Contrast

NHS EMRAD East Midlands Imaging Network

The newsletter of the East Midlands Imaging Network

Spring 2021

Ramadan Mubarak

Your Voices

EMRAD: East Midlands Imaging Network

The East Midlands Imaging Network (EMRAD) aims to deliver timely and expert radiology services to patients across the East Midlands, regardless of where they are being treated.

EMRAD is a partnership of seven NHS trusts:

- Chesterfield Royal Hospital NHS Foundation Trust
- Kettering General Hospital NHS Foundation Trust
- Northampton General Hospital NHS Trust
- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- University Hospitals of Derby and Burton NHS Foundation Trust

These trusts run 11 hospitals, covering more than five million patients.

The network is supported by a small, core team based at the National Centre for Sports and Exercise Medicine at Loughborough University.

EMRAD launched in 2013 and the East Midlands became the first health community in the UK where NHS hospitals could quickly and easily share diagnostic images. The cloud-based image-sharing system has set the national benchmark for a new model of clinical collaboration within radiology.

The network is now looking to find new ways of solving staffing and recruitment issues in radiology, procuring services in more cost-effective ways, and harnessing the power of artificial intelligence. These advances are aimed at improving the quality and safety of patient services, as well as helping ensure the long-term sustainability of radiology services.

Much has been achieved so far but there is still much more to do to realise our vision.

Stay in touch

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Andrew Fearn

EMRAD Accountable Officer

Spring is in the air

It feels like Spring. The birds are singing loudly, the flowers are starting to bloom and the leaves on the trees are unfurling. It feels like time we came out of hibernation. That got me thinking. I opened up Wikipedia and found that the term 'hibernation' means a state of minimal activity and metabolic depression. I also found that the only mammals in the UK to hibernate are dormice, hedgehogs and bats… but that's digressing. I was thinking more along the lines of 'so has society been metaphorically hibernating for the last 12 months'.

Without a doubt, huge swathes of our population have been undertaking 'minimal activity'; and 'depression', and whether metabolic or otherwise, has definitely been a feature of the last year. We're seeing people starting to get restless; itching to get out of the stupor and breathe some life back into the society we've been hibernating from. There is a national feeling of starting to come out of a Winter George RR Martin would have been proud of. At the time of writing, over half of the UK population has been vaccinated against Covid19 and the national lockdown following a second peak of Covid19 cases is starting to be relaxed. Folks are starting to peer around the edges of their doors and look to the wide world outside.

I then look at my friends and colleagues who work in the NHS. They've not been hibernating. They've not even had a bit of a figurative power nap. They've carried on relentlessly; caring for those in our society who have been most vulnerable and who needed their support – irrespective of the raging storm. So as the threat from the pandemic starts to lift and the society we serve starts to gambol around like spring lambs, take a minute to be proud of the fact they can do so, because of the NHS; because of the work we've been doing. Take a breath of that crisp, spring air; and look to the future. This edition of Contrast is about that coming back together.

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New members of the team

Dr Yutaro Higashi - deputy medical director

Who am I ?

I'm Yutaro Higashi. I've recently been appointed Deputy medical director for EMRAD.

I graduated from Nottingham University where I changed my sporting preference of rugby (I was more suited to being the ball than a player in truth!) for Taekwondo – probably one of the single biggest changes to my life and something I've continued to practice and teach in the region for close to 20yrs now. In my spare time I am a Gastrointestinal and Hepatobiliary Interventional Radiologist at NUH, a very amateur runner, pampered husband and dad (servant) to a couple of very demanding cats.

What projects will I be working on?

My primary roles will be involved around the integration of the CDSS (clinical decision support system) and iRefer but hope to also be involved with AI projects including the Edison Accelerator programme and further our collaborative working across the region.

If you could choose any two people to have dinner with, who would they be?

Billy Joel and Steven Gerard – Billy's concert, at the NEC 2006 is still my all time favourite evening out (and fondest memory of Birmingham!)… and watching Istanbul 2005 was my all time favourite evening in!

You have to sing Karaoke, what song do you pick?

Piano man (I suspect others may prefer me to be on mute at this stage though!)

What is your favourite meal and why?

Korean beef bbq - because I love beef, bbq's and if I'd said sushi then it would be too much of a stereotype!

If you could be an animal what would you be?

A panda – they literally do nothing and yet the world still loves them

If all the superheroes went to battle against each other, who do you think would win?

Godzilla – oh hang on, I think I misinterpreted this question as "who would you like to be" but the answer is the same – having a past time of periodically destroying Tokyo and yet still be considered a superhero takes some doing!

New members of the team (continued)

Dr Boris Berko - deputy medical director

I have joined the team as one of two deputy medical directors for EMRAD, and will be working closely with Dr James Thomas (the boss-man) and Dr Yutaro Higashi, also a deputy medical director at EMRAD.

In the first instance, I will be taking a lead on re-imagining and relaunching the EMRAD education and course offerings. The ambition is to provide a wide-ranging program tailored to the needs of our regional group while also looking outside of our borders. The provision of a new user friendly online booking system is also being addressed. Additionally I will be working on closer cross-site collaboration generally, a couple of AI projects and deputising for the boss-man as he sees fit.

If you could choose any two people to have dinner with, who would they be?

I am a huge fan of Formula 1 and as the season gets into gear, I would love to get the inside scoop on some of the big stories of pre-season: Mercedes' problems during testing and that one-year contract that Lewis Hamilton signed. Who better to speak to than those involved: Sir Lewis Hamilton (a divisive character I know; but I love marmite) and Toto Wolff (perhaps one of the best current examples of a successful team leader).

You have to sing Karaoke, what song do you pick?

'Waiting in vain' by Bob Marley. A singer ahead of his time and a wistful song about unrequited love.

What is your favourite meal and why?

'Fufu ene nkatenkwan' – a popular Asante dish. Visually it won't win awards for aesthetic appeal but it reminds me of my childhood growing up in Ghana and it is impossible to get an authentic version of this meal in the UK.

If you could be an animal what would you be?

Not a walrus. I have been scarred for life watching 'our planet' and seeing those walruses fall off cliffs to their deaths.

If all the superheroes went to battle against each other, who do you think would win?

Although I belong to the Marvel universe (not D.C.), my answer in a fair world without kryptonite is Superman.

New members of the team (continued)

Phil Vale - EMRAD project manager

I'm Phil and I joined the EMRAD team in January 2021 as a Project Manager.

Usually, that involves being given some sort of outcome or significant change to deliver that will benefit the organisation; and then guiding, asking nicely, persuading and chasing (all in varying degrees) other people to do things you need them to do. There are some other more formal bits of planning and reporting but it is mostly about people.

My background is in engineering - I joined the Royal Navy as a marine engineer from school. I've been a PM for 25+ years now working with IT in various industries – oil and gas, nuclear, mining, water and then for the last 15 years with BT Global Services.

I decided that I'd had enough of the corporate world but still wanted to do something that would utilise the knowledge and experience I had gained over the years. EMRAD came along and here I am!

At the moment I am just starting a project that will look at a Clinical Decision Support system for radiological referrals. This a piece of software that will hopefully help clinicians who refer patients for imaging to select the optimal type of imaging based on the patients symptoms and history.

If you could choose any two people to have dinner with, who would they be?

Vice Admiral Lord Horatio Nelson and Freddie Mercury

You have to sing Karaoke, what song do you pick?

Neil Diamond - Sweet Caroline (dum dum dum)

What is your favourite meal and why?

Sweet chicken curry. Great because it is a no frills meal, soft, warm and filling.

If you could be an animal what would you be?

An albatross

If all the superheroes went to battle against each other, who do you think would win?

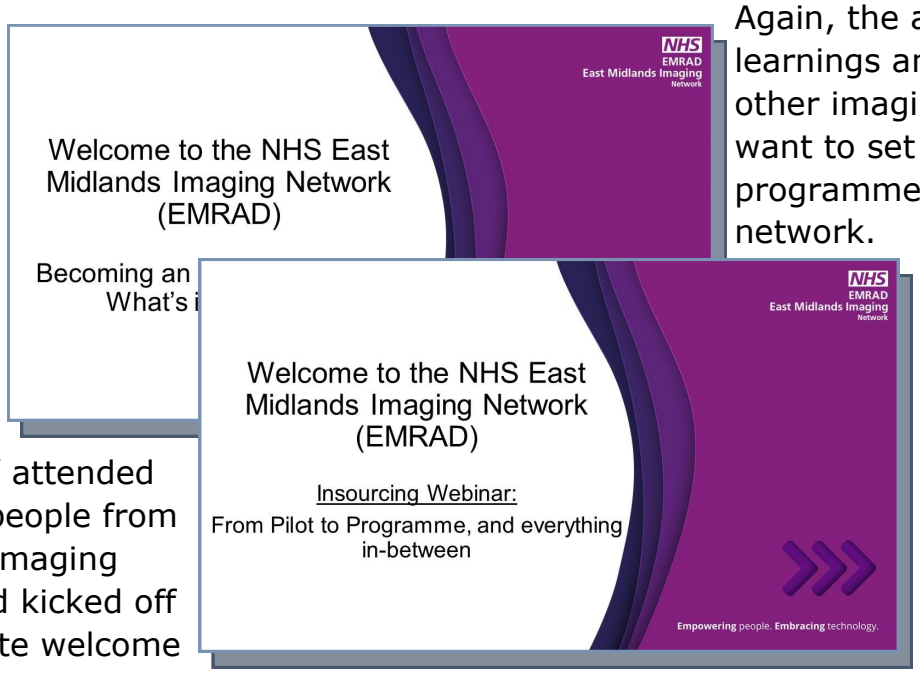
Maybe not technically a super hero but I think the Invisible Man ought to be in with a good shout.

EMRAD network events

Watch recordings of the events online

Webinar #1 - "Becoming an Imaging Network: What's in it for me?"

The 2021 series of EMRAD Imaging Networks kicked off with a bang. In January this year, we held our first event: 'Becoming an Imaging Network—What's in it for me?'. The aim of this event was to share the learnings and benefits from becoming the Imaging Network for the East Midlands, with other emerging networks. The event was 'virtually' attended by over 100 people from across other imaging networks, and kicked off with a key note welcome by Andy Howlett, Director of Diagnostics at NHSE/I. A recording of the event is available here.



The feedback from the event was positive, and opened up lines of communication with other imaging networks from all parts of the country.

Webinar #2 - "EMRAD's Insourcing Programme: From Pilot to Programme"

One of the topics EMRAD is most often asked about is the insourcing programme. And so we thought that this would be a natural progression following the successful 'Imaging Network' webinar.

Again, the aim is to share learnings and experience with other imaging networks, who want to set up a similar programme in their own network.

We welcomed speakers who discussed the Vanguard pilot, benefits which have been seen in radiology departments, and also the successful re-launch of the insourcing programme. If you would like to view a recording of the webinar, click on the image in the middle of the page.

We look forwards to hosting further events for the remainder of 2021.

'Contrast' back issues

If you are enjoying this newsletter, you might be interested in our previous issues including our 'COVID special edition' from the summer of 2020 and our 'look to the future' from the autumn. All are available to view and download on the EMRAD website at www.emrad.nhs.uk

Understanding Ramadan

What is Ramadan?

Ramadan is the 9th of 12 months in the Islamic calendar and marks the month when the Quran was revealed to the Prophet Muhammad (peace be upon him) by the Archangel Gabriel.

When is Ramadan?

The Islamic calendar is calculated according to the lunar cycles, so Ramadan begins when the new moon is sighted.

Ramadan lasts for 29-30 days and ends with the celebration of Eid-ul-Fitr.

What do Muslims do during Ramadan?

The basic requirement is for all Muslims to fast from dawn to sunset daily. Fasting, in Islam, is the act of complete abstinence from food, drink, smoking and intimate sexual relations during this part of the day. Bad behaviour such as lying, deceiving, swearing or insulting others also detracts from the reward of the one who is fasting.

The fast is broken at sunset with a meal called iftar. Following the example of the Prophet Muhammad (peace be upon him), most Muslims will first drink water or eat dates and then have a normal meal.

In addition to fasting, Muslims will also spend most of their evenings in a special prayer called *taraweeh*, which is usually performed in congregation at a mosque.

With the limitations on the maximum capacity of mosques due to COVID-19, these may be performed individually at home or in the workplace.

Why fasting?

Fasting during Ramadan is one of the five pillars of Islam – the fundamental rules all Muslims follow – along with the *Shahadah* (declaration of faith), *Salat* (prayer), *Zakat* (charity) and the *Hajj* pilgrimage.

A key objective of fasting is to increase is *taqwa* (closeness to / consciousness of God), and to engender a sense of gratitude, self-discipline and self-improvement, at both an individual and community level, which Muslims are encouraged to continue throughout the year.

At an individual level, fasting encourages one to feel an affinity with the poor across the world who have little or no food to eat. On a personal level, some studies have shown that fasting provides several health benefits and forms of intermittent fasting have been incorporated into several diet regimes. At a community level, the breaking of fast meal (*iftar*) at sunset encourages families and local communities to share their meal together, whilst charity work in local communities typically increases during Ramadan

What greeting should I use?

The most common greeting during the Holy Month is '*Ramadan Mubarak*' which translates as 'blessed Ramadan' and is used in the same way as wishing someone a 'happy Ramadan'.

'*Ramadan Kareen'* is used less often and translates as 'Generous Ramadan'. This relates to Ramadan as a month of charitable giving.

Ramadan at work

Advice for managers

- Be aware and open to discussing Ramadan and what support or adjustments your employee would like. Managers may experience requests for annual leave for those observing – be prepared for people to request to take holiday towards the end of Ramadan to celebrate Eid.
- Be accommodating over annual leave requests particularly as the majority of Christian holidays are national holidays. The Equality and Human Rights Commission has produced a useful decision-making tool to help employers deal with requests for time off for religious reasons.
- Allow for flexible working and adjusting working hours (i.e. an early start, working through lunch and an early finish) during this period if requested.
- Bear in mind that staff will be required to work from home during some or all of Ramadan as the COVID-19 situation develops, so try and apply flexibility to current working from home practices.
- Allow workers to have regular breaks for afternoon prayers as needed (*Dhuhr* and *Asr*) if requested – this is especially important for Muslims observing Ramadan to be able to pray their daily prayers on time.

Advice for employees

Don't assume that all employees want to be treated differently because they are fasting, but be open to having a discussion with your co-workers and colleagues.

- Muslims observing Ramadan will be fasting during daylight hours, eating one meal just before dawn (*suhoor*) and one meal at sunset (*iftar*). Fasting Muslims can eat or drink as they please through the night as needed.
- Depending on the weather and the length of the fast, some people who fast during Ramadan will experience mild dehydration, which can cause headaches, tiredness and lack of concentration.
- For those who usually drink caffeine through tea or coffee, the lack of caffeine may bring on headaches and tiredness however, this will reduce as the body adapts to going without caffeine during the day.
- Due to the timings of meals before dawn and after sunset, adjustment to new sleeping and eating patterns may also lead to some people feeling more tired than normal.

MCB
The Muslim Council of Britain

We are indebted to the Muslim Council of Britain for their permission to use the material on these pages. More information on Ramadan and Islam can be found on their website **mcb.org.uk** (click the link)

Ramadan in a time of COVID

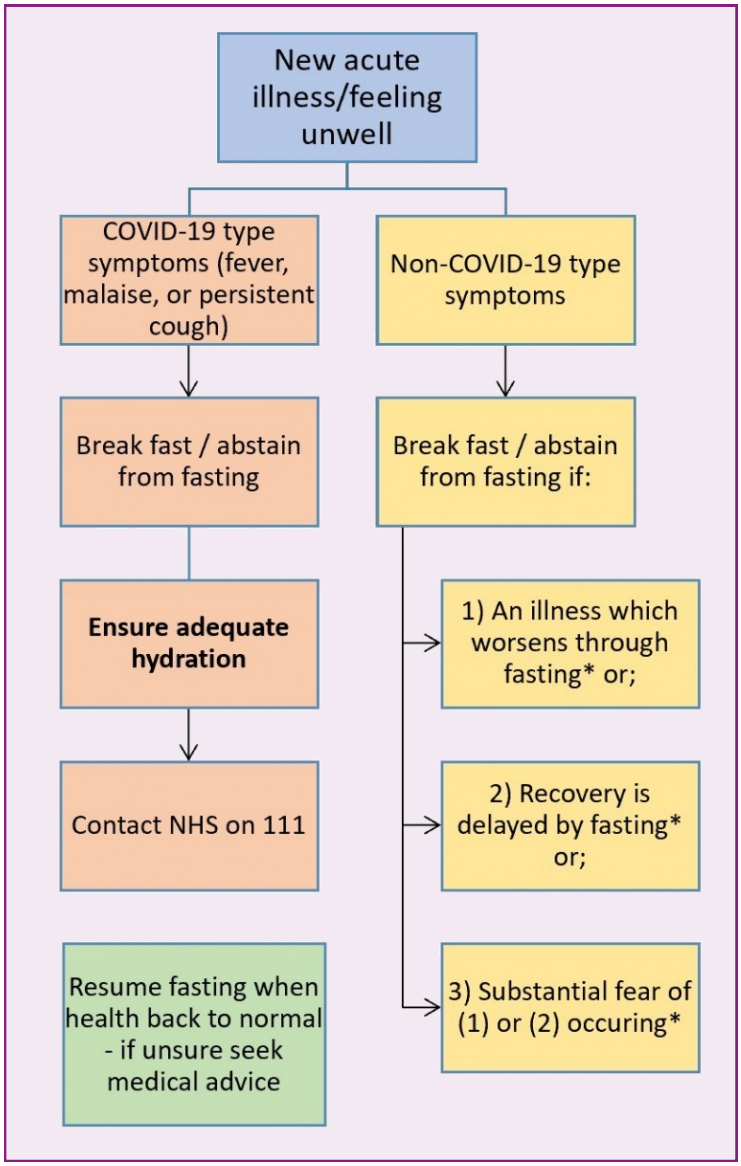
Advice for you and your patients to stay healthy

Is it safe to fast with COVID?

Patients with fever and prolonged illness can become severely dehydrated and are at risk of sudden deterioration. These patients should terminate their fast early or abstain from fasting during Ramadan.

BIMA have produced a decision-making flowchart on the right. On their website, further thorough guidance on fasting in the context of a range of medical conditions can be found.

BRITISH ISLAMIC MEDICAL ASSOCIATION



Can Muslims take COVID tests during Ramadan?

BIMA has reviewed *fiqh* opinions from different schools of thoughts and consensus is that taking COVID-19 PCR or lateral flow tests does not invalidate the fast during Ramadan.

Can Muslims have the vaccine?

When something of nutritional benefit reaches the throat, stomach or intestines, and settles therein the fast is broken. Subcutaneous, subdermal, intramuscular, interosseous or intra-articular injections for non-nutritional purposes whilst fasting do not invalidate the fast.

The above is generic advice from BIMA. Differences of opinion exist amongst the different schools of jurisprudence. Patients are advised to speak to their local Islamic Scholars and doctor if they have any concerns or questions.

Reflections for the Holy Month

Amnah Shah, Muslim Chaplain at NUH

As a world community, we have been through a difficult year of separation, isolation and grief for those who have lost loved ones. We have reflected on what has been important to us in our lives, what we would like to let go of and what we would like to strengthen and hold on to.

We don't know what lies in the year ahead, and although there will be a sense of hesitancy and anxiety for some, people are looking forward to coming together and reconnecting with family, friends and work colleagues where it is safe to do so. Gradually our lives will fall into place as they are meant to be……we should show kindness to ourselves and others through this process of reconnection, remembering that

'God opens the flowers without forcing the buds. It reminds us not to force anything, everything happens perfectly in God's time.'

As the month of Ramadan begins, it is a time for Muslims to heal from the past year, spiritually realign themselves through self-reflection and worship in order to bring meaning to their purpose in life and get closer to God. Prayers at Mosques and virtual *iftars* (opening of the fast) will help Muslim communities to renew and maintain family connections.

As Muslims we continue to have trust in God going forward as God is '*Al-Wakeel'* – the disposer of our affairs and it is in this attribute of God and the connected prayer that I find continuous contentment;

HasbunAllahu Wa Ni'mal Wakeel

Sufficient for us is Allah, and He is the best Disposer of affairs

Quran Surah Al Imran - chapter 3, verse 173

May God continue to keep us strong in the path of difficulties, bring ease and comfort in our lives, increase our faith and give us the ability to have gratitude so that we can enjoy the blessings we can see and those we cannot see, Ameen

Ramadan Kareem!

The year of inclusion

Dr James Thomas

EMRAD Medical Director

We've all been separated for a year now. Whilst there have been some small joys to be had in working from home (reporting in your pants and free to break wind whenever you like), it has left many of us with a sense of being detached and increasingly disconnected.

As we come out of our stupor and, blinking, step into the sun*, it is worth taking a moment to reflect on what it means to have these physical connects once again. Perhaps we have a new sense of what's important—and what isn't. Perhaps we may decide to do things a little differently from here on?

For my part, I'm making 2021 the year of inclusion and I encourage you to do similar. Let's stop and listen to each other… not as we did before but *really* listen and *hear*. The fact is that we're not all the same. We have vastly different histories, experiences and outlooks. These differences bring a richness to our imaging community and they should be acknowledged and celebrated.

So let's come back together as if it's the first time. On a practical level, I will be resuming my visits to the various trusts—virtually at first and I look forward to reengaging with everyone and hearing your hopes and aspirations for what we can do as one. We will be remodelling the User Group and RIS/PACS forum to be more inclusive and open. We will look again at the network, our neighbours and considering who should be included and what it is we're all trying to achieve. It's going to be a fascinating journey and I can't wait to see where we can all go.

*Yes, that's from The Lion King, Disney fans.

Help make 'Contrast' better:

Contrast is ***your*** news letter about ***your*** network. Help us tell the stories and share the news that ***you*** want to hear.

Let us know what you think about it by completing this survey here, or by using your phone and scanning in the QR code. We appreciate and value all comments to ensure we deliver a magazine which is truly representative of the EMRAD Imaging Network.

Introducing 'your voices'

Throughout the previous editions of Contrast, we have been delighted and privileged to share in personal stories from around the region—from your experiences of COVID in the Summer of 2020 through to be 'my favourite year' in our Winter edition.

These parts of the magazine have, I believe, brought the most value in terms of cementing us together and appreciating each others' personal lived experiences.

To highlight these from here on, we are dedicating a part of each edition to your personal stories, **your voices**. To start us off, in this edition, we are hearing experiences of gender diversity. Enjoy.

James Thomas

IT and me

Debbie Loke describes her experiences of gender diversity in the previously male world of IT

I joined the NHS in 2003 having previously worked for large corporate firms, such as Arthur Andersen, Andersen Consulting and IBM.

My move to IT was accidental, having trained as an accountant initially and then finding that IT projects drew more of my interest and where I felt real job satisfaction. My first role within technical services was heavily male dominated back in the 90s. There were very few women in technical roles but I was fortunate to have a team who respected my views and truly supported gender balance within the industry.

As I developed in my career and took more senior roles I found that on occasion if there were other men in the room people would automatically assume they were in charge.

I have been referred to as a secretary a number of times much to their later embarrassment; however, these instances have lessened significantly over the years.

There are numerous management and leadership styles and theories, but in it most simple terms I believe that by creating an honest and open environment, where people respect each others diversities, gender becomes less important. Good leadership is about ensuring that our shared values and strengths are used to support better decision making, aide collaboration and make us more effective.

We are now seeing a real diverse workforce within IT and as individuals we all brings strengths and ideas which make us great at what we deliver!

Your voices

"A difficult woman"

Dr Heather Harris describes her experiences of gender inequality in medicine

The request to write this piece about my experience of inequality in medicine coincided with reading my recent book 'Difficult Women – A History of Feminism in 11 Fights' by Helen Lewis. Growing up in the 1970's, I went to a very high achieving girls school in Surrey. We were taught to believe that anything was possible if you put your mind to it, that we had a right to a high-quality education, equality in all things and that we shouldn't be backward about coming forward. The teachers were all women, and we were unassailable. The world was literally our oyster.

Discrimination and exclusion were more societal than within the school. Out of 800 girls only 2 were non-white – A Sri Lankan girl in my class and an adopted Afro Caribbean girl several years below me. It never occurred to us that they would ever be treated differently. But prejudice and inequality was all around us. Most of my friends mothers were housewives. I remember my grandmother making me and my sister cross the road because 'a black man was walking towards us'. Shock waves went through the school firstly at the appointment of a male teacher, then an Indian teacher.

I first encountered sexism in the 6th form. We did general studies once a week with the local boys school. My friend Elizabeth and I signed up to 'Etiquette in the 80's' run by Major Craythorne. He believed women were there to run the house, do the washing, cook and clean, make his drink when he got home from work and entertain. We were speechless. As the only two girls who had dared to sign up for this, we disagreed with everything he said. This was not how it was supposed to be and we would not be silent.

> "This was not how it was supposed to be and we would not be silent"

Our parents encouraged us to stand up for what was right and what we believed in. They agreed with the ethos of the school and supported us unwaveringly. I was even allowed to go to Hong Kong and China aged 17 immediately after A Levels with a friend.

Our year group at medical school was very diverse, about 50% Indian and Chinese, and 40% women. The teaching was inclusive, and although it was the era of paternalism in medicine, we were all treated as equals. My female friends and I do not recall being discriminated against. After house jobs, I decided to go into surgical training. In the 1990's there were very few women in surgery, and many of my jobs I was the 1st woman to have worked in a particular department. I was an unknown and the men didn't know what to make of me.

Your voices

"A difficult woman" (continued)

There was a game to be played, and I rose to the challenge. Job interviews were successful based on wearing make-up, a short skirt and heels. Most of my posts were fine, and I was treated like any member of the team. One job, orthopaedics, on the 1st day, I made the mistake of asking where the coffee was. "Over there, and mines white with 2 sugars while you're at it' came the reply. My response was terse, sweary and left no doubt that I wasn't going to serve them.

Another job, urology, I fielded ribald sexist comments and was purposefully given tasks unbefitting for a woman. I got on with it with good humour and gave as good as I got.

"The paternalism has largely gone but inequality are still present"

As an SHO straight out of cardiothoracics, I took over and did an emergency thoracotomy while the men dithered. I earned respect and was treated as 'one of the boys'. I didn't stand for any nonsense and was good at my job.

But I saw other female trainees really struggle. Those who weren't as confident, or 'too feminine' were often put down and downtrodden. And then there was the hostility from patients directed to overseas doctors – I would firmly but politely tell them that skin colour was not a marker of competence and if they didn't like it, to go elsewhere.

Having passed my FRCS, I started looking for an SpR rotation. It was rumoured that you had to sleep with the TPD if you were a woman. Indeed I know someone who proclaimed to have done this and was rewarded with a training number. This was not a game I was prepared to play. I changed career and became a radiologist.

I have not experienced any obvious discrimination for many years now. The paternalism has largely gone, but inequalities are still present, just more insidious. Female doctors called by their 1st name on TV or to patients while male doctors are given their professional title.

A sad fact that only 43 of the Royal College of Surgeons examiners are women vs 343 men (I know 3 of them). Stigmatisation of LGBTQ+ colleagues. The number of patients who refer to women in medicine as 'nurse'.

I suspect that I have encountered fewer problems because my boundaries have always been clearly drawn and I am not afraid to speak out or stand up to others. The result has been that I have largely been left alone because I am a 'Difficult Woman'.

Visit emrad.nhs.uk

Remember to visit your EMRAD website for this and all previous editions of Contrast as well as much more. The Members' area is packed full of regional documents, details on the insourcing programme and advice on working from home.

Your voices

My story as a nurse

James Povey shares his experience of learning and working in a predominantly female profession

Being a young man doing his A levels I was never quite sure what I wanted to be when I grew up. University applications looming I had a choice to make. I was always very good at maths at school but to be quite honest I hated the subject! All I knew was I didn't want to get stuck behind a desk and wanted to work with people.

> "An opportunity to make a difference. But how would my mates take it?"

Becoming a teacher was quite appealing and was probably the way I was going to go. Until one day a good friend of mine at school suggested they were considering nursing. It made me think, it was very appealing.

Working with people, caring profession, job security at the end and an opportunity to make a difference. But how would my mates take it, I was surely in for some stick from the lads. My circle of friends were all into their footy, beers and girls……lads lads lads.

> "I remember the first time a patient said they didn't want a 'male nurse'... I just saw myself as a nurse"

I thought about it long and hard and discussed with my family and decided to stick with my guns and go for it. Sure enough I got some stick for some time, although safe to say I gave as good as I got. I was the one who got to go off to University in Nottingham, while they all stayed behind in my small home town.

There was around 15 male student nurses in my intake of around 100, a very different world to that that I was used to. I found myself playing Pro-Evolution football on my PlayStation in my room quite a bit in the early stages in halls, still adjusting to the change. Nights out on the town a welcome distraction from my games console.

Moving out of halls and into a shared house with 3 male and 4 female student nurses felt much more comfortable and a bit of balance restored in this new world of being away from home. As a student nurse things were going OK, adjusting to getting up early and learning how to be a nurse. The people bit came quite easily and I seemed to quickly build a strong rapport with my patients and colleagues alike.

I'll always remember the first time a patient said they didn't want a 'male nurse' looking after them. I took offence at the label 'male nurse' - I just saw myself as a nurse. I soon learned to embrace this and changed my practice to be very open with all my patients to check they were comfortable with me providing care. Amazing how beneficial that initial open conversation was for my patients and me.

Your voices

My story as a nurse (continued)

The stigma has always being there but I've learnt to ignore this, in fact I've learnt to play on it, it can be quite good fun. Occasional comments from patients, family and colleagues used to affect me but I've grown a confidence to bounce off these, as people don't tend to mean any offence by them.

Becoming a Ward manager was interesting - people struggled not having a 'Sister'. Technically my job title was 'Charge Nurse' but people couldn't seem to grasp this.

I quite enjoyed the alternative that got created for me - 'Brother'.

I think we all embraced it and it felt comfortable. When I was fortunate enough to become a Matron the pre-empted and expected comments of 'Oooooooo Matron' followed. Amusing at first but did get slightly annoying after the 100th time!! I smiled each and every time someone made the comment, easiest way.

All of these challenges have been easy compared to the perception that 'male nurses' get promotions quicker than 'female nurses'. A very common perception I have encountered within this nursing world. I've never gone for a promotion without being asked to go for it, almost permission I guess.

I've always prided myself on doing things well, I hate the thought of not being able to do a job to a high standard. This perception feeds into my own issues of always wanting to do things well and can be challenging to address.

On reflection these are my own issues really and it shouldn't matter what others perceptions are. I have the evidence to back up the good job I do and have applied through the same process as everybody to get the jobs I have. I just try to let my actions do the talking and keep working hard but it's always there.

> "I love my job, the people I work with and feel like I make a difference every day"

Saying all this becoming a nurse has been the best decision I have ever made. I have a lot of thanks to my friend at school saying he was considering being a nurse in that A level Biology lesson, I should probably tell him one day.

I love my job, love the people I work with and feel like I make a difference every day. Most of all without moving to Nottingham and making the decision to become a nurse I would never have met my lovely wife, another nursing student at Nottingham, or have my two gorgeous little girls.

I entered the world of nursing, which is very female dominant, and I love it even with all my moaning. With my home life also very female dominant I crave time with the 'lads', like the days of my childhood, and I make sure that I do have this time every few weeks or so. Lets just say it helps me to stay balanced.

James is the pathway lead nurse for neuro, head and neck surgery at NUH

Almost like a whale ...

Penny Storr
EMRAD Programme Director

As we entered a new decade back in January 2020, social media was full of koalas and kangaroos struggling in the worst Australian bushfires since records began, and Boris Johnson became the new Prime Minister, winning by a landslide.

The World Health Organisation was starting to become aware of a 'Virus' in Wuhan, China. This virus had already started to sweep across the world.

Roll on a year in which news covered stories like the killing of George Floyd and the anti-racism movement 'Black Lives Matter', Britain exiting the EU, the US election in which the American people voted for Joe Biden as their President and the loss of the basketball legend Kobe Bryant in a helicopter crash.

All this happening with a pandemic raging with a loss of over 2 million people across the world.

Here at EMRAD, meetings were now virtual using MS Teams (attendances increased), Trusts were supporting each other to scale up to more reporting, our insourcing capability grew to 93 Reporters, Artificial Intelligence and Data/Business Intelligence projects continued with learnings being shared with the National NHS teams and Chesterfield Royal Hospital NHS Foundation Trust PACS and RIS project went "Live".

All this against the backdrop of a pandemic that has bought stress and exhaustion across the NHS, loss of loved ones and a world full of uncertainty.

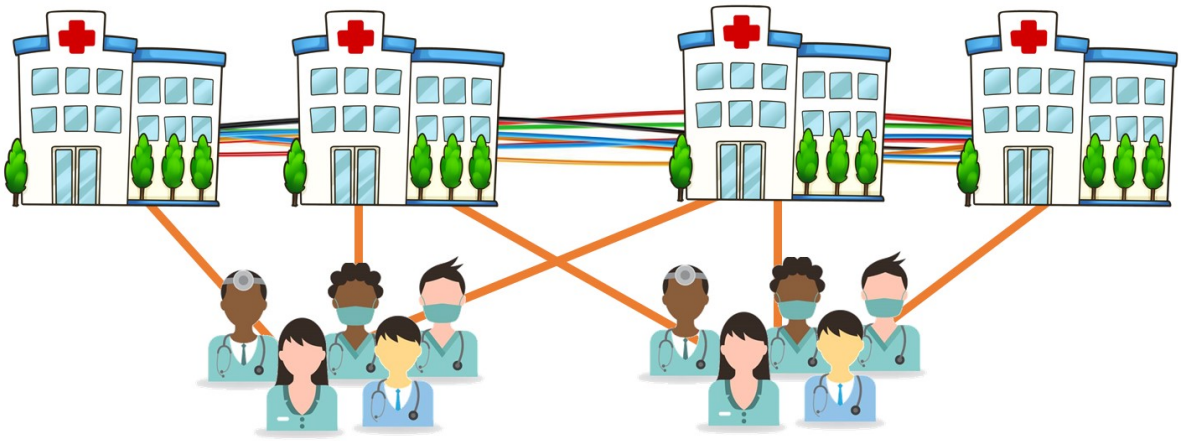
The EMRAD community reminds me of a heart-warming story of how a marine biologist swimming in the Cook Islands was saved by 2 Humpback whales. The humpback whales shielded the swimmer for several minutes from a deadly Tiger shark, one gently nudging the swimmer away from the shark and back to the safety of her boat. The whales exhibited an extraordinary example of altruism and act of selflessness and concern for the well-being of others for no other reason but to the save the swimmer.

This shows to me the power of community and collaboration, as a group we are greater than the sum of the parts and can face adversity together.

I would like to think that the altruism of EMRAD enables our organisations to provide better care to the people that need it the most across the East Midlands.

What's been happening?

Dr Joyce Sande reflects of the 'Cross-site vetting' trial with the NUH Paediatric Radiology team



Earlier this year, EMRAD approached the NUH Paediatric Radiology team regarding the ability to vet remotely between EMRAD Trusts, having identified the difficulties some of our clinical team and admin staff had been facing.

Working closely with Veronica Pearson at EMRAD, we discussed some of the challenges the team faced, which included but were not limited to:

- No access to the ULH and SFH lists we vet, unless we are onsite at which is only once a week.
- We only knew about urgent exams to vet when we received an email.
- We would have to search for these patients using their NHS number in Nottingham CRIS. And then this email would have to be sent via nhs.net to adhere to information governance guidelines.

All of these processes were suboptimal as we faced delays in the right person being on call, onsite and, or reporting remotely reading and acting on the email.

As the clinical lead for the Paediatric team at NUH, I am pleased that remote vetting has now been optimised to allow us to vet cross site exams in a timely, convenient and safe way.

I have been working at the QMC for close to four years now and I feel that this change has been a key improvement in the cross site service we provide. Both the paediatric radiologist on call and their colleague rota'd to report on a particular day can vet all the paediatric patients in the cross site vetting lists daily.

The progressive conversations, meetings, testing and a trial involving the paediatric radiologists, PACS team across NUH, ULH, EMRAD and suppliers led to the success.

This is beneficial to patients because urgent requests are dealt with faster and routine requests are appointed as soon as they can be.

Sowing seeds for 2021

What does EMRAD and a garden have in common? - **Jacqueline Moxon**

So what has the development of EMRAD and gardening got in common? …read on!

As any gardener knows, to remain sustainable and grow you have to pause, reflect and then plant the seeds of the future. That's exactly what we have to do to remain healthy and vital as a network.

The last year has seen a significant growth in the development of Artificial Intelligence, and not just in healthcare. However there has also been some overgrowth and therefore a little pruning is required.

As a small collaborative team, we are now looking forward to the next year, to see what can we grow and develop ourselves from our 'new seedlings' - with the staff within our network

At what point do we introduce something that has been cultivated and researched in another organisation, while also reflecting on our core platform of imaging products – is there anything that we need to weed out that has reached its end of shelf life?

We have a lot of recovery to undertake as an impact of Covid19 and we are looking at areas of AI that can support routine care but also specialist clinical areas.

We will explore operational AI, we know that with the growing shortage of staff either due retirement or recruitment we need to tackle this area before it becomes even more of a thorny problem.

The relaunch of our home-grown Reporting Insourcing programme last year is now having a flourish of new growth with 90 reporters signed up and we have recently shared our journey and lessons learnt and cost avoidance through are Advisory Service Networking sessions.

The next 6 months we are also going to give some attention to our data driven assets – how do we use the information we already have to support and change our services to improve patient care, there may be some technical challenges to overcome but we will work with our healthcare partners and our research teams to harvest the benefits.

So enough of the gardening puns – Spring is with us at last, a time of hope and an opportunity to look at what is growing around us, so if possible go outside for a walk, enjoy the marvel of nature and stay safe

Helping our referrers

Phil Vale explains how we are empowering our referrers to make more confident decisions

The Royal College of Radiologists (RCR) UK has been curating, refining, and producing their referral guidelines iRefer for over 20 years. Internationally recognised and sought after, iRefer presents over 300 evidenced guidelines supplemented by expert medical and radiological advice, guiding GPs, referring clinicians, and other healthcare professionals to the most appropriate imaging investigation(s) or intervention .

The guidelines are now available in the form of Clinical Decision Support (CDS) software, so that referring clinicians can have access to iRefer as part of their normal workflow.

iRefer CDS integrates with existing PAS or OrderComms and whenever imaging is requested it will launch and ask the referring clinician questions to supplement the data it has already collected from PAS or OrderComms.

Based the referrers responses, it will then provides a series of recommendations for the most appropriate imaging.

If you would like to know more and get involved in this, please contact philip.vale@nuh.nhs.uk

AI in breast screening project

Even though the national Innovate UK project to develop and test artificial intelligence in breast screening, which EMRAD led from October 2018 to December 2020, has come to a close, the attitudes and opinions of women towards AI study which was carried out by the project's independent evaluator, has been published as a paper in the British Medical Journal—Health & Informatics.

The study aimed to examine the attitudes of women, both current and future users of breast screening, towards the use of AI in mammogram reading, and surveyed over 4000 women across 4 EMRAD Trusts.

To read the full article and results of the study, click on the image below:

And if that wasn't enough reading for you, we also looked a little deeper at some of the responses from the focus groups which were facilitated by the project's independent evaluator in our Autumn edition of Contrast.

Abbreviations
CRH: Chesterfield Royal Hospital
KGH: Kettering General Hospital
NGH: Northampton General Hospital
NUH: Nottingham University Hospitals
SFH: Sherwood Forest Hospitals
ULH: United Lincolnshire Hospitals
UHDB: University Hospitals of Derby and Burton
GE : General Electric Healthcare

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