDARDS</p> <p>SHA commentary for: Barts and The London NHS Trust</p> <p>Date: 18 October 2005</p> <p>Self assessment process and methodology</p> <p>The trust has undertaken a comprehensive and wide-ranging assessment of its compliance with the core standards. The New governance structures have been used as a means of disseminating information and raising awareness throughout the organisations about the new standards. Having Director leads for each of the domains promoted matrix working and helped achieve congruence throughout the process of assessing compliance. The trust has made good progress towards integrating the standards into its wider governance and risk management arrangements. We would encourage the trust to further strengthen the involvement of non executive board members in the process.</p> <p>Engagement with the SHA</p> <p>The Trust has actively engaged with SHA throughout this process, both in relation to the declaration itself, and also throughout the self assessment process. We met with members of the trust management team in October where we were able to review the basis on which judgements of compliance had been made. Throughout our discussions we received a number of positive assurances about the quality of the trust's process and the judgements they have made in relation to each standard. We are confident that the trust will continue to work closely with us as they prepare for the final declaration.</p> <p>Consultation with other key partners</p> <p>The trust has actively engaged with other key partners as part of finalising its declaration. They have established a process to seek feedback from their PPI forum and local overview and scrutiny committee. We would encourage the trust to continue with an ongoing programme of engagement, particularly with OSC members, in order to ensure that they can provide a useful addition to the trust's final declaration in April 2006.</p> <p>Comments on the organisation's assessment of compliance with core standards</p> <p><b>SAFETY</b> The SHA agrees with the trust's own assessment of compliance for this domain and the sufficiency of the assurances the board has received. We are confident that robust plans are in place to provide the board with the additional evidence and assurances it needs, particularly in relation to parts of standard C4.</p> <p><b>CLINICAL AND COST EFFECTIVENESS</b> The SHA agrees with the trust's own assessment of compliance for this domain and the sufficiency of the assurances the board has received. We are confident that the trust will continue to progress beyond the core standards in this area.</p> <p><b>GOVERNANCE</b></p>

	<p>The SHA agrees with the trust’s own assessment of compliance for this domain and the sufficiency of the assurances the board has received. With regards to Standard C9 we will work closely with the trust to ensure that a robust plan is in place to provide the board with the additional evidence and assurances it needs in relation to those elements.</p> <p><b>PATIENT FOCUS</b> The SHA agrees with the trust’s own assessment of compliance for this domain and the sufficiency of the assurances the board has received. We are confident that a robust action plan is in place to provide the board with the additional evidence and assurances it needs in relation to standard C15b.</p> <p><b>ACCESSIBLE AND RESPONSIVE CARE</b> The SHA agrees with the trust’s own assessment of compliance for this domain and the sufficiency of the assurances the board has received.</p> <p><b>CARE ENVIRONMENT &amp; AMENITIES</b> The SHA agrees with the trust’s own assessment of compliance for this domain and the sufficiency of the assurances the board has received.</p> <p><b>PUBLIC HEALTH</b> The SHA agrees with the trust’s own assessment of compliance for this domain and the sufficiency of the assurances the board has received.</p> <p>Stephen Langford Executive Director – Service Transformation</p>
<p>patient and public involvement forum commentary</p>	<p><b>PATIENT AND PUBLIC INVOLVEMENT FORUM</b></p> <p><b>BARTS AND THE LONDON</b></p> <p><b>ANNUAL HEALTH CHECK PERFORMANCE ASSESSMENT</b></p> <p><b>STANDARDS FOR BETTER HEALTH</b></p> <p><b>GENERAL COMMENTS ON THE HEALTHCARE COMMISSION'S TWENTY-FOUR PERFORMANCE CORE STANDARDS</b></p> <p><b>OCTOBER 2005</b></p> <p><b>FOREWORD</b></p> <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:</p> <ul style="list-style-type: none"> <li>• First Domain - Safety</li> <li>• Fourth Domain - Patient Focus</li> <li>• Fifth Domain - Accessible and Responsive Care</li> <li>• Sixth Domain - Care Environment and Amenities</li> <li>• Seventh Domain - Public Health</li> </ul> <p>We have blocked some core standards together as there is some essential overlap between them and also some crossover between domains.</p>

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, forum formal clinical visits and our own 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 and Tower Hamlets Overview and Scrutiny Committee.

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 user's perspective. And 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 and in facilities management and we have, therefore, representation on the relevant groups/committees.

We are more than pleased to take this opportunity to contribute our comments at this draft stage on the Trust's Self Assessment against the core standards included here.

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 with both the forum and the Trust.

Kathleen Banks  
Chair PPIF Barts and The London

#### PPI Forum Comments

1. Core Standards C 17,C20 and C21 Fifth Domain – Accessible and Responsive Care + Sixth Domain - Care Environment and Amenities

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

1.2 Named PPI leads have been appointed to all clinical directorates.

1.3 Base line assessment of all patient/carer user groups' involvement in the Trust has been undertaken of PPI involvement in the Trust.

1.4 A PPI Committee has been established with forum representation

1.5 The forum has had representation throughout the strategic planning process.

1.6 The views of users and carers including those of the forum have been sought in the 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.

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

2.1 The Trust, in some instances, because of the material condition of the buildings can experience maintenance difficulties made more complex with the New Buildings Project.

2.2 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 Forum.

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

The forum has representation on various committees working groups in the Trust that include:

3.1 The Chair and/or deputy have participant representation at monthly Trust Board Public Meetings; Clinical Governance Committee (PPI Objectives are incorporated into its Annual Plan); PPI Committee; Trust Core Policies Working Group; Trust Cancer Board; and the Smarten Up Campaign Assurance Board.

3.2 The forum played a lead role on the Trust's 'No Smoking Policy'; standards of hygiene and infection control; and the quality of the environment and facilities.

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

3.4 The forum is involved in the formal evaluation of this ongoing Project into which formal performance standards have now been incorporated.

3.5 We have representation and input to the Trust Core Policies Working Group that included the development of some of the following policies:

- Informed consent including consent for patient medical photography.
- Hickman line/central line access policy.
- Medical compliance aid-self administration of medicines by hospital inpatients and their carers.
- Patient transport policy and patient visiting times.

3.6 City University St. Bartholomew School of Nursing and Midwifery have forum representation on the pre registration Nursing Curriculum Planning/Validation Committees.

3.7 Regular presentations have been delivered to the jointly funded London Deanery and the Trust training programmes for multi- professional staff,

entitled 'Managing Life in the NHS'.

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

4.1 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 and the New Build Consortia and the Royal London Hospital Residents Forum.

4.2 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.

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

4.4 Forum representation is also involved with the recently established trust multi professional management teams and other agencies concerning delivery of service contracts with 'Synergy' part of the PPI Consortia.

4.5 We are all end users of the Trust's services either as patients and carers. In this respect we are unique by comparison with other forums. Therefore we can bring individual perspectives on our experiences in using the Trust's services.

4.6 We have also undertaken a series of formal clinical areas inspections in the Trust hospitals and sought views from patients and staff.

4.7 Further widening of the patient representative network has occurred recently through the newly established Patients Panel. A joint venture with Tower Hamlets PCT Forum and backed by the BLT Trust and Tower Hamlets Primary Care Trust. We have support from the Trust staff in recruiting Patient Panel members to the forum and in becoming engaged with patient feedback to the Trust.

4.8 Additionally we have access to patient problems and concerns via correspondence from patient representatives. We have been successful in bringing some of these concerns to the relevant members of the Smarten Up Campaign Assurance Board and to the Head of PALS. Whereby we have been able to resolve problems or recommend necessary changes for improving services for patients.

#### 5. Core Standards C13 to C16 Fourth Domain – Patient Focus

5.1 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.

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

5.3 A special leaflet has been designed for discharge arrangements with Forum input.

5.4 A pre admission workshop has been set up on which the Forum will have representation.

5.5 One forum member provides feedback on action plans following the PEAT inspection visits.

6. Core Standards C13 to C16 Patient Focus contd.

6.1 Patient's food improved in relation to cultural differences and providing more choice for healthy options in specialised diets such as for cardiac patients. Recommendations have been made for healthier options for children's meals.

6.2 The Trust provides food for a large variety of ethnic minority groups such as Halal and Kosher. It also provides for special dietary preferences for patients.

6.3 While we acknowledge the idiosyncratic attitudes of some children and older people towards food and that sick children need a high calorific intake, we believe that better nutritional standards could be implemented for children.

6.4 We have a planned visit to Grosvenor A and B Children's Wards this month during which we will be able to sample children's food.

6.5 We have had an invitation from the Trust facilities manager to visit the premises of the Food Supplier for the Royal London Hospital.

6.6 The Trust has recently set up a nutritional group on which there will be Forum representation.

7. Core Standard C4 First Domain - Safety

7.1 Infection control monitoring by the Forum has highlighted the necessity for continuing monitoring of patients with central lines insitu.

7.2 We have access to the Trust's Infection Control Reports and have requested advanced information on infection rates prior to undertaking clinical visits.

7.3 We are planning to carry out specific cleanliness visits this year in collaboration with the Trust staff.

7.4 A key outcome of a recent forum formal visit to Bodley Scott Day Unit and Wards is the establishment of a special group led by the Lead Cancer Nurse with forum representation to address issues around transport costs for cancer patients.

7.5 We have been impressed on a recent formal revisit to a clinical area at Barts Hospital by the improvement in standards of hygiene and the general ward environment.

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

8.1 We have noted delays in some outpatient's clinics and that there is insufficient attention paid to the standard of patient waiting areas such as provision of magazines and TV.

8.2 Senior staff attitudes towards patients in orthopaedic wards and outpatient's clinic have been unsatisfactory. We have planned a formal visit to the Orthopaedic Wards at the Royal London TBA.

8.3 Currently discussions are taking place between the clinical managers concerned, PALS and a member of the Forum. We plan to undertake a formal visit to Orthopaedic Outpatients later this year.

8.4 We were successful in relocating phlebotomy services and in making significant improvements to the quality and delivery of the service.

8.5 We have also promoted the importance of health advocacy and translation services and 24 hr advocacy appointments have been made in A&E and Maternity Services at the Royal London.

8.6 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. The trust's Head of Quality presented to our October Meeting the most recent Complaints Report and has been invited back in response to a request for further discussions on specific details.

8.7 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 Maternity Unit.

8.8 Improvements are needed and ante natal and post partum education needs to be provided for patients relative to reconciling some of these differences and enabling women to be better prepared and informed.

8.9 Postnatal wards are crowded beds are too close together and do not provide enough privacy or dignity for patients. We have been informed that the standards that were applied originally are now out of date. They are to be reviewed to meet current directives.

8.10 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.

8.11 The 'Staff Better Behaviours' part of 'The Smarten Up Project' will prioritise training for Outpatients and Maternity staff.

#### 9. Standard No. C23 C24 Seventh Domain - Public Health

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

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

9.3 We have representation on the Health Overview Scrutiny Committee Health Panel and have had input into the Research Project entitled 'Sexual Health in Young People in Tower Hamlets'.

9.4 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.

9.5 The Forum has undertaken a jointly funded project funded by CPPIH to establish a Patient's Panel that is now up and running and has representation on various groups in the Trust.

9.6 The Trust has given full support to this project as well as ensuring that there is active involvement of local ethnic minority and hard to reach groups concerning health issues both acute and chronic.



	<p>9.7 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>9.8 The Trust activated its major incident plan and executed it magnificently in particular in the A&amp;E Department at the Royal London Hospital which also met the regular 4-hour waiting times targets.</p> <p>9.9 In addition capacity was freed up by transferring patients to Barts and the London Chest Hospital demonstrating excellent organisational cohesion and team working.</p> <p>9.10 We believe that the government must recognise the extra spend involved.</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. That has also included the provision of accommodation and venues for regular monthly meetings, at which we have had continuing representation from the Trust.</p> <p>Throughout this period it has been the case that the Trust has been unstinting in supporting us without in anyway compromising our independent statutory status.</p> <p>Without that support the forum would have had great difficulty in surviving. This is largely due to the very good working relationships that have been developed and sustained during this time between the Trust and us. This has greatly facilitated the Forum in carrying out its work.</p> <p>Opportunities have been taken to meet with other PPI Forums and their members in the London region at training events and meetings. As a consequence of which cross-referencing was undertaken. This 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>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>Patient and Public Involvement Forum members:</p> <p>Claire Giles  Dinah Bornat  Francis John  Peter Sharp  Ahmed Omer  Kulsum Winship  Belle Harris  Jennifer Begum</p>
How many overview and scrutiny committees will be	2

commentating on your trust?	
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**Overview and scrutiny committee 1 - commentary**

Overview and Scrutiny Committee Commentary	<p>Corporation of London Health Scrutiny Sub Committee:</p> <p>Thank you for an opportunity to comment on your draft 'Annual Health Check'. The Corporation Health Scrutiny Sub Committee has the following comments:</p> <p>Second Domain</p> <p>We question whether the radiography machines used in the Breast Care Unit are working to their full capacity. We feel that it is vital that any spare capacity in the breast care unit should be made available to City Workers. This is an area we feel really must be addressed.</p> <p>Following our scrutiny of the Breast Care Unit we were pleased with the Chief Executive's comments that facilities for reproductive medicine are located within purpose built premises on the Bart's site, with the intention that all women's health services would be integrated within one locality, sufficient space permitting of course.</p> <p>Fourth Domain</p> <p>The Corporation of London's Health Scrutiny Sub Committee are aware of two separate occasions when reception staff, both at St Bartholomew and the Royal London Hospitals, have not made visitors welcome. We consider that as the reception is the first point of contact that worried visitors and patients have with the hospital, more care should be taken to ensure that the main receptions are fully staffed and welcoming.</p> <p>The Breast Care Unit is welcoming. The decoration is uplifting and the staff are very pleasant. The Corporation of London's Health Scrutiny Sub Committee are aware of one occasion where a patient was asked to undress in the examination room rather than a cubicle. It is hoped that is not a common occurrence as some women may feel uneasy undressing in front of other people, albeit they are healthcare professionals.</p> <p>The Corporation of London's Health Scrutiny Sub Committee feel broadly satisfied with the treatment and care offered by the Bart's 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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**Overview and scrutiny committee 2 - commentary**

Overview and Scrutiny	London Borough of Tower Hamlets Health Scrutiny Panel:
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Committee Commentary	<p>We have completed two reviews into health services provided in the borough. The reviews have been cross cutting in nature looking at services provided by Barts and The London NHS Trust, Tower Hamlets Primary Care Trust and by the Council. The completed reviews are:</p> <ul style="list-style-type: none"> <li>• Access to Sexual Health Services for Young People (2004/05)</li> <li>• Community Engagement, Health Promotion and Diabetes (2003/04)</li> </ul> <p>Currently we are looking into the co-ordination of services for reducing childhood obesity. During the course of these reviews and the other work the Health Scrutiny Panel has met on many occasions with Barts and The London NHS Trust, service users, patient user groups and health partners. We therefore have a considerable level of knowledge and engagement with the Trust and feel able to comment on the following:</p> <p>Fifth Domain ‘Accessible and Responsive Care’ - C16</p> <p>We are concerned at the use of bilingual staff translating information to service users on an ad hoc basis when often not having received the necessary training to do so. From the direct experience of members of the Health Scrutiny Panel the use and training of bilingual staff in translating information to service users is something which the Trust needs to consider further.</p> <p>Fifth Domain ‘Accessible and Responsive Care’ - C18</p> <p>During the course of our Access to Sexual Health Services for Young People we raised concerns with the Trust over the way in which it monitors ethnicity data of service users and feel that its systems could be improved. This applies not just to sexual health services provided but across all services for which the Trust is responsible. We feel this is important in Tower Hamlets given the diverse local and emerging communities which the Trust is seeking to serve.</p> <p>We welcome the Trust’s commitment to the health scrutiny reviews we have undertaken. Our experience has been that the Trust has genuinely engaged with our work and welcomed the challenge of the Panel. We would like to develop this partnership further with the Trust in particular in relation to our contribution to the Annual Healthcheck process to enhance the health and well-being of those who live and work in Tower Hamlets.</p> <p>Cllr K. Khan Chair</p>
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The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign the declaration in the space provided below. As a minimum, we require that the declaration is signed by an appropriate officer(s) with delegated authority. Signatures below represent the following:

- approval that the general statement of compliance, and information provided for each standard, are a true representation of the trust’s compliance
- approval that any commentaries provided by specified third parties (i.e. strategic health authority (where relevant), patient and public involvement forums and overview and scrutiny committees) have been reproduced verbatim.
- approval that the relevant comments from the head of internal auditor opinion have been reproduced

verbatim, and that the information provided in respect of the external auditor's view reflect the independent auditor's report to the directors of the board on the financial statement in 2004/05.

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

Number of signatories	1
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Details of first signatory

Mr	<i>PP</i> Paul M White	<i>PP</i> Chief Executive (on behalf of the Trust Board)
Signature:	<i>Paul M White</i>	<i>Deputy Chief Executive</i>