PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	14 March 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Lifting Operations and Lifting Equipment Regulations (LOLER) - Hoist Compliance Status in Hywel Dda University Health Board
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Professor Chris Hopkins, Head of Clinical Engineering

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is being presented to the Health & Safety Committee (HSC) following a discussion at the previous HSC meeting held on 10th January 2022, where it was requested that a report be presented to the next meeting to provide assurance that action is being undertaken in terms of compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER). Hoists that are out of LOLER inspection dates, shown here as non-compliance, are in breach of regulation and present a potential risk to the patients being handled and the staff involved in using the equipment. As well as the potential for harm being caused to both patients and staff through device failure, there is the professional risk to those staff involved and a potential financial cost and reputational damage to Hywel Dda University Health Board (HDdUHB) in terms of:

- Health & Safety Executive (HSE) enforcement breach.
- Cost to the National Health Service (NHS) for managing subsequent injuries, impact on length of stay, etc.
- Inability to defend civil claims from injured patients.
- Inability to defend civil claims from staff, sick leave and associated backfill costs.

This report summarises the current compliance position across HDdUHB and the actions being taken where this falls below expected minimum levels.

Cefndir / Background

Equipment involved in the lifting of people is subject to the legal requirements of LOLER and its Approved Code of Practice. This regulation stipulates that such equipment, when used for work, should be subject to a thorough examination every 6 months and an annual load test.

The regulations state that *"Unless there is an 'examination scheme' specifying other intervals, thorough examinations should be conducted every 6 months, for lifting equipment and any associated accessories used to lift people*". HDdUHB has not adopted an alternative

examination scheme specifying other intervals and, as such, follows the stipulated guidance within LOLER of 6 monthly checks.

LOLER testing and 'thorough examination' are different and separate from servicing, with one not replacing the other. HDdUHB currently has a contract with Drive Devilbiss (Drive) for LOLER testing, thorough examination as well as the servicing and repair of hoists.

Whilst slings used in conjunction with the hoists also come under the aforementioned regulations, they are largely managed out through the use of disposable slings which would not be used beyond 6 months.

As a consequence of the United Kingdom (UK) withdrawal from the European Union, the regulations governing medical devices usage is currently in a transitional phase, however all medical devices (*including hoists*) used within the UK are currently subject to the same requirements as laid down in the **Medical Device Regulations 2020** and (by law) require organisations to follow manufacturer instructions recommending service and maintenance schedules.

HDdUHB's Clinical Engineering (CE) Department has managerial responsibility for the medical devices used across its acute and community sites and services. It is important to note this does not include those devices issued by the 3 Local Authority Joint Equipment Stores and any devices at private General Practitioner practices and as such, these devices will not fall within the remit of this report.

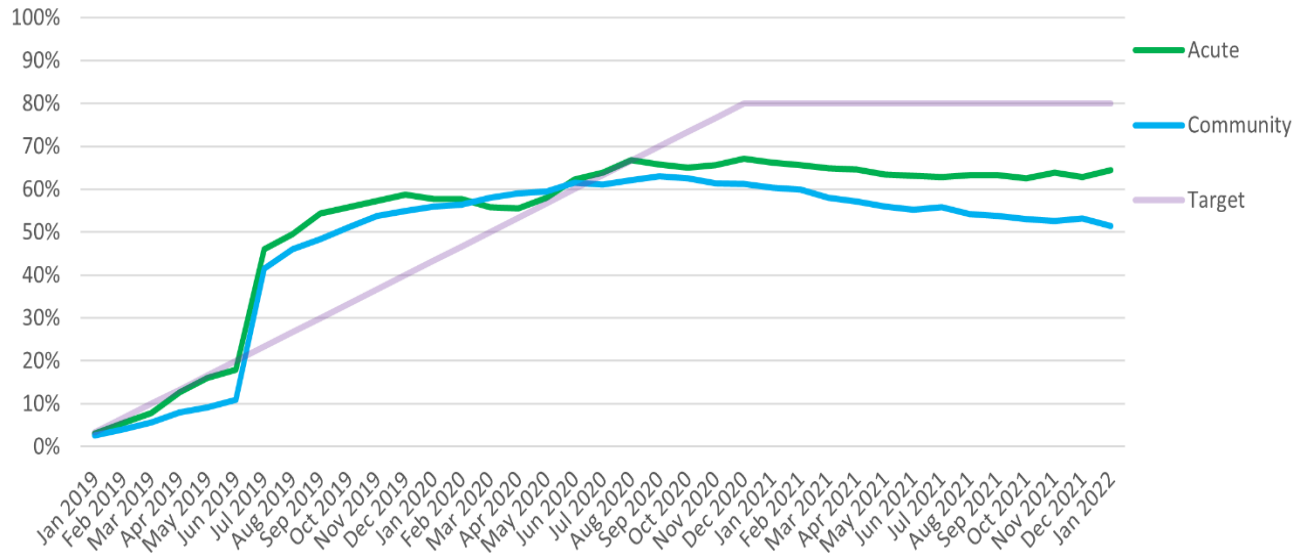
The CE Department maintains an inventory of medical devices that are:

- Owned by, loaned to, leased to, rented to or on trial within HDdUHB.
- Used on its premises.

As at February 2022, there are circa 31,000 devices (*including 303 hoists*) on the inventory currently 'In-Use' clinically that have their maintenance managed by CE. Due to the HDdUHB large community base and the different obstacles each can present where maintenance is concerned, devices are sub-divided on the inventory and categorised as being either Acute (75%) or Community (25%).

Figure 1 illustrates the current compliance for the 31,000 CE managed devices in terms of their Acute/Community categories. It is notable that the gradual improvements seen pre COVID-19 pandemic were lost over the subsequent months and while compliance has remained relatively stable for Acute devices, compliance for those in the Community has fallen back *(Datix Risk Register reference: 384).*

Figure 1. Overall compliance of medical devices managed by Clinical Engineering



Monthly contract and performance monitoring meetings are undertaken between representatives from Drive and CE.

All hoists should bear a sticker from Drive, indicating their LOLER and service due dates and all staff are required to check this sticker before use. Whilst staff have a responsibility to check equipment before use, there is a reasonable expectation that HDdUHB provides them with sufficient equipment that is fit for purpose at the time and location it is required, and that it has received all necessary and relevant legal checks.

When a hoist (*or any other device*) is outside its compliance schedule, clinical users can be faced by the difficult choice between managing a patient's needs without a hoist, delaying the movement/treatment while an alternative device is located or using a non-compliant device. Choosing the latter has the potential to leave any individual open to scrutiny by HDdUHB, the HSE and their professional regulatory body.

Asesiad / Assessment

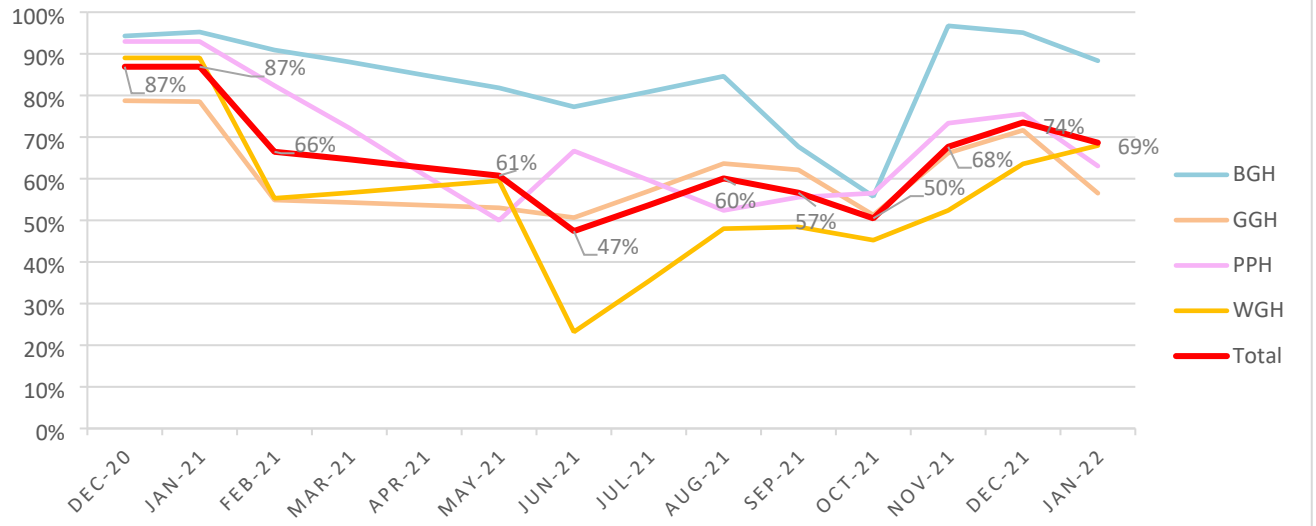
A 2-year contract with Drive for the LOLER testing and maintenance of hoists commenced in January 2021 and utilising their returns and analysis of HDdUHB's medical device inventory, the compliance of hoists has been closely monitored as shown in Figure 2.

Whilst appreciating that even with inexhaustible resources, the goal of achieving and maintaining 100% compliance may be unrealistic, it is universally accepted that the current level of 69% falls considerably short of expectation.

Analysis of Figure 2 shows:

1. There is a notable reduction in compliance during the first quarter of 2021 and whilst this level has remained broadly consistent since, it remains at an unacceptable level (*see Note 1*).
2. Performance varies between areas managed by the different CE Teams based on the 4 acute sites (*N.B. hoists have never been managed internally by CE*).

FIGURE 2: HISTORIC HOIST COMPLIANCE FROM DEC 2020 TO FEB 2022 BY SITE AND TOTAL



Appendix 1 details the current position in tabular form and was used to help populate Figure 2.

Note 1. It is understood that this fall is as a consequence of several reasons including improved quality of record keeping and as such compliance reporting, identification of hoists not previously included on the inventory and the restricted access to a number of areas due to the pandemic.

During the monthly meetings with Drive, their performance is analysed and discussed along with any areas of concern relating to the contract(s) they hold with HDdUHB. The dissatisfaction with the on-going level of hoist compliance has been relayed to Drive and in response, they have highlighted several issues that have hitherto been outside of their control:

3. Availability of hoists – *they are often in use and areas can be reluctant/unable to release for maintenance when required clinically.*
4. Restricted access to clinical areas – *whilst not unique to Hywel Dda and always an issue even during 'normal times' due to various issues (e.g. infection control), the increased demand for hoists and access restrictions necessitated by the pandemic have exacerbated the problem.*
5. Locating individual hoists due for testing (*Note 2*) – *due to being portable by design, hoists are moved to where they are clinically required and as such, are often not to be found where records suggest they should be or in the same location as they were 6 months previously.*
6. Training and awareness – *before using any medical device, staff should check their compliance date and report any issues – this does not always occur.*

Note 2. The Health Board has embarked on a project that will see many (initially those that are portable and/or of a higher replacement value) of its acute hospital-based devices being fitted with RFID tracking system. Given the on-going issues with locating hoists, they will be one of the first types of devices fitted with RFID during the initial rollout phase, which, provided the infrastructure requirements are complete, is planned for BGH by the end of May 2022. The expectation is that a significant proportion of the issues around locating hoists will be addressed through the introduction of this technology.

Whilst there is natural disappointment in terms of the current rate of hoist compliance, CE made enquiries with other such departments across Wales to try to ascertain whether they too were experiencing similar issues with devices of this nature and/or their external contractors. To date, only Cardiff & Vale UHB has responded and provided information from an email they had received from their hoist contractor to the effect that they were unable to supply the required information.

During the February 2022 meeting with Drive, an action plan was agreed with the goal of achieving a considerable improvement in the hoist compliance rate by the end of March 2022:

- Drive engineers and CE Site Leads will liaise with the aim of ensuring that 'due' hoists are located and arrangements made to ensure that Drive have access to said hoists during their on-site visits;
- Drive have committed to ensuring extra staff are made available to tackle the current backlog;
- It is envisaged that with the lessening of COVID-19 restrictions, there will be greater access to areas and devices that have been inaccessible over recent months.

Prior to the COVID-19 pandemic, across HDdUHB there were a considerable number of patient hoists that had exceeded their expected service life. With the onset of the pandemic and the requirement for HDdUHB to equip in excess of 900 extra beds across 9 Field Hospital (FH) sites, there was naturally a need for hoists. In choosing and securing procurement of these additional hoists for FH use, there was always an acknowledgement of how they would be deployed when they would no longer be required in the FHs. As such, HDdUHB is now in a favourable position whereby a considerable proportion of its obsolete stock can and will be replaced over the coming months.

One expectation from this deployment of newer hoists is that maintenance requirements, downtime due to repairs and therefore costs will decrease, while reliability and the wider availability to deal with heavy patients will increase.

A number of recommendations have been made:

1. Red areas aside, all clinical areas should support the Drive engineers in the fulfilment of their duties.
2. Where hoists are inaccessible because they are in use or in a red area on the day, the engineer presents to perform a check, a clear method of communicating this to Drive should be available.
3. Ward areas should be encouraged to report via Datix if they are unable to use a hoist due it being non-compliant, as this will help measure the impact on clinical areas.
4. Immediate action is taken by all clinical areas to ascertain those hoists that are currently non-compliant in order to maintain safety. Drive should be contacted by the ward areas to rectify any compliance issues.

Manual Handling (MH) Team and Ward Managers:

- Staff at all levels include a pre-use check before hoisting, including the inspection sticker dates (as per MH training).
- All areas to be reminded to perform monthly asset checks, including hoist sticker checks as this could prevent the hoist lapsing if spotted and a check arranged.
- Managers induction courses highlight this point and also promote the checking of LOLER dates as part of the Ward Managers 3 monthly MH monitoring form and the general 6 monthly H&S workplace assessment checklist.
- Promote this message through 7 minute briefings.

- Staff require a clear plan of what actions to take and how to record actions taken when hoists cannot be used if they are found to be non-compliant, especially if this has impacted upon patient care. For example, if a person cannot be hoisted and mobilised out of bed, this can significantly impact their outcomes and rights to choice. In these cases, this should be recorded as a Datix. In some areas in acute settings, alternative hoists can be loaned from neighbouring ward areas while the situation is resolved and managers should guide staff regarding their options if this situation arises.

Argymhelliad / Recommendation

The Health & Safety Committee is requested to note and gain assurance from the processes in place in terms of compliance with the Lifting Operations and Lifting Equipment Regulations (LOLER).

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.7 Provide assurance that robust and effective safety management systems are in place operationally to deliver the Health Board's health, safety and security objectives and fulfil its statutory duties.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Central Operations Risk Register (Datix reference: 384)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.9 Medical Devices, Equipment and Diagnostic Systems 3.1 Safe and Clinically Effective Care 2.1 Managing Risk and Promoting Health and Safety
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources 5. Safe sustainable, accessible and kind care
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	10. Not Applicable

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Medical Devices Group.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**

Ariannol / Gwerth am Arian: **Financial / Service:**	Financial impacts are contained within the report.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Safeguard our workforce by providing the required equipment to support Health and Safety at Work
Gweithlu: **Workforce:**	Safeguard our workforce by providing the required equipment to support Health and Safety at Work
Risg: **Risk:**	Safeguard our workforce by providing the required 'safe' equipment to support Health and Safety at Work
Cyfreithiol: **Legal:**	Safeguard our workforce by providing the required equipment to support Health and Safety at Work. Medical Device Regulations, January 2021.
Enw Da: **Reputational:**	Safeguard our workforce by providing the required equipment to support Health and Safety at Work
Gyfrinachedd: **Privacy:**	Not applicable.
Cydraddoldeb: **Equality:**	Not applicable.

Appendix 1

Hoists					
Acute Sites	Total In Use	Total Compliant	Non Compliant	Not Compliant and due within 2 months	% Compliance
Aberaeron ICC	1	1	0	0	100%
BGH	48	41	7	10	85%
Cardigan ICC	6	6	0	0	100%
TREGARON HOSPITAL	5	5	0	0	100%
CE BGH	**60**	**53**	**7**	**10**	**88%**
GGH	55	31	24	24	56%
HAFAN DERWEN	10	4	6	6	40%
LLANDOVERY HOSPITAL	4	4	0	1	100%
CE GGH	**69**	**39**	**30**	**31**	**57%**
AMMAN VALLEY HOSPITAL	4	4	0	0	100%
PPH	42	25	17	22	60%
CE PPH	**46**	**29**	**17**	**22**	**63%**
SOUTH PEMBS HOSPITAL	23	18	5	5	78%
WGH	105	69	36	41	66%
CE WGH	**128**	**87**	**41**	**46**	**68%**
All Acute Total	**303**	**208**	**95**	**109**	**69%**