

together

Brand New Children's CLINICAL RESEARCH FACILITY



INSIDE... Help us hold on to
our Children's Hearts Service



concentrating
on teamwork

AUGUST 2016

University Hospitals of Leicester



NHS Trust

Caring at its best

Welcome

to the latest edition
of our magazine
Together



We are one team
and we are best when
we work together

I know that many of you will have seen the news about NHS England's proposal to cease commissioning of children's heart surgery at Glenfield Hospital. You can read the article on pages 6 and 7. We now know that there is likely to be a public consultation between October and December and I hope that we can count on your support. If you have not already signed the petition, please take a couple of minutes to do so <https://petition.parliament.uk/petitions/160455>

The cover and main story is about research within our Children's Hospital and the brand new clinical research facility for children's and genetics at the Royal. This will be a dedicated, fully-equipped facility designed with children, young people and their families in mind. The work is planned to start around September with the facility opening early next year.

Dialysis patient David Mayes tells us about how nocturnal dialysis has changed his life. David was one of the first patients to use our new nocturnal dialysis service.

When the nocturnal dialysis service became available, David was given the choice to dialyse overnight, freeing up his days to do the things he enjoys. He now sleeps in the unit three nights a week and usually gets around four hours sleep before returning home to sleep for another couple of hours before the day begins. Read more on pages 12 and 13.

In our In Focus section (pages 16 and 17) we introduce to you Diagnostic Radiographer, Giuseppe Palminteri who swapped the southern coast of Sicily for Leicester. He is one of many European and other international staff who make up our team at Leicester's Hospitals and we are proud to have them all choose to come and work with us – we certainly couldn't care for our patients without them.

Finally, we are looking for nimble-fingered volunteers to get knitting special woollen muffs to help our patients with dementia.

On pages 8 and 9 you can read all about our Emergency Department Silver Appeal to make Twiddlemuffs, which are designed to aid stimulation, comfort and relaxation for patients with dementia. If you are interested in getting involved, please read how you can help.

There are lots of interesting articles in this edition about organ donation, our work on sepsis and diabetes, our volunteers as well as much more. I hope you will enjoy reading them as you sit in your garden in the sunshine!

Have a happy and healthy summer!

John Adler
Chief Executive

You are warmly invited to
Leicester's Hospitals' Annual Public Meeting 2016

University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best



Our Commitment to Quality

Our Quality Commitment was launched in response to feedback from staff who thought that there had been too much talk about targets and money.

This year's Annual Public Meeting will focus on how Leicester's Hospitals are striving to enhance quality across the breadth of its services.

Stall holders will be offering a variety of interactive activities from diabetes risk testing to resuscitation training to name but a few. We hope to see you there.

**SAVE
THE DATE
Thursday
8 September**



Programme

4.00 - 6.00pm Information fair
5.30 - 6.30pm Light buffet and refreshments
6.30 - 8.00pm Chief Executive's presentation and questions from the audience

Venue The Big Shed, 93 Commercial Square, Freeman's Common, Leicester LE2 7SR

Do I need to book?

There is no need to book a place, simply come along on the day. If you have any questions or would like further information, please contact **Hannah Rooney**, Patient and Public Involvement/Membership Officer on **0116 258 8592** or email hannah.rooney@uhl-tr.nhs.uk

Leading the way in Sepsis Care for our patients



As part of our work in tackling Sepsis, we have introduced a number of initiatives to help educate staff and reduce patient harm across our hospitals.

Through face-to-face training, 'Safety Huddles' and educational programmes,

we have seen a 36 per cent reduction in patient harm, 47 per cent of which relates to a drop in harm and 11 per cent reduction in patient mortality caused by Sepsis, compared to figures in 2014/15.

As part of our Quality Commitment and Sign up to Safety Improvement Plan, healthcare assistants, nurses, junior doctors and consultants across the Royal, Glenfield and the General have been committed to effectively identifying and tackling Sepsis, particularly when the health of a patient in our care may get suddenly worse.

Our face-to-face Sepsis training provided to all clinical staff has ensured all departments have access to a Sepsis Black Box (a box which

contains antibiotics and all necessary equipment for immediate use) which reduces response time by 11 minutes and raises the profile of Sepsis across the Trust.

Other positive factors are the recruitment of nurses in our Emergency Department to help support the management and transfer of the acutely unwell patient. Similarly, the introduction of 'Safety Huddles' (short 5-10 minute briefings) have been operated to help improve awareness, patient safety and flow.

The 'Safety Huddles' have been phased in across 10 of our wards and the Children's Emergency Department, and this work recently won the CHFG/NHLSA Award for Recognising Improvement in Integrating Human Factors/Ergonomics Principles 2016.

The introduction of Electronic Observation (featured in our April 2016 issue), which sees staff using a range of handheld devices which

records a patient's vital signs, has helped to make clinical decisions and recognise the signs of deterioration i.e. Sepsis, Acute Kidney Injury.

Andrew Furlong, Medical Director said:

"Reducing avoidable death and harm and improving patient safety is achieved through reliability in care processes by delivering the right care to the right patient by the right person, with the right level of competence, within the right time and in the right environment."

"Whilst we are very pleased with the reduction in our figures, and I would like to take this opportunity to thank all of the staff for their hard work and contribution, we can certainly not become complacent.

"Improving patient safety, outcomes and experience is paramount to the hospital and we need to continue to ensure that we have appropriate safeguards and barriers in place."

We have seen a **36 per cent reduction in patient harm**, and **11 per cent reduction in patient mortality** caused by Sepsis, compared to 2014/15



What is Sepsis?

Sepsis, also referred to as blood poisoning or Septicaemia, is a potentially life-threatening condition which is triggered by an infection or injury. In Sepsis, the body's immune system goes into overdrive as it tries to fight the infection, which can reduce the blood supply to vital organs such as the brain, heart and kidneys. Patients with possible Sepsis should be sent to hospital in an ambulance and treated urgently by senior staff.

Sign up to
SAFETY

For more information on Sepsis come to the Marvellous Medicine talk, see page 19.



Watch our video on Safety Huddles here:
vimeo.com/157569622?live=1



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Helping you to put your best foot forward

Foot complications are common in people with diabetes. As part of its Quality Commitment Leicester's Hospitals are focussing on its diabetes strategy and care.

Diabetes is a life-long condition that causes a person's blood sugar level to become high. Of a population of 977,900 in Leicestershire, there are 60,000 people diagnosed with diabetes and it is estimated that a further 50,000 people are not aware they have the condition. As part of its Quality Commitment Leicester's Hospitals are focussing on its diabetes strategy and care for 2016/17.

Foot complications are common in people with diabetes. Loss of feeling in the feet (neuropathy) and narrowing of the arteries (peripheral arterial disease) are two of the risk factors for foot problems that can develop in patients with diabetes, resulting in ulceration and even amputation.

A key clinic in assessing, treating and supporting patients with foot problems is our Multidisciplinary Foot Care Clinic. This clinic runs three to four times per week at the General Hospital and sees a range of urgent/chronic diabetes foot conditions. The clinic team includes a Consultant Diabetologist, Diabetes Specialist Nurse, Podiatric Surgeon, Plaster Nurse, Podiatrist and Orthotist. There is also input into the clinic from microbiology, orthopaedic and vascular consultants. It is this multidisciplinary team approach to patient care which offers a 'One Stop' clinic visit for patients and ensures necessary treatment is started without delay.

One of the key members of the team is Lead Diabetes Specialist Nurse for

Foot Care, Rachel Berrington. In addition to offering specialist nursing foot care, she acts as a single point of contact for patients, guiding them along their journey. Rachel is nationally recognised for her expertise and contributes to national foot policy documents.

She said: "People with diabetes (Type 1 and 2) are at much greater risk of developing problems with their feet, due to the damage that raised blood glucose levels can cause, reduced sensation and poor circulation. Such complications can cause foot ulcers and lead to infections and, at worst, may lead to amputations. However, most foot problems are preventable with good, regular foot care.

"Here at the clinic our aim is to provide the patient with the very best experience; co-ordinating all the different facets of their care. Having everyone available at a clinic ensures a plan is made for the patient, aids a patient's treatment, reduces appointment times and helps speed up recovery time.

"Diabetic foot care can be a very lengthy process especially if it is a late referral. We have patients who come to see us for months at a time, attending on a frequent basis and this can become an on-going cycle for some people.



Foot Care Advice for patients with diabetes

Dr Kath Higgins
Diabetes Consultant

- Check your feet daily.
- Wash and moisturise your feet daily.
- Toenails - do not cut them unless advised, only file them.
- Do not burst blisters or attempt to remove skin or corns.
- Do not use over-the-counter remedies.
- Change your socks, stockings and tights daily.
- Avoid walking barefoot.
- Badly fitted shoes can cause problems, ask your Podiatrist for advice and follow any instructions from your Orthotist (person who makes your shoes).
- Avoid exposing feet to very high or low temperatures i.e. if your feet are cold wear socks, never sit in front of a fire to warm them up, test bath water before putting feet in.
- If you notice a new problem affecting your feet seek advice urgently.

"Our advice to anyone with diabetes is to have your feet checked annually and if you have any issues with your feet, however small, contact your GP, Podiatrist or the Foot Clinic immediately. Don't buy over-the-counter medicines / treatments or try dealing with a problem yourself."



A patient's story

Bob Robertson, (87), has been treated for the past 18 months at the Diabetes Foot Care Clinic. He said: "I have Type 2 diabetes and came to the clinic after a referral from my GP. I arrived at the clinic with an ulcer, but was immediately sent to the Royal Infirmary where I stayed for five-weeks as I had such a bad infection. "I was diagnosed with Charcot foot, where my bones in my mid-foot had collapsed and

walking on it had caused an ulcer and it had all become very badly infected. I have since had two operations by Mr Jogia, but my on-going treatment has been at the clinic.

"I cannot express enough my gratitude to the NHS and to the hospital for the treatment I have received. All of the team have been very understanding and kind."

"No matter how small a concern is, I know that the team have been at the end of the telephone, which has been very reassuring. The rest of my care is now transferred to the community, but I would have travelled any distance to come to this clinic."



Rachel Berrington, Lead Diabetes Specialist Nurse for Foot Care, with Bob Robertson.

HELP US HOLD ON TO OUR CHILDREN'S HEART'S SERVICE

On Thursday 30 June we received a letter from NHS England (NHSE) regarding their assessment of Glenfield's East Midlands Congenital Heart Centre (EMCHC), following the new Congenital Heart Disease Review. This review was commissioned after the collapse of the 'Safe & Sustainable' review in 2013.



The new review produced a set of standards that each surgical centre needed to meet to continue to be commissioned in the future.

What are the key standards that NHSE require?

- a minimum of three surgeons per centre by 2017
- centres must perform a minimum of 375 cases per year by 2019 to ensure surgeons can gain the necessary experience and develop their skills
- children's hearts services must be on the same site as other specialist children's services

Currently, none of the 14 specialist congenital heart currently centres meet all of the new care standards. NHSE's letter to us stated that they do not support our service as a centre where children's heart surgery will take place in future, to which we had three days to respond. We have published our full letter of response to NHSE, along with their original letter, on our website: <http://www.leicestershospitals.nhs.uk/aboutus/our-news/press-release-centre>

WHAT WAS OUR RESPONSE?

John Adler, Chief Executive at Leicester's Hospitals, said:
"Over the last 18 months we have made excellent progress, with the support of our charities and partner organisations, to meet the standards set by NHS England through the New Congenital Heart Disease Review. We have expanded the number of beds, improved our outcomes, invested in staffing and briefed architects to create a new single site children's hospital which will meet the co-location standard."



"We are confident that our clinical outcomes are now amongst the best in the country so we strongly disagree with NHS England's decision and will not sit by whilst they destroy our fabulous service."

2016



East Midlands Congenital Heart Centre



Why is NHSE's decision to stop children's hearts surgery in Leicester **NOT** in the best interest of patients?

1

We provide a high quality service.

NHSE want to close a centre beloved of its patients and families despite quality indicators that ought to alert you to the fact that this is a grave mistake.

NICOR data in October 2016 will show that the clinical outcomes for our patients will be amongst the best in the country. In their initial feedback letter following their inspection in June 2016, the CQC reported: "We noted the excellent clinical outcomes for children following cardiac surgery at Glenfield Hospital." Our patient and family satisfaction rates have increased to 99 per cent.

3

A compromised Paediatric Intensive Care Service (PICU).

There is currently a lack of capacity of children's intensive care beds nationally. The decision to remove beds from the system and destabilise the remaining Leicester PICU, which will become less appealing when recruiting, seems at best misguided and at worst, reckless.

4

The worst possible domino effect.

If NHSE closes the children's heart service in Leicester, it is essentially undermining the vast majority of other specialist services for children in the East Midlands, which rely on intensive care capacity.

5

Extra Corporeal Membrane Oxygenation (ECMO) Service.

Leicester's children's respiratory ECMO service is the largest in the country accounting for 50 per cent of all capacity nationally. As NHS England is aware, Leicester pioneered ECMO in the UK and as a consequence there are many children and adults alive today who have

our clinicians to thank for a second chance of life.

When assessing our surgical service, NHSE stressed the importance of achieving a certain critical mass of patients.

It therefore strikes us as either peculiar or convenient for those making the decisions on our future that this same principle does not apply when considering ECMO.

2

We are on target to meet the number of surgical procedures.

NHSE is proposing to close a top quality service despite the fact that the clinicians working in the service are confident of their ability to perform the required number of procedures.



WHAT HAPPENS NEXT?

On Monday 11 July, we met with 10 MPs from around the East Midlands to provide a full briefing ahead of their meeting with Jeremy Hunt (Secretary of State for Health) and Sir Bruce Keogh (Director of NHSE).

The outcome of this meeting was a promise of a meeting with Sir Bruce Keogh and a pledge that NHSE will give the public a chance to have a say on their decision.

A period of pre-consultation will take place in August/September, followed by a period of formal public consultation, probably in October/December.

HOW CAN YOU GET INVOLVED?

A parliament petition has been set up online and we need to reach 100,000 signatures to trigger a parliamentary discussion. All you need to do is add your name:

<https://petition.parliament.uk/petitions/160455>

You can also show your support and get involved in our campaign to 'Hold on to our Hearts' by following us on Twitter, Facebook and Instagram, where we will be posting regular updates and developments.

You could also share your stories with us by emailing:

communications@uhl-tr.nhs.uk.



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[leicestershospitals](https://www.instagram.com/leicestershospitals)

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Staff appeal for

Twiddlemuff

volunteers

Staff from the Emergency Department at the Royal Infirmary are seeking nimble-fingered volunteers to get knitting special woollen muffs to help patients with dementia.

The multi-coloured knitted sleeves, known as Twiddlemuffs, are designed to keep dementia patients occupied when they feel restless or agitated.

The knitted bands and blankets provide a source of visual, tactile and sensory stimulation, whilst keeping patients' hands cosy. They are also a great way to use up any leftover wool from a previous project.

With around 35,000 frail older patients coming to the Emergency Department each year, this can often be a daunting and upsetting time, particularly for those with complex medical needs such as dementia.

This is why the Silver Appeal was set up by the Emergency Department and Leicester Hospitals Charity, to help fund extra equipment for frail and older patients and to ensure their hospital experience is as comfortable as possible.

Esther Hyde, Ward Sister, who cares for patients with dementia in a hospital setting, said: "We came up with a knitting pattern with the Crafty Ladies knitting group and Matron, Jude Dent, just for our hospitals.

"The Twiddlemuffs are designed to aid stimulation, comfort and relaxation and just from observing the patients using them, they appear to be calmer by using them."

Geraldine Vincent, face of the Silver Appeal, knitted Twiddlemuffs after undergoing major surgery at the General Hospital. She said: "During my hospital stay, I found it really therapeutic knitting Twiddlemuffs.

"Not only do they look great, but they're a great way for patients with dementia to keep their restless hands occupied. I love making them!"

Rachel Williams, Deputy Head of Operations for the Emergency Department, said: "Twiddlemuffs will be given out to our inpatients with dementia who will be able to take them home with them.

"Our Silver Appeal is an on-going charity and our mission is finding ways to improve the quality of care given to our patients during their stay in our department and on our wards.

"We know that there are lots of keen knitters in our local community, so we are appealing to the public to put your skills to good use and print off our easy pattern and get knitting!"

"Any donations would be greatly received via our Leicester Hospitals Charity, quoting Q837 'Silver Appeal'."

If you're interested or have a Twiddlemuff ready to go to a good home, please deliver to the Patient Experience Office, Knighton Street Outpatients, Leicester Royal Infirmary.



Esther Hyde, Ward Sister, Kirsty Hill, Deputy Sister and Geraldine Vincent show off their Twiddlemuffs.



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"Not only do they look great, but they're a great way for patients with dementia to keep their restless hands occupied. I love making them!"

Geraldine Vincent
Twiddlemuff knitter



Twiddlemuff

Knitting Pattern

Materials

- Needles; 6.5mm straight needles or 8mm circular needles.
- Different textures of wool as you can create different senses. Knitted buttons or flowers.
- Large pieces of ribbon/velvet/lace.
- Pieces of brightly colored material to stitch into the muff.
- Fleece or another soft material to line the inside of the muff (not all muffers need to be fleece-lined - those that are can be used for patients that may have dressings on hands/arms).

Directions

Cuff

- Cast on 40 stitches using 2 strands of double knitting wool and you can also use 1 strand of chunky wool if wanted.
- Work in stocking stitch (knit a line, purl a line) for 11 inches (28cm).
- Consider stitching in the fleece to create the lining (if applicable).

Muff body

- Continue with stocking stitch and this is a great way to use up any old bits of leftover wool (for example - chunky, rainbow, mohair).
- Knit body until it measures 23 inches (58.5cm).
- Cast off.

Finishing

- Neatly sew along the edges together with purl side facing you. Turn the muff inside out.
- Push the cuff (lining) up inside the muff body and neatly sew the case on and cast off edges together.

Decorating

- Please **do not** use any buttons/beads/bells or anything that can be pulled off as these items could become a hazard to the patient.
- When using large pieces of ribbon/lace/velvet, please secure with a knit stitch over the middle of the ribbon to ensure it stays on.
- Knit in the shape of flowers and buttons using different textured wool for sensory.
- Consider sewing a pocket on the front for busy hands.

Please avoid using any items that can be pulled off or removed as they may create a hazard to your patient.



CHILDREN'S RESEARCH TEAM

Making a difference within the Children's Hospital

In April, Children's Research Nurse, Rekha Patel won a prestigious award to mark outstanding achievement within research from the Clinical Research Network-East Midlands.

Before joining the Children's Research Team in 2009, Rekha worked in the Children's Intensive Care Unit at Glenfield Hospital for many years. The small Research Team support clinical trials within our Children's Hospital based at the Royal Infirmary and Glenfield Hospital. The team consists of four other Research Nurses as well as a Children's Research Manager, Christina Daines, two Research Officers and a Research Assistant. Dr James Greening, Consultant Paediatrician is our research speciality lead.

The Children's Research Team work across almost all clinical specialities within Leicester Children's Hospital and there is usually a clinical trial that a child with a particular condition is eligible to participate in. The Children's Research Team support children within these clinical trials from birth to up to 19 years old. There are approximately 40 clinical trials on-going at one time with many more being set up. Last year the team recruited

over 600 children into clinical trials within our hospitals.

The team is usually the first point of contact for a child's family. Often the Research Nurses talk with the family about a clinical trial and discuss whether or not they are interested in taking part. The Research Team provide information about what it means to be in a clinical trial, as well as the specific details of the study that they may be eligible for. The Research Nurses also collaborate with different departments within the hospital to ensure that the research experience is as seamless as possible.

Alongside the Research and Innovation Department, the team are responsible for ensuring that at every stage the logistics of running the trial have been discussed with the many departments involved and that approvals have been obtained prior to starting. As research trials have increased in both numbers and complexity within the Children's



Rekha receiving her award with Dr Julian Barwell

Hospital, the experience and expertise of the team to support these trials is vital.

One such complex study, for which Rekha is the lead nurse, looks at the treatment of high lung pressure in critically poorly babies who need help to breathe, when they are less than three days old. This study requires a close working collaboration between the Children's Intensive Care Units at the Royal Infirmary and Glenfield, and the Neonatal Unit at the Royal Infirmary. The success of this trial has meant that we are currently the second highest recruiters, just behind Sweden in an international trial. Globally there are 31 other hospitals participating in this trial that are planning to visit Leicester to see why we have been so successful.

THE FUTURE OF CHILDREN'S RESEARCH

With the exciting news that soon we will have a brand new clinical research facility for children's and genetics at the Royal, there will be a dedicated, fully-equipped facility designed with children, young people and their families in mind. The work is planned to start around September with the facility opening early next year. This facility will further

enhance delivery of high quality, seamless, efficient and patient-focused research and enable us to increase the number of trials that children can participate in. Leicester Hospitals Charity's 'Reaching Out for Kids Research' appeal aims to provide children's research in a welcoming child friendly environment.

To support us please visit:
www.LHCharity.org.uk/donate





Leicester **Children's** Hospital



Look out for more information coming soon!

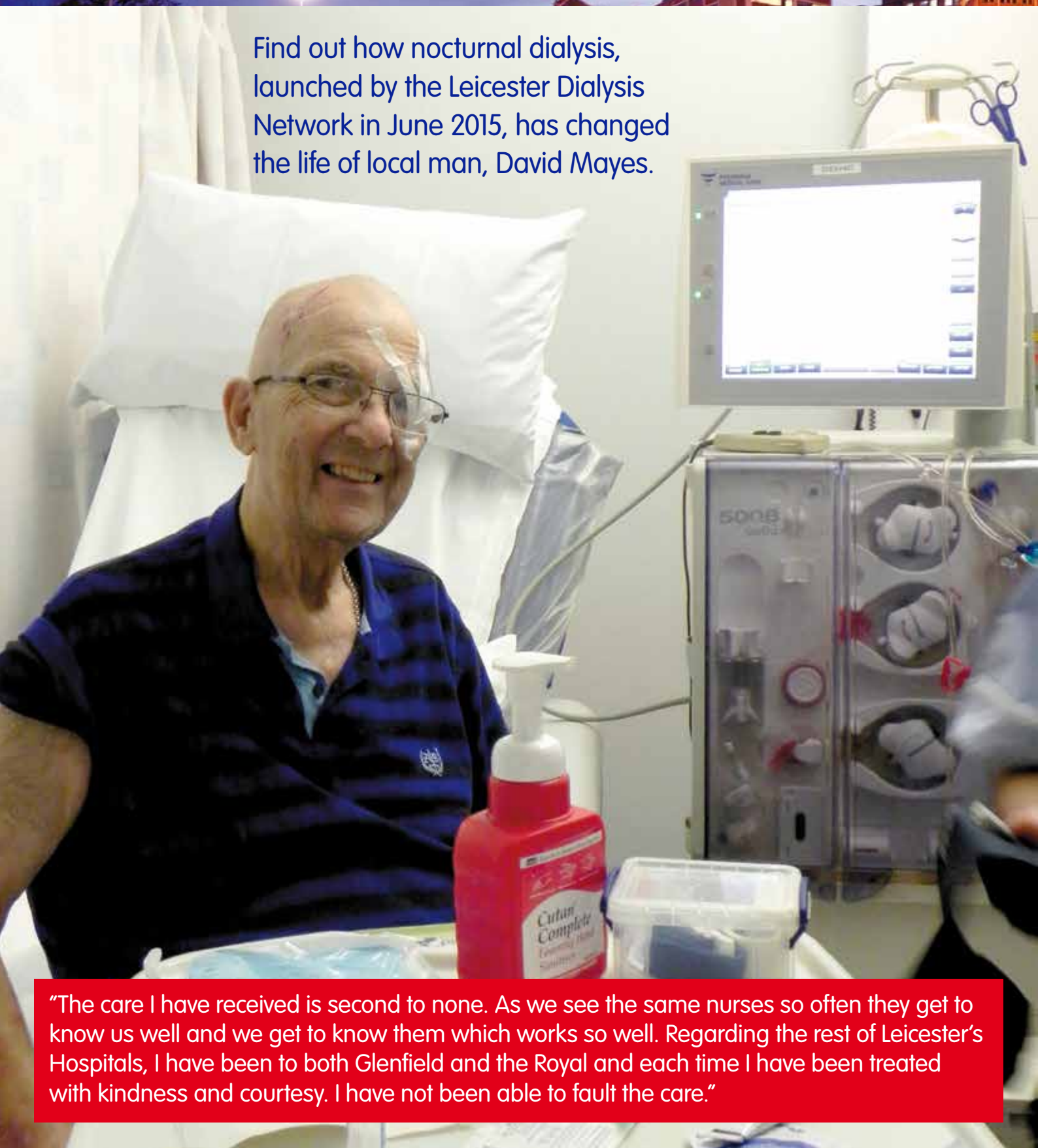
For more information about
research and innovation
at Leicester's Hospitals
please visit
www.leicestersresearch.nhs.uk



Nocturnal Dialysis

Leicester leads the way by offering nocturnal dialysis to patients

Find out how nocturnal dialysis, launched by the Leicester Dialysis Network in June 2015, has changed the life of local man, David Mayes.



"The care I have received is second to none. As we see the same nurses so often they get to know us well and we get to know them which works so well. Regarding the rest of Leicester's Hospitals, I have been to both Glenfield and the Royal and each time I have been treated with kindness and courtesy. I have not been able to fault the care."

What is dialysis?

Dialysis is a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. It often involves diverting blood to a machine to be cleaned. (www.nhs.uk)

The Leicester Dialysis Network provides unit-based outpatient dialysis for around 850 dialysis patients across three counties



The renal department is like a family. The nurses are so caring and concerned about the patients' needs.

In 2015, in response to patient feedback we set up a pilot project to explore the possibility of delivering a nocturnal dialysis programme at the Leicester General Hospital Outpatient Dialysis Unit, which then became part of our regular dialysis programme six months later. Traditionally in the UK, dialysis patients attend for treatment for four hours, three days of the week (either on a Monday, Wednesday and Friday or a Tuesday, Thursday and Saturday). Factoring in travel time, this equates to almost three full days per week; time that is lost for work, leisure activities or time with family.

A survey we conducted in 2013 across prevalent dialysis patients within the Leicester Dialysis Network showed a large number were dissatisfied with the way their dialysis treatment impacted on their lives. Out of 348 patients, 229 completed the survey and 37 per cent of these patients wanted to explore ways of making their dialysis more flexible to improve their experience of their care, with the overwhelming majority suggesting overnight dialysis in hospital. At the time no NHS units in the UK offered overnight dialysis, despite a number of potential benefits from longer treatment times to improved flexibility and quality of life.

David Mayes was one of the first patients to use our new nocturnal dialysis service.

David has the rare genetic condition, Alports Syndrome which has caused his kidneys to stop working and is now in end stage kidney failure.

He explains: "I started on continuous ambulatory dialysis in March 1998 but was privileged to have a kidney transplant on 31 December, 1999. For some reason the transplant failed after 10 years and I started back on dialysis about four years ago."

Starting at 7am, three days a week, David received four hours of dialysis at Leicester General, which was taking a toll on his normal lifestyle.

David continues: "The whole morning was taken and then I used to spend most of the afternoon asleep recovering, so I actually lost three days out of each week. Obviously this starts to curtail things such as going out, plus playing my favourite game of Lawn Bowls. However, I had no choice other than to give up life altogether."

When the nocturnal dialysis service became available, David was given the choice to dialyse overnight, freeing up his days to do the things he enjoys.

He now sleeps in the unit three nights a week and usually gets around four hours sleep before returning home to sleep for another couple of hours before the day begins.

David adds, "The care I have received is second to none. The renal department is like a family. The nurses are so caring and concerned about the patients' needs. As we see the same nurses so often, they get to know us well and we get to know them which works so well. Regarding the rest of Leicester's Hospitals, I have been to both Glenfield and the Royal and each time I have been treated with kindness and courtesy. I have not been able to fault the care."

Nocturnal dialysis takes longer than dialysing during the day. The additional time on dialysis is better for David's heart as he now gets better clearance of the toxins that naturally build up.

James Burton, Consultant Nephrologist, said: "There are a number of physical reasons why extended dialysis can benefit patients. Longer treatment sessions mean more efficient removal of waste products and slower removal of fluid, both of which can have a positive impact on outcomes in the long term."

"More than that though, this innovative way in which we deliver more flexible care has come about because of partnership with patients, listening to what they want and delivering what they ask for. That has had a real impact on the quality of life of those involved in the nocturnal programme and helped to ensure its continuing success."



ORGAN DONATION

At Leicester's Hospitals we are asking everyone to take the time to talk to their friends and family about Organ Donation.

Whilst 8 in 10 of us realise it's important to talk about organ donation, less than half of us have actually discussed it with our families.



Jonathan Thompson,
Consultant in Intensive
Care at Leicester's
Hospitals, said: "My role

as Organ Donation Lead is to ensure that the possibility

of organ donation is discussed as a routine part of end-of-life care so that we can give families the opportunity to consider organ donation after the death of their loved ones, wherever this is feasible.

"One organ donor can benefit up to nine other individuals with a potentially life-saving transplant, and there are no real age limits. Making a choice about organ donation beforehand can not only help others in need, but also help your own family to decide.

"The key individuals to the success of this team are the Specialist Nurses for Organ Donation (SNODs), who co-ordinate the whole process of organ donation. They provide vital support to the families at a very difficult time. Feedback from bereaved families who have agreed for organ donation to go ahead is very positive. Families derive a lot of comfort from knowing that despite their own loss, someone in need has benefited from a life-saving organ transplant."

Ashni's Story...

After Ashni Parmar, age 12, died of a blood clot on the brain in 2012, Ashni's kidneys, pancreas and lungs were donated to three people who needed transplants.

Ashni's parents, Paresh and Kalpna are keen for people to talk about organ donation and the Organ Donation Register.

Paresh explains his family's story:

"When we were in hospital and we were told that Ashni would not make it, we had already spoken together as a family and decided that we would give Ashni up for organ donation if she didn't pull through. My wife and I are both registered as organ donors and we thought this was the right thing to do. We are very proud of what Ashni has done by giving others the gift of life, and so her legacy lives on. Even now we would not have changed what we decided. If I needed an organ or any of my family did, we would accept it in a heartbeat so why not give if you are willing to take. **Simple!**"



We are very proud of what Ashni has done by giving others the gift of life, and so her legacy lives on

Ashni's family - Image courtesy of the Leicester Mercury

Community Ambassadors project

Kirit Mistry, Community Ambassador for Organ Donation, works to engage, educate and increase awareness on the need for Organ Donation within Leicestershire. "There is a higher proportion of patients from Black and Minority Ethnic communities on the waiting list for an organ transplant, but a lower proportion of organ donations

from these communities. Organ donation involves extensive matching of tissue types, and a match is more likely in patients with a similar ethnicity. This is particularly relevant in Leicester, where some communities have a higher incidence of kidney failure, often related to the complications of diabetes."



"We are seeking to recruit people across Leicestershire who have had a personal connection with Organ Donation to join the Community Ambassadors project."

If you are interested, please contact Kirit, Telephone: 07940 516666 or Email: kiritmistry2@gmail.com

Did you know?

There are over 6,500 people on the UK national transplant waiting list...

...over 1,300 people have either died whilst on the waiting list or became too sick to receive a transplant between April 2015-16.

"Start talking now with your family and please sign up"

Claire, SNOD

Claire Niblett, started at Leicester's Hospitals last year having qualified as a Nurse in 2001. She has worked in critical care in Chesterfield, Nottingham and a stint in Australia. She now works as part of a 24-hour on call rota whereby she can be called out to any of 22 hospitals across the Midlands to help families make decisions about their loved ones.

"It is an intense role", Claire explains: "This is not a job for the light-hearted. You need a real passion. My job is all about making sure families can make an informed choice. The decision to donate organs can come at the most dreadful time. It's all about working collaboratively with staff and families to ensure a planned approach which leads to the families making the right decision for them. You really get to know the families. You can't coerce them to make a decision; you just want them not to later regret the decision they made. Claire is extremely proud of the work she does and the challenges she faces. She is keen that people across the country start to talk about Organ Donation.

Harpreet, Trainee SNOD

Harpreet Matharu is currently halfway through her six months training to be a SNOD. Before that she had worked in Intensive Care for five years and spent time as a nurse on a cruise ship. This experience has proved vital for her as she completes her competency book which has seen her focus on consent and approaching families. She is now set to study patient assessments and the offering of organs.

She initially saw the job advertised on the NHS Jobs website and explains why she applied: "I had seen colleagues doing this job and had helped them out previously. I really wanted a new challenge, and had always had an interest in organ donation. It's amazing to see how you can take such a negative situation and help transform lives.

"Raising the profile of organ donation is really important and I hope that after reading this article people will consider talking to their own families and signing up to the Organ Donation register. In a families darkest hour it can help change the lives of so many people."

Sign up today

Add your name to the NHS Organ Donor Register today and one day you may be able to save lives. All you need to do is fill out the form and the NHS will do the rest. The form takes two minutes to complete.

If you have personal experience of making the decision to donate an organ or are an organ recipient and would like to promote Organ Donation please email communications@uhl-tr.nhs.uk

Yes I donate
ORGAN DONATION
www.organdonation.nhs.uk

Giuseppe Palminteri

Diagnostic Radiographer, **Giuseppe Palminteri** swapped the southern coast of Sicily for Leicester. Read on to find out why...

GIUSEPPE PALMINTERI, 30, joined the Radiology Team as a Diagnostic Radiographer nine months ago and is loving life at Leicester's Hospitals. Originally from Agrigento, located on the southern coast of Sicily, Giuseppe swapped what Ancient Greek poet, Pindar described as 'the most beautiful among mortal cities' for his daily bike rides to the Leicester Royal Infirmary along the River Soar and he doesn't regret his decision for one minute. He trained and worked as a Radiographer for three years in a hospital linked to the University of Palermo, the Capital of Sicily, before moving on to work in a private clinic for three years.

Giuseppe uses X-rays or CT Scans to assist medical specialists and doctors to diagnose or monitor a patient's injury or illness. His natural curiosity led to his interest in this role: "I find it really interesting to be able to see what is happening inside the human body in order to help look after patients."

This curiosity also led to his search for a new challenge, in which he came across Leicester's Hospitals online and discovered the chance of working in England.

Although he didn't know anyone in England, and being the first to admit his English wasn't great when he applied, he jumped at the chance, saying: "You can improve yourself here as the hospitals

offer real career growth which the Italian healthcare system doesn't offer.

"In Italy if you start out as a Radiographer you always have to be a Radiographer, whereas in Leicester I can see the opportunities clearly and I would be interested in doing reporting as advanced practice."

Radiographers are able to do a Postgraduate Diploma to become qualified in providing a diagnostic report on the imaging we do. This has historically been done exclusively by a Radiologist, but over recent years we have supported Radiographers in this area of advanced practice.



Gavin George, Superintendent Radiographer, believes

Giuseppe has successfully integrated to the Radiology team: "He has transferred and adapted his skills to a new working environment and has taken feedback well to continue his successful practice."

"I think Giuseppe would agree that the language aspect was a primary challenge. He was initially a little shy, but now is more forthcoming and his spoken language has improved such that he is comfortable communicating in his areas of work."

"Giuseppe's strengths are his cooperation with the service needs. He is receptive to

tasks delegated to him. His radiographic technique is diligent and he has a good interpretation of anatomy that informs his practice. He refers to colleagues with cases of significance or interest, and has a genuine enthusiasm for his job."



Sally Dunmore, Senior Radiographer, said: "Giuseppe's settled really well into the department and is really friendly with both patients and staff. At first he was shy but has really come out of his shell!"

Other Italians and staff from across Europe joined at the same time as Giuseppe, putting him at ease and helping him settle in. Giuseppe commented: "Everyone was so friendly, both staff and patients, and talking to them has improved my English."

Giuseppe has a passion for looking after people which ties in brilliantly with his role as a Radiographer, seeing over 40 patients a day. As well as this, Giuseppe thoroughly enjoys living in England; visiting place locally like Bradgate Park and further afield such as London.

A big fan of climbing, Giuseppe still feels the mountains in Italy are better than here in the UK, but is certainly willing to explore more of the UK now he has decided to stay, as he really likes Leicester and the people that he has met here.

Quick questions

Which three words sum you up?

Smiling, shy and stubborn.

Who inspires you?

Max Pezzali, an Italian singer. I found a right song for every moment of my life.

Favourite song?

"Me la caverò" (I will manage it) By Max Pezzali. A song that inspires me to not give up.

What is the best piece of advice you were ever given?

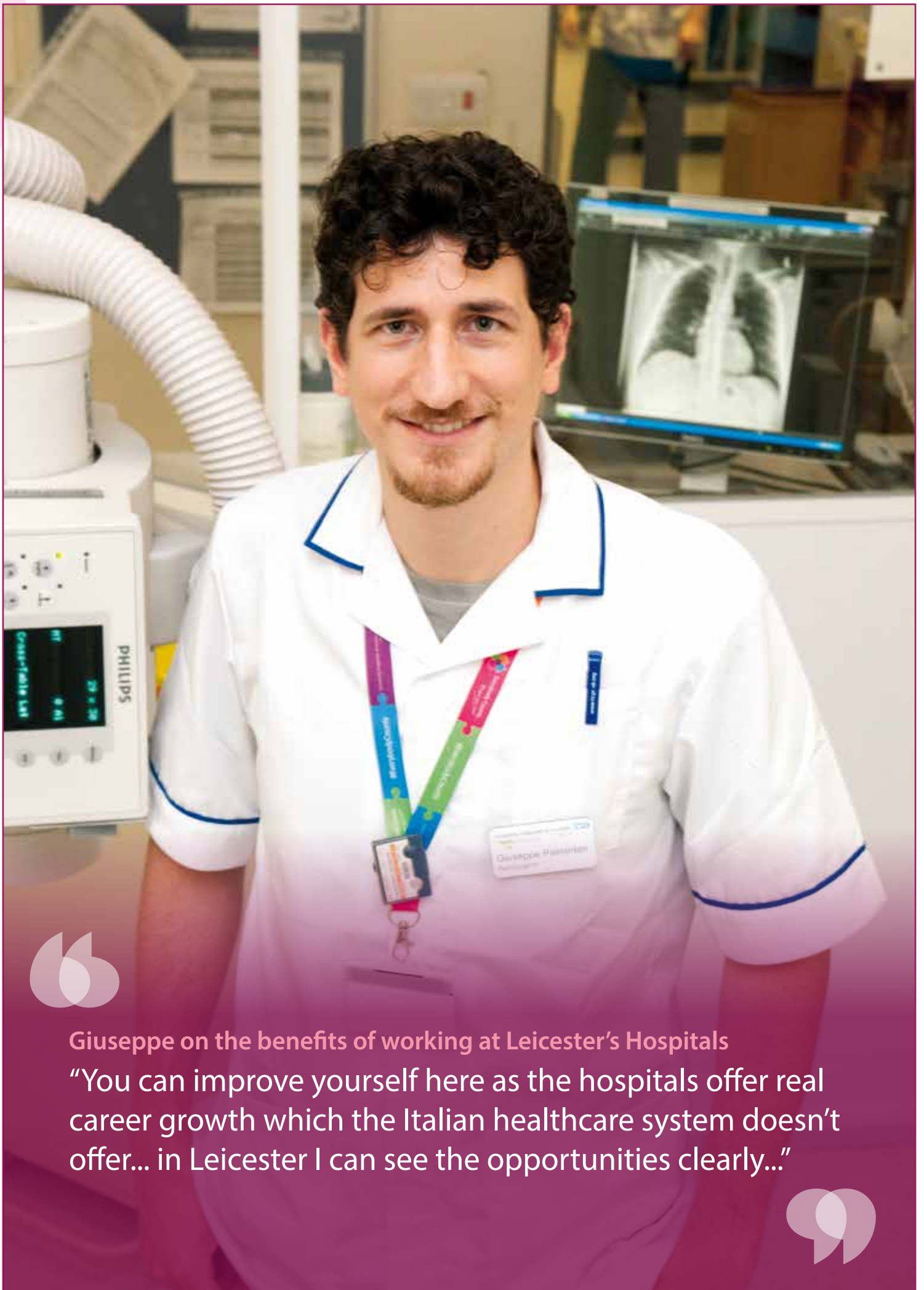
Don't give up.

What is your most memorable holiday?

Three weeks around Thailand with a rucksack and no plans.

Best way to spend an evening?

In a couch with my girlfriend, a movie and good foods.



“

Giuseppe on the benefits of working at Leicester's Hospitals

“You can improve yourself here as the hospitals offer real career growth which the Italian healthcare system doesn't offer... in Leicester I can see the opportunities clearly...”

”

Critical Care team provide vital support for staff and patients across the hospitals



We see around 10-12 patients and receive around one or two cardiac arrest calls in a day

Available 24 hours a day, seven days a week, the Critical Care Outreach Team provides support across the Royal Infirmary, Glenfield and the General for acutely unwell patients on wards as well as those who have been discharged from the Intensive Care Unit.

Known as the 'extended arm' of Intensive Care, the team of 20 experienced nurses – all trained in acute and emergency care – cover all areas of the hospital wherever needed, excluding Paediatrics.

The Critical Care Outreach Team are pinnacle in assisting with timely admissions to Intensive Care through early identification of patients who are deteriorating or acutely unwell, as well as working closely with ward multi-disciplinary teams to ensure that once the patients are discharged, support is provided and the correct treatment plans are in place. Both of which ensure that the patient is receiving the right treatment in the correct clinical area, thus enabling the recovery or allowing for dignified end of life care.

Recognising and treating sick patients early on in their illness can help to

reduce the number of patients who subsequently require Intensive Care.

Furthermore, the team provides regular weekly, monthly and ad-hoc training and education for all clinical staff, sharing the skills, knowledge and expertise required to identify and care for the acutely unwell or deteriorating patient and offers advice for multi-disciplinary teams within the ward environment.

Daily visits to the wards and high dependency areas by the Critical Care Outreach Team provide support and assistance to clinical staff allowing a collaborative approach to quality patient care.

James Fawdon, Critical Care Outreach Nurse at the Royal Infirmary, said: "We typically, on average, see around 10-12 patients and receive around one or two cardiac arrest calls in a day.

"The job is really varied and takes us to all different parts of the hospital – in a typical 12 hour shift; we can walk up to 10 miles!

"A key element to our job is having the ability to react quickly and treat critically ill patients whose condition suddenly worsens, which makes our team an integral and important part of the hospital team."



The team provides regular weekly, monthly and ad-hoc training and education for all clinical staff, sharing the skills, knowledge and expertise required to identify and care for the acutely unwell or deteriorating patient and offers advice for multi-disciplinary teams within the ward environment, please call us for further details:
Glenfield ext 2813, General Hospital ext 4599, Royal Infirmary ext 7836



Chief Nurse and Medical Director's

LISTENING EVENT

Back in May this year our Chief Nurse Julie Smith and Medical Director Andrew Furlong held a special listening event.



During the afternoon patients, carers and their families were invited to talk in confidence about their experience of Leicester's Hospitals. The event was held in St Martin's House in the city.

Around 50 people came along to speak with Andrew, Julie or members of their senior teams. They shared both positive and negative experiences, building a clearer picture of what we are doing well and where we could improve.

Julie Smith said: "The discussions we had during the event were valuable and gave Andrew and I a chance to learn from people's first-hand experience. Where it was possible to take immediate action, we did so and we managed to resolve several issues straight away.

"Since the event we have followed up on requests from people who wanted to work more closely with the organisation. One lady, for example, has since gone on to become a volunteer."

A number of themes emerged from the feedback on the day. Concerns about waiting times, communication, carer support and involvement and discharge planning were raised as well as a good deal of praise for our staff and the standard of care that patients have received.



All of the themes raised during the event will be included in our analysis of patient feedback. Julie and Andrew plan to run a similar event in the future.

Leicester's MARVELLOUS Medicine talks

Our **FREE** Marvellous Medicine talks are hosted by leading medical experts every month. All talks take place from 6pm – 8pm in the Clinical Education Centre at the Leicester General Hospital



Sepsis

(Blood Poisoning
or Septicaemia)

**Tuesday
13th September**

**Dr John Parker
Sepsis Lead Consultant**

Sepsis is a potentially life threatening condition, triggered by an infection or injury.

Dr Parker will be talking about what causes Sepsis and how patients are treated, with a particular focus on the types of life support available within the Intensive Care Unit.

Contact Us!

For more information on any of these talks please contact us on **0116 258 8685** or email Karl Mayes, Patient and Public Involvement/Membership Manager: **karl.mayes@uhl-tr.nhs.uk**





A Celebration of Volunteering

Every year we choose a special day to celebrate and recognise the **incredible volunteers** who give their time so freely to make a difference to our patients.

This year, we chose to hold our Annual Celebration at The Empire in Leicester on Tuesday 7 June during National Volunteers Week. Around 300 volunteers attended the event.

Members of staff from Volunteer Services, Patient Experience and Charitable Funds put on a volunteer polo shirt and looked after the volunteers for the evening. Senior members of staff also helped with serving food and drink to all of the volunteers attending - making sure that the volunteers could just enjoy the evening and be waited on for a change!

The role of volunteers within our hospitals is vital. The roles they undertake are incredibly diverse and meet a wide range of needs. From the volunteers who knit garments for premature babies and dementia dolls, to those who drive our buggies or give out cups of tea - every role is special.

Probably the most important part of any volunteer's role is the interaction with patients. Spending time listening and talking to patients and their families is at the heart of every role.

John Adler, Chief Executive and Karamjit Singh, Chairman of Leicester's Hospitals respectively gave speeches of thanks to the volunteers for all of their hard work and commitment over the past year.

Chief Nurse Julie Smith, Medical Director Andrew Furlong, Chief Operating Officer Richard Mitchell, and Non-Executive Director Martyn Traynor also attended and spoke to many volunteers individually about their roles asking them why they volunteer.

Steve Amos, Royal Voluntary Service (RVS) Head of Support and Development for East

of England presented Sheila Chambers with a 15 year award for her time as volunteer at Balmoral Reception and many staff and volunteers from the RVS were there to see her presented with her medal.

Certificates for five and 10 years of volunteering within Leicester's Hospitals were presented by Andrew Furlong.

Entertainment was provided by some amazing young singers from the Leicester Theatre Group (a registered charity), who we are sure we will see again in the future.

As usual local businesses were generous in their donations for our free raffle and over 30 volunteers were prize winners. All of our volunteers received a free gift to take home. The food was provided by Neil Green Catering and Shere Punjab and everything was served and cleared away by our 'staff volunteer' team.

Although this is a really important event in our volunteer calendar, celebrating our amazing volunteers happens all year round. They are all around our hospitals helping and supporting our Trust to provide the best possible support and care to patients - always visible in their aqua polo shirts.



Steve Amos presents Sheila Chambers with a 15 year award

Thank you again to all of our volunteers who continue to give so generously of themselves and continue to make a difference to so many people.

Thank you all Volunteer Services Team



10 Year Certificates ★★

Richard Barsby
John Brown
Rebecca Hirrell
Maureen Hughes
Bleddyn Jones
Narinder Kaur
Neena Kotadia
Shantok Kukadia
Roger Latham
Brain Leader
Susan Lee

Mary Macrae
Malcolm Maddern
Susan Marston
Brenda Newnham
Ramesh Patel
Faye Pilkington
Valerie Tomkins
Jean Whitmore
Colin Wright
Terry Finnigan
Tom Whaling

5 Year Certificates ★★

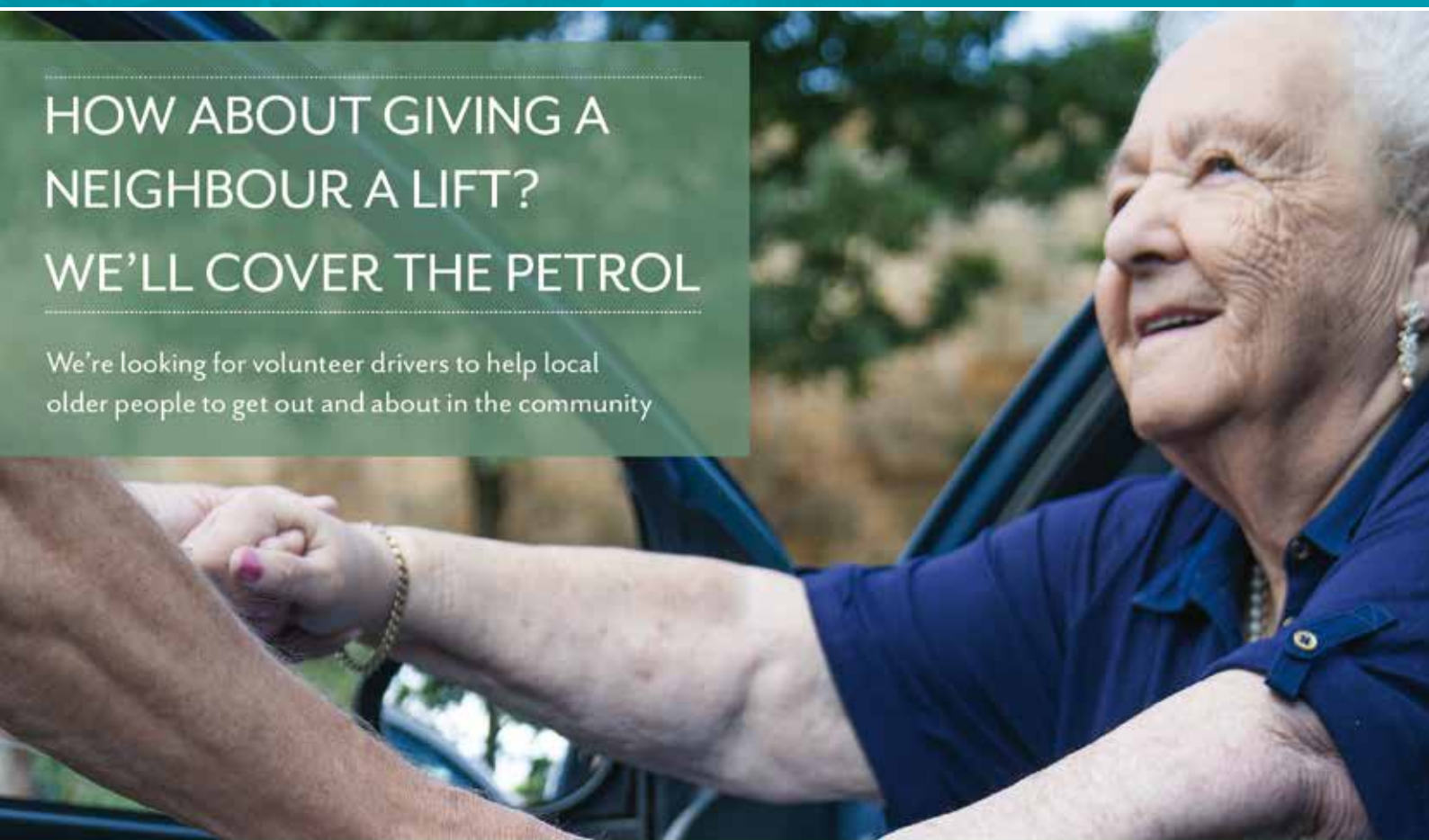
Martin Allott
Betty Argyle
Janice Brown
Allen Brydges
Liza Burnside
Rev John Daley
Joe Dall'omo
Navpreet Dhani
Margaret Faulkener
Jenny Glitheroe
Kishor Gohil

Harinder Johl
Jenny Mann
Elizabeth Markwick
Geny Middleton
Saukat Musa
Bhanuben Patel
Pauline Sampson
Raksha Thanki
Gita Vaghela
Barbara Webber

We would like to ask you to say 'Thank You' the next time you're helped by a volunteer.

HOW ABOUT GIVING A NEIGHBOUR A LIFT? WE'LL COVER THE PETROL

We're looking for volunteer drivers to help local older people to get out and about in the community



If you'd like to share some time with older people in Leicester and Leicestershire, please get in touch.

Call Royal Voluntary Service on 0116 266 7706

www.royalvoluntaryservice.org.uk

registered charity 1015988 & sc038924



ROYAL VOLUNTARY SERVICE
Together for older people



THANK
YOU



FUNDRAISING

news...



Leicester Hospitals Charity Butterfly Walk 2016

Leicester Hospitals Charity hosted their very first Butterfly Walk at Leicester Racecourse on **Saturday 25 June 2016**. Attendees on the day included patients, friends, relatives and staff and more than 270 people took part in the 3k-10km walk. Our current fundraising total is £19,500 and this money will go towards funding improvements to the Breast Care Centre at Glenfield Hospital, to ensure that patients receive the best possible care and attention.



BAGS of Support!

Big hearted local charity, Birstall BAGS who have funded many projects and equipment in the past, have once again made a huge difference to patients within our hospitals. This year they donated £12,000 which has transformed the General Hospital main theatre arrivals area, the associated quiet room and recovery area as well as giving a total makeover to ward 28/29 day room for urology patients.

A huge thanks to all at Birstall BAGS for their continued support!



Our Brand New Website

Leicester Hospitals Charity is proud to announce the launch of our brand new website. We have now made it easier than ever to make a donation or to read about the work we have been doing.



Why not see for yourself by visiting www.LHCharity.org.uk



Leicester Hospitals Charity

Kidney Care Appeal Charity Walk 2016

Leicester Hospital Charity held its biennial Kidney Care Appeal walk on **Sunday 19 June 2016**. The event was held at the General Hospital and consisted of a leisurely walk around the hospital site.



So far the charity walk has raised just over £17,500. All monies collected will go towards research and equipment for the renal unit.

International Nurses' Day

On Thursday 12 May celebrations were in full swing across our hospitals as nurses and midwives celebrated International Nurses' Day. Cake sales were held, wards were decorated, and period uniforms were worn to mark the prestigious day.

Thank you to our nurses and midwives who joined in the celebrations.



Out & About



Teenager presents £2,000 cheque to life saving team at Glenfield Hospital

Callum Turner from Essex, returned to Glenfield 16 years after being saved following a cardiac arrest when he was born, to present a cheque for £2,000 to say thank you.



Richard and Beverley Webb

Mr and Mrs Webb are the grandparents of Emma Kingston who tragically died three years ago from Cystic Fibrosis on Ward 16 at Glenfield. They have very kindly been tidying up our Ward 16 courtyard to say thank you for the care Emma received!



Leicester's Hospitals team got on their bikes for Liver and Pancreatic Cancer

Staff and their friends and family took part in the 4th Annual Liver & Pancreas Cancer Research 100 mile Charity Bike Ride from Leicester to Hunstanton on Saturday 18 June, smashing their target by raising over £34k for liver and pancreas cancer research in Leicester.



The heart team that flew to Kenya

Dr Sanjiv Nichani, travelling with the Leicester based charity Healing Little Hearts, visited the Mater Hospital in Nairobi, Kenya. This took place between the 12 and 19 of June and all 11 children who the team operated on are doing well.

www.healinglittlehearts.org.uk

Calling all staff! If you're 'Out & About' doing something interesting we'd love to hear from you. Send us your photos and a brief summary to communications@uhl-tr.nhs.uk and we'll pick a few to include in the next edition of Together.



together

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On the cover:

Thank you to Callum Atkins, Molly Lambert and Jack Reape

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SUBMISSIONS

together is a great way to share your news and success. Please contact the Communications Team to discuss.

DELIVERY

If you think your area is receiving too few or too many copies of **together** please email: communications@uhl-tr.nhs.uk.

THANKS...

To the Leicester Mercury for letting us use some of their photographs.

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COMPETITION

Castle Park SOLICITORS

Castle Park Solicitors are an innovative community law firm based in Leicester.

What sets us apart from other Solicitors firms is that all profits made by us are paid to our parent charity, Community Advice and Law Service. We offer high quality legal services and through our commitment to the principle of access to justice, we provide a wide range of funding options depending on each individual's financial circumstances.

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Administration of estates
Probate
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CHANCE TO
WIN A LUXURY
HAMPER
ENTER OUR
DRAW NOW**



Immigration
& Asylum



Family
Law



TO ENTER

To be in with a chance of winning simply tell us:

How many frail older patients do we see in our Emergency Department each year?

Send your answer, name and contact details to: competitions@uhl-tr.nhs.uk

The closing date for this competition is Wednesday 21 September 2016

**Last
Edition's
Winner:
Margaret
Poole**