



west mid matters

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Emergency Sister will carry the Olympic Torch

THE OLYMPIC TORCH will be carried by one of our paediatric emergency department sisters on 26 July.

Emma Harley, 27, was nominated for her dedicated work with street children and disadvantaged communities in Kenya that have been affected by HIV and AIDS.

She has taken a month of unpaid leave every summer for the last ten years to work as a nurse and supervise UK teenage volunteers for the Moving Mountains charity.

The charity's Africamp project gives teenagers the opportunity to spend a month living like African children, running rehabilitation camps and helping to build schools, hospitals and orphanages.

Emma flies out with around 50 teenagers, and takes donated medical equipment with her which airlines agree to carry for free.

She was nominated last June by Sarah Hunt who knew about her work and told the torchbearer selectors: "The British young people Emma takes to Kenya are hugely inspired by her leadership and example and often return to Kenya to volunteer."

Emma said: "I had no idea and then I forgot about it until I heard in November 2011 that I had been selected. The organisers make you keep it a secret so I couldn't tell family and friends until Christmas.

"I'm not normally speechless but I was quite shocked when I found out. I've had to be assessed to make sure I'm a suitable person and information is being emailed to

me in stages.

"I know that the Olympic flame will be passed to my torch and I will jog with it for around a mile before I light the next person's torch. I won't know where my start and finish points will be until four weeks before the day. I might buy the torch as a keepsake afterwards."

Emma first got involved with Moving Mountains and Africamp when she was 16.

She explained: "My Dad was invited to work out there as a GP and I asked if could tag along. I loved it, went back the following year and was asked if I would like to work for the charity."

For the rest of the year Emma works in our busy emergency department as a paediatric sister and does extra night shifts to pay for her time away.

Her medical work with children in Kenya provides a big contrast to her work with children at West Middlesex but she is hugely dedicated to both.

She explained: "I run medical clinics for the local street children and check for infections and illnesses. This means that for ten days they have access to care. Many of them have lost parents to AIDS and don't even know how old they are."



2012 will be a year with a difference for Emma who is getting married in the summer as well as carrying the Olympic Torch.

She added: "I didn't get any tickets for the sports events so it will be exciting to take part in the relay especially as it's the day before the Olympics starts. It's really nice to have my work recognised."

On 24 July the Olympic Torch will be carried through Hounslow and along London Road, close to our hospital site!



L-r: Matrons Marina Wingham and Barbara Butler with Consultant Midwife Chantelle Winstanley

Website for mums

Our Queen Mary Maternity Unit website has had a spring makeover.

It now has even more helpful information including a who's who of maternity staff, more colourful photos and some tweaks to the design so it's even easier to navigate. It also boasts a video tour of all the facilities.

The website is aimed at helping mums and partners find out about the diverse

services offered by our award-winning maternity team.

Chantelle Winstanley, Consultant Midwife, explained: "We've created the website in partnership with NHS Elect. We wanted to showcase the variety of care options we're providing for mums, including our modern and welcoming Natural Birth Centre."

www.westmidmaternity.org.uk

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What matters to me

AS MOST OF you will know in the NHS, our year runs from 1 April to the 31 March. At the end of each year we review our performance and measure whether we have achieved what we set out to do.

For 2011/12 we set ourselves some particularly tough objectives, in response to the challenges faced by the NHS as a whole, with the ultimate aim of improving quality and efficiency, and helping to strengthen our position as a first class hospital going forward.

I am pleased to say that we have had a very successful year. We have met, and in many cases exceeded, our targets for waiting times. This is good news for patients who are able to be assessed and treated without unnecessary delay.

We have seen further improvements in safety, for example we have not had a case of MRSA bacteraemia blood stream infection in over 300 days and have also seen a reduction in hospital apportioned *C. difficile* cases.

We have won a number of prestigious awards over the past year, highlighting the achievements of the hospital and our staff in striving to be the best in everything we do.



Dame Jacqueline Docherty -
Chief Executive

These achievements are reflected in the positive feedback we receive from our patients. You can read some of these comments on www.nhs.uk, by searching for our hospital and clicking on the

feedback tab.

It is only fitting that at the beginning of a new financial year we reflect on last year's achievements and recognise the hard work and effort of all staff involved and on behalf of the Board I would like to thank all the staff for helping us to achieve this.

I feel confident that our performance over the last year will help set us on a firm footing to meet the ongoing challenges that lie ahead.

More detailed information on our performance will be contained in our Annual Report and Quality Report, which will be available at our Annual Public Meeting on 17 July.

This year we are planning to have an interactive open day event prior to the meeting.

Staff from different areas of the hospital will be running a number of stalls, giving you the chance to learn more about the broad range of services in the hospital.

I do hope you will be able to join us. Look out for more information nearer the time.

Annual Public Meeting

West Middlesex
University Hospital

Tuesday 17 July 2012

Browse our stalls and talk
to staff from 3.00pm

Formal meeting 4.30pm



Director's cut



Rakesh Patel -
Director of Finance

So we have to be smart about how we spend our money and how we make best use of the resources available to us.

The accounts have not been audited yet for 2011-2012 but I can confirm that we have delivered a surplus of £1.4 million, which is what we were planning to do.

We also said we would make savings of £12.2 million and we have done this as well.

Strong foundation

This is an important achievement because it is the second consecutive year we have created a surplus and achieved our planned savings.

Historically our financial status has been uneven – we achieved a surplus one year, and overspent the next.

Our consistent record over the last two years has stopped this 'yo yoing' and given us a strong foundation for exciting service developments.

Staff suggestions

We have delivered a surplus because of good financial controls but mainly because staff got involved and made great suggestions on how things could work

more efficiently across the hospital.

We have achieved our financial plans over the last few years, and maintained our quality and performance. However, I have to say that the coming years look even more financially difficult.

Because more services will be provided closer to people's homes, our contracts with the local Primary Care Trusts reflect this and we have less money this year.

So we have to continue to be cleverer in the way we run our services. It's the front-line staff who come up with the good ideas on how we can work in a different, more innovative way, and it's important that staff keep their suggestions coming.

Future plans

As part of services being delivered in a new and innovative way, an Urgent Care Centre was recently built at the front of our Emergency Department and we are assisting Hounslow and Richmond Community Healthcare Trust with running it.

We want to expand our award-winning maternity department which has built up

a great reputation and we will be looking at increasing the number of babies we help deliver over the coming year.

We are engaging with NHS North West London's Shaping a Healthier Future programme which is looking at how the right care can be delivered in the right places. We are confident that services will be provided from our hospital site.

We are also working towards a plan to rent our spare facilities to private healthcare providers. We will reinvest the income from this back into our NHS services.

It's important that we remain a high performing, financially stable Trust with a growing reputation in the local community.

I would ask all staff to continue providing suggestions for improving our services and running them in a more efficient way.

I would also like to thank them for all their hard work which is contributing to our financial stability.

OUR CHALLENGE, LIKE other NHS organisations, is to provide safe, high quality services within our means.



Using video to share patient experience

VIDEOS OF PATIENTS talking about their experiences at West Middlesex are helping to shape and improve our services.

Patients who have had their concerns investigated, or reported a positive experience, are invited to be filmed talking about their care and treatment.

The videos are being watched throughout the Trust:

- By staff who can reflect on and discuss the patient's perspective
- By new staff as part of their introductory training
- By Trust Board members who look at how the feedback can help shape patient experience in the future
- As part of clinical simulation training where staff role play situations and then watch the real patient video stories

The videos complement the service provided by the complaints and PALS team who work with patients, patients' families and carers, and staff to resolve issues.

Experiment

Joe Johnson, Assistant Director for Patient and Public Involvement, first researched how videos could be used with the help of Emma Rowlandson, Darzi Fellow (junior doctor training in leadership) in September 2010.

He explained: "I wasn't sure how or if it would work but Emma thought it was worth it and she encouraged me to join her on a training course run by the NHS Institution for Innovation and Improvement called 'The ebd (experience based design) Approach'.

"It's quite simple. The whole complaints process will have been followed through to resolution. Then the complainant is invited to take part in a video.



"It's quite simple": Joe sets up a shot

"A person's personal experience of their time here is just as important as the efficiency with which they're treated"

they are sat talking to me (I'm out of shot). The videos are under 15 minutes and don't really need any editing.

"Everyone learns in a different way and watching someone speak on video can have more impact than reading their words on a page."

Powerful reminder

We are filming around one video a month. Patient stories have included a mother talking about her first time birthing experience which is shown to midwives as part of a rolling programme, and a young woman with cerebral palsy who expressed concern about her inpatient experiences and a lack of awareness and responsiveness from staff to her needs and awareness of her disability.

Tom Hayhoe, Trust Chairman, said: "Patient feedback goes right to the heart of our organisation and the videos are important part of our board meetings.

"They're a powerful reminder that a person's personal experience of their time here is just as important as the efficiency with which they are treated."

[Turn to the back page to find out how we are using patient stories in our clinical leadership programme.](#)



Doreen Oxlade is one of the patients who has been filmed talking about her experience

"If they're happy to be involved and give their consent I arrange the interview at a convenient time and place with them. I ask them to think of about three or four key points they would like to get across before we start filming.

"I use my own small digital video camera set up on a tripod which films them in close-up as

Stroke Unit commended

THE STROKE UNIT has been congratulated for its 'significant achievements' following an external assessment.

North West London CardioVascular and Stroke Network and NHS North West London carried out the assessment to see if the Unit was meeting their criteria for patient care and future funding. They have confirmed that the Stroke Unit meets the required criteria and noted that:

- The team had done significant work to ensure that 95 per cent of patients spend 100 per cent of their hospital time in a stroke unit
- Therapists were assessing patients well in advance of the timing required by the standards and, 'The team are offering an excellent standard of care to West Mid patients'
- The Unit displayed excellent intra-team communication skills around all aspects of patient care
- Using physiotherapists to be part of the weighing process of patients is a new innovation

The Stroke Unit provides acute care for patients until they are suitable for discharge home or further rehabilitation care in an alternative setting, including the rehabilitation ward on site, or specialist rehabilitation services in the community.

A multidisciplinary team works together to care for stroke patients at the hospital and with the local Hyper Acute Stroke Unit (HASU) at Charing Cross Hospital.

Ahlam Wynne, Stroke Specialist Nurse, said: "We are very pleased to have passed our assessment and have confirmation that we are on the right track. We are passionate about giving patients the right treatment and support to enable them to recover and get back to their normal lives. We will keep working to improve the service further."

COPD care shortlisted for NICE award

AN INNOVATIVE CARE package for patients with COPD (chronic obstructive pulmonary disease) has been shortlisted for another national award.

The project at West Mid is in the running for the NICE (National Institute for Health and Clinical Excellence) 2011-2012 Shared Learning Awards. Last year it was awarded the HQIP (Healthcare Quality Improvement Partnership) award for creating and improving efficiencies.

Patients with COPD have damaged lungs which can cause shortness of breath, chronic cough, and acute exacerbations which can require hospitalisation. A multi-skilled team has been working since May 2010 to improve care and enable patients to manage their condition at home rather than be re-admitted to hospital.

The package includes information booklets, advice on stopping smoking, help with using inhalers, outpatient appointments, and follow-up phone calls to check on the patient's condition after discharge. The extra care is in line with 'best practice' guidance from NICE.

The team includes staff on the respiratory ward, supported by a respiratory specialist nurse, project manager, physiotherapist and smoking cessation team.

Dr Bobby Mann, Consultant in Respiratory Medicine and clinical lead for the project, said: "It is great to be shortlisted for this award, and shows that the COPD project can be sustained through hard work and dedication from all concerned."

Val Moore, Implementation Programme Director at NICE, said: "Nearly 60 projects were entered into this year's awards so West Middlesex University Hospital has done incredibly well to be picked as one of the top three entries."

The next stage for the team is to give a presentation about their project during a plenary session at the NICE conference in May. Conference attendees will then decide on the overall winner.



Word from West Mid

Stroke

STROKES ARE A major health problem in England. Every year over 150,000 people have a stroke and it is the third largest cause of death, after heart disease and cancer. Strokes are also the leading cause of adult disability in the UK.

West Middlesex has a dedicated Stroke Unit and TIA service (transient ischaemic attack or mini-stroke) that provides specialist assessment and treatment.

What is a stroke?

A stroke is a severe medical condition which occurs when the blood supply to part of the brain is suddenly interrupted.

Blood provides oxygen and nutrients which brain cells require in order to function. Once the blood supply is stopped, brain cells begin to die.

As the brain controls the body and how we think, see, feel, speak and learn, damage caused to the brain will have an immediate effect on the body and mental processes. The effect is very variable according to the size and site of the damaged area of brain.

What are the symptoms?

The signs and symptoms of a stroke vary from person to person but they usually begin suddenly.

As different parts of your brain control different parts of your body, your symptoms will depend upon the part of your brain that has been affected and the extent of the damage.

The main stroke symptoms can be

remembered with the word FAST (face, arms, speech, time).

Face: the face may have dropped on one side, the person may not be able to smile or their mouth or eye may have drooped

Arms: the person with suspected stroke may not be able to lift one or both arms and keep them there because of arm weakness or numbness

Speech: their speech may be slurred or garbled, or the person may not be able to talk at all despite appearing to be awake

Time: it is time to dial 999 immediately if you see any of these signs or symptoms

Who's most at risk?

Stroke occurs mostly in people over 65 years of age, but can also develop in young people. Twenty five percent of strokes occur in younger people. It is also possible for children to have strokes.

Family history can also contribute to whether an individual is likely to have stroke. If a close relative has experienced a stroke, the possibility of developing it is very high. Another contributing factor is ethnicity.

Your risk of stroke is higher if you are south Asian, African or Caribbean. This is partly because of a natural tendency to developing diabetes and heart disease,



By Ahlam Wynne
Stroke Specialist Nurse

which are two conditions that can cause strokes.

High blood pressure, the presence of an irregular heart rhythm called atrial fibrillation, and high blood cholesterol levels in the blood are also very important risk factors for stroke.

The occurrence of stroke is not entirely due to the health history of a family or ethnicity. It can also occur depending on an individual's life style.

Smoking, obesity, poor diet and alcohol abuse are all risk factors and are especially dangerous in the context of conditions such as high blood pressure or diabetes.

Stroke can also be a consequence of recreational drug abuse in the young.

What's the treatment?

A stroke is a medical emergency and effective treatment depends on a rapid response to symptoms. People with a suspected stroke are taken to a Specialist Stroke Centre for initial diagnosis and treatment.

This may include an urgent brain scan followed by the use of 'clot-busting' medicine or statins - used to reduce cholesterol.

A Stroke Unit like West Middlesex's provides expert ongoing care and rehabilitation to maximise the patient's chance of making a good recovery and returning to their normal life.

Life after stroke

All patients are reviewed after discharge from hospital and provided with information and support on taking their medication and having healthy lifestyles to help reduce the risk of future strokes.

Some patients will also receive ongoing rehabilitation in their homes. There are a number of support groups for stroke including one at the hospital on the first Monday of each month. The DVLA advises that anybody who has had a stroke, including a mini-stroke (TIA), should not drive for a month afterwards.

Prevention

The best way to prevent a stroke is to eat a healthy diet, cut down on salt, lower your cholesterol, exercise regularly, stop smoking, reduce alcohol, take medication as prescribed and only stop if advised to do so by your doctor.

Find out more about our Stroke Unit and links to useful websites at www.west-middlesex-hospital.nhs.uk/our-services/a-z-of-clinical-services/stroke-and-tia/. May is the Stroke Association's Action on Stroke month. Find out more at www.stroke.org.uk.

Photo gallery



WE MARKED 300 days without a case of MRSA bacteraemia on 28 March. The Infection Prevention and Control team held a raffle and an infection control quiz for staff to have the chance to win Easter eggs or a bottle of bubbly. May Kyi, Consultant Microbiologist and Infection Prevention & Control Doctor for the hospital, said: "This is a real achievement and reflects the efforts of staff throughout the hospital to follow our robust infection prevention practices and procedures. Our ongoing programme includes promoting staff responsibility and accountability. The team plans to continue to provide training and competency assessments for staff and education for the public."



A MIDWIFE SPECIALISING in bereavement took some gravity-defying steps to raise money for the Child Bereavement Charity and Sands. Julia Lidderdale abseiled 150 feet down Beaufort House on 17 March and was dubbed 'Spider Mum' by her two boys. She took on the challenge to help children and mothers affected by bereavement, with her family donating to her challenge rather than buying Mother's Day gifts. Julia tries to do a challenge each year and has raised nearly £1000 in the two and a half years she has worked at West Middlesex. Her role puts her in close contact with the Child Bereavement Charity and Sands which provide education and resources to our hospital. www.justgiving.com/Julia-Lidderdale0.



CHOCOLATE TREATS WERE in store for children on Tuesday 3 April. Easter eggs were handed out on Starlight and Sunshine wards, and the A&E paediatric department, by cabin crew from Japan Airlines (JAL). Ground and flight staff from JAL's nearby Heathrow base donate eggs each year to treat children needing to come to hospital over Easter. There was also a generous donation of chocolate eggs for children in the A&E paediatric department, thanks to staff nurse Beverley Haffenden who contacted local stores to see if they could help. Asda stores in Twickenham and Feltham, Sainsbury's in St Clares Hampton, Waitrose in Twickenham, parents from Feltham Hill Infant School and Beverley's family and friends all contributed.



How specialist nurses' expert skills are used across our services

WE SPOKE TO specialist nurses across the hospital to find out more about their roles and how patients are benefitting

Nurses have always provided vital treatment and care, and their profession continues to expand to cover a variety of roles and responsibilities.

The role of specialist nurse was developed in the 1990s, after the Government introduced different training requirements for nurses.

The specialist role enables nurses to develop expert skills in one medical area and work more independently.

Here at West Middlesex there are specialist nurses providing evidence-based advice, treatment and care for patients across all of our medical services.

Outpatients and inpatients

Depending on their area of expertise, a specialist nurse may be based in a hospital clinic where they see people who have been referred by their GP for expert assessment and input to help them manage their health condition.

Specialist nurses also work in partnership with consultants, doctors and nurses on the wards. They are involved in developing treatment plans, assessing inpatients, and making decisions about their medication including when they can be discharged.

A large part of the role also involves training others, and keeping up-to-date with the latest research and knowledge in their area.

Because their time is devoted to one area they can be involved in projects and tasks that are too numerous to list here!

Rapport

As well as requiring a high level of medical knowledge, specialist nurses also have more time to talk with patients and establish a positive rapport.

Cas Shotter, Specialist Nurse in Cardiology, explained: "I have 30 minutes for each outpatient appointment. This valuable time encourages the patient to open up and share their concerns. I can get a good understanding about everything from their work and lifestyle to how they're managing their medication.

"An important part of this contact is to place an emphasis on the huge and vital part the patient plays in managing their care. My job is to assist and empower them to manage their condition for themselves. Our patient feedback audits show that patients find this very helpful."

Treatment

Specialist nurses can also be more involved in treating patients. Heather Hall, Clinical Services Manager for Women's & Sexual Health, explains: "It's exciting for nurses now because they can do more. Five years ago a family planning nurse would have needed to refer a patient to a doctor for making changes in contraception or inserting implants.

"Now they've had training a nurse can provide that aspect of care themselves in a completely nurse-led clinic. Empowering nurses to make decisions about treatment has led to them feeling a lot more fulfilled in their role.

"We have nurses that specialise in working with HIV positive patients to ensure they receive the right care



Specialist Stoma Nurses Susan Firth and Tracey Virgin-Elliston with patient Mr Pradeep Deshmukh

"We have time to treat the patient as a whole person, and we can be their advocate"

and adhere to treatment. We also have a specialist nurse, Annette Nienhaus, who is a nurse prescriber and she sees and prescribes medication for patients with sexually transmitted infections and HIV.

"In gynaecology our nurses take a lead role in fertility treatments such as intra-uterine insemination which is something doctors used to do, and they lead on the medical management of miscarriages and terminations."

Responsibility

Bonnie Henriksen and Parminder Rihal are nurses specialising in diabetes. They work as part of a team but they also need to make independent decisions and recommendations about patient care to GPs and hospital doctors.

Bonnie previously worked in the fast-paced emergency department environment which provided experience in decision making, while Parminder worked on wards.

Bonnie said: "When you go into a specialist role you're working side by side with doctors. There is more responsibility and accountability, and our daily tasks are more complex. It makes our jobs more challenging and gives us more scope so we can push ourselves clinically.

"As long as you know your own limitations and your own boundaries within your field of practice, and you recognise that, then there's no reason why nurses can't take on that level of responsibility and achieve that level of clinical excellence."

Parminder added: "It's very fulfilling to be able to focus on a speciality and you're always trying to improve.

The ward doctors rely on our decisions so it's important that patient safety comes first in all the work we do."

Teaching

Tracey Virgin-Elliston and Susan Firth work with people who have had bowel surgery and been fitted with ostomy bags. Like many specialist nurses, training others is an important part of their role.

Tracey explained: "We've been training doctors in their second year after qualification and they gave us excellent scores for presentation and content. This is quite a development as you wouldn't have had nurses teaching doctors in the past."

Caring

Tracey and Cas were senior sisters at West Middlesex before specialist roles were introduced. Cas remembered: "It was an incredibly challenging change for us. We managed to develop our specialist roles by developing ourselves with research and training."

Tracey said: "I think it's good that nurses are seen as professionals with degrees but it's important not to become too focused on the technical side and lose sight of the caring aspect. Patients can be very psychologically affected by what's happened to them.

"What's lovely about our role is that we have the time to treat the patient as a whole person, and we can be their advocate."

West Mid Matters would like to thank the specialist nurses who took time to contribute to this article.



Comings & goings

Starters

Phil Vella - Information, Communications & Technology (ICT) Manager



Phil has come to lead our IT services after three years as Head of Technology at Barts and the London NHS Trust, based in the City and East London. His work there included leading on all technological aspects within the new hospital builds (of a new facility development), and the installation of the latest Microsoft software.

The challenge of developing our IT services appealed to Phil, as well as the opportunity to work with finance director Rakesh Patel and a great team. He will be working with key people around the hospital to understand what technical tools staff need for providing excellent patient care, as well as looking at how to make the department give great value

for money. Phil will also be responsible for the day-to-day running of the department which covers infrastructure (service desk, computer support, servers and networks), the application team (specialist computer programmes), the technical project team (new services), and information management.

Geoff Chilton - Health Records Manager

Geoff has recently joined us from Royal Brompton & Harefield NHS Foundation Trust where he managed health records across both hospital sites. Geoff is originally from Sheffield where he started his NHS career at a local hospital in 1993. He has worked mostly in health record departments as well as operational roles for clinical services. He will be focusing on bringing some stability to our health records department, increasing the availability of health records, and developing the service.

As a local Twickenham resident Geoff's appreciating the shorter commute to work as well as the friendly atmosphere at West Middlesex. The hospital's slightly smaller size means he has been able to meet a lot of people in a short



space of time. He will be listening to staff across the hospital to understand what they need from the health records service. Geoff can be found teeing off on the local golf courses in his spare time, and once even took a year out to train as a greenkeeper (for non golf fans this means being responsible for the maintenance of the golf course). We wish Geoff well in his new role.

Preetha Sutharsan, Ward Manager



Preetha recently took up a new role as Senior Sister / Ward Manager for Syon 2 ward which looks after patients requiring surgery for hip replacement and fractures. She is delighted to be back at West Middlesex after leaving in 2009 to gain nursing experience at University College of London Hospitals and the Royal Brompton and Harefield NHS Foundation Trust. Preetha started her nursing career here in 2005 on the Critical Care Unit and was able to do a variety of courses including mentorship, cardiac and critical care.

She is very grateful for the support she was given by Stephanie Stevenson-Shand who was a Matron at that time, and she was inspired by Ward Managers Islyn and Annie who encouraged staff training and

development. Preetha sees her new role as an opportunity to give back to the hospital. Her role will involve leading her team of Nurses and Health Care Assistants to provide even better patient care, working with the orthopaedic team, including Consultants, and with the Trauma Sister. She is keen to keep improving the ward's good infection control practices, and to provide the same support for training and education that she received from her mentors.

Richard West, Sexual Health Operational Lead

Richard is responsible for the day to day delivery of the sexual health service and co-ordination between the community and acute services, and support the delivery and achievement of key targets in sexual health related to family planning, sexual health, chlamydia outreach and HIV. West Middlesex manages four sexual health clinics, in Hounslow, Feltham, Chiswick and at the main hospital site.

Richard has worked within the sexual health service for six years, previously being a Community Sexual Health Adviser. This role sees him stepping away from direct clinical activity and more towards operational management of the service. Richard will be working to ensure

that West Middlesex continues to provide a high quality sexual health service to all its patients, while ensuring it's as cost efficient as possible as sexual health services in London will see significant changes to the way they're funded over the next 12 months.





Compassionate care

In this section we highlight some of the positive feedback provided about West Mid. 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 visit our website: west-middlesex-hospital.nhs.uk and type *compliments* into the search box.

If you are a staff member 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.

Via Twitter



I feel I have to write to to say a big thank you for the wonderful way my mother was treated when she came in the A&E on the 4th April, the doctor and nurses that treated mum all treated her with care and kindness.

Send a big thank you to all the staff in A&E

Kind Regards

JC

Via NHS Choices

Phil Horan visited Endocrinology and metabolic medicine services in March 2012

Treated as a person and not just as a number

What I liked: The staff of the unit I had dealings with were extremely friendly helpful and professional and made the experience all the more bearable.

I have just had a baby at the hospital, and felt I had to write to say once again how amazing your midwives are in the maternity dept. It was the second time I have had a baby at your hospital and once again the standard of care surpassed all expectations.

I was principally looked after by Adelaide who was fantastic and I felt at all times that she had mine and my baby's interest at the forefront of her mind. She was wonderful and I felt totally at ease in her care. Tom (the student doctor present) was also great.

I also should mention that Sally in triage was fantastic too having to put up with me and my whining, despite the fact she probably sees women in worse states than me she was caring, professional and not patronising at all! I felt that the post natal care had vastly improved too since my first birth there in 2008.

Kind regards

E and DB

O11ie visited Accident and emergency services in March 2012

What I liked: Very thorough diagnosis.

Via email

I am writing this email to compliment the staff at the West Mid Labour Ward. In particular I would like to say a huge thanks to the midwife that stayed with me throughout my Labour unfortunately I only knew her first name (Kelly). Kelly's dedication and one to one customer care was nothing short of exceptional, she made my stay in the Labour ward easier than I would ever have imagined, this being my first birth I went in there with the feeling of utmost dread and apprehension but after less than one hour with Kelly all my worries and fears dissipated, and I found myself actually looking forward to giving birth. B and R M

By letter

I write to thank you and all your colleagues for the quality of care given to my wife when she suffered a stroke. From the moment the ambulance arrived, to the emergency and continuing treatment at both Charing Cross and West Middlesex, we could not have wished for better treatment. Consultant, doctors, nurse, therapists and care staff all showed the NHS at its very best so that she is now making excellent progress at home.

Thank you, yours sincerely

A J S

Marathon effort for chemo unit

CONSULTANT ONCOLOGIST DR Pippa Riddle shares her London Marathon experience and what motivated her to take on the epic 26.2 miles challenge:

"I made it round in four hours 15 minutes (despite a chest infection and only finishing antibiotics the day before the race!). It was pretty tough at times but whenever I started to slow down, I thought hard about why I was doing it.

"I remembered all the highs and lows that my wonderful patients have to put up with throughout their treatment and beyond. How could I stop running when I only had to put up with one long hard run - yet in every clinic I meet patients coping with so much and managing to display such grace and determination?

"I'm raising money to give the Chemotherapy Unit a much needed face lift and make it a more comfortable environment for all my wonderful patients who constantly inspire me with their bravery despite all the pretty awful treatments they have to endure.

"I hope to be able to afford to buy pictures, a flat screen TV for the waiting room and facilities for free tea and coffee.

"One of my patients is an interior designer and will be advising me, and I'm going to contact John Lewis to see if they will provide some vouchers or discount if I spend the funds in their store (as the chemo unit treats people from their local community).

"Fundraising has gone well. With gift aid I have raised more than £5000 online and haven't yet counted cash from several collection boxes in clinics. One of my dear friends, Fiona Hughes, has raised £2000 which she's generously donated."

If you would like to contribute to this fund please visit Pippa's donation page at www.justgiving.com/Pippa-Riddle.



Dr Pippa Riddle (far right) with friend Fiona Hughes (far left) and friend after completing the London Marathon



Education, learning and development: Patients take part in leadership course



Former patients Siva Sivanathan and Doreen Oxlade (front centre) with Orange Tree actors, seated in front of multi-disciplinary candidates, course leaders, and directors, who all took part in the simulation day

THE EXPERIENCES OF patients at West Middlesex hospital are being used to develop the leadership skills of doctors, nurses and midwives from across the hospital.

Candidates on our Leadership Development Course attended an innovative 'Complaints Simulation' day on 18 April in the Education Centre.

The course uses real patient stories as the basis of role plays that examine incidents during a hospital stay. A discussion then follows exploring human factors, clinical teamwork, and how this can affect the experience of patients and families. Strategies to learn from and resolve potential complaints are also discussed.

The aim is to use feedback as a driver to change the way we do things and how staff behave, particularly in relation to the patient experience.

Role play

Professional actors Natalie Ogle and Alex Bedward from The Orange Tree, a local theatre company in Richmond, played the role of the patient in a number of scenes, based on real complaints that had been investigated and resolved. Candidates had to deal with complex issues in time pressured scenarios.

This provoked plenty of debate amongst the candidates about how to handle these situations. One of the scenarios was based on feedback given by Siva Sivanathan from Isleworth who came along to be part of the day's discussions.

The candidates were also able to meet Doreen Oxlade whose positive experiences were used as part of the course. Both Siva and Doreen had agreed to be videoed for the trust talking about their experiences.

Giving feedback

Siva, 62, explained that his feedback was aimed at helping the hospital. He said: "The NHS needs the full

support of public and patients and I wanted to give 'customer feedback' rather than make a complaint.

"I'm not just a patient, I'm a person with my own perception of life. I've worked in the construction management field for 35 years and I wanted to be able to share the benefit of my experience. I am grateful for the opportunity to be involved."

Doreen, 78, also lives locally and has used various services at West Middlesex over the last few years. She said: "I've always found staff very helpful and kind, and they have shown concern. On one occasion I had a fall and a nurse who had just finished her night shift came to my rescue. This is just a small way that I can give back."

Discussions

Doreen and Siva took part in the afternoon's open discussion forum, where candidates were joined by Medical Director Dr Stella Barnass, Director of Nursing Julie Wright, and David Marston from NHS London and the London Deanery.

The discussion explored what makes an excellent experience. Issues discussed included understanding who the patient is, 'going the extra mile' including small acts of kindness to each other, debriefing after stressful situations and good communication with the whole of the multi-disciplinary team.

Patient survey feedback was also discussed, and how the hospital's location in a residential community, rather than an urban inner city, and its relatively low staff turnover could help the relationship between staff and patients.

Candidates said they found it helpful to have patients take part in the simulation day. Shaahid Valley, Acute Medical Registrar, said: "It helps you to understand what it's like from the patient's side." Muthana Hussein, A&E

"It helps you understand what it's like from the patient's side"

Registrar, agreed. He said: "It's really important to look at the service from the other side. We usually deal with patients in a clinical context and it is good to get a more thorough understanding of how they're feeling."

Sister Patrice McCarthy, who runs the anti-coagulation service, said: "It was great to meet Doreen and hear her positive feedback. We have to take on board and deal with negative feedback but it's refreshing to also hear the positives – it gives you a lift."

Liya Jacob, Darzi Fellow (junior doctor training in leadership), has been leading the course. She has previously worked at West Middlesex as a junior doctor and has been using her current role and work on the leadership course to explore the patient experience.

She explained: "The amazing thing about the NHS is that it belongs to all of us – staff and the general public. When patients give us feedback, both positive and negative, they are usually acting altruistically – they want to help us improve the service for others, or let us know what was so excellent about their care. This is a really rich source of information to help us continually improve our services."



Actors and candidates taking part in role play

"The expectations from healthcare are increasing. Quite rightly, we not only expect excellent clinical outcomes and safe care, but also a good experience when accessing health care. I think Siva made an excellent point when he asked, 'Who is a patient?'. I believe it is all of us. We will all access the health service for ourselves and family so it is quite easy to imagine how it feels to be receiving care rather than delivering it.

"This course is about taking the learning from patient feedback, and bringing it to staff on the 'shop floor'. What we aim for is a first class experience for our community."

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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.

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