East of England Ambulance Service NHS Trust

Medical Devices Management Policy

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Document Status	Approved
Version:	V2.0

DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author (s)**
	20 May 2015	Richard Kirk
Version	**Date**	**Comments (i.e. viewed, or reviewed, amended approved by person or committee)**
0.3	24 September 2015	Approved by the Medical Devices Safety Management Group (22/9/15)
0.3	28 January 2016	Approved by the Clinical Quality and Safety Group (13/11/15)
0.3	8 March 2016	Approved by the Executive Management Board (3/3/16). Changed to V1.0 as final document
1.1	27 January 2017	Reviewed by Daniel Liebman
1.2	15 March 2017	Approved by the Medical Devices Safety Management Group (15/3/17)
1.3	31 November 2017	Approved by the Clinical Quality and Safety Group (30/8/17)
1.3	27 December 2017	Approved by Senior Leadership Board (20/12/17)
2.0	27 December 2017	Change to version 2 following approvals

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Document Reference	Relevant to MHRA - Managing Medical Devices – Guidance for Healthcare and Social Services Organisations April 2015
Recommended at Date	Medical Devices Safety and Management Group 15 March 2017
Approved at Date	Clinical Quality and Safety Group (30/8/17) Senior Leadership Board (20/12/17)
Review date of approved document	2 years after approval date
Equality Analysis	Yes
Linked procedural documents	Decontamination Manual V1.0 Learning and Development Policy V6.0 Generic SOP for Medical Devices Management of Incidents Policy V4.0
Dissemination requirements	Yes
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

Contents

1. Introduction

Medical devices are used extensively in the East of England Ambulance Service NHS Trust (EEAST) in the delivery of patient care.

EEAST is committed to providing safe and suitable medical devices in sufficient quantities to meet the needs of our patients and staff.

2. Purpose

The purpose of this Medical Devices Management Policy is to provide a systematic approach to the acquisition, deployment, training, maintenance, repair and disposal of medical devices.

Primary guidance from the Medicine and Healthcare Products Regulator Agency (MHRA) April 2015 – Managing Medical Devices states:
"Medical devices play a key role in healthcare; vital for diagnosis, therapy, monitoring, rehabilitation and care. Effective management of this important resource is required to satisfy high quality patient care, clinical and financial governance, including minimising risks of adverse incidents. Unless medical devices are managed proactively, the same type of adverse incidents will happen repeatedly. Good medical device management will greatly assist in reducing their potential for harm."

3. Duties

3.1 Board

The Trust Board has a collective responsibility for managing medical devices and for ensuring effective risk management systems are in place.

3.2 Chief Executive Officer

It is the Chief Executive Officer's responsibility to ensure implementation of the Medical Devices Management Policy.

3.3 Nominated Director/Board member

The Chief Executive Officer will nominate the Director of Nursing and Clinical Quality to have responsibility for medical devices management.

3.4 Head of Fleet and Medical Devices

The Head of Fleet and Medical Devices will ensure this policy is kept up to date with relevant law, best practice and guidance. They will also provide guidance, leadership and support across the Trust in the application of this policy and will be a member of the Medical Devices Safety and Management Group. They are also responsible for ensuring that any vehicle-related medical devices are managed in accordance with this Policy and associated procedures.

3.5 Medical Devices Safety Officer

The Trust's nominated Medical Devices Safety Officer will provide the link to the learning group, MHRA, and the National Reporting and Learning Centre.

The Medical Devices Safety Officer is responsible for receiving, assessing and where appropriate, actioning, all medical device related safety notices and alerts received by the Trust through the Central Alerting System (CAS). The Medical Devices Safety Officer will be notified of any device related alerts by the Trust's CAS Administrator.

3.6 Clinical Engineering Manager

The Clinical Engineering Manager is responsible for ensuring, where required, re-usable medical devices are maintained and repaired in accordance with this Policy.

3.7 Training Lead

The Trust's nominated Training Lead is responsible for defining and delivering suitable user training on new and existing medical devices.

3.8 Clinical Lead

The Clinical Leads are responsible for providing assurance around the delivery of the contents of this Policy and its associated SOPs, to support Education and Development, and to monitor feedback; generating ideas to ensure processes are being cohesively delivered.

3.9 Consultant Paramedic

The Consultant Paramedic is responsible for providing clinical leadership on medical devices.

3.10 Safety and Risk Lead

The Safety and Risk Lead is responsible for monitoring, circulating and reporting all medical device related safety notices received through the CAS system.

3.11 Medical Devices Safety and Management Group

The Medical Devices Safety and Management Group is responsible for:

- Improving communication about medical devices within EEAST
- Ensuring involvement of clinicians, technical staff, stakeholders and users in relation to any proposed changes
- Defining persons responsible for device management tasks, training and safe device operation
- Defining and reviewing this policy
- Work closely with the Learning Group to disseminate learning from adverse incidents related to medical devices
- Reviewing incidents including governance issues relating to medical device management
- Leading and approving risk assessments
- Defining procedures for the management of medical devices
- Defining and updating a sourcing/replacement strategy and approved products list for medical devices

3.12 Clinical Development and Effectiveness Group

The Clinical Development and Effectiveness Group is responsible for reviewing proposed medical device developments and assess whether they are in accordance with the Trust's clinical needs or aspirations.

3.13 Clinical Quality and Safety Group

The Clinical Quality and Safety Group is responsible for reviewing the activities of the Medical Devices Safety and Management Group and for assuring all aspects of medical devices are in line with the Trust clinical, quality and safety policies and procedures.

3.14 Procurement and Supplies Managers

The Procurement Manager and Supplies Manager will ensure only medical devices and consumables approved by this policy and related procedures, are ordered.

The Supplies Manager is responsible for collating and maintaining a list of single use medical devices, their suppliers and alternative products.

3.15 Resilience and Specialist Operations Managers

Managers within these departments are responsible for ensuring that their specialist medical devices are compliant with this policy. Where it is currently not practical to manage these medical devices within the Trust's Medical Devices database, local compliance records must be kept and made available.

3.16 Managers and Supervisors

Managers and Supervisors in all areas of the Trust are responsible for ensuring this policy is communicated to staff and for ensuring compliance with the policy. This policy is available to all staff via the Trust's intranet.

3.17 Staff/Volunteers

Staff and volunteers are expected to ensure that they understand and comply with their responsibilities under this policy, and associated procedures.

3.18 Consultation and Communications with Stakeholders

The Trust is committed to involving personnel and key stakeholders in the development, review and monitoring of Procedural Documents. Consultation has been undertaken through the Medical Devices Safety and Management Group

4. Definitions

4.1 Medical Device

The MHRA defines a medical device to be a device that is used to:

- Diagnose, prevent, monitor, treat or alleviate a disease
- Diagnose, prevent, monitor, treat, alleviate or compensate for an injury or handicap
- Investigate, replace or modify the anatomy or of a physiological process
- Control conception
- Improve function and independence of people with physical impairments

5. Development

5.1 Prioritisation of Work

The need for this policy was identified through new guidance, 'Managing Medical Devices', issued by the MHRA in April 2014 (re-issued April 2015).

5.2 Identification of Stakeholders

Stakeholder identification is coordinated by the Trust's Medical Devices Safety and Management Group.

5.3 Responsibility for Document's Development

This policy will be reviewed as a minimum of every two years under the direction of the Medical Devices Safety and Management Group.

Further development will be co-ordinated by the Head of Fleet and Medical Devices, and the Medical Devices Safety and Management Group.

This policy will be approved by the Medical Devices Safety and Management Group, Clinical Development and Effectiveness Group, Clinical Quality and Safety Group, and the Senior Leadership Board. It will be disseminated by use of the Trust Intranet through the Communications Department.

6. Use of Medical Devices

All users must ensure that:

- They only use medical devices approved and supplied by EEAST in the delivery of its clinical services;
- Medical devices must only be used for the purpose for which they were originally designed and intended for;
- Single use medical devices are not re-used;
- Medical devices which have been identified for decommissioning must not be used on patients
- Medical devices are not modified without the manufacturers' and Trust's approval
- They are competent to use the medical devices safely and appropriately

7. Acquisition

7.1 Triggers

Acquisition of medical devices will be triggered by one of the following:

- Change in clinical practice
- Replacement of an existing device
- Additional existing devices required
- Change in legislation or guidance

7.2 Process/Approvals

The Medical Devices Safety and Management Group will be responsible for developing and implementing local procedures on the acquisition and selection of medical devices. The process should take into account:

- Safety, quality and performance
- Trust objectives and the needs of patients/stakeholders
- The whole life cost of the device including consumables
- The needs of all interested parties including those involved in use, commissioning, decontamination, maintenance and decommissioning
- The balance between accessibility of medical devices and controlling their use

7.3 Procurement

All medical devices acquired must have been ordered through either the Trust's Procurement or Supplies Departments. The Medical Devices Safety and Management Group is responsible for the development and implementation of procedures to ensure new medical devices are appropriate and supported by safe working practices. Any acquisition must be in accordance with the Trust's Standing Financial instructions/Standing Orders.

8. Installation/Commissioning/Configuration

Before medical devices enter service they must, where appropriate, undergo installation, commissioning and configuration. In addition, new devices must have a suitable clinical use risk assessment and Provision and Use of Work Equipment Regulations (PUWER) assessment. These assessments will be coordinated by the Medical Devices Safety and Management Group. Any installation, commissioning or configuration must only be undertaken by competent staff approved by the Trust.

All re-usable medical devices must have a unique identifier attached (Trust Equipment Number).

Where appropriate a label to clearly show the date of the next test due should be attached to the device.

Only Trust approved single-use medical devices must be used.

9. Records

All new reusable medical devices must be registered onto the Trust's medical devices database.

Where a medical device requires routine maintenance or checks, these will be scheduled by the medical devices database or similar and when completed, records in the database will be updated.

Any instances of repair, maintenance, modification or adverse incidents on reusable medical devices will be recorded on the database system.

Records on the supply of single use medical devices will be held by the Supplies Department.

10. Decontamination

Medical devices must be decontaminated in accordance with the Trust Decontamination Manual and associated manufacturers' instructions.

Re-usable medical devices must be decontaminated prior to inspection, repair and disposal.

11. Training

11.1 User

User training will include training of staff and provision of instructions.

The Medical Devices Safety and Management Group will identify user training requirements for new medical devices during the selection processes.

The training of staff will be in accordance with the Trust's Learning and Development Policy.

Training records must be held for individuals involved and should identify that they are appropriately trained to a level proportionate to the activities they are undertaking.

11.2 Technical

Individuals providing repair and maintenance services need to be adequately trained and appropriately qualified. This applies to all directly employed staff, contracted services or others.

Training records must be held for individuals involved and should identify that they are appropriately trained to a level proportionate to the activities they are undertaking.

12. Use of Medical Devices

Medical devices should only be used by staff/volunteers who have been appropriately trained by the Trust. Information on the use of medical devices will be held on the Trust's intranet and, where appropriate, in the Trust's clinical manual.

13. Maintenance/Repair

Maintenance and repairs to medical devices must only be undertaken by suitably competent persons. Records of any maintenance or repair must be kept in accordance with the Trust's Record Retention Policy.

Any spare parts or accessories used must be either from the original equipment manufacturer or through the use of compatible parts as deemed in a defined process.
The Medical Devices Safety and Management Group will identify, approve and audit local operating procedures for the maintenance and repair of medical devices.

14. Decommission/Disposal

All re-usable medical devices will be decommissioned prior to disposal. If the medical device stores patient identifiable data this must certified as securely erased before disposal.

Disposal of medical devices will be in accordance with the Trust's Waste Management Policy and Standing Financial Instructions/Standing Orders.

Any medical device not deemed safe for current patient use must not be resold or donated.

15. Loan/Trial Equipment

Only loan/trial equipment approved by the Clinical Effectiveness and Development Group, and the Medical Devices Safety and Management Group can be brought into the Trust. All loan/trial equipment must be registered with, and checked by, Clinical Engineering before entering service. At the end of the trial the equipment must be returned to the supplier via Clinical Engineering.

The Medical Devices Safety and Management Group will identify, approve and audit local operating procedures on loan/trial equipment.

Indemnity Cover needs to be provided by the supplier for any loan/trial medical device. In the first instance, the Department of Health's Master Indemnity Agreement process should be followed.

16. Replacement Planning

The Head of Fleet and Medical Devices will provide information to the Medical Devices Safety and Management Group to illustrate expected replacement dates, quantities and cost on a seven year forecast.

The Head of Fleet and Medical Devices in conjunction with the Clinical Engineering Manager will monitor and identify changes in medical device failure rates/reliability, availability of spare parts and maintenance repair costs to inform the Medical Devices Safety and Management Group.

The Medical Devices Safety and Management Group will, in conjunction with the Clinical Quality and Safety Group and Clinical Development and Effectiveness Group, be responsible for the development of criteria to be used to identify the planned replacement date of medical devices.

17. Adverse Incidents

Adverse Incidents relating to medical devices will be handled in accordance with the Trust's Management of Incidents Policy.

The Medical Devices Safety and Management Group will be responsible for developing a process of monitoring adverse incidents relating to medical devices.

18. Loss/Damage of Devices

The Medical Devices Safety and Management Group will be responsible for developing a process on the reporting and monitoring loss or damage to medical devices.

19. Modifying/Change of use

Modifying existing devices or using them for purposes not intended by the manufacturer (off-label use) has safety implications.

No modifications or change of use of devices can be implemented without the prior approval of the Medical Devices Safety and Management Group, and the Clinical Quality and Safety Group.

20. Patient Safety Notices/Recalls and Field Safety Notices

The Medical Devices Safety Officer is responsible for assessing and actioning any medical device related safety notices and alerts received through the CAS system.

The Medical Devices Safety Officer will also monitor the weekly Field Safety Notice (FSN) bulletins for relevance and where appropriate, undertake the required actions as recommended by the manufacturer.

21. Equality Impact Assessment

A completed Equality Impact Assessment is included in Appendix D.

22. Dissemination and Implementation

22.1 Dissemination

This policy will be disseminated via the intranet and held within the Policy Library. The Communications Team will issue a notice to all staff on the updating of this policy.

22.2 Implementation

After approval and dissemination of this policy, implementation will follow immediately. No specific training is required but where required support can be provided by the Training and Medical Devices leads.

23. Process for Monitoring Compliance and Effectiveness

Compliance to this policy will be monitored through reports to the Medical Devices Safety and Management Group which meets in full every quarter. It receives reports on audits, reports from the Trust's incident reporting system and reports from key managers, staff and stakeholders. Further detail is provided in the Monitoring Table in Appendix C.

24. Standards/Key Performance Indicators

Compliance against this policy will be tracked through the Key Performance Indicators outlined in Appendix C and reviewed at both the monthly Senior Operations Support Management meetings, and Medical Devices Safety and Management Group meetings.

25. References

- MHRA - Managing Medical Devices – Guidance for Healthcare and Social Services Organisations April 2015
- NHS England Patient Safety Alert No NHS/PSA/D/2014/006 'Improving Medical Device Incident Reporting and Learning'

26. Associated Documents

- Equality Impact Assessment
- Checklist for the Development or Review and Approval of Procedural Documents
- Monitoring Table

Appendices

Appendix A Plan for dissemination of Procedural Documents

Appendix B Monitoring Table

Appendix C Equality Impact Assessment

Appendix A - Plan for Dissemination of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Acknowledgement: University Hospitals of Leicester NHS Trust.

Title of document:	Medical Devices Management Policy		
Date finalised:		**Dissemination lead: Print name and contact details**	Gail Butler
Previous document already being used?	**Yes / ~~No~~** (Please delete as appropriate)		
If yes, in what format and where?	Within the document library of the intranet (or archived)		
Proposed action to retrieve out-of-date copies of the document:	Replacement of document on intranet. Communication to staff to destroy any previous copies.		
Does this document require confirmation of receipt?	**No** (Please delete as appropriate)	**State process for this:**	

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**
All staff and volunteers	Via staff intranet/Volunteer Coordinators	Electronic	

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents		**Date due to be reviewed**	

Disseminated to: (either directly or via meetings, etc)	**Format (i.e. paper or electronic)**	**Date Disseminated**	**No. of Copies Sent**	**Contact Details / Comments**
Directly to Senior Locality Managers and Volunteer Organisation Coordinators	Electronic			

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Appendix B – Monitoring Table

What	*Who*	*How*	*Frequency*	*Evidence*	*Reporting arrangements*	*Acting on recommendations*	*Change in practice and lessons to be shared*
Appropriate medical devices are being acquired	The Medical Devices Safety and Management Group	Reports from Head of Fleet and Medical Devices	Tabled at each meeting (quarterly)	Minutes of the meeting	The Medical Devices Safety and Management Group is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Medical Devices are being maintained to the required standard	The Medical Devices Safety and Management Group	Reports from medical devices database KPI via Clinical Engineering Manager	Tabled at each meeting (quarterly)	Minutes of the meeting	The Medical Devices Safety and Management Group is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Medical devices are being commissioned and registered	The Medical Devices Safety and Management Group	Reports from medical devices database KPI	Tabled at each meeting (quarterly)	Minutes of the meeting	The Medical Devices Safety and Management Group is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Medical devices are being decommissioned/disposed correctly	The Medical Devices Safety and Management Group	Reports from medical devices database KPI	Tabled at each meeting (quarterly)	Minutes of the meeting	The Medical Devices Safety and Management Group is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
What	***Who***	***How***	***Frequency***	***Evidence***	***Reporting arrangements***	***Acting on recommendations***	***Change in practice and lessons to be shared***
Users are trained on medical devices	The Medical Devices Safety and Management Group	Reports from Learning and Development Unit staff training record system	Tabled at meeting	Minutes of the meeting	The Medical Devices Safety and Management Group is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Technical	The Medical	Report from	Annually	Minutes of the meeting	The Medical Devices	Required actions will be	Required changes to practice

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staff are suitably trained to maintain / repair devices	Devices Safety and Management Group	Clinical Engineering Manager			Safety and Management Group is expected to read and interrogate any report to identify deficiencies in the system and act upon them	identified and completed in a specified timeframe.	will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Audits from Medical Devices Safety and Management Group	The Medical Devices Safety and Management Group will nominate a lead(s) to undertake specific audits	The Medical Devices Safety and Management Group will identify how each required audit will be undertaken	Six-monthly	Minutes of the meeting	The Medical Devices Safety and Management Group is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Field Safety Notices are being checked for relevance	MDSO	Report to The Medical Devices Safety and Management Group	Quarterly	Minutes of the meeting	The Medical Devices Safety and Management Group is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

Appendix C - Equality Impact Assessment

This Equality Impact Assessment has been completed for this specific policy and has been fully attached as an example.
However only the 'Executive Summary Page' need normally be attached to Procedural Documents and the main assessment should be forwarded to the Clinical Quality Manager to be filed on the document library.

Please refer to the guidance notes "How to carry out an Equality Impact Assessment"	
Document Reference:	Document Title: Medical Devices Management Policy
Assessment Date: 27 January 2016	Document Type: Policy
Responsible Director: Sandy Brown, Director of Nursing and Clinical Quality	Lead Manager: Paul Henry, Head of Operations Support

Step 1: Identify main aims of policy

Describe the main aim, objectives and intended outcomes of the proposed project/policy

Aim: To ensure all medical devices are managed effectively to reduce their potential to cause harm.
Objectives: To give staff the necessary knowledge to enable them to use medical devices in a consistent and safe fashion.
Intended Outcomes: A safe medical device environment for patients and staff.

Step 2: Collect and Analyse Information

Has any previous work or research been done on equality issues in the area of the proposed project/policy? If so, what were they?

Dermatitis on gloves / latex allergy etc (disability)
Staff number A&E/Prim Care/ Ops support M 56% F 44%
Race – we have information and believe not relevant
Disability – 2% declared disability that we know of – high response of undeclared or undefined
Religion & Belief – only 2 staff Muslim (alcohol gel) only one in operations
Sexual orientation – not relevant
Age – age profile – not relevant

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You should ask relevant questions in relation to all the strands equality & diversity, but information gathered should be relevant to your needs that will inform your decisions around the topic you are reviewing. If you identify a need for information that is not available you should consider and plan with the relevant others how this information could be obtained.[1]			
Gender	Do you have enough information?	Yes	No
	Yes		
Transgender	Do you have enough information?	Yes	No
	Yes		
Race	Do you have enough information?	Yes	No
	Yes		
Ethnic Origin	Do you have enough information?	Yes	No
	Yes		
Disability	Do you have enough information?	Yes	No
	Yes		
Sexual Orientation	Do you have enough information?	Yes	No
	Yes		
Marital Status (including civil partnerships)	Do you have enough information?	Yes	No
	Yes		
Age	Do you have enough information?	Yes	No
	Yes		
Pregnancy & Maternity	Do you have enough information?	Yes	No
	Yes		
Religion & Belief	Do you have enough information?	Yes	No
	Yes		

Step 3: Identify the level of impact

To help you think about this, you should complete the High, Medium, Low table and give reasons/comments for where:

(a) The policy/strategy/project could have a positive impact on any of the equality target groups or contributes to promoting equality, equal opportunities and improving relations within equality target groups.

(b) The policy/project/procedure could have a negative impact on any of the equality target groups, i.e. disadvantage them in any way. **If the impact is high, a full Equality Impact Assessment should be completed**.

[1] Refer your need for information and proposal to the Equality & Diversity Steering Group using a copy of this page with your information before proceeding to ensure all similar requests can be coordinated

	a. Positive impact			b. Negative impact			c. If NONE how did you evidence this?
Equality target	**Low**	**None**	**High**	**Low**	**None**	**High**	
Gender		✓			✓		Document is relevant to all staff and does not have any impact that is gender specific. The selection of medical devices will include, where appropriate, individual equality impact assessments
Transgender		✓			✓		Document is relevant to all staff and does not have any impact that is gender specific
Race		✓			✓		Language barriers are addressed by the use of plain English.
Disability		✓			✓		Document is relevant to all staff and does not have any impact that is disability specific. The selection of medical devices will include, where appropriate, individual equality impact
Sexual orientation		✓			✓		Document is relevant to all staff and does not have any impact that is specific to sexual orientation.
Age		✓			✓		Document is relevant to all staff and does not have any impact that is age specific.
Belief or Religion		✓			✓		Document is relevant to all staff and does not have any impact that is specific to religion/belief. The selection of medical devices will include, where appropriate, individual equality impact

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Step 3[a]:	Decide if policy is equality relevant

Does the proposed project/policy have an explicit focus on inequalities, human rights and diversity? If so, how?

No

Is there a risk that the proposed project/policy may unintentionally mask or cause a negative impact on equality and diversity?

No

Is there a risk of adverse impact? If yes, please list the specific risks. If no, please explain the basis of your judgement.

No. Where appropriate, when devices are being selected for purchase, an equality impact assessment will be undertaken.

Step 3[b]:	Record findings and produce action plan

If there are any potential or actual risks, what action will be undertaken to mitigate the specified risks, or to minimise the adverse impact. Within what timescales will this be done, what are the implications on resources and who will be responsible?

Findings	Proposed action	Timescale	Implications on resources	Responsible lead

Please state how the policy, procedure or process will be monitored for inequalities that may arise after the implementation:

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Summary:

On the basis of the information/evidence/consideration so far, do you believe that the proposed project/policy will have a positive or adverse impact on equality or diversity? (please circle one)

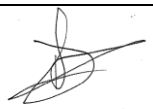
Positive Impact		Adverse Impact	
Yes	No	Yes	No

Basis for your judgement:
The policy has neither positive nor adverse. Any potential impact is most likely to occur at the selection point for new medical devices. The procedure to cover selection will include, where appropriate, an equality impact assessment.

Has a significant adverse impact been identified that requires a Full Equality Impact Assessment?

YES	Some Impact Identified Local Actions set out to resolve the impact [2]	NO

Name of the project/policy lead completing this assessment:

Name: Daniel Liebman	Job Title: Head of Fleet and Medical Devices
Signature: 	Date: 1/3/17

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