University Hospitals Bristol and Weston NHS Foundation Trust

Medical Devices Management Group (MDMG)

Thursday10 June 2021
Minutes

Chair: [redacted]		
Present: [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] **Minutes:** [redacted] (HS)	*Director MPB, D&T Education Lead* *D&T Governance Manager* *Trust Manual Handling & Ergonomics Advisor* *Clinical Engineer* *Medical Devices Governance Support Officer* *D&T Medical Device Training Lead* *Quality & Regulatory Affairs Manager* *Modern Matron Ambulatory Services, Weston* *BWPC – Major Medical Equipment* *BWPC – Clinical Procurement Specialist* *Matron, NICU* *Deputy Head of Nursing, Medicine* *Ultrasound Service Manager* *Lead Adult Cardiac Physiologist, Specialised Services* *Senior Sister, Outpatients, Weston* *Department Co-ordinator & PA to Director MPB*	**Apologies:** [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

Agenda Item	Welcome	Action
1.	**Welcome & Apologies** RS welcomed everyone to the meeting and explained to those new to the group that the group is still finding its feet following the pandemic and a number of changes in staffing. An additional meeting was held in May because of recent changes and the current workload therefore not all agenda items would be discussed in this meeting	
2.	**Minutes and Action Log** The Minutes of the last meeting held on 19 May were agreed and it was agreed that the Action Log would be updated via email.	
	Discussion	
3.	**MDMG Work Plan** For those new to MDMG, RS explained that the aim of the group is to ensure the safety and effectiveness of devices, escalating safety issues and working with Procurement to get the best value for money. The group will revisit the Medical Device Policy and representation at meetings as the group evolves. RS hopes to increase clinical representation from other areas of the Trust. Clin Eng (MEMO) are developing a PPM Recovery Plan to address the current backlog. Engineers will need to work with clinicians to ensure access to devices.	
4.	**Policies** MT, BC and RS are working on the Medical Device Policy which is now close to	

	completion and will be shared for comment soon. They are trying to make the policy more accessible whilst still robust. There are a rising number of prescribed devices going out into homes and this too will be included in the Policy. RS stated that there have been many changes in the past year and key contacts for the group need to be updated. Engineers are keen to contact the correct people to help update the asset inventory as they are aware that so much has moved to different areas as wards and clinics are re-configured. **Action:** MG and RS to pick up on query from Point of Care team about management of devices and updating the MEMO inventory	**MG and RS**
5.	**<u>MIA Credentialing</u>** Medical industries are now providing a supplier credentialing service via the MIA website. The system aims to reduce or prevent unannounced visits by suppliers. LP explained that suppliers' representatives log on to the MIA website and can book site visits via the website. NHS colleagues can accept or decline visits. Theatres and Endoscopy teams across the Trust are already using the site. Staff can see who is coming to the Trust, where they are going, whether they have a DBS check, professional qualifications etc. The system shows the email address of the UHBW colleague to be visited as well as the contact details and email of the representative so that he/she may be contacted at short notice to change arrangements if for example a colleague is off sick. Visitors can use QR codes to check in and out of buildings. LP stated that there is a facility to run reports which give an overview of the number of visits per company, who has visited and why. She went on to say that the system is free to the NHS and is easy to use, taking only 10 minutes of training. The onus is on suppliers to initiate contact. LP is waiting to get permission to roll out the system across the Trust. Anyone contacting staff via email or phone can be asked to log on to the system. CR stated she would welcome the system and is keen to train as soon as possible. DdM stated it would be very useful to know when suppliers are on site. PA agreed that this looks very useful. LP assured everyone that there would be Trustwide communication when the system is rolled out. She hopes to get Trust permission to extend the credentialing system within the next 2 months. **Action**: CR to email LP and arrange MIA training	**CR**
	Action: LP to send DdM notifications of supplier visits to the Trust	**LP**
	LG stated that any equipment coming in to the Trust should be covered by a medical indemnity. LP said that this could be added to the system if required. The latest version of MIA has a data protection protocol and may require IM&T involvement which could be time consuming. **Action**: LP to check if a hyperlink can be added to the MIA system to show the Trust medical indemnity form.	**LP**
	RS stated that he would like to discuss a few finer details with LP reference health and safety issues such as engineers on site overnight. Those present were supportive of the system and BC suggested taking this forward via the Clinical Quality Group and perhaps suggesting that individual services be offered a trial before a full roll out. He added that if a decision is made to use the MIA system across the Trust this would need to be included in the new Medical Devices Policy. CM reported that the next Clinical Quality Committee meeting is in August.	

	Action: RS to talk to [redacted] about securing executive approval for a Trustwide roll out.	**RS**
6.	**<u>Divisional /Trust Reports for Discussion</u>** RS stated that in future this part of the agenda may have a more structured approach and a report on progress with the work plan but for now he is happy to take verbal reports. DdM reported severe difficulties with supplies of cannulae. There are communications on Connect to update everyone but the PPE or stores team will deliver direct to the wards.	
7.	**<u>Procurement/Replacement/Asset Management Items</u>** RS stated that he is keen to start discussions about aging equipment which has been kept during the pandemic even though new, replacement equipment has been purchased through Capital. BC stated that there have been no updates from the Capital Group about funding for this year and so it is difficult to plan ahead. Large projects will almost certainly slip into next year. CiCU may need to raise an emergency Capital bid for a £1,000,000 central monitoring system as 1 out of 2 machines has failed and is too old to be repaired. This means that 8 beds now require 1:1 nursing. LB reported that as they have limited clinical space available, Radiology is getting rid of old, unused devices. She would like official confirmation that the Philips and DR units have been transferred to their service. BC agreed to double check and liaise with Radiology. RS reminded everyone to inform Clin Eng of any asset disposals so that items can be removed from their asset list.	
	Action: BC to check Philips and DR units have been officially transferred to UHBBW.	**BC**
	Action: DdM to give LB a Medusa log in so that she can check the asset list for her department.	**DdM**
	Action: PA to email BWPC Major Medical team reference a maintenance contract which is due for renewal soon	**PA**
	RS added that this was an interesting discussion and that he is pleased colleagues are being pro-active by working on their inventory and updating when devices are disposed of. BC stated that he is still waiting for feedback on operating tables. LP and BC are both in limbo and cannot arrange evaluations as they do not know what funding is approved. Colleagues could work on specifications in the meantime to be prepared for funding when it is released. RS stated that he is very aware that there is a strain on resources, however, he is also aware that there are a large number of aging assets and wishes to avoid unpleasant surprises such as a breakdown in CICU by setting uprolling replacement programmes. Medusa now has a huge amount of useful data and can report the number of ageing devices to the Capital Group as the current feeling is that perhaps decisions have been made based on finances rather than age and reliability of equipment in use. LB reported that Screening Standards state that equipment which is more than 5 years old should not be used. This has been raised as a risk.	
	Action: LB, BC and RS to meet outside this meeting to discuss obstetrics equipment.	**LB, BC & RS**

Device Governance Management: regulatory

DdM reported that an evaluation for cannulae will take place later in June. There has been some talk of issues with compressors used for Covid patients. The filters on them are for dust and are not on the patient line. Staff therefore need to clean the equipment thoroughly and replace any tubing. A safety alert will be issued.

MG has arranged for trainers to come on site for SCD device training. The new devices are to be delivered later this month.

POCT report their preferred choice of glucose monitor is limited to one type only. Many are now moving towards using Apps but Apps have very little in terms of regulatory process behind them. BC added that suppliers give out monitors for free but then make money by charging for the strips required to go with them. He feels that a short term solution needs to be put in place and then a more thorough Procurement process put in place for the longer term.

CQC Regulation 15

RS, BC and MT have submitted a report on CQC Regulation 15 to the Trust Clinical Group. They feel that standards in Regulation 15 have been 'mostly met' rather than 'fully met'. Responsibility for Regulation 15 compliance is shared with Estates.

MT reported an improvement in cleanliness of equipment over the past year. Clinical Engineering had a successful audit recently and the focus of their work for the year ahead will be on more timely maintenance of equipment.

Engineers are faced with the challenges of an increasing number of assets, devices used in the home and the replacement of equipment. RS added that the strength on MDMG is that the group can bring together a global report on aging equipment and raise the issues higher within the Trust.

Alerts and Incidents

A sub-group will be set up to investigate and report on safety alerts.

The main incident since the last meeting has been the breakdown of a patient monitoring system in CICU. A replacement system has been purchased but not yet delivered.

Engineers have become aware that equipment is often being delivered direct to the wards/clinics rather than to MEMO. All equipment must go to MEMO for acceptance testing to ensure patient safety. There have been a number of incidents where equipment has been in use for some time but engineers are unaware of its presence in the Trust.

8. **<u>Reports & Updates from other Committees /Sub-committees/Groups</u>**

Decontamination & Cleaning

LB reported that the additional decontamination and cleaning procedures during Covid have had a detrimental effect on equipment. Ultrasound equipment seems to be particularly susceptible as cables become very rigid and this affects the fibre optics. She suspects other areas will have similar issues.

PA agreed and reported that a crack had appeared on a monitor and this was believed to be because of the additional cleaning routines.

DdM stated that clinicians can report 'yellow cards' for devices damaged by approved cleaning processes.

Weston Emergency Department

Last year CQC noted that much of the equipment in Weston ED was past its expected lifespan. Weston colleagues need to ensure these items are on the Risk Register and that they engage with Clinical Engineering to prioritise needs and begin procurement processes.

Manual Handling

CR reported that there has been an issue with GB UK pat slides. She is seeing a supplier representative to discuss getting replacements.

Six new mobile hoists have been delivered to Weston but the legs do not go under the beds. CR is working with colleagues and with the supplier to ensure

	the hoists are fitted with lower legs. There will be an additional cost to replace the legs (~£200 per hoist). It should be noted that previous hoists did not fit under the beds either. PA reported that some patients are in Linet beds and ceiling hoists are used for a number of patients, he is therefore not sure how large a problem this is. He shared the matrons' group email address: [redacted] **Action**: PA to raise the matter at the Matrons' meeting and determine how much of an issue this is.	**PA**
9.	**<u>AOB</u>** RS stated that he would update the action log before the next meeting.	
	Date of Next Meeting: **Thursday 12 August from 1000 – 1130** **Thursday 14 October from 1000 – 1130** **Thursday 9 December from 1000 – 1130** *via Teams*	