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Public Consultation Document  
supporting our application to become an  
**NHS Foundation Trust**



The Whittington Hospital **NHS**  
NHS Trust

...the hospital of choice for local people



JULY 2007



**The Whittington Hospital has been invited to make an application to become an NHS foundation trust. We believe this would have advantages for our patients, local people, our staff and our partners.**

This booklet explains why we are applying to become an NHS foundation trust hospital. It outlines our vision for the future and the benefits foundation status would give us. It also explains how the hospital would be run and how you can get involved as a member of the foundation trust.

Throughout the booklet we have raised a number of questions. We want to hear your views on our plans and hope that everyone who has an interest in the future of the Whittington will let us know what they think.

This is your local hospital, so please have your say and consider becoming a member.

Narendra Makanji, Chair

David Sloman, Chief Executive



**The Whittington Hospital offers high quality health services that are provided in a caring, friendly and efficient way. We strive to be ‘the hospital of choice for local people’ and to be regarded as an asset for the community within which we are based.**

We are an acute general hospital situated in Archway, north London. We mainly serve the people in the boroughs of Islington and Haringey, a population of over 300,000 people. The hospital also treats a significant number of patients from Camden, Barnet and Hackney. We have around 470 beds and employ over 2,000 staff.

The Whittington is a teaching hospital providing clinical placements for medical undergraduates at University College London. We are also associated with Middlesex University and provide training for other health professionals including nurses, midwives, radiographers and dieticians. We have a large post-graduate education and training programme.

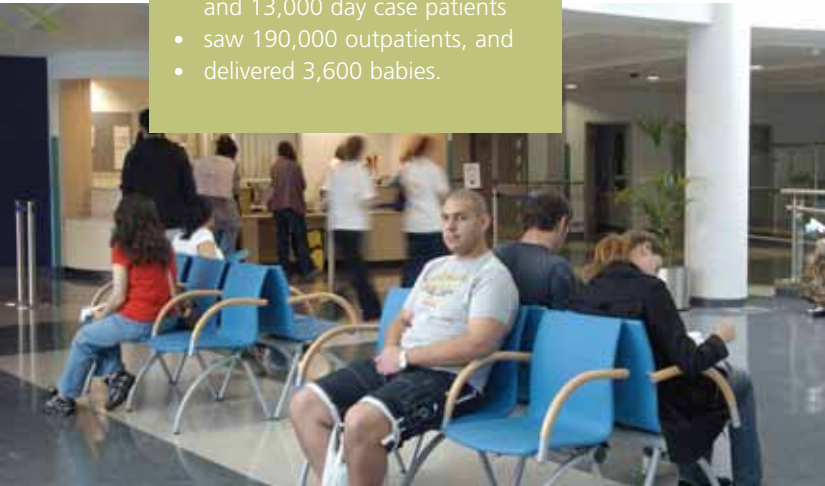




In November 2006 we finished the first phase of our ambitious site redevelopment programme and moved many of our services into a large new building. Improving patient care was central to its design and hospital consultants and nursing staff were involved at every stage of the planning. The building is fitted with the latest medical equipment and provides our patients with some of the most advanced hospital facilities in London. The next stage of our redevelopment provides a large new day treatment centre, which is due to open in early 2008.

**Last year we:**

- treated 85,000 patients in our emergency department
- looked after 20,000 inpatients and 13,000 day case patients
- saw 190,000 outpatients, and
- delivered 3,600 babies.



**The history of the Whittington**

Medical services have been delivered on the Whittington site since 1473, when a leper hospital was founded. In 1848, a new hospital was built on the St Mary's Wing site to care for patients with smallpox.

Independently managed hospitals were opened on the Highgate site in 1866 and the Archway site in 1877. In 1900, Highgate Hill Infirmary opened adjacent to the Smallpox Hospital. These two hospitals soon amalgamated, and the smallpox hospital was transformed into a nurses' home.

In 1946, the hospitals on all three sites were brought together. The three hospitals had between them almost 2,000 beds. With the coming of the National Health Service in 1948, they jointly became the Whittington Hospital.





In recognition of the quality of our services we have achieved many awards including:

- a Chartermark for our cardiac services
- the Hospital Doctor of the Year award for respiratory services
- Healthcare Commission Annual healthcheck 2006 rating of 'good' for the quality of our services
- equality and diversity awards from the Strategic Health Authority

And we have also been recognised for investing in our staff:

- The Times Top 50 Employers where women want to work 2006
- The Nursing Times Top 100 employers voted by nurses 2005 and 2006
- Improving Working Lives Practice Plus



Over the last year we have been working hard to reduce the time that patients wait to be seen and treated:

- in the emergency department 98 per cent of patients are now seen and treated within four hours
- most new outpatients are seen within seven weeks
- most surgical patients are treated within 13 weeks
- 99 per cent of patients with suspected cancer are seen within two weeks

### Building for Babies

In 2006 we launched our *Building for Babies* appeal to expand and modernise our services for sick and premature babies. The unit will move to a larger

refurbished ward and we need to raise £600,000 to buy the necessary equipment. To date, we've raised nearly £200,000 through the generosity of high profile trusts and corporations, local events and support from individuals in our community.

[www.whittington.nhs.uk](http://www.whittington.nhs.uk)





## What is a NHS foundation trust hospital?

NHS foundation trust hospitals are a new type of organisation accountable to their local community rather than to central government. The intention is to make them more responsive to the needs and wishes of their local people. They firmly remain part of the NHS and provide healthcare services consistent with NHS standards and principles.

An NHS foundation trust hospital is governed by a members' council which is elected by its members. Patients, the public, staff and local organisations can all become members. The members' council works with the board of directors, to determine the foundation trust's strategic direction.

The government is encouraging all NHS trusts to achieve foundation trust status by the end of 2008.



## Benefits for our patients and local people

Becoming a foundation trust will allow us to be more responsive to patient and local healthcare needs, and to develop closer links with local communities and other healthcare providers in the area.

Our new governance arrangements will make the hospital more accountable to patients and local people. Local people can become members and be elected to the members' council giving them a much greater say in how the hospital's services are run and developed.

As a foundation trust hospital we will have greater financial freedom. We will be able to seek new sources of income, retain any surplus and decide, in partnership with our members' council, how best to spend our money to meet the needs of our patients and local communities.





### Benefits for our staff

With foundation trust status, staff will have a greater say in how the hospital's services are developed. All staff can become members and be eligible to be elected to the members' council.

As a foundation trust hospital we will have greater freedom to respond to local rather than national staffing pressures. We will also have more freedom in how we reward and retain staff.

### Benefits for our partners

The delivery of effective healthcare requires different agencies to work together to provide a fully joined-up service. Having our key partners represented on our members' council will enable this to happen more easily and give them a say in how our services are developed.



### NHS foundation trusts:

- are part of the NHS
- provide care on the basis of need, not the ability to pay
- are not run for profit
- have greater freedoms and flexibility in the way they are managed
- are governed by local people
- are regularly inspected against NHS standards





## How the foundation trust will help us achieve our vision

The hospital has developed a comprehensive plan of how we believe our services will develop in the future.

We aim to become **'the hospital of choice for local people'** and we believe the new freedoms gained through NHS foundation trust status will help us to achieve this vision more comprehensively and quickly.



Becoming a foundation trust means that:

- patients, public and staff will have a much greater say in how the hospital's services are developed
- we will be able to change services more quickly by keeping our surplus income and using it as we wish
- we will have more freedom and flexibility to look ahead and plan changes to our services further into the future
- we can work with our partner organisations to deliver



healthcare for the people we serve in a co-ordinated way

- we can respond to patients more quickly and fulfil our commitment to keep the Whittington promise, which is:

- To have a clean hospital
- To be welcoming and caring
- To be well organised
- To give the best possible treatment
- To keep patients informed about what's happening

**? Do you agree with our vision for the future of the hospital as a foundation trust?**



## Improving the experience of our patients

In recent years we have been working hard to improve the experience of our patients. This includes the opening of our new hospital building; the development of 'one-stop clinics', where the patient receives all their care in one day that previously would mean coming up to the hospital on several occasions; and the use of day surgery whenever possible. Other initiatives include home-delivered chemotherapy and significant reductions in the waits for outpatient appointments and in the emergency department. All have had a big impact on patient satisfaction.

Improving the hospital environment and developing services in line with the needs of our patients and the local community will continue to be our priority. This will include the modernisation of our facilities for women and children and improving communication with patients before, during and after a visit to the hospital.

NHS foundation trust status will enable us to develop this work at a faster pace and give patients and local people a say in how our services are developed.

**? How do you think we can create a more patient focused organisation?**



## Day surgery

With advances in surgical techniques and the development of high level skills and expertise by our surgeons, almost 75 per cent of patients having an operation at the Whittington have their treatment and go home on the same day. We choose day surgery whenever possible as it minimises the amount of time a patient needs to spend in hospital and recovery from the operation is quicker. It is also a benefit for patients as day surgery reduces the disruption to their daily lives.

Dr Simon Walker, consultant anaesthetist and clinical lead for day surgery, is part of a team involved in developing the day surgery services offered by the Whittington. "We know that day surgery is popular with patients and with the opening of our new state-of-the-art day treatment centre in 2008 we will be able to increase both the number and type of procedures performed," says Simon.

The new day treatment centre provides us with an opportunity to change the way in which our services are delivered. We will be increasing the number of direct access and one-stop clinics available, which will reduce the number of times a patient needs to visit the hospital.

For example, we currently offer a direct access hernia service, where GPs can book patients directly onto a waiting list for day case hernia repair without the need for the patient to attend an outpatient appointment first. For patients the only prerequisite is an assessment on the day of surgery before having their operation.

"An evaluation of this service showed that a patient's total time taken from the moment their GP refers them to hospital, to when they have their surgery is halved and that satisfaction is extremely high," says Simon. "Patients can expect our new day treatment centre to offer more services like this."



**Dr Simon Walker**  
Day surgery





## One-stop clinics

Dr Salah Al Buhessi did his medical training at the Whittington nearly 10 years ago before doing his MD in prostate cancer in 2001. He rejoined the hospital soon after as a registrar in urology where he has since been involved in an initiative to introduce a one-stop clinic for patients with blood in the urine known as haematuria.

The cause of haematuria may exist in either a patient's kidneys or their bladder and a number of investigations are required to locate the problem and enable doctors to prescribe the most appropriate treatment. In the past this would have meant patients undergoing a succession of tests spread out over four or five weeks and then a wait of over a month for the results.

The Whittington's urology team have developed the concept of a one-stop clinic where patients are tested and given their results all on the same day. Working with the imaging department and the day surgery unit, patients can now have a blood and urine test, an ultrasound scan and cystoscopy all on the same morning and, if a biopsy or other procedure is also required, this can be done in the afternoon.

Salah also sees patients with prostatic symptoms in a one-stop prostate assessment clinic, which is run in the same way as the haematuria clinic. Patients receive an ultrasound scan, urine flowrate measurement and prostate biopsy all on the same day.

The Whittington also runs one-stop clinics for patients with breast problems and for children and we are looking to extend this further across the hospital. One-stop clinics are extremely popular with patients, increasing the speed of diagnosis and reducing the need for multiple visits to the hospital.

**Dr Salah Al Buhessi**  
Urology



## Improving the quality of our treatment

At the Whittington, we take pride in the quality of treatment our patients receive. Our consultants are experts in their field and many are nationally recognised for their work. In conjunction with University College London and Middlesex University, we are a major provider of education for doctors and other health professionals and this activity feeds directly into improvements in care for our patients.

To deliver quality care we need to provide our staff with the best medical equipment. We now have some of the most advanced hospital facilities in London. Our imaging department has state-of-the-art scanners and the most up-to-date x-ray machines, whilst our critical care unit is fitted with all the equipment needed to look after the most acutely sick patients.

NHS foundation status will give us the flexibility to invest in our staff and continue our ambitious modernisation programme to refit the hospital with the equipment we need to deliver a truly first class service.





## Chronic Obstructive Pulmonary Disease

Alexandra Constantinou has severe Chronic Obstructive Pulmonary Disease, or COPD, which is the most common reason for emergency admission to hospital. Alexandra has had COPD for the last 10 years and was first admitted to the Whittington as an emergency with difficulty breathing last year. She is being treated with breathing support, using a mask on her nose, which she has found very helpful for her breathing and has been on the ward for two weeks.

Dr Louise Restrck, respiratory and general medical consultant, has been working at the Whittington for 10 years. She works closely with patients like Alexandra who suffer from COPD. Over the past six years Louise and her team have developed a comprehensive service for these patients, aiming to improve their care and reduce the number of patients who need to be admitted to hospital.

With her team, Louise is working to reduce suffering and death from this disease. They have introduced new services including breathing support provided by physiotherapists, which is available to patients 24 hours every day with a 95 per cent success rate. As well as providing lung rehabilitation to all those who need it there is also on-site support for patients to stop smoking as this is the principal cause of COPD.



The other key service introduced by Dr Restrck and her colleagues is the Chronic Respiratory Support (CRS) service, developed to reduce the amount of time patients stay in hospital and to support patients at home. Working with GPs, our respiratory nurse specialists and physiotherapists enable patients to manage their condition more effectively in the comfort of their own homes. This service is much loved by patients and Alexandra has been offered it when she goes home.

'Patients with COPD can be so breathless that they are unable to move from bed to chair and it can be very frightening. It has been very important for us to recognise this and to work with both the psychologists and palliative care teams to help our patients manage their breathlessness', says Louise. The team also have a strong relationship with the London Ambulance Service allowing patients to receive the care they need if they become suddenly unwell at home and do need to be admitted to hospital.

By having treatment Alexandra has avoided having to go into intensive care. She has now accepted the advice from her GP and the Whittington to stop smoking and, although it has been difficult for her, she has quit. Alexandra has a strong relationship with her GP; 'I was very ill and frightened when I went to my GP who called an ambulance. I was brought to the ward and given the non-invasive ventilation to help me with my breathing. Sleeping at night with the mask on is not uncomfortable and I have been able to sleep well again.'

The death rate from COPD at the Whittington is now less than half the national average and patients' daily lives have improved dramatically.



**Dr Louise Restrck**  
Respiratory and general medical consultant



## New imaging department for x-rays and scans

Having completed his training at the Whittington, Paul Feeny has now been working as a fully qualified radiographer for nearly a year. In the time he has been working at the hospital, Paul has experienced life in the imaging department before and after its impressive transformation.

The new hospital building, which includes a purpose built imaging department, was opened in November 2006. The imaging department is now one of the most advanced units in the country, which enables us to use the best possible imaging technology with the lowest possible radiation dose.

The department's large and spacious waiting area, with wonderful views across London, is only the beginning of the patients' new and improved journey. A pager system lets the patient know when the radiographer is ready to see them and allows a visit to the restaurants, shops or other areas of the hospital whilst waiting. In the new department, however, patient waiting times are now a lot less as Paul and his colleagues use a digital system which takes a mere one minute for films to be processed compared to its previous 15 minutes. As a result we can see on average an extra 90 patients a day.



The new imaging department is fitted with the latest equipment including a 64-slice CT scanner, which allows radiographers to reformat images and perform 3D reconstructions of images of internal organs and structures. It provides them with clearer answers to difficult clinical problems and saves patients from being recalled or having more invasive investigations. Similarly the imaging department's MRI scanner provides fantastic pictures with detailed images of even the smallest joints.

The new technology has enabled staff to learn new skills. Paul is learning how to use new computer programmes and packages, and how to liaise more efficiently with other departments. The technology has also eliminated the chances of information being lost as radiographers and other members of the imaging team can now send and access patient results and files on-line almost immediately.

The Whittington has set a new benchmark in imaging quality with its ability to acquire images of the smallest and most intricate nature in less than ten seconds. The hospital was recognised in a recent health award for its use of imaging technology.



Paul Feeny  
Imaging Department



## Children's haematology unit

Elishaddai Inegbeneho suffers with sickle cell anaemia and has been a patient at the Whittington for all 12 years of her life. Aside from her checkups every six months, Elishaddai seeks help from the hospital whenever she is not feeling well. She then receives blood tests and transfusions and occasionally stays on the ward until she is fit to go home. This means she has as little time off school as possible.

Edith Aimiuwu is the clinical nurse specialist in the children's haematology unit. She provides a lifelong support network for sickle cell patients at the Whittington. Edith currently looks after 140 children, aged eight weeks to 17 years, including Elishaddai. She closely monitors monthly blood transfusions and frequent blood tests, contacting patients when necessary to ensure they attend their appointments.

For Edith's patients, treatment is not confined to the clinic. She gives telephone advice to patients and their families, as well as visiting patients at home to check how they are and to monitor blood levels after discharge. She is also involved in school assessments, educating staff and helping with decisions for the care of patients like Elishaddai during school hours.

Being an active and constant part of patients' lives is an important role in sickle cell care. 'I always feel welcome when I come to the Whittington and am given everything like treatment for pain, and games and cuddles. The people I feel closest to always come to see me even when they are really busy and I know they will make me feel better,' says Elishaddai.

To ensure a smooth transfer from the children's to the adult haematology team, Edith runs a workshop for her seventeen year old patients so they can be introduced to their new team of doctors, nurses, counsellors and psychologists as well as be shown around the department. Edith enjoys the relationship she has with her patients and happily remains in contact with them throughout their adult life.



**Edith Aimiuwu**  
Children's  
haematology unit



## Working with our partners to deliver patient-centred healthcare services

The Whittington is committed to ensuring that healthcare services are delivered in the right place, at the right time and by the right staff. Many services, traditionally provided in a hospital setting, are now being delivered in the community, and in some cases in patients homes. This means that a visit to hospital can be avoided for many. Working with our partners, we will increase the range of specialist treatments provided in this way.

NHS foundation trust status will enable us to develop the relationships we have with our partners and provide them with an opportunity to shape the future of our services.





## Maternity services

The Whittington has been working with Islington Children's Partnership to develop a new model of care for children and their families. Midwifery and health visiting services are now being delivered in children's centres across the borough, whilst still maintaining strong links with GPs. The aim of the new model is to provide a fully integrated approach to the care of children from pre-birth to the age of six.

Logan Van Lessen, clinical midwifery manager, has been involved in developing this new way of working. She believes that working in partnership with other health professionals and services is the way to provide families with the best care.

Children's centres, in particular, provide support for disadvantaged families who are less likely to use the antenatal services provided by a hospital or GP practice. "Delivering maternity care through these centres allows us to provide flexible and innovative antenatal and postnatal services in a family friendly environment. As a result, the services are far more likely to be accessible to vulnerable families and lead to better outcomes," says Logan.

Teams of specialist midwives are also based at the hospital to provide support to other groups of women with particular needs, for example, those with diabetes, HIV or blood disorders such as thalassaemia. This service includes women who have endured female circumcision, and we also provide a successful and well-respected maternity service for women in Holloway prison. As a hospital, we are committed to providing the communities we serve with the care they need and believe our maternity services demonstrate this.



**Logan Van Lessen**  
Maternity services



## Muscles, joints and bones

Whittington doctors have been developing new ways to treat common muscle, joint and bone complaints. Since July 2006 Islington GPs have been able to refer patients to a triage team based at the primary care trust. Members of the team, who include Whittington hospital consultants and PCT physiotherapy and podiatry staff, use their expert knowledge to direct patients with less complex problems to physiotherapy and podiatry services run in the community. The more complex problems are referred to a hospital consultant. GPs can still directly refer patients with medically serious conditions to hospital without having to go through the triage service.

Consultant rheumatologist, Dr Jennifer Worrall, was involved in the setting-up of the service and is now a member of the triage team. She says, "The aim of the service is to make sure patients see the right person as quickly as possible, and this is being achieved. Waiting times for appointments have been considerably reduced and most patients are now seen in the community rather than at a hospital."

Referrals to the triage team are turned around within two days and patients referred on to community services are seen within four weeks. Eighty-five per cent of all referrals are now dealt with in the community so patients are no longer inconvenienced with unnecessary trips to hospital. They can take comfort in the knowledge that, as requested by their GP, a hospital doctor has reviewed their problem and referred them to the right person in a more timely way.



**Dr Jennifer Worrall**  
Consultant  
rheumatologist





**Achieving our vision for the Whittington is dependent on having an innovative, empowered and flexible workforce. We believe that a motivated staff is the route to the delivery of higher standards of patient care.**

As a foundation trust we want to:

- recruit and retain staff with the right knowledge, skills and expertise to deliver the best possible care to our patients
- continue to develop and promote the best employment practices and policies that support the values and vision of the hospital
- establish a reputation as the local employer of choice, working with community organisations to develop closer links, and promote interest and job opportunities within the hospital



## How the foundation trust will be governed

NHS foundation trusts are organised and governed in a different way to existing NHS Trusts and have three main components:

**The membership** made up of patients, local people, staff and partner organisations, such as Primary Care Trusts (PCTs), GP practices, local authorities and voluntary organisations.

**A members' council** which includes individuals elected from the membership and people appointed from partner organisations.

**A board of directors** made up of non-executive and executive directors and the chairman and chief executive.

### We seek to be an employer of choice by:

- offering good terms and conditions
- adopting best employment practices
- offering flexible working opportunities
- encouraging a culture of openness and innovation
- supporting our staff to balance their work and home life commitments





**Being a member of our foundation trust will be free. Members will be kept informed about developments at the hospital and will have a say in what we do. Members will be invited to:**

- attend discussion forums and workshops on general or specialist topics
- give feedback on their experiences of the hospital
- vote to elect representatives to the members' council
- stand for election to the members' council
- respond to consultation on changes and developments in our services.

### Who can become a member?

We are proposing three constituencies of membership.

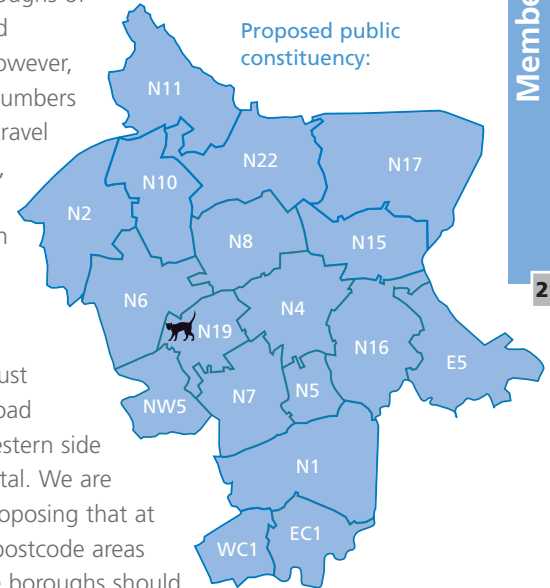
#### Patients

We believe that anyone who has been a patient at the hospital within the last five years should be eligible for membership. Carers of patients may also join the patient constituency provided they are not already eligible as staff or public members.

? Do you think our proposed membership arrangements are comprehensive and reasonable?

### The public

Public membership will be open to all residents of the London Boroughs of Islington and Haringey. However, significant numbers of patients travel from Barnet, Hackney and Camden and in fact the London Borough of Camden is just across the road from the western side of the hospital. We are therefore proposing that at least some postcode areas within these boroughs should be included in the public constituency (see map above).



? Should our public constituencies include the whole of Islington and Haringey and selected postcode areas within Camden, Barnet and Hackney?

We believe the minimum age for membership from the patient and the public constituencies should be fourteen.

? Do you think 14 is the right age to become a member of the foundation trust?





### Staff

All staff, including volunteers, who have worked at the hospital for at least a year will automatically become members of the foundation trust unless they choose to opt out.

Individuals who are eligible to join more than one constituency will be able to choose which one to join, for instance a member of staff who is also a patient may choose to join as a patient member.

**? Do you think our proposed membership arrangements are comprehensive and reasonable?**



### The members' council will work alongside the board of directors to influence and shape the services provided by the hospital.

Its role is to make sure that the views of the local community are taken into account and that information about the hospital is fed back to the members they represent. It is not responsible for the day-to-day running of the hospital, which is the job of the board of directors.

Specific responsibilities include:

- being involved in working with the hospital's board of directors to shape its services and to determine its strategic direction
- representing members as unpaid officials to ensure that services meet the needs of the community
- appointing the chair and non-executive directors
- agreeing the remuneration of the chair and non-executive directors
- appointing the hospital's auditors
- receiving the hospital's annual report and accounts
- advising the Regulator of foundation trusts (Monitor) of any serious concerns about the performance of the board of directors

This role is fulfilled through regular quarterly meetings held in public and the opportunity to influence members of the board of directors.





**The size and composition of the members' council is discretionary. The Whittington is committed to ensuring that patient and public members together represent over 50 per cent of the members' council.**

### Partner organisations

The following partner organisations will be invited to have one seat on the members' council.

- Islington Primary Care Trust
- Haringey Primary Care Trust
- Practice based commissioning from Islington
- Practice based commissioning from Haringey
- London Borough of Islington
- London Borough of Haringey
- Camden and Islington Mental Health & Social Care Trust
- HM Prison Service (Pentonville and Holloway)
- University College London
- Middlesex University

### Patients

We propose that there should be five councillors elected by patient members.

**? Are the partner organisations we are suggesting the right ones?**



### The public

We propose that there should be six councillors elected from Islington public members and four councillors elected from Haringey public members.

### Staff

We propose that there should be four staff councillors comprising one from each of the following staff groups:

- Doctors
- Nurses and midwives
- Other clinical staff
- Non-clinical staff

**? Is the proposed breakdown of the staff constituency into the following four groups appropriate?**

- Doctors
- Nurses and midwives
- Other clinical staff
- Non-clinical staff

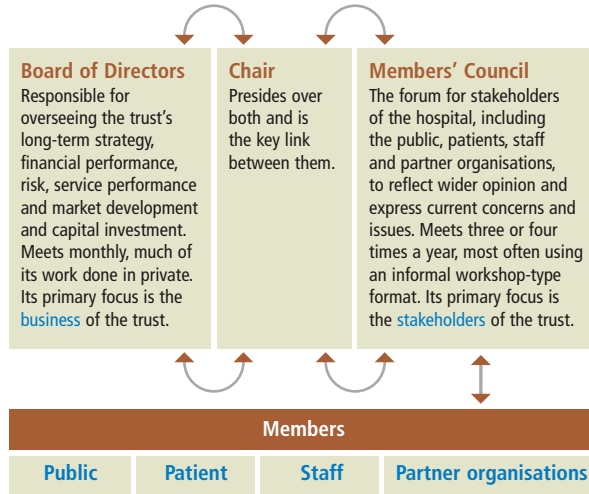
For these three constituencies (patients, public and staff) we shall hold elections every three years by postal ballot to enable each of them to choose who will best represent their needs and interests.

In total we are therefore proposing a members' council of 29 plus the chairman, who is also chairman of the board of directors providing a key link between the two bodies. The majority of councillors represent patients or the public as required by legislation.

**? Do you think the proposed composition of the members' council is appropriate?**



The board of directors is responsible for overseeing the long-term strategy of the hospital, its financial performance, service performance and capital investment.



? How would you like to benefit from being involved with the Whittington when it becomes a foundation trust?

? Is there anything you would like to comment on which is not already covered by these questions?



Thank you for taking the time to read this booklet. We would like to know what you think about our plans for the future of the hospital and your responses to the questions we have asked.

Every response will be considered and will help us with the final proposal to be included in our application for NHS foundation trust status. You can respond in the following ways:

**Write to us at**  
Foundation Trust Office  
Level 1 Highgate Wing  
The Whittington Hospital NHS Trust  
Magdala Avenue  
London  
N19 5NF

**Visit our website and fill in our on-line questionnaire at**  
[www.whittington.nhs.uk](http://www.whittington.nhs.uk)

**Email your views and comments to**  
[foundation.trust@whittington.nhs.uk](mailto:foundation.trust@whittington.nhs.uk)

Or **telephone** our project administrator on **020 7288 3707**

If you are a community or voluntary group and would like someone from the hospital to attend a meeting to discuss any of the issues raised in this booklet please contact the Foundation Trust Office at the address above.

Please note that all views and comments need to be with us by 29 September 2007.



Notes





**Come and find out more at our open afternoon on**

**Wednesday 26 September, 2007  
from 2.00pm until 7.00pm at the  
Whittington Hospital NHS Trust,  
Magdala Avenue,  
London N19 5NF**

**Annual public meeting  
will be at 5.30pm**

