

ISSUE THREE | 2018

hospital times

WannaCry one year on

Action still needed
on cybersecurity

Antimicrobial resistance

A pressing issue for the NHS

EXCLUSIVE INTERVIEW WITH

Danny Mortimer

Chief Executive of NHS Employers

PLUS + NEWS AND VIEWS, BEST PRACTICE, ACCOUNTABLE CARE JOURNAL ROUNDUP, AND MUCH MORE

Infection Prevention

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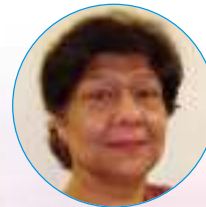
Professor Wing Hong Seto



Dr Ron Daniels



Professor Jennie Wilson



Professor Shaheen Mehtar



Professor Andreas Voss


Highlights to include:

- Innovative programme including dedicated one-day conferences on **Infection Prevention in Care and at Home** and **Infection Prevention and Antimicrobial Resistance**
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Online registration is available at
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 Infection Prevention Society



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hospital times

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Hospital Times – They are a' changing

In the immortal words of the Bob Dylan song we are at Hospital Times reflecting transformation and transition in our marketplace. We remain totally committed to our mission of providing news, insight, and analysis on new models of health and social care in the NHS but also worldwide.

Yet as our repurposed and upgraded Hospital Times website indicates clearly, we have embraced digital delivery of our core messages by making our website easier and quicker to navigate for the busy health professional and those who work with them. This is quite a revolution for me as my career started in the era of hot metal 45 years ago long before the Internet.

In partnership with our new sister publication Accountable Care Journal (ACJ), which operates online, we are republishing many of the key interviews and unique news from the past two months to reach out to both existing and new readers.

Indeed, ACJ has pioneered a series of trail blazing conferences on integrated care beginning with key speaker Sir Bruce Keogh who needs no introduction and the first of these in Birmingham just before we went to press was a sell-out.

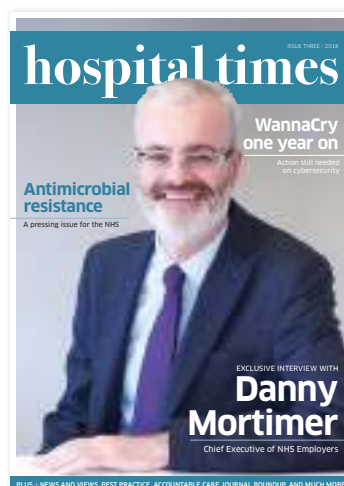
Returning to Hospital Times our current print issue features an exclusive interview and a cover story with Danny Mortimer, chief executive of NHS Employers, which is also available to readers online.

In terms of international health and social care news we were proud to work with the highly successful organisers of Future Healthcare 2018 in the UK, which attracted a highly influential audience of speakers, delegates, and exhibitors, and naturally hope to renew this relationship for the 2019 event at Olympia in London.

Hospital Times has not forgotten or neglected its core market and in coming months we will report both digitally and in print on key issues of interest to hospital administrators, estates managers, and new products and services of interest to them. We'll also be casting an eye on those technology vendors that want to both improve the patient experience and lower costs for hard pressed budgets in the NHS. We will also continue to focus on the at times stressed relationship between health and social care especially as it impacts on local government.

On a final optimistic note our thanks are due to our growing readership – both digital and in print – as well as to our loyal advertisers who clearly value Hospital Times as an effective channel to promote their products and services to the health and social care sector.

For details of our forward schedule for Hospital Times in 2018 please contact my colleague Jackie Wright on jackie.wright@dorsonwest.com.



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GDPR and update to our Privacy Policy

Dear Reader

For over 20 years Dorson West and its predecessor companies have brought our readers high quality news, insight and analysis. We value each and every one of our readers and we thank you for your continued interest as we rebrand and make ourselves compliant for the decades ahead.

On 25 May 2018 the new General Data Protection Regulation (GDPR) will come into force and in preparation for this we have updated our privacy notice. It can be viewed on our website www.hospitaltimes.co.uk

Our legal basis for data processing in most cases will be legitimate interest. However, if you decide you no longer wish to hear from any of the Dorson West brands, you of course have the option to opt out of receiving communications from us. If you wish to update the contact information we hold for you or your preferences, please email ben.howlett@dorsonwest.com

Best wishes
Ben Howlett
 Managing Director
 Dorson West Ltd



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HYGIENE SAFETY ENDURANCE



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MPs criticise proposals on improving mental health support for young people

Suggested measures to improve mental health support for children and young people are “just not ambitious enough” and will “leave so many children without the care they need”, a leading MP has said.

Sarah Wollaston, a former doctor, was speaking as the select committee she chairs published a joint review of the government’s green paper on mental health. Members of the health and social care committee and the education committee concluded that the green paper “fails to consider how to prevent child and adolescent mental ill health in the first place”.

They continued: “The narrow scope does not take several vulnerable groups into account, the proposals put more pressure on the teaching workforce without sufficient resources, and the

timetable for implementation ignores hundreds of thousands of children over the next 12 years.

“We are also concerned that the funding for the green paper’s proposals is not guaranteed and is contingent on an unspecified level of success.”

The government published the paper in December 2017, and it was under consultation until the beginning of March 2018.

Its main proposals include creating a new workforce of community-based mental health support teams, encouraging every school and college to appoint a designated lead for mental health, and piloting a four-week waiting time for children and young people’s mental health services “in some areas”.

Wollaston and colleagues have argued that the proposed speed with which such proposals would

be implemented is insufficient. The review states: “The long timeframes involved in implementing the green paper’s proposals will leave hundreds of thousands of children and young people unable to benefit from this strategy over the next few years.

“Rolling out the plans to only a fifth to a quarter of the country by 2022/23’ is not ambitious enough. We advocate more widespread implementation and iterative learning methods to inform best practice across the piece.”

Third sector leaders have also expressed concern about the proposals. Anna Feuchtwang, chief executive of National Children’s Bureau, says: “With one in four teenage girls and one in 10 boys experiencing symptoms of depression, we need a green paper that backs up good ideas with ambition and urgency to make good

mental healthcare for children a reality.

“Decisive action now can turn the tide on the number of teenage girls who are self-harming; relieve the relentless academic and social pressures our children are facing; and meet the unmet needs leading to children with autism being excluded from school.

“Three children in every classroom have a diagnosable mental health problem, and this number is on the rise. These children need help now, not in five years’ time, and not in only a quarter of the country.

“This green paper should be an opportunity to ensure children get the support they urgently need and to address the underlying issues causing these problems. Instead what we’ve got is a shuffle in the right direction when we need a stride.”

Home is where the health is, new report contends

Insufficient attention is being given to creating healthy UK environments in which to live and work, a new report has contended.

The Design Council and Social Change UK report notes there is strong evidence of the public and economic benefits of ‘healthy placemaking’, including improved citizen wellbeing.

But many of the 600 built environment practitioners surveyed for the report argued current planning and building design processes were unresponsive to creating healthy environments.

Launched in April at the Houses of Parliament, the report suggests the concept of healthy placemaking currently sits on the periphery of UK housing and public health. It raises concerns that developing healthy spaces continues to be seen as a cost to local development rather than an investment.

Yet according to Design Council chief executive Sarah Weir, a focus on creating healthy places in towns, cities and villages will be crucial to creating sustainable communities – ones that boost local economic growth and help reduce avoidable disease.

“With ever-increasing pressures on the NHS to fight preventable health

issues such as obesity, heart disease, and diabetes, we need to consider new ways to fight this growing health epidemic,” says Weir.

“As a recognised leader within the architecture and built environment sector, we want to fully understand what stops those who design and build the places that we live and work in making us healthier and happier.

“Our latest research makes clear that, despite the evidence, healthy placemaking is often side-lined and seen as a cost. This has to change if we are to tackle the high levels of physical inactivity that is costing the country an estimated £7.4 billion each year.”

There are five Design Council recommendations for developing healthy places. They are increasing walkability in building and neighbourhoods and encouraging healthy modes of transport; improving access to healthier foods; bolstering social contact by creating well-connected housing and neighbourhoods; ensuring access to the natural environment, including parks; and reducing exposure to air and noise pollution.

A 2017 study in *The Lancet* reported that diseases caused by pollution were responsible for an estimated 9 million premature deaths

in 2015 – 16 per cent of all deaths worldwide; three times more than deaths than from AIDS, tuberculosis, and malaria combined; and 15 times more deaths than from all wars and other forms of violence.

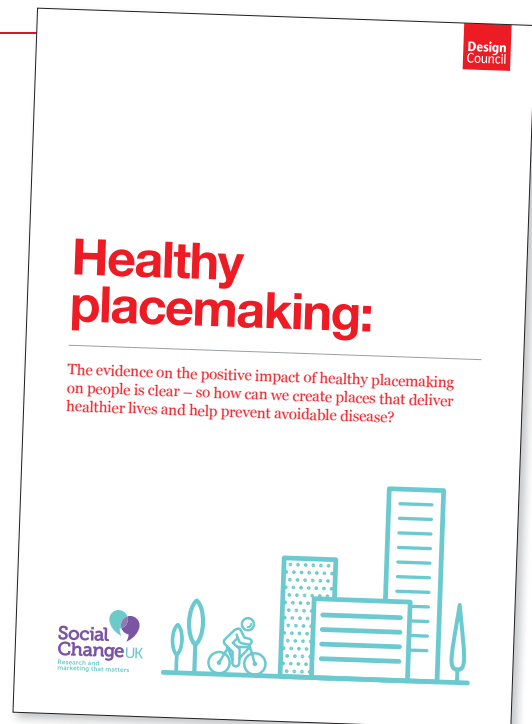
Kelly Hunstone, chief executive of Social Change UK – the social research and campaign company responsible for carrying out the research – contended that some of the UK’s toughest societal issues could be solved by healthy placemaking.

“After years of working on the ground within local communities we believe a lot of health and social

issues can be solved by designing healthier neighbourhoods.

“People want to live in comfortable, breathable homes that make them feel safe and secure. They want access to green spaces and cycle paths and the kind of environment that promotes a healthy lifestyle and happier life.

“This should be the right of everyone and not the few, and I urge our decision makers – our politicians, our planners and anyone involved in the design and construction of our villages, towns and cities – to put healthy placemaking top of the agenda.”





Dr. Jennifer Dixon CBE, Chief Executive of the Health Foundation

NHS middling performance must change says charity chief executive

The 'middling funding and middling performance' of the NHS must be addressed if it is to last another 70 years, the chief executive of a leading independent health charity has argued.

Health Foundation chief executive Jennifer Dixon CBE was speaking at the inaugural NHS Confederation lecture, held in London at the beginning of May.

She agreed with the 2016 assessment by the Organisation for Economic Co-operation and Development (OECD) that the UK had a "middling health system." The key question, she contended, was what could be done to make faster improvements.

She suggested bolstered funding would be key. "We don't spend enough to get the outcomes some other countries manage. We spend about the average for the EU 15 in terms of percentage of GDP on healthcare."

But she pointed out the EU 15 average includes lower spenders such as Luxembourg, Greece and Portugal, and that comparing UK spend to German spend revealed a

significant gap. "If the UK had spent the same as Germany since 2000, we would have pumped in a whopping £620 billion more on healthcare. That's about four times the current annual UK healthcare spend. Put another way, the UK spends circa £185 billion a year on health and social care, the Germans spend a full £60 billion more."

Dixon argued the NHS needs between three to four per cent real growth each year, and that "the population wants more healthcare – there's a strong argument for raising taxes to give it to them."

But she said addressing funding issues would be insufficient to secure a successful and sustainable future for the NHS. Dixon pointed also to the need to reduce the regularity of centrally-imposed structural change.

Prone to policy disasters

She argued that increasing intervention and regulation by government without sufficient checks and balances made the UK particularly prone to "policy disasters." "Old style central reforms focusing on institutions – mainly

hospitals – will be too blunt, too late, and off beam."

Instead, the NHS will need to adopt an evolutionary approach to involvement; one which engages staff, patients and others at the frontline. "I believe we are genuinely at an inflexion point now. The transmission mechanism for improvement will be far more through collaborating networks, and communities.

"The future challenge will be more to respond faster to new

innovations, particularly from outside the NHS, and speed up discovery and experiment within it at the front line. A frontline that patients are part of, and a front line that is moving upstream towards reducing the risk of ill health."

She suggested current policy in the Five Year Forward View was "definitely in the right direction with the emphasis on integration, collaboration, upstream population health, innovation and diffusion".

She added: "Boosting workforce skills, data analysis, management, networks and digital innovation should be central in the next round of investment.

"All that is a big agenda for leaders in the NHS, and patients. But we have plenty of talent, will and values to do it."

Niall Dickson, chief executive of the NHS Confederation – which represents 85 per cent of providers and commissioners, equating to nearly 500 members across health and social care – also emphasised the need for more funding and an eye to long term change.

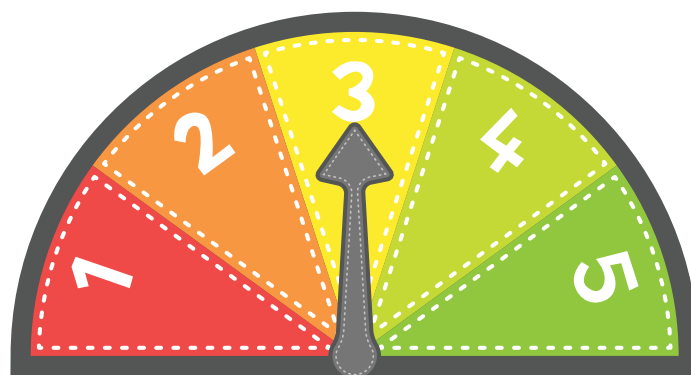
"We agree with the Health Foundation that more funding is needed and would argue that any long term funding settlement must bring health and care together and move away from short term cash injections that do not enable transformation.

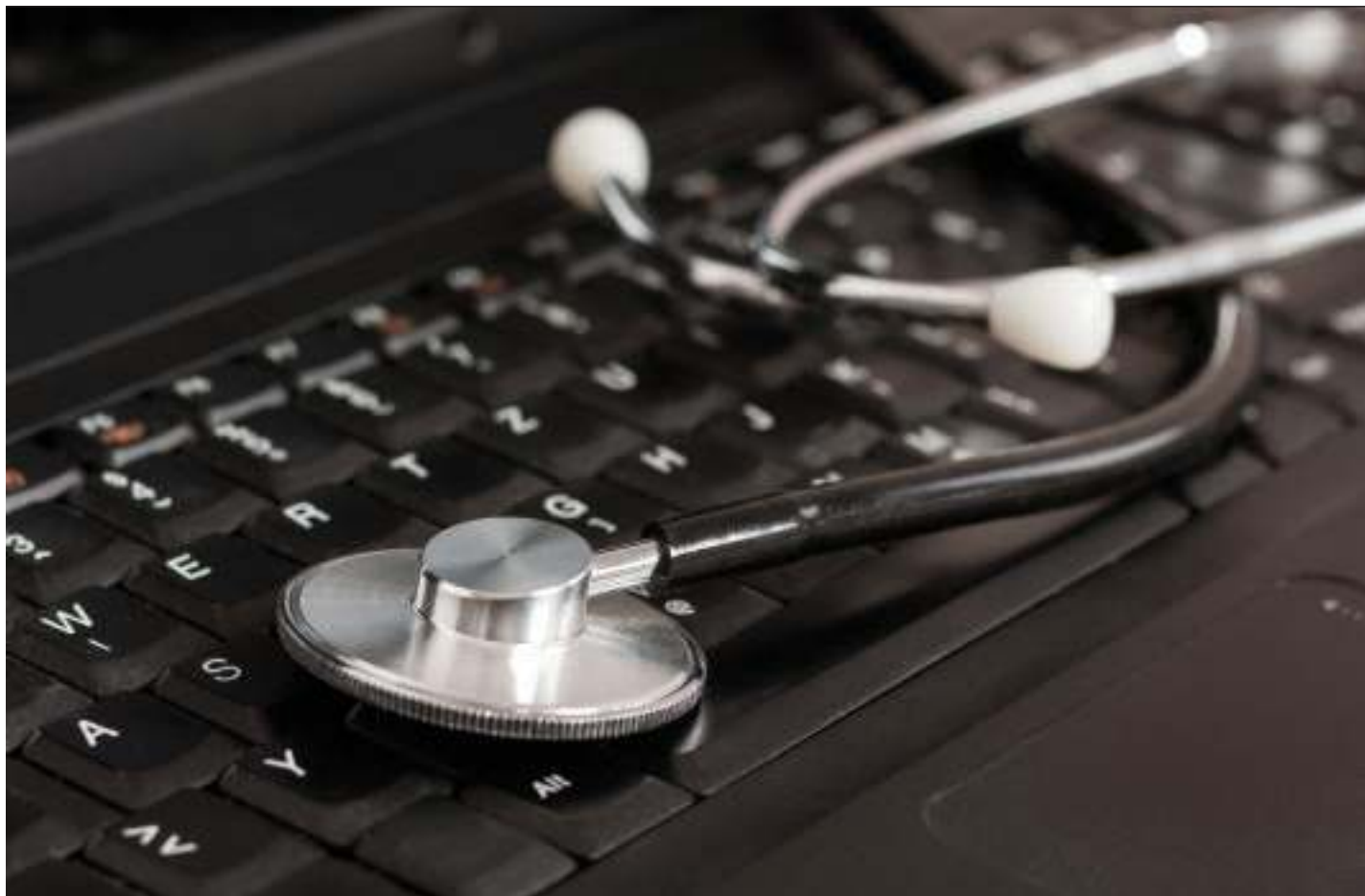
"We are starting to see signs of movement from government and politicians more widely on a challenge we have long argued is the most pressing domestic issue of our age.

"The NHS is facing a funding and workforce crisis which means the next decade must be very different from the last.

"We also recognise the importance of clarity around what health and care services should provide in return for extra investment."

The NHS Confederation has asked the Institute for Fiscal Studies (IFS) and the Health Foundation to conduct an independent and comprehensive study into the funding needs of the UK's health and care systems for the next 15 years. The first reports are due to be published over the summer.





New fellows get clinical with informatics

Four frontline clinicians have begun a new informatics fellowship at NHS Digital.

The fellows, each of whom come from a different care setting and profession group, will seek to use their experiences to support the design of new digital tools and services – for both NHS staff and for patients.

It is hoped the new fellowship will allow for collaboration and knowledge sharing between frontline care and NHS Digital, the national information and technology partner to the health and social care system.

The other main aim of the new programme is to increase awareness and interest in careers in clinical informatics, which is centred on using information technology within the healthcare environment.

The successful quartet of fellows are Joan Pons Laplana, a transformation nurse from James Paget University Hospitals NHS Foundation Trust; Tommy Reay, a social worker from Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust; Ira Goodman, an anaesthetic operating department practitioner from Moorfields Eye Hospital NHS Foundation Trust in London; and Anthony Kenny, a specialist sexual health nurse

from King's College Hospital NHS Foundation Trust.

During their year-long placement – which NHS Digital describes as a “unique opportunity” – they will get the chance to work in both data and technology environments. The fellows will be involved in a range of programmes, products and systems that support the continued provision of high quality patient care and the modernisation of frontline services.

They will also join forces with the two clinical leadership fellows who are undertaking the national medical director's fellowship and the chief pharmaceutical officer's fellowship. Both of those schemes are run by the Faculty of Medical Leadership and Management, which was founded by all the UK's medical royal colleges and faculties.

Looking forward to the fellowship

Pons Laplana argued there was little doubt that clinical informatics was a crucially important field, and said he was looking forward to the fellowship.

“Technology is going to be fundamental for the future of nursing and the whole of the NHS. The only way we can develop and

continue to deliver goal-centred care is to empower patients and staff with digital platforms so that we can practise more forward thinking, preventative health care. Ultimately, these tools will help us deliver more effective and efficient services and I'm so excited to be a part of that.”

NHS Digital said further cohorts of clinical informatics fellows could follow once the impact of the first group has been evaluated. That is set for the autumn.

Anne Cooper, chief nurse at NHS Digital, commented: “I am absolutely delighted that the four new clinical fellows have started. They bring a completely new perspective to our organisation and great front-line experience, as well as lots and lots of creative ideas. I can't wait to see what they have in store for us and for them to take their data and technology learnings back to the front line to enhance their profession and delivery of care.”

Separately, Cooper has argued that “we are at the cusp of a great opportunity to use technology to accelerate the contribution of community nurses to the wide system changes we need”.

She made this suggestion in the foreword to a new Queen's Nursing

Institute (QNI) report on how community nurses are responding to the opportunities presented by digital.

“Nursing in the Digital Age – Using Technology to Support Patients at Home” was based on a survey of over 500 nurses working in the community. It revisits a subject first analysed by the QNI in its 2012 publication ‘Smart New World’.

“The possibilities of managing caseloads alone, to free resources, and to ensure we have the right practitioners in the right place, at the right time, to meet the needs of patients seems to have great potential,” said Cooper in the report.

“We need data and system standards for community nursing that enable consistent approaches to the recording, coding, entry and viewing of information about community care.

“We also need to focus on culture changes to see the real integration of technology and data into nursing practice.

“We want to meet effectively the needs of patients and so their involvement is key. They need to be as engaged in the digital agenda as ourselves. Only then can we meet the challenges presented to us in community nursing.”

Spending on medicine is a difficult pill to swallow

Rising spend on NHS medicines could jeopardise patients' access to drugs, a major independent health charity has warned.

A new report from The King's Fund notes NHS funding levels are failing to keep pace with growth in spending on medicines. This could potentially compromise patients' access to drugs, it suggests.

'The rising cost of medicines to the NHS: what's the story?' shows that total NHS spending on medicines in England has grown from £13 billion in 2010/11 to £17.4 billion in 2016/17, an average growth of around 5 per cent a year. But the NHS budget grew by an average of only 1 per cent a year over the same period.

The majority of the growth in spending has been in hospitals, which now account for nearly half of the total amount the NHS spends on medicines, with costs having grown by around 12 per cent a year since 2010/11.

A lack of robust data means the scale of and reasons for this growth are unclear, the report found. But it suggests it is likely to have been fuelled by an increase in the number of patients treated and the introduction of expensive new treatments.

In primary care, the analysis shows that increases in the use of drugs such as statins and anti-depressants have resulted in rapid growth in the number of prescriptions issued, with more than one billion items prescribed in 2016.

Yet spending growth has been much lower than in hospitals due to the success of policy initiatives – such as encouraging the use of cheaper generic drugs – that have led to a reduction of nearly 25 per cent in the average costs per prescription item.



With the NHS facing unprecedented pressures, policymakers have recently sought to exert greater control over medicines spending. Measures have included the introduction of a budget impact test for new products that will cost more than £20 million a year, reform of the Cancer Drugs Fund, and restricting access to medicines that can be bought over the counter or are deemed low value.

The increasing use of biological treatments and the development of effective but expensive products are creating new cost pressures.

The report warns that difficult choices lie ahead as it is becoming harder to balance giving access to effective treatments with



incentivising innovation in the pharmaceutical sector and ensuring affordable spend on medicines.

Helen McKenna, senior policy adviser at The King's Fund, says: "Rising demand for healthcare coupled with newer, more expensive treatments and an unprecedented funding squeeze means the NHS is now struggling to strike a balance between the competing priorities of access, innovation and affordability."

"It is important to tackle inappropriate prescribing and the overuse of medicines, especially antibiotics. However, we are now seeing policymakers implementing increasingly controversial measures to control the medicines bill."

"With the choices facing policymakers becoming more difficult, there is a risk of returning to the 1990s, when funding pressures led to widespread concern about the erosion of patients' access to medicines," she added.



Researchers recommend new look at newborn screening

Many national recommendations on whether to screen newborn babies for rare conditions fail to adequately assess the evidence on the key benefits and harms of screening, researchers have suggested.

Academics from the University of Warwick offer the warning in a new study published in *The BMJ*.

Members of the research team point out that effective screening programmes can save lives, while ineffective programmes can do more harm than good. But decisions about which conditions to screen for vary widely between countries, despite similar populations and healthcare systems.

Reasons for these differences are unclear, but it has been suggested that differences in the evidence review process used to generate policy – in particular the use of systematic reviews – may play a role.

Systematic reviews bring together evidence from existing studies and use statistical methods to summarise the results, to help make evidence-based decisions.

To explore this further, a team of researchers led by Sian Taylor-Phillips – associate professor at Warwick Medical School – assessed whether use of a systematic review affects national decisions on whether to screen for a range of conditions through the newborn blood spot test.

Their analysis included 93 reports that assessed 104 conditions across 14 countries, giving a total of 276 recommendations.

Screening was favoured in 159 (58 per cent of) the recommendations, not favoured in 98 (36 per cent), and not recommended either way in 19 (7 per cent).

Only 60 (22 per cent) of the recommendations were based on evidence from a systematic

review. Use of a systematic review was associated with a reduced probability of screening being recommended (38 per cent as opposed to 63 per cent).

Evidence for test accuracy was not considered in 115 (42 per cent) of recommendations, while evidence around the benefits of early detection and the potential harm of over-diagnosis were not considered in 83 (30 per cent) and 211 (76 per cent) of recommendations, respectively.

The researchers point to some study limitations, the key one being that use of systematic review methods may have been driven by country-level factors. However, strengths of the study include the large number of documents analysed and the ability to take account of potentially influential factors across different conditions.

Taylor-Phillips says: "This study showed that many national policy

decisions about whether to screen for conditions are being made without systematically reviewing the evidence.

"Yet it remains essential to make evidence-based policy decisions because once screening programmes are started they are difficult to stop."

She calls for further research "to understand why policy makers do not employ systematic review methods in their evaluations of evidence." Members of the research team also propose more international collaboration to undertake such reviews.

The NHS offers the newborn blood spot test to every baby and uses it to identify if the baby has any of nine rare conditions (sickle cell disease, cystic fibrosis, congenital hypothyroidism and six inherited metabolic diseases). The test involves taking a small amount of blood from the heel, and so is also known as the heel prick test.



Hospital Innovations

6 June 2018
UCL London



Keynote Address

Simon Corben, Director, and Head of Profession, NHS Estates and Facilities Efficiency & Productivity Division

CONFERENCE PROGRAMME

09.30 Keynote Address

Simon Corben, NHS Estates and Facilities Efficiency & Productivity Division

10.00 Panel Discussion

11.30 Innovation in the NHS – Making The Impossible Possible...
Emma Jane Roberts, Spirit Healthcare

12.00 The UK's First NHS High Energy Proton Beam Therapy Unit is Completed

Jason Dawson, Director of Capital, Estates and Facilities - The Christie NHS Trust

13.30 Utilising Renewable Energy for Healthcare Estates

Carl McKenzie, Managing Principal - Elementa Consulting

14.00 Energy Centre Saves £1.2m in Six Months

Mark Bristow, Oxford University Hospitals NHS Trust
Claire Hennessey, Oxford University Hospitals NHS Foundation Trust
Stephen Lowndes, Carbon & Energy Fund

15.30 Taking the "OUCH!" Out of Emergency: The Children's Emergency App for Evelina London Children's Hospital

Martin Jones, Art In Site

16.00 The National Programme for Sustainability

Fiona Daly, NHS Improvement

16.30 Lord Carter Awards & Drinks Reception

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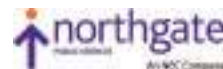
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MP and trade union strike hard line on soft facilities

An MP and trade union have joined forces to call for the reinstatement of in-house soft facilities services at a London NHS trust.

Lewisham and Greenwich NHS Trust, which runs two hospitals and provides a range of community health services, uses ISS and Interserve for its soft facilities provision. The latter has provided catering, logistics, cleaning and portering services to the trust since 2012.

Members of GMB Southern Region and Greenwich and Woolwich MP Matt Pennycook have now launched a petition calling for services to be brought in

house when contracts expire at the end of the year.

They contend there is “robust evidence” that doing so “could result in an overall financial saving and improved service delivery”.

“We believe, particularly in light of the recent collapse of outsourcer Carillion, that to continue to rely on private companies to run these essential services presents an unacceptable risk,” the petition states. “We also question whether the current contracts represent good value for money.”

Concerns are also raised about the conditions of employment for staff currently managed by ISS and Interserve. “Under these

two companies, the workforce has seen its pay held down and its terms and conditions cut to the bone to maintain company profit margins,” the petition states. “The demoralisation of the workforce, combined with a sustained under-investment in equipment, has made it harder to deliver a first-rate service.”

Signatories acknowledge that “eight years of chronic under-funding” combined with the “burden of a substantial PFI [private finance initiative, through which the Queen Elizabeth Hospital was constructed]” put the trust in a “precarious” financial position.

Indeed, in board papers earlier this year it was revealed the trust would need to borrow £95.5 million in 2017/18 just to cover its financial deficit.

But the petition contends there is strong evidence that ceasing the outsourcing of soft facilities services would lead to savings.

“There are recent examples of trusts successfully bringing services back in-house,” the petition says. “For example, Nottingham University Hospitals (NUH) brought cleaning services back under their control last year. The move has resulted in a marked improvement in service standards.”

It notes that staff at the trust are currently in discussions with the PFI company responsible for Queen Elizabeth Hospital to end the soft facilities part of its contract. “Were this to transpire there would be nothing preventing the trust from determining not to put the contract out to tender and bringing it back in-house instead,” the petition states. “We urge the board to do so, for the benefit of the workforce and the long-term sustainability of these essential services.”

The trust was rated as requiring improvement in all five categories rated by the Care Quality Commission (being safe; effective; caring; responsive and well-led) in both of its last major inspections.

The most recent was in August 2017, when England’s chief inspector of hospitals, Professor Ted Baker, said there remained “areas of unresolved risks and areas for significant improvement”.

A new chief executive has recently been recruited at the organisation. Ben Travis joined in April 2018 from Oxleas NHS Foundation Trust.

Trust chief wants colleagues to stay tight lipped on staffing

The chief executive at a challenged NHS trust has allegedly suggested colleagues should never discuss staffing levels with patients.

The Daily Telegraph reports that Nick Hulme, who heads up Colchester University Hospital NHS Foundation Trust, told a meeting of the trust board that “no member of staff should ever tell a patient that we are short-staffed.”

He is said to have continued: “That’s the message we are giving patients in terms of confidence, I am absolutely clear about that. I would be looking for the board to have support to have an absolute mandate to say staff should never discuss staff levels with patients.”

According to The Telegraph, the results of the National Inpatient

Survey were also discussed at the board meeting, and revealed patients had a perception of fewer nurses on duty.

The survey also revealed concerns about the length of time patients had to wait for a ward bed, and reports that patients were being bothered at night by noisy ward staff. And some respondents expressed unhappiness with the choice and quality of food, the lack of clarity over which nurse was leading on a ward, and an absence of patient involvement in being discharged.

Director of nursing Catherine Morgan is said to have told board members that the results were “disappointing” in some of the key areas, but that there were efforts being made to understand how to drive improvements.

The trust has long been a troubled organisation, having been placed in special measures by the Care Quality Commission in 2013. It retained that inadequate status until an inspection in July 2017, after which it was ranked as requires improvement – with good rankings on the effective, caring and well led domains.

Speaking at the time, chief inspector of hospitals Professor Ted Baker said: “While there is still work to be done at the trust, reflected in its overall rating of ‘requires improvement’, there is no doubt that much positive change has taken place.”

Dr Kathy McLean, executive medical director at NHS Improvement, added: “This has been a long journey for the trust and I would like to take this

opportunity to congratulate staff for the significant improvements in care that the people served by the trust should now experience.

“There is of course much work still to do to ensure services are the very best they can be. We will continue to work closely with the trust to ensure the improvements highlighted in the CQC report are sustained and the recommendations for further improvement are taken forward.”

Hulme became chief executive at Colchester University Hospital NHS Foundation Trust in May 2016. It provides services from two main sites: Colchester General Hospital and Essex County Hospital. He also heads up The Ipswich Hospital NHS Trust. There are plans to ultimately merge the two organisations.

Bolstering security through technology

It is a sad reality that violence is part of day-to-day life for increasing numbers of NHS staff. Recent research by HSJ and Unison found an absolute increase of 9.7 per cent in violent attacks on those working in hospitals.

Political action is being taken – there is hope of legislation imposing tougher penalties on those who assault emergency workers or NHS staff – but leaders at individual organisations will undoubtedly need to consider what action can be taken at the local level.

One course of action may be to turn to technology. Body worn video cameras (bodycams) can capture a point of view record of any incident. It could be that they can deter verbal abuse and aggression, since people are less likely to lash out if they know they are being filmed. So simply the presence of a bodycam may help reduce violent incidents.

Late last year, Hytera – which already supplies digital radios widely across the NHS – introduced

the VM685 to the market. This affordable bodycam can capture quality high definition video, has a dual microphone to capture clear audio, and is easy to wear thanks to its universal mounting clip.

It is easy to use, with one touch record buttons and an emergency



button. It has incident time, tags and watermark options, and a range of simple menu options on the device. And since it easily integrates with any existing telecommunications setups, it can be used out of the box.

As well as serving as a record of an incident, captured footage prove useful for wider purposes such as training. Videos can be used to demonstrate best practice, provide feedback on an incident, to observe the interaction between staff members, and between them and the public, and to show new recruits the kinds of incidents that can take place.

Clearly the VM685 will be most useful to NHS security staff in the first instance, but could easily be used by anyone who would find it helpful to capture point of view footage. The innovative in-built remote speaker microphone allows users to communicate efficiently from the push-to-talk on their VM685, routed via their Hytera radio, even initiating an emergency



alarm, connected to the radio via cable or Bluetooth.

All video data is securely stored and processed, ensuring compliance with the general data protection regulation (GDPR). It is waterproof, drop proof and dust proof, making it ideal for a healthcare environment.

To find out more about the VM685, visit hytera.co.uk/bodycam. At the website, you can request an entirely free demo of the device – once you submit your details, Hytera will assign a trusted dealer to contact you to arrange the demo.

Wardray launches new TetraGraph neuromuscular monitoring system

The TetraGraph from Wardray allows physicians to monitor the effects of neuromuscular blocking drugs perioperatively.

The TetraGraph neuromuscular monitor is a unique system designed to address the needs of perioperative monitoring of physiologic data in surgical patients receiving general anesthesia and muscle relaxation using neuromuscular blocking drugs (NMBAs).

The TetraGraph stimulates a peripheral nerve and measures, analyses and displays the muscle

function in surgical patients who receive NMBAs as part of their general anesthetic.

Wardray Premise is delighted to be appointed as Senzime's UK distributor for the TetraGraph. If you would like further information about this product please contact Ian Benton, email ibenton@wardray-premise.com telephone 0208 3989911.

Visit the Wardray website to explore the full range of X-Ray and MRI products and solutions www.wardray-premise.com



DebMed keeps track of hand hygiene compliance

DebMed, the hand hygiene and skin care solutions expert, has partnered with RFiD Discovery to combine breakthrough technologies, which will accurately record real-time hand hygiene moments across hospital wards.

For over 80 years, Deb Group has been establishing skin care regimes for all types of workplace and public environments, spanning industrial, automotive, healthcare, commercial, hotels, restaurants, catering and leisure, food manufacturing and retail sectors.

In the UK today, approximately 300,000 patients contract an illness while being treated in healthcare premises, costing the NHS £1 billion a year. The frequency of moving patients across wards remains a common activity within a hospital, resulting in the risk of infections spreading further.

DebMed has teamed up with RFiD Discovery, the recognised brand for radio frequency identification solutions for the healthcare industry, to launch an RFiD Asset Tracking Solution that uniquely links with

point of care dispensers. The solution incorporates a unique tag into the bracket that sits at the end of the bed, which is vital for performing point of care hand hygiene.

The technology is part of the DebMed Hand Hygiene Compliance System. It will allow trusts to accurately report hand hygiene data, by recording the exact location of each event, even if a bed is moved elsewhere in the hospital.

The flexibility of the system will also ensure that hospitals can capture and monitor hand hygiene compliance following the WHO 5-Moments, which recommends when exactly healthcare workers clean their hands. The 5-Moments include; cleaning before touching a patient, before cleaning or aseptic procedures, after body fluid exposure or risk, after touching a patient and after touching patient surroundings.

Paul Jakeway, Marketing Director at Deb, says: "It's important that hospitals track hand hygiene compliance rates across each ward, not just the hospital at top-level. This will ensure that accurate results of hand hygiene moments are captured.

"We're looking forward to working with RFiD Discovery to roll this system out across hospitals. We believe this will ensure a higher standard of hand hygiene behaviour and allow us to improve standards on a ward by ward basis."

Andrew James, Director of Commercial Operations at RFiD Discovery, adds: "We're delighted to be working with Deb and

providing an innovative solution. We believe this will take hand hygiene compliance to a whole new level and truly make a difference to the healthcare sector. Not only will it create a safer working environment for staff, but it will protect patients to the highest standards."

For more information about DebMed, please visit www.debmedgroup.com



Fulton's PURE Technology approach achieves world-first steam boiler design

Fulton's all-new gas-fired, vertical spiral-rib tubeless steam boiler, the VSRT, is the first to emerge from a new 'PURE Technology' approach. This is an initiative that results in a world-first design that is durable, long-lasting, and boasts the highest efficiencies and ultra-low NOx emissions.

The VSRT adopts a systems-engineering approach in implementing PURE Technology. The result is a clean-slate design approach that combines new people with new skills bringing a new approach to the design and optimisation of heat transfer solutions. Fulton's VSRT radically challenges the heat transfer and mechanical design principles of traditional steam boilers. It's also claimed to be the most radical change to vertical steam boiler design since Fulton pioneered the vertical tubeless boiler in 1949.

Commenting, Fulton's Leigh Bryan says: "To meet stringent industry and environmental standards, PURE Technology looks to enhance heat transfer, provide class-leading efficiencies, improve steam quality, and reduce NOx emissions. Rather than improve existing products to achieve this, PURE Technology radically challenges conventional boiler design by engineering solutions that are fit-for-purpose and application."

With over 15 patents pending in three continents, the VSRT's attains industry-leading heat transfer rates due to a unique spiral-rib heat exchanger. This achieves low stack temperatures by passing the flue gases through a spiral-wound heat exchanger that is fully immersed in water.

The spiral-rib design benefits from an extended heat transfer path and dual-direction heat flow, with the spiral annulus designed and optimised to create high heat transfer rates. This optimises heat



transfer to improve efficiency and create a longer-lasting boiler. With virtually zero thermal stress, a thick-walled construction and featuring vertical tubeless design architecture, Fulton believes it will beat the competition in every category of durability.

A fully-water-backed pressure vessel is wrapped in high-density insulation to achieve minimal thermal losses and low outer surface temperatures; and the tubeless design has created a compact boiler with minimal footprint. No refractory also means significantly lower weight to ease installation.

The VSRT's combustion technology achieves ultra-low NOx emissions of <20ppm and features a fully-matched modulating burner and furnace that have been purposely-designed as a single component. This helps to achieve >10:1 turndown capabilities and industry-leading performance of >82.5 per cent gross thermal efficiency and 99.75 per cent steam quality at 8 bar. When correctly sized for applications, the exceptionally high turndown will result in savings above-and-beyond those gained from the stated efficiencies.

With a tubeless design, no internal refractory, industrial control platform and easy access to the pressure vessel, the VSRT is easy to

maintain and operate. Maintenance is further improved due to a revolutionary air filter where, for applications where contaminated air can reduce boiler uptime. A cyclonic air filter separates debris and damaging particles from the combustion air and eliminates the need for replacement filters.

The VSRT is currently available with outputs from 160-960 kg/h, complies with the City of London Air Quality Strategy and anticipated MCPD regulations, is constructed to BS EN 12953 and CE marked to PED. Its pressure vessel and burner are backed by a five-year guarantee as standard.

With manufacturing facilities in the U.S, the UK, and China, Fulton is a global manufacturer of steam, hydronic and thermal fluid heat transfer systems. Backed by over 60 years of research, innovation and experience, Fulton is building on a tradition of success and is focused on improving life through heat transfer solutions. The company also provides sales and application advice, with full commissioning and after sales service, to a growing customer base in numerous sectors including pharmaceutical, process, petrochemical, healthcare, food and beverage, processing, etc.

For additional information about Fulton, please visit www.fulton.co.uk



Danny Mortimer of NHS Employers on how to address the NHS workforce crisis

Danny Mortimer, chief executive of NHS Employers talks to Hospital Times about the workforce crisis facing the health service, the implications of Brexit and the opportunities presented by integrated care.

As integration takes centre stage in all debates surrounding health, the conversation is no longer complete without mention of social care. When asked about NHS Employers' response to the NHS Five Year Forward View, Danny responds: "What about social care?"

NHS Employers, which has a membership comprising every statutory NHS organisation in England, has called for increased flexibility around the apprenticeship levy and greater support for the migration system. Danny makes it clear that we need to look at the system.

It is increasingly apparent that neither side of the care system can function without the other. "Many of the challenges for our members are the same if not worse for social care; financial challenges, workforce shortages, and recognising the interface between care, wider public services and the community," says Danny.

So, how is this reflected in workforce strategy?

"More needs to be done to address the balance between generalism and specialism." While there are moves to address workforce issues and to address the balance of training the right staff to fill the gaps, Danny believes that members feel too much emphasis has been placed on specialisms with not enough attention for generalisms. This is one of his core priorities to address in influencing future policy.

He adds: "While the impact of these issues is felt across the entire system, it is frontline staff who are affected the

most, as they are the ones who have to interact with patients and the public."

Moving on to broader workforce issues, Danny identifies that "one of the most appalling things for all NHS employers is the difference in experience between white and BME [black and minority ethnic] staff." He goes on to explain the "enormous variation in the experience of our people, with all employers offering a worse experience to BME staff than to white staff." He says this is an urgent issue and requires more work to ensure that best practice is identified and shared between providers. "We're not making the best use of the talent we have available to us. While there is progress being made, it's too slow."

One of the key issues facing the NHS is staff retention. NHS Employers launched a collaborative around retention 18 months ago, working with other NHS organisations to address the challenges of staff leaving the health service. Danny identifies the most important factors impacting staff retention: preceptorship for new starters, facilitating career development, supporting internal transfers and progression, ensuring flexibility and predictability of working times and enabling easy access to pensions and the opportunity to re-enter the workforce.

Pay restraint is another major issue impacting staff which employers are keenly aware of and are working to address. "NHS organisations need to remain competitive in the long term to compete to keep good people coming

in to do the jobs," comments Danny.

Looking at wider challenges facing the health service, the discussion turns to agency staff. "Our members have dramatically reduced their use of agency staff. Both in terms of the cost of it and in terms of the quantum of the people they are using," says Danny. While agency staff do offer advantages in flexibility, it is generally thought that the more permanent the team member is, the better. While Danny acknowledges the importance of having support in short term emergency situations, he says: "it's right that we reduce our reliance there."

So how can provider organisations address the imbalance of agency staff? Put simply, Danny's response is to "appoint more permanent people," many of whom will need to come from outside of the UK. However, this is not without challenges of its own. From Brexit uncertainties to difficulties attaining work permits, there are many barriers preventing overseas workers joining the health service. Referring to the work of the Cavendish Coalition, Danny highlights the risk to social care of the long term arrangements of Brexit, due to the sector's dependence on overseas workers. This is exacerbated by 'undervalued' domiciliary workers and carers in the current system. While transitional arrangements have relieved concerns in the short term, the uncertainties are still pressing in the longer term.

So what are the benefits and challenges of integrated care? "What I see working among organisations that

we work with, is people that start with an understanding of what communities need and an understanding of what teams need to meet that and build from there", says Danny.

There are many questions relating to integrated care that remain unanswered: what are the contractual frameworks? What is the economic framework? How do we share risk? How do we work together? As with the members of NHS Employers, Danny has concerns over how these will be addressed and how, through shared learning, models can be developed that meet the needs of communities. More needs to be done to devolve responsibility to the local level and Danny wants to see this manifest in workforce policy. This would involve greater accountability for education commissioning and postgraduate training at a local level, within a system of integrated care.

There are enormous challenges ahead for NHS organisations, the staff who work within them, and for the country. Health challenges are growing more complex and polices to address them are no longer constrained simply to health providers. Other public services, local government, and third party organisations have a role to play in keeping people well as much as caring for them when they are ill. Danny Mortimer's role with NHS Employers could be seen as crucial in ensuring relationships of trust, cooperation and partnership are developed if integrated care is going to deliver the positive reforms needed. ●

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Water treatment specialist ProEconomy is awarded a Royal Warrant

ProEconomy has been granted a Royal Warrant by Appointment of Water Treatment Services to her Majesty The Queen. Royal warrants are granted to companies who supply goods or services for at least five consecutive years to the Queen, the Duke of Edinburgh or the Prince of Wales.

ProEconomy Managing Director, Byron Bedford says: “We feel extremely proud that our water treatment system has received such prestigious recognition. We look forward to continuing our work with the Royal Household.”

Founded in 1993, ProEconomy is a UK-based company that manufactures the Orca copper and silver ionisation system for the proven control of Legionella, Pseudomonas and other pathogens in water systems.

Copper and silver ionisation is a relatively new modality for the control of water-borne pathogens. However, study after study carried out by scientific institutions worldwide has shown that copper and silver are highly effective at killing bacteria. Unlike other water treatment methods, copper-silver ionisation does not use any hazardous chemicals and copper and silver levels found at the Orca outlets are safe to consume. Source metals are also completely safe to handle, store, and transport, therefore reducing health risk and removing any COSHH implications.

Copper and silver ions stay active until they are consumed, meaning they have a long-lasting effect of up to three months. Unlike chlorine dioxide, the ions aren't affected by temperature, don't gas off and don't decay over distance making the CSI

systems easier to maintain so time can be used elsewhere. The Orca system kills Legionella and Pseudomonas regardless of water temperature, eradicating the expensive and difficult maintenance of temperatures in complex water systems.

As part of its copper and silver ionisation service, the water treatment company takes pre- and post-commissioning samples at each of its sites. It is this testing that has generated collaborative long-term Legionella efficacy data and has developed ProEconomy's prestigious reputation within the UK's NHS and the European health sector.

Over the past 25 years, the Orca system has been installed, and successfully eradicated Legionella, at some of the largest hospitals in the UK, such as The Royal Free and some of the most prestigious sites across Europe, including the European Space Agency.

ProEconomy installed the Orca System at Birmingham Heartlands Hospital in October 2007. Pre-installation, 50 samples had returned 21 Legionella positive results, ranging from 100cfu/L to 9,800cfu/L. Within a month levels had fallen to only five positives from these 21 outlets, ranging from 100cfu/L to 2000cfu/L, and within six months this had dropped to zero. It means that the Orca Copper and Silver Ionisation System has controlled *L. pneumophila* effectively at this site and continues ProEconomy's achievement that the Orca system has never failed to control Legionella in a client's premises.

The Estates Manager at Birmingham Heartlands, Tony Wright, had this to say about the Orca System:

“It's a proactive system and we're a proactive trust, working with proactive ProEconomy. We share Best Practice across the trust, ProEconomy's solution was so

successful at Heartlands that within seven months it was installed at Solihull Hospital and Good Hope Hospital.' In the nine years we've been with ProEconomy we've never had a reason to question the service. We've always received what we've asked for.”

It is case studies and testimonials such as this one, combined with the dedicated microbiological research and development department, led by Dr Birgitta Bedford, that provides ProEconomy with a unique position and authority within the water treatment market. It further develops the team's passion for, and belief in, copper and silver ionisation. One of only three companies included for copper and silver on the article 95 biocidal products directive, ProEconomy is compliant to sell copper and silver as a biocide and its copper and silver ionisation system is compliant with HTM04-01, ACOP L8 and HSG274. This, alongside its continued research and regular Legionella and Pseudomonas water tests at its sites, is what validates ProEconomy's claim to offer 'proven Legionella control.' It provides a basis on which the company can continue to grow.

For more information on the Orca system, call ProEconomy on 01525 854111, email enquiries@proeconomy.com or visit www.proeconomy.com





Applying advances in the treatment of gynaecological cancers

Patients at Southend University Hospital NHS Foundation Trust have become the first in the UK to benefit from state-of-the-art equipment for the treatment of gynaecological cancers.

The trust has invested in a £30,000 Venezia applicator system, which can be used to treat more advanced cervical cancers.

It allows doctors to deliver brachytherapy – a type of radiotherapy in which radioactive material is inserted directly into the affected area – to cancers which have spread from the cervix into the parametrium or vagina.

Previously, some Southend Hospital patients had to be referred to Mount Vernon Hospital in north London – a 65-mile drive, or two-hour public transport journey away – or be treated at Southend with alternative but less effective methods.

Comments James Green, head of radiotherapy at Southend Hospital: “One of the things I find personally gratifying about this kind of treatment is that, after each time we do a scan, we can see that the tumour has shrunk.

“That’s quite a privilege as normally you see [patients] getting better over a period of months and years. You can see the tumour responding before your very eyes.”

Concerted fundraising effort

The purchase was made possible by a concerted fundraising effort by a multitude of local groups. The Rayleigh Lions raised £3,000, New Leaf Distribution added another £5,000, the Pickering family raised £6,400 and the COPES (Cervical, Ovarian, Perineal, Endometrial Support) gynaecological support group added a further £16,500.

“This appeal money has bought us the very latest type of applicator for gynaecological cancer, that is a far more effective treatment, and which will be a huge benefit to around 20 patients a year,” says James.

Wendy Davies from COPES adds: “The Venezia applicator will make a huge difference, particularly to younger women who are diagnosed, in terms of more effective and more comfortable treatment.”

Around 3,000 women are diagnosed with cervical cancer each year in the UK. The condition is the most common cancer in women aged 35 and under. And while there is optimism that the HPV jab will eradicate deaths from the disease in young women who have been vaccinated, epidemiologists at Queen Mary University London are predicting a 62 per cent increase in cases in the 50- to 64-year-old age group.

They suggest that could push deaths up by 143 per cent, from 183 in 2015 to 449 in 2040.

In a recent study, cervical cancer patients who received brachytherapy as a boost after external beam radiotherapy had a 12 per cent better four-year survival rate than those who did not. And 3D image-guided brachytherapy – of the sort delivered with the Venezia applicator – was found to be beneficial for patients with locally advanced cervical cancer.

Southend University Hospital is the south Essex surgical centre for uro-oncology and gynae-oncology surgery. The trust has around 700 inpatient beds, provided both on its main hospital site and at satellite clinics across the region, and employs some 4,467 staff.

Driving young people towards better patient experience



Maci Muller, aged 5, with Neptune staff.

Young patients at East Surrey Hospital are now motoring to the operating theatre, due to the donation of a miniature sports car from a former lung transplant patient.

Paediatric patients are getting behind the wheel of a mini Tesla Model S sports car as they set off for surgery, and driving themselves to the operating theatre. The setup is the brainchild of a surgeon who suspected such a development would help reduce pre-operation stress.

“Allowing young patients to drive a mini car to theatres can help to improve patient experience by helping children to feel less anxious and focus on something else before surgery,” argues Tim Campbell-Smith, consultant surgeon and lead clinician for inflammatory bowel disease surgery at Surrey and Sussex Healthcare NHS Trust – the organisation that runs the 650-bed East Surrey Hospital.

Campbell-Smith owns a rather larger version of a Tesla. He turned to social media and his fellow owners in the hope of finding someone generous enough to provide a small version for paediatric patients. He struck gold

in the form of a Scotsman who was keen to thank the NHS for the care he had previously received.

“I put a post on the Tesla owners’ Facebook page to ask for support to try and get a free model car for our young patients,” explains Campbell-Smith. “I was over the moon when I received a response from Mark Print in Glasgow, who kindly offered to donate a brand new Tesla Model S car that he owned. Mark told me that he was very grateful to the NHS and was delighted that young patients would benefit and use the car.”

Mark Print received a lung transplant five years ago at the Freeman Hospital in Newcastle, and sees the donation of the model car as a way of “saying a big thank you to the whole of the NHS.”

“[It’s] a small token of his thanks for everything the NHS does to make people better, and hopefully this can bring some extra happiness to children experiencing the toughest of times.”

Meanwhile, staff on Neptune Children’s Ward at Southend University Hospital have also sought to make their environment more welcoming to youngsters. The main entrance to the ward is now emblazoned with fun and colourful drawings of doctors and nurses, as well as some self-portraits by the children.

Explains Sam Christie, housekeeper on the ward: “I wanted to make Neptune stand out as a children’s ward, to be more child friendly and to bring a smile to the faces of the children as they enter the ward. We asked our regular ward patients to be part of this project and got them to design a hospital-themed picture.”

The new decoration is said to have drawn positive feedback from patients and families alike, and many of those patients who provided artwork have since returned to see their masterpieces on display.





Nottingham joint venture centres on technology advances

A joint venture between the University of Nottingham and Nottingham University Hospitals NHS Trust has been recognised with a national award. The Centre for Healthcare Technologies (CHL) aims to speedily translate scientific advances into clinical practice.

It scooped the Developing Partnerships to Improve Outcomes Award at this year's NHS England Healthcare Science Awards, a glittering ceremony at which Her Royal Highness, Princess Anne was guest of honour.

Members of the CHL team say the award celebrates their efforts to "create a ecosystem for innovative scientific and clinical research which speeds up the identification and dissemination of beneficial healthcare innovations."

The Centre's scientists, engineers and clinicians support innovators through domestic and international regulatory processes, evaluate product cost-effectiveness, hone designs, and carry out user engagement studies.

Professor Dan Clark, head of clinical engineering at Nottingham University Hospitals NHS Trust and the Centre's co-director and lead for services, says: "Society is facing major healthcare challenges with an ageing population and a rapid increase in chronic diseases. Innovative technologies will play

a crucial role in addressing these challenges.

"Successfully developing new technology and getting it adopted is more than just good science and engineering. It requires an understanding of the translation pathway and having the partnerships in place to navigate this difficult path.

"The Centre for Healthcare Technologies was established to do just that and we are delighted that this achievement has been recognised with the 2018 Healthcare Science Award for Developing Partnerships.

"As one of the largest clinical engineering departments in the NHS, our relationship with researchers at the University of Nottingham is vital. With the ever-increasing need to deliver new technologies to diagnose and better treat patients, the fruits of our collaborations at the Centre enable us to improve quality, lower costs, and enhance the patient experience."

Adds Stephen Morgan, professor of Biomedical Engineering and CHT's co-director lead for research: "The Centre for Healthcare Technologies has facilitated new collaborations between clinicians and academics and has supported the translation of new devices into healthcare. We are honoured to receive this award in recognition of our partnership."

CHT was established in 2016 as a leading centre of excellence for medical innovation and product development. Since its inception, the Centre has established a range of new partnerships between academia, clinicians and industry.

To date, it has over 100 academics drawn from more than 30 research groups. They develop and support an extensive range of medical technology projects which address major health and wellbeing issues.

The Healthcare Science Awards, now in their 12th year, are designed to celebrate the contributions of healthcare scientists working within the NHS. The aim is also to highlight the importance of this workforce in pushing the boundaries of science in health, so transforming patient care and outcomes.

Professor Sue Hill, chief scientific officer for England, says: "As we enter our 70th year, NHS scientists remain at the cutting edge of patient

care. A crucial element of the NHS since its inception is that it is a service that has been driven by scientific excellence and advances.

"High quality science making an impact on patient care has allowed the NHS to tackle the challenges of the past and present. Through initiatives such as Proton Beam radiotherapy and the introduction of the latest genomic technologies in the National Genomic Medicine Service science and technology is rising to the challenges of the future.

"This event is an excellent showcase for the amazing work that is being achieved in our hospitals and health services on a day-to-day basis which is not always seen or recognised."

Other winners at the ceremony included 3D Tune-In – a project focused on designing serious games for hearing aid users to learn about their hearing aids in an empowering and interactive virtual environment – and a free Virtual Reality (VR) app to prepare paediatric patients for MRI scans.

The app allows patients to see panoramic, 360-degree videos of the entire MRI process via an expensive "Google Cardboard" headset. It was described as a "truly innovative" resource, using "cutting edge consumer technology to enhance patient safety, increase MRI efficiency and improve patient experience."





ProReveal produces excellent results

She continues: “Since using ProReveal in the past year, we have had good results. But we have found that a few instruments sometimes have slightly more than the target of five micrograms of protein on them, due to factors such as positioning in the washer-disinfector.

“We have also identified one type of instrument that we cannot clean adequately for re-use which is therefore being replaced. Neither of these problems were identified using swab testing. This has prompted us to re-train our staff on how to load our machines correctly and to contact the instrument manufacturer to discuss decontamination processes for their products.

“Additionally, when we had an issue with our water softener, we used the ProReveal. It assured us that the water quality had not affected the decontamination process and the surgical instruments were safe to use. This meant we didn’t have to do routine manual pre-cleaning on everything, so we avoided having an operational backlog and cancelling patients’ surgery. We are pleased to have the ProReveal as it is assuring us that the surgical instruments we are returning to be used on patients are safe and fit for purpose.”

Guy Fiddian, of Synoptics Health concludes: “We’re delighted that one of the UK’s largest NHS Sterile Services Departments is implementing the ProReveal as part of its modern approach to quality control of its decontamination process. Nottingham is one of the first NHS trusts in England to install a ProReveal and its SSD staff’s willingness to embrace using in-situ testing of reprocessed surgical instruments is a great testament to the fact that this excellent trust’s ethos of ‘working together to be the best for patients’ is at the heart of its care.”

Nottingham University Hospitals NHS Trust adopts ProReveal test

Synoptics Health, a manufacturer of innovative digital imaging systems for healthcare applications, says its ProReveal test to accurately detect proteins on surgical instruments is being used at Nottingham University Hospitals NHS Trust. The trust is one of the UK’s largest NHS run Sterile Services Departments (SSDs). The state-of-the-art Protein Detection Test is helping accurately assure reprocessed surgical instruments are safe for use on patients.

The SSD at Nottingham University Hospitals NHS Trust is one of the first in the UK to adopt

the highly sensitive ProReveal in-situ fluorescence test. This quantifies how much protein remains on surgical instruments after they have been decontaminated. SSD staff at the hospital test how well their washer-disinfection equipment has performed using the ProReveal. This is the only commercial in-situ protein detection test currently available complying with new UK Department of Health [DoH] guidelines to directly measure proteins on instrument surfaces undetectable by eye or with a swab test. This is making checking the efficacy of the decontamination process more accurate.

Alison Gee, Sterile Services and Stores Manager at Nottingham University Hospitals NHS Trust explains: “The Department of Health guidance has changed and SSDs are expected to move to in situ testing for residual protein on surgical instruments. This is particularly important for instruments which are likely to have been in contact with tissue potentially harbouring prions that could cause infections such as vCJD. This change in regulations has actually allowed us to more easily access the funding to purchase and install a ProReveal in our department.”

Schülke extends surface disinfection range by adding terralin chlorine tablets

Schülke – specialists in infection prevention – have just added terralin chlorine tablets to its extensive range of surface cleaning and disinfection products.

terralin chlorine tablets are recommended for powerful surface disinfection. They have a broad spectrum of efficacy and are effective against bacteria, fungi, viruses and spores.

The effervescent tablets release chlorine when added to water. They are convenient and easy to both use and store. Each terralin chlorine tablet releases 1,000 ppm available chlorine per 1 litre of water.

terralin plus chlorine tablets contain added surfactants for cleaning and degreasing surfaces, while also providing a powerful disinfectant action. They can be used for the cleaning and disinfection of environmental areas, general disinfection and body fluid spills.

Other products in the schülke surface cleaning and disinfection range include mikrozyd Liquid and Wipes.

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www.schuelke.com





Future Healthcare 2019 will highlight innovative work of UCLH Charity



UCLH Charity has accepted an offer to be the official charity partner for exhibition and conference Future Healthcare 2019, the only UK event dedicated to showcasing healthcare products, services, and innovations on a global scale.

This follows the success of the contribution by UCLH Charity to the 2018 event at London's Olympia, at which one of the key note speakers was Philip Brading, chief executive of the charity. Hospital Times group editor John Whelan chaired the 2018 conference on the opening day.

Event director Dawn Barclay-Rose says: "UCLH Charity was a natural choice for us when trying to determine a partner from many good causes. We look forward to making a contribution to the Charity and are delighted to have

the opportunity to support its good work."

The success of Future Healthcare 2018 can be gauged from the 32 speakers, 250 delegates, and 100 suppliers with attendees from 55 countries. The 2019 event will take place at the same venue as this year's event.

UCLH Charity's mission is to make a difference for patients at University College London Hospitals. This is achieved by funding projects, from staff training and development and patient care to clinical research at the Neuromuscular Complex Care Centre at UCLH which provides multi-disciplinary care for those with neuromuscular disease. The centre means that these patients, who have complex needs, can receive treatment in one place and was the first of its kind anywhere in the world.

Highlighting the patient experience

In his address to the 2018 Future Healthcare conference, Brading talked about the overall theme of 'Transforming the Patient Experience', which focused on how UCLH Charity has used charitable funds across a wide spectrum at UCLH. This ranges from healthcare for the homeless to the application of machine learning to improve outcomes.

UCLH Charity exhibited at the 2018 event alongside its principal subsidiary, Queen Square Enterprises (QSE). QSE operates specialist private patient services, most notably in Queen Square London for patients seeking specialist neurological care at the National Hospital for Neurology and Neurosurgery.

QSE's facilities include a purpose-designed suite of consulting rooms, a 19-bed inpatient ward, and the state of the art Queen Square Imaging Centre, a leading MRI facility dedicated to neuro-imaging. Profits generated from QSE's private services are gift aided to the Charity, which then makes grants to the hospital for projects which are over and above NHS provision. UCLH has benefited from in excess of £20 million since QSE was formed.

In his talk to around 100 delegates, Brading explained how UCLH Charity has eight pathway teams working across 12 hospitals. Staff include doctors, nurses, occupational therapists, housing advisers, social workers and people with lived experiences of exclusion. They support around 3,500 patients a year – almost all patients have multiple episodes of care. Its current focus is the development of Aidan's Sanctuary, a "step down" facility for homeless people who have recently been discharged from hospital.

Another initiative featured by Brading is the Neurological Complex Care Centre which has been designed to provide patient-centred holistic care, encompassing medical, psychological and social needs with peer support. It is said to offer streamlined, cost effective, high quality care coordinated within a single multi-disciplinary team.

Brading highlighted a new initiative which is a new development coming soon to Fitzrovia. The residential accommodation will include some of the best social and affordable housing in London, with 7,700 square feet of new public space for the local community as well as 40,000 square feet of space for private healthcare provision. He said that all income from this project will provide extra equipment, services and research for patients at UCLH.

On the technology front Brading referenced the work being done to make UCLH a machine leaning hospital. The initiative has started with the intensive care unit, because ICU patients are the most monitored in the organisation, and data is clean and rich. Over 300 information feeds are available. The use of wearables makes it possible to track patients leaving ICU and both monitor enhanced recovery and predict outcomes.

www.futurehealthcareuk.com



Why AMR is now a pressing issue for the NHS

The UK cannot underestimate the consequences of failing to prepare for the predicted disastrous results of anti-microbial resistance (AMR) – and the NHS is at the frontline.

Official UK figures suggest that AMR could claim the lives of 5,000 people a year, though scientists have argued that the actual number is likely to be double. The World Health Organisation (WHO) has estimated around 700,000 people die of drug resistance in illnesses such as bacterial infections, malaria, HIV/AIDS or tuberculosis each year worldwide; that is one person a minute.

According to a recent UK government-commissioned report by former minister Lord Jim O'Neill, if no action is taken that death toll could rise to 10 million a year by 2050. Given the alarming figures, the NHS is increasingly aware of the need for action. However, many commentators have questioned why the government has been slow to react and if it has lost interest on such an important issue. Is this a fair reflection?

In her second annual report as chief medical officer, issued in 2011, Professor Dame Sally Davies warned that the NHS could routinely see deaths from minor surgery within 20 years if new antibiotics are not discovered.

She has since regularly called for politicians to act urgently, both at home and internationally. However, in a recent article Lord O'Neill reported

that despite endless talk and broad acceptance of his recommendations for so-called market entry rewards – these would give a lump sum to the successful producer of a new antibiotic developed under clear conditions – “no government or pharma company has actually done anything other than talk”.

No major pharma company has acted

Some 70 pharma companies signed up to the Davos Declaration to take further action to tackle AMR in January 2017, but no major company has taken any further action since. Clearly governments need to do a lot more to shape the discussion with pharma to help provide solutions. Talk alone will not stop millions of deaths.

Practical policies to tackle AMR in the NHS are mixed. Despite new research, the general approach has not changed since 2016. It is centred on reducing infections. Plans to prevent hospital infections include the publication of E. coli rates by local area and more money for hospitals that reduce infection rates. Yet similar funding is not available for tackling AMR.

Public Health England introduced new indicators in May 2018 and now asks for the proportion of

total antibiotic prescribing from the “Access” category of the WHO Essential Medicines List AWaRe index.

Policy makers are consistently pushing new initiatives to reduce the rates of antibiotic prescribing as well as further improve infection prevention and control. This is being applied both for healthcare-associated as well as community-onset infections.

The AMR resource handbook has not been updated since March 2017. But it still provides medical practitioners with national policy guidance and supporting materials to help with antimicrobial stewardship, infection prevention, and control of healthcare associated infections (HAI) to tackle AMR.

An update to the NHS handbook is overdue with the most up-to-date advice and research to improve the effectiveness of the policies. However, according to experts, obvious actions are still the most effective: prevention of infection and reduction in prescription rates. Yet research published by PHE in 2018 estimates that at least 20 per cent of all antibiotic prescriptions in primary care in England are inappropriate.

One of the most effective ways to help tackle the impending AMR crisis worldwide has little to do with health

policy makers – it is about the control of antibiotics in cattle. The prevalence of antibiotics in animals is astonishing given that it has become standard practice to give antibiotics to cattle for a range of minor conditions or for preventative reasons.

What more can the NHS do to tackle antimicrobial resistance other than pursue current policies? The UK is already internationally leading at tackling HAI but has much more to do in the community. There is no doubt a lot of political will in the UK, but there is limited active delivery between government and pharmaceutical companies.

Given the significant levels of predicted deaths, how long will it be before the public begins to question why it has taken so long for politicians to act despite the warnings? The NHS will require additional resource to tackle the problem; it will require renewed leadership and an understanding of the long-term consequences.

Politicians are renowned for their interest in five-year political cycles for obvious reasons, however to tackle this issue they must put generational issues first. The consequences of failure to tackle the AMR crisis will be disastrous for the UK and the rest of the world. The need for urgent action is clear. ●

A year after WannaCry, and still need for action on cybersecurity in the NHS

We are now one year on from the WannaCry cyber-attack that infected many NHS computer systems in May 2017 and cybersecurity remains firmly on the agenda.

The global attack, which took place between 12 and 19 May 2017, infected over 300,000 computers in over 150 countries, many of which were in the NHS.

Computers at 81 health trusts and nearly 600 GP surgeries were infected with the malware. While there was no reported harm to any patients because of the attack, many systems were rendered unusable. The issue resulted in thousands of cancelled appointments, infected systems, and many A&E patients being diverted to other hospitals.

Over the course of 12 May, when the outbreak first took hold, many trusts were infected until a 'kill switch' was found that evening, preventing the ransomware from spreading any

further. However, it was another week before the incident was officially stepped down by NHS England.

Before the attack, the Department of Health had contacted trusts advising them of the need to move away from old software. NHS Digital also issued critical alerts and warnings to health organisations advising them to patch systems to prevent cyber-attacks before the events of May.

NHS Digital offered voluntary inspections to hospitals before May 2018, managing to cover 88 of the 236 trusts before the attack. Of those visited, alarmingly, none passed the inspection.

In the wake of the attack, NHS England and NHS Improvement contacted every trust, clinical

commissioning group (CCG), and commissioning support unit (CSU) to ensure boards have implemented all of NHS Digital's 39 CareCERT alerts issued between March and May 2017 and taken steps to secure local firewalls.

The National Audit Office (NAO) has also released a report warning the NHS and government to enhance security. The NAO confirmed that the Department of Health had no means of checking if trusts had taken steps to improve security before the attack, making it unclear how many services were at risk.

Sir Amyas Morse, the head of the NAO, said: "It was a relatively unsophisticated attack and could have been prevented by the NHS following basic IT security best practice."

Government acts to guard against future attacks

The Department of Health and Social Care commented: "Since May 2017 we have taken further action to strengthen resilience and guard against future attack, including new, unannounced cybersecurity inspections by the Care Quality Commission, £21 million in funding to improve resilience in trauma centres, and enhanced guidance for trusts."

So, what is the likelihood of a repeat attack? Experts think it is a matter of if, not when – the only uncertainty is the level of impact. The simple reality is that the NHS needs to bolster cyber-resilience. Computer systems in many providers were revealed to be woefully outdated and exposed to old vulnerabilities that would not have been prevalent had systems been updated to the latest versions.

Will Smart, chief information officer for health and social care, made 22 recommendations in his 'lessons learned' review of the WannaCry incident. Some required action at a national level – the appointment of a national cybersecurity lead, for instance – and some within individual organisations. It urged every NHS body to ensure cybersecurity was a regular item on the board agenda.

In a statement, NHS Digital has said: "We have taken the lessons learned from WannaCry and the feedback from front-line organisations to focus on improving speed of response, resilience, communication, and knowledge in the event of a cyber-attack.

"Progress has been made towards many of the recommendations from the reviews into WannaCry, and we will continue to work with our partners to implement them and support health and care providers."

As the NHS moves to digitise communications, implement paperless systems, and increase the efficiency and effectiveness of processes using electronic tools, it is crucial that security keeps pace with those using sophisticated tools to carry out cyber-attacks. The WannaCry attack has served as a much-needed wake-up call to the risks of not taking action. ●



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ZETRIX improves H&S standards with double block and bleed isolation

The ZETRIX range has impressed the market for some time now with its durability, reliability, and high performance plus new types, sizes and pressure ratings now add even more to the flexibility of this superior range. A version with butt weld ends is now available, in addition to the double flanged and fully lugged designs.

Hospitals all over the UK are benefiting from the added safety and

efficiency that the ZETRIX valve can provide. With the advantages of a metallic sealing process valve combined with a butterfly design, these valves can be used for isolation and control. Boasting zero leakage and emissions, the triple offset principle guarantees a permanently tight seal, conforming to leakage rate A as per DIN EN 12266-1. That's because the valve fits precisely and closes without friction.



The ZETRIX can be set up as a double block and bleed isolation which can offer many benefits. They include improved health and safety standards, reduced downtime for maintenance repairs, and savings in energy and cost. HSE guidance suggests that double block and bleed is the only proved isolation in line with HSE Guidance 253 (Safe Isolation of Plant and Equipment). This states that double block and bleed is greatest in the hierarchy of mechanical security for isolation methods.

This solution for isolation means that a section of plant can be isolated without having to shut down entire systems, as would need to be done with single isolation valves in place, allowing for easy and safe upgrade or maintenance work.

The small face-to-face dimensions of the ZETRIX provides even more versatility. If a customer wishes to change from single isolation to double isolation with bleed, only small changes to pipe work are required. A

typical double block and bleed, which incorporates two ZETRIX, is the equivalent face-to-face dimension to most of isolation valves (typically gate and parallel slide valves). Therefore,

the ZETRIX can be used for modifying pipe work with single isolation to double block and bleed to meet Health & Safety guidance with little alteration to the pipe work, ultimately saving time and money.

ARI-Armaturen can make the spool piece fit any gap so the system can therefore be customised to specific installation restrictions.

Currently, other ranges on the market seem to have a costly, limited choice compared to the comprehensive range of pressure classes, materials, and sizes available with the ZETRIX. The ARI solution can also be supplied with all forms of actuation (electric, pneumatic, etc) if required.

For more information, contact the UK sales office.

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New report promotes best practice standards of care to manage medication

A new report 'SAFE: Banishing Medication Errors in Secondary Care (Safeguard Against Frontline Errors)' was launched in April by Omnicell UK & Ireland, a leading provider of automated healthcare and medication adherence solutions. It is part of an ongoing campaign to raise awareness and promote best practice standards of care for the management of medication to help drive change and improve patient safety across healthcare settings in secondary care.

Earlier this year, the Department of Health found that in England 237 million mistakes occur at some point in the medication process. These errors cause serious issues for patient safety, but also places a significant cost burden on an already stretched NHS. The estimated costs to the NHS of avoidable adverse drug reactions is £98.5 million per year, consuming 181,626 bed days, causing 712 deaths and contributing to 1,078 deaths. Adverse drug events in England have previously been estimated to be responsible for 850,000 inpatient episodes and costing £2 billion in additional bed days.

The SAFE report, authored by a leading pharmaceutical expert, found that within secondary care settings the implementation of automated medication administration systems alongside ePMA systems would dramatically reduce the risk of medication errors. By putting the two systems in place together, trusts will be able to strengthen patient safety from the moment the drug is prescribed to when it is administered to the patient. Over three quarters (79 per cent) of medication errors within secondary care happen during the administration

process. It is vital that trusts put systems in place to safeguard against this. These errors are exacerbated by the increasing volume of work, staff shortages and the sheer rising number of patients accessing services.

Introducing electronic prescribing and medicines administration (ePMA) systems in hospitals has the potential to halve the risk of medication errors. However, in November 2017, just 35 per cent of acute trusts (where more than 80 per cent of inpatients' prescriptions are written digitally), and less than 12 per cent of mental health organisations had introduced the necessary systems.

When using ePMA systems as a standalone process, patient safety is improved to a certain degree. However, it doesn't protect against the nurse picking the wrong drug, the wrong dose, out of date stock from the drugs cupboard or administering medication to the wrong patient.

To help eradicate medication errors, a system to close the loop is also needed. This includes automated dispensing, electronic confirmation of patient identity and medication administration records. This approach to administering medication allows trusts to track everything back to the patient from the moment the medication is prescribed to when it is administered and ensures patient safety.

Call for greater transparency

Some of the recommendations from the above report have already been realised – such as a call for greater transparency and a culture that learns from mistakes. However, Omnicell's new report is calling for healthcare decision makers to go one step



further and recognise that technology exists to provide a safety net for the over-stretched NHS – which could eradicate these medication errors altogether.

Just last year (2017), Omnicell launched a 'SAFE in A&E' report to highlight the key role automation plays in A&E departments to improve patient safety around medication management and compliance. The report aimed to encourage more trusts and policy makers to embrace ward-based pharmacy technology to create a system that can cope efficiently with increasing pressures and deliver a world-class health service. This year, the company is implementing a SAFE campaign among key opinion leaders within secondary care, care home and pharmacy settings to raise awareness of the impact of medication errors. The campaign aims to drive real change and awareness of the role that technology can play in tackling the problem. You can support the campaign with the hashtag #BanishMedErrors. For more information visit www.omnicell.co.uk.

Paul O'Hanlon, Managing Director at Omnicell UK & Ireland,

comments: "We have worked with trusts, nurses and pharmacists who have embraced new technology and improved their patient's safety and experience. We hope our latest report, together with a free Standard of Care brochure, will help all areas of secondary care in the NHS share best practice and learning from medication-based automation technology. The Department of Health report, released earlier this year, raised awareness of the scale of medication errors across the NHS and highlighted the need for technology, which is already available, to help solve this issue. There is no excuse for poor medicines management within the NHS. The SAFE report recommends automation as a safety net for professionals managing medicines to ensure quality care remains at the forefront of our NHS."

For a copy of the SAFE report or Standard of Care brochure contact marketinguk@omnicell.com



Free Workshop – “FIT to Practice?” Alpha Laboratories at ACB FOCUS 2018



Faecal Immunochemical Testing (FIT) is now an established diagnostic test that identifies the presence of minute quantities of haemoglobin (blood) in the stool, known as faecal occult blood (FOB). It can be an early sign of colorectal cancer. FIT uses antibodies specific to human haemoglobin so is more sensitive and has a greater specificity than the previous qualitative guaiac-based methods.

NICE DG30 now recommends the use of FIT to guide referral for colorectal cancer in primary care. At ACB Focus Nigel D'Souza will present preliminary data from the NICE FIT study launched through Croydon University Hospital and RM Partners Accountable Cancer

Network. As one of the largest studies on FIT it aims to recruit 5,500 patients to evaluate the diagnostic accuracy of FIT particularly in diverse populations.

Come and find out more about the NICE FIT study at Alpha Laboratories' workshop on Thursday 7 June (9:50-10:30) or come and talk to our team on stand #6. The workshop is chaired by Professor Callum Fraser and Sally Benton, director of the Bowel Cancer Screening Hub in Guildford will also be present.

Please visit www.faecal-immunochemical-test.co.uk for further information or contact Alpha Laboratories on 0800 38 77 32 or email marketing@alphalabs.co.uk

NHS must work with councils to improve mental health services

Worries about the present day health and long-term sustainability of the NHS are never far from the headlines, writes Andy Bell, deputy chief executive at the Centre for Mental Health. After a high pressure winter and in the context of ongoing concerns about the NHS's current and future funding settlements, it is not surprising that this has been a major preoccupation for policy makers and the public alike.

In recent years, for the first time, mental health services and their funding have featured in some of these debates. While attention is focused elsewhere in the system, there is now more recognition of the need to fund mental health services fairly and the distance we have to travel in implementing the Five Year Forward View for Mental Health before we have anything close to 'parity' with other health services. And there is an emerging understanding that the absence of effective investment in mental health support is creating not just inequities but massive inefficiencies across the NHS.

At the same time, but largely in isolation, the importance of social care to the effectiveness of the NHS has become better understood, at least in relation to later life. And with the recent renaming of the Department of Health and Social Care there is a hope that the latter will for the first time get a fairer share of funding in future and that a long-term settlement for social care will be achieved. Very little of this debate, however, has yet recognised that social care has distinctive and important responsibilities in relation to mental health care, including in the context of the Mental Health Act.

It is against this backdrop that the broad and essential roles of local government to the mental health of communities and the wellbeing of people with mental health difficulties have been largely ignored. Local authorities have as much, if not more, of a role in supporting our mental health as the NHS. Apart from the provision of social care for both adults and children, local councils also now provide public health services, which are responsible for assessing and improving the health of their communities, for preventing ill health, for Health Visiting and for substance misuse services (the majority of whose users have mental health needs). Every local area now also has a suicide prevention strategy as well as broader health and wellbeing plans. And local authorities also have responsibility for housing, youth services, early years provision, community safety, economic development and many

other matters that have a direct and significant bearing on our mental health.

Despite this, funding for local government has consistently been under greater pressure than NHS funding, and councils have had to make difficult decisions about what services they cut year after year. Many have made significant reductions in housing support, youth services and other interventions that can help to keep people well, promote independence and prevent problems from escalating into costly crises. And in some places, the growing disparity between health and social

care funding has led local councils to withdraw from joint working with the NHS in community mental health services.

While local government has in many areas struggled to meet its obligations and sustain services, there has in recent years been a marked increase in the commitment of local councils to promoting and supporting mental health in their communities. Initiatives such as Public Health England's Prevention Concordat for Better Mental Health have recognised the importance of local government to the public's mental health. And since 2012, the

Centre for Mental Health and its partners have created a nationwide network of elected member champions for mental health that now numbers more than 100 and continues to grow. As local leaders with a passion for improving mental health in their communities, member champions have taken a range of steps to build understanding and awareness, to ensure council policies seek to improve mental, and to build local partnerships with health services, schools, businesses, police and voluntary sector organisations to offer better help when people need it.

Yet the relationship between the NHS and local authorities is often strained, and there is often a distance between councils and new NHS structures such as Sustainability and Transformation Partnerships and Integrated Care Systems. It is now crucial that local authorities and NHS bodies build a new relationship of equal partnership, acknowledging the differences between them (in geography, culture and accountability, for example) while creating effective working relationships that make it possible to change health and care economies to give mental health the prominence it needs, to shift investment at scale towards prevention and early intervention, and to offer people holistic support for their health and wellbeing. ●





The error is because of an algorithm failure dating back to 2009 and could have been responsible for between 135 and 270 women who may have had their lives shortened. In the UK, all women between the age of 50 and 70 are routinely invited to breast cancer screening. The issue impacted how women were contacted when they reached the age of 70.

Health and Social Care Secretary, Jeremy Hunt, addressed the House of Commons identifying a 'serious failure' in the programme. However, he has also called the programme one of the most 'comprehensive in the world.' Further to this, Hunt has announced that there will be an independent review, chaired by Lynda Thomas of the Macmillan Cancer Trust and of the Chair of the Royal Marsden Hospital, to establish what happened. This is expected to be complete in six months.

309,000 women in their 70s who have been impacted by the error are estimated to still be alive and will be contacted by the Department of Health and Social Care before the end of May.

Shadow health secretary, Jonathan Ashworth, raised his concerns in the House of Commons, saying: "Eight years is a long time for an error of this magnitude to go undetected," as he asked for other cancer screening programmes to have their systems checked.

Dr Sarah Wollaston, chair of the Commons Health Committee, says that women who have been impacted

'Serious failure' in NHS breast screening programme impacts 450,000 women

A failure in the NHS Breast Screening Programme has resulted in 450,000 women not being invited to their final breast screening, analysis from Public Health England finds.

need "consistent, high-quality, evidence-based guidance."

Professor Helen Stokes-Lampard, Chair of the Royal College of GPs, said: "We are shocked to learn that hundreds of thousands of women in England have missed out on their opportunity for breast screening – and the implications for GPs and our teams will potentially be significant, as patients seek reassurance and to find out where they go from here.

"We welcome the independent inquiry into this matter, but the priority should not be to establish blame, but to put measures in place to invite those women affected for screening, where appropriate; to ensure there are enough resources

in the system to cope with any additional demand that might follow as a result; and to take steps to ensure this never happens again."

Dr Jenny Harries, PHE Deputy Medical Director said: "On behalf of NHS breast screening services, we apologise to the women affected and we are writing to them to offer a catch-up screen-ing appointment. They and their families' wellbeing is our top priority and we are very sorry for these faults in the system."

All women over the age of 70 can have a breast cancer scan every three years if they contact their GP with around 2 million women currently taking up this offer. Broadly, the NHS breast screening programme invites

over 2.5 million women every year to take a test, detecting around 18,400 cancers annually and saving around 1,300 lives in England.

Health and Social Care Secretary, Jeremy Hunt, wrote to independent healthcare providers on 8 May 2018 in response to the report urging them to 'get their house in order and improve safety.'

He said: "If the sector is to partner with the NHS and benefit from our world-leading medical training, we need urgent assurances that the independent sector will get its house in order on safety, as well as a commitment to take rapid action to match the NHS's world-recognised progress on transparency." ●

Innovation offers answers to broken workforce management in NHS



One of the health service's biggest problems is connecting healthcare professionals to healthcare organisations in order to fill shifts efficiently. £3.5bn is wasted every year on medical temp agencies, and even more is spent on inefficient processes associated with bank management. The NHS is the 5th largest employer in the world and the way people are allocated into shifts is completely broken. The NHS is crumbling from deficits and a bold approach is needed, writes

Melissa Morris, NHS Innovation Accelerator fellow and founder of Laantum.

Rather than tackling a small piece of the problem, we are attempting to solve the whole issue end to end. Laantum offers seamless tools to manage substantive staff as well as a marketplace that connects the NHS with a wider network of high-quality clinicians. Our matching algorithm automatically finds the right person for the right slot, meaning that all staffing managers have to do is accept people into shifts.

Since 2012 we have made strides to tackle the root cause of these issues – we have invested £10 million in creating a state of the art platform that reduces the needs to use costly agencies in the first place. We have also developed tools for clinicians which enables them to better manage their shift work and match the demand patterns. Our end-to-end tool has been 5 years in the making and is now used by over 1,000 healthcare organisations.

Before starting this project, I spent over ten years working in the NHS, and

before this, transforming health systems at McKinsey & Company. Now, every hour booked through Laantum is £10 saved for the NHS, resulting in nearly £10 million pounds overall, enabling almost 5 million GP appointments.

We are playing an instrumental role in driving the Five Year Forward View by helping build resilience in the system and facilitating the recent consolidation and joint working across traditional provider boundaries. We work closely with GP Federations and other providers across the UK. ●

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LTE offers complete decontamination solutions

Established UK Autoclave manufacturer LTE Scientific, has teamed up with leading European washer-disinfector manufacturer KEN Hygiene to offer a complete decontamination solution for sterile services departments in the UK.

LTE offers its Touchclave Systems porous load steam sterilisers in sizes ranging from 15 cu.ft to 42 cu.ft, and offers both single entry and pass-through variants. All models can be configured to run on conventional or clean steam supplies. LTE can provide a range of steam generators and heat exchangers. All LTE Sterilisers are designed to use minimal energy and water, while delivering fast cycle times – in many cases less than 45 minutes.

LTE can also supply a range of manual, semi-automatic and fully automatic loading/unloading solutions, which in many cases can also be retro-fitted to LTE and other brands of autoclave. Semi-automatic and automatic unloaders provide significant advantages in terms of manual handling and health and safety.

KEN Hygiene, based in Denmark, is one of Europe's leading washer disinfector manufacturers, and has just launched its new touchscreen IQ5 and IQ6 range, with loading capacities from 10-18DIN. The IQ range boasts

lower energy and water usage, and also faster cycle times than its competitors.

These savings and capital payback projections can be demonstrated on KEN's comparison tool. Another key feature of the KEN system is the ability to install IQ5 and IQ6 washers side by side without the need for service voids. This dramatically reduces the amount of floor required, especially with multiple unit installations. A range of trolley washing systems is also available from KEN.

All products are backed up by LTE's Service Centre, with engineers available nation-wide and qualified to the relevant HTM guidelines.

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and suppliers on a single platform. It provides total visibility and control of data combined with real-time reporting of the entire supply chain.

The result is a fully streamlined eProcurement process that connects the disparate systems within an organisation, while connecting to any legacy system and any number of suppliers. And within the hospital itself, the user is met with an intuitive, digital experience, that is familiar for an online shopper and inspired by retail best practice.

By renovating their procurement methods, our mission is to give back time to NHS staff for patient care, while ensuring a successful, total cost management programme supported by a robust and compliant infrastructure.

A digital dose ensures the rejuvenation of the NHS

As the National Health Service approaches its 70th birthday in July, we should pause to acknowledge the institution's remarkable service, and of course that of its staff, with great appreciation for the value that the NHS brings to our daily lives. However, as we consider its extraordinary history and past achievements, we must equally look forwards to further possibilities and improvements in the future.

In February of this year, President Trump announced that the NHS was 'going broke and not working.' Naturally, this was met with considerable backlash in the UK and with the NHS ranked as the world's best healthcare system in as recently as 2017, many were right to question the validity of this statement.

However, this does not mean that we British are blind to the institution's challenges. Because although a hard pill to swallow, we must confess that in the face of an ageing population, rising costs, funding issues, understaffing problems and an increase in population size, the NHS remains an ageing, somewhat inflexible body. It is a body that would undoubtedly benefit from an invigorating, rejuvenating tonic. As, perhaps, might the other septuagenarian in question.

The elixir of youth

At Virtualstock, we believe that this elixir is held within a digital flask. Because, as other sectors quickly adopt tomorrow's technologies, it is true that healthcare remains a more stagnant industry in terms of operational innovation and productivity.

The result of this comparative digital inertia, is that the NHS operates with significantly less speed and fluidity than it could or should, held back by complex legacy systems, cultural boundaries or concerns of digitisation costs. And it is ultimately this lower efficiency rate of trusts, which signifies that less time is dedicated to that which matters most: patient care. Indeed, research conducted by the NHS Confederation indicates that over one third of all work undertaken by hospital staff is not directly related to patient care.

Of course, we are not alone in identifying this issue; trusts are aware of the pressures of digitisation with Lord Carter's efficiency targets looming in October. That which is

perhaps less obvious, however, is how best to realise the targets quickly, easily, and economically. As with many things, the difficulty lies in how to get there.

Reimagining the supply chain

Thankfully, Virtualstock's formula, The Edge4Health is facilitating the actualisation of these targets, by helping trusts drive savings, increase efficiency, and heighten compliance through the re-imagination of the supply chain.

Our solution, delivered in partnership with NHS Shared Business Service, is an online Catalogue Management and Procure to Pay solution, which connects buyers

Where there are buyers, there are sellers

Of course, it's not just trusts which are under pressure to drive efficiencies and re-evaluate their eProcurement processes; this will also become a natural priority for those who are looking to sell their products to them.

The Edge4Health is fully committed to helping suppliers deliver the 'perfect order', while protecting their relationships with trusts and enabling the expansion of both their product range and reach. With just one connection, suppliers can upload their entire range onto The Edge4Health with full product visibility and connection to all healthcare providers on the platform. The system also automates numerous labour-intensive processes, such as product induction, price management, and order processing, resulting in more efficient ways of working.

The Edge4Health's Procure to Pay functionality also facilitates fast payment from trusts to their suppliers as soon as an invoice is issued due to real-time data exchange – meaning less time chasing bills!

Moving Forwards

So, as the 5 July creeps closer, we look forward to celebrating the NHS's 70th birthday, with little doubt that the institution is already taking the necessary steps to start putting digital first, both in terms of the supply chain and other processes.

Because, although it's getting older, we are certain that by addressing the NHS's digital infrastructure, there is significant opportunity for transformation and revival.

Should you require further information regarding our services, please visit www.virtualstock.co.uk. Alternatively, please email info@virtualstock.co.uk



BES Healthcare adds new seminar days following positive response from previous year



Following the positive feedback from its two-day decontamination event, BES Healthcare is gearing up to host more days of informative talks on 5 and 6 September 2018. The seminar days are to discuss current and relevant topics for theatres, sterile services, and endoscopy.

BES Healthcare's previous seminar days featured speakers such as Wayne Spencer, authorising engineer and director of Spencer Nickson; 20/30 Labs' research and technical manager Zoe Fayers-Rust; and president of the Flemish Sterilisation Club, Geert Ballyn.

The talks ranged from lean management within the NHS, latest requirements for sealers and pouches, new standards of processes in sterile services, and the importance of getting the right equipment on time within theatres. Delegates were left with much food for thought regarding their processes and equipment. Here is a glimpse of some of the previous talks:

Lean management

Last year's event began with a presentation by BES CEO Leyton Stevens on the benefits of lean management and how the technique

can be applied within the NHS. Leyton explained how the lean management approach can assist in improving patient safety and the patient experience, along with minimising waste, and making budgets go further.

Modular software delivers stress-free integration between departments

Geert Ballyn, central sterile services department (CSSD) manager at a multi-site hospital in Belgium and president of the Flemish Sterilisation Club, presented his experiences in developing the Aaxis quality management system. Having previously worked in theatres, Geert's understanding of both theatres' and sterile services' requirements played a crucial role in the development of Aaxis. His hands-on approach and pioneering attitude allowed him to pinpoint multiple key performance indicators (KPIs) in both departments. Geert's vision was of a fully integrated solution which enabled theatres and the CSSD to communicate effectively – a full quality management system, not just track and trace.

Since 2003, Geert has worked with Aaxis Medical to develop the

MLine system which shows real-time information on planning, workflow, and logistics, all linked to patient data.

The system comprises fully integrated modules for each department that enable real time visibility. The more modules a hospital uses, the more efficient, cost and time saving the solution becomes. Such is its success, Aaxis Medical MLine modules are now installed in over 75 per cent of Belgian hospitals.

Mitigating the risks of underperforming endoscope equipment

Erik Bockweg, commercial director of Zign Medical, mentioned that there are currently no structural processes in place to assess the quality of endoscopes and light cables. The sector is self-regulated and has published best practice guidelines. In a study, out of 258 light cables tested, 34 per cent were below the acceptable light transmission level.

Bad light passage makes for bad visibility. This, in turn, can lead to the surgeon turning up the light intensity, resulting in potential burns. Leaking electric current means internal burns, and sharp edges on scopes mean internal damage.

This leads to extra costs (as money is being spent on replacing equipment), over processing, unnecessary damage, and disposal of equipment. The cable is often deemed unfit when it is actually the endoscope that may be the problem. The average cost of a cable is £175 each, with some hospitals spending about £23,000 a year replacing them.

Zign Medical's MedZense LG20-e tests light cables and endoscopes, helping to mitigate risk by enabling structural testing of equipment. The MedZense allows hospitals to efficiently assess the light transmission quality of both rigid scopes and light cables. The device tests the light transmission by passing different wavelengths of light through the cables and scope. It is also the only device of its kind capable of testing ENDOEYE scopes. No other unit tests the cable quality across the full visible light spectrum.

For diathermy instruments, Erik mentioned the Entrhal Diateg Professional. The Diateg unit tests the insulation of diathermy instruments, reducing the risk of burns and Never Events during surgery. It detects the smallest of insulation failures, including those not picked up in



a visual inspection, ensuring the current does not arc through any compromised areas of insulation in the instrument. This enables sterile services to make fit for purpose diathermy instruments available in an efficient manner.

What should we expect from a hydrogen peroxide steriliser?

Zoe Fayers-Rust, research and technical manager at 20/30 Labs,

described the work to test the SPS hydrogen peroxide steriliser against other low temperature sterilisers on the market, and the associated development of the machine.

Challenges encountered during the testing meant that improvements to the machine were carried out along the way. These changes contributed to an improved sterilisation level, with no growth shown on any of the double-wrapped process challenging devices

and ISO 15883 surrogates. The steriliser even managed to be fully effective deep into 1,500mm long lumens.

How clean is clean?

Dr Barend ter Haar, chairman of BES, hosted a talk in which he stated that cleaning is the most important part of the decontamination process. This talk raised the questions including: how do we tell if something is clean; what tools do

we have to measure cleanliness; how well do our washers work; since their last validation, have our washers been washing up to standard?

From equipment to process - the changing world of standards

While equipment standards have been well established in the UK and Europe, at an international level the focus is on process standards. Wayne Spencer, authorising engineer and director of Spencer Nickson, described the latest process standards emerging within Europe from ISO Technical Committee 198.

Wayne spoke about the new ISO 17664 standard: "Information to be provided by the medical device manufacturer for the processing of medical devices". He emphasised the importance of validation of complete processes from cleaning to sterilisation over the validation of equipment independently.

Upcoming BES Healthcare seminar days

Alongside refocused popular talks from last year's event, this year's seminar days are to feature talks including: Challenging processes in the decontamination cycle; HTM01-01 cleaning efficacy and the pragmatism around standards and guidelines; the storage and transportation secrets of one of Europe's largest CSSDs; and how to effectively remove biofilms.

The BES Healthcare seminar days are to take place at the Imperial Hotel, London, on 5 and 6 September 2018.

For further information on BES Healthcare's seminar event call BES Healthcare on 01179 666 761, or email info@beshealthcare.net.



Point-of-care ultrasound is integral to emergency care at St Mary's



St Mary's Hospital is one of London's four major trauma centres and uses point-of-care ultrasound extensively in the assessment of patients visiting its extremely busy A&E department.

Dr Ehsan Hassan, a consultant in emergency medicine with a special interest in ultrasound, explains: "Our normal practice with trauma patients is to perform a FAST scan during the primary survey. This can make a significant difference to the care of unstable patients – for example, stab wounds to the heart – giving you a diagnosis straight away. This approach has enabled some patients to be fast-tracked into theatre."

The department's SonoSite X-Porte ultrasound system is based in resus, although its portability means it can be easily moved to other areas of A&E as required.

Dr Hassan continues: "The Royal College of Emergency Medicine requires that all A&E consultants are trained to perform FAST, aortic scans, IV access, and basic echo. However, once you are familiar with the techniques, it has a role in assessing so many different conditions – shock patients, abdominal pain, query ectopic pregnancies, pneumothoraces or haemothoraces, and numerous musculoskeletal complaints – as well as for draining pleural effusions and placing central or difficult-to-access IV lines. It is a very versatile technique."

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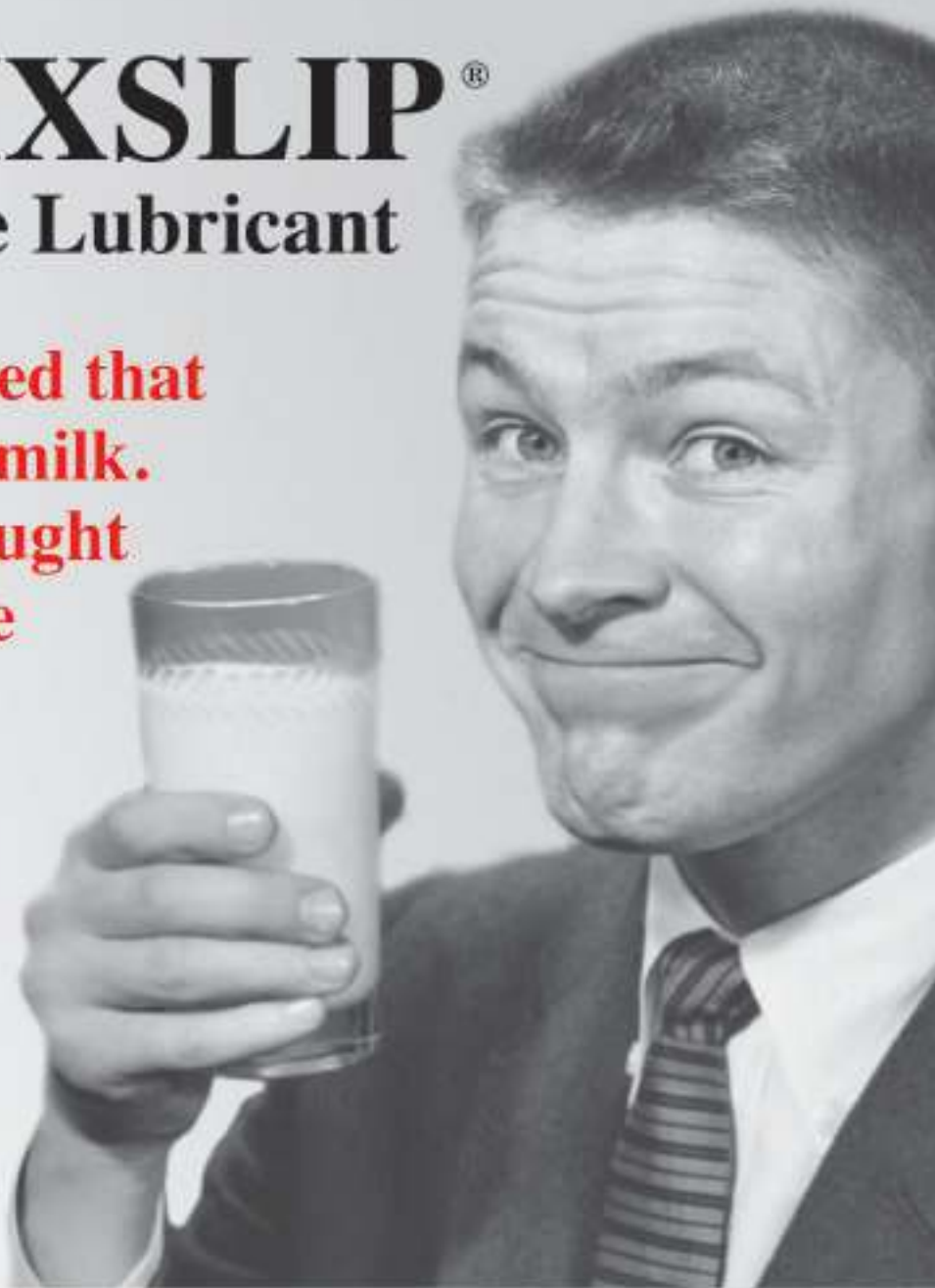
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