University Hospitals Bristol and Weston NHS Foundation Trust

# Medical Devices Management Group (MDMG)

## Thursday 12 August 2021
## Minutes

| Chair: [redacted] | | |
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| **Present:** | | **Apologies:** |
| [redacted] | *Director MPB, D&T Education Lead* | [redacted] |
| [redacted] | *D&T Governance Manager* | [redacted] |
| [redacted] | *Trust Manual Handling & Ergonomics Advisor* | [redacted] |
| [redacted] | *Clinical Engineer* | [redacted] |
| [redacted] | *Medical Devices Governance Support Officer* | [redacted] |
| [redacted] | *D&T Medical Device Training Lead* | [redacted] |
| [redacted] | *Quality & Regulatory Affairs Manager* | [redacted] |
| [redacted] | *BWPC – Clinical Procurement Specialist* | [redacted] |
| [redacted] | *Deputy Head of Nursing, Medicine* | [redacted] |
| [redacted] | *Ultrasound Service Manager* | [redacted] |
| [redacted] | *Lead Nurse, WATCH Transport Team, BRCH* | [redacted] |
| [redacted] | *Lead Sonographer and Service Manager, Weston* | |
| [redacted] | *Lead Adult Cardiac Physiologist, Specialised Services* | |
| [redacted] | *Clinical Governance Pharmacist & Medication Safety Officer* | |
| [redacted] | *Division of Surgery Lead for H&S, Head of CSSD and Trust Decontamination Manager* | |
| **Minutes:** [redacted] | *Department Co-ordinator & PA to Director MPB* | |

| Agenda Item | Welcome | Action |
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| **1.** | **Welcome & Apologies**<br>RS welcomed everyone to the meeting and explained to those new to the group that the group is still in flux and whilst we are trying to re-engage with Divisions, we may have multiple members from a Division initially but this will then settle down. Claire Perret has replaced Lottie as the BRCH representative. | |
| **2.** | **Minutes and Action Log**<br>The Minutes of the last meeting held on 10 June were agreed and the Action Log was updated. | |
| | **Discussion** | |
| **3.** | **MDMG Work Plan**<br>RS would like MDMG to have a very clear action plan for the next 6-12 months which can be shared with Divisions. | |
| **4.** | **Policies**<br>**Medical Device Management Policy**<br>*Please refer to the Governance Structure shared on screen*<br>The first draft of the policy will be shared with MEMO staff for comment and then shared with MDMG members in time to read and consider before the next MDMG meeting where it will be discussed as part of the agenda.<br>There is a summary guide so that colleagues may read key sections relevant to their needs.<br>Estates and IM&T representatives will be invited to MDMG when needed to | |

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| | advise and offer input to MDMG reference their own specific areas.<br>MDMG reports to the D&T Clinical Quality Committee and also feeds in to the D&T Board but does not currently report to the Trust Clinical Quality Group.<br><br>**Action**: RS to discuss reporting to Trust Clinical Quality Group with [redacted] and [redacted]<br><br>RS is aware of the rising number of mobile devices and devices for home use. These can cause tensions. Links to De-contamination, IM&T etc must be more accessible.<br>BC added that Procurement processes need to be clarified and there should be a standalone guide for the whole Trust. Most Trust groups have representatives but the main gap is in IM&T and estates.<br>RS suggested putting dates in the diary for Drop-in sessions for stakeholders to discuss the Medical Device Policy. He does not want to duplicate work but advised ensuring that appropriate links to Decontamination Policy etc are in this policy.<br>Technically the Medical Device Policy should go to D&T for approval but CM advised it should go to the Trust as it covers all areas of the Trust. She suggested it might go to the Patient Safety Group and/or the Trust Clinical Quality Group.<br><br>**Action**: CM and RS to seek guidance reference appropriate approval and sign-off for the Medical Device Policy.<br><br>MT added that it is imperative that Procurement processes are covered in detail and approved by the Trust. If the correct processes are followed we should see improvements across the board in device maintenance, standardisation and cost savings.<br>RS and BC are both involved in Alison Lowndes' review and this links with the issues raised by MT. | **RS**<br><br>**RS & CM** |
| **5.** | **<u>Divisional /Trust Reports for Discussion</u>**<br>LP is waiting for approval for the MIA Credentialling system but roll out will not take long once the Trust has signed off. She added that the correct messaging goes out across the Trust at this point.<br>RS stated that in the past we have used a template for reporting divisional needs to MDMG but this is not currently required.<br>MT reported that in December 2020 there were 7,000 PPMs outstanding. By March, when the recovery Plan was set in motion, there were 6,800. Today there are 5,300 outstanding PPMs. The numbers are moving in the right direction and monthly meetings are in progress to review progress and to ensure that the backlog is being addressed.<br>Hoists in Weston and pumps across the Trust are currently being targeted by engineers. BC asked for all clinical areas to inform Clin Eng of the whereabouts of Syringe Pump Infusion Devices as 250 have not been seen. They are high risk and need servicing and staff are to be reminded not to override maintenance alerts. Chris Ostler's team have spare pumps for use during maintenance. CH suggested the best way to get this message out is via Matrons and CP suggested sending a request to Heads of Nursing for each Division. Ag agreed and added that putting an image in message or poster would also be helpful. Advice about getting the pumps to the workshop and whether or not a DCI form is required should also be included in the information.<br>Data cleansing is also taking place in the background to remove obsolete items from the register. There has also been an increase in Asset numbers as a result of the pandemic.<br>CP stated that the trust must be prepared for the coming surge in paediatric patients based on the evidence coming from the Southern hemisphere. | |

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| | Paediatric and Acute services are already planning for a surge in respiratory patients.<br>MT stated that if equipment has not been seen for 5 years, it should be removed from the Medusa Asset list.<br>BC added that he is aware that some areas are using contractors for maintenance but Clin Eng does not always receive reports. | |
| **6.** | **<u>Procurement/Replacement/Asset Management Items</u>**<br>**Capital**<br>The Capital group for major medical projects has only approved 6 schemes this year. A number of last year's schemes have been carried over and others deferred to 2022/23.<br>As a result there has been a surge in requests for emergency capital.<br>LP advised that Procurement are keeping some equipment trials running in the hope that funding becomes available. Device needs have to remain on the Trust's agenda.<br>AG advised that she has just been notified that the Divisional capital bids process has now started. (Bids for £5,000-£30,000)<br>RS agreed that it is important to plan ahead and BC is currently working on future rolling replacement projects. Teams need to come up with creative ways of getting best value for money. To forecast needs accurately it is important to have an accurate asset list. | |
| **7.** | **<u>Device Governance Management: regulatory</u>**<br>**CQC Regulation 15**<br>CQC and regulatory affairs have been picked up in the Action Log and other parts of the agenda.<br>Not everything has been put into action for Regulation 15 and the Trust will be declaring that we are not fully compliant. To show evidence of QA we need to record audits and look at systems such as 'Perfect Ward'<br>**Alerts and Incidents**<br>DdM is concerned that when air hoses were capped off, a decision was made to use a Philips nebuliser/compressor solution. It now transpires that these may not be designed for multiple patients in healthcare settings. A decision needs to be made as to whether all Philips devices are replaced or whether they should be phased out over time. A variety of stakeholders should be involved in the risk assessment and decision processes and the replacement planning. Trevor Brookes has stated that he would like Infection Control to be involved in this work. Sean Fradgeley from Pharmacy and Martin Elliot should also be involved in the work. | |
| | **Action**: AG, TB and DdM to set up a Task & Finish group to write a risk assessment and plan ahead to solve the issue of Philips nebulisers and compressors which are not designed for multiple use. | **AG, TB & DdM** |
| | There is a general push internationally to record implants and surgical devices in a consistent manner. This will be discussed in more detail in a future meeting.<br>DdM reported that there are only 2 CAS Alerts open.<br>1. Ingestion of magnets (not MDMG)<br>2. Pump (already discussed)<br>The transfer to NRfit has been pushed back to the New year as the Trust feels there is no capacity for this at the moment. LP stated they are also waiting for the launch of custom packs from suppliers. NBT is in the same position. They are waiting for CE marking for devices. | |
| | **Action**: DdM and AG to discuss NRfit roll out<br>DdM has a database of all branch codes and will set this up on Office 365 so | **DdM & AG** |

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| | that all areas can see which alerts are open in their areas. This will be updated monthly. He would like to see a named person responsible for managing alerts in each branch code area This will be discussed in more detail in a future meeting.<br>An unavoidable death has been reported where there was lack of connection to wall suction. An investigation has revealed that the death was unavoidable but the ward now has a spare canister available to avoid the same issue occurring in the future.<br>**Training**<br>The next big implementation will be for blood gas analysers but colleagues are still going through evaluations for these. | |
| **8.** | **<u>Reports & Updates from other Committees /Sub-committees/Groups</u>**<br>The Surgery Non—pay Group will run from September onwards and it is thought the Clinical Non-pay Group will also start to meet regularly.<br>The Trust Clinical Quality Group now meets monthly.<br>The Bed and Mattress group is working with BWPC to get a new contract for pressure relieving mattresses. The specification is about to be finalised. Weston currently owns their own pressure relieving mattresses but Bristol rents the mattresses and the supplier decontaminates them. It is hoped that everyone will move towards rental with the assurance of a 24/7 service from the chosen supplier. | |
| **9.** | **<u>AOB</u>**<br>DdM reported that safety cannulae are currently being purchased and distributed by the PPE team but believes that stock and supply routes are returning to normal and departments will be able to order direct. AG suggested that if there are no confirmed supply issues, the PPE team should continue to supply cannulae until the end of August and direct orders can commence on 1 September.<br>Procurement will need to make the ordering codes available once more.<br><br>**Action**: LB to send further information to DdM reference the B Braun and alternatives. | **LB** |
| | **Date of Next Meetings:**<br>**Thursday 14 October from 1000 – 1130**<br>**Thursday 9 December from 1000 – 1130**<br>*via Teams* | |