

Chief Executive/General Manager
Health and Social Services Boards
Chief Executive
Health and Social Services Trusts
General Manager
Central Services Agency
Chief Executive
Regional Medical Physics Agency
Chief Executive
Northern Ireland Blood Transfusion Service

Our Ref: PEL(00)14

Date: 22 August 2000

Dear Sir/Madam

**NATIONAL AUDIT OFFICE REPORT - THE MANAGEMENT OF
MEDICAL EQUIPMENT IN NHS ACUTE TRUSTS IN ENGLAND**

Introduction

The HPSS hold Electro Medical equipment with a replacement value in the order of. £250-£270 Million. It provides a substantial asset that needs to be managed efficiently and safely at the highest level in HPSS organisations to improve the quality of care to patients and clients.

The National Audit Office have considered the strategic management of medical equipment in NHS Acute Trusts in England, its acquisition and use, how it is maintained and how safe it is in use. They also examined the performance of Trusts in managing medical equipment against good practice guidelines, particularly those promulgated by the Medical Devices Agency (MDA). The Northern Ireland Defect and Investigation Centre has issued equivalent guidance in Northern Ireland. A copy of the NAO report, "The Management of Medical Equipment in NHS Acute Trusts in England", is enclosed with this letter.

HPSS organisations should already have in place robust medical equipment management policies and procedures as outlined in Device Bulletin DB 9904 (NI), "Medical Device and Equipment Management for Hospital and Community Based Organisations". HPSS organisations are advised to review their policies and procedures, taking into account the recommendations of the NAO report in the area of equipment management. A summary of the main findings and recommendations, together with the HPSS context, is provided in this letter that you may find useful in any review.

Audit Area: *Strategic Management of medical equipment*

Finding: **There was no clear lead at board level for equipment management.**

Recommendation: Trusts should ensure that there is clear and effective oversight at board level of all aspects of medical equipment, and consider that this responsibility might be exercised more effectively by one director.

Comment: 11 out of 18 HSS Trusts that provided returns for the NIDIC survey carried out at the beginning of 2000 indicated that an executive board member had been appointed with responsibility for medical equipment management. In GB, the Controls Assurance Standard for Medical Devices Management requires that Board level responsibility is clearly defined and auditable. This allows the demonstration of effective corporate governance, clinical governance and improving the quality of care.

Findings: **A substantial number of technical supervisors (manager of technical servicing) did not include the procurement of medical equipment or the training of users as one of their main responsibilities.**
Only a quarter of Trusts had departmental user representatives in all hospital departments.
One in three trusts did not have an equipment procurement committee.

Recommendation: All Trusts should establish procurement committees, with medical engineering and finance department representation and ensure that medical equipment user representatives are established in all hospital departments.

Comment: The usefulness of setting up of user representatives for each hospital department depends on the type of HSS Trust – Acute/Community have different needs in respect to equipment management. It is recommended that the level of equipment management responsibility is commensurate with the level of equipment management required. DB 9904 (NI) makes reference to an equipment co-ordinator which is the preferred definition. Reference DB 9904 (NI) for further information.

Finding: **Medical equipment inventories were either out of date, inconsistent with other records or lacking important detail.**

Recommendation: Trusts should review their inventory management arrangements against the principles of good practice set out in MDA guidance. There is potential for the use of Information Systems.

Comment: It is important that the inventories of equipment completed for Year 2000 compliance are maintained. DB 9904 (NI), Section 7 gives guidance on suitable database parameters for equipment management.

Audit Area: *Acquisition and use of medical devices*

Finding: **For selected items of equipment, we found a wide range in the number of makes and models held by different Trusts.**

Recommendation: Seek to reduce the number of different models of each type of medical equipment.

Comment: This recommendation has merit. Standardisation would save money, minimise the staff training burden and reduce the risk of misuse of the equipment through unfamiliarity.

Audit Area: *Medical Equipment Maintenance*

Finding: **Two thirds of total maintenance is carried out by suppliers or third parties. Some Trusts had reduced their overall maintenance costs through increased use of in-house maintenance.**

Recommendations: Trusts should examine whether they can reduce maintenance costs through sharing maintenance with suppliers or taking over some work altogether.

Comment: There is considerable merit in using in-house maintenance whenever possible. However, HSS Trusts should consider the balance of maintenance provision needs to ensure safety and possible value for money.

Finding: **Thirty percent of in-house maintenance departments had external accreditation to a recognised quality standard.**

Recommendation: Evaluate the benefits of, and where appropriate take steps to obtain external accreditation.

Comment. This is a compliance criterion in the GB Controls Assurance Standard for Medical Devices Management.

Audit Area: *Medical Equipment Maintenance*

Finding: We found a wide range in the number and proportion of adverse incidents involving medical devices being reported to the MDA. The variations suggest that the safety record of some trusts may be worse than in others. Also or alternatively, some trusts may have a poorer record than others in reporting incidents.

Recommendations: MDA and NHS Executive should investigate variations in the levels and proportions of incidents reported.....

Comment: Analysis of HPSS adverse incident reports to the NIDIC indicates that there is a wide variance between Trusts of similar size and operations in the levels of reported adverse incidents. This mirrors the findings of the NAO report.

Finding: Some examples of good practice were found in disseminating safety information. However, other trusts had ineffective systems for reporting of incidents and dissemination of safety information.

Recommendation: Trusts should have effective systems and fully documented procedures for recording and reporting medical equipment safety incidents and ensuring that adverse incidents occurring are not repeated.

Comment: 14 out of 18 HSS Trusts that provided returns for the NIDIC survey indicated that a management policy was in place for the distribution of NIDIC warning notices and other publications. All HSS Trusts should have a policy in place.

Finding: It is essential that all users of medical equipment are properly trained. User error is a frequent cause of adverse incidents.

Recommendation: Trusts should consider how to make best use of medical engineering department and other expertise in user training.

Comment: The NIDIC survey asked how the training recommended in “The Management of Infusion Systems” was implemented. Analysis would indicate that at best, this could be described as patchy. This would indicate that some Trusts did not have an robust overarching training policy in place.

Should you require any further information concerning this letter, please contact;

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Yours faithfully

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