

THE SOCIETY FOR  
VASCULAR TECHNOLOGY OF  
GREAT BRITAIN AND IRELAND

Issue 101  
Summer 2018



## Welcome to the Summer Newsletter!

In this Issue we have an update on the NSHCS board meeting, an article on IQIPS Accreditation Patient Experience and feedback from the SVT tutorial days.

Don't forget we have the SVT trainee competition with a chance to win £25!

Thanks.

**Gurdeep Jandu**, Newsletter Editor  
newsletter@svtgbi.org.uk

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**President:** Sara Causley • **Vice President:** Dominic Foy • **Membership Secretary:** Lynne McRae  
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## DATES FOR YOUR DIARY

- **VASBI Annual Meeting 2018: 27th and 28th September 2018**  
<http://www.vasbi.org.uk/agm>
- **The Vascular Societies' Annual Scientific Meeting 2018: 28th – 30th November 2018**  
<https://www.vascularsociety.org.uk/asm>
- **Heads of Service Meeting: Advance Notice-Save the Date**

A heads of service meeting has been planned to take place at this year's ASM on:  
**Wednesday 28th November 5-6pm**

The meeting will take place at the conference centre. The exact location will be confirmed later. Amongst items to be discussed are the AVS accreditation exams and progress of the vascular apprenticeship programme.

If you are unable to attend you are welcome to send a representative from your department. If you are able to attend please let me know by emailing [president@svtgbi.org.uk](mailto:president@svtgbi.org.uk).

## The SVT and the National School of Healthcare Science

Helena Edlin, Lead Vascular Scientist, Central Manchester, SVT rep on NSHCS Themed Board

### NSHCS Themed Board Meeting – June 2018

This Board meeting, chaired by the professional leads for Physiological Sciences, brings together the professional bodies, the universities, the employer reps, trainee reps, lay reps and the Academy to discuss and resolve any issues raised as well as plan the future for the STP and HSST.

### Mid term review of progression (MRP)

The first mid term review of progress is now complete. This was deemed a success with 90% of all STP trainees progressing satisfactorily, leaving a small number of trainees who didn't have a training plan, hadn't undertaken their Multi Source Feedback (MSF) or who are not demonstrating adequate progress.

### STP improvement review

The Board members discussed in detail how to action the recommendations from the improvement review, lots of good ideas which will be communicated shortly.

### Curriculum Review

The NSHCS are progressing with the curriculum review; CVRS are hoping to undergo the review in the near future.

### Academy of Healthcare Science

The Academy is keen to proceed with looking at professional body qualifications which will automatically provide evidence for parts of the equivalence process. The SVT accredited members will then only need to provide evidence for the parts of the equivalence that SVT accreditation doesn't cover. Further updates to follow.

### HSST

HSST Network and Induction Day 2018

This will be a joint School and MAHSE event. It will be held at the University of Manchester Innovation Centre on Wednesday, 17th October 2018.

Invitations will go to all new HSST Trainees and their Workplace Supervisors. All HSST trainees should now be using OneFile for their workplace evidence. In OneFile evidence is mapped to the Academy's Higher Specialist Scientist Standards and should also reference the specialist curriculum.

It is necessary that evidence recorded elsewhere is moved to OneFile and for those trainees who have used OLAT helpful advice is available on how to achieve that transfer.

### HSST Exit Criteria

The process for exit with certification from the HSST programme has been published on the School's website.

The requirements for programme exit and the achievement of the Certificate of Completion of Higher Specialist Scientist Training are bespoke to the trainee's specialism and the pathway undertaken.

<http://www.nshcs.hee.nhs.uk/current-hsst/nhs-higher-specialist-scientific-training/the-hsst-handbook/exit-criteria-for-certification>

### **Exit Timetable**

The programme is 5 years in duration commencing in the September of each year and trainees will normally make a formal application to exit with certification within 3-months of the 5-year anniversary of that date.

In the case of Cohort 1 only, the School recognises the significant variation in trainees' appointment dates and will apply March 2015 as the global appointment date for all Cohort 1 trainees with an exit date of March 2020. A further optional six-months allowance will also be made for Cohort 1 due to the delayed start of the professional doctorate. For those trainees taking up this additional six-month option their exit date will be further delayed to September 2020.

Funding for the additional six-month period remains under discussion with HEE

A document setting out key information for prospective and current employers of HSST trainees has been published on the School website:

<http://www.nshcs.hee.nhs.uk/join-the-programme/nhs-higher-specialist-scientific-training/key-information-for-employers>

And a guide to the roles and responsibilities

of the HSST trainee and their employer.

<http://www.nshcs.hee.nhs.uk/images/guidance/hsst/hsst-roles-and-responsibilities-2018-v1.pdf>

### **PTP**

There is a plan to undertake a PTP improvement review in the same way that the STP improvement review has been performed.

### **OSFA**

All set for July. Thanks to everyone who has helped/ is going to help with this set of OSFA's.

Good luck to all those sitting the OSFA's.

### **Patient Group Directives (PGD) for HCS**

A public consultation is due to go ahead soon.

### **Apprenticeships**

The NSHCS has a new apprenticeship lead – Graham Wilson

Level 6 - Vascular Science (undergraduate degree)

– The SVT have submitted a business case to the Health Care Science Implementation Network Group (HCSING) for a meeting on 3rd Aug. The HCSING will then decide if they will support the development of the level 6 vascular programme.

## **Become a Committee Member!**

We are currently looking for volunteers to join the Education Committee. For the following roles, all that we ask is that you are an accredited member of the SVT and that your CPD is up to date.

### **Co-CPD Officer**

- Award CPD points
- Allocate appropriate CPD points for appropriate activities
- Appraise CPD reflective practice submission
- Inform members when CPD has lapsed and develop remedial programs
- Update CPD requirements
- Yearly CPD audit of 10% of members

### **Practical Exam Officer**

- Assess applications from candidates
- Liaise with external and internal examiners to arrange practical exams
- Organise distribution of results or any resits
- Update practical exam requirements
- Maintain the database of AVS
- Respond to practical exam queries

No prior experience required, just a willingness to be a part of the committee and contribute to the society.

If interested, please write a statement of no more than 300 words detailing why you think you would be suitable for the role.

Applications should be sent to the Chair of the Education Committee:  
Naavalah.Ngwa-Ndifor@bartshhealth.nhs.uk



## Announcement

The SVT Professional Standards Committee (PSC) is looking for new members.



The PSC is a small committee that works on SVT documentation and helps the society, vascular ultrasound services and members with wide ranging professional issues.

We also have links with important organisations such as: IQIPS (UKAS), VASBI and NICE.

We are looking for an enthusiastic, discussion focussed individual with a broad knowledge of vascular ultrasound, and an eye for scientific detail.

If you are interested please forward to the following email address:  
svt.professionalstandards@gmail.com

1. A brief Curriculum Vitae including a statement on why you wish to join the professional standards committee
2. A supporting statement preferably from a current or ex committee AVS member, or alternatively from an AVS/ service head

Please email svt.professionalstandards@gmail.com if you require any further information.



**The VASBI Annual Meeting 2018 will be held at The Marriot Hotel Portsmouth on 27<sup>th</sup> & 28<sup>th</sup> Sept 2018.**

For further information, including registration fees, how to register, hotel accommodation booking, exhibition information & stand booking please contact:  
vasbi.org@gmail.com

## IQIPS Accreditation – Patient Experience

### The PE Domain

This is the second article in the series on IQIPs accreditation. The first article, in the previous Newsletter focussed on the increasing pressure for services to gain accreditation and some suggestions for gaining management support, funding and also some ideas for how to release staff time to actually carry out the processes required. This second article will be focussing on the Patient experience domain This is perhaps one of the more straight forward IQIPS domains to start with. We are here to provide a service to patients and improve their journey through our departments and hospitals. – So hopefully we can readily identify those areas in which our practice enhances the patient experience.

Most of us will already have patient feedback systems; robust SOPs surrounding consent and have access to a range of high quality patient information resources such as those provided by the Cardiovascular Foundation etc. Hopefully then, this domain will be familiar territory – and it provides a great space to showcase that which we all do so well on a daily basis.

**Where do we start with fulfilling IQIPS requirements?**

UKAS suggest that the best thing a service can do (before even starting the ‘traffic-light ready’ assessment) is to sit down with the IQIPS standard and just work through each standard statement writing down what organisational or local policies they already have that relates to that statement. You can then determine which areas are missing and start working towards fulfilling the requirements. You are free to decide how best to satisfy the IQIPS requirement, and this will be up to your service – it can be done in whichever way best fits your resources/location etc. You just need to remember that the requirements need covering – somehow. And you may find that some requirements can’t be satisfied yet – but if you are working on a solution (and can prove this) you may still be awarded accreditation – discuss with your UKAS contact when you are registered on the TLR.

Across all of the IQIPS standard domains, one phrase runs through the narrative like a steady mantra:

“The service implements and monitors...”

So these 2 key words give the biggest clue as to what is required and should inform you as you decide how you are going to satisfy each standard.

**Implementation**

How do you implement the requirements of each standard? A good place to start might be to list all of the systems and procedures that support your delivery of a good patient experience, and consider if anything is missing.

For example: look at your waiting area and consider:

- Whether you would be happy waiting for a scan here?
- Is the environment clean and safe .....and is dignity maintained?
- Are patients informed about what is going to happen?/how long they need to wait?/ who is doing their scan?/ what happens to their results?

**Monitoring**

Once you have set your standards and implemented them, you need to consider how these standards are monitored:

- Do you have a written procedure which staff can access?
- Do staff know the standard?
- Are processes followed?
- Do you check?
- How can you prove this?

Some examples of monitoring methods:

<b>System/Procedure</b>	<b>Monitoring</b>
Patient Feedback Survey	Data trend analysis – highlighting and acting on main issues
Private changing areas	Question in patient feedback survey to assess satisfaction
Chaperones for anxious patients	<i>No current monitoring -? requires system to evaluate effectiveness</i>
Service Accessibility Policy	Document control

Most departments will already be able to evidence good practice in improving patient experience and evidencing this in the IQIPS domain is often as simple as stating what this is and how it is monitored. In most cases, good practice such as this can be seen and evidenced on site visits, so the evidence provided on the online assessment tool doesn’t have to be exhaustive.

### **Compliance vs. Effectiveness – when is a system doing enough?**

Once a service has listed all of the systems and procedures they have in place to improve their patient experience, they need to ask themselves “how do we know we are compliant to these systems consistently, and are they effective?”

#### Compliance

For example, services will generally already have overarching Trust and possibly local departmental policies/SOPs relating to patient information and feedback, – you then just need the evidence to prove that your systems are compliant. This may be as simple as listing SOPs relating to patient experience and ensuring that documents are up to date and relevant.

#### Effectiveness

This is demonstrated through the **monitoring** of policies; procedures and systems. Again, this may be as simple as ensuring that documents are adequately controlled and up to date, or it may take the form of analysis of the data from a particular system to identify trends that can be helpful in improving that system. How do you know that your processes comply with your departmental and Trust policy.? For example, if your policy says that you disseminate the results of the most recent patient satisfaction survey..... are they on display in the waiting room?....and do you have a process of regularly checking (auditing) this?....how do you know when to do this?

This all sounds very complicated, but there are no rules about exactly what is required – you can satisfy the IQIPS criteria in any way that fits your particular service. For **monitoring**, you could create a spread sheet which acts as a timetable of departmental audits with boxes to tick to evidence that the audit has been done and the results are acceptable. And then once you have achieved accreditation, you could develop this in the future to create charts which could be used for an annual “Quality” report for your department. If you don’t know how to use spreadsheets for recording, analysing and displaying data, it may be a good idea to see if your ICT department offers courses.

“We don’t know what we don’t know...”

UKAS assessors often use the concept that a service ‘doesn’t know what it doesn’t know’. This describes the principle that it isn’t until a service monitors any system they have in place, that they actually know whether staff are compliant or whether the system is effective – or not.

For example – it may be departmental policy to identify patients using 3 identifiers and this might be written into a policy. But how do you know that this is being carried out every time a patient is taken through for a scan? Do you audit staff compliance with this? Could it be peer-reviewed as part of a sampling exercise throughout the year to ensure compliance?

The evidence needs to be there for management and IQIPS assessors to be assured. You don’t want to find out that staff are not compliant at an on-site assessment because it wasn’t regularly monitored!

It’s important that services are not just doing things to fulfil IQIPS standards – each piece of evidence submitted should form part of a system that is genuinely helpful to your department providing its service and improving quality. The IQIPS assessment team will reflect on what is reasonable for a service and if you have systems in place already that are robust it may just be that they need a tweak. New SOPs and protocols don’t necessarily need to be written to provide evidence -it may be that existing ones get amended. Don’t overload!! Simple solutions are usually enough...

Broadly, the Patient Experience Domain is subdivided into 5 areas:

#### PE1 - Patient Information

A service must be able to evidence that it can provide relevant information to patients before, during and after scan. This covers everything from patient literature through to appointment letters and how results are communicated. Consider how you might provide information to a patient whose first language is not English? Or whether the information provided in your appointment letters could get a member of your team from the hospital entrance to your department hassle-free if they didn’t just rely on knowing the way? Patients have to rely on clear instructions and good signage – and so do the IQIPS assessors when they arrive!

You may also want to consider the role of lay input in any literature that you have on display for your patients. Do you know where the information has come from, and how it has been reviewed for accuracy? Has a lay person or group been consulted in its production? How might you evidence this?

### PE2 - Privacy, Dignity and Security

Your Trust will undoubtedly have a Trust-wide policy on protecting patient's privacy, dignity and security and this will be easy to evidence.

But how about patient comfort? Is the waiting area equipped to keep your patients comfortable? If you're lucky enough to have air-conditioned scan rooms this might be quite a straight forward thing to evidence – but if not, you don't necessarily have to harass your procurement team for funds to refit your entire department! Showing that you take steps to ensure patient comfort may be as simple as providing drinking water to your patients on hot days.

Your IQIPS assessors are not going to demand that you have a particular environment to scan in – they are mainly just interested in seeing how you keep your patients safe and their privacy and dignity protected using the means you already have at your disposal. However, you may of course be able to use striving for compliance with this domain to leverage some changes from your Trust in pursuit of improving the patient experience in future...

### PE3 - The complex world of 'Consent'

Again, undoubtedly you will already have policies in place that govern patient consent. So perhaps consider how you can demonstrate effective monitoring of these? Could you audit whether consent was obtained through a patient survey?

If you have a system in place that enables consent to be taken from children for example, how might you ensure that this remains up to date and appropriate?

### PE4 - Patient-Focussed Service Delivery

We are often presented with patients who are attending for multiple appointments within the same week – and where their appointments can be coordinated to reduce the number of trips to the hospital you are probably already doing this.

So evidencing compliance with this could be providing an example of using your patient database to review appointments across Radiology or the wider hospital before offering out an appointment.

If a carer or relative calls ahead to alert your department that a patient is particularly nervous about attending for a scan, you may look to offer them a longer appointment slot to allow for extra time to settle the patient and explain the procedure.

### PE5 - Patient Feedback

Hopefully you may already have some sort of patient satisfaction survey. This is a fantastic resource for evidencing compliance with large areas of the PE domain. You could expand your survey to include asking patients:

- If they received a patient information leaflet?
- If they can suggest any improvement to patient information?
- If their privacy and dignity was maintained during their scan?
- Whether they were informed about how they would receive their results?
- Were they given the opportunity to ask questions?
- Etc etc – look at the IQIPS requirements and tailor your questions accordingly.

And you may find that your Patient Experience/PALS department can help with drafting your survey and may even be able to provide volunteers to hand out or administer the surveys. Speak to them, as you may be surprised at the amount of help that is out there – they may also be able to advise you on production of your patient information leaflets etc.

When you have your accreditation visit, a lay assessor will be included in the panel of assessors and they will be looking at your service from the patient's point of view, so it is well worth "putting yourself in their shoes" as you assess your department's compliance with the IQIPs standards. It is also useful to remember that PE1 and PE5 are among the most common standards for departments to receive "findings" on during their accreditation visit. A "finding" is something that is found by the assessors to fall short of the required standard and requires further work and evidencing prior to

granting accreditation. So our advice is to pay particular attention to these 2.

We hope that this article has been helpful and would be very pleased to receive feedback and suggestions for the future articles. In the next one we will cover the Facilities, Resources and Workforce domain.

Andrew Pellew-Nabbs (Warrington and Halton Hospitals NHS Foundation Trust) and Alison Charig (Portsmouth Hospitals NHS Trust)

Abbreviations:

SOP = Standard Operating Procedure

IQIPS – Improving Quality in Physiological Services

UKAS = United Kingdom Accreditation Service

TLR – Traffic Light Ready assessment system

PALS = Patient Advice & Liaison Service

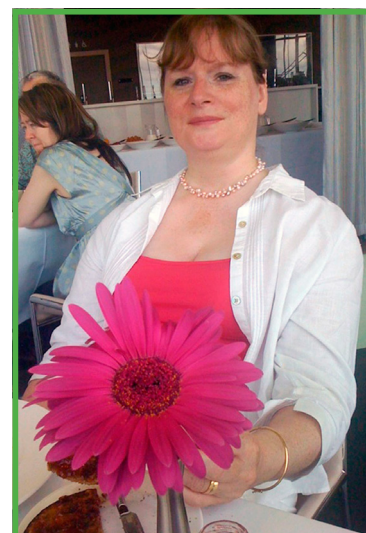
## Ann Donald Scientist of the Year Award 2018 Call for Nominations

The annual prize of £500 will be awarded to ‘the scientist who has performed the best original research or been the most innovative in the promotion of vascular ultrasound during the year’.

### How to nominate someone for the award

Nominations for this award can be made in writing using the application form on the SVT website. You may either nominate yourself or another, in recognition of achievements over the past year or so.

Applications must be completed in full, with supporting evidence and two others to support your nomination. Completed applications should be sent to the SVT President, [president@svtgbi.org.uk](mailto:president@svtgbi.org.uk) by **5pm on 16<sup>th</sup> November 2018**. The prize will be awarded at the 2018 ASM if we receive an appropriate nomination.



## SVT Trainee Competition

1. What is an endoleak?
2. What are the 5 types of endoleak?
3. How clinically urgent is an endoleak and what would you do if you had a patient with a 1.5cm sac size increase over a period of 1 year and a type II endoleak present?
4. Briefly describe the different treatment options for an endoleak.

**Please send in your answers to Amy Bolsworth for a chance to win £25! at:**  
**[amy.bolsworth@bartshealth.nhs.uk](mailto:amy.bolsworth@bartshealth.nhs.uk)**



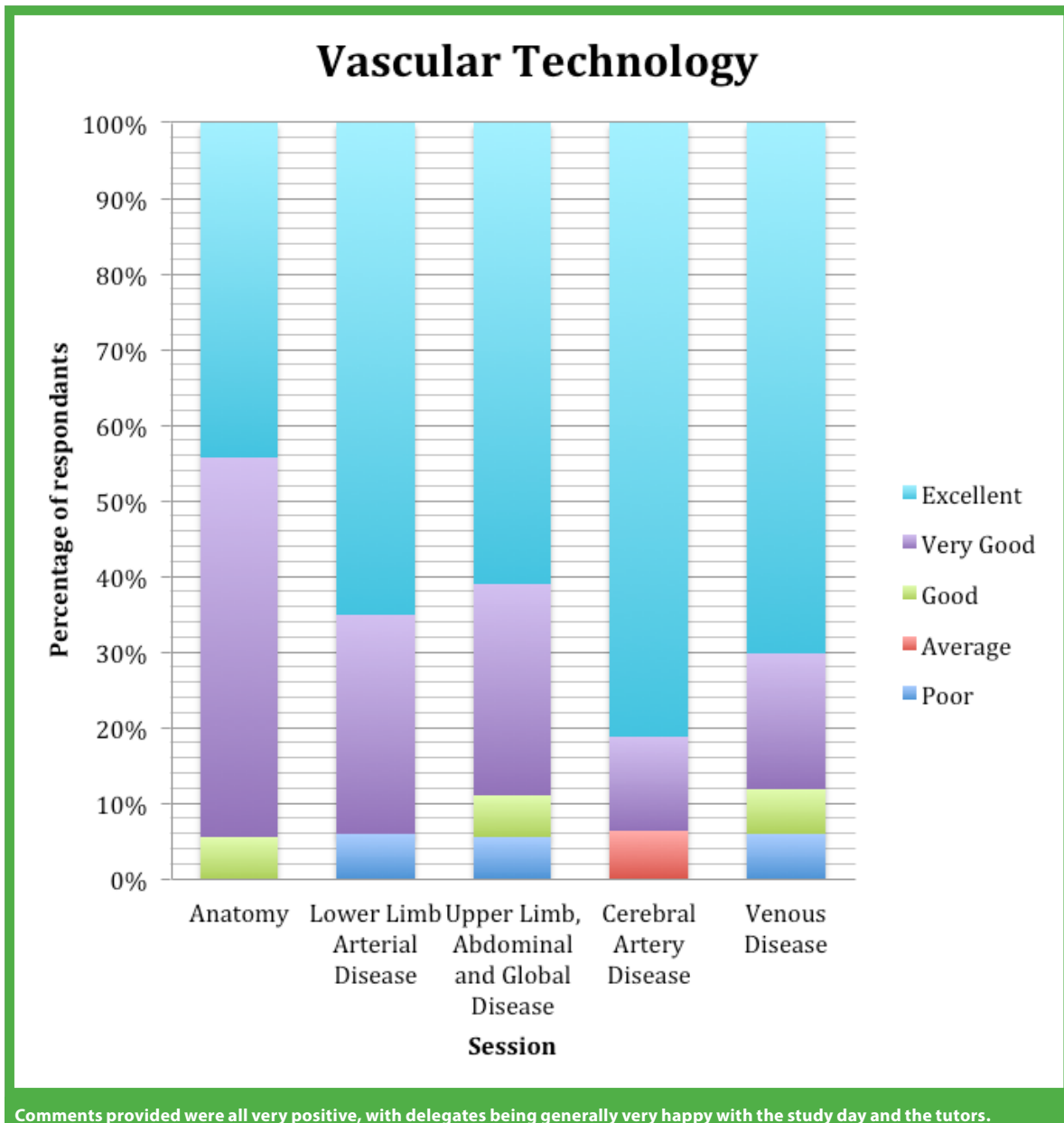
# Feedback From The SVT Tutorial Days 2018

Naavalah Ngwa-Ndifor, Chair of the Education Committee

On the 18th and 19th April 2018 the SVT held its Annual SVT Tutorial Days in Coventry.

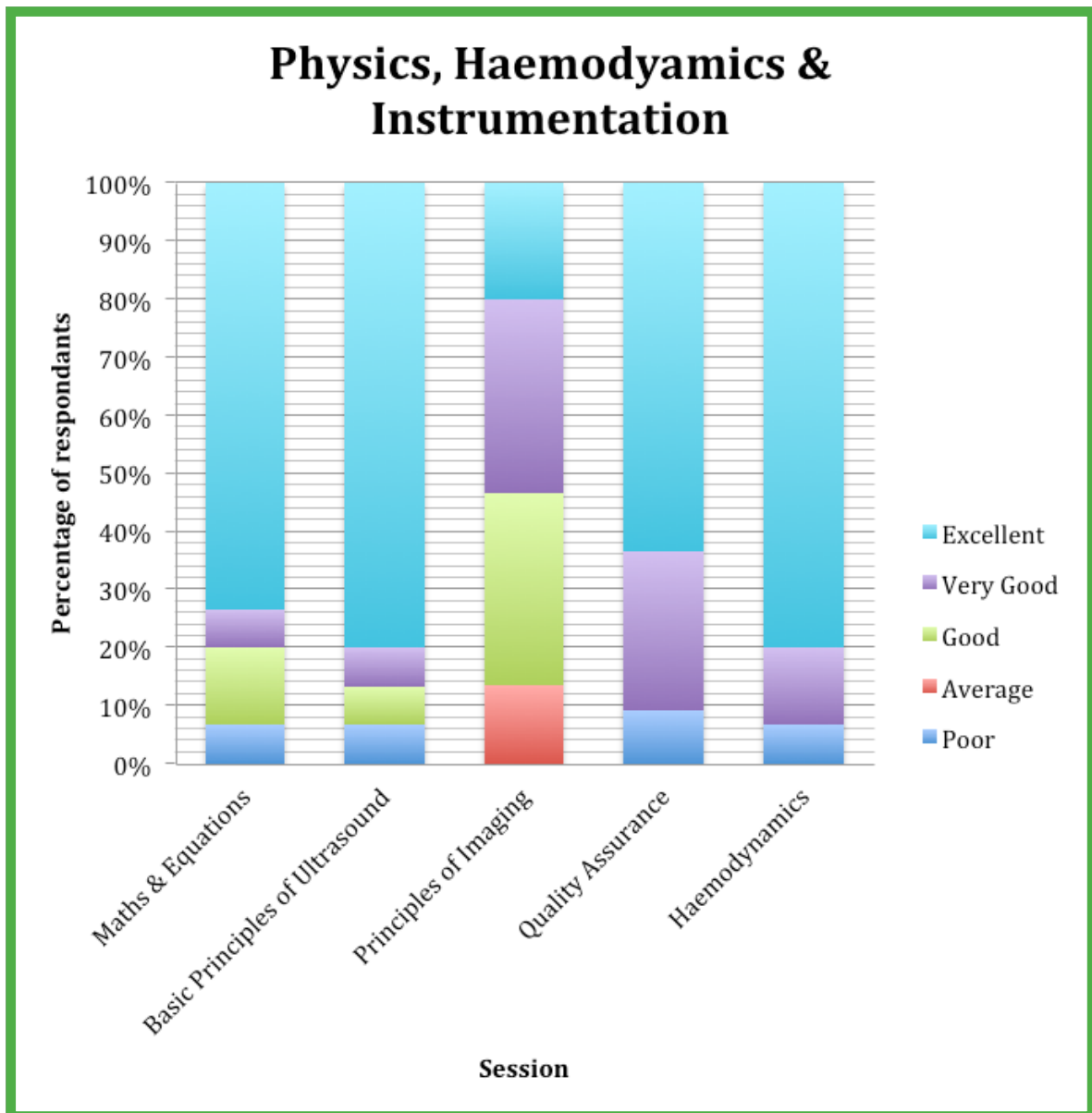
The Vascular Technology Day had 20 attendees of which 18 submitted their feedback forms. 47% had started their revision for the theory exams while 52% had not.

93% thought that the tutorial day were scheduled at the right time and 7% thought that it was too late. Delegates were asked to rate each session from 1 (poor) to 5 (excellent) with results shown below.



The Physics, Haemodynamics and Instrumentation Day had 18 attendees of which 15 submitted their feedback forms. 86% had started their revision for the theory exams while 14% had not.

80% thought that the tutorial day were scheduled at the right time and 20% thought that it was too late. Delegates were asked to rate each session from 1 (poor) to 5 (excellent) with results shown on the next page.



Comments were all positive with specific mention of the Maths and Equation Session, which delegates felt was delivered really well with clear explanations.

Thank you to the organisers and all our tutors whose continued support is greatly appreciated.



# The Vascular Societies' Annual Scientific Meeting 2018

In conjunction with the Vascular Society of Great Britain and Ireland, the Society of Vascular Nurses, and the Society for Vascular Technology of Great Britain and Ireland.

**28th – 30th November 2018**  
Scottish Event Campus, Glasgow

[www.vascularsociety.org.uk](http://www.vascularsociety.org.uk)  
[www.svn.org.uk](http://www.svn.org.uk)  
[www.svtgbi.org.uk](http://www.svtgbi.org.uk)

Abstract submission  
now open

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[@vascularnurses](https://twitter.com/vascularnurses)  
[@svtgbi](https://twitter.com/svtgbi)

## Abstract submission is now open for The Vascular Societies' Annual Scientific Meeting 2018

We are pleased to announce that the Vascular Society, Society of Vascular Nurses and the Society for Vascular Technology are working together for the third consecutive year to bring you one single integrated event – **The Vascular Societies' Annual Scientific Meeting**. The ASM will be returning to Glasgow on the **28th - 30th November** and will be held at the Scottish Event Campus.

Abstract submissions are now open for surgeons, nurses, scientists, and for everyone affiliated with any of the three organisations, and we would encourage you to submit an abstract for presentation.

Key dates for your diary include:

- Wednesday 11th July 2018** abstract submission closes at 12 noon
- Friday 31st August 2018** online registration opens

[Click here to submit an abstract](#)

**We are looking for abstract submissions to be made under the following topics:**

### Society of Vascular Nurses

- Any topic

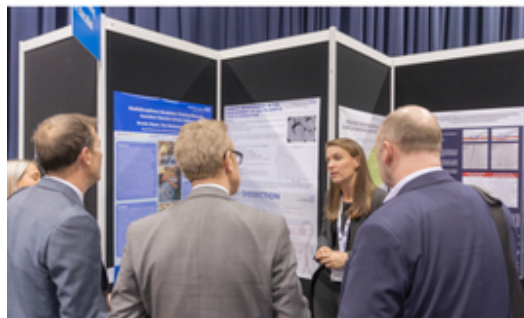
### Society for Vascular Technology

- Research Proposal (Trainee Vascular Scientists)
- New Category: presentations of recently completed research projects by newly qualified vascular scientists.
- Scientific (any relevant subject including case studies)



## Vascular Society

- Aortic (open and endovascular) / Trauma
- Audit / Training / Education
- Basic Science
- Carotid
- Other
- PVD / Diabetic Foot / Amputation
- Renal / Mesenteric / Vascular Access
- Venous



If you have any questions please contact the abstract manager on email [asm@vascularsociety.org.uk](mailto:asm@vascularsociety.org.uk) or phone 01506 292034.



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Telephone: 01506 292034

Registered in Scotland  
Company registration number: SC247380



## Heads of Service Meeting

Advance Notice-Save the Date

A heads of service meeting has been planned to take place at this year's ASM on :

Wednesday 28th November 5-6pm

The meeting will take place at the conference centre. The exact location will be confirmed later.

Amongst items to be discussed are the AVS accreditation exams and progress of the vascular apprenticeship programme.

If you are unable to attend you are welcome to send a representative from your department.

If you are able to attend please let me know by emailing

[president@svtgbi.org.uk](mailto:president@svtgbi.org.uk).

I look forward to seeing you all then.

**Sara Causey, SVT President**

### ASK THE PRESIDENT

**Do you have any burning issues you wish to raise with the committee? If so please write in to us and ask our SVT president.**

Please email us on [newsletter@svtgbi.org.uk](mailto:newsletter@svtgbi.org.uk) and your questions could be published in the next newsletter.

# Committee Members 2018

## EXECUTIVE

### President

Sara Causley  
sara.causley@nhs.net

### Past President

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h.dixon@nhs.net

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Catherine Rogan

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Richard Craven  
Mary Ellen Williams

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Laura Scott  
Fabrizio D'Abate