

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

RJ7

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:

St George's Healthcare NHS Trust

Chief Executive's First Name:

David

Chief Executive's Surname:

Astley

Chief Executive's Email:

david.astley@stgeorges.nhs.uk

Organisation Code:

RJ7

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 statement of compliance**

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

As Chief Executive of the Trust I am satisfied that, other than for the exception recorded here, the Trust Board has sufficient assurance that there have been no other significant lapses in meeting compliance with the Core Standards during the period 01 April 2008 and 31st March 2009. Results of internal and external quality assurance assessments have been taken into account when making our assessment of compliance with the Core Standards applicable to Acute Trusts in 2008/09. The Trust achieved NHSLA Risk Management Standards Level 2 in December 2007. Compliance with the Core Standards assessments applicable to Acute Trusts were included as part of the Trusts Corporate Objectives in 2008/09 and are reflected within the Trust's Corporate Objectives 09/10. For 2008/9, the Trust is declaring non-compliance with standard C12. Two standards were deemed non-compliant for 2007/08 (C12 and C20a). Standard C20a was declared compliant from 31st March 2008 and have been compliant for the full year. Although Standard C12 was initially considered compliant, an MHRA inspection visit took place in March 2009, the final report from which has not yet been received by the Trust. However, although verbal feedback was supportive, the MHRA have suggested that the effects of the actions put into place following their last critical report in 07/08 are still not fully embedded in practice in relation to research governance. Therefore the Trust Board have taken the decision to declare this standard Not Met for the full year 08/09.

Standards C8b and C11b were declared non-compliant on 31st March 2008.

C8b- During 2008, the Trust put in place dedicated resources with the aim of meeting the standard in 2008/09. The key assurance for the Board was to demonstrate that sufficient staff had received an appraisal during the year. By the end of the financial year, the Trust has evidence that 65% of staff have been appraised. The 2008 staff survey outcomes additionally showed that our appraisal rates had increased and placed the Trust above average for NHS acute trusts across KF11, KF13, KF14 and KF15. The Trust Board was satisfied that this level of appraisal provided reasonable assurance that the standard had been met, with no significant lapse during 08/09.

C11b- During 2008, the Trust put in place dedicated resources with the aim of meeting the standard in 2008/09. Although mandatory training was being delivered, the evidence had not been collated in previous years as it was maintained on a variety of systems. During 08/09, the Trust have streamlined the method of delivering mandatory training, and have collated training records from a variety of sources to demonstrate the level of training that has been undertaken in the Trust since April 2008. This work has only recently completed, and therefore the standard was not declared compliant in the early part of the year. However, having heard the evidence, the Board now takes the view that there has been no significant lapse in the provision of mandatory training, and are satisfied to declare the standard met for the entire year.

The Board members were satisfied that there had been no significant lapse in either standard during 2008/9 and the decision was taken to declare compliance in both standards. This decision was presented to external stakeholders who were in agreement.

In respect of the comments from Wandsworth LINK regarding core standard C13a - this is further defined to include that the healthcare organisation ensures that staff treat patients / service users, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, identify, and take preventive and corrective actions where there are issues and risks with dignity and respect.

The standard also includes that the healthcare organisation will meet the needs and rights of different patient groups with regard to dignity including by acting in accordance with the Human Rights Act 1998 and the general and specific duties imposed on public bodies in relation to race, disability and gender (including, among other things, equality schemes for race, disability and gender.

This is a wide reaching standard and requires the Trust to assess many aspects of the way in which it treats patients. Whilst this will include the patient transport service this service is one of many items which we assess as part of the overall declaration.

We believe that the standard of performance of the transport service is generally good but agree that there is scope for improvement. The statement from Wandsworth LINK recognises that improvements have been achieved. The Trust assess that an improvement of some 15% in the waiting times for patients to be taken home has occurred since November 2008.

The Transport Lounge has been re-located from the temporary location in Atkinson Morley Wing to the newly refurbished area in the Grosvenor Wing main entrance and we are confident that this will assist us in making further improvements.

David Astley  
Chief Executive

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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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\* C2: Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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\* C3: Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

**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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* C5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* C5d: Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

### 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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.

**not met**

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

30-09-2009

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

An MHRA inspection visit took place in March 2009, the final report from which has not yet been received by the Trust. However, although verbal feedback was supportive, the MHRA have suggested that the effects of the actions put into place following their last critical report in 07/08 are still not fully embedded in practice in relation to research governance. Therefore the Trust Board have taken the decision to declare this standard Not Met for the full year 08/09.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Once the full report is received this will be analysed and an action plan will immediately be developed and implemented, with a view to achieving full compliance by the end of September 09.

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

The action plan developed following the MHRA inspection in autumn 2007 was fully implemented by 31 March 2008. In March 2009 a repeat MHRA inspection visit took place and although verbal feedback from them was supportive, the MHRA have suggested that the effects of the actions put into place following their last critical report in 07/08 are still not fully embedded in practice across the organisation in relation to research governance. The Trust have only just become aware of the MHRA's latest concerns and are still awaiting their final report. Therefore the Trust Board have taken the decision to declare this standard Not Met for the full year 08/09. Once the final report is received this will be analysed and an action plan developed and implemented, with a view to achieving full compliance by the end of September 09.

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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

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

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

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\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

\* C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

## 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.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

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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.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2007/08. There is no word limit on this answer.

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.

**O compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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

**O compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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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

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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* C20b: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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:

Start date of non-compliance or insufficient assurance

C22a 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.

- compliant
- not met
- insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

\* 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

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2007/08 declaration form that your action plan was due to be completed by 31 March 2008. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2008/09. There is no word limit on this answer.

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	Mrs	Naaz Coker	Chair of Trust Board
2	Mr	David Astley	Chief Executive
3	Mr	Mike Bailey	Deputy Chief Executive & Medical Director
4	Dr	Ros Given-Wilson	Medical Director
5	Mr	Richard Eley	Director of Finance
6	Mr	Patrick Mitchell	Chief Operating Officer -secondment started on 1 October 2008
7	Mr	Neal Deans	Director of Estates & Facilities
8	Mrs	Helen Gordon	Director of Human Resources & Organisational Development
9	Dr	Geraldine Walters	Director of Nursing, Patient Involvement Infection, Prevention & control
10	Professor	Sean Hilton	Non-Executive Director
11	Mr	Paul Murphy	Non-Executive Director
12	Dr	Graham Hibbert	Non-Executive Director
13	Ms	Emma Gilthorpe	Non-Executive Director -contract effective from 1 August 2008
14	Mr	Michael Rappolt	Non-Executive Director
15	Professor	Stephen Nussey	Interim Medical Director - from January 2008 to 31 January 2009
16	Dr	Trudi Kemp	Acting Director of Strategic Development - contract effective from January 2008
17	Mr	Jean-Pierre Moser	Director of Communications- contract effective from 22 September 2008
18	Mr	Alan Thorne	Director of Transformation - contract effective from 1 June 2008
19	Ms	Valerie Moore	Non- Executive Director- contract ended 31 July 2008
20	Mr	Chris Streater	Medical Director until mid November 2008
21	Ms	Marie Grant	Director of Operations until September 2008
22			
23			
24			
25			
26			
27			
28			
29			
30			

**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

 1

\* Local involvement networks

 1

\* Local child safeguarding boards

 1

\* Learning Disability Partnership boards

 0

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

\* 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**

Please enter the comments from the specified third parties below.

**Strategic Health Authority Comments**

No comments from Strategic Health Authorities were provided

Please select the name of the first strategic health authority that has provided the commentary

London Strategic Health Authority

Strategic health authority comments. There is no word limit on this answer.

NHS London has stated that there are no comments to be submitted.

Please select the name of the second strategic health authority that has provided the commentary

- East Midlands Strategic Health Authority
- East Of England Strategic Health Authority
- London Strategic Health Authority
- North East Strategic Health Authority
- North West Strategic Health Authority
- South Central Strategic Health Authority
- South East Coast Strategic Health Authority
- South West Strategic Health Authority
- West Midlands Strategic Health Authority
- Yorkshire and The Humber Strategic Health Authority

Strategic health authority comments. There is no word limit on this answer.

Please select the name of the third strategic health authority that has provided the commentary

- East Midlands Strategic Health Authority
- East Of England Strategic Health Authority
- London Strategic Health Authority
- North East Strategic Health Authority
- North West Strategic Health Authority
- South Central Strategic Health Authority
- South East Coast Strategic Health Authority
- South West Strategic Health Authority
- West Midlands Strategic Health Authority
- Yorkshire and The Humber Strategic Health Authority

Strategic health authority comments. There is no word limit on this answer.

Please select the name of the fourth strategic health authority that has provided the commentary

- East Midlands Strategic Health Authority
- East Of England Strategic Health Authority
- London Strategic Health Authority
- North East Strategic Health Authority
- North West Strategic Health Authority
- South Central Strategic Health Authority
- South East Coast Strategic Health Authority
- South West Strategic Health Authority
- West Midlands Strategic Health Authority
- Yorkshire and The Humber Strategic Health Authority

Strategic health authority comments. There is no word limit on this answer.

- East Midlands Strategic Health Authority
- East Of England Strategic Health Authority
- London Strategic Health Authority
- North East Strategic Health Authority
- North West Strategic Health Authority
- South Central Strategic Health Authority
- South East Coast Strategic Health Authority
- South West Strategic Health Authority
- West Midlands Strategic Health Authority
- Yorkshire and The Humber Strategic Health Authority

Strategic health authority comments. There is no word limit on this answer.

Please select the name of the fifteenth strategic health authority that has provided the commentary

- East Midlands Strategic Health Authority
- East Of England Strategic Health Authority
- London Strategic Health Authority
- North East Strategic Health Authority
- North West Strategic Health Authority
- South Central Strategic Health Authority
- South East Coast Strategic Health Authority
- South West Strategic Health Authority
- West Midlands Strategic Health Authority
- Yorkshire and The Humber Strategic Health Authority

Strategic health authority comments. There is no word limit on this answer.

### Local Involvement Network comments

No comments from Local Involvement Networks were provided

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

Wandsworth LINK

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

We concur with the Trusts submission apart from the following:  
Domain C13a of the Healthcare Commission's Annual Health check states "Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

In the last figures available and provided by the Trust's Transport Department, waiting times to be taken home for those patients requiring Non Emergency Patient Transport, were as follows: November 2008 almost 50% of patients waited more than an hour to be transported home; 25% of patients waited for more than 90 minutes December 2008; 47% of patients waited more than an hour; 22% waited for more than 90 minutes January 2009; 34% waited for more than an hour and 13% waited for more than 90 minutes.

There has been an improvement as the figures show but the service is still far from satisfactory. Patients requiring Non Emergency Patient Transport are the most vulnerable of groups. They are disproportionately elderly, disable, poor, those living alone, and without a network of friends or relatives to help them. Having to wait for an excessive amount of time in a Transport Waiting Lounge is an affront to a patient's dignity. There is also a lack of blankets given to patients awaiting NEP Transport. The above should be born in mind when the Trust states that it is compliant with Domain 13a.

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

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

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

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

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

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

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

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

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

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

### Local child safeguarding boards comments

No comments from Local Child Safeguarding Boards were provided

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

Wandsworth's Local Safeguarding Children Board

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

I feel St George's has contributed and play a role in the duties of the LSCB and safeguarding children in Wandsworth:

1)There is a Designated Doctor for Child Death (DDCD), who plays a crucial role in the Child Death Overview Panel (CDOP) and coordinates all Rapid Response Arrangements (RRA) in situations where children die unexpectedly.

2)The Single Point of Contact (SPOC) for the CDOP is also based within St George's and supports DDCD in RRA.

3)The Named Nurse chairs the CDOP for Wandsworth.

4)There are representatives from St George's NHS Trust on 4 of the multi-agency sub-groups and 3 of the working groups (the WSCB has 9 multi-agency sub-groups and 4 working groups).

We have undertaken Internal Management Reviews locally, which St George's have contributed to and lessons to learning have been identified from these reports, which all agencies are to disseminate to their staff.

In relation to the information provided by St George's which I can comment on, I would agree with the assessment as 'compliant'for this standard.

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

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

## 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

Merton Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

I confirm that Merton scrutiny will not be formally submitting any text for inclusion in the St George's AHC declaration on this occasion.

Name of overview and scrutiny committee 2

Wandsworth Health Overview and Scrutiny Committee

Comments. There is no word limit on this answer.

The financial challenges faced by the St George's Healthcare NHS Trust remain a concern. It has an accumulated deficit of 24 million pounds. Whilst the Trust is committed to seeking Foundation Trust status, it will not be able to do so until it has achieved financial balance. The proposed plan from London PCTs to wipe out the NHS London Trust deficits may well remove this obstacle. In relation to its service performance, The Trust activity levels show that it is treating more patients than ever and continues to achieve the majority of key targets. However, the Trust is has struggled against a small number of key performance indicators such as A&E waiting times and cancelled admissions. The Trust has made significant progress with regards to infection control resulting in a reduction in reported levels of MRSA and C-Difficile infections. A theft of six laptops from St. George's in June 2008 resulted in the loss of 21,880 patient records. However, a thorough investigation has been undertaken which showed that a number of consecutive errors led to this incident. A comprehensive action plan has been proposed and is currently being implemented. One issue of contention between the Health Overview and Scrutiny Committee and the Trust during the past year has been over the use of the Bolingbroke Hospital site. All remaining services have been removed, despite strong opposition from the local community. St. George's has now declared the site surplus and the PCT have made a commitment to declare an interest in the site. Looking to the future, St George's has submitted its Strategic Outline Case to the OSC for comment, although the Trust is of the view that formal consultation is unnecessary, as the Strategic Outline Case does not propose service changes. Whilst the proposals to commence the much needed improvements at St. George's the OSC is concerned the timetable is too long and recommends that the redevelopment is advanced.

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

The Health OSC undertook a scrutiny into the security of patient records at St. George's following the theft of six laptops containing 21,880 patient details. The Serious Untoward Incident action plan follow up suggested that lesson had been learnt and that remedial action was being taken to ensure that such an incident was unlikely to occur again.

Supporting evidence:

Health OSC - Paper No. 09-189- Security of Patient Records

C1b. Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

Compliant

C2. Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

Compliant

C3. Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.

Compliant

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

Compliant

The Health OSC regularly monitors the reported infection rates at St. George's as part of its performance reports. The Trust has made excellent progress in reducing the number of MRSA and C-Difficile infections. MRSA rates have fallen by over fifty percent on the previous year and the C-Difficile reduction target will be exceeded. The Health Protection Agency comparative figures suggest that the rate of reduction is among the best in London Teaching Hospitals.

Supporting evidence:

Health OSC-Paper No. 09-184-Performance (Performance report submitted to alternate OSC meetings)

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

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

The Health OSC undertook a scrutiny into delayed transfers of care (across all sectors). Among other findings, the report highlighted good co-operation around discharge planning, case review and the joint management of using reimbursement payments using Section 31 Health Act flexibilities. Reimbursement is reinvested in capacity building projects at St. George's.

Supporting evidence:  
Health OSC- Paper No. 08-845- Delayed Transfers of Care

C7a. Healthcare organisations apply the principles of sound clinical and corporate governance  
Compliant

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

C7c. Healthcare organisations undertake systematic risk assessment and risk management (including compliance with the controls assurance standards).  
Compliant

The Health OSC undertook a scrutiny into the security of patient records at St. George's following the theft of six laptops containing 21,880 patient details. The Serious Untoward Incident report suggested that there were lapses and called for risk assessments of the office space, the swipe card system and secure storage product used.

Supporting evidence:  
Health OSC- Paper No. 09-189- Security of Patient Records

C7d. Healthcare organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.  
Assessed on performance measures - not part of self-assessment.

The Health OSC has been closely monitoring the financial position of the Trust for a number of years and has continued to do so in 2008/09 through its regular performance reports as well as occasional finance reports. Despite making significant savings, the Trust continues to face financial difficulties. Having achieved 19 million pound savings on 2007/8 (short of target) the Trust is again attempting to save a further 21.5 million pounds in 2008/09. The Trust also has an underlying deficit as an outstanding loan of 24 million pounds.

The Health OSC Chairman expressed his concern that the proposal from London PCTs to effectively pay off the St George's deficit was being made without sufficient safeguards to ensure that the Trust would not get into recurring deficit again, and that the funds would be better spent by the PCT in achieving its health improvement goals.

Supporting evidence:  
Health OSC- Paper No. 08-437- SGH Financial Recovery  
Health OSC- Paper No. 09-70- NHS London Deficit Management  
Health OSC- Paper No. 09-184- Performance  
(Performance report submitted to alternate OSC meetings)

C7e. Healthcare organisations challenge discrimination, promote equality and respect human rights.  
Compliant

C7f. Healthcare organisations meet the existing performance requirements.  
Assessed through performance data, not self-assessment.

The Health OSC regularly monitors key indicators as part of its regular performance reports. The OSC is particularly concerned about the poor performance against A&E access targets, cancelled admissions and dealing with complaints.

Supporting evidence:  
Health OSC- Paper No. 09-184- Performance  
(Performance report submitted to alternate OSC meetings)

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

The Health OSC has not undertaken any scrutiny on this item and therefore cannot comment further. However, it is good to see that progress has been made against this target.

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

The Health OSC undertook a scrutiny into the security of patient records at St. George's following the theft of six laptops containing 21,880 patient details. The Serious Untoward Incident report suggested that the patient data should have not been stored on the laptops. This turned the incident from a simple theft into a breach of patient confidentiality.

Supporting evidence:

Health OSC- Paper No. 09-189- Security of Patient Records

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

The Health OSC undertook a scrutiny into the security of patient records at St. George's following the theft of six laptops containing 21,880 patient details. The Serious Untoward Incident action plan stated that dates for security lectures and Information Governance to be issued, and training on data security/information governance enforced. This recommendation suggests that there had previously been a lapse in such training.

Supporting evidence:

Health OSC- Paper No. 09-189- Security of Patient Records

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

The Health OSC has not undertaken any scrutiny on this item and therefore cannot comment further. However, it is good to see that progress has been made against this target.

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

The Health OSC undertook a scrutiny into the security of patient records at St. George's following the theft of six laptops containing 21,880 patient details. The Serious Untoward Incident report suggested that the patient data should have not been stored on the laptops. This turned the incident from a simple theft into a breach of patient confidentiality.

Supporting evidence:

Health OSC- Paper No. 09-189- Security of Patient Records

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

The Health OSC undertook a scrutiny into the performance of local NHS Trusts in relation to their handling of complaints. The second highest subject for formal complaint was 'communication'. The Chief Executive did admit that the introduction of call centre technology had not been as successful as hoped and had caused dissatisfaction with patients attempting to call the hospital, particularly those calls relating to appointment bookings.

Supporting evidence:

Health OSC- Paper No. 09-190- NHS Complaints

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

The Health OSC undertook a scrutiny into the performance of local NHS Trusts in relation to their handling of complaints. Whilst performance was below the national target, with only 64% of complaints currently being responded to within 25 days, there was no evidence to suggest that the Trust does not act appropriately or make service improvements as a result of them.

## Supporting evidence:

Health OSC- Paper No. 09-184- Performance  
(Performance report submitted to alternate OSC meetings)  
Health OSC- Paper No. 09-190- NHS Complaints

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

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

The Trust has given a commitment that, if permanent withdrawal of the services were agreed, it would follow 'due process' in seeking alternative health service uses for the site before disposing of it. The Trust has now declared the site surplus. However, there is nevertheless a legacy of dissatisfaction within the local community that previous promises in relation to the Bolingbroke were not adhered to.

The Trust invited the Health OSC to comment on the strategic outline case for redevelopment of the St George's estate. The OSC has been supportive of the piloting of a scheme under which St George's was designated the 'hub' for acute stroke treatment for South West London, and patients from across the whole sector were brought directly to St George's when suffering a stroke outside normal working hours. The Trust has also been developing relationships with the Wandsworth LINK in order to establish ways of including them in service development.

## Supporting evidence:

Health OSC- Paper No. 08-309- Battersea & North Wandsworth  
Health OSC- Paper No. 08-433- National Blood Service-Tooting  
Health OSC- Paper No. 08-436- SGH- Strategic Outline Case  
Health OSC- Paper No. 08-844- Stroke & Trauma Services  
Health OSC- Paper No. 08-846- LINK Update

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

C19. Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.  
Assessed through waiting time performance data, not self-assessment.  
The Health OSC regularly monitors key indicators as part of its regular performance reports. The OSC is particularly concerned that the Trust is struggling against A&E access targets, the percentage of cancellations, and the low uptake of Choose and Book. The Trust is however, exceeding its 18-week access targets.

## Supporting evidence:

Health OSC- Paper No. 09-184- Performance  
(Performance report submitted to alternate OSC meetings)

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

One of the stated reasons for closing the Bolingbroke Hospital was that it was no longer a suitable environment. The OSC maintains that the site could be improved and redeveloped and is awaiting plans for its long-term use.

The OSC recognises that much of the fabric of St George's Hospital is unsatisfactory but is disappointed that under the SOC timetable the building will not commence until 2012 and the redevelopment programme will not be completed until 2017.

## Supporting evidence:

Health OSC- Paper No. 08-436- SGH- Strategic Outline Case  
Health OSC- Paper No. 08-309- Battersea & North Wandsworth

C20b. Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.  
Compliant

Evidence suggests that mixed sex ward performance is improving and the OSC recognises that the targets are challenging due to the outdated estate design. However, the Health OSC remains concerned about the level of mixed-sex wards at St. George's.

The Health OSC scrutiny into the theft of six laptops containing 21,880 patient details revealed that the office was not as secure as it should have been and included a recommendation to review the swipe card system.

## Supporting evidence:

Health OSC- Paper No. 09-184- Performance  
(Performance report submitted to alternate OSC meetings)  
Health OSC- Paper No. 09-189- Security of Patient Records

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

The Trust has made excellent progress in reducing the number of MRSA and C-Difficile infections and the OSC recognises that these reductions have not been easily achieved in a busy teaching hospital with an outdated estate.

Supporting evidence:  
Health OSC- Paper No. 08-436- SGH- Strategic Outline Case  
Health OSC- Paper No. 09-184- Performance  
(Performance report submitted to alternate OSC meetings)

C22a. Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations.  
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

Was previously not applicable.

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

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

Name of overview and scrutiny committee 3

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 4

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 5

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 6

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 7

Comments. There is no word limit on this answer.

Name of overview and scrutiny committee 8

Comments. There is no word limit on this answer.