

Committee	Date	Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	20 December 2005	Unrestricted	010/056	4.2
Report of: Assistant Chief Executive		Title : 'The Annual Health Check' – Feedback		
Originating Officer: David McNulty Scrutiny Policy Officer Research and Scrutiny		Ward(s) affected: N/A		

1. Summary

- 1.1 The Healthcare Commission is assessing the performance of all health trusts using a new framework called the 'Annual Health Check'. A central part of the new framework is an assessment of the performance of trusts against the Department of Health's 24 core standards for better health.
- 1.2 The Health Scrutiny Panel received a report at its last meeting, 28 September 2005, informing it of the new arrangements for the assessment of all health trusts by the Healthcare Commission and the Panel's role in commenting on the declarations of each trust.
- 1.3 The Health Scrutiny Panel held two meetings to consider its comments regarding the declarations of Barts and the Royal London NHS Trust, East London and City Mental Health Trust and the Tower Hamlets Primary Care Trust.
- 1.4 Each trust was required to submit a draft declaration of their performance against the core standards which health scrutiny panels had an opportunity to comment on. Trusts will be required to submit their final declarations to the Healthcare Commission by April 2006. This report provides:
 - a summary of the two meetings which were held with the trusts,
 - proposals for the improving the involvement of the Health Scrutiny Panel in the Annual Health Check process.

2. Recommendations

It is recommended that the Health Scrutiny Panel:

- 2.1 Consider and note the report.

LOCAL GOVERNMENT ACT, 2000 (SECTION 97)

LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background papers

Name and telephone number of and address
where open to inspection

Annual Health Check File
- held in Scrutiny Policy Team

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3. Introduction

3.1 The Health Scrutiny Panel made comments on all three health trusts providing health services in the borough. A copy of the comments provided by the Panel can be found at appendix A. The three health trusts are:

- Barts and the Royal London NHS Trust
- Tower Hamlets Primary Care Trust
- East London and the City Mental Health Trust

3.2 All of the comments submitted by the Panel were included in each trusts' draft declaration made to the Healthcare Commission. Each trust will submit their final declarations in April 2006 and the Panel will have the opportunity to amend its comments.

4. Health Scrutiny Panel – Annual Health Check Meetings

4.1 Two Health Scrutiny Panel meetings were held to consider comments on the three trusts. The Panel met jointly with health scrutiny councillors from Hackney and Newham to consider the East London and the City Mental Health Trust's declaration as its boundary is contiguous with the three boroughs. Following this the Panel met both Barts and the Royal London NHS Trust and the Tower Hamlets Primary Care Trust to comment on their respective declarations.

East London and the City Mental Health NHS Trust (ELCMHT)

4.2 The Panel met the Trust jointly with the Health Scrutiny Panels from Hackney and Newham. Previously, the Living Well Scrutiny Panel had met with the ELCMHT in September 2003 and had raised a number of questions about the services provided.

4.3 The Trust has made significant improvements in its performance following its joint inspection by both the Social Services Inspectorate and the Commission for Health Improvement (February 2003). The improvement is highlighted in the Trust's declaration of compliance against the majority of standards across the seven domains for better health.

4.4 The areas where the Trust had insufficient assurance to declare itself as being compliant were:

- C1 Health care organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements to practice based on local and national experience and information derived from the analysis of incidents.
- C6 Health care organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.
- C16 Health care 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.
- C17 The views of patients their carers and others are sought and taken into account in designing, planning delivering and improving healthcare services.

- C18 Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.
- C20 (a) Health care 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.
- C20 (b) Health care services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

4.5 The standard which the Trust was not compliant on was:

- C15 (a) Where food is provided, health care 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.

4.6 Each of the standards the Trust had insufficient assurance to declare as being compliant with and the standard it was not compliant with were being addressed. The Trust's Action Plan was sent to members of the Panel.

4.7 The Panel raised the following issues with the trust:

- How care provided focuses on the needs of the service user and improving choice of treatment available?
- The Trust's risk management procedures, particularly its systems for reporting and investigating serious incidents.
- How partnership working between the Trust and the three boroughs has improved?

4.8 Each of the areas the Panel raised had been recognised in the Trust's Action Plan as requiring improvement. The Trust was keen to improve user choice and would welcome the input of the health scrutiny panels of the three boroughs in taking this agenda forward. Work was underway to ensure that the trust could declare itself as being compliant in its risk management procedure. Improvements had been made in the reporting and investigating of serious incidents, but there were a number of incidents where this was not being reported and investigated within the Trust's timeframes. The Trust has significantly improved its partnership working and was keen to develop the joint scrutiny approach used for the Annual Health Check meeting.

Barts and the Royal London NHS Trust and Tower Hamlets Primary Care Trust

4.9 When the Health Scrutiny Panel met with the two trusts it had completed two reviews:

- access to Sexual Health Services for Young People (2004/05),
- community Engagement, Health Promotion & Diabetes (2003/04), and
- is currently the co-ordination of services for childhood obesity

During the course of these reviews and other work the Health Scrutiny Panel has frequently met with the trusts, service users, patient user groups and health partners. Therefore, it had a large body of evidence to draw on in making its comments.

Barts and the Royal London NHS Trust

4.10 The Trust declared itself as compliant with the majority of the core standards, with none of the core standards 'not met'. However, the Trust has insufficient assurance to be compliant with the following standards:

- 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
- C9 Health care organisations have systematic and planned approach to the management of records to ensure that, from the moment 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
- 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

Tower Hamlets Primary Care Trust

4.11 The PCT like the other two trusts declared itself as compliant with the majority of the core standards, and none of the core standards 'not met'. However, the Trust has insufficient assurance to be compliant with standard:

- C9 Health care organisations have systematic and planned approach to the management of records to ensure that, from the moment 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

4.12 The PCT also outlined the work it is doing to improve access and performance of GP services in the borough.

4.13 The Panel sought assurance from the Barts and the Royal London NHS Trust and the Primary Care Trust on how they:

- 'ensure all members of the population access its services on an equitable basis' given the Panel's concerns on the monitoring of ethnicity data of service users?
- use bilingual staff in translating information to service users when they have often not trained
- are developing the capacity of the local Patient and Public Involvement forum in the designing, planning and delivery of services
- improving partnership working

These issues have emerged during the course of the reviews the Panel has carried out.

4.14 The trusts responded that partnership working through the Tower Hamlets Partnership and their involvement with the Health Scrutiny Panel has been positive, leading to improved service delivery. The Panel identified the monitoring of ethnicity data as problematic during the sexual health services review which both of the trusts recognised as needing further improvement. Given the high number of languages spoken in the borough it is challenging for the trusts to provide information to service users. Both trusts have in place guidelines and training in place for bilingual staff

translating information to service users. Following the meeting Barts and the Royal London wrote to the Panel informing it of its procedures (a copy of the letter can be found at Appendix B). Both trusts have sought where possible to assist and engage with their PPI forums.

5. Suggestions for improvement

- 5.1 London boroughs have adopted a similar approach to the Panel in the Annual Health Check. It is important for the Panel to reflect on its involvement in the Annual Health Check assessment to ensure it raises key issues of local concern.
- 5.2 As this is the first time the Panel has been involved in the Annual Health Check it is important to consider how its involvement could be improved. The Panel should be clear that its role as outlined by the Healthcare Commission is to comment on what it knows of the performance of local trusts and not validate each of the 24 core standards.
- 5.3 The following are options for improving the involvement of the Panel:
- Build the Annual Health Check into the work programme for next year.
 - Reports the Panel considers could include a paragraph – Annual Health Check Implications – which would allow the Panel to keep track of issues to raise with the trusts.
 - Agree final comments on the three declarations at the next meeting of Health Scrutiny Panel.
 - Develop joint scrutiny of the East London and the City Mental Health Trust with Hackney and Newham.

6. Comments of the Chief Financial Officer

There are no financial implications arising from this report.

7. Concurrent report of the Chief Legal Officer

Although there are no direct legal implications arising from this report there is an expectation that the comments of local authorities will be sought by health trusts when completing the declaration of better health.

11. Anti-poverty and Equal Opportunity Implications

Improving the provision of healthcare in the borough is an important aspect to reducing inequalities. The involvement of the Health Scrutiny Panel in articulating local views and concerns about health provision through the declaration against core standards will lead to improvements in healthcare in the borough. Consideration of the Panel's involvement in the Annual Healthcheck process is an important

12. Recommendation

It is recommended that the Health Scrutiny Panel:

- 12.1 Consider and note the report.

Appendix A

Below are the Annual Health Check Comments from the Health Scrutiny Panel for:

1. East London and the City Mental Health Trust
2. Barts and the Royal London NHS Trust
3. Tower Hamlets Primary Care Trust

1. East London and the City Mental Health Trust

In September 2003 the Living Well Scrutiny Panel, which then had responsibility for scrutinising health issues in Tower Hamlets considered the Commission for Healthcare Improvement Inspection Report (February 2003) of the East London and the City Mental Health Trust. It heard from the Trust how it was in the process of rectifying problems the report had highlighted. The Living Well Scrutiny Panel raised a number of concerns with the Trust relating to:

- Improving the patient focus of the care being provided by the Trust
- Developing its systems for investigating and responding to serious incidents
- Enhancing partnership working across the three boroughs

Given the problems which the Commission for Healthcare highlighted we are greatly encouraged by the significant improvements which the Trust has made in its performance and the standard of services it provides to local people.

We do have concerns with how the Trust is progressing with regard to core standards 16 and 17 and the patient focus of the services provided. This is something which was raised by the Living Well Scrutiny Panel at its meeting in September 2003 and is recognised in the Trust's declaration as being an area to improve its performance. 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.

We also expressed our concern with the Trust's performance against C1a and the systems which it has in place for reporting and responding to serious incidents. Again this was an issue which was raised by the Living Well Scrutiny Panel in 2003.

We are pleased that on all of the areas which we have expressed concern the Trust is already acting to improve its performance and services provided to local people.

We would like to welcome the Trust's willingness to share with the Health Scrutiny Panel its draft declaration and its action plan. We would like to thank the Trust for jointly meeting with us and health scrutiny colleagues in Hackney and Newham. We are keen to develop this partnership approach with Hackney and Newham and are encouraged by the Trust's willingness to meet to consider further joint work.

2. Barts and the Royal London NHS Trust

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 Royal London NHS Trust, Tower Hamlets Primary Care Trust and by the Council. The completed reviews are:

- Access to Sexual Health Services for Young People (2004/05)
- Community Engagement, Health Promotion and Diabetes (2003/04)

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 Royal 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:

Fifth Domain 'Accessible and Responsive Care' - C16

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.

Fifth Domain 'Accessible and Responsive Care' - C18

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.

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.

3. Tower Hamlets Primary Care Trust

As a Health Scrutiny Panel 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 the Tower Hamlets Primary Care Trust, Barts and the Royal London NHS Trust and the Council. The completed reviews are:

- Access to Sexual Health Services for Young People (2004/05)
- Community Engagement, Health Promotion and Diabetes (2003/04)

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 the Tower Hamlets Primary Care Trust, service users, patient user groups and health partners.

We would like to thank the Trust for the extensive level of information which it provided regarding its draft declaration. This has given us an excellent snapshot of the performance of the Trust as a whole. We therefore have a considerable level of knowledge and engagement with the Trust and feel able to comment on the following:

Fifth Domain 'Accessible and Responsive Care' - C16

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.

Fifth Domain 'Accessible and Responsive Care' - C18

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. The Trust is aware that practice across the borough is not consistent and is attempting to improve its performance which we welcome. We feel this is important in Tower Hamlets given the diverse local and emerging communities which the Trust serves.

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.

Appendix B

HJT1103

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7 November 2005

Dear Mr McNulty

Arrangements for language support

Further to the meeting of the Tower Hamlets Health Scrutiny Panel which I attended on 11 October 2005 with my colleagues Gail Beer and Ian Walker, I am writing to provide members of the Panel with additional information on the use of interpreters at Barts and The London NHS Trust. Issues relating to the use of interpreters were raised by the Chair at the meeting.

Arrangements for providing language support are governed by the Trust's Advocacy and Language Support policy of which I attach a copy. This policy describes the duties of staff to identify patients' language needs and the most appropriate way to meet them. The Trust does not stipulate that a professional interpreter must be used in every situation. It is not realistic to be able to provide such a service 24 hours a day, 7 days a week across all hospital sites and for a catchment population where over 140 languages are spoken. Moreover, experience has shown that many patients prefer a relative or friend to interpret for them and, unless there are good reasons for this not to happen, then the Trust will respect their wishes. The Trust's approach takes account of research by South Bank University which has explored patients' preferences and the benefits and risks associated with relatives interpreting.

Bi-lingual staff who are willing to interpret are asked to register with the Trust's Health Advocacy Service and complete a self-assessment form on their language competency, identifying the type of situation where they feel competent to interpret. Their line manager is asked to sign this registration form so that their absence from other duties is monitored. The Advocacy Service also monitors the times that these members of staff are called away from their departments to undertake interpreting work. One day training is periodically offered to all those who are registered. There is no expectation that staff would be called away from urgent clinical duties to provide interpreting services. The staff interpreters operate to a Code of Conduct (a copy of which is also attached). The volunteers are recruited at staff induction and through their departmental managers.

In terms of the use of professional interpreters, the Trust provides the following services:

- Generic advocacy team - 10 languages, Monday to Friday
- Children's Team - 5 languages, Monday to Friday
- Women's team - Bengali only, Monday to Friday
- A&E - 2 languages, 9.00am to 9.00pm, 7 days a week



Barts and The London NHS Trust: The Royal London Hospital,
St Bartholomew's Hospital and The London Chest Hospital



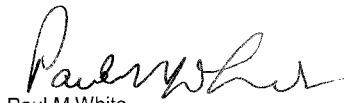
The Trust also has dedicated advocates in the TB clinic, the sexual health clinic, speech therapy, renal services, cardiac rehabilitation and paediatric outreach.

In addition, through an agency arrangement, the Trust has access to face to face interpreters for all languages. This service is available Monday to Friday by advance booking. An emergency service is available 24 hours a day with an access time of 1 to 2 hours. A telephone interpreting service is also accessible, providing services to all departments 24 hours a day.

Trust staff are made aware of these services at induction and through ongoing publicity within the Trust. Every effort is made to communicate the services available to patients. In particular, work is currently underway in Maternity Services and Surgery and Anaesthesia to improve understanding and uptake of advocacy services.

I would be grateful if you would circulate this information to members of the Health Scrutiny Panel and I hope that they will find it helpful.

Yours sincerely



Paul M White
Chief Executive