



Reference: AHC106300
Date: 01/05/2007

Your details

Trust self-declaration:

Organisation name:	North West London Hospitals NHS Trust
Organisation code:	RV8

General statement of compliance

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

General statement of compliance	<p>The North West London Hospitals Trust Board has undertaken a full assessment of compliance against the Healthcare Commission's standards to support its declaration for 2006/07. This assessment has been based on the following approach;</p> <ul style="list-style-type: none"> o A cross referencing of information and evidence from external regulating assessments o A review of reports, policies and other physical, demonstrable evidence o Discussion with criterion leads and responsible Executive Directors. <p>The resulting assessment identifies North West London Hospitals Trust as compliant in all but two standards. These standards are 5a and 8b, for which action plans are in place to ensure future full compliance, as described within the full declaration document.</p>
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Statement on measures to meet the Hygiene Code

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>The North West London Hospitals NHS Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the provision of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this Trust.</p> <p>Specifically the Board can confirm that it has taken steps to minimise the risk of healthcare acquired infection to patients in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated</p>
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	<p>Infections.</p> <p>The Trust has specific improvement programmes in place with focus on</p> <ul style="list-style-type: none"> o Clean Hospital Environment o MRSA o Clostridium difficile <p>The effect of the programme is already visible. The hospital is a cleaner and safer place for patients with fewer cases of MRSA and Clostridium difficile.</p> <p>The Board is especially pleased to report the lowest number of MRSA and Clostridium difficile for the last five years.</p> <p>The Board has no complacency. An important enhanced MRSA and Clostridium difficile programme will be launched shortly. It includes seven days a week diagnostics of MRSA and Clostridium difficile together with extensive MRSA admission screening.</p> <p>The Board appreciate the collaboration and support from the community and is looking forward to keep the public informed about our progress.</p>
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Safety domain - core standards

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

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

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	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).	
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

Safety domain - developmental standard

Please supply the following information:

Your level of progress in relation to developmental standard D1	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The Trust will be looking to make further improvements in light of this data.
Your highest local priorities for improvement relating to developmental standard D1	Patient safety remains a high priority for improvement activity within the organisation.

Clinical and cost-effectiveness domain - core standards

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

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available,	Not met
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	take into account nationally agreed guidance when planning and delivering treatment and care.	
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

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

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

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/05/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Cancer peer review process highlighted two areas where the Trust is not currently meeting NICE Improving Outcomes Guidance for Urological and Haematological cancers. These relate to detail in functioning of MDT meetings.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	An action plan is in place to address these shortcomings and the Trust will be working closely with partner organisations and the West London Cancer network to implement the necessary improvements.

Governance domain - core standards

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

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C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Not met
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Compliant
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted 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	Compliant

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

Governance domain - non-compliance/insufficient assurance

Please complete the details below for standard C8b, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/06/2006
End date of non-compliance or insufficient assurance (planned or actual)	01/05/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust is only partially compliant with the requirements of this standard. There are areas for further development around implementing a more structured BMER forum within the organisation and a requirement for greater senior management involvement in mentorship for these staff groups.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	An action plan has been developed to work with staff in providing an appropriate forum for BMER groups and the Trust is developing structured mentorship programme to include input from senior managers in the organisation.

Patient focus domain - core standards

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

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with	Compliant
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	dignity and respect.	
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.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

Accessible and responsive care domain - core standards

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

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

Care environment and amenities domain - core standards

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

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

Public health domain - core standards

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

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction	

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	partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Miss	Moira Black	Chair
2.	Ms	Fiona Wise	CEO
3.	Ms	Shelagh Szulc	NED
4.	Mr	Ketan Varia	NED
5.	Mr	David Squire	NED
6.	Ms	Margaret Ashworth	Director of Finance
7.	Mr	Philip Sutcliffe	Director of Corporate services
8.	Mr	Michael Burke	Medical Director
9.	Mrs	Elizabeth Robb	Director of Nursing
10.	Mr	Nick Hulme	Director of Operations
11.	Mrs	Raj Bhamber	Director of Human Resources

Comments from specified third parties

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

Strategic health	SHA comments re North West London Hospitals NHS Trust (for
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<p>authority comments</p>	<p>inclusion in the Declaration against Core Standards 2006/7)</p> <p>In reviewing the declaration NHS London has followed the principle of self assessment, except where its performance reviews and information clearly indicate a different interpretation. This process has not highlighted any major concerns with the Trust's assessment.</p> <p>NHS London is performance managing the implementation of the recommendations for Maternity as required by the Secretary of State for Health following the lifting of special measures for the Trust in 2006.</p> <p>Mike Hellier PROVIDER AGENCY</p>
<p>Patient and public involvement forum comments</p>	<p>Patient and Public Involvement (PPI) Forum for NW London Hospitals Trust - Annual Health Check response 2006-07</p> <p>C4a (Infection Control & MRSA) Standards of cleanliness and infection control could in some cases be improved. It was noted in July 2006 that, when a Forum member visited St Mark's Hospital, three of the alcohol hand washes in the entrance were empty. A joint PPI Forum and PEAT A&E inspection on 31 July 2006 found areas of clutter and dirty ventilation points, which the Trust undertook to address. In January 2007, two Forum members joined Trust Staff in a Cleaning Standards Inspection at Central Middlesex Hospital. Utilising 2004 NHS Cleaning Standards, this inspection reported 13 failed standards (out of 49), including visible dirt on ventilation grills and under beds. Follow-up meetings between PPI Forum, Trust were open and constructive and the Forum's input has been valued by the Trust.</p> <p>C4a - Additional Forum comment on wording of Standard The Forum wish the Healthcare Commission to amend the wording of the standard to include (or not to exclude) Clostridium Difficile (C. Diff) as this is now more prevalent and dangerous to patients than MRSA.</p> <p>C7e (Discrimination and Equality) and C18 (Patient equality of access & choice) At the November 2006 and other Forum meetings, concerns were raised about the application of the Overseas Visitor Policy to minority ethnic patients living locally, which has affected equity of access.</p> <p>C8b (Organisation & Personal Development) The failure to maintain a Black and Minority Ethnic (BME) staff forum was discussed by the PPI Forum in March 2007, and it was suggested that the existing staff group should have been built on rather than closed because it was not representative enough. Equality, Diversity and Social Inclusion meetings have not happened at North West London Hospitals as originally intended and hence have not had Forum input.</p> <p>C13a (Dignity & Respect) Care Watch visits focusing on dignity and respect were conducted at Northwick Park and Central Middlesex Hospitals on 5 March 2007. Patient comments raised concern that patients in single rooms could experience isolation, affecting their physical well-being and mental health.</p> <p>C17 (Patient views) The NWLH Trust PPI Forum considers that the Trust is open to building a good and professional working partnership with the Forum. Trust staff regularly attended Forum meetings in the course of the year to discuss</p>

	<p>services. However, the extent to which the Trust has sought and taken into account patient, carer and public views has been variable. In May 2006 disappointment by the Forum at lack of representation on certain Trust committees was noted, and the Forum Chair wrote to the Chief Executive. In July Forum representatives were invited to the Clinical Governance, Patient Safety and Infection Control committees, and the Trust has sometimes worked with the Forum to improve patient experience. The Forum is pleased to report that representatives at Trust Board meetings and other committees have been valued and welcomed by the Trust. However communication by the Trust has not always been consistent and volunteer input has not always been sufficiently valued. The Forum was not involved in the development of the Overseas Visitor Policy for example. Representatives on the Trust's Equality, Diversity and Social Inclusion Forum and Parking and Infection Control Committees have not always been provided with papers in a timely manner or even notified of meeting dates.</p> <p>NWLH Trust PPI Forum - April 2007</p>
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Overview and scrutiny committee comments

Overview and scrutiny committee 1

<p>Comments</p>	<p>NORTH WEST LONDON HOSPITALS NHS TRUST: ANNUAL HEALTH CHECK SUBMISSION TO THE HEALTHCARE COMMISSION- RESPONSE FROM HARROW COUNCIL'S ADULT HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE (March 2007)</p> <p>Harrow Council's Adult Health and Social Care Scrutiny Sub-Committee is again pleased to have the opportunity to comment on the annual health checks for the NHS organisations serving the borough. The comments provided by the Committee reflect upon only those core/developmental standards and issues which have been discussed by members over the past municipal year to date (May 2006 to March 2007) and feature on the scrutiny work programme. Members have also taken the opportunity to provide a more general local perspective from their ward work with local residents. We thank colleagues from the Trust for attending our committee meeting in March to present the progress made on the self-assessment.</p> <p>In relation to C2, our Children and Young People's Scrutiny Sub-Committee commissioned a challenge panel on the future provision of school nursing in Harrow, which reported back in January 2007. The service is currently provided by the NW London Hospitals Trust and commissioned by the PCT which will draw up a new service specification for the service shortly. Scrutiny is assured that reference to child protection issues will continue to be clearly evident within the specification.</p> <p>Furthermore with reference to C2 and following the recent publication of the Healthcare Commission's report on NHS hospital services for children (February 2007), on visiting the children's wards at Northwick Park Hospital, members observed a wholly professional and caring service, provided in a suitably child-centric environment. Progress on a separate paediatric Accident and Emergency department should further improve children's experience at the hospital.</p>
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With regard to C7, a Scrutiny Standing Review of NHS Finance has been set up in the last year. Previously the Trust presented updates on its financial position to members through committee meetings however it was widely acknowledged that this did not lend enough time to a subject area that is technically complex and warrants more meaningful scrutiny than committee time can afford. The standing review work has a more holistic approach in bringing together the local authority, local PCT and hospitals trust to discuss the challenging financial positions that each organisation finds itself within and the impacts of these upon each other and local residents. This work has demonstrated a willingness of the Trust to be open and honest about its position and the ramifications of the financial decisions it has recently made (for example in relation to defining its core responsibilities and realigning them accordingly to priorities) as well as being more financially accountable to elected members and partners about its use of resources. This work has opened up dialogue and also sought to maximise economy and cost-effectiveness of work across the partner organisations. We note with interest that the Trust is embarking on a range of building and improvement projects, for example Children's Accident and Emergency at Northwick Park Hospital. We question the sustainability of this given the Trust's financial position and longer term plans for the reconfiguration of the Trust.

Members recently visited Northwick Park Hospital (March 2007) and were shown around a number of wards (including the new maternity wards, children's wards and Accident and Emergency) and spoke directly to many staff working at the Hospital. In connection to C4, following up details received through committee on the Trust's annual report of infection control, members were able to observe the availability of alcohol handgels throughout the Hospital and literature on the walls explaining and promoting their use (C16). However, members also observed that although they were available for use, actual use of them was rather patchy by visitors, staff and contractors (e.g. building contractors) alike. Members are of the view that greater steps must be taken to raise awareness of the importance of infection control measures and ensure that these handgels are more widely used, with staff setting the example.

The Committee notes the impact of the maternity issues on clinical governance, as related to C7a. The Committee has kept a close watch on the issues regarding the Healthcare Commission's investigation of high maternal deaths at Northwick Park Hospital and the subsequent implementation of the action plan. On visiting the hospital, members observed the vast improvement in the environment for maternity, provided by the recently refurbished maternity wards which provided care in well designed and clean environments (C21). The new facilities cater well for patients' needs in the antenatal settings and labour wards. However we are aware of the seriousness of the events that led to the changes in maternity care and that special measures have just been lifted. It is with this in mind that scrutiny will continue to maintain a watchful eye on progress and in particular to adequate staffing levels. Speaking to staff, it appears that lessons have been learnt following the investigation and clinical care and practices have also improved. Staff spoke of a greater openness in communication within the maternity services. Patient feedback is also sought through the Hospital's use of evaluation forms for women in maternity and also data trends gauged through the Patient and Liaison Service (C14 and C17). This should help in continuing to improve services within the Hospital.

	<p>Scrutiny committees in Harrow will continue to build upon their constructive working relationships with the Trust, and look forward to a continuing and meaningful dialogue between scrutiny and the borough's healthcare organisations.</p>
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Overview and scrutiny committee 2

<p>Comments</p>	<p>BRENT COUNCIL: Annual Health Check Standards for Better Health Declaration 2006/07</p> <p>I write to formally respond, on behalf of the Council's Health Select Committee (Overview & Scrutiny), to the Trust's "Annual Health Check Standards for Better Health Declaration 2006/07".</p> <p>The Committee is encouraged by the Trust's apparent compliance with the majority of the standards and will request a further update once the Healthcare Commission has made its final assessment.</p> <p>The Committee notes that the trust is seeking to address the issues around support and mentoring for Black and Minority Ethnic Groups and the re-introduction of appropriate forums. We would welcome the opportunity to be updated on the development of a detailed action plan (as mentioned) in due course.</p> <p>In addition, we welcome the progress outlined in the development standards for safety and clinical & cost effectiveness, but request further information as to how the trust rated itself "fair" in these areas.</p> <p>We are frustrated that we are not in a position to make fuller comment, as we have not attained a sufficient evidence base in relation to many of the issues and areas outlined in the declaration. This is in part due to the late starting of this year's committee cycle, but primarily a result of the health check process itself, which has not allowed for in-depth or meaningful consultation in relation to the agreed standards and how they are met locally.</p> <p>The Health Select Committee sees that the health check is an opportunity to comment on, and further strengthen, its relationship with the trust. Members are keen to relate local perspective to the performance information within the declaration. As we begin to set our work programme for 2007/8 we will seek to enhance the focus of topics to allow strands of the annual health check to be considered more closely.</p> <p>I would like to thank you for your attendance and support throughout this year, and the constructive approach the Trust has taken within the context of service reviews and finance cuts across the NHS as a whole.</p> <p>Yours sincerely,</p> <p>Cllr Rev. David Clues Chair, Health Select Committee</p>
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