ON MONDAY 6 OCTOBER 2014 the Trust launched a new Ambulatory Emergency Care (AEC) service which is designed to provide same day emergency care so that patients can return home quickly and safely.

We have been very pleased with how well the service has been received by patients and staff, and we believe that the success of the new service launch is due to the close involvement of staff, patients and partner organisations during the design stages of the new service.

The Trust has been working closely with Hounslow Clinical Commissioning Group (CCG), local partner organisations as well as patient and carer representatives to develop a service that delivers a fast and effective Ambulatory Emergency Care pathway and help to ensure that no one stays overnight if they can go home safely.

Located in Outpatients Department 1, the AEC unit is an inclusive service that manages a wide range of conditions. Patients are referred to the service by their GP, the Urgent Care Centre, Integrated Community Response Service and A&E for assessment and treatment.

More on >>P3
The NHS is at a crossroads and needs to change and improve as it moves forward.

This was the message from NHS England’s Chief Executive Simon Stevens at the launch of a Five Year Forward View for the NHS in October.

The plan, which you can read in full on NHS England’s website www.england.nhs.uk/ourwork/futurenhss/, sets out why the NHS needs to evolve, the challenges that lie ahead and how these can be met.

As the plan describes, there are some stark choices facing the country and it argues that unless decisive action is taken now, in five years’ time we will all face a growing health and care quality gap.

To address this we must all take steps to deliver transformed care for patients, through a joined up approach which extends beyond the normal boundaries of the NHS. Some of the key recommendations are:

- More must be done to tackle the root causes of ill health including tough action on obesity, alcohol and other major health risks
- Patients to have greater control of their own care
- NHS needs to change to meet the needs of a population that is living longer, often with long-term conditions
- Develop and deliver new models of care, local flexibility and more investment in our workforce, technology and innovation

The document also concludes that action will be needed on demand, efficiency and funding. More action on any one of the three will reduce the pressures on the other two.

At West Middlesex we will have a part to play, to a greater or lesser extent, in all of these areas working closely with our local partner organisations to deliver a seamless service. We are no stranger to improving and transforming our services as it has been part of our culture for many years and something we actively embrace.

Hospitals in the early days of the NHS were huge institutions. We were recently visited by a former student nurse, who trained here in the 1950s. Back then he remembered our hospital having some 1,000 beds and covering a much larger site. He was surprised to learn that today we are around a third of this size. There are a number of reasons for this, but most simply it is because inpatients generally no longer need or want to stay in hospital. Where possible the norm for surgery is that patients go home the same day. For people requiring medical treatment, wherever it is safe and appropriate we do this through the outpatient route.

Recently we have started to pilot virtual clinics, where patients may not even need to visit the hospital for much of their care. This is part of our current transformation initiative that has included the opening of a brand new ambulatory emergency care (AEC) service. You can read more about this further on in this edition.

The transformation work aims to improve the flow of patients through our hospital and is split broadly into three areas: avoiding unnecessary admissions into hospital; ensuring that patients who do need to be admitted get to go home safely without delay; and managing patients’ care as outpatients, in some cases outside the hospital either in the community or at home.

We have been working with our partner organisations on these changes, and will continue to do so for the benefit of our shared community.

I firmly believe that just as this hospital pre-dates the NHS by many years, it will continue to provide a first class service here for patients long into the future and continue to adapt and change to meet their needs.

What matters to me...

Jacqueline Docherty DBE - Chief Executive

The NHS is at a crossroads and needs to change and improve as it moves forward.

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Inspection by the Care Quality Commission

AN INSPECTION TEAM from England’s Chief Inspector of Hospitals will be visiting us at the end of November to assess, in person, the standards of care we are providing to our patients.

The team of around 35 inspectors from the Care Quality Commission, the independent regulator of health and social care in England, will spend three days at our hospital between 25 – 28 November. They will be led by a senior NHS clinician or executive and will be made up of professional and clinical staff and other experts as well as trained members of the public. As part of their inspection they will assess the quality of services West Middlesex University Hospital is providing across five domains: safe; effective; caring; responsive and well led. The inspectors will be on site, both within normal working hours as well as out of hours and there will be a follow-up unannounced visit approximately two weeks after the initial inspection.

The announced CQC visit is part of a national programme of ‘new style’ inspection and quality regulation. All hospitals in the country will have been inspected by the end of 2015. The aim is to provide the public with a clear picture of the quality of care at their local hospital and to highlight good quality care as well as where improvement should be made. This is the first time we have been inspected in this way.

The CQC visit is an opportunity for us to share good practice, as well as demonstrate learning about aspects of services where we need to improve.

What you need to know

The inspection process

Before the inspection the CQC have organised a listening event, which is an open meeting for members of the public to tell the inspection panel what they think of the services we provide at West Middlesex University Hospital.

The listening event is on Thursday 20 November at 6.30pm in the Gymkhana Club, Thornbury Avenue, Osterley, TW7 4NQ. For more information go to www.cqc.org.uk/content/west-middlesex-university-hospital-20-november.

All staff need to consider how safe, effective, caring, responsive and well-led their service is, as well as what could be done to improve.

What the inspection will measure

1. Is care safe? Are people protected from avoidable physical, psychological or emotional harm, abuse and coercion.
2. Is care effective? Are people’s needs being met and does care result in the best quality of life.
3. Are services caring? Are people are treated with compassion, respect and dignity and that care is tailored to their needs.
4. Is the service responsive? Do people get the treatment and care they need at the right time, without excessive delay and are they listened to in a way that responds to their needs and concerns.
5. Is the service well-led? Is there effective leadership and governance at all levels of the organisation and an open, fair, transparent, supporting and challenging culture.

All staff need to consider how safe, effective, caring, responsive and well-led their service is, as well as what could be done to improve.

Where will the team inspect

The inspection team will focus on eight service areas—A&E, acute medical pathways including older people’s care, acute surgical pathways, critical care, maternity and family planning, services for children and young people, end of life care, and outpatients. But the team have the freedom to visit any service or department that forms part of the Trust at any time—day or night.

Keep yourself informed

Any member of staff could potentially be interviewed and/or involved in focus groups run by the CQC. However the inspection should not have any impact on the day-to-day work of the hospital.

Ahead of the visit we have been holding a series of internal briefing sessions to help ensure are staff know what to expect from the inspections and get the most out of the experience. During the inspection, every evening, one of the executive team will be available between 4.00 and 5.00pm to discuss any concerns you have or wish to raise about the process. Room A, 2nd Floor East Wing will be available for this purpose.

For the latest information on the inspection, please see the Trust intranet.

An email address has been set up for correspondence about the visit. If you have any suggestions for us, please email cqc@wmuh.nhs.uk.

The outcome

Following the inspection, around 10 weeks later, the Trust will receive a report detailing our performance against the five key areas described above. We will be given an overall assessment of either: Outstanding, Good, Requires Improvement or Inadequate.

This will be made public and, where improvements need to be made, we will take swift action.
New AEC service

ALL ADULT EMERGENCY attendances are considered for ambulatory emergency care, where possible.

There are 22 members of staff working in the AEC including consultants, nurses, healthcare assistants and administrative staff. As the unit expands the service will be looking to build on this to ensure that the best standard of care continues to be delivered. There are also plans to build the AEC unit into the Foundation Year 2 doctor’s training programme which will enhance the learning of trainee doctors at West Middlesex.

In its first four weeks of opening, the AEC service saw 279 patients and avoided 136 patients being unnecessarily admitted meaning they received treatment and were then able to return home safely. Early feedback has been extremely positive:

AE C said, “My mother has just returned from a full day in the care of the new AEC unit at West Middlesex and we thought that it was absolutely essential to pass on our deepest thanks and compliments in regard to the superb standard of care that she received. Mum attended A&E one night in October in connection with a swelling in her right leg. She was treated for a possible DVT and advised that she return to West Mid at 10.00am the next day.

“At around 9.00am the next morning a representative from the AEC reception team called my mother to enquire about her health and ask if she was still going to attend - this to my mind was sincerely appreciated and demonstrated that there was some clear ‘joined up’ communication between A&E and the AEC with regard to something that could have been very serious.

“My mum and I arrived at the AEC at around 9.30am and were immediately welcomed by the receptionist who knew exactly who she was and we were called by the doctors (Alex Holyome). Alex was excellent at putting mum at ease and I cannot stress to you how good this service is. Like many, mum is not a fan of the prospect of staying overnight in hospital, so to have a service which might mean a longer day but can eliminate the prospect of having to stay in by providing a “one stop shop” of high quality medical care is simply outstanding.

“I hope that the AEC will continue to be a key service to the public at West Mid for a long time to come and go on to be an exemplar to other hospitals. I also hope and wish that our thanks can be passed onto the AEC team as they really did a wonderful job. I know that all of them will view this as them simply ‘doing their job’, but to us it was far more than that.

“Patient Bea via NHS Choices website: “...he took me to Ambulatory care unit where the staff were excellent and my case was handled by a doctor, a lovely lady, who kept me informed at every stage as to what was being done. But I must praise the management and all the medical staff for their hard work and putting people at ease when they are not well. Very clean place. Could be mistaken for a private hospital.”

Trust Oversight Site Manager: “The AEC must be awesome. It changes the atmosphere in the place”.

Trust Medical Consultant: “What you have achieved is phenomenal!”

AEC lead Dr Emma Rowlandson said, “Well done everyone in the team for all your hard work and even more for your positive attitude and commitment to high quality compassionate patient care. The positive feedback from patients is testament to this and shows the importance of a welcoming face and effective communication with patients and their families.”

Have your say and make a difference - staff survey 2014

EACH YEAR WE GIVE STAFF the opportunity to have their say about working at West Middlesex and in October survey questionnaires landed on desks across the hospital.

With the ever increasing changes to the NHS and at West Middlesex, now is a great time to capture how everyone is feeling, what the concerns are, what we are doing well and what we can improve on.

Ultimately, the staff survey aims to improve the working lives of all our staff, to enable us to provide better care for patients and service users.

As a direct result of feedback in last year’s survey we have made a number of improvements including:

• Targeted investments in staffing and reducing vacancy levels – for example you will read on page 6 about the group of Spanish nurses who joined the Trust as part of the second cohort this year of our international recruitment programme, which supplements our on-going nurse recruitment

• Violence and aggression – we have increased the number of security cameras, security awareness and how to report incidents is now part of corporate induction, and we have been working with victim support groups to ensure staff have access to help

• Availability of hand washing materials – daily checks are now routinely undertaken

• Learning and development opportunities – our preceptorship programme provides recently qualified nurses with support and training to help ease them into their new role.

It is important for us to know what is important to our staff’s working lives, so please fill out the staff survey as soon as possible, and return it by 1 December 2014.

The survey is completely anonymous.

Last year some 47% of staff completed and returned their survey questionnaire. This year we want even more of you to respond, as the more feedback we get the better picture we have of what staff think of our hospital and working here.

There will be a prize for departments that achieve 100% response rate, as an added incentive.

For more information please contact www.nhsstaffsurveys.com or call the helpline on 01865 208141.

Flu update

You can be a super hero today by getting a flu jab

FOLLOWING A VERY SUCCESSFUL immunisation campaign last winter, where three quarters of all front line staff had the flu jab, this winter has got off to another flying start. At the end of October more than half of front line staff had taken the step of protecting themselves, their patients, friends and family from the flu.

For front line staff, having the flu jab is important as it means they won’t risk transmitting the virus to vulnerable patients. It also means that they won’t risk taking time off sick, putting pressure on their colleagues.

Many people still think that having the flu is just like getting a bad cold. But the flu is much more debilitating than a cold, even for people who are normally fit and well.

Flu kills. It is dangerous, highly contagious and largely preventable. You can carry and pass the virus on to others without having any symptoms yourself, so even if you consider yourself healthy, you might be risking the lives of others.

So if you have yet to have the flu jab, please check the intranet for details of the latest sessions available.

If you are not a member of staff and want to know more about whether you should get immunised against flu go to www.nhs.uk/conditions/flu/Pages/Introduction.aspx or talk to your pharmacist or GP.
HIV and Aids

Who is commonly affected by HIV?

The two groups most affected by HIV in the UK are men who have sex with men and people who have migrated from regions of the world where HIV is common, such as Sub-Saharan Africa.

In 2012, approximately 3,250 gay or bisexual men were diagnosed with HIV, making up 51 per cent of the total number of people diagnosed with HIV whilst heterosexual infections (2,880) accounted for 45 per cent of new diagnoses.

Across the UK almost half of people diagnosed with HIV in 2012 were diagnosed late (after they should have begun treatment) with the most common group being heterosexuals.

In the London Borough of Hounslow 61% of HIV patients are diagnosed late which is higher than the London average, and fourth highest in London.

What are the symptoms?

Most people who are infected with HIV experience a short, flu-like illness that occurs two to six weeks after infection and can last up to four weeks. After this, HIV often causes no symptoms for several years. The most common symptoms include fever (raised temperature), sore throat, and body rash. Other symptoms can include tiredness, joint and muscle pain, and swollen glands (nodes).

Is there a cure for HIV?

There is no cure for HIV, but it is a manageable condition with treatments to enable most people to live a long and healthy life if the infection is detected early. With the development of many new medicines for HIV over the past 20 years, people with HIV infection can now expect to live for a similar time to those uninfected with HIV, if they are diagnosed early.

What is PEP?

PEP stands for Post-exposure Prophylaxis. It is the only thing that can prevent HIV infection after the virus has entered a person’s body. PEP is a combination of powerful drugs and can be hard to get hold of, so it is no substitute for condoms, but it’s important to know about in case one day you or someone you’ve had sex with needs it.

PEP is not guaranteed to always work but has a high success rate. It is free of charge but can only be prescribed by doctors and if certain criteria are met.

When is PEP needed?

PEP is needed immediately after possible exposure to HIV. This includes if you have had sex with an infected person if you don’t have a condom, if you share infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding.

We recommend that you arrange to have a test as soon as possible after receiving PEP.

What are World Aids Day and HIV Testing Week?

World Aids Day (1 December) brings people together from around the world to raise awareness about HIV/AIDS. World Aids Day follows National HIV Testing Week which is a high profile, national campaign that encourages England’s key populations most affected by HIV to consider taking an HIV test.

What is PEP?

PEP is not guaranteed to always work but has a high success rate. It is free of charge but can only be prescribed by doctors and if certain criteria are met.

What is involved in an HIV test and where can I have one?

The HIV test is a simple blood test with results taking one week. If you would like an HIV test you can attend our walk-in clinic at West Middlesex at the following times:

- Monday 8.45–11.30am / 2.00–6.00pm
- Tuesday 1.30–4.00pm
- Wednesday 12.30–7.00pm
- Thursday 1.30–4.00pm
- Friday 8.45am–12.00pm

Same day HIV test results for patients who are at high risk of HIV infection are available by appointment at our clinic at West Middlesex Hospital. This service is also available at Heart of Hounslow on Thursdays, 12.00pm to 7.00pm; no appointment is necessary.

For HIV Testing Week (22–30 November) same day HIV tests are being offered at West Middlesex, Heart of Hounslow and Feltham. For clinic times please go to www.sexualhealthhounslow.org.uk

Where can I get more advice?

You can find more information and advice at www.nhs.uk.
**Former student returns after 60 years**

IN OCTOBER WE RECEIVED a very special guest, Henri Roulet, who first visited West Middlesex University Hospital some sixty years ago to train as a nurse.

Henri came to West Middlesex in 1954 from his native Switzerland, aged just seventeen, with the intention of becoming a doctor. However he took the advice of a colleague to instead train as a nurse, becoming one of the first men to qualify in this profession.

During his tour of the hospital, Henri noted how dramatically it has changed since his day when it occupied a much larger plot and had over a thousand beds – close to three times its current size. In Henri’s day it was common place for patients to spend days or even weeks convalescing in hospital following surgery whereas today it is normal for patients to be able to go home the same day so that they can get on with their lives. Henri was also impressed with how clean the hospital was.

Henri met nursing staff on Osterley 2 ward, and reminisced with some stories of his experiences working at the hospital including caring for patients who were still affected by the war.

After spending around four years at West Middlesex Henri went on to work in a Missionary hospital in Africa where his nursing background was stretched to include acting as a midwife and treating Leprosy. When he returned to try and find the hospital recently Henri discovered it had long since been demolished.

Following his work in Africa, Henri returned to his native Switzerland where he met up with a former colleague who got him a job managing an old people’s home, which he did until he only recently retired.

A NEW PROJECT at West Middlesex University Hospital aims to improve awareness and access to support for women experiencing mental health issues during pregnancy and soon after birth.

Around one in ten new mothers will experience some form of depressive illness during pregnancy or in the first year of their baby’s life. Most will only have mild depression, but some develop a severe depressive illness. In London in 2012-13 six women died due to perinatal mental health problems.

Perinatal mental health midwife specialist Julia Lidderdale explained: “Mental illness still carries a stigma, and for new mothers it can be particularly difficult to admit that they are not just experiencing ‘baby blues’ but struggling to adapt to sleepless nights and the added responsibility of looking after their baby.”

“It is important that perinatal mental health conditions are recognised as early as possible so that treatment can be sought and offered. Our aim is to provide education about perinatal mental health to women, their partners and families as well as to health professionals, so that they are better equipped to recognise the signs, and are able to offer help and advice.”

The perinatal mental health team comprises specialist midwives, obstetricians, mental health specialists and a GP to ensure a joined up approach both within the hospital and in the community wherever pregnant and new mothers will access health services.

Although the project is only funded for ten months the intention is to embed the educational legacy so that it will be carried through and benefit future mums to be.

**Support London Air Ambulance**

LONDON AIR AMBULANCE is raising money to pay for a second helicopter. London Air Ambulance is a charity that works alongside the London Ambulance Service to provide rapid, effective treatment as soon as possible after injury. Their advanced trauma doctor and paramedic can perform procedures to relieve pain, straighten broken limbs, perform open chest surgery to restart the heart, give blood and deliver emergency anaesthesia.

Each air ambulance mission costs the charity £2,000. On average, they treat six seriously injured patients per day, seven days a week which is why they need your support to continue their great work and even expand their service with another helicopter.

“The London Air Ambulance Lottery guarantees a regular income which the charity relies on to sustain their life-saving service and it’s also a fun way to support their cause. For just £1 a week you can support the charity and also be in with a chance of winning £1,000.

For more information about the London Air Ambulance Lottery visit londonsairambulance.co.uk/support-us/ lottery or sign up with their dedicated volunteer, Andy O’Donnell when he is next in the hospital atrium.
Coming & goings

**Starters**

Nikki Williams - senior staff nurse A&E

Nikki has recently returned to West Mid after previously working here in 2009 after graduating from Kings College London. 18 months later, Nikki started work in the Emergency Department at St Mary’s Hospital in Paddington and after developing her emergency knowledge and skills there, she is now back at West Mid:

> “Having worked here before, I already knew a lot of the staff so I feel like I have been reabsorbed into the team. I’ve been made to feel very welcome. The nicest comment I have received so far has been ‘welcome home’.

Nikki’s new role here involves many things but mainly delivering safe, timely and appropriate care of a high standard to a wide range of patients, in what can be challenging circumstances. This can be people who walk in from the street to critically unwell ‘blue’ calls who are rushed in by ambulance.

When asked what she is most looking forward to about her new role, Nikki replied: “I’m looking forward to bringing my trauma skills and knowledge to the A & E department here and the new challenges that starting out as a new junior sister brings. It is the next step in my career.”

Helen Appleton - communications officer

Helen joined the Trust in October as communications officer. Helen has relocated from East Yorkshire where she previously worked as a Marketing Communications Officer at South Hunsley School and Sixth Form College.

Taking over from Monica Keats, Helen will be working with Richard Elliott and Jane Lewis on a variety of communications projects such as West Mid Matters, Everyday Matters and press releases, plus event organisation including open days and the SEA Awards.

Helen commented on her first few weeks at the Trust: “From day one everyone I have come across has been so friendly and welcoming; they have really helped me settle in here very quickly.”

When asked what she is most looking forward to about her new role, Helen replied: “I am looking forward to developing my skills here, getting to know more colleagues and learning all about the work carried out at West Mid.”

**Leavers**

Monica Keats – communications officer

We bid a fond farewell to communications officer Monica Keats who left the Trust in October to move to Dubai with her husband.

During her time at the Trust, Monica has helped to organise two hospital open days, Russell Grant’s official opening of the refurbished Crane ward, as well as a visit by Health Secretary Jeremy Hunt MP.

When asked what she liked most about working at West Mid, Monica said: “I’ve particularly enjoyed interviewing some very inspiring patients for West Mid Matters and helping to organise the open days, VIP visits and the SEA Awards.”

Commenting on her time at the Trust, Monica said: “I’ve been fortunate to have worked with so many friendly people across the organisation. I would like to thank everyone for making me feel so welcome, especially Jane Lewis, Head of Corporate Affairs, Richard Elliott, Communications Manager, and volunteer Dennis Griggs for always providing a helping hand. Very quickly I felt part of the West Mid family which I will certainly miss.”

**Spanish Nurses**

On 9 October 2014 the Trust welcomed the second intake of our overseas nurses. A total of 19 qualified Spanish Band 5 Nurses (Medicine/Surgery) are currently undergoing their induction programme and will be commencing on the rota from Monday, 17 November 2014.

Every effort continues to be made to recruit to our local vacancies and this will continue as it is extremely important that we fill the gaps. The first two drives have been successful and we have a further campaign planned in November.

We would like to welcome the new arrivals to our Trust and have no doubt that everyone will give them a warm welcome and offer help and support during their transition period.

In each edition we feature a small selection of staff joining and leaving the Trust. If you would like to be featured, or know someone who has recently started, is due to leave or has had a change in role then please let us know via the contact details on the back page.
Compassionate care

We value all feedback we receive, and in this section we highlight some of the recent comments from our patients. You can get in touch by emailing tellus@wmuh.nhs.uk or via our website www.west-middlesex-hospital.nhs.uk and going to the ‘Tell us’ section under ‘Contact us’.

Via NHS Choices (post your comments at www.nhs.uk and search for our hospital):

🌟🌟🌟🌟🌟 Michelle knich gave Accident and emergency services at West Middlesex University Hospital a rating of 5 stars

My 5 star treatment at West Mid

I had serious complications which developed from a bout of acute illness. I couldn't swallow water by the time I got to A&E. Not to be too dramatic, but I was really scared. My GP had referred me to another hospital which was excellent. The staff there were great. I was admitted to the Intensive Care Unit and my consultant came to see me and spoke very quickly to see if I was stable and if I needed any medical interventions. I was then transferred to the ward. The nurses on that ward were amazing. They spent all the time they could giving me tailored care. The nurse I had was so kind and caring, and the consultant came to see me throughout. I was discharged the same day, but the nurse came to see me again the next day. She was so helpful and kind. The staff there were fantastic, and I genuinely believe I would have been discharged if I hadn't been transferred.

I would be grateful if you could pass this feedback on to all concerned. As highlighted I am used to identifying quality – on this occasion it met me everywhere I went.

Via email (tellus@wmuh.nhs.uk):

I just want to say how fantastic my experience has been with Sally Feeny, Podiatry Consultant, and her team. Waits for appointments were always short and my day surgery was easy (compliments to the day surgery staff too!)

Everyone has been friendly and I felt I understood my condition and treatment extremely well.

Just absolutely fantastic – start to finish. Thank you Ms Feeny.

Best

NB

Of the staff looking after me I can honestly say they were lovely and genuine people who made this unexpected stay and surgery bearable. Polite, courteous, informative and genuinely caring – it was very impressive (even down to the theatre staff with whom I did not have so many waking moments!)

I would be grateful if you could pass this feedback on to all concerned. As highlighted I am used to identifying quality – on this occasion it met me everywhere I went.

Please pass my thanks to the Chief executive

Kind regards

BW

Via Twitter (@WestMidHospital):

WORK HAS BEEN PROGRESSING on the expansion of our maternity unit, which is set to open in the New year. Once complete it will mean enhanced facilities with provision for up to an additional 500 births per year.

Tonic Neville, deputy director of midwifery, explained:

“We are very excited about these latest developments to our maternity service which will mean women and their babies will be cared for in the very best facilities. The extension includes six new clinic rooms, and an additional five antenatal and five postnatal rooms, each with their own en-suite bathroom. There will be a purpose built transitional care area for babies who need ongoing treatment and monitoring but are not unwell enough to need our special care baby unit. This will include facilities for mothers to stay in with their babies. There will also be two recovery beds for mothers not well enough to go straight home after delivery.”

For more information on having your baby at West Middlesex, visit our dedicated website at www.westmidmaternity.org.uk email us at anc@wmuh.nhs.uk or call 020 8321 5007 / 6420.
INTRODUCING YEAR 3 Medical students from Imperial College London to Trauma Management is something that is currently only provided here at West Middlesex University Hospital. To date we have run approximately 10 of these courses for students.

Trauma Management is taught using Sim Man, a simulated patient that breathes, has lung and heart sounds and pulses in all the right places. He even talks and can answer questions. All the procedures that would be carried out on real patients can be carried out on Sim Man, such as airway management, taking blood pressure, ECGs, IV access, catheterisation, chest drains and much more.

This new innovation is being led by Jason Smith, consultant surgeon and Don McCrea, senior clinical skill co-ordinator and this academic year will be the second full year it has been provided for the students.

The idea behind Trauma simulation is to put students in a similar situation to what they may find themselves in as a Junior Doctor. With Simulation they are provided with a safe environment and regardless of their decisions, no ‘harm’ can come to the patient and valuable lessons can be taken from it.

On the days prior to the simulation, all the students are given tutorials to assist them with the management of what they may find on the day. This includes the ABCDE approach to assessing a patient, the Management of Trauma and a tutorial on Human Factors.

How does it work?

Sim Man ‘lives’ in the Adult Sim Room in the Clinical Skills Centre behind the Education Centre. His room has all the necessary facilities to care for a sick patient. It also has two video cameras that record the events taking place and provide a live feed to either the Skills Lab or the Resuscitation Training Room. This is where the other students can watch the scenario unfold and see their colleagues’ actions. Their conversations can also be heard via this feed.

The students are divided into groups of four and each of them is given a role to play such as anaesthetist, orthopaedics, nurse, or team leader. They are then given a scenario outlining a traumatic event and the patient is handed over to them to treat as they think fit. The scenario could be anything from a fall from height, an assault, a road accident or a reaction to drugs.

They are given approximately 10 minutes to react to what they find and to treat the patient accordingly. If they are right in their decisions the patient will get better and if not, the patient will deteriorate and possibly even ‘die’!

Following the scenario, the students are all brought together and a non-judgemental debrief takes place. Much of this is student led, identifying the learning that took place as individuals and as a team with a view to making them better team players and clinicians.

Simulation we believe is the way forward to provide safer, more able clinicians and the sooner we start, the better they will become at caring for us in the future!