|  |  |
| --- | --- |
| To | *Safety Committee* |
| From | *Medical Devices Committee* |
| Date | *25/02/14* |



Attachment/Appendix #

|  |  |
| --- | --- |
| **Title**  | Medical Devices Committee Annual Report |
| Purpose of the Report: *(No more than 2 sentences)** This report provides an overview of the provision of Medical Devices Management within the Trust for 2013
* Including objectives for 2014

The report is provided to the Committee for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Decision**  | **N** |  | **Discussion**  | N |
|  |  |  |  |  |
| **Assurance**  | N |  | **Endorsement**  | Y |

 |
| Summary/Key Points:* *The Trust’s arrangements for Medical Devices are described in the Medical Devices Policy and Procedures*
* *A Medical Devices Manager is responsible for day to day control, supported by a Medical Devices Coordinator. Faculty Educators, Medical Devices and a Point of Care Testing (POCT) Coordinator are operationally responsible for Training and POCT under the auspices of the Medical Devices Committee*
* *Medical Devices are well managed generally and the Trust is compliant with NHSLA standards at level 2. Last inspected in January & July 2012.*
* *The Trust must achieve and monitor compliance with NHSLA standards and CQC outcomes*
 |
| Recommendations:The *Safety Committee* is asked to:* **Endorse the contents of this report**
* **Approve the objectives for 2014**
 |
| Resource Implications (e.g. Financial, HR)* *None*
 |
| Assurance implications* *Clear management is required in order to maintain and improve on current Trust status with regard to NHSLA and CQC*
* *Patient safety can only be maintained provided suitably skilled personnel are in post to ensure adequate monitoring, training, advice and supervision are available to clinical personnel*
 |
| **Information Exempt from Disclosure:*** **None of this information is exempt from disclosure**
 |

**MEDICAL DEVICES ANNUAL REPORT for 2013**

**Medical Devices Committee**

**Contents**

1. Introduction
2. Management arrangements for medical devices
3. Medical Devices Project
4. Procurement of medical devices
5. Decontamination of reusable medical devices
6. Point of Care Testing devices
7. Medical device training
8. Maintenance, repair and loans of medical devices
9. Safety alerts
10. Adverse incidents involving medical devices
11. Medical Devices Committee objectives

**1. Introduction**

This is the annual report of the Medical Devices Committee on the management of medical devices in the Trust. The provision of such a report is consistent with the management arrangements for medical devices described in the MHRA guidance DB2006 (05) and the Care Quality Commission (CQC) Standards in relation to Medical Devices, (section 20, Outcome 11, regulation 16 of Health & Social Care Act 2008).

**2. Management Arrangements for Medical Devices**

The trust's arrangements for the management of medical devices are described in two documents, the Medical Devices Policy and Medical Device Procedures. They cover all aspects of medical device management from acquisition, training and maintenance to final disposal. Both documents have been updated during 2013. These will continue to be regularly reviewed and revised if necessary to meet the most recent guidelines and legislation. The trust also has a separate document, Policy and Procedure for the Introduction and Management of Point of Care Testing Schemes and a Decontamination Policy.

Management of medical devices has been provided for within the directorate of Clinical Compliance which is under the operational management of Clinical Support Services Division following the Trust Operational restructure in 2012. The Medical Devices and Decontamination Manager is the operational lead and is supported by a Medical Devices & Decontamination Coordinator.

The Medical Devices Committee provides a forum to discuss and approve operational procedures regarding medical devices. Its overall aims are: to provide assurance to the Trust that there are systems in place to meet its responsibility to minimise the risks associated with the safe and effective acquisition and use of medical devices; to ensure that medical devices management in the Trust complies with relevant regulatory standards, legislation and guidance; to deliver structure, process, outcome and assurance for aspects of medical devices, as defined by the MHRA. An organisational structure chart showing accountability and reporting routes for the Medical Devices Committee and its three sub committees is attached. (Attachment 1).

The Medical Devices Committee membership includes representation from medical, nursing, scientific, technical, training, procurement and governance staff, and is currently chaired by the Associate Medical Director for Clinical Support Services. Three Sub-groups provide regular reports and are directly accountable to the Medical Devices Committee.

These are:-

* Decontamination sub-Committee
* Point of Care Testing sub-Committee
* Medical Device Training sub-Committee

The committee met a total of 6 times during 2013. Items discussed and resolved included:

* Medical Equipment Library Project, plans & executive approval
* Extension of Guardrail (Dose Error Reduction (DER)) software to include volumetric pumps at BHH & SH
* Introduction of both syringe & volumetric infusion pumps with DER at Good Hope
* Switching existing AER washers to new chemistry at BHH & SH; including provision of new equipment
* Introduction of needle safe devices for blood collection

**3. Medical Devices Project**

The management of medical devices is a key Trust priority in ensuring the safe, effective and efficient use of medical devices. A Medical Devices Project was initiated in May 2011 to investigate the provision of a new equipment library structure and develop a Trust wide medical equipment management programme. This project has been realised by the development of a hybrid solution combining an external managed service contract for the provision and decontamination of pressure relief mattresses and an internal provision of an operationally effective and cost effective Medical Equipment Library, which includes RFID (Radio Frequency Identification) tagging to track & locate equipment.

This solution offers the best method of managing medical equipment Trust wide to achieve a range of benefits, including cost-effectiveness, maintenance, repair, clinical effectiveness, risk management, regulatory compliance and improved patient outcomes. This solution has provided a cost saving of around £200K

**4. Procurement of Medical Devices**

The ‘virtual’ Acquisition Group, comprising of the Procurement Category Manager, the Medical Engineering Manager & the Medical Devices & Decontamination Manager, resolves issues and agree evaluation requests. This arrangement continues to operate very effectively with clinical guidance being sought as required and dependent upon the type of device under consideration.

All procurement requests from Directorates for devices not listed on the Trust's register of approved devices are screened to ensure compliance with Trust policies and requirements, this procedure is working very well and high levels of organisational compliance operate, however, Procurement would like to engage with Medical Engineers to update and substantiate the approved devices list.

Standardisation of medical devices continues to be a key driver to ensure compatibility with existing devices, ease of staff training, decontamination guidelines, availability of spare parts, and more cost effective maintenance. Standardisation of devices may also permit further cost savings.

The managed service provision of pressure relieving dynamic Mattress systems, is now in operation as of November 2013 at BHH bringing into line with similar services at GHH and Solihull and now ensuring full compliance on the decontamination of such mattress systems across all 3 sites.

Future procurement plans will continue to consider the possibilities of managed service contract(s) with external private sector provider(s) where considered appropriate and beneficial to the Trust.

**5. Decontamination of Reusable Medical Devices**

The Trust is required as far as reasonably practicable to ensure that all reusable medical devices are properly decontaminated prior to use in accordance with published, national standards and that the risks associated with decontamination facilities and processes are appropriately managed.

Current Decontamination Standards:-

Choice Framework for local Policy and Procedures 01-06 (CFPP0106), which replaced the NHS Estate’s Health Technical Memorandum (HTM 2030) in 2012.

Care Quality Commission, Outcome 8, Regulation 12.

Management responsibility for ensuring the Trust’s continued compliance with local decontamination standards is held by the Trust Decontamination Committee and the Medical Devices & Decontamination Manager. The Decontamination Committee meets bi-monthly and has been chaired by Consultant Gastroenterologist, Dr Alexandra Daley, since January 2013.

The Trust has access, when required, to the services of an external Authorised Engineer (Decontamination), to provide an expert opinion and external audit of local decontamination practice. Further assurance and expert advice is also available to us from the Trust DIPC, Dr Keith Struthers, and Consultant Medical Microbiologist, Dr Kathy Nye. Through their work with PHE, they also have direct access to other local & national experts.

**Surgical Instruments**

Decontamination of surgical instruments is outsourced to B.Braun Sterilog and the Scantrack IMS system is currently used to track instruments through the various stages of the decontamination process. Traceability of instrument sets used on individual patients is assured, currently, by the manual insertion of instrument set production labels into patient notes. However, this information is difficult and time-consuming to retrieve in the event of a look-back exercise or audit.

Following an options appraisal, it has been decided to incorporate an instrument traceability module into the new, electronic Theatre Management Information System (TMIS) which is being developed within the Trust. This will enable rapid & accurate tracing of instruments & the patients on whom they were used. It is anticipated that this module will be introduced in mid 2014.

**Local Decontamination**

All decontamination of heat sensitive items is undertaken in strict adherence to the Trust Decontamination and Infection Control Policies and with the guidance of the Infection Control team

Historically there has been a poor understanding of the guidelines and regulations surrounding the decontamination of endoscopes, particularly amongst non-specialist staff.  In some part this is due to the lack of clarity within the guidelines themselves, but it has not been improved by the introduction of the more complex CFPP 0106 last year. To address this issue key staff have been designated with lead responsibility for decontamination in their areas and have completed a programme of external training in decontamination. An Endoscope Users Group was established in 2011; this operates as a sub-group reporting in to the Decontamination Committee and provides an opportunity to run specialist training sessions and share best practice across the different specialist teams involved in decontamination.

Local decontamination is focussed on the reprocessing of flexible endoscopes in Automated Endoscope Reprocessors (AERs), which is carried out in the following specialist units across the Trust:-

Urology at Heartlands

Theatres at Heartlands

Endoscopy on all 3 sites

Scope decontamination facilities on both Solihull & Good Hope sites operate as a centralised decontamination facility for the respective sites and are operated by trained endoscopy staff. It is proposed that this model will be introduced at Heartlands during 2014 and decontamination within Theatres at BHH will become the remit of specialised Endoscopy staff as on the other two sites.

Future plans to incorporate Urology scope reprocessing in a central endoscopy unit at Heartlands are being considered by the Surgery Directorate. Capacity within the existing units is limited by the clinical space available; however the new equipment now in place will assist with patient flow until a new larger unit can be created. In Urology scope reprocessing is also benefitting from a new AER to replace the old obsolete machine.

External testing & maintenance contracts for Trust AER machines, and drying cabinets, Trust wide have been combined to facilitate better management and to provide economies of scale across Endoscopy, Urology & Theatre Directorates.

Decontamination using Tristel disinfectant wipes is carried out in two clinical specialities listed below:-

Ear Nose & Throat, Out Patients Dept. on all 3 sites (Nasendoscopes (TNE))

Cardiology on all 3 sites (Trans Oesophageal Echo (TOE probes))

A regular & robust audit process continues to be in operation to confirm that the required testing is completed for all AERs and to confirm efficacy of TNE & TOE probe decontamination. These audit results are reported on a bi-monthly basis to the Decontamination Committee where they are reviewed and assurance is also provided to the Medical Devices Committee.

**6. Point of Care Testing (POCT) Devices**

The POCT team work across all sites of the Trust to improve the quality and safety of POCT devices e.g. blood glucose meters, blood gas analysers, urine pregnancy tests etc. This year has been very busy as the team have taken on much greater responsibility for managing the new blood glucose meters as well as other devices. A major tender process is under way to replace many other POCT devices under a single managed service contract with full connectivity. Subject to Trust approval this, should greatly improve the quality of POCT provision and is also intended to realise significant savings.

**Projects in 2013 / 14**

**Anticoagulation clinics: The** POCT team have taken responsibility for managing the anticoagulation clinic services on the Good Hope site. Currently 13 clinics per week, many within the community, the service has over 36,000 patient appointments per year. The team are working with Clinical Haematology to harmonise the service with the Heartlands and Solihull sites. There are also plans to modernise the equipment used in clinics across all sites and introduce connectivity to improve the results data flow and help move towards obtaining accreditation for the analytical service.

**Replacement of Blood Gas Analysers and other POCT devices:** The Trust is in the middle of a tender process to replace all blood gas analysers and other POCT devices within a single managed service contract.

We recently organised a series of successful Open Days where we invited clinical staff from across the Trust to come and see POCT devices from a number of potential suppliers and gained some very useful feedback, which will be used to help choose the best equipment for the Trust.

If the final business case is approved this would enable phased replacement of old and obsolete equipment with new state of the art equipment capable of networking with the Trust’s new POCT IT system (Conworx). New analysers capable of reading urine pregnancy tests and urine dipsticks in all high risk areas have been included.

**Accreditation of POCT:**, The POCT team has set a target of applying for accreditation of POCT by the United Kingdom Accreditation Service (UKAS) by the end of 2014. Widespread implementation of networkable devices is a major step towards this. If successful, we would be one of the first large multi-site Trust to gain accreditation for POCT.

**7. Medical Devices Training**

Medical device training is compliant with CQC outcome 11 regulation 16, and NHSLA standards, level 5.5. This was achieved in July 2012.

To comply with Healthcare Standards and patient safety, all staff using medical devices must access appropriate training as required to ensure competency before using any high risk device as per HEFT policy. All staff undergo a self assessment process at induction and the assessment is reviewed annually through the appraisal process.

Faculty Educators located within the Professional Education team, who specialise in medical devices training and education, have responsibility for planning, organising and facilitating Trust-wide programmes. The team audits, verifies and monitors the training provision from internal/core trainers and external company representatives which is collated and located on a centralised training database.

**Key Training outcomes for 2013**

Infusion device education within the Faculty Principles and Practice of IV Therapy course has been reviewed on evaluation of learner feedback. Education will now take place outside of the course contact day following successful completion of the course. In order to safeguard compliance this has been written into the competence document and has been accepted by the curriculum development board.

Collaboration with Carefusion educators continues in order to meet required training targets required for safe introduction of the Alaris SE with Guardrail software.

3 x Core trainer study days have been provided with a total of 60 places and 43 booked to attend. Content and current provision is currently under review as part of annual quality assurance and enhanced awareness of Core trainer numbers per clinical area.

6 x New Starter / Introduction to Medical Device study days have been provided with a total of 120 places and 69 staff booked to attend. Following annual review and feedback from ward managers this course will be replaced by Infusion Device Workshops and Theory and Practice Medical Device Workshops which will also incorporate oxygen and suction.

4 x Introduction to oxygen and suction study days have been provided with a total of 60 places available and 12 booked to attend.

Verathon continue to provide bladder scanner training. FEMD have provided ongoing support and training for unplanned enquires by liaising with specialist nurses within the Trust, Company Educators or providing direct education. Typical examples include: portable ventilators, Bair Huggers and blood warming devices.

Amended audit process has facilitated an enhanced awareness of the Medical Device Training Team; the progress to the end of December 2013 is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Completed** | **Ongoing** | **Did not engage - to be re-addressed in 2014** |
| **GHH** | 5 | 20 | 11 |
| **SOL** | 14 | 14 | 0 |
| **BHH** | 26 | 23 | 11 |

Work continues to determine a suitable data base. Following ‘Enterprise’ database meetings in December 2013 it is now considered that ‘e-Quip’ is likely to be most suitable system for medical device audit data. This is currently being investigated at a deeper level to ensure viability with the intention of use at the beginning of February 2014.

**Medical Devices Training plan and objectives for 2014**

Training will continue to ensure required target for safe implementation of the Alaris SE with guardrails onto all 3 hospital sites.

Implement a revised core trainer programme to meet specific requirements of core trainers’ dependant on device and clinical area.

Introduce revised study days (Infusion Device Workshops and Theory and Practice Medical Device Workshops) ensuring availability on each site per month.

Review policy and required educational provision of devices depending on risk status.

Evaluate success of amended audit process to establish additional methods to ascertain training requirements for Trust staff whilst working within current resource availability.

Commence use of new database in collaboration with the medical engineering department.

Arrange regular team training sessions so good practice and skills can be shared. This will enable the team to be able to respond to enquiries in a professional and capable manner.

**8. Maintenance, Repair and Loans of Medical Devices**

To ensure safe operation and to meet the Trust's obligations under current legislation, all medical devices should be maintained and repaired in accordance with manufacturers' instructions. The majority of the trust's medical equipment is maintained in-house by the Medical Engineering Department from workshops at each hospital site. Where it is deemed preferable to do so, maintenance contracts are taken out to ensure that equipment continues to run safely and efficiently.

During the past year (January to December 2013) 2280 additional devices have been added to the Medical Engineering database and 980 devices have been discarded. A full audit of medical devices across the trust was commenced in December 2013 but the results of this were not available at the time of writing this report. It is intended that, following the audit, many devices which are currently unaccounted for and recorded as “suspended” (currently 1600 devices) will be able to be changed to “discarded” and decommissioned on the database. If and when such devices come to light they will be serviced and re-activated on the database as before.

The planned preventive maintenance programme is up to date for all sites in terms of locations visited. Despite this, missing equipment continues to be a problem, requiring resources to be utilised in repeated attempts to maintain it. Following each PPM visit, a list of items not found is emailed directly to the ward/department manager and copied to the appropriate manager or Matron requesting that they investigate. The risk categorisation for devices in the e-Quip database is to be reviewed in 2014 following a recommendation from the audit carried out by Capita Symonds in June 2013. The reason for this is that we are unable to demonstrate any external accreditation for the classification as implemented and so there is insufficient assurance that high risk devices are being managed correctly.

**Planned Maintenance by site – 2013**

The e-Quip database has now been in use for over 2 years and is its functionality is still being developed. Medical Engineering continue to work with the provider of the system in developing it further improvements have been made in the way it handles PPM scheduling. In addition, following development of its training functionality, it is now being considered for use by the Faculty of Education to record device competency for nursing staff.

The RFID tracking solution (Harland Simon “Discovery”) has now been implemented and is linked to e-Quip in order to provide up to date information on equipment location. As this is developed further it will give a significant improvement in both maintenance performance and recovery of loaned equipment from equipment libraries. During 2014 the existing Library facility at Heartlands Hospital (CERC) will be merged with the Medical Equipment Library at Good Hope under the management of Medical Engineering and will be reconfigured to provide a service which is more suited to the needs of clinical users. Better use will be made of the facility at Solihull which will benefit from daily restocking in line with the other sites.

The Medical Engineering Department continues to maintain its quality management system which has now transferred to the Estates and Facilities system certified under BS EN ISO 9001: 2008. The system ensures that regular monitoring of processes and procedures is carried out and reviewed regularly. The system is audited externally by NQA as well as internally by other Estates and Facilities auditors. Once the changes have been made to the Medical Equipment Libraries we propose to extend the scope of registration to include them in the Quality System.

**9. Safety Alerts**

The Head of Health and Safety is the point of contact for the Trust to receive safety alerts issued by the Central Alert System (CAS).

An unusually high number of alerts were issued via CAS in July 2013; this was as a result of the DH Estates and Facilities incorporating the issue of alerts relating to electrical safety, high and low voltage electrical distribution systems and associated switchgear and control equipment.

A total of 160 safety alerts were issued via the CAS from 1st January 2013– 31st December 2013. In addition to the new alerts received during 2013, a total of 6 had been carried forward from the previous year. 5 of these were within the allocated timescales and 1 was open past the deadline for completion date.

Out of the 166 alerts that were managed during 2013:-

* 163 were managed and closed within the deadline for completion dates.
* 1 was managed and closed within a week of the deadline for completion date
* 2 continue to remain open past the deadline for completion dates and will continue to be monitored during 2014. Risk assessments have been completed and actions are in place to mitigate the risks associated with the alerts until they can be closed.
* 7 alerts will continue to be managed during 2014 that are within the deadline for completion dates.

The monthly safety alert status report will continue to be circulated widely throughout the organisation. Exception reports will continue to be provided to the Trust Safety Committee.

**10. Adverse incidents involving medical devices**

All untoward incidents occurring in the trust are logged into the Datix risk management system. Details of those incidents where a medical device was involved are identified and a summary report prepared by the Medical Devices Manager and Coordinator for discussion at Medical Device Committee meetings. These incidents are investigated to determine the causes and identify control measures required to prevent reoccurrences. Reports identified as due to unavailable equipment are also investigated to ensure actions are in place to avoid any reoccurrence.

The MHRA reporting process is robust and traceable and all MHRA, NPSA and manufacturer alerts and recalls are managed and logged. Staff training on handling incident management and reporting is also available.

 In the 12 months January to December 2013 a total of 128 incidents involving Medical Devices were reported and investigated by the Medical Devices Manager and Coordinator. 22 incidents were notified to the MHRA using their on-line reporting facility and 76 medical device alerts and product recalls were also managed.

All alerts and recalls received in 2013 have been managed to completion. Prompt action and resolution of both reported incidents and received alerts underline the Trust’s responsibility to properly control all medical device systems & processes rigorously to ensure continued patient and staff safety.

**Equipment Unavailable Incidents Reported by Month, Division & Category - 2013.**

A total of 93 reports of equipment unavailable were logged and resolved in 2013.

Equipment Unavailable Trust wide per Month

Equipment Unavailable by Division -2013

Equipment Unavailable by Category of Incident Reported

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | SH / COM | BHH | GHH | CSS | W&C | Totals |
| Q1 2012-13 | 5 | 9 | 2 | 10 | 1 | 27 |
| Q2 | 1 | 7 | 5 | 9 | 1 | 23 |
| Q3 | 2 | 8 | 6 | 19 | 5 | 40 |
| Q4 | 4 | 8 | 5 | 15 | 4 | 36 |
| Q1 2013-14 | 5 | 7 | 8 | 8 | 4 | 32 |
| Q2 2013-14 | 1 | 2 | 6 | 10 | 5 | 24 |
| Q3 2013-14 | 1 | 14 | 3 | 11 | 5 | 34 |
|  |  |  |  |  |  |  |

**Medical Device Incidents by Division**

Comparing against the previous 3 years of data, incident reports remain at a similar level. Pump user error has decreased this year from 17% in 2012 to 12% of reported incidents in 2013, which accounts for only 15 incidents, all of which were classified as having caused no harm to patients All infusion pump incidents continue to be followed up with verification of user competency and targeted training by the Faculty of Education, Medical Device Trainers. In review of 2010, 2011 and 2012 the number of incidents of pump user error is decreasing (19, 18 & 17 respectively), which is notable given the large increase in infusions administered by pumps over the past 4 years. It is hoped that these will reduce further next year as a result of the Trust’s introduction of DER software, Guardrail.

**\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Safety Alerts** | **Equipment Unavailable** | **Medical Device Incidents** | **Incident reported to MHRA** | **Infusion Pump Incidents** |
| 2012 | 88 | 58 | 118 | 27 | 20 |
| 2013 | 76 | 93 | 128 | 22 | 22 |

**Guardrail Data**

Analysis of data gathered from Guardrail DER software in Alaris GH syringe pumps for 2013, on all 3 acute sites, continues to highlight the major impact that this technology has had on patient safety. The data collated is from 42,566 infusions administered to HEFT patients last year; 210 Hard Maximum Limit Breaches occurred. Further analysis reveals that 70 of these are an indication of a major event being prevented as the user reset the dose rate or volume to be infused within acceptable limits after the alert was received. Of the 210 hard limit breaches detected & prevented 40% involved Insulin Actrapid, 22% Furosemide and 12% Propofol. Heparin, which featured high in this group last year accounts for only 3% this year.

**Graphs showing the number of hard limit alerts generated by site**

Heartlands



Good Hope



Solihull



Data gathered indicates what errors were made with which drugs, it also indicates peak time periods for the errors. These time profiles differ for each of the sites, but interestingly all sites show that errors are being made more frequently Mon-Fri 10am-8pm and not as may be expected overnight or at weekends. We can also identify adjustments which may need to be made to the limits set in the software for certain drugs as clinical practice changes, as with Furosemide incidents highlighted last year. Annual interrogation reports for this software are planned for 2014 to monitor and track incidents in order to adjust profile templates and modify staff training in response to the data collected. Full details of incident analyses have been issued to Head Nurses on each site to allow lessons to be learned from the data and will also be reviewed by Trust Pharmacy Leads to adjust existing templates & configurations to further improve clinical practice and the effectiveness of the alerts.

**11. Medical Devices Committee Objectives**

Objectives set for 2013 were achieved as planned. Including the resolution of identified risks placed on both Decontamination & Medical Device Risk Registers during the year. No amber or red risks are identified for these areas currently.

**Objectives for 2014 are:-**

* Achieve & monitor compliance with Care Quality Commission (CQC) Standards in relation to Medical Devices, (section 20, Outcome 11, regulation 16 of Health & Social Care Act 2008)
* Maintain National Health Service Litigation Authority (NHSLA) standards 5.4 & 5.5, level 2 achieved in Jan & July 2012.
* Open new Medical Equipment Library at BHH
* Complete upgrade programme for volumetric pumps at BHH & SH to include Guardrail software
* Introduce Needle Safe devices for hollow bore needles

**Attachment 1**

**Structure & Reporting Chart - Medical Devices Committee**

The Medical Devices Committee (MDC) provides an assurance report twice a year to the Trust Safety Committee, including an annual report of activity.

MDC receives bi-monthly reports from the sub-committees

Trust Safety Committee

Decontamination Committee

Point of Care Testing Committee

Medical Devices Training Group

Medical Devices Committee