

MEDICAL GAS PIPELINE SYSTEMS POLICY

		POLICY	
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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 Sherwood Forest NHS Foundation Trust (herein known as the Trust), at the approval 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). These systems also include Anaesthetic Gas Scavenging Systems (AGSS). Failure to administer MGPS appropriately could result in serious harm to the patient or Trust staff.

This policy will inform management of their defined roles and identified responsibilities associated with the management and operation of MGPS. 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.

This policy provides guidance and references to ensure that the governance standards described in Health Technical Memorandum 02-01: Medical gas pipeline systems (and in particular Part B Operational Management) and other best practices guides are adhered to in all Trust premises.

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.

The primary objective of this policy is to ensure a robust management system for the effective control of Medical Gases and their 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 their PFI Partners (herein known as partners, Central Nottinghamshire Hospitals PLC, CNH PLC or 'Project Co') and their service providers (herein also known as partners, SFS) for operating, inspecting and maintaining the Lifts on the Trust's premises.

The Partners for the Trust complete all maintenance of Medical Gases and their systems across the various properties the Trust occupy or own [This includes Mansfield Community Hospital]. The Trust recognises it still has a duty of care to ensure these Medical gas systems are being managed appropriately.

The Trust will establish the conditions whereby the use of all Medical Gas Pipeline Systems 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 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.

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]
- Medical Compressed Air [7 bar / 4 bar]
- Dental Air
- Medical Vacuum
- Anaesthetic Gas Scavenging Systems (AGSS)
- Bottled gases
- Industrial gases used in cryogenics including dry ice
- Pathology gases

The Trust, as a healthcare provider, is fully committed to maintaining an appropriate level of care and management of its key supply chains in relation to the management of MGPS. The Trust recognise that, although they outsource the delivery of operation and maintenance of Hard FM Estates Services to others (through their PFI Contract primarily), it still retains a duty of care to manage and check appropriate controls and quality checks are in place for these systems.

In addition to this the Trust also performs the key role of Quality Controller (QC MGPS) for MGPS.

Through implementation of this policy, SFHFT aims to:

- Provide guidance to those responsible for the management of MGPS.
- 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 MGPS (and AGSS) systems operate at optimum levels of performance and within the intended design criteria.
- Maintain MGPS 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.

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. This is the term used for the Central Nottinghamshire Hospitals PLC or CNH. It is the organisation appointed by the Trust 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 (SFS): This is the organisation appointed by Project Co to provide certain facilities management services including estates and maintenance functions.

Schedule 14 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 SFS.

Schedule 22 Variations the part of the PFI Project Agreement mainly concerned with Trust variations enquiries in regards to the PFI contract

Mansfield Community Hospital: NHS Property Services are the owners of Mansfield Community Hospital and have a responsibility as a duty holder. Sherwood Forest Hospitals NHS Foundation Trust occupies certain areas of the building to provide services to the local community. The Trust's Partners through Skanska Facilities Services (SFS) provide the maintenance via the PFI agreement.

MGPS: Medical Gas Pipeline Systems.

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.

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.

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 safety of the MGPS in all its premises. Below the responsibilities are defined for each role within the Trust and its partners.

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, its PFI partners and NHS Property Services all have responsibilities as duty holders to ensure they maintain the provision of MGPS safety. Each key party of the PFI scheme (Trust, Project Co and Skanska Facilities Services) 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 detailed below:-

4.3 - Trust Duty Holder (MGPS)

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 Medical Gas Pipeline systems. They shall appoint in writing the Trust Designated Person (MGPS) and shall approve all other appointments (MGPS) in full compliance with the HTM process.

4.4 - Trust Designated Person (MGPS)

The Trust Associate Director of Estates & Facilities is the designated person for MGPS, who is the Appointed Board Level Executive responsible for the safety of MGPS. 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.

4.5 – Trust Executive Manager - MGPS

The Head of Estates and Facilities is considered the 'Executive Manager MGPS' in the context of the HTM. Under the PFI scheme all key parties, who are responsible for the Sites MGPS, will have an 'Executive Manager' or equivalent.

The Trust Executive Manager [MGPS] is responsible for overall management of Trust interests in relation to the MGPS; including the appointment of the Quality Controller 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 Executive Manager [MGPS] shall appoint in writing the Trust Senior Operational Manager [MGPS] and also carry out the following:

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

4.6 - Trust Senior Operational Manager (MGPS)

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

The Trust Senior Operational Manager (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 Executive Manager.

The Trust Senior Operational Manager (MGPS) is responsible for:

- The integrity of the MGPS policy.
- Monitoring the implementation of the MGPS SOP's.
- Ensuring that the MGPS complies with the requirements of the Health Technical Memorandum (HTM) and that all work to MGPS should be carried out in accordance, with the permit-to-work procedures managed by SFS.
- Diligence checks to ensure MGPS written schemes and site specific procedures (Standing Operational Procedures) are being undertaken by all parties to ensure that controls are effective.

- The integrity and efficacy of the MGPS (although the site-specific Authorised Person (MGPS) retains effective responsibility for the day-to-day management of the MGPS).
- For representing each parties Chief Executive's (Trust, Project Co and SFS) in the-day-to-day management of MGPS.

The Trust Senior Operational Manager (MGPS) does not have to be an AP but they may have relevant technical qualification. Further technical support will however be provided to this individual via the Appointed SFS Authorised Persons (MGPS), and the Authorising Engineer (MGPS). In order to discharge these duties SFHFT will assign an 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 MGPS contractor's and Project Co's compliance with; their contractual obligations, Health Technical Memorandum 02-01: Medical Gas Pipeline Systems, best practices and the PFI Project Agreement.

- This may, from time to time, involve independent engineering diligence checks of the systems and procedures in operation on Trust sites.

The Trust Senior Operational Manager (MGPS) will be responsible for ensuring that any contractors appointed directly by the Trust (for work on the MGPS) 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 Health Technical Memorandum 02-01: Medical Gas Pipeline Systems.

The Trust Senior Operational Manager (MGPS) will be responsible for notifying SFS, via Project Co, in advance of any works on MGPS 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 SFS of new systems to be added to the scheme of control. The Trust will ensure that its directly employed contractors comply with the SFS' permit procedures.

In respect to the notification being provided to Project Co in advance of any works on the MGPS being initiated by the Trust, it is essential that the Appointed SFS Authorised Person (MGPS), who has the operational management responsibility for the MGPS, is consulted well in advance with respect to any proposals to amend the MGPS. This should involve the Appointed SFS AP at the early planning stages. The Appointed SFS Authorised Person can then consult with the Authorising Engineer (MGPS) if required.

4.7 - Trust Quality Control Pharmacist – (Quality Controller (MGPS))

The Quality Controller (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 02-01: Medical Gas Pipeline Systems.

The QC must have received training on the verification and validation of MGPS and be familiar with the requirements of this policy. He / she must be on the national register of MGPS Quality Controllers.

- SFHFT will ensure SFS and Project Co have direct access to the Trust's Quality Controller.
- The QC (MGPS) will attend the Medical Gases Committee.

Responsibilities for this 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 Quality Controller (MGPS) will accept the professional responsibility for the last independent check of an MGPS that, if faulty, could cause critical clinical consequences to patients.
- The Appointed SFS Authorised Person (MGPS), in conjunction with the chief pharmacist, should contact the Quality Controller (MGPS) when any testing of MGPS is required.
- To undertake gas quality tests at regular intervals and on an ad-hoc basis as defined in HTM 02-01

In the event the Appointed SFS Authorised Persons (MGPS) engages an external Quality Controller (MGPS) service, the Appointed SFS Authorised Person shall ensure that documentary evidence of continuing and recent experience in MGPS testing is provided to the Trust Executive Manager (MGPS) before the appointment of an external QC is completed.

4.8 - Trust Chief Pharmacist (MGPS)

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.

The Trust however uses remote monitoring techniques for the VIE 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. Pharmacy processes the invoices on these resultant open orders.

The Chief Pharmacist MGPS will report to the Chief Executive via the Trust Executive Manager (MGPS) in relation to MGPS.

4.9 - Trust Designated Medical / Nursing Officer (MGPS)

The Deputy Director of Nursing is the person with whom the Appointed SFS Authorised Person (MGPS) liaises on any matters affecting the MGPS 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 MGPS and the Appointed SFS Authorised Person (MGPS) to ensure that the MGPS is appropriate to their needs.

Responsibilities for this role include:

- The Trust Designated Officer (MGPS) should give permission for any interruption to the MGPS and should sign the appropriate parts of the SFS permit-to-work.
- The MGPS local SOP shall clearly set out the requirements for such permissions, including the circumstances dictating signature by either the Executive Nurse or a deputy.
- The Trust Designated Officer (MGPS) and the SFS Authorised Person (MGPS) are responsible for ensuring that all clinical/nursing staff are fully aware of the interruption to the MGPS and which terminal units cannot be used.
- The Trust Designated Officer (MGPS) acts as the focal point for communications, related to the MGPS and advises on any special requirements for the department(s) relating to MGPS, such as provision of emergency cylinders and vacuum pumps.
- The Trust Designated Officer (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 MGPS Standing Operational Procedure.
- All Trust Designated Officers (MGPS) shall receive regular training on the MGPS relevant to the action to be taken in the event of an emergency.
- The MGPS SOP should set out the training requirements as defined in the HTM.
- The Trust Designated Officer (MGPS) shall sign MGPS permits to work in accordance with HTM requirements.

4.10 - Trust Clinical Director / Departmental Head (MGPS)

The Clinical Director / Departmental Head (MGPS) is responsible for the purchase, maintenance and use of medical equipment connected to the MGPS. This may also be in partnership with the Trusts procurement and MEMD.

4.11 - Trust Lead Consultant - Infection Prevention and Control (IPC) (MGPS)

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 MGPS 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 SFS 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 MGPS (e.g. advise on decontamination approach to vacuum terminals and filter changes etc)

4.12 - Trust Lead IPC Nurse - Infection Prevention and Control (MGPS)

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 SFS 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 MGPS (e.g. advise on decontamination approach to vacuum terminals and filter changes etc)

4.13 - Trust and other Professionals (i.e. Capital planning / Strategy / Projects). Capital Project Officer/Managers

It is the responsibility of any Professional with the control and management responsibility of works involving the MGPS systems to fully consult with all the Trust appointed persons and external specialists to ensure full compliance is met with respect to works on the Medical Gas Pipeline Systems and they shall ensure the following provision are met as a minimum on all works involving MGPS:

- All new and altered MGPS 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 MGPS systems shall comply with the requirements of this policy and all relevant current regulations.
- Evidence shall be provided to the Trust Executive Manager MGPS before works commence on the MGPS of the validation of the proposed design and specification
- Evidence shall be provided to the Trust Executive Manager MGPS before works commence on the MGPS 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 Executive Manager MGPS before works commence on the MGPS 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 Executive Manager MGPS before works commence on the MGPS 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 Executive Manager MGPS before works commence on the MGPS of the Clerk of Works competence and interpretation of the requirements.

4.14 - Project Co (CNH) - Duty Holder (MGPS)

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

Project Co has overall responsibility for the premises and has entered into sub-contract agreements with SFS in respect of certain of its obligations under the PFI agreement with the Trust. SFS 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 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 Act in relation to those matters for which it is responsible under the PFI agreement with the Trust.

They shall therefore appoint in writing a Project Co Designated Person (MGPS).

4.15 - Project Co (CNH) – Designated Person (MGPS)

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

4.16 - Project Co (CNH) – Executive Manager – (MGPS)

The Project Co Assistant General Manager is considered the 'Executive Manager MGPS' in the context of the HTM.

Under the PFI scheme all key parties, who are responsible for the sites MGPS, will have an 'Executive Manager' or equivalent.

The Project Co Executive Manager (MGPS) is responsible for overall management of Project Co.'s interests in relation to the MGPS; 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 Executive Manager (MGPS) shall also carry out the following:

- The implementation of the agreed Standing Operational Procedures (SOP) for the MGPS.
- To ensure that this policy and local site rules (SOP) will 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 Executive Manager is also responsible for monitoring the implementation of the policy.

4.17 - NHS Property Services Duty Holder (MGPS)

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

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

4.18 - NHS Property Services Designated Person (MGPS)

The NHS Property Services Regional Director is the Designated Person MGPS, who is the Appointed Board Level Executive responsible for Medical Gas Pipeline 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 Property Services Executive Manager (MGPS).

4.19 - NHS Property Services Executive Manager (MGPS)

The FM Support Service Manager for NHS Property Services is the NHS Property Services Executive Manager (MGPS) they shall be appointed in writing by the NHS Property Services Designated Person. They shall have responsibility for compliance with this policy document.

4.20 - Skanska Facilities Services (SFS) – Statutory Duty Holder (MGPS)

The SFS Chief Executive is the statutory Duty Holder. The Duty Holder has overall responsibility for Health and Safety within SFS, including Medical Gas Pipeline systems.

They shall appoint in writing the SFS Designated Person (MGPS).

4.21 - Skanska Facilities Services (SFS) - Designated Person (MGPS)

The General Manager for SFS is the Appointed SFS Designated Person (MGPS) they shall be appointed in writing by the SFS Duty Holder (MGPS).

The Appointed SFS Designated Person (MGPS) has responsibility for ensuring that suitable information, instruction and training is provided regularly to the Appointed SFS Authorised Person/s (MGPS) & the Appointed SFS Competent Persons and shall formally appoint each in compliance with the HTM procedure.

The Appointed SFS Designated Person (MGPS) shall ensure any standard operating procedures and risk assessments remain current and are regularly reviewed and updated as required.

They shall inform the Trust DP, Project CO DP and the SFS Designated Person (MGPS) when system non compliances and or deficiencies are found. They shall appoint in writing the Independent Authorising Engineer (MGPS).

4.22 - Skanska Facilities Services (SFS) – Executive Manager – (MGPS)

The Assistant General Manager is considered the SFS Executive Manager MGPS in the context of the HTM.

They shall be appointed in writing by the Designated Person (MGPS). Under the PFI scheme all key parties, who are responsible for the sites MGPS, will have an 'Executive Manager' or equivalent.

The SFS Executive Manager (MGPS) is responsible for the overall management of SFS interests in relation to the MGPS; 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 SFS Executive Manager (MGPS) will also carry out the following:

- The implementation of the agreed Standing Operational Procedures (SOP) for the MGPS.
- To ensure that this policy and local site rules (SOP) will clearly define the roles and responsibilities of all personnel who may be involved in the use, installation and maintenance of the MGPS.
- The SFS Executive Manager is also responsible for monitoring the implementation of the policy.
- Responsible for management of the MGPS systems on a daily basis, through the appointment of the SFS Authorising Engineer MGPS and appointment of approved SFS Authorised Person's (MGPS) and yearly AP assessments of these systems.
- SFS shall also provide and update regularly all Standing Operational Procedures for these systems for each site.

4.23 - Skanska Facilities Services (SFS) – Estates Operations Manager (MGPS)

The SFS Maintenance Manager is considered to be the Estates/Operations Manager (MGPS) for SFS in the context of the HTM and shall be appointed in writing by the SFS Executive Manager (MGPS).

The SFS Estates Operations Manager (MGPS) has the overall responsibility for the Estates and Facilities Department and shall monitor the implementation of this policy on behalf of each organisation's Executive Manager.

The SFS Estates/Operations Manager is responsible for:

- Responsibility for the integrity of the SFS MGPS policy
- For monitoring the implementation of the MGPS SOP's.
- Ensuring that the MGPS complies with the requirements of the Health Technical Memorandum (HTM) and that all work to the MGPS should be carried out in accordance, with the permit-to-work procedures managed correctly by SFS.
- Diligence checks on MGPS written schemes and site specific procedures (Standing Operational Procedures) shall be undertaken by all parties to ensure that controls are effective
- The integrity and efficacy of the MGPS (although the site-specific Authorised Person (MGPS) retains effective responsibility for the day-to-day management of the MGPS).
- For representing each parties Chief Executive's (Trust, Project Co and SFS) in the day-to-day management of MGPS

In order to discharge their duties in relation to MGPS, SFS shall assign and appoint key individual/s to be responsible for the overview (SFS Estates Operations Manager MGPS) and day-to-day "Operational Management" of the MGPS.

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

SFS shall appoint persons who are suitably trained, to fulfil the role of Authorising Engineer (MGPS), Authorised Person (MGPS) and Competent Person (MGPS).

SFS shall provide suitable maintenance systems (PPM), monitoring regimes and record systems in order to comply with its contractual service delivery need of the PFI Project Agreement in line with the requirements of Health Technical Memorandum 02-01: Medical Gas Pipeline Systems, Standing Operational Procedures, best practice guidelines, industry standards and this Policy.

SFS shall ensure that any areas of concern with regard to MGPS deficiencies (e.g. Trust poor practice) are brought to the immediate attention of Project Co who in turn will inform the Trust via the Executive Manager (MGPS) and Medical Gases Committee members.

4.24 - Skanska Facilities Services (SFS) - Independent Authorising Engineer (AE - MGPS)

This independent Authorising Engineer contracted by SFS, shall be suitably qualified in accordance with the requirements of the latest HTM, shall 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.

4.25 - Skanska Facilities Services (SFS) - Authorised Persons (MGPS)

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

Estates Officers directly employed by SFS shall be appointed as SFS Authorised Persons (MGPS) they shall be recommended for appointment in writing by the SFS Designated Person and appointed by Trust Duty Holder (MGPS) or designated representative in compliance with the HTM requirements.

All SFS Authorised Persons have the responsibility for the day-to-day operational management and safe systems of work on all Medical Gas Pipeline systems on the Trust's premises.

The SFS Authorised Persons (MGPS) are responsible for the practical implementation and operation of this policy, the systems & installations for which SFS has management control of, this includes known dangers for which the SFS Authorised Persons (MGPS) have been appointed to manage.

This role includes the issue of permits, the operation of the Permit to Work procedures, management of system documentation, security, safety, effective maintenance and operation of the MGPS in accordance with all statutory requirements and the HTM.

The SFS Executive Manager (MGPS) on the recommendation of the independent Authorising Engineer (MGPS) shall submit the appointment application of all proposed Authorised Persons (MGPS) in writing to the SFS Designated Person and Trust Duty Holder (MGPS) or designated representative in compliance with the HTM requirements.

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

An individual assessment of the suitability of the potential Authorised Person (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 his/her 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 this 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.
- The Authorised Person shall have the final decision as to whether or not the system should be put into use.
- The Authorised Person shall be suitably trained, competent and qualified and shall be reassessed at a maximum of every 3 years.
- The Authorised Person shall issue permits in accordance with the SFS permit-to-work procedure, local site or SFS rules and HTM's.
- The Authorised Person (MGPS) also has specific duties with regard to the Trust's VIE installations as defined in HTM 02-01.

- The Authorised Person (MGPS) shall make suitable arrangements to ensure that cover for an Authorised Person (MGPS) is always available, particularly during holidays and other absences.
- Authorised Person (MGPS) coverage shall be available on site 24 hours a day, 7 days a week and particularly during any holiday periods and or absences.
- Performing an annual risk assessment of the site systems and processes as well as updating the risk register for these systems.
- The Authorised Person (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).
- The Authorised Person (MGPS) shall have direct contact with the Quality Controller (MGPS), users and other key personnel (Medirect Porters).
- The Authorised Person (MGPS) shall liaise with the Quality Controller (MGPS) before any MGPS system can be taken into use, as quality tests shall be carried out before any gases are provided to patients.
- The Authorised Person (MGPS) is responsible for assessing the competency of all Competent Persons (MGPS) employed directly by the maintenance provider (SFS) and for maintaining a comprehensive up to date list of Competent Persons (MGPS).
- The Authorised Person (MGPS) is responsible for ensuring that 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 MGPS as appropriate.
- If 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 with Project Co and SFS. Any proposals for utilising existing systems/sources of supply shall be discussed with the SFS Authorised Person (MGPS) at the earliest possible stage.
- The Authorised Person (MGPS) shall be consulted before the purchase of any medical equipment that will be connected to the MGPS.
- Ensuring that all terminal units that are out of service are appropriately capped and labelled.
- The Authorised Person MGPS shall regularly attend the Medical Gases Committee.

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

The SFS Authorised Persons (MGPS) is responsible for ensuring the respective Competent Persons (MGPS) remain current and up to date with their appointments, regular assessments and all required training and certification.

The SFS Authorised Persons (MGPS) shall ensure that before any person works on the medical gas systems they are an appointed competent person, they are 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; the Authorised Persons must report these to the SFS Designated Person, the SFS Authorising Engineer and the Trust in writing as soon as reasonably possible.

All SFS Authorised Persons shall carry out all duties as detailed in HTM 02-01. Adequate numbers of SFS AP's shall be available 24/7 and to cover for sickness or annual leave etc.

The SFS Authorised Person (MGPS) is responsible for overseeing the works and duties carried out by the appointed competent persons.

4.26 - Skanska Facilities Services (SFS) - Competent Persons (MGPS)

A Competent Person (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 (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 SFS Authorised Person (Low Voltage).

All Competent Persons (MGPS) shall be appointed in writing and work under the control of the SFS Authorised Person (MGPS).

The Competent Persons (MGPS) shall carry out all works in accordance with this policy, HTM's, current legislation and the PPM programme. All Competent Persons (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 the Competent Persons (MGPS) shall be repaired if possible and reported to the SFS Authorised Person (MGPS) immediately with details of the issue and actions taken.

The Competent Person shall at all times use safe systems of work, safe means of access and the personal protective equipment and clothing provided for their safety.

4.27 Skanska Facilities Services (SFS) - Lift Steward

A Lift Steward is a person appointed in writing by an Authorised Person (Lifts) to undertake daily testing of the emergency call systems in all passenger lifts and other simple daily monitoring and checks of the lifts in order to ensure their correct operation.

4.28 - Skanska Facilities Services (SFS) - Lift Warden

A Lift Warden is a person appointed in writing by an Authorised Person (Lifts) to assist in the evacuation of occupants during emergency evacuation by using an escape or evacuation lift. There are three types of lift warden:

- Lift Warden (Floor);
- Lift Warden (Control); and
- Lift Warden (Car).

Every Lift warden should be trained to be able to fulfil all of the three types detailed above. Training in the use of the appropriate equipment shall be delivered by an SFS Authorised Person (Lifts) in conjunction with the Trust specialist Fire Safety Adviser in relation to the emergency evacuation duties.

This training should take into account the description of the operation of the lift and its features as described in the lift owner's manual provided for each new lift (see Health Technical Memorandum 05-03 Part E – 'Escape lifts' for full details).

4.29 - Skanska Facilities Services (SFS) - Lift Release Warden

A Lift Release Warden is a person, suitably trained and qualified by knowledge and practical experience, and provided with the necessary instructions to enable the safe release of passengers from lifts. They should be recommended by the Authorised Person [Lifts], be formally appointed by SFS Designated Person [Lifts], and should undergo refresher training annually.

4.30 - NHS Property Services Duty Holder (Mansfield Community Hospital)

The Chief Executive of NHS Property Services is the statutory Duty Holder. The Duty Holder and the Board have overall responsibility for Health and Safety within NHS Property Services, including Lift safety. They shall appoint in writing the NHS Property Services Designated Person (Lifts).

4.31 - NHS Property Services Designated Person (Mansfield Community Hospital)

The NHS Property Services Regional Director is the Appointed Board Level Executive responsible for Lift 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 NHS Property Services Responsible Manager (Lifts).

4.32 - NHS Property Services Responsible Manager (Mansfield Community Hospital)

The FM Support Service Manager for NHS Property Services is the NHS Property Services Responsible Manager (Lifts) they shall be appointed in writing by the NHS Property Services Designated Person (Lifts). They shall have responsibility for compliance with this policy document.

5.0 APPROVAL

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

Contributors	Method	Dates consulted
Hard Facilities Management Group	Face to face	
Trust Health and Safety Committee;	Email	
Trust Risk Management Group [Non Clinical].	Email	
Estates Governance Committee	Email	
Central Nottinghamshire Hospitals PLC	Email	
SFS	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 Lifts 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 maintained at all times.

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 (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	Trust Senior Operational Manager	Audit/review	Trust Senior Operational Manager	Trust Designated Person
Hard FM Group	Hard FM Group	Audit	Hard FM Group	Estates Governance Committee
Performance Management Report	Trust – Hard FM Team	Audit/review	Trust – Hard FM Team	Hard FM Group
PFI Partners Electrical/Lift Compliance	Authorising Engineer	Audit/review	Authorising Engineer	Duty Holder Designated Person

8.0 TRAINING AND IMPLEMENTATION

Operation, inspection and maintenance procedures can cause risks to the health of staff carrying out the 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/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 Lift 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 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
Electricity at Work Regulations
Workplace (Health, safety and Welfare) Regulations
Management of Health & Safety at Work Regulations
Lift 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
All Relevant British, European and ISO Standards.
Department of Health HTM 06 Series, Low Voltage.
Department of Health HTM 00 Policies and Principles of healthcare engineering
Department of Health HTM 08-02 Lifts.
Construction (Design and Management) Regulations
Control of Contractors Policy
Fire Safety Policy
HSE INDG339 - Thorough examination and testing of lifts.
SAFED (Safety Assessment Federation) Guidance notes.

Related SFHFT Documents:

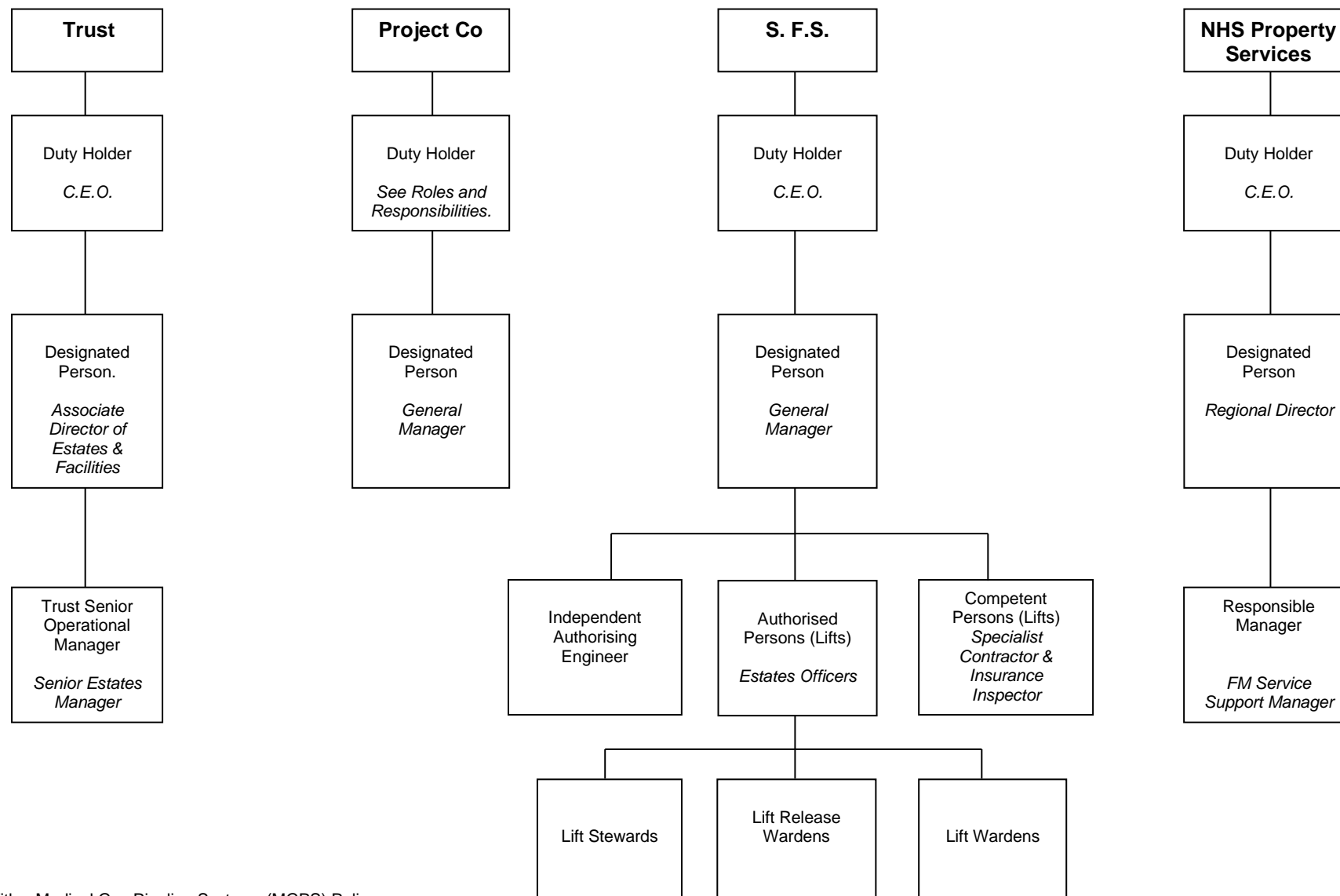
Control of Contractors Policy
Electrical Safety Policy

11.0 APPENDICES

Appendix 1 – Management Structure and Lines of Communication map
Appendix 2 – Equality Impact Assessment
Appendix 3 – Environment Impact Assessment

Appendix 1

Management Structure and Lines of Communication map



APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Medical Gas Pipeline Policy			
New or existing service/policy/procedure: Existing Policy			
Date of Assessment: 29/04/2020			
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: 29-04-2020			

APPENDIX 3 – 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