

Webforms Output: Core standards declaration 2008/2009  
May 2009

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FRM-BE, FRR-2D4B:RPY

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

RPY

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:

The Royal Marsden NHS Foundation Trust

Chief Executive's First Name:

Cally

Chief Executive's Surname:

Palmer

Chief Executive's Email:

cally.palmer@rmh.nhs.uk

Organisation Code:

RPY

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.

The Board of Directors of the Royal Marsden NHS Foundation Trust has reasonable assurance that there have been no significant lapses in meeting the core standards during the period of the 1st April 2008 to the 31st March 2009.

The Trust therefore at year end declares full compliance on all seven core domains of safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities, and public health.

The Trust acknowledges the careful and comprehensive consideration given to the Care Quality Commission Core Standards Declaration by: Sutton Overview and Scrutiny Committee, The Royal Marsden NHS Foundation Trust Membership Council (Board of Governors) and the Sutton Local Safeguarding Children Board.

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

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

compliant

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

compliant

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

compliant

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\* 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

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

compliant

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\* 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

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

compliant

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\* 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

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\* 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.

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.

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.

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

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\* 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

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

compliant

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\* 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

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\* 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

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\* 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

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\* 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	Ms.	Tessa Green CBE	Chairman
2	Ms.	Cally Palmer CBE	Chief Executive Officer
3	Mr.	Alan Goldsman	Director of Finance
4	Professor	Martin Gore	Medical Director
5	Ms.	Shelley Dolan	Chief Nurse
6	Mr.	David Probert	Chief Operating Officer
7	Mr.	Gregory Andrews	Non Executive Director
8	Mr.	Colin Clark	Non Executive Director
9	Professor	Peter Rigby	Non Executive Director/ Director of Institute for Cancer Research
10	Reverend Dame	Sarah Mullally	Non Executive Director
11	Sir	John Craven	Non Executive Director
12	Mr.	Richard Turnor	Non Executive Director
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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

 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 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

Kensington and Chelsea

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

#### STATEMENT ON BEHALF OF THE KENSINGTON & CHELSEA LINK

##### Annual Health Checks

We are not in a position to make a commentary for this year's Annual Health Check, as it is early days for the LINK and we recognise that we require more time to identify substantiated evidence for some of the issues the community members have raised.

However, we are advised that we may submit comments to the Care Quality Commission throughout the year and will be providing a third party comment next year.

Aisha Bryant  
Temporary LINK Co-ordinator  
Kensington and Chelsea LINK

### Local child safeguarding boards comments

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

Sutton

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

"The Royal Marsden NHS Foundation Trust (RMH) named professionals for child protection have continued to work collaboratively with Sutton and Merton PCT during 2008-09. RMH's Child Protection Policy: Child Protection Annual report 2008-09 and Safeguarding Children/Young People Strategy 2008 have been submitted and agreed by the named Child Protection Professional Forum.

Both the named nurse and named doctor are members of and regularly attend Sutton and Merton PCT named Child Protection Professional Forum. The named doctor is a member of the Sutton and Merton PCT working party for Child Death Overview and rapid response procedures, and the named nurse is a member of, and regularly attends, the Sutton LSCB.

LSCB Competency Framework for NHS Organisations and the HCC Child Health and Maternity Service Mapping Exercise 2008-9 have been completed and submitted to the relevant bodies, and both documents have again been shared with Sutton and Merton PCT. "

Dr. Ian Birnbaum Chairman Sutton Local Safeguarding Children Board

### Learning Disabilities Partnership Board comments

No comments from Learning Disability Partnership Boards were provided

### 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 1

## Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Health and Well Being Scrutiny Committee,  
London Borough of Sutton

Comments. There is no word limit on this answer.

Miss Cally Palmer  
Chief Executive  
Royal Marsden NHS Foundation Trust  
203 Fulham Road  
London  
SW3 6JJ

30 April 2009

Dear Miss Palmer

Many thanks for the opportunity to comment on Royal Marsden NHS Foundation Trust's draft declarations.

We have received the draft declarations. As you will understand there are some difficulties for overview and scrutiny committees in commenting on specialist hospitals and we are not in a position to verify or comment on all of the responses. That said, I do understand that you have undergone a rigorous process of quality assurance, with the evidence being gathered subject to internal challenge as well as the external processes in place to audit cancer treatment.

With regard to C4(a) - hospital acquired infections, we note your full compliance. Our Health & Well-Being Scrutiny Committee conducted an investigation of HIA at Epsom & St Helier and encouraged the sharing of good practice from the Royal Marsden (C6).

With regard to C17 - views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services, our newly established Sutton Local Involvement Network is in the process of establishing its programme of activities and we understand looks forward to working with the Royal Marsden in 2009/10.

With regard to Standard C24 - healthcare organisations protect the public by having a planned, prepared and wherever possible, practised response to emergency situation - we understand that work continues to learn from the experience of the major fire which took place in January 2008. Learning from the incident is clearly of paramount importance and we look forward to your sharing the results of this exercise with us.

We are currently working with the Royal Borough of Kensington and Chelsea to review the arrangements for the Joint Scrutiny Committee to ensure that scrutiny arrangements meet current legal requirements and are better framed to take forward future scrutiny work.

Yours sincerely

Cllr Stuart Gordon-Bullock  
Chair, Health & Well-Being Scrutiny Committee  
London Borough of Sutton

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 Royal Marsden NHS Foundation Trust  
Membership Council Commentary on Healthcare Commission Core  
Standards for 2008/9

#### Commentary

The Membership Council has considered the comments it wishes to make about the Trust and its services in 2008/9. It has also reviewed the Healthcare Commission (HCC) criteria for assessing core standards. It has set out in this document, specific comments based on its experiences and those of the Trust's membership.

The Membership Council has used the following evidence for its commentary:

- Membership Council meetings, papers and discussions
- Patient and Carer Advisory Group discussions and meetings
- Councillor involvement in a range of other Trust meetings and project groups
- Seminars, visits and presentations by Trust staff, members of other healthcare organisations and other direct contacts such as Members' Events
- Feedback from patients, carers and the public

#### Comment

HCC Core  
Standard  
Evidence

Safety - positive action on the implementation of notices regarding smoking on the Sutton site, in response to the requirement regarding no smoking on NHS property.

Safety & C20a

Raised at the Membership Council meeting and Patient & Carer Advisory Group (PCAG) and seen improvement from visit

Fire - enhancements to systems and processes regarding fire evacuation are being fine tuned.

C20a

Presentation to PCAG - paper 9 from Jan meeting.

Seen from visits

Control of infection - every ward, department and patient area has access to hand gel, hand dryers. Signage and notices have increased.

There are posters on how to get hold of ISS at any time.

Plugs removed.

C4a

Information around the hospital and seen from visits

There was a potential hazard at the front of RMH Chelsea, with uneven paving stones, leading to the risk of tripping. A temporary measure has been taken to address this but a permanent solution is needed. This will be put in place when the building works on site are completed

C20a

Raised at Membership Council. Full resolution still required.

Patients are more aware of the existence of Patient & Carer Advisory Group (PCAG) meetings. PALS also has an increased profile.

The PCAG Listening Post is positive and has given a higher profile to PCAG.

C14a

C17

Reports to PCAG

Each department & ward has completed a privacy and dignity benchmarking tool which asks staff information about their awareness of PALS & the services they offer to patients.

Awareness raised with all staff about PALS

C14a

C14c

C16

Catering - some comments were made by patients and through PCAG that the very sick and those who have difficulty eating were being given food and not monitored about whether or not they were eating it. A system is now in place with red napkins to denote these patients to address this.

C15a

C15b

Report to PCAG

Sutton catering facilities and dining area have been upgraded.

C15a

C21

Visits

PCAG is a key forum which enables the involvement of patients & carers in the design, planning, delivery & improvement of healthcare services.

Members of PCAG are involved with the following as examples:

- ? Development of the new Endoscopy Unit
- ? Letter of support regarding Pancreatic service
- ? Pelvic Radiation Disease Association meeting
- ? Spirituality in caring
- ? Arts Forum
- ? Friends of Chelsea & Sutton
- ? Equality & Diversity Committee
- ? Involvement in interviewing e.g. Appointment of MacMillan Nurse, Consultant in Cancer Associated Palliative Care
- ? Members of PCAG and patient councillors have also attended conferences on patient involvement

C17

PCAG minutes

Reports to Membership Council

Parking arrangements with Kensington & Chelsea Council are working fairly well as a result of direct involvement from Membership Council and PCAG.

C17

Healthcare Closer to Home - RMH chemo therapy unit now open at Kingston Hospital.

C18

Reports to Membership Council

The Membership Council plays a vital role in ensuring that patient, public and carer views are taken into account in the strategic development of the hospital.

Members' Event 'Getting to know you' before the AGM gave councillors the opportunity to hear from their constituents which was very positively received by councillors and members.

C17

C7a

Membership Council Meetings minutes and reports

Foundation News Nov 08 edition shows responses to feedback from members via councillors

New gowns are to be implemented which will further improve patient privacy and dignity.

C13a

Demonstration of new gowns to PCAG meeting

The analysis of view point comment cards goes to PCAG. This lists the comments made by patients and carers on issues such as transport and patient services and the actions being taken as a result.

PCAG also receives reports on the information gathered by listening posts which tends to echo view point comments.

C14c

Reports to PCAG

Waiting times are generally improving but there are still issues in Pharmacy waiting times for chemotherapy and other drugs. Actions taken include having dedicated pharmacists on units e.g. MDU

C14c

Reports to PCAG

Reports to Membership Council

Patient involvement in inspection tours of hospital cleanliness etc - openness and transparency for them to feed back.

C21

PCAG involvement

Positive results from the patient survey particular in relation to privacy and dignity.

C13a

C14a

Paper to Membership Council

There has been a reduction in the number of needle stick injuries.

The Integrated Governance Monitoring Report shows the number of incidents (e.g. needlestick injuries etc.) but doesn't show this as a % of total events to show the scale the number of adverse incidents in relation to the total events. It is recommended that this be done.

C1a

C7c

Integrated Governance Monitoring Report to Membership Council

The language line service is available to patients who speak different languages.

C18

Report to PCAG

There has been a general improvement in information about the hospital and services, with PCAG input to its development. Information is more

available to patients across the organisation.

C14a  
C16  
Reports to PCAG  
Visits to PALS  
Notices and displays

Patients through PCAG are very closely involved in contributing and design to patient information.

C17  
PCAG minutes

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