



A newsletter for The Whittington Hospital

The hospital of choice for local people

May 2006

Building for Babies launch



Raising money for sick and premature babies

Our appeal was launched on Bank Holiday Monday 1 May when singer Tony Hadley (pictured) joined Barbara Roche, Whittington chair Narendra Makanji and over a hundred friends and ex-neonatal patients for a children's treasure hunt around Lauderdale House and Waterlow Park on Highgate Hill.

In her speech to launch the event, appeal chair Barbara Roche began proceedings by acknowledging the excellent work the staff at the Whittington's neonatal intensive care unit provided to babies under their care and their families. She encouraged all members of the community to get involved in supporting the appeal in a variety of ways – make a donation, organise fundraising events, spread the word about Building for Babies, encourage others to make a donation.

An enormous thank you goes to Wendy King and Sheila Docherty from Ifor ward who worked out the logistics of the hunt – it couldn't have been done without them.



Pictured left are Ellie and Paige Cole celebrating their seventh birthday at the appeal launch. They were born when their mother Charlotte went into labour three months early on 1 May 1999. The girls weighed just under two pounds each and were seriously ill. They stayed in the neonatal intensive care unit for 13 weeks until two days after their due date weighing 5½ pounds each.

Charlotte says "We owe everything to the wonderful staff at the Whittington's NICU. I know most of them would say they were just doing their job but to us, and I am sure to everyone who is unfortunate enough to have a premature baby, they do so much more and for that we will be eternally grateful."



**For more
information on the
appeal and to
donate, log on to
www.whittington.nhs.uk/b4b**

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London Marathon 2006



Dr Wynne Leith and London Marathon

This year's London Marathon runners ran for the Whittington's £3 million Building for Babies campaign.

Our runners were asked to raise £1,000 each in sponsorship for the appeal and it looks as though

they have surpassed themselves. This year it would seem that they have raised almost £10,000 between them.

Our fastest runner this year was the Whittington's own Dr Wynne Leith (shown left), consultant in the neonatal intensive care unit, who finished with a very impressive time of 3:55. Lorraine Turner (pictured right) who has run for us for the last couple of years also recorded an impressive 4:49 -although she claims it was 4.48 by her watch!

They ran on one of the most miserable of spring days – through the pouring rain and unfortunately, one of our runners tripped over badly gashing his arm and knocking into another of our runners. This set them back a bit but thankfully, both completed the course and lived to tell the tale!



Lorraine Turner running for the Whittington

If you would be interested in running for us in next year's marathon, please give us a call in the fundraising office on 020 7288 5641 or email fundraising@whittington.nhs.uk

For more information on the appeal, log on to www.whittington.nhs.uk/b4b

Farewell to Theresa



Theresa Harvey with Debbie Clatworthy

On Tuesday 9 May a tea party was held to mark the retirement of one of the Whittington's most well loved faces.

Here, Debbie Clatworthy, assistant director of nursing sums up Matron Harvey's contribution to the hospital:

"My first contact with Theresa was in 1997 when I was a ward sister on a Semple ward. She rang me in desperation asking if I could send a member of my staff to her ward, as they were extremely short-staffed. In the

past medicine and surgery had not always worked together, so she was amazed when I sent her one of my most competent staff to help out. That was the start of improving relationships between the two directorates.

Theresa and I became the first two matrons in the hospital and worked closely to improve the patient and staff experience. Although more experienced and wiser than me, we shared the same ideas and philosophies - that we wanted all our patients to

be treated as we would want our own families and friends to be treated.

Theresa was always "firm but fair", an excellent nurse, role model and well respected by staff, patients and peers. Her strong work ethic meant that she was always aware of what was happening on "her patch" and she extended this to other parts of the hospital. Not a great deal out-smarted Theresa, apart from the computer occasionally, and her maternal nature was extended to all of us, even the most delicate of surgeons!

Theresa will leave quite a legacy behind her at the Whittington. She has been a constant source of support and inspiration for many of us, and

encompasses everything that makes up an excellent nurse. I will also miss, as will many others, the ability she has when excited or cross, to revert to her "West Indies speak". She has taught me some spectacular words and phrases over the years that have often dissolved me into hysteria at inappropriate times.

We often say that none of us are indispensable and there is always someone else who can do the job. This may be true, but Theresa will leave a huge gap when she goes, not just for her colleagues, but for the Whittington itself."

All that remains is to say a huge thank you to Theresa for her dedication, hard work and enormous smile from everyone at the Whittington.



Catherine Tate at the Whittington

The Whittington is set to feature in the new series of The Catherine Tate Show after the cast and crew from Tiger Aspect productions used part Mercers ward and the Waterlow unit to film two scenes on the morning of 9 May.

The hospital of choice for local people



Last Tuesday morning I attended a national conference of chief executives and medical directors to discuss infection control. The debate and discussion focused on best practice in infection control and also re-iterated the national emphasis that will be placed on improving MRSA rates across the NHS.

We know that infections such as MRSA are very important to our patients and the public and have a significant bearing on how patients choose the hospital that they attend for their care. Equally, the patient and financial benefits of good infection control practice are clear. Research suggests that an average hospital can reduce its length of stay by the equivalent of 30 beds, can help to prevent 90 deaths a year, and save £2.8 million a year if best practice is followed. So a real win-win: good for the patient, good for the hospital.

What also shone through all of the presentations was the fact that infection control is the business of every single member of the hospital staff. In the same way that the 98 per cent emergency department target cannot be met by the ED staff alone, reducing hospital infection cannot be left to the infection control team. In this context, in our recent staff survey a surprisingly high number of respondents felt that infection control was not relevant to them in their job. Every one of them was wrong!

Our performance on infection control is good, but could be better. We launched our **cleanyourhands** campaign, and invested £35,000 in installing new hand basins and alcohol hand gel dispensers in all wards and departments, and introduced a more sophisticated screening procedure for *Clostridium difficile* that seems to be effective in managing the number of cases we have seen. We did, however, see a slight rise in the number of MRSA cases reported between September 2005 and January 2006, an increase which was reflected across the country, probably due to the number of patients coming through hospitals and the complexity of procedures and treatments we provide. Despite the Whittington having one of the lowest rates in London, this increase is concerning and we need to continue to do all we can to combat the spread of these bugs.

As mentioned, whilst the hospital's infection control team do a great job, it is up to every single one of us to do everything we can to help keep infection under control. Even though we may not all have direct contact with patients, we should remember some basic hygiene rules such as hand washing or the use of alcohol hand rub at the beginning and end of each day and when touching items in common use such as door handles, stair rails, patient notes and after using the toilet and before eating. The correct use of protective equipment is also important, such as aprons and gloves in the clinical areas and during food preparation. These are simple but effective ways of reducing the movement of germs. Please report areas that need cleaning and let people know if alcohol gel is unavailable so that it can be replaced. Also please do help visitors and patients to contribute by

highlighting the importance of hand washing and don't be offended if people ask you if you have washed your hands.

On other matters, I am pleased to report that last year we broke even. This excellent result is thanks to sustained efforts from all staff on many fronts, including the control of spending on agency staff and non-pay items, the efficient use of beds and theatres, reducing the average length of stay, and increasing activity in many areas that resulted in to higher than planned income.

The financial outlook for 2006/07 remains challenging as a result of the impact of the new payment by results tariff and national and local initiatives to control the number of referrals made to hospitals by GPs. We are currently working hard to devise a financial plan for this year that will mean we reach next April in the black for the third year running. Fortunately the work done in 2005/06 will provide a sound bedrock for achieving the 2006/07 target and we will need to continue to maintain the controls and discipline of last year if we are to perform as well this year.

Finally, it is good to report that the launch of the Building for Babies appeal on 1 May at Lauderdale House was both a great success and great fun, with over 100 children and their families coming along for the treasure hunt. This was an excellent start to the appeal and I do hope that you will give it all your support. If you are interested in getting involved, please contact the fundraising team on 020 7288 5641 or email fundraising@whittington.nhs.uk.

Bowel Cancer Awareness Month April 2006

Nationally, April was bowel cancer awareness month. To mark the occasion nurse specialist Maria Walshe decided to increase public and staff awareness by erecting a stand at the main entrance of the hospital on 19 April.

Leaflets on the signs and symptoms of bowel cancer were given out to passers by. Many people stopped to get

information or advice about their bowel symptoms, some people had a family history of bowel cancer and weren't sure if they needed any tests or investigations. A collection was made and £65 was sent to Beating Bowel Cancer.

Maria Walshe – Colorectal Nurse Specialist



International Day of the Midwife

Friday 5 May was a day of celebration for midwives all round the world. The midwives at the Whittington hospital were no exception at it is a very special day for midwives to celebrate the profession.



Lisa Smith, assistant director of nursing presents midwives from Caerns link ward Charlotte Mills and Angeliki Zacharaki with a cake to celebrate the day

Maternity department acupuncture trial

On 1 April the Whittington began a three-month pilot service offering pregnant women the chance to have acupuncture. The trial is being led by consultant obstetrician Amali Lokugamage and conducted in conjunction with acupuncturists from Asante School of Chinese medicine who are giving their services for free.

Amali is herself trained in acupuncture and had been offering this treatment option to the women she was treating. This proved so popular that a trial was proposed with more acupuncturists to take the workload.

Studies have shown that acupuncture may be beneficial to pregnant women before, during and after birth in a number of ways:

Before birth

- Treatment of nausea and vomiting
- Turning breech babies
- Treating musculo-skeletal disorders
- Reducing the incidence of overdue babies

During childbirth

- Drug free way of speeding up labour and delivery
- Helping to reduce pain during labour
- Reducing anxiety and helping relaxation

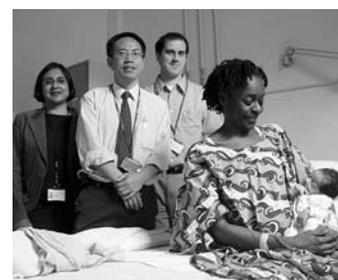
The new service is proving popular with both the women being treated and staff. Midwife Janet Price says "it took a few days for the staff to get used to having the acupuncturists around and to become accustomed to the way that they work because this kind of thing has never been done before but now everyone has become involved in the scheme and we

are all feeling the benefit."

With 65 treatments in April alone, the service is clearly a hit with the women in the unit. The patient feedback forms received have shown a high level of satisfaction with the treatment that has been given.

One of Asante's acupuncturists, Dr Timothy Kang (pictured above) says "one of the great things about acupuncture is that it gives women more choice over their treatment during pregnancy and offers alternatives when despondency sets in."

One of the Whittington's consultant obstetricians, Amma Kyei-Mensah, shown here with her new baby daughter, recently made use of the service during her own labour. She had been having treatment during her pregnancy for nausea and was also able to take advantage of the service during her induction and labour. She says that a combination of acupuncture, yoga breathing techniques that she had been learning and a great midwife in Comfort Offorjindu, she gave birth with no other pain relief.



L-R Consultant Amali Lokugamage, acupuncturists Dr Kang and Alex Owen with Amma Kyei-Mensah and her new baby

Amma said, "I think this is a great pilot project, I highly recommend that the results of this pilot service should be disseminated and that the service really should be made available to women antenatally." She continued, "I think that there is a possibility that the technique could even help to save the NHS money on expensive pain relief such as epidurals that are given to women during labour."

Welcome to the Whittington



Who are you?

Tim Jaggard

What is your job title?

Financial Planner (Costing)

What are you responsible for?

Ensuring that the Whittington understands the true cost of providing each of its services. This is becoming increasingly important now because we must know whether our income under the new 'Payment by Results' system is enough to cover our costs for each service. Ultimately, a good understanding

of costs is fundamental in helping us to remain competitive, and ensuring that the Whittington goes from strength to strength.

What were you doing prior to coming to work at the Whittington?

I have spent the last two and half years on the national NHS graduate training scheme for financial management. This has given me experience in a variety of organisations, from acute trusts and PCTs through to the local SHA and the Department of Health.

What are you most looking forward to about working at the Whittington?

Gaining a better understanding of how services are run, and learning from clinical staff about the work that they do, so that my experience becomes much broader than simply looking at the financial perspective of the hospital.

If there were one thing you would like you colleagues to know about you, what would it be?

I play drums in a band, and Whittington staff are always more than welcome to come along to one of our gigs. Email me if you're interested!

Easter on Ifor

The day before Good Friday Arran and Sam from Brooke Street UK Limited Wood Green

arrived on Ifor with heaps of Easter eggs for delighted children.



Also welcome to the Whittington!

Ann-Marie Littlewood, Elroy Reid, Sarah Auger, Martina Boyce, Clare Kissock, DawnMarye Stobaugh, Olayinka Amolegbe, Esme Ricketts, Manju Shrestha, Adesegun Oremule, Jana Kristienova, Deborah Ghazouani, Rebecca Crowe, Sarah Geismar and Michael Towers.

Temporary staff booking revolution

Early last year, the Whittington began to look at ways to make the management of temporary staff easier for ward managers. As a result, wards now have the ability to request and view shift bookings through the Staffbank system on the internet and have immediate access to up to date information without having to phone, fax or email the temporary staffing office. This access has recently been expanded to all areas of the hospital, which now means that from 1 May the staff booking process will be completely paperless - saving time, effort and trees!

This achievement has been reached with significant work from the team in the temporary staffing office who have helped

everyone in the hospital make the transition to this new method. Joyce Ponteen has also worked tirelessly to develop the Staffbank system and provide training to all the wards and administrative areas. I would like to thank everyone in the temporary staffing office for their commitment to this work, as well as the staff who have supported this initiative.

Over the coming months, the project will continue to improve the temporary staffing process, focusing on changes that will reduce the workload involved with managing all those timesheets and improve on the already great service provided by the team in the temporary staffing office. We look forward to the continued support we have received from everyone.

Keep looking at future issues of the Link for updates on the Staffbank project.

Margaret Boltwood
Director of Human Resources
and Corporate Affairs

Turning Point Coffee Lounge

24-Hour Hot Meal Vending Service

Catering Services are pleased to announce that the Coffee Lounge is now open Providing self-service hot and cold meals, sandwiches, snacks and beverages for Staff only

This service will operate as cashless only

New Building news



A room with a view. Patients to the new building will have this spectacular view over London.

What's going where and when?

Level	Ward/Dept	Beds	Opening
0	Main Entrance + Patient Relations	-	Jul '06
1	UCL Undergraduate Centre, Catering & Retail	-	Jul '06
2	Critical Care	11 (moving to 15 over next two years)	August '06
	Montuschi	18	
	Mary Seacole (MAU)	15	Nov / Dec '06
3	Imaging (inc. CT; MR; Nuclear Medicine)	-	August '06
4	Mercers	16	October '06
	Nightingale	21	
	Thalassaemia Unit	8	
	Oncology Suite	10	

Details ...

Level	Ward/Dept	Equipment
2	Critical Care	Large individual bed spaces - 24.5M ² (263ft ²) each with state-of-the-art <i>pendants</i> providing all services (medical gasses, suction, electrical supply etc.). Special critical care weighing beds. High specification patient monitoring linked to a Central Monitoring Station.
	Montuschi	High specification patient monitoring linked to a Central Monitoring Station.
3	Imaging	All new, state-of-the-art digital equipment x-ray equipment and high tech ultrasound scanners; a 64 slice CT scanner; a 1.5 tesla MRI scanner; a Gamma Camera for nuclear medicine. The trust's existing Picture Archiving and Communication System (PACS) and its Radiology Information System (RIS) are being enhanced and expanded to accommodate the exponential increase in data generated by the aforementioned technology.



Jarvis site office move



During the weekend of 22 April 2006, new site offices for Jarvis Construction were installed on the tennis court. This will allow Jarvis to decant their offices located at the new main entrance of Magdala Avenue and facilitate completion of the new entrance and landscaping to grounds in front of the Block.

One section at a time was lifted into place starting with an end unit then seven spacer units were positioned, levelled and bolted to each other. Then the last end unit was added. When all joints between the sections were sealed the second set of units were lifted into place levelled and sealed.

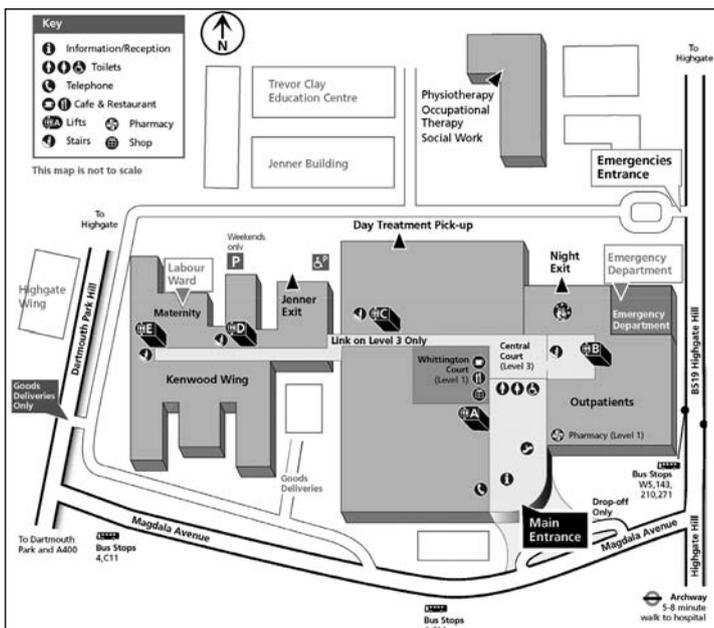
Access stairs were installed at

the rear to allow access to the first floor level.

During the week the Jarvis site offices were connected to the hospital electrical system and water supply. These services will be metered and Jarvis will be charged for usage. A fire alarm system has been installed to protect Jarvis and Whittington staff.

Jarvis site offices will be located on the tennis court for the next 18 months and will be used for Phase II of the hospital development – which sees the current Turning Point refurbished into a new Day Surgery Unit.

Thanks to Steven Primrose and Bill Watson of facilities who organised the move.



The new site map of the hospital that will be in use when the new building opens in summer

Art for the new hospital



Our contractors have offered to put up a sum of money to pay for a 'significant' sculpture or other artwork to grace the new building.

Opinions and suggestions were sought from the hospital's General Arts Consultation Panel – a loose group of 40 or so

members of staff and patients.

The Arts Committee has drawn upon these responses to produce a shortlist of ideas on which they are inviting comment.

The shortlist questionnaire is available on the intranet under staff information or in a small pamphlet available from the Press Office (x 5983).

Further examples, better pictures or a discussion of the issues can be enjoyed by arrangement with Andrew Smith (07816 183324) or one of our two secondees from Byam Shaw Art College Rose Streatfeild (07940 214813) and Dennis Lye (07917 646368).

Important information for temporary staff

Changes to the timesheet submission deadline for bank staff

As many of you are aware, the temporary staffing office process a high volume of timesheets from the weekend shifts every Monday morning. To reduce this high demand, all temporary staff are requested to submit their timesheets on Fridays.

From Friday 26 May, staff will be asked to submit their timesheets by the following times:

- Staff with daily timesheets need to be submitted by Friday 13:30pm
- Staff with weekly timesheets need to be submitted by Friday 18:00pm

These new times will not affect when you are paid. All staff will still be paid on the following Friday as usual, however any shifts worked in the afternoon of the 26 and the weekend of the 27 and 28 will be paid two weeks later on Friday 9 June.

To ensure daily timesheets are processed promptly, we ask that you continue to submit your timesheets on a daily basis to your manager for authorisation, who will then drop off your timesheet to one of the designated collection points (security desk, Great Northern building or the temporary staffing office).

We have tried to ensure that there is minimal disruption to staff. People who are paid through weekly timesheets will not be affected (provided you meet the new Friday 18:00 submission time).

However we realise that this may cause difficulty to some who work on the weekend of the 27 and 28. Payroll is able to offer a £50 advance to bank staff who are not also on the monthly payroll to cover the delayed weekend payment. In order to qualify for the advance you need to have worked at least two full

shifts between Friday and Sunday (26 to 28 May). Nearer the time you will be able to apply on a special advance form available from the intranet or the temporary staffing office.

More detailed information will

be circulated around the hospital through posters and emails. These will provide further details of the changes and the new submission times, and contact details for any queries.

All staff ID badges should now be activated for cashless use, new staff are automatically subscribed

Whittington Privilege Cards are available for a £10 deposit for those who do not have a staff ID Badge

For lost or stolen cards and general enquiries please contact:

Tom on: Ext 3240 or Bleep 3240

Once confirmed we will stop your card from use within 1 hour

If you fail to report you card as lost you could be liable for any losses incurred
You must also report this to Security on ext 5566 as soon as possible

Betty Mansell Memorial Fund

The Betty Mansell Memorial Fund was founded following the death in January 2004 of Miss Betty Mansell consultant gynaecologist. The reason for setting up the fund was to enable medical students intending to do project work overseas with the cost of equipment, travel expenses, accommodation etc. An advertisement is placed in the student magazine/newsletter.

Applications for individual grants do not exceed £500 and the normal amount is £200-£300 depending on the circumstances of the student.

Students who apply need to write up details of the project conducted during the elective period and submit this to the trustees. This is evaluated to ensure the money is being used in a worthwhile fashion. The trustees are Professor Murray Last, Miss Mansell's husband and Barbara Driscoll, Colposcopy Co-ordinator.

If the student is successful a cheque is then sent to them informing them that they will need to write an account of their trip abroad and send it to the trustees.

Last October a student visited Vanuata in the South Pacific and she spent six weeks at the Central Hospital. The main aim was to compare antenatal care in Vanuatu and in this country. She actively participated in the care of pregnant women and helped with delivering babies. Here are a few examples of traditional medicine and beliefs:

Hibiscus leaves from a lubricant is boiled, if this is drunk a breech baby will be able to turn itself around.

Washing in banana tree stem juice while pregnant results in a big, healthy baby.

Squeezing the juice of a black sea cucumber on to a pregnant woman's abdomen ensures early potty training of the child.

Another student chose to go to Peru last November to observe the differences in urban and rural health care, especially related to sexual and reproductive health.

Miss Mansell would be delighted to know that this fund is helping students to work abroad and gain knowledge for their future careers.

If you would like to make a donation please make cheques payable to: Betty Mansell Memorial Fund c/o Deborah Goodhart.

May - Patient Safety Month



Liz Bennett

Risk management – what's the point?

Putting pen to paper, filling out an incident report form might seem like a fruitless chore but it really is one of the most important things you can do to improve patient safety. Liz Bennett, recently appointed as risk management facilitator explains why.

Professional care is successfully delivered to hundreds of patients every day. But sometimes, despite our best endeavours, the unexpected happens. Things either don't go to plan or unforeseen events cause a problem. And then of course there are mistakes.

None of us set out to make mistakes; but mistakes do happen. Being human we all have the potential to slip up. Risk Management understands this but it also recognises any error in patient care could have devastating consequences. The role of Risk Management is not about fostering a blame culture, but to limit those consequences and ensure similar mistakes do not recur.

Risk Management deals with clinical incidents. Incorrect treatment, drug errors, patient falls or a member of staff sustaining a needle-stick injury are all in the sphere of clinical incidents. There isn't an exhaustive list, some incidents are unique; the common denominator is that if it shouldn't have happened, it should be reported.

If you realise a mistake has been made, tell someone senior so whenever possible immediate remedial action can be taken. Next, calmly fill out an Incident Report form (IR), which should be signed by a manager who will also add the 'Risk Rating'. Report the facts though – not your opinion. And remember, IRs don't replace medical notes or act as a substitute for talking to a member of staff. Send the form to the Risk Management office without delay. Nothing is

achieved by spending time completing a form and then leaving it in a drawer for weeks.

Incidents are categorised as low, moderate or occasionally when something catastrophic has occurred, as high risk. High risk incidents need to be reported within 24 hours, others within seven days. ALL IRs are reviewed. Some moderate incidents and all high risk incidents are investigated. Low risk incidents are not usually formally investigated, but they are still important. Events are monitored, trends are tracked, and patterns and areas of concern are identified.

NHS Risk Management is a national initiative. Along with other Trusts in the country we report data to the National Patient Safety Agency. It in turn collates information and shares that with other Trusts. At local level, the fundamental benefit is that we learn from our mistakes, share our experiences, adjust work practices and increase the quality of patient care.

The ultimate aim of Risk Management is to recognise potential risks and take effective action to prevent them developing into incidents. Clearly some incidents are unavoidable – after all, life itself is a risky business. But, the vast majority are preventable. If you make or discover a mistake – don't keep it to yourself, tell someone. Then get your pen out, fill out that form and let us know. The point is – your contribution to Risk Management could prevent unnecessary suffering or even a very costly legal case. Your form filling really can be that fruitful!

The Clinical Nutrition Service 'welcomes NICE'

Food and nutrition is an integral part of a patient's treatment and essential if patients are to recover quickly whilst in hospital. This is challenging, as up to 40 per cent of patients admitted to hospital are already suffering from malnutrition. The clinical nutrition service works with many different team members of the Whittington. They all have a valuable part to play in trying to improve patient's nutrition whilst in hospital. The Whittington promotes protected mealtimes; the aim is for patients to have an uninterrupted lunch to improve their nutrition and allows for time to focus on food. Evidence supports that better nutrition leads to better recovery and reduces length of hospital stay by five days in 10 per cent of patients. At the Whittington, that equates to 200 hospital beds per year!

In February 2006, the National Institute for Health and Clinical Excellence (NICE) launched guidelines for Trusts on how to tackle the problem. The Whittington provides all of these services and more!

The key points are:

- **Nutritional screening of patients on admission**

This will provide a baseline for a patient's nutritional status and highlight those patients at risk of malnutrition.

- **Nutrition support for those who are malnourished or at risk**

The clinical nutrition service has a coordinated multi-disciplinary approach to delivering nutritional care; by working together we can make a difference to the patient's hospital stay.

- **Employ at least one specialist nutrition nurse**

The Whittington has two nutrition nurses who provide clinical care and advice for patients who require artificial nutritional support. They also facilitate discussions on ethical and legal issues regarding nutrition.

- **Providing nutrition education and training for staff**

All healthcare professionals directly involved in patient care receive ongoing education and training on the importance of providing adequate nutrition.

Ann McMulkin
Clinical Nutrition Nurse
Specialist

Abie Lateef
Clinical Nutrition Nurse

NHS fraud fighters may get new power to access information

Health Minister, Lord Warner recently promised to step up the fight against fraud in the NHS with the unveiling of new proposals to strengthen the powers of NHS counter fraud specialists.

The draft plans will mean that people refusing NHS Counter Fraud specialists access to documents and information during the course of an investigation could face prosecution. This will mean counter fraud specialists with knowledge of the NHS will be able to conduct investigations in a way that is sensitive to the needs of patients and staff and reduce the need for police assistance to search premises or take property which might contain vital evidence.

Health Minister, Lord Warner said: "We will not tolerate corruption and fraud in the NHS. Every single penny of the money we are investing in the NHS must be used for the purposes for which it was intended: new hospitals, doctors, nurses and life-saving equipment. We have already made good progress in tackling fraud in the NHS. We have cut patient fraud by 50 per cent in the last five years - saving the NHS £84 million in the process - and in total counter fraud work has saved £478 million. We are leading Europe in this area and that is why we hosted a European wide conference on fighting healthcare fraud.

The draft proposals will strengthen the powers of NHS counter fraud specialists to root out fraud wherever and whenever they find it and help make sure that those who are guilty of diverting valuable

resources away from patients face the toughest possible sanctions".

The proposed powers, which will require legislation, are:

- the right to require access to original documents relating to all NHS bodies, individuals providing NHS services or contractors
- a criminal offence where any NHS body, individual or bodies providing services to the NHS fails to comply with the requirements of the legislation
- all NHS bodies, other individuals and contractors provide NHS counter fraud officers with all the information they need to carry out their duties

Jim Gee, chief executive of the NHS Counter Fraud Service said: "It is encouraging that the Department of Health is consulting on providing these powers to The NHS Counter Fraud and Security Management Service. The CFSMS is pleased to have worked closely with the Department of Health to develop these balanced measures to prevent and detect fraud in the NHS. We believe that properly trained specialists, with appropriate powers and who are knowledgeable about the working of the NHS should be able to carry out investigations in a way that is sensitive to the needs of the overwhelming honest majority of patients and NHS professionals. We particularly welcome the proposal that the specialists would have powers, not of entry, but of reasonable access, and we can therefore work with the NHS professional to identify a convenient time at which visits can be made to avoid disruption of NHS care".

To discuss any issue involving fraud in confidence, please contact the LCFS, Peter Thompson, on 020 7953 7889 or at peter.thompson@parkhill.org.uk

Alternatively issues involving fraud can be reported to the Director of Finance, Susan Sorensen or through the NHS Fraud Hotline on 0800 028 40 60.

Art student duo!

Art students Rose and Dennis are at the Whittington throughout May to work on current and future art projects in the hospital.

They particularly want to forge a link between the Whittington and their college - Byam Shaw School of Art. Just down the hill

at 2 Elthorne Road Whittington staff can see work by potential Turner prize winner of the future....! Go and check out the exhibitions in the college gallery - they change every week.

Rose and Derek's aim is to have students exhibit work and to get an idea of what kind of art people want to see while they are at work or come to visit the Whittington. They want art that helps everyone feel better.

Get fit - army style

British Military Fitness are give military style fitness sessions for the public that are fun, effective and challenging for which NHS staff are being offered a discount.

The classes are designed so that anyone can take part regardless of fitness levels. They cater from those that exercise regularly to those who are

coming back to exercise. The only pre requisite, as far as they are concerned, is that people turn up with a positive attitude. Classes are held on Hampstead Heath.

For NHS staff the first class is completely free and NHS members pay a flat corporate rate of £35 per month for as many classes as you want

For more information log on to www.britmilfit.com or call 020 7751 9742



Teresa Fitzpatrick

Teresa Fitzpatrick died suddenly on 5 April 2006 at the age of 75.

She had always been a great supporter of the Whittington. She nursed at the hospital over 20 years ago and has been a regular member of the patient panels since 1998. The panel members and Jane Wilson will miss her cheerful contribution to their meetings.

Chaplain's Corner

By David Curtis
Co-Head of Department of
Spiritual and Pastoral Care

Henry Ford said, "Integrity is the secret of successful business. If you can fake that, you've really got it made". We all know how important it is to tell the truth and be trusted by others, but is it always that simple? How important is it to tell the truth, the whole truth and nothing but the truth? We would all like to be thought of as honest people, and we know that we don't like to be "found out" if we have been what is sometimes politely called, "economical with the

truth". However, in hospital work, as in other situations, telling the truth is not always as easy as it might appear at first sight. Giving a patient a difficult prognosis, responding to a complaint, staff appraising and being appraised and having our work reviewed by others, all these are times to tell the truth, yet sometimes we "massage" the truth, couching our words in such a way that we avoid the blunt statement of the truth, hoping that the other person will grasp it without us having to say it. On the other hand, the person concerned having heard the truth, may not want it to be known by others and we may have to tell others less than the truth when asked.

So, it seems that telling the truth and being a person of

integrity sometimes involves difficult decisions and uncomfortable choices. I remember the classic dilemma we were given when I was studying ethics and moral philosophy many years ago, and it went like this: You are a German in the late 1930's and you have decided to hide a Jewish family in your attic. The Gestapo call at your door and ask, "Have you any Jews in your house?" What do you say? Both the answer Yes and the answer No would involve great danger and risk. You have to decide to tell a lie in order to defend a greater good – that is, saving the lives of a Jewish family, or to tell the truth and, whilst upholding your principle of truth-telling, bring about the likely deaths of a Jewish family.

I hope that none of us gets to the point that Henry Ford seems to have got to where he is so good at lying that he knows his integrity is a fake. So, what's the bottom line in all this? Perhaps it may be summed up in the words of Polonius to his son Laertes in "Hamlet": "Above all, to thine own self be true". If we are getting into habits of untruthfulness and deceit, this is so corrosive of our self-respect and self-esteem and, for our own sake, we need to check ourselves and stop this automatic untruthfulness. Difficult habits to break sometimes, but breaking such habits will make us better people and more trustworthy.

Whittington Radio - who are we?

In 1990 a group of enthusiastic volunteers formed a charity known as London Network Radio, to raise the image of hospital radio in London and to convince companies that hospital radio is and can be professional in both its output and the look of its studios.

LNR Whittington was launched in 1995, with 3 new studios and other associated rooms. In 1996 two more exciting things happened to LNR. KIDZ Radio was formed, a service devoted entirely to entertaining the children in hospital. By 1997, LNR had earned the prize of runner up for the Best Hospital Radio in London and two of its members achieved both runner-up and best presenter of the year.

So that's our history - what about today? Well we have a large number of volunteers at the radio station who are led by an elected committee. The

current committee was elected in April and we are pleased that they will be leading the charity over the next year:

- Katerina Kyriacou - Charity Secretary
- Petros Hahladakis - Finance Officer
- Phil Dave - Head of Programming
- Kevin Pestel - Head of Production
- Roy Gummer - Technical Operations Manager
- Simon Sujeewon - Chairman

All LNR volunteers take turns in visiting the wards to talk to you the Whittington hospital patients to get your requests and dedications. Ward visiting is the most important part of our work in providing a hospital radio service. So look out for us around the hospital, finding out what you want to listen to! To hear our output, tune in to channel 7 and listen via the headphones by your hospital bed.

Abbi Wilson
Volunteer, Whittington
London Network Radio



Cycle2work scheme

Up to 50 per cent
discounts on bikes
for staff

Cycle into work –
cut pollution and
get healthy

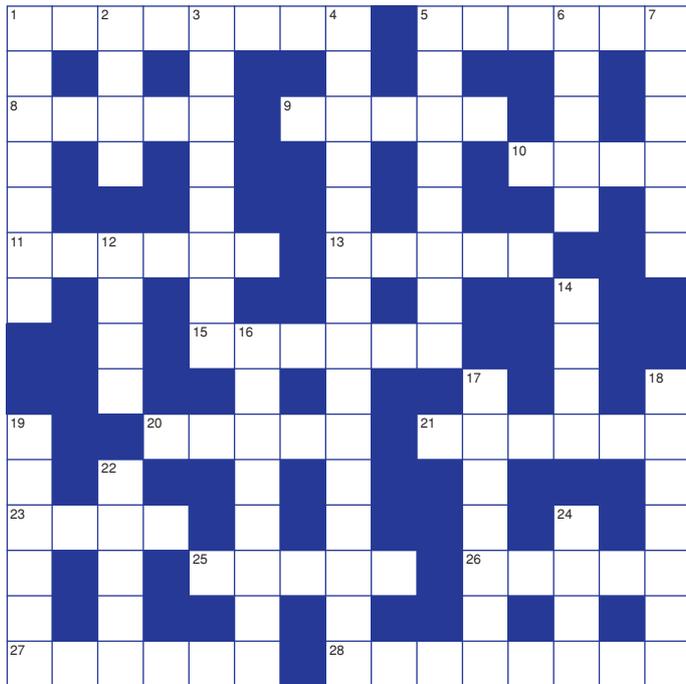
Through the government's Green Transport Plan, which allows tax exemptions, staff are provided with the use of a bicycle and accessories as part of an employment package

The scheme covers the full range of town bikes, folding bikes, hybrid bikes, mountain bikes, road bikes, cycle clothing and accessories

For further information
contact Whittington
travel information on
020 7288 5556

Puzzle Page

Compiled by Ellen Beckett



Across clues:

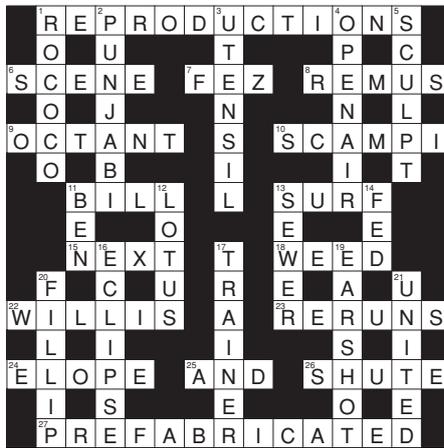
- 1. Sailing vessel; a large sherry glass. (8)
- 5. A formal neckerchief worn as an alternative to a tie. (6)
- 8. A mischievous person. (5)
- 9. A Representative. (5)
- 10. Having an acid taste or smell. (4)
- 11. Openwork footwear. (6)
- 13. A hooked claw. (5)
- 15. A river in SW Asia. (6)
- 20. Welded together. (5)
- 21. Passageway lined with shops usually associated with amusement. (6)
- 23. Portuguese airport town. (4)
- 25. An imaginary animal created by Lewis Carroll. (5)
- 26. Go in search of prey and plunder. (5)
- 27. Flower named after the 18th century Swedish botanist, Anders Dahl. (6)
- 28. On or from the outside. (7)

Down clues:

- 1. Mocking or ironic language. (7)
- 2. French poet, novelist and dramatist, Victor Marie. (4)
- 3. Mining by excavating from the surface. (8)
- 4. Hospital worker. (10,5)
- 5. Gives comfort or solace to. (8)
- 6. Moveable part of a helmet. (5)
- 7. Part of the body between the head and the abdomen. (6)
- 12. International organisation est. 1949 for purposes of collective security. (4)
- 14. Solo voice from a cantata, opera or oratorio. (4)
- 16. Inability to fall asleep. (8)
- 17. Fan who follows celebrities. (7)
- 18. A person who interrupts public speeches. (7)
- 19. Opponents of Cambridge in the annual boat race. (6)
- 22. Americanism for unwanted objects. (5)
- 24. A desert in E Asia. (4)

Solutions
to last
month's
Link
crossword

Crossword winner
Stuart Biggs



Sudoku

	2	4	7		5	6	9	
		6	9		2	4		
1				4				3
	4						7	
			6		8			
	5						3	
8				7				9
		5	3		9	7		
	9	7	5		4	3	8	

Solution to last
month's Sudoku

6	8	7	3	4	5	9	2	1
5	3	1	8	2	9	6	7	4
2	9	4	7	6	1	8	3	5
9	5	3	4	8	2	7	1	6
4	6	8	5	1	7	3	9	2
1	7	2	6	9	3	4	5	8
7	4	9	2	5	8	1	6	3
3	2	6	1	7	4	5	8	9
8	1	5	9	3	6	2	4	7

Conundrum

What does a race-horse eat?

Please send your answers to: Deborah Goodhart, JENNER BUILDING

Last month's answer to:
A rich person doesn't need it
A poor person has it
And if you eat it you will die

Was: Nothing
Winner: Mike Lloyd

How to Play Sudoku:

Fill the grid with the numbers 1 to 9 so that each row, column and 3x3 contain the numbers 1 to 9.

Please send your answers to:

Deborah Goodhart, JENNER BUILDING

Let us have your comments, ideas and stories for The Link. Send them to
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