



# ambassador

Public Membership Magazine – March 2022



**Building work  
has started  
on the Acute  
Services Block  
and New Ward  
Block at the L&D**



*Artist impression of the proposed site*

**£6 million  
funding boost  
for Outpatients  
at Bedford  
Hospital**



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# welcome to ambassador

Ambassador is our way of communicating with you, our Trust members. We want to ensure that we keep you up to date with developments at the Trust and how you can get involved. We now have more than 26,000 members and we are keen for as many of you as possible to play an active role in shaping how the Trust is managed and developed for the future.

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### Dear Members

Hello to you all. Welcome to our first Ambassador magazine of 2022. We always have so much to tell you and there are many interesting articles in this edition so I hope you enjoy reading it.

As I write this I am very conscious that many of you are anxiously waiting for new appointments or postponed appointments at our hospitals, but now that restrictions are easing we are working very very hard to put this right. We are all in catch-up mode.

There are still some sensible restrictions in place and patient visiting is not yet back to normal, but we are very hopeful this will soon change. If you plan on visiting a patient I would suggest checking our website first where you will find all the up-to-date information relating to both sites.

*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)*

### Contact us:

The Foundation Trust Membership Department. **Email:** [FTmembership@ldh.nhs.uk](mailto:FTmembership@ldh.nhs.uk)

**Post:** Membership Dept – Nova House, Luton & Dunstable University Hospital, 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 Bedfordshire Hospitals NHS Foundation Trust Membership Department

## Impact of COVID-19 and the Recovery Plan – update



By David Carter, Chief Executive and Cathy Jones, Chief Operating Officer/Deputy Chief Executive

The prolonged and ongoing nature of the COVID-19 pandemic, combined with the emergence before Christmas of the highly transmissible Omicron variant, has continued to hamper the Trust's desire to return to full outpatient and operating capacity.

This means that, for many of our local population, the wait to see a clinician as an outpatient, or have treatment on a planned surgery theatre list, will now be longer than we would wish. We are very sorry about these delays.

Keeping people safe from COVID-19 while supporting the continuation of planned and urgent care was always going to be a challenge for any NHS Trust in the country.

All hospitals have key "pinch points" where an increase in demand, or a sudden and unexpected drop in capacity, might result in a growing queue of people waiting longer. So any unplanned and sudden absence of staff (as the Trust experienced during the Omicron wave of the pandemic) will result in fewer operating lists and clinics taking place so that staff can be redeployed to keep beds available for those people in the most urgent need (whether COVID-19 related or not), while keeping our emergency pathways as accessible as possible.

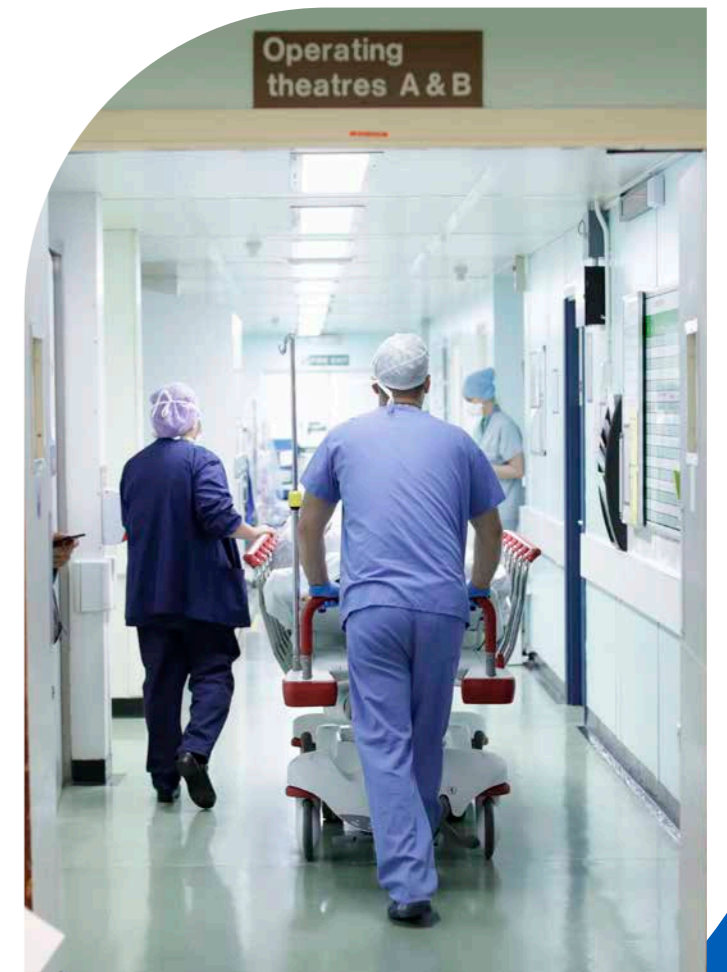
Fortunately, the innovations and changes in working practice that have developed over the last two years have meant that the impact of this continued challenge has been mitigated, at least in part.

We have done this through a number of innovations, including:

- Increasing virtual and telephone clinics with around 25% of all appropriate outpatient work now non-face-to-face;
- Developing and expanding the practice of Patient Initiated Follow Up (PIFU) for some

conditions where patients are able to escalate any changes that might require clinical intervention, rather than booking Outpatient slots at pre-defined times that may not be necessary;

- Sharing operating resources between Bedford, Luton & Dunstable and Milton Keynes, with a number of patients agreeing to transfer their surgery to a different location;
- Facilitating more supported discharges and working closely with our colleagues in local authorities;
- Using improved systems, and access to information, to ensure all of the longest waiting patients are assessed regularly by specialty teams.



# Chair's Message

## Dear Members

By the time you read this you may be expressing a deep sigh of relief - "the pandemic is over" - my last box of lateral flow tests is now gathering dust at the back of the cupboard with my winter clothes and (with mixed emotions) I am going back into work and (with better emotions) on holiday. Very sadly, there have been other distractions that may have pushed the pandemic to the back of our minds; as an institution dedicated to health, we cannot help but be appalled by the damage to life, limb and mental health in Ukraine. But, having said that, we are also an institution dedicated to giving the best health chances to whoever presents themselves into our care.

But, if we put external conflicts to one side, and return to the immediacy of our own and our population's situation, we rapidly understand that the pandemic will have a long tail. We still have people with COVID-19 in our two hospitals - while these numbers are less than half they were at the peak, they still exist and that requires additional care and changes to the administration of the hospital to avoid people catching COVID-19 in our hospitals - known as nosocomial infections. This adds to the burden. As a result of these precautions we hope that by the end of April we will have no patients who have waited two years for an operation but we do have more than 2,000 who have waited one year - it was nil when our hospitals merged two years ago.

David Carter and Cathy Jones describe on page 3 some of the innovations we are implementing to improve the flow of patients through the hospital. I hope that you, as our members and potentially our patients, can appreciate the reasons for taking these measures and, as Ambassadors, explain to others the reasons why we are doing these things - ultimately it is to make sure that both our hospitals, working together, can deliver the best and most efficient care to many so that in just a very few years no one is waiting more than a year for any treatment. That said, we would not stop there.

The delivery of that reduction depends not just on better methods or "treatment pathways"; the availability and the skills and energy of our staff are

also important. In that, we are blessed by a truly fantastic workforce and we have drawn on their goodwill and commitment to an extreme degree. We are always aware that the people who work in the hospital are our most valuable asset and, with the ending of restrictions, we intend to make it possible for more of them to work on the site and in the summer we will be reinstating our biannual thank you events. In the meantime we now have a Clinical Psychologist in post, and the charity has spent money refurbishing the staff rest areas; this can never be enough to repay our gratitude to them (and to their families) but I hope it makes clear to staff how they are appreciated and how we depend on all of them.

In addition to fighting the pandemic, staff on the southern site (at the L&D) have had to work around an incredible level of disruption surrounding the building works that will double the size of our Emergency Department, double the number of modern theatres and bring our NICU, critical care and maternity facilities into the 21st century, as well



as securing environmentally improved power facilities to support these initiatives across the whole site. We have plans to put Bedford Hospital through similar disruption and improvement over the next few years - see the Redevelopment section for more information.



"Hope for the future restored.."

You will have read about the government's commitment to integrate care to improve the NHS and then recovery post COVID-19. The Trust is fully committed to supporting this initiative but is also committed to making the current system work better. In that connection we are leading the work done by the Bedfordshire Care Alliance to integrate health records so that all aspects of your treatment can be understood by professionals as you enter the health system; even, in just a few years, if, sadly, you do so by ambulance.

Although, while I list the achievements and activities of the Trust, the core of its capabilities and the caring nature of our service depends on

the character and professionalism of individuals. I would personally like to identify one individual who appears on this page. Danielle Freedman, now retired as medical director after years of service, is committed, totally professional, highly demanding and great fun to be with. She encapsulates perfectly the spirit of the Trust that, ultimately, you, the members own and in which you should take pride. If you wish to do so there are many ways of giving your time or money.

Kind regards,  
**Simon Linnett**

## Changes to our Trust Board



### Farewell to Non-Executive Director Richard Mintern

In December we bid farewell to Non-Executive Director Richard Mintern who joined the Trust in June 2019. Richard sat on a number of committees

and chaired the Audit & Risk Committee and the Patient Experience Council.



### Welcome to newly appointed Non-Executive Director Tansi Harper

Welcome to the Trust our newly appointed Non-Executive Director Tansi Harper who joined in January 2022. Her

professional career was in education where she has been a Principal of two colleges. Tansi has been passionate about making greater connections between public services and the voluntary sector and has represented the Patient and Public voice on NHS Boards for the past 21 years, latterly mostly with Clinical Commissioning Groups.

Tansi has a particular interest in mental health and has been Chair of a Probation Trust, and chaired a transformation board bringing four such Trusts together including Bedfordshire's.

She has also been Chair of Northants and Beds substance misuse charity, CAN, a Board member of Richmond Fellowship, a nationwide supported housing and mental health charity, and a Board member of St Andrew's Healthcare Trust, which specialised in meeting the needs of most complex patients with mental health conditions.



### Thank you Danielle Freedman

Joint Medical Director Danielle Freedman has stepped down from her Trust Board role as of Tuesday 1 February.

We will continue to benefit from Danielle's experience and leadership within the senior medical team in a Deputy Medical Director role with a portfolio which will cover Clinical Excellence Awards, Clinical Audit and Effectiveness, the Library service, responsibility for the Medical Examiners, Research and Development and the Specialist Committee Oversight Board. She will also remain Clinical Director of Pathology on the L&D site.

Danielle is the L&D's longest serving consultant. Her leadership at the L&D - and more recently helping to steer the Trust through the merger process - has been exceptional and we would like to thank her for the enormous contribution she has made over the years.

# Our Values, helping our staff to THRIVE

Our staff live our shared values every day. We caught up with some of them to talk about what the values mean to them.



## Teamwork



Kerry Hall is a practice development nurse in Theatres

“To me the most important part of teamwork is the communication. Without it there is the potential for error.

At the start of an operating list every person working in a theatre meets, introduces themselves and says what their role is. At the end of the list we have a debrief where the whole team discusses what could have gone better and what we excelled at.

One thing we have found is some people find it difficult coming into theatres as we don't wear name badges. This year we introduced theatre hats with people's first names and roles on. People now wear these and just by having a first name on a hat makes it a little easier and allows people to communicate a lot better.”



## Honesty & openness



Ravi Mahay is a charge hand porter and one of our Freedom to Speak Up guardians at Bedford.

“Being honest and open is exactly what it says, being honest 100% of the time, not lying or trying to steer away from the truth.

We all learn from mistakes – the more honest and open we are about them the easier it is to learn. If you start hiding things it has a detrimental effect on patient safety which is what we don't want.

The Freedom to Speak Up service gives everyone a voice to speak up in confidence about anything they are concerned about.”



## Respect



Vanessa Bradley is one of our Trust Chaplains.

“Respect helps in healing.

If someone is willing to take the time to respectfully listen in a sensitive way without judgment it helps in the healing process, mentally, physically and spiritually. It also helps build people's confidence and helps them feel more positive about life.

We are non-judgmental and respect the confidentiality with patients, their relatives, and of course with colleagues.

Without discriminating we are able to respect boundaries of our colleagues while also be willing to learn and share each other's knowledge about the different ways of thinking about our beliefs and our different practices.”



## Inclusivity



Nicole Elkins is one of our graduate management trainees, working in paediatrics.

“I think inclusivity is really positive. It's necessary particularly in a healthcare environment when you're thinking about patient care.

If you're not being inclusive in your patient care there's absolutely no point at all because you're not considering the holistic perspective of your care.

That then translates back into your workforce. If you're not being holistic in your inclusivity of your workforce you're not going to get the best outcomes from your staff.

That's why the staff networks are really key to ensure that staff are represented at all levels and that they feel heard and listened to.”



## Valuing people



Jacqui Nichols is our head of procurement.

“It's really important to value team members, if you value people then you get more out of them. It is easy to get into a routine where you take things for granted, people get complacent and it's just a given that people will turn up and perform their roles to a high standard.

I think COVID-19 really proved how much you need to value people, because everybody was pushed to go above and beyond and even though everybody was tired, exhausted and had personal things going on they turned up every day and gave 110%.”



## Excellence



Shannon is one of our Independence Support Workers at the L&D.

“Excellence in care is so important to me and my team because we're all striving to provide the best care for our patients as possible and trying to find new ways of providing that care.

My team and I do monthly quality improvement projects. We aim to improve a certain focus each month and at the end of the month it's shared with different departments to hopefully influence change in other areas.

I am extremely proud to be part of a team and a Trust that enables and empowers you to make real change, it's been a joy and I can't wait to see where we go with the next projects.”

# Redevelopment Update

It has been an incredibly exciting time in terms of redeveloping our hospitals. There has been lots of progress made on both sites and we are really delighted to be able to update our members on what has been going on over the last six months.

## Emergency Department upgrades

The Trust secured £21m of external funding to upgrade and expand the Emergency Departments (ED) on both hospital sites, in response to the COVID-19 pandemic. Both projects increase capacity, segregate adult and children's pathways and provide socially distant waiting spaces.

### Bedford Hospital

Last year, we completed building works to the Bedford Hospital Emergency Department, which saw additional same day emergency beds on Victoria Ward and, additional paediatric and adult capacity. A two-storey extension provides appropriate waiting space and a new reception.



Pictured left: New large waiting area



Pictured right: External shot of the Emergency Department



Pictured left: New cubicle

The Trust was successful in obtaining a further £750k to support the second phase of the project, which is also being supported by Bedford Hospital Charity & Friends and Trust funds. This includes a new CT imaging facility within the department to

ensure rapid assessment for patients, and the reprovision of staff facilities.

### Luton and Dunstable University Hospital

On the L&D site, works to upgrade and expand the ED are continuing with a noticeable difference externally, with the installation of the steel frame for the extended area.

Once complete, the project will deliver an



Artist impression of the proposed site once complete



Extension to the department being carried out at the front of the hospital

expanded and refurbished ED with increased capacity, a new and fully segregated Paediatric ED, a Charity funded CT scanner, additional waiting room capacity, dedicated mental health facilities, and a re-modelled main entrance and patient drop off area.

### Acute Services Block and New Ward Block at the L&D

In January, the Trust received final approval of the £168.6m capital scheme from the Department of Health and Social Care (DHSC) for an Acute Services Block and New Ward Block on the Luton and Dunstable University Hospital (L&D) site. This has allowed us to enter into contract with Kier, who started works on site in January as planned. The works are due to complete in 2024.

The five-storey Acute Services Block and three-storey New Ward Block will house modern and enhanced facilities for maternity services, a level 3 neonatal intensive care unit, critical care and eight new operating theatres.

David Carter, Chief Executive of Bedfordshire Hospitals NHS Foundation Trust said: "We are delighted to receive final confirmation of funding for the Acute Services Block and New Ward Block at the L&D. This has been many years in the planning but the project is now a reality with builders now on site.

"This is a huge boost for staff morale as these buildings will provide modern facilities, allowing our teams to continue delivering excellent care."

Dr Jennifer Birch, Neonatal Services Clinical Director said: "Although our outstanding clinical

teams deliver the highest quality care, the current building and infrastructure is no longer fit for purpose to support our work as a level 3 Neonatal Intensive Care Unit.

"Caring for the sickest and most premature babies, as well as their families, in the very best environment is vitally important to us. These new facilities really will make a difference to their experience and support us in continuing to deliver the best possible care in a developmentally and clinically supportive Neonatal Intensive Care Unit."



Proposed hospital site in 2024

### Work has started!

To mark the start of this significant construction project, a small number of staff from the project and clinical teams joined together to celebrate the funding approval and commencement of works. We were delighted to welcome Andrew Selous MP, who has been a huge support to the hospital over the years.



The project team talk with Andrew Selous MP on the progress made so far



Chair, Simon Linnett introduces Andrew Selous MP



Key members of the project team

### Energy Centre at the L&D

Work on the new Energy Centre, which supports our Green Plan, continues and is expected to complete in 2023. This will deliver a substantial reduction in energy consumption and increased resilience across the site. The L&D site will become one of the most environmentally friendly hospitals in the country.

Over the past six months, we have seen major key deliveries. This has included the chimney flue, steel frame, combined heat and power (CHPs), boilers, generators and chillers.

### Topping out ceremony

In the building industry, a topping out ceremony is



Gordon Johns (right) and David Hartshorne (left), Project Director, mark the milestone in the project.

held to mark the last bolt or beam to be placed at the top of a structure. We held a small ceremony to mark this milestone, with Gordon Johns, Senior Independent Director, securing the last bolt in place.

## Developments at Bedford Hospital

### Additional Outpatient facilities

At the end of 2021, the Trust was awarded funding to support with COVID-19 elective recovery. This funding is being used to convert the first and second floors of the Cauldwell Centre at Bedford Hospital into additional Outpatient facilities.

The project will provide 27 additional Outpatient rooms, four e-consult rooms and three treatment rooms. The increased capacity enables the Trust to reduce the waiting lists built up through the pandemic, allowing patients to be seen earlier so that care and treatment plans can be put in place quickly. Work is well underway on this project, and is due to complete in the summer of 2022.



Internal strip out at the Cauldwell Centre is underway

### Upgrading electrical infrastructure

To allow for the planned strategic developments to take place, developing the infrastructure at Bedford Hospital is fundamental, particularly the electrical capacity. Furthermore an investment in infrastructure supports site resilience and a more efficient use of resource, paving the way to become a net zero carbon site.

Within our planning, we have ensured designs are synchronised with the NHS' Net Zero carbon vision – to improve our carbon footprint and reduce the environmental impact of our services.

### Other projects

On the Bedford site, additional projects include a bid to gain financial support in delivering additional surgical capacity (clinic space and an operating theatre), as well as ambulatory capacity to support same day care for patients. We will share further plans on this as they progress.

## New Director of Redevelopment and Strategic Planning



Melanie Banks has been appointed as the Trust's new Director of Redevelopment and Strategic Planning, with overall responsibility for developing the strategic

plans for the Trust and delivering the construction portfolio across all hospital sites.

Melanie has extensive experience in operational management, business development, public sector business case development and in leading design and project teams. Melanie is an experienced healthcare manager, having worked in the NHS for 20 years, and joined the Trust in 2012 initially as the General Manager for Women's Services, before transitioning to Chief of Staff and Deputy Director for Redevelopment. Melanie's portfolio includes over 100 projects to a capital value of £300m. Melanie is passionate about delivering high quality clinical accommodation for patients and staff to enhance patient experience and outcomes and to drive system efficiency.

### Happy Retirement David!

After working as the Trust's Director of Redevelopment for seven years, the Trust and local community have a huge amount to thank David Hartshorne for, in his tireless efforts to bring the L&D hospital estate up to modern standards.



The construction you see happening across the Trust is testament to his drive and passion over the past seven years. David will be dearly missed, and we wish him well in his retirement.

## Luton mum of twins who caught COVID-19 while pregnant urges expectant mothers to get vaccinated



Ms Ashiq being interviewed by the media.

**A mother whose twins were born while she was in a coma after she caught COVID-19 has spoken out to encourage uptake of the COVID-19 vaccine.**

Sultana Ashiq, 34, from Luton caught the virus when she was nearly 31 weeks pregnant and was in intensive care for 46 days.

Her twins Aizah and Amarah were successfully born by Caesarean section.

She called on people to “get the vaccine to protect yourself, your family and your loved ones”.

Ms Ashiq was ineligible for the vaccine at the time, but wants all expectant mothers to get vaccinated against coronavirus.

She was treated at the L&D and then transferred to the Royal Papworth Hospital.

“I went to hospital and deteriorated really fast. They were unable to manage my fever and had to induce a coma, and extract the babies with an emergency C-Section. I remained in a coma for 21 days.”

After recovering, she received all three doses of the vaccination. “My family got COVID-19 again but not too badly and I was around them and didn't get ill in the slightest,” she said.

Sultana Ashiq, pictured with twins Aizah and Amarah and partner Nayeem Ahmad



**The COVID-19 vaccination has now been successfully, and safely, administered to thousands of pregnant women across the UK and worldwide.**



Don't delay! Register for your vaccine or booster now: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

### Thank you for your patience

We are working hard with all our contractors to ensure disruption to patients and visitors is kept to a minimum and continue to communicate plans on our website and at our Resident group forums.

Information on all our redevelopment projects can be found by visiting [www.bedfordshirehospitals.nhs.uk/redevelopment](http://www.bedfordshirehospitals.nhs.uk/redevelopment).

If you have any questions, please do not hesitate to contact the team at [redemption@ldh.nhs.uk](mailto:redvelopment@ldh.nhs.uk).



# Meet your Council of Governors

## They are your voice!



**Pam Brown**  
Deputy Lead Gov  
(Sept 19-22)



**Marie-France Capon**  
(Sept 19-22)



**Sean Driscoll**  
(Sept 19-22)



**Brian Herbert**  
(Sept 19-22)



**Malcolm Lea**  
(Sept 19-22)



**Judi Kingham**  
(Sept 21-24)



**Theresa Driscoll**  
(Sept 21-24)



**Wendy Cook**  
(Sept 21-24)



**Dr Michael Carter**  
(Sept 21-24)



**Linda Grant**  
(Sept 21-24)



**Dr Jim Thakoordin**  
(Sept 21-24)



**Jennifer Galluci**  
(Sept 21-24)



**Pat Quartermaine**  
(Sept 21-23)



**Debbie Gardiner**  
MBE  
(Sept 21-23)



**Helen Lucas**  
Lead Gov  
(Sept 21-24)



**Dr Dilan Joshi**  
(Sept 21-23)



**Dr Jacquie Farhoud**  
(April 20-23)



**Teena Ferguson**  
(April 20-23)



**Yvette King**  
(April 20-23)



**Chris Williams**  
(April 20-23)



**Dr Robert Oakley**  
Deputy Lead Gov  
(April 20-23)



**Matthew Borg**  
Nursing &  
Midwifery  
(Sept 19-22)



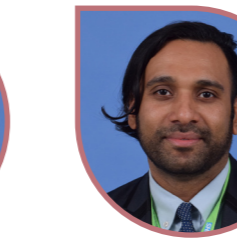
**Belinda Chik**  
Nursing &  
Midwifery  
(Sept 21-24)



**Janet Graham**  
MBE Volunteers  
(Sept 21- April 23)



**Sunny Patel**  
Prof & Technical  
(Sept 19-22)



**Malik Farooq**  
Admin, Clerical,  
Managers  
(Sept 19-22)



**Hina Zafar**  
Admin, Clerical,  
Managers,  
Ancillary, Maintenance  
(Sept 21-24)



**Mr Dimpu Bhagawati**  
Medical & Dental  
(Sept 21-24)



**Noreen Byrne**  
Volunteers  
(April 20-23)



**Thomas Moss**  
Ancillary &  
Maintenance  
(April 20-23)



**David Simms**  
Nursing &  
Midwifery  
(April 20-23)



**Steve Morgan**  
Admin, Clerical,  
Managers  
(April 20-23)



**Mr Joby George Malal**  
Medical & Dental  
(April 20-23)



**Terrence Haynes-Smith**  
Prof &  
Technical  
(Sept 21-24)



**Dr Louise Grant**  
University of Beds  
(April 20- 23)



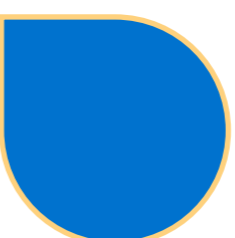
**Cllr Charles Royden**  
Bedford  
Borough Council  
(April 20- 23)









**Cllr Brian J Spurr**  
Central Beds  
Council  
(May 20- 23)



**Cllr Javed Hussain**  
Luton Borough  
Council  
(May 21- 24)



**Vacant**  
University  
College London

-  Public - Luton
-  Public - Central Bedfordshire
-  Public - Bedford Borough and Surrounding Counties
-  Public - Hertfordshire
-  Staff & Volunteers
-  Appointed

# Governor Spotlight

## Governor opportunities in 2022

Have you ever considered becoming a Public Governor or a Staff Governor of the Trust?

Elections for 2022 will begin in May. Notices will be displayed on the Trust's website and sent out to our public and staff members around that time. There are eight seats to be contested. Elections are to be held for the following positions:

### Public Governor vacancies in the following constituency:

- Luton - 5 vacancies

### Staff Governors vacancies in the following constituencies:

- Nursing & Midwifery – 1 vacancy
- Admin, Clerical, Managers, Ancillary & Maintenance – 1 vacancy
- Professional & Technical – 1 vacancy

We hold **Governor Awareness briefing sessions** via MSTEams giving you the opportunity to find out more about the Governor roles and provide you with information on how to apply to be a governor. The duration of each session is only an hour. Kindly let us know if you are interested in attending the session by emailing us at [FTMembership@ldh.nhs.uk](mailto:FTMembership@ldh.nhs.uk).

If you cannot attend these briefing sessions, do not worry, they are not mandatory.

## Vote In July 2022

### YOUR VOTE IS IMPORTANT



Why do Bedfordshire Hospitals hold elections each year? The Trust holds Governor Elections each year to fill any vacant seats to its Council of Governors or for those Governors

whose terms of office are 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 the FTMembership Department at [FTMembership@ldh.nhs.uk](mailto:FTMembership@ldh.nhs.uk) if you wish to know your eligibility to vote.



## Diary Date

### The next Medical Lecture is on Living with Diabetes

Wednesday, 18 May 2022. All are invited – RSVP by 27 April 2022

The number of people living with diabetes continues to increase year on year. At Bedford and L&D hospitals the Multi-Disciplinary Diabetes Specialist Teams offer comprehensive range of diabetes services for in-patients, out-patients and the community, including Children and Young Persons. There are dedicated Diabetes Specialist Nurses, Specialist Dietitians, Specialist Podiatrists, and Consultants.

The lecture on Diabetes will be presented by L&D Clinical Director Dr Shiu-Ching Soo,

Bedford Clinical Lead Dr Alison Melvin and their teams, taking place from 5.30pm to 7.30pm on 18 May 2022, at the Rufus Centre, Steppingley Rd, Flitwick, Bedford MK45 1AH. There will be time for questions following the presentation and the opportunity for informal discussions with our Trust 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)

# Spotlight on our Cleft Lip and Palate Service

By Dr Nazan Adali, Cleft Lip and Palate Lead Consultant Orthodontist at the L&D, Honorary Lecturer - Kings College London

Since 1998, Cleft services in the UK have been centralised into a 'hub and spoke model' with nine centres, each with a small number of cleft 'spoke' services to serve their local communities.

The L&D is the 'spoke' centre for Addenbrookes Hospital and our network in the East of England is called 'Cleft.Net.East' – I am the lead for our area and the Trust.

Our specialists include a Consultant Cleft Surgeon (plastic surgeon and maxillofacial surgeon), Cleft Orthodontist, Speech and Language Therapist, Clinical Psychologist, Cleft Nurse Specialist, Paediatrician, and Cleft Restorative Dentist.

The other team members include Cleft Coordinators, Audiologist, Paediatric Dentist, Anaesthetist, Clinical Geneticist, and ENT Surgeon.

### How has the COVID-19 Pandemic impacted our service?

In July 2020, we carried out our first innovative virtual multidisciplinary clinic where I and a speech therapist from Addenbrookes talked to patients in their homes.

We collected our patients as they arrived at the 'virtual' waiting room and invited them into our 'virtual' clinic room. This worked remarkably well and the patient feedback has been very positive. These services are only possible due to the hard work and attention to details of administrative teams, secretaries and IT support staff on both our hospital sites to whom we extend our gratitude.

### My background:

I have been a Consultant at the L&D since 2010, leading the Cleft Lip and Palate service for the Trust.

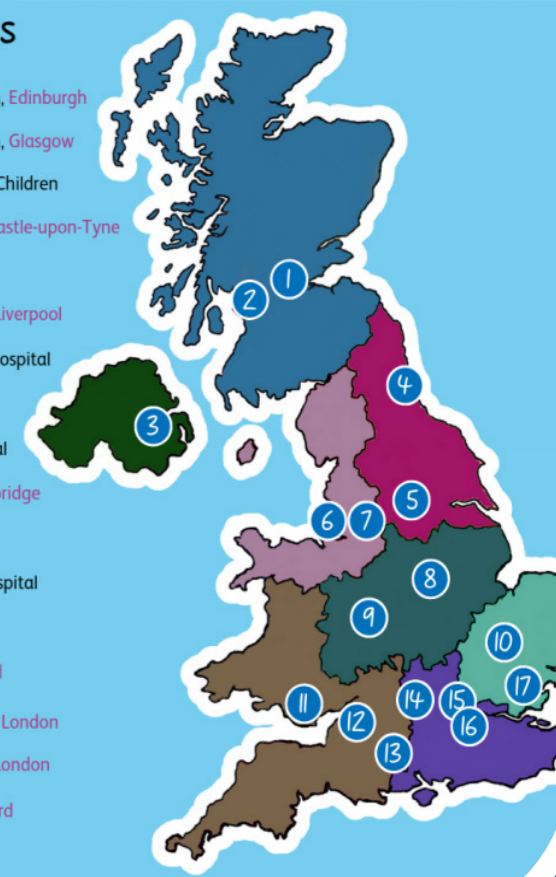
I graduated in Dentistry from Kings College London in 2001 and after working as an SHO in Maxillofacial Surgery at Great Ormond Street Hospital (GOSH) and UCLH, I began my specialist training in Orthodontics at UCL Eastman Dental Institute in 2007 where I completed my Master's degree and Membership in Orthodontics of the Royal College of Surgeons. I continued my research in Cleft lip and Palate at GOSH and went on to complete my consultant training and Fellowship in Orthodontics at Kings College Hospital.

I was then appointed as a Consultant and Cleft Lead at the L&D and and Honorary Postgraduate Lecturer at Kings College London.

I have been involved in teaching and volunteer work in cleft services in Vietnam, India, the Philippines and Myanmar.

## NHS Cleft Services

- 1 Royal Hospital for Sick Children, Edinburgh
- 2 Royal Hospital for Sick Children, Glasgow
- 3 Royal Belfast Hospital for Sick Children
- 4 Royal Victoria Infirmary, Newcastle-upon-Tyne
- 5 Leeds General Infirmary
- 6 Alder Hey Children's Hospital, Liverpool
- 7 Royal Manchester Children's Hospital
- 8 Nottingham City Hospital
- 9 Birmingham Children's Hospital
- 10 Addenbrooke's Hospital, Cambridge
- 11 Morriston Hospital, Swansea
- 12 University of Bristol Dental Hospital
- 13 Salisbury District Hospital
- 14 John Radcliffe Hospital, Oxford
- 15 Great Ormond Street Hospital, London
- 16 Guy's & St Thomas' Hospital, London
- 17 Broomfield Hospital, Chelmsford





## Silver Frailty Line improving emergency care for the frail and elderly

A pioneering new pathway to speed up and improve the care that frail and elderly residents receive has been put into place by the East of England Ambulance Service Trust (EEAST) and Bedfordshire Hospitals NHS Foundation Trust.



Introduced ahead of what was expected to be a busy winter, as the NHS recovers from the COVID-19 pandemic, the 'Silver Frailty Line', connects ambulance crews by phone to Frailty Nurse Practitioners and Consultants within our hospitals to enable residents to be treated in their own home, or taken straight to a specialist ward, often bypassing the Emergency Department.

The new pathway, which is unique to Bedfordshire, Luton and Milton Keynes (BLMK) was implemented after health leaders came together to tackle system pressures as demand for health services increased.

Dr Tammy Angel, Clinical Director for Medicine for the Elderly, said: "The Silver Frailty Line is a great example of what we can achieve when we work together with our partners to improve outcomes for residents. The growing pressures we're seeing as a result of the pandemic are being felt across the country and so our focus as a system is to look for innovative ways we can work together to make sure residents can access the care they need quickly and safely.

She continued: "We know many older people prefer to be treated at home, rather than go into hospital, and so this pathway gives ambulance crews the

option to give residents specialist care, treat them at home or bypass the Emergency Department and speeds up call times."

"It's great to speak with our colleagues in EEAST and support our patients to stay safely at home and when it is the right thing to do, to bring that person to hospital, then we know about them and are ready to receive them in Emergency Department. It's also really important that the ambulance teams can get 'back on the road' and review the next person as quickly as possible and we provide the 'safety net'".

The new pathway was introduced in June last year, and as of mid January 2022, more than 358 patients have been discussed on the Silver Frailty Line, with 173 – 48% - safely avoiding admission by alternate means of urgent review, including the virtual ward or onward referral to community services.



Dan Beech from EEAST

## Help us to help you

With health and care services in Bedfordshire, Luton and Milton Keynes (BLMK) under unprecedented pressure, people are being urged to use services wisely and to look after themselves.

Health leaders have thanked local people for the many ways in which they have responded to the pressures on our health and care services in 2021 and are urging the public to continue to help us to help you.

NHS services are always under pressure and even more so this year while we continue to live with COVID-19.

It is really important that you not delay seeking help from the NHS if you feel unwell. But with local health services increasingly stretched, people are being urged to only attend the Emergency Department if absolutely necessary.

There are a number of ways you can help us to help you – see page 17.

## Support loved ones to leave hospital

Please collect loved ones from hospital as soon as they are ready to leave, either from the Emergency Department or from wards, to free up beds for patients needing emergency care. If you need help managing your loved ones at home, let us know and we will do all we can to support you.

## Get your COVID-19 jab

Around 90% of those currently in hospital with serious complications from COVID-19 are unvaccinated. Not being vaccinated puts you at greater risk of serious illness and death. Vaccination is the best way to protect yourself, your family and your friends, whether it be a first, second or booster dose. It also means that you are much less likely to end up in a hospital bed that could otherwise be used to treat someone else.

Make an appointment via the NHS national booking service online at [nhs.uk/covid-vaccination](https://nhs.uk/covid-vaccination) or call 119 (free), between 7am and 11pm seven days a week or you can attend an advertised walk-in site, which can be found at [www.blmkccg.nhs.net](https://www.blmkccg.nhs.net)

## Choose services wisely

**UTC (Urgent Treatment Centres)**

- Minor cuts or wounds
- Minor head injury
- Coughs, colds & sore throats
- Bites or stings
- Suspected simple fractures
- Rashes and allergic reactions
- Minor burns or scalds
- Muscle or joint injuries (e.g. sprains and strains)
- Earache
- Eye injuries and infections
- Emergency contraception
- Childhood illnesses (croup & bronchiolitis)
- Abdominal pain
- Urine infections

**A&E (Accident & Emergency)**

- Loss of consciousness
- Acute confused state and fits that are not stopping
- Chest pain
- Breathing difficulties
- Severe bleeding that cannot be stopped
- Severe allergic reactions
- Severe burns or scalds
- Stroke
- Major trauma such as road traffic accident

NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group

## COVID-19 antiviral treatment for non hospitalised patients at Bedford Hospital

Bedford Hospital is the Trust's base for the new COVID-19 treatment using antivirals – Neutralising Monoclonal Antibodies (nMABs) which is being used to treat patients who are not in hospital but who have been identified as being in a high risk category for falling seriously ill with COVID-19.



The treatment aims to prevent hospital admission and serious illness and involves patients over 12 years old coming into ambulatory care for an intravenous infusion of antivirals. As of 13 January 51 patients have been treated with monoclonal antibody infusions.

The new service was set up by nursing and pharmacy teams working collaboratively with primary care and Clinical Commissioning Group colleagues involved in triaging patients who are suitable for the treatment.

# Just another day for an Emergency Department Consultant

By Dr Thomas Larsen,  
Emergency Department Consultant and  
Clinical Director for Bedford Hospital



As I sit down to write this, the first thought that pops up in my mind is just how challenging it is to write about an 'average' day in my role - because there isn't an average day in Accident & Emergency – in fact you never quite know what is going to happen!

I have to admit, I quite like the unexpected. I moved around quite a bit when I was a Junior Doctor as part of my placements, searching for my niche and I very much found my place within emergency medicine - it is where I feel most at home. I'm sure this is because it matches my personality type, I enjoy the fast pace, problem solving, dealing with the unforeseen and admittedly, I have quite a short attention span, so I perform well in situations where I have constant stimulation.

Although my field is unpredictable, what we do know is that over 250 people will turn up at A&E every day on our Bedford site, whether that is by self-presenting or via emergency ambulance and we need to get them prioritised, seen, and treated as quickly as possible.

No two days are the same, there are different issues to solve and fires to fight, but I promise there is method to the madness. We have processes in place to ensure we run the department safely, as well as providing support to our staff. Every shift we have an 8am handover, where the doctors all discuss any ongoing cases to handover to the next shift and any problems from the night. Immediately after that we have a senior team meeting, where managers, matrons, consultants, and lead nurses, join together in a huddle where we make a plan for the day.

Today I had planned for a day full of non-clinical work and meetings - one about job planning, agreeing working patterns, then moving on to one with our 111 provider on triaging 111 calls. After that, I'd be heading to a teaching session with the senior doctors. However, this plan changed pretty quickly due to one of my colleagues being sick - I was needed on the floor – so I grabbed my stethoscope and pretty soon I was running around A&E attending to patients.

I'm passionate about patient care, so to spend my shift being on the ground instead of caught up with meetings feels like a privilege. I've seen many patients today – it's been another really busy day in the department.

The jobs which give me the most satisfaction are the ones in which we are able to help and see an almost instant improvement in the patient.

Some people we help start their journey to recovery, but there are a few cases where we can take someone who is really unwell, treat them, and see immediate effects. For example, someone could come in with a dislocated shoulder and we can give them pain relief and manipulate it in a way that makes it pop back in, and they give you a big smile and are back to normal.

Or someone can come in with arrhythmia, where their heart is going 200 beats per minute and you can give them some sedation and a shock of electricity to the heart or some medication, and it can go back to normal rhythm. Sometimes they can go out just as well as they were before it happened. Of course there are lots of conditions you can't do that with, but it is fantastic when you can help a patient so fast.

After a clinical shift, there is always a lot of follow up work, for example every X-ray or CT scan we do, has a written report which needs to be checked afterwards to ensure key findings have been acted upon. Furthermore, some patients will need follow up telephone calls after their ED attendance.

As well as being an advocate for patient care, I also pride myself in being an advocate for my team and our specialty. I feel really privileged that I am in a position where I am able to make other people enthusiastic about this specialty. One of the most satisfying things I find is when a junior doctor who hasn't been in A&E before joins as part of their placement and they start quite nervous – then by the end they are confident and even tell you they want to do emergency medicine as part of their career. This feels amazing, because you've inspired that person, and made them passionate about the speciality. It gives me great satisfaction and it feels like a real win.

It's time to go home now, and although I am Dr Larsen at work, I am just a Dad when I get home to my family. I am excited to see my son Erik (4) – who has just started school. And little Lizzie, who is 6 months old. I have a few days off before I am next in, so I will be spending it with my wife and kids, doing the usual things that keep family life running – and definitely walking our pug Paddington in the park. I can't quite work out what is more chaotic, trying to help run an emergency department or being a parent!

“ One of the most satisfying things I find is when a junior doctor who hasn't been in A&E before joins as part of their placement and they start quite nervous ... by the end they are confident ”

## Road Show

in Park Hall in Harpenden  
on Wednesday 13 July at 2pm.

Come & hear what we are doing  
to YOUR hospitals!  
No booking required just walk in.

To find out more information  
email Governor Pam Brown at  
[Pam.Brown@ldh.nhs.uk](mailto:Pam.Brown@ldh.nhs.uk)

## Local bus companies donate bus stop to dementia specialist ward

Thanks to the generous support of local bus companies Arriva and Uno, Ward 15, an elderly care and dementia specialist ward at the L&D now has a bus stop installed to help create a focal point and a familiar environment for patients, making it more 'Dementia Friendly'.

Research shows that a familiar landmark can help calm a confused or disorientated patient and a bus stop is one of the most easily recognised landmarks to most.



The bus stop consists of a bus timetable and personalised bus sign which were donated by Arriva, as well as a larger personalised bus stop sign which was donated by Uno. A colourful backdrop was paid for by the hospital's Dementia Charitable Fund.

Ed Cameron, Commercial Manager at Uno bus added: "We are delighted to have been able to help Ward 15 provide this new area for patients at Luton & Dunstable Hospital. For many people their local bus route not only connects them to shops and healthcare but is also somewhere they meet up with friends and make new ones. We hope the staff and patients of Ward 15 enjoy sitting in and enjoying the new space."

Yvonne Weldon, Dementia Nurse Specialist, said: "We are extremely grateful to Arriva and Uno for their very generous donations – we now have a lovely welcoming area for patients to sit and relax on the ward. The familiar landmark of a bus stop can help some of our patients feel calmer and provides an interesting point for distraction and conversation."

Senior Physiotherapist in Complex Medicine, Ruth Coleman, added: "With the renovation of Ward 15 following the first wave of the COVID-19 pandemic, we were looking at ways to enhance Dementia care and make the ward more 'Dementia friendly'. We want to make patients' experience in hospital the best possible, and we thought creating a familiar environment which allows for social interaction and a calming atmosphere would really help."

### Use hand sanitiser regularly

When attending our hospital sites for an appointment, please ensure you regularly use the hand sanitisers available around the site.



## Tour De L&D a rolling success!

Back in September 2021, Bedfordshire Hospitals Dementia Care charitable fund bought new cycling pedals for Ward 15 at the L&D. Staff on Ward 15 – which cares for elderly patients and those with dementia - were on a mission to end 'PJ Paralysis' – a national campaign to get patients out of bed and into their own clothes - and the new pedals sparked a new idea.

And so began the Tour De 15, a concept which challenged patients and staff on Ward 15 to pedal the entire (2,000 mile) length of the Tour De France collectively in one month. Therapy leads are keen to avoid the deconditioning of elderly patients during hospital stays.



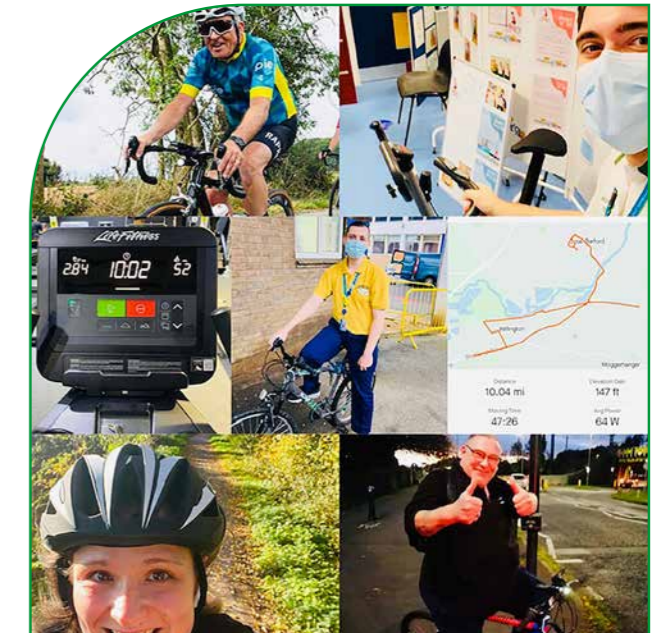
Deconditioning refers to the physical and psychological changes that can occur during periods of inactivity. The increased movement involved when taking part in the Tour De 15 encourages boosted cardiovascular health, strengthens muscles and helps to improve mental wellbeing.

After the success of the Tour De 15, the Therapies team decided to expand this concept into the Tour De L&D, as part of the NHS East of England Winter Deconditioning Games launched towards the end of last year.

Patients and staff across the hospital have been contributing miles cycled, from cycling to work in their free time, or using the exercise bike in the Therapies Hub, all in aid of the national movement to End PJ Paralysis.



Patients and staff taking part in the Tour De L&D had pedalled a total of 7,210 miles by the end of February 2022.



### Thank you from our Charity Teams!

Thanks to generous donations, Bedfordshire Hospitals NHS Charity and Bedford Hospital Charity & Friends are able to enhance the hospital environment by buying additional equipment and comfort items for patients, helping to make them the excellent hospitals they are.

We would like to say a huge THANK YOU to everyone who has supported us over the years. Your generosity is very much appreciated and has helped thousands of patients and their families.

If you would like to support us please visit our websites for more information at <https://www.bedfordshirehospitals.nhs.uk/charity/> and <https://bedfordhospitalcharity.org.uk/>

# Our Blossom volunteers

Ensuring patients who are at the end of their life receive the best possible care is something we are passionate about at Bedfordshire Hospitals

We have a group of Blossom volunteers who are making a huge difference to patients and their families, by providing compassionate support and company during a difficult time.

Funded by Bedfordshire Hospitals NHS Charity, the Blossom volunteers started on the L&D site in August last year, and will soon be back up and running on the Bedford site, where the programme successfully ran prior to COVID-19.

The volunteers are identifiable in their personalised t-shirts and pink lanyards, and will be visiting patients across the hospitals sites. Evidence is already demonstrating how our volunteers supporting both patients and their families is enhancing the holistic support provided, as well as reassuring staff that their patients are getting the emotional, practical and compassionate support they need and deserve.

Jan Chalkley, Deputy Head of Nursing for Cancer and Palliative Care said: "We are thrilled to be supporting this programme across the Trust. The difference these volunteers make to patients, their families and our staff, is incredible. Each visit is unique and silent company is often all that is needed, however our volunteers may also just sit and hold someone's hand or read to them. Knowing the patient is not alone is a comfort for loved ones and our staff."

*Pictured below are Annietta, Pam, Ursula and Oliver our Blossom volunteers*



If you would like to become a Blossom volunteer or even just know more about the role, please contact Annie Tucker, Blossom Co-ordinator at L&D Hospital on 07855 169492 or email Leanne. Tucker2@ldh.nhs.uk and Debbie Allman the Voluntary Services Manager at Bedford Hospital by emailing Deborah.Allman@bedfordhospital.nhs.uk



## Quit smoking

At Bedfordshire Hospitals, we do not permit smoking on either of our hospital sites.

Stopping smoking is one of the best things you can do for your health.

If you would like support to help quit smoking, visit [www.nhs.uk/better-health/quit-smoking/](http://www.nhs.uk/better-health/quit-smoking/)

*It's never too late!*



# Staff Christmas engagement events



For the second year running, COVID-19 meant that we could not stage our Christmas staff engagement events in the Grotto in the normal way. This was obviously very disappointing because it is an opportunity for our Executive team to say thank you in person to our staff for all their incredible hard work during the year.



However, we were very lucky to have the Project Wingman bus parked up on each site for a week – where aircrew laid on refreshments for staff and provided an opportunity to sit and relax and take some downtime, away from their busy schedules.

The Christmas Engagement Events team had also organised for a small marquee nearby where staff could pop in and pick up a small goodie bag as a small token of our appreciation. All Trust staff were given a £5 voucher to spend in the hospital restaurants as a small token of appreciation.



It was great to see that around **2,500** members of staff managed to find time to visit the bus and tent.





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 emailing us at [FTmembership@ldh.nhs.uk](mailto:FTmembership@ldh.nhs.uk). 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.