

'Being prepared, being available, being reliable'

Whittington Health Quality Survey 2012

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Whittington Health Quality Survey- Staff consultation

Introduction

Whittington Health brings together a range of services and professionals from both acute and community locations, to establish one of the first integrated care organisations in the UK. The purpose of Whittington Health is to improve the health of our local community through the delivery of high quality and innovative health care services, whilst maintaining financial sustainability to ensure our future position in the health care market. Providing appropriate care at the right time, across traditional health care boundaries will improve the experience of care for those who use our services. Whittington Health employs approximately 4,500 staff, all of whom are committed to the delivery of high quality patient care. This project forms part of the overall methodology for developing the Whittington Quality Strategy and the Whittington Quality Account for 2012. Its aim was to provide staff with an opportunity to share their vision of quality and to report their achievements and aspirations for the organisation for the coming years.

Defining a ‘vision of quality’ for Whittington Health, that is both owned and driven by the staff that work here is vital for our success and will assist us in achieving the broader objectives of the organisation. If a ‘ward to board’ quality culture is to be successfully embedded as a foundation for the delivering of these wider strategic goals, it is essential that those delivering the quality objectives have had the opportunity to contribute and be part of the development of the Whittington quality vision.

Methodology

A simple anonymised questionnaire was designed and distributed through an all staff email using survey monkey and a link was published in the Whittington bulletin for staff to access. The survey would have reached approximately 4,500 people using this method. The survey asked 9 simple questions relating to quality, involvement in quality initiatives, quality achievements and how we could improve as an organisation. The questionnaire can be viewed as appendix 1.

Analytical approach

A thematic analysis was undertaken using an open coding technique, to identify common themes in the data where this was possible. Themes were identified that reflected the meaning of quality for staff, their main achievements and involvement in innovation and transformation activities and areas of improvement were also reported. These results will be validated further through staff focus groups and triangulated with other data sources that provide evidence of performance and the quality of our services, such as complaints and compliments, serious incidence and patient feedback.

Results

Response rate

133 responses were received. This number represents approximately 3% of the workforce. The surveys were completed by a range of staff across the organisation. A complete list of responders (by department and service) can be viewed as appendix 2. Completed surveys were received from both acute and community services and across a broad range of professional groups.

What does Quality look like for Whittington Health?

The first question in the survey asked '*What does quality mean to you?*' 130 participants provided a response to this question. 3 responders provide no response. The main themes identified from responses encapsulated quality as health care activity that should be directed towards:

- Improving outcomes for patients and population health,
- safe, effective and based upon the best evidence
- Puts patients first and
- Exceeds expectation.

Improving outcomes for patients

A strong theme in the responses identified improving health outcomes and population health as a priority and focus for quality in healthcare. 11% of those who responded to this question provided answers that directly referred to improving patient outcomes as an important element of quality. Examples provided ranged from improving health outcomes for children in schools in Islington, to improving outcomes of surgery and anaesthetics in the acute care settings. Staff expressed the importance of delivering care in a timely caring manner and promoting services which are '*tailor made*' for both those with physical and mental healthcare requirements in a variety of settings.

Staff reported the importance of providing care that was '*family focused*' and reached those who could not access care easily. In order to achieve improved outcomes staff reported that a '*right first time approach* was adopted and that care was provided '*at the right time, using the appropriate test or procedure to achieve the best possible results*'. Strong emphasis was also placed on '*being available, being prepared and being reliable*' and that the individual was a strong focus for clinical care. Many respondents recognised that achieving good outcomes needed to be complimented by receiving '*positive patient feedback*' and a '*high level of patient satisfaction*'. One respondent nicely encapsulated clinical quality as the following:

Providing a service to patients which 1) is sensitive to their needs; 2) provides high quality clinical care, aiming for the best medical outcomes; 3) provides clear communication; 4) allows the patient to easily access help and advice when needed; 5) supports the patient to self manage their condition and health

Quality care as professional care

A number of staff reported professionalism as being central to high quality care. A professional service was reported as one that '*the patient is made to feel important and the healthcare team work together to deliver high quality care*'. Communication with each-other was a supporting theme to the high value placed upon professionalism as a component of clinical quality. Several respondents cited communication with patients and with others and working well as a team as important components to professional behaviour. Examples of other professional behaviours given included '*clear and accurate documentation* and '*being a good role model*'. High quality healthcare was also described as a continuous process rather than one that delivers a single intervention at one point in time. Important values in the concept of professionalism that were expressed by responders included '*being passionate*' and having '*true interest*' in their work as well as being compassionate and kind.

Exceeding expectation and being proud

Pursuing excellence, as a mark of quality was an extremely positive theme to emerge from the responses and this was expressed in all kinds of ways. Staff talked about '*exceeding expectation*', being '*world class*' and '*going the extra mile.*' Staff expressed motivation towards providing '*gold standard*' care and services and '*not feeling that there was anything more that could be done*'. Many responders expressed the importance of '*exceeding an adequate standard of care*' as signalling high quality care .

A supporting theme to exceeding expectation was the professional and personal pride staff expressed in their work. '*Providing a service that I can be proud of*' and '*looking after patients as I would like to be looked after*' provide some insight into the values that motivate and drive high quality service delivery for Whittington Health staff.

Patients first

Putting patients first, as an element of providing a high standard of care was identified as a strong component to quality services for staff. Responders talked about patients *'always coming first'* and *'providing a service that has the patients best interest at heart. 'Providing holistic patient care with a patient focus'* rather than *'just ticking boxes'* was also expressed.

Providing services that are tailored to the individual client was reflected in a number of the responses. Others talked about providing care that was *'family focused'* and *'one to one'* care, putting the patient at the centre of the healthcare experience.

Evidenced based care and Innovative care

Staff recognised that high quality care is and should be based upon the best available evidence and a number of those who responded reported that they aspire to achieving this goal. NICE guidance was quoted as an important source of evidence and best practice standards and a number of responders made a connection with evidence based care being central to efficiency in quality. Many staff provided responses that reflected the principles of quality care being *'safe, innovative and based upon the best evidence and providing safe, effective and efficient services, based upon the best evidence'*. Responders in Women's health reported the need to provide *'well evidenced based care that is safe and meets the needs of women and their families'* and another reported the value attached to providing *'quality care that is safe, effective, evidence based and innovative'*. Most people who reported evidence and innovation in their responses as being an important component to high quality care also noted safety and efficiency as part of the equation.

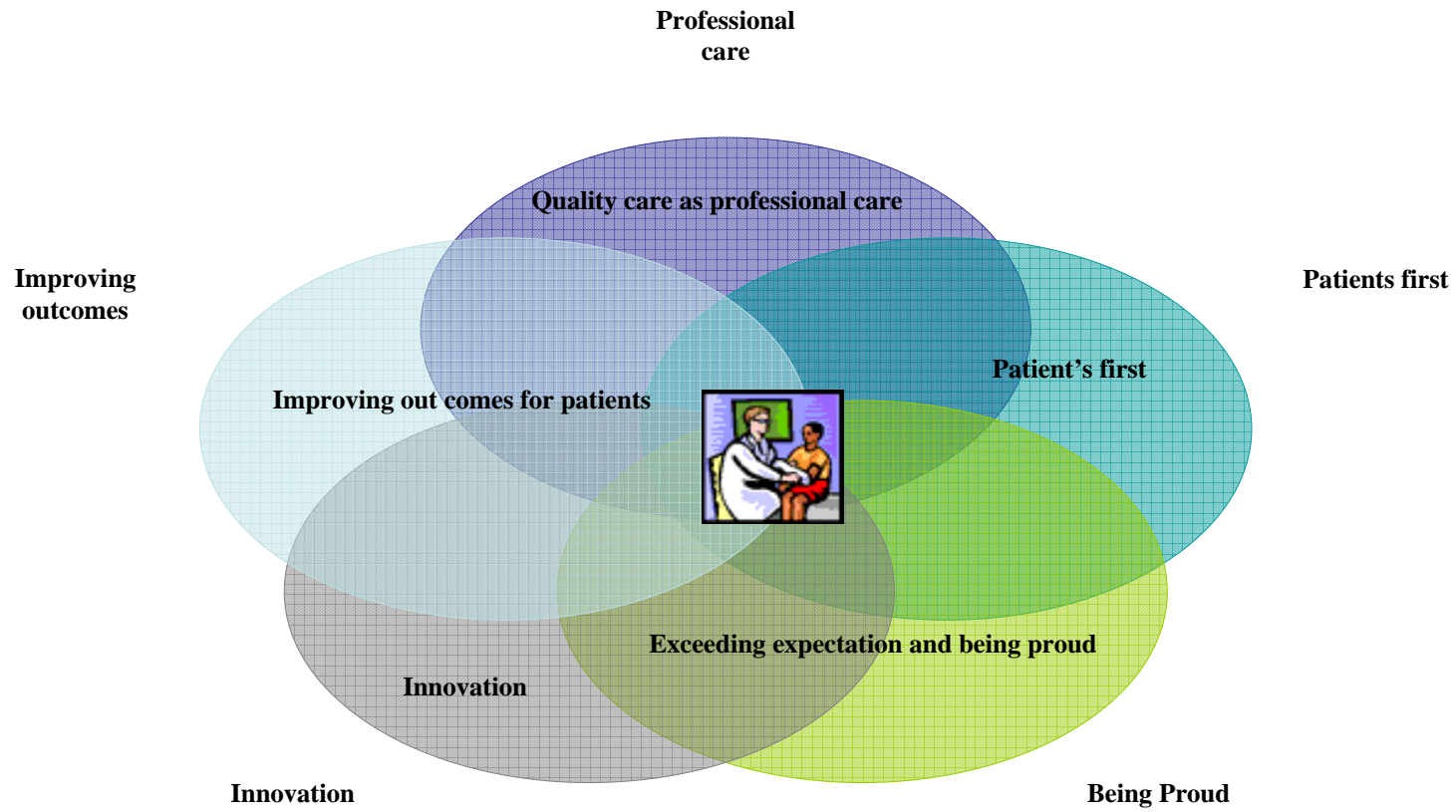
A model of Quality for Whittington Health

The responses provided by those who answered the first question of this survey can be brought together to provide a proposal for a model of quality for Whittington Health put forward by the staff who took part in this survey. Although the small response rate is a limitation in terms of the external validity these initial findings report and this model may not reflect the wider view of the 4,5000 staff that work for Whittington Health, it does provide a starting framework upon which we can build a robust model of quality for Whittington Health in the future. Those who took part have provided a valuable insight into the important motivating factors that drive staff to provide high quality care. These are and should be a part of professional life and underpin the desire for quality improvement and excellent patient care. The motivation to exceed expectation and achieve excellence, a strong inclination towards the individual patient and family and the value placed upon high standards of professionalism are all powerful enabling forces and will provide the required energy for the success of Whittington Health. Figure 1 provides a diagram of what the model might look like in the first instance and brings together the themes of professional care, patients first,

being proud, improving outcomes and innovation to reflect the necessary requirements for quality services.

Figure 1

Whittington Health Quality Model



Delivering improvement in challenging times

Question 2: What are you most proud of, in terms of quality improvements your service has been able to deliver, over the last year?

126 responses were received for this question. Not all responses to this part of the survey were positive but it is important to report the less positive views that were reported in order to accurately reflect the experience of staff .

Whittington Health has seen enormous change over the last year and this has provided new challenges and opportunities for service leaders in terms of quality improvement. Some responders reported that they did not agree that quality improvement had been the focus for them at all, amidst all these changes and many stated that maintaining their current level of service, responding to greater demand for some with less resources was an enormous achievement. One respondent said:

'I feel like improvement has not been the focus. It has been a case of maintaining quality, where possible, considering the level of cuts and staff shortage we are subjected to' and 'Keeping the service running with low staffing levels following cuts-increasing our productivity, despite cuts.' and another reported *' maintaining staff focus on frontline in the midst of restructures/change'.*

It is important to acknowledge that staff feel rightly proud of their achievements despite working in a challenging climate. Organisations that are restructuring require people to work differently and often with less resources than before. Although the comments provided here may first appear negative, they provide some insight into the difficulty and challenge felt by staff during these times of change and demonstrate the continued commitment and determination to make services work despite the pressures and changes in demand. One respondents reported:

I am proud of the ability to accommodate and deliver efficiently the changing needs of the services.'

Another noted:

'just being here for those who need us' and ' providing a great service and treating people with dignity and respect'

Of the more negative observations one respondent noted:

There has been one clinic closure which was done using a top down approach-I feel things have been taken away from us with the reshuffling and the closures. Cut backs in ...places. Nothing that makes me proud'.

There was generally a balance of good and bad feedback in relation to the changes, restructuring and a perceived lack of resources and a perception of being asked to do more with less. Despite some of the negative responses, significant achievements were reported across the organisation and improvements made to patient care and services. Some of these are listed below and shall be reported in our Quality Account

for 2011/12. Table 1 provides the quality improvement achievements for which staff reported being most proud.

Table 1: Quality Improvement achievement 2011-2012

Quality improvement achievement	Service
Increased consultant presence in ED	Emergency care
Improvement in outcomes for surgical patients and the enhanced recovery programme	Surgery
Opening urgent care centre Urology telephone clinics	Emergency care and GPs Out-patients
1-1 care in established for all women in labour	Maternity services
Reduction in pressure ulcers (state figures)	Organisation wide
School meal tendering process improving the quality of nutrition provided to schools in Islington	Public Health
Nurse led research into service for people with alcohol problems	Alcohol and addiction services
New antenatal clinic for Women of Stamford Hill for Orthodox Jewish Women in a local children's centre improving access to antenatal care and improved continuity in care	Maternity services
Improvements to immunisation uptake for children. Improvements in uptake achieved for quarter 1 and 6% increase in DTaP/IPV. All 12-13 year old girls attending School in Islington have received education in the importance of IPV vaccination. Uptake for this vaccine 94% for 1 st dose against a national target of 90%;2 nd dose 93% and 3 rd dose 88% making Islington the second leading PCT in London for HPV delivery	Public health
50% reduction in prevalence of healthcare associated infections rates from 11.9% in 2006 to 5.2% in 2011	Organisation wide
Co- creating health programme- won national quality in care award-helping patients self manage their condition	Diabetic services
New gynae scanning service for women in emergency walk-in centre	Women's health and Emergency care
Increasing support for breast feeding mothers	Maternity care

Consultant led-hot floor system and consultant weekend reporting in imaging	Imaging
24/7/365 interventional radiology to deal with life threatening haemorrhage obviating the need for open surgery	Imaging
Accreditation of Symons House with the Royal College of Psychiatrists QNIC assessment Cheverton Lodge-increased the number of patients returning home with support rather than being placed in residential or nursing care	Speech and Language Services
COPD mortality 3% at 90 days compared to 9.9% nationally (ERS 2012 audit) COPD discharge bundle introduced Oct 2011	Respiratory care
Development of Women's gynae assessment unit	Women's health
Improving pathway for fractured NOF	Organisation wide
Selected to be early implementation site for DH Health Visiting programme	Health Visiting
Supporting schools in developing health promotion activities to improve the health of children(i.e. Family kitchen, an after school cookery club in primary schools and children's centre	Public Health-School Nursing
Development of hospital based new born hearing screening programme for NCL	
Speech and Language therapy contribution to the Kid's Speech-TV programme	MP centre
Initiation of post surgery aquatic therapy for children attending Vale special school The Borthing centre (new service)	
Increased out-reach work by speech and language therapists through contribution to the Hello programme. Going out to schools to promote language and communication skills. New groups have been set up to support language skills of those with Asperges syndrome and learning disabilities.	SALT
Participation worker appointment. Simmons House accreditation to have attained QNIC-CQC	Simmons House
New nursing team who provide all the review health assessments for all Haringey children in care.	
Emergency dental services offer emergency dental treatment for everyone	Dental
Maintaining the Customer Service Excellence Award in cardiology	Cardiology
Hospital at home for children with acute conditions	
Our service won the Quality in Care award for supporting self management in those with diabetes	Diabetes
Reduced waiting times for 'staying steady' falls prevention programme	

Table 2: Additional Quality improvements

Quality improvement achievement	
VTE risk assessment rate consistently above 95%	VTE team
Appropriate prescribing to reduce VTE risk consistently above 95%	VTE team
All patients discharge summaries are now electronic	IM and T
Radiologist led breast clinics, CD imaging and pathology	Imaging
The deteriorating patient work has halved the rate of cardiac arrest out of ITU and improved the survival rate of those who do arrest	Critical care
Colo-rectal surgical pathway implementation	Surgery
Inter-operative radiology treatment for women with breast cancer (TARGIT)	Women's Health
Increased attendance at mandatory training for staff performing aseptic technique	Infection control
Sophie Jankel, SLT won a national award-social media campaigner (Royal College of Speech and Language Therapists)	SALT
90% achievement 12+6 targets from 50%.	Maternity
90% new mothers being able to provide skin to skin care	Maternity
40% midwifery staff trained in breast feeding	Maternity
Initiation of the Fluoride varnish scheme in Schools	Dentistry
Successful treatment of adult patients under sedation in the community	Dentistry
Early supported discharge for stroke and REACH	
Development of integrated respiratory care	Respiratory
COPD team won national award: IMPRESS	Respiratory
Introduction of COPD discharge bundle	Respiratory
Improvements to safer oxygen prescribing (now 77% prescribed) 100% patients with respiratory failure have a patient specific protocol so they receive only controlled oxygen during hospital transfer to LAS	Respiratory

Q. 5 name three things you would like to improve in relation to the quality of the service you provide?

What did staff think we could do better?

127 staff provided a response to this question. Staff reported very specifically in response to this question regarding their services and how they might improve. Resources featured heavily as a theme in the answers. People reported that they would like *'more time'* and *'more resources'*, *'staffing levels in proportion with caseload'* *'extra core staff, extra support'* as well as stating specific quality objectives within their services that they would wish to accomplish such as *'reducing waiting times for SLT patients in Islington'*. And *'fully implemented electronic prescribing'*. *'A better postal service with in house franking'*, *'streamlining care pathways'*, *'access to structured diabetes mellitus education'* and *'self management support for all patients'* were among other service specific aspirations.

Question 6: Name 3 things that would make the most difference to patient experience at Whittington Health?

Communication

122 responders provided answers to this question. Quality communication in healthcare organisations is vital for many reasons but particularly it supports our ability to provide safe and effective services and high quality interactions with those who use our services. Sharing the values and purpose of the organisation with staff is primary to engagement about what Whittington Health is all about. Communication with each other, up and down the organisation and with service users and patients are all important measures of quality 'behaviours' and potential drivers for improvement. When asked what three things would make the most difference to patient experience communication was the most prominent theme. 30 % of all who responded referred to improvements in communication as an element that would improve the patient experience. In terms of the philosophy of Whittington Health, one member reported that they wanted *'clarity of what Whittington health is'*, perhaps reflecting the requirement for a whole systems approach to communication across the ICO in order to unite staff in the primary objectives of the organisation.

Communication within the organisation and with each other

Other responses more directly related to communication between professionals and agencies providing care. One staff member responded that we should focus *'work on communication-including working with doctors and nurses on the way in which they communicate medical information. Providing on the job feedback about the way they communicated medical information'*. Whilst a number of others gave responses relating to how we communicate across services. Staff reported the need for

improvement in communication on an individual level (how we communicate with each other and patients) and also at a systems level (how different services communicate regarding the care of service users. In terms of individual communication, it was noted that the 'therapeutic relationship' had lost focus and that this needed to be prioritised in order to regain a person centred approach to care. One respondent noted *'human interaction and the relationships patients have with health professionals is extremely important to patient outcomes and satisfaction...as Whittington Health moves forward towards foundation trust status, there is an opportunity to embrace this part of the clinical interaction with patients'* This responder also noted the requirement for good relationships with other professional colleagues *'developing excellent relationships with all our local GP practices. Co-operation rather than competition with our GP colleagues'*

Staff also expressed a desire to *'continue to feel listened to and not feeling that everything is driven by finances'*.

It was noted that improvements in attitude from staff was necessary and some recognised this can be achieved with relatively simple changes in approach, such as *'all staff to greet relatives and patients with a smile'* and *'friendlier reception and front of house staff-good but can always be better'*.

Another noted that appearance and behaviour were essential too:

'Porters not swearing in front of patients and staff walking with actual pace. It just makes it look we actually care about doing a good job' I have been a patient here however, and did experience excellent care!

Communication with patients and ideas about using patient feedback

The following were examples given by staff about how we could improve communication and better use of feedback from service users.

'Communication with patients and service users, communication between agencies and staff who care for patients. Ask service users, patients and staff how things can be improved'

'Communication with patients that is clear and jargon free, regular and at the appropriate level of understanding'

'Making engagement easier and valued-kiosks in the right places/better signposting of services from GPs to community/links between hospital and its community partners clearer'

'comments box!'

'Communication with patients during their health journey so they are kept well informed. Improved communication between all services'

'Speaking to the patient at the bedside and not about them to other people in the team. Having a television at the bedside.'

'Everyone to realise that patients are people and not just a list of diagnosis'

'More care in what we do-being open to criticism'

In ED practical suggestions were offered to improve patient experience. These included *'having a warm reception, regular update board in ED on waits and a pager system so you can go get refreshments....initial assessment in ED by a GP or a consultant and not a triage nurse'*.

Environment

A number of responders reported that better signage was required as often people visiting the hospital for treatment or visiting frequently became lost and there were some areas that were difficult for people to find with the current signage

'Signage at the top of the escalator and generally bigger better signage around the hospital'

'Better sign posting, a ground floor phlebotomy room and larger phlebotomy waiting room'.

'Clearer signposting to all services across Whittington health not just the hospital'.

'Better sign posting around the building especially clarity for getting the ED once in the main hospital'.

In women's health the environment was highlighted as a particular problem. There is an obvious discrepancy in the standard of the décor of the labour wards and the birth centre. The mismatch in the quality of the environment will undoubtedly have an effect on the expectation of women who use these services and this was a concern for staff and one member in particular reported:

'I would like to see refurbishment of Cearn's, Cellier and Murray ward to match the standard on the birthing centre and have a second obstetric theatre'.

General standards of care to the environment were noted: *'Improve the hospital environment-the windows are so dirty it is embarrassing, even in the new glass atrium!'*

One staff member reported that improvements to the patient environment could be provided through creative means: *'Enhance the environment for patients; introducing arts into the patients' areas can be beneficial'* and another wished for *'Better smelling wards'*

Patient pathways

Many of the responses identified the need to improve patient pathways and saw the need and the opportunity to improve *'integration'*. *'Better linking between the acute and community services'* were seen as important and specific examples given:

'Streamline surgical patient pathway (referral to preadmission to surgery to post-op to reduce length of stay and outcome'

'More follow-up and integration of nurses and doctor care, reduction of waiting time for appointments and fewer changes to the appointment date'.

'Ensuring that seamless service delivered across whole ICO from acute to community input'.

Reducing waiting times

Reducing waiting times for patients and providing timely access to tests and procedures was another strong theme. Staff were keen to reduce waiting times for patients and improve access for patients into their services. Some of these responses are provided below:

'Reduce waiting times in outpatients'.

'More MDT clinics and shorter waiting times for appointments'

'More clinic availability in services with high volumes of referrals reducing the current waiting list'

'Increasing opening hours (pharmacy)'

'Reduce waiting times in ED!'

'not having a 4 month wait to be seen and not having to wait 4 weeks in between follow-up appointments'

'Ensuring that waiting times for patients appointments are reasonably not too long'
(sic)

Leaner working

A number of responders reported that time spent on paperwork and other administrative tasks were at the expense of spending time with patients, women and families in their care. Staff talked about how 'better' IT systems would allow a leaner approach to administrative planning such as diary management and scheduling:

'Common resource calendar across the ICO enabling appointment scheduling across the whole estate. Also allows arranging multiple appointments by convenience'

'Less time for midwives doing administrative tasks-more time to spend at the bedside-Whittington tongue tie service. Would ensure less delay for babies found to be tongue ties'

'Less paperwork-so more time to care'

'Taking a shorter time to implement changes'

'Less paperwork that would allow staff to spend more time with patients'

Resources

It is perhaps not surprising that resource issues were also heavily reflected in the answers provided here and the prevalent perception that increased resources are a necessary requirement in helping staff improve their services. More support from managers and more core staff and staffing in relation to caseload were mentioned. Improved communication also featured heavily with staff reporting that they would like to improve information available to patients and also feedback mechanisms from service users in order to enhance their ability to develop the services. Examples provided included *improving patient appointment letters, closer working with social services, improved process for GP referrals, improving patient pathways such as post natal care*. Looking after staff and providing staff incentives was also highlighted as important.

Q7: How would you like to be involved in improving the quality of patients' services?

110 responses were received for this question. Staff clearly want to be involved in quality improvement initiatives for their services and service users. The responses also demonstrate the value staff place upon consultation and inclusive working to drive improvements in care. Responders reported that *'Engagement between agencies'* and being *'invited to give opinions like I am being now'* were valuable. One member of staff reported *'I am interested in this quality drive and this questionnaire!'* Staff wish to be *'aware of new developments'* and be part of the change process and *'be involved in decision making'*.

One member says: *'I would like very much to be involved. Usually with changes we are informed instead of management having a discussion with us and taking our feedback on board .It has been a top down approach so far'*

The culture of the organisation and approach to change is keenly felt by staff. Those providing services need to feel empowered at all levels in the organisation in order that they feel able to influence and drive quality improvement. Participation in initiatives such as 'voice from the floor' provide staff with this opportunity but there needs to be more possibility for staff to engage across the ICO and they need to acquire the confidence that their opinion matters:

'Participation of a think tank made up of staff from junior to senior level to input and share ideas and find effective ways to implement them and ultimately save money. My team often have excellent ideas but where do we channel these ideas to?'

Other than setting up 'think tanks' focus groups can provide excellent opportunities to bounce ideas off one another and skilful facilitation can harness the energy and ideas expressed into real quality improvement initiatives. A number of staff reported that they would like to be part of a focus group. Another useful suggestion provided by one responder was to be part of a mystery shopping exercise:

*'More involvement in service redesign'
'To be part of Whittington health Quality Improvement Group'
'Mystery shopping!'*

Involvement in Innovation

42% of respondents reported being involved in innovation projects and quality improvement work. Staff reported guideline development, information leaflets, involvement in voice from the floor whilst others reported projects that were specifically set up to improve the quality of health care services and patient experience. Some of these projects are listed below:

Innovation and improvement work
Guideline development for childhood obesity and health promotion in schools
Reducing E-coli bloodstream infection prevalence project across the ICO
Joint feeding clinic. Project between dietetics
Raising awareness of immunisation importance with parents
Enhanced recovery for orthopaedics
DOH pilot site for Health Visiting programme
Development of Oral surgery service
Co-creating health
Fractured NOF Pathway-falls reduction policy
QUIPP- referral management for children therapy and medical services
Electronic discharge summaries
Burdett funded dementia pathway project
Voice from the Floor-Quality initiative
WEALTH project
Colorectal cancer care pathway
Increasing pharmacy support services: medicines information service for community

services
Pharmacy technician working as part of district nursing team
Communication training for midwives
Unicef baby friendly initiative
Development of children in care data matrix to identify children and young people at risk-to prevent crisis.
Vancomycin and gentamicin monitoring through software
Gentamicin time-strip project

Conclusions

This survey has provided Whittington Health staff with the first structured opportunity to share ideas about proposed quality improvement across the ICO and has provided some ideas about how further engagement can be achieved across the wider organisation . It is clear that those who took part are energised and keen to be part of the change process and have ideas about how improvements to quality can be achieved. As a result of this survey, further work will be planned to discuss some of the ideas expressed by staff and to further validate the findings. A number of specific projects will be established to support this.

Recommendations

- Focus groups developing Whittington Health model of quality and validating responses from this questionnaire
- Setting up mystery shopping programmes run by staff. This could be a rota of staff and specific areas can be selected to offer a peer review type approach to quality improvement.
- Quality Forums
- Innovation register will be developed in order to capture the range of work being undertaken and to allow sharing of good practice
- The results of this survey will support the development of the quality strategy for Whittington Health and the quality account

Appendix 1 Quality Survey Questionnaire

1. What does quality mean to you, in relation to the service that you provide?
2. In which service do you currently work?
3. Over the last year, what are you most proud of, in terms of quality improvements your service has been able to deliver?
4. Name 3 good things your service has achieved this year
5. name 3 things you would like to improve in relation to the quality of the service you provide
6. name 3 things that you think would make the most difference to patient experience at Whittington Health
7. How would you like to be involved in improving the quality of patient services?
8. Are you currently involved in any innovation or quality improvement projects?
9. If yes, then please tell us what they are

Appendix 2. Responders' locations

- 1 community dental Jan 5, 2012 3:05 AM
- 2 Strategy directorate, but last year spent sometime working in the ED Jan 3, 2012 3:14 AM
- 3 I am based within Islington Nutrition & Dietetics but my work is with Islington Healthy Schools.
Dec 30, 2011 6:41 AM
- 4 pharmacy Dec 29, 2011 8:58 AM
- 5 Whittington health Drug and alcohol service Dec 28, 2011 4:38 AM
- 6 Newborn Hearing Screening Dec 20, 2011 3:05 AM
- 7 Surgery Dec 19, 2011 6:05 AM
- 8 community dental Dec 16, 2011 7:33 AM
- 9 Clinical Governance Dec 15, 2011 2:42 AM
- 10 Speech & Language Therapy Dec 13, 2011 4:50 AM
- 11 Anaesthetics Dec 13, 2011 4:28 AM
- 12 Community Rehabilitation Dec 13, 2011 2:58 AM
- 13 Maternity and Education Dec 12, 2011 6:37 AM
- 14 chaplaincy Dec 12, 2011 3:47 AM
- 15 Clinical Nutrition Services Dec 12, 2011 2:11 AM
- 16 imaging Dec 10, 2011 11:09 AM
- 17 Michael Palin Centre for Stammering Children Dec 9, 2011 10:51 AM
- 18 general paediatrics Dec 9, 2011 7:30 AM
- 19 Children's physiotherapy service-Haringey Dec 9, 2011 7:22 AM
- 20 children's Dec 9, 2011 5:45 AM
- 21 I have only been here for 3 weeks in the Physio/OT team as a therapy assistant. I also work for an hour a day in the maternity department.
Dec 8, 2011 8:27 AM
- 22 outpatients Dec 8, 2011 8:26 AM
- 23 Betty Mansell Ward Dec 8, 2011 7:36 AM
- 24 Infection prevention and control/Medical Microbiology Dec 8, 2011 2:04 AM
- 25 Chest clinic Dec 7, 2011 7:23 AM
- 26 speech and language therapy - manager of adult learning disabilities and mental health but was the deputy manager for Islington SLT service from June 10-
- 27 Palliative Care Dec 7, 2011 4:00 AM
- 28 midwifery Dec 7, 2011 2:54 AM
- 29 Decontamination Dec 7, 2011 2:25 AM
- 30 Maternity Dec 7, 2011 1:55 AM
- 31 diabetes Dec 7, 2011 1:52 AM
- 32 Health visiting Dec 7, 2011 1:39 AM
- 33 Urology (Surgery and Diagnostics) Dec 6, 2011 9:29 AM
- 34 Haringey ICTT - community physical rehab Dec 6, 2011 9:07 AM
- 35 Camden Child Development Team, and Camden Early Years Speech and Language Therapy Service.
Dec 6, 2011 8:50 AM
- 36 Paediatric Speech and language Therapy Dec 6, 2011 7:09 AM
- 37 Admissions ward pharmacist Dec 6, 2011 6:23 AM
- 38 Immunisations Team Dec 6, 2011 6:19 AM

39 Central Referral Team - Haringey - a team of 8 including the Team Manager Dec 6, 2011 6:07 AM
40 Nursing Dec 6, 2011 4:11 AM
41 maternity - breastfeeding Dec 6, 2011 3:07 AM
42 PALS and Complaints Dec 6, 2011 2:55 AM
43 Anaesthesia Dec 6, 2011 12:16 AM
44 Speech and language therapy Dec 5, 2011 3:59 PM
45 Health Visiting and School Nursing Dec 5, 2011 10:26 AM
46 Maternity Dec 5, 2011 9:27 AM
47 Community Dental Service Dec 5, 2011 9:16 AM
48 Rapid Response Team Dec 5, 2011 8:21 AM
49 Community Dental Service Whittington health. Dec 5, 2011 8:00 AM
50 Newborn Hearing Screening Dec 5, 2011 7:17 AM
51 CAMHS Dec 5, 2011 6:47 AM
52 Community Dental Dec 5, 2011 6:34 AM
53 I work at Bounds Green Health Centre as a Senior Administrator. Dec 5, 2011 6:27 AM
54 general paediatrics Dec 5, 2011 6:21 AM
55 CAMHS Dec 5, 2011 6:12 AM
56 Department of Audiological Medicine - Audiology Dec 5, 2011 6:08 AM
57 Women's and Children's - Haringey community Dec 5, 2011 6:06 AM
58 Pathology Dec 5, 2011 6:00 AM
59 Health Visiting Dec 5, 2011 5:31 AM
60 District Nursing Dec 5, 2011 5:02 AM
61 Community Dental services Dec 5, 2011 4:47 AM
62 Pharmacy Dec 5, 2011 4:26 AM
63 Community Services. Dec 5, 2011 4:17 AM
64 Diabetes and endocrinology Dec 5, 2011 4:10 AM
65 COOP, Cardiology and Orthogeriatrics Dec 5, 2011 4:02 AM
66 physiotherapy Dec 5, 2011 3:37 AM
67 women's health Dec 5, 2011 3:05 AM
68 Community Dental Department Dec 5, 2011 2:48 AM
69 Maternity Dec 5, 2011 2:32 AM
70 Maternity Dec 5, 2011 2:25 AM
71 Community Children's Nursing Dec 5, 2011 2:22 AM
72 WCF division - children's nursing Dec 5, 2011 1:50 AM
73 Nutrition and dietetics & Diabetes Dec 5, 2011 1:50 AM
74 surgery Dec 5, 2011 1:33 AM
75 Speech and Language Therapy in main stream schools Dec 5, 2011 1:21 AM
76 Camden Adult Weight Management - dietetics Dec 5, 2011 1:20 AM
77 Community Dental service Dec 5, 2011 1:13 AM
78 admin/clerical Dec 5, 2011 12:27 AM
79 imaging Dec 5, 2011 12:25 AM
80 Imaging Dec 5, 2011 12:20 AM
81 Security and Safety Dec 4, 2011 11:19 PM
82 Gynae Ward Dec 3, 2011 8:08 PM
83 Diagnostics Dec 3, 2011 12:59 PM
84 health visiting Dec 3, 2011 7:54 AM
85 ED/UCC Dec 3, 2011 5:59 AM
86 Nursing, operating theatre department Dec 3, 2011 5:46 AM

87 Simmons House Adolescent Unit Dec 2, 2011 11:26 PM
88 Health Visiting Dec 2, 2011 11:09 AM
89 Midwifery Matron for Antenatal/Postnatal, MDU and Antenatal Clinic Dec 2, 2011 10:02
90 maternity Dec 2, 2011 9:44 AM
91 Pharmacy / Microbiology Dec 2, 2011 9:37 AM
92 Pathology Dec 2, 2011 9:28 AM
93 women, children and families - speech and language therapy - deaf team Dec 2, 2011
94 Maternity Dec 2, 2011 8:12 AM
95 Health Visiting. Dec 2, 2011 7:37 AM
96 Integrated care and acute medicine (Care of the elderly, community and intermediate care practice)
97 Islington Community Therapy Services Dec 2, 2011 7:12 AM
98 surgery Dec 2, 2011 6:33 AM
99 IAPT Dec 2, 2011 6:31 AM
100 Dermatology/Surgical Division Dec 2, 2011 6:22 AM
101 In patients acute trauma ward Dec 2, 2011 6:21 AM
102 Human Resources Dec 2, 2011 6:03 AM
103 Medical Admissions Dec 2, 2011 5:56 AM
104 facilities Dec 2, 2011 5:51 AM
105 IAPT Dec 2, 2011 5:46 AM
106 Maternity - Newborn Hearing Dec 2, 2011 5:35 AM
107 Therapy Services /Rehabilitation Dec 2, 2011 5:34 AM
108 Community Infection Prevention and Control Dec 2, 2011 5:31 AM
109 IM&T and Change Dec 2, 2011 5:30 AM
110 Sexual health and contraception service Dec 2, 2011 5:25 AM
111 District Nursing Dec 2, 2011 5:14 AM
112 bladder bowel service Haringey Dec 2, 2011 5:12 AM
113 Pathology Dec 2, 2011 4:34 AM
114 Community Dental - Islington side. Dec 2, 2011 4:29 AM
115 Speech and Language Therapy Dec 2, 2011 4:28 AM
116 IN A HEALTH CENTRE Dec 2, 2011 4:19 AM
117 Imaging (Nuclear Medicine) Dec 2, 2011 4:13 AM
118 pentonville primary care nursing Dec 2, 2011 4:11 AM
119 Islington Specialist Children's Service - Early Years Dec 2, 2011 4:01 AM
120 Islington Community Rehabilitation Team. Dec 2, 2011 3:56 AM
121 Diabetes, endocrinology and general internal medicine Dec 2, 2011 3:55 AM
122 IAPT-Psychological Therapies Dec 2, 2011 3:52 AM
123 Musculoskeletal Outpatients Dec 2, 2011 3:42 AM
124 Physiotherapy department Dec 2, 2011 3:41 AM
125 REACH Intermediate care team. Dec 2, 2011 3:40 AM
126 FACILITIES Dec 2, 2011 3:40 AM
127 WCF Nov 29, 2011 3:45 AM
128 Darzi Fellow cross Trust service improvement project work. Nov 23, 2011 8:02
129 Respiratory but work with other services to deliver patient care. Nov 22, 2011
130 Women, Children and Families Nov 20, 2011 11:34 AM
131 Imaging Nov 17, 2011 12:40 AM