Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 July 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Lifting Operations and Lifting Equipment Regulations (LOLER) - Hoist Compliance Status in Hywel Dda
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Jon Wilson – 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 detailed report at the previous HSC meeting held on 14 March 2022. Hoists that are out of Lifting Operations and Lifting Equipment Regulations (LOLER) inspection dates, identified in Figure 1 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. To ascertain what Drive's competitors can offer and so HDdUHB are not solely reliant on one supplier, from January 2023, the hoists associated to baths were placed under contract with Arjo Huntleigh. This was also due to continued challenges with Drive regarding the continued compliance the Hoist portfolio. These are low quantities (21 hoists) and compliance of these are being monitored with Arjo separately at this time.

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's (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 of June 2023, there are circa 30,000 devices (including 281 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 (66%) or Community (33%).

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 1. This is due for

renewal. There is currently a limited opportunity to involve other companies to perform the work currently undertaken by Drive. However, from experience with other service providers, Drive are no different than that of their competitors. The size, quantity of devices and complexity associated to the mobility of these devices compound the issues and associated non-compliances. As such, there must be continual dedicated resource from HDdUHB in order to manage and plan the work required on a month-by-month basis.

Clinical Engineering have been working closely with Drive over the course of their service provision. This is a continual process to ensure that the focus of the priority of work is maintained and that the compliance of the devices (in particular, hoists), remain the key to the prioritisation of work. Recently (last 8 months), there has been a high turnover of staff within the Clinical Engineering department. This has included the current secondment of the Clinical Engineering Manager, reducing the Site Lead resource. The loss of a Contracts Co-ordinator, who's position was unfunded and as such not been able to replace, causing the position to be absorbed by other staff within the department. As a result of this, regular discussions, and planning with Drive had lapsed over the last 3 months. In addition, a new Medical Devices Coordinator was appointed (2 May 2023). They have been tasked with incorporating the management of the Drive contract at a high level, to manage the ongoing issues with Drive.

For example, there have been some recent issues with Drive around non-conformances raised, which is being worked through between Clinical Engineering and Drive. The importance of regular meetings and working with Drive for effective work planning have proven invaluable over the last year and must continue without loss of focus, as evidenced below (Figure 1), to keep compliance at satisfactory levels. There have also been some recent concerns regarding continuity of data between Drive and Clinical Engineering. Again, with the support of the Medical Device Coordinator taking a lead role, this is being worked on. Drive and Clinical Engineering are increasing communications to help improve the current situation.

There are concerns with Drive regarding being able to effectively locate devices that might have moved from their documented location. Again this is being worked through with no current acknowledgement of responsibility. It has been agreed to increase communication with the site teams directly, to assist in actively locating devices. There is also a Radio Frequency Identification (RFID) programme concept in the introduction phase in Clinical Engineering. This programme covers 3 branches of locating movements of devices within HDdUHB.

- Branch 1, already in action and now in use in the Heavy Patient Equipment Library utilises GPS and 3G mobile data to track these devices between sites and community settings for the likes of end-of-life syringe drivers.
- Branch 2, which Digital services are still completing the infrastructure (waiting for the last 18 months). This system uses passive (non-battery powered) labels, like in shops, where devices pass under a receiver it pings its location to a map. This will be sufficient with the beds and mattresses. The equipment librarians will also have handheld devices to locally scan areas in close proximity as they undertake their normal duties around the sites – these locations can be updated once scanned. We envisage this to be operation by concept by the end of this calendar year.
- Branch 3, which is being planned for roll out uses active (battery powered) tags attached to devices like ultrasound probes and hoists. These use our Digital Services access points to provide a more accurate location with bluetooth technology which can be pinpointed as this infrastructure is comprehensive around the sites. Further information can be provided as requested. We are awaiting quotes for these tags and hope that digital services will be able to also support this to be complete for concept by the end of this calendar year. This system will provide a cloud-based application to identify the

location of the specific devices by a map. This cloud-based application, Drive Engineers will be able to log into directly to locate these devices.

There is a long-term goal that the locations for Branches 2 and 3 will automatically update the HDdUHB Asset Database, after 10 minutes of the device being moved, reaching location. There is no current timeframe for this completion, as the main system implementation is at least 15 months behind schedule due to complications with Digital Services. Some of the delays here are related to ensuring Scan for Safety aspects are considered and covered as part of the implementation.

Whilst appreciating that even with inexhaustible resources, the goal of achieving and maintaining 100% compliance may be unrealistic. Drive have been set a KPI of >90% of Hoist compliance.

Analysis of Figure 1 shows:

1. There was a notable reduction in compliance during 2021. This has since improved.
2. Compliance has improved although Clinical Engineering continue to work with Drive to ensure all work planning is proactive, not reactive. This methodology is imperative to ensure continued high compliance levels.

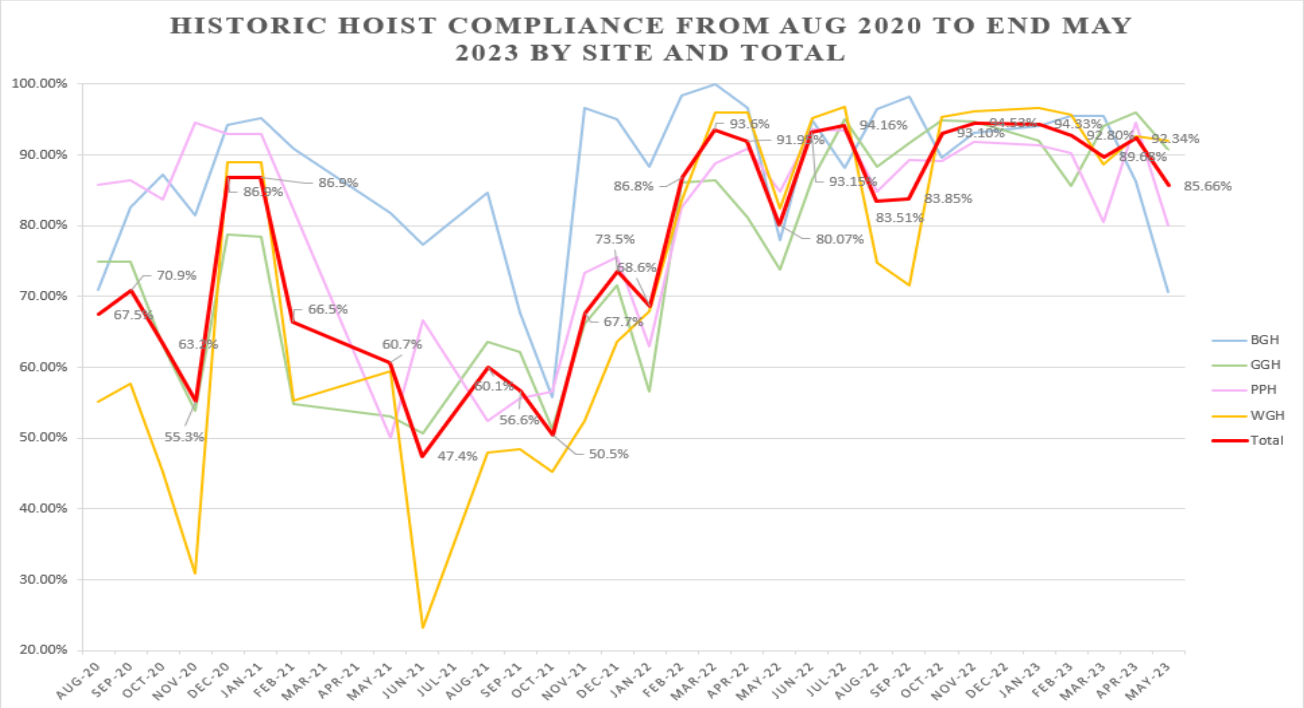

Figure 1

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 this has not changed:

1. Availability of hoists – they are often in use and areas can be reluctant/unable to release for maintenance when required clinically.
2. Restricted access to clinical areas – whilst not unique to HDdUHB 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. This has reduced but not yet ceased as clinical areas are still isolated due to IP&C.

3. Locating individual hoists due for testing – 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.
4. Training and awareness – before using any medical device, staff should check their compliance date and report any issues – this does not always occur.

During the February 2022 meeting with Drive, an action plan was agreed with the aim of achieving 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 reduction of COVID-19 restrictions, there will be greater access to areas and devices that have been inaccessible in recent months.

A year on, in 2023, the overall compliance now it is being managed effectively by Clinical Engineering is evidenced to have greatly improved. The recent glitch is in direct relation to resourcing issues in Clinical Engineering.

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 more than 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 were 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 during 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.

Update 2023: This rollout plan is now near completion with the majority hoists that exceed their service life now replaced by the stocks procured for the Field Hospitals. Replacements planned to be completed by end of Aug 2023.

Several recommendations have been made and are still relevant for communication:

1. Red/Isolated 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 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 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 right 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.

Update in 2023: These recommendations are still current, therefore it is worth the clinical teams feeding back this information so focus is not lost here.

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)
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research 3. Data to knowledge Choose an item. Choose an item.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2.9 Medical Devices, Equipment and Diagnostic Systems 3.1 Safe and Clinically Effective Care 2.1 Managing Risk and Promoting Health and Safety Choose an item.

Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources 5. Safe sustainable, accessible and kind care 3. Striving to deliver and develop excellent services 1.Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	6c Continuous engagement 6a Clinical services plan Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

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.