

\* Please enter your NHS code and click search. Then please 'select' the name of your organisation and click continue below:

RJ1

This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at [forms@cqc.org.uk](mailto:forms@cqc.org.uk)

Organisation Name:

Guy's And St Thomas' NHS Foundation  
Trust

Chief Executive's First Name:

Ron

Chief Executive's Surname:

Kerr

Chief Executive's Email:

[ron.kerr@gstt.nhs.uk](mailto:ron.kerr@gstt.nhs.uk)

Organisation Code:

RJ1

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

General guidance on how to complete the declaration form

You might find it helpful to print the following instructions (using the print function of your browser) so you can refer to them easily while you are completing the declaration form.

We have also published a guidance document titled "your guide to the core standards assessment 2008/09 "which you may find useful. This can be located by using the following link:

here

This guidance covers:

- o How the declaration form is laid out
- o Guidance related to each section
- o FAQs

How the declaration form is laid out

The declaration form is divided into the following sections

1. General statement of compliance
2. Domain pages for core standards
3. Sign off
4. Comments from third parties

For the majority of sections there are multiples pages which require completion. You can save the form at any point, but you will not be able to submit a section until all questions are completed and you will not be able to submit the entire form until all sections have submitted.

## General Guidance

The declaration you make will be the basis of your score for the assessment of core standards.

Your core standards declaration should cover the period from April 1st 2008 to March 31st 2009.

Please note, you will not be asked to make a statement on the Hygiene Code, nor is there a specific developmental standards assessment as part of the 2008/2009 annual health check.

When making your declaration you must consider whether your trust's board (or an appropriate officer with delegated authority from the board) has received reasonable assurance that the organisation has been compliant with the core standard for the entirety of the assessment year (1 April 2008 - 31 March 2009) and that no significant lapses have occurred.

When making your declaration you may find it helpful to keep a record or file of the evidence that your board considered when reaching its judgment. It is this evidence which will be required if your trust is selected for inspection in the summer.

## Section 1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages and the comments received from the specified third parties. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

## Section 2. Domain pages for core standards

This is the main body of the declaration form. Each standard your trust is required to declare against will be set out here, organised under the domain headings.

Initial questions: For each part standard you must categorise your trust under one of the following headings:

- o Compliant: a declaration of compliant should be used where a trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the whole of the assessment year, from 1 April 2008 to 31 March 2009.

- o Not met: a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.
- o Insufficient assurance: a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been one or more significant lapses during the year. However, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence of a significant lapse during the year that a declaration of "not met" may be more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

Subsequent questions if you declare 'not met' or 'insufficient assurance': If you declare 'not met', or 'insufficient assurance' for a particular standard, you must complete the subsequent questions in the declaration form which relate to action plans. Please note you are not required to complete these if you have declared compliant and therefore you will not be able to input data.

- o Start date - This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2008.
- o Date at which you expect to have assurance of compliance - this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2008/2009 assessment year. If non compliance has not been resolved by the end of the year (31 March 2009), then the "end date of non compliance" should not be entered as 31 March 2009, but the appropriate later date. It should be noted that those standards with a date prior to 1st April 2009 may be inspected.
- o Description of the issue - a short description of the significant lapse or why the trust does not have reasonable assurance.
- o Action plan - a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

- o in your 2007/2008 declaration the standard was declared as 'not met' or 'insufficient assurance' and
- o in your 2007/2008 declaration the corresponding action plan had an end date on or before 31st March 2008 and
- o the standard has again been declared as 'not met' or 'insufficient assurance' for 2008/2009

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

Some standards are not included as part of the core standards assessment and you are therefore not required to declare against them. They are assessed separately elsewhere in the annual healthcheck. These standards are:

C7d - this relates to financial management and will be measured through the quality of financial management assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing commitments and national priorities assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing commitments and national priorities assessment.

In addition three standards have been judged to be not applicable to ambulance trusts for the 2008/2009 core standards assessment and as such will only be shown on the declaration form for other trust types. The three standards are

C15a and C15b - regarding provision of food for patients.

C22b - regarding local health needs

### Section 3. Sign off

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

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- any commentaries provided by specified third parties have been reproduced verbatim (but with confidential and personal information removed). Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, local involvement networks, learning disability partnership boards, local safeguarding children boards and overview and scrutiny committees
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

#### Section 4. Comments from specified third parties

Trusts are required to invite comments on their performance against the core standards from specified third parties. These comments must be reproduced verbatim in the relevant sections of the form. The specified partners are:

for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards.

or foundation trusts, third parties must include the local authority's overview and scrutiny committee, local involvement networks, learning disability partnership boards and local safeguarding children boards. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority. Only foundation trusts will be able to access the comments from boards of governors section of the declaration form.

A trust may have multiple bodies of each type of third party within its catchment area. If this is the case, it should invite comments from those committees, LINKs or boards it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against a certain core standard. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

Where a specified local partner declines to comment, a statement to this effect must be included in the declaration, along with any reasons cited by the local partner for their lack of comment. A box will be provided on the declaration form for this purpose.

#### Frequently Asked Questions:

- Q1. What do you mean by reasonable assurance and significant lapse?
- Q2. Why can I not access all the sections of the form?
- Q3. How do I delegate to someone who isn't listed in the delegate list?
- Q4. How do I nominate someone to complete the form?
- Q5. How can I print a section of the form?
- Q6. How can I print all the form in one step?
- Q7. How can I print the form in the format it would be appear as submitted, so that it does not show all the not applicable questions?
- Q8. Some of the standards seem to be missing, why is this?
- Q9. What are the key dates with regard to the declaration form?
- Q10. I am still having trouble with the webform, where can I get further help?
- Q11. Where can I find further information on the core standards assessment for 2008/2009?
- Q12. How do I submit my declaration form?
- Q13. I need to resubmit my form, what do I do?
- Q14. My pdf shows standards and questions which are not relevant to my trust - what should I do?
- Q15. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

- Q1. What do you mean by reasonable assurance and significant lapse?

#### Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Trusts' boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.

#### Significant lapse

Trusts' boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by lapse or lapses in compliance with a standard, such as loss of privacy, compromised personal data or injury, etc. Clearly this decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring. There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than ?1 million or the death of a patient or a breach of confidentiality, for example, cannot provide a complete answer.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account their vulnerability to the potential harm, etc)).

Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse.

Q2. Why can I not access all the sections of the form?

Some sections are only relevant to specific trust types. For instance the "PCT Guidance" section is only accessible to primary care trusts and the "Board of governors' comments" section is only accessible to mental health and acute trusts. Additionally some questions are dependent on your declaration, for instance if you declare "not met" or "insufficient assurance" we require you to submit details.

You will only have access to those sections relevant to your trust type and your declaration.

Q3. How do I delegate to someone who isn't listed in the delegate list?

You can only delegate to those people who have been nominated to complete the form. If you wish to nominate an additional individual please complete the registration form which is available within the forms website.

Q4. How do I nominate someone to complete the form?

If you are a "Lead" and wish to nominate another person within your organisation as a nominated lead or to delegate completion of the form, you must complete the registration form available through the online forms system at using your standard log in details

Once selected the registration form will prompt you to nominate and supply the name and e-mail address of a colleague you wish to delegate access to the declaration form.

You then have to indicate whether you wish this individual to be a "Lead" or a "Completer". A 'Lead' is able to fill in the form or delegate the form to other registered users in their trust to complete. A 'Lead' has the final review of the form and is able to submit the data. A 'Completer' can fill in the form or relevant sections of it but is unable to delegate access to the form or able to submit the completed form.

Please ensure you select the 'complete' option in order to submit your nomination.

It is possible to have more than one registered lead for your organisation, if you require this please ensure you use the duplicate allocation option on the registration form.

Information will be sent to each registered lead explaining how they can access the online declaration form. Nominated leads will not be able to access their online declaration form until their registration has been submitted.

Q5. How can I print a section of the form?

On the summary page of the form select the "pdf" button for the part of the form you wish to print. This then enables you to print just that section of the form. It will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q6. How can I print all the form in one step?

You are able to print the declaration form as one document through the "Available forms" section of the myform website. Select the "pdf" button which is relevant to the form you wish to print, this then enables you to print the declaration form as one rather individual sections. Please note it will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q7. How can I print the form in the format it would be appear as submitted, so that it does not show the questions that are not applicable?

In previous years, prior to submission, you were only able to print a "pre-submitted" version of the PDF form using the "view printable version in PDF" link. The pre-submitted version of the PDF shows all the questions, including those which are not applicable to the trust. The questions are hidden from view on the online form. This function is still available this year.

However, this year there is an additional section titled "draft submission form", which will become available once you start filling in the declaration form. Clicking on this link will open a PDF form based on the information provided on the online form so far. The version of the PDF provided in this section will hide any questions not applicable to the trust based on the information provided so far.

Once the submit button is pressed the form is frozen and the final PDF only shows those questions which are applicable and the answers selected. This final PDF can be accessed by selecting the "view printable version in PDF" link.

Q8. Some of the standards seem to be missing, why is this?

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. Please see the "Domain pages for core standards" section of this guidance for more information.

Details can be found in the published criteria documents available at the follow link:

[here](#)

Q9. What are the key dates with regard to the declaration form?

Tuesday March 3rd 2009 the declaration form will be made available on our website for trusts to start entering their data. Nominated leads will not be able to access the online declaration form until their registration has been submitted.

From Wednesday April 15th 2009 trusts will be able to submit their completed declarations. Regional teams will carry out a set of checks against each submitted declaration. We aim to complete these checks, and to inform each trust of the outcome, within three working days of receiving the declaration.

The final date for submission of the 2008/2009 declarations is 12:00 noon on Friday May 1st 2009. Failure to submit a declaration by the deadline may result in your trust being penalised and will lead to a greater chance of being inspected in the summer.

By Friday 22nd May 2009 we expect all trusts to have published their declarations. If a trust does not make the declaration publicly available, we will publish it on our website indicating that it has not been shared with the local community.

Q10. I am still having trouble with the webform, where can I get further help?

If you are still having difficulties with the declaration webform please contact our helpline on 0845 601 3012 or [feedback@healthcarecommission.org.uk](mailto:feedback@healthcarecommission.org.uk).

Q11. Where can I find further information on the core standards assessment for 2008/2009?

Our guidance documents for the core standards assessment for the 2008/2009 annual healthcheck can be found:

[here](#)

Q12. How do I submit my declaration form?

Each section of the declaration form needs to be completed and the "finish" button selected, changing the status of the section to "finished". The "submit" button is then available on the main page of the web form and the form can be submitted.

Q13. My pdf shows standards and questions which are not relevant to my trust - what should I do?

The pre submitted pdf shows all questions including those, which are not applicable to the trust and are hidden from view on the online form. This is set up so that the "pre-submit" version of the pdf showed all questions in order that it could be consider in it's entirety in hard copy before being populated. The hidden questions which do not apply to the trust and do not appear on the webform should be ignored.

Once the submit button is pressed the form is frozen and the final pdf only shows those questions which are applicable and the answers selected.

Q14. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

The text entered will disappear once the submit button is pressed, the text will remain visible until this point. This is to prevent trusts accidentally changing their declaration and losing all the data they have previously entered. This information will not be submitted as part of your declaration and will not show on the final declaration form / pdf.

You can print off a pdf version of the form as it will display once submitted. Please see FAQ 7 for more information on how to do this

Q15. I need to resubmit my form, what do I do?

All trusts will be allowed to request one resubmission between the above dates, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 1st May 2009.

The rules for requesting a resubmission of your declaration are published on our website. We advise you to refer to these rules before submitting your declaration, and before submitting a request for resubmission. A request for resubmission needs to be made by your trust's registered lead

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Friday 8th May 2009 (whichever is earlier).

**General statement of compliance**

\* Please enter your general statement of compliance in the text box provided. There is no word limit on this answer.

Following a thorough and systematic review of its services and the systems that support them, Guy's and St Thomas' NHS Foundation Trust is pleased to declare full compliance for 2008-09 with all core standards.

Whilst achieving full compliance the Trust acknowledges the need to continue to work closely with key stakeholders to maintain and improve high quality services. The Trust values the involvement of key stakeholders and their feedback as a mechanism to identify specific areas for improvement.

External stakeholders and the Council of Governors have been invited to comment and their responses are included within the declaration. The Trust is grateful to all organisations for their continued involvement in this process.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list



Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Safety domain - core standards (C1a - C3)**

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

**Safety domain - core standards (C4a - C4e)**

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

\* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

☐ compliant

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

☐ compliant

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\* 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

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\* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

☐ compliant

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\* 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Clinical and cost effectiveness domain - core standards (C5a - C6)**

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

\* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

☐ 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

## Governance domain - core standards (C7a - C9)

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing commitments & national priorities component of the annual health check.

Standard C7d is assessed through our quality of financial management component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

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

\* C7a and C7c: Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.

☐ compliant

\* C7b: Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

☐ compliant

\* C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

☐ compliant

\* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

☐ compliant

\* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

☐ compliant

\* C9: Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

☐ compliant

**Governance domain - core standards (C10a - C12)**

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

\* 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Patient focus domain - core standards (C13a - C14c)**

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

\* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

☐ compliant

\* C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

☐ compliant

\* C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.

☐ compliant

\* C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

☐ compliant

\* C14b: Healthcare organisations have systems 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

**Patient focus domain - core standards (C15a - C16)**

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

\* 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.

**O compliant**

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\* 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.

**O compliant**

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\* 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.

**O compliant**

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Accessible and responsive care domain - core standards (C17 - C18)**

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

Standard C19 is assessed through the existing commitments & national priorities component of the annual health check.

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

\* C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

☐ compliant

\* C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

☐ compliant

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list



Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Care environment and amenities domain - core standards (C20a - C21)**

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

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

### Public health domain - core standards (C22a - C24)

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 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 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

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

## Electronic sign off page

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

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

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

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), LINKs, overview and scrutiny committees, Learning Disability Partnership boards and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

## Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1	Mr	Ron Kerr	Chief Executive
2	Ms	Eileen Walsh	Director of Assurance
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Comments from specified third parties**

Please select the numbers of each type of third party that you wish to enter comments from

\* Strategic Health Authorities

☒ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

\* Local involvement networks

☒ 2

\* Local child safeguarding boards

☒ 2

\* Learning Disability Partnership boards

☒ 2

\* Non-specified third party organisations:

☒ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

☐ 13

☐ 14

☐ 15

**Comments from specified third parties****Strategic Health Authority Comments**

No comments from Strategic Health Authorities were provided

## Local Involvement Network comments

\* Please enter the name of the first Local involvement network that has provided the commentary

Lambeth

\* Local involvement network comments. There is no word limit on this answer.

Obtained from the Somali Humanitarian Organisation:

C6

The overall impression was that there are effective referral systems in place between Guys, GP's and voluntary sector organisations. GP's contact the Somalian Humanitarian Organisation to signpost and refer service users on.

C14a

There is a prompt and effective complaints procedure, encouraging people to write in to the Trust. Service users felt that complaints were responded to in ten days and those complaints were investigated to their satisfaction.

C18

Issue of choice questioned. Respondents felt that service users did not really want choice, just an excellent standard of service across the board. Felt that choice was illusory as it was only GP's that could refer so really people had little choice.

C19

There was broad agreement on this. One service user spoke of thinking he had prostate cancer in March 2008 after finding a lump. Went to GP and within 3 weeks was referred to the virology department at Guys. The service user found the experience to be "very productive, very fast, standards were very high from the receptionist to the consultant". Standards were "very high and professional similar to standards in a paid private hospital."

C20a

Very high standards found on the ward in the virology dept. An all male ward that was small, with enough personal and lockable storage space.

Also felt that communications were open, felt that they were kept informed and had access to appropriate information.

C21

Felt that Guys was well designed because it is spacious whereas the waiting areas in St Thomas can be cramped.

Obtained from the 'Best of Friends' Project users:

C4a

Service user spoke of ongoing treatment at the diabetes and endocrine day centre at St Thomas. Everyone is professional from the receptionist to the consultant. "Everyone seems to know what they are doing and this helps me to feel safe."

C13a

"Lots of salutations and made to feel welcome at the Diabetes and Endocrine day centre." There was agreement that service users were kept informed and involved in the process. Felt comfortable with email contacts. Feeling that treatment of people at Guys generally has really improved.

C15

There is a choice of food available at St Thomas'.

C16

Noticeboards (Sic) and leaflets from both Guys and St Thomas' very good. Service users also welcomed being given copies of their medical notes.

C19

Variable waiting times at St Thomas' Diabetes and Endocrine Day Centre. Sometimes waiting for 15 minutes but sometimes waiting for over an hour.

C20a

Service users felt they were effectively cared for at St Thomas - regular checkups and testing.

Obtained from Lambeth Older Persons Forum:

C13a

March 2009: The consultant and staff at the Urology Dept at Guys Hospital treated everyone with respect. "Surprised how respectful they were."

C15

Comments made concerning raising awareness of certain food intolerances eg Celiac (Sic) disease. Food preferences and requirements are not effectively captured when patients are admitted to hospital.

C16

PALS service at Guys and St Thomas provides a very good service. Comments made about how well known PALS is.

C20a

Urology Dept at Guys singled out. Purpose built clinic, very good nurses. The design and layout helps to promote effective care. Also provided a map which proved to be very helpful.

C21

Generally positive. St Thomas' singled out for "first class treatment and outstanding service they provide."

Obtained from Basaira Elderly Centre:

C13

Service user admitted to psychiatric ward at St Thomas Hospital. Voluntary admission in October 2008. Was distressed at lack of privacy on the wards. Mixed wards which she was not happy about, although less concerned about mixed communal activities. "There was a hole in the bathroom door and a man was looking through." "If you are suffering from mental health problems, they seem to put you in the worst places."

She wanted to come out but the duty psychiatrist was not there to discharge her. In so far as it was a self admission, she did not want to stay but could not be discharged. No supper available as it was too late.

Main concern was the state of the building as it is not a purpose built building.

She worries about people with severe mental health issues as they might not know how to complain.

"I would not go to PALS as I don't think they have enough clout," "The emergency clinic at Maudsley has a lot better provision than at St Thomas'."

C20a

"Polyclinics and hospitals should provide literature in more languages, not just state there are translation services available. "How can you ask for something to be translated in your language if the information you are given it in is in English?" "Group practice receptionists should be more welcoming and receptive, not treat people as if they are unwanted." "Casual staff such as nurses, should be given training in how to treat people with due regard. Some people do not have polished ways. Their ways are crude." "Patients should be made to feel that they are welcome and at home, not the impression that they are in an institution."

C21

Guy's hospital is clean but like a maze. And there are hardly any security guards, especially by the entrances.

Obtained from Springfield Medical Centre Senior Citizens Group:

C13a

A service user spoke of time spent in the high dependency Unit at St Thomas' last year and felt that there were not enough nurses to cover the wards. When she was lifted onto the bed she felt that one of the nurses handled her less skilfully than the other. Also mentioned that she was not given a commode when she requested one.

C16

Some group members spoke of times when aftercare in the form of personal care support at home was promised but then did not occur. They generally felt that information on waiting times, waiting times themselves and treatment was good but the aftercare could be better.

"They don't tell you what to expect or what will happen after your operation."

Waiting time for ambulances to take service users back home could also be improved.

C19

Long waiting times in casualty at St Thomas'.

C20

District nurse from St Thomas' and Physiology Dept singled out as being effective and caring.

C21

General comments that hospitals and doctors surgeries were found to be clean.

Obtained from The Rathbone Society:

C13a

Concern that specialist services such as Behaviour support or Speech and Language Therapy are only available Monday to Friday 9-5, when Mental Health crises often occur at other times.

Sometimes there is discontinuity of care instead of using same specialised staff members or Community Psychiatric Nurses.

Referral processes can take too long and not take into account individual need.

Sometimes chief consultants do not appear to listen to key workers or service users.

More support needed around personalisation.

Service users spoke of need for avoiding use of jargon or addressing the carers rather than themselves.

People with learning difficulties may receive lower standard of care, are discriminated against or treatments not explained clearly.

Please enter the name of the second Local involvement network that has provided the commentary

Southwark

Local involvement network comments. There is no word limit on this answer.

Southwark LINK is grateful to you for this opportunity to provide a Commentary but, regrettably in respect of the 2008/09, we have not had an engagement with the Trust in respect of the events of that year nor yet do we have the capacity to provide the objective and evidence based input that we would wish the LINK Southwark contribution to be.

It is the wish of LINK Southwark to engage with all of the NHS Trusts providing service to Southwark Residents and it is hoped that we can do this in respect of The Annual Health Check, in 2009/10, whether that be in its present HCC form or any variation promised by the CQC. So, we would be glad to hear from you as to how you think that we may best begin that engagement with Guy's & St Thomas'. Personally, I have several years of experience of The Annual Health Check and of engagement with the HCC, as the former Chair of Southwark Patients Forum for Primary Care. But, you will not be surprised to learn that LINKs have brought new people onto the scene who will need help to understand the process. As I have said, LINK Southwark wishes to ensure that all of its contributions are evidence based, rather than anecdotal, since we believe that this will generate respect for the LINKs submission and so be likely to encourage a healthy and mutually beneficial relationship.

We are making plans to invite all of the NHS Trusts and the CQC to meet with LINK Members to take the process forward and hope very much that Guy's & St Thomas' will be a participant. In the meantime, as Chair, I would welcome an opportunity of meeting with you so that a relationship can begin to be established beyond the coldness of the printed word.

**Local child safeguarding boards comments**

\* Please enter the name of the first local child safeguarding board that has provided the commentary

Lambeth

\* Local child safeguarding board comments. There is no word limit on this answer.

Thank you for asking Lambeth Safeguarding Children Board (LSCB) to review and comment on this declaration.

From the evidence provided the LSCB is satisfied that the Guy's and St Thomas' NHS Foundation Trust is compliant with all the elements of Core Standard 2. The LSCB also notes areas of good practice such as the newly developed Safeguarding Team and quarterly safeguarding meetings chaired by the Chief Nurse.

GSTT are represented on and regularly attend the LSCB executive meetings and a range of LSCB subcommittee's.

Lambeth's Joint Area Review in September 2009, judged safeguarding as being 'good' and commented on the strengths of partnership working through the LSCB.

The LSCB also recognises the significant contribution made by GSTT staff to the work of the Board as endorsed by the recent visit by Lord Laming's team in preparation for The Protection of Children in England: A Progress Report.

GSTT has completed the self assessment against Section 11 of Children Act 2004 during the year and provided comprehensive and detailed evidence to support their assessment.

In addition, GSTT have contributed to other LSCB self assessment multi-agency audits including the LSCB Haringey JAR audit in respect of Baby P.

The Board values the contribution made by the GSTT in the safeguarding of Lambeth's children.

Please enter the name of the second local child safeguarding board that has provided the commentary

Southwark

Local child safeguarding board comments. There is no word limit on this answer.

Thank you for this opportunity to comment on the Trusts performance against the Health Commission Core Standard C2.

The Trust is a strong and committed member of the SSCB and has in place effective policies and protocols for safeguarding children. There is a very good training programme. Named professionals are in place.

The Trust has made a strong contribution to the implementation of the new Child Death Review Process.

The Trust has an internal leadership group for the implementation and monitoring of safeguarding standards.

**Learning Disabilities Partnership Board comments**

\* Please enter the name of the first Learning Disabilities Partnership Board that has provided the commentary

Lambeth

\* Learning Disabilities Partnership Board comments. There is no word limit on this answer.

The Learning Disability Partnership Board were approached by the Trust to provide comments but have not provided any by the deadline.

Please enter the name of the second Learning Disabilities Partnership Board that has provided the commentary

Southwark

Learning Disabilities Partnership Board comments. There is no word limit on this answer.

The following information pertains to a discussion of the GSTT request for feedback to complete it's annual health check. This discussion occurred on Monday 23rd March during the meeting of the Health Sub-group of the partnership board. The meeting was attended by the lead nurse for Learning Disabilities within Southwark PCT, a senior social worker (joint chairs) two members of the learning disability commissioning team, an advocate, a service user who is also a representative of the 'Speaking-up' self advocacy group and a residential home manager.

We were unable to give feedback on all of the performance standards as we are not party to governance arrangements within the organisation.

**SAFETY.**

The Group are not aware of any guidance, communication or information systems within the hospitals that are accessible to people with learning disabilities. We believe that when people with learning disabilities are admitted as inpatients, their general safety is generally left to carers and social services to maintain rather than being seen as part of the general duty of care of the hospital, and can think of numerous examples where this is the case, and had the carers withdrawn their support the safety of the person with learning disability and patients nearby would easily have been compromised. Prior to elective inpatient admission of a person with learning disability, care planning only occurs when prompted by learning disability specialist services. There could be significant improvement in these areas if locally agreed care pathways were in place but this never happened despite requests from specialist local services over a considerable length of time.

**CLINICAL AND COST EFFECTIVENESS.**

Core Standard C5a - No comment  
Core Standard C5b - No comment

Core Standard C5c - No comment

Core Standard C5d - No comment

Core Standard C6 - GSTT only contacts specialist learning disability services when faced with an immediate difficulty. As stated above the creation of some locally agreed care pathways would be very appropriate and helpful for all parties responsible for the care, treatment and protection of people with learning disabilities. Elsewhere in the UK Learning Disability Nurses are employed by Acute Hospitals to ameliorate relationships and arrangements both at an individual patient and strategic level.

#### GOVERNANCE.

The group felt unable to respond to this chapter as we are not party to the governance arrangements of GSTT.

#### PATIENT FOCUS.

Core Standard C13a - No comment

Core Standard C13b - The practical application of the mental capacity act within GSTT varies considerably from one clinical area to another and is the most significant contributing factor in delayed diagnosis and treatment of people with learning disabilities locally.

Core Standard C13c - When people with learning disability are admitted to hospital staff will routinely not inform paid carers or specialist community based professionals what is happening but will only speak with family members despite paid carers being the main care provider and sometimes family members being only marginally involved in the person's life.

Core Standard C14a - We are not aware of information regarding the complaints process being available in a format accessible to people with learning disabilities.

Core Standard C14b - We cannot comment as we don't know

Core Standard C14c - We cannot comment as we don't know

Core Standard C15a - We are not aware of menu's being available in a format that is accessible for people with learning disabilities

Core Standard C15b - We are aware that sometimes people with learning disabilities are not supported to eat or drink and become malnourished and dehydrated whilst in hospital.

Core Standard C16 We are not aware of any general service information being available in a format accessible to people with learning disabilities.

#### ACCESSIBLE AND RESPONSIVE CARE.

Core Standard C17 - The group is unable to recall when people with learning disability in Southwark have been consulted on any aspect GSTT services.

Core Standard C18 & C19. Generally the group feels that the ability of GSTT to meet the needs of people with learning disability varies considerably and is based on some compassionate individual clinicians who are able to think laterally and take a genuine interest in an individual as opposed to well embedded cross cutting clinical systems and evidence based best practice specific to the patient group.

#### CARE ENVIRONMENTS AND AMENITIES.

Core Standard C20a - We believe the A&E area does not meet the core standard particularly with reference to privacy and dignity.

Core Standard C20b - Service users find navigation across hospital premises very difficult; particularly in the newer areas (Guy's new building with Atriums is a particular challenge as it all looks the same and only signed with words).

Core Standard C21 - We understand that alcohol gel for public use has been withdrawn, but are not aware of alternatives.

#### PUBLIC HEALTH.

We have no knowledge of GSTT contribution to public health medicine or planning.

### Commentaries from other third party organisations

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list



**Overview and scrutiny committee comments**

\* How many overview and scrutiny committees will be commenting on your trust? (maximum of 10)

0 2

**Overview and scrutiny committee comments**

Name of overview and scrutiny committee 1

Lambeth Health and Adult Services Scrutiny  
Sub Committee

Comments. There is no word limit on this answer.

The committee has not specifically focused its work programme during the year on Guys and St Thomas' and therefore submits only limited comments on the performance of the Trust in relation to individual core standards.

The committee would however wish to record that the Trust has responded quickly to requests for information, sought to keep the committee informed of its activities and has been represented at committee meetings when requested. The committee would like to express its thanks to Guys and St Thomas' for continuing to work with the committee and supporting members in their scrutiny role.

The committee welcomed and accepted the Guys and St Thomas' evaluation self-assessment. As part of the health check discussions the committee invited the trust to present information on how it is meeting standards C7e; C8b; and C22.  
Health and Adult Services Scrutiny Sub Committee 25/3/09

C22a Healthcare Organisations improve the health of the community served and narrow health inequalities by co-operating with each other and with local authorities and other organisations

Much of the scrutiny committee's work in 2008-2009 was against the backdrop of consultations on the future models of health care - across London generally and in the south east sector specifically (Healthcare for London Stroke and Trauma; A Picture of Health in Outer South East London). Whilst it is as yet too early to ascertain whether such changes will improve services and reduce health inequalities for Lambeth residents, the committee considers it pertinent to acknowledge the extent of co-operation between the key health partners in Lambeth and how in partnership the trusts are jointly supporting and developing high quality healthcare in south east London.

In particular the committee would like to congratulate the partnership of Guys and St Thomas', Kings College Hospital and South London & Maudsley (Kings Health Partners) on becoming accredited as one of the first Academic Health Science Centres in the UK. The AHSC promises much, both for the health of the local populations in Lambeth and the wider health economy. The committee has heard how the AHSC partners will be supporting colleagues at Lewisham hospital. The committee also heard about the bid submitted by Kings Health Partners for the running of a joint AHSC service in respect of stoke (Sic) services to ensure that south east London has the flexibility and capacity to meet demand.  
Health and Adult Services Scrutiny Sub Committee 6/11/08; 25/3/09

Name of overview and scrutiny committee 2

Southwark Health and Adult Care Scrutiny  
Sub-Committee

Comments. There is no word limit on this answer.

Due to time the time pressures associated with our work programme we will not be able to provide a commentary on your reports this year. Please accept our apologies. We feel we have had a positive working relationship with you and we look forward to continue to develop work with you in the next municipal year.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please enter the comments from the board of governors in the box below. There is no word limit on this answer.

The Patient Experience Working Group met on 19th March 2009. At the meeting the Patient Experience Working Group divided into smaller groups of 3/4 people to discuss these Standards: C14a, C14c, C15a, C15b, C17, C21.

A facilitator for each group co-ordinated the comments of its group and drafted the report. Here are the four reports:

#### Group One - Commentary upon standards C14a and 14c

Governors noted that the Trust has a comprehensive Language Support Service that includes sign language support, which is not referenced in the evidence storyboard that accompanies Core Standard 14a.

Governors commented on staffing levels and restricted opening hours in the PALS office on the Guy's site. Patients visiting the PALS office base (Knowledge and Information Centre) at the St Thomas' Hospital site, might receive a better service than available at Guy's Hospital.

Concerns were expressed about the Out Patient Appointment System and the effect of errors in appointment letters (incorrect information). Patient (Sic) then have to telephone Appointments for correct information, which can be frustrating as telephones are sometimes unanswered and staff telephone manner is not always courteous.

Governors observed that staff may not always be demonstrating Trust values i.e., treating patients with dignity and respect and caring for patients as individuals. Patients are left feeling that staff "are doing you a big favour".

#### Group Two - Commentary upon standards C15a and 15b

Three members of the Patient Experience Working Group (PEWG) sit on the Nutrition Steering Group that meets quarterly. Governors review and discuss Patient Satisfaction Surveys. 3,500 meals a day are cooked on site at St Thomas' hospital and 95% of patients said food was excellent or good. Only 2% found food service assistants not helpful or friendly. The Senior Dietician reports to the PEWG and advises governors of new initiatives: hot breakfasts (porridge, scrambled eggs, baked beans) are being rolled out across the Trust, the red tray/red dot programme is being extended to other wards, particularly orthopaedics, oncology, rheumatology, and a 24-hour snack box service is now available to all inpatients.

This year, the new meal service with a 3-week rolling programme of menus, has been extended to all wards. Patients no longer have to order one day in advance. They choose from the menu immediately before the meal. We have observed protective mealtimes and meal service as part of Toolkit and PEAT Inspections, sampled the lunch and talked to some of the patients after they have eaten their meal. There has been some problem with waste as patients no longer pre-order, but this is being addressed by bringing together control of ordering and budgets.

Governors are satisfied that menus are available for all needs. For example, world dishes, a puree / soft food menu, gluten free meals, Halal and Kosher, special meals for renal patients and the children in the Evelina hospital. However, there is some concern that the nurses / food service attendants do not always explain that patients can ask for something different, if they are not enjoying what is available. The catering department is now working on menus that are more diverse for the ethnic community and more snacks for vulnerable patients. The Trust is currently reducing the number of agency food service staff and employing permanent staff for this function.

We are satisfied that in-patients are weighed on admittance and monitored for malnutrition and in addition, there is a weekly screening programme for nutrition. This year we held a Nutrition Seminar for members of the Foundation Trust. It was chaired by the Senior Dietician with speakers from the catering department and specialists for obesity. This was followed by a lively question and answer session and food tasting.

Governors have eaten in both Shepherd's Hall and Toms2 at St Thomas' where patients, relatives and carers can purchase snacks of full meals between 7.30am and midnight. Governors have visited the Great Maze Restaurant on the Guy's site - open to patients, relatives and carers until 7.30pm. Staff can choose to eat in any of these venues at subsidised (Sic) prices.

#### Group Three - Commentary upon standard C17

Governors are of the view that they should be invited to be stakeholders as part of the duty to involve.

We are of the view that the Trust would benefit from focusing on the process of seeking and gathering patients' views and how we can raise the bar and standardise procedures and protocols where appropriate across all services. Perhaps in the future, targets and objectives might be set for managers, relating to seeking patient views, forming part of the appraisal/ reward process.

Governors believe it is important to ensure it is easy for, and patients feel, able to raise concerns. In order to do this, although challenging, the key to this, is ensuring that staff have the right skills to facilitate this. The idea of 'mentoring' staff to assist them to develop these 'soft' skills might be a way forward as would be the idea that staff (as Trust Members) are in an ideal situation to assist in the Duty to Involve (a requirement arising from section 242 NHS Act 2006).

It was noted, that on Standard Audit Toolkit visits, Governors had observed that one receives a different response to questions, depending on where in the treatment / care pathway patients are i.e. before or after receiving results or treatment / having had a consultation, in terms of their readiness to discuss issues. The implication being that if you are waiting for treatment/news/results you are likely to be very focused on those immediate concerns and less ready / willing to discuss other matters such as cleaning, food, wayfinding etc.

Governors queried whether in future, it would be possible to take a joint approach across Kings Health Partners (AHSC partners1 ), to reviewing / assessing ourselves against the various standards.

It is acknowledged that it is still challenging to demonstrate that the trust has closed the loop and taken action arising from seeking views and feedback.

In addition to the above, Governors wished to note suggested amendments and helpful additions to aspects of the evidence storyboard for Core Standard 17:-

- o Governors wished to amend wording to page 9, first bullet a request to change the wording of the MeDIC WG remit to read 'membership development, the involvement of members and communications between members and the Trust.'
- o Bullet point 16a page 9, to note that work has been undertaken in relation to how representative the membership is in relation to the population served. In addition, to note that work has started in relation to increasing awareness of the potential role of staff members seeking patient involvement and feedback.
- o Page 10 second bullet refers to Members Council not Council of Governors, as named in September 2008.

(1 Kings Health Partners comprises, Guy's and St Thomas' NHS Foundation, Kings College Hospital NHS Foundation Trust, South London and the Maudsley NHS Foundation Trust, and Kings College, London)

#### Group Four - Commentary upon standard C21

In considering this particular core standard, Governors raised the following queries and / or suggestions

Temporary operating theatres are to be installed in the Trust in Lambeth Wing (St Thomas Hospital - will access of patients on beds or trolleys to new the temporary operating theatres be through public areas?

Hand gel dispensers are in place across the Trust, but a few have had to be removed due to contents / dispensers being purloined by patients. It was suggested that locked dispenser bottles might be helpful. Alternatively, is the foam a helpful alternative to alcohol gel. Is it more effective?

The bottles are often found to be empty. Governors queried whether an alternative design / bottle were available that shows when it is empty, such as having colouring in the gel to show when it is running out? Who is responsible in each area to make sure the bottles are always full? Should it be the ward clerk? We believe that the use of this gel is the best way to reduce infections, and not general cleaning. Hence the importance of the above.

Staff are issued with personal gel bottles and it is noted that they are probably effective, but unsightly to wear them attached to uniforms.

On the matter of Cleaning / cleanliness, one governor (in the group reviewing this standard) participated in the recent PEAT Inspection to Guy's. The same Governors received comments from a Governor who inspected the St Thomas' site. Both Governors were impressed by the general high standards of cleanliness, except for wheelchairs. The porters might have been given cleaning equipment to be able to address wheelchair cleanliness themselves.

Food was inspected in one ward on each site during the PEAT inspection. It was tasty, of good quality and hot (with facilities to test the temperature of food). The arrangements for the nurses to serve the food were also exemplary.

The hospital windows are not clean and frequency of cleaning of windows was queried.

Public lavatories could still be improved. Suggest that a more modern design and fittings would help this.

It was noted that floors are generally well cleaned throughout. Outside areas are generally clean, except for St Thomas' car park, which is unkempt, and the smoking shelters.

Maintenance generally good, again except that of the St Thomas' car park, which is degraded. There is now no separate car park for staff, and so it can be difficult in the middle of the day to find space. A weekend shuttle bus service may be helpful.

Lifts break down from time-to-time with considerable inconvenience for everyone, plus a loss of efficiency. It was noted that upgrades to lifts are underway in some places, but maintenance might be improved to ensure efficient, operational lifts.

It was noted that signage around the hospital has been improved.

In respect to the portering of FFP and platelets from Haematology, Haematology staff can be slow to respond to the telephone in the department. Porters require the assistance of Haematology staff to gain access to FFP and platelets for porters. Access to blood is fine, as it is in an accessible fridge.

#### Conclusion

The Patient Experience Working Group (on behalf of the Governor' Council) is in support of the Trust's declaration of compliance.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list