

Ref: FOI/2024/10374

Date Received: 16<sup>th</sup> December 2024

Response Due: 21<sup>st</sup> January 2025

Date: 17<sup>th</sup> January 2025

Dear Sir/Madam

With reference to your request for information received on 16<sup>th</sup> December 2024, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold part of the information you have requested. A response to each part of your request is provided below.

In your request you asked:

## **SECTION 1: Hospital Demographics**

### **1. Please indicate your trust/hospital type and type of care:**

#### **a. Trust/Hospital Type:**

- i. Acute**
- ii. Mental Health**
- iii. Community**
- iv. Ambulance**
- v. Other (please specify)**  
Acute.

#### **b. Type of Care:**

- i. Secondary**
- ii. Tertiary**
- iii. Other (please specify)**  
Both secondary and tertiary. Much of our orthopaedic care functions as a tertiary referral centre. Almost everything else is secondary care.

### **2. Total Number of Beds: Please indicate the total number of inpatient beds in your hospital, including all types (e.g., general, ICU, maternity) if applicable.**

Site	Overnight beds	Daycase beds
Royal Albert Edward Infirmary	493	27
Leigh Infirmary	24	43

Wrightington Hospital	68	79
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**Clarification:** Please can you confirm whether you are just wanting overnight beds or are day beds to be included?

**Answer:** Can we get both as separate entities.

**3. ICU/ITU Bed Count: How many beds are designated for intensive or high-dependency care?**

ICU = 11 beds.

NICU = 1 bed.

**4. Annual Admissions: Please provide the total number of patient admissions in the last calendar year. If exact figures are unavailable, please provide your best estimate.**

There were 81,119 admissions (including day cases) in 2023.

**SECTION 2: Procurement and Inventory Management**

**1. Formal Procurement Policies: Does your hospital have formal policies or guidelines for medical equipment procurement?**

a. Yes (please provide a copy or summary)

b. No

Yes, please see attached.

**2. Designated Procurement Roles: Is there a designated individual or team responsible for managing the procurement of medical equipment? If yes, please provide the role(s) and a brief description of responsibilities.**

a. Yes – Individual

b. Yes – Team

c. No

Attached as per question 1.

**3. Inventory Review Frequency: How often is your medical equipment inventory reviewed for excess or unused items?**

a. Monthly

b. Quarterly

c. Biannually

d. Annually

e. Other (please specify)

Medical electronics plans to conduct a physical asset audit across the Trust every 2 years. This audit is solely for asset verification and does not include any usage information such as excess or usage details.

**4. Primary Sources for Procurement: What are the primary sources for your medical equipment procurement? Please indicate the proportion sourced from the NHS supply chain versus individual suppliers, and provide any additional details as applicable.**

The Trust purchases most of our medical equipment via NHS Supply Chain. Products not purchased via this route are procured from NHS England approved suppliers via agreed framework agreements.

**SECTION 3: Waste and Disposal**

**1. Excess/Expired Equipment: What percentage of your medical equipment inventory was classified as excess, unused, or expired in the last 12 months? Please provide a breakdown by equipment type, if available.**

At present, the Trust does not monitor the utilisation of medical devices on both the clinical and engineering sides. Therefore, we are unable to provide this information.

2. **Disposal Responsibility: Is there a specific role or department responsible for overseeing the disposal of medical equipment? If yes, please provide the role(s) and responsibilities.**
  - a. **Yes – Individual**
  - b. **Yes – Department**
  - c. **No**

The Medical Equipment Department will manage equipment such as BP monitors but the wards would manage smaller items such as syringes or tourniquets etc therefore not one specific role or department is responsible.
3. **Formal Disposal Policy: Does your hospital have a formal policy for the disposal of medical equipment?**
  - a. **Yes (please provide a copy or summary of any policies)**
  - b. **No**

Yes, please see attached.
4. **Types of Commonly Disposed Equipment: Please specify the types of medical equipment most commonly disposed of due to expiry or non-use. Include examples and approximate percentages for each type, if possible.**
  - a. **Surgical instruments**
  - b. **Diagnostic devices**
  - c. **Monitoring equipment**
  - d. **Imaging equipment**
  - e. **Other (please specify)**

We do not dispose of items due to 'expiry', we service and maintain equipment until it is no longer usable – then it is scrapped as per the policy attached.

#### **SECTION 4: Sustainability and Environmental Impact**

1. **Sustainability Initiatives: Does your hospital have a sustainability initiative for recycling, reuse, or redistribution of excess or unused medical equipment?**
  - a. **Yes (please provide details)**
  - b. **No**

Yes, please see attached.
2. **Disposal of Excess or Expired Equipment: How does your hospital manage the disposal of excess, expired, or damaged equipment? Please provide a breakdown by disposal method and indicate the approximate amount (in tonnes) used per year for each method. (Note: this information is for the year 2023)**
  - a. **Recycling**
  - b. **Donation**
  - c. **General waste**
  - d. **Other (please specify)**

Recycling and Donation as per the policy attached.

#### **SECTION 5: Policies and Compliance**

1. **Compliance with Disposal Guidelines: How does your hospital ensure compliance with national or NHS guidelines on the disposal and management of medical equipment?**
  - a. **Internal audits**
  - b. **External audits**
  - c. **Regular staff training**
  - d. **Other (please specify)**

External audits/annual audit.

- 2. Internal Audits of Equipment Management: Has your hospital conducted internal audits within the last 12 months to assess the management of excess medical equipment?**
- 1. Yes (If yes, please indicate the frequency of audits and any key findings, if available)**
  - 2. No**  
No.

**\*Please note that "medical equipment" refers to any reusable or single-use devices, tools, or apparatuses used in patient care, diagnosis, treatment, or monitoring. This includes, but is not limited to:**

- **Surgical Instruments: Reusable or disposable tools used in surgical procedures (e.g., scalpels, forceps, clamps).**
- **Diagnostic Devices: Equipment used in patient examination and diagnosis (e.g., stethoscopes, ultrasound devices, thermometers).**
- **Monitoring Equipment: Devices for tracking vital signs and other patient conditions (e.g., blood pressure monitors, ECG machines).**
- **Imaging Equipment: Larger equipment primarily for diagnostic imaging (e.g., X-ray machines, MRI machines, CT scanners).**
- **Other Equipment: Any other reusable or single-use medical tools or devices regularly used within your hospital for patient care and which may have a designated lifecycle.**

If you are not entirely satisfied with this response, please do not hesitate to contact the Information Governance Department via the email address provided. If we do not hear from you within 40 days, we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,



Tabitha Gardner  
Chief Finance Officer

**PLEASE NOTE:**

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Suite 9, Buckingham Row, Brick Kiln Lane, Wigan, WN1 1XX.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision at:

The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire, SK9 5AF

Helpline number: 0303 123 111