hospital times
incorporating hospital matters

ISSUE ONE | 2018

DORSON WEST

Badgemaster®

When people matter

CQC Outcome 4C

"People who use services can be confident that:
Wherever possible, they will know the names and job titles of the people who provide their care, treatment and support."

Care Quality Commission Compliant

Badgemaster Limited Hazelford Way Industrial Park, Newstead, Nottingham NG15 0DQ
Tel: 01623 723112 **Fax:** 01623 723113 **Email:** customerservices@badgemaster.co.uk
www.badgemaster.co.uk
facebook.com/badgemasterltd twitter.com/badgemasterltd LinkedIn.com/badgemasterltd

By Appointment to Her Majesty The Queen Manufacturers of Staff Name Badges Badgemaster Ltd Nottingham

FM 543501 EMS 591701

MADE IN BRITAIN

hospital times
incorporating hospital matters

Group Editor: John Whelan
john@whelan.net

Commercial Editor: Tracey Armitage
tracey.armitage@pixelwest.co.uk

Consultant Editor: David Stephenson
david.stephenson@pixelwest.co.uk

Sales:

Debbie Cox
debbie.cox@pixelwest.co.uk
07930 201710

Digital Coordinator:
Darren Watson
darren.watson@pixelwest.co.uk

Subscriptions:
Jackie Wright
jackie.wright@pixelwest.co.uk

Design:
Joe Everley
joe.everley@19-ninety.com

DORSON WEST

Hospital Times is published by Dorson West Limited. Registered in England and Wales 07892925

Print & Digital Publishing by CPUK Print Publishing

Whilst every effort is made in compiling Hospital Times, the publishers cannot be held responsible for errors or omissions.

Hospital Times
Dorson West Limited, County House,
St Mary's Street, Worcester, WR1 1HB

ISSN 2398-5070 (Print)
ISSN 2398-5089 (Online)

John Whelan
Group Editor

Winter Crisis dominates news agenda since Christmas

The winter crisis in the NHS has dominated the print and digital news channels as well as TV and radio. Aussie flu has been blamed for tipping the balance and overflowing A&E departments at our acute hospitals with some patients enduring treatment in corridors or on trolleys in sub-human conditions. It's not the first time, of course, and the winter crisis is always predictable. As a teenager I remember Hong Kong flu devastating my school in the 1960s with almost all pupils confined to bed for days and two elderly staff members died – the funerals in rural Lancashire took place in deep snow. However, every autumn there are winter warnings, but the responses are often too little too late – maybe some NHS administrators think it will just all go away.

Is the solution a case of more resources for the NHS or is a fundamental rethink of the way care is delivered the correct and measured response? Certainly, the reappointed Secretary of State for Health and now Social Care faces both a headache and a challenge with the need to boost community care so that patients with acute conditions can get treatment in winter and are prioritised over less ill victims of winter flu.

In the meantime, we have had the colourful intervention of Foreign Secretary Boris Johnson – per haps he is reacting to Aussie Flu – sounding off about more resources for the NHS being the answer particularly post Brexit assuming of course that a deal is worked out with the EU. His motivation for this challenge has been widely criticised but is unlikely to change his bull in a china shop approach to the serious role of government. A future prime minister in waiting must adopt a more consensual approach to health and social care and this seems to be sadly lacking in Boris who just seems to be on an ego trip. He misses the connection between health and social care especially the link to local government where budgets are under huge pressures after the austerity years and the ageing demographic of the population.

The Opposition at Westminster appears on the face of it to offer few concrete proposals other than a massive and unsustainable increase in funding for the NHS. Remember they were proposing to quash all student debt. Without radical reform in the NHS it would be like pouring water on to sand. Nobody could doubt the commitment of most of our health and social care staff in delivering improved services often in trying circumstances—they suffer from winter flu as well as the rest of us. What is perhaps often lacking in media reporting are the success stories. I'm happy to report that my 93-year-old aunt in Devon made a complete recovery after breaking her hip and leg in a swimming accident. She spent five days in hospital but was discharged home with a community care package and as of today is driving her car, has resumed her social contacts, and after a few modifications to her home can manage simple things like shopping - she's learned how to order food on the Internet. The alternative would have been a care home. She's still swimming but in the safety of a hotel pool.

Coming to Hospital Times March 2018
Special Focus on Building & Design
Features – Waste Management, HVAC, Fire Safety & Security, Nursing Matters, The Operating Theatre.

Dolphin shows how to create a modern sluice Room

See Page 18

facebook.com/hospitaltimes
twitter.com/Hospital_Times
hospital-times.co.uk

Why is the NHS printing and posting 95 per cent of correspondence?

NHS patients missing their appointments cost the NHS last year £1 billion leading to widespread concern about how to curb these losses. Hospital Times editor John Whelan talked to Andy Percival, managing director at Publisure, which works closely with NHS Trust suppliers to support their digital transformation.

Andy Percival questions in this digital age why the NHS still insists on printing and posting 95 per cent of its patient correspondence rather than offering digital alternatives to their patients?

He says: "There is a certain irony in association with an article released by NHS Digital which has revealed that in 2016 / 17 almost eight million hospital outpatient appointments were missed due to patients not attending, compared with 7.5 million in 2015 / 16 at a cost of £1 billion to the NHS.

"In this day and age where well over 80 per cent of the population has access to digital messaging via email, SMS, mobile phone apps or web. The real question is why does the NHS continue to use old fashioned 'print and post' to deliver the majority of its patient appointment letters."

Some basic questions posed by Andy Percival are:

- Why do a significant number of appointment letters still get printed and enveloped by hand in the NHS?
- Where is the auditability and compliance built into these manual processes to ensure the appointment letter was actually received by the patient?
- Where in these manual processes is there the ability for the patient to interactively confirm or cancel his or her appointment, thereby reducing the number of 'No Shows' and associated DNA costs?

He says: "We have seen far too many digital initiatives fail in the past because they engage from a 'top down' approach and attempt too much across too many proprietary platforms with too many limited resources. The sheer scale, scope and costs of such an approach have proved in the past to be onerous, hugely expensive, and in many cases have failed to deliver the promised benefits.

"It is probable that every missed appointment starts out with an outpatient appointment letter being printed and posted to the patient. By simply printing these documents via a digital post room* (with little or no change to existing workflows or business process), every piece of correspondence can be automatically digitalised and delivered via a digital (or traditional print and post) channel based on the patient's individual preference.

"Far too often, transformation strategies aim too high and fall too short of their promised goals. Working from the bottom up might not be the most glamourous approach to digital transformation but in many cases, it offers the 'best bang' for the NHS buck.

"Most importantly the digital post room offers an immediate and effective way of significantly reducing the £1 billion cost of missed appointments without engaging in more complicated, long-term and expensive digital transformation projects. It thereby delivers an immediate and much needed windfall for the NHS in 2018."

***The digital Post Room can deliver real and immediate benefits including:**

- The latest in 'track and trace' capabilities via the Royal Mail MailMark initiative
- Huge internal efficiency savings that eliminate the need to print and envelope letters by hand
- Significant postal savings by delivering appointment letters via alternative digital channel(s)
- Significantly improved auditability and compliance over the patient's receipt of the communication
- The ability to implement an effective follow up strategy focused on reminding patients when they have an appointment and allowing them to interactively confirm or cancel their attendance (thereby freeing up the appointment for someone else).

All the above will make a significant dent in the annual £ 1 billion cost of missed appointments. Andy Percival underlines his argument by pointing out that the cost of postage has doubled over the past 10 years and his argument for a change in approach becomes even more compelling.

Omnicell®
Inspired by Care™

DESIGNED SPECIFICALLY TO MEET GS1 AND SCAN4SAFETY REQUIREMENTS

Managing supplies across your Trust just got easier, introducing...

Omnicell SupplyX Inventory Management System

NEW Omnicell SupplyX automates the inventory management process for hospital supplies improving traceability and providing you with a live dashboard at the touch of a button.

Designed to support hospitals with tracking every supply moving through multiple sites, optimising inventory and stock rotation, minimising stock outs as well as helping Trusts meet efficiency demands set out in the Lord Carter report.

GS1 UK

SCAN4SAFETY
Patient, Product, Place, Process.

Contact us today to find out more or to arrange your free demonstration at our state-of-the-art Customer Experience Centre in Manchester.

0161 413 5333 | automationsalesuk@omnicell.com | www.omnicell.co.uk

TEAL Hygienius MediWash is the future of hand hygiene

TEAL has worked with the NHS for over 15 years and the Hygienius MediWash, has been designed with NHS infection control departments for when extra hand washing stations are needed quickly due to plumbing issues or infection risks.

The main features of the Hygienius MediWash include:

- Completely self-contained, the unit has a synchronised video display which takes users through an automatic programme incorporating the seven rubbing actions as laid down by NHS guidelines, ensuring hands are hygienically clean.
- Touch-free and fully automatic, the device has no levers or taps to re-infect hands.
- The free-standing unit requires neither plumbing nor access to mains water or drainage. It works on a 13 amp plug and can be easily located to where it's needed requiring only a power supply.
- The Hygienius MediWash has a highly efficient use of water – there are up to 80 wash cycles per filling.
- It provides a 35-second, hot water, hand wash cycle which re-sets itself in 10 seconds.
- Pathogen-safe, the TEAL Hygienius MediWash has a simple hygiene cycle using 500ppm chlorine solution carried out every 24 hours.
- The unit comes complete with two, easy-to-use, TEALtainers which ensures that fresh and waste water are kept separate and hygienically contained.

Most medical teams now realise that mobile hand wash units are even more effective than plumbed-in basins as the video helps to train people to wash their hands correctly. Fully compliant with the World Health Organisation's guidelines, TEAL Patents' most recent model, the Hygienius MediWash is superior because its synchronised video encourages a rigorous hand wash routine.

Manty Stanley, managing director at TEAL Patents, says: "Every infection prevention professional will tell you that washing hands with soap and warm, running water is considered the key procedure in preventing the spread of germs and infections in hospitals.

"Norovirus – which regularly closes entire hospital wards – is just one germ unaffected by hand sanitisers which is why we believe they are a thing of the past. Portable hand washing units remove any opportunity for cross infection from dirty hands," says Manty.

Each TEAL Patents unit requires no access to mains water or drainage so it can be easily located at the point of need.

Did you know?

Experts have determined that washing hands thoroughly with soap and warm, running water in the time it takes to sing a verse of 'Happy Birthday' should ensure any germs on your hands are destroyed.

For more information:

W: www.tealwash.com
T: 0121 770 0593
E: enquiries@tealwash.com

DELABIE

DESIGN
COMFORT
WELL-BEING

Be-Line®

Delabie has launched its **new range of grab bars and shower seats**, a combination of aesthetics and comfort

- **Innovative design:** suitable for all users, a feeling of well-being
- **Ergonomic flat surface:** optimal grip, prevents hand rotating
- **Maximum hygiene:** smooth, uniform surface is easy to clean
- **Maximum safety:** tested to over 200kg, 10-year warranty, CE marked

10 YEAR WARRANTY

More information at **delabie.co.uk**

Wybone introduces the Capsule II All Plastic Sackholder

Wybone is excited to mark the highly anticipated release of the Capsule II All Plastic Sackholder, which compliments its broad range. The company says: "We've been manufacturing clinical waste bins since 1973, and have successfully held the contract for the supply of sackholders to the NHS since 1998.

"Our range includes metal, hybrid and capsule units; the Capsule has been further developed to incorporate a plastic pedal and body with no metal components to deliver an all plastic sackholder unit - the Capsule II."

Wybone recognises that there is an increasing demand for an easy clean 100 per cent plastic sackholder to be supplied to the NHS. Managing Director, Richard Cooper emphasises how customers are at the forefront of product design: "Working with customer feedback was an important step in the design process of our fully plastic sackholder; this enabled us to make minor adjustments to help the unit perform better in operational environments. We encourage our customers to request a sample and welcome their feedback."

As a recognised supplier of clinical waste sackholders to the NHS we have used our expertise and over 40 years of experience of designing efficient, robust, and quality sackholders to introduce the new Capsule II with several key features.

This has been achieved with the use of high impact ABS plastic components, offering the highest available fire retardant 'V0' rated plastic. The Capsule II also conforms to HTM-05-03 Fire Safety Regulations. This sackholder provides a new waste solution for clinical settings, including sensitive areas such as operating theatres. It's also safe to use in treatment rooms and areas with MRI scanners.

The Capsule II offers easy maintenance, with castors fitted to the back for manoeuvrability. The newly designed hands-free unit features rounded corners and no sharp edges, and incorporates an easy clean plastic frame that can help infection prevention.

The multi-point pedal access makes operating the unit easy, no matter which angle it is pressed from and whether the user is left or right footed. An integrated plastic damper allows the lid to close slowly in a controlled and quiet manner with the bare minimum of noise, particularly important at night and in neonatal units.

This lightweight plastic sackholder has been developed with a leak proof tray that will catch any spills or liquids should the waste bag split. A removable body allows you to quickly and easily lift out the main body for a deep clean. The off the wall design avoids leaving dirty marks or indents on the wall behind it.

Cooper also comments "We've invested heavily in this new Capsule II and taken the time to understand the requirements of our customers. We believe we have brought a stylish and high-quality product to market that offers a greater protection from cross infection threats. The removable body and leak proof tray enables the unit to be cleaned easily, thoroughly, and quickly. The one-piece hinge and handle is devoid of joints to stop any bacterial ingress. The units are available to suit 28, 42, and 80 litre sack sizes and with a choice of yellow, black, orange and white components. We've introduced a Click and Change lid system that can be quickly changed with minimal tool requirements."

The lid and base are available in a range of colours with a contrasting opal body, these include yellow, orange, black and white - which aids waste segregation and ensure your chosen waste is disposed of correctly. To enable the unit to be flexible, we have introduced the 'Click and Change' lid system which allows lid colours to be changed with simple tooling while in situ.

The Capsule II complements our existing range of sackholders, including the Hybrid Sackholder, which is a combination of both metal and plastic to offer superior corrosion resistance. Both the Hybrid and Capsule Sackholder have achieved notable success within the NHS and private sectors.

All our sackholders are designed and manufactured by our in-house team in South Yorkshire, so both small and large orders can be fulfilled quickly and efficiently. This British-based supply and manufacture means that every bin is quality checked before leaving our factory.

To request a sample or book a meeting, please email hello@wybone.co.uk or call us on 01226 744010.

Why Long Term Conditions Conference Matters

In the UK over 15 million people are living with a long-term condition. The dilemma facing health services is how to deliver the best quality long-term care to these people in the wake of ever tightening budget constraints.

The Long-Term Conditions Conference will bring together key stakeholders to discuss policy and strategies on easing the strain on staff and resources without compromising care; along with case studies and best practices being used across the sector.

Care for patients living with long-term conditions account for 70 per cent of the money spent on health and social care in England, the number of people with long-term conditions is set to increase and now more than ever it is vitally important that health care professionals develop an understanding on the matters surrounding the illnesses.

This 2018 Long-Term Conditions Conference will feature four condition focused streams on Cancer, CVD and Respiratory, Dementia, Diabetes and Obesity, allowing delegates to discuss the distinctive issues facing each of the conditions and the nuances of patient care. Speakers presenting these streams include: NIHR Doctoral Research Fellow at UCL Division of Psychiatry - Dr Naaheed Mukadam, Chair of the National Obesity Forum - Professor David Haslam CBE and Director of Health and Life Sciences at Innovate UK - Dr Ian Campbell.

The main agenda includes talks by Tara Donnelly, Chief Executive of the Health Innovation Network who will discuss how technology can help minimise the impact of LTCs on patient's lives. It will evaluate how adoption of new technology can show proven benefits to help LTC patients stay well and will look at effective strategies for allowing LTC patients to monitor and manage their conditions themselves. Research into the prospective benefits of investing in telehealth and telecare to manage long term conditions by the NHS found with correct use technology could cut death rates by 45 per cent with at least 3 million people with LTCs benefitting, the talk will offer insights into the future of LTC care.

Sarah Hughes, Chief Executive, Centre for Mental Health in her session will present the many ways investment in mental health can help improve physical outcomes while defining the links between LTCs and mental health. With evidence demonstrating those with a long-term condition are two or three times more likely to develop mental illness, there is an increasing call for healthcare professionals to consider the mental wellbeing of LTC patients.

Chair of the Science and Technology Select Committee, Rt. Hon. Norman Lamb will outline national progress on LTC and reinforcing the commitment to improve outcomes for 15 million people in England living with LTCs. Having served as the Minister of State for Care and Support in the Department of Health, he brings a critical understanding of issues facing LTC patient care, and as Minister, Norman Lamb worked to reform the care system and led the drive to integrate health and social care, with a greater focus on preventing ill health. He also challenged the NHS to ensure that mental health was treated with the same priority as physical health, including the introduction of access and waiting standards in mental health for the first time.

Chairing the event is Mark Dunman, Non-Executive Director of the Patient Information Forum. A Long-Term Condition Patient himself, he brings a wealth of experience and insight into strategies that help improve patients' lifestyles. Mark Dunman has consulted for clients such as Cancer Research UK, Care Quality Commission, Pfizer, NHS England, and Microsoft, he is also a NW Service Champion for Diabetes UK.

The Long-Term Conditions Conference is took place on 25 January 2018 at the QEII Centre London. Along with speakers and subjects mentioned above it also hosted several other talks from other thought leaders who will share their expertise and opinions on improving care for patients with long-term conditions. You can register your place online by visiting **ltc-conference.co.uk/registration.**

One third of NHS institutions now use reference technology

Tim Hawkins (above), managing director, clinical solutions EMEALA, at Elsevier is a highly articulate voice in the new paradigm of digital health whose organisation is committed to transforming clinical pathways and above all improving patient outcomes. Elsevier has a truly proud record within the NHS in the UK but it doesn't stop there, according to Hospital Times editor John Whelan. Elsevier has also taken its technology and expertise to newer and emerging healthcare economies including Saudi Arabia, the UAE, and Kazakhstan to name but a few, as well as to New Zealand.

Hawkins' responsibilities as managing director include everything outside North America and focus on digital tools that help support clinical healthcare. Elsevier is part of a broader information provider RELX Group which is listed on the London Stock Exchange. However, what defines Elsevier is its focus on what Hawkins describes as "unwarranted variation in healthcare" by providing its customers with an "evidence base" to point the way to "best practice." According to Hawkins "one third of all NHS end users access reference technology to reduce unnecessary variation in healthcare."

Part of this success story is due to Elsevier's range of innovative tools. Arezzo, for example, offers a complete pathway building solution and consultative journey to help transform patient care pathway content into actionable decision support guidance. It is now supporting more than 1,000 GP practices in New Zealand, as well as leading hospital in the UK. Evidence-based guidance is helping clinicians at the point of care with more than 2.5 million uses of the guidelines nationwide.

But let's go further afield. Elsevier has recently signed an agreement with Kazakhstan to offer its ClinicalKey solution across 200 sites which will support delivery of evidence-based care across Kazakhstan. Hawkins says: "The challenge of assisting clinicians in keeping up with the latest medical information is common to almost every global health system. However, digital solutions such as ClinicalKey can play an important role in enabling information access in any environment."

Central to the decision to introduce the ClinicalKey reference tool was the aim of the Ministry of Health in Kazakhstan to decrease variability in care and improve clinical outcomes with the long-term objective of increasing life expectancy in the country. By implementing ClinicalKey doctors across Kazakhstan will access an international database of evidence-based credible and current clinical information, importantly also extending the service to remote areas.

Investing in ClinicalKey technology

Elzhan Birtanov, Kazakhstan Minister of Health says: "Key to our decision to invest in clinical decision support technology such as ClinicalKey was the chance to better support our healthcare professionals. We recognise the talent among our young doctors, many of whom have been trained and practised in Western Europe and the U.S.

As impressive is the success of close collaboration between Elsevier, Dr Sulaiman Al Habib Medical Group (HMG), the largest private hospital group in Saudi Arabia, and the local EHR system VIDA to drive efficient CDS integration at Sehat Al Suwaidi Hospital in Saudi Arabia. HMG is the first digital facility in Saudi Arabia that uses electronic systems at all stages of the provision of healthcare services; from patient's admission until his or her departure from the hospital.

Nasser Al Huqbani, CEO and President of HMG, says: "The implementation of Elsevier's Order Sets and Care planning solutions is a best-in-class example of how delivering such a programme, even under considerable time constraints, can help a hospital achieve greater use of its HER for the benefit of clinical staff and patients."

Hawkins says: "By implementing Elsevier's Order Sets and Care Planning, HMG will be able to transform its systems, continue towards HIMSS EMRAM Stage 7 accreditation and most importantly improve the treatment patients receive. Integration of CDS within EHR systems is the most efficient way of optimising an EHR investment and delivering measurable clinical outcomes."

Elsevier's Care Planning is the industry's only EHR-based care planning solution that combines the patient story, more than 500 evidence-based clinical practice guidelines, and standardises assessments into one patient -centred plan of care across all care settings and disciplines. Elsevier and HMG will now continue to ensure high-quality use and that outcomes are measured with ongoing rollout across eight more hospital sites in the region.

Vernacare acquires Synergy Health Healthcare Consumable Solutions

Infection prevention products manufacturer Vernacare has acquired Synergy Health Healthcare Consumable Solutions ("HCS") from STERIS plc for an undisclosed sum. The two businesses will come together under the Vernacare brand.

Vernacare is the UK's market-leading provider of single-use infection prevention systems to the healthcare sector, and employs 180 staff across the UK and overseas. Its products are sold to more than 50 countries and used by over 94 per cent of NHS trusts.

The Vernacare single-use system incorporates a range of high quality paper-based single-use containers (such as bedpans, urinals, and bowls) and macerator disposal units. This is a cleaner, safer, and more cost-effective way to eliminate waste hygienically while fighting against infection.

HCS manufactures products for wound care and surgery, as well as hygiene wipes under the market leading brands of Conti and AZO. The company employs around 100 staff at its Chorley production facility and headquarters, and its Preston warehouse.

This acquisition follows financial backing from Palatine Private Equity in October 2015 to accelerate the development of the Vernacare's global footprint, as well as supporting future acquisitions.

Matt Miller, CEO of Vernacare, says: "This acquisition will significantly increase the size of our business, and demonstrates the commitment of our investors, Palatine Private Equity, to the continued growth of Vernacare. In particular, there is huge potential for further overseas growth, where we can expand Vernacare's strong market presence by introducing new products. It will also give us the opportunity to work more closely and broadly within the NHS and UK independent healthcare markets, enhancing our market position.

"Operations and activities continue as normal across the existing Bolton, Chorley and Walton Summit facilities. We look forward to working together productively and collaboratively during this exciting period of opportunity and growth."

A spokesperson from STERIS comments: "Both STERIS and Vernacare believe that Vernacare can better grow HCS product sales through its broad distribution network and complementary product offering."

Andy Lees, Partner at Palatine Private Equity, says: "This acquisition is a strategic move for Vernacare and provides the business with several expansion opportunities. The addition of HCS allows Vernacare to broaden its product range and branch out into new areas of the healthcare industry to support further growth. The company already has a large presence in the global market, and this new offering will only boost its exporting opportunities."

More information at **www.vernacare.com**, or follow on Twitter @VernacareOffice

Matt Miller, CEO of Vernacare

Intastop offers new wall protection brochure

Intastop, leaders in the manufacturer of protection products for the healthcare and public building sector has launched its latest Wall Protection brochure showcasing just how the company can support the 'Protection of Places.'

For 25 years Intastop has been delivering products and solutions that can reduce maintenance costs, support safe environment policies and create comfortable and stylish interiors. It is now the official UK distributor for Inpro IPC Door and Wall protection.

Intastop offers a range of featured protective products such as handrails, wall guards, corner and even bed head protectors. All are made from world-class Inpro IPC and offer a plethora of benefits including impact resistance, compliance with DDA, supports patients with limited vision and maintains a clean and hygienic environment.

The Inpro IPC Door and Wall range is available from Intastop in 34 colours and six woodland patterns and boasts complementing wall and door impact protection sheet. For those places wanting to be more on brand, Intastop has facilities to incorporate high quality picture graphics and logos onto any doors, wall or mural scheme to visually enhance the presentation of any retail, leisure, or front of house situation.

"Our new Protecting Places brochure features many products that facilities managers look for when wanting to reduce their annual maintenance costs. By installing wall protection budgets for maintenance can be greatly reduced, but this does not mean the aesthetics have to be compromised – our range of Inpro IPC Door and Wall protection can be made to fit any interior scheme," said Marie Hanby, marketing manager for Intastop Ltd.

Request your free copy of Intastop's new Wall Protection brochure now by calling 01302 364 666 or download it at **www.intastop.com**

Future Healthcare 2018 Exhibition and Conference, 13-14 March 2018

The Future Healthcare 2018 Exhibition and Conference at Olympia London, is an event not to be missed. Organised in association with UKIHMA, this is the only event in the UK dedicated to showcasing products and services in sustainable and affordable healthcare solutions on a global scale. Future Healthcare 2018 is on track to host more than 4,000 attendees from 45 countries with exhibitors from 25 countries.

Excitingly, the conference will be opened by Lord James O'Shaughnessy and Philanthropist and Entrepreneur of Dragon's Den James Caan. Experts will address the biggest challenges facing 21st century healthcare and will explain how advances in innovation will offer greater integration and collaboration to better serve future generations, in both the public and private sector.

"International Hospitals Group (IHG) is delighted that this event will be happening in the UK, especially at this pivotal point in the future of healthcare," says Chester King, Chairman IHG Asia.

"I would like to convey my appreciation to the Future Healthcare team, for facilitating an innovating event and nurturing collaborative brilliance," says Sangita Reddy, Apollo Hospitals Group, India

The Invest in Health Theatre is where participants will have 10 minutes to tell the audience why their innovations are shaping the future of healthcare around the world. This is free to attend by all visitors. Event Director Dawn Barclay-Ross is delighted by the take up for the Invest in Health Theatre: "There has been huge interest in this initiative, where young companies will pitch to potential investors interested in forward thinking developments. Young companies, such as, Our Mobile Health (www.our mobilehealth.co.uk/) which provides a library of mobile apps containing only digital health apps that have met rigorous assessment criteria, meaning healthcare professionals save time and can trust in their quality. Also, Medisante (www.medisante-group.com/) offers an all in one IoT Healthcare solution by overcoming challenges of scalability, connectivity and data compliance."

As the GDPR (General Data Protection Regulation) comes into force only two months after Future Healthcare 2018, understanding the legal requirements will be critical.

Dawn says: "Our conference includes sessions on Governance and Regulation, including one on GDPR in the digital age of healthcare which will be crucial to understanding how doctors and organisations need to comply with the GDPR regulation coming into force from 25 May 2018."

Attending the conference will mean that consultants, doctors, and others within the medical profession can further their professional development, as the talks are CPD qualifying and will earn points.

The conference is free to professions working in the NHS. All they need to do is use their NHS email address as verification and fill in the form at www.eventbooking.uk.com/future_healthcare/ before the event. (They must use their NHS email address to qualify). For those in private practice, they can benefit from the Early Bird pass if they register by 9 February. www.eventbooking.uk.com/ future_healthcare/ Alternatively, it is possible to turn up on the day at Olympia London and register then -13-14 March 2018.

To find out more about the event, please visit **www.futurehealthcareuk.com**

Computerised 'brain training' reduces dementia risk

Results from a 10-year study have hinted that a type of brain training designed to train people's thinking speed could reduce dementia risk. The study, known as the ACTIVE study, recruited 2,802 older adults without dementia. The participants undertook one of three programmes designed to train their memory, reasoning or attention speed, or were included in a no-contact 'control' group.

The training was first delivered in 10 sessions over six weeks, with some people receiving 'booster' sessions. The participants were followed up at intervals over ten years.

The researchers found that those who had done the speed training had a 29% lower risk of dementia compared to controls after the 10-year follow up. There was no benefit seen in the reasoning or memory training groups.

However, as dementia diagnosis was not performed to clinical standards, there are some limitations to this study that need to be accounted for.

Dr Doug Brown, Director of Research at Alzheimer's Society, says: "We expect over a million people across the UK to be living with dementia by 2021, therefore it's vital that we see approaches, such as brain training, being investigated that could potentially help reduce the risk of developing dementia.

"This study hints that a particular type of brain training may help people to ward off dementia, but due to limitations of the research, we can't confidently conclude this.

"As computerised brain training has the potential to help a lot of people in a cost-effective way, this area of research should remain a high priority. There are currently several studies looking at the effect of computer brain training on dementia, including a large UK study funded by Alzheimer's Society. Combining these results with those from other studies should help us to have a clearer picture.

"Overall, the best way to reduce your risk is to take regular exercise, eat a healthy diet and avoid smoking."

alzheimers.org.uk

Althea becomes world-class provider of medical equipment services

Signalling the most historic change in the medical equipment service industry since the introduction of vendor-independence, eight leading service providers have unified operations under a single brand – Althea.

This combination of independent service companies, including Asteral, MESA, and TBS, has significantly increased the choice hospitals now have when they procure equipment and maintenance.

Focused on efficient solutions and reducing whole-life costs, Althea offers an alternative to the traditional original equipment manufacturers. Entirely vendor-independent, Althea's services cover all hospital areas – from radiology to radiotherapy, from cardiology to biomed.

Althea's in-house engineers maintain equipment directly to the highest standards underpinned by ISO-certified quality assurance.

With close to 3,000 staff worldwide, Althea is now the largest independent provider of medical equipment services with 1.4 million medical devices under management in more than 1,700 healthcare facilities. Althea focuses on its breadth and quality of service, freeing its customers to focus on patient care.

In the UK & Ireland, Althea offers sustainable healthcare technology solutions including:

- Diagnostic imaging maintenance
- Endoscopy maintenance
- Biomed maintenance and training services
- Managed services in radiology, cardiology, radiotherapy, endoscopy and biomed.
- Clinical consumable management service
- Rental of mobile MR & CT scanners, ultrasounds and endoscopes
- Pre-owned equipment – buying and selling
- Ultrasound probe and MR coil evaluation/repair.

Althea's engineers, technicians, and customer service specialists already support more than 300 hospitals deliver financial savings and operational efficiencies, while making a positive difference to patient experiences.The companies that have been bought together by Althea are:

- Asteral – managed service provider including integrated cardiology and interventional radiology clinical consumables management
- MESA, MVS, Spintech, and Sigil – diagnostic imaging multi-vendor maintenance service providers
- TBS and Higèa – biomed multi-vendor service providers
- Ed Sloan & Associates – refurbished imaging equipment, spare parts, and engineer training

Within the new group, an unparalleled network of diagnostic imaging Centres of Excellence have been established in Reading, Milan, Mikołów (Poland), and Nashville providing Althea with ISO13485-accredited multi-vendor engineer training and spare parts testing facilities.

David Rolfe, UK&I Chief Executive Officer comments:

"Asteral, MESA, and TBS have been pioneering in the UK & Ireland for over 15 years.

"Now, as Althea, we have the capability and infrastructure to support clinical teams across all hospital departments – from cardiology to endoscopy, from an infusion pump to an MR scanner.

"We use our scale and experience to leverage and deliver high-quality medical equipment, maintenance, and clinical consumables to optimise patient outcomes, while providing the best possible value at all times."

Alessandro Dogliani, Group Chief Executive Officer of Althea comments:

"We are at a tipping-point in our industry. There is now so much complex medical equipment in service in hospitals, clinics, and health centres that their need for an independent technology partner is essential.

"We have launched a company that brings together pioneers and experts from across the industry. Althea can offer a breadth and quality of service that no-one else in our market can match. We are committed to working with customers to improve healthcare services."

www.althea-group.com/uk

ALTHEA

Will robots make our hospitals more efficient?

With gradually-declining running costs and healthcare leaders searching for new means of efficiency, it is inevitable that we will see more robotic systems in hospitals, says Jeremy Russell, CEO of surgical robotic experts, OR Productivity. He writes:

"With pinpoint precision, remarkable Artificial Intelligence (A.I.) and advanced algorithms, the presence of a robot will make operations safer, faster, and more hygienic. However, the uptake of such technology must be accelerated.

Even if current trends continue, there will be a 14 million global needs-based shortage of health-care workers by 2030, says the World Health Organisation.

"Thought leaders such as Dr. Bertalan Mesko, PhD, founder of the Medical Futurist website believe that technology will be the key to meeting such challenges. Mesko predicts that methods of automation – such as A.I. robotics and 3D printing – will help to make healthcare sustainable and remarkably efficient.

"In England alone, recent research showed that NHS hospitals could undertake 17 per cent (280,000) more non-emergency operating procedures every year with better-organised operating theatre schedules – suggesting that operating theatres are significantly underused, with each procedure becoming costlier.

So how fast will the medical sector embrace these technologies? And, what might they look like?

"Market projections appear to predict that robotic surgery is winning the economic argument. The Surgical Robotics Market was evaluated at U.S.$3 billion in 2014, and is expected to double to U.S.$6 billion by 2020, according to Allied Market Research.

"UWE Bristol researchers in the University of Bristol's Robotics Laboratory (BRL) are creating new robotic tools and devices to be used semi-automatically under the supervision of surgeons during invasive medical procedures.

"BRL's Dr Sanja Dogramadzi, who researches the use of robotic technologies to

repair complex joint fractures, believes these tools have the potential to aid orthopaedic, abdominal and cardiovascular surgery. "By using minimally invasive access to organs and tissues, robotic tools can help to reduce trauma, speed up recovery and minimise costs." she said. In her field, small robotic tools can be used to perform closed-joint reduction "with minimal invasion".

"On a larger scale, Google is now working with Johnson and Johnson's medical device company, Ethicon to develop A.I. surgical robots to assist surgeons during invasive operations.

"The partnership will seek to use advanced imaging and sensors to assist surgeons by highlighting blood vessels, nerve cells, tumour margins or other important structures that could be hard to discern in tissue by eye or on a screen, The Guardian reported. The technology will also incorporate augmented reality to combine the numerous feeds of information currently spread across multiple monitors.

"Other existing robotic alternatives such as the Da Vinci Surgical System use a magnified 3D high-definition vision system with tiny flexible instruments far more manoeuverable than the human hand. This system eases and enhances a surgeon's ability to operate safely and efficiently, yet has been limited in its use by high running costs.

"OR Productivity's FreeHand system holds and manipulates laparoscopes and cameras during keyhole surgical procedures, and provides a rock-steady image. It also eliminates the need for at least one camera-holding medical assistant, and in-turn brings down the procedural costs.

"FreeHand is in talks with partners to combine expertise and build a full low-cost robotic system for laparoscopic surgery. Robotic and technological systems will provide safer and faster operations to benefit both patients and surgeons, as well as lower costs for health service providers.

"For patients this will bring a greater peace of mind due to the reduced risk of human error in healthcare, as well as faster recovery times and even smaller surgical scars. Make no mistake though, we are not yet within the realms of seeing surgeons made redundant by robots."

www.freehandsurgeon.com

ABOUT THE AUTHOR

Jeremy Russell, CEO of OR Productivity, creators of FreeHand. ORP designs and manufactures cost-effective robotic systems that hold and manipulate laparoscopes during surgical procedures.

It has an active R&D team who work with partners and surgeons in the UK, Europe, and US to refine and extend its technology for robotically assisted surgery around the world. Its current system, the FreeHand v1.2, is CE-marked, 510(k) and MHLW-registered and is used all over the world.

In the UK, the company is partnered with Amdel Medical and CLS Surgical to promote and supply the Mediflex product range to the NHS and Private Hospital groups. Its clinical support team works with hospitals to provide solutions and assist in implementing change to achieve economic and clinical benefits.

Gelpack restores production and jobs in Hereford

Vision Gelpack, the UK manufacturer of polyethylene films, liners, and sacks for the local authority, waste management, janitorial, clinical and medical and other industrial sectors, has resumed production at its Hereford plant following the acquisition of the assets of Gelpack Excelsior by Visionscape Group.

Under the leadership of managing director Geoff Davis and other key former members of the UK management team, some 50 jobs have already been reinstated, with another 20 positions planned by mid-2018. Six production lines have been re-commissioned to cope with initial orders, with another six lines scheduled for a January start.

"I am especially delighted that we have been able to restore production and employment at our Grandstand Road plant so quickly," says Davis. "I am also excited by the many new opportunities that the Visionscape Group represents, with its global closed loop philosophy, which ensures that the recovery opportunities for each product are fully maximised."

Grandstand Road Production

"We are excited to welcome Vision Gelpack to the Visionscape Group, "says Harry Ackerman, executive director at Visionscape. "With over four decades in profitable business, Vision Gelpack was a great strategic fit for us and value-added on all sides. We have made an excellent investment and Vision Gelpack's established reputation will enable Visionscape to provide a more comprehensive range of services and solutions to the millions in the markets we operate."

Vision Gelpack forms part of Visionscape's European operations, which also includes Vision Petlon Polymers, the leading compounder and polymer recovery company based in Lydney, Gloucestershire; and Vision Environmental S.A., the Group's polymer recycling division, in Belgium.

Visionscape is a global environmental utility group providing turnkey solutions in areas of sanitation, energy, and waste water treatment. The company aims to reinvent waste management processes, specific to emerging markets, using cutting-edge technology and tools to address the waste management needs of megacities. Visionscape also offers services for commercial, residential, industrial, and healthcare clients.

W: www.vision-gelpack.co.uk
T: +44 (0)1432 267391
E: sales@vision-gelpack.co.uk

Badgemaster appoints new managing director

From a Portacabin on a building site to a supplier to the Royal Household. From a start-up 25 years ago to the UK's leading and largest badge manufacturer. Our journey so far has been fast-paced and customer-focused. And it is set to continue.

Hot on the heels of our recent investment news, we are delighted to announce the appointment of our new Managing Director, Ian Bradbeer FCMA. Our founder John Bancroft MBE will remain at the helm as Chairman, and together with Ian, will steer our future development.

We're set for ambitious growth.

Chairman John Bancroft and wife Vicky would like to thank their 110-strong Badgemaster family and 30,000 customers for helping them become the UK's number one badge manufacturer and look forward to sharing the next phase in the company's development.

John Bancroft MBE, Chairman and Founder, on the right welcomes Ian Bradbeer FCMA to the Badgemaster family

www.badgemaster.co.uk

VWV scoops top legal team of the year award for primary care

Legal firm Veale Wasbrough Vizards (VWV) has enhanced its already growing reputation for excellence in healthcare legal advice to the primary care sector. Ben Willis, VWV partner who heads the healthcare legal team, tells Hospital Times editor John Whelan: "We are delighted to announce that our specialist team of Healthcare lawyers won the General Practice 'Legal Team of the Year 2017' Award."

Left to right: Andrew Lockhart-Mirams, Consultant, Ros Parkin, Consultant, Sandeep Saib, Marketing and Business Development Executive, Ben Willis, Partner, and Oliver Pool, Partner.

Ben Willis is a commercial property lawyer with over 20 years' experience of working with both mainstream commercial clients and those operating in specialist sectors. He has particular expertise in the ownership, development, and funding of healthcare property. GP surgery development is an acknowledged specialism for VWV and Ben Willis has been involved in More than 95 such developments.

The award to VWV commends outstanding legal work and advice provided to the primary care sector across the UK, and recognises the team's talent, dedication, and innovation in assisting and supporting all aspects of primary care. VWV has more than 25 years' experience in providing specialist advice to GPs having acted for more than 1,750 GP practices and other primary care providers throughout the country.

Not the only award nomination

But this isn't the only award success chalked up recently by VWV. Following months of research and over 70,000 interviews, Legal 500 nominated VWV for 'UK Firm of the Year - Public Sector' including the regional award for West Midlands, and the specialism award for the firm's educational institution work.

Its specialist team of 45 lawyers is based across London, Bristol, and Birmingham and has been providing legal advice to the public sector for over 25 years. The Legal 500 UK 2018 Awards recognise and reward the best in-house and private practice teams and individuals over the past 12 months. The winners will be announced in London in February.

Ben Willis, says "Primary care is our focus at VWV. I am delighted that the we have received this strong endorsement. We had a very busy year in supporting primary care , welcoming Lockharts, as well as many new GP clients and continuing our strategy of growth. Our success at the awards is a great recognition of the team's hard work and dedication. It was a fantastic end to 2017 - here's to 2018."

VWV offers many specialist services for primary care providers notably with private purchases and mergers, federations and alliances, shareholder agreements, and premises. Ben Willis says: "We have acted in more than 100 GP surgery developments and provide advice and support in respect of any property transactions."

VWV, says Ben Willis, is keenly aware of current pressures on primary care as a whole and is bang up to date in its understanding of advances in digital health technology including webGP and Babylon GP symptom and checker for online GP advice in a matter of minutes.

So VWV is up with the changing developments in healthcare but as Ben Willis says: "The biggest challenge now is around sustainability with GP practices needing to offer more services for less money due to pressures on the NHS. As things become harder it is more difficult to recruit younger doctors into general practice and we are also losing experienced GPs."

However, Ben Willis considers that this is also going to become part of the NHS's new challenge for care project. For example, South Somerset Symphony Programme is developing a new system for delivering health and social care in south Somerset. It supports staff from different organisations to work together, providing people with quicker and easier access to services and support. This will be delivered through a new organisation that is jointly managed by health and social care professionals.

While this is welcome VWV recognises that there will be many bumps on the road ahead but with its hugely professional team VMV will be supporting primary care every step of the way on legal services and responding to change in healthcare to ensure that patients as put first and GP practices adequately supported.

How to create an effective modern sluice room

An effective and well-planned modern sluice or dirty utility room which enables clean and effective human waste disposal and disinfection is key to ensuring excellent hygiene and infection control standards in hospitals and other healthcare facilities.

The careful and safe disposal of human waste and associated decontamination of reusable and single use items such as bedpans and urine bottles are one of the most important operations for maintenance of both patient and healthcare worker wellbeing. Minimising the risk of HCAI's will directly reduce costs, due to significant decreases in nursing time and the use of antibiotics, as well as through the avoidance of a total ward shutdown when an infection cycle needs to be broken. By disposing of all human waste in a single area, infection can easily be contained and isolated before it can spread.

Pulp macerators

There has been growing popularity of pulp macerators and single use pulp items, which has been driven by the need for higher standards in infection control in all healthcare facilities.

Due to the increasing number of outbreaks of infection caused by high-risk microorganisms, such as C. difficile, and the inability of washer-disinfectors to eliminate the risk of cross-infection, many UK healthcare establishments are now moving away from the use of reusable human waste containers and switching instead to single-use 'pulp' containers, with subsequent pulp maceration and disposal as an alternative, and extremely reliable, means of total infection control.

Such pulp macerators will destroy disposable pulp bedpan/urine bottle containers and their contents, including 'macerator-friendly' wipes and bags, by pulverising items into tiny particles using carefully designed blade technology. Furthermore, as well as eliminating the contamination risk arising from reusable products, pulp macerators have low water and electricity consumption with fast cycle times, thereby enhancing work efficiencies, and reducing valuable staff time spent in the sluice/dirty utility room.

What is medical pulp?

Traditionally medical products have been made of stainless steel or plastic materials. In the modern environment – with an increased focus on reducing hospital-acquired infections and the seemingly endless demands on healthcare budgets – recycled paper pulp is considered as a clean and cost-effective alternative. Moulded pulp products are a sustainable product, as they are produced from recycled materials such as old phone books, newspapers, magazines, cardboard – in fact any product made of paper fibres. In some instances, the pulp products can be recycled again after their useful lifecycle to fuel power plants. The recycled paper is mixed in large vats with hot water at between 43˚C and 65˚C. The hot water swells the fibres, causing them to break apart, and after 20 minutes they become pulp. This is then filtered to screen out plastic and other contaminates and is then moulded into shape using a fully automated process. Moulded pulp products can also be made waterproof with a spray or dip coating of wax after.

Reducing costs

Pulp products for use in hospitals are purpose-built for managing a number of different, but entirely typical nursing situations that occur on an everyday basis, such as holding/collecting vomit, urine, or faeces. Once the product has been used it can be safely destroyed, together with the human waste material, in a pulp macerator. By switching to pulp utensils instead of stainless steel or plastic, nursing staff and healthcare providers can reduce costs by avoiding costly purchases of reusable utensils, and the task of washing and storage of such utensils. Staff can also avoid the unpopular task of handling used or dirty bedpans.

Conclusion

Inadequate decontamination and disposal of human waste can result in the transfer of infections to patients and health workers; every location in which decontamination procedures are undertaken should be properly designed, maintained, and controlled. A healthcare establishment must be able to guarantee that it can effectively deliver the clean and efficient disposal/disinfection of human waste containers to maintain a safe and hygienic environment for patients, residents, and staff alike.

More healthcare facilities are moving over to single-use pulp products and maceration. Whether this is planned in at the build stage, or when replacing existing systems, choosing the most effective method of sluice/dirty utility room management for the establishment is of paramount importance.

For more information on our products and services visit our website at **www.ddcdolphin.com**

Wardray offers to replace old trolleys for new

If you're planning to replace your MR trolley(s) this financial year the latest offer from Wardray Premise may be of interest.

It is offering a special trade in discount of £1,000 off their list price when you purchase a new MR5501 (adjustable height trolley) for orders placed between now and 31 March 2018. For every new MR5501 trolley purchased, the offer includes the removal and scrapping of your old trolley, regardless of the age, make or trolley condition.

Wardray's MR5501 trolley is designed and made in the UK, ensuring they deliver a quality product ready for the rigours of hospital life. In addition, it is MR conditional to 7T, making it suitable and safe for use in all medical MR environments.

The trolley is height adjustable with a maximum table top height of 920mm down to a minimum height of 520mm. It has a power assisted adjustable back rest, Trendelenberg positioning, fold down cot sides, fixing points for IV poles, 150mm low rolling castors all fitted with lockable brakes.

Wardray has a successful track record, having sold more than 1,000 adjustable height trolleys (MR5501) worldwide.

Contact Wardray sales staff at **sales@wardray-premise.com** or telephone 0208 398 9911 for quotations, further details and to secure your discount.

Adam wins Paediatric Audiologist of the Year 2017 award

The BAA (British Academy of Audiology) has announced that Adam Walker, chief paediatric audiologist at Trafford General Hospital, is the winner of the much-contested Paediatric Audiologist of the Year Award. The award is sponsored by hearing aid manufacturing company Phonak UK, and this is the first time ever that a paediatric category has been included in the prestigious BAA awards line-up.

The glamorous awards ceremony took place during the 14th Annual Conference of the BAA in November at the Bournemouth International Centre. The awards recognise individuals and teams that have excelled in or shown exceptional commitment to the audiology profession over the past year.

Until recently there was no paediatric award category and, noticing this omission, Phonak formulated the entry requirements for the new category and helped to promote it alongside its partners the BAA and the NDCS (National Deaf Children's Society).

"Audiology is often associated with hearing problems in mature adults, but there are many children who need help from a very early age," explains Benjamin Kennedy, Brand and Communications Manager at Phonak. "We have seen first-hand the difference a good paediatric audiologist can make to a child's life and as a result we wanted to help recognise the sterling work they do. That's how The Paediatric Audiologist of the Year Award came to exist. We announced the category in June 2017 and we were delighted to receive over 90 nominations for practitioners across the country."

The nominations were all carefully examined by the BAA, the NDCS, and Phonak. Three finalists were chosen for their outstanding contributions to the industry and dedication to their patients. After further assessment of the finalists, Adam Walker was chosen as the winner.

"Adam's nomination and supporting testimonies really impressed the judges", explains Kennedy. "His application stood out not least because of the number of endorsements from patients but also because the high level of support from his peers and members of the audiology community."

Adam Walker graduated with an MSc in audiology in 2006 and, following clinical training from 2006 to 2007, he has spent the past seven years working at the Manchester Foundation Trust - initially with Manchester Auditory Implant Programme and latterly at Trafford. He attributes his success to the wonderful paediatric audiology team he works with who, he says, all deserve to share this award.

"I've always liked the idea of paediatrics, and working with children showed me how much we can positively influence a child's life and the lives of their immediate family members", said Adam Walker. "It's a challenging job and no two days are the same, but I'm confident that if we improve quality of life from a very early age, we're also making it possible for children to grow up healthily and happily. Most importantly, I feel that the products we have available today have come a long way both technologically and aesthetically. Modern devices are tailored to each individual's ear and are very discreet. The increased range of colour choices and personalisation options available now are helping to make hearing aids more appealing to children, which makes our job much easier! Feedback management systems, the ability to connect with a wide range of assistive listening devices, as well as longer and more reliable battery life, are helping to simplify the use of hearing aids and that is, in itself, a great success."

For more information, please visit **www.phonak.com**, **www.phonakpro.com**

‘Together for doctors’ campaign highlights need to support clinicians

The Royal Medical Benevolent Fund (RMBF) is launching a new campaign, Together for Doctors, which aims to highlight the need to offer vital support to medical professionals, especially hospital doctors, who are working under increasing pressure.

The campaign urges any doctor in difficulty to reach out. Every year the RMBF supports hundreds of doctors, medical students and their families who are struggling with financial concerns, ill health, or injury. This help includes grants and loans as well as a telephone befriending scheme for those who may be isolated and in need of support.

As part of its Together for Doctors campaign, the charity conducted a survey among senior hospital doctors, GPs, trainees, and charity supporters. It found that alarmingly 67 per cent wouldn’t recommend medicine as a career to their children even though it had been a family career throughout generations. Most respondents (92 per cent) also think that working conditions in UK hospitals have deteriorated in the past decade.

While survey responses underlined some of the major pressure points affecting doctors on the front lines of today’s NHS, they also highlighted several key environmental factors which could significantly improve a hospital doctor’s working day. These included:

Most survey respondents felt that if means can be found to improve parking, communal areas, rostering systems, catering, and childcare facilities, these changes to aspects of the hospital environment have potential to yield substantial benefit.

The RMBF’s Chief Executive Steve Crone comments: “Doctors work tirelessly to support us all in our times of need, yet many feel unable to ask for help when things aren’t going well for them, either professionally or personally.”

If you would like to request materials to help support doctors in your own hospital, please don’t hesitate to get in touch by emailing info@rmbf.org. The charity also has a free downloadable online guide, The Vital Signs, authored by Dr Richard Stevens, a coach with Thames Valley Professional Support Unit. The guide highlights key pressure trigger points for doctors and signposts organisations and support networks for those in need of help and advice.

To find out more about the RMBF and the Together for Doctors campaign, visit **www.rmbf.org**

Together for Doctors

P3 Medical acquires Stericom Ltd

P3 Medical Ltd has announced the acquisition of 100 per cent of the share capital of Stericom Ltd (www.stericom.com). Stericom has an excellent portfolio of products which complement P3 and which are sold to a similar customer base.

Simon Talbot, Managing Director, P3 Medical says: "Steve Aspin and his team have done an excellent job in building Stericom and we are delighted he will be staying with the business for the foreseeable future as we seek to build on the combined strength of the two companies."

Stericom will continue to operate from its Chesham facility as a stand-alone division of P3 as we explore the best structure for future integration. The acquisition represents part of a wider strategy to strengthen and grow the established P3 business.

Further information from info@p3medical.com or 01179 728888.

www.p3medical.com

Maternity Unit and Special Care Baby Unit at Harrogate District Hospital each receive Unicef Baby Friendly Awards

Harrogate District Hospital's Maternity Unit has become only the second in the whole of the UK to be awarded Unicef's Baby Friendly Initiative Gold Award – plus the hospital's Special Care Baby Unit (SCBU) has become the second in the whole of the UK to be awarded Unicef Baby Friendly Accreditation.

This combination of both a Gold award for Maternity and full accreditation for SCBU is the first of its kind in the whole of the UK.

The Baby Friendly Initiative, set up by UNICEF and the World Health Organization, is a global programme which provides a practical and effective way for health services to improve the care provided for mothers and babies. It is based on a comprehensive set of standards designed to provide parents with the best possible care to build close and loving relationships with their baby, and to feed their baby in ways which will support optimum health and development.

Harrogate District Hospital's Maternity Unit has held full Unicef Baby Friendly Accreditation since 2002, with the Gold Award – set up in November 2016 – requiring extra work and development to further enhance standards of care and ensure long-term sustainability. Gold is the highest level it's possible to achieve.

This involved ensuring 16 criteria are met, including a named Baby Friendly lead/team with sufficient knowledge and skills; support for ongoing staff learning and mechanisms in place to support a positive culture; and ensuring staff skills remain up-to-date. The Unit also needed to demonstrate it is responsive to change and can provide evidence of improved patient outcomes. These criteria are independently assessed by a Unicef representative.

SCBU's full accreditation demonstrates the unit's commitment to providing the highest quality care for the hospital's youngest patients and their families.

To meet the standard, SCBU was judged against a set of criteria including supporting parents to have a close and loving relationship with their baby; enabling babies to receive breastmilk and to breastfeed when possible; and to value parents as partners in care. Again, these standards are independently assessed by Unicef.

Sue Ashmore, Programme Director, UNICEF UK Baby Friendly Initiative, said: "Harrogate is the first service in the country to receive both a Gold award for their maternity service and full accreditation for the neonatal unit. It is a fantastic achievement and a testament to, not only the hard work of all the staff, but to the innovative and 'can do' culture within the service. Not only have they improved the care of mothers and babies in Harrogate, the staff have also shown others what can be done, which will hopefully influence improvements in care for all mothers and babies in the UK."

Alison Pedlingham, Head of Midwifery at Harrogate District Hospital, said: "I'm so proud of my colleagues in both the Maternity Unit and the Special Care Baby Unit. These awards are entirely due to their hard work and dedication to providing the best possible care for new arrivals, mums and their families. So much work has gone into these achievements.

"These awards give assurance to mums-to-be that we are completely focused on providing high quality care. Thank you to colleagues, and to mums and their families, for their part in these achievements. The challenge now is to continue our efforts and to maintain these high standards over the coming years."

Mum Hannah with baby Harrison and Special Care Baby Unit staff

Children's hospital gets generous donation from GOSERVE

Front row; Liba-Yr 1, Ria-Yr 3, Raheel Yr 2, - Yr 6 Zryan. Back row L-R Tracey Deathridge Head of Hospital Sectors, Christian Sample Managing Director of GoServe & Matt Dawson Technical Director of GoServe. Saranne Moreno Fundraising Manager BCH

James Brindley School at Birmingham Children's Hospital has been presented with a GoInteractive table for the KS1 pupils within the hospital. This is an extremely generous donation for which the hospital school is very grateful.

It will be used to support teaching activities of individuals or groups to help stimulate the minds of our pupils. The table is a unique learning tool with its built in apps and software. It has various settings, moving from an upright position to a table top and gives multipurpose uses all in one.

Miranda Williams, Public Fundraising Manager at Birmingham Women's and Children's Hospital Charity, says: "We are always so grateful to our kind-hearted supporters who go above and beyond to make our hospital a special place for our patients and their families. This generous gift from GOSERVE will make a huge difference to the children who use the school and help make their learning environment a more fun and exciting place."

Tracey Deathridge, Head of Hospital Sector at Birmingham Children's Hospital, also adds: 'We have been working closely with GOSERVE which has designed the table so that it can be used in the Primary hospital classroom or individually with pupils being taught on the wards.'

Christian Sample, Managing Director of GOSERVE, along with Matt Dawson, Technical Director, presented the table to the school, which was even supplied in blue, to match the James Brindley School logo.

Hardip Bissell, Vice Principal of James Brindley School says: 'This will serve as an excellent resource for teaching & learning within our primary setting. Pupils who are admitted for medical reasons can still access their education so that they do not fall behind when they return to their home schools. This is a wonderful donation and we are extremely grateful to Christian and his team.'

Matt Dawson, Director of GOSERVE whose daughter has been an outpatient at BCH for the past two years comments: "Myself and Christian feel extremely proud to be able to donate the interactive table to such a worthy cause. The smiles and excitement on the day really said it all, Birmingham Children's Hospital are the first in hopefully many organisations that we aim to donate to in the future through our "GoGive" campaign, by reaching targeted sales we will be donating to local hospitals and charities, We are thrilled to be working alongside BCH to help bring bedside education and ICT together."

For more information on the GoInteractive range please call 0800 009 6979 or email Sales@Goserve.uk.com

To find out more about ways you can support Birmingham Children's Hospital Charity, visit bch.org.uk or contact our Supporter Care team on getinvolved@bch.org.uk or 0121 333 8506.

Taunton and Somerset NHS Foundation Trust marks Althea's 10th managed service contract

Althea is announcing the service start of its tenth vendor-neutral managed equipment service, at Taunton and Somerset NHS Foundation Trust. The 10-year partnership, which has optional extensions up to a further 10 years, will oversee: the ongoing maintenance of all radiology assets, the provision of an integrated clinical consumables management service, as well as a major asset replacement programme and departmental re-design.

By January 2019 the trust will have 19 new items of Radiology equipment and will have increased its CT and MR capacity by 50 per cent allowing for the repatriation of clinical services. A new 3T MR scanner is being funded through charitable donations and a new cardiac-enabled CT scanner is being funded through the service. Other new items to be delivered include three DR retrofit mobile X-rays, two fluoroscopy suites, a bone densitometer, two injectors, two surgical c-arms, five ultrasounds, and two X-ray rooms.

To accommodate the new CT and MR scanners Althea's in-house design team have worked with the trust to improve the department, introducing new ultrasound, CT, MR, and fluoroscopy sub-locations as well as an upgraded radiology main reception. Althea's re-design services are fully aligned with ISAS's patient-focussed assessment and accreditation programme and will: improve patient experience ensuring privacy and dignity, maximise patient safety by ensuring issues like infection control are built into design, and provide a staff working environment conducive to maximising clinical time.

As well as equipment replacement the service includes high-quality maintenance of all clinical imaging systems. All maintenance activities are performance-managed by Althea's single point-of-contact Service Centre which is open 8am to 8pm Monday to Sunday as standard. Maintenance is being delivered by a flexible combination of original equipment manufacturers and independent service organisations (ISO) including Althea's on-site and field-based engineering teams.

Althea's ability to deliver value is further enhanced by the integrated consumables management service which will deliver both cash-releasing savings and significant operational efficiencies for the Radiology, procurement and finance teams including: stock optimisation, spend management, and supplier rationalisation. Althea's service includes a stock management IT system and on-site staff to deliver cost controls, eliminate stock out events and stock loss. The stock management system will also provide high-quality procedure-level cost data that integrates into the trust's PLICS. The service reduces non-clinical activities for the clinical teams in the areas of stock management and re-ordering, while ensuring they retain full control over the selection and choice of consumables.

Althea's CEO, David Rolfe explains: "We are delighted to enter into this long-term partnership with Musgrove Park Hospital. Our vendor-neutral managed service has been customised to the hospital's specific needs and is the most cost-effective way to ensure their patients have access to the latest diagnostic technology in first-class, patient-focussed facilities."

Adam Turner, Operational Manager in Diagnostic Imaging at the trust, says he is excited by the hospital's new partnership with Althea. "Due to this new partnership, we will be able to create much-needed additional capacity, along with reinforced confidence in our ability to continue to provide a high-quality imaging service. With a larger demand on our imaging services, it is reassuring that our existing equipment will be refreshed as it means we can continue to keep up with new radiological techniques."

Musgrove Park Hospital is a district general NHS hospital providing care to a population of over 340,000 as well as specialist services for the whole of Somerset, making a catchment population around 544,000. Every year Musgrove Park Hospital sees over 41,000 patients admitted as emergencies and makes around 235,000 diagnostic imaging examinations. The hospital has around 4,000 staff, and an annual budget of circa £250 million.

For more information on Althea's innovative services please call 0118 900 8100 or follow us on Twitter @AltheaUKI.

www.althea-group.com/uk

Partnership that mitigates cross contamination fits like a glove

Two world leaders in their respective fields have combined their expertise to create Europe's first bona fide antimicrobial nitrile examination gloves.

Unigloves new Fortified single use gloves incorporate silver ion technology from BioCote, which has been scientifically proven to destroy 90 per cent of bacteria within just 15 minutes and 99.5 per cent in only two hours.

BioCote is also proven to be effective against E.coli and Salmonella, antibiotic resistant superbugs such as MRSA, VRE, CPE and CRE, invasive fungi species such as Candida auris, plus H1N1 influenza, H7N9 and the current Aussie flu strain.

Exposure to BioCote treated materials (like the surface of the Fortified glove) prevents microbial colonisation. It also renders them non-infectious, through protein and oxidative damage, membrane disruption, and DNA interference.

It's a consistently reliable and proven complementary strategy for the cross-contamination issue prevalent within hospitals, treatment centres, care homes, and pharmaceutical facilities. Measures to control the spread of infection in such highly populated settings are widely practised, but currently have limited success.

Ionic silver particles are simply impregnated into the Unigloves synthetic nitrile (prior to vulcanisation) during production and homogenously dispersed throughout the rubber polymer, as opposed to being added as a surface coating which can wear off. Silver is an ideal antimicrobial agent due to its effectiveness against a range of microorganisms and this protection lasts the lifetime of the Fortified glove – it will not wear or wash off, or leach out.

Meeting medical standards for pinholes

Unigloves Fortified gloves meet the medical standard for pinholes (AQL 1.5) and are tested in accordance with EN455 (medical grade). They are latex and powder free, chemical resistant and are also available in sizes small to X Large. Visit https://unigloves.co.uk/products/glove-ranges/fortified/

Chris Wahlers, Managing Director of Unigloves, says: "As a renowned solutions provider, we're confident that Fortified will quickly become a must have for our healthcare and hygiene critical clients. Such premises are a breeding ground because of shared facilities and enclosed spaces, circulated air, common contact surfaces and extended mixing. Common disinfectants have limited residual effects and bacterial populations are rapidly displaying increased resistance to them.

"Going the extra mile and protecting our gloves with a silver ion based BioCote antimicrobial agent will not only significantly reduce the risk of microbial contamination, but considerably improve duty of care to staff and customers.

"We have rigorously tested product efficacy to ISO 22196:2001, but partnering with BioCote has helped us no end, as they repeatedly test the real-life benefits of protected products by assessing their antimicrobial performance in the toughest environments such as hospitals and laboratories."

Guy Charteris, Partner Development Manager for BioCote, adds: "Our quality control procedures really are second to none – products are subjected to 25-year accelerated life cycle testing. They require Unigloves to consistently demonstrate above our own global standards of antimicrobial performance to continue carrying our trademark. No other antimicrobial provider enforces this measure, but to their credit they welcome this level and degree of transparency too.

"What a forward thinking and innovative partner such as Unigloves also gets from BioCote is a complete support package. This covers all things antimicrobial, not to mention data to support any marketing claims (a legal requirement), plus of course peace of mind that its product and ours is doing exactly what we say it is."

www.unigloves.co.uk

Ieso Digital Health announces Sarah Bateup's promotion to new role of chief clinical officer

Ieso Digital Health, the UK's leading provider of online, evidence-based cognitive behavioural therapy (IECBT) and one of the top 50 fastest growing technology companies in the UK, says that it has promoted Sarah Bateup to the new role of Chief Clinical Officer (CCO). She is widely regarded as one of the UK's most accomplished leaders in online CBT. In her new role Sarah Bateup is responsible for directing Ieso's clinical strategy and operations in both the UK and US and overseeing Ieso's network of 500+ BABCP accredited therapists.

Ieso Digital Health is transforming mental health care delivery in the UK, by making high quality CBT available through the NHS as part of the 'Improving Access to Psychological Therapies' programme (IAPT

Ieso has also assembled one of the most experienced management teams comprising world class clinicians, AI scientists and therapists. Ieso's breakthrough technology has recently been introduced in the US and is set to transform the US Mental Healthcare market in 2018.

Sarah Bateup is a BABCP (British Association of Behavioural & Cognitive Psychotherapists) accredited cognitive behavioural therapist and supervisor. She has delivered more than 27,000 hours of cognitive behavioural therapy (CBT) to people across the UK. She also frequently lectures at several eading universities across the UK. She joined Ieso in 2011, and most recently served as the company's Chief Clinical Lead.

Speaking about Sarah Bateup's new role, Ieso CEO Dan Clark says:

"Sarah consistently promotes the highest standard of clinical work and patient care. She has been instrumental in ensuring Ieso's status as the first behavioural health organisation to monitor and analyse therapist adherence to clinical protocols. As Ieso enters an exciting phase in its continued growth and expansion, Sarah has an outstanding reputation for accelerating therapist knowledge and capabilities to the next level. She has an unparalleled ability to listen to the voice of the therapist and always ensures that their continuous learning comes first and foremost."

McAvoy wins place on £1 billion modular building framework

The McAvoy Group has been appointed to the LHC Modular Buildings Framework, which has a combined value of more than £1 billion. The LHC is one of the UK's longest-established public sector procurement specialists.

McAvoy has secured the opportunity to provide permanent and customised modular buildings and interim facilities for education, healthcare and emergency services schemes across England, Wales and Scotland for the next four years.

McAvoy was successful in 15 lots and achieved the highest scores for education buildings, factory processes, and for BIM, out of all companies bidding for places on the framework. McAvoy also finished top in the workstream WS1 for permanent or interim education and healthcare buildings, which means public sector clients can award contracts directly to the company.

Commenting on this major framework appointment, Eugene Lynch, Managing Director of The McAvoy Group says: "Our success in so many lots of this prestigious framework highlights the scope and quality of the offsite solutions that McAvoy can offer to public sector clients across the UK."

"An important factor in our appointment was our ability to develop virtual models of our clients' buildings to facilitate more informed decision making, and enhance stakeholder engagement. This innovative use of advanced technology helps clients to reduce risk, save time and really optimise the speed and efficiency benefits of offsite construction."

The Group's appointment follows a rigorous selection process, which included a visit to McAvoy's factory, a demonstration of its market-leading virtual reality technology, and a thorough assessment of the quality and technical performance of its offsite building systems for both permanent and interim use.

The LHC frameworks give public sector building clients the benefit of faster and more efficient procurement, best value pricing, instant access to project data, the reassurance of higher quality, guaranteed service levels, and faster project starts. The Modular Buildings Framework can be accessed in Scotland via the Scottish Procurement Alliance and in Wales using the Welsh Procurement Alliance.

For further information, visit **www.mcavoygroup.com**, call 028 8774 0372 or email info@mcavoygroup.com

Explaining the pitfalls and challenges of auditing

Author: Ms. Ann Higgins. RGN, RSCN, MSc Infection Prevention, PG Dip Management, PG Dip.
Coronary Care, Honorary Lecturer RCSI,
Clinical Director Medical Audits Limited

Most healthcare staff working in clinical practice will be aware of the numerous and ongoing audits that take place on what seems like a daily basis in their place of work.

Most will also agree that audit is a necessity. However, it is why we audit that seems to have become somewhat lost to many of us. I challenge you to ask yourself the question - have we become so caught up in getting the audits done that we have lost sight of the whole reason for the audits in the first place?

The Medical Council states that 'Clinical Audit can be defined as assessing, evaluating and improving the care of patients in a systematic way. Setting of standards, measurement of practice compared to the 'gold standard', identification of deficiencies and addressing deficiencies (closing the loop) is an accepted model of clinical audit'(Medical Council 2010).

National Institute of Clinical Excellence (NICE, 2002) definition of Clinical Audit as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change' is widely accepted and quoted within healthcare (HQIP, 2012; Pasquale Esposito, Antonio Dal Canton World J Nephrol. 2014; HIQA, 2017).

And yet we find that it is often just the act of completing the audit itself that has become the goal. In this era of constant demand for audit data from quality departments, Trust boards and accreditation bodies are we focusing on getting 100 per cent of the audits done as the target for our quality programme instead of focusing on the data we have collected and what it is collected for?

This I feel is the first challenge of auditing – Keeping the focus on WHY we are auditing. If we focus on WHY we audit, we will know that we must analyse the data collected to identify risks, patterns, trends and noncompliance for action so we can then identify what is needed to improve practice.

And here in lies challenge number two – Ensuring the audit data is meaningful.

One of the pitfalls facing us in healthcare is that auditing is not consistent. The standard of audit depends on the experience of the auditor. An experienced auditor will know instinctively just the right question to ask or the place to look for evidence of compliance while those inexperienced in this process will often miss non-compliances or possible risks.

Standardised, Consistent Auditing

And of course, this points to another pitfall of auditing, the fact that compliance and what is considered necessary to meet required standards, is often based on the auditor's opinion rather than specific measurable, quantifiable standards. This, of course, is not something that is unique to healthcare. This is challenge number three – Ensuring compliance is based on specific measurable standards and not the auditor's opinion.

Indeed, I only have to look to my own opinion of a tidy bedroom (all clothes hung up neatly in the wardrobe), and compare that to my teenage son's opinion (a month's worth of clothes, both clean and dirty, piled high on a chair or, depending on the time of day, piled high on the bed) to know our opinion of the standard required to be considered 'tidy' is different. So what can we do to avoid these pitfalls and challenges of auditing?

Clear Audit Questions

It would certainly make audit data more accurate if we could provide clear check lists for the auditor. Often the questions in an audit tool are ambiguous and left to the auditor to decide how to evidence compliance. For example, the question in the audit is worded, 'Staff are trained in Infection Prevention and Control (IPC)' rather than the more specific 'All staff working in the department have had training in IPC in the past 12 months – ask to see records'.

We should also provide clear directions on what to check to ensure every auditor checks the same things before recording a YES or NO against the check list. Using the same example above we would go on to explain:

'IPC training should be specific to the Healthcare worker's role and include the following at a minimum:

- hand hygiene and the five moments
- standard precautions and personal protective equipment
- management of patients with MRSA, VRE, CPE, C Difficile, Influenza etc.
- what to do in the event of a blood exposure incident '

Consistent Hospital Auditing

By providing these clear instructions, step by step, on how to audit each element or standard and if possible some background to the reason for the standard in the first place, we are standardising the auditing process. We can then collect consistent accurate data that reflects the practice being audited, allowing us to compare the true practice against specific standards, regardless of who carries out the audit (NICE, 2002).

Utilising the audit process for quality improvement

Once we know we have dependable, accurate data collected we must tackle challenge number four – Utilising the audit process for quality improvement.

Unfortunately, many auditors do just that, audit. They secretly write down everything they see during the audit and then disappear to write the report and, hopefully, analyse the data. The feedback provided is then often delayed and non-specific. To be powerful, feedback needs to be provided verbally at the time of the audit as well as in written format later (Ivers et al, 2012).

Timely, specific, feedback

Let's use the example of a missed opportunity to clean hands.

If we can stop the person at the time and explain that a moment has been missed we can help them to understand why it was missed. Perhaps, as often happens, gloves were applied too early or hands cleaned before touching the patient's environment instead of immediately before touching the patient. The audit becomes an opportunity to teach and a powerful way to learn, surely better than recording the percentage compliance and walking away?

I ask you, will a puppy learn not to pee on the carpet if you chastise him or her a week after the peeing incident? I hasten to add, I am not for a moment comparing healthcare professionals to puppies… but do we not all need to have a context to understand where and why we have made an error, ifwe are to attempt to change our behaviour?

Safe in the knowledge that we are not only collecting accurate data, but also using the audit process for teaching and improving practice, we must tackle the final challenge of auditing. Yes – challenge number five – Close the audit loop.

Close the audit loop

Closing the loop on the audit process is a necessity - otherwise the same issues will be present on reaudit. If training needs are identified, then ensure they are addressed. It can be at the time of the audit, or an agreed later date, but address them with real examples and explanations as to why it's important. If the issue is process, then spend the time reviewing it with those involved and work together to find a solution.

Remember that closing the audit loop is not just about closing the issue for now… it is about closing the issue for good. What I mean by this is that it is not enough to simply correct the non-compliance. We must analyse why it is occurring, so we can deal with it and be confident it doesn't occur again.

Targeted Training and Education

When we identify a non-compliance during an audit, say for example a glucometer with blood splashes on it, we point out the issue and a healthcare worker cleans and decontaminates it and then we close the related non-compliance. But, because we have not dealt with the REAL issue, the issue that glucometers are not being consistently cleaned after use by everyone because the risks associated with a blood splash on a glucometer are not recognised or understood by staff, a similar non-compliance is identified over and over every time we audit. After all – he or she who complies against their will is of their own opinion still.

Delivering Patient Safety in Mental Healthcare Settings Requires a Holistic Approach

Patient safety; the avoidance of unintended or unexpected harm to people during the provision of health care; remains a cornerstone priority both for the NHS and private providers. It is essential that we continually seek to minimise patient safety incidents and drive improvements in safety and quality.

While this is important for physical healthcare, it is perhaps even more urgent in modern mental healthcare, which often involves patients who are less likely to have a voice when it comes to their own care and safety. Critical to delivering this is a holistic strategy supported by a bottom up approach to data collection, significant investment in mental health service staff training and a commitment to coproduction at every level. Implementing such an approach would optimise outcomes and help reach the highest levels of patient safety needed in mental healthcare.

Central to this holistic approach is co-production, which requires a cultural shift away from a prescriptive, centrally orchestrated, one-size fits all strategy towards one that takes into account the individual circumstances, needs and perspectives of patients and families. At its core, co-production involves the individuals and people who use health services, their families, carers and communities in equal partnership to ensure the best possible environment to deliver the highest level of patient safety. It is about working with people, not for them or to them, to provide a tailored care pathway.

In order to deliver this in practice, Cygnet has been introducing the evidence based, internationally recognised Safewards model , which consists of ten evidence-based interventions, developed to reduce conflict and containment on psychiatric wards, across our hospitals and care facilities. Safewards has the advantage of being ward specific and created by each ward's staff and service users.

While progress is certainly being made with regard to improving patient safety in mental health settings, there are a number of key measures that could be taken to ensure further improvements are made.

First, while quantitative data into patient safety is vital and helps us to assess and evidence improvements such as a reduction in restrictive interventions across services, equally important from an individual patient safety point of view is the softer, qualitative data. Usually gathered from service users and staff – the experts by experience - this kind of information is harder to collate, but can be invaluable in reducing individual patient harm. For example, a conversation with a patient or their carer might help to inform tailored approaches to help the individual to manage his or her own distress and deal with, what for some patients, can be a challenging ward environment. This bottom up approach requires a cultural shift wherein Doctors, nurses, patients and families feel that they are an equal partners in decision-making for a tailored approach to an individual's patient safety, and ultimately direct the commissioning of mental health services.

Secondly, for nurses and experts by experience to feel confident in the care they are providing and to understand how to drive quality improvement in hospitals, service providers must invest in the workforce. Training front line staff in how to gather this soft data and respond effectively is a critical aspect of modern mental healthcare.

Finally, investing in coproduction and proper involvement and engagement at all levels – individual, ward, and organisation – and adopting evidence based models like Safewards and Recovery Colleges, are delivering sustainable reductions in restrictive practice and patient harm. These approaches give individuals hope, a sense of purpose and makes them feel more connected, leading to a reduction in conflict which may escalate patients' distress and increase their sense of isolation.

It takes a village to raise a child, as the proverb goes. In the same spirit, when it comes to patient safety in mental health it requires a partnership that involves the whole community – While healthcare providers may bear the prime responsibility for patient safety, it is one that we should all share.

Point-of-care ultrasound is invaluable for ICU patients

Point-of-care ultrasound is proving indispensable in the intensive care unit at Southampton General Hospital.

Intensive care and anaesthesia consultant Dr Max Jonas explains: "Southampton General is a Category A trauma centre, with a 25-bed general intensive care unit. We also treat surgical intensive care and high dependency patients, and cover surgical aspects of anaesthesia. In my time here – around 20 years – the use of point-of-care ultrasound has grown significantly, and its applications multiplied, as people have begun to understand how it works. Ultrasound systems have also become more readily available and easy to operate, with user-friendly probes and smart software.

"In ICU, we use point-of-care ultrasound for both regional anaesthesia and diagnostics. Visualisation of the nerves gives confidence that the needle is in the correct place when performing blocks, making the procedure safer and more reliable. Ultrasound also enables us to investigate, for example, fluid collections, hypo- and hypervolemia, and heart function, helping to support clinical decision making.

"Over the years, we have used a variety of FUJIFILM SonoSite systems, including the latest arrival, the X-Porte, which is different to other point-of-care systems. It offers high definition imaging and intuitive operation, allowing new intensive care trainees to get up to speed quickly, and has the capability to monitor and guide the operator while performing a scan. It is a real paradigm shift."

For more information, please telephone 01462 341151 or email ukresponse@sonosite.com

www.sonosite.com/uk

Pathology First delivers phlebotomy service reconfiguration

Pathology First was established in 2014 as a joint venture between Basildon and Thurrock University Hospitals NHS Foundation Trust, Southend University Hospital NHS Foundation Trust, and Integrated Pathology Partnerships (iPP).

A major part of the initial service reconfiguration has focused on updating the phlebotomy service. Pathology First oversees 750,000 bleeds a year at 19 sites including outpatient clinics, GP surgeries, and community hospitals and clinics. The service needed to become more efficient while expanding the appointment offering, cutting waiting times, reducing staff and patient stress and taking bookings online or via a call centre.

Then

Prior to reconfiguration patients chose their most convenient site, walked in, took a ticket and waited their turn. Waiting times could be as long as three hours, with crammed waiting rooms, queues in the car parks, traffic jams on approaching roads and patients sometimes even fighting over whose turn was next. Patients and staff were often unhappy and stressed.

Now

The new online booking system has been embraced by patients with more and more going online or ringing the call centre to make appointments. Waiting times have reduced and the general stress levels of both patients and staff have come down, enabling an improved patient experience as well as a more relaxed working environment.

Orsett Hospital Phlebotomy Clinic - a real example

People changed their behaviour and waiting times were reduced in just four months

- Orsett Hospital Phlebotomy Clinic receives approximately 6,500 patients a month for blood tests.
- Prior to October 2016 it was a fully walk-in appointment only clinic.
- New system went live in October 2016 - within four months walk in appointments reduced from 61 per cent to 29 per cent.
- By January 2017 48 per cent of patients were seen on time and 98 per cent within 30 minutes, compared with October 2016 figures of 26 per cent and 78 per cent.
- Average waiting time was reduced from 30 minutes in October 2016 to 11 minutes by January 2017
- In October 2016 approximately 60 per cent appointments across all age groups were walk in, but in January 2017 over 60 per cent of 21-30-year olds were booking online with a further 14 per cent going through the call centre. Even 71-80-year olds were booking online and via the call centre – 35 per cent online and 38 per cent via the call centre.
- With a less stressful environment, the experience for patients and phlebotomists has improved.

Live reporting

What the patients say:

"I would very much like to tell you what I experienced with the new system of booking an appointment for my blood test. It is a great improvement on the old system. I attended Orsett hospital yesterday for this. The staff are a happy bunch of ladies, always pleasant, and efficient. I was in and out in 15 minutes. Well done!"

"Today I had an appointment at the Phlebotomy department at Orsett Hospital and I was extremely nervous. When I was called into the bay I made the phlebotomist aware of my needle phobia and how other experiences have gone very badly. I only have great things to say about this phlebotomist, she made me feel at ease and gave me a lot of advice to calm myself down. It was the best experience I've ever had while having a blood test"

The challenges:

- The need for patient engagement and adoption
- GPs still require some walk in appointments
- Every site needs to increase the number of appointments available
- Reduce waiting times
- Future proofing the systems for increased volume – growing to scale
- Multiple clinics throughout the region – each has different milestones. E.g. Orsett had to have the new system implemented within four months
- Live reporting – giving the joint venture real time information and reporting
- Providing a system that allows the individual clinics to feedback progress
- Streamline the processes involved and make it more efficient

The solution:

Pathology First chose to partner with swiftQueue to implement a smart queue management system. The new system allows them to offer faster organisation of bookings and customer service, whilst also analysing transactions and recognising areas that could be improved to provide more efficient phlebotomy services.

The future:

The entire service is being remodelled into four distinct services: Community, Ward, Domiciliary and Paediatric.

Every aspect is being scrutinised and overhauled. New clinics will open and inefficient and underused clinics will close. The future provision of the service will look considerably different but it will be efficient, cost effective and easier to access for the patients who require it.

www.swiftQueue.com

INTRODUCING OUR NEW HAND HYGIENE RANGE...

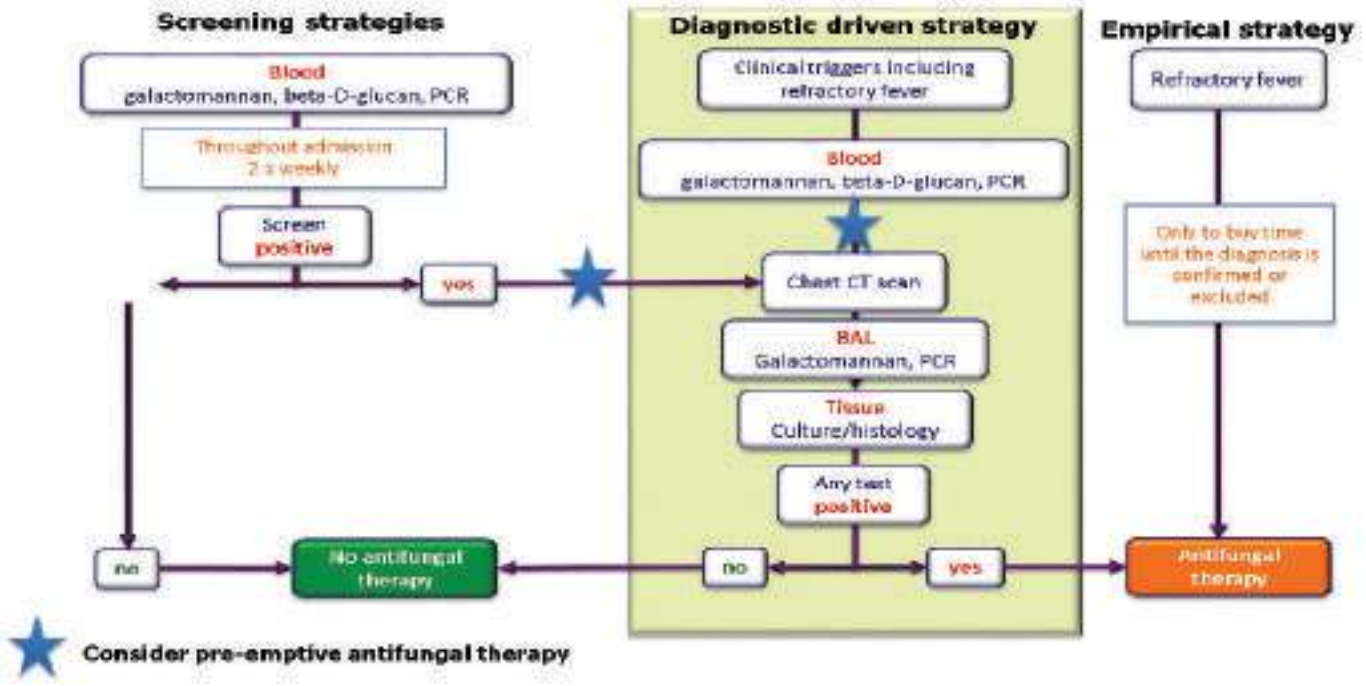
✓Kills **99.99%** of bacteria and germs in **seconds!**

✓Protecting both **patients** and **clinical staff**

PDI®

BE THE DIFFERENCE®

Web. **www.pdi-europe.co.uk** Email. **sales@pdi-hc.co.uk** Tel. **+44(0)1352 736700**



Using PCR to pre-emptively treat invasive Aspergillosis

Lewis White, Principal Clinical Scientist, Public Health Wales Microbiology, Cardiff and Rosemary Barnes, emeritus Professor of Medical Microbiology, Cardiff University and former honorary Consultant Microbiologist at Public Health Wales address this important subject.

Aspergillus is an opportunistic fungus, harmless to the majority of the population but it infects immunocompromised individuals and patients with pre-existing lung conditions and causes a spectrum of diseases collectively known as aspergillosis. Acute invasive aspergillosis requires urgent treatment and leads to the highest degree of morbidity and mortality in high risk patients and is, therefore, the focus of molecular diagnostic optimisation efforts.

Clinical scientists at the UK Clinical Mycology Network (UKCMN) Regional Mycology Reference Laboratory, Public Health Wales (PHW), are pioneering the use of rapid Aspergillus polymerase chain reaction (PCR) tests for earlier detection of Aspergillus, with the potential to reduce morbidity and mortality in patients at high risk of invasive aspergillosis.

The symptoms of invasive aspergillosis are non-specific and conventional diagnostics are slow with poor sensitivity, so clinicians commonly prescribe broad spectrum empirical antifungal treatment, which often exposes the patient to unnecessary medication with potential side effects and high cost. UK antifungal expenditure is estimated to be over £100 million a year, and rising.

Currently, PCR-based diagnostics can be used for two objectives: ruling out aspergillosis during a screening strategy in high risk immunocompromised patients, or ruling in a diagnosis of invasive aspergillosis in patients with suspected disease.

Pioneering PCR

At the forefront of diagnostic mycological research, Dr Lewis White – Clinical Scientist – and Professor Rosemary Barnes – Honorary Consultant Microbiologist – at the PHW Regional Mycology Reference Laboratory, use their PCR assay for Aspergillus detection and diagnosis. The laboratory's goals are two-fold: to reduce the number of patients receiving unnecessary empirical and long-term antifungal treatment, and to pre-emptively treat high-risk patients for aspergillosis before the disease clinically manifests. Professor Barnes describes the challenges in the field which spurred the laboratory's interest in this work:

"Historically, when a patient was prescribed antifungal medication, that person would stay on treatment for much longer than necessary. Not only does this drive up costs, but has an impact on patient wellbeing."

Due to the success of the project, the PHW Trust accepted Aspergillus PCR as a workable test and it is now fully engrained into the trust's service contracts with local hospitals. Constant audits are conducted to show an improvement in service and over the years, the laboratory has shown improved PCR standardisation, Professor Barnes describes these improvements:

"We have also gone one stage further: we no longer have to wait for a patient who is positive by multiple biomarkers to develop clinical signs of aspergillosis. We treat them pre-emptively on the basis of targeting infection rather than overt disease.."

Figure 1: Diagram outlining the different strategies to manage patients at risk of invasive aspergillosis at the Regional Mycology Reference Laboratory, Public Health Wales, Cardiff, Wales [1].

Evaluating the use of PCR

"The difficulty we have in the clinical setting is that we're never going to know how long an Aspergillus infection has been persisting as a sub-clinical presentation, post-exposure" explains Dr White, continuing: "Neither do we know when the patient was exposed and or exactly when the overt disease presented.

Since the implementation of regular weekly testing of high risk patients with PCR and biomarker tests (see Figure 1 for protocol), the laboratory has reduced its instance of overt invasive fungal disease by 75 per cent because of using pre-emptive treatment.

For information on Bruker's Fungiplex® Aspergillus IVD PCR, please visit **www.bruker.com/products/molecular-diagnostics/fungiplex-aspergillus-pcr-kits.html.**

Reference 1 - Adapted from Agrawal S, Hope W, Sinkó J et al. (2011) Optimizing management of invasive mould diseases, J Antimicrob Chemother vol. 66 Suppl 1, i45-i53.

BOOK NOW!

FUTURE HEALTHCARE

EXHIBITION & CONFERENCE

13-14 March, London, Olympia

futurehealthcareuk.com

Future Healthcare 2018 brings together the world's leading organisations and experts at **London's Olympia**, **13-14 March** to showcase the latest healthcare products, services and innovations on a global scale.

International exhibition where you can source highly effective and efficient solutions to future-proof your organisation – *free to attend.*

Future Healthcare Conference addressing disruptive innovations, integration and collaborative patient experience – stay ahead of the curve so that you compete on a global-scale *(limited free 2-day conference passes available for NHS/public sector)*

Invest in Health Theatre presentations focusing on cutting edge technologies that are still in development – *free to attend funding opportunities available for investors.*

HealthTech Theatre case studies of existing technologies in practice – *free to attend.*

VIP Hosted Buyer Programme – *available for purchasers looking for specific introductions and meetings with suppliers.*

Speakers include:

James Caan, Investor & Entrepreneur

Lord James O'Shaughnessy, Department of Health

Mariano Gonzalez, Moorfields Eye Hospital Dubai

Professor Arne Björnberg, Health Consumer Powerhouse

João Bocas, Top 100 Global Digital Health Influencer

Dr Bertalan Mesko, Healthcare Futurist

Sangita Reddy, Apollo Hospitals India

Keith Hague, Cleveland Clinic London

Register for your pass / book your exhibition stand now at www.futurehealthcareuk.com

Organised in association with UKIHMA
UK INTERNATIONAL HEALTHCARE MANAGEMENT ASSOCIATION

Delabie launches accessible design for commercial washrooms

Adapted washrooms tend to be functional and have an institutional feel. To challenge this, DELABIE has launched the Be-Line range with design at its core to remove the institutional feel of public sector washrooms. However, there is no compromise on functionality since the Be-Line range combines aesthetics with ergonomics, providing user safety for accessible washrooms in the public and commercial sector.

Well-being

The clean lines of DELABIE's Be-Line grab bars and shower seats provide a new aesthetic, replacing the institutional aspect of adapted washrooms. Concealed fixings and an ergonomic design heighten the impression of comfort and provide a necessary level of discretion. The facilities can be used by any user, at any life stage and regardless of their level of independence, promoting a sense of well-being. This makes the shared use of sanitary spaces more agreeable for everyone.

Public facilities accommodate all users, so DELABIE tests its grab bars and seats to over 200kg, guaranteeing stability and safety for all. Made from extruded and injection–moulded aluminium, the Be-line range is durable and can withstand intensive use. The smooth, homogenous surface is easy to clean and the lack of joints minimises niches where bacteria proliferate.

Ergonomic

Featuring a flat front face, Be-line® grab bars fit the hand's natural curve perfectly. The ergonomic design prevents the hand from rotating, providing a comfortable and secure grip. This, combined with a minimal gap between the wall and the bar, reduces the risk of fracture since the hand cannot slip between the wall and the bar.

The Be-line range of grab bars and seats is available in two finishes, white aluminium or metallised anthracite, providing a good visual contrast, yet coordinating well with any style

Contact: Delabie UK Ltd, Henderson House, Hithercroft Road, Wallingford, OX10 9DG

Tel. 01491 824449 - **www.delabie.co.uk** - sales@delabie.co.uk

Video Link: **www.delabie.co.uk/our-services/video-library/ergonomics-accessibility**

Offsite solutions wins contract for bathroom pods at new Scottish hospital

Offsite Solutions, the UK's leading bathroom pod manufacturer, has been awarded the contract to supply bathroom pods for the new £69 million, state-of-the-art East Lothian Community Hospital.

Morrison Construction, part of Galliford Try plc, is principal contractor for the 22,000 sqm, purpose-built community hospital in Haddington, appointed by Hub South East Scotland on behalf of NHS Lothian. When completed, the new facility will increase inpatient beds by around 60 per cent to enhance the quality of care for East Lothian people.

Offsite Solutions will provide 134 factory-built bathroom pods for the project. These units will be supplied without floors to allow for continuous level flooring throughout the wards and avoiding the need for thresholds to make the bathrooms fully accessible.

Designed to meet HTM requirements, each of the large 2.6m x 2.2m pods will easily accommodate a patient and a carer, and will have a wider pre-prepared aperture for two door leaves for easy access. The wash basins, toilets, and showers will be pre-installed at Offsite Solutions' factory in Somerset and the easy-to-clean, hygienic walls will be finished in white with a feature wall from a range of colours.

The scheme has a complex phased construction to allow the continuation of clinical services in the existing hospital buildings on the site. As a result, the bathroom pods will be installed in batches throughout 2018.

Commenting on the specification of bathroom pods for this project, Paul Godwin, Design Manager at Morrison Construction, says: "Having the bathrooms arrive on site as a finished product gives us the benefit of a significant programme saving and this use of offsite construction means we need less labour on site, which is safer and more efficient."

David Small, Partnership Director at East Lothian Health and Social Care, adds, "I am impressed with the way work on site is forging ahead. People in East Lothian will benefit from having this state-of-the art facility, which will help us to deliver more services much closer to home."

When operational, the new East Lothian Community Hospital will provide a range of community-based services including a mental health inpatient unit, elderly medicine, orthopaedic and stroke rehabilitation, medical assessment inpatient ward, therapy services, outpatients' department, endoscopy, and minor operations.

Offsite Solutions offers a range of bathroom pod solutions for the healthcare sector. This includes easy-to-clean and low maintenance GRP pods for hospital environments; steel-framed pods for tiled finishes for care homes and supported living schemes; and options for floorless units to meet specific project requirements.

Anti-ligature fixtures and bathroom fittings can be supplied for enhanced safety for mental health facilities. All GRP pods in Offsite Solutions' extensive range can be provided in a demountable configuration for refurbishment projects and sites which do not have access for fully assembled pods, provided adequate access routes.

For further information about bathroom pods for healthcare projects, visit **www.offsitesolutions.com**, call 01278 780807 or email info@offsitesolutions.com.

Gradus makes the grade for interior solutions at Hull University

To help improve the buildings safety and enhance the facility's modern aesthetic, a range of Gradus wall protection and flooring accessories products have been installed at the University of Hull's brand-new £28 million Health Campus.

The new £28 million Health Campus boasts the new five-storey Allam Building, which features a mock operating theatre, hospital ward, and intensive care unit. This provides an innovative learning environment to train doctors, nurses, and healthcare workers, and allows students to learn practical skills in a clinical environment.

Gradus supplied and fitted a range of wall protection systems for the new development, including Bed Head Protectors, High Impact and Standard PVCu Corner Guards, and dual height Wall Guards. The Bed Head Protectors have been specified to provide maximum protection against damage caused by frequently moved beds. They are a designed to help prevent damage to walls and wall mounted equipment from beds that are continuously moved up and down as well as in and out.

Corner guards and dual height wall guards were installed to protect circulation areas from scuffs and scrapes and aid navigation for building users.

Katie Knass, Press Officer for the University of Hull, comments: "The training facility in the Allam Building is expected to experience heavy impact and abrasion caused by beds, trolleys, and medical equipment. As a result, we needed a wall protection package that would offer a high level of protection without detracting from the interior design. Gradus were on hand at every step of the specification to offer guidance and advice.

"The new range of 34 colours meant we had plenty of choice and were able to select a design that would complement the building's new modern interior and produce a great finished look."

Maria Morgan, Product Manager at Gradus, says: "The new wall protection profiles are proving immensely popular and the colour options are perfect for contemporary interiors in healthcare and education settings such as this. The wall protection products specified for the University of Hull work together to reduce ongoing repair and maintenance costs. They will also protect the appearance of the building's interior in the long-term."

Gradus ADXT2 aluminium XT stair edgings and Esplanade 5000HD primary barrier matting were also specified for the project. Esplanade 5000HD was installed at the entry point of the Allam Building to minimise the amount of dirt and debris tracked into the facility. This not only enhances the buildings safety, but also improves the lifecycle of surrounding floor coverings. Gradus' market-leading XT range of stair edgings feature an insert that extends around the leading edge of the profile to increase underfoot contact with the slip-resistant element of the stair edging, reducing the risk of slips, trips, and falls on stairs.

Gradus has been supplying contract interior solutions to the healthcare industry for more than 50 years and can offer expert guidance from specification through to design and installation, as well as detailed product and technical information for all systems available.

To find out more, please contact Gradus Technical Support on 01625 428922.

www.gradus.com

ePowerTrucks EP Bed mover makes work safer for hospital staff

Materials handling and electric vehicle specialist ePowerTrucks innovative EP Electric Bed Transporter system is designed to prevent work-related injury and make life easier for hospital porters and nursing staff while moving beds.

The exceptionally manoeuvrable, power-assisted, EP Electric Bed Transporter provides the perfect solution to moving hospital beds. It greatly reduces the effort required in manual handling them, therefore diminishing the risk of musculoskeletal and repetitive strain injuries caused by lifting heavy equipment.

The ergonomically-designed, compact, lifter and transport system is compatible with almost all beds, specialty beds, stretchers, trolleys and other movable equipment worldwide, without the need to change attachments.

The dual drive system with a height-adjustable handle allows a single person to drive equipment weighing up to 600kg with just one finger or thumb, without any strain on their back muscles, due to its effortless 360º movement.

The straightforward claw-like design of the lifter allows stress-free attachment to the bed or trolley, adapting easily to different castor sizes. Its wheel base expands smoothly from 550cm to 890cm as it captures and lifts the bed by its castors with its patented 'Connect & Lock' jaw assembly.

Hospital staff pushing beds, stretchers, and equipment walk on average 15-20 km a day, while the increase in the total weight of many beds and patients makes the EP Electric Bed Transporter even more useful.

As well as protecting workers from injury, the EP Hospital Bed Mover, with its quiet, efficient wheels, makes their work simpler, less tiring, and more enjoyable, boosting morale and decreasing uncertainties about staff availability.

As a further bonus, in preventing injury the EP Bed Mover also reduces the risk of workers' compensation claims and sickness costs.

Safety features such as jaw and brake bypasses allow for release in an emergency, and the mover can be securely operated on gradients of up to 7º, seamlessly coping with uneven terrain and tight corners. Reliability, efficiency and safety are all assured.

For more information, please call +44 (0)161 626 9628, e-mail info@epowertrucks.co.uk or visit **www.epowertrucks.co.uk**

King's IFM rolls out Q-Pulse to drive quality improvements

King's Interventional Facilities Management (IFM) is working with Ideagen to roll-out its Quality Management System, Q-Pulse. Ideagen's Q-Pulse will support a move to a robust system of operational compliance.

The aim of the implementation is to centralise and standardise document control through the provision of a single location for all staff to access policies and Standard Operating Procedures (SOPs).

King's IFM is a Limited Liability Partnership controlled by King's College Hospital NHS Foundation Trust (KCH) and provides fully managed services including procurement, equipment, and the supply chain for diagnostic and treatment facilities for the trust.

It operates across all sites within the trust, including King's College Hospital, Princess Royal University Hospital, and Orpington Hospital, with an annual turnover of around £70 million and more than 150 staff. In addition, the IFM manages the procurement of an additional about £300 million of annual spend for the trust.

Andy Smith, Head of IT at King's IFM, says: "Q-Pulse, which is already offering real benefits to areas of KCH such as haematology, cancer services, and medical engineering physics by driving quality improvement and facilitating compliance with standards such as ISO 9001, will support King's IFM's move towards a more robust system of operational compliance."

Julia Parlato, Project Lead for the Q-Pulse implementation, adds: "We are already witnessing the benefits of Q-Pulse as we continue to roll-out the software across the organisation. The system is offering a robust method of version control. We are gaining greater visibility around the governance and ownership of policies, as well as the interfaces between them.

"We will be looking to Q-Pulse to support the reduction of risk and adverse incidents, as the system provides a clear audit trail. Q-Pulse promotes compliance because document owners can assign policies to staff to read and then receive assurance (via alerts from the Q-Pulse system) that staff have read the assigned policies. It ensures all staff are aware of and are following the same processes. We are also looking forward to having greater clarity in terms of the roles and responsibilities of different staff throughout the document drafting process."

Ideagen provides software and services to help over 400 global healthcare organisations, including 75 per cent of the UK NHS, to manage quality, safety and compliance while improving patient care outcomes and clinical efficiency.

As well as the NHS, Ideagen's clients in this area include Nuffield Health, Great Ormond Street Hospital, the Hong Kong Red Cross, Spire Healthcare, and El Camino Hospital.

www.ideagen.com

Diagnostic procedures help ensure healthcare quality

Diagnostics play a central role in the practice of preventative medicine and are integral to our understanding of disease. Trends such as the increase of chronic diseases and a steadily ageing population also contribute to the growth and importance of the sector.

Chris Wilkinson, Head of Sales for Healthcare for Siemens Financial Services in the UK, examines how smart finance is helping healthcare providers invest in faster and more accurate diagnostics. He writes:

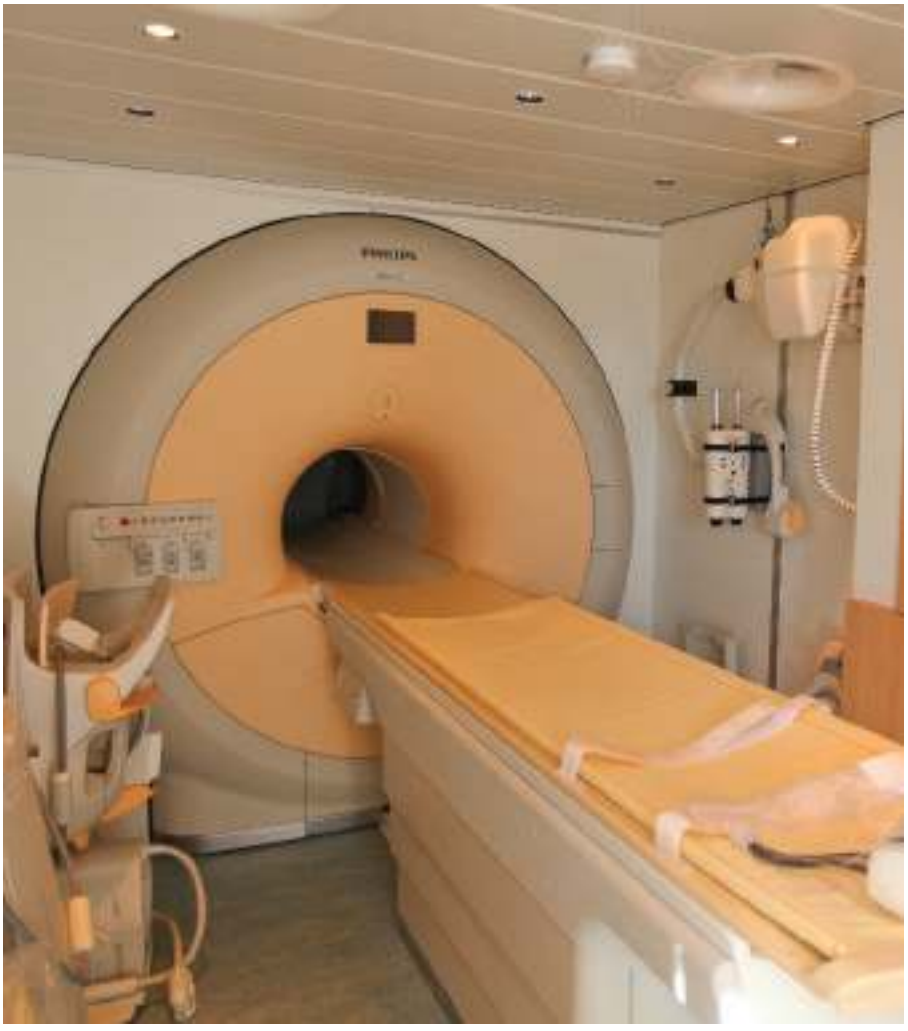
"In today's medical landscape the potential of diagnostics goes far beyond simply the identification of disease. Diagnostics can now increasingly be used to anticipate the development of a disease even before the onset of symptoms; they can also predict the progress of a disorder and identify which patients will respond best to different treatments.

"Early diagnosis has the potential to significantly increase the chances of survival. An early stage cancer diagnosis typically means the disease has less opportunity to develop and spread, while diagnosis at a later stage means treatment is more difficult.

"For example, the five-year relative survival rate for men with cancer confined to the prostate is 100 per cent, but when the disease has spread to distant areas the survival rate drops to less than 50 per cent. As a result, a range of diagnostic tools are needed to detect and assess prostate cancer.

"With the use of state-of-the-art medical equipment, health centres can significantly optimise processes; reduce patients' length of stay and cut down overall surgery duration. As a result, costs for personnel and material usage decrease.

"Deferring investment in technology can, therefore, directly impact productivity and quality of care. The gains in efficiency and productivity that can be achieved through using modern technology compensate for the costs of the investment overall and, overall, help healthcare providers reduce costs associated with diagnosis.



"Keeping pace with technological advancements, however, requires considerable capital expenditure. It is essential therefore for health organisation CFOs to seek alternative and sustainable ways of making the investments in technology. Asset finance solutions such as leasing are gaining popularity as a cost-effective investment-enabler.

"Such financing solutions spread the cost of the technology over an agreed financing period, with finance payments arranged to align with the expected benefit of the use of the technology, such as improved operational efficiency. This removes the need for a large initial outlay and can help improve cash flow and working capital.

"Customised, all-encompassing financing packages tend to be offered by specialist healthcare financiers which have an in-depth understanding of the technology and its applications. They are. Therefore, more capable of creating customised financing packages that fit the specific requirements of a healthcare establishment. For instance, specialist financiers can flex the financing period to suit the organisation's cash flow.

"Investing in diagnostic equipment is vital to the progress of the healthcare sector. The benefits of faster and more accurate diagnostics are undeniable. The advancement of new healthcare technology. However, comes at a time of pressure on healthcare budgets. Taking advantage of specialist financial packages enables healthcare CFOs to meet targets of improving patient care while reducing costs and importantly providing patients with more efficient and accurate treatment."

Point-of-care ultrasound enhances sports and exercise medicine

Point-of-care ultrasound has a great deal to offer clinicians specialising in sports and exercise medicine. Dr Dane Vishnubala, a GP and sports and exercise medicine registrar based in York, explains: "My particular interest lies in musculoskeletal medicine, which I practise within the NHS and in my role as team doctor for the GB men's senior basketball team and York City Football Club. Ultrasound is a key extension of this work, both for diagnosis and for guiding treatment.

"In a musculoskeletal clinic, point-of-care ultrasound scanning with a user-friendly system – such as FUJIFILM SonoSite's Edge – can enable a more accurate diagnosis to be made, as well as confirming a patient's condition.

"It gives extra confidence that your diagnosis is correct, providing reassurance that nothing has been missed. It also allows more precise needle positioning for ultrasound-guided injections. In a sports club setting, portable ultrasound systems can quickly deliver additional information to support a provisional diagnosis They can provide on-the-spot investigation of an injury – including dynamic imaging – and guiding more rapid and effective patient management. The advantage of scanning at the point of care is that information is instantly available, without the need for a referral."

For more information about FUJIFILM SonoSite products, please contact:

FUJIFILM SonoSite Ltd
T +44 (0)1462 341151,
ukresponse@sonosite.com
www.sonosite.com/uk

A potentially life saving NHS ultrasound clinic has opened in a Kent Shopping Centre

Physiological Measurements Ltd opened the clinic in St George's Shopping Centre, which is in the NHS Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG) area. The special opening cermony will include Gravesham MP Adam Holloway.

The clinic will run diagnostic tests, and also offer NHS drop-in services for patients requiring an urgent ultrasound scan.

Clinics will run all week, including Saturdays and Sundays, and offer patients convienient and flexible appointment times.

Gail Locock, Chief Nurse for NHS Dartford, Gravesham and Swanley CCG says: "Early diagnosis is a key priority for the CCG and for our GP member practices, so in commissioning this service from PML we look forward to seeing continued benefits for local patients and increased convenience in getting the diagnostic scans they need as quickly as possible."

For more information visit:
www.physiologicalmeasurements.com

"Point-of-care ultrasound is a hospital consultant's dependable resource"

Point-of-care ultrasound supports Frimley Park Hospital's anaesthesia and intensive care departments, guiding procedures and providing bedside diagnostics. Dr Madan Narayanan, a Frimley Park consultant anaesthetist with international teaching experience, explains: "We use ultrasound for lung and heart scans, vascular access, and to guide injections for regional blocks in hand, arm, and forearm surgery.

"The main benefit of nerve blocks is that we can avoid general anesthetic, so patients can return home sooner, with longer lasting pain relief. Ultrasound is a simple, non-invasive, and easily available protocol that has become a normal part of practice."

She continues: "We use six FUJIFILM SonoSite instruments – an older MicroMaxx, four S-Nerve, instruments and one X-Porte. We predominantly use the MicroMaxx in the ICU, and the S-Nerves for simple blocks, enabling us to prioritise the X-Porte for more advanced ultrasound, such as deep nerve blocks, or heart and lung scanning.

"The X-Porte has a friendly and intuitive user interface; you don't a need complicated training process to use it, and it is portable and reproducible, so I always have access to the answers I need at the bedside. The large storage capacity also allows me to store lots of images to use in my teaching and training"

"We've never changed from FUJIFILM SonoSite, they support us through and through. Anytime we have a problem, we get an instrument to cover the repair period. The post-sales care is very good for the price, that's the key difference."

FUJIFILM SonoSite Ltd
T +44 (0)1462 341151,
ukresponse@sonosite.com
www.sonosite.com/uk

Genmed becomes Nottingham University Hospitals' managed services partner

Genmed has been selected as a vendor neutral managed services provider by Nottingham University Hospitals NHS Trust (NUH) to work with its point of care team (POCT). The appointment is initially for a five-year period with an option to extend by agreement.

As part of the contract, Genmed will manage the relationship with third-party providers to ensure optimum service delivery at the best prices. The initial requirement is for blood glucose and ketone meters for use at the point of care, together with an IT solution to connect the monitoring equipment and associated consumables. In 2016, the trust used 825,400 glucose and 20,750 ketone strips.

It is anticipated that additional point of care testing products will also be brought into the contract over the period. This includes, but is not limited to, cholesterol, urine, INR and haemoglobin meters, pregnancy and HIV tests along with blood gas analysers.

It is estimated that up to 5,000 to 6,000 nurses and 2,000 to 3,000 doctors use point of care testing equipment 24 hours a day.

Tony Stanyard, Head of Procurement, Nottingham University Hospitals NHS Trust's says:" Following a formal tendering process, Genmed was awarded the POCT contract. It has an established track record of working with NHS trusts based on a decade of experience. This gave us the confidence that it could really deliver improvement in our point of care testing services yet save money at the same time."

Genmed offers value add in the procurement process

The use of Genmed to support the procurement function helps to rationalise and standardise pricing, improve efficiency, reduce costs, enhance clinical productivity, speed up purchasing, and minimise administration associated with invoice processing and payments.

Genmed's approach since start up is therefore closely aligned with all the key directives highlighted by Lord Carter of Coles in his report to improve the efficiency of hospitals.

Importantly, Genmed is not tied to any third-party supplier and selects consumables and equipment based on close collaboration and input from NHS managers and clinicians. Genmed is therefore unique in the market to offer flexible vendor neutral managed services. This also means trusts get the best value for money given its managed services are HMRC compliant for VAT recovery. NUH will receive 20 per cent budget back as VAT can be reclaimed on Genmed provided managed services – cash that can be reinvested in front line services and patient care.

Genmed's managed services package all costs using an umbrella contract with the service then billed monthly or quarterly. All project costs are 'smoothed' with no big upfront investment required.

Genmed is not a managed equipment provider or a finance house. Its remit is much wider. It is an integral partner working with NUH to ascertain what clinical facilities or technology they need. It also looks at their workload issues, finding and selecting suppliers, driving product costs down, putting together the finance, managing the contracts, paying subcontractors, and taking all the risk upfront itself.

Robin Modak, Genmed's chief executive officer, says: "Our services are comprehensive, flexible and can link together to support NUH. We work in partnership offering true choice so that the right equipment and services are offered at the right time in the right place aligned to current, medium and future requirements – with flexibility in the contracts built in so that change can be catered for along the way."

Derby hospital completes installation of third and final linear accelerator

Althea has now completed the installation of three brand new linear accelerators at the Derby Teaching Hospitals NHS Foundation Trust, giving the Radiotherapy department at the Royal Derby Hospital something to boast about. As well as the new systems installations, Althea also managed the decommissioning of the three old radiotherapy systems and completely refurbished the bunkers and control rooms around each of them.

The replacement plan started in January 2016 with the review of the trust's equipment specification and requirements provided at the beginning of the 10-year Althea managed service contract. This supported the design and build programme managed by Althea's Implementation and Technology Team, who are experts in equipment planning, procuring, designing, building and installing. The team worked with the trust's estates and clinical departments to manage the projects from start to finish.

Althea says that the third of three new systems has now been installed and is ready for clinical use. As well as the three new Varian TrueBeam units, the trust has also purchased an ARIA® Oncology Information System and an EclipseTM Treatment Planning System. ARIA is a comprehensive information and image management solution that combines radiation, medical and surgical oncology information into a complete, oncology-specific electronic medical record, allowing the user to manage their patient's entire journey from initial diagnosis to post-treatment follow-up.

With an intuitive Windows-based interface, designed to increase productivity for clinicians using simplified data settings and easy drag and drop functionality. With the trust's new Varian kit, Eclipse works hand- in-hand with the ARIA oncology information system making workflow smooth, integrated and seamless.

With the three new pieces of equipment now in place, supporting the trust's highly-skilled and multidisciplinary teams to allow them to further their treatment to cancer patients at a standard higher than ever. We spoke to several people involved in the project as well as staff who have day-to-day interaction with the new systems to see how they have benefitted:

Kevin Downs, Director of Finance and Performance, says: "The managed equipment service has allowed us to gain greater value from equipment required by the trust to deliver patient care by enabling us to obtain the most up to date equipment, at the required time for replacement and at a better value."

Lorna MacDonald, Radiotherapy Services Manager, says: "Since installing the first of three new Varian TrueBeams, the reliability of the equipment in Derby has improved, with a significant fall in the number of cancelled appointments due to breakdown.

"We are pleased with the improvement that the new machines have made to the service we offer our patients and the advanced technologies associated with the equipment means we are now able to offer our patients cutting-edge treatments, such as 'plan of the day' for bladder patients. The partnership of Althea and Derby Teaching Hospitals' Radiotherapy Department means that we, as a clinical department, are able to concentrate on our patients and developing new technologies, leaving Althea to deal with the logistics of machine servicing and breakdowns."

Gordon Galloway, Head of Radiotherapy Physics, says: "Not only has the Althea managed equipment service provided us with three state of the art radiotherapy treatment units, it has also given us a networked Oncology Management System and treatment planning infrastructure running over a Citrix network, allowing Radiotherapy staff to make optimal use of the new technology. Remote access for contouring, treatment planning, and plan adaption allows us to get patients on to treatment in the most efficient way, and to ensure any changes during treatment are managed in an optimal fashion."

Mike Carr, General Manager, adds: "Althea have been with us every step of the way through our recent equipment replacement programme and that partnership has enabled the department to install three new linear accelerators seamlessly and to schedule. Installation of the new treatment machines has seen not only an increase in reliability but a huge advancement in treatment techniques with the introduction of adaptive Radiotherapy and on-line image guidance."

For more information on Althea's innovative services please call 0118 900 8100 or follow us on Twitter @AltheaUKI.

www.althea-group.com/uk

IDSc marks 50th anniversary in Blackpool

Marking the 50th anniversary of IDSc, the well-attended conference held at the Hilton Hotel, Blackpool, offered delegates an impressive programme and well-supported exhibition.

The conference was opened by president Professor Toby Young and national chairman Susan Meredith, followed by keynote speaker Simon Weston, CBE.

The conference programme included on-topic presentations from leading authorities. Wayne Spencer's theme was entitled "From here to there". Melanie Davies considered "The application of Lean methodologies within a sterile services department". Denise Sheard gave a "Review of the CFSA/IDSc technical training pilot study in South Africa".

The thorny topic of "The continuing challenge of protein detection" was followed by a panel presentation including Dr Sulisti Holmes, Dr Mike Simmons, Meredith Smart, and Peter Hoffman.

"Risk management and plausibility control" was addressed by Dr Thomas Fengler. Dr Gerhard Kirmse, from Germany, who spoke on "Optimisation of cleaning process - new strategies and methods". Education and training was covered by Dr Kathryn Ainsworth who gave updates on "Practitioner and science training programmes", while Martine Beche, Sarah Morledge and Helen Campbell described "Practical implementation of apprenticeship programmes".

More at www.idsc-uk.co.uk

New models showcased

LTE Scientific displayed models from its Scope-Store endoscope storage range and provided information on its porous load sterilizers for CSSDs.

Offering five, eight and ten scope storage capacities in both vertical and shelf loading variants, LTE's Scope-Store has been extensively tested to EN16442 by Biotech Germande.

Single entry and pass-through models are available, together with an ENT range which can store up to 20 scopes.

LTE's new Scope -Store models, showcased at IDSc, are due for launch early in 2018.

The company's porous load sterilizers comply fully with the latest HTM guidelines and are available in sizes up to 42cu ft. Manual, semi-automatic and automated loading systems are available.

LTE's services centre offers nationwide services and testing on sterilizers, washer-disinfectors, AERs and storage cabinets.

The team on hand to discuss the product range with delegates included Mike Bowden, right, pictured with two LTE distributors, who took the opportunity to visit IDSc.

More at www.lte-scientific.co.uk

Quick, in-situ test for residual protein on reprocessed instruments

Delegates visiting Peskett Solutions' stand at IDSc were keen to learn about ProReveal, currently the only protein detection test that is fully compliant with the requirements of the updated HTM01-01.

"This year we devoted our stand to the ProReveal protein detection system," explains Matthew Peskett, pictured right. "The quick, sensitive, in-situ test to detect residual proteins using fluorescence makes

it easy to check the cleanliness of reprocessed instruments. Ten NHS trusts are already benefiting from the adoption of the system."

For further information or to arrange a demonstration, call Peskett Solutions on 01323 511038 or visit www.peskettsolutions.com

Single point of contact for endoscopy solutions

As one of the leading manufacturers of endoscopes, Olympus aims to provide a single point of contact for endoscopy solutions by offering innovative products and service to its customers.

Following the launch of the Olympus ETD Double, the latest endoscope washer-disinfector, a complete solution was created aimed at offering customers a decontamination solution which not only includes innovative products, but also a bespoke design, experienced in-house project management and on-budget construction.

Olympus offers new services including 24/7 technical support and emergency on-site response, four-hour response time and unlimited user training (on request), all covered under one service care plan.

Rakesh Javer, national decontamination specialist, right, was one of the Olympus team at IDSc discussing the benefits with delegates.

More at www.olympus.co.uk

Experienced team is founded on a passion to provide choice and quality for healthcare providers

Already enabling NHS trusts to achieve notable successes, Interceptmed is a new company born out of a long history of experience in endoscopy.

"We collectively saw an opportunity to support customers better than a lot of major manufacturers in the market," explains Gordon Ledingham, managing director. "We have a UK manufacturing facility for peracetic acid and initially looked at a consumables portfolio with a range of disinfectants.

"We are offering alternative chemistries manufactured to Type Test recipies. This means we can provide a chemistry that is manufactured for the machine. We do not adjust the machine to suit, which is the practice of other suppliers.

"Based on that foundation, through consultation with customers, we have rapidly expanded our portfolio of consumables which has culminated in the launch of the iM Clean Range. Developed to support all the stages of the safe and compliant procedure required for the journey of an endoscope, it further enhances customer support."

Gordon adds: "As a responsible supplier of peracetic acid we recognise the need for staff safety. We have a distributor agreement chemDAQ for its range of gas detection and monitoring solutions for worker safety, quality and productivity."

Interceptmed's iM Clean Range has been developed to support all the stages of the safe and compliant procedure required for the journey of an endoscope

Gillian Hill: infection prevention clinical director, says: "Customers and AE(D)s have met the launch of the iM Clean Range really positively. They also asked what else we can supply. So, we are rapidly expanding our portfolio to include a range of high quality manufactured products, which will provide trusts with an opportunity to make considerable cost-savings.

"One of our first priorities was to ensure we had the correct ISO accreditation.

Interceptmed's experienced team includes Nick Satchell, left, commercial operations director, Gordon Ledingham, managing director, and Gillian Hill, infection prevention clinical director

Interceptmed is ISO 13485-2016 accredited which ensures that all of our medical devices are CE registered in accordance with the Medical Device Directive."

Gillian explains: "We are working in collaboration with well-known manufacturer Steelco and their UK distributor, Peacocks Medical Group, to provide the range of Steelco endoscopy systems. This allows NHS trusts to have access to the whole of the Interceptmed brand via the NHS Supply Chain."

Nick Satchell, commercial operations director, says: "Working with a leading NHS trust in London, we have enabled it to improve machine up-time, which has allowed the team there to move to seven-day reprocessing. We are providing service, testing, validation and all endoscopy consumables.

"Our main focus is customer support, with a team that is endoscopy focussed and experienced. A team who become trusted advisors to the hospital team.

"We arrange 'quality' meetings with clients, together with other suppliers, which we facilitate. These enable issue resolution, which leads to increased up-time."

Nick says: "We work with hospitals on their cost improvement plans. Part of our ethos is to save money, not necessarily by discounting but by providing an improved service and enabling more machine up-time."

Gillian adds: "Realising what customers are requiring in terms of education and support, we have arranged a 'Decontamination Managers Study Day' in conjunction with BSG. Free for delegates to attend, this will have a full programme of leading speakers. The event will be held in May at Think Tank, Birmingham. We're already getting a good take up.

"Designed to enable managers to gain experience on standards and what is required, it will have a focus on leadership with a keynote address by an SAS officer on "Leadership in High Pressure Environments.""

For further information, visit call Interceptmed on 01223 440 475 or visit **www.interceptmed.com**

Steelco endoscope reprocessing equipment is available through Interceptmed, following an arrangement with Steelco and its UK distributor, Peacocks Medical Group

It's time to get serious about energy resilience

Avoiding operational downtime is a major issue for all organisations, as the related disruption and financial consequences can prove catastrophic. Following the publication of a major new report about energy resilience, Tim Wynn-Jones, Head of Distributed Energy Solutions Sales at Centrica Business Solutions, suggests that organisations need to start taking it seriously.

He says: "These are uncertain and worrying times for the business world. While the threat from cybercrime, for example, is serious and widely recognised, it's not the only issue that should be on the minds of those charged with ensuring their organisations remain operational at all times. In fact, security and continuity of energy supply is perhaps a more pervasive and immediate issue, and resilience should, therefore, be at the centre of any business continuity strategy.

Defining moment

"Resilience is perhaps best defined as 'The ability to prepare for and adapt to changing conditions and withstand and recover rapidly from disruption and other outside factors. Resilience includes the ability to withstand and recover from deliberate attacks, accidents, or naturally occurring threats or incidents'.

"It is only when a failure occurs that the operational vulnerabilities of a business are revealed, and the need for a secure source of energy becomes apparent. Energy resilience helps companies reduce the risk of operational failures and reduce commercial risk, and it's important that organisations take steps towards implementing a strategy.

"To ascertain just how seriously organisations in the UK and Ireland are taking the issue, Centrica Business Solutions recently surveyed 301 decision makers, across a range of industries, who have responsibility for energy and operational effectiveness. The findings of The Resilience Report make for uncomfortable reading, and it's quite clear that there is currently a disparity between the threat posed by energy-related failures and the priority that businesses are giving to putting an energy resilience strategy in place.

Financial times

"No business can fully mitigate its business risks without ensuring that there is a secure and reliable energy supply. However, Centrica's survey reveals that nearly one in three (32 per cent) of organisations do not have any form of energy resilience strategy in place.

"Despite this, more than one in two (52 per cent) of energy decision-makers believe they will experience an energy-related failure within the next year, with one in three organisations claiming to be unprepared for a disruption to their energy supply from a temporary grid failure.

"While many acknowledge the reality of the threats to their energy supply, a phenomenon of 'unrealistic optimism' may have taken hold, whereby organisations think it can either never happen to them, or that someone else will take care of the problem. The implications of a power outage in somewhere like a hospital could literally be life-threatening. But there are numerous examples where outages have occurred in factories, data centres, and other mission-critical environments with devastating effect.

"Importantly, while those who had not experienced a serious energy failure predicted the cost of any failure to their business would be 7 per cent of their annual revenue, in reality, this figure is much higher – estimated at 17 per cent. For the typical medium-sized business, this equates to £2.8 million each year in damages and lost opportunities.

"An interruption in supply doesn't need to go on for long for it to have a long-lasting impact. 18 per cent of respondents said that an outage of only one day would be catastrophic for their businesses, while the amount of damage caused rises steeply the longer the outage lasts. Consequently, 23 per cent of businesses have suffered equipment damage, with 14 per cent reported having lost inventory.

Tools of the trade

"Although blackouts are obvious threats to on-site equipment, other conditions can also cause problems. Brownouts occur when the mains supply cannot cope with its overall load and the voltage levels reduce, in extreme cases for periods measured in hours. Mains power can also sag, or drop in voltage level for a few cycles, usually after a large load such as air conditioning or rotating machinery is switched on.

"Disruption of power to a single component may only cause a brief outage but result in a lengthy restart, taking hours to return to an operational state. And, despite great strides in technologies such as uninterruptible power supplies (UPS) and generators, they are often not specified, installed and maintained correctly. For example, as a minimum, back-up power technologies must be sized to meet critical loads, and priorities for keeping specific systems energised must also be built into operating strategies. Existing on-site generation equipment, such as combined heat and power (CHP) plant, typically shuts down upon loss of grid power, but could be reconfigured to run in 'island mode' and improve overall resilience.

"The damage caused by an unplanned power outage goes beyond inventory and equipment though, with 18 per cent of businesses claiming that outages have damaged their brands and 19 per cent of the opinion that relationships with individual customers have soured as a consequence. The alarming truth here is that the value of a business is being eroded in ways that are not directly attributable to their causes. Finally,

there is the human cost to consider – employees of 11 per cent of businesses have been put in dangerous or life-threatening situations as the result of energy-related failures. This is clearly unacceptable.

"Given that more than eight out of 10 (81 per cent) businesses have experienced at least one energy-related failure in the past 12 months and 51 per cent consider it likely that they will experience an event within the next year, the lack of action in ensuring resilience in some quarters is simply baffling.

"This is especially the case considering that 88 per cent of businesses surveyed for The Resilience Report stated it was important and 58 per cent said it is becoming critical for businesses to be energy resilient. Furthermore, the prognosis on this issue is not a positive one, as 27 per cent of businesses expect energy-related failures to become more frequent over the next five years, with 4 per cent of the view that the number of failures will increase significantly.

Action plan

"Most organisations clearly identify the importance of energy resilience as a means of securing a reliable energy supply, and to prepare for an energy landscape that is undergoing massive change. It is obvious, therefore, that businesses need to have an energy resilience strategy in place to address the risks and protect themselves.

"Businesses need support in evaluating their options and developing the business case for change within their organisation, and there is now a diverse range of help available. Centrica has created an online benchmarking tool so users can quickly see how their energy resilience measures up against industry standards and also offers a range of advice about how to develop an action plan based on the whole lifecycle including build, maintenance, measurement and financial planning.

"Without an energy resilience strategy, organisations can only be as successful as their energy supply allows and there are also additional tangible benefits to having a plan in place. Organisations that do so are 13 percentage points more likely to have a good brand reputation and seemingly have a 34 percentage points better chance of achieving strong financial performance.

Protect and survive

"Regardless of the sector an organisation operates in, energy means more than just keeping the lights on. It means allowing staff to do their jobs uninterrupted, maintaining profit, keeping customers happy and even ensuring that people are kept safe. The poor state of energy resilience today must be addressed, and businesses must implement a more secure future by forming a comprehensive and strategic plan to protect against outages, market fluctuations, and equipment failure. "

To use the online benchmarking tool and to discover more about implementing a robust energy resilience strategy visit **www.centricabusinesssolutions.com/resilience**

Pulsar supplies NHS Trust with Multiple Site Fuel Oil Tank Measurement

Pulsar Process Measurement Ltd has supplied The Wrightington, Wigan and Leigh NHS Trust with Modbus-enabled Ultra 5 non-contacting ultrasonic measurement systems as the first phase of a project to monitor and control fuel oil stocks across four major hospitals. The new systems will allow staff to monitor and re-order fuel oil from a central location, improving safety by removing a need to access the tanks, reducing the risk of overordering and fuel stagnation and improving efficiency.

dB Transducer mounted onto an oil tank at Leigh Infirmary

A major hospital maintains a significant fuel oil stock on site, in the case of Wigan's Royal Albert Hospital amounting to 80,000 litres over two tall tanks. Besides providing some fuel to feed the main, dual-fuel boilers, hospitals also maintain emergency back-up electricity generators and have by law to store enough fuel on site to run them for a minimum of three days in case of power cuts. Fuel oil is, therefore, an important commodity, with a total of more than 200,000 litres held across four sites within the trust. Tank gauges and dipsticks have been in use, meaning that staff had to access the top of these high, vertical tanks to take measurements which were then recorded manually, with the obvious potential for an accident to occur.

Phase two of the project involved Leigh Infirmary, which has two fuel oil tanks totalling 40,000 litres capacity. Pulsar supplied Ultra 5 level controllers with a local display of volume, volt free contacts for alarm use and optional Modbus connectivity. An ultrasonic transducer was selected that mounted simply to the top of the 6m high vessels. The transducer emits a pulse that reflects from the liquid surface, the same transducer picking up the returning signal and calculating the distance. The Ultra 5 controller then uses a pre-programmed routine to convert that measurement to display the contents of the tank – in this case in litres. The Ultra 5 controllers are wall-mounted local to the tanks so that staff can simply read off the measurement with no need to access the tank itself, while the Modbus connection provides the ability to link the signals to a desktop display.

Ultra 5 showing the dB Transducer reading 4525 litres

Trust Engineer Mark Hogan says, "We are really pleased with the Pulsar equipment and the advice and support we got. Our people no longer have to climb the tanks, and our aim is to manage stocks and regulate deliveries right across the trust from a desktop system."

Website: **www.pulsar-pm.com/instrumentation.aspx**

Email: info@pulsar-pm.com

Telephone: +44 (0) 1684 891 371

Ingersoll Rand announces acquisition of ICS Group Holdings Limited

Ingersoll-Rand plc (NYSE:IR), a world leader in creating comfortable, sustainable and efficient environments, has announced the acquisition of United Kingdom-based ICS Group Holdings Limited (ICS Cool Energy). ICS Cool Energy will be part of the company's Commercial Heating, Ventilation and Air Conditioning (HVAC) business.

ICS Cool Energy is a privately-owned temperature control and HVAC solutions and services company that specialises in temporary rental of energy efficient chillers for commercial and industrial buildings across Europe. It also sells, permanently installs and services high performance temperature control systems for all types of industrial processes.

"ICS Cool Energy is a leader in the high margin rental services business with a reputation for strong customer service, helping building owners enhance productivity and reduce environmental impact," says Dave Regnery, executive vice president of Ingersoll Rand. "This acquisition is a strong fit with our Trane business, and strengthens our growth plans and ability to serve a broader range of customers in the important European market."

"We are excited to be part of Ingersoll Rand because of its market leadership, strong values and commitment to customers," says Simon West, Group CEO for ICS Cool Energy. "Our track record of customer service, our footprint and our capabilities in temporary rental services are complementary to the Trane business. Together, we will create even greater value for European customers."

The company is headquartered in Southampton, England and has an extensive footprint in the United Kingdom, France, Germany, the Netherlands, and Switzerland.

Ingersoll Rand advances the quality of life by creating comfortable, sustainable and efficient environments. Its people and family of brands — including Club Car, Ingersoll Rand, Thermo King and Trane — work together to enhance the quality and comfort of air in homes and buildings; transport and protect food and perishables; and increase industrial productivity and efficiency.

For more information, please visit **ingersollrand.com**.

Healthcare facilities managers...you get what you pay for except when you don't

With the pressures on spending, scrutiny of procurement and good governance continuing to be under the spotlight, national wood pellet supplier, Y Pellets, is asking healthcare estates and facility managers using biomass wood pellets as an alternative heating and energy source to examine what they pay for.

At a time when many wood pellet suppliers subcontract deliveries on vehicles which don't meet EN Plus trading standards, the company, which supplies premium quality, sustainable wood pellets to homes and businesses from its 5,000-tonne storage facility in Goole, has identified discrepancies in practices widely used by other contractors. They are not legal for trade but may supply to the likes of hospitals, clinics, and other private and public healthcare buildings.

This could mean that procurement and facilities managers may be receiving up to 10 per cent less product on delivery compared to the quantity ordered if only specifying the quality of the pellets and not the standard of vehicles making the deliveries. Additionally, for EN Plus A1 standard pellets, the actual delivery service must be EN Plus certified too for the product to be regarded as such, a key requirement for many facilities managers.

Significant investment in new vehicles

Y Pellets has recently made a significant investment in new, specially-equipped six and eight-wheel delivery trucks featuring state-of-the-art electronic weighing systems and onboard technology. This latest investment will see Y Pellets further extend its distribution capability to southern areas of England and north of the border into Scotland, and strengthen its position as a rapidly-emerging, key player within the UK's biomass fuel market.

Managing director, Neil Holland, explains, "Our delivery lorries are 100 per cent our own, not subcontracted, and this makes a huge difference to the quality of the pellets and the service received by the end customer. By making continuous investment, we can ensure the highest fuel quality possible and clients can reap the benefits in real terms meaning fuel cost savings of thousands of pounds.

"Our experience has shown that while a few in the industry have invested in the correct machinery and vehicles, the majority has not and therefore many subcontract deliveries to third-party companies as a means of cutting costs. Procurement professionals that specify wood pellets as an energy resource for public buildings such as hospitals or clinics know they have a financial responsibility to ensure money is spent correctly. Unless all vehicles are legal for trade, there may be discrepancies in the amount ordered compared to the amount being delivered.

"This could be anything from 2-10 per cent which for cash strapped authorities could potentially mean thousands when examining procurement and expenditure. You wouldn't go to a supermarket, pay for 10 apples but only come away with nine, and it's no different here. Our systems can eliminate any such shortfall and, therefore, have a direct impact on a client's bottom line finances."

Y Pellets' own fleet of delivery vehicles include state-of-the-art, electronic weighing systems that are calibrated by local weights and measures authorities and automatically send records of each delivery direct from the vehicle to the company's head office and then onto the customer. The vehicles have been adapted to provide a highly controlled, fit-for-purposes environment for EN Plus A1 pellets during transportation as well as guarantee that the tonnage ordered is received in full by the end user.

Holland adds, "Our clients can protect the investment made in their biomass boiler system and guarantee the expected returns from renewable heat incentives well into the future. This in real terms could mean substantial savings."

Y Pellets is a supplier of premium quality, sustainable wood pellets to public sector organisations and local authorities. For more details go to **www.ypellets.com**

Omnicell launches new automated inventory management system

In this special feature about how Omnicell gives trusts a real-time view of their product and medication supplies, Paul O'Hanlon, Managing Director of Omnicell UK & Ireland, writes: "Here at Omnicell UK & Ireland, we are delighted to introduce a new automated inventory management system to process hospital supplies, Omnicell SupplyX Inventory Management System. It will reinforce our reputation as a world-leading provider of automated healthcare solutions and medication adherence packaging. The new automated inventory management system will help hospitals easily trace all medical supplies moving through trusts and simplify stock control.

"Limited visibility of hospital inventory is costly and disruptive for everyone. Poor management of stock levels or re-order trigger points means significant amounts of out-of-date stock is often thrown away, wasting thousands of pounds that could be used elsewhere. Unforeseen stock-outs can adversely impact a hospital's day-to-day activities and have a huge impact on patient care, including last minute operation cancellations and theatre delays.

"Hours of valuable nursing time is wasted searching the hospital – sometimes walking between different wards – for the supplies they need rather than caring for patients. When hospitals are busy, nurses have no time to return unused supplies to the correct ward or replace stock they have used. There is no way of tracking this, meaning cupboards are left empty and stock isn't available when it is needed. On the flip side, stock is often ordered unnecessarily to provide comfort from stock-outs, which invariably leads to overstocking and wasteful spending.

Eliminating unforeseen stock outs

"The Omnicell SupplyX is able to eliminate unforeseen stock outs through re-orders based on current stock levels rather than weekly or monthly orders. It also ensures that stock is rotated to reduce out-of-date waste including expiry tracking and automated supplier expiry alerts.

"A lack of visibility of costs at a patient level is costing trusts thousands of pounds. Individual patient treatment costs can vary hugely across different hospitals, departments, and wards. Some hospitals are spending double what another might spend on the same operation. Without tracking these costs, hospitals have no way of working consistently. Using this new software trusts can track and cost everything at a patient, procedure, and consultant level. It gives them an understanding of spend throughout departments, so they can identify the most economic care pathways and drive efficiencies.

"At Omnicell, our GS1 compliant systems have been helping hospitals around the world to implement supplies and medication management plans for more than 20 years. Patient GS1 compliant wristbands can be scanned by the system in a single action. It minimises the risk of errors and provides positive patient identification, including name and date of birth, for comparison from the PAS or theatre management system. The GS1 patient identification number can be searched and referenced by the trust in the event of a batch recall against all procedures that a patient may have had. This saves staff the time of having to look through patient files manually.

Custom planning and installation

"Omnicell prides itself in supplying customers with everything they need to get started with the software, this includes Omnicell Handheld scanners, custom planning and installation, initial training and ongoing support with technical assistance.

"As technology develops and progresses we must strive to find new ways to embrace it to reap the rewards of increased efficiency and accuracy. In today's heath service environment this means having accurate information at our fingertips, so managers can use real-time, easily accessible information and data to make well-informed decisions about stock, costings, and efficiencies."

For more information, please visit the website or call 0161 413 5333.

www.omnicell.co.uk

Omnicell®

Technology-driven healthcare develops medical innovation

Medical innovation has undergone a huge transformation lately, driven by personal and portable devices and the ability to integrate them with personal healthcare and information technology systems.

Brian Wyatt, Sr. Vice President, Medical and Healthcare, Cyient, writes: "We have witnessed tremendous growth in the increased integration of Internet of Things (IoT), wearables, and other diagnostics as well as growing integration of IT, connectivity, access, and personalised medicine. In addition, the industry is learning from other sectors about the use of innovative technology platforms and how they streamline processes.

"In both established and growing economies, healthcare product evolution and innovation are focused on addressing three problems: aging populations, high patient volume and the need to build cost effective healthcare.

"Patients are becoming more empowered to monitor and improve their well-being through personal and wearable devices. They also want better and cost-effective healthcare solutions, so the use of tablets and smartphones for health monitoring purposes continues to increase. At the 2017 Consumer Electronics Show (CES), Samsung launched a smart belt that tracks a key health predictor.

"The overall medical device market is expected to reach U.S. $343 billion by 2021 and is forecast to grow at a CAGR of 4.6 per cent between 2016 and 2021, according to Research and Markets. The medical device connectivity market is maturing too, and is expected to grow at a CAGR of 38 per cent until 2020. An aging population, demand for personalised treatment, and increased availability of healthcare are the major drivers behind this growth.

"A growing segment of monitoring devices are available for collecting and tracking data related to general vital signs (heart rate, blood pressure and temperature) or other metrics, such as electrocardiograms (ECG) for those with heart issues or blood sugar for diabetics.

"Some of these products not only provide diagnostic monitoring but also apply physical therapy or adjust ongoing therapy of implantable devices. Using Bluetooth and similar technology, caregivers can also track movements of elderly and vulnerable patients.

The power of interoperability in healthcare data

"Interoperability solutions for exchanging patient data across care settings is another technological development shaping healthcare organisations and the way clinicians interact with patients. By including post-acute care in interoperability strategies, healthcare organisations can ensure that critical patient information across all care settings will be connected, providing a more detailed patient picture for more specific treatment plans and improved patient care.

"Extending connected solutions to patients who live in remote or rural areas or have transportation issues and would otherwise be challenged to return to the point of care, the physician's office or hospital is a true game-changer for the industry.

"Research has found that between 25 to 50 per cent of referring providers are not aware of whether their patients have completed their referrals, while approximately 50 per cent of referring and specialist providers do not communicate with each other. The cost of this referral leakage can be reduced by a proper referral network management program that database and consulting companies can help monitor.

"Beyond large hospital systems, small-to-mid sized practices also struggle with different workflow requirements with suppliers and other providers that do not necessarily interact.

"Traditional healthcare companies generally have been reluctant to adopt some of the fast-moving technology changes, instead choosing to wait for regulatory agency guidance given to these new products and uses along with marketplace acceptance.

Learning from innovation in other industries

"There is potential for medical device and imaging markets to leverage new technology platforms to reduce development time, save investment costs, and lower barriers to market entry. Medical technology design must rely on distinguishing features and market adoptability to ensure it is in-line with global megatrends. This trend is creating an openness to innovation in a highly regulated industry, allowing new technologies and products to be developed by companies outside of the healthcare industry.

"We are in an age where knowledge spill overs and blending innovation between sectors will become more frequent. Consequently, manufacturers may launch technologies in less-regulated markets in the developing world, where more innovation originates and laws governing the use of such devices isn't as strict. Manufacturers will need to be flexible and adopt a new approach to global medical device demand. The way people are responding to and adopting an interconnected way of living gives clues about how they want to approach healthcare."

Innovative video solution transforms stroke care

The East Lancashire Hospitals NHS Trust has calculated that it saves up to £150 million annually, due to its continued use of innovative video technology provided by Intercity Technology.

Birmingham-based IT specialist, Intercity Technology and telecommunications and service provider Virgin Media Business, has worked with the trust since 2011 to implement the first fully managed 'out of hours' stroke service across Lancashire and Cumbria residents. The Telestroke Network, which uses diagnostic-quality video and high-quality audio technology, allows clinicians across the UK to carry out initial remote assessments for acute stroke patients.

This is increasing the speed at which patients are diagnosed, which is crucial for patients suffering from strokes. In these cases, there is a critical period of four hours from the onset of a stroke occurring to treatment being started to affect a positive outcome for the patient.

To date, the Telestroke service has assessed over 1,800 patients, treated 875 patients, and saved an estimated £150 million annually. From 1 July 2016 to 30 June 2017 alone, 216 assessments were carried out, 132 patients were treated and 459 advice calls were taken.

Dr Nick Roberts, telestroke clinical lead and stroke consultant at East Lancashire Hospitals NHS Trust comments: "We're truly grateful for the life-saving work that Intercity Technology has helped us deliver over the past seven years.

"The numbers speak for themselves. As well as allowing us to deliver vital care to a greater number of patients, this technology has also helped us to save money, which we can reinvest to ensure that we maintain the highest standards of care."

Ian Jackson, chief commercial officer at Intercity Technology, says: "With over 100,000 people affected by strokes in the UK each year, identifying new ways of assessing, diagnosing, and treating patients is crucial.

"The Lancashire and Cumbria Stroke Network is the perfect example of a forward-thinking service. We've worked closely with the team to offer a service that is truly life-saving, and allows clinicians to focus on what's most important – the people. The service has been in operation since 2011, this latest extension will see technologically and service improvements resulting in even greater patient care, we are extremely proud to continue to support the trust in such a way"

"These outstanding results show that, when embraced, technology can massively facilitate the provision of high-quality care."

Sheffield Teaching Hospitals NHS Foundation Trust chooses Virtualstock

Sheffield Teaching Hospitals NHS Foundation Trust (STH), a Shelford Group Trust, is the latest in a line of leading trusts that have chosen to use the innovative technology platform from Virtualstock.

Andrea Smith, Director of Procurement at Sheffield Teaching Hospitals says *"With the NHS procurement landscape changing significantly we needed to implement a truly innovative solution and Virtualstock was the obvious choice. Highlighted as an example of best practice by Lord Carter, the STH team was keen to adopt The Edge for Health platform. We are working with our suppliers to ensure the product catalogue is enriched and price files authorised. That process will inevitably lead to more accurate orders and less invoice queries. It is also a great way for us to see the vast product ranges that historically we did not have room to store on our legacy system. A true marketplace for sourcing and product innovation."*

Importantly for the supplier community, the platform enables preparation of data ready for the required submission to the GDSN data pool. Working with GS1, Virtualstock ensured all required attributes were embedded into the catalogue platform, and can be easily matched and compliance tracked. Alternatively, Virtualstock can work with suppliers to pull data in from the GDSN data pool. All of this is available to the supplier community at no cost.

Several well-known hospitals are already using the system. The Shelford Group, a collection of trusts comprised of England's leading NHS multi-specialty academic healthcare organisations, is in the middle of its roll out programme as well as the strategic partnership with Shared Business Services and its 68 member trusts. The adoption of this disruptive technology is testament to the increasing appetite for change, with the NHS eager to learn from other industries regarding how technology can transform supply chains.

Virtualstock is bringing retail best practice eCommerce, at pace and scale, into the NHS. The Edge provides a comprehensive, online, end-to-end 'PIM2Pay' platform delivering a solution that spans the entire product life-cycle – from product information management (PIM) to payment (eInvoice).

The platform is designed to meet exacting retail & GS1 eCommerce standards, including a consumer-style experience to accelerate the pace of adoption. Built upon agile, disruptive, cloud-based technology, its 'responsive design' enables full functionality to be delivered online, to a device and to mobile, supporting and improving productivity at the front-line of the NHS for both trusts and suppliers.

Ed Bradley, Director/Co-Founder says *"Virtualstock is delighted to be working with the team at Sheffield Teaching Hospitals NHS Foundation Trust and its suppliers. We are committed to deliver the NHS new generation technology that delivers true and measurable cost savings for the entire healthcare supply chain."*

www.virtualstock.co.uk

DORSON WEST

Introducing our 2018 portfolio

Public Policy Projects

Advising on policy development in health, care and local government

acj Accountable Care Journal

Delivering news, influencing decisions and generating leads

hospital times incorporating hospital matters

Providing news, insight and analysis on the state and progress of new models of health and social care in the UK

020 7839 9305

www.dorsongroup.com

How to educate staff to spot malicious emails

As we saw in 2017, dealing with the impact of cyberattacks is a pressing issue for healthcare organisations of all sizes. The healthcare industry is particularly lucrative for criminals looking to access large amounts of personal data. Unlike a credit card number which can simply be cancelled, personal health information (PHI) is much more complicated and difficult to deny or restrict access to, so thieves may be able to continue to use it for some time even after the loss has been reported.

Aaron Miller, Senior Technologist, Palo Alto Networks, writes: "The most common way for malware, or malicious software, to make its way into healthcare networks is by spoofed email, which is also known as phishing attacks. Spoofed emails are sent to fool the recipient into clicking a link or attachment that's malicious. These emails fool the recipient into opening a link or attachment that brings malware into the medical clinic's network. Once launched, malware is typically downloaded and executed on the hospital workstation. Fraudsters can then take actions, steal personal data or other information, or stay dormant and carry out any of these at a later point in time.

"It is paramount that staff are educated effectively to prevent them from opening malicious links and attachments in emails. Here are some points to consider for staff looking out for spoofed emails.

The warning signs

"Ask yourself some of these questions before you click on a link: do you recognise who sent the email? This alone wouldn't be enough as it could be spoofed even if you do recognise the sender. Additionally, do you spot any replaced characters or spelling mistakes (such as .co.uk becoming just .co)? Is it a shortened URL? Remember that even if your organisation uses shortened URLs, the one you have been sent could be malicious. Often, simply checking with the sender lets you confirm whether the email came from them, if it contains something you were not expecting.

The 'from' address

"A generic email domain is a typical tactic to try and trick you. You may, for instance, receive an email from dentalclinicABC@gmail.com – note the part after the '@' sign. Although these email addresses appear like the official one, they are not using an official business domain and may, therefore, be more likely to have been sent by fraudsters.

The content

"Look out for language that seems generic. Often the fraudsters don't even know your name. One giveaway of an email that contains malware is if the email addresses you generically, such as Dear Customer, Dear Healthcare Professional or Hello. This saves fraudsters time as they often must send out huge numbers of phishing emails. Fraudsters often make spelling or grammar mistakes when creating a phishing email. If you think an email looks or sounds unprofessional, this is a signal that the email may be a fake.

"Fraudsters play on emotions such as fear, urgency or curiosity to trick users to clicking on a link impulsively and without careful consideration. Look out for statements such as "we have detected a fraudulent credit card charge" – banks consistently remind their customers that they will not ask for personal information over emails, but in a state of panic it could be difficult to remember this and to think logically. Beware of phrases such as "urgent action required" which encourage you to provide confidential information to rectify a situation.

The URLs

"Phishing emails aim to lure you to either fake sites that look real and try to steal your credentials, or to sites that could infect your clinic's workstation with malware. However, there are ways to find out where a link is really taking you. One way to recognise fake or obfuscated links is to check if the URL that is displayed is only an IP address, does not match the URL that is shown in the email content or is long and confusing but includes a familiar term.

"These are some tips that form part of the many ways healthcare organisations can minimise the potential impact of successful cyberattacks. Some threats can be stopped before they reach a user, while others can slip through the gaps. It is therefore essential for staff to remain vigilant of such attacks. Small improvements such as educating staff to recognise spoofed emails can better ensure companies are appropriately bolstering their cyber defences. "

Trust transforms sepsis outcomes for patients with mobile technology

Despite concerted efforts to accelerate the identification and treatment of patients with sepsis, County Durham & Darlington NHS Foundation Trust recognised it needed to do more to help its clinical teams drive quality improvement in this area of high NHS priority. Its proactive development of a sepsis care bundle predated the introduction of national policies and guidelines to improve sepsis outcomes – but the real-world demands on its clinical staff created a margin for human error in its delivery. The trust's performance against national quality improvement indicators was falling short.

The subsequent deployment of mobile technology to help expedite diagnosis and escalate treatment pathways has transformed sepsis care across the integrated organisation. County Durham & Darlington is now among the best performing trusts in England in its identification and treatment of patients with sepsis.

This is its story.

The national challenge: improving sepsis outcomes

Improving outcomes for patients with sepsis is a major NHS priority. The condition, which annually costs the NHS an estimated £2.5 billion, claims at least 44,000 lives in the UK each year. Around 14,000 of these deaths are preventable. Studies suggest that patients diagnosed and treated within one hour of presenting with sepsis have an 80 per cent survival rate. However, mortality rates increase significantly with every subsequent hour that treatment is delayed; after the sixth hour, a patient has only a 30 per cent survival rate. A 2015 report by the National Confidential Enquiry into Patient Outcome and Death found that in many cases, sepsis diagnosis was delayed because HCPs failed to record and respond to basic vital signs. The National Early Warning Score (NEWS) has shown to be a reliable indicator of patients at risk of deterioration. It is widely accepted that a NEWS of >5 should always prompt a screen for sepsis.

'Spotlight falls on County Durham & Darlington NHS Foundation Trust'

Measures to improve the early recognition and treatment of sepsis have increased in recent years. In 2013, a report by the Health Service Ombudsman for England identified clear failings in how NHS trusts were managing the crucial first few hours of patients presenting with sepsis. It urged wholesale action to address shortcomings and eliminate preventable deaths. In December 2015, NHS England published its first sepsis plan, a cross-system action plan to increase awareness of sepsis and support early identification and prompt treatment. The plan, which followed the introduction of CQUIN goals for sepsis in March 2015, was reinforced by a NICE Clinical Guideline for sepsis the following year. In November 2016, the CQUIN indicators for sepsis and antimicrobial resistance were combined into a single indicator focused on reducing the impact of serious infection. NHS England issued its second sepsis action plan in September 2017. The updated strategy coincided with publication of a NICE Quality Standard for sepsis first recommended in the inaugural plan.

In each case, policies and guidelines focus on the importance of early recognition of sepsis followed by timely antibiotic treatment, with quality improvement measurements recommending patients receive a broad-based IV antibiotic within one hour of presenting symptoms of sepsis.

Despite the measures, sepsis remains a challenge for many trusts across the NHS in England. Performance against national quality indicators remains variable. Analysis of NHS data broadcast recently by the BBC indicated that 37 per cent of patients who need antibiotics for sepsis are not receiving them within the recommended time, while 14 trusts are only screening one in every two people with signs of sepsis. UK Health Secretary, Jeremy Hunt, has conceded that although the picture is much improved from two years ago, preventable deaths from sepsis are still happening. There remains much to do.

A regional challenge for County Durham & Darlington NHS Foundation Trust

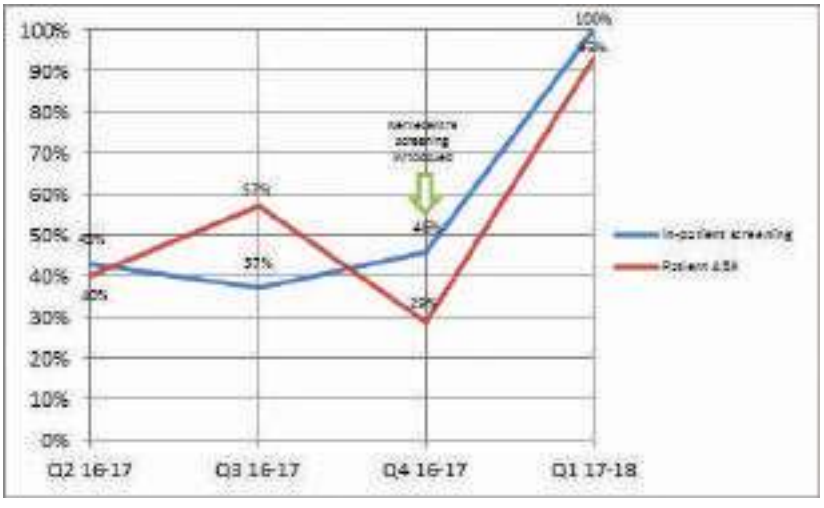
County Durham & Darlington NHS Foundation Trust is one of the UK's largest integrated healthcare organisations, providing acute and community services to over 650,000 people in the North East of England. In the past three years, the organisation has worked hard to strengthen its infrastructure and processes to improve patient safety across all of its hospital sites, including an improvement in

sepsis outcomes across its two acute sites; Darlington Memorial Hospital and University Hospital of North Durham.

Although County Durham & Darlington had no discernible problem with sepsis-related deaths, its focus on sepsis intensified in 2014 when reducing sepsis mortality was identified as a regional priority in the North East. In October 2014, the trust's 2015-17 clinical quality and safety improvement strategy set out a blueprint to support the early identification and treatment of sepsis. The plan included the trust-wide roll-out of a sepsis care bundle – built around the core principles of the Sepsis Six – and the development of an audit tool to identify outcome measures. However, despite the approach enjoying good clinical buy-in, early results were disappointing. High demand on wards meant that compliance among clinical teams was suboptimal, with nursing teams occasionally – understandably – forgetting to screen patients for sepsis. In 2015/16, the number of sepsis patients receiving antibiotics within the one-hour timeframe was low.

Lisa Ward, Lead Nurse responsible for sepsis at County Durham & Darlington, says: "The nurses in our clinical areas do not deliberately forget to screen for sepsis – they do so because they're exceptionally busy looking after patients. We knew that if we were to improve our compliance and increase the early diagnosis and treatment of patients with sepsis, we needed to give our clinical teams greater support in remembering the key components of the care bundle. We recognised that technology gave us the best chance of providing that support."

In 2016, the organisation adopted a new regional infection screening tool that had been developed collaboratively with other trusts in the North East. However, in line with the trust's strategy to support its staff with streamlined processes and systems that maximise the use of technology, County Durham & Darlington chose to deploy the new tool electronically, building on existing capability within the trust. "We didn't want to launch it on paper and implement yet another change for people to remember, says Ward. "We wanted to make it part of our existing electronic system – Nervecentre. Our performance is now so much better."



The solution is a mobile platform

In November 2016, County Durham & Darlington, in alignment with its Health Informatics strategy, took steps to extend its use of Nervecentre to support sepsis screening and the associated escalation of care. "This was a natural development, says Paul Latimer, Lead Nurse, Special Projects. "Nervecentre already supports other elements of our organisation, not least with electronic observations recording and escalation. Observations are the foundation of clinical decision-making. Certainly, they're the first port of call when screening for sepsis – generating an early warning score (EWS) that's a key determinant in the identification process. Crucially, Nervecentre uses mobile technology – giving our teams real-time access to vital information wherever they are in the hospital via hand-held, mobile devices. The ability to get the right information to the right person at the right time helps minimise risk, reduce human error and, most important of all, accelerate timely care. This is proving invaluable in our attempts to improve sepsis outcomes."

The Nervecentre platform uses vital signs, EWS and pathology results to inform the early diagnosis of sepsis. Algorithms, based on sepsis indicators and NICE guidance, are applied to local/regional clinical rules to help identify early onset. Critically, when a patient presents with early indications of sepsis, the platform's intelligent alert system immediately alerts the right clinicians and nurses to ensure that care is appropriately escalated, prioritised, and carried out.

Moreover, the system not only alerts clinical staff, it intuitively links with pathology to provide clear visibility of when results have been received or are still to be reviewed. The combination of the algorithm, automated escalation, and task prioritisation helps eliminate the human factors that can delay the identification and treatment of sepsis.

County Durham & Darlington's deployment of the sepsis application was piloted in April 2017 before being rolled-out fully across its acute sites the following month. It has transformed operational processes across the trust and driven substantial improvements in the care of patients with sepsis. "Fundamentally, the organisation has a greater understanding and visibility of its sepsis population, says Latimer. "Prior to the deployment, the trust could neither quantify nor prove the size of its sepsis problem at any given time, presenting an immediate barrier to attempts to drive quality improvement. Moreover, our clinical staff are empowered by having real-time information – in their pockets, wherever they are – that helps them prioritise and respond to patient needs quickly and appropriately. This rules out human error and drives up quality."

The outcomes

The deployment of the sepsis application, underpinned and powered by the bedrock of Nervecentre's e-Observations, has meant that every in-patient admitted to County Durham & Darlington's acute hospitals is now screened for sepsis. This represents a significant improvement on previous performance. Prior to the introduction of Nervecentre screening, 46 per cent of in-patients were screened for sepsis – with levels as low as 37 per cent in Q3 2016/17. By May 2017, this had climbed to 100 per cent

Similarly, the number of patients with sepsis receiving antibiotic treatment within one hour of diagnosis has risen significantly. The methodology used to record data in 2016/17 is different from that deployed in 2017/18 – improvements in the identification of sepsis means that the data sample now includes a higher proportion of patients with the condition. Despite this important nuance, the comparative outcomes are impressive. Prior to the introduction of Nervecentre screening, the number of patients administered antibiotics within one hour of a sepsis diagnosis was 29 per cent. In May 2017, that figured had grown to 93 per cent - and has continued to perform in excess of 90 per cent in the months that have followed.

Latimer says: "Our goal has always been to provide assurance to patients that County Durham & Darlington NHS Foundation Trust is a safe environment that delivers high quality care. Our work with Nervecentre is a great example of that commitment. The mobile platform is helping us support our staff with tools to recognise – and respond to – a potentially life-threatening condition. And it's allowing us to provide the assurance that every patient that comes into our care will be screened for sepsis – and treated promptly and appropriately."

Conclusions

County Durham & Darlington NHS Foundation Trust's 2017-2020 quality improvement strategy reinforces an organisational vision that sets out to be "Right First Time, Every Time." Technology will play a key role in achieving that vision – but its adoption is an incremental journey. The trust's use of Nervecentre is making an important contribution to patient care and evolving in response to emergent challenges.

Andrew Jennings, Clinical Chief Information Officer (CCIO) at County Durham & Darlington, says: "The whole of the Patient flow management and e-Observations system in general has transformed the way we work. It has given our clinical teams, and especially our nursing staff, the information, and tools to monitor and therefore treat patients more effectively. We've subsequently been able to build on that information – and connect it with other systems such as pathology – to inform how we intelligently respond to the growing challenge of sepsis. Nervecentre has changed how we do things, without being a burden on our teams. Effective technology is liberating – it not only provides real-time information, it gives us back the time to do something with it to drive up healthcare quality.

"The introduction of Nervecentre has been hugely positive. It's been used – and continues to be used – to inform processes, accelerate care and help us to deliver safe, effective high-quality healthcare. This has certainly proved the case in our identification and treatment of patients with sepsis."

www.nervecentresoftware.com

Vision Gelpack's clinical waste range gains UN accreditation

Vision Gelpack, the UK manufacturer of polyethylene films, liners and sacks, formed following the acquisition of the assets of Gelpack Excelsior by Visionscape Group, has been awarded UN accreditation for its range of healthcare and clinical waste collection products.

With sacks in 5, 10, 12 and 30 kg design weights, the range includes yellow sacks for hazardous waste incineration and orange sacks for alternative treatment of infectious waste at a licensed/permitted facility. The 5 kg and 10 kg sacks are star-welded for improved seal strength, while the 30 kg sacks are ADR/RID approved for the bulk transport of dangerous goods by road and rail.

The company also manufactures yellow bags with black stripes, commonly referred to as 'Tiger' sacks, for the collection and disposal of non-infectious/offensive waste by deep landfill, incineration or EFW.

Vision Gelpack forms part of Visionscape's European operations, which also includes Vision Petlon Polymers, the leading compounder and polymer recovery company based in Lydney, Gloucestershire; Sellers Containers, the UK's leading manufacturer of skips and containers, based in Oldham, Lancashire and Vision Environmental S.A., the Group's polymer recycling division, in Belgium.

Visionscape is a global environmental utility group providing turnkey solutions in areas of sanitation, energy, and waste water treatment. The company aims to reinvent waste management processes, specific to emerging markets, using cutting-edge technology and tools to address the waste management needs of megacities. Visionscape also offers services for commercial, residential, industrial, and healthcare clients.

W: www.vision-gelpack.co.uk
T: +44 (0)1432 267391
E: sales@vision-gelpack.co.uk

Smart door handle sanitises hands to fight superbugs and other infections

PullClean, an innovative door handle that sanitises hands, triples the rate of hand sanitisation rates and provides feedback on usage through a monitoring system, has launched in the UK.

Invented by Altitude Medical UK co-founders, Dr Alex Oshmyanksy and Dr Jake McKnight, when they were students at the University of Oxford, PullClean encourages people to clean their hands every time they enter and exit a room, making hand hygiene simple and trackable. It was developed to reduce the spread of viruses and infections in any high-footfall setting such as hospitals, care homes, schools, and universities, as well as leisure and hospitality venues such as hotels, restaurants, shopping centres and airports.

To mark its UK launch, PullClean can be seen at the Science Museum as part of a new exhibition, 'Superbugs: the fight for our lives', which explores how society is responding to the enormous challenge of antibiotic resistance and bacteria evolving into superbugs. The exhibition continues until Spring 2019.

While clean hands can dramatically reduce the spread of germs and infections, one of the biggest obstacles is getting people to use sanitiser regularly, because even with multiple wall-mounted dispensers, they simply forget. A pilot trial of a prototype of PullClean in the Johns Hopkins Bayview Medical Centre in the United States, saw the rate of hand sanitation rise from 24 per cent to 77 per cent after it was installed.

PullClean encourages people to clean their hands, simply by placing the sanitiser in a more direct position and replacing two separate actions (sanitising and then opening a door) into one seamless movement. By increasing hand sanitisation rates, it will help organisations protect patients, customers and staff through reduced incidence of infections. This will not only potentially save lives, but will also reduce the likelihood of customer and patient complaints or lawsuits and damaged reputation, as well as reducing the incidence of staff sickness.

According to Dr Jake McKnight, co-inventor of the breakthrough device and general manager at Altitude Medical UK: "Our device offers a completely new way to clean hands. We wanted to make it so easy for people to sanitise their hands, that it is almost subconscious. It's a small step to press a button when you're already holding the handle anyway. The irony is that handles are usually a big transmitter of bugs but PullClean can help stop them in their tracks and drive down unnecessary, expensive, and harmful infections."

The design is simple: A tube-shaped cartridge is placed in the centre of a hollow door handle, which releases a small amount of sanitiser when a blue paddle button is pressed. But these door handles aren't just savvy, they're also smart.

Each handle includes a monitoring system that records a variety of data, from how much sanitiser is left in the handle and when the cartridge should next be changed, to hourly usage stats compared to how frequently doors are opened. For healthcare settings this can include hand sanitisation rates across wards, shifts, and even entire hospitals.

Infection prevention and control is a top priority for all hospitals and care homes and they are constantly looking at new ways to try and bring infection rates down even lower. PullClean helps meet Care Quality Commission infection prevention and control requirements and provides a quantifiable insight into infection control performance.

Since November 2016, PullClean has already been used in the United States by organisations including Hilton and Marriott hotels, as well as several hospitals, care homes, doctor surgeries, restaurants and universities.

www.pullclean.com

Infection Prevention Society

Infection Prevention

11th ANNUAL CONFERENCE

Sunday 30th September
to Tuesday 2nd October

Scottish Event Campus
Glasgow, United Kingdom

@IPS_Infection | #IP2018 Infection Prevention Society

more information
will be available on
www.ips.uk.net

Differentiating fact from fiction with environmental decontamination

John Curtin, managing director of Decontamination Limited, considers the products and services currently available to healthcare.

With a wide range of environmental decontamination (ED) equipment and services to choose from, some healthcare facilities find it difficult to understand what they need to know to make an accurate assessment of available products and services. The aim here is to differentiate the fact from the fiction.

ED equipment and services can assist in:

- reducing infection rates by up to 80 per cent
- reducing the morbidity/mortality associated with these infections
- increasing patient safety and bed availability
- reducing costs associated with outbreaks.

With the proliferation of ED products and service what do you need to know to make a realistic assessment?

ED products/services available include chemical disinfection such as hydrogen peroxide, ozone, hydrogen peroxide mixed with a secondary disinfectant, chlorine dioxide, and ultra violet light. Some are sold for use by healthcare staff or provided as a service by manufacturers or their distributors.

A report is available which analyses the various products and their efficacy in comparison to the current guidelines and standards. What follows is an edited version of the report.

The products shown in the table on the facing page represent those widely used in healthcare across the UK, EU, and U.S.

What are the important points on which ED products should be evaluated?

1) Efficacy
2) Health & Safety
3) Suppliers with a Track record of Proven Deployment capability

1. Efficacy

a. Approved Disinfectant

For disinfectants to be deployed for ED, they must be approved in accordance with the EU Biocide Product Regulations (BPR) for the relevant product category, in this case PT2 - public and human healthcare. Approval must cover all active ingredients in the formula, and be able to show that ingredients not shown to be active are proven to be so. Suppliers will be able to provide Product Dossier Numbers to support compliance with BPR.

b. Efficacy standards

The only standard for spraying of disinfectant as a decontaminant in healthcare facilities within the EU, is the French standards agency AFNOR standard NF T 72 281. This requires both equipment and associated disinfectant to achieve a level of pathogenic kill, from a known quantity of pathogen, expressed as a log reduction. The current version was released in 2014.

The standard covers pathogens representative of the types found in healthcare facilities. To be compliant it must be conducted by an approved, independent, French laboratory. Certification is only granted to products which satisfy the criteria for all the required pathogens. Products which fail to meet the standard cannot be deployed in French healthcare facilities.

Since 2012 the EU has recognised that ED has become an essential part of the fight against infections. A working party was established to devise a standard for products (equipment and disinfectant) so healthcare facilities can have a reliable comparison for all those claiming to be able to deliver the results they need. The standard, which will soon be implemented, will be based on the French AFNOR standard NF T 72 281.

All EU providers of equipment and services will be expected to meet the new standard.

Of the products in the table only two appear to be compliant with

NFT 72 281 (2014). Others appear to have only been tested in accordance with the standard.

c. The importance of understanding efficacy standards

- Allows users to compare marketing claims to independent data
- Standards have been met and disinfectants are approved for deployment

CLAIM

Taken from a UK website, for an ED product currently in use in UK hospitals:

"Low chemical consumption - 1m/m^3"

"For example, an area of 50m3 can receive preventative treatment in just 33 minutes (3 minutes spraying, 30 minutes contact time)"

FACT

Laboratory test data provided by the manufacturer, to reach the NF T 72 281 (2104) standard, showed the following:

- Disinfectant required to meet the pathogenic kill requirements - 5ml to 7ml/m^3, with 2 hours contact time.
- Cycle time - 3.5 to 5.5 hours. For some pathogens this meant a second cycle and 2-hour contact time.
- To reach the required standard for *C.diff* spores - a double concentration disinfectant was required, resulting in the need for secure storage and transportation.

d. Independent, published data on efficacy

Having your ED system independently assessed by recognised experts in the field of infection control, working for an eminent healthcare institution, in a healthcare environment and having effective results published in an eminent journal, can lead to user acceptance, and provide a significant advantage to the supplier for sales.

Additionally, a comparative study of ED technologies undertaken in the same manner, where one product is significantly more effective than one or, several others, can have the same advantageous effect.

However, can the data being presented in the published article be completely relied upon?

CLAIM

Article published in the Journal of Hospital Infection in 2013 claimed that an ED system currently deployed in UK healthcare had been used in 2008, to assist in infection rate reductions at a large NHS trust.

Comparison of available products and services

PRODUCT	Disinfection type	Efficacy	Independent Validated in use efficacy. To International standards	Cycle times	Weight	Scaleable for large volumes	Suitable for ED Services
1	30-35% H2O2	Very High	Yes	2.5 to 6 hours depending on room size	90Kgs	No	No
2	7.9% H2O2 7.9% H2O2/PAA	Very high for PAA mix High to Very high for H2O2 only	Yes	2.5 to 3 hours for volume range	5Kgs to 23Kgs	Yes	Yes
3	6% H2O2/Ag+ 12% H2O2/Ag+	Low to Moderate	No	3 to 5.5 hours	10Kgs	Limited	Limited
4	2% H2O2/Ag+ 6% H2O2/Ag+	Low to Moderate	No	3 to 5.5 hours	10Kgs	Limited	Limited
5	5% H2O2/Ag+	Low	No	4 to 6 hours	65Kgs	Limited	No
6	UV light various types	Low to moderate. - Subject to positioning and cycle times	No	D	50Kgs to 75Kgs	No	Limited
7	Generated Ozone	Low to moderate.	No		10Kgs to 20Kgs	No	No

FACT

- The article's named product did not exist in the UK in 2008.
- One of the authors of the article had presented at an international hospital infection conference in Liverpool, in late 2010, and attributed the ED assistance to an alternative supplier's product
- On the basis of the above, the article was challenged by the alternative supplier

There is no implication that the authors of the article have deliberately misled either the journal or, its readers. However, the manufacturers of the ED system have used and continue to use this article as evidence of their product's ability to assist in infection rate reductions.

This type of published data can assist in sales efforts.

Claims like this, and others, confirm the need for healthcare facilities to:

- Understand the information required for assessing ED products
- Be in receipt of independent efficacy data verified to a known standard
- Ensure products are independently proven to meet required standards not simply based on the fact they are 'similar' to validated technologies.

2. The importance of Health & Safety

The use of ED can come with risks. It requires proven health and safety protocols and appropriate equipment to protect deployment staff, patients, healthcare staff and visitors.

Healthcare facilities that intend to deploy either ED services or products must be able to rely upon the manufacturers' and distributors' recommendations for deployment and health and safety protocols.

Protocols should include:

- Proven Method Statement for deployment
- Risk Assessments in accordance with national/international standards or equipment, disinfectants, manual handling of the equipment and use of any ancillary equipment
- Materials Safety Data sheets for any disinfectant
- Confirmation that the disinfectant does not contain any substances or residues damaging to human health and are approved for purpose
- Certified training for operators, supervisors, and management
- Remote management/operation of equipment for maximum safety or, where not possible robust protocols for manual deployment
- Understanding deployment requirements for: ventilation systems, medical equipment, electrical equipment, and smoke detection
- Insurance to meet public, employer, and product liabilities

Providers should also be able to show:

- An understanding of the health and safety regulations that apply to the use of:
  - Electrical equipment
  - Disinfectants and their workplace exposure limits
  - Suitable testing methods to ensure safety
  - Recommended Personal Protective Equipment

What are some of the health and safety risks?

a. Disinfectant composition

The composition of disinfectants need to be assessed to ensure there is no risk of toxic residual precipitate or, airborne levels that may exceed approved exposure levels for toxicity or, require to be removed post decontamination. An area currently under scrutiny is the silver content of disinfectants used for ED.

The Biocide Product Regulations have no disinfectant containing active silver or silver compounds approved for the review participant process, for airborne disinfection. In addition, no disinfectant containing silver nitrate as an active biocide can be used for ED. This was recently reinforced by the Health & Safety Executive. Its statement read:

"Silver Nitrate containing biocides - is your infection control system legal?

UK Health and Safety Executive (HSE) statement:

"It would currently be illegal to make available and use a PT2 biocidal product, containing silver nitrate as the active substance, as silver nitrate has not yet been approved as a PT2 active substance and is being assessed as a new active substance."

Hospital infection control managers, facility managers and purchasing teams are urged to review the biocidal products they use, particularly those associated with automated airborne disinfection or HPV systems and confirm that they do not containsilver nitrate. To reiterate, as per the UK HSE statement, it is illegal to market or use a biocidal product containing sliver nitrate as an active substance for a PT2 use.

In addition, if a product contains silver or silver nitrate as a non-active stabilising medium it must be able to prove that by providing the following:

- Product Dossier Number

All products that are part of the BPR review programme can provide this information.

CLAIM

Letter sent by manufacturer of ED products and disinfectants, to its users, currently in use in UK hospitals and the agent for providing the disinfectant for a competitor product also used widely in the UK stated the following:

"We … … … … confirm our acknowledgement of the new European regulations, and that accordingly all our products … … are in compliance with them."

FACT

Both products had, previously, highlighted the fact that their disinfectants had active silver/silver compounds that potentiated the disinfectant process, meaning they required a lesser concentration of the other active biocide. Should this no longer be the case and the other active biocide has not been changed they will be able to provide a Product Dossier Number for the review programme to confirm this.

More importantly they, nor any healthcare provider, can rely on any validation/efficacy data that was produced, based on the original active substances. That data is no longer relevant to the new mixture. The manufacturer must be able to prove the efficacy of the new mixture.

b. Safe deployment

Of prime importance in the deployment of ED is that the provider can prove it is possible to deploy their products and services safely without risk to:

- Staff
- Patients
- Visitors

and that their methods are robust. They must be able to show the following:

- No risk of exposure to chemical beyond safe workplace exposure limits
- Suitable Personal Protective Equipment to be used by deployment staff, where appropriate
- Re-entry procedures are guaranteed to protect staff, patients, and visitors from exposure to higher than approved levels of airborne chemicals
- The chemical being used will have no detrimental effect to materials, electrical or, medical equipment
- Method statements clearly state what must be removed from and can stay in the area to be decontaminated

CLAIM 1.

A manufacturer of chemical-spray based ED systems uses relative humidity to assess the required levels of decontaminant to achieve disinfection and the safe levels of decontaminant remaining in the area at the completion of the process. Once the relative humidity has returned to the original level they claim it is now safe for re-entry and no further assessment is required.

They have considered this method is an acceptable alternative to the use of a gas monitor to assess the residual levels of airborne decontaminant.

FACT

Measurements, by users of this equipment and a recent independent, comparative study in a leading healthcare journal, using approved gas monitors have shown that the airborne levels of decontaminant still exceeded those approved for either short or long-term workplace exposure, at the point at which relative humidity returned to the level prior to the start of the cycle. Re-entry based on the manufacturers measuring system would be considered to be in breach of health & safety regulations.

CLAIM 2.

The use of extraction will guarantee that the levels will return to the safe exposure levels throughout the area being decontaminated. Extraction is used by some suppliers of ED with varying levels of success.

FACT

Extraction is used by some suppliers of ED to varying levels of success. If this is not a simple four-walled space but contains multiple rooms e.g. en-suite facilities this can impact on the ability to extract all the remaining decontaminant.

Extraction can only be used once the decontaminant has had sufficient contact time to meet its pathogenic kill levels. At this point the airborne levels are likely to still be more than the safe exposure limits. Because of this the extraction unit must be already in place in the area being decontaminated.

Additionally, the monitoring of the airborne decontaminant is being undertaken at a single point in the area and can only be representative of the levels at that point and not an average of the whole area. It will always be necessary to have a safe, protected method for assessing whether the whole area is safe for re-entry.

Extraction and on-board monitoring should only be seen as a guide to safe levels in the area.

3. Suppliers with a track record of proven deployment capability

Since 2010 several new providers of ED have entered the healthcare market. Most recently, some companies are now starting to offer franchises for ED businesses in healthcare to anybody who has the funding to buy one.

New ED products are being developed and some manufacturers are looking for distributors in countries outside their own territory to increase sales. Healthcare is considered a target market.

Healthcare facilities using providers without the necessary knowledge risk:

- Exposure of operators, patients, staff, and visitors to chemicals exceeding approved limits, leading to illness, impaired mobility and senses, hospitalisation, and potentially more serious outcomes
- Damage to expensive medical and electrical equipment due to inappropriate and/or excessive levels of chemical
- Increases in infection rates, rather than a decrease
- None of the patient and financial benefits of a professional and expert deployment.
- Healthcare staff needing to remove residual levels of chemical precipitate, necessitating PPE, adding to cycle times, with no assessment capability as to any residual health and safety risk.

John Curtin, managing director of Decontamination Limited, with AFNOR standard NF T 72 281-compliant Phileas airborne disinfection products

Healthcare facilities need the following for an objective evaluation of ED products:

- Proof that products are effective in a healthcare environment
- Appropriate independent, verifiable efficacy data
- Proven expertise in the deployment of ED products and services in healthcare facilities
- Verifiable deployment references
- Be provided with proven protocols for the safe delivery of ED in healthcare facilities.

Manufacturers/distributors of ED products and providers of ED services

Healthcare is a prime target for manufacturers of ED and their distributors. However, distributors can be underprepared, have little or no background of the issues surrounding healthcare facilities and HCAIs.

Training for distributors is limited. Few manufacturers have expertise of healthcare deployment. Product support is often based in a different country or continent. This can create health and safety risks for all, as well as a risk to patient safety.

To ensure the most suitable provider is identified, manufacturers must be able to supply:

- Products proven to be effective in a healthcare environment
- Appropriate independent, verifiable efficacy data
- Proven expertise in the deployment of ED products and services in healthcare facilities
- Verifiable deployment references
- Provide proven protocols for the safe delivery of ED in healthcare facilities.

Failure to satisfy these criteria could result in, at best, additional costs, and no return for the healthcare facility. At worst, it could result in the healthcare facility relying on an ineffective process that results in increasing infection rates and patient deaths.

This is an edited version of a report entitled Environmental Decontamination in UK Healthcare. To request a copy, e-mail john@decontaminationuk.co.uk

John Curtin has been involved in the sale and deployment of ED products and services in the UK and internationally for more than 12 years.

Decontamination Limited is the UK Healthcare distributor for the AFNOR standard NF T 72 281 compliant Phileas range of airborne disinfection products.

GDPR and what it means for healthcare in the UK

Four years in the making, GDPR or the General Data Protection Regulation (GDPR) is a set of regulations for strengthening and harmonising data protection laws across Europe. GDPR becomes effective 25 May 2018 and will apply to the UK. It builds on the previous EU directive, which has not changed since 1995 and is now deemed outdated. GDPR applies to organisations including healthcare that conduct business in the EU including the UK despite Brexit, and, business that involves the processing of personal information of EU citizens which is where it impacts on hospital trusts in the UK.

The healthcare sector is currently subject to the strictest data protection regulations of any other sector. Hospital Times editor John Whelan attended a half-day briefing in London lead by experienced vendors Nuix and Core to Cloud and this is a summary of some of the warnings. The good news as they see it is that with the introduction of GDPR, most of the complexity around the various data protection regulations in Europe will be cleared up. Furthermore, GDPR, according to Nuix and Core to Cloud, is obviously preparing for a new era now defined by cloud, mobile, social, big data, and an increased exchange of data across national borders. In essence, GDPR affects all healthcare organisations that process the personal data of EU citizens.

To be clear, they say this also includes organisations that may not be physically based in the EU, but nevertheless do business in the EU that includes the processing of sensitive personal information of EU citizens. Such personal information includes, but is not limited to, sensitive healthcare data of EU citizens, and GDPR applies to both healthcare data controllers and processors. It is easy to see why GDPR will have a bearing on the UK even if Brexit goes ahead.

The GDPR includes many strong requirements for both privacy and security of sensitive personal information. GDPR also includes severe penalties for non-compliance of up to 4 per cent of worldwide annual turnover. Clearly, this is a major fine that any organisation doing business in the EU needs to avoid. Healthcare organisations doing business in the EU will need to compliance with GDPR in early 2018 as the 25 May 2018 deadline for compliance approaches.

Concurrently, breaches and ransomware have reached alarming levels, both in frequency or occurrence and business impact. In the Ponemon 2016 Cost of Data Breach Study: Global Analysis, the total average cost across industries of a data breach is now U.S.$4 million, up 29 per cent since 2013. The per capita cost of a breach across 16 industries studied is highest in healthcare at U.S.$355 per patient record. That should be a red light warning.

Compounding this is the rapid ascent of ransomware, according to a recent Freedom of Information request, 28 NHS Trusts have undergone ransomware attacks in the past 12 months. Perhaps more alarmingly, Experian's Data Breach Industry Forecast 2017 predicts that healthcare organisations will be the most targeted sector in 2018, with new, sophisticated attacks emerging.

With GDPR looming, and the growing spectre of breaches and ransomware, 2018 is sure to bring security and privacy even more into the spotlight in the EU region. Healthcare organisations across the EU are urgently working to mitigate the risks of breaches and ransomware, and ensure compliance with GDPR before the 2018 deadline. In security and privacy, ideas often surpass available budget and resources, and prioritisation of safeguards and targeting of limited budget and resources is key to ensure both compliance with GDPR by the 2018 deadline, and adequate mitigation of risks of breaches and ransomware.

How does your security compare with the rest of the healthcare industry, and GDPR requirements? Intel and industry partners are currently running a breach security benchmark program for health and life sciences organisations across the EU, and globally. This involves a one-hour, complementary, confidential assessment of the HLS organisations breach security priorities and capabilities. The result of this engagement is a comprehensive report showing the HLS organisation how their breach security maturity, priorities, and capabilities compare with the rest of the HLS industry.

How can Core to Cloud and Nuix help?

Data is at the heart of the GDPR. Put simply you can't protect or manage data that you don't know you have or what it contains. Together Core to Cloud and Nuix say they can help customers to better understand and classify data. In particular, this involves data transparency, and subject access requests. It's clearly time to bring in the experts and get ready for GDPR.

www.coretocloud.co,uk
+44 (0) 1367 701 500

Help for doctors, medical students and their families in times of crisis

Supporting the medical profession for over 180 years

Royal Medical Benevolent Fund
The Doctors' Charity

Together for Doctors

Registered with the Charity Commission for England and Wales No 207275. Registered with the Scottish Charity Regulator No SC046148.

Forever Wet

With New Humectant Technology!

Introducing...

Prepclean® Forever Wet
Humectant Spray

The latest breakthrough in Non-Enzymatic, Non-Aerosol pre-cleaning sprays, Prepclean® Forever Wet's unique humectant properties form a moist coating over the instruments that lasts for up to 72 hours, longer when placed in an airtight bag.

- Helps prevent bio-burden from drying on the surface of instruments and scopes
- Keeps soiled instruments and scopes moist for a prolonged period of time – unlike a GEL which HAS NO MOISTURE RETENTION properties
- Ideal for transporting soiled instruments that may sit for an extended period of time – such as overnight or over the weekend

Prepclean Forever Wet creates a long lasting moisture barrier. As seen here, instrument remains wet to the touch for days after application.

For a free full size sample bottle for evaluation and a copy of the independent Prepclean Evaluation Report from Decon Sure Ltd, please contact the office.

RUHOF UK
THE EXPERTS IN A BOTTLE

Peskett Solutions Ltd
Unit 4-5 Brampton Business Park
55 Brampton Road, Eastbourne, East Sussex, BN22 9AF
Tel: 01323 511038 Fax: 01323 503247
E Mail: support@ruhof.co.uk Web: www.ruhof.co.uk