

Ventilation Systems Policy

Non-Clinical Policy

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Approving Body	Estates Governance Committee.		
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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
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Date of Completion of Equality Impact Assessment	10/05/2023		
Date of Environmental Impact Assessment (if applicable)	10/05/2023		
Legal and/or Accreditation Implications	The Health and Safety at Work Etc Act Health Technical Memorandum & Health Building Notes Statutory requirements – COSHH The Health and Social Care Act 2008 and CQC Model Engineering Specifications and Approved Codes of Practice) and Legislation.		

<p>Target Audience</p>	<ul style="list-style-type: none"> • All parties with a responsibility for Ventilation Systems • CEO • Trust Board Directors • Risk Committee • Health and Safety Committee • Estates Governance Committee • Director of People • Departmental Managers • All Trust staff (via the intranet) • Project Co (CNH) • Skanska Facilities Services • NHS Property Services • Medirest
<p>Review Date</p>	<p>12/05/2026</p>
<p>Sponsor (Position)</p>	<p>Associate Director of Estates & Facilities</p>
<p>Author (Position & Name)</p>	<p>Senior Estates Manager</p>
<p>Lead Division/ Directorate</p>	<p>Estates & Facilities</p>
<p>Lead Specialty/ Service/ Department</p>	<p>Estates & Facilities</p>
<p>Position of Person able to provide Further Guidance/Information</p>	<p>Senior Estates Manager & Trust Authorising Engineer (AE Vent)</p>
<p>Associated Documents/ Information</p>	<p>Date Associated Documents/ Information was reviewed</p>
<p>1. Control of Contractors Policy. 2. Water Safety Policy 3. IPC operating policy</p>	<p>16 February 2022 29th April 2022 12th August 2022</p>
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1.0 INTRODUCTION

This policy is issued and maintained by the Associate Director of Estates & Facilities (the sponsor) on behalf of 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.

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.

The Health and Safety at Work Etc 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.

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 and pressure regime of 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

This policy sets out the management approach to be adopted by the Trust and Project Co, (the Trusts PFI Partner), herein known as Central Nottinghamshire Hospitals PLC (CNH) (services provided by Vercity Ltd), and the Project Co Hard FM service provider (herein also known as Skanska) for operating, inspecting, and maintaining ventilation and air conditioning systems on the Trust's premises.

The PFI Partners for the Trust complete all maintenance repairs and servicing of all ventilation and air conditioning systems on behalf of the Trust across the various properties the Trust occupy or own (This includes Mansfield Community Hospital).

The Trust recognises it still has a duty of care (Duty Holder) to ensure these systems are being managed appropriately.

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

The Trust will establish the conditions whereby the use of both ventilation and air conditioning equipment in use on Trust premises 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 ventilation and air conditioning systems are maintained to a high standard by performing in-service inspection and testing.

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.

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.
PFI - Private Finance Initiative.	The initiative under which, the Trust has entered into an agreement with its partners to build and provide certain services (such as Planned Preventative Maintenance) at its hospitals.

PA, Project Agreement.	The agreement or contract between SFHFT 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). It is the organisation appointed by the PFI Funder who built the new hospital buildings, 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.
Schedule 14 (SLS).	Service Level Specification, 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.
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 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	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.
Mansfield Community Hospital (MCH):	NHS Property Services (NHS PS) are the owners of the MCH site and have a responsibility as a duty holder. The Trust occupies certain areas of the MCH building to provide services to the local community. Maintenance, servicing, and repairs are provided via Project Co.
IPCC	This is the Trust Infection Prevention Control Team and Committee.

4.0 ROLES AND RESPONSIBILITIES

This section details the general responsibilities of all relevant persons and groups. A 'Management Structure and Lines of Communication map' showing responsibility structure is appended to this policy (See Appendix 1).

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 - Trust Board

The Trust Board, through The Chief Executive (who is the Accountable Officer), has overall responsibility for Health and Safety within The Trust, and as so carries the ultimate responsibility for providing a safe and appropriately functioning environment for patient care.

4.2 - Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners all have responsibilities as duty holders to ensure they maintain the provision of safe Ventilation Systems. 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 individual parties are highlighted below: -

4.3 - Trust Duty Holder (DH Ventilation)

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

4.4 - Trust Designated Person (DP Ventilation)

The Trust Associate Director of Estates & Facilities is the Trust Designated Person responsible for ventilation (DP Ventilation). Under the direction of the Chief Executive, they are 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 (SOM Ventilation).

4.5 - Trust Senior Operational Manager (SOM Ventilation)

Is the Senior Estates Manager who is appointed in writing by the Trust Designated Person (DP Ventilation). They fulfil the appointed Senior Operational Management (SOM Ventilation) 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.

The Senior Estates Manager (SOM Ventilation) will be responsible for notifying SFS, via Project Co, in advance of any works on ventilation systems initiated by the Trust if undertaken outside of the formal PFI variation process.

For changes on the site covered by the PFI Variation process (TVE) i.e., works undertaken by Project Co, the PFI variation process will cover off notification to Project Co 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

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. Major policy decisions should be made through the 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 Officer / 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 the critical ventilation systems within the Trust must be agreed with the Trust Theatre Manager/Co-Ordinator to ensure that there is minimal disruption to Trust 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 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 has entered into sub-contract agreements with Skanska in respect of the provisions of service and its obligations under the PFI agreement with the Trust. Skanska is an employer and has duties under the above requirements.

Project Co does however have duties under Section 4 of the Health and Safety at Work etc. 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

As such Project Co is a "Duty Holder" for the purposes of both this policy and Section 4 of the Health and Safety at Work etc. Act in relation to those matters for which it is responsible under the PFI agreement with the Trust.

Project Co Executive or the PFI Funders shall appoint in writing a Project Co Designated Person (DP Ventilation).

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 - Skanska Duty Holder (DH Ventilation)

The Skanska Chief Executive is the statutory Duty Holder. The SFS 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).

4.14 - Skanska Designated Person (DP Ventilation)

The General Manager for Skanska 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).

4.15 - Skanska - Independent Authorising Engineer (AE Ventilation)

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

The Skanska Independent Authorising Engineer (AE Ventilation) will be responsible for:

- Having specialist knowledge of Ventilation and air conditioning systems across the SFHFT occupied premises, in particular the systems for which an Authorised Person (AP Ventilation) will assume responsibility on appointment.
- Determining the required number of AP's and performing regular assessments of all Authorised Persons (AP Ventilation) before recommending to the relevant Designated Person (DP Ventilation) of the submitting organisation either that the person can proceed to written appointment or requires further training.
- To ensure that all Authorised Persons (AP Ventilation) are fully supported and have satisfactorily completed all appropriate training courses and that all training is documented.
- To ensure that all Authorised Persons (AP Ventilation) are re-assessed every three years and have attended a refresher or other relevant training course prior to such re-assessment.
- To conduct an annual audit of all ventilation systems and review of the operational management systems of the Ventilation and air conditioning systems including Permit to Work, SOP's and all relevant processes and procedures, to be submitted annually to all Designated Persons (DP Ventilation), Senior Operational Manager (SOM Ventilation) and Partners for review in a timely manner.
- Review of written procedures and operational policies as well advising on changes in law, guidance, and technology.
- To assist the Authorised Person (AP Ventilation), when required, with monitoring the implementation of the Ventilation Policy and associated SOP's.

The AE role shall be kept independent of organisations submitting potential Authorised Persons (AP Ventilation) for assessment

4.16 - Skanska Authorised Persons (AP Ventilation)

Estates Officers employed by Skanska will be appointed as Skanska Authorised Persons (Ventilation) they shall be appointed in writing by the Skanska Designated Person (DP Ventilation) following successful assessment by the Skanska 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 SOM Ventilation, and the Skanska 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 shall ensure adequate cover is provided 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, and PPM schedules.

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 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

The Plant Operator is any person who operates a ventilation installation.

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 its PFI partners, together with any sub-contractors 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.

5.0 APPROVAL

This Policy has been presented to the following groups for comment and approval

Contributors	Method	Dates consulted
Trust Health and Safety Committee;	Email	
Trust Risk Management Group (Non-Clinical)	Email	
Estates Governance Committee	Email	
Central Nottinghamshire Hospitals PLC	Email	
Skanska	Email	
NHS Property Services	Email	

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.

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	Process for Monitoring e.g. Audit	Frequency of Monitoring	Responsible Individual or Committee/ Group for Review of Results
Policy	Trust Senior Operational Manager	Audit/review	3 Years	Policy - Trust Designated Person
AE Report and Actions	Authorising Engineer	Audit/review	Annually	PFI Partners Ventilation Compliance - Duty Holders, Designated Persons.
IPCC Report	Trust Senior Operational Manager	Report	Bi-Monthly	IPCC - Infection Prevention Control Committee.
Performance Management Report (PMAV)	Trust – Hard FM Team	Audit/review	Monthly	PMAV 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 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 also involve the Trust's PFI management team receiving training in awareness and refresher courses in relation to critical ventilation, ventilation, and air conditioning systems.

Training requirements for the Hard FM Service Provider staff will be regularly assessed by the AE/AP 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, competent, and trained. Toolbox talks should also be provided to technicians on a regular basis covering ventilation topics.

Suitable safety equipment should be used wherever necessary, and staff should be trained in its use. Training in the use of safety equipment and a safe system 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 2
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 3

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:

Health and Safety at Work Act
Management of Health & Safety at Work Regulations
Workplace (Health, safety, and Welfare) Regulations
The PFI Project Agreement & Contract documentation
Health Technical Memorandum (HTM) 00 Policies and Principles of healthcare engineering
Health Technical Memorandum (HTM) 03-01 specialised ventilation for healthcare premises Part A & B
Health Technical Memorandum (HTM) 04-01 'The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems'
Health Technical Memorandum (HTM) 05-02 – 'Guidance in support of functional provisions for healthcare premises'.
Health Technical Memorandum (HTM) 2025 (Now superseded by HTM 03-01) - 'Ventilation in healthcare premises' where design criteria were used.
HSE Approved Codes of Practice and guidance documents including 'Legionnaires' disease; the control of Legionella bacteria in water systems' (L8)
CIBSE Guidance documents
All manufactures instructions
COSHH Regulations
Health Building Note (HBN) 13 Sterile Services
Health Building Note (HBN) 15 Pathology Facilities
Health Building Note (HBN) 20 Mortuary
Health Building Note (HBN) 04-01 Adult in-patient facilities: planning and design
All European & British regulations and requirements
European guidelines on good manufacturing practice (GMP) published by the Medicines and Healthcare products Regulatory Agency (MHRA)
Other ISO standards including those associated with CSSD
Other guidance such as HSG 258 Controlling airborne contaminants at work: A guide local exhaust ventilation (LEV)
Heating and Ventilating Contractors' Association (HVCA), SFG20
EGGMP (Orange guide)
Trust Fire Safety Policy
Trust Control of Contractors Policy

Related SFHFT Documents:

- Control of Contractors Policy.
- Water Safety Policy
- COSHH Policy
- Infection control policy

11.0 APPENDICES

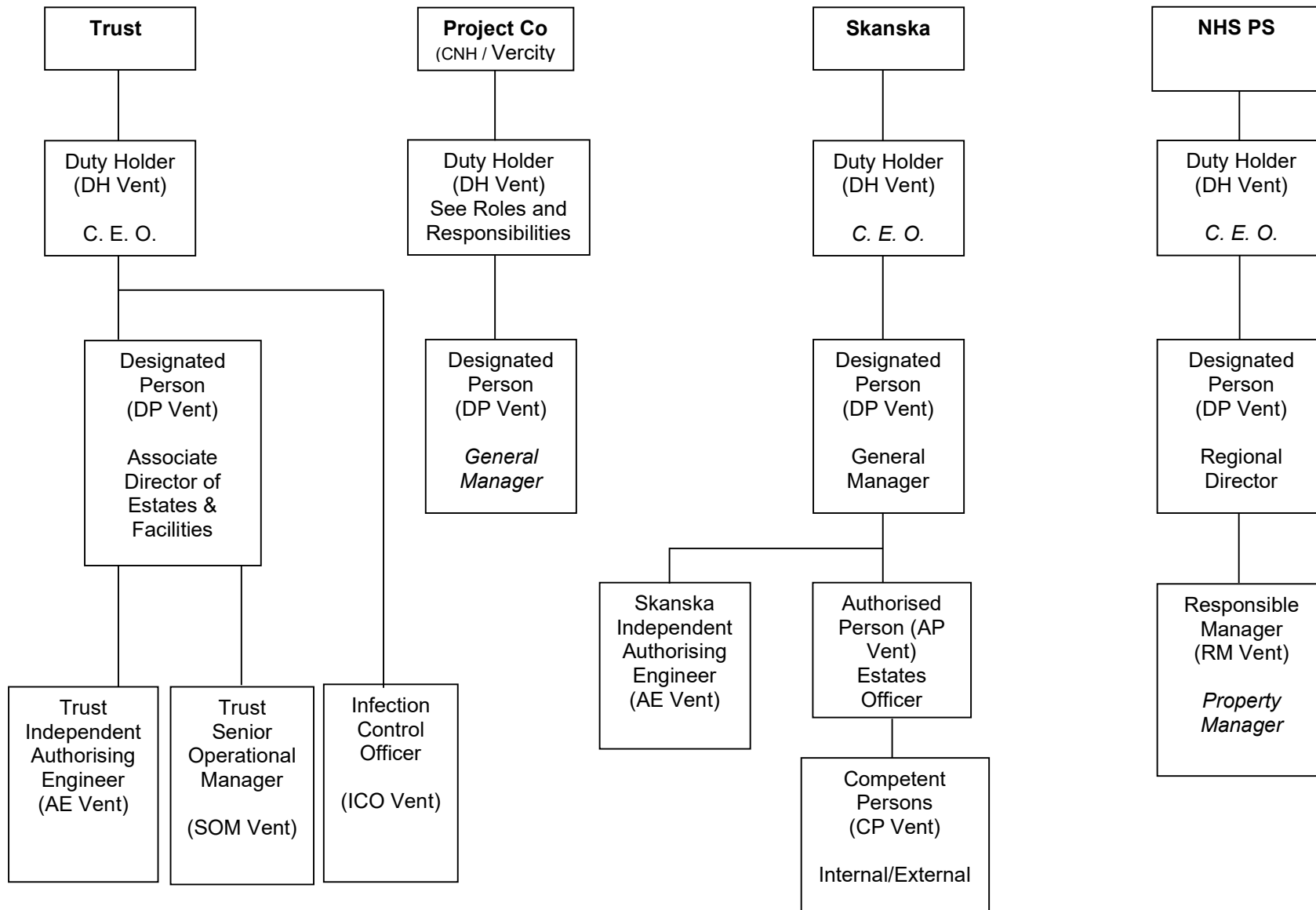
Appendix 1 - Management Structure and Lines of Communication map

Appendix 2 - Equality Impact Assessment (EQIA)

Appendix 3 - Environmental Impact Assessment (EIA).

APPENDIX 1

Management Structure and Lines of Communication map



APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Ventilation Policy			
New or existing service/policy/procedure: Existing Policy			
Date of Assessment: 10/05/2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	None	None
Gender	None	None	None
Age	None	None	None
Religion	None	None	None
Disability	None	None	None
Sexuality	None	None	None
Pregnancy and Maternity	None	None	None
Gender Reassignment	None	None	None
Marriage and Civil Partnership	None	None	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	None	None
What consultation with protected characteristic groups including patient groups have you carried out? None required			
What data or information did you use in support of this EQIA? 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			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Lee Fox			
Signature: <i>Lee Fox</i>			
Date: 10/05/2023			

APPENDIX 3 – ENVIRONMENTAL IMPACT ASSESSMENT (EIA)

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