

ambassador

Public and Staff Membership Magazine

L&D celebrates its 80th birthday!

The official opening of the Luton and Dunstable Hospital by Queen Mary on 14th February 1939

The hospital is a cherished part of the local community and we were delighted to see so many staff, patients and supporters getting involved with the celebrations on Thursday 14th February... see pages 12-14 for more details

1939

2019



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- **Why am I a Cardiologist?**
- **Helipad appeal to raise final £1.5m in 1 year**

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 the first of our 2019 Ambassador magazines. I hope you find it is an interesting read.

As I write this welcome letter, we are all quite excited here at the hospital. On 14 February this year the L&D celebrated its 80th birthday. Who'd have thought that 80 years ago, where the hospital is now was just open fields as far as the eye could see, and what is now our Medical block was built in the middle of a field. You can read more about this on pages 12-14.

Of course, it was business as usual on our birthday, but we celebrated by serving tea and cakes throughout the day to people who were waiting for their outpatients appointments. And two of our local school choirs were in the main reception entertaining all.

Just before Christmas, quite apart from their usual "out and about" in the community activities, your governors were busy wrapping Christmas presents so that all of the patients who were in hospital over Christmas received a little gift & Christmas card – delivered by our Chief Executive!

I must say a huge thank you to all the children from numerous local schools who made some fantastic cards for us. We are most grateful to them all! (see page 4).

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

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

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 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,



I closed my last message with an account of the NHS 70th Birthday, which it seems to be celebrating with a major reorganisation a large part of which is to bring together the two sides NHS England, responsible for Primary Care, and NHS Improvement, responsible for "Providers" (hospitals, like us, in more conventional parlance). Clearly this reorganisation at the top reflects a more

general trend of integration across the health service and these, together with a clear focus from the Health Secretary on prevention, technology and generic medicines, mean that our world is changing too. We are endeavouring to have our voice heard in these debates in large part to ensure that your, the memberships, responsibility for health in the region is maintained and, potentially, enhanced. We may need to call on your support.

Talking of birthdays, we, too, celebrated our 80th birthday party and used a very joyous occasion (marked, of course, with some celebratory cake) to launch the appeal for our birthday present from the community to the Hospital – the helipad at the top of ED. I hope that you contribute if you chose to – giving details are included on page 24 – but, in essence, this offers an opportunity to support possibly the best helipad (24/7 operation and directly into ED), for the best A&E department in the country in an area of particular helipad deprivation.

The day itself had a personal significance for me as the assembled company chose to sing Happy Birthday to me and our Governor, Henri Laverdure, who happened to share the same birthday (actually 80 on the day) as the Hospital.

But sometimes these events and strategic trends can overshadow the day-to-day. I find myself again remarking in a way that never ceases to amaze me about the incredible contribution made by all members of staff in particular across a winter that we have

managed with our only cancelled operations being due to failure of plant rather than the congestion of service. I am pleased to say that you will be seeing over the next 12 months significant work to ensure that these plant failures are eradicated in the future. We are blessed with a truly amazing workforce who deliver excellence in far from excellent conditions. In the circumstances the rating of GOOD from the CQC at the end of last year seems the least we deserve.

Sometimes, it is difficult to know quite how much you, the members, and the broader community appreciate what we do. In February we were left in no doubt. We have recently acquired a house to double our capacity to allow parents of NICU babies to sleep overnight. Ours was the charity overwhelmingly chosen by the supporters of Luton Town Football Club. As always when a house changes hands and, particularly, because of its changed purpose, we need work done and the Hospital Charity put out an invitation on Facebook for any trades people to volunteer. We have been amazed by the response – 63 responders in the first week – and it is possible that we will have to pay no money to have the whole property refurbished – roof, windows, kitchen facilities, decoration, carpets. An amazing response from an amazing community – you.

As we move forward, it will be more important than ever that this Hospital retains and extends its relationship with the community it serves. I hope that all of you feel empowered to make any contribution you can – fundraising, volunteering or with special skills – as for the parents' home.

At the end of the day, you members appoint Governors who appoint the Non-Executive Board who appoint the total Board – you control the Hospital; right now, I am pleased to say that, despite all challenges, you should feel proud of what you do.

Kind regards,

Simon Linnett

Changes to our Board



In January we said goodbye to our Director of Finance, Andrew Harwood. Andrew was the longest serving and most successful finance director in the NHS, delivering 17 consecutive years of financial surplus. Trust Chief Executive David Carter said, "We are indebted to Andrew for the huge contribution he has made in helping us create a forward thinking and successful organisation and his track record is testament to his exceptional skills, hard work and dedication." He continued, "We are extremely fortunate that Matt Gibbons, who has been the Trust's Deputy Director of Finance for many years, will be acting into the role following Andrew's departure."



Welcome to Catherine Thorne who has taken up her post as Director of Quality & Safety Governance. Catherine has Board responsibility for developing our current quality governance and risk management functions to improve our organisation learning, as well as supporting CQC compliance.



Farewell and thanks to our Non Executive Directors David Hendry and John Garner OBE



Welcome our our newly appointed Non Executive Directors Mark Prior and Simon Barton

Good

L&D Hospital services rated 'good' by the CQC



Luton and Dunstable University Hospital NHS Foundation Trust has maintained its 'Good' rating by the Care Quality Commission following inspection visits in August and September 2018, with all services now judged 'Good' or 'Outstanding'.

The report focused on re-inspecting four of the eight core services - Medical Care, Surgery, Critical Care and Services for Children and Young People.

The inspectors also completed a Well Led review against their new criteria for the Trust and the results of this were:

- we remained Good overall
- all of our Core Services are now good or outstanding
- we remained Outstanding for the 'Well Led' and 'Responsive domains for our core services
- we remained Good for the 'Effective' and 'Caring' domains for our core services
- we remained Requires Improvement for the 'Safe' domain

- we received a Good for the new inspection regime for Well Led and a Good for our Use of Resources.

Chief Executive David Carter said: "We are very pleased to have maintained our 'Good' rating and I want to pay tribute to our amazing staff - this CQC report acknowledges their tremendous commitment and hard work over many years and the enormous efforts they put in every day to ensure our patients get the best possible care.

"All our services are now rated either good or outstanding – a considerable achievement given the increasing pressures we face as a busy district general hospital."

Our work with local schools

by Governor Pam Brown



Ferrars Primary School pupils

The photograph shows pupils from Ferrars Primary School who came to the hospital just before Christmas and sang carols and Christmas songs in our main reception area. They attracted quite an audience with many visitors, patients and even staff joining in.

At Christmas time the hospital likes to give every patient who is in hospital on Christmas Day a card and small gift. We dedicate a small building in the hospital grounds for this purpose and for several weeks before the 'big day' it is a hive of activity where many governors and volunteers are busily wrapping several hundred presents ready for distribution by our Chief Executive.



Caddington Primary School pupils

All of the Christmas cards are made by our local schools and the photograph shows representatives from Caddington and Slip End schools delivering theirs to the children's wards.

Our sincere thanks go to all the schools who helped us, and to all who donated presents and gifts. We are most grateful to you all for supporting us!

Stephen Hammond MP visits the L&D

The Luton and Dunstable University Hospital (L&D) were delighted to welcome Stephen Hammond MP to the hospital to talk to staff and for a tour of the Emergency Department and Control Room.



Stephen was appointed as Minister of State in the Department of Health and Social Care last November and he was keen to talk to staff

on the front line about their experiences of working in the NHS and more specifically the L&D. He met staff from different departments including a junior doctor, a pharmacist and an HCA before going into the Emergency Department to see first-hand how they managed the constant flow of patients coming into the hospital.

He then visited the control room to see how the L&D manages the flow of patients around the hospital and spoke to a member of the Integrated Discharge Team about how they work with other organisations to ensure patients can be discharged from the hospital as soon as they are medically fit.

Health Minister, Stephen Hammond said "Hardworking staff are the backbone of the NHS, so I was honoured to meet frontline staff at Luton and Dunstable University Hospital to hear how their culture of teamwork helps deliver the best possible care for patients, as well as making it a great place to work by creating a real sense of camaraderie. The NHS Long Term Plan, backed by an extra £20.5 billion a year by 2023/24, will relieve pressure on our hospitals and improve patient care, and I was eager to listen to the experiences of nurses and pharmacists at the Trust to understand their priorities as the NHS begins to implement the plan."



The next Medical Lecture is on Arthritis

Wednesday, 8 May 2019. All are invited – RSVP by 25 April 2019



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. Arthritis affects people of all ages, including children. At L&D the Rheumatology Department provides general and specialist rheumatology service to its local population. Rheumatology is a multidisciplinary branch of medicine that deals with the investigation, diagnosis and management of patients with arthritis and other musculoskeletal conditions. This incorporates over 200 disorders affecting joints, bones, muscles and soft tissues, including inflammatory arthritis and other systemic autoimmune disorders, vasculitis, soft tissue conditions, spinal pain and metabolic bone disease. A significant number of musculoskeletal conditions also affect other organ systems.

The lecture on arthritis will be presented by Consultant Daniel Fishman and his Rheumatology team, taking place from 5.30pm to 7.30pm on 8 May 2019, at Luton Sixth Form College – Bradgers Hill Road, Luton, LU2 7EW. 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, 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. All meetings are held on Wednesdays. The dates are:

- 22 May
- 28 August
- 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 dates are:

- 1 May
- 31 July
- 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. Please note a formal invitation to members will follow nearer the time.

Contact us

The L&D Foundation Trust Membership Department

Tel: 01582 718333
Email: 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 7. Alternatively you can write to the Membership Department as above.

Health through Awareness...

Health awareness campaigns in 2019 – highlights! Look out for events happening near you.

April

Stress Awareness Month
Bowel Cancer Awareness Month
World Autism Month
Walk to Work Day (5th)
Diabetes Prevention Week (1st to 7th)
World Health Day (7th)
Parkinson's Awareness Day (11th)
Allergy Awareness Week (22nd to 28th)
MS Awareness Week (22nd to 28th)

May

National Walking Month

Global Hand Hygiene Day (5th)
World Asthma Day (7th)
Arthritis Care Week (14th to 21st)
Dementia Action Week (21st to 27th)

June

Carers Week (10th to 16th)
Cervical Screening Awareness Week (10th to 16th)
World Blood Donor Day (14th)

July

World Hepatitis Day 2019 (28th)

August

World Breast Feeding Week
Cycle to Work Day

September

National Blood Cancer Awareness Month
Urology Awareness Month
Sickle Cell Awareness Month
Vascular Disease Awareness Month
Alzheimer's Awareness Month
Organ Donation Week

New Elected governors

We congratulate them on their role and wish them well as they take up the responsibility entrusted by the public and staff members. Here's what they had to say when asked the reason for nominating themselves as governors and what they hope to achieve over the next 12 months.



David Allen Public Governor for Luton

First and foremost I would like to say Thank You to everyone who voted for me in the Council of Governors election and giving me enough votes to be elected for one of the Luton - public vacancy's.

My decision to nominate myself came from my personal experiences of the services offered at the L&D for the most part very good but there have a small number of exceptions. Also the fact I was diagnosed with primary progressive multiple sclerosis back in 1995 and the many challenges that brings. So I have a good understanding of the impact this has not only on the patient but also their family and friends. I learnt an awful lot from my time in a previous volunteer role as Chairman of the Luton Dunstable & District branch of the MS Society.

I am still involved with the MS Society serving on their England council for Hertfordshire, Essex and Bedfordshire and I have a keen interest around social care, benefits and access to treatments.

I feel these two roles compliment each other and look forward to supporting the hospital as it moves forward at this exciting time as it evolves.



Theresa Driscoll Public Governor for Luton

Firstly I would like to thank all of the members who took the time to vote for me. I was pleased and surprised to be elected as a governor representing Luton. I have had personal experience of how excellent the L&D is and I have seen first-hand many of the challenges that the NHS faces. I welcome the opportunity to contribute to the ongoing task of maintaining the current high standard and doing everything we can to improve the hospital experience for our patients now and into the future. I feel that by becoming a governor I am giving a tiny amount back to the NHS. I am hoping that my experience in the commercial world will help bring some fresh ideas to the governing body, although I believe in the NHS and the L&D in particular. I hope to meet as many of you as possible during my term at public events.



Matthew Tower Public Governor for Bedfordshire

I am very grateful to the members that voted in support of my application and even more grateful to have received enough votes to be elected as a governor representing the Bedfordshire constituency.

I nominated myself for election because I have been a resident of the Bedfordshire constituency all my life and in 2004 I was employed by the Pharmacy department at the L&D as a Student Pharmacy Technician and introduced to a career within hospital pharmacy. I worked at the Trust until 2012 and will be forever grateful to the pharmacy team and the hospital for affording me that opportunity.

In taking on the role of governor I look forward to supporting the hospital in maintaining its excellent standard of care and reputation, and ensuring that its patient, staff, and community focused approach is maintained as we tackle the challenges and developments that our future will bring.

We congratulate the governors who have been re-elected



Derek Brian Smith
Public Governor
for Luton



Helen Lucas
Public Governor
for Hertfordshire



Donald Atkinson
Public Governor
for Hertfordshire



Jennifer Gallucci
Public Governor
for Bedfordshire



Ann Williams
Staff Governor
for Nursing & Midwifery



Cathy O'Mahony
Staff Governor
for Professional
& Technical



Dorothy Ferguson
Public Governor
for Bedfordshire



Belinda Chik
Staff Governor
for Nursing & Midwifery



Janet Graham MBE
Staff Governor for Volunteers

VOTE IN JULY 2019

YOUR VOTE IS IMPORTANT!

Why is the L&D Hospital having elections each year? The L&D holds Governor Elections each year to fill any vacant seats to its Council of Governors or for those Governors whose term of office is ending.

The elected Governors represent members in our public and staff constituencies. Governors are your voice. They are accountable to you!

Please vote for your governor representative.

The voting packs/ballot packs will be sent to members each year in July

Please cast your vote each year for your next governor representative. Governors are your voice!

Contact L&D Membership Department on **01582 718333** if you wish to know your eligibility to vote.



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
- Clinical Audit and Effectiveness Committee
- (CAEC) and National Institute of Health and Clinical Excellence (NICE) Implementation Group
- Schwartz Rounds
- Safeguarding Adults
- Nutritional Steering Group

Governor opportunities in 2019

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



Elections for 2019 will begin in May 2019. Notices will be displayed on L&D website and sent out to our public and staff members around that time. There are 11 seats to be contested. Elections are to be held for the following positions:

7 Public Governors vacancies in the following constituencies:

- Public: Luton (6 vacancies)
- Public: Bedfordshire (1 vacancy)

4 Staff Governors vacancies in the following constituencies:

- Staff: Nursing & Midwifery (1 vacancy)
- Staff: Admin, Clerical & Management (2 vacancies)
- Staff: Ancillary & Maintenance (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 **FTMemberships@ldh.nhs.uk**. If you cannot attend any one of these briefing sessions, do not worry, they are not mandatory.

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 members of the public who had elected 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 on 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
Anthony	Scroxtton	governors@ldh.nhs.uk
Mohamad	Yasin	governors@ldh.nhs.uk
Derek	Smith	dereksmith47@virginmedia.com
Keith	Barter	governors@ldh.nhs.uk
Henri	Laverdure	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
Sue	Steffens	governors@ldh.nhs.uk
Jim	Thakoordin	governors@ldh.nhs.uk
Roger	Turner	rogerhturner10@virginmedia.com
Matthew	Towner	governors@ldh.nhs.uk



Great turnout at our Annual Members' Meeting September 2018



Thank you to all of you who came along to our Annual Members Meeting on 5 September and to our Governors and volunteers for their help in making it such a successful evening. We were delighted to see so many members there.



After what has been an extremely busy and challenging year, Chief Executive David Carter spoke about some of the highlights and there were presentations on the transfer of outpatient services (including blood testing) to

Arndale House in Luton Town Centre, the creation of a new Pre-assessment Hub and Discharge Lounge, and the establishment of our Respiratory Needs Base Care Project. All of these developments will mean more streamlined and better care for both outpatients and inpatients.



The L&D's new Chief Nurse, Liz Lees, spoke about the recent CQC visit and outlined some of the early feedback we had been given ahead of the official announcement of our 'Good' rating in December 2018.

The Trust said goodbye and presented awards to three long serving Governors – Ray Gunning, Marie France Capon and Jim Machon who between them have clocked up an amazing 24 years service – we are extremely grateful for their hard work and dedication over the years. We were also delighted to welcome three new Governors – David Allen, Theresa Driscoll and Matthew Towner.



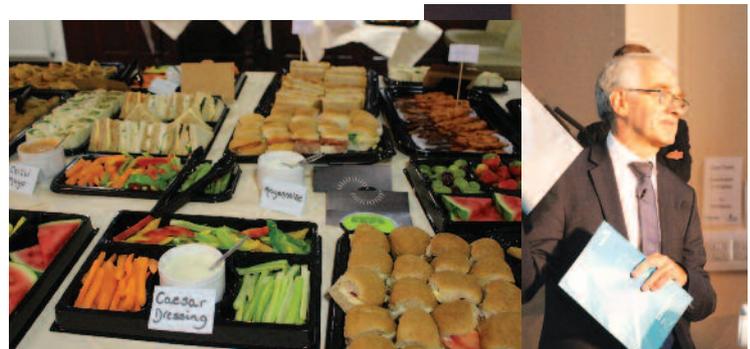
Photo: Marie France Capon
(Public Governor - Luton Constituency)
Completed three terms – 9 year contribution



Photo: Ray Gunning
(Public Governor - Bedfordshire Constituency)
Completed three terms – 9 year contribution



Photo: Jim Machon
(Staff Governor - Admin Clerical & Managers)
Completed three terms – 6 year contribution



The photo shows Peter Cowan (Chair of the Friends of the L&D Hospital) presenting Simon Linnett with a cheque for £32,688, at the Annual Members' Meeting. This donation has been earmarked to enable the purchase of smaller items of equipment for numerous departments and wards across the hospital'.

This year's Annual Members Meeting will take place on 11 September 2019. An invitation will be sent to all members nearer the time. If you wish to become a member please call Membership department on 01582 718333 or email at FTMembership@ldh.nhs.uk.

Medical Lecture

Respiratory Care

More than 150 members and patients were able to learn about various aspects of our Respiratory Care Service during our lecture in October 2018.



The presentations were delivered by:

Dr James Ramsay, Chest Consultant, who updated on Lung Cancer.

Farida Parkar the Respiratory Clinical Nurse Specialist who spoke on Airway Disease, Prevention and Management.

Lizan Drummond the Respiratory Clinical Nurse Specialist who demonstrated on Inhaler Techniques.

Dr P.K.Pillai, Chest Consultant spoke on Obstructive Sleep Apnoea

Mike McMahon our Tuberculosis Clinical Nurse Specialist who updated on Tuberculosis.

Helen Owen the Inpatient Specialist Physiotherapist did a quick Overview of Pulmonary Rehabilitation.

Finally, we would like to thank our patient Rosie Hough, who shared her experience.



Their presentation slides can be viewed on our website www.ldh.nhs.uk in the Member s area ([http://www.ldh.nhs.uk/mostpopular/ft-members/member news/](http://www.ldh.nhs.uk/mostpopular/ft-members/member%20news/))

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.

Lung cancer

Lung cancer is second commonest and serious types of cancer in the UK. Around 44,500 people are diagnosed with the condition every year in the UK. Though survival rate have improved for many cancers lung cancer survival rate remains low. Early diagnosis improves lung cancer survival.

Types of lung cancer: Cancer that begins in the lungs is called primary lung cancer. Cancer that spreads to the lungs from another place in the body is known as secondary lung cancer. Lung cancer can spread to other areas of the body. Common places of spread include lymph nodes, bones, liver, adrenal glands, skin and brain.

Main symptoms of lung cancer include:

- a cough that doesn't go away after two or three weeks
- a long-standing cough that gets worse
- persistent chest infections
- coughing up blood
- an ache or pain when breathing or coughing
- persistent breathlessness
- persistent tiredness or lack of energy
- loss of appetite or unexplained weight loss

If you have any of these, you should see your GP.

Less common symptoms of lung cancer include:

- changes in the appearance of your fingers, such as becoming more curved or their ends becoming larger (this is known as finger clubbing)
- a high temperature (fever) of 38C (100.4F) or above
- difficulty swallowing or pain when swallowing
- wheezing
- a hoarse voice
- swelling of your face or neck
- persistent chest or shoulder pain

Types of diagnostic test:

- A chest X-ray is usually the first test used to diagnose lung cancer. Most lung tumours show up on X-rays as a white-grey mass.
- A computerised tomography (CT) scan is usually carried out after a chest X-ray. A CT scan uses X-rays and a computer to create detailed images of the inside of your body.
- A PET-CT scan (which stands for positron emission tomography-computerised tomography) may be carried out if the results of the CT scan show you have cancer at an early stage.
- Bronchoscopy and biopsy - If the CT scan shows there might be cancer in the central part of your chest, you'll have a bronchoscopy.
- A percutaneous needle biopsy involves removing a sample from a suspected tumour to test it at a laboratory for cancerous cells.
- A mediastinoscopy allows the doctor to examine the area between your lungs at the centre of your chest (mediastinum).

The type of treatment you'll receive for lung cancer depends on several factors, including:

- the type of lung cancer you have (non-small-cell or small-cell cancer)
- the size and position of the cancer
- how far advanced your cancer is (the stage)
- your overall health

The main treatment options include surgery, radiotherapy, chemotherapy, targeted therapies and immunotherapy. Depending on your type of cancer and how advanced it is, you may receive a combination of these treatments.

Prevention: Most cases of lung cancer are caused by smoking, although people who have never smoked can also develop the condition. By quitting smoking you can significantly reduce your risk of all cancers. Lung cancer is the most preventable form of cancer death in our society so tackling lung cancer at the early stage reduces the risk significantly. If you have been coughing for three weeks or more tell your doctor!

Airway Disease: Prevention and Management

What is Airway Disease? Airways are pipes that carry oxygen rich air to the lungs and waste gases out of the lungs. Airways can become inflamed and narrowed (obstructive). In others, the tiny air sacs in the lungs (alveoli) become damaged and increasingly scarred. This causes the lungs to become stiff and means it's difficult for oxygen to get into the blood (Restrictive).

Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties. This includes:

- emphysema – damage to the air sacs in the lungs
- chronic bronchitis – long term inflammation of the airways
- Pulmonary fibrosis (PF) is a chronic and progressive lung disease where the air sac in the lungs (alveoli) becomes scarred and stiff making it difficult to breathe and get enough oxygen into the bloodstream.
- Asthma is a chronic disease of the airways that makes breathing difficult. With asthma, there is inflammation of the air passages that result in a temporary narrowing of the airways that carry oxygen to the lungs. This results in asthma symptoms, including coughing, wheezing, shortness of breath, and chest tightness.

Common symptoms include:

- increasing breathlessness – this may just occur when exercising at first, and you may sometimes wake up at night feeling breathless
- a persistent chesty cough
- frequent chest infections
- persistent wheezing

Causes:

- Smoking is the main cause and is thought to be responsible for around 9 in every 10 cases. The harmful chemicals in smoke can damage the lining of the lungs and airways. Some research has also suggested that being exposed to other people's smoke (passive smoking) may increase the risk.
- Exposure to certain types of dust and chemicals at work may damage the lungs and increase your risk
- Exposure to air pollution over a long period can affect how well the lungs work and some research has suggested it could increase your risk

Treatment:

There's currently no cure, but treatment can help slow the progression of the condition and control the symptoms. Treatments include,

- stopping smoking – if you have COPD and you smoke, this is the most important thing you can do
- inhalers and medications – to help make breathing easier
- pulmonary rehabilitation – a specialised programme of exercise and education
- surgery or a lung transplant – although this is only an option for a very small number of people

Your doctor will discuss the various treatment options with you.

Obstructive sleep apnoea (OSA)

Obstructive sleep apnoea (OSA) is a relatively common condition where the walls of the throat relax and narrow during sleep, interrupting normal breathing. This may lead to regularly interrupted sleep, which can have a big impact on quality of life and increases the risk of developing certain conditions.

There are two types of breathing interruption characteristic of OSA:

- Apnoea– where the muscles and soft tissues in the throat relax and collapse sufficiently to cause a total blockage of the airway; it's called an apnoea when the airflow is blocked for 10 seconds or more
- Hypopnoea– a partial blockage of the airway that results in an airflow reduction of greater than 50% for 10 seconds or more

Symptoms of OSA:

The symptoms of OSA are often first spotted by a partner, friend or family member who notices problems while you sleep. Signs of OSA in someone sleeping can include:

- loud snoring
- noisy and laboured breathing
- repeated short periods where breathing is interrupted by gasping or snorting

See your GP if you have any of the symptoms.

Treatment:

Treatment for obstructive sleep apnoea (OSA) may include making lifestyle changes and using breathing apparatus while you sleep. OSA is a long-term condition and many cases require lifelong treatment. In most cases of OSA you'll be advised to make healthy lifestyle changes, such as:

- losing weight if you're overweight or obese
- stopping smoking if you smoke
- limiting your alcohol consumption, particularly before going to bed – the NHS recommends not regularly drinking more than 14 units of alcohol a week; if you drink as much as 14 units a week, it's best to spread this evenly over three or more days
- avoiding sedative medications and sleeping tablets

Losing weight, reducing the amount of alcohol you drink and avoiding sedatives have all been shown to help improve the symptoms of OSA.

As well as the lifestyle changes mentioned above, people with moderate to severe OSA usually need to use a mandibular advancement device (MAD) or Tongue stabilising device. A mandibular advancement device (MAD) is a dental appliance, similar to a gum shield, sometimes used to treat mild OSA. An MAD is worn over your teeth when you're asleep. It's designed to hold your jaw and tongue forward to increase the space at the back of your throat and reduce the narrowing of your airway that causes snoring.

Tuberculosis (TB)

It is a type of infection that is caused by a bacterium usually spread from person to person through the air – *Mycobacterium tuberculosis*. The infection is usually in the lungs and lymph glands but can also be found in other parts of the body.

How is TB spread:

- TB is spread by people who have the disease
- When they cough, sneeze or speak or sing, tiny droplets of water are expelled into the air and can then be inhaled by others.
- Highest Risk is close, prolonged contact with an infected person
- Risk of infection will be higher if exposure occurs in an environment that is cramped and poorly ventilated.
- It is not spread by insects, spitting, blood, cutlery, utensils or public transport.

What are the symptoms of TB:

- A persistent cough
- Rapid, unexplained weight loss
- Fever and heavy night sweats
- Loss of appetite
- Skin lesions/neck swellings/abscesses
- Tiredness/lethargy

Treatment:

Treatment for tuberculosis (TB) usually involves taking antibiotics for several months. While TB is a serious condition that can be fatal if left untreated, deaths are rare if treatment is completed. Most people don't need to be admitted to hospital during treatment.

Preventing the spread of infection :

If you're diagnosed with pulmonary TB, you'll be contagious up to about two to three weeks into your course of treatment. You won't usually need to be isolated during this time, but it's important to take some basic precautions to stop TB spreading to your family and friends.

You should:

- stay away from work, school or college until your TB treatment team advises you it's safe to return
- always cover your mouth – preferably with a disposable tissue – when coughing, sneezing or laughing
- carefully dispose of any used tissues in a sealed plastic bag
- open windows when possible to ensure a good supply of fresh air in the areas where you spend time
- not sleep in the same room as other people – you could cough or sneeze in your sleep without realising it

What Is Pulmonary Rehabilitation (PR)?

Pulmonary rehabilitation, also called pulmonary rehab or PR, is a broad program that helps improve the well-being of people who have chronic (ongoing) breathing problems.

What Are The Benefits?

Pulmonary rehabilitation helps prevent exacerbations and optimize your ability to function independently.

It also helps:

- Improve shortness of breath
- Increase muscle strength, stamina and fitness
- Improve quality of life
- Improve physical abilities and exercise tolerance
- Reduce hospitalizations
- Improve depression

The L&D Pulmonary Rehabilitation Team provides Pulmonary Rehabilitation to patients with chronic lung diseases who are limited by shortness of breath. The team covers Luton and South Bedfordshire with three clinic locations across the region. Pulmonary Rehabilitation is a seven week course which is run twice a week. The sessions consist of exercise and education.

What to expect during PR?

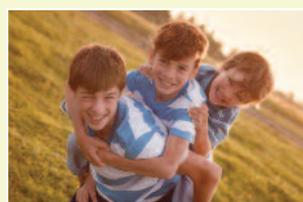
Your PR team will give you a physical activity plan tailored to your needs. They'll design the plan to improve your endurance and muscle strength, so you're better able to carry out daily activities.

If you can't handle long exercise sessions, your plan may involve several short sessions with rest breaks in between. While you exercise, your team may check your blood oxygen levels with a device that's attached to your finger.

You'll probably have to do your exercises at least three times a week to get the most benefits from them.

Interested in fostering but unable to commit full time?

Become a respite foster carer!



Central Bedfordshire Council is seeking people and families to consider becoming respite foster carers to support children and their foster carers in Bedfordshire. Being a respite foster carer is ideal for single people, couples or families who want to support fostering but may not be able to take it on full time. You will

provide a short break for a child for a short amount of time. This could be for the day, overnight, for a weekend or sometimes longer during the holidays.

To find out more about fostering for Central Bedfordshire contact us on **0300 300 8181**, email fostering@centralbedfordshire.gov.uk or visit our web pages www.centralbedfordshire.gov.uk/fostering.

On Thursday 14 February 2019, the L&D celebrated its 80th birthday. The hospital is a much cherished part of the local community and the timeline below shows you some of the key milestone's in the L&D's 80 year history that you may remember.

How it all began

The L&D pre-dated the creation of the NHS, so was built, equipped and run thanks to the generosity of the local population. The first contribution towards the hospital came from a legacy left by Dunstable Grocer, Arthur Buckingham, who had written his Will on a brown sugar bag. Local philanthropists, Lady Ludlow and John Staddon, also made significant contributions towards the New Hospital Fund and the Mayor of Luton launched a public appeal to raise £100,000.

The new hospital proudly housed 170 beds across six wards, an outpatient department (so patients didn't have to go to London for a second opinion), two theatres (so that 'never again would there be a waiting list for surgery'), a nurses home with a classroom and just one telephone.



14 Feb 1939

Luton and Dunstable Hospital was officially opened by Queen Mary



5 July 1948

Inception of the NHS



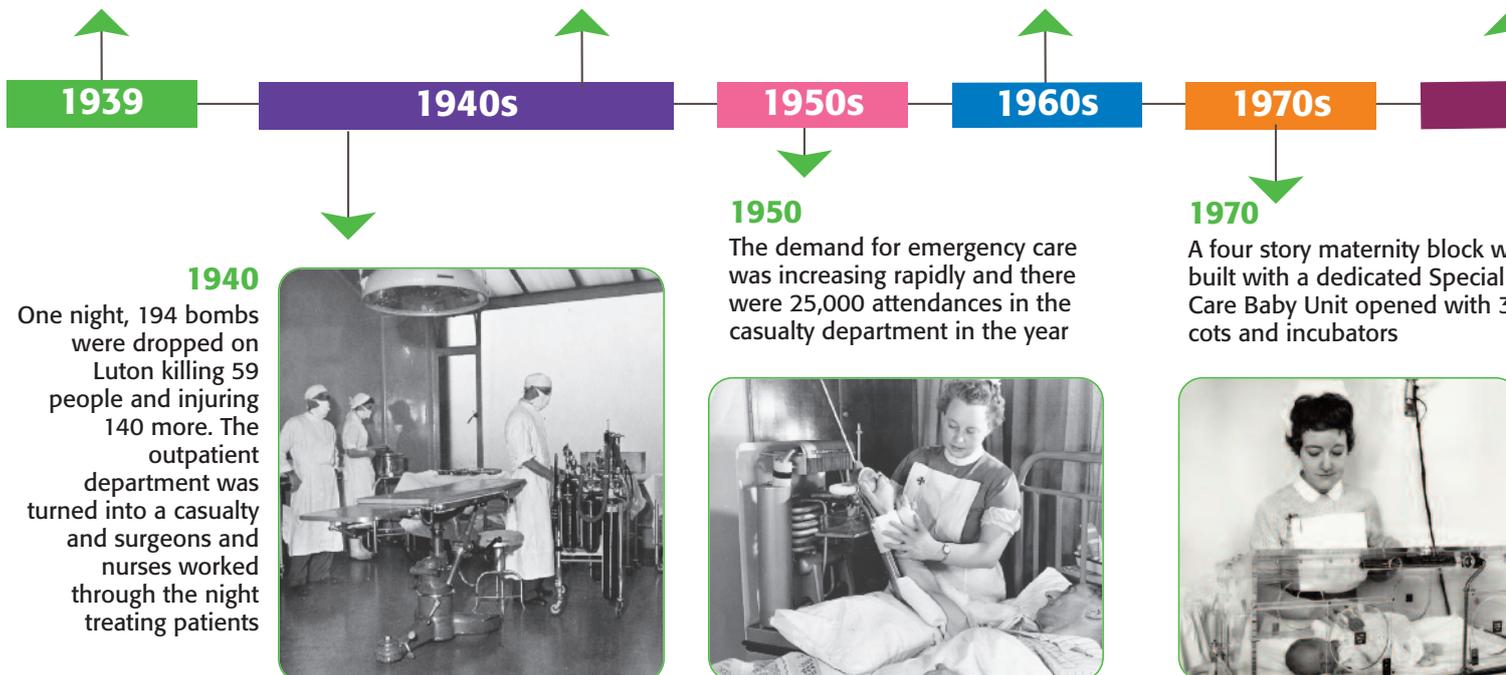
1963

A five storey Medical Block opened, which incorporated additional wards and a new accident service unit, owing to an increasing number of patients needing urgent care



1983

The Surgical new theatres dedicated ph children's un



0 years of the L&D

The L&D during World War Two

World War II broke out just months after the L&D opened. Surgeons and nurses at the L&D worked tirelessly to treat the casualties brought to the hospital despite operating theatre windows having to be bricked up for safety.

Hospital records show that 4,754 members of the armed forces were cared for at the L&D. Over 30,000 people were admitted as inpatients during the war and the total number of outpatient attendances was over 350,000.

Shortly after this, the L&D was nationally recognised by the Ministry of Health as the only hospital in the UK to be rated 'Excellent'.

Building for success

The L&D has evolved over its 80 year history and the Trust has ambitious plans for future developments. The demand on services is increasing rapidly and the advances in technology and medicine have been significant, making the site and infrastructure increasingly unfit for purpose. Building a new hospital is not possible, so plans have been drawn up for a site redevelopment to address many of the issues the Trust faces.



Block opened with four
, four surgical wards, a
armacy, offices and a
it



1990

A Breast screening unit opened to serve the women of South Beds and two vans were commissioned to screen women across the rest of Beds and Herts

NHS
Luton and Dunstable
University Hospital
NHS Foundation Trust

2006

The L&D became a Foundation Trust



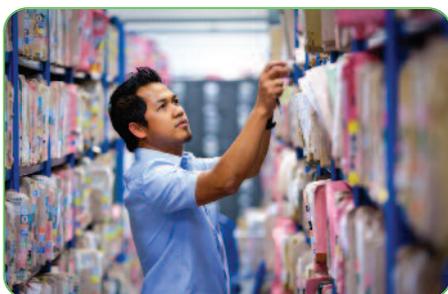
2012-2018

The Trust's annual A&E performance figures are continually recognised as the best in the country



1984

The first computerised patient information system (PAS) was introduced to replace the handwritten card index used in patients' medical records



2003

A purpose built Cancer Unit was officially opened by Mo Mowlam MP



2013

The Duke of Edinburgh came to open the L&D's cardiac catheterisation laboratory



Celebrating 80 years of the L&D

Everyone was proud to celebrate the hospital's 80th birthday. It's an amazing achievement and staff were delighted to see so many former patients come back to share their stories. We also welcomed a few people who lined the streets waiting for Queen Mary to come and open the hospital back in 1939.



There was a fantastic atmosphere around the hospital, with performances in the main reception from Ferrars Junior School choir, Dallow Road Primary School choir and the L&D hospital choir. There was also a Service of Celebration held for all faiths where a candle was lit to mark the occasion followed by a tea party.



Around the hospital there were numerous cake and memorabilia sales and the Mayors of Luton, Dunstable and Houghton Regis joined Simon Linnett (Hospital Chairman) Matt Gibbons (Director of Finance) and Edward Phillips (Chairman of the Helipad Appeal) to judge a cake competition



Patients waiting for appointments were offered a cup of tea and a cake from volunteers (including some of your Governors!) who came in to help make the day more memorable. This small gesture was greatly appreciated by patients and it was a lovely opportunity for Governors to talk to them about their experiences of the L&D.



To commemorate the 80th birthday a permanent exhibition has been installed with photographs and information about the hospital from 1939 to current day.



Coverage about the day was shown on both BBC Look East and ITV Anglia reinforcing just how important the L&D is to the community it serves.

MS Society Champion Governor David Allen



David Allen, from Bedfordshire, was diagnosed with primary progressive Multiple Sclerosis (MS) in 1995 and in the last five years has turned around his struggling branch of the 'MS Society' while advising the charity on their national campaigns.

When David started as Chair of his local branch, there were no activities and events to support people in the local area struggling with the illness. Drawing on his own experiences of the condition, David started designing and leading activities and programmes which would bring the community together and he now helps hundreds of people with the condition every year.

David has also been instrumental in advising and leading the charity's national campaigns, including 'Treat Me Right' which aims to improve fair, equal, and early access to treatment. Thanks to David's hard work, the campaign was awarded 'Voluntary Sector Campaign of the Year.' He has contributed his experience as someone living with MS to discussions in Parliament and has engaged with MPs and government officials. In 2016 he was selected as Volunteer of the Year at the 'MS Society' awards.

David's award was presented at the 'MS Society' charity event at Downing Street by the Prime Minister (pictured below).

In a personal letter to David, Prime Minister Theresa May said: "By transforming your local MS Society branch and supporting the charity's award-winning campaigns, you are making a huge difference at both a local and national level to the lives of people living with Multiple Sclerosis and other chronic conditions. You should feel tremendously proud of all the work you are doing to ensure the voices of those living with the condition are heard."



Patricia Gordon, Acting Chief Executive at the MS Society, said: David has made a huge contribution to the MS Society over the years, and his continued support and dedication is invaluable. It was fantastic to see him presented with a Points of Light Award by the Prime Minister at an event to celebrate our volunteers and advancements in MS research. It was a great way to thank him for his work, and something we will all remember for a very long time. "We're driving research into more – and better – treatments, and David's unwavering dedication and passion will help us every step of the way. Together, we're strong enough to stop MS."

David said: "When I started volunteering for the MS Society I had no idea where the role would take me. I volunteer to help bring about vital change for people affected by MS and will continue to share my experience of the condition to help others. If I'm honest, I'm gobsmacked I've won an award. It is truly an honour and privilege to be recognised in this way and it is really humbling to know people notice."

My experience: Bowel Cancer Screening and Lab Test By Governor Derek Brian Smith



Once again this year it was time for me to do another Bowel Screening Test, taking a sample stool and placing it on a card over several days.

The test unfortunately proved positive so I was back in for a colonoscopy. They found a polyp and removed it, and after analysis it was found to be benign, which was reassuring. As a result of my article in the last Ambassador I was invited by Dr David Housley to visit clinical Biochemistry to see how they test samples and to see the new Bowel Cancer Screening Test the L&D is carrying out, following roll-out of the national programme at the end of 2018.

I am pictured with biomedical scientist Louise Asser in the lab – that's me in the oversized pac a mac, holding my sample! The new test is a lot more efficient because they only need to take one sample, and the machine that carries out the test is a much more accurate than the old, meaning there is less chance of having to be referred for a colonoscopy.



So, if you are offered a screening test I would urge you take it, it's easier and more effective and could save you a lot of problems in the future.

Become a member of your L&D hospital... *it's free!*

As an NHS Foundation Trust we are accountable to our local community. The L&D is your hospital in your hands. You can shape the future of your hospital and its services, and influence the way it runs its affairs, by becoming a member.

Ways to join!

Go online to webpage <http://www.ldh.nhs.uk/homepage-miscellaneous/become-a-member/>

Email us at FTMembership@ldh.nhs.uk or call us on **01582 718333**
requesting a membership application form

Celebrating while the night is "Young"!

Staff from across the Trust were joined by Lutonian pop star, Paul Young, who "headlined" the official launch of the new pre-operative assessment unit. The chart-topping singer shared memories, including having his tonsils out at the L&D as a youth and spent time chatting with staff.



 Trust Chair, Simon Linnett, and Chief Executive, David Carter, thanked the team and all those who had worked with them, for their vision to redesign and improve the pre-assessment service. They praised the team's tenacity in driving the project forward over more than two years, and overcoming the many challenges along the way.

The redesigned L&D pre-operative assessment service opened in September 2018 on the ground floor of the hospital's Surgical Block, replacing five other locations. Patients can now go directly from their outpatient appointment to the drop in pre operative assessment service when added to a surgery waiting list. Issues can now be better identified as early as possible, with more time to resolve them before surgery, which will minimise any possible delays to patients.

This fantastic service is now reducing the number of hospital visits for patients. By "green-lighting" patients for surgery early



on, patients are then in a position to take-up a place on a theatre list when a cancellation occurs at the last minute. The newly built unit is also a much nicer environment for patients.

95% of patients are saying they are likely or very likely to recommend the service to their friends and family.



Third MRI scanner suite opens at the L&D

 We were delighted to welcome the Mayor of Luton, Councillor Naseem Ayub, to the official opening of our third MRI scanning suite on 1 February 2019.

The installation of the third MRI scanner, together with a refurbishment of the unit, will mean shorter waiting times for patients and much better facilities.

There are now new dedicated bays for inpatients, together with new outpatient seating and changing areas which provide a much better overall experience.

The new scanner will eliminate the use of a mobile van on site and the new software also means that some scanning which had previously been outsourced to other units, for example cardiac MRI and Cardiac pacemaker MRI, can now be done at the L&D which is good news for patients because they won't have to travel further away.

Simon Nicholson, Imaging Manager, said: "The addition of the new scanner and redesign of the department provides a much friendlier and comfortable environment for our patients and we are delighted that the Mayor of Luton, Councillor Naseem Ayub, was able to attend today and officially open the new facility."



Superb new facilities for young cancer patients open



Thanks to a huge fundraising effort from the local community and other donors, children receiving treatment for cancer at the L&D are now cared for in a suite of newly refurbished rooms which have been specially designed to make their stay as comfortable as possible.



The new paediatric oncology rooms were officially opened on 28 September, at the end of Childhood Cancer Awareness Month.

Children between the ages of one and 16 with cancer or leukaemia are admitted to the children's wards for ongoing treatment which can last from several months to years. Those with leukaemia are on a treatment programme of 2-3 years, and during that time they may require hospital admission every month in addition to attendances for day procedures such as transfusions. An admission lasts on average 3-4 days and can last months.

These young patients have to be treated in isolation, because of their very high risk of infection, so they have no access to the paediatric play room, teaching room or communal facilities. Having to spend time in hospital, whether it's a day or a month, is distressing for everyone, but for children it is even harder.



The newly refurbished suite has created a third more space, and the rooms have been specially designed to adapt to children of different ages, with storage for toys, as well as space on the floor marked as a play area. There is also adjustable lighting so that children suffering with light



sensitivity due to treatment or their condition are not stuck in a room with halogen lighting. There is also a small integrated kitchenette and sofa bed so that parents can stay with their child, as well as a movable desk so parents can work on a laptop.

The new paediatric oncology rooms get the thumbs up from guest of honour young Mason.



Browsealoud makes website more accessible!

We want to ensure access to our website information is as inclusive, simple and hassle-free as possible so we have recently added **Browsealoud** to our website.

Browsealoud "Text Help" is an online reading and literacy support tool that supports patients or staff with a disability, impairment or sensory loss.

By clicking on the Browsealoud icon on our website, you can open a user friendly toolbar giving access to information in other formats e.g. by increasing font size or type, or increasing the contrast by changing the colour of the font or background. There are also highlighters and magnifiers, and easy-read and-read aloud options.

There is also a Spoken text option that can help those who cannot read or write in English but who understand the spoken word.

Visit our website: www.ldh.nhs.uk



You can follow us on :
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Twitter @LandDHospital

107 extra car parking spaces being created for patients and visitors



In December the Trust received planning permission to construct decking on the car park opposite the main hospital entrance. This will create 107 extra car parking spaces for patients and visitors. This is really good news because we know that parking can be an issue at busy times.

The work is expected to be carried out in the summer. We will need to close the car park for about a month to enable construction of the decking. We will be developing proposals to provide alternative car parking for patients and visitors while the works are carried out. This will require us to temporarily move staff car parking to other sites nearby until the building work is complete.

Meet our Clinical Nurse Specialist in Cardiology

Last year our Cardiology Department recruited a new Clinical Nurse Specialist; Charlotte Bateman, and she has told us about her journey to this busy patient-facing job.



"I have been with the L&D since my training days, I studied at the University of

Bedfordshire and I did my placement here in a number of wards. It was when I was assigned to Cardiology that I immediately knew 'this was for me'. So I decided, to specialise in this area to further my career. I became a staff nurse in the Coronary Care Unit and was later promoted to Sister.

The role of Clinical Nurse Specialist is a newly created one in the department, and I am so happy to have been appointed. It's a busy role, not only am I looking after patients in my department, but also in the short stay wards, the Emergency Assessment Unit and A&E. In short, whenever someone needs help with a patient with a suspected heart-related issue, they call me.

My pager bleeps all the time and it's about to get busier. I have started working on the creation of a new short stay Cardiology clinic alongside a Consultant, for patients who need to be seen with urgency but who do not require admission to hospital. This is part of our Needs Based Care approach, which we adopt to make sure patients are seen in a timely way and by the right teams during their stay at the hospital.

Because I am able to support the cardiology team in chasing and reviewing results and assisting in making plans so that patients don't have to stay overnight, we have saved a number of bed days which is good both for the patient and for the hospital."

Developing a Patient Focused Family Centered Model of Care



The Luton and Dunstable University Hospital's Neonatal Intensive Care Unit (NICU) prides itself in the delivery of high quality, safe and sustainable neonatal services to our community for whom we provide all levels of neonatal care. We are the lead neonatal unit for Bedfordshire and Hertfordshire, and one of 3 tertiary Neonatal Intensive Care Units in the East of England Network. The NICU is a highly intensive environment in which nurses and doctors provide continuous support for sick babies and their families 24 hours a day. Our vision is to deliver our service in partnership with parents so that their babies received the best level of care. Hayaa and her parents spent a long time on the NICU after being born prematurely. Farzana wanted to share her story to not only support other parents going through a similar journey but also to create awareness of what being on a NICU is like.



Hayaa's story:

Farzana's daughter Hayaa was born on 28 May 2018 at 27 weeks and 4 days, weighing only 850 grams, and spent 86 days on the unit. Farzana tells her story here:

"The first time we saw Hayaa laying in the incubator with all those tubes and wires attached

to her was the most frightening ten minutes of our lives. Hayaa had been taken straight from the Delivery Suite to the unit where she had been put on a ventilator. We didn't know what to think, what to expect or even if we ever be able to take her home. Those ten minutes of fear and uncertainty soon changed to hope and optimism.

"The wonderful nurse looking after Hayaa reassured us that she would be fine and was in the best hands. The nurse spoke to us about what to expect and explained that it looks a lot worse than it is. The nurse's calming nature and confidence really made us feel a bit better about things.

"The staff in the intensive care unit are absolutely amazing. The consultants and nurses are highly skilled, professional and compassionate. We knew our baby would receive an outstanding level of care. After around twelve days Hayaa came off the ventilator and onto a CPAP breathing machine and then quickly progressed off the CPAP and onto a less intensive machine. Shortly after, Hayaa moved out of Intensive Care and into HDU. What a relief!



"Hayaa stayed in HDU for six weeks and was now showing real signs of being a normal baby. There were of course ups and downs but the consultants and nurses were always on hand to ensure the downs were minimised.

"Last stop was the Special Care Unit which is where babies go to prepare for home. We were able to do normal things like bathe her, feed her, change her clothes and pretty much everything you would do if you were at home. I have to say though, at this stage it felt like we were at home.

Hayaa spent 86 days in hospital and we spent 12, 14, 16 hours a day in the hospital. The nurses and consultants were like family. So caring, so helpful and genuinely the most compassionate people we've ever had the pleasure of meeting. We always felt they had our child's best interests at heart which made leaving Hayaa at night a lot easier. We honestly couldn't have wished for a more amazing group of people to take care of our precious baby."



Why am I a Cardiologist?

Dr Christopher M. Travill – Consultant Cardiologist MB BS MD FRCP



I am sometimes asked by patients what led me to a career in Cardiology.

It all started when my interest in pursuing a career in Medicine was kindled by watching the American war comedy drama M*A*S*H. This dramedy (drama and comedy) with its iconic musical introduction was one of the highest rated television shows in the 70s (yes dear reader, difficult to believe I know, but I am that old) combining the 'regular army' characters such as Margaret (Hot Lips) Houlihan and Colonel Potter representing patriotism and duty and the often irreverent civilian draftees such as the surgeon, Benjamin Franklin "Hawkeye" Pierce which together generated a dramatic tension. The life of a doctor portrayed by Hawkeye on the frontline looked to be rewarding and fun and it was he that inspired me to apply to medical school.

I recall, as if it were yesterday, the first Clinical lecture at Westminster Hospital. The lecturer was Professor Sir Harold Ellis who delivered a hilarious lecture at the end of which he explained how important it was to provide the patient in difficulty with reassurance and 'hope'. He asked us all, when cleaning our teeth in front of the bathroom mirror that evening, to practice the words 'All is well, I am here'. This was to be rehearsed on a regular basis until we each became convincing to ourselves and ultimately of course convincing to those patients who just a few years later would be relying on us to care for them. I have found through my career that demonstrating such confidence to my patients is very important especially when the situation is looking grim. I share those words each August and February with the young doctors starting on CCU and I hope they in turn will carry those sentiments with them through their respective careers.

When I qualified I was fortunate to be given Professorial house jobs in Medicine and Surgery. My first job was working on

the firm of the Professor of Therapeutics at St Stephen's Hospital on a 1 in 2 rota which meant working an 81 hour shift over alternate weekends. By a quirk of fate my wife is now the Chief Executive of the new hospital on that site - the Chelsea and Westminster Hospital which is in an amazing building and hospital which uniquely for the NHS is also registered as an art gallery. If you have the chance, give it a visit to view the collection - it has a first rate COSTA within the building and a Pret a Manger just outside. My second job was working at Westminster hospital for the surgeon Professor Charles Westbury and the Orthopaedic team which was also a 1 in 2 rota. However the other houseman promptly endured a nasty attack of Glandular fever and I enjoyed a 1 in 1 rota

symptoms other than the painful toe. When I examined her I heard a heart murmur which she told me had not been mentioned before. I confidently wrote in her notes 'admitted for removal of an in-growing toenail, also has asymptomatic Pulmonary stenosis'. The following day the houseman told me how impressed he was with my de novo diagnosis and he would refer her to a Cardiologist. Some weeks later when she was seen by Dr Peter Fleming Consultant Cardiologist at Westminster Hospital some of my friends were with him in the clinic. He asked them if they knew this first year Clinical Medical student who had made the diagnosis as he considered it to be 'well above his station'. Cardiology, and particularly identifying heart murmurs, had a reputation for being 'difficult' among medical students. It all seemed very straightforward to me.

My MD research thesis with Professor Richard Sutton was entitled 'The interaction between the Neuroendocrine system and Cardiac Pacing'. The work was of great interest to Cardiology in General and the Pacing community in particular. This resulted in many Trans - Atlantic flights to present our findings at American meetings. This was in the days before smoking was banned on flights. I noticed on one of my

flights that there was often space in the smoking section and on a subsequent flight to Los Angeles I booked a seat in the rearmost middle bank of seats with the aim of being able to lie flat across the seats if they were unoccupied. The doors were closed (and 'cross checked' – whatever that is) and I was in splendid isolation - mission accomplished.

Soon after take-off I stretched out across the seats and went to sleep. Three hours into the flight I was woken by the ping of the Tannoy and the Captain informing of a problem engine which had to be closed down and we would have to land in Iceland for repairs. I had never been to Iceland and looked forward to the



for two months. A 1 in 1 is every day and every night including weekends. It was somewhat arduous but more than made up for by the learning opportunities which were immense and varied. During those formative years and when faced with a tricky clinical scenario I sometimes asked myself, what would Hawkeye do?

Following various training rotations at SHO and registrar level I settled on a career in Cardiology. This I think was 'written in the stars' when I clerked my very first patient which was a few days after the 'All is well, I am here' lecture. I had been allocated a young lady who had a troubling in-growing toenail which required surgical removal. She was a very fit 18 year old who had no

experience. I settled back to sleep to be woken again 40 minutes later. It was the Captain again - apparently they did not have the facilities to fix the plane in Iceland and we instead were to... return to Heathrow. Having spent almost eight hours flying I was back where I started. The following day the flight was completely full, with no opportunity to stretch out and sleep and I had to endure a nine hour flight in the smoking section.

When I took up my post at the L&D I was very keen to continue with high quality research. Through my research contacts I was invited by the Oxford Group to be the Principal Investigator for the Heart Protection study at the L&D. This study was designed to assess the effect of Statin therapy on Cardiovascular mortality and the results of the study demonstrated that patients treated with Statins had reduced Cardiovascular event rates when compared with placebo. The use of Statins for the management of patients with ischaemic heart disease was cemented by the study and Statins are now one of the most often prescribed medications. Statins prevent many thousands of Heart attacks and Strokes per year in the UK. The reason there are so many stories about Statins in the press is because they sell newspapers as so many patients are taking them. Thank you to all those patients who took part in the Heart Protection Study and to those many patients who have been involved in other studies and those who continue to be involved in on-going studies. I and my colleagues aspire to practice Evidence Based Medicine and it is only by conducting research that we garner the evidence.

I also wish to thank the 99.9% of my patients for being such a delight to care for, some of whom have shared jokes with me. One of the, almost painful, 'Oh no' jokes was "A patient goes into hospital to have his leg amputated. The day after the operation the surgeon said "I have good news and bad news, what would you like first?" The patient responded - "the bad news". Well, said the surgeon, "the bad news is that we amputated the wrong leg. The good news is that the other leg is getting better."

Another joke concerned a patient, let us call him 'Christopher' to avoid causing any offence, who was feeling very tired and asked his doctor for a tonic.

Christopher went to the doctor and said, "Doctor I am awful tired, do you have anything that could help me?" The doctor said "Well Christopher I do have a new tablet but it is very powerful and should be taken only on alternate days. Take the first tablet today, skip tomorrow, take the tablet again on the third day, skip the next and so on. I shall see you again in four weeks to see how you are getting on". About three weeks later the doctor was walking through the town and he met 'Mrs Christopher'. He asked her how Christopher was getting on with the new tablets and Mrs Christopher said "Did you not know that he had died?" "Oh no" said the doctor,

I warned him that the tablet was very strong and to only take it on alternate days". "No doctor" said his wife, "it was not the tablet that killed him - it was all that skipping".

The Directorate of Cardiology enjoys a positive relationship with senior management and we are in regular discussion concerning the potential for developing new services to enhance the local care of our Cardiology patients. Inevitably some of my suggestions fall on barren ground. In that context I recall the Morecambe and Wise sketch with the famous conductor, André Previn, when Eric Morecambe was playing a tuneless melody on the piano. André Previn told Eric Morecambe that he was "playing all the wrong notes". Eric stood up, took him by the lapels and said "I am playing all the right notes - but not necessarily in the right order". Perhaps when I am putting forward my suggestions to the Executive "I am using the right words - but not necessarily in the right order".

Since I was appointed as the first resident Cardiologist at the L&D in September of 1992 the developments in Cardiac Care have been extraordinary. The use of coronary artery stents has revolutionised the management of patients with Coronary artery disease. The early stents were 'bare metal' and were prone to 'restenosis'. Coating the stents with drugs to inhibit the cellular growth responsible for the restenosis revolutionised the integrity of the stented vessel resulting in much improved long term patency. Our Coronary intervention service which was introduced in June 2014, and uses such drug eluting stents, has achieved excellent results for many hundreds of patients.

In 1992 the management of Acute Heart attack involved the administration of a 'clot busting drug'. Such patients are now managed with immediate Coronary angiography and stenting, where appropriate, at a 'Heart attack' centre. The patients in our catchment area are taken by ambulance direct to Harefield Hospital where the Coronary Intervention team achieve very rapid reperfusion of the offending vessel. The adage 'Time is muscle' is used in this context and the Harefield service enjoys very rapid 'door to balloon' times which minimises Cardiac damage. The L&D is working to establish such a service on-site which will further improve the outcome for our patients by reducing the 'pain to balloon' time and I hope will be a routine service within the foreseeable future.

The diagnosis of Acute Coronary Syndrome has been revolutionised by measuring Troponin levels in patients presenting with chest pain. Troponins are proteins released into the circulation by damaged heart muscle and in patients with elevation in the levels of such proteins early angiography with Intervention to the culprit coronary stenosis can be life saving.

The other new protein which has

revolutionised the diagnosis and management of patients with suspected Cardiac Failure is Brain Natriuretic Peptide. It is released from the heart into the circulation under conditions of increased atrial stretch which occurs in the context of raised intracardiac pressures associated with Cardiac Failure. Interestingly my MD thesis was involved in the early investigation of the Natriuretic Peptide and how its level in the blood was affected by different modes of Cardiac pacing. The more physiological the pacing, the lower the levels of Natriuretic Peptide. The use, where appropriate, of such physiological dual chamber pacing is now accepted worldwide and although it is more expensive and takes somewhat longer to perform than single chamber pacing the benefits to the patient are significant.

The management of patients with Aortic Stenosis now includes a 'keyhole' approach in patients too frail to undergo conventional surgery. You may have heard it referred to as TAVI (Transcatheter Aortic Valve Implantation). The valve, mounted on a deflated balloon, is generally introduced through the femoral artery. The valve is advanced across the native aortic valve where it is deployed by briefly inflating the balloon. Following deflation the balloon is withdrawn leaving the valve in situ. I am confident this procedure could, and will, be offered at the L&D within the next 5 years.

We have been implanting pacemakers at the L&D for many years and we hope to develop a 'Complex Device Service'. Such Complex Devices include implanted defibrillators which are capable of shocking the heart back to normal rhythm in the event of serious Cardiac rhythm abnormalities. This is intrinsically the same procedure you might see on Casualty where the pads are applied externally and a burst of electricity applied to convert the heart rhythm back to normal. The implanted device uses the same strategy of applying an electric current to the heart, but from within - all very clever.

On the novel medication front we have been chosen to join the Oxford Clinical Research group to investigate a new treatment for Cholesterol which is given by injection at intervals of up to six months. If you are invited to take part please come to discuss the study with the Cardiology Research team.

There is so much more I could write about dear Reader but sadly I have already exceeded my word allocation. Please be confident that you enjoy the services of an excellent hospital which you fully deserve. The Clinicians and management work very hard on your behalf to strive for the best outcomes for all its patients.

If I see you in the corridor and you mention Hawkeye, I will know that you have read this article and by reading it you have used up 5 minutes of your life which you will never recoup - I do hope it has been worthwhile.



Volunteering News -

The fantastic contribution of our volunteers acknowledged in local and national awards

Richard Moisey is the face of Luton's Service with a Smile



Photo: L&D volunteer Richard Moisey with his Luton's Best Award for 'Service with a Smile'

L&D volunteer Richard Moisey has been recognised for the outstanding contribution he makes to the community, by winning the Service with a Smile Award at the Luton's Best Awards held on 23 November.

The annual awards recognise the outstanding achievements of our everyday local heroes.

As a volunteer at the L&D since 2015, and one of the 'Meet and Greet' team, Richard is a Main Reception volunteer and is often the first friendly face that visitors and patients see when entering the hospital. Hospitals are difficult places to navigate and Richard is there to help direct patients to appointments, hold their hand, carry their bags if needed, or push them in a wheelchair.

Voluntary Services Manager, Karen Bush, explains why she nominated Richard for the award: "Richard is a true star and a wonderful ambassador for the Trust. His wonderful professionalism, dedication, unique personality and infectious humour all mean that our patients who walk in perhaps anxious about their visit are supported and calmed, and that applies to both young and old alike - they all love him."

Richard said: "Whilst I am very pleased to have won this award, I accept it on behalf of all volunteers, many of whom you never see."

Long serving L&D volunteer wins national award

Eileen McMahon, one of the Luton and Dunstable University Hospital's (L&D) longest serving volunteers has been recognised for the outstanding contribution she makes to the community, winning the Lifetime Achievement Award at the national Unsung Hero Award held earlier this month.



Photos: Skin Camouflage Practitioner Eileen McMahon, a volunteer at the L&D, has been shortlisted for a national Unsung Hero Award

Eileen has been a volunteer at the L&D for nearly 45 years, offering NHS skin camouflage treatment for patients who suffer from debilitating skin conditions, disfigurement or scarring.

Living with a visible disfigurement can pose a serious emotional and psychological challenge. Many people experience feelings of being self-conscious and may have low self-esteem, some even have to come to terms with being stared at and ridiculed or bullied. Skin camouflage can transform lives. Using her skills and experience, Eileen supports not just

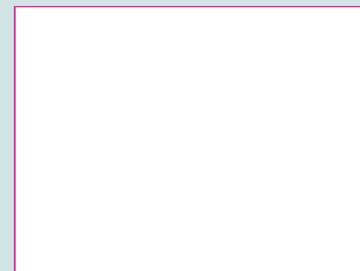
adults, but children too, patiently and diligently sharing her expertise, recommending products and teaching patients how to apply the prescription makeup and creams. This reduces the prominence of their condition, and gives them more confidence to face everyday life.

Eileen was nominated by Voluntary Services Manager Karen Bush who said: "Eileen is so empathetic, kind and caring and offers a unique service to our patients, including those with cancer. She

has contributed enormously and given her time so freely. She also volunteers as a Skin Camouflage Practitioner for the charity 'Changing Faces'. She truly changes lives not just faces. On behalf of our patients, past, present and future, we cannot thank her enough and it is wonderful for her to be recognised for all that she does for others."

Eileen said: "I feel so humbled to have won this award considering how many amazing non-medical NHS workers and volunteers were nominated. I love working at the L&D and what I do makes it all worthwhile when it changes lives. I'm honoured to have the knowledge and experience to help vulnerable people. I have previously won the Queens' Badge of Honour and British Empire Medal but this is the cherry on top!"

The Unsung Hero Awards is to shine a light onto the hard work that non-medical staff and volunteers of the NHS strive towards on a daily basis.



VOLUNTEERING AT THE L&D

Volunteers really help our staff, and most importantly our patients in so many ways.

There are many different roles including helping as a mealtime assistant. Make a difference to your life and our patients. Join us as an L&D volunteer.

Call us now on
01582 497357

Email: voluntaryservices@ldh.nhs.uk

Lots to cheer about at Good, Better, Best Christmas staff event 2018



There was lots to cheer about at the Good, Better, Best Christmas event when Chief Executive David Carter thanked staff for their tremendous hard work over the year, which had resulted in a CQC rating of 'Good' overall in December 2018, with all services now 'Good' or 'Outstanding'.

More than 2,500 staff attended one of the events in the 'Grotto' during the week of 10 December. The key theme of the session was to remind staff of the five key words that were developed into the Trust's values – these were Teamwork, Helping Others, Loyalty, Learning and Compassion, and to ensure that these are at the centre of how we work with each other, how we care for our patients, and how we interact with stakeholders.

There were also presentations by the Infection Control team and on the plans to redevelop the hospital site.



Be a fundraiser in 2019

Don't be shy, let us know your fantastic ideas to support the hospital's fundraising efforts. You can choose which ward or department you would like your donation to benefit... or you can make a general donation which will help fund one of our charities wonderful projects.

Because of you, in 2018 your support meant we were able to make a huge difference

In 2018, the amazing fundraising efforts by the public, patients, staff, Charitable Trusts and local groups, allowed our charity to fund:

- Child cancer rooms
- Allen Spinal table
- Specialist paediatric retinal camera
- Ultrasound scanner for patients undergoing breast cancer surgery
- Wheelchairs for patients needing mobility support onsite
- Facilities for outpatients
- Engagement events for staff
- Murals for Maternity and the Delivery Suite
- Murals in Wards 14 and 15
- Sleeper chairs for birthing partners
- Patient essential care packs
- Supported the retirement fellowship
- Oral Maxillofacial refurbishment
- Diabetes equipment
- Wheelchair scales for paediatric patients

We are also grateful for the fantastic donations we received including

- Christmas cards and presents for patients in hospital on Christmas day
- Play equipment and toys for children on the wards
- Entertainment equipment for patients
- Easter eggs for patients
- Knitted items for elderly patients and premature babies



All of this is only possible with your support, thank you from us and everyone who has benefited.



(L&D) Hospital Charitable fund, helps to finance additional facilities and equipment, support medical research, enhance staff practice and provide the extras that make being in hospital more comfortable and a less distressing experience for patients and their families.

How can you help?

Sign up as a baker and support our cake sales, hold your own afternoon tea for the L&D at home or at work. Do you have a hobby? Why not turn it into a fundraiser! Football

tournaments, a talent show, swim challenges and more! These are all fantastic fundraising ideas. You can sign up to make regular monthly donations or just as a one off gift to support our work. Involve your employer- if you are fundraising they will often have a scheme to match what you have raised. Check out fundraising on the website for many more great ideas. You can also find us on Facebook, Twitter & Instagram. We would love to hear from you, so please get in touch.

Some of our superstars:

1. Harpenden Concert Band's Snowman Concert raised £1,021.41 for the children's ward.
2. Stopsley Striders raised a total of £7,300 for our Cardiac Rehabilitation department.
3. Luton Town Football Club held a dedicated football match and raised £1,501.70 for NICU Parents Accommodation.
4. Domino's Pizza Luton donated £1,500 towards Helipad Appeal.
5. Jane Whittaker completed a swimathon not long after battling cancer and raised £1,815 for the cancer unit.
6. County Air Ambulance Trust donated £500,000 towards the Helipad Appeal
7. Challney High School for Girls raised £1,100 from their Race for Life event for Breast Cancer Unit.
8. Grove Theatre's Snow White and the Seven Dwarfs Panto visit to Children's Ward.
9. The Rotary Club of Dunstable Santa float raised £460.46
10. Christmas visit from Luton Town Football Club to the Children's Wards

For more information about fundraising for the hospital, or to get involved, please call the Fundraising Team on 01582 718 289 or email fundraising@ldh.nhs.uk
www.ldh.nhs.uk/fundraising • www.facebook.co.uk/ldhfundraising
Twitter @ldhfundraising • Instagram @ldhfundraising

The Luton and Dunstable Hospital Charitable Fund is a registered charity in England and Wales, no 1058704

It was kick off for World Prematurity Day on 17 November



Saturday 17 November was World Prematurity Day and the L&D was at **Luton Town Football Club** celebrating with their Supporters who have chosen the Neonatal Intensive Care Unit's Parents Accommodation as their Charity of the Year 2018/19.



Luton Town Football Club choose the Luton and Dunstable Hospital Charitable Fund

At the dedicated match day, some of the families who have used the Neonatal Intensive Care Unit (NICU) together with staff and the L&D's Fundraising team and volunteers, joined forces with members of Luton Town Supporters Trust to shake tins, all in aid of the Parents Accommodation. More than £1,500 was raised on the day.

Six NICU graduates and their parents got to meet the players in a dug-out experience before the match kicked off, and welcome the players and supporters to the pitch with flags.

The money raised will go towards the £15,000 a year running costs of the NICU Parents Accommodation. Located next door to the hospital, it enables parents who live a long way from the hospital to rest and sleep while being as close as possible to their baby on the unit.



Preparing to land: Helipad appeal to raise final £1.5m in 1 year

The Luton and Dunstable Hospital Charity Fund has launched a special campaign to raise the final £1.5 million of funding needed to build a helipad on the hospital site. The hospital is appealing to the community to help raise the money over the next year.

This facility will save local lives. The new helipad will significantly enhance the standard of care already offered by the hospital by reducing the time taken to transfer critically ill patients to the hospital during the 'Golden Hour' – the first hour after an incident – substantially improving survival and recovery rates.



The L&D is already a regional-accredited stroke hospital, with specialist cardiac facilities and dedicated trauma team. The A&E department at the L&D has been rated as 'outstanding' by the Care Quality Commission and is consistently the best performing unit in the country. The addition of a helipad will enable the L&D to create consultant posts attached to the helicopter medical services, attracting a calibre of senior medical staff to our hospital which will benefit all patients, whether they are transported by air or land.

Edward Phillips, Chairman of the Helipad Appeal, said: *"Through the hard work of the Trust's fundraising team, together with a hugely generous £2.5m donation from the County Air Ambulance HELP appeal, we have already raised a significant amount of the money needed – this last fundraising push when we aim to raise*

£1.5 million in a year - will see the helipad become a reality and up and running by 2021."

A special fundraising Gala Dinner is being held on 18 May at the Luton Hoo Walled Gardens, with sports legend Alastair Cook in attendance. This is the opportunity for businesses and benefactors to make their mark and support this very important appeal.

For more information on the Helipad Appeal, and for sponsorship packages and tickets to the Luton Hoo Gala Dinner, please email fundraising@ldh.nhs.uk