Theatre Equipment Product Evaluation Group (TPEG)

Meeting held on 19th. January 2022
at 1400 to 1530
Venue: MS Teams &Supplies & Procurement Meeting Room, Royal Stoke

MINUTES OF MEETING

Members Present:

[redacted]	CB	Clinical Director of Surgery (Chair)
[redacted]	SF	Head of Clinical Procurement (Vice Chair)
[redacted]	JHM	Clinical Procurement Nurse Specialist
[redacted]	PR	Senior Health & Safety Advisor
[redacted]	AS	Deputy Head of Clinical Technology
[redacted]	BW	Clinical Nurse Advisor, NHSSC
[redacted]	SD	Medical Device Safety Officer
[redacted]	EB	Contracts Manager
[redacted]	JB	Sustainability Manager
[redacted]	BB	Senior Operational Procurement & Supply Chain Manager
[redacted]	JS	Operational Procurement Officer, ISPD
[redacted]	HW	Head of Health and Safety
[redacted]	HC	Customer Relations Manager NHSSC
[redacted]	NP	Strategic Procurement Manager
[redacted]	CD	Contract Manager
[redacted]	TMP	Consultant Urologist

Apologies:

[redacted]	JK	Procurement Operational Manager, ISPD
[redacted]	PA	Theatre Practitioner
[redacted]	HB	Infection Prevention Lead Nurse
[redacted]	JT	Theatre Matron
[redacted]	JR	Infection Prevention
[redacted]	TC	Theatre sister/ co-ordinator
[redacted]	SFo	Head of Procurement, central support functions

No.	Action	
1.	**INTRODUCTIONS**	
	Introductions were given at the start of the meeting and attendees recorded above.	
2.	**APOLOGIES RECEIVED**	
	Noted above	

3.	**APPROVAL OF THE MINUTES FROM THE LAST MEETING**	
	Previous minutes from 6th. October 2021 approved.	
4.	**DROP-IN SESSION TO PRESENT APPLICATION TO EVALUATE NEW PRODUCTS**	
	Item 1 – Bipolar /Plasma TURP [redacted] Pain advised that the Green Light laser procedure takes around 90 minutes, and the technology is due to be replaced this year. Urology wants to replace this with a Bipolar system which is NICE approved. The therapy is shown to reduce the risk of bleeding, and to reduce TUR syndrome, therefor positively impacting readmission rates. TMP said that there are currently160 patients waiting for the procedure, some waiting for over a year. CB agreed to liaise with [redacted]. AS advised that the green light laser is on a reserve list for funding and may be delayed by 1 year. SF will liaise with TMP to support the trial. **Item 2** –Sonicision Ultrasonic Dissector. Not represented. To be rescheduled for the next meeting.	**TMP**

SUMMARY OF ACTIONS AGREED		
No.	**Action**	**Person Responsible**
6.1	**5ml milk pots** to be removed from staff theatre areas. JB to update on the related plastic and carbon saving	**JB**
6.2	**Unsafe sharps list** to be shared with the group	**HW**
6.3	**Intermittent compression garment** update training to be facilitated for theatre clinicians	**SF**
6.4	**Meril suture evaluation** progress update	**JHM**
6.5	**Cloth theatre cap stakeholder group** to be identified	**CB**
9.1	**Disinfectant end caps** trial update	**JHM**
9.2	**Regional Green Plan** to be shared – agenda item	**JB**
9.3	**Xray detectable swab Datix report** to be shared	**SD**
9.4	**CPAP hoods in critical care** update to be shared	**JHM**
No.	**Action**	**Person Responsible**
5.1	**Naso gastric tube size standardisation in general clinical areas.** CB reported that nasogastric tube sizes have been agreed. SF said that updates had been made to trust training programmes. CB, SF and JK have met with Medicina in ref to the drainage bag connectors. Discussion is ongoing.	**Closed**
5.2	**Plastic water bottles in endoscopy** JB advised that plastic water bottles will remain in endoscopy as the water supply is currently inadequate to support procedures. – closed	**Closed**
5.3	**Tympanic thermometers** To be picked up at the CPEG group	**Closed**
5.4	**Cook-Swartz implantable Doppler device** Agreed in principle at the last meeting, however, there has been no further updates.	
5.5	**Meril sutures** Agenda item	

5.6	**Suction tubes** Agreed to implement – closed	**Closed**
5.7	**Epidural sets** CB advised that these have now been implemented across the Trust. SD said that an incident had been raised in critical care where a catheter had disconnected from an epidural set. JHM said that she would pick this up with [redacted] in critical care. LB requested the product code as not included in the incident report, and the reporting person did not have this information.	**JHM**
6	**MATTERS ARISING**	
6.1	**Plastic catering items in theatres** JB advised the group that theatres are currently using over 1200 5ml plastic milk pots per day for staff use and asked why milk cartons cannot be used. CB said he was unsure why they had been introduced and that fridges are available in staff areas. The group agreed to remove the 5ml product and encourage carton use. CB enquired about the use of polystyrene cups and suggested staff use ceramic mugs. The group agreed. JB updated the group with the ICS plan to remove all single use catering items from use.	**JB**
6.2	**Unsafe sharps** HW told the group that there is an excess use of unsafe sharps at UHNM, with 157 lines still available despite an improvement notice in 2013/4. There are a high number of reports via RIDOR often associated with unsafe sharps. HW advised that a risk assessment was required for the use of an unsafe sharp and that theatres are currently using 24 products. She enquired when sharp devices were last reviewed in theatre and will share a list for distribution with the minutes. HW advised that the highest number of unsafe sharps were for cannula, of which there were 6 different types in theatres. CB suggested that these may be paediatric sizes, and thought that some of these could be removed .	**HW**
6.3	**Intermittent compression garments** LB informed the group that the current contract is with Cardinal Health and that she is reviewing the lines and supply route. SF said that she would pick up the proposed changes with the clinical teams and support update training for selection and use of the below knee garments.	**SF**
6.4	**Meril sutures update** NP said that the current suture contract with JJ will end in November 2022, and that she was also reviewing stapling devices. SF said that engagement with stakeholders and NHSSC had taken place and that a project programme was in development. Progress will be feedback at the next meeting by JHM	**JHM**
6.5	**Cloth theatre caps** SF informed the group about the global project to improve both communications in theatres and sustainability with implementation of cloth colour coded theatre hats. This would form part of the uniform policy. Infection prevention representatives were not present at the meeting to advise, and this will be picked up outside of the meeting. CB agreed to identify a stakeholder group.	**CB**
7	**PRODUCT TRIALS**	
7.1	**Dilipam-s. maternity**	

	SF reported that the trial had not begun	
7.2	**Meril suture trial** SF said that engagement had started with the surgical audit groups to seek agreement for product evaluation.	
7.3	**StealthStation S8 Navigation System** Approved – closed.	**Closed**
7.4	**Karl Storz Stack** No updates. TPEG application form not yet received	
7.5	**Clearway 2- Cough assisted device.** No updates	
7.6	**Approved Outside of Meeting** • Urolift and Rezum TMP advised that both technologies have been approved directly by business case as minimally invasive procedures to be used in specific clinical conditions	
7.7	• Fluid management system. CB advised that there had been an equipment failure and that some had been replaced, unsure how far the trail has proceeded due to the low volume of activity in this area	
7.8	• Viscoseal hyaluronic acid supplement. Post arthroscopy drug. No feedback from [redacted]	
8	**NEW PRODUCTS**	
	No new products shared at this meeting	
9	**ANY OTHER BUSINESS**	
9.1	**Disinfectant caps for cannula** LB requested a review of current product and use and advised a significant cost improvement to move to an alternative brand. SF agreed for the clinical team to review	**JHM**
9.2	**Regional Green Plan** JB requested an agenda item at the next meeting to discuss the regional green plan and any potential impacts on theatre products.	**JB**
9.3	**X Ray detectable swab datix incident** SD raised concern about a recent Datix incident where fibres from an Xray detectable swab had been detected in a patients wound. Guidance from the MHRA states that swabs are not designed to be opened. CB suggested that this practice may be focused on making the swab thinner and more compliant. CB requested that the incident report be shared	**SD**
9.4	**CPAP Hoods** CB advised that Matron [redacted] in critical care had requested CPAP hoods for some patients who are currently using masks. JHM agreed to pick this up with Matron.	**JHM**
10	**DATE AND TIME OF NEXT MEETING**	
	16th March 2022. 14.00-15.30 venue TBC and MS Teams	