



Ymddiriedolaeth GIG  
Prifysgol Felindre  
Velindre University  
NHS Trust



Pencadlys Ymddiriedolaeth GIG Prifysgol Felindre  
Velindre University NHS Trust Headquarters  
2 Cwrt Charnwood  
Heol Billingsley  
Parc Nantgarw  
Caerdydd/Cardiff  
CF15 7QZ  
Ffôn/Phone : (029) 20196161  
<https://velindre.nhs.wales>

Date: 24<sup>th</sup> December 2024  
Ref: CORP 2024 - 226

Dear xxx

**Freedom of Information request: Medical Equipment Management and Sustainability Practices (CORP 2024 – 226)**

Thank you for your request for information which the Trust received on 12<sup>th</sup> November 2024. We apologise for the delay in responding.

Your Request and the Trust's response can be found in Appendix 1 below.

I trust this answers your request for information, however, should you not be satisfied with the information supplied or the process of supplying it, you have a right to complain and request a review. Please note that you must submit a request for a review within 40 days of the date of this letter.

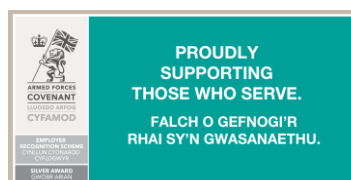
You should forward your complaint to:

Mr Ian Bevan via [FOI.VUNHST@wales.nhs.uk](mailto:FOI.VUNHST@wales.nhs.uk)  
Head of Information Governance  
Velindre University NHS Trust  
2, Charnwood Court  
Heol Billingsley  
Parc Nantgarw  
Cardiff / Caerdydd  
CF15 7QZ

Should you wish to take your complaint further, if you are still unhappy with the decision after review, you can contact the:

Information Commissioner's Office - Wales  
2nd Floor  
Churchill House  
Churchill Way  
Cardiff  
CF10 2HH  
Telephone: 0330 414 6421  
email: [wales@ico.org.uk](mailto:wales@ico.org.uk)

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Velindre University NHS Trust is happy to receive communication in Welsh or English.





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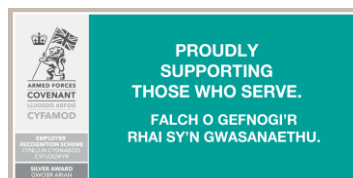
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Yours sincerely

**Non Gwilym  
Interim Director of Corporate Governance**

Velindre University NHS Trust  
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Cardiff  
CF15 7QZ

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## APPENDIX 1

### FOR VELINDRE UNIVERSITY NHS TRUST

#### SECTION 1: Hospital Demographics

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

1. Trust/Hospital Type:

- i) Acute
- ii) Mental Health
- iii) Community
- iv) Ambulance
- v) Other (please specify) [Tertiary Oncology Centre](#)

2. Type of Care:

- i) Secondary
- ii) [Tertiary](#)
- iii) Other (please specify)

3. 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.

[32 inpatient beds.](#)

4. ICU/ITU Bed Count: How many beds are designated for intensive or high-dependency care? [NIL](#)

5. 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.

[Best estimate around 500 per year](#)

#### SECTION 2: Procurement and Inventory Management

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

- i) Yes (please provide a copy or summary)
- ii) No

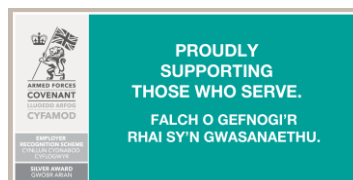
[Procurement Services for the Trust are provided by NHS Wales Shared Services Partnership \(NWSSP\). Please submit an FOI request to NWSSP for this information - \[shared.services@wales.nhs.uk\]\(mailto:shared.services@wales.nhs.uk\)](#)

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.

- i) Yes – Individual
- ii) Yes – Team
- iii) No

iv) [Procurement Services for the Trust are provided by NHS Wales Shared Services Partnership \(NWSSP\). Please submit an FOI request to NWSSP for this information - \[shared.services@wales.nhs.uk\]\(mailto:shared.services@wales.nhs.uk\)](#)

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

- i) Monthly
- ii) Quarterly
- iii) Biannually
- iv) Annually
- v) Other (please specify) - **There is an annual audit of all major assets owned by the trust, which may determine that superfluous devices are removed from the hospital and disposed of in an appropriate manner. For smaller devices, during annual planned maintenance schedules the performance of the device is assessed, and a decision is made on returning the device to clinical use.**

**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.

**Procurement Services for the Trust are provided by NHS Wales Shared Services Partnership (NWSSP). Please submit an FOI request to NWSSP for this information - [shared.services@wales.nhs.uk](mailto:shared.services@wales.nhs.uk)**

### **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.

**56 portable medical devices – add percentage = 4.148%**

**2 major radiotherapy devices**

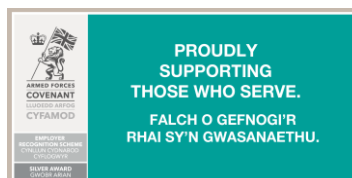
**2. Disposal Responsibility:** Is there a specific role or department responsible for overseeing the disposal of medical equipment? **If yes**, please provide the role(s) and responsibilities.

- i) Yes – Individual
- ii) Yes – Department - **Clinical Engineering for portable medical devices, more specialist devices such as linear accelerators are disposed of via a specialist contractor organised by the Medical Physics department or as part of the contract to supply a replacement device.**
- iii) No

**3. Formal Disposal Policy:** Does your hospital have a formal policy for the disposal of medical equipment?

- i) Yes (please provide a copy or summary of any policies) – **The Trust has a Medical Devices and Equipment Management Policy (QS24) and is available on the Trust’s website using the following link <https://velindre.nhs.wales/policies/quality-and-safety/qs24-medical-devices-and-equipment/>**

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- ii) No
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.
- i) Surgical instruments
  - ii) Diagnostic devices
  - iii) Monitoring equipment - **Portable medical equipment (most commonly disposed due to out of manufacturing support or faulty device- Patient monitors, Defibrillators, Thermometers, Oxygen regulators, Suction controllers, Vital sign monitors etc.)**
  - iv) Imaging equipment
  - v) Other (please specify)

#### **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?
- i) Yes (please provide details)
  - ii) **No**
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.
- i) Recycling
  - ii) Donation
  - iii) General waste
  - iv) Other (please specify) - **Disposal is part of an SLA with a neighbouring trust or via specialist companies for larger equipment.**

#### **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?
- i) Internal audits
  - ii) External audits
  - iii) Regular staff training
  - iv) Other (please specify) - **Disposal is part of an SLA with a neighbouring trust or via specialist companies for larger equipment.**
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?
- i) Yes (**If yes**, please indicate the frequency of audits and any key findings, if available)
  - ii) **No**

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**Whilst the questions seemingly apply to hospitals/health boards and do not seem relevant to a National Blood and Transplant Service, the Welsh Blood Service have provided answers where possible below.**

## **SECTION 1: Hospital Demographics**

Please indicate your trust/hospital type and type of care:

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

- vi) Acute
- vii) Mental Health
- viii) Community
- ix) Ambulance
- x) Other (please specify) **National Blood and Transplant Service**

### **2. Type of Care:**

- iv) Secondary
- v) Tertiary
- vi) Other (please specify) **National Blood and Transplant Service**

### **3. 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.

**NIL**

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

### **5. 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.

**NIL**

## **SECTION 2: Procurement and Inventory Management**

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

- i) Yes (please provide a copy or summary)
- ii) No

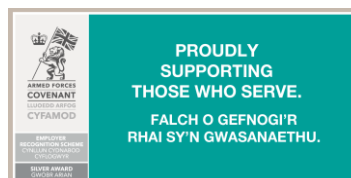
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### **2. Designated Procurement Roles:** Is there a designated individual or team responsible for managing the procurement of medical equipment? **If yes**, please provide the role(s) and a brief description of responsibilities.

- i) Yes – Individual
- ii) Yes – Team
- iii) No

**Procurement Services for the Trust are provided by NHS Wales Shared Services Partnership (NWSSP). Please submit an FOI request to NWSSP for this information - [shared.services@wales.nhs.uk](mailto:shared.services@wales.nhs.uk)**

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

- i) Monthly
- ii) Quarterly
- iii) Biannually
- iv) Annually
- v) Other (please specify) **There is no process to review the WBS inventory on a regular basis for unused or excess items. For disposable medical devices WBS maintain stocks equivalent to 12-16 week's usage split between two different batch numbers, in line with other national blood services. For medical equipment (hardware) every item has an individual asset ID and associated maintenance record. Individual items are checked periodically but intervals vary in accordance with manufacturer's guidance, to ensure they remain in working order, fit for use and within any calibration required. Repairs and maintenance are carried out as part of the planned periodic checks and in response to any breakages or other failures. Equipment is formally released and signed back into use following repairs or maintenance.**

**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.

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What percentage of your medical equipment inventory was classified as excess, unused, or expired in the last 12 months?

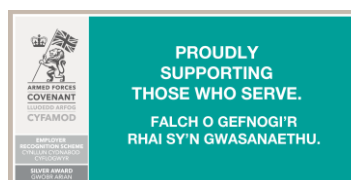
Please provide a breakdown by equipment type, if available.

**WBS equipment utilisation varies from day to day dependent on the size and location of blood donation sessions, with some days activity being more than twice the volume of other days. We carry a resilience stock of service-critical equipment to quickly replace damaged items and maintain operational resilience. The resilience pool is equivalent to approximately 40% of our average utilisation or 15% of a peak day utilisation.**

**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.

- iv) Yes – Individual
- v) Yes – Department
- vi) No**

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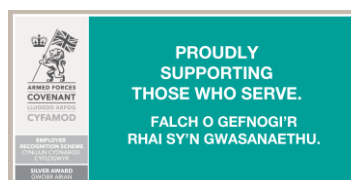
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- 3. Formal Disposal Policy:** Does your hospital have a formal policy for the disposal of medical equipment?
- i) Yes (please provide a copy or summary of any policies) – **The Trust has a Medical Devices and Equipment Management Policy (QS24) and is available on the Trust's website using the following link**  
<https://velindre.nhs.wales/policies/quality-and-safety/qs24-medical-devices-and-equipment/>
  - ii) No
- 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.
- vi) Surgical instruments
  - vii) Diagnostic devices
  - viii) Monitoring equipment
  - ix) Imaging equipment
  - x) Other (please specify) – **Blood donation equipment such as chairs and Blood Weigher/Shaker devices.**

#### **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?
- iii) Yes (please provide details) – **The Trust has an Environment Policy (PP03) and is available on the Trust's website using the following link**  
<https://velindre.nhs.wales/policies/planning-performance-and-estates/pp03-trust-environmental-policy/>. **The Trust also has a Sustainability Strategy and is available on the Trust's website using the following link**  
<https://velindre.nhs.wales/about-us/publications/strategic-documentation/sustainability-excellence-our-strategy-2023-2033/>
  - iv) No
- 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.
- i) **Recycling**
  - ii) Donation
  - iii) General waste
  - iv) **Other (please specify) – Reuse where possible**

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## **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?

- v) Internal audits
- vi) External audits
- vii) Regular staff training
- viii) Other (please specify)

**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?

- iii) Yes - Annual
- iv) No

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