

## MEDICAL GAS SERVICES POLICY

### NON-CLINICAL

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## 1.0 INTRODUCTION

This policy is issued and maintained by the Director of Estates & Facilities on behalf of Sherwood Forest Hospitals NHS Foundation Trust (herein known as the Trust), at the issue date defined on the front sheet, which supersedes and replaces all previous versions.

The Trust is responsible for ensuring the health, safety and welfare of its employees, patients and others on its premises relating to the safe use of Medical Gases. This commitment is demonstrated through compliance with all statutory requirements and codes of practice in all premises for which it is responsible.

The Medical Gas Pipeline systems are to be maintained and serviced so that they do not present either a physical risk to persons using the systems or a statutory compliance risk to the Trust.

The Health and Safety at Work Act 1974 places a duty on the Trust to ensure that all equipment, plant and machinery is adequately maintained in a safe condition so as not to present a risk to its employees or other persons.

Medical Gases are provided in our healthcare premises for medicinal reasons, typically through Medical Gases Pipeline Systems (MGPS) and compressed cylinders. These systems also include Anaesthetic Gas Scavenging Systems (AGSS). Failure to administer MGPS appropriately could result in serious harm to patients or Trust staff.

The primary objective of this policy is to ensure a robust management system for the effective control of medical gas systems throughout the Trusts premises, to minimise the risk of causing harm or fire to patients, visitors, contractors, staff and property

Medical gases are classified as Prescription Only Medicines (POM) and as so they should be managed and controlled as such to ensure supply and quality.

## 2.0 POLICY STATEMENT

Sherwood Forest Hospitals NHS Foundation Trust (hereafter referred to as the “Trust”) is committed to taking all reasonably practicable steps to protect patients, visitors, staff, contractors and other building users from the risks of medical gas systems.

This policy sets out the management approach to be adopted by the Trust and the PFI service provider Central Nottinghamshire Hospitals Plc (CNH or Project Co) and their Hard & Soft FM service providers for operating, inspecting and maintaining the medical gas pipeline systems, infrastructure and cylinders.

The Hard FM service provider undertakes the maintenance and management of all medical gas pipeline systems, and the Soft FM service provider undertakes the management of all medical gas cylinders across the various properties the Trust occupy or own. The Trust recognises it still has a duty of care to ensure these medical gas systems are being managed and maintained appropriately.

The Trust will establish the conditions whereby the use of all Medical Gas Pipeline Systems and cylinders will, so far as is practicably, be adequately controlled in all activities to ensure the health and safety of those potentially affected.

This policy will aim to ensure that the risks to staff and others from exposure to hazards at work are adequately controlled and that all Medical Gas Pipeline Systems and cylinders are managed and maintained to a high standard by performing in-service inspection, testing and appropriate replenishment.

This policy should also be read in conjunction with local Standing Operational Procedures (SOP) and the safe systems of management that they describe, for working and managing these systems on a day-to-day basis.

This policy lays down the key requirements of the Trust for the activities associated with the service for the supply of:

- Medical Oxygen
- Nitrous Oxide
- Nitrous Oxide / Oxygen mixture [Entonox]
- Surgical / Medical Compressed Air [7 bar / 4 bar respectively]
- Dental Air
- Medical Vacuum
- Anaesthetic Gas Scavenging Systems (AGSS)
- Bottled gases (Cylinders)
- Industrial gases used in cryogenics including dry ice
- Pathology gases

The Trust performs the key role of Quality Controller (QC-MGPS) for medical gases and cylinders.

## **2.1 - Statement of Intent**

The Trust, as a major healthcare provider, is fully committed to maintaining an appropriate level of care and management in relation to the management of medical gas systems in all Trust premises.

The Trust recognise that, although they outsource the management of medical gas systems and cylinder management to others, through the PFI Agreement, it still retains a duty of care to manage quality and check that appropriate management controls and procedures are in place and to ensure that patients, visitors and Trust staff, using or working within the buildings are appropriately trained and informed to enable compliance with the requirements relevant to them and their work.

## **2.2 - Purpose**

The purpose of this governance Policy is to safeguard all patients, visitors, staff and assets through prevention and reduction of harm or loss.

The aims of this governance Policy are as follows:

- Provide guidance to those responsible for the management of medical gases and cylinders.
- To set out responsibilities for the implementation of statutory/mandatory requirements
- Ensure effective liaison between the Trust and service providers with day-to-day responsibility for maintenance management of these systems.
- Ensure that medical gas, cylinders (and AGSS) systems operate at optimum levels of performance and within the intended design criteria.
- Maintain medical gases and cylinders to the quality, quantity and resilience expected.
- To coordinate and manage these systems between the different stakeholders (through the Medical Gases Committee primarily).
- Comply with the statutory and mandatory and good practice guidelines associated with these systems and products/equipment associated with their use.
- To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with medical gas systems.
- To identify correct practice for the safe operation of medical gas equipment for staff to implement based upon nationally accepted guidance and the principle of 'so far as is reasonably practicable' (SFAIRP).
- To enable staff to understand their roles and responsibilities in relation to medical gas safety.
- To establish arrangements for the monitoring and review of this Governance Policy in order that it continues to reflect the most up-to-date legislation and guidance.

## **2.3 - Scope**

This Governance Policy sets out the management approach to be adopted by the Trust for providing and maintaining safe medical gas systems, as well as preventing waste, misuse and unnecessary consumption of medical gases supplied across the Trust.

This Governance Policy applies to all Trust:

- service users, patients and visitors.
- employees (including those managed by a third party).
- premises where they work that are owned and occupied, including those properties which Trust may occupy under lease.

The following locations are listed as properties where this policy shall be implemented:

- Kingsmill Hospital.
- Mansfield Community Hospital.
- Newark General Hospital.

### 3.0 DEFINITIONS/ ABBREVIATIONS

- **The Trust:** This means Sherwood Forest Hospitals NHS Foundation Trust.
- **Staff:** Means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust.
- **Private Finance Initiative (PFI):** The initiative under which the Trust has entered into an agreement with partners to build and provide certain services such as Planned Preventative Maintenance (PPM) at its hospitals.
- **PFI Project Agreement:** The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management services.
- **Project Co (CNH / Vercity):** This is the term used for the Central Nottinghamshire Hospitals PLC or CNH (Vercity as a company provides the employees who work on behalf of CNH / Project Co). It is the organisation appointed by the PFI Funder who built the new hospital buildings, they provide facilities services, and then manage these facilities for the life of the contract, at which time they are then handed back to the Trust.
- **Hard FM service provider - Skanska:** This is the organisation and service provider appointed by Project Co to provide Hard facilities management (HFM) services including estates and maintenance functions.
- **Soft FM service provider - Compass Group – Medirest:** This is the organisation and service provider appointed by Project Co to provide Soft facilities management (SFM) services and functions.
- **NHS PS – NHS Property Services** are the owners of Mansfield Community Hospital and therefore have a responsibility as a duty holder. Sherwood Forest Hospitals NHS Foundation Trust occupies certain areas of the building for services to the local community. The Trust's Partners through Skanska Facilities Services [SFS] provide the maintenance via the PFI agreement.
- **Nottinghamshire Health Informatics Service [NHIS]** provide information, communication and technology [ICT] services for the Trust and therefore have the same responsibilities as the Trust and its partners.
- **Schedule 14 (SLS)** Service Level Specifications, the part of the PFI Project Agreement mainly concerned with the facilities management services provided by Project Co through their subcontract with Skanska.
- **Schedule 22 (Trust Variation Enquires = TVE's)** Variations the part of the PFI Project Agreement mainly concerned with Trust variations enquiries regarding the PFI contract
- **Kingsmill Hospital (KMH):** SFH NHS Foundation Trust occupies the buildings to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **Mansfield Community Hospital (MCH):** NHS Property Services (NHS PS) are the owners of the MCH site and have a responsibility as a duty holder. SFH NHS Foundation Trust occupies certain areas of the building to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **Newark General Hospital (NGH):** SFH NHS Foundation Trust occupies the building to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **MGPS - Medical Gas Pipeline Systems:** Anything used, intended to be used or installed for use, to distribute, control, store, measure or use pipeline supplied medical gases.



- **AGSS - Anaesthetic Gas Scavenging System:** - Anaesthetic gas scavenging systems (AGSS) transport exhaled and waste anaesthetic gases from the exhaust valve of an anaesthetic ventilator or anaesthetic breathing system into the atmosphere at a safe location away from the operating theatre. 'Active' AGSS incorporate a mechanical pump to assist with the disposal of the waste gases.
- **VIE: Vacuum Insulated Evaporator** - a device which hospitals use to store large amounts of oxygen. It stores oxygen as a liquid and therefore needs to be insulated (rather like an insulated flask), otherwise the oxygen will rapidly warm and pass from the liquid phase to the gaseous phase and be lost to the atmosphere.
- **Medical Gas Cylinders:** Any compressed cylinder used, intended to be used or installed for use, to distribute, control, store, measure or use medical gas cylinders.
- **Method Statement** – (Task specific) Details of how work is to be done safely (safe system of work).
- **Permit to work** - A permit-to-work ensures a formal authorisation is given incorporating written checks to ensure all the elements of a safe system of work are in place before people are allowed to enter, or work on/in a potentially dangerous environment. It incorporates a means of communication between those carrying out the hazardous work. Essential features of a permit-to-work are:
  - Clear identification of who may authorise tasks (and any limits to their authority)
  - Who is responsible for the specifying of the necessary precautions (e.g. isolation, emergency arrangements, etc.)
  - Provision for ensuring that subcontractors engaged to carry out work are included.
  - Training and instruction in the issue of permits.
  - Closure of the permit to confirm a safe condition on the completion of the work.
- **Mobile units (MRI/Theatres etc.):** Medical facilities units, mobile theatres, scanners, etc. are self-contained with their own installation and designed to be connected to a supply by, for instance, a plug and socket. The standard installation protective measures against shock are required with the added requirement that the automatic disconnection of the supply should be by means of an RCD. A valid Inspection and Testing certificate should be provided with the unit prior to connection to the Trust's infrastructure. Copies of the certificate should be made and retained by the department for the duration of the use.

## 4.0 ROLES AND RESPONSIBILITIES

This section details the general responsibilities of all relevant persons and groups. The Trust and its partners all have responsibilities as duty holders to ensure they maintain the medical gas safety in all its premises.

Below the responsibilities are defined for each role within the Trust and its partners. \*NOTE\* All formal appointments shall use the standard format HTM appointment documentation.

### 4.1 - Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners all have responsibilities as duty holders to ensure they maintain the provision of medical gas safety. Each key party of the PFI scheme (Trust, Project Co and its Hard & Soft FM service providers) has relevant responsibilities to develop, implement, manage, and monitor the safety and quality and resilience of these key systems.

This is undertaken both through policies and procedures that reflect each party's respective responsibilities as responsible partners. The 'principal' duties and responsibilities of the key appointments are highlighted below

#### **4.2 - Trust - Duty Holder – Trust Board**

The Chief Executive has overall responsibility on behalf of the Trust Board for all matters relating to health and safety (including medical gas safety). The Trust Board is the statutory "Duty Holder" for, and as so carries the ultimate responsibility for providing a safe and appropriately functioning environment for patient care. They shall appoint in writing the Trust Designated Person Medical Gas (DP-MGPS).

#### **4.3 - Trust - Chief Executive**

The Chief Executive will ensure that financial resources are made available to support this policy based upon a risk assessment of priorities. The Chief Executive has appointed a Designated Person, (DP-MGPS) the Director of Finance, to do all, or part, of the work to assist in complying with the duties.

The responsibility of the Chief Executive includes ensuring that all medical gas management matters are seen as an important priority for the Trust as addressed through comprehensive policies and management procedures that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

#### **4.4 - Trust - Designated Person Medical Gas (DP-MGPS) - Director of Finance**

Is the Appointed Board Level Executive responsible for medical gas safety. Under the direction of the Chief Executive, they are therefore responsible for the organisational arrangements, which will ensure that compliance with standards is achieved and that where problems occur, they are identified and resolved with minimum risk to employees, patients or members of the public. They shall appoint in writing the Trust Responsible Manager (RM-MGPS).

#### **4.5 – Trust Responsible Manager Medical Gas – (RM-MGPS) - Director of Estates and Facilities**

Is the Responsible Manager Medical Gas (RM-MGPS), under the PFI Agreement all key parties, who are responsible for the Sites medical gases, will have an 'Responsible Manager' (RM-MGPS) or equivalent.

The Trust RM-MGPS is responsible for overall management of Trust interests in relation to medical gases, including the appointment of the Quality Controller (QC-MGPS) and diligence checks of the PFI contract. All systems should be designed and tested in an appropriate manner to meet with the requirements of the HTM and other best practice design guidelines.

The Trust RM-MGPS has the overall responsibility for the Estates and Facilities Department and should monitor the implementation of this policy on behalf of each organisation's Responsible Manager.



The Trust RM-MGPS is responsible for:

- The integrity of the medical gas policy.
- Monitoring the implementation of the medical gas SOP's.
- Ensuring that the medical gas systems comply with the requirements of the HTM's and that all work to the medical gas systems is carried out in accordance, with the permit-to-work procedures managed by the Hard FM service provider.
- Diligence checks to ensure the medical gas written schemes and site-specific procedures (SOP's) are being undertaken by all parties to ensure that controls are effective.
- The integrity and efficacy of the medical gas systems (although the site-specific Authorised Persons AP-MGPS retains effective responsibility for the day-to-day management of the medical gas systems).
- For representing each parties Chief Executive's (Trust, Project Co, HFM / SFM service providers and NHSPS) in the-day-to-day management of medical gas systems.

The Trust RM-MGPS does not have to be an AP-MGPS, but they may have relevant technical qualification. Further technical support will however be provided to this individual via the HFM service provider AP-MGPS, SFM service provider, and the appointed Authorising Engineer Medical Gas (AE-MGPS) to discharge these duties, the Trust will assign individual/s to be responsible for monitoring and auditing the effective implementation of this Policy.

This may include but not be limited to review of the Trust's external medical gas suppliers / contractor's and Project Co's compliance with their contractual obligations, HTM 02 series for medical gas systems, best practices and the PFI Project Agreement.

This may, from time to time, involve the appointment of independent engineers to carry out diligence checks of the systems and procedures in operation on the Trust sites.

The Trust RM-MGPS will be responsible for ensuring that any contractors appointed directly by the Trust (for work on the medical gas systems) are fully aware of and comply with this Policy, all associated SOP's and with specific reference to the design, installation standards, commissioning, testing, and disinfection procedures defined in the HTM 02 series for medical gas systems or derogations thereof.

The Trust RM-MGPS will be responsible for notifying the HFM & SFM service providers, via Project Co, in advance of any works on the medical gas systems initiated by the Trust, if undertaken outside of the formal PFI schedule 22 variation process.

For changes on the site covered by the PFI Variation process i.e. works undertaken by Project Co, the PFI variation process will cover off notification to Project Co and the HFM / SFM service providers of alterations or new systems to be added to the scheme of control. The Trust will ensure that its directly employed contractors comply with the HFM providers permit to work procedures.

In respect to the notification being provided to Project Co in advance of any works on the medical gas systems being initiated by the Trust, it is essential that the HFM AP-MGPS & SFM service provider, who has the operational management responsibility for the medical gas systems is consulted well in advance with respect to any proposals to amend the medical gas installations.

This should involve the HFM AP-MGPS & SFM service provider at the earliest planning stages, the HFM AP-MGPS can then consult with the Authorising Engineer (AE-MGPS) if required.

#### **4.6 - Trust Quality Control Pharmacist – (Quality Controller (QC-MGPS))**

The Quality Controller (QC-MGPS) is the person responsible for the quality control of the medical gases at the terminal outlet in accordance with the validation and verification section of HTM 02 or derogations thereof.

The QC-MGPS must have received training on the verification and validation of medical gas systems and be familiar with the requirements of this policy. They must be on the national register of Medical Gas Quality Controllers.

- The Trust shall ensure Project Co, and the Hard FM service provider have direct access to the Trust QC-MGPS.
- The QC-MGPS will attend the Medical Gases Committee meeting.

Responsibilities for the QC-MGPS role include:

- Responsible for the quality control of the medical gases at the terminal units and plant such as medical air compressors, oxygen concentrators and synthetic air systems (as applicable).
- The QC-MGPS shall accept the professional responsibility for the last independent check of a medical gas system that, if faulty, could cause critical clinical consequences to patients.
- The HFM Service Providers AP-MGPS, in conjunction with the chief pharmacist, should contact the QC-MGPS when any testing of medical gas systems is required.
- To undertake gas quality tests at regular intervals and on an ad-hoc basis as defined in HTM 02 or derogations thereof.

In the event the HFM Service providers AP-MGPS engages an external QC-MGPS service, the HFM service providers AP-MGPS shall ensure that documentary evidence of continuing and recent experience in medical gas testing is provided to the Trust RM-MGPS before the appointment of an external QC-MGPS is completed.

#### **4.7 - Trust Chief Pharmacist**

The Chief Pharmacist is the person responsible for medical gases as they are medicinal products and thus come under the due diligence and clinical governance considerations of Medicines Management (MHRA).

The Trust however uses remote telemetry monitoring techniques for the VIE liquid oxygen plant that alerts the supplier and cylinder replacement is on a full for empty exchange basis. The Trust has two visits per week to replace and replenish other medical gases so the need to order further deliveries is typically by exception only.

The Chief Pharmacist will report to the Chief Executive via the Trust RM-MGPS in relation to medical gas systems.

#### **4.8 - Trust Designated Medical / Nursing Officer (DO-MGPS)**

The Deputy Director of Nursing (DO-MGPS) is the person with whom the HFM Authorised Person (AP-MGPS) liaises with on any matters affecting the medical gas system and who will give permission for a planned interruption to the supply.

This person will have sufficient knowledge of the clinical operations to enable appropriate choices to be made.

It is essential that there is liaison between the medical and nursing staff that use the medical gas systems and the AP-MGPS to ensure that the medical gas systems are appropriate to their needs.

Responsibilities for this role include:

- The Trust DO-MGPS should give permission for any interruption to the medical gas system and should sign the appropriate parts of the permit-to-work.
- The medical gas local SOP shall clearly set out the requirements for such permissions, including the circumstances dictating signature by either the DO-MGPS or a deputy.
- The Trust DO-MGPS and the AP-MGPS are responsible for ensuring that all clinical/nursing staff are fully aware of the interruption to the medical gas system and which terminal units cannot be used.
- The Trust DO-MGPS acts as the focal point for communications, related to the medical gas system and advises on any special requirements for the department(s) relating to medical gases, such as provision of emergency cylinders and vacuum pumps.
- The Trust DO-MGPS would normally carry out the appropriate action in the event of an emergency (for example isolation of a ward supply); such actions should be set out in the medical gas Standing Operational Procedure (SOP).
- All Trust DO-MGPS shall receive regular training on the medical gas systems relevant to the action to be taken in the event of an emergency.
- The medical gas SOP should set out the training requirements as defined in the HTM.
- The Trust DO-MGPS shall sign medical gas permits to work in accordance with HTM requirements.

#### **4.9 - Trust Clinical Director / Divisional General Manager**

The Clinical Director / Divisional General Manager are responsible for the purchase, maintenance and use of medical equipment connected to the medical gas system. This may also be in partnership with the Trusts procurement and MEMD departments.

#### **4.10 - Trust Lead Consultant - Infection Prevention and Control (IPC)**

The Lead Infection Control Consultant / Doctor is the person nominated by the Trust to advise on the monitoring of the infection control policy and microbiological performance of the medical gas systems.

It is the responsibility of the Trust Lead IPC Consultant, working in conjunction with the Trust Lead IPC Nurse and the Infection Prevention and Control Committee to provide input for all matters relating to the hospital environment, maintenance of hospital buildings and engineering systems and to work with Project Co and the HFM service provider including:

- Providing education for maintenance staff and management on infection control and reduction in HCAI's.
- Providing guidance and support when advice on controlling the environment is required
- Providing advice on risk assessments for controlling hazardous infection risks
- Identifying priorities for action in relation to medical gas systems (e.g. advise on decontamination approach to vacuum terminals and filter changes etc)

#### **4.11 - Trust Lead IPC Nurse - Infection Prevention and Control**

It is the responsibility of the Trust Lead IPC Nurse, working in conjunction with the Trust Lead IPC Consultant and the Infection Prevention and Control Committee to provide input for all matters relating to the hospital environment, maintenance of hospital buildings and engineering systems and to work with Project Co and the HFM service provider including:

- Providing education for maintenance staff and management on infection control and reduction in HCAI's
- Providing guidance and support when advice on controlling the environment is required
- Providing advice on risk assessments for controlling hazardous infection risks
- Identifying priorities for action in relation to medical gas systems (e.g. advise on decontamination approach to vacuum terminals and filter changes etc)

#### **4.12 - Trust - Heads of Departments / Department Managers / Clinical Leads & Staff**

The Heads of Departments / Department Managers / Clinical Leads and staff are responsible for ensuring the safe use of medical gas equipment from the outlet onwards to the equipment being used and are responsible for reporting any faults or equipment issues with the medical gas systems or equipment in their areas to the HFM service provider or MEMD.

Any training for staff that use equipment connected to the medical gas system must be recorded in a format that can easily be audited and reviewed. This training should form part of the local induction procedures.

#### **4.13 – Trust - Medical Engineering Department - MEMD**

Medical Engineering (MEMD) is responsible for the safety of all medical equipment connected to the medical gas systems. All medical equipment in use within the Trust, whether owned, on hire to, or hired by the Trust shall be safety checked at commissioning prior to first use on site and periodically at planned preventative maintenance (PPM) intervals as determined by Medical Engineering and/or the manufacturer.

This arrangement covers all except for devices under the PFI Contract “Equipment Responsibility Matrix” (ERM) where alternative arrangements exist (e.g. with the HFM service provider).

#### **4.14 - Project Co (CNH) - Duty Holder - Project Co Executive or the PFI Funders**

Project Co (CNH) is not an employer and therefore does not have duties under Section 2 and 3 of the Health and Safety at Work Act, the Management of Health and Safety at Work Regulations or the Control of Substances Hazardous to Health Regulations.

Project Co (CNH) employs Skanska as a subcontractor to provide Hard FM services under the PFI agreement with the Trust. Skanska is an employer and has duties in respect of the provision of services and obligations under the PFI agreement.

Project Co (CNH) has duties under Section 4 of the Health and Safety at Work etc.

Project Co (CNH) must act to take such steps as are reasonable to ensure so far as is reasonably practicable the premises over which it has control are safe and, as such is a "Duty holder" for the purposes of both this policy and Section 4 of the Health and Safety at Work Act in relation to those matters for which it is responsible under the PFI agreement with the Trust.

Project Co (CNH) shall:

- Appoint in writing a Designated Person (DP Electrical).
- Appoint in writing a Responsible Manager (RM Electrical).
- Monitor the compliance of its Service Providers.
- Ensure full compliance with this Policy.

#### **4.15 - Project Co (CNH) – Designated Person (DP-MGPS) – General Manager**

The General Manager for Project Co is the Project Co Designated Person Medical Gas (DP-MGPS) they shall be appointed in writing by the Project Co Duty Holder. They shall have responsibility for compliance with this policy document.

#### **4.16 - Project Co (CNH) – Responsible Manager – (RM-MGPS)**

The Project Co Hard FM Manager is the Responsible Manager Medical Gas (RM-MGPS)

Under the PFI scheme all key parties, who are responsible for the sites medical gas systems, will have an 'Responsible Manager' or equivalent.

The Project Co RM-MGPS is responsible for overall management of Project Co.'s interests in relation to the medical gas systems including the diligence checks of the PFI contract.

All systems shall be designed and tested in an appropriate manner to meet with the requirements of the HTM and other best practice design guidelines.

The Project Co RM-MGPS shall also carry out the following:

- The implementation of the agreed Standing Operational Procedures (SOP) for the medical gas systems.
- To ensure that this policy and local site rules (SOP) clearly define the roles and responsibilities of all personnel who may be involved in the use, installation and maintenance of the MGPS.
- The Project Co RM-MGPS is also responsible for monitoring the implementation of this policy.

#### **4.17 - HFM service provider – Duty Holder**

The Chief Executive of the HFM service provider is the HFM service provider Duty Holder. The Duty Holder has overall responsibility for Health and Safety within the HFM service provider, including Medical Gas systems.

They shall appoint in writing the Hard FM service provider Designated Person (DP-MGPS).

#### **4.18 - HFM service provider – HFM Designated Person (DP-MGPS)**

The HFM service provider General Manager is the HFM service provider Designated Person (DP-MGPS) they shall be appointed in writing by the HFM service provider Duty Holder.

The HFM service provider DP-MGPS has responsibility for ensuring that suitable information, instruction and training is provided regularly to the HFM service provider Authorised Person/s (AP-MGPS) & HFM service provider Competent Persons (CP-MGPS) and shall formally appoint each in compliance with the HTM procedure.

The HFM service provider DP-MGPS shall ensure that standard operating procedures (SOP's) and risk assessments remain current and are regularly reviewed and updated as required.

They shall inform all DP-MGPS when system non compliances and or deficiencies are found.

#### **4.19 - HFM service provider - Responsible Manager – (RM-MGPS)**

The HFM service provider Assistant General Manager is the HFM service provider Responsible Manager (RM-MGPS).

The HFM service provider RM-MGPS shall be appointed in writing by the HFM service provider DP-MGPS. Under the PFI scheme all key parties, who are responsible for the sites medical gas systems, will have an 'Responsible Manager' (RM-MGPS) or equivalent.

The HFM service provider RM-MGPS is responsible for the overall management of the HFM service providers interests in relation to the medical gas systems including the diligence checks of the PFI contract.

All systems shall be designed and tested in an appropriate manner to meet with the full requirements of the HTM and other best practice design guidelines.



The HFM service provider RM-MGPS will also carry out the following:

- The implementation of the agreed Standing Operational Procedures (SOP) for medical gas systems.
- To ensure that this policy and local site rules (SOP's) clearly define the roles and responsibilities of all personnel who may be involved in the use, installation and maintenance of the MGPS.
- The HFM service provider RM-MGPS is also responsible for monitoring the implementation of this policy.
- Responsible for management of the medical gas systems daily, through the appointment of HFM service provider AP-MGPS and the yearly AP-MGPS assessments of these systems.
- The HFM service provider RM-MGPS shall also provide and update regularly all Standing Operational Procedures (SOP's) for these systems for each site.

#### **4.20 - HFM service provider- Appointed Persons Medical Gas (AP-MGPS)**

This role is provided by the HFM service provider under the PFI Agreement in support of the safe day-to-day operation and management of these key systems.

The HFM service provider directly employed Estates Operations Officers shall be appointed as Authorised Persons Medical Gas (AP-MGPS), they shall be recommended for appointment in writing by the HFM service provider DP-MGPS and shall be appointed in writing by the Trust RM-MGPS or designated representative in compliance with the HTM requirements and in conjunction with the AE-MGPS.

The HFM service provider AP-MGPS have the overall responsibility for the Estates and Facilities Department and shall monitor the implementation of this policy on behalf of each organisation's Responsible Manager (RM-MGPS).

The HFM service provider AP-MGPS are responsible for:

- Responsibility for the integrity of the HFM service providers medical gas policy
- For monitoring the implementation of the medical gas SOP's.
- Ensuring that that the medical gas systems comply with the requirements of the HTM and that all work to the medical gas systems are carried out in accordance, with the permit-to-work procedures and are managed correctly by the HFM service provider.
- Diligence checks on the medical gas written schemes and site-specific procedures (SOP's) shall be undertaken by all parties to ensure that controls are effective
- The integrity and efficacy of the medical gas systems (the site-specific AP-MGPS retains effective responsibility for the day-to-day management of the medical gas systems on each site).
- For representing each parties Chief Executive's (Trust, Project Co, HFM / SFM service providers & NHSPS) in the-day-to-day management of medical gas systems.

To discharge their duties in relation to medical gas, the HFM service provider shall assign and appoint key individual/s to be responsible for the overview and day-to-day "Operational Management" of the medical gas systems.

These duties shall include appropriate operation and regular risk assessment of medical gas systems (and their standby systems), and the undertaking of regular Planned Preventative Maintenance (PPM) tasks associated with medical gas systems.

The HFM service provider AP-MGPS shall appoint persons who are suitably trained, to fulfil the role of Competent Person Medical Gas (CP-MGPS).

The HFM service provider shall provide suitable maintenance systems (PPM), monitoring regimes and record systems to comply with its contractual service delivery need of the PFI Project Agreement in line with the requirements of the medical gas HTM or derogations thereof, Medical Gas Systems, Standing Operational Procedures, best practice guidelines, industry standards and this Policy.

The HFM service provider shall ensure that any areas of concern with regards to medical gas system deficiencies (e.g. poor practice) are brought to the immediate attention of the Project Co RM-MGPS who in turn will inform the Trust RM-MGPS and Medical Gases Committee.

The HFM RM-MGPS on the recommendation of the independent Authorising Engineer (AE-MGPS) shall submit the appointment application of all proposed AP-MGPS in writing to the Trust RM-MGPS or designated representative in compliance with the HTM or derogations thereof, requirements.

Records of all AP-MGPS appointments shall be made available to the Trust for verification.

An individual assessment of the suitability of the potential Authorised Person (AP-MGPS) will be required before such appointments can be made. The certificate of appointment must state the class of work, which the person is authorised to initiate and the extent of their authority to issue and cancel permits-to-work. Reassessment shall take place at a maximum of every 3 years. The training record as and when updated shall be notified via the Medical Gases Committee to all the relevant parties.

Responsibilities for the AP-MGPS role include:

- Ensuring that the MGPS is operated safely and efficiently and in line with HTM and industry best practice.
- Ensuring that local SOP's and any wider policies (such as this) are complied with.
- An AP-MGPS shall have the final decision as to whether or not a medical gas system should be put into use.
- An AP-MGPS shall be suitably trained, competent and qualified and shall be reassessed at a maximum of every 3 years.
- An AP-MGPS shall issue permits in accordance with the Hard FM service providers permit-to-work procedure, local site or Trust rules and HTM's.
- AP-MGPS also have specific duties with regard to the Trust's VIE installations as defined in the HTM and PFI agreement.
- All AP-MGPS shall make suitable arrangements to ensure that cover for AP-MGPS is always available, particularly during holidays and other absences.
- Adequate AP-MGPS coverage shall be available on site 24 hours a day, 7 days a week and particularly during any holiday periods and or absences.

- Perform an annual risk assessment of the site systems and processes as well as updating the risk register for these systems.
- An AP-MGPS shall liaise closely with other professionals in various disciplines, and consequently the appointment should be made known in writing to all interested parties (The Medical Gases Committee).
- All AP-MGPS shall have direct regular contact with the Quality Controller (QC-MGPS), users and other key personnel (SFM Porters).
- An AP-MGPS shall liaise with the Quality Controller (QC-MGPS) before any medical gas system can be taken into use, as quality tests shall be carried out before any gases are provided to patients.
- AP-MGPS are responsible for assessing the competency of all Competent Persons (CP-MGPS) employed directly by the HFM service provider and for maintaining a comprehensive up to date list of Competent Persons (CP-MGPS).
- AP-MGPS are responsible for ensuring that all work is carried out only by approved specialist contractors registered to BS EN ISO 9001/BS EN 13845, with scope of registration defined as design, installation, commissioning, validation, verification and maintenance of medical gas systems as appropriate.
- Where the Trust undertakes new works outside of the PFI, they shall appoint their own AP-MGPS for such activities and manage these works in a coordinated and professional manner working with Project Co and the HFM service provider. Any proposals for utilising existing systems/sources of supply shall be discussed with the HFM service provider AP-MGPS at the earliest possible stage.
- An AP-MGPS shall be consulted before the purchase of any medical equipment that will be connected to the medical gas system.
- An AP-MGPS shall ensure that all terminal units that are out of service are appropriately capped and labelled.
- An AP-MGPS shall ensure that all AVSU and terminal units accurately and appropriately labelled and identified.
- An Authorised Person MGPS shall regularly attend the Medical Gases Committee.

More than one AP-MGPS may be appointed for a system or installation but, at any one time, only one AP-MGPS shall be the duty AP-MGPS on site. Each transfer of responsibility between AP's shall be recorded in the respective medical gas logbook as appropriate.

An AP-MGPS) is responsible for ensuring all respective CP-MGPS remain current and up to date with their appointments, regular assessments and all required training and certification.

An AP-MGPS shall ensure that before any person works on the medical gas systems they are an appointed competent person, they are suitably qualified and competent to do so and that any test equipment used is maintained in good condition and in calibration.

Where any defects, dangerous practices, dangerous and/or unusual occurrences are experienced; an AP-MGPS must report these to all DP-MGPS and the AE-MGPS in writing as soon as reasonably possible.

All AP-MGPS shall carry out all duties as detailed in the medical gas HTM at least 5 times per year to maintain their appointment, where this does not happen the AP-MGPS appointment will be withdrawn pending re-appointment.

AP-MGPS are responsible for overseeing any and all works and duties carried out by any appointed competent persons (CP-MGPS).

#### **4.21 – Hard FM Service Provider - Competent Persons (CP-MGPS)**

A Competent Person Medical Gas (CP-MGPS) is a person, suitably trained and qualified by knowledge and practical experience, and provided with the necessary instructions to enable the required work to be carried out safely.

It is unlikely that any other staff will have the necessary practical experience and theoretical knowledge to carry out the servicing and maintenance role and this would normally be carried out by a specialist medical gas contractor employing specialist Service Engineers who shall be appointed in writing as a Competent Person (CP-MGPS).

Specialist contractors appointed by management shall only use trained and competent persons to carry out the maintenance of medical gas systems. If this person is to carry out electrical work on the electrical supplies to medical gas systems, they will also need to be authorised to carry out this work by an AP-LV and appropriately appointed as a CP-LV.

All CP-MGPS shall be appointed in writing and work under the control of an AP-MGPS with no exceptions.

CP-MGPS shall carry out all works in accordance with this policy, HTM's, current legislation and the PPM programme. All CP-MGPS shall be skilled specialists and shall have sufficient technical knowledge of the installation, inspection, testing and / or maintenance of Medical Gas Systems and their associated electrical services.

Any non-compliance discovered by a CP-MGPS shall be repaired if possible and reported to an AP-MGPS immediately with full details being provided of the issue and actions taken.

All CP-MGPS shall always use safe systems of work, safe means of access and the personal protective equipment and clothing provided for their safety.

#### **4.22 - SFM service provider – Duty Holder**

The Chief Executive of the SFM service provider is the SFM service provider Duty Holder. The Duty Holder has overall responsibility for Health and Safety within the SFM service provider, including Medical Gas systems.

They shall appoint in writing the Soft FM service provider Designated Person (DP-MGPS).

#### **4.23 - SFM service provider – SFM Designated Person (DP-MGPS)**

The SFM service provider General Manager is the SFM service provider Designated Person (DP-MGPS) they shall be appointed in writing by the SFM service provider Duty Holder.

The SFM service provider DP-MGPS has responsibility for ensuring that suitable information, instruction and training is provided regularly to the SFM service provider employees responsible for cylinder management within the Trust.

The SFM service provider DP-MGPS shall ensure that standard operating procedures (SOP's) and risk assessments remain current and are regularly reviewed and updated as required.

They shall inform all DP-MGPS when system non compliances and or deficiencies are found.

#### **4.24 - SFM service provider - Responsible Manager – (RM-MGPS)**

The SFM service provider Portering Manager is the SFM service provider Responsible Manager (RM-MGPS).

The SFM service provider RM-MGPS shall be appointed in writing by the SFM service provider DP-MGPS. Under the PFI scheme all key parties, who are responsible for the sites medical gas systems, will have an 'Responsible Manager' (RM-MGPS) or equivalent.

The SFM service provider RM-MGPS is responsible for the overall management of the SFM service providers interests in relation to the medical gas systems including the diligence checks of the PFI contract.

All systems shall be designed and tested in an appropriate manner to meet with the full requirements of the HTM and other best practice design guidelines.

The SFM service provider RM-MGPS will also carry out the following:

- The implementation of the agreed Standing Operational Procedures (SOP) for medical gas systems for cylinder management.
- To ensure that this policy and local site rules (SOP's) clearly define the roles and responsibilities of all personnel who may be involved in the replacement, use, transport or storage of medical gas cylinders.
- The SFM service provider RM-MGPS is also responsible for monitoring the implementation of this policy.
- Responsible for management of the medical gas systems daily and the regular assessments of these systems.
- The SFM service provider RM-MGPS shall also provide and update regularly all Standing Operational Procedures (SOP's) for these systems for each site.

#### **4.25 - NHS Property Services (NHSPS) Duty Holder (MCH only)**

The Chief Executive of NHS Property Services is a Duty Holder. The Duty Holder and the Board have overall responsibility for Health and Safety within NHS Property Services, including Medical Gas systems.

They shall appoint in writing the NHS Property Services Designated Person (DP-MGPS).

#### **4.26 - NHS Property Services Designated Person (DP-MGPS) (MCH only)**

The NHS Property Services Regional Director is the Designated Person DP-MGPS, who is the Appointed Board Level Executive responsible for Medical Gas systems within NHS Property Services.



Under the direction of the Chief Executive, they are therefore responsible for the organisational arrangements, which will ensure that compliance with standards is achieved and that where problems occur, they are identified and resolved with minimum risk to employees, patients or members of the public.

They shall appoint in writing the NHS Property Services Responsible Manager (RM-MGPS).

#### **4.27 - NHS Property Services Responsible Manager (RM-MGPS) (MCH only)**

The NHSPS Property Manager for NHS Property Services is the NHS Property Services Responsible Manager (RM-MGPS) they shall be appointed in writing by the NHS Property Services Designated Person (DP-MGPS). They shall have responsibility for compliance with this policy document.

#### **4.28 - Independent Authorising Engineer (AE-MGPS)**

The independent Authorising Engineer shall be appointed by the Trust and suitably qualified in accordance with the requirements of the latest HTM, shall (preferably) be registered on the IHEEM database of Authorising Engineers (MGPS) and shall have expert specialist knowledge of all the systems on each site.

The Independent Authorising Engineer (MGPS) shall be responsible for:

- Having specialist knowledge of all the Medical Gas Pipeline systems and their associated control systems on SFHFT occupied premises, in particular the systems for which an Authorised Persons (MGPS) will assume responsibility for on their appointment.
- Determining the required number of AP's, ensuring familiarisation with the site systems and performing assessments of all Authorised Person (MGPS) before recommending to the relevant Designated Person and Trust Duty Holder that the person is able to proceed to written appointment or requires further training.
- Ensuring that all Authorised Persons (MGPS) are fully supported and have satisfactorily completed an appropriate training course and that all training is documented.
- Ensuring that all Authorised Persons (MGPS) are re-assessed every three years and have attended a refresher or other training course prior to such re-assessment.
- Conducting an annual audit of all MGPS systems and review of the operational management systems of the MGPS including Permit to Works and SOP's. The audit shall be submitted annually for review by the Trust and its Partners.
- Regularly reviewing written procedures and operational policies as well advising on changes in technology.
- Assisting the Authorised Person (MGPS), when required, with monitoring the implementation of the MGPS Policy and associated SOP's.

The role shall be kept fully independent of all organisations submitting potential Authorised Persons (MGPS) for assessment.



#### **4.29 - Trust - Other Professionals (i.e. Capital planning / Strategy / Projects).**

It is the responsibility of any Professional with the control and management responsibility of works involving medical gas systems to fully consult with all the relevant appointed persons working on behalf of the Trust and external specialists to ensure full compliance is met with respect to any works on the medical gas systems and they shall ensure the following provision are met as a minimum on all works involving medical gas systems:

- All new and altered medical gas systems shall fully comply with the requirements of all associated SOP's and with specific reference to the design, installation standards, commissioning, testing, and disinfection procedures detailed in the latest version of HTM.
- All new and altered medical gas systems shall comply with the requirements of this policy and all relevant current regulations.
- Evidence shall be provided to the Trust RM-MGPS before works commence on the medical gas system of the validation of the proposed design and specification.
- Evidence shall be provided to the Trust RM-MGPS before works commence on the medical gas systems of the consulting engineer's competence, their interpretation of the requirements, installation standards, commissioning procedures, testing procedures, and disinfection procedures.
- Evidence shall be provided to the Trust RM-MGPS before works commence on the medical gas systems of all contractors' competence, their interpretation of the requirements, installation standards, commissioning procedures, testing procedures, and disinfection procedures.
- Evidence shall be provided to the Trust RM-MGPS before works commence on the medical gas systems of all Engineers' competences and their interpretation with respect to site conditions, the existing installation, interpretation of the requirements, installation standards, commissioning procedures, testing procedures, and disinfection procedures.
- Evidence shall be provided to the Trust RM-MGPS before works commence on the medical gas systems of the Clerk of Works competence and interpretation of the requirements.

## **5.0 APPROVAL**

Approval is given by the Authorising Engineer (AE-MGPS) and the Estates Governance Group.

## 6.0 DOCUMENT REQUIREMENTS

It is the policy of the Trust and its partners to minimise the risk of harm or fire from medical gas systems by ensuring that medical gas and the associated electrical systems are rigorously maintained, monitored and tested according to the following:

- Compliance with the Electricity at Work Regulations
- Compliance with the Health & Safety Executive Guidance HSG 85 - "Electricity at Work. Safe working practices"
- Compliance with the IEE Wiring Regulations BS 7671, amendments and guidance notes.
- Compliance with the Department of Health documents HTM 00-00 Policies and principles of Healthcare Engineering.
- Compliance with the Department of Health documents HTM06-02: Electrical safety guidance for low voltage systems, which is related to healthcare premises.
- Compliance with the Department of Health documents HTM02: Medical gas systems in healthcare premises.
- All relevant HBN & HGN documents
- All relevant codes of practice, regulations and guidance for Medical gas systems
- Work with all parties in an open, transparent and co-ordinated relationship to ensure the safety of patients, staff, visitors and others.

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly based on gender, colour, race, nationality, ethnic or national origin, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status.

### **6.1 - Appointments**

All the appointments identified in this policy shall be formally made in writing. The individuals shall be provided with the necessary training and resources. The Authorising Engineer (AE-MGPS) shall complete a suitability assessment of all recommended individuals.

### **6.2 – Medical Gas Committee (MGC)**

The Medical Gas Committee shall meet on a quarterly basis.

The minimum core agenda shall include:

- Appointments and training.
- Medical Gas Systems condition and reliability.
- Medical Gas Policies, Procedures and SOP's.
- Medical Gas system maintenance.
- AOB.

A Terms of Reference for the MGC has been produced and agreed.

For the purposes of this policy the Trust Estate comprises all the buildings owned or occupied under a full maintenance lease or otherwise by the Trust. This policy applies to all the properties owned or managed on behalf of Sherwood Forest Hospitals NHS Foundation Trust.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Policy & Procedures	Trust Responsible Manager & MGC	Audit/review	Annually	Trust Designated Person & MGC
Process Compliance	Authorising Engineer	Audit/review	Annually	Trust Designated Person & MGC
MGPS Safety & Compliance	Hard FM Service Provider	Audit/review	Quarterly	Trust Designated Person & MGC
Policy, Procedures, Activities, Issues and Incidents	Medical Gas Committee MGC	Audit/review	Quarterly	Estates Governance Group

## 8.0 TRAINING AND IMPLEMENTATION

Operation, inspection and maintenance procedures can cause risks to the health of staff carrying out their work.

All those involved should be trained appropriately to fulfil the task, be aware of the risks, and must work to the agreed safe systems of work. This may involve the Trust's PFI management team receiving training in awareness.

Key appointed persons should also be formally notified in writing and this position accepted in writing. Training requirements for the Hard FM Service Provider staff will be regularly assessed by the AE-MGPS and AP-MGPS and appropriate training undertaken and recorded, together with the date of delivery and topics covered.

Any contractors involved in the installation, commissioning, modification or maintenance of medical gas systems shall be fully conversant with this Policy and shall be suitably qualified and trained.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- Health & Safety at Work etc, Act (HASAWA)
- Workplace (Health, Safety and Welfare) Regulations
- Management of Health & Safety at Work Regulations
- CIBSE Guidance documents
- Department of Health HTM 06 Series for Low Voltage
- Department of Health HTM 00 Policies and Principles of healthcare engineering
- Department of Health HTM 02 Medical Gas systems
- All relevant HBN & HGN Department of Health documents
- All relevant British and International standards
- Regulatory Reform (Fire Safety) Order
- Code of Practice for In-service Inspection and Testing of Electrical Equipment

### Related SFHFT Documents:

- Control of Contractors Policy
- Fire Safety Policy

## 11.0 APPENDICES

Appendix 1 – Equality Impact Assessment

Appendix 2 – Environment Impact Assessment

## APPENDIX 1 - Equality Impact Assessment (EIA) Form (Please complete all sections)

### EIA Form Stage One:

<b>Name EIA Assessor:</b> Lee Fox		<b>Date of EIA completion:</b> 3 <sup>rd</sup> October 2025
<b>Department:</b> Estates & Facilities		<b>Division:</b> Corporate
<b>Name of service/policy/procedure being reviewed or created:</b> Medical Gas Pipeline Systems Policy		
<b>Name of person responsible for service/policy/procedure:</b> Mark Jackson		
<b>Brief summary of policy, procedure or service being assessed:</b> Medical Gas Pipeline Systems		
<b>Please state who this policy will affect:</b> Staff, Contractors & Stakeholder organisations		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.
Race and Ethnicity	None	This Policy outlines expected reasoning and process for medical gas safety. Following the Policy should ensure that no barriers of discrimination is faced by either patients or staff in relation to medical gas safety.
Sex	None	
Age	None	
Religion and Belief	None	
Disability	None	
Sexuality	None	
Pregnancy and Maternity	None	
Gender Reassignment	None	
Marriage and Civil Partnership	None	
Socio-Economic Factors (i.e. living in a	None	

poorer neighbour hood / social deprivation)		
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If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?

None required

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

None required

**On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)**

Positive			Negative			
			Nil			

If you identified positive impact, please outline the details here:

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity	None	
Gender	None	
Age	None	
Religion	None	
Disability	None	
Sexuality	None	



EIA Form Stage Two:	None	
Gender Reassignment	None	
Marriage and Civil Partnership	None	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	

Please send the complete EIA form to the People EDI Team for review.  
Please send the form to: [sfh-tr.edisupport@nhs.net](mailto:sfh-tr.edisupport@nhs.net)

Signature:

\*I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form\*

Date: 3<sup>rd</sup> October 2025

## **APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT**

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

<b>Area of impact</b>	<b>Environmental Risk/Impacts to consider</b>	<b>Yes/No</b>	<b>Action Taken (where necessary)</b>
<b>Waste and materials</b>	<ul style="list-style-type: none"> <li>Is the policy encouraging using more materials/supplies?</li> <li>Is the policy likely to increase the waste produced?</li> <li>Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?</li> </ul>	No No No	N/A N/A N/A
<b>Soil/Land</b>	<ul style="list-style-type: none"> <li>Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals)</li> <li>Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)</li> </ul>	No No	N/A N/A
<b>Water</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in an increase of water usage? (estimate quantities)</li> <li>Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water)</li> <li>Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)</li> </ul>	No No No	N/A N/A N/A
<b>Air</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.)</li> <li>Does the policy fail to include a procedure to mitigate the effects?</li> <li>Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?</li> </ul>	No No No	N/A N/A N/A
<b>Energy</b>	<ul style="list-style-type: none"> <li>Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)</li> </ul>	No	N/A
<b>Nuisances</b>	<ul style="list-style-type: none"> <li>Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?</li> </ul>	No	N/A