Lincolnshire Community Health Services NHS Trust

Medical Devices Policy

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Ratified by:	LCHS Trust Board
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Name of approving committee/responsible individual:	Medical Devices Committee
Date issued:	March 2019
Review date:	December 2021
Target audience:	All staff
Distributed via:	Website

Chair: Elaine Baylis QPM

Chief Executive: Maz Fosh

i) Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New document V6 Replaces P-CS-09 v5.3	December 2015	Interim/Acting Medical Devices Safety Officer
2 V6.1	P8/9	Reference to asset log added	January 2017	Interim/Acting Medical Devices Safety Officer
3 V6.1	P9 sec 5.3	Reference to annual report added	January 2017	Interim/Acting Medical Devices Safety Officer
4 V6.2	P10 sec 7	Reference to annual audit added	May 2017	Interim/Acting Medical Devices Safety Officer
5 V6.2	P17	Updated TOR appended	July 2017	Head of Medical Devices and Technology
6	Throughout document	name of meeting changed from Committee to Group	December 2018	Head of Medical Devices and Technology
7	Page 11	Table of associated documents updated	December 2018	Head of Medical Devices and Technology
8	Page 14	Updated TOR appended	December 2018	Head of Medical Devices and Technology
8.1	Entire document	This document has been checked by the policy owner who has confirmed that it is fit for use and that it will be fully reviewed and updated as appropriate before the end of the extension period granted by LCHS Trust Board on 11/5/2021	May 2021	Corporate Governance Team
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Contents

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Policy Statement

Lincolnshire Community Health Services NHS Trust (the "Trust") is committed to ensuring that there are robust processes for effective device medical device management for the whole life cycle of the device - from determining the justification of the need to purchase a device through to its ultimate disposal.

This document has been developed to set out the essential key aspects of the systematic approach required to ensure that the Trust does deliver services that promote the safe use of medical devices and that ensures that the Trust complies as a minimum with its statutory legal requirements.

This document must be read in conjunction with associated portfolio of core documents as detailed on page 12 appendix A that serve to provide detailed guidance and to ensure that the Trust responsibilities in relation to MHRA (2015) *Managing Medical Devices* are embedded.

Responsibilities
This document applies to all staff employed (or contracted) by the Trust who use, repair or procure medical devices in the course of their work.

All staff are required to ensure that they work within the boundaries set out by this policy

Dissemination
This policy will be available/accessible via the staff intranet.

Links with other policies
This policy should be read in conjunction with other local and national documents to include:

- Medical Devices "How to guides" (accessed via the Medical Devices pages on the Trust Staff intranet
- P_RM_02 Risk management strategy (and other associated local guidance)
- P_GIG_03 Central Alert System (CAS) Policy
- P_IPC_01 Infection Prevention Policy (and other associated local guidance)
- P_HS_02 Corporate health and safety policy
- P_HS_07 Health and Safety Risk Management Policy (and other associated local guidance)
- P_HS_12 Healthcare waste policy
- P_CoG_02 Standing Orders, Reservation and Delegation of Powers and Standing
- P_CIG_16 Open and Honest Care (including duty of Candour) Policy
- CQC Essential Standards of Quality and Safety
- Clinical Negligence Scheme for Trusts (CNST) Clinical Risk Management Standards
- MHRA (2014) Regulatory Guidance for Medical Devices

Resource Implications

The resource implications of this policy are primarily related to procurement and contractual costs associated with maintenance, servicing and repair of medical devices.

Failure to meet regulatory standards could lead to imposition of financial penalties, patient harm and reputational damage.

NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring	Responsible individual	Frequency of monitoring /audit	Responsible committee (multidisciplinary) for review of results	Responsible individuals committee for development of action plan	Responsible individuals / committee for monitoring of action plan
Policy is current and available to staff	Policy is reviewed, updated and approved	Head of Medical Technology and Patient Safety	Min every 3 years	Medical Devices Group	Medical Devices Committee	Medical Devices Group
Standards of safety in medical device management are attained	Exception reports	Service Leads	Quarterly	Medical Devices Group	Service Leads	Medical Devices Group
Annual report	Report is received by the Medical Devices Group	Head of Medical Technology and Patient Safety	Annually	Medical Devices Group	Medical Director	Medical Director

Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This document sets out the key requirements for the safe management of medical devices. Ensures that risks associated with their use is effectively managed.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	Not directly – but serves to ensure/support a robust governance framework.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		X	Applies to all persons equally
	Sexual Orientation		X	Applies to all persons equally
	Sex		X	Applies to sexes equally
	Gender Reassignment		X	Applies to all persons equally
	Race		X	Applies to all persons equally
	Marriage/Civil Partnership		X	Applies to all persons equally
	Maternity/Pregnancy		X	Applies to all persons equally
	Age		X	Applies to all persons equally
	Religion or Belief		X	Applies to all persons equally
	Carers		X	Provides advice on how to reduce /identify risks
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Cheryl Day		
Date:		Dec 2018 (v 7)		

Medical Devices Policy

1. Medical Device...towards a definition

The term *medical device c*overs a wide range of products used every day in primary and secondary care settings.

MHRA defines a *medical device* as,

'... an instrument, apparatus, implant, in vitro reagent, or similar or related article that is used to diagnose, prevent, or treat disease or other conditions, and does not achieve its purposes through chemical action within or on the body'

In simple terms a *medical device is* any instrument, apparatus, appliance material or healthcare product, excluding drugs used for, or by, a patient or service user.

Medical devices can vary widely in complexity from simple devices such as a hypodermic needle, an oral thermometer, a disposable glove or even a tongue depressor to more advanced devices such as defibrillators, x-ray machines and POC or EAT related devices and does include any software applications necessary for the device to function.

2. Medical Device management… key principles

The management of medical devices is an important pre-requisite of a safe clinical service. Effective management requires a process that is agreed across all areas that contribute to the assurance and safe operation processes and requires organisational sign up to the core management principles to include Clinical Service Managers, Procurement, Clinical Engineering, Inventory control, and all staff using equipment.

3. Aim and purpose of this document

This document sets out to establish a governance framework for the management of *medical devices* used by staff working for and on behalf of Lincolnshire Community Health Services NHS Trust (“the Trust”).

It must be read in conjunction with associated portfolio of core documents detailed on page 11 that serve to ensure that the Trust responsibilities in relation to *MHRA (2015) Managing Medical Devices* are understood and embedded.

The overarching aims of the policy and associated documents is to ensure that whenever a Medical Device is used it is managed in concordance with MHRA and manufacturers requirements and

- that the device is suitable and used only for its intended purpose
  that its operation and purpose and risks associated to its use, are properly understood by the User, who has undertaken appropriate training and deemed competent.
- That it is maintained in a safe and reliable condition
- That it has been appropriately assessed, procured and the benefits of standardisation considered.
- That the procedures to be adopted in the event of an adverse or potentially adverse incident involving the *medical device* are understood.

4. Key Responsibilities

4.1 Chief Executive

The Chief Executive has the overall accountability for the management of *medical devices*.

4.2 Medical Director

The Medical Director is the Trusts nominated Executive Director accountable for the management of *medical devices.* The Medical Director is the chair of the Medical Devices Group.

4.3 Head of Estates and Facilities Management

The Head of Estates and Facilities Management has the delegated responsibility for the management of the central inventory for *medical devices.* The post holder is additionally responsible to provide assurance to the Board that appropriate PAT testing and maintenance arrangements for *medical devices* are in place.

4.4 Head of Medical Technology and Patient Safety

The Head of Medical Technology and Patient Safety is a newly developed position for the Trust. Although currently the post is vacant the purpose of the role is to provide strategic leadership and expert advice in relation to all aspects of *medical device* management, to support the Medical Director and clinical and corporate services in those activities associated to medical device management.

4.5 Medical Devices Safety Officer

The Lead Matron for Infection Prevention is the Trusts nominated Medical Devices Safety Officer (interim post). The key purpose of this role is to promote learning and safe use of *medical devices* across the organisation and provide the expert clinical resource. This role will be encompassed with that of Head of Medical Technology and Patient Safety role on appointment to the vacant post.

4.6 Risk Managers

The Risk Managers are the nominated MHRA/CAS liaison officers and are responsible for the dissemination and co-ordination of and for maintaining the local inventory for MHRA/CAS alerts and local action responses. The risk managers will provide CAS status update reports to the Medical Devices Group detailing alerts received, alerts relevant to the Trust, alerts sent out and responses

4.7 Heads of Service (or their nominated representatives)

Heads of Services are responsible for ensuring that

- Training needs of staff are identified, learning needs met and recorded in staff personnel files and training records (e.g. local records, TNA, ESR)
- Instructions for *medical devices* use are available at point of use of that device
- Appropriate clinical policies and risk assessments, associated with the use of medical equipment, are in place within each ward/ department area
- All *medical devices* are appropriately maintained, tested and properly stored.
- They actively participate in the dissemination and any relevant action of *medical device* alerts published by the MHRA and in reporting adverse or potentially adverse incidents.
- That proper procurement processes as set out in this document are adhered to
- That local asset registers are maintained and up to date for their areas of responsibilities.
- That local asset registers are forwarded at agreed frequencies to the central asset inventory clerk.

4.8 Medical Device users

A member of staff using the *medical device* is known as the user.

The user is ultimately responsible for ensuring that

- the device is safe to use and that any deficits are reported promptly and where appropriate the *medical device* is taken out of use and quarantined until service/repair or replacement has been completed.
- that they have sufficient knowledge and training to operate the device safely
- All staff have a responsibility with regard to adverse incident reporting and should follow the Incident Reporting Policy in respect of *medical devices*.

Under Health and Safety regulations staff must also take reasonable care for their own health and safety and also of other people who may be affected by their acts or omissions. It is the responsibility of each individual member of staff to ensure that they are conversant with the content of this policy and are appropriately trained and competent to use the *medical devices* which they are required to use as part of their duties. They should report any problem relating to use, maintenance, servicing or decontamination of devices as contained in this policy and/or the associated how do I guides to their line manager.

5. Governance arrangements

5.1 Trust Board

The Trust Board will receive and consider the annual report and agree content. The Board will ensure that adequate resources are available to facilitate the effective management of *medical devices*.

5.2 Risk and Quality Committee

The Quality and Risk Committee will oversee all risks within the organisation and will incorporate any issues relating to the management of medical devices in the annual report to the board.

5.3 Medical Devices Group

The group will meet formally every 3 months.

The group will be chaired by the Medical Director (or nominated deputy). The terms of reference may be located at appendix D.

The Medical Devices Group will be responsible

- For the review and update of the medical devices policy
- To identify, develop, propose and promote activities that serve to minimise risks associated with the acquisition, use, decontamination and disposal of *medical devices*.
- Will review MDSO report and other data as available to identify, prioritise and address *medical device* risk and minimise harm to patients
- Oversee the production of the Medical Devices Annual report
- The group will act as a forum to discuss complex medical device alerts and will propose and co-ordinate processes and system changes that will reduce the likelihood of occurrence of harm and never events resulting from *medical device* use.
- To receive minutes from local quality meetings and to escalate inadequacies in attendance or unmanaged risks through the organisational governance routes (reporting to the Safeguarding and Patient Safety Committee to the Trust Board)

5.4 Local Quality Meetings

Will ensure that *medical devices* are a standing agenda item. The review of risks and the compliance with the operational management of medical devices will be the devolved responsibility of the local service line quality meetings. Minutes from the meetings detailing medical devices management or risks will be received by the Medical Devices Group.

6. Training

Training for *medical devices* will be available via several mechanisms

- staff Induction
- device specific training from the device manufacturers
- device specific training local lead clinicians/educators
- Workforce and Transformation team will support organisational training needs.

See accompanying document (Medical Devices: Training) for details.

7. Policy Monitoring

Elements of this policy will be monitored by a number of established groups within the Trust such as;

- Medical Devices Group
- Health and Safety Committee
- Quality and Risk Committee
- Procurement Sub-Group
- Infection Prevention Committee
- Training and Development

In line with P CIG 01 Clinical Audit Policy, an audit to assess compliance with the policy will be undertaken by service leads as determined by the Medical Devices Group. The Medical Devices Group will agree and monitor an annual programme of audit that will serve to appraise compliance with policy.

Any deficiencies identified will be actioned and changes implemented accordingly. The action plans will be monitored by the Medical Devices Group.

7. Dissemination

This policy will be distributed via the Trust intranet.

8. Policy review

This policy will be reviewed every 24 months.

V6.1 was reviewed/approved Jan 2017

V6.2 was reviewed/approved 3rd July 2017

V6.3 was reviewed December 2017

V7 was reviewed December 2018

Appendix A: Medical devices document portfolio: Key associated documents

This policy sets out to establish a governance framework for the management of *medical devices* used by staff working for and on behalf of Lincolnshire Community Health Services NHS Trust (“the Trust”).

It should be read in conjunction with the associated portfolio of documents - “How to Guide” (this list in not exhaustive):

Medical Devices: How to Guide no 1. Acquisition and selection of medical devices
Medical Devices: How to Guide no 2. Single use medical devices
Medical Devices: How to Guide no 3. Adverse incidents
Medical Devices: How to Guide no 4. Decontamination
Medical Devices: How to Guide no 5. Maintenance and Repair
Medical Devices: How to Guide no 6. De-commissioning and disposal
Medical Devices: How to Guide no 7. Training
Medical Devices: How to Guide no 8. Instructions for use
Medical Devices: How to Guide no 9. Point of Care Testing
Medical Devices: How to Guide no 10. Equipment on loan to patients
Medical Devices: How to Guide no 11. The Use of non-Trust supplied clinical measurement devices by Sub-contractors
Medical Devices: How to Guide no 12. Donated Medical Devices
Medical Devices: How to Guide no 13. Datix reporting
Medical Devices: How to Guide no 14. Guide to the transportation of medical devices

Appendix B: Useful definitions

MDA	Medical device alerts
Adverse incident	An event which gives rise to, or has the potential to produce, unexpected or unwanted effects involving the safety of patients, users or other persons.
CAS	Central Alerting System
MDSO	Medical Device Safety Officer
Medical Device	an instrument, apparatus, appliance, material or other article, whether used alone or in combination, together with any software necessary for its proper application, which is intended by the manufacturer to be used for the purposes of: Diagnosis, prevention, monitoring, treatment or alleviation of disease; Diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury or physical impairment; Investigation, replacement, or modification of the anatomy or of a physiological process; or Control of conception. Note a list of a medical devices may be located at appendix A
MHRA	Medicines and Healthcare Products Regulatory Agency
PPQ	Pre-purchase questionnaire

APPENDIX C:

Types of Medical Devices

This list is not exhaustive but provides examples of medical devices.

Equipment used in the diagnosis or treatment of disease, or monitoring of patients, such as:

Administration sets and pumps
Bathing aids
Beds/Trollies and mattresses
Bed rails
Blood glucose measuring devices and associated equipment
Commodes
Communication aids
Condoms
Contact lenses and care products
Defibrillators
Dental instruments, equipment and materials.
Domiciliary oxygen therapy systems
Doppler's
Dressings
Endoscopes
Examination gloves
External prostheses
Gastrostomy tubes
Hearing aids
Hoists and slings
Insulin injectors
Intra-uterine devices (IUDs)
Near patient testing devices (such as INR, pregnancy test kits, blood gases etc)
Nebulisers
Ophthalmic equipment
Peak flow meters
Prescribed footwear/orthoses
Pulse oximeters
Standing frames
Sphygmomanometers
Surgical instruments
Suction equipment
Syringes and needles
Thermometers
Ultrasound
Urinary catheters and urine drainage systems
Ventilators used in the home
Walking aids
Wheelchairs and special support seating
X-ray machines

Appendix D:

TERMS OF REFERENCE

MEDICAL DEVICES GROUP

V1.7

AUTHORITY

The Medical Devices Group is constituted as a formal group reporting to the Trust Board through the Safeguarding and Patient Safety Committee and is authorised by the Board to investigate / monitor / review /provide assurance to the Board that medical devices used by the Trust are effectively managed in line with relevant regulation, legislation, standards and guidelines.

PURPOSE/ROLE

The role of the group is to provide guidance and assurance on to ensure that the Trust achieves its purpose and strategic aims

Trust Purpose: ***Great care close to home***

Strategic Aims:

1. ***Providing high quality, safe, personalised care***
2. ***Delivering Value for money and financial sustainability***
3. ***Strengthening our positive reputation***
4. ***Leading Integration and innovation***

The purpose and responsibilities of the Group is to minimise all risks associated with the acquisition, use, decontamination, maintenance and disposal of medical devices by monitoring and advising on the evidence base and cost effectiveness of medical devices for Lincolnshire Community Health Services NHS Trust.

MEMBERSHIP

Chair – Medical Director, LCHS
Deputy Chair – Head of Medical Devices and Technology
Governance Manager
Medical Devices Officer
Infection Prevention Representative
Clinical Engineering (ULHT) Representative
Senior Clinical Service Representatives (i.e. one nominee from each of the clinical service lines)
Procurement Representative
Resuscitation Lead
Finance Representative
Health and Safety Representative
Workforce and Education Representative

ATTENDANCE

Representation from each of the clinical service lines is required at every meeting.
(Should the main representative not be able to attend, a designated deputy/representative is to attend).

Additional members with knowledge for advice on specific matters may be co-opted with the agreement of the Chair

Secretarial support to the meeting will be provided by a member of the LCHS Beech House Administrative Team.

FREQUENCY OF MEETINGS

The group meets four times per year.

If a decision needs to be made on a Medical Device before a meeting is due, a virtual group will be formed to comprise of representation from the Chair, Finance, Procurement, Clinical Service lines, Infection Control and Clinical Engineering.

DUTIES/RESPONSIBILITIES

1. To consider the range, type and location of medical devices being used across LCHS NHS Trust and co-ordinate an equipment inventory.

2. To oversee the development of the Medical Devices policy and provide the expert body of knowledge to ensure its maintenance and suitability.

3. To implement and review a policy for the purchase, acceptance, decontamination, maintenance, repair, monitoring, and replacement of devices, and for the training of users.

4. To produce an annual report on the efficacy of the medical devices process for submission to the Trust Board through the Safeguarding and Patient Safety Committee as a sub-group of the Quality and Risk Committee. The Chair of the Committee has the responsibility to ensure that the report is produced and received by the Committee by the end of Q2.

5. To receive and consider documentation such as pre purchase questionnaires (PQQ's) and business cases etc associated with the purchase medical devices with a view to ensuring effective procurement decisions and comparisons of alternative devices are considered.

6. To advise on technical specifications, regulatory compliance information and related issues.

7. To advise on standardisation to single models where possible.

8. To advise on the financial implications when preparing the equipment purchase bid.

9. To advise on risk management considerations in relation to medical devices (to include PID where appropriate).

10. To advise on the evaluation of medical devices/equipment

11. To advise on guidelines for equipment decontamination

12. To advise on training issues

13. To advise on equipment management and maintenance procedures.

14. To develop key indicators capable of showing improvements in medical devices management and/or providing early warning of risks.

15. To ensure compliance with Care Quality Commission requirements

16. To monitor the provision of equipment supplied from external agencies and contracted suppliers.

17. To consider and monitor all Central Alerts System alerts (CAS) and incident reports relating to Medical Devices.

18. To establish, monitor and receive reports/minutes from specialist sub groups and local quality meetings as and when required.

19. The Service Line representatives will have responsibility for decision making in liaison with their Finance Lead.

20. Compliance with ToRs is monitored on an annual basis by this Group who will identify any deficiencies and nominate a responsible member to produce and monitor implementation of an Action Plan to ensure future compliance. Progress on all Action Plans should be reported to this Group on a regular basis.

21. Papers to be submitted to the minute taker no later than 10 days prior to the meeting. Reports can be by exception should the Group require additional papers.

REPORTING

The Group reports to the Safeguarding and Patient Safety Committee (see appendix A).

REVIEW

The Terms of Reference are to be reviewed annually.

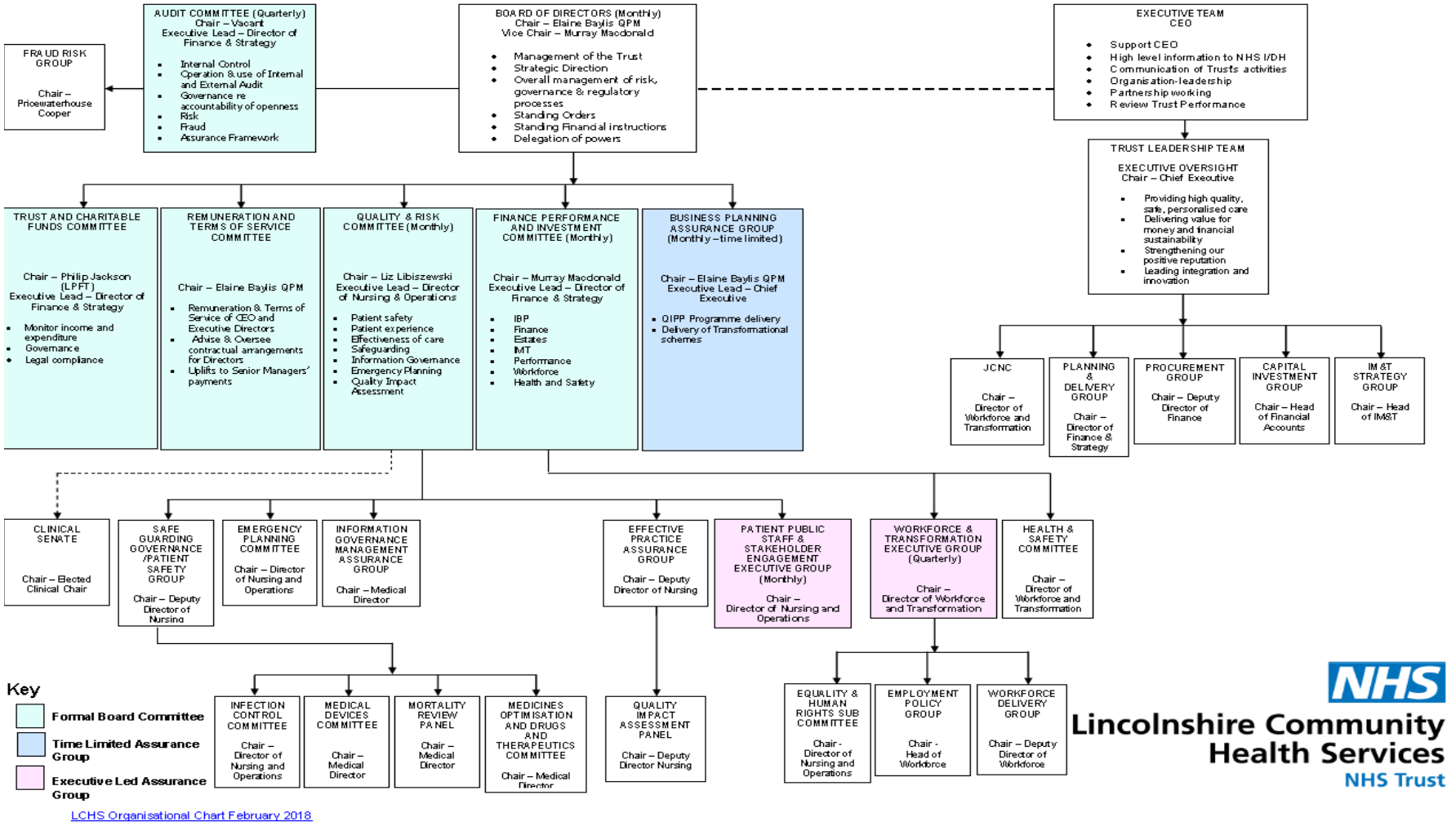
FREQUENCY OF ATTENDANCE BY MEMBERS

Members should attend at least 3 of the meetings each financial year but should aim to attend all.

FALSE OR MISLEADING INFORMATION STATEMENT (Compulsory paragraph to be included in all TORs)

Under the False or Misleading Information Regulations the Trust has a responsibility to ensure that all information which is reported and published is accurate and is not presented in any way that could be considered to be misleading. All Committees must be satisfied that information which is agreed is accurate and represents a true and clear account of the facts.

APPENDIX A


FRAUD RISK GROUP
Chair – Pricewaterhouse Cooper
AUDIT COMMITTEE (Quarterly)
Chair – Vacant
Executive Lead – Director of Finance & Strategy
Internal Control
Operation & use of Internal and External Audit
Governance re accountability of openness
Risk
Fraud
Assurance Framework
BOARD OF DIRECTORS (Monthly)
Chair – Elaine Baylis QPM
Vice Chair – Murray Macdonald
Management of the Trust
Strategic Direction
Overall management of risk, governance & regulatory processes
Standing Orders
Standing Financial instructions
Delegation of powers
EXECUTIVE TEAM
CEO
Support CEO
High level information to NHS I/DH
Communication of Trusts activities
Organisation-leadership
Partnership working
Review Trust Performance
TRUST LEADERSHIP TEAM
EXECUTIVE OVERSIGHT
Chair – Chief Executive
Providing high quality, safe, personalised care
Delivering value for money and financial sustainability
Strengthening our positive reputation
Leading integration and innovation
TRUST AND CHARITABLE FUNDS COMMITTEE
Chair – Philip Jackson (LPFT)
Executive Lead – Director of Finance & Strategy
Monitor income and expenditure
Governance
Legal compliance
REMUNERATION AND TERMS OF SERVICE COMMITTEE
Chair – Elaine Baylis QPM
Remuneration & Terms of Service of CEO and Executive Directors
Advise & Oversee contractual arrangements for Directors
Uplifts to Senior Managers' payments
QUALITY & RISK COMMITTEE (Monthly)
Chair – Liz Libiszewski
Executive Lead – Director of Nursing & Operations
Patient safety
Patient experience
Effectiveness of care
Safeguarding
Information Governance
Emergency Planning
Quality Impact Assessment
FINANCE PERFORMANCE AND INVESTMENT COMMITTEE (Monthly)
Chair – Murray Macdonald
Executive Lead – Director of Finance & Strategy
IBP
Finance
Estates
IMT
Performance
Workforce
Health and Safety
BUSINESS PLANNING ASSURANCE GROUP (Monthly – time limited)
Chair – Elaine Baylis QPM
Executive Lead – Chief Executive
QIPP Programme delivery
Delivery of Transformational schemes
JCNC
Chair – Director of Workforce and Transformation
PLANNING & DELIVERY GROUP
Chair – Director of Finance & Strategy
PROCUREMENT GROUP
Chair – Deputy Director of Finance
CAPITAL INVESTMENT GROUP
Chair – Head of Financial Accounts
IM&T STRATEGY GROUP
Chair – Head of IM&T
CLINICAL SENATE
Chair – Elected Clinical Chair
SAFE GUARDING GOVERNANCE /PATIENT SAFETY GROUP
Chair – Deputy Director of Nursing
EMERGENCY PLANNING COMMITTEE
Chair – Director of Nursing and Operations
INFORMATION GOVERNANCE MANAGEMENT ASSURANCE GROUP
Chair – Medical Director
EFFECTIVE PRACTICE ASSURANCE GROUP
Chair – Deputy Director of Nursing
PATIENT PUBLIC STAFF & STAKEHOLDER ENGAGEMENT EXECUTIVE GROUP (Monthly)
Chair – Director of Nursing and Operations
WORKFORCE & TRANSFORMATION EXECUTIVE GROUP (Quarterly)
Chair – Director of Workforce and Transformation
HEALTH & SAFETY COMMITTEE
Chair – Director of Workforce and Transformation
INFECTION CONTROL COMMITTEE
Chair – Director of Nursing and Operations
MEDICAL DEVICES COMMITTEE
Chair – Medical Director
MORTALITY REVIEW PANEL
Chair – Medical Director
MEDICINES OPTIMISATION AND DRUGS AND THERAPEUTICS COMMITTEE
Chair – Medical Director
QUALITY IMPACT ASSESSMENT PANEL
Chair – Deputy Director Nursing
EQUALITY & HUMAN RIGHTS SUB COMMITTEE
Chair - Director of Nursing and Operations
EMPLOYMENT POLICY GROUP
Chair - Head of Workforce
WORKFORCE DELIVERY GROUP
Chair – Deputy Director of Workforce
Key
Formal Board Committee
Time Limited Assurance Group
Executive Led Assurance Group
LCHS Organisational Chart February 2018
NHS
Lincolnshire Community Health Services
NHS Trust

Version Control

V1.1 Reviewed and approved 21/10/2016 via virtual committee
V1.2 Reviewed 31/05/2017 & Approved 03/07/2017
V1.3 Reviewed and updated 26/07/2017
V1.4 Approved and updated 14/10/2017
V1.5 Revised and updated 14/05/18 (circulated for virtual approval 14/05/18)
V1.6 Revised and updated 08/10/18
V1.7 Revised and approved 30/12/2018

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