

HARINGEY COUNCIL OVERVIEW AND SCRUTINY COMMITTEE
COMMENTS ON FINAL ANNUAL HEALTH CHECK DECLARATION
BY THE WHITTINGTON HOSPITAL NHS TRUST

March 2008

The comments made by the Overview and Scrutiny Committee in relation to core standards derive from all health scrutiny work that has been undertaken during the year. This submission includes specific feedback from a visit to the Trust on the 17th March 2008 by Members of Overview & Scrutiny, the Patient & Public Involvement Forum and community representatives from Haringey Association of Voluntary & Community Organisations.

The Committee welcomed the positive and pro-active approach taken by Trust and the level of information provided and recognises the need and importance of working together to improve the health and well being of residents.

Core Standard	Comment
C13a; "Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect."	
C15a; "Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet."	<p>During a site visit in March 2008, a food tasting session was held for Members of the Committee and the PPIF. There was also an opportunity to talk to and question key catering staff from the hospital.</p> <p>The Committee concurred with the views of the PPIF, by noting that there has been progress in the quality of food provided to patients of the Whittington hospital. The Committee noted a number of recent developments that have improved the quality of food available for patients:</p> <ul style="list-style-type: none"> ▪ Ongoing satisfaction audits undertaken with patients regarding the provision of food at the Whittington Hospital. ▪ Work with dieticians in preparing menus for patients that are nutritionally balanced and appetising. ▪ New investment in food preparation and distribution equipment which aims to ensure that food arrives with the patient better prepared.

	<p>The Committee also noted the ongoing use of the Red Tray system at the hospital which aims to ensure that those patients who require assistance with their food are supported at meal times. The Committee indicated that it would like to see an appraisal of the system to show what impact this is having in ensuring elderly and vulnerable patients are receiving sufficient and appropriate nutrition whilst staying at the hospital. The Committee was also impressed at the lengths staff were prepared to go to meet individual patient's requirements.</p>
<p>C16; "Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care."</p>	<p>The Committee noted a number of concerns around the administration of patient communications at the hospital. The Committee noted that letters sent to patients for appointments at the hospital too frequently contained inaccurate or too vague information to consistently allow patients to attend appointments correctly. For example, directions given in letters sometimes are difficult to follow as on site signage differs to how buildings are referred to. Many letters sent to patients seem to have been generated by computer and are hard to understand. There is also evidence that carers of older and vulnerable patients are not systematically copied in to correspondence – this is a source of concern for clinical staff and can lead to patients missing appointments.</p> <p>The Committee indicated that it would like to see a systematic review and overhaul of the administration system within the Whittington hospital to ensure that all patient communication is delivered appropriately and in a timely manner. The current system seems to be an amalgam of many piecemeal developments over years and almost seems to be on the verge of collapse.</p> <p>During a tour of facilities in March 2008, Members of the Committee noted that there were ongoing problems with sign posting at the hospital site. The Committee acknowledged that the site redevelopment had precipitated problems for signposting though this underlined the need to ensure that there were ongoing assessments of signage so that patients can navigate the hospital efficiently.</p>
<p>C17; "The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services."</p>	<p>The Committee noted the successful recruitment of patients and the public to the foundation trust Membership and the publication of the membership involvement strategy. Whilst recognising that these may prove useful tools in consulting certain sections of the local populations, the Committee were concerned that future service consultations would focus on</p>

	<p>Membership of the foundation at the expense of other public and community organisations. The Committee therefore sought reassurance that future consultations for service development and service appraisal would encompass the broader makeup of hospital service users and local residents.</p>
<p>C18: “Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.”</p>	
<p>C21: “Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non clinical areas that meet the national specification for clean NHS premises.”</p>	<p>Members of the Committee have undertaken two guided visits to the Whittington Hospital during 2007/8. On the latter visit (March 2008), Members were able to contrast the level of apparent cleanliness within the hospital those seen during September 2007. These can be summarized thus:</p> <ul style="list-style-type: none"> ▪ In September 2007, Members noted that there was a marked contrast between the cleanliness of the old and new buildings within the hospital. Whilst the new building appeared to be clean and well maintained, Members indicated that there should be substantive improvements in the cleanliness and maintenance of the old building, both internal and external. In March 2008, Members noted that there was a marked improvement in the cleanliness of the corridors and indoor areas within the old building. The cleanliness of the exterior building was also noted to have improved, such as the cleanliness of outside windows, but noted that there was still a great deal to be done. Members felt strongly that a rolling programme of cleaning should be developed. ▪ In September 2007, Members had particular concerns with the Accident & Emergency Department. Whilst it was acknowledged that this is a busy service, poor levels of cleanliness and general disrepair were noted (i.e. broken chairs in the waiting area). In March 2008, Members noted that improvements that have been made within the A & E Service, where a full refurbishment was in progress. ▪ Members acknowledged that some areas within the hospital are difficult to keep clean and maintain during the continuing building works on site. Members however felt that this underlined the need to have systematic rolling programme of maintenance and cleaning throughout the hospital. <p>In March 2008, Members were also able to question the Whittington Hospital Members</p>

	<p>regarding the cleaning processes employed within the hospital as regard to infection control for MRSA and C Difficile. Members noted measures taken by the hospital to improve infection control and the reduction in the MRSA rate this has facilitated. Analysis of cleaning audits undertaken by the hospital and presented to Members raised a number of concerns:</p> <ul style="list-style-type: none"> ▪ There appears to be no consistent direction of travel for wards where improvement cleanliness scores are not maintained. ▪ There is a wide divergence in the cleanliness scores between the best and worst performing wards. ▪ There are gaps on the inspection cycle, where it would appear that not all wards are routinely inspected. <p>Members had strong concerns about the methodology used to inspect the cleanliness of wards, in particular the process of peer assessment. Whilst the use of Matrons to inspect their peers' wards has advantages in that this engenders the sharing of good practice, there are inherent risks in this method. Firstly, peer assessment does not ensure consistency in assessment standards as "allowances" may be made or the "benefit of the doubt given" to underperforming peers. Secondly, given the wide variance in cleanliness scores and inconsistent results for each ward, critically this would imply that the same standard of the level of cleanliness is not being applied among peers.</p> <p>In developing a more consistent and reliable system to audit ward cleanliness, Members urge consideration of the following:</p> <ul style="list-style-type: none"> ▪ Clearer guidelines on the standards of cleanliness being assessed ▪ The use of appropriate non-nursing staff to undertake or accompany nursing staff on cleanliness audits ▪ Consultation with appropriate professional body as to a more appropriate methodology that could be deployed for the cleaning audit.
<p>C22: "Healthcare organisations promote, protect and demonstrably improve the health of the community served by</p> <ul style="list-style-type: none"> a) Cooperating with each other and with local authorities and other organisations; b) Making an appropriate and effective 	<p>The Whittington has a seat on the strategic Health & Well Being Partnership Board. The Committee was therefore disappointed to note that the Whittington had rarely taken the opportunity to contribute to the work of the Board which is seen as an important vehicle for partnership working to improve the health outcomes for the residents of Haringey.</p>

<p>contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships; Ensuring that the local Director of Public Health's annual report informs their policies and practice."</p>	
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