

# ambassador

Public and Staff Membership Magazine

**BREAKING  
NEWS**

# £99.5m

## Capital funding is approved for Luton & Dunstable Hospital...

*See page 3 for more details*

**Thank you to our community who are involved in supporting  
the L&D Hospital...** *See page 10 for more details*

**Before**



**Now – Work in progress!**



Inside this issue

- **Diary Dates - Medical Lecture on Orthopaedic treatment for adults and children – Your knees, hips and spine!**
- **Governor spotlight & Governor opportunities**
- **Staff Superstars & Afternoon tea at Luton Hoo**
- **Our Legal Rights to Choice in Health**
- **Hospital redevelopment update (includes car parking)**
- **L&D celebrates first students to graduate from Youth Volunteering programme**
- **A day in the life of an Oral and Maxillofacial Surgeon**

*And more...*

# welcome to ambassador

'Ambassador' is our way of communicating with you, one of our hospital members. We want to ensure that we keep you up to date with developments at the hospital and to let you know how you can get involved. We now have more than 18,000 members and we are keen for as many members as possible to play an active role in shaping how the hospital is managed and developed for the future.

## Dear Member,



Welcome to our Ambassador magazine that aims to let you know all about what is happening at the L&D.

We have just completed the governor elections for 2019 and I am

delighted to have been elected again to serve for the next three years. Thank you to all those who voted for me!

It is very encouraging to see that this year we had many more members putting their names forward for election – we welcome their interest in how healthcare services are run in our area and being a governor does give them the opportunity to 'have their say'.

Now that the long awaited capital funding is on its way there will be very busy times ahead for us all, but rest assured the end result will be so worthwhile.

Once again there are many very interesting articles in this edition of the Ambassador, and we are particularly proud of the article on page 4 which mentions the BBC's NHS Tracker results

*If you would like to receive an electronic copy of the Ambassador in the future please send your email address to [FTmembership@ldh.nhs.uk](mailto:FTmembership@ldh.nhs.uk)*

We hope you enjoy our Membership Magazine.

If we have your *name or address incorrect* or the person to whom we have sent this magazine *no longer lives* at the address mentioned in the address label please let us know by contacting us on the numbers given at the bottom of this page. If you have already informed the hospital of any changes but we have not updated our *Membership* database please accept our apologies – this is because our Membership database is not linked to the *Patient* database.

## Contact us

The L&D Foundation Trust **Membership Department**

Tel: 01582 718333

Email: [FTmembership@ldh.nhs.uk](mailto:FTmembership@ldh.nhs.uk)

Post: Membership Department – Trust Office, Luton & Dunstable University Hospital  
NHS Foundation Trust, Lewsey Road, Luton LU4 0DZ

Governors can be contacted by email at [Governors@ldh.nhs.uk](mailto:Governors@ldh.nhs.uk) or write to the Membership Department as above.

*This publication is produced by the L&D Foundation Trust Membership Department*

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# Chair's Message

Dear Members,



Finally, the wait is over. Ever since I became Chairman in 2014 we have been focussed on finding a solution to the multi-faceted challenges: of old equipment that is no longer fit for purpose and repeatedly failing; of under capacity (particularly in the context of growth anticipated in our region); and of the increasing demands that modern, sophisticated health capability can place on our services. So on 5 August we were told that we had the go-ahead to proceed swiftly with the £99.5m re-development of core hospital services: new delivery suites; new NICU facilities for very premature babies; a new and enhanced critical care facility; and new theatre suites that link directly into the existing main surgical block.

With the announcement, we can now reinvigorate the planning for our merger with Bedford Hospital. Bedford is a little smaller than us and, situated close to the centre of the town, offers us collectively the ability to provide services 24/7 more efficiently and effectively across two sites. We have absolutely committed to keep emergency care, maternity and paediatric services at the Bedford site – our vision is a single acute foundation trust delivering care from two vibrant hospital sites, each with their own identity and community, but working together to deliver sustainable care for the population of Bedfordshire and beyond.

To emphasise the fact that the two hospitals will be working as one the Foundation Trust will be re-named Bedfordshire Hospitals NHS Foundation Trust and you, the members, will remain as members of that renamed institution. Each hospital will retain its own name so as to ensure that local identity persists. Bedford is a Trust hospital and does not enjoy the privilege of having members and governors and, so, we will be reaching out to the people who live in the Bedford area and those staff who work in the hospital, with an invitation to join you as members of the enlarged Trust. Potentially and over a long time, this could increase our membership significantly from today's 18,000 but this will be a gradual process.

I think we all will experience an element of slight regret in sharing our heritage as we grow up into a larger and better, but re-named institution. But in passing the project for development, the Board and the Governors have been very clear that what we are doing will enhance and not disrupt the services to you, the population we currently serve – you, the people of our local patch. Indeed, we have to undergo a process of critical approval by the NHS/DHSC (Department

of Health & Social Care) in order to confirm just that. Your support has been, and will be very important for this critical process.

Our capital scheme was one of the only two nearly £100m schemes approved in the country and that sanction was a testament to the hard work and compassion that our staff have invested in ensuring that our project has secured support.

We are considered as being a hospital worthy of significant support. We remain the 'go to' hospital for A&E support but recently we have also received recognition for the firm, determined, and sympathetic way in which patients, when well, receive the support they need to be able to return home. As I am sure you all appreciate, the last place you want to be, if well, is with a lot of ill people stuck in hospital; for the elderly, particularly, a protracted stay in hospital, can be very costly to active health.

We will endeavour to maintain all the processes to ensure that patients enter and leave the hospital suitably and we are determined that the merger and capital will only improve this, certainly over time. We cannot however, protect this service absolutely against the cruel blow that has been dealt to the consultants as a result of changes in the way in which pensions are taxed. This means that where our experienced clinicians provide extra operating lists and clinics to support increased demand, they can now be caught unexpectedly by very large tax bills far in excess of the additional sum paid to them for carrying out this work at weekends and in the evenings. We are in regular dialogue right now with the DHSC and NHS on solutions to mitigate this impact so that the consultants can return to offering us their 'extras' without the risk of financial penalty. You may hear a lot about this over the weeks ahead but please be assured that, like all of the hospital's staff, the consultant team offers exceptional support to the Luton & Dunstable Hospital. Paradoxically it is because of their strong commitment to the hospital that they are particularly hard hit by this legislative change. I hope you will join me in expressing our sympathy to them and gratitude to all those who go out of their way to be able to return to old working practices.

It is a privilege to chair this hospital and I hope you will join with me in thanking all those who work in it for having secured this massive endorsement which will give them and us the opportunity to expand and enhance that service to the benefit of a greater community.

Kind regards,

Simon Linnett



# £99.5m

# Capital funding approved



Luton and Dunstable University Hospital and Bedford Hospital are delighted to announce that we have received confirmation from the Department of Health and Social Care that £99.5m of capital funding has been approved which is fantastic news for our patients.

Cathy Jones, Deputy Chief Executive at Luton & Dunstable University Hospital said, "This means we can proceed at pace with the delivery of a new 5 storey acute services block at Luton & Dunstable University Hospital (L&D) to enable urgent replacement of some of the site's most outdated estate. This will make a real difference to patient and staff experience by delivering new facilities for critical care, maternity services, the level 3 neonatal intensive care unit (NICU) and operating theatres".

Importantly, we now have the funding in place to realise the benefits

of the planned merger between Bedford Hospital and the L&D, and are able to plan for long-term investment on both sites.

Stephen Conroy, Chief Executive at Bedford Hospital said, "This is wonderful news for patients and staff in Bedfordshire and Luton and allows for planning for the merger of the two hospitals to progress including the implementation of Bedford Hospital's Three Year Plan."

This much-needed investment in the local area is welcomed by both Trusts, and supports our ambition to continue to provide the best possible care to our diverse communities at a time of rapid housing and population growth and increasing demand for health services.

Please visit the L&D website [www.ldh.nhs.uk](http://www.ldh.nhs.uk) for up to date information.



# Changes to our Board

## Farewell to our Non-Executive Directors:



**Alison Clarke**  
*Vice Chair & Senior Independent Director*



**Denis Mellon**  
*Non-Executive Director*



**Dr Vimal Tiwari**  
*Non-Executive Director*

## Welcome our newly appointed Non-Executive Directors:



**Annet Gamell**  
*Non-Executive Director*



**Gill Lungle**  
*Non-Executive Director*



**Richard Mintern**  
*Non-Executive Director*



**Ian Mackie**  
*Non-Executive Director*

## Luton is... *simply the best*



“Luton is simply the best” – this is what the BBC had to say about the Luton and Dunstable University Hospital (L&D) recently when it published an analysis of its NHS Tracker project after its launch nearly two years ago.



The BBC NHS Tracker provides the public with up-to-date information about waiting times for accident and emergency units, cancer and routine operations, wherever they live in the UK.

The article singled out the L&D for its exceptional performance being “the only service to consistently meet the A&E and cancer targets – in fact, during the length of the tracker project, it has never missed either. And latest figures show it is a

whisker away from hitting the 18-week target for routine operations, such as knee and hip replacements.”

It went on: “Luton has undoubtedly introduced a number of measures that have worked – and are being followed by others. The trust was at the forefront of putting GPs into A&E, which is now a national policy as it helps deal with patients who arrive with fairly minor ailments.

“It also has a state-of-the-art operations centre – fully digitalised – that allows managers to monitor which beds are occupied and how long patients have been waiting.”

You can read the full article here  
<https://www.bbc.co.uk/news/health-48624554>



## Minister of State for Health visits the L&D

### The Minister visited the hospital’s ‘famous’ Control Room



The Department of Health announced on Monday 5 August that it had approved £99.5m in capital funding to build a new Acute Services Block on the hospital site.

We were delighted to welcome the Minister of State for Health, Chris Skidmore MP, to the Luton and Dunstable University Hospital on 8 August where he met staff from across the hospital, visited A&E and toured some of the clinical services which will benefit from the recent capital funding announcement by the Department of Health.

The visit included a private round-table discussion with a cross-section of clinical staff, a visit to A&E and the Control Room, and a tour of HDU, Theatres and Maternity.

He said: “Thank you so much for a memorable visit. It was great to see the enthusiasm for the new £99.5m investment in the new build but also the commitment of management and staff with a clear vision for the future.”



## The next Medical Lecture is on – Orthopaedic treatment for adults and children - Your knees, hips and spine!

Wednesday, 9 October 2019. All are invited – RSVP by 30 September 2019

Orthopaedic team diagnose and treat a wide range of conditions of the musculoskeletal system. This includes bones, joints and their associated structures that enable movement - ligaments, tendons, muscles and nerves.

Here at the L&D Hospital we provide a comprehensive service dealing with all acute and chronic musculoskeletal problems. We also provide daily Fracture and Elective outpatient clinics in our recently, purpose built Orthopaedic Hub based on Dunstable Road. Many of our clinics are supported by Extended Scope

Practitioners and Therapists who can offer on the spot advice and guidance.

We also provide major and minor orthopaedic surgery and have two orthopaedic theatres and one dedicated trauma theatre that runs seven days a week. Our consultant-led service is renowned for its innovative approach and pioneering surgery.



The lecture on orthopaedics will be presented by Consultant Mr Jim Gray and his team, taking place from 5.30pm to 7.30pm on 9 October 2019, at Central Bedfordshire College, Dunstable (Main Campus), LU5 4HG. There will be time for questions following the presentation and the opportunity for informal discussions with our L&D Governors, from 5.30pm. If you would like to attend the lecture please contact us in order to book a place, as spaces are limited. To book a place you can contact us at [FTMembership@ldh.nhs.uk](mailto:FTMembership@ldh.nhs.uk), or by calling us on **01582 718333**.

### Council of Governors' Meeting

Why not come along to the meetings of your hospital's Council of Governors, which are held in public? They're all held at 6.30pm, in the John Pickles L&D COMET Lecture Hall. The next meeting date is:

- 20 November

### Board Meetings\*

Board members would be delighted to welcome members of the public and staff, particularly people who have not attended before. We consider it vital to hear local people's opinions on health service provision so would encourage people to come along. These meetings are held in the L&D, John Pickles COMET Lecture Hall located on the ground floor from 10am to 1pm. The next meeting date is:

- 6 November

*\*Board Meetings are held in public but are not public meetings.*

### Annual Members' Meeting on Wednesday, 11 September 2019

Come along and find out all you need to know about how your hospital has been performing over the past year. This is your opportunity to meet your Governor representatives and staff from the hospital. The Annual Members' Meeting will be held in the L&D Hospital Social Club, Calnwood Road, Luton LU4 0DZ at 5.30pm for a 6.00pm start.

### Contact us

The L&D Foundation Trust Membership Department

Tel: 01582 718333

Email: [FTMembership@ldh.nhs.uk](mailto:FTMembership@ldh.nhs.uk)

Post: Membership Department – Trust Office, Luton & Dunstable University Hospital NHS Foundation Trust, Lewsey Road, Luton LU4 0DZ

Governors can be contacted by email – their email addresses are listed page 6. Alternatively you can write to the Membership Department as above.

## Health through Awareness...

**Health awareness campaigns – highlights!** Look out for events happening near you.

### September

Urology Awareness Month  
National Blood Cancer Awareness Month  
Childhood Cancer Awareness Month  
Organ Donation Week (2nd to 8th September)  
World Sepsis Day (13th September)  
Sexual Health Week (16th to 22nd September)  
World Alzheimer's Day (21st September)  
National Eye Health Week (23rd to 29th Sept)  
National Fitness Day (26th September)  
Hypo Awareness Week (30th Sept to 6th October)

### October 2019

Breast Cancer Awareness Month  
National Cholesterol Month

Stoptober – stop smoking  
Back Care Awareness Week (8th to 12th October)  
World Mental Health Day (10th October)  
Malnutrition Awareness Week (14th to 20th Oct)  
International Infection Prevention Control Week (14th to 20th October)  
World Stroke Day (29th October)

### November 2019

Men's Health Awareness Month  
International Stress Awareness Week (4th to 8th November)  
Occupational Therapy Week (4th to 10th November)

World Antibiotic Awareness Week (11th to 17th November)  
World Diabetes Day (14th November)  
Alcohol Awareness Week (19th to 25th November)  
World Prematurity Day (17th November)  
World COPD Day (20th November)

### December 2019

World Aids Day (1st December)

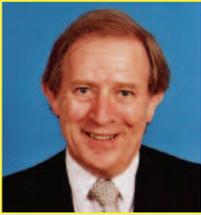
### January 2020

Dry January  
National Obesity Awareness Week (13th to 19th January)  
Cervical Cancer Prevention Week (21st to 27th January)



## Reflections of the past six years

By Roger Turner, Lead Governor and Deputy Chair of the Council of Governors



I am nearing the end of my term of office as your Lead Governor so here are my reflections of the past six years.

First, for anyone contemplating putting themselves forward to be a Governor, do it and you will find it rewarding in many ways and not disappointing.

Things have changed significantly at the L&D over the last 6 years and your Governors have played a significant part in assisting the Board of Directors in driving forward improvements. There has been an enormous effort put in to make the hospital environment better for patients and visitors. For example, there are two new theatres at the front of the hospital, a new cardiology unit, improved child oncology suite, corridors have been spruced up and painted, wards such as 19a and 19b have been refurbished and new scanners have been installed. This year some £40m will be spent on backlog maintenance and improvements to the electrical supply system, new sub stations were built at the front of the hospital as part of this. Car parking is a major bone of contention for our patients, visitors and staff and remains a stubborn nut to crack. It is unlikely that we will ever be able to solve the problem completely due to increasing demand for hospital services, but improvements have been made and there are plans to improve things further.

It has been very frustrating waiting to hear whether capital will be given to the hospital to provide the new acute services block. I am delighted that the Department of Health has given us £99.5m. Now the redevelopment can really go ahead and the merger with Bedford be completed.

The L&D has an enviable national reputation for the services it provides to our patients. Most of you will be aware that our Emergency Department is the national leader in ensuring over 95% of people attending A&E are treated within the four hour wait limit, despite record numbers of people attending each day. We meet targets in most other areas of the Trust. This is down to the hard working staff of the hospital and they are all to be congratulated.

So to sum up it has been a privilege to be able to contribute to the success of the hospital. New challenges are always just around the corner and I am confident that the Board of Directors, Governors and staff are up to dealing with them.

## Email IDs of L&D Governors if you wish to contact them!

### They are your voice!

Public Governors have a general duty to represent the interests of the members of the public who elect them. Governors therefore interact regularly with the members of the public to ensure they understand the views of the public, and to make sure that they clearly communicate to them information on Trust performance and planning. The Governors of Luton and Dunstable Hospital have access to L&D emails. Therefore, any public member of the hospital who wishes to contact their respective Governor can contact them via email or write to the address found at the bottom of page 2.

If a public member lives in the Hertfordshire Constituency they can contact the following Governors.

First name	Surname	e-mail address
Donald	Atkinson	governors@ldh.nhs.uk
Malcolm	Rainbow	governors@ldh.nhs.uk
Helen	Lucas	governors@ldh.nhs.uk

If a public member lives in the Luton Constituency they can contact the following Governors:

First name	Surname	e-mail address
Pam	Brown	Pam.Brown@ldh.nhs.uk
Sean	Driscoll	governors@ldh.nhs.uk
Susan	Doherty	susan.doherty@nhs.net
Jack	Wright	governors@ldh.nhs.uk
Judi	Kingham	judikingham@virginmedia.com
Derek	Smith	dereksmith47@virginmedia.com
Keith	Barter	governors@ldh.nhs.uk
David	Allen	governors@ldh.nhs.uk
Theresa	Driscoll	governors@ldh.nhs.uk

If a public member lives in the Bedfordshire Constituency they can contact the following Governors:

First name	Surname	e-mail address
Linda	Grant	governors@ldh.nhs.uk
Dorothy	Ferguson	dorothy@harryfine.com
Jennifer	Gallucci	governors@ldh.nhs.uk
Jim	Thakoordin	governors@ldh.nhs.uk
Roger	Turner	rogerhturner10@virginmedia.com
Matthew	Towner	governors@ldh.nhs.uk

## Your Governors are involved:

The Governors, who represent the interests of Foundation Trust members and partner organisations in the local community, hold the Non-Executive Directors to account for the performance of the Trust and exercise of their statutory duties. Governors attend the working groups and committees of the L&D which are listed below. Each of these groups is also supported by one of the Non Executive Directors.

- Remuneration and Nomination Committee
- Membership and Communication Committee
- Constitutional Working Group
- Merger Working Group
- Car Parking Working Group
- Equality, Diversity and Human Rights Committee
- Patient Led Assessment of the Care Environment (PLACE)
- Outpatient Governors Assurance Board Update
- Hospital Re-Development Programme Board – Building the New L&D
- Patient and Public Participation Group (PPPG)
- Carbon Management Programme Board
- Re-Engineering Group
- Outsourcing Project Board
- Clinical Audit and Effectiveness Committee (CAEC)
- National Institute of Health and Clinical Excellence (NICE) Implementation Group
- Schwartz Rounds
- Safeguarding Adults
- Nutritional Steering Group

# Medical Lecture

## Arthritis – What is it & how is it managed?

More than 300 members and patients were able to learn about various aspects of our Arthritis service during our lecture in May 2019.



### The presentations were delivered by:

- **Dr Daniel Fishman**, who is a Consultant Physician and Rheumatologist, and the Clinical Director for Rheumatology at the L&D. He explained 'What is arthritis'.
- **Dr Marian Chan** who is a Consultant Rheumatologist, and **Esam Mohamed** who is a senior chartered physiotherapist updated on 'inflammatory back pain services'.

Finally, we would like to thank our patient Pam Brown, who shared her experience. →



Their presentation slides can be viewed on our website [www.ldh.nhs.uk](http://www.ldh.nhs.uk) in the Member's area (<http://www.ldh.nhs.uk/mostpopular/ft-members/member-news/>)

Feedback from our members showed that having access to health information is one of the key benefits of being members of the L&D. Governors are working with the staff to plan a series of new lectures. See page 5 for details of our next medical lecture and other meetings.

## What is arthritis?

Arthritis is a common condition that causes pain and inflammation in a joint.

In the UK, more than 10 million people have arthritis or other, similar conditions that affect the joints. There are more than 100 different types of arthritis, with different causes and treatment methods. Two of the most common types are rheumatoid arthritis (RA) and osteoarthritis (OA).

The symptoms of arthritis usually develop over time, but they may also appear suddenly. Arthritis is most commonly seen in adults over the age of 65, but it can also develop in children, teens, and younger adults. It's also more common in women and people with a family history of the condition.

### Types of arthritis

Rheumatoid and Osteoarthritis arthritis are the 2 most common types of arthritis.

### Osteoarthritis

Osteoarthritis is the most common type of arthritis in the UK, affecting nearly 9 million people.

It most often develops in adults who are in their mid-40s or older.

It's also more common in women and people with a family history of the condition.

But it can occur at any age as a result of an injury or be associated with other joint-related conditions, such as gout or rheumatoid arthritis.

Osteoarthritis initially affects the smooth cartilage lining of the joint. This makes movement more difficult than usual, leading to pain and stiffness.

Once the cartilage lining starts to roughen and thin out, the tendons and ligaments have to work harder.

This can cause swelling and the formation of bony spurs called osteophytes.

Severe loss of cartilage can lead to bone rubbing on bone, altering the shape of the joint and forcing the bones out of their normal position.

The most commonly affected joints are those in the:

- hands
- spine
- knees
- hips

### Rheumatoid arthritis

In the UK, rheumatoid arthritis affects more than 400,000 people.

It often starts when a person is between 40 and 50 years old. Women are 3 times more likely to be affected than men.

In rheumatoid arthritis, the body's immune system targets affected joints, which lead to pain and swelling.

The outer covering (synovium) of the joint is the first place affected.

This can then spread across the joint, leading to further swelling and a change in the joint's shape. This may cause the bone and cartilage to break down.

People with rheumatoid arthritis can also develop problems with other tissues and organs in their body.

### When to seek medical advice

You should see your GP if you think you have symptoms of rheumatoid arthritis, so they can try to identify the underlying cause.

Diagnosing rheumatoid arthritis quickly is important because early treatment can help stop the condition getting worse and reduce the risk of further problems such as joint damage.

### Causes of rheumatoid arthritis

Rheumatoid arthritis is an autoimmune disease. This means your immune system – which usually fights infection – attacks the cells that line your joints by mistake, making the joints swollen, stiff and painful.

Over time, this can damage the joint itself, the cartilage and nearby bone.

It's not clear what triggers this problem with the immune system, although you're at an increased risk if:

- you are a woman
- you have a family history of rheumatoid arthritis
- you smoke

### Treating rheumatoid arthritis

There's no cure for rheumatoid arthritis. However, early diagnosis and appropriate treatment enables many people with rheumatoid arthritis to have periods of months or even years between flares. This can help them to lead full lives and continue regular employment.

The main treatment options include:

- medication that is taken in the long-term to relieve symptoms and slow the progress of the condition
- supportive treatments, such as physiotherapy and occupational therapy, to help keep you mobile and find ways around any problems you have with daily activities
- surgery to correct any joint problems that develop

Depending on how much pain, stiffness and joint damage you have, you may have to adapt the way you carry out simple daily tasks. They can become difficult or take longer to complete.

### Complications of rheumatoid arthritis

Having rheumatoid arthritis can lead to several other conditions that may cause additional symptoms and can sometimes be life-threatening.

Possible complications include:

- carpal tunnel syndrome
- inflammation of other areas of the body (such as the lungs, heart and eyes)
- an increased risk of heart attacks and strokes

Ensuring that rheumatoid arthritis is well controlled helps reduce your risk of complications.

# Afternoon tea at Luton Hoo to celebrate 655 years of service to the L&D



Congratulations to the 23 members of staff who attended a special Long Service Award ceremony and afternoon tea at Luton Hoo on 3 April to celebrate an amazing collective 655 years of service!

They were presented with their awards by members of the Trust Board who acknowledged the tremendous contribution each had made over the years – their loyalty, dedication and knowledge is appreciated by the whole hospital.

*Staff celebrating their long service awards with afternoon tea at Luton Hoo.*

The members of staff are: Beryl Adler, Natalie Baker, Noelle Binnington, Teresa Bottaro, Amanda Dixon, Mary Evans, Joanna Hogg, Bindu Lal, Kathleen Lee, Christina Liebermann, Anne-Marie Mead, Fiona Murphy, Maureen Parish, Susan Pethybridge, Shiraz Quresi, Karen Reep, Jacky Simmonds, Tracy Smith, Lesley Smith, Ranjit Thambyrajah, Jayne Walker, Lucy Wheelhouse and Laila Yanny.



## Staff Superstars



We are very proud of our staff at the L&D. Their hard work, commitment, compassion and ability to be friendly to patients regardless of how busy they are, are a true testament to how dedicated they are to providing the best care possible for their patients each and every day.

The Staff Awards were launched last year to recognise individuals and teams who have gone above and beyond for their patients. We are delighted to share with you some of the recent winners of Employee of the Month and Team of the Month.



### Mr Bhagawati, Spinal Consultant

Mr Bhagawati recently shared learning from an incident that happened in theatres having immediately put 'stops' into action to ensure that it doesn't happen again. It takes real courage to be so open when something like this happens and everyone is grateful that he has used this experience to improve patient safety in the future.



### Sarah-Jayne Magee, Physiotherapist

Sarah-Jayne won because of her exceptional knowledge and understanding of spinal cord injuries. She knows how to manage patients to a high standard and she supports doctors, nurses, respiratory staff and therapists on best practice and what needs to be done for each patient.



### Karen Samm, Sister on ward 24

Karen was nominated for the incredible care she gave a staff member's son. "If it wasn't for Karen we would be looking at a completely different situation, I honestly feel that she saved his life by being proactive, holding her own with more senior staff and listening to me and my son. I will be forever grateful to her.



### Nursing Associates

In 2017, the L&D enrolled a group of Clinical Support Workers onto the Nursing Associate (NA) course. Two years later, after attending university, placements and gaining skills on the wards, nine members of staff are joining the NMC register as some of the first Nursing Associates. This new role bridges the gap between unregistered support workers and Registered Nurses. We are extremely proud of their hard work and commitment to improving patient care.



### CT Scanning

The CT team work collaboratively around the clock, every day to deliver ever increasing routine demand. They scan over 500 patients a week and are very responsive to managing both urgent inpatient and emergency care. The team also manage patients requiring urgent cancer scans to support the 2 week wait.



### Fundraising Team

The Fundraising Team does so much work in the background raising funds for various causes. They support big causes such as the Helipad and NICU Parents Accommodation but the charitable fund also provides support for the Trust in many other areas and departments. The team are always out in the community raising awareness about the fantastic work our staff do for patients and how the public can support the L&D.

# Thank you to our community who are involved in supporting the L&D Hospital

Thanks to the extraordinary generosity of local traders, suppliers and volunteers, the Luton and Dunstable University Hospital Charity has been able to transform a house, with just the kitting out and home furnishings to be provided. 'The Big Build project' is located close to the hospital, the three bedroom house has been completely renovated and now boasts an impressive five bedrooms to provide extra accommodation for parents whose babies are being cared for on our Neonatal Intensive Care Unit (NICU).

Major donations have included a new roof, a complete set of new windows, a conservatory, bathroom/wet room and a fitted kitchen. We are completely humbled by the kindness of the public and a phenomenal response to a social media post in February resulting in 72 traders coming forward in 24 hours.

The last stage of the project – to furnish the house – is now underway. Because of you, along with our current NICU Parents Bungalow we will be able to support up to 420 families each year.

## February



We have the keys! Social media post goes out. R Burton and Sons come onboard to project manage the build, Ben from B.A.R Electricals offers to support with M&E.



Cawleys stepping up at the start supplying the first of many skips.



Lewis Horsted ripping out bathroom and tiles

## March



Danny from Bellspire provided a free asbestos survey



Project manager Rob Burton from R Burton and Sons providing an update on work



Byran James from Stroma Building Control provided free service and testing to achieve Building Regulation compliance



Scaffolding donated by Select Scaffolding Services



Workers in Big Build - Richard King from All Time Electrical, Robert Dalton from Robert Dalton Electrical, Ben from B-A-R Electrical and Mechanical Services, Matt Dixon and Chris Bailey from Baileys Heating Company, Ben from That Chippy Ben, Olly and Sonny from BBK all worked on the NICU Big Build



Sean and James from SJK placed plaster board in the accommodation and fitted ceilings in the kitchen and downstairs area, along with a wall to divide the downstairs into extra rooms.

## April



Progression pictures



New roof – removed by Michael Mapp. Danny Hirst and Assured Roofing and Specialist Leadworks put up new roof.



Plastering by MWM Plastering and Drylining Ltd



## May



Progression pictures



Progression pictures



## June



H2B Windows, 22 new windows and doors



Sainsbury's Dunstable dug out the pipework on the drive

## July



Beautiful paint work. Brightest house on the street.

For donations of goods, supplies and refreshments from local businesses – see next page

## Donations of goods, supplies and refreshments from:

R Burtons & Sons Builders

Sainsburys in Dunstable

Amore Bakery Leighton Buzzard

Tesco in Dunstable

June Tearle

Leagrave Heating Supplies

AHMCO Heating Supplies

Gibbs and Dandy Luton

Luceco Lighting

Ceramic Tile Distributors

Saint-Gobain Weber

First Home Improvements

CDR Electrical

Mortimer Construction

Samantha Hanks and Cembrit UK

Wavin Group

Richard and Emma Black from H. McIntyre and Sons Ltd

Alpha Heating

Geberit

Cronin Electrical

Eyre and Ellisotn, High Wycombe

Reeson Network Ltd

Scott Sadler

Penlaw and PWB Dryling

Butterfields

Baileys Heating Company

WAQAS

Dominoes Pizza

Subway in Lewsey Farm

B.A.R Electrical

Lewis Horsted from TLC Property Services

F R Cawleys

Handyman Vasile

Danny from Bellspire Ltd

Scott Norton from Bearings Scaffold

Select Scaffolding Ltd

Bryan James from Stroma Building Control

Richard King from All-Time Electrical

Rob Dalton from Dalton Electrical

Sears Brothers Electrical

Hager Group

SKJ Building Services

Scott Sellers

Sean Denton

James Viola from MWM Plastering & Dryling

Olly & Sonny from BBK

Michael Mapp

Assured Roofing

John Haynes

Help 2 Buy Windows

Watts Marketing

That Chippy Ben

Carol Dorgan

Luton Environmental Ltd

Summer House donated by Danny & Family

HIB Decorators

Smiths Dryling

ALP Cleaning

Matte Interiors

Wickes Luton

Brewers Decorator Centre

Magnet Trade

Parias Interiors

Total Flooring Solutions

Bellwood Interiors Ltd

Chiltern Marble

Electrolux

If you would like to get involved with renovating the property or make a donation please email [fundraising@ldh.nhs.uk](mailto:fundraising@ldh.nhs.uk) or call 01582 718289.

## Pharmacy User Group (P.U.G)

What is P.U.G and how did it come to be?



It all started more than three years ago when Cathy Geeson, Deputy Head of Pharmacy, gained a fellowship to research and develop what we now know as M.O.A.T (Medicines Optimisation Assessment Tool) in order to gain her PhD. A group was set up to steer Cathy through three years of hard work, consisting of Academics, Doctors, Governors and Patient Reps from University College of London, the L&D and Watford General Hospital.

Cathy was successful and when the group split up Dr Mary Evans, Head of Pharmacy at the L&D, asked the Governors and Patient Reps to form an advisory group at the end of 2018. Cathy left us and the group is now chaired by Imran Khan, a senior pharmacist at the L&D.



It was decided to call ourselves P.U.G (Pharmacy User Group). The group consists of Derek B Smith, Jack Wright, Marie France Capon and Helen Clothier.

We meet quarterly in Pharmacy to discuss medication safety issues e.g. self-administration of insulin, and how it should be stored at the bedside.

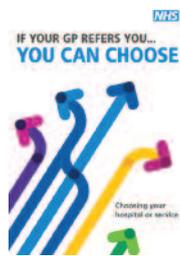
We have also been asked to be involved in role playing in the training of Pharmacy staff on taking medication histories and counselling patients on medication.

As patient reps we can advise Pharmacy on the best way of administering medications to patients leaving hospital.

I hope this gives the reader some idea of what we do.

# Our Legal Rights to Choice in Health

Published by NHS England



Did you know that in many cases you have the legal right to choose where you have your NHS treatment? The NHS is offering more and more options to enable you to make choices that best suit your circumstances, giving you greater control of your care – and hopefully better results.

People in England have a legal right to their choice over Healthcare.

## What do you know about patient choice?

Every NHS patient should be actively involved in the decisions about their care and treatment. Do you know what is currently available to you on the NHS? Take this quiz to find out about your choices.

**Take this quiz to find out about your choices. You can check your answers on page 16**

Myth Buster Quiz		True	False
Statement			
1. Patient Choice does not exist			
2. I have the right to choose where I go for treatment			
3. I cannot choose the consultant in charge of my care			
4. I can choose from both private & NHS providers			
5. I will only get choice when referred by my GP			
6. I can choose a new hospital if I can't be treated within the specified maximum waiting time			
7. Patient Choice means I can choose any treatment I like			
8. Patient Choice always applies without exceptions			
9. I can choose my GP Surgery			
10. Children have the same legal rights to choice as adults			

## Here are a few additional points and links for further information

- There is an Easy Read version available on the website for all part of choice and it is succinct and understandable:  
[www.england.nhs.uk](http://www.england.nhs.uk)  
[www.gov.uk](http://www.gov.uk) NHS Choice Framework
- There is a legal maximum wait limit of 18 weeks for a first appointment to see a specialist/consultant (certain exceptions apply with quicker responses for things such as cancer).
- When using the online booking service to choose your consultant led team or appointment, retain the password you are given as you will be able to use it for any future bookings.  
 List of consultants is on My NHS : <https://www.nhs.uk/service-search/performance/search>
- You have a legal right to choose your GP Surgery (dependent on capacity).
- You have a legal right to a named GP at your surgery and you have a right to see them but no legal right to see them when you choose. However, if you do want to see them then the wait for your named doctor may be longer than if another is available to see you sooner.
- If you feel that you have not been offered a choice, please contact your local Clinical Commissioning Group.

All the above covered is a person's right in law and not just a nice to have. Please visit the NHS website for more information. If you have any questions about these resources, please contact [england.choice@nhs.net](mailto:england.choice@nhs.net).



## Volunteering News

### L&D volunteers honoured at Central Beds Cheering Volunteering Awards

Many congratulations to three of our volunteers, who all won awards at the fifth Central Bedfordshire Cheering Volunteering awards held at the Grove Theatre in Dunstable on 4 June.

Dianne Foyle and Pam Brown were highly commended in the Outstanding Contribution category and Stephen Foley who was also highly commended in the Volunteer of the Year Category. The awards, held during national Volunteers Week, acknowledge the tremendous contribution volunteers and voluntary organisations across Central Bedfordshire make to help others in their community.



Dianne Foyle, who has volunteered at the L&D for the past 12 years, supports the Neonatal Unit, Macmillan Unit and helps feed patients on Ward 23.



Pam Brown has volunteered since 2001 in the Cardiac Centre but is also a prolific fundraiser and governor, supporting many appeals and initiatives across the hospital, she also works tirelessly with the Membership team.



Stephen Foley supports the Pharmacy Team by delivering medication across the Trust, which facilitates earlier discharge.

# Hospital redevelopment update

## Thank you for your patience!



As most of you know, there is a considerable amount of building work going on around the hospital site at the moment. We are very excited about all the developments that are taking place because we know they will benefit patients and staff however we really are grateful for everyone's patience while the work takes place.

## Operating theatres

One of the major projects has been the construction of two new Theatres near the Emergency Department. Work started on this in January and is due to complete shortly. We will then use these two new theatres while we carry out essential refurbishments to the existing suite of theatres, ensuring that there is no disruption for patients.



## Electrical Infrastructure upgrade

We have also been undergoing a vital Electrical Infrastructure upgrade which will make the hospital more resilient and reduce the number of plant failures we experience. This will make a huge difference for both patients and staff because we will run more efficiently and have a greater power supply and back up to support increased facilities and functions across the site.



## There have been numerous smaller refurbishments throughout the hospital including:

- improvements to patient facilities in the Imaging Department
- a fifth Ultrasound room to provide much needed additional capacity
- refurbished male and female changing rooms as part of a project to improve the overall environment for patients in endoscopy
- a new, state of the art Decontamination Unit
- refurbishments in Zone B Outpatients to create a bigger waiting area in a more pleasant environment.

## Hot Topic – Car parking

We all appreciate that car parking is far from perfect at the L&D and various options have been considered to try and rectify some of the issues our patients, their visitors and our staff have trying to park at the hospital. There is no magic solution and each of the projects we are considering will need us to close a car park temporarily but we believe in the long run it will be worth any disruption.

## The new Energy Centre

This exciting Energy Centre project will make us one of the most environmentally friendly hospitals in the country as well as saving the Trust close to £1 million every year. Construction work is planned for the start of 2020 and the centre will reduce the risk of disruptions to patient care due to obsolete or out of date plant and equipment. It will also provide much needed resilience to the hot water and heating supplies as well as reducing our carbon emissions by approximately 35% once it is up and running.

*Artist impression of the Energy Centre is pictured right.*





# Have you got, can you find?

By Governor Janet Graham MBE, L&D Hospital Archivist



Janet and John Graham

Did you realise that the Luton and Dunstable Hospital had an historical archive? No? Well yes, we do!

Setting up the archive was the brain child of Margaret Currie, who trained and worked at the L&D for many years. Margaret was also the author of a book on a history of hospitals in and around Luton and she loved the L&D just as I do. When Margaret became ill and was unable to continue her work as the hospital's archivist, I was asked to take over her excellent work. Having coerced my husband, John, to help me we signed up as volunteers and set to work cataloguing and collecting.

We are now in our fourth home in ten years. We do not have a specially designed home at the hospital, really not much more than a cupboard near to Fundraising in the administration block. It is a small space so we set up our desk in the corridor each Monday morning.

Our work has shown me how lucky we are to have such an archive and how grateful I am to have had the opportunity to find out how the L&D came into being over 80 years ago. Having the archive has given me the chance to speak to many groups about the history of the hospital over the past year and this has helped people appreciate the effort many local people, businesses and doctors made as far back as 1882 to make sure Luton had a hospital that served the population.

What do we have in the archive? Hundreds and hundreds of photographs, obsolete medical equipment, uniforms, letters, many folders of papers about the hospital, original minute books, etc., all memories created by so many people.

Most months we are given new things to store. A recent 'golden find' was an out-patient register from during the second world war. I was thrilled when I looked through and realised it related to prisoners of war being treated here, mostly for minor injuries.

Do you have something lurking in a cupboard in your department or home

that relates to the hospital? If yes, please do not hesitate to contact me so that we can have a look and see if it is something we'd like to have. At the recent 80th Anniversary celebration a visitor came with her mother's photograph album and on the first pages were photographs of patients on the balcony, now day rooms and toilets, of ward 1. Photographs we had never seen before. John whipped out his camera and now we have copies in the archive.

What kind of things do people ask us about? They are very varied and some questions we cannot answer. For example: Can you tell me what time of day I was born? Have you any records of when my aunt was a student nurse in the 1950s? A very recent one left me scratching my head. Can you tell me how tall the original boiler house chimney was? Well no, I couldn't but I searched out some photographs that showed where it was and how high it was in relation to a nearby building so the enquirer could work that one out without the need for a tape measure. We need to respect data protection rules so some items are not available to the public.

Although we do not have 'open hours' visitors and requests for information are always welcome. You can email us at [FTMembership@ldh.nhs.uk](mailto:FTMembership@ldh.nhs.uk).



Genito Urinary equipment



Cennula and thermometers



Feeding bottle



Medicine bottles



Original Minutes Books



Patient register



Old nurse's home showing the boiler house chimney

## L&D celebrates first students to graduate from Youth Volunteering programme



On Friday 5 July, the Luton and Dunstable University Hospital (L&D) celebrated the graduation of its first student volunteers to take part in a new Youth Volunteering Programme.



The L&D Volunteer team has been working in collaboration with three local schools over the past five months, offering the new student volunteering programme which provides an opportunity for young people aged 17 or over to volunteer on busy wards at mealtimes to help support our patients and staff.

A total of 14 students took part and all received a certificate to mark the end of their placement as a token of the Trust's appreciation for the time and value the students have provided to our patients.

Feedback has been positive on both sides - the opportunity has allowed the students to grow and gain more confidence, resulting in one student going on to secure employment at the Trust, and two others continuing their volunteering roles.

Mhairi Emery, Volunteer Coordinator said: "We are really proud of our first L&D Youth Volunteering programme graduates. They have been amazing, supporting the patients and staff around the hospital and today we wanted to say thank you. We hope to continue with the programme and expand the number of schools involved so that a greater number of students will be able to benefit from this opportunity.

### Helipad Appeal – Volunteering

## Bollywood Comes to the L&D

At the end of October last year, The Ujala Well Being Club held a musical afternoon to raise funds for our Helipad Appeal.



An inspirational couple Mr and Mrs Pattni, supported by Mr Vinod Tailor (former High Sheriff of Bedfordshire) and the Indian

community came together to raise vital funds for the helipad appeal. The event actually raised over £4,000 in one afternoon full of Bollywood music, dance and incredible homemade food. The couple both volunteer on Main Reception and support patients coming onsite, signposting people to where they need to go. While volunteering they heard about the appeal and felt strongly that this was a project they wanted to encourage their community to support.

A huge thank you to them and to everyone who attended. Their support will help us to create a lifesaving facility for the future health of families in Bedfordshire, Buckinghamshire and Hertfordshire. The project is to build a helipad on the roof in the heart of the hospital connected directly by lift and just 4 floors to one of the best emergency departments in the country.

**If you would like to support the Helipad Appeal or would like more information, please call fundraising on: 01582 718289 or visit our website: [www.ldh.nhs.uk/helipad](http://www.ldh.nhs.uk/helipad)**

**If wish to join us as a volunteer, Voluntary Services on: 01582 497384 or email [voluntaryservices@ldh.uk](mailto:voluntaryservices@ldh.uk)**

## Breastfeeding Peer Supporters volunteer to help new mums



The Luton and Dunstable University Hospital (L&D) has recruited 12 volunteers to support new mums with breastfeeding.

The Breastfeeding Peer Supporters, who breastfed their own babies, have recently undertaken 12 weeks of training which was celebrated with a graduation event attended by the Mayor of Luton, Councillor Naseem Ayub.

Jacky Simmonds, Infant Feeding Advisor at the L&D, said: "For many mothers breastfeeding comes naturally and is fairly easy to establish, but for others there can be difficulties to overcome, especially in the early hours and days".

"Having skilled and knowledgeable breastfeeding peer supporters who can listen to and support these mothers, can make a huge difference. This early support is vital to enable mothers to achieve their feeding goals and to promote the healthiest outcomes for their baby and their family."

The UK has one of the lowest breastfeeding rates in the world and even those mothers who want to breastfeed often stop long before they intend to, due to the lack of support.

Breastfeeding has some of the most wide-reaching and long-lasting effects on a baby's health and development, protecting them from the risk of infections, allergies, cancers and diseases.





STATEMENT

- 1. Patient Choice does not exist  
**Answer : False**  
The NHS offers many options to make choices that best suit your needs, giving you greater control of your care and, hopefully, better results. In many cases you'll have a legal right to choice, but even without this you should be offered options if available. Patient choice applies to everyone regardless of age or disability. Visit this website to find our more details about Patient Choice [www.nhs.uk/patientchoice](http://www.nhs.uk/patientchoice)
- 2. I have the right to choose where I go for treatment  
**Answer : True**  
If your GP needs to refer you for a physical or mental health condition then, in most cases, you have a right to choose the hospital or service you'd like to go to. This will include many private hospitals as long as they provide services to the NHS. Sometimes you cannot choose, for example if emergency treatment is required.
- 3. I cannot choose the consultant in charge of my care  
**Answer : False**  
You have a legal right to choose a consultant-led team if you are referred to a specialist. You can choose to have your first outpatient appointment at the hospital where the consultant works and be treated by that consultant's team – but this doesn't mean you'll be seen by the consultant themselves. If your referral is for a mental health condition then you can choose a clinical team led by a named health professional.
- 4. I can choose from both private & NHS providers  
**Answer : True**  
You have the right to choose any clinically appropriate hospital or service, which includes private hospitals as long as they have an NHS standard contract for the provision of the treatment or service required. This won't cost the NHS more than a referral to a traditional NHS hospital.
- 5. I will only get choice when referred by my GP  
**Answer : False**  
Your legal right to choice doesn't depend on the health professional referring you to a specialist treatment or service (also known as secondary care). You can still choose, whether your referral was made by a GP, dentist, ophthalmologist.
- 6. I can choose a new hospital if I can't be treated within the specified maximum waiting time  
**Answer : True**  
You have the legal right to ask for your appointment to be moved to a different hospital or service if you are likely to wait longer than the maximum waiting time specified for your treatment. The hospital or clinical commissioning group (CCG) will have to investigate and offer you alternative options where you would be seen sooner.
- 7. Patient Choice means I can choose any treatment I like  
**Answer : False**  
A GP will only refer you for a service or treatment that is clinically appropriate for your circumstances. However, if a GP does want to refer you to a service or treatment that they think is best for you but is not routinely offered by the NHS, then the GP will have to submit an Individual Funding Request (IFR) to your CCG and provide details of where they want you to go. Visit this website to find out who your local CCG (Clinical Commissioning Group) is: <https://www.nhs.uk/service-search/Clinical-Commissioning-Group/LocationSearch/1>
- 8. Patient Choice always applies without exceptions  
**Answer : False**  
A legal right to choice is not available for:
  - 1. Urgent or emergency treatment
  - 2. People serving in the armed forces
  - 3. Maternity services
  - 4. People detained under the Mental Health Act
  - 5. People detained in or on temporary release from prison, in court, an immigration removal centre, or a secure children's home
  - 6. People referred to high security psychiatric services or drug and alcohol misuse services provided by local authorities
- 9. I can choose my GP Surgery  
**Answer : True**
- 10. Children have the same legal rights to choice as adults  
**Answer : True**

This quiz is available on NHS England website: <https://www.england.nhs.uk/patient-choice/elective-care/choice-materials/>

## Fundraising News

### Gala event held in aid of the hospital Helipad Appeal

The Hospital Charity held a Gala event in aid of the Helipad Appeal, the charity's flagship campaign to raise the final £1.5m for an on-site emergency helipad.



*Pictured at the Helipad Gala fundraiser in the brand new MAGPAS air ambulance are members of the L&D Emergency Department: (from left) Lead Nurse John Scudder, Consultant Subramanian Dhinakaran, Paediatric Lead Nurse Ben Small and Consultant Dave Kirby*

The 80th birthday gala dinner, which took place in the Walled Garden at the Luton Hoo Estate, was held in aid of the hospital charity's Helipad Appeal, which aims to raise the final £1.5m needed to secure the project to install a 24/7 emergency helipad within the hospital

The evening was well attended by staff and community figures and also included a scheduled fly in/out by the brand new MAGPAS Air Ambulance during its very first week of operation. The Air Ambulance, which will be one of those serving the new helipad, has a flying time of up to three hours; over three times that of the charity's previous craft, allowing the crew to attend a significantly higher number of incidents in the region.

An estimated £90,000 was raised on the evening which was attended by various members of staff alongside MPs, businesses and other members of the local community.

The Charity has been humbled by the support from not only the local community but the hospital community as well.

Donors can help the cause by contacting [fundraising@ldh.nhs.uk](mailto:fundraising@ldh.nhs.uk). Direct donations can be made via Just Giving ([www.justgiving.com/fundraising/ldhelipad](http://www.justgiving.com/fundraising/ldhelipad)) or you can contact the team on 01582 718289 or [Fundraising@ldh.nhs.uk](mailto:Fundraising@ldh.nhs.uk)

For more information visit [www.ldh.nhs.uk/helipad](http://www.ldh.nhs.uk/helipad)

## Expanded team of senior Physio and Occupational therapists in Acute and Emergency Medicine



The L&D now has a team of 20 highly skilled therapists deployed in acute and emergency settings across the hospital, assessing patients at an earlier stage in their treatment so as to improve their overall experience and facilitate safe and effective discharges.

With eight physiotherapists, eight occupational therapists and four technical instructors, the Acute and Emergency Medicine Therapy team provides a seven day service, working from 7am to 7pm, Monday to Friday, and 8.30am to 7pm Saturday and Sunday.

They work in a variety of settings including A&E, the Emergency Assessment Unit (EAU) and Frailty Unit.

The team includes specialists in various areas including musculoskeletal – supporting a soft tissue clinic - acute medicine, and frailty.

On the Frailty Unit the therapists provide a multidisciplinary assessment and discharge focus for frail patients within 72 hours and have recently launched activity groups on the unit, supporting the Get Up, Get Moving trust-wide initiative.



Picture – The Acute and Emergency Therapy team run activity groups for patients on the Frailty Unit.

## Patients encouraged to 'Get Up, Get Moving'



In June, the Trust launched its 'Get Up, Get Moving' initiative which is designed to support patients to get up and out of bed and to keep as active as possible while they are an inpatient in our hospital.

This is in line with the national initiative #EndPJPparalysis which encourages patients to get up and out of their pyjamas (PJs).

This is important because the longer a patient stays in bed, the more de-conditioned they become:

- A patient loses 5% of their functionality every day they spend in hospital as an inpatient
- If we help our patients to put on a dressing gown and slippers (or clothes) it will enhance their dignity, autonomy and, in many instances, improve their spirits
- For patients over the age of 80, a week in bed can lead to 10 years of muscle ageing, 1.5 kg of muscle loss, and may lead to increased dependency and demotivation
- Encouraging our patients to get up and move about has been shown to reduce falls, improve our patients' experience of being in hospital and reduce length of stay by up to 1.5 days.
- 'Get up, Get Moving' puts the focus on quality of patient time and experience. It asks the question, "if you had 1,000 days to live, would you like to spend them in hospital?"

For more information look out for our posters, or visit the national website <https://www.endpjp paralysis.com/>



## Age Concern is there for you when you leave the hospital



Luton and Dunstable University Hospital has joined forces with Age Concern in a project designed to improve the hospital discharge service for older patients - especially those who do not have family or support - and to ensure they know what services are available once they return home.



Specially trained staff from Age Concern Luton (ACL) are visiting older people on the wards to let them know about the different ways in which they can support patients either on their day of discharge, or later if they prefer.

The ACL team can assess a person's needs and identify hazards starting from the day they leave hospital and for up to six weeks following hospital discharge. Their aim is to provide or signpost people to services which can allow them to live at home for as long as possible, with appropriate support and without hospital re-admittance.

Services on offer include help with:

- Shopping
- Cleaning
- Laundry
- Home repair
- Gardening
- Advice and advocacy (e.g. benefit advice, financial guidance and information)
- Wellbeing services (e.g. befriending and lunch clubs)



Age Concern Luton (ACL) is the largest older person charity in Luton. The team works with older people and their carers to ensure they get the services and support they need and make their voices heard.

For more information contact Age Concern Luton, Bradbury House, 39 King Steet, Luton, LU1 2DW. Telephone: 01582 456 812. Email: [admin@ageconcernluton.org.uk](mailto:admin@ageconcernluton.org.uk)  
Website: [www.ageconcernluton.org.uk](http://www.ageconcernluton.org.uk)

# Meet the Patient Experience Team

The Patient Experience Team focuses on three areas - patient and carer feedback, patient information, PALS and complaints. They work closely with clinical services to look at feedback, both positive and negative, to see how we can improve services and everyone's experiences. Contact [patientexperience@ldh.nhs.uk](mailto:patientexperience@ldh.nhs.uk) for further information.



## Improving the experience of unpaid carers at the L&D

The L&D's Patient Experience Team joined forces with Carers in Bedfordshire to launch a pilot 'Carers Pack' aimed at improving the experience for unpaid carers accompanying their loved ones to the hospital.

The pilot will look to identify unpaid carers to staff, and provide them with useful information and access to concessions.



The pack consists of a lanyard and bracelet, information leaflets, contact information, a pass enabling them to get discounted meals in the

hospital restaurant and information on concessionary parking.

Launched in August as an initial pilot for three months, the pack will be given to all non-paid carers who come into the hospital. The packs are available from the Carers Lounge, Dementia and Learning Disability Specialist Nurses.

## Comments from the national inpatient survey 2018

The final report has been published by the CQC and our results are similar to other Trusts. Patients were asked to comment about their care. Here are some of the things they told us:

## What did we do well?

- The care from doctors and nurses was brilliant. Communication on ITU was excellent, amazing care from one doctor there.
- My care on the HDU was of the highest quality. All staff are fantastic. The nursing care on the general ward was also outstanding.
- The communication between the doctors and nursing staff was excellent and I felt very safe in their care, which I am sure made me get well quicker. They are such a cheerful lot.
- When I wanted to complain and for someone to listen to my concerns the matron was lovely. She was kind caring and understanding.

## What could we do better?

- During my hospital stay I was transferred between four different departments, this resulted in my clothes being mislaid.
- Try to limit the use of mobile phones by patients especially at night when others are trying to sleep.
- Mixed messages from staff about discharge arrangements meant an extra night in hospital and having to move to another ward.
- I would have liked my family to have been with me when the doctor was discussing my care, but every time I asked what time the doctor was due they couldn't tell me and so I couldn't tell my family so they could be there.

# Governor opportunities in 2020

## Have you ever considered becoming a Public Governor or a Staff Governor of the L&D?

Elections for 2020 will start in May 2020 and notices will be displayed on L&D website and sent out to our public and staff members around that time. There are 8 seats to be contested. Elections are to be held for the following positions:

### 7 Public Governors vacancies in the following constituencies:

- Public: Luton (3 vacancies)
- Public: Bedfordshire (3 vacancies)
- Public: Hertfordshire (1 vacancy)

### 1 Staff Governors vacancies in the following constituencies:

- Staff: Medical & Dental (1 vacancy)

We hold one to one Governor Awareness briefing sessions at the L&D giving you the opportunity to find out more about the Governor roles

and provide you with information regarding the procedure on how to apply to be a

governor at the L&D. The duration of each session is only an hour.



Kindly let us know if you are interested in attending the session by contacting us now on **01582 718333** or emailing us at [FTMembership@ldh.nhs.uk](mailto:FTMembership@ldh.nhs.uk). If you cannot attend any one of these briefing sessions, do not worry, they are not mandatory.

# A day in the life of an Oral and Maxillofacial Surgeon!

By Mr Chi-Hwa Chan Consultant Oral and Maxillofacial Surgeon



Some members of the public will not have heard of oral and maxillofacial surgery as a medical specialty, let alone what that entails. We treat patients with diseases or injuries

affecting the mouth, jaw, face and neck. We are quite a sizeable team here at the L&D, and I am one of the eight consultant oral and maxillofacial surgeons. The department also has three consultants in orthodontics (specialists in correcting crowded teeth in children with braces in the mouth) and two recently appointed consultants in restorative dentistry – specialists in providing oral and dental rehabilitation with complex prosthesis in a selected group of patients. I have lost count of the large number of trainees and experienced staff grades and associated specialists, laboratory technicians, theatre and ward staff we have, and then there are the secretaries and the all-important specialist nurses in the department.

We normally start our day with a ward round, and it is well known within the hospital that we have a large team of doctors going round to see all our patients. Often there are more doctors in the round than the number of patients we see - a good example of high quality patient care!

Today I do not have an operating session but an out-patient clinic. I start with treating babies with tongue ties and this is supported by 'feeding specialists' on site too. I divide the tongue tie in the clinic and the procedure takes just 10 seconds only. But often, it is the parents who feel apprehensive, worried and upset. Many of them will ask whether it hurts the baby. With the few thousands of babies I have treated over the years, none of them managed to tell me! Of course, babies will cry but soon stop when the feeding starts - nevertheless I do feel a little guilty but it's quickly forgotten!

The out-patient clinic will see patients referred by both GP's and dentists, and of course direct from A & E. This morning a lady fell and broke a cheek bone which needed surgery and has now been admitted to the ward. Another young man was hit in the eye whilst attempting kick boxing and has broken part of the eye socket. Having looked at the scan, I decided that he does not require surgery. Sadly, a lady had cancer in her mouth and I have to deliver the bad news. There were tears but she actually expected the diagnosis even before coming to the hospital. Together with the clinical nurse specialist and the patient's sister, we allow as much time as is needed to talk to this patient. It will always be a shock to them when told of the diagnosis, but it never ceases to amaze me how well

they cope with reality and all the suffering during and after the treatment. Then of course, the next patient asked why he'd been kept waiting for so long.

Time then to catch up with numerous administrative tasks, including looking through referral letters and triage them according to urgency. All the letters typed by our secretaries from previous clinics need to be checked and signed. I tend to do this while having my sandwiches and drinks. At other times, eating lunch is combined with answering (and deleting) emails!

It so happened that this afternoon, we have a bimonthly clinical governance meeting. Together with our ENT colleagues, we go through issues like complications of treatments, particularly the unexpected ones, discuss challenging cases and complaints from patients – needless to say the most common ones are car parking difficulties!

Unusually, I managed to finish today by 5.30pm which is quite civilized. This is quite rare! The nature of our work is often complex and challenging, which is why I enjoy what I do. However, a much more important factor is the wonderful and supportive colleagues I work with every minute of every day (and not forgetting my long suffering wife too). These people often turn a busy and hectic day into an enjoyable and fulfilling experience.

## L&D NICU baby features in NHS Blood and Transplant campaign film



The L&D's Neonatal Intensive Care Unit (NICU) was featured in a campaign film made by NHS Blood and Transplant which ran as part of National Blood Week from 10-16 June.



The campaign celebrated some of the amazing stories behind blood donation and transfusion, including that of Sebastian who needed three blood transfusions of O negative blood while a patient on our NICU.

Now five years old and thriving, Sebastian returned to the hospital with mum Helen and one of his blood donors, Andrew, to take part in the filming and meet staff who had cared for him while he was on the unit.

To find out how you can donate blood visit [www.blood.co.uk](http://www.blood.co.uk)

*Picture: Five year old Sebastian is pictured on the Neonatal Intensive Care Unit with staff, his mum Helen and blood donor Andrew*

# Quality of services top of the agenda at the Summer July 2019 'Good Better Best' staff engagement event



The Quality of the services we offer our patients and Hospital

Redevelopment priorities were top of the agenda for discussion at this summer's Good, Better, Best staff engagement event in July.

More than 2,500 staff attended sessions which were hosted by the Trust Board and

other members of the senior management team – as a way of saying thank you to staff for their tremendous hard work.

Staff were asked to get creative about how we can improve services for our patients, and also to help the Hospital Redevelopment team prioritise which projects should take precedence.

The next staff engagement event will take place in December in the Christmas Grotto.

