



Reference: AHC106207  
Date: 30/04/2007

**Your details**

Trust self-declaration:

Organisation name:	The Whittington Hospital NHS Trust
Organisation code:	RKE

**General statement of compliance**

Please enter your general statement of compliance in the text box provided.

General statement of compliance	<p>The Board of the Whittington Hospital NHS Trust has reasonable assurance that there have been no significant lapses in meeting the core standards during the period 1 April 2006 to 31 March 2007, other than for the exceptions recorded for standards C4a and C4c. Action was taken during the year to address both of these standards, which resulted in an improvement by 31 March.</p> <p>Commentaries have been provided by the following partners: Whittington PPI Forum; Islington Overview &amp; Scrutiny Committee; Haringey Overview &amp; Scrutiny Committee; London Strategic Health Authority. They support the Whittington's self-assessment against the standards. In addition, the Trust's auditors have declared themselves satisfied with the process and management of the self-assessment.</p>
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**Statement on measures to meet the Hygiene Code**

Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>The Whittington Hospital NHS Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from 1 October 2006 to observe the provisions of the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its arrangements and is assured that it has suitable systems and arrangements in place to ensure that the Code is being observed at this trust.</p> <p>Specifically the Board can confirm that a full self assessment was undertaken against the Code, following which key policies were reviewed and updated. A robust action plan is in place to reduce the incidence of HCAI within the trust.</p>
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**Safety domain - core standards**

Please declare your trust's compliance with each of the following standards:

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Not met
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Not met
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant

## Core and developmental standards declaration 2006/2007

C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant
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### Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C4a, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	30/12/2006
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Increasing rates of HCAI in the first part of the year
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Line management of infection control team changed to Director of Nursing in June 2006. Infection control committee reconstituted and chaired by Non-exec Director (who is Professor of Epidemiology at UCL and a national adviser on infection control), with Chief Executive as vice-chair, from Sept 2006. High profile campaign across hospital to promote good practice. Root cause analysis on all MRSA bacteraemia. Director of Nursing & all senior nurses into clinical practice one day per week to reinforce good standards & target areas of concern. Additional infection control nurse appointed January 2007. Work in year (2006/7) has shown a reduction in total numbers of MRSA bacteraemia from 2005/6.

Please complete the details below for standard C4c, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient	30/09/2006

## Core and developmental standards declaration 2006/2007

assurance (planned or actual)	
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Regular incidents reported of problems with decontamination of instruments for surgery
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	review of all decontamination processes, with updating of policies. Additional training for TSSU staff. Improved autoclaves installed early in 2006. New TSSU manager appointed. Trust continues to be part of NWLondon decontamination project. No incidents reported since October 2006.

### Safety domain - developmental standard

Please supply the following information:

Your level of progress in relation to developmental standard D1	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The Trust has met several, but not all, of the assurance statements for "good" developmental progress
Your highest local priorities for improvement relating to developmental standard D1	Complete the NPSA seven steps self assessment tool

### Clinical and cost-effectiveness domain - core standards

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that	Compliant

## Core and developmental standards declaration 2006/2007

	clinicians participate in regular clinical audit and reviews of clinical services.	
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

### Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

Your level of progress in relation to developmental standard D2a	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	The Trust can demonstrate evidence of meeting several, but not all, of the assurance statements for "good" developmental progress.
Your highest local priorities for improvement relating to developmental standard D2a	Increasing patient involvement in setting priorities for audit

### Governance domain - core standards

Please declare your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and	Compliant

## Core and developmental standards declaration 2006/2007

	value of staff, and address, where appropriate, under-representation of minority groups.	
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Compliant
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

### Patient focus domain - core standards

Please declare your trust's compliance with each of the following standards:

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate	Compliant

## Core and developmental standards declaration 2006/2007

	consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

### Accessible and responsive care domain - core standards

Please declare your trust's compliance with each of the following standards:

C17	The views of patients, their carers and others are sought and taken into account in designing, planning,	Compliant
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## Core and developmental standards declaration 2006/2007

	delivering and improving healthcare services.	
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

### Care environment and amenities domain - core standards

Please declare your trust's compliance with each of the following standards:

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

### Public health domain - core standards

Please declare your trust's compliance with each of the following standards:

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the	Compliant



## Core and developmental standards declaration 2006/2007

	health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

### Electronic sign off - details of individual(s)

#### Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mr	Narendra Makanji	Chairman
2.	Mr	David Sloman	Chief Executive
3.	Mr	Peter Farmer	Non-executive Director
4.	Ms	Pat Gordon	Non-executive Director
5.	Ms	Dee Henry	Non-executive Director
6.	Ms	Maria Duggan	Non-executive Director
7.	Mrs	Susan Sorensen	Director of Strategy & Performance
8.	Mr	Richard Martin	Director of Finance
9.	Ms	Deborah Wheeler	Director of Nursing & Clinical Development
10.	Mrs	Margaret Boltwood	Director of Human Resources & Corporate Affairs
11.	Mr	Philip Ient	Director of Facilities
12.	Mrs	Celia Ingham Clark	Medical Director

### Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

<p>Strategic health authority comments</p>	<p>In reviewing the declaration NHS London has followed the principle of self assessment, except where its performance reviews and information clearly indicate a different interpretation. This process has not highlighted any major concerns with the Trust's assessment.</p> <p>The Trust has assessed itself as not being compliant with Core Standard C04a (having systems to ensure that the risk of healthcare acquired infection to patients is reduced) throughout the year, but said it was compliant by 31 March 2007. NHS London's Provider Agency has requested that the Trust provide a revised plan by the end of April 2007 showing how the Trust will meet its MRSA target in 2007/08.</p> <p>The Trust has also assessed itself as not being compliant with Core Standard C04c (having systems to ensure that all reusable medical devices are properly decontaminated) throughout the year, but said it was compliant by 31 March 2007. The North West London decontamination scheme will be operational by Autumn 2008 and the Provider Agency has requested an update should the project be delayed.</p>
<p>Patient and public involvement forum comments</p>	<p>Whilst the Patient and Public Involvement (PPI) Forum for Whittington Hospital may not be in a position to formally assess the Hospitals performance, overall the Forum has a favourable impression. Here are some specific comments:</p> <p>Areas the PPI Forum considers the Hospital to have done well:</p> <ul style="list-style-type: none"> <li>Â. A very good communication link between the forum and the Trust continues to exist and is positively supported by the Trust. The forum has formal observer status on the board and PERG and prior to its opening had a representative on the steering group for the Walk-in-Centre. The forum has also been involved in future development plans, however is concerned that interaction with the forum has not continued into Phase 2 of the redevelopment. The forum also continues to look forward to further progress in involving the wider community in decision-making.</li> <li>Â. We were pleased to learn the Trust scored highly in the SAGA good health hospital guide, rating it as a hospital of choice for older people. We also commend the Trust for making it in to the Nursing Time Top 100 employers and also for scoring highly on a recent Health Safety Executive inspection.</li> <li>Â. The forum have taken an interest in patient meal times and are pleased to see that the Hospital has taken an active role in seeing that meal times remain protected and discourage non-urgent medical intervention during these times. We also commend the introduction of the Red Tray scheme which helps identify patients who are in need of assistance with feeding; as well as the introduction of new heating trolleys to ensure different types of food are heated appropriately. The forum would like to commend the Director of Nursing on setting up regular tasting trips around the wards to test the quality of the food.</li> <li>Â. The forum commends the introduction of pagers for patients with imaging appointments and pharmacy prescriptions. Patients are given a pager and paged five minutes before their appointment allowing them to use the hospital facilities such as the coffee shop.</li> <li>Â. The forum is pleased to see the Trust has improved and</li> </ul>

maintained their response time to complaints and has opened their PALS office up to wider exposure by placing it in the new entrance.

Â· The forum is pleased to have been asked to represent patients' interests on the Clinical Ethics Committee and Stroke Group. We have also been asked if we would like to send a representative along to the Gynaecology and Obstetrics Committee. We commend the Trust for showing a willingness to involve the forum on medical committees to gain a patient focus.

Â· The forum would like to praise the Emergency Department for their dealing with ever increasing numbers of people coming through their doors, whilst still maintaining waiting time targets.

Â· The ongoing study with Heathlink and Groundswell regarding homeless people in the Emergency Department (ED) has acquired a financial grant which is funding a project manager. This person will complete the work needed to submit a template of the pathway hospitals should follow when dealing with the homeless. Much more work has gone in during the year in providing the detail of onward referral to agencies (and there are quite a few) at various times of day and night. The two flowcharts of a homeless person's journey in ED continue being refined as part of this work.

Â· The forum is exceptionally pleased at the Trust's continued support of the HIV/AIDS antenatal support group, an initiative which arose from the forum's outreach activity.

Areas that the Forum feels need further attention by the Trust:

Â· The forum was disappointed with the continual push back of the opening date for the new development, resulting in a considerably delayed opening. We understand this did not involve financial loss but it did substantially delay the excellent new resources for patients.

Â· The forum has an ongoing concern which the Hospital shares on cleaning standards and will continue to monitor this along with the Trust.

Â· The forum has grave concerns about patient confidentiality with the introduction of outsourcing of patient notes and letters to India for transcribing.

Â· The forum believes the issue of night time procedures regarding accidents needs reinforcement after an incident with an elderly patient occurred during the night and was not reported despite the patient sustaining injuries.

Â· The forum was disappointed with the Trust's low rating in the Healthcare Commission's report on Quality of Healthcare for Children in Hospital, particularly in emergency care environments.

Â· The forum believes there needs to be better physical separation of the Emergency Department and Walk-in-Centre. The present situation undermines any action taken to involve local GPs' surgeries for non-urgent visits to the Emergency Department

Â· Communications on newsworthy issues between the Trust and the forum needs some improvement. The forum was caught unawares by the press on one occasion during the year when the Trust was not

	<p>forthcoming in providing information on a major incident.</p> <p>Â. The forum is concerned that the smoking ban introduced on Hospital premises is not being enforced. We believe the Trust needs to address how this will be policed. On each visit to the Hospital since the introduction of the ban, members have seen people smoking in the grounds of the Hospital.</p> <p>Â. Although overall the Trust have been good at consulting with the forum, we were disappointed that our changes to the recent survey questions for patients were not taken in to account and were told that it was too late to contribute.</p>
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**Overview and scrutiny committee comments**

Overview and scrutiny committee 1

<p>Comments</p>	<p><b>ISLINGTON OVERVIEW &amp; SCRUTINY COMMITTEE</b>  Further to the meeting between members of the Council's Overview Committee and you and your colleagues at the Town Hall on 27th March I now set out below the comments and views of the Committee on the core standards reviewed at the meeting</p> <p>C17: the Committee is concerned that not enough is done to involve patients and the public effectively and early enough in decision making processes. In particular there is a concern, supported by the PPIF, that the Trust tends to communicate with "the usual suspects", stating it consults regularly with just 30 local community groups and does not engage with the broad spectrum of the local community. The Committee believes that the Trust needs to do more to develop its links with local organisations/bodies and the voluntary sector.</p> <p>C18: The Committee is concerned that the Trust tends to communicate with "the usual suspects" and states that it consults regularly with just 30 local community groups. The Committee believes that the Trust needs to do more to engage with non-patients and hard to reach groups. Please to note that in the past year 98.6% of patients have been seen, treated and discharged or admitted within four hours of arriving at Accident and Emergency but the Committee is concerned that no evidence was presented to show that all groups benefited equally from this high standard.</p> <p>C22: Noted the extensive partnership work being undertaken by the Trust, however, the Committee is concerned that no reference was made by the Trust to their involvement with the local strategic partnership to tackle health inequalities</p> <p>C14: whilst noting that new processes have been put in place for dealing with complaints from patients that has resulted in over 80% of complaints being dealt within the 20 day timescale the Committee hoped this percentage would get higher.</p> <p>C4a: The Committee was reasonably pleased to hear that progress had been made in relation to infection and cleanliness and that the Trust had put some very strong leadership into this area</p>
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Overview and scrutiny committee 2

Comments

HARINGEY OVERVIEW AND SCRUTINY COMMITTEE

The comments made by the Overview and Scrutiny Committee in relation to core standards have come from all health scrutiny work that has been undertaken during the year. This includes specific feedback from the stakeholder conference that was held on 22 March and focussed reviews on specific topics. The Committee welcomed the positive and pro-active approach taken by the Trust and the level of information provided and recognises the need and importance of working together to improve the health and wellbeing of residents.

C6: the Committee is of the view that there should be a seamless provision of care for patients. It noted the response from the Trust this should, in theory, already be taking place. The Trust has a discharge liaison team which works closely with Haringey Council's Adult, Culture and Community Services Directorate and families. However, it was noted from evidence from the Trust that this does not always happen, particularly for patients with relatively minor ailments. In addition, the Committee also noted evidence from patient representatives from the Trust's PPI Forum that patients are routinely told on discharge, to visit their GP if they feel unwell rather than have specific follow-up from the hospital. It was their view that this could sometimes lead to a lack of continuity in care. In response to this, the Trust stated that they were sometimes not able to follow up because they are told not to do so by the TPCT. The Committee is of the view that the Trust should work closely with the TCPT to develop systems that ensure that patients are always provided with the follow up necessary to facilitate their full recovery and minimise the risk of relapse.

The Committee noted that both of the main acute trusts for the area (the North Middlesex Hospital and the Whittington) have initiated some innovative approaches to practice. However, it is of the view that these could be better shared so that best practice and innovative ideas could be adopted more quickly and widely.

The Committee's recent scrutiny review on improving the health of people with profound and multiple learning disabilities received evidence that there is a lack of clarity on the who should fund additional support required for people with learning disabilities when they hospitalised. This can result in a lack of such support being provided, resulting in additional burdens being placed on carers. The review has recommended that this issue should be clarified in discussions between health and social care partners, including the Whittington Hospital, as part of the commissioning process.

C13: The Committee noted evidence from stakeholders at the Health Scrutiny Conference that there could sometimes be issues concerning the management of visiting hours. Whilst it is of the view that visits are of great benefit to patients, a balance needs to be struck to ensure that they do not detract from their recovery or put them at risk from infection. The Committee welcomes the response from the Trust that they have put an "experience review group" in place to look at this issue and feels that visiting hours should be managed sensitively but effectively. The Committee notes that the Trust has considered outsourcing transcription services but has not yet made a final decision. It is strongly of the view that any decision to outsource should not compromise patient confidentiality.

C15: The Committee noted evidence from stakeholders regarding the

issue of "choice"™ for vegetarians. There are a large and increasing number of people who are vegetarians in the locality. A particular reason for this is the diverse nature of the local community which includes a significant number who are vegetarian for religious or cultural reasons. There is currently only one vegetarian option on menus, which only provides a limited a choice for them. The Committee is therefore of the view that choice for vegetarians should be extended. The Committee welcomes the fact that the Trust monitors the amount that people eat to ensure that they are getting proper nourishment. It notes the fact that many hospitals, such as the North Middlesex Hospital, now use a coloured tray system to denote those with who need assistance when eating and that these have proven to be of assistance. It therefore welcomes the fact that the Trust is piloting a similar scheme and looking to expand the programme.

C16: The Committee undertook a scrutiny review that the Committee on improving the health of people with profound and multiple learning disabilities. As part of this, the Committee commissioned independent in-depth consultation with a representative group of local carers and received evidence that local hospitals, including the Whittington, did not always communicate effectively with people with learning disabilities and their carers. The Committee is therefore of the view that the trust could benefit from an increased awareness of the communication needs of people with learning disabilities and the challenges that there can be in meeting them.

C17: The Trust has engaged effectively with the Committee when requested and links have been further developed. This has included assistance with the setting up of the annual Health Scrutiny Conference to which a wide range of stakeholder organisations were invited, and assistance with the creation of local protocols for the consideration of "substantial variations" , as defined by Section 7 of the Health and Social Care Act.

C18: The Committee notes that times when diagnostic appointments are available are generally during office hours. This can make it difficult for a range of people to attend, including people with childcare responsibilities and in full time employment. It welcomes the fact that the Trust now runs some early morning [7am] sessions and a drop in x-ray facility. However, it feels that there needs to greater flexibility in the availability of appointment times. Evidence obtained as part of the scrutiny review on improving the health of people with learning disabilities that both outpatient and inpatient departments are not geared up to effectively accommodate people who have specialised needs. People with a learning disability may have difficulty waiting for long periods of time, not understand why they are at the hospital and may find medical procedures alarming. This can manifest itself in behaviour that could be interpreted as challenging. In addition, there may also be communication difficulties which can make it more difficult for health professionals to reach a diagnosis. The view of carers that were interviewed was that local hospitals, including the Whittington, could assist by considering more flexible arrangements in order to accommodate their needs more effectively. In addition, carers felt that staff did not always fully appreciate the challenges of meeting the needs of people with learning disabilities when they were hospitalised. This could mean that insufficient support was available and, in particular, signs and signals of distress were missed or misinterpreted. As a result of this, carers often did not feel confident to leave whilst they were an in patient. However, the same scrutiny review also received welcome

	<p>evidence on good practice by the Trust in its neurology department in responding sympathetically and effectively to a carer's concerns about her daughter's possible seizures. The carer was greatly assisted by a nurse who had been on a training placement in local day centre for people with learning disabilities and therefore understood about learning disability and her daughter's difficulty with waiting around. Due to this, the patient was fast tracked her daughter through the system. The Committee is of the view that such good practice should be shared and promoted and, in particular, appropriate training on learning disability should be provided routinely for staff.</p> <p>C21: The Committee noted the view of a range of stakeholders at the Health Scrutiny Conference that the environment in Accident and Emergency needs to be improved. The Service is under extremely heavy demand and a better designed, brighter and more welcoming environment would be more conducive to patient care. It was further noted that it would also be of benefit and more conducive to the care of paediatric patients if a separate area within Accident and Emergency was created for them and their accompanying families. The Committee welcomes the Trust's commitment to these same proposals.</p>
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