



**LUTON &
DUNSTABLE
UNIVERSITY
HOSPITAL**

CLINICAL EXCELLENCE, QUALITY & SAFETY

**Trust Development fellows
(‘FY3’ Equivalent)**

JOB DESCRIPTION

March 2019

LUTON AND DUNSTABLE UNIVERSITY HOSPITAL

1. Background Information

The Luton and Dunstable University Hospital NHS Foundation Trust is a medium size general hospital with approximately 660 inpatient beds. It serves a highly diverse geography close to London, is a highly performing Trust with flagship emergency services and a reputation for consistent operational and financial delivery.

The hospital provides a comprehensive range of general medical and surgical services, including Emergency Department and maternity services for people in Luton, Bedfordshire, Hertfordshire and parts of Buckinghamshire. Last year we provided healthcare services for over 90,000 admitted patients, over 400,000 outpatients and Emergency Department attendees and we delivered over 5,300 babies.

The L&D has developed a range of specialist services including cancer, obesity, neurophysiology and oral maxillofacial (jaw) surgery. We have the responsibility for treating the most premature and critically ill newborn babies across the whole of Bedfordshire and Hertfordshire in our tertiary level Neonatal Intensive Care Unit (NICU). We also have one of the country's largest breast screening centres.

All inpatient services and most outpatient services are provided on the Luton and Dunstable Hospital site. The Trust provides community musculo-skeletal services (MSK) at three locations across the catchment area, including our new Orthopaedic Centre and the chronic obstructive pulmonary disease (COPD) and diabetes services for South Bedfordshire.

Our Vision is:

To attract the best people, value and develop them so that the teams they work in deliver outstanding care to patients

Our Values are:

Teamwork - Working within a well organised, professional, respectful and calm atmosphere that achieves good outcomes for patients

Helping Others - Working in collaboration and listening to patients, improving the quality of care we deliver, giving staff a sense of achievement and creating a positive work atmosphere

Loyalty - Being proud to be part of a confident committed team who are trusted to deliver excellent, high quality patient care with kindness

Learning - Sharing knowledge and information to encourage, develop, innovate and challenge each other to learn, resulting in better patient care and safer practice

Compassion - Valuing, supporting and listening to all patients and staff to enhance our reputation in the community we serve

As a University Hospital medical education continues to be a priority to deliver excellence in teaching and research and ensure that all staff has access to appropriate education and facilities to maintain their competence.

The Trust has a strong and robust clinical management culture; all clinical services are managed by Clinical Chairs or Divisional Directors, supported by Clinical Directors, General Managers and Senior Nurses.

The Trust and the Divisions have outlined their plans for the year. This is a combination of service redesign, new service provision and managing additional capacity. We have also been successful

in receiving a Global Digital Excellence Award of £10m which is a demanding 3 year development programme, Trustwide, to improve clinical efficiency, effectiveness and communication through the use of technology.

The Trust will continue to participate actively in the development of new networks of care to meet the needs and expectations of our population at the same time as focussing our energy on maintaining our record of delivering the best care to our community.

For further information: <https://www.ldh.nhs.uk/corporate-information/annual-reports-and-key-documents>

1.1. Patient Safety

At the Luton and Dunstable Hospital patient safety is our highest priority. Our Medical team have a key role to play in leading work to improve the safety of patients both in terms of demonstrating exemplary practice and in participating in improvement initiatives. Job plans will reflect this emphasis and a key objective will be to demonstrate your contribution to driving up patient safety at the hospital and the L&D's aim to "Lead the NHS in Patient Safety".

1.2. Divisional Management Structure

A clinical management structure was established in April 2010. All clinical services are organised into one of four divisions as follows:-

- Medicine
- Surgery & Anaesthesia
- Women's & Neonatal Services
- Clinical Support Services

The division of Medicine has a Clinical Chair, General Manager, Head of Nursing and, within each speciality, there is a Clinical Director.

About the Post

Luton and Dunstable NHS Foundation Trust are seeking to appoint a number of Trust Grade "FY3" doctors for a fixed term 12 month contract, to commence from August 2019, across a range of specialities. These include Medicine, Emergency Medicine, Trauma & Orthopaedics, Surgery, Paediatrics, Anaesthetics and Obstetrics & Gynaecology. The posts will be based within Luton and Dunstable Hospital, and are suitable for trainees who have completed Foundation Programme (or equivalent). On call commitments may vary according to the post and the requirements/experience of the post holder.

These posts are developed with support from the Deanery (East of England) but are not recognised for training as numbered posts.

These are novel posts which work to offer a greater degree of flexibility than typical placements. They are developed with the support of the East of England Deanery. These roles are designed to support juniors with support available 24/7 and facilitate sustainability and job satisfaction. These posts would suit doctors who want to take time out of training and would like to develop their portfolio further to support applications to higher speciality training.

The proposed posts will combine clinical training with development opportunities and a postgraduate certificate. All educational and simulation jobs include a fully funded and time-protected postgraduate certificate. Dependent on the project and post the aim is that the rota will reflect the time needed as 60:40 or 70:30 as service : development component.

Examples of opportunities include:

- Education / Simulation - Postgraduate Certificate in Education, Simulation training certificate
- Quality Improvement / leadership – On line Mary Secombe course with leadership shadowing and specific projects/ QI projects to include some external management / leadership training,
- Global health: complete an on-line diploma in global health and then spend 3-6 months overseas on a placement organised by Cambridge Global Health. Another trainee might spend 3-6 months overseas and join your Trust for the second 6 months. This would mean you'd have someone working in the trust for the whole year.

Although these posts are not recognised for training, trainees will be allocated to an educational supervisor and have the opportunity for supervised learning and feedback. They will also have access to department training meetings and local teaching.

All trainees will undergo Trust induction and departmental induction at the beginning of their attachment. There is an expectation that they will complete an ARCP equivalent annual appraisal, this is a mandatory requirement.

Duties of the Post

Clinical:

Ensure that a comprehensive, effective and efficient service is provided within accepted standards by:

- Providing a comprehensive service to patients within the confines of the role.
- Providing a service to the emergency care, inpatient and outpatient departments as required meeting service needs.
- Ensuring the maintenance of adequate clinical records.
- Initiation of patient management decisions including the initial planning of investigations and treatment, on-going care and discharge planning.
- Attending Outpatients Clinics as scheduled.
- Participating in clinical review activities to monitor standards of practice and ensure the maintenance of quality outcomes.
- Participate in clinical audit as requested.
- Prepare written case reports, clinical audits and research as required within the role or as directed by the Clinical Lead.
- Participate in ward rounds as required.
- Participate in seminars and teaching sessions as directed.

Teaching:

Support undergraduate and postgraduate training by:

- Presentation of specific case reports as directed.
- Supporting and contributing to continuing education programmes within the department.
- Ensuring that all opportunities are taken to contribute to the education of medical students attached to the department.

Administration:

The post-holder will assist Consultant and senior medical staff with the administrative work of the Department.

Education:

The posts as outlined above will support the Doctor to complete a postgraduate degree. Allocation of the Educational supervisor will be in line with the speciality and training needs of the doctor.

The junior doctor will also be supported in attending and participating at regular departmental meetings, trust grand round, the weekly teaching programme for junior doctors, and weekly Trustwide educational / audit / governance / morbidity & mortality meetings.

PERSONAL DEVELOPMENT PLANS

Trainees are expected to have a Personal Development Plan (PDP) for each part of their training. You and your educational supervisor will prepare the PDP jointly when you take up your post.

You will be given a paper based PDP folder by the Medical Centre staff which you should discuss with your educational supervisor at the beginning of your post.

1.3. QUALIFICATIONS/EXPERIENCE REQUIRED FOR APPOINTMENT

The appointee will have MBBS or equivalent and at least 12 months experience of working within the NHS.

You are required to comply with the standards set by the General Medical/Dental Council. A breach of such standards may lead to action by the Trust independent of any action taken by the GMC/GDC. Any breach would be investigated fairly, and appropriate steps taken to prevent a recurrence and address any wider causes.

1.4. TERMS AND CONDITIONS OF SERVICE

This post is covered by the Trust's Terms and Conditions of Service which are currently those for Hospital Medical and Dental Staff (England and Wales) and the General Council Conditions of Service as amended from time to time by local agreement.

The post is whole-time - the standard working week is 40 hours basics.

The salary scale applicable to this post as from Oct 2018 MN37 £31,217-- £33,127.

The Junior Doctor accepts that he/she will also perform duties in occasional emergencies and unforeseen circumstances at the request of the appropriate consultant, in consultation, where practicable, with colleagues both senior and junior. It has been agreed between the professions and the Department that while juniors accept that they will perform such duties, the Secretary of State stresses that additional commitments arising under this sub-section are exceptional and in particular that juniors should not be required to undertake work of this kind for prolonged periods or on a regular basis.

Single or married accommodation may be available but must be requested at interview and appropriate charges will be made.

The person appointed will be a medical practitioner appropriately registered with the General Medical Council.

1.5. Annual Leave – On appointment you will be entitled to 27 days annual leave per leave year.

1.6. Sick Leave - All sickness absences must be reported to the Rota coordinator. Full details of the sick leave allowances and the conditions governing the allowances are set out in the Terms and Conditions of Service.

The person appointed will be indemnified by the Trust for all NHS work undertaken as part of the Contract of Employment.

The person appointed will be encouraged to take out adequate defense cover as appropriate, to provide cover for any work which does not fall within the scope of the indemnity scheme (Contract of Employment).

1.7. Medical Examination - It is a condition of employment that the successful candidate completes a health questionnaire for submission to the Trust's Occupational Health Department together with photo-verified evidence of Hepatitis B immunity status which complies with the Trust's policy on Hepatitis B. A visit to the Occupational Health Department for a medical examination may be necessary.

The appropriate forms will be given to the successful candidate on the day of interview.

A formal contract of employment will not be issued until a satisfactory health clearance has been received by Medical Workforce nor will commencement of appointment be allowed.

1.8. DISCLOSURE REQUIREMENTS

A risk assessment has indicated that a Disclosure Barring Service "Disclosure" is both proportionate and relevant to this position. Any person who is conditionally offered this post will be required to undertake a criminal records check in this respect.

The Trust guarantees that this information will be seen only by those who need to see it as part of the recruitment process.

The Trust ensures that an open and measured discussion will take place on the subject of any offences or other matter that might be relevant to this position. Failure to reveal information that is directly relevant to the position sought could lead to a withdrawal of an offer of employment.

We undertake to discuss any matter revealed in a Disclosure with the subject of that Disclosure before withdrawing a conditional offer of employment. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position or circumstances and background of the offence.

Please be aware that the Trust has a Policy containing a more detailed Code Of Practice that meets the standards specified by the Disclosure Barring Service relating to the fair use of criminal record information and the appointment of persons having a criminal record. A copy of the Luton and Dunstable Hospital NHS Trust's Code can be obtained from the Medical Workforce Department.

Note: Failure by an applicant to provide accurate and truthful information is considered to be a serious matter. Where it is found that a person has recklessly provided inaccurate information or withheld information relevant to his/her position, this may disqualify him/her from appointment. It may also result in dismissal or disciplinary action and referral to the appropriate professional registration body.

If you would like to discuss what effect any criminal record or fitness to practice proceeding might have on your application, you may telephone Wendy Mann, Medical Workforce Interim Manager on 01582 718846, in confidence, for advice.

PRINCIPLES AND RESPONSIBILITIES FOR DELIVERING "NO AVOIDABLE INFECTIONS"

INTRODUCTION

Guiding Principles

- All clinicians are expected to set aside sufficient time to proactively manage and control the potential spread of infection targeting **NO AVOIDABLE INFECTIONS**.

Key Responsibilities

The Executive Board have agreed that the key responsibilities as set out below are the **MINIMUM STANDARDS** required of key staff in order to effectively control the spread of infection and to deliver the Trust objective of **NO AVOIDABLE INFECTIONS**.

The details relevant to Junior Medical and Dental Staff are as follows:

- a) Comply with Trust Infection Control Guidelines and the “No Avoidable Infections strategy”. Therefore you must:
 - i. Attend mandatory Infection Control training.
 - ii. Demonstrate good understanding and practice of hand hygiene
- b) Demonstrate good antimicrobial prescribing practice in line with Trust Prescribing Guidelines. Therefore you must:
 - i. Restrict prescribing to defined duration
 - ii. Use narrow spectrum antibiotics
 - iii. Switch patients from I/V to oral antibiotics (all I/V prescriptions should be reviewed at 48-72 hours)

1.9. Smoking

The Luton & Dunstable Hospital NHS Trust has a smoke-free policy.

Smoking is not permitted in or on any of the Trust’s grounds or premises or in any Trust-owned vehicle. Applicants should be aware that it will not be possible to smoke during working hours when at the hospital site.

1.10. Health and Safety - It is the general duty of every employee to take reasonable care for the health and safety of himself/herself and others, including the use of necessary safety devices and protective clothing and to co-operate with management in meeting its responsibilities under the Health and Safety at Work Act. Any failure to take such care or any contravention of safety policy or managerial instructions, may result in disciplinary action being taken.

1.11. Private Patient Facility - Cobham Clinic

The Cobham Clinic is a Private Patient facility on the first floor of the surgical block accommodating thirteen en-suite rooms.

Junior medical and dental staffs are not required to treat private patients in the Cobham Clinic unless by explicit individual arrangement by the Consultant in charge of the patient and with the agreement of the junior doctor concerned.

The only exception to the above is in the case of a "Cardiac Arrest" when junior medical staff in Medicine and Anaesthetics will be expected to attend any patients in the hospital, including the Cobham Clinic.

Amenity patients in the Cobham Clinic are NHS patients and junior doctors are expected to attend to these patients.

2. VISITING ARRANGEMENTS

Shortlisted candidates may visit the hospital by direct appointment arranged with Medical Workforce 01582 417947

2.1. OTHER FACILITIES

Doctors' Mess

The Doctors' Mess is located on the second floor of the COMET building.

Facilities provided through contribution to the medical mess fund include:

- TV lounge with video and Sky TV
- Rest facilities,
- Kitchen/Dining area, microwave
- Teas, coffee and refreshments.
- Newspapers

2.2. Clubs

There is an active Sports and Social Club with facilities for darts, squash, cricket, table tennis and a monthly disco. The Club also has a bar.

2.3. Car Parking

There are three staff car parks. Entry is gained by a car park permit and costs £1.20 per day. There are also several "Pay On Exit" car parks on site.

2.4. Shops

There are two shops and two cafés on the Hospital site and the Hospital is situated between two main shopping centres at Luton and Dunstable. There is a Chemist, Florist and General Store opposite the hospital.

2.5. Transport

The Hospital is close to Junction 11 of the M1 Motorway. There is a good train service to London from either Luton or Leagrave Stations where car parking facilities are available. There is a bus service covering the local area

3. POSTGRADUATE MEDICAL EDUCATION (COMET)

There is a modern Postgraduate Medical Centre with lecture and seminar rooms.

Its objectives are to foster postgraduate medical education and to provide a closer link between the general practitioners in the area and the hospital staff.

There is a weekly Thursday lunch-time meeting with invited guest speakers presenting a wide range of topics which is well attended by GPs and hospital staff. There is also a Tuesday lunch-time "Grand Round" with each firm contributing in turn. There are also weekly clinical meetings in all specialties. There is a well-stocked medical library which also has on-line CD ROM bibliography facilities and a computer room. Details are obtainable from the library staff.

The Director for Medical Education is Dr Nisha Nathwani (Consultant Paediatrician), the Undergraduate Tutor Team are Mr S Gurjar and Dr M Hemavathi, the Foundation Programme Directors are Mr S Dhinakaran and Ms S Das and they are supported by a manager and their team.

There are College Tutors in Anaesthetics, Medicine, Obstetrics and Gynaecology, Ophthalmology, Paediatrics, Pathology, Radiology, Surgery and local tutors in all other specialties.

The Regional Postgraduate Dean is Professor Bill Irish, Postgraduate Medical and Dental Education, Eastern Deanery, Block 3, Ida Darwin Site, Fulbourn, Cambridge, CB1 5EE.

LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

PERSON SPECIFICATION

POST: JUNIOR CLINICAL FELLOW - GENERAL MEDICINE (FY2 Equivalent)

ENTRY CRITERIA		
REQUIREMENTS	ESSENTIAL	DESIRABLE
QUALIFICATIONS	MBBS or equivalent medical qualification	MRCP, MRCS and ATLS
ELIGIBILITY	Full registration with the GMC at time of appointment Eligibility to work in the UK	
FITNESS TO PRACTICE	Is up to date and fit to practise safely	
LANGUAGE SKILLS	All applicants to have demonstrable skills in written and spoken English adequate to enable effective communication about medical topics with patients and colleagues. IELTS 7.5	
HEALTH	Meets professional health requirements (in line with GMC standards/Good Medical Practice)	
CAREER PROGRESSION/EXPERIENCE	Ability to provide complete details of employment history Completion of Foundation Year 2 training or equivalent	Minimum 6 months experience working in NHS
APPLICATION COMPLETION	ALL sections of application form FULLY completed according to written guidelines	
SELECTION CRITERIA		
CLINICAL SKILLS/KNOWLEDGE	Capacity to apply sound clinical knowledge and judgement Able to prioritise clinical need Works to maximise safety and minimise risk Shows aptitude for practical skills required in the job ALS certificate	Provider in : ALS or equivalent
ACADEMIC/RESEARCH SKILLS	Clinical governance: understands principles of audit and risk management Willing to take part in Audit	
PERSONAL SKILLS	Vigilance & situational awareness: Capacity to be alert to dangers of problems, particularly in relation to clinical governance. Demonstrates awareness of developing situations. Coping with pressure: Capacity to function under pressure. Demonstrates initiative, flexibility & resilience to cope with setbacks and adapt to rapidly changing circumstances. Awareness of own limitations and when to ask for help.	

	<p>Able to prioritise appropriately and multi-task.</p> <p>Managing Others & Team Involvement: Capacity to work co-operatively with others and demonstrate leadership when appropriate. Capacity to work effectively in multi-professional teams.</p> <p>Problem Solving & Decision Making: Capacity to use logic / lateral thinking to solve problems to make decisions.</p> <p>Empathy & Sensitivity: Capacity to take in others perspectives and see patients as people.</p> <p>Communications skills: Demonstrate clarity in written / spoken communication and capacity to adapt language as appropriate to the situation.</p> <p>Organisation & Planning: Capacity to organise oneself & prioritise own work. Demonstrate punctuality, preparation and self-discipline. Understand the importance of information technology.</p>	
PROBITY	<p>Professional Integrity & Respect for others.</p> <p>Capacity to take responsibility for own actions and demonstrate a non-judgemental approach towards others. Displays honesty, integrity, awareness of confidentiality & ethical issues.</p>	

Medicine Division

EAU

An Emergency Assessment Unit (EAU) of 51 beds has been established consisting of an assessment zone (Zone 1) and two short-stay zones (Zones 2 and 3). General Practitioner referred patients, patients referred from the Accident and Emergency Department and surgical patients will be assessed by the appropriate specialist teams or EAU staff. Short stay patients in Medicine and Medicine for the Elderly (DME) who are expected to be discharged within 48 hours will be managed on the EAU under the care of the Acute Physicians. Patients requiring longer stay or care in a specialist ward will be transferred to the appropriate unit within 48 hours of admission.

A number of management protocols are in place and some suitable patients will follow a pathway direct to the appropriate specialty service e.g. coronary care and acute stroke patients.

We also run an ambulatory care centre for which clinical fellows would rotate through to gain experience of managing patients through an ambulatory setting. This is a consultant led unit and at present runs during the week from 9am – 9pm with plans for a 7 day service.

Diagnostic Support Services

There are first class support services including haematology, histology, cytology, clinical chemistry and medical microbiology services. A PACS system is in place for radiology and imaging with MRI scanning and CT scanning on site.

MEDICINE FOR THE ELDERLY

St Mary's Wing opened in October 2002 to provide modern accommodation and to replace the old wards and therapy buildings. There are 132 beds based in five wards, the Medical Day Unit, outpatient clinics and all therapy services.

- A 20 bedded elderly acute ward
- Four 32 bedded wards in St Mary's Wing (Wards 14, 15, 17, 18)
Ward 17 is mainly Stroke and Rehabilitation
- Ward 18 is for Isolation Patients (MRSA) – run by elderly directorate but for all adult patients

Most admissions to the Department are by direct referral from their General Practitioner or through the A & E Department. A small number of patients are admitted as a result of Consultant contact through out-patient clinics or domiciliary visits.

Offices for medical, nursing, community and social services staff have also been incorporated into the wing in line with the drive towards a more integrated approach to the provision of care for the elderly.

A 24 hour, 7 day a week Emergency Assessment Unit is also in operation. The 21 bed Emergency Assessment Unit (EAU) has been established which an assessment zone for acute admissions is. General Practitioner referred patients, patients referred from the Accident and Emergency Department and surgical patients are assessed by the appropriate specialist teams or EAU-based doctors. There are daily Consultant-led post-take ward rounds and mid-take ward rounds throughout the day until 8 p.m. Monday to Friday.

There are 2 medical short stay (MSS) wards, Ward 3 (Female - 21 beds) and Ward 4 (Male - 26 beds). Patients in Medicine and Medicine for the Elderly (DME) who are expected to be discharged within 72 hours will be managed on MSS under the care of the Acute Physicians. Patients requiring

longer stay or care in a specialist ward will be transferred to the appropriate base ward. The Unit is run by six Consultant Acute Physicians and the Lead Clinician for Acute Medicine is Dr. Peter Albert.

A number of management protocols are in place and some suitable patients will follow a pathway direct to the appropriate specialty service e.g. coronary care and acute stroke patients.

GASTROENTEROLOGY

There are 6 Consultant Gastroenterologists and 2 Consultant Hepatologists along with 3 SpRs, 2 CMT trainees, 1 F2 doctor and 2 F1 doctors. The team look after 33-40 in-patients in Gastroenterology and General Medicine and have their own base ward (ward 11)

There is a three-roomed Endoscopy Unit, performing approximately six thousand procedures annually. The Unit has full JAG accreditation for training.

There are multi-disciplinary team meetings for upper gastrointestinal and colonic malignancy and a gastroenterology meeting with the surgeons, radiologists and pathologists.

DUTIES OF THE POST:

The work consists of day to day management of medical and gastroenterology in-patients and emergency admissions. The team is on call 1 in 3 for emergency admissions but the SpR is part of a rota of 20 SpRs with 2 SpRs on call at any given time- one for admissions and one for the wards. Night duties are split into Monday-Thursday and Friday-Sunday.

Specialist duties include daily review of GI in patients, three gastro/hepatol clinics per week and endoscopy training appropriate to experience. Administrative work includes writing clinic letters and discharge summaries and keeping medical records

TIMETABLE

This will depend upon the experience of the appointee but will be sorted out in advance of taking up the post. It will include Ward work, on-call duties, Out Patient Clinics and Endoscopy experience.

RESPIRATORY MEDICINE

The Consultants provide the adult respiratory service for the Trust. The Chest Clinic provides a comprehensive range of out-patient services including new and follow-up consultations, peak flow, spirometry and reversibility testing and skin allergy testing.

In-patients are cared for on the dedicated adult general medical/respiratory ward (Ward 10) and the Chest Physicians provide a specialist consulting service for patients under the care of other consultants.

The Chest Clinic provides a "walk-in" diagnostic chest x-ray service for general practitioners from Monday to Friday inclusive.

A Respiratory Function Laboratory, accommodated in the Cardiology Department, provides full pulmonary function test including flow-volume loops, hypoxic challenge test, histamine challenge test, measurement of anatomical shunt, mouth pressure measurement, test for exercise induced asthma, and blood gas measurement for day cases and clinic patients. Increased technical support has been agreed recently and currently two full-time technician is responsible for this Department. All the pulmonary function tests are reported by Dr Pillai regularly and junior medical staff are trained in dedicated weekly sessions. A body plethysmography machine has recently been installed in the Department. Discussions are underway for a dedicated larger area for this Department and future development will include cardiopulmonary exercise testing.

Fibreoptic bronchoscopy using videobronchoscopy and EBUS bronchoscopy are carried out in the Endoscopy Suite three times a week. The respiratory medicine specialist registrar is given instruction in this technique during this session.

There is a fully equipped sleep laboratory and patients with obstructive sleep apnoea are fully assessed and managed in this unit.

Patients with ventilatory impairments are referred to the ventilatory unit at Papworth Hospital for home ventilation. Discussions are underway to develop this service locally.

In conjunction with the Respiratory physiotherapists and Respiratory Nurse Specialists, a pulmonary rehabilitation course for patients with advanced COPD is also provided.

Thoracic surgery is carried out at Harefield Hospital by Mr N McGonigle who visits Luton and Dunstable Hospital weekly for a thoracic surgery out-patient clinic when new and follow-up patients are seen. He also sees ward referrals.

The thoracic service has two Specialist Registrars, two senior clinical fellows, three Senior House Officers and two FY1 House Officers to provide care to the dedicated chest ward.

Newly-diagnosed lung cancer patients, being considered for radiotherapy or chemotherapy, are seen by Dr Mawdsley every week. There is a weekly well-structured lung cancer MDT meeting. Radiotherapy is provided at Mount Vernon Hospital and chemotherapy is given in both the chemotherapy departments at Luton and Dunstable and Mount Vernon Hospitals. Dr T Chapman is lead physician for lung cancer.

The Chest Department has 5 respiratory specialist nurses. There are two full-time and two part-time TB nurse specialists who provide the contact tracing service, Mantoux testing, BCG vaccination and support consultant (TB) clinics. There is two full-time lung cancer nurse specialist working with the chest physicians and oncologists in managing lung cancer patients.

There are weekly chest radiology and monthly radio-histopathological meetings to discuss interesting and/or difficult chest cases.

EMERGENCY DEPARTMENT

Luton & Dunstable (L&D) University Hospital NHS Foundation Trust is a busy district general hospital providing a full range of acute services to the South Bedfordshire and West Hertfordshire area. The hospital was the first NHS Foundation Trust in Bedfordshire, Hertfordshire and Buckinghamshire, and the first to be selected by the Health Foundation for work on improving patient safety - an area in which it continues to excel. It has been rated one of the best hospitals in the East of England (NHS Choices: www.nhs.uk). There are 599 inpatient beds providing a full range of secondary care services, maternity care, elective care, a Level 3 NICU as well as comprehensive diagnostic and support services.

The Emergency Department (ED) sees an average of 90,000 - 100,000 attendances per year, with a further 30,000 streamed from the ED to a co-located urgent GP centre. The ED is amongst the top performing departments in England.

Currently all major specialties are on site. The hospital is the regional centre for stroke and the ED receives patients for thrombolysis treatment. A new cardiac catheterisation suite has been built, offering day-time cardiology support with plans to provide primary PCI in the near future. Until then, cardiac patients are referred to Harefield Hospital in London. The ED is a designated Trauma Unit and part of the East of England Trauma network. However its unique location on the periphery of the network zone and close to a major motorway means that a large volume of major trauma is still managed within the ED. There are close links with Addenbrookes Hospital in Cambridge (Trauma

Centre, Neurosurgical referral centre), Broomfield Hospital in Chelmsford (Burns referral centre), Lister Hospital in Stevenage (acute renal service, plastic surgery service), and Great Ormond Street Hospital in London (paediatrics).

The Department has been extended and substantially upgraded over the years. The hospital is embarking on a major site redevelopment and modernisation programme over the next 5 years that will include an extensive refurbishment and expansion of the ED. The department is fully computerised.

There is a large resuscitation area with dedicated trauma and paediatric bays. Currently there are 15 adult "majors" trolley spaces, 2 initial assessment rooms, a psychiatric assessment room and an eye assessment room. There is a separate minor injuries area. The Paediatric ED has 5 trolley spaces, a treatment room and a separate waiting area. There is a full decontamination suite with all required PPE provided. The ED has its own ultrasound machine and modern ventilator capable of providing in-house non-invasive ventilation. There is a separate X-ray suite for ED patients within the department.

A direct referral policy exists so that GPs can contact the medical, surgical or particular specialty teams to see the patient in the Emergency Assessment Unit (EAU) or Surgical Assessment Unit (SAU). There are good links with the nearby Ambulatory Care Unit which is managed by the Acute Medicine team.

The ED team manages a small number of ultra-short stay admissions on the co-located EAU. This provides opportunities to gain experience in observational medicine and multidisciplinary ward-based care. In addition, the EM consultants assist in the management of patients with head injuries who require admission. There is an ED Review Clinic where head injuries and specific soft tissue conditions are seen.

There is a 24 hours Emergency flying squad to assist paramedics at the scene of accidents.

The department is staffed by a diverse multidisciplinary team and we have a reputation of being friendly, welcoming and supportive.

The team is supported by strong, skilled and experienced Emergency Department nursing staff (both adult and paediatrics), Emergency Nurse Practitioners and Health Care Assistants.

The medical staff have a variety of backgrounds and special interests. Some of the consultants have dual accreditation in Paediatric Emergency Medicine and Intensive Care, and others have post-graduate qualifications in toxicology and medical education.

The department receives trainees at a variety of levels from Foundation Year level 2, GP training, ACCS, and EM higher specialty training (ST3 - ST6). They are supported by non-training grade doctors at both junior clinical fellow and staff specialty doctor levels.

The department is consistently rated highly by trainees in the national GMC Trainee Survey for the level of support, training and amount of experience gained. It is a popular choice of rotation for EM higher specialty trainees. Previous junior clinical fellows have had an almost 100% success rate in gaining entry to their specialty training programme of choice after working in the ED.

The ED welcomes medical students from the University College London (UCL) and the students work closely with the ED team. This allows opportunities for undergraduate teaching and participation in undergraduate mock examinations.

The ED has consultant presence on the shop-floor from 8am to midnight 7 days a week, allowing for adequate senior supervision and opportunities for training and completion of workplace based assessments. Overnight there are 2 middle grade/registrar level experienced doctors present who supervises the junior team members and supports the management of the shop-floor.

Surgery Division

THE DEPARTMENT OF ANAESTHETICS, INTENSIVE CARE MEDICINE AND PAIN

MANAGEMENT

The department is part of The Clinical Directorate of Anaesthetics, Intensive Care Medicine, Pain Management and Theatres.

The Department is responsible for the following:

1. Anaesthetic services in three suites of theatres.
2. Anaesthetic services for the Maternity Service
3. Additional services are provided for CT and MRI scanning, ECT, ward resuscitation, and the Accident & Emergency department.
4. The Intensive Care Unit and the High Dependency Unit.
5. The Pre-assessment Service.
6. The Pain Relief Service including acute and chronic pain

THE THEATRES

There are currently three suites of theatres and a suite for community dental anaesthesia.

Theatres 1-6 cover Colorectal and Bariatric Surgery, General Surgery, Paediatric Surgery, ENT, Urology, major Gynaecological Surgery, and Maxillofacial Surgery. Theatres A-F cover Orthopaedics and Trauma, Ophthalmology, and emergencies. The maternity theatres are dedicated to elective caesarean sections and obstetric emergency surgery. The Oral Surgery Department theatre is used to provide day-case anaesthesia for Community Dentistry.

The pattern of work is typical of a district general hospital as well as tertiary ENT, Maxillofacial Surgery, and Bariatric Surgery. In 2014-2015 approximately 17,700 elective theatre cases were undertaken in some 6,400 routine theatre sessions and just over 3,500 emergency cases were undertaken (excluding obstetrics). All day emergency list and trauma lists are scheduled every weekday. At weekends the trauma theatre is staffed all day Saturday and Sunday mornings.

Ms Tina Clift is the Theatre Manager with responsibility for the day to day running of theatres. The Surgery Division General Manager is Mr John Fitzmaurice who has overall responsibility for theatres within the Directorate. Dr Glyn Harrison is the Clinical Director for Theatres.

Subspecialist services

ANAESTHESIA FOR HEAD AND NECK SURGERY

Luton and Dunstable is a tertiary referral centre for ENT and Maxillofacial surgery. Currently each year we perform around forty free flap reconstructions for upper airway cancer surgery, as well as many other airway cancer procedures. Difficult airway patients present frequently. We have a wide range of available advanced airway devices, including fiberoptic laryngoscopes and videolaryngoscopes, which are available in all theatre areas of the Hospital. Awake fiberoptic intubations are performed frequently, according to an established hospital protocol. A core group of Consultants with an airway interest organise frequent airway teaching.

THE BARIATRIC SERVICE

Luton and Dunstable is a tertiary referral centre for Bariatric Surgery serving the whole of East of England and beyond. We currently perform around 400 procedures per year. The operations performed are mainly Gastric Bypass and Sleeve Gastrectomies. All patients are pre-assessed in daily Consultant-delivered high-risk anaesthetic clinics

There are 8 Consultants currently involved in the service and assist with flexible cover for periods of leave. Regular meetings are conducted between the Bariatric anaesthetists to discuss high-risk cases and service development. Enhanced recovery is an integral part of the service with average length of stay of 1 night and 2 nights for Gastric sleeve and gastric Bypass respectively. We also run a Royal College approved national course on Bariatric Anaesthesia on a yearly basis with inputs from GP's, Surgeons and Physicians. We have an electronic database for Bariatrics.

PREASSESSMENT SERVICE

The Pre-assessment Lead is Dr Charlotte Moss. The majority of surgical patients are pre-assessed by the nurse-led Pre-assessment service. The lead nurse is Karen Blinko who leads a team of two sisters, three nurses, two HCAs and two support staff. A pharmacist is part of the service. There is a dedicated pre-assessment clinic area with a separate patient access. Paediatric and Ophthalmological Surgery patients are pre-assessed by separate nurse-led teams.

The hospital has an Enhanced Recovery Service led by Irene Fitt which is integrated with the Pre-assessment service.

The hospital offers full range of diagnostic procedures including cardiac catheterisation lab.

THE PAIN RELIEF SERVICE

Dr Bagade is lead Consultant for chronic pain and works along with a second pain consultant and a senior pain nurse specialist. There are currently three pain clinics per week and two theatre sessions each month. The clinics draw patients from Bedfordshire, Hertfordshire and Buckinghamshire and include referrals from general practitioners and hospital consultants. The service works in close collaboration with the community based musculoskeletal services providing medication reviews in the community and epidurals at the Luton and Dunstable Hospital. As a multidisciplinary pain clinic, we provide clinical psychology support in the form of outpatient pain management programmes 3-4 per year.

In 2016-17 there were 443 first attendances, 522 follow up attendances and 193 theatre procedures. Symptom control procedures are carried out during designated theatre sessions. We work closely with the established palliative care service in the hospital and have close links with the South Bedfordshire Hospice.

The service is actively involved with the Enhanced Recovery programme. The department participates in an active teaching programme for the nursing staff, led by Kelly Warfield. There is a nurse led fascia iliaca block service for patients admitted with femoral fracture. "Pain Steering Group" multidisciplinary meetings are held in the department every 2 months to improve and communicate pain management throughout the Trust. Administrative duties are carried out by a dedicated chronic pain secretary.

THE PAEDIATRIC SERVICE

The Anaesthetic department has four Consultants with a specific interest in Paediatrics (including infants and babies less than 6 months) and many others who regularly anaesthetise children.

The department provides anaesthesia for Paediatric General Surgery (infants and babies), Paediatric MRI, Paediatric ENT, out-patient dental services, and Ophthalmic surgery (infants and babies).

The Trust has a level 3 NICU and the paediatric wards have a significant medical workload. The ITU Consultants attend resuscitations and CATS transfers during the day and the General Anaesthetists attend these out-of-hours.

THE MATERNITY UNIT

The present maternity unit is in a separate but adjacent building to the main hospital and includes a delivery suite with large rooms for mothers needing extra care peri-natally, two theatres, the postnatal wards, obstetric clinics and the neonatal unit (NICU).

The obstetric department is one of the busiest in the East of England region. In 2017 there were around 5300 deliveries. Thirty percent of mothers receive epidural analgesia and the Caesarean section rate is 25%. There were 1100 Caesareans; 180 of these were done as emergencies. The NICU is a tertiary centre and involves approximately 40 in-utero transfers per year.

The lead obstetric anaesthetist, with 8 other colleagues is responsible for the provision of anaesthetic services to the maternity unit. Cover for delivery suite is by consultants supported by extremely able staff grades. There are five elective Caesarean section lists per week, one pre-assessment clinic every fortnight for complicated cases and one joint obstetric anaesthetic and cardiac clinic each month. The out-of-hours work is covered by staff grades or specialist registrars, supported by a second resident anaesthetist and a consultant.

TRAUMA AND ORTHOPAEDIC DEPARTMENT

The Trauma and Orthopaedic Department treats both elective and emergency patients. There is a close relationship between the Department and the Accident and Emergency Department.

There is a separate Orthopaedic library within the Department.

There are two operating theatres which are reserved exclusively for orthopaedic cases and is equipped with lamina flow air supply for joint replacements. It is fully equipped with modern osteosynthesis equipment, a full range of modern instrumentation for orthopaedic surgery, and mobile X-ray image intensification. A further operating theatre is available for other cases and emergencies.

There is weekday all day trauma lists and one list each day at the weekends.

Thirty adult beds are provided on one ward (Ward 23) and children's beds are available as required on the Paediatric Ward. There is a dedicated day case ward, where seventeen beds are nominated for use by the Orthopaedic Department for each list, and connects to a recently opened dedicated day surgery theatre. Other beds are available on other surgical wards.

Dr Rabindranath Chanda is the lead Consultant for the Orthogeriatric team taking shared responsibility of hip fracture patients on an Orthopaedic ward.

Women's and Children Division

OBSTETRICS

There are 23 consultants in the Obstetrics and Gynaecology on call rota. Four colleagues currently contribute to the resident night rota, Monday to Thursday. The unit is committed to providing 122 hours of consultant presence on delivery suite and looking to increase this in the near future.

Delivery Suite and Midwifery Led Birthing Unit

The eleven-room Delivery Suite includes a special needs room for usage as bereavement room. One other room has a birthing pool for high-risk women. Two operating theatres are present on the Delivery Suite, one of which is for elective C. Sections Monday to Friday. Adjacent to the delivery suite is a 12 bed Delivery Suite Annex where late pregnancy problems and elective caesarean section patients are admitted.

The maternity service had 5300 deliveries in 2016. A four-bedded midwifery-led birthing unit opened in July 2010. This is co-located next to the delivery suite. There are two maternity wards, including transitional care cots, with the majority of women transferred home early after delivery.

The department runs monthly PROMPT training sessions for midwives, obstetricians, maternity care assistants and anaesthetists. In addition the midwives attend the monthly obstetric study day every year.

Antenatal Clinics

There are currently 20 consultant antenatal clinics each week. Most women have community based antenatal care, much of the care being undertaken in general practice surgeries by community midwives. Approximately 25% of hospital births are to women of Asian origin. Link Workers are available at the Unit and in the Community to help with communication between patients and staff.

There are currently specialist antenatal clinics for gestational and pre – existing diabetes, mental health, twins, haematology, hepatitis and HIV and the department is planning to advertise more specialist midwifery posts.

There is a monthly obstetric multidisciplinary meeting held with the obstetricians, anaesthetists and colleagues such as urologists, cardiologists, neurologists, hepatologists and haematologists, as required, to discuss and plan management for women who are pregnant with complex health issues. GROW scans are in place now and has astronomically increased the work load on Obstetric scanning.

Fetal Medicine

Mr Stephen Burrell, Miss Jacqueline Bamfo and Mr Sam Das run the fetal medicine service, together with 2 dedicated fetal medicine midwives. There is a higher than average rate of fetal abnormality in the local population. Over 300 referrals/year are seen in the Fetal Medicine Clinic. Chorionic villus sampling is undertaken regularly and referrals are accepted from surrounding districts. There is regular liaison with the geneticists and three times a year a joint perinatal meeting is held with the geneticists from Northwick Park Hospital and perinatal pathology consultants from Royal London. Fetal cardiac echo is provided by Rachel Andrews, a visiting consultant from Great Ormond Street Hospital.

A weekly fetal medicine management group meeting is held attended by the fetal medicine consultants and neonatal consultants to discuss the arrangements for labour for women with known fetal abnormalities, or issues such as drug dependency/ use of medications in pregnancy which may affect fetal well-being at birth.

Ultrasound

All pregnant women are offered a nuchal translucency scan at eleven to thirteen weeks and an anomaly scan at eighteen to twenty weeks. Anomalies found at the twenty week scan are seen in the fetal medicine clinic and referred to specialist centers as necessary. Ultrasound scanning for obstetrics and Gynaecology is undertaken in the within the unit. There are plans to introduce NIPT in 2018

Neonatal Intensive Care Unit

The Neonatal Unit is situated next to the delivery suite and consists of thirty-six cots, of which nineteen are designated for neonatal intensive care. A temporary build to expand the unit opened in May 2008 and a new NNU is planned for the future.

This is a Level 3 Unit accepting both in-utero and postnatal transfers. The Consultant Obstetricians are responsible for the care of women transferred to the Unit because of severe fetal compromise and for those who accompany their infants when they are transferred postnatally.

Obstetric Anaesthetic Clinic

There is a dedicated anaesthetic clinic run by a group of Obstetric anaesthetist where women with anaesthesia-related medical co-morbidities such as cardiac patients, the morbid and super morbid obese women, refusal of blood transfusion, and women discussed in Obstetric MDT are referred for further review during their antenatal period.

GYNAECOLOGY

Gynaecological Oncology

Luton and Dunstable Hospital is part of the Mount Vernon Cancer Network. The current arrangements are that major gynaecological cancer surgery is centralised at the Herts and South Beds Cancer Centre based at Watford General Hospital. Mr Alasdair Drake is the NSSG lead for the Mount Vernon Cancer Network. Mount Vernon is the major referral centre for both radiotherapy and medical oncology, and there is close collaboration with the Gynaecological Oncology service. Professor Hoskins is the consultant oncologist from Mount Vernon who undertakes joint clinics at Luton and Dunstable.

The oncology team consists of Mr Owens Owens, gynaecologist with a special interest in gynaecology oncology. Miss Imelda Flanagan is a whole time experienced clinical nurse practitioner in gynaecology oncology.

Colposcopy

The colposcopy for the local health community is organised through the Clinical Cytology administrative department, which is physically closely integrated with the Cytology Laboratory. Miss Pushpa Maharajan is the Lead Colposcopist. The unit is an active colposcopy department undertaking basic and further colposcopy training and actively promotes screening and training in primary care. All colposcopists are active and accredited members of BSCCP.

The Colposcopy service is currently provided by three consultants and one specialist nurse colposcopist, with seven clinics each week at present. The colposcopy secretary leads the colposcopy secretarial team, which is essential to the smooth running of the service.

The lead for colposcopy is responsible for the audit and clinical governance of the colposcopy service. Cytology services are organised currently through Bedford Hospital. Dr Fraser Mutch is the consultant pathologist in overall charge of the cytology at Bedford and is the Cervical Screening Co-ordinator.

Gynaecology Ward and Theatres

Ward 34 is a dedicated gynecological ward of seventeen beds. Gynaecological emergencies are seen in a dedicated daily emergency Gynaecology clinic. An early pregnancy assessment clinic functions each weekday and currently weekends. Two clean rooms on this ward are used to provide ambulatory Gynaecological services such as colposcopy, manual vacuum aspiration and outpatient hysteroscopy.

There is Gynaecology operating lists each week with many theatres in the Trust. Major Gynaecology operations run whole day Mondays and Wednesdays and half day Thursdays with extended times. Major cases and laparoscopic cases are performed within the main theatre complex in the surgical

block and minors are done within the unit where the Gynaecology ward is located. Four consultants currently perform laparoscopic hysterectomies and other advanced laparoscopic procedures.

Early Pregnancy and Emergency Gynaecology unit

This includes an early pregnancy nurse led service in the mornings and afternoon emergency Gynaecology clinic. There are 3 qualified nurses, 2 HCA s and 1 Admin staff. The unit treats about 5,500 patients every year and offers modern management of miscarriage such as MVA clinics, dedicated recurrent miscarriage clinic; Consultant led scans and outpatient management of Bartholin's abscess. The post holder will work with Miss N Mukhopadhaya Lead for emergency Gynaecology services and Mr SS Das.

Urogynaecology

The Urogynaecology unit is led and managed by Mr A Fayyad, RCOG accredited sub specialist in Urogynaecology. He is supported by another locum urogynaecologist and a nurse specialist. The unit offers tertiary level urogynaecology services to the surrounding counties including the investigation and management of women with urinary incontinence and pelvic organ prolapse. This includes ambulatory urodynamics, pelvic floor ultrasound and the latest techniques in the management of recurrent organ prolapse and incontinence. Particular expertise is provided in minimal access urogynaecology (laparoscopic sacrocolpopexy and colposuspension) and the use of meshes for advanced pelvic reconstructive surgery. The unit runs a monthly joint pelvic floor clinic with the colorectal surgeons.

Fertility

The fertility service is based within the new Fertility Unit which opened in May 2013. This service is managed by Miss Akbar and Mr Jose and offers joint male/female consultation and treatment with a full range of investigations including detailed ultrasonic assessment of ovarian and endometrial function. The unit provides satellite IVF services working in conjunction with Bourn Hall, where around twenty Luton patients attend each month for egg collection and embryo transfer. Miss Akbar is the Person Responsible to the HFEA.

Gynaecology Ambulatory Care Unit

This new unit opened in August 2013 and is co-located within our gynaecology ward, staffed by our gynaecology nurses. It consists of two large clean rooms with two consulting rooms and a large recovery area with five couches. One clean room is dedicated to colposcopy with out patient hysteroscopy and urodynamic clinics provided in the second clean room.

There are currently three outpatient hysteroscopy clinics each week including one dedicated to the investigation of post menopausal bleeding. The service is currently expanding so that the majority of hysteroscopic examinations are carried out here instead of in day case theatre. Outpatient Novasure, Myosure resection of endometrial polyps and submucosal fibroids are also provided here.

General Paediatric Unit

There are 54 paediatric beds divided into three wards, all located on one floor including a 5 bed Paediatric Assessment Unit. All children admitted to the hospital are managed on these wards. In 2014 there were 10,726 children admitted onto the Paediatric wards of which 8,420 were paediatric medical cases. Many patients are seen on the PAU but not admitted. There is an emphasis on care at home wherever possible, with close liaison with the Community Nursing staff and Rapid Response Nursing Team to support children at home where feasible and safe.

The General Paediatric unit regularly provides high dependency care for the sickest patients some of whom subsequently require retrieval to a PICU. In 2014 approximately 53 children were retrieved by CATS to a PICU.

Paediatric Out-patients

There is a designated Paediatric Out-Patient department. All clinics for children are held there including general paediatric, paediatric ENT, dermatology, ophthalmology and surgical clinics. The Paediatric Consultants also hold regular sub-specialty interest clinics in cystic fibrosis, respiratory, diabetes and endocrinology, epilepsy, oncology, haematology, low birth weight follow-up, echo-cardiology, TB, HIV, rheumatology, etc and within the hospital there are consultants with a special interest and training in paediatric ophthalmology, dermatology and rheumatology.

Outreach Clinics

Genetics - There is a genetic clinic with a visiting geneticist from Northwick Park Hospital twice a month.

Cardiology - There is a monthly joint paediatric cardiology clinic with a cardiologist from Great Ormond Street Hospital. In addition 2 of the local Neonatologists hold regular Echo-Cardiology screening clinics and provide an emergency Echo service. A tele-echocardiogram service linking with Great Ormond Street is planned for the near future.

Cystic Fibrosis - In addition to monthly local cystic fibrosis clinics, a consultant and team from Great Ormond Street Hospital visit three times a year.

Primary Ciliary Dyskinesia – A visiting Consultant from the Royal Brompton Hospital visits 3 times a year.

Gastroenterology - There is currently a quarterly Gastroenterology clinic with Dr K Lindley from Great Ormond Street Hospital.

Neurology - There is a quarterly neurology clinic with a visiting consultant from Addenbrooke's Hospital.

HIV - There are significant numbers of parents and children infected with HIV now resident in the area. There is a monthly local HIV clinic and a quarterly outreach clinic with a visiting consultant from St Mary's Hospital, London.