Chairman’s Foreword

Clinical governance is about maintaining and improving the quality of the services we offer to our patients. At the Whittington we put the patient at the centre of all that we do and we are nationally recognised for the high quality of our patient information.

During the year we have further strengthened the collaboration between the departments within the hospital involved in clinical governance as well as establishing a structure to ensure that clinical governance is strong at the Whittington. The report gives an overview and specific examples of good practice and where improvements have been made.

The Whittington was awarded Improving Working Lives Practice by the Department of Health earlier this year. The assessors were very positive about the hospital, saying that we are a happy and friendly organisation.

There is a summary of the good practice they found later in the report. I am sure that an open and friendly hospital such as the Whittington lends itself to good practice, especially around safety and audit.

In April this year I received a very encouraging letter from the Chairman of the North Central London Strategic Health Authority following a clinical governance mapping and assessment exercise, which they had conducted. The letter is included in the report: I was especially pleased that the SHA had been “particularly impressed by the developmental approach, which the Whittington adopted, fostering ownership by clinicians, creating a blame free culture and integrating clinical governance into core business”.

Our success here is a tribute to the impressive and enthusiastic work of all our staff. I am in no doubt that everyone will continue to find ways to strengthen clinical governance and so to improve still further the quality of the services we offer to our patients. So that in thanking our staff I look forward confidently to further progress.

Michael Abrams
The Patient's Experience

By promoting patients' involvement in their own health and health care as active partners with health professionals the Trust aims to improve the patient's experience. The individual patient/clinician experience can be improved by developing the communication and partnership skills of the clinician and by providing high quality patient information to help empower the patient. Supporting this is the Patient Advisory and Liaison Service (PALS). PALS provide general information, on the spot help and support to patients, their families and carers. There is a close liaison with the local PALS network and social services. PALS provide patient centred care services, which include interpreting services, the first step complaints officer and the patient information co-ordinator.

Two patient panel groups meet at six weekly intervals. During 2002/3 there have been presentations and discussions with three consultants and senior staff about new ways of approaching outpatients, about Emergency Department issues, existing practice and of possible changes, about care of the elderly in hospital and cross service issues. Their views have also been sought on the redevelopment programme. They continue to review drafts of new patient information leaflets. The meetings are minuted, and their views are fed back to the directors of operations and medical services, or the appropriate managers to look at implementing changes. Any changes or progress is fed back to the panels verbally at the meetings. Plans to extend patient involvement to ethnic groups in the community are in place.

Patient surveys and questionnaires in line with the government's NHS modernisation programme have taken place over the past year. These surveys of the patient experience have resulted in the following work being undertaken:

- Menu and meal improvements
- A better, cleaner environment on the wards, and in all departments
- Better way finding (sign posting)
- Patient power systems (Patientline)
Reductions in waiting times for both inpatient and outpatient appointments
New approaches to services in the Emergency Department
Customer care courses for staff.

Information about the patient experience helps to inform us of the healthcare process when identifying quality improvements that are patient focussed. Using members of the public also helps us establish their information needs and expectations.

A paper was produced in November 2002 looking at the problems disabled patients face when they come into the Whittington to use either the inpatient or outpatient services. Using individual patient interviews, staff forums and staff awareness training, a list of suggestions has been produced. One of the principle issues to be addressed is the identification of these patients both in their referral details and when they are in the hospital. The Royal Free has joined with us to put patient information into audio-tapes for the users of the eye clinic. Two service leaflets have also been put on audio-tape they are: Concerns and Complaints and Consenting to Treatment. We will be developing this method of communication for patients whose first language is not English and for those with sight difficulties or who are unable to read.

The Trust has an in-house interpreting service, based on advanced booking. The Patient Relations officer from the PALS office manages the service. Permanent staff speak seven languages, and we have the ability to speak 38 different languages overall using sessional interpreters. A number of information leaflets have been translated, and a pilot scheme using a Bengali audio-tape in the antenatal clinic has been very successful. The intention is to roll this out in other areas. A Code of Practice for interpreters has been compiled over the last year to include evidence of medical knowledge. This will become part of the interpreter appraisal. This document will improve training for interpreters under terms of employment, thus improving the service offered to patients.

The Whittington has gone a long way in the last year to further increase the involvement of patients and the public in the development of services and in their healthcare. There are some areas of patient and public involvement which need an extra effort to achieve better inclusion of the borderline groups such as ethnic minorities, disabled and the elderly. A Patient and Public Involvement Strategy for 2002/3 has been published to highlight the ways that the hospital intends to do this over the next year/s and the resources needed to do it.

Use of Information

We are pleased to announce that the Whittington Patient Information Co-ordinator, Jane Wilson was awarded an MBE in January 2003. British honours are awarded on merit for exceptional achievement of services and Jane has worked with great enthusiasm and dedication over the past nine years to produce excellent patient information. She also set up patient panels which have had input into many areas of the hospital. The Whittington has been recognised as an area of good practice and the Patient Information Co-ordinator has been invited to speak at a number of patient involvement and empowerment conferences, including one organised by the Modernisation Agency.

To date, patient information leaflets for approximately 280 conditions, treatments and procedures have been produced. These are printed in a standard hospital style and on folding coloured card for easy handling and recognition. They provide patients with clear, helpful and readable information on aspects of their medical conditions, treatments and surgery including the risks and side effects.

Final drafts of new leaflets are taken to the Patient Panel groups to get their views before printing goes ahead. Sometimes the patient panels may suggest a subject for an information leaflet that they feel is needed. The Whittington has produced its own set of guidelines for staff on writing information for patients. These are available on the hospital intranet.

Information in other languages has been assessed. We already have a number of leaflets translated into in
involved in the pilot and 31 appointments were electronically booked in 2002/3. Referral protocols have been developed in surgery and women’s health, based on national clinical guidelines.

The Whittington has elected to be part of a benchmarking scheme run by CHKS where our performance on admissions, discharges, length of stay and day surgery is measured against that of other peer group hospitals. Quarterly results are sent to the trust and they are published on the intranet. The results are monitored regularly and any variances dealt with. The hospital also complies with the requirements of the National Confidential Enquiry into Perioperative Deaths (NCEPOD). Questionnaires are completed on all deaths that occur within the hospital. Compliance and general trends are published yearly by NCEPOD. A member of the NCEPOD team is invited to speak at the audit half day when the report is published. This ensures that clinicians who are involved in completing the questionnaires know what happens to the results and are able to ask questions about the process.

The Whittington attained stage two, (Certification of Data Management Processes) for the Data Accreditation review in March 2003. Data Accreditation is a three-stage assessment process by which the trust demonstrates that it meets and can maintain required levels of data quality management for patient-based systems. This means that there is a sound process of support whereby staff understand the importance of entering accurate data on hospital systems.

Use of Information: Information Technology

A new hospital web-site for patients and the public was launched in February 2003. A key objective was that the web-site should be easy for patients to use. A near final version was presented to the patient’s panel groups in November 2002 and their views on design and accessibility taken into account.

Last year the Whittington became the first hospital in the North Central Sector of London to go live with a pilot enabling GPs to refer patients electronically for their hospital appointments. This work has involved close liaison with the hospital. Four GP practices with 22 GPs are involved in the pilot and 31 appointments were electronically booked in 2002/3. Referral protocols have been developed in surgery and women’s health, based on national clinical guidelines.

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In the last three months of 2002 a group was set up to revise and improve the patient appointment and admission letters. By working with the Information Management and Technology (IM&T) department changes have been made and the letters have been rewritten using larger fonts and clearer presentation with patient input.
out throughout the hospital with 70% of all pictures are now shown on a computer screen and every clinical area has access to PACS.

**Process for Quality Improvement: Risk Management and Learning from Complaints**

The Whittington has been running a clinical risk management programme for over six years and the process was praised during the Whittington Commission for Health Improvement’s (CHI) report. We have continued to build on our strengths to support a culture that encourages staff to report risk incidents. We have developed a single incident reporting form and it has been copied, with our approval, by other trusts. Letters and telephone calls are also received, as well as messages left on the 24 hour Alert Line. All the information received is entered onto the Risk Management database, so that reports of trends can be produced for the local risk management group to direct action. Training on how to report continues to be an integral part of the risk management process. Risk Management has a session on a monthly mandatory training day for all clinical staff as well as on the staff induction programme. An article was published in the Whittington Newsletter *The Link* March 2003 has further encouraged staff to report any incidents they are concerned about. In this way changes can be made thus preventing the incident from happening again.

The complaints process produces valuable data about the way the trust is performing in the eyes of its patients and public. In order that lessons are learnt from these events, information is collated and stored on a database and trends are identified. Recently the organisation of complaints has been changed to speed up the response rate. The graph below indicates the number of complaints that have been received and the percentage of those, which have been responded to within 20 days. We are aiming for the target of 85% within 20 days and recognise that we have work to do to get there. The Director of Nursing and Clinical Development held a study day for senior staff responsible for answering complaints in November. This will be continued each year. It is hoped that this support for staff will impact on our responses to patient complaints.

The number of complaints in the last year has decreased from 321 in 2001/2 to 277 in 2002/3. Work carried out by the Patient Advisory and Liaison Service (PALS) has contributed to the reduction in the number of complaints. The number of cases that PALS have dealt with has increased from 68 to 239 in six months from April to September 2002 and they are now dealing with over 250 cases per month. Of these, new cases outnumber the follow-up cases by two to one. The role of the Modern Matrons at the Whittington has also benefited patients, their families, staff and the organisation as whole. Working closely with PALS they have been able to address issues relating the quality of patient care, in a manner that is highly visible to both staff and patients.

The Clinical Claims Review Group, established in 1999, continues to meet regularly. Clinical incidents, claims and complaints are reviewed by a senior clinical with discussion, recommendations and action taken to ensure we learn from our mistakes. Below are two examples of the work that has been carried out by the group.
Clinical Claims Reviews

Review of a Case Involving a Surgical Operation:
A case involving a surgical operation was reviewed by a consultant surgeon. He presented the review to the group with recommendations for improved documentation in operation notes. However, questions remained as to whether the case was isolated or whether there was a bigger problem to be addressed within the Trust. An audit of 100 cases was carried out and presented to the surgical audit group. While it was clear that the case was an isolated incident, it was difficult to ascertain from each of the patient notes audited that patients undergoing this particular surgery had been informed of all the potential risks. The audit raised awareness of this and a patient information leaflet was been since been produced so patients are not only told about potential risks when they see the doctor before their operation, but also have the opportunity to take information home with them. This will ensure the process of informed consent is being carried out to a high standard.

Review of an Emergency Department Case:
An Emergency Department consultant reviewed a case where a man was admitted to the Emergency Department with symptoms indicating that he was very unwell, but with no obvious diagnosis. It was clear from the review that action to treat him could have been taken sooner and that a junior member of staff did not recognise the urgency of some of his symptoms. Emergency Department consultants are now working on a checklist of ‘clinical instability indicators’ to support staff as a result of the review. The checklist will be included in the clinical audit programme when it is in place. This will enable us to ensure that our practice is safe and to the highest standard of care.

We recognise the importance of a high standard of care and the need to record accurate information in patient notes. Mandatory audits of all medical specialities, nursing and therapy notes have taken place during the last year. The results are fed back to each clinical team for action and improvement where necessary and the Medical Director presented each speciality’s results for 2002/3 at the Medical Committee in February. New nursing documentation has been introduced as a result of an audit that was carried out between July and August 2002, and a part-time post created to train staff how to use it. A re-audit will take place when the new documentation is established. Our emphasis on the need for accurate documentation shows a commitment to patient safety.

Patient misidentification is increasingly being recognised as a widespread problem within healthcare organisations. The National Patient Safety Agency has recognised patient misidentification as a significant risk within the NHS. An interim report from the National Comparative Audit of Blood Transfusion 2002/3 shows that one in nine patients were not wearing an identification wristband during blood transfusion. The extent to which patient misidentification happens is widely under-estimated by clinical staff, as very often they are unaware that a misidentification has occurred. In response to the potential danger that misidentification can cause patients, the Whittington has launched a Patient Identification Policy with an accompanying information leaflet for hospital staff explaining why the policy is important and how it relates to them. The policy is aimed at all staff who come into direct contact with patients and/or handle samples from patients/ carry out diagnostic tests/ x-rays/ and are involved in the care of deceased patients. By reading and following the advice set out in the Patient Identification Policy staff will be able to reduce any risk to patients at the Whittington. The publication of this policy has been advertised in The Link and compliance will be audited over the next three months.
Process of Quality Improvement: Clinical Audit and Effectiveness

2002/3 has been the first year that an audit programme planned in advance has been put into place, prior to this, audit activity was carried out on a more ad hoc basis. The programme has included projects selected from national objectives and local priorities and was devised with each specialty audit lead whose role is to support staff and co-ordinate audit activity within their speciality. During the year 2002/3, 139 audit projects were registered with the Clinical Audit and Effectiveness Department and supported by the work of clinical audit facilitators within the speciality. Many audits involved staff from different clinical backgrounds working together to improve patient care.

Turning results and recommendations into practice remains the hardest part of the audit cycle, and with this in mind the trust held an audit training day for all the audit leads, which took place in March 2003 with an independent consultant from Leicester University. The aim of the training was to explore ways in which audit can be deployed more effectively to support clinical governance and the delivery of high quality of patient care. Objectives for the day included:

- The need for a strategic plan in prioritising audits
- The role of clinical audit in the context of organisational learning and quality improvement
- The scope of clinical audit and potential for clinical impact; managing multi-professional audit and clinical improvement
- Exploring the barriers to effective and efficient collaboration and ways to overcome these.

The Whittington has enlisted the support of the Health Information Facilitator at the Archway Healthcare Library. This service provides support for clinical staff and audit leads who are involved in developing and updating clinical guidelines and policies. Help for staff includes training on searching medical databases and literature searches as well as setting up links with useful clinical web-sites.

We continue to run audit and training half-days on a monthly basis. External speakers include a Consultant Surgeon from the National Confidential Enquiry into Peri-Operative Deaths (NCEPOD). The Trust solicitors have also provided sessions that have focused on consent and documentation. Local speciality audit days continue to run every month where work applicable to each speciality is reviewed. The pharmacy audit on drug errors was presented against a report published by the Audit Commission called *A Spoonful of Sugar*.

Members of the pharmacy department identified local mistakes against the national picture and raised awareness of how errors can occur.

A senior staff nurse from the emergency department has completed a nine-month secondment to the audit department. This is part of a programme whereby clinical staff are released from clinical duties to learn to become involved in trust-wide audit activity. The aim of this scheme is to strengthen the impact of audit and effectiveness at the point of direct patient care within clinical areas, where it is most important.

A major achievement of 2002/3 has been the publication of the bi-monthly Clinical Effectiveness & Audit Newsletter *ProCEAD*. The first issue was published in November 2002 and since then there have been four editions. One member of the Clinical Audit and Effectiveness team has taken on the role of editor, ensuring the results of work carried out from the audit programme are circulated widely throughout the Trust. Each publication profiles one of the speciality audit leads, with emphasis on how their work has impacted on patient care. These profiles have highlighted the fact that a strong emphasis is placed on high standards of care through the production of guidelines and education and training. Clinical audit has been recognised by the leads as of great value when setting up and improving new services for patients.

Overleaf are three examples of how clinical audit has assisted in impacting the care patients receive at the Whittington.

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1 *A Spoonful of Sugar - Medicines Management in NHS Hospitals* The Audit Commission 18th Dec 2001
Stroke Audit

Hospital management of patients who have suffered from stroke was identified as an area for attention in the Whittington Commission for Health Improvement (CHI) report which was published in January 2001. Since then two audits measuring different aspects of stroke care within the hospital have taken place. The first was as part of the National Sentinel Audit of Stroke run by the Royal College of Physicians. The second, a re-audit in August - December 2002 compared practice to standards set out in the 2001 audit.

Results showed that and the number of beds available for treating patients with stroke have increased. The rehabilitation centre on Cluedesley ward was upgraded in July 2002 and improvements have been highlighted by an increasing number of patients being treated on Cluedesley ward and a reduction in the length of time patients wait to get onto the ward.

Putting audit into practice:

Pressure Ulcer Audit

An audit of pressure ulcers (also called sores) took place over a four-month period between September and December, in conjunction with the Royal College of Nursing (RCN). The audit was part of a national nursing programme called Essence of Care. During the audit, the trust Tissue Viability Nurse assessed patients on every ward in the hospital. The audit identified a number of discrepancies in the way patients are assessed and a knowledge gap in what surface a patient who is at risk should be nursed on.

A guideline has been developed supported by guidance from the National Institute of Clinical Excellence (NICE). It will help staff when making decisions as to how best to care for their patients and includes an easy to follow flow chart with recommendations for selecting the most appropriate pressure relieving aids. The guideline also includes pictures of different grades of ulcers including reddened skin, which may appear healthy, but is in fact at risk of going on to become sore and ulcerated. A teaching programme informing staff of the new guideline and how to use it is underway, lead by the Trust Tissue Viability Nurses.

The Tissue Viability Nurse service has been strengthened as a result of the audit. Close links with the Tissue Viability Nurses in neighbouring hospitals have also been established. A programme of bed management has begun and new cushions have been delivered to wards for patients who are at risk while they sit out of bed. A pilot of electronic beds is also in progress. Senior nursing staff in the hospital are involved in supporting recommendations from the audit and ensuring the process of change and improvement is continued. There are plans to re-audit to ensure improvements have been made once training has been completed.

Patients treated on ward with beds allocated to stroke patients (%)

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<th>National</th>
<th>Whittington 2001</th>
<th>Whittington 2002</th>
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<tr>
<td>Number of Patients</td>
<td>36%</td>
<td>38%</td>
<td>55%</td>
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The results also identified that prompt access to CT scanning remains inconsistent which can delay treatment with aspirin when appropriate. Discussions as to how to improve CT scanning times are underway between the medical team who specialise in caring for patients with stroke and the radiology department.

**Patients who receive a CT scan within 48 hours (%)**

![Bar chart showing percentage of patients receiving a CT scan within 48 hours.](chart.png)

The use of preventative treatment showed that 100% of patients were on medication to prevent blood from clotting by the time they were discharged from hospital. This was also true for other treatment for high blood pressure and high cholesterol. Access to physiotherapy, occupational and speech therapy and nutrition input improved between the 2001 and 2002 audits, and is now comparable to national figures.

A need for improved documentation for stroke patients was identified in the 2001 audit and a new stroke clerking proforma was launched in August 2002. The proforma (a systematic way of documenting and prompting what should happen to a patient and when) incorporates many of the recommendations from the National Clinical Guidelines for Stroke and underpins the improvements identified in the re-audit.

**Pharmacy Audit**

The Pharmacy Department carried out an audit over the past year following a number of incidents, which identified that some staff were not confident in administering cytotoxic medication. The audit was done as part of a national directive, *The Management and Awareness of the Risk of Cytotoxics (MARC)*. The audit took place to establish the extent of the problem throughout the trust where questionnaires were sent to all nurses in the hospital. The results showed that nurses in some of the clinical areas did not feel confident giving this medication to patients. As a result of the audit, a trust wide teaching programme has commenced in conjunction with the Trust’s nurse training programme. Posters and information leaflets have been developed for staff as well as a guideline, *The Safe Prescribing, Handling and Administration of Cytotoxic Drugs* which was written by the North London Cancer Network. Support for staff in this way will also ensure that patients are treated in the right place by staff who have the correct skills and training to carry out their practice.
Process for Quality Improvement: Research and Development

The Research and Development (R&D) Department has continued to ensure that the process of R&D is strong at the Whittington, bringing new benefits to patients through innovative research. It also ensures that research carried out in the Trust is conducted according to Department of Health criteria so patients who are invited and choose to participate in research within the Trust, do so according to strict guidelines.

The Trust Research and Development (R&D) Strategy is undergoing review in line with recent Department of Health (DoH) reforms to the NHS R&D funding system, which has lead to significant changes in the way NHS organisations may support and host R&D. Research activity must be externally grant-funded or form part of a collaborative (academic/NHS) Programme of Research within DH recognised NHS Priority or Needs. These include Cancer, Coronary Heart Disease, Diabetes, Reducing Inequalities and Improving the Patient Experience. Over the past year the R&D department has organised its research activity into five programmes. These include:

- Diagnostic markers and management of heart failure in the community, led by Dr Hardman, Consultant Cardiologist. This programme falls within the NHS Priority of Coronary Heart Disease but also covers Primary Care
- Electronic health records in cardiovascular disease, led by Dr Patterson Consultant Cardiologist. This programme falls within the NHS Priority of Coronary Heart Disease but also covers Primary Care
- Incontinence Sciences Programme led by Professor Malone-Lee, Professor of Medicine. This programme falls within the NHS Priority of Ageing
- Development and improvements in the clinical management of Thalassaemia Major, led by Dr Wonke, Consultant Haematologist. This programme has been approved by the DoH as a NHS Need
- Improvements in Cervical Screening led by Professor Singer, Consultant Gynaecologist. This programme falls within the NHS Priority area of Cancer.

Recent feedback from the Department of Health reported all five of the Whittington led programmes as “strong”. A strong programme is considered to be well established, with substantial external non-commercial grant income, a good publication output and multi-disciplinary, multi-professional teams contributing to a joint NHS/University strategy.

Pilot work, as development activity for future programmes and external grants, has been ongoing throughout the year. Work is taking place in areas such as:

- Sickle Cell Disease: oxidative damage and nutrition, led by Dr Bernard Davis, Consultant Haematologist
- Interventions to reduce postoperative complications and length of stay in surgical patients, led by Dr Nick Harper, Consultant Anaesthetist and Angela Chamberlain, Lead Health Services Researcher
- Effect of metformin on plasma homocysteine levels in Indian Asians with type 2 diabetes, led by Dr Bakri Saeed, Head of Biochemistry.

The R&D department continues to work closely with its academic partners, University College London and the Middlesex University, in identifying mutual areas of interest for collaborative work. A number of collaborative research projects are underway between the trust and the on-site UCL departments of Medicine, Primary Care and Population Sciences and Centre for Health Informatics and Medical Education. Further efforts towards collaboration have been made via the UCL Clinical Research Network (CRN), which has established working groups for the main NHS Priorities such as Cancer, Coronary Heart Disease and Stroke, Ageing and Child Health and carried out a mapping exercise of local research activity in these areas.
The R&D department has contributed to a number of in-house training days for Whittington employees. These include research design and methodology and an introduction to the guidelines and legislation on research in humans with particular reference to the DoH’s Research Governance Framework, Governance Arrangements for Research Ethics Committees and EU Directive. A two-day training programme for researchers is being arranged by the R&D department and will cover many topics such as research design and methodology, literature searching, sampling strategies, data protection, informed consent, and research governance. The R&D department continues to run bi-annual presentation afternoons, which act as a dissemination mechanism for researchers to share and discuss their findings with other researchers and interested staff. The R&D department offers pre-protocol advice to researchers via an Academic Advisory Panel comprising a range experienced researchers from UCL and the Trust.

Support from a lead research nurse and a lead health service researcher is available to support staff right through the research process from research idea to completion and dissemination of the results. Wherever possible, the local impact and clinical significance of the research is considered in the context of improving practice locally.

The number of lay members in the Local Research and Ethics Committee (LREC) has increased over the past year in line with DoH guidance. This is important because it means that non-medical members, as well as those with a clinical background are able to scrutinise projects to ensure that those taking part are treated according to guidelines.

Supporting clinical evidence in practice:
The Whittington Journal Club

The Whittington Hospital journal club has been developed during the past year and was launched in March 2003. Its aim is to ensure that the best possible scientific evidence underpins clinical practice among nurses, midwives and allied health professionals. The club is innovative in that it has both a virtual and live component. The main site for the club sits on the hospital intranet where a monthly paper is posted for critical review. The site contains information and literature on research methods, ethical issues, statistical information and uses appraisal tools from the Critical Appraisals Skills Programme (CASP) for systematic reviews, RCTs and qualitative research. These tools are available as links on the web site. Health care professionals can use this virtual site to work through the paper before the actual meeting takes place in a nominated clinical area. The clinical area chosen for the club meeting usually reflects the focus of the paper under discussion, or reflects the Whittington’s nursing and midwifery priorities.

The purpose of the club is to offer clinical staff an open forum that is clinically based where they can develop their critical appraisal skills in a supportive environment. It offers them the opportunity to explore clinical questions relating to their every day practice and highlights the relevance of research to practice. The club stimulates a critical energy that is so needed to create and develop an evidence based practice culture and encourages professionals to be questioning and critically reflective. This is important not only in the professional development of those who are front line health providers but also benefits patients, who are at the heart of health care research and the focus of excellent practice.
The Whittington has now been awarded Improving Working Lives Practice (IWL) by the Department of Health. External assessment took place in January 2003 with 142 staff being interviewed. Assessors were very positive about the Whittington, saying that we are a happy and friendly organisation to work for, which is reflected in the stability of our workforce. A summary of the good practice that was identified during the assessment is listed below.

**Summary of good practice (IWL):**

- Induction highly regarded and valued. Good mechanism for ensuring staff attend the programme. Clinical mandatory training now held on one single day
- Overall staff felt they worked in a happy and friendly environment this is reflected in a relatively stable workforce
- Generally rates of appraisals and personal development plans are high with some areas of good practice, e.g. consultant medical staff
- Intranet access is well developed, accessible and straightforward to use. All staff identified it as being where they would look for information. Access to policies good. All junior medical staff have access to the intranet
- The Human Resources Department is perceived as accessible
- The principles of the Harassment Adviser service are good. Staff are confident with how to access information to deal with issues
- Sussex Way (new staff accommodation) is reported as an excellent facility
- Staff value *The Link* publication - this is a valuable communication mechanism
- Access to occupational health services is good and high quality service is provided
- Presence of security staff valued by staff. They are felt to be extremely helpful and willing
- The majority of staff felt that The Trust was an equal opportunities employer
- Areas where flexible working mechanisms are utilised work well and staff value it
- Reduced rates for local sports facilities are valued
- Commitment to flexible trainees good
- Cardiovascular service initiative - excellent (see insert below)
- Facilities for the cultural and spiritual needs of staff are well regarded and excellent.

The assessment team also highlighted areas for development and an action plan in response to these is in place with named members of the hospital management team responsible for their implementation. The action plan has been published on the intranet and all staff notified of it. Childcare was one issue that staff said they would like more information on. A new Childcare Co-ordinator has taken up post and has advertised a childcare stand at lunchtime in the restaurant where staff can contact her.

A Trust-wide training needs analysis of clinical staff education and training, reflecting professional and service development needs was undertaken in August 2002 and will be reviewed annually. Initiatives established over the year include a clinical induction programme for newly qualified staff nurses. This has focused on clinical policies, drug calculations and administration, documentation and wound care. A mandatory update session was run in Jan 2003 and will be ongoing. The session includes input on Health & Safety, Moving & Handling, Resuscitation, Medical Devices and Fire training in one training day and the moving and handling adviser has established a link worker system for moving and handling. A comprehensive education and training programme relating to medical devices has put in place and will continue to be implemented next year.

The Trust continues to run and support ‘the Knowledge’ module of
Looking after staff at the Whittington

As part of the Improving Working Lives initiative and with the support of charitable funds, the Occupational Health Service has developed a cardiovascular screening programme to help maintain and promote health of staff who work at the hospital. The programme was published with a leaflet to all staff, a poster campaign and an article in The Link. Staff in the high-risk age group have also been written to individually, inviting them for assessment. Since November 2002, two hundred letters have been sent to staff and 47 have chosen to take up the assessment. The target for the first year is 300. The aim of the screening is to detect those people:

- Diagnosed with cardiovascular disease for which support might be needed
- Having risk factors for cardiovascular disease together with undetected signs such as high blood pressure, high cholesterol or other minor symptoms
- With risk factors for cardiovascular disease that can be reduced with information and support.

Follow-up appointments are offered with further tests, which indicate an individualised 10-year numerical risk value. Staff are also offered support through the weight management group and the smoking cessation clinic, if appropriate.

Managing life in the NHS. The course is multidisciplinary, aimed at junior/middle grade staff and attracts interest from neighbouring trusts. Audit and risk management are taught on local programmes within the Trust and at induction.

The teaching of communication skills is a routine part of the undergraduate curriculum of the University College London medical school. For postgraduates, communication skills are taught as part of the MRCP and MRCs courses here at the Whittington Hospital for junior physicians and surgeons.

There are three customer care training programmes running at present relating to customer care or communication skills; they are

- A customer care rolling training programme led by a clinical psychologist working with ward teams to improve communications with patients and carers in specific situations. Complaints from patients initiated this programme
- Customer Care NVQ a modular for any staff a broad spectrum qualification covering service to others
Leadership, Strategy and Planning

The Whittington has been proactive in responding to national events in health and social services during the past year. A significant amount of work reviewing structures and process in the light of recommendations from national reports such as the Kennedy Inquiry ‘Learning from Bristol’ and the Laming Report into the death of Victoria Climbie, has taken place.

A need within the hospital to increase the informed contribution from patients/users into discussions about our services, to ensure that all developments ... develop these initiatives to ensure that public involvement becomes an integral part of the Trust. This includes increasing patient involvement on committees.

Lay/patient members have already been advertised for and successfully recruited onto the Ethics Committee. Other committees that already have patient representation include:

- The Neonatal Intensive Care Unit has a fundraising/support group called the Whittington Babies, organised by grateful parents of neonatal babies.
- The ‘Improving Maternity Practice and Care Together’ (IMPACT) Project, a Clinical Governance programme in Maternity involving mothers and staff to review maternity services at the hospital. Using a questionnaire to identify the top six areas that staff and users wanted to improve, they subdivided into six groups to address each area. The project was a positive experience and the benefits are apparent to the Trust, staff and users of the Maternity Unit. This idea could be copied in other departments. The group has progressed to Phase Two ‘Double IMPACT’, concentrating on improving postnatal care.
- The Maternity Services Strategy Group set up in July 2002 has user representation on the group.
- There are six open Trust Board meetings a year as well as the annual general meeting, which the public are welcome to attend. These are advertised in the local press.

A recent recruitment drive for lay member representation has been successful. This will allow for Lay Members to sit on the following groups:

- NSF Steering Group for Older People
- Patient and User Involvement Committee
- Clinical Governance Steering Group.

The training and development strategy group has been devising a strategy for a formal management leadership programme during 2002/3. The Whittington has supported a second cohort of the RCN Clinical Leadership Programme over the past year. Key achievements include a new training programme for porters on aspects of clinical care. This consists of infection control, patient dignity and privacy and moving and handling. Other achievements include a project that moved the nurses’ station into a side room on Mercers’ Ward, thereby ensuring confidentiality of patient information. A programme that improved cleanliness in the Intensive Care Unit also emanated from the leadership programme, as did the need to reduce noise on wards, which will be addressed in 2003/4. The Trust has also supported 70 staff in attending the Leading Empowering Organisations (LEO) programme. A further 12 senior staff received training from the NHS Leadership Centre.

An overview of development projects through Modernisation & Redevelopment Group has been maintained throughout the year. A one-day event aimed at improving the general understanding and awareness of the different modernisation projects within the hospital took place in February 2003. The day created an opportunity to share information and work together. Patient panel input and consultation on new service developments and redevelopment planning has also been evident with senior members of clinical staff presenting redevelopment projects to patient panel groups.

Good links have been maintained with Community Health Councils...
throughout 2002/3. Preparation for the establishment of Patient Forums within local health community is underway with through regular meetings with of local voluntary & community groups. A partnership working with local prisons to ensure high quality health care has continued throughout the year. The Whittington has continued to support strong links with Primary Care Trusts, particularly through the Primary Care Interface Group. A number of initiatives have been launched interfacing with primary care and social services.

When patients first come into contact with health services, they are usually assessed in order for clinicians to be clear about their medical, social and psychological needs. These assessments are often carried out by different professional groups and inevitably result in some duplication. Work to develop a single multidisciplinary patient assessment tool has been underway during 2002/3, working with GPs, Social Services and Acute Trusts across Islington and Haringey. The assessment tool will benefit patients by streamlining their care needs and eliminating the number of times a patient is asked the same questions throughout their care, a problem highlighted by patients in the findings of the recent “National In-Patient Survey.”

Opposite is an example of one initiative where clinical staff cross traditional boundaries and provide support for patients both in hospital and at home.

The Whittington has continued to develop services working with local communities in Haringey and Islington on the Sure Start programme. Sure Start is a government initiative for parents-to-be and families with children under four. It provides resources for areas of need so that young children get the best possible start in life. These include, support for parents and families, outreach and home visiting, play learning and childcare, healthcare and support for children with special needs.

Over the past year, a large amount of work has been undertaken at the

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**Working from hospital to home: the Respiratory Early Discharge Scheme**

Patients with Chronic Obstructive Airways Disease (COPD) are selected from those admitted to a ward at the Whittington Hospital, using a strict set of criteria agreed with our Consultant Respiratory Physicians. The aim is to discharge this group of patients when clinically fit, allowing the later supervisory part of their care to be undertaken in the comfort of their own home (usually 2-3 days earlier than usual discharge pathway).

Following discharge the patient receives daily visits from the respiratory nurse specialist. During these visits baseline recordings are undertaken, and an assessment made of the patients understanding of their illness and their medication. Education is provided as indicated by the assessment and any problems with medication (e.g. inhaler technique) are addressed with advice provided as necessary.

The respiratory physiotherapist undertakes visits and focuses on the patient’s ability to undertake both breathing control and general exercises. The occupational therapist undertakes activities of daily living assessments as required, and focuses on energy conservation and relaxation. This follow up service has direct links to the respiratory physicians for support and advice as required.

In the last year, this service supported 71 early discharges. The service was audited during 2002/3 to ensure an overview on its management. Further work to support patients in their own homes is evolving from this service.
Whittington, linked to the National Service Framework (NSF) for Older People, to review their care within the hospital. This project stemmed from the NSF’s requirement for an audit of age discrimination within policies. Analysis was also carried out on complaints raised by older people in the previous year and their responses to the patient survey carried out in the early part of 2002. Findings of the audit on direct age discrimination were broadly aligned with those reported nationally by the Department of Health. Many examples of positive discrimination are in place, and most of those policies and practices that do use age as a criterion for decision making are in line with what is happening across the country.

Of the 321 complaints received in 2001/2, 81 (25%) were about the care of older people. This is a lower proportion than the percentage of older people treated within the hospital.

The main areas of concern were:
- Waiting times for both inpatient and outpatient appointments
- Queries about appropriateness/ adequacy of treatment
- Issues about care in Emergency Department, both waiting times and treatment
- Issues about care on wards, including adverse events, such as falls.

Responses from older people to the 2002 patient survey outlined the following areas where people were less satisfied:
- They were more likely to have been in several wards during one admission
- They did not feel that staff always discussed their worries with them
- Staff were more likely to talk in front of them
- More people reported delays in their discharge, including waiting for medicines or transport
- Their medicines and potential side effects were not always explained.

A number of actions have already been put into place at the Whittington. A Modern Matron has been appointed for Older Peoples’ Services and a Clinical Facilitator has also been appointed for staff development in Older Peoples’ wards. The provision of information for older people has been reviewed, and new leaflets developed for stroke, falls and advice on medicines management. Other actions listed below will be further developed over the coming months.
- Continue active recruitment to nursing and allied health professional vacancies of staff who want to work with older people
- Review current policies for the management of admissions, especially in medicine
- Review the provision of education & training in the care of older people for all staff, including those in non-clinical roles
- Review education & training on the management of specific aspects of care for older people, especially the management of dementia and the care of the dying patient
- Audit the care received by older people in the Emergency Department
- Highlight the care of older people within the Essence of Care working groups, particularly in the new group looking at privacy and dignity
- Pilot of the new discharge documentation and keyworker scheme
- Complete and introduce the information leaflet for patients outlining their medications
- Consider the possible use of volunteers to support the discharge process
- Review the provision of day hospital services
- Contribute to the review of hospital transport services
- Introduce the Delayed Discharge Reimbursement Process
- Increase allied health professional input onto the stroke unit.

An overview of all this work will be taken by the ‘NSF for Older People Steering Group’, although most of the individual aspects will be managed or implemented by other groups within the hospital.
Conclusion

We are proud of the work that we have done over the past year and there have been many achievements. Most importantly the structure of clinical governance is growing stronger within the Trust and we are working together with patient care as our main focus. Areas identified for improvement have been highlighted and we are in a position to recognise this in an open and honest manner. This enables us to take action. The most important challenge is to ensure that patients really are involved the care they receive. We also aim to involve patients in the services that are provided for them at the Whittington. We are confident that the structure of clinical governance within the hospital can support this challenge.

6 June 03