

west mid matters

ISSUE 38: April 2012

Simulation training goes from strength to strength

CUTTING EDGE TRAINING for trainee doctors, which simulates real-life medical scenarios, is going from strength to strength at West Middlesex University Hospital.

We previously sent all of our foundation year doctors to Chelsea & Westminster Hospital to attend their mandatory simulation training.

Now we provide all of this training in-house at our Education Centre, where rooms are set-up and equipped to resemble A&E and hospital wards.

The training is being delivered by the simulation faculty, led by Dr Jasmin Cheema, Consultant in Emergency Medicine, and Nikki Jones, Resuscitation Officer and Simulation Co-ordinator.

Dr Cheema explained: "This has been a huge leap in both the quality and type of training provided to our doctors. The London Deanery's Simulation and Technology-enhanced Learning Initiative (STeLI) awarded us the bid and the finances to make it happen.

"This is the first time we have run this series of courses here and have successfully 'simulated' all of our foundation doctors.

"We designed and closely tailored the course to ensure that both the clinical management and human factors, such as team working and



communication, were covered.

"Our doctors are working with their colleagues in simulated work settings which make it more realistic and improve the learning outcomes.

"The course has received very good feedback from candidates who have found the unique set-up of our courses beneficial

to their working practice. We hope to make this course a regular fixture in our training calendar.

"It's simply about learning to become better doctors through practice in a safe environment, and continuing to ensure that patient safety is at the centre of our care. It's what we do best here."

Beating bowel cancer



A giant inflatable bowel has been helping staff and volunteers at West Middlesex raise awareness about bowel cancer.

The unusual display, which was outside the hospital's main entrance last month, was big enough to walk through, with photos and information lining its walls.

The display was part of the hospital's drive to raise awareness of bowel cancer and support the national Be Clear on Cancer campaign.

Bowel Cancer is the second most common cancer in England and early diagnosis plays a vital part in diagnosis.

Embarrassment, language, and culture can prevent people telling their GP about changes in their bowel habits. Visit www.nhs.uk/bowelcancer for more information.

L-r: Bowel cancer survivor Denis Collins with Petra Raffin, Colorectal Specialist Nurse, Dr Pippa Riddle, Consultant Oncologist, and Dr Kevin Monahan, Consultant Gastroenterologist.

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What matters to me

FOR THE NHS, April marks the start of a new year for us. It is a time when we take stock of how we have performed over the past 12 months, and whether we have achieved what we set out to achieve at the start of the year. It is important that we, as a Trust, have targets and goals as without them it is difficult to know whether we are making positive progress.

Similarly, it is important that each and every member of staff, myself included, have their own individual performance targets which are aligned to the Trust-wide ones.

It is widely recognised that both the organisation and individual employees benefit from an annual performance review. A well structured review gives staff the opportunity to highlight achievements throughout the year, and allows individuals to recognise and to be given recognition for all the hard work and effort they have put into making the Trust a success.



Dame Jacqueline Docherty -
Chief Executive

It is also an opportunity to reflect on where some help and support may be required and what development needs the individual may have which

we need to address in order to help support their career development within the organisation and the wider family of the NHS.

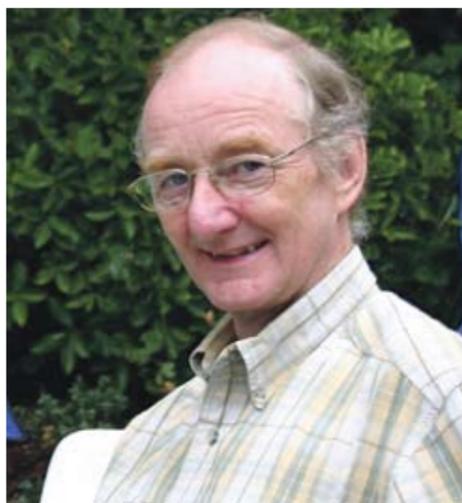
Previously our target has been for all staff to have had an annual performance review completed by the end of our year. However this often means that the review gets left until the very end of the year, which coincides with other pressures including a busy winter period, contract negotiations, business planning and other mandatory and statutory training deadlines. This can mean that performance reviews can get squeezed out or may seem to be a rather perfunctory function which staff are required to participate in, rather than something they wish to engage positively with.

In order that we break out of this cycle of rushing to do the bulk of reviews at the busiest time of the year we have asked for all reviews to

be completed by the end December i.e. within a 9 month period. This will mean that some staff will have their review slightly earlier in 2012/13. We will also set monthly targets to ensure performance reviews are carried out on a regular basis throughout the year. So, for example, if a manager is responsible for nine members of staff they will be expected to carry out one performance review per month up to the new deadline date of 31 December 2012.

In this way we are not only supporting our staff but are also making sure that those who use our services receive the benefits of a work force which is capable of delivering high quality services now and in the future. Health care is changing rapidly with advances in treatment and technology and staff reviews are a key building block in ensuring we remain as a first class hospital for our community.

Director's cut



Hugh Rogers -
Divisional Director for Surgery

OVER THE LAST few years I have spent time working outside the Trust. My main role has been developing an approach to team-working to improve safety in the operating theatre, but most of the principles can be applied across the whole of healthcare. Indeed many have been learned from other safety critical situa-

tions outside healthcare – the oil and gas industry, nuclear power, and commercial airlines. I have come to realise how human factors can lead to mistakes, and how to harness this knowledge to prevent harm to patients.

Model of safety

I have been fortunate to work with some real experts, such as Prof James Reason, famous for developing the 'Swiss Cheese' model of safety, which says that many actual or potential errors can occur, but it is only when several errors occur at the same time that disasters happen (the analogy is the holes in a series of slices of cheese). I've also worked with Ken Catchpole who has spent hours observing teams in operating theatres and has confirmed that, if a serious problem arises, there have usually been a number of issues, with failure of communication, team-working, situation awareness and decision making at the top of the list. It's very seldom that a single mistake leads to disaster, and humans are actually very good at retrieving threatening situations

before things go pear-shaped. Remember the crew who landed the plane on the Hudson River when both engines failed shortly after take off? Well, Ken has witnessed comparable examples of heroic retrieval during operations.

Open communication

We can all apply these principles in our own work in a number of ways. The first principle is to encourage open communication within a team by clarifying roles and responsibilities. I have learned that using first names can be a great way to flatten the hierarchy in the team and encourage people to speak up when they think there's a problem.

Aidememoirs

The next principle is the use of aide-memoirs such as checklists, algorithms or guidelines to make sure we do the right thing to the right patient and don't forget anything. In theatres we use our locally modified version of the WHO surgical safety checklist, to encourage a conversation within the

whole team. This means that we have a shared understanding of the plan - we all start off 'on the same page'.

Structured communication

Structuring our communication can make it more effective when handing over or escalating care using 'SBAR', which stands for: Situation – Background – Assessment – Recommendation. It makes it easier for the recipient of your call to grasp the essentials if they know what the structure will be, so we are adding this tool onto the observation sheets on the wards, and embedding SBAR into the basic nursing observations training.

Simulation

It is helpful to have a safe environment to practice these new skills and we are fortunate to have a state of the art simulation suite in our education centre. We use it to teach and practice technical skills – intubation, resuscitation, etc, but also to learn the softer non-technical skills that help keep our patients safe.

Contact us

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If you have an idea or article for inclusion in future editions of West Mid Matters please let us know via the contact details above.

We are always keen to hear your feedback on West Mid Matters - what you like about it and what you think could be improved - so please let us know.

If you would like to be added or removed from our mailing list, please email your details to: communications@wmuh.nhs.uk



Foot scheme helps diabetic patients



Dr Nida Chammas with Professor Mike Edmonds



Professor Mike Edmonds with Dr Khalid Ahmed

A UNIQUE SCHEME to treat foot ulcers of diabetic inpatients and reduce their risk of amputation and mortality has helped diabetic people at West Middlesex since October 2011.

Diabetes is a metabolic disorder which affects many people in Hounslow, and West Middlesex receives two to three diabetic patients with foot ulcers each week.

The innovative Diafoot project was started by the hospital in April 2011 after it was awarded funding from CLAHRC (Collaboration for Leadership in Applied Health Research and Care) for £104,000.

Research was carried out to find the best process, and a scheme is now in place which prompts staff to carefully check diabetic inpatients' feet and alert hospital specialists if they find any problems. The patients receive swift and expert treatment which could save them from amputation and help prolong their lives.

The scheme has been running successfully on the acute medical unit and will be rolled out at wards across the hospital. The 18 month project also focuses on educating patients and carers in the community.

The work is being led by Dr Nida Chammas, Consultant Physician, and builds on the hospital's successful outpatient diabetic foot service started and run by Dr Khalid Ahmed, Consultant Physician, since 2005.

Diabetic patients can have poor blood flow to their feet which makes them vulnerable to developing foot ulcers. Nerve damage and loss of sensation also means they may be unaware of a

developing or worsening foot ulcer.

15 per cent of patients with diabetes will develop a foot ulcer at some point in their lives and diabetic foot ulcers precede >80% of amputations in diabetic patients. Mortality is almost doubled for diabetic patients with foot ulcers.

Dr Chammas explains: "There was lots of input from patients, doctors and nurses across the hospital to agree the best process for identifying and treating foot ulcers here. It also fits with the new national guidelines for inpatient management of this problem.

"The scheme has been doing very well because it pre-empted the NICE (National Institute of Clinical Excellence) national guidelines for inpatients management of diabetic foot problems released in March 2011 and we are at the forefront nationally in implementing these guidelines.

"It's important that the feet of diabetic patients are checked every day. Improved survival of diabetic patients begins with increased awareness."

The Diafoot project has the support of Professor Mike Edmonds, a diabetes consultant at King's College Hospital in London who has been leading pioneering work to reduce diabetic amputations.

Dr Chammas has also been interviewed about her work by participants in the Prime Minister's Top Management Programme who fed back to Dr Rowan Hillson, National Clinical Director for Diabetes.

Watch our video about the Diafoot project on YouTube by searching for 'West Mid Diabetic Foot Project'.

Peaceful sleep will aid recovery



IT CAN BE strange enough spending the night in hospital rather than in your own bed. Add to this the inevitable noise caused by busy hospital staff and you may not get the health boosting Zzzzs you need.

West Middlesex has taken steps to help patients get a decent night's sleep by responding to patient feedback and replacing noisy bins.

The division has teamed up with ETDE, which manages the hospital's facilities, to provide new same-size soft-closing domestic and clinical bins which will keep disturbance to a minimum.

The new bins will be used across the medicine division's wards: AMU 1, AMU 2, Osterley 1, Osterley 2, Crane, Lampton, and Kew.

Operations Manager Andy Finlay (pictured left) explains: "We want to ensure all patients staying at the hospital have a restful sleep because it helps their recovery and they can hopefully return home sooner."

"We are actively listening to what patients want and we take their concerns and suggestions seriously."



Word from West Mid

Parkinson's disease

By Louisa Aubry - Parkinson's Specialist Nurse

This month WMM spoke with Parkinson's nurse specialist, Louisa Aubry, to get a better understanding of the condition, just in time for Parkinson's Awareness Week 16-22 April 2012.



PARKINSON'S DISEASE, NAMED after James Parkinson who first identified it in 1817, is a progressive neurological condition that affects 120,000 people in the UK. Parkinson's is caused by a premature loss of Dopamine producing cells in the brain. The symptoms of Parkinson's may not become evident until there is about 60%-80% of these cells lost. Dopamine is a chemical that helps the brain to communicate messages between nerve cells and facilitates actions and movement of the muscles in the body, both voluntary and involuntary. These include walking, talking, eating and smiling. As one gets older the risk of developing Parkinson's is greater, usually appearing over the age of 65. However, younger people can also be diagnosed.

How does one get Parkinson's?

It is not known why cell loss in Parkinson's occurs. Studies have revealed a connection between a number of different genes and the development of Parkinson's. It is important to know that it is probable that

having these genes makes people slightly more likely to develop the condition, however, having the genes does not necessarily mean that they will develop Parkinson's. Some research has shown a link within families. Other research has shown that the environment could be a factor such as the exposure to toxins and pesticides and believe this may directly damage the brain, causing cells to die.

What are the symptoms of Parkinson's?

Symptoms of Parkinson's usually start out slowly and develop gradually and affect everyone differently. Each person with the condition may have different symp-

toms and will react differently to treatment. The severity of the condition differs between people and their condition differs on a day to day basis. The main symptoms are:

- Bradykinesia (Slowness of movement)
- Tremor
- Rigidity (Stiffness of muscles)
- Postural Instability (Imbalance)

How is Parkinson's Treated?

Treatment is aimed at restoring the levels of Dopamine in the brain with medication and controlling the symptoms.

Medication - there are several types of medication available. Their main function is to:

- 1) Increase Dopamine levels in the brain
- 2) Reduce metabolism and breakdown of available Dopamine in the brain
- 3) Stimulate Dopamine receptors.

It is important to emphasise that the medication regime is individually tailored to each patient to obtain maximum symptom control. For this reasons patients must continue to take their medication as prescribed even when they are in hospital. Omitting doses of medication or delay in administration may lead to deterioration of the patient's condition. Patients' medication should never be altered by anyone other than a specialist in Parkinson's.

Surgery - sometimes if medication is not as effective in controlling symptoms then surgery may be recommended. This is known as deep brain stimulation.

Therapies - Other therapies are important for managing and coping with Parkinson, including Physiotherapy, Occupational therapy and Speech and Language therapy.

Living with Parkinson's

A diagnosis of Parkinson's is life changing needing long-term treatment to control symptoms. It robs patients of their independence and ability to carry out day to day activities and has a significant impact on their family and carers. Early education of their condition and access to support and therapies (especially Physiotherapy) allows patients to self-manage and remain independent for as long as possible.

Louisa Aubry is a Parkinson's Nurse Specialist at Hounslow and Richmond Community Healthcare. If you are a member of staff and would like to speak to Louisa, you can call her on 0208 630 7525. Please note that Louisa can only give advice for Hounslow patients, otherwise your GP or Consultant will be able to help advise and answer any queries or concerns you may have.

Photo gallery



Generous customers at a Hounslow pub have donated over £600 to the West Middlesex University Hospital charity fund.

Locals at The Lord Clyde made the donation in memory of Tony Hirst who had many friends there and raised a lot of money for charity before he passed away from cancer last year.

Money was raised through raffles and collections and will help the hospital buy incubators for prematurely born babies on the maternity unit.

Tony's friend Ken Fairclough said: "He was one of the greatest guys I've ever known in my life. He would do anything for anyone."

Pictured is Pub Landlord Mr Harash (far left) with some of the fundraising locals.



A local group of expert knitters - Twicker's MacKnitters - were in the hospital last month selling their amazing range of hand-made crafts. They raised almost £300 on the day, which combined with sales to friends made a total of £426, which will be donated to Macmillan Cancer Support.

The group visit the hospital several times a year with their wares, which are all sold in benefit of Macmillan. Since the group formed in May 2010 they have raised almost five thousand pounds for the charity.



A patient's story



Mrs Frances Caller, 84, shares her experience of having a stroke and receiving treatment at our specialist stroke unit

IT WAS SEPTEMBER last year when I woke up in the early morning feeling extremely sick. I knew I wasn't well but didn't know what had happened.

I managed to put my phone in my dressing gown pocket, unbolt the front door, go to the bathroom and ring my daughter who lives nearby. I remember sitting with my head on my arm but I don't know how long I was there. The next thing I knew my daughter was beside me saying she had brought help i.e. the ambulance crew.

I was taken to West Middlesex and initially admitted and then looked after in Crane Ward until the doctors diagnosed what had happened. A scan confirmed I'd had a stroke on the lower right-hand side of the back of my head. My co-ordination seemed to be okay but I felt incredibly weak. I could only manage to go to the bathroom with a walking frame and the help of a nurse, but at least I could do it.

Once the stroke was diagnosed I was moved to Kew Ward and the atmosphere was just marvellous. I had this great feeling when I arrived that I was going to be looked after. It all seemed so organised and everyone made me feel safe and welcome. I felt so reassured by the doctors and nurses who talked to me and by all the staff who helped throughout. I am indebted to the medical support, ancillary carers and of course my dear family and friends.

There were some very ill ladies in the ward and their visitors came and talked to me. I met some very special people. The world has to come to you when you're in a hospital bed and I soon became aware of how many people contribute to patient care. Primarily the medical staff, nurses and others, and I also remember the smile of the man who came around with the water jugs, and the staff who served the food and remembered whether I wanted custard with my pudding!

These normally little things became so important. Every activity is an event and breaks up the day. It was good to meet medical students too. One night I had a very sore throat. I tried hard not to bother the nurses at night, however, this time I rang the buzzer and a nurse brought me a cup of tea. I felt so comforted and knew I wasn't alone.

You're sort of 'plonked' into a hospital when you're ill and the staff help to put you back together and bring back your life. It must be very draining for them to always be helping others but they rarely show it. I felt they were sincerely listening to me as an individual.

Physiotherapists came to see me. I was 'on my feet' with a walking frame but frightened to move without a nurse nearby. They and others did various tests to check my balance, brain function, memory and co-ordination. I felt daunted when asked to walk up a staircase but they helped and encouraged me to feel confident. They told me that my co-ordination and confidence would come back. I believed them and it has.

People from InterAct came to read to me. This is charity service which helps patients recovering from a stroke. I tended to listen to Radio 4 most of the time but to have someone come and read some poetry or chosen prose to me was an amazing experience. No one had read to me since I was a little girl! I also appreciated the ensuing discussions.

After three weeks my medication was stabilised and I was able to go home. You long to hear that news but you also wonder how you will cope. I left Kew Ward in a wheelchair with the ambulance driver and the last person I saw was the Specialist Stroke Nurse. As I said goodbye she looked at me and said: 'Remember you are only a telephone call away'. It was so wonderfully perceptive and comforting.

I had six weeks with a carer coming twice a day plus endless support from my two daughters, granddaughter and friends. Now, six months later, I am stronger. I'm taking Warfarin and do not need to go to the clinic so often for a check-up. There are still a few things to finalise and I'm looking forward to walking to my local café and meeting friends. I'm very forward looking and feel very fortunate and grateful. //

Fact box

A **STROKE** IS a serious medical condition that occurs when the blood supply to part of the brain is cut off. The most common symptom is sudden weakness or numbness of the face, arm or leg, most often on one side of the body. Other symptoms include: confusion, difficulty speaking or understanding speech; difficulty seeing with one or both eyes; difficulty walking, dizziness, loss of balance or coordination; severe headache with no known cause; fainting or unconsciousness. The effects of a stroke depend on which part of the brain is injured and how severely it is affected.

Suspect a stroke? Act FAST. Call 999.

- F** **acial weakness**
Can the person smile?
Has their mouth or eye drooped?
- A** **rm weakness**
Can the person raise both arms?
- S** **peech problems**
Can the person speak clearly
and understand what you say?
- T** **ime to call 999**
Stroke is a medical emergency.

If you think you are having a stroke, dial 999 immediately. Limiting the damage from a stroke is important to your chances of recovery.

May is Action on Stroke Month – find out how you can support this campaign at www.stroke.org.uk

Come to our coffee mornings in May to discuss how we can keep improving our stroke and TIA services. For invitations please visit our stroke and TIA section at www.west-middlesex-hospital.nhs.uk

Join our Life after Stroke Support Group, first Monday of each month 2-4pm, Kew Ward day room.

Further help:
www.nhs.uk/conditions/stroke
www.differentstrokes.co.uk
www.ukconnect.org
www.speakability.org.uk

Tell us your story

We are extremely grateful to Mrs Caller for taking the time to share her story with us. If you have a story to tell about your recent experiences as a patient at West Middlesex, and would be willing for this to appear in WMM, then please get in touch. Contact the communications team by email: communications@wmuh.nhs.uk or call us on 020 8321 5035 / 6342.

You can also leave your comments, anonymously if you prefer, on the NHS Choices website. Go to www.nhs.uk, search for our hospital and then leave a comment under the Feedback section. Direct link is: www.nhs.uk/Services/hospitals/PatientFeedback/SubmitRatingsAndCommentsView.aspx?id=1935



Comings & goings

Starters



Lesley Stephen - Director of Operations
Welcome to Lesley who joins us from Imperial Healthcare NHS Trust where she was Director of Operations. Lesley was responsible for the delivery of targets, capacity planning, service development and modernisation programmes and secured service reconfiguration changes across hospital sites working closely with clinical teams and local councillors. Lesley has experience in evaluating and developing national policy and guidance for its implementation through her work with the Audit Commission & the National Audit Office, as well as her role as the Director of Performance at NHS North West London. She has worked in all sectors of the NHS including being the Director of Strategy & Performance at West London Mental Health NHS Trust, the largest English mental health trust incorporating Broadmoor hospital; Lesley has also worked as a management consultant with Deloitte and is a qualified accountant.



**Claire Baldwin - Assistant Service Manager
Clinical Administration & Outpatients**
Claire joins us from the Royal Berkshire NHS Foundation Trust where she worked as an Administration Services Manager. In her new role Claire is working alongside Angela Dunmall to manage our clinical administration offices. The hospital's administrative functions include patient letters, notes and enquiries, referral processes, and some public-facing reception roles. All are essential to patients' experience at West Middlesex. Claire is keen to support the teams to help them fulfil their potential to provide excellent administration services following changes made last year. She has met a range of people while settling in and has found everyone to be very welcoming.



Donald Okechuku - Workforce Information & Planning Manager
Donald brings plenty of NHS experience to his role having come from Princess Alexandra Hospital NHS Trust in Essex, and previously Hammersmith and Fulham PCT. He is responsible for all of the information held about our workforce on ESR (Electronic Staff Record), including reports about workforce activities, and reports to help plan future staffing levels. He works closely with colleagues Human Resources, Payroll and Finance. Donald told WMM it was great to start at Christmas when everyone was in a festive mood and he has enjoyed his time with us so far.



Anita Khorugdharry - Income Recovery Manager
Anita previously worked as a Logistician for Merlin, a charity specialising in International Health care and providing relief to third world countries. In her new role she is responsible for ensuring the hospital receives funding and payments for its services, and protects the trust finances from any possible losses. Her first impression when she walked through our main entrance was that it must be a very pleasant place to work and she says that her colleagues in the finance department have made her feel at home. We wish her well in her new role here.



Midwives - Christine Johnson, April Smith, Emma Fosuhene

The Queen Mary Maternity Unit feels like "home from home" for Christine, April and Emma as they trained together at the University of West London and carried out their work placements here. April was even born at the hospital, while Emma and Christine's family have been patients here. They told WMM that their first employed role is challenging because it's a step up in responsibility from being students, but they're finding the work extremely rewarding and appreciate the friendly support from staff in the unit. April is currently working on the labour wards and says she "loves being part of an amazing experience in people's lives and seeing the happiness of the new parents". Emma was previously an accounts manager and re-trained when her children got to school age. The idea to become a midwife was planted in her mind after she was a birthing partner to three people and a midwife suggested she would be good at the role. Christine always wanted to be a midwife and care for people. She decided to take the leap after looking after her mum when she was ill and a patient at West Middlesex. She delayed her university place by six months so she could be placed here because she was so grateful to the doctors that helped her mother survive cancer. We wish them a long and rewarding career in midwifery.

Leavers

Ellen Barnes - 18 Weeks & Cancer Services Manager



Farewell to Ellen who has been with us for three and a half years, managing our 18 weeks waiting time targets and most recently Cancer Services. She plans to return to her native Yorkshire to be closer to her friends and family. Ellen would like to thank everyone at West Mid for their kindness, support and assistance. She would also like to say a special thanks to her team for all the hard work they put in over the years, enabling us to achieve the 18 week targets. Ellen's role has taken her to nearly every department in the hospital and she has met "some wonderful characters"! We wish her all the best with her move back up north and with her future endeavours.

Karen George - IT Service Desk Manager



We also bid a fond farewell to Karen who is moving to Sheffield. She has been at West Mid for two years, managing an expanded IT service desk team as well as providing IT support herself. She told WMM that there have been many career highlights, most recently her involvement in implementing IT in the new Urgent Care Centre. Karen wanted to thank her colleagues in IT for all their support and said she has enjoyed having the opportunity to work with so many amazing people.



Compassionate care

Each month in this section we post letters that the hospital has received, complimenting a service. The hospital receives many compliments, however, it is often the complaints which gain more attention. We would like to remind staff that all their dedication and hard work is appreciated by the most important people, our patients, their families and carers.

If you would like to send in a compliment letter, write to the PALS team, at the hospital address, or go to our website: west-middlesex-hospital.nhs.uk and type *compliments* into the search box.

If you are a member of staff or team who has received a compliment letter, that you would like published in West Mid Matters, please contact us on x 6342 / communications@wmuh.nhs.uk

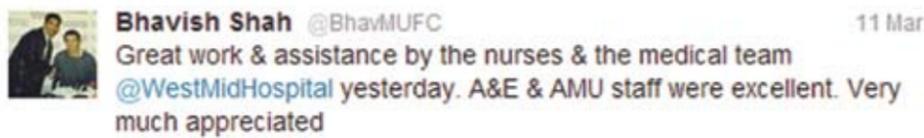
Excellent from start to finish (a comment taken from the NHS Choices website)
Anonymous visited General surgery at West Middlesex University Hospital in March 2012.

What I liked

The whole process was seamless. It happened exactly as had been outlined when I saw the consultant. I've never had an operation before and I felt as though I was in expert hands throughout my brief time in the day surgery. In short, it was a well oiled machine - well done to everyone at West Mid.

What could have been improved

Nothing I can think of.



I am a registered manager of a residential home and was asked to assess a patient on Kew Ward. The Stroke Nurse Specialist's (Ahlam Wynne) communication and interpersonal skills were exceptional. She spoke to the patient at her level and with dignity. She clearly explained the process in the patients recovery plan. She asked if the patient had understood and gave the patient the time and opportunity to ask questions.

I would like to thank all the staff involved in my treatment 13/2/12 . I attended the xray dept in the afternoon and was put at ease and informed of what would happen. Thank you xray dept. I then had a consultation with a young physio nurse whose name escapes me, I would like to thank her as she made arrangements for surgery at Chelsea and Westminster hospital, which I've now had. Once again thank you one and all and keep up the outstanding job you all do.
Mr J.

I would like to tell you about two members of your transport team, their names are Terry and Daniel.

Late on Monday night I required transport home after having had my leg put in plaster. Terry appeared alone, I told him that as I lived in a house he would need help to carry me upstairs. He then went to see the transport manager and found another person, namely Daniel, and together they got me home. Having been in the hospital since 4.00 I was very grateful to these men. They are an absolute credit to your department, and I would appreciate it if you would pass on my eternal thanks to them.

Mr L.

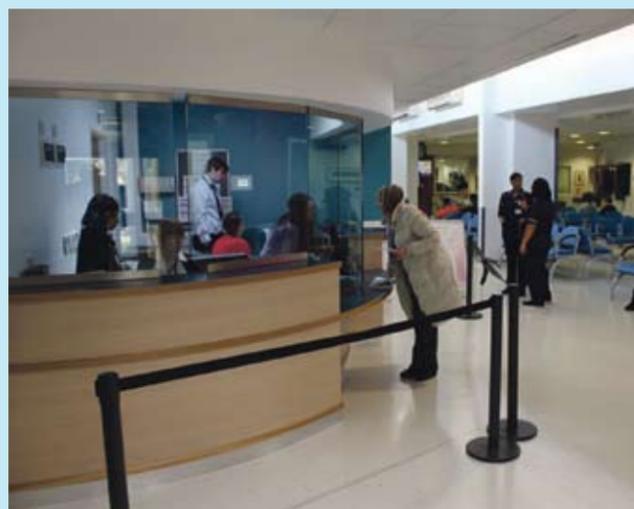
Dear Chief Executive,

I recently had interactions with your amazing midwives in the Maternity ward and Patient Affairs under sad circumstances. Had it not been for the standard of care, attentiveness, gentleness and thoughtfulness of the maternity ward team I think the loss would have had a much deeper and grave impact on us all. From the moment my sister in law was admitted she was looked after really well. As I'm sure you can imagine losing your child is a big enough shock but then to have to worry about funeral arrangements is very tough also. Chris Lewis was a fantastic support. I have been in the HR profession for 15 years and have worked in not for profit, local government, professional and services sector companies and I have never come across anyone who so totally embodies customer service. I think the term customer service doesn't even do justice to what Mr Lewis does and his impact on people.

Thank you again for your support, service and professionalism at such a difficult time.

Warm regards
SS.

New urgent care centre opens



ON 20 MARCH the doors of the brand new Hounslow Urgent Care Centre were opened. Located at the front of the hospital's Emergency Department, the Centre is for patients that required urgent medical attention and who cannot access their family doctor (GP). Patients who are seriously ill will be seen in the hospital's emergency department, whilst patients whose condition is not urgent and requiring immediate attention will be

given help to make an appointment with a GP. Dr Zul Mirza, Consultant In Emergency Medicine, said: "The Urgent Care Centre will help ensure local people are seen by the most appropriate service for their condition. In the past Emergency Departments have been used as the default service by people who may not understand the range of other health services available. We regularly see people coming in with very minor ill-

nesses that can be treated more appropriately in another setting such as a GP or Pharmacist. The Urgent Care Centre will help to free up our Emergency Department to do what it is designed for - treating seriously ill patients who require specialist attention."

For more information on the Urgent Care Centre, visit www.hrch.nhs.uk/ucc



Innovative library project gives heart patients better information



L-r: Louise Wann, Uma Devalapalli and Madhulika Badhe

A PROJECT GIVING heart patients at West Middlesex more information to help them manage their condition has been commended at a national awards ceremony.

The Patricia Bowen Library and Knowledge Service has won a certificate for innovation and has been judged overall runner-up for the Sally Hernando Award for innovation 2011-12.

The national award recognises the cutting edge achievements of health libraries across the country.

Library staff have been working with the cardiology department to make information more accessible and targeted to individual needs.

They visit the Coronary Care Unit (CCU) each week to speak to patients due to be discharged, and ask them if they need more information about their condition and what type of information will help them.

The librarians then find relevant information that's based on medical evidence and simple to understand, and send it to the patient via post, email or website links.

This complements the CCU's patient library – an information stand and display board set up in 2008 by cardiology lead nurse Cas Shotter to provide a dedicated information point.

Cas had carried out research and patient interviews which identified that lack of information was a concern for patients.

She met with library services manager Madhulika Badhe and assistant librarian Uma Devalapalli to discuss what could be done further.

Cas explains: "It's important to empower patients with information that they want, not just what we feel they should have. Madhulika and Uma's work with the CCU ward is the first of its kind as far as I'm aware."

"They have been so consistent in their efforts and have carried out this work in addition to their other duties. They are also keeping the patient library stocked and

updated, and Uma has created some wonderful information displays in response to patient requests.

"Information is a vital in equipping patients to manage their health. This project has enabled patients to get excellent in-depth information from skilled researchers, while freeing up staff to focus on treatment and care."

Madhulika feels the project also stood out to the award judges because it involved librarians going direct to patients on the ward, which hasn't been done before.

She said: "It makes the patients feel valued that someone is coming to them with health and wellbeing information."

"We've had a few libraries wanting to look at the project report because I think it's the first one to manage patient information in this way."

The project's success means that there are plans to extend it to other wards treating patients with chronic conditions such as stroke, diabetes, and COPD (Chronic Obstructive Pulmonary Disease).

It's hoped that this could lead to a showcase which would inspire other hospitals to adopt it.

There are also plans to give the librarians access to RealTime so they can check for themselves which patients are due to be discharged.

The project's award was named after the late Sally Hernando, the former Head of Knowledge Management and E-learning at NHS South West, who led on many innovative national developments and was a great supporter of developing library services to their fullest potential.

Winning poster says be NICE on the ward



L-r: Dr Tony Antonios, Lead for Clinical Quality Improvement Project, Shân Jones, Director of Quality Improvement, and medical students Hannah Brooks, Jack Amiry and Jack Healy

IMPERIAL COLLEGE LONDON (ICL) medical students took part in a project to design a poster promoting clinical quality improvement at West Middlesex.

The winning design reminds staff to 'Be N.I.C.E on the ward round'. N.I.C.E stands for 'next patient', 'introduce the team', 'caution the patient before discussing them' and 'explain medical terminology'.

Hannah Brooks, Jack Amiry and Jack Healy spoke to patients to find out how they felt about their interactions with doctors, and designed an eye-catching poster presenting the results.

It was part of a project for the Year 3 ICL medical students during a ten week clinical attachment here.

Lead consultants and managers from across the hospital came to the Education Centre on 21 February to judge and discuss the posters with the students.

The winning message supports the hospital's drive to

further improve patient experience and will be presented to the Patient Experience Committee.

Bee Vaitha, Undergraduate Teaching Co-ordinator, organised the project and presentation. She said: "It was piloted at Charing Cross Hospital last year and was a great success. All the students showed a lot of enthusiasm and thorough research, and it was great to have our consultants and managers supporting their efforts."

Runner up posters topics included 'Do patients really understand the information we provide?' by Soha Choi, Payal Dube, Dong Lee and Krsna Mahubani, 'Pull your socks up' about the use of surgical stocks by Talia Shively, Nathan Rouse and Katherine Fok, and 'Early detection of depression in stroke patients' by Alexa Prichard, Huy Nguyen, Jalpa Kotecha and Andrianna Karras.

Certificates and vouchers were presented to the winning team, and certificates to the runner up groups.

In memory of Kenneth Hubbard



We would like to offer our sincere condolences to the family of Kenneth Hubbard who sadly passed away recently. Ken worked at West Middlesex for 16 years, most recently as a Portering Supervisor, and is survived by his wife June, daughters Karen, Debbie and Raynette, and his grandchildren.

Ken's colleagues will remember him for being a true gentleman, his great sense of humour and his love of Chelsea football club.

Kenneth Hubbard 16/02/51 to 27/02/12.