

Ventilation Systems Policy

		NON-CLINICAL POLICY	
Reference	E&F-010		
Approving Body	Estates Governance Group		
Date Approved	6th November 2025		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	X		
Issue Date	3 rd October 2025		
Version	4		
Summary of Changes from Previous Version	Updated to new Policy template		
Supersedes	3		
Document Category	Estates & Facilities		
Consultation Undertaken	TAD Authorising Engineer Ventilation (AE-Vent)		
Date of Completion of Equality Impact Assessment	3rd October 2025		
Date of Environmental Impact Assessment (if applicable)	3rd October 2025		
Legal and/or Accreditation Implications	Compliance with H&S at Work Act and subsequent Codes of Practice and HTM's		
Target Audience	All Trust staff, the Trust's PFI Partners, All Contractors and any occupiers of the SFH Trust estate.		
Review Date	8 TH May 2028		
Sponsor (Position)	Chief Financial Officer Director of Estates & Facilities		
Author (Position & Name)	Senior Hard FM Manager, Lee Fox		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Estates & Facilities		
Position of Person able to provide Further Guidance/Information	Authorising Engineer (AE Vent)		
Associated Documents/ Information	Date Associated Documents/ Information was reviewed		
1. Control of Contractors Policy.	03-10-2025		
Template control	April 2024		

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APPENDICIES

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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 ventilation and air conditioning systems. This commitment is demonstrated through compliance with all regulations, statutory requirements, codes of practice and guidance in all premises for which it is responsible.

The Health and Safety at Work etc. Act 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.

Ventilation and air conditioning systems are to be maintained and serviced, so that they do not present either a physical risk to persons using Trust facilities or a statutory compliance risk to the Trust. Ventilation is provided in healthcare premises for the comfort of the occupants of buildings and to remove unwanted pollutants from the place of work.

More specialised ventilation systems will also closely control the temperature, humidity, air flow, pressure regime and quality of air in the environment. In spaces such as theatres, large quantities of filtered air are also provided to reduce hazards to patients and staff from airborne contaminants and potentially harmful micro-organisms.

The Trust recognises its obligations to take necessary measures in the provision of effective operation, inspection (including validation) and maintenance of engineering plant, systems, and services to maintain the safety and welfare of patients, employees, visitors, and contractors on Trust premises.

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

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 associated with ventilation 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 Skanska and Medirest for operating, inspecting, and maintaining ventilation and air conditioning systems on the Trust's premises.

The Hard FM service provider undertakes all maintenance, repairs, servicing and testing of all ventilation and air conditioning systems on behalf of the Trust across the various properties the Trust occupy or own. The Trust recognises it still has a duty of care (Duty Holder) to ensure these systems are being managed and maintained appropriately.

The Trust will establish the conditions whereby the use of ventilation and air conditioning systems and equipment, so far as is reasonably practicable, shall be adequately controlled and safe to use.

The Trust recognises the importance of a safe workplace with appropriate equipment and facilities as well as high standards of leadership, engagement, communication, training and competence and other management issues.

This policy aims to ensure that the risks to staff and others from exposure to hazards at work are adequately controlled and that all ventilation and air conditioning systems are maintained to a high standard and are safe to use.

It is the policy of the Trust to minimise the risk of harm of infection from airborne contaminants by ensuring the ventilation and air conditioning systems are rigorously maintained, monitored, and tested.

This policy seeks to both set out and define the Trust's management approach and commitment to maintaining safe ventilation and air conditioning systems on its premises, as well as providing a framework to adopt when coordinating the management of risk.

This policy and the procedures outlined require the cooperation of all employees, all building users and contractors who also have responsibilities to ensure a safe and healthy working environment is always maintained.

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

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

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 ventilation and air conditioning systems in all Trust premises.

The Trust recognise that, although they outsource the management of ventilation and air conditioning systems 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:

- To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with ventilation and air conditioning systems.
- To identify correct practice for the safe operation of ventilation and air conditioning systems 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 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 Trust for providing and maintaining safe ventilation and air conditioning systems, as well as preventing waste, misuse and unnecessary consumption of electricity 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.
- **Skanska Facilities Services (Skanska):** This is the organisation and service provider appointed by Project Co to provide Hard facilities management services including estates and maintenance functions.
- **Compass Group – Medirest:** This is the organisation and service provider appointed by Project Co to provide Soft facilities management 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 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.
- **Environment:** Means the totality of a patient's surroundings when in healthcare premises. This includes the fabric of the building and related fixtures, fittings, and services such as air and water supplies.
- **Ventilation:** This is the means of removing and replacing the air in a space. In its simplest form this may be achieved by natural means by opening windows and doors etc. Mechanical ventilation systems provide a more controllable method of delivering a known quantity and quality of air. Basic mechanical systems consist of a fan and collection of distribution ductwork; more complex systems may include the ability to condition the air passing through them (Air Conditioning). Ventilation equipment may be required to remove smells, dilute contaminants, and ensure that a specified supply of quality fresh air enters a space.
- **Air Conditioning:** Means the ability to heat, cool, humidify, dehumidify, and filter air. This means that the climate within a space being supplied by air conditioning plant can be maintained at specific levels regardless of changes in the outside air conditions or the activities within the space. This may be required to provide comfortable conditions within a space.

- **LEV - Local Exhaust Ventilation (including Safety Cabinets):** These are bespoke ventilation systems that are used to prevent operatives from exposure to potentially harmful pollutants. Local Exhaust Ventilation (LEV) systems require testing every 14 months under the current Control of Substances Hazardous to Health Regulations (COSHH).
- **Ventilation “Verification”:** Is an annual check of Critical Ventilation system performance, this is achieved by carrying out a series of measurements throughout the ventilation systems to demonstrate sufficient airflow, correct positive or negative air pressure (balance), air quality, thermal comfort, Air Handling Unit (AHU) conformity, AHU condition, Fire containment integrity and to ensure the fabric of the area served is satisfactory. Specialist equipment is used to take measurements within air handling units, the ductwork and then actually at the outlet grille locations. All this data is then compiled into an annual report, to give the customer a clear summary of the effectiveness of their Critical ventilation systems.
- **Ventilation “Validation”:** Is a similar process to “Verification” but is used to “Validate” New Build or Refurbished Critical Ventilation systems, Conventional Theatres & Ultra Clean Ventilation (UCV) Theatres.
- **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 environments. 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.
- **IPCC:** This is the Trust Infection Prevention Control Team and Group.

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 ventilation and air conditioning systems 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 ventilation and air conditioning systems and equipment safety. Each key party of the PFI scheme (Trust, Project Co, and Skanska) 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 ventilation and air conditioning systems and equipment 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 (Ventilation).

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 nominated person, the Director of Estates & Facilities, 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 ventilation and air conditioning 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 (DP Ventilation) - Director of Finance

The Trust Director of Finance is the Appointed Board Level Executive responsible for ventilation and air conditioning systems and equipment 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 Senior Operational Manager (Ventilation).

4.5 - Trust - Senior Operational Manager (SOM Ventilation) – Director of Estates & Facilities

Is the Senior Operational Estates Manager who is appointed in writing by the Trusts Designated Person (DP Ventilation). They fulfil the appointed Senior Operational Management role, under the direction of the Trust Designated Person (DP Ventilation) and as such, have responsibility for co-ordinating resources, ensuring the policy is reviewed, ratified and implemented.

They will be responsible for notifying Skanska, via Project Co, in advance of any works on ventilation and air conditioning systems and equipment initiated by the Trust if undertaken outside of the formal PFI change 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 Skanska of new systems to be added to the scheme of control.

The Trust will ensure that its directly employed contractors comply with Project Co (Skanska) permit procedures.

4.6 - Trust Infection Control Officer Ventilation

The Trust Infection Control Officer (ICO Ventilation) is the person nominated by the Trust to advise upon monitoring the Infection Control Policy and microbiological performance of the ventilation systems.

All major policy decisions should be made through the Ventilation safety group (VSG) or IPCC - Infection Prevention and Control Committee.

It is the responsibility of the Trust Infection Control Officer (ICO Ventilation) 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 Skanska including:

- Provide advice, instruction and management on infection control, and reduction in HCAI's (Healthcare associated infections)
- Provide instruction, guidance, and support when advice on controlling the Hospital environment is required
- Provide instruction, guidance, advice, and assistance with risk assessments for controlling access to environments – i.e., review of Skanska risk assessments for the control of spaces near LEV discharges such as the Trust Category 3 laboratories, etc.

4.7 - Trust Other Professionals (i.e., Estates Development / Capital planning / Strategy / Projects).

Capital Project Officers / Managers will consult with an appointed external specialist with respect to ventilation, air conditioning systems and compliance as follows:

- All new and altered ventilation systems that shall comply with the requirements of the latest HTM's.
- All new and altered ventilation systems comply with the requirements of this policy, current regulations, and all guidance.
- The specification and the consulting engineer's competence and interpretation of the requirements.
- The contractor's competence and their interpretation of the requirements.

- The engineer's competence and interpretation with respect to site conditions, the existing and new installation and commissioning requirements.
- The Clerk of Works competence and interpretation of the requirements.

4.8 - Trust - Independent Authorising Engineer (AE Ventilation)

This independent engineer contracted by the Trust, they will be suitably qualified in accordance with the requirements of the latest HTM's and shall have specialist detailed knowledge of all the systems on each site.

4.9 - Trust Theatre Manager / Co-Ordinator

Any maintenance activity with regards to ventilation systems within the Theatre departments within the Trust must be agreed with the Trust Theatre Manager/Co-Ordinator to ensure that there is minimal disruption to Trust operational activities.

4.10 - User

The User is the person responsible for the management of the unit in which the ventilation system is installed (for example head of department, operating theatre manager, head of laboratory, production, pharmacist, head of research, or another responsible person).

4.11 - Project Co Duty Holder (DH Ventilation) - Project Co Executive or the PFI Funders

Project Co 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 Ventilation).
- Appoint in writing a Responsible Manager (RM Ventilation).
- Monitor the compliance of its Service Providers.
- Ensure full compliance with this Policy.

4.12 - Project Co Designated Person (DP Ventilation)

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

4.13 - Project Co - Responsible Manager (RM Ventilation) – Hard FM Manager

Is the Senior Estates Manager who is appointed in writing by the Project Co Designated Person (DP Electrical), they fulfil the appointed Responsible Manager (RM Electrical) role, under the direction of the Project Co Designated Person (DP Electrical) and as such, have responsibility for co-ordinating resources and ensuring the policy is implemented.

4.14 - Skanska Duty Holder (DH Ventilation)

The Skanska Chief Executive is the statutory Duty Holder. The Duty Holder has overall responsibility for Health and Safety within Skanska, including ventilation systems. They shall appoint in writing the Skanska Designated Person (DP Ventilation).

4.15 - Skanska Designated Person (DP Ventilation)

The Skanska General Manager is the Skanska Designated Person (DP Ventilation) they shall be appointed in writing by the Skanska Duty Holder (DH Ventilation).

The Skanska Designated Person (DP Ventilation) has responsibility for ensuring that suitable information, instruction, and training are provided to the Skanska Authorised Persons (AP Ventilation) & Skanska Competent Persons (CP Ventilation) and formally appoints each.

The Skanska Designated Person (DP Ventilation) ensures any risk assessments remain current and are reviewed and updated as required.

The Skanska Designated Person (DP Ventilation) shall inform the Trust DP and Project Co DP when system non compliances / deficiencies are found. They shall appoint in writing the Independent Skanska independent Authorising Engineer (AE Ventilation).

4.16 - Skanska Authorised Persons (AP Ventilation)

Estates Officers employed by Skanska will be appointed as Skanska Authorised Persons (AP Ventilation) they shall be appointed in writing by the Skanska Designated Person (DP Ventilation) following successful assessment by the AE Ventilation. All Skanska AP Ventilation have the responsibility for the day-to-day operational management and safe systems of work on all ventilation systems on the SFH Trust's premises.

Skanska AP Ventilation are responsible for the practical implementation and operation of this policy and the systems & installations for which it has management control of, this includes known dangers for which the Skanska AP Ventilation have been appointed to manage.

More than one Skanska AP Ventilation may be appointed for a system or installation but, at any one time, only one Skanska AP Ventilation shall be the "duty AP" Ventilation on site. Each transfer of responsibility between Skanska AP Ventilation is to be recorded in the respective ventilation logbook as appropriate.

The Skanska AP Ventilation shall ensure that all mechanical services are safe and available for their intended use and that the Trust complies with its statutory obligations.

The Skanska AP Ventilation are responsible for the appointment in writing of the Competent Person (CP Ventilation)

The Skanska AP Ventilation are responsible for ensuring the respective Competent Persons (CP Ventilation) remain current and up to date with their appointments, regular assessments and all required training and certification.

The Skanska AP Ventilation must ensure that before any person works on the ventilation system, the person carrying out the work has been suitably assessed and appointed as a Competent Person (CP Ventilation), that they are suitably qualified, experience, knowledgeable and deemed competent to carry out the work, and that any test equipment used is maintained in good condition and has valid calibration.

Where any defects, dangerous practices, dangerous and/or unusual occurrences are experienced; the Skanska AP Ventilation must immediately report these to all DP Ventilation, the RM Ventilation, and the AE Ventilation, to also be confirmed in writing via a detailed incident report (IR) as soon as reasonably possible.

Skanska AP Ventilation are responsible for obtaining regular monthly condition-based and reliability-based assessments of the ventilation and air conditioning systems to be used to apply the necessary and required levels of maintenance and repairs to avoid unnecessary failures and break downs.

Skanska AP Ventilation shall carry out all duties as detailed in the latest version of the HTM's. Adequate numbers of Skanska AP Ventilation shall be available to attend site 24 hours a day / 7 days a week and they shall ensure adequate cover is provided via a rota to cover for sickness, annual leave, etc.

The Skanska AP Ventilation shall issue/cancel Permits to Work and Permission for Disconnection forms as prescribed in the HTM series of documents.

4.17 - Skanska Competent Persons (CP Ventilation)

A Competent Person (CP Ventilation) 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. Skanska Competent Persons (CP Ventilation) will be either directly employed in house Skanska staff or sub-contractors.

All Competent Persons (CP Ventilation) shall be formally appointed in writing and work under the control of a Skanska Authorised Person (AP Ventilation). Competent Persons (CP Ventilation) shall carry out all works in accordance with this policy, latest HTM's, current legislation, current guidance, manufacturers requirements, PPM schedules and all other relevant requirements.

All Competent Persons (CP Ventilation) shall be highly skilled specialists and shall have sufficient technical knowledge of the installation, inspection, testing and / or maintenance of ventilation, air conditioning systems and their associated electrical systems.

All external consultants and contractors who will have an impact on the ventilation and air conditioning systems will need to demonstrate and provide evidence of training, suitable knowledge, experience, and competency appropriate to their activities.

These external individuals shall be formally appointed in writing and work under the control of a Skanska Authorised Person (AP Ventilation), they shall be highly skilled specialists and shall have sufficient technical knowledge of the design, installation, inspection, testing and / or maintenance of ventilation, air conditioning systems and their associated electrical systems, they shall always follow this policy and supporting reference documents.

Any non-compliance discovered by a Competent Persons (CP Ventilation) shall be repaired if possible and immediately reported to a Skanska Authorised Person (AP Ventilation) with full details of the issue and actions taken.

All Competent Persons (CP Ventilation) shall always use safe systems of work, safe means of access and the personal protective equipment and clothing provided for their safety.

For further guidance please reference the Control of Contractors Policy.

4.18 - Plant Operator

A Plant Operator is any person who works on and operates a ventilation or air conditioning system installation to test, repair or validate its operation.

4.19 - NHS PS (MCH) Duty Holder (DH Ventilation)

The Chief Executive of NHS Property Services (NHS PS) is the statutory Duty Holder (DH Ventilation). The Duty Holder and the Board have overall responsibility for Health and Safety within NHS Property Services, including Ventilation and air conditioning systems. They shall appoint in writing the NHS PS Designated Person (DP Ventilation).

4.20 - NHS PS (MCH) Designated Person (DP Ventilation)

The NHS PS Regional Director is the Appointed Board Level Executive responsible for Ventilation and air conditioning systems. 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 PS Responsible Manager (RM Ventilation).

4.21 - NHS PS (MCH) Responsible Manager (RM Ventilation)

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

4.22 - All staff

All Trust staff and staff working for the Trust's or it's PFI partners, together with any subcontractors appointed by any party, are responsible for co-operating with the operational requirements of this Policy.

All formal appointments shall use the HTM standard appointment process and documentation, to be provided in writing to all DP Ventilation, before persons are allowed to operate or work on any ventilation or air conditioning equipment. Up to date and accurate responsibility matrix, listing the training and appointment of all persons associated with ventilation is to be kept by all relevant parties.

4.23 - Independent Authorising Engineer - Ventilation (AE Ventilation)

This independent engineer provides expert support, oversight and controls the appointment of Authorised Persons Ventilation (AP-Ventilation) will be suitably qualified in accordance with the requirements of HTM 03 series and have specialist knowledge of the ventilation and air conditioning systems on each site. The specialist acting in this role will be responsible for:

- Having specialist knowledge of ventilation and air conditioning systems in SFHFT, in particular the systems for which an Authorised Person(s) (AP-Ventilation) will assume responsibility on appointment.
- The Authorising Engineer (AE-Ventilation) will, after performing an assessment of a potential Authorised Person Ventilation (AP-Ventilation), recommend to the Designated Person Ventilation (DP Ventilation) of the submitting organisation either that the person is able to proceed to written appointment or requires further training.
- To ensure that all Authorised Persons Ventilation (AP-Ventilation) have satisfactorily completed an appropriate training course and that all training is up to date and documented.
- To ensure that all Authorised Persons Ventilation (AP-Ventilation) are re-assessed every three years and have attended a refresher or other training course prior to such re-assessment.
- To conduct an annual audit and review of the management systems of the Ventilation systems including Permits to Work, SOP's and other documentation.
- Review of written procedures and operational policies as well as advising on changes in technology.
- To assist the Authorised Person Ventilation (AP-Ventilation), when required, with monitoring the implementation of the Ventilation Safety Policy and Ventilation SOP's.

5.0 APPROVAL

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

6.0 DOCUMENT REQUIREMENTS

This policy seeks to both set out and define the Trust's management approach and commitment to maintaining safe Ventilation, air conditioning systems and associated electrical systems on its premises, as well as providing a framework for partners to adopt when coordinating the management of risk.

This policy and the procedures outlined require the cooperation of all employees, all regular building users and contractors who also have responsibilities to ensure a safe and healthy working environment is always maintained.

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.

It is the policy of the Trust and its partners to minimise the risk of harm or fire from ventilation, air conditioning and the associated electrical services by ensuring that ventilation and air conditioning 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 HTM03-01 Part A & B Ventilation.
- Compliance with the Department of Health HBN & HGN documents relevant to Ventilation systems.
- Compliance with the Department of Health documents HTM06-02: Electrical safety guidance for low voltage systems, which is related to healthcare premises.
- 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-Ventilation) shall complete a suitability assessment of the key appointed individuals.

6.2 - Ventilation Safety Group (VSG)

The Ventilation safety group shall meet on a quarterly basis.

The minimum core agenda shall include:

- Appointments and training.
- Ventilation and Air Conditioning Systems condition and reliability.
- Ventilation and Air Conditioning Policies, Procedures and SOP's.
- Ventilation system maintenance, testing and verification.
- AOB.

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

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (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 Senior Operational Manager & VSG	Audit/review	Annually	Trust Designated Person & VSG
Process Compliance	Authorising Engineer	Audit/review	Annually	RM & Designated Person
IPCC Safety & Compliance Report	Skanska Report	Audit/review	Monthly	IPCC- Infection Prevention Control Committee
Policy, Procedures, Activities, Issues and Incidents	Ventilation Safety Group (VSG)	Audit/review	Quarterly as a minimum	Estates Governance Group

8.0 TRAINING AND IMPLEMENTATION

Operation, inspection, and maintenance procedures can cause risks to the health of staff carrying out the work and those receiving air from the plant.

All those involved in ventilation works should be suitably trained in an appropriate manner to fulfil the task, be aware of the risks, they must be aware of the risks and must work to the agreed safe systems of work. This may involve the Trust representatives receiving training in awareness in relation to critical ventilation, ventilation, and air conditioning systems. 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 & AP's 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 ventilation systems shall be fully conversant with this policy and shall be suitably qualified, trained, experience and appointed as an appropriate competent person for the works being undertaken. Toolbox talks shall also be provided to technicians on a regular basis covering ventilation topics.

Suitable safety equipment should be used wherever necessary, and staff should be suitably trained in its use. Training in the use of safety equipment and a safe systems of work will need to be repeated to cater for changes in staff.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment (EQIA), 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

A summary of the information or guidance that has been used to develop this policy is detailed below but not limited to:

Evidence Base:

- Health & Safety at Work etc, Act (HASAWA)
- Electricity at Work Regulations
- Workplace (Health, Safety and Welfare) Regulations
- Management of Health & Safety at Work Regulations
- Electrical Equipment (Safety) Regulations
- HSG 85 Electricity at Work. Safe Working Practices
- Memorandum on Electricity at Works Regulations
- Lifting Operations and Lifting Equipment Regulations LOLER
- British Standard 7671 IEE Wiring Regulations, guidance notes and amendments
- CIBSE Guidance documents
- Provision and use of Work Equipment Regulations PUWER
- Department of Health HTM 06 Series for Low Voltage

- Department of Health HTM 00 Policies and Principles of healthcare engineering
- Department of Health HTM 03 Series specialised ventilation for healthcare premises Part A & B
- Department of Health HTM 04 Series Water Hygiene for healthcare premises Part A & B
- Department of Health HTM 05 Series functional provisions for healthcare premises.
- Department of Health HBN's for Sterile Services, Pathology Facilities, Mortuary, Adult in-patient facilities, etc.
- Regulatory Reform (Fire Safety) Order
- Code of Practice for In-service Inspection and Testing of Electrical Equipment
- All manufactures instructions
- All relevant European & British regulations, codes of practice, standards and requirements

Related SFHFT Documents:

- Control of Contractors Policy
- Water Safety Policy & Water Safety Plan
- Fire Safety Policy
- Electrical Safety Policy
- Infection Control Policy

11.0 APPENDICES

Appendix 1 - Equality Impact Assessment (EQIA)

Appendix 2 - Environmental Impact Assessment (EIA).

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

EIA Form Stage One:

Name EIA Assessor: Lee Fox		Date of EIA completion: 3 rd October 2025
Department: Estates & Facilities		Division: Corporate
Name of service/policy/procedure being reviewed or created: Ventilation Safety Policy		
Name of person responsible for service/policy/procedure: Senior Hard FM Manager		
Brief summary of policy, procedure or service being assessed: Policy for the safe procedure for Ventilation Safety across the Trust		
Please state who this policy will affect: All Staff, Patients, visitors, PFI partner organisations and all subcontractors		
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	No	This Policy outlines expected reasoning and process for Ventilation Safety. Following the Policy should ensure that no barriers of discrimination are faced by either patients or staff in relation to Ventilation Safety.
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	
Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer	No	

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			
High	Medium	Low	Nil	Low	Medium	High
If you identified positive impact, please outline the details here:						

EIA Form Stage Two:

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	
Pregnancy and Maternity	None	
Gender Reassignment	None	
Marriage and Civil Partnership	None	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	

Signature:

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

Date:

3rd October 2025

Please send the complete EIA form to the People EDI Team for review.

Please send the form to: sfh-tr.edisupport@nhs.net

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.

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