Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 May 2023

TB2023.54

Title:	**Trust Management Executive Report**

Status:	**For Information**
History:	**Regular Reporting**

Board Lead:	**Chief Executive Officer**
Author:	**Neil Scotchmer, Head of Corporate Governance**
Confidential:	**No**
Key Purpose:	**Assurance**

Executive Summary

1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on some of the main issues raised and discussed at its meetings.
2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee. This regular report provided aims to contribute to the fulfilment of that purpose.

Recommendations

The Trust Board is asked to:

- **note** the regular report to the Board from TME's meetings held on:
  - 9 March 2023
  - 30 March 2023
  - 13 April 2023
  - 27 April 2023

1. Purpose

1.1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on some of the main issues raised and discussed at its meetings.

2. Background

2.1. Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 9 March 2023
- 30 March 2023
- 13 April 2023
- 27 April 2023

3. Key Decisions

Newborn Care Development Programme

3.1. TME approved the terms of reference for this programme and the Divisional Director of the NOTTSCaN Division provided an update to TME on the activities undertaken so far.

3.2. Last year an independent culture and leadership review was commissioned by the Trust into both maternity and neonatal services.

3.3. In the second phase of this work the neonatal report was received by the Trust in October 2022 and shared with staff working in the service.

3.4. A commitment was made at the time to work with staff to scope out the full impact of the recommendations of the report, which has been defined into eight key overarching themes under which a number of individual workstreams has been initiated.

3.5. The Maternity Development Programme has already made encouraging and positive progress, as was noted at the Trust Board meeting in March.

3.6. TME heard that the Newborn Care Development Programme is benefiting from the fact that this model has been effectively tested and implemented through the Maternity Development Programme, with lessons learned and positive benefits for service users and staff.

Automated Quality Impact Assessment (QIA) Tool)

3.7. TME approved the phased rollout of an electronic Quality Impact Assessment (QIA) tool.

3.8. QIAs are carried out widely in the Trust, but there are some issues with the current process including a lack of visibility of whether a QIA has been started, reliance on email for sign-offs which can create delays, and no central repository of completed QIAs.

3.9. There is now an opportunity to improve the way that we carry out QIAs at OUH. A Power Automate QIA form has been created that replicates current functionality but with the advantages that a central team can track the progress of all QIAs, sign-off is simple and can be done remotely, and forms are automatically stored.

Annual Planning Update

3.10. TME was kept regularly updated on the development of the Trust's plan for 23/24 and related funding negotiations, supporting the related planning submissions through an iterative process of review.

3.11. The plan was based on the delivery of the key operational planning requirements though with some risks associated with these.

3.12. The need to focus on productivity and the identification of savings was recognised.

3.13. TME noted the requirement for a third planning submission on 4 May further to the submission made on 30 March.

Capital Plan Prioritisation for 2023/24

3.14. TME reviewed the draft capital plan for 2023/24 and recommended this to the Board. It was subsequently approved by the Trust Board at an additional meeting on 12 April.

3.15. The plan included an allowance for some early spend in Q1 to provide traction and avoid slippage on capital spend later in the year. It was hoped that this would allow early progress on activities that would be disruptive in the winter period or which had long lead times.

3.16. It was also proposed that a quarterly review of capital forecasts be undertaken with a process to reallocate internally funded capital allocations subject to TME and Board approval.

Budget Setting Process

3.17. TME approved the 2023/24 Budgeting Framework and noted that engagement sessions involving the divisional and executive teams would

be arranged. These sessions would focus on managing overspends and assessing Division-specific cases through the process.

3.18. TME heard that the framework moved the Trust from an outturn-based model to an incremental budget-setting approach. It included an efficiency target and the expectation that cost pressures would be managed locally.

Staff Survey

3.19. TME received the results of the 2022 Staff Survey and the key themes and areas for improvement were summarised. The initial actions and interventions identified from analysis of the survey were presented.

Estates Policies

3.20. TME recommended approval of the Medical Gas Systems Safety Policy, Pressure Systems Policy, Lift Management Policy, and Electrical Safety Policy to the Trust Board.

3.21. Final approval of these is reserved to the Trust Board and they are included as appendices to this paper.

Media Policy and Social Media Policy

3.22. TME approved the updated Media Policy and Social Media Policy.

3.23. They did not include any substantial changes but it was agreed that a one-page guide would be prepared for staff as part of the communications plan for the roll out of these policies.

4. Other Activity Undertaken by TME

Update on benefits of Rapid Intervention for Palliative and End of Life Care (RIPEL)

4.1. TME received an updated on the Oxfordshire Rapid Intervention for Palliative and End of Life Care (RIPEL) project which aims to enhance the quality of care for patients with life-limiting conditions in Oxfordshire and South Northamptonshire and was launched in April 2022.

4.2. The RIPEL project is a unique partnership between OUH, Sobell House Hospice Charity, Macmillan Cancer Support, and Social Finance.

4.3. TME heard that the project is enabling more people to receive palliative care at home, if that is what they want, and is in addition to existing services which are already provided by a wide range of valued hospices and care providers. RIPEL complements and supports these existing services.

4.4. TME members received a positive update about the benefits which the RIPEL project has had on patient care in its first year of operation, starting with the Home Hospice service which was launched in April 2022 and aims to support people at the very end of their life whose choice is to die at home rather than in hospital.

4.5. The RIPEL project is now successfully running both the Home Hospice and Hospital Rapid Response services.

4.6. TME saw data which showed that the key outcomes measure of ensuring that patients spend less than 32 days in hospital in the last year of their life had been fully met in 2022/23.

Industrial Action

4.7. TME was kept regularly updated on the Trust's preparedness for, and response to, industrial action.

4.8. It received a report on the RCN strike days on 15 and 20 December 2022, and on 6 and 7 February 2023; the BMA strike which took place from 13 to 16 March 2023; and the strike action taken by ambulance services staff on various dates in December 2022 and January and February 2023.

4.9. Extensive planning had taken place before each of these periods of industrial action, focused on maintaining patient safety, critical services, and staff wellbeing support while communicating as widely as possible with our people, patients, and the populations we serve.

4.10. There were no reported incidents directly linked to the days of the strike action.

4.11. Trustwide debriefs were held after each period of industrial action and debrief surveys circulated so that the Trust could learn lessons for the future.

Equality Delivery System

4.12. TME received a report summarising the process undertaken to deliver on the Equality Delivery System (EDS), reporting on the ratings achieved and outlining the actions that would be taken to improve these.

4.13. The Equality Delivery System (EDS) tool requires NHS organisations to collate evidence against several outcomes relating to equality, diversity, and inclusion (EDI) and health inequalities. The evidence is then graded by a range of key stakeholders.

4.14. The Trust received an overall rating of Developing. Against individual outcomes, seven were rated as Developing, and four were rated as Achieving.

4.15. The EDI Steering Group used the first reporting year against the new system as a pilot to enable the Trust to try out the new tool and learn from the process, whilst meeting the compliance requirements.

CQC Oxford Critical Care Report

4.16. TME received the CQC's report following an unannounced focused inspection of the Oxford Critical Care (OCC) services provided at the John Radcliffe Hospital.

Freedom to Speak Up 6 Monthly Update

4.17. TME received a report on Freedom to Speak Up (FtSU) by Dr Taffy Makaya (Interim FtSU Lead Guardian). The work done by the FtSU team during this period included more than 1,700 contacts through monthly online listening events and other initiatives to raise awareness and remove barriers to speaking up.

4.18. Also during this period the team were shortlisted for the Health Service Journal (HSJ) Awards, which eventually led to our FtSU team being Highly Commended for their service.

4.19. Dr Makaya had announced that she would be stepping down as Interim FtSU Lead Guardian after two years although retaining her role as a divisional FtSU Guardian. TME expressed its thanks for her contribution in her time as Interim Lead Guardian.

Workforce Performance Report and People Plan Update

4.20. TME members received an overview of progress against the OUH People Plan Year 1 priorities.

4.21. These priorities are based on the People Plan's three key themes: Health, wellbeing and belonging for all our people; Making OUH a great place to work; and More people working differently.

4.22. Staff were thanked for their input to virtual listening events with the People & Communications team which will help shape the People Plan Year 2 priorities and ensure they reflect the needs of staff working at OUH.

4.23. TME was updated on staff sickness levels which remained a cause of concern but appeared to have stabilised as the Trust emerged from the winter months.

4.24. TME members also heard that analysis of exit interviews with staff who are leaving their job at OUH showed that a lack of career development opportunities is often given as a key reason and that improving career

development opportunities for all was proposed as a People Plan Year 2 priority.

Integrated Quality Improvement Programme Update

4.25. TME received an update on the Trustwide Quality Improvement (QI) Programme which focuses on eight key themes – Education & community building (related to staff training in and awareness of QI); Recruitment; Urgent & Emergency Care; Cancer improvement; Outpatients; Harm reduction; Theatres improvement; Getting it Right First Time (GIRFT).

4.26. The Urgent & Emergency Care theme was highlighted in particular, following a number of recent developments including a Trustwide plan, which was launched at a cross-divisional staff engagement event, and a two-week focus on initiatives which could deliver sustained improvement in patient and staff experience of the urgent and emergency pathway.

7 Day Services (7DS) Board Assurance Framework

4.27. TME received a paper which outlined Trust performance against the Clinical Standards for 7 Day Services (7DS) using the Board Assurance Framework (BAF) introduced by NHS England (NHSE) in March 2019 and approved sign off of the BAF.

4.28. It was noted that OUH results in the past had been consistently in the top quartile and that the evidence was strong with some challenges in relation to medicines reconciliation.

4.29. It was recognised that collecting evidence and completing the BAF was a significant administrative burden and it was noted that it was intended to streamline the process for the future.

Other Items

4.30. TME continued to be updated on progress in clearing a backlog in non-urgent radiology reporting and noted that good progress was being made in achieving this.

4.31. TME approved updated terms of reference for the Risk Committee.

5. Regular Reporting

5.1. In addition TME received the following regular reports:

- Capital Schemes: The TME continues to receive updates on a range of capital schemes across the Trust;

- Divisional and Corporate Performance Reviews: TME receives a summary Performance Reviews that documents key themes and issues presented and actions agreed;
- Financial Performance Report: The TME continues to receive financial performance updates;
- Workforce Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics;
- Clinical Governance Committee Report;
- Business Planning Pipeline Report;
- Procurement Pipeline Report; and
- Summary Impact of TME Business (which allows TME members to more easily track the combined financial impact of decisions taken.)

6. Key Risks

6.1. **Risks associated with industrial action:** TME noted planning to manage and mitigate the risks associated with planned industrial action.

6.2. **Risks associated with workforce:** TME maintained continued oversight on ensuring provision of staff to ensure that services were provided safely and efficiently across the Trust and to maintain staff wellbeing in the light of substantial operational pressures. The impact on staff of cost-of-living pressures was also recognised.

6.3. **Risks to operational performance:** TME continued to monitor the risks to operational performance and the delivery of key performance indicators and the mitigations that were being put in place.

6.4. **Risks associated with the financial performance:** TME continued to recognise the risks and opportunities to deliver at pace the changes required to maintain the financial position.

7. Recommendations

7.1. The Trust Board is asked to:

- **note** the regular report to the Board from TME's meetings held on 9 March 2023, 30 March 2023, 13 April 2023 and 27 April 2023; and
- **approve** the Medical Gas Systems Safety Policy, Pressure Systems Policy, Lift Management Policy, and Electrical Safety Policy.

Oxford University Hospitals NHS
NHS Foundation Trust

Medical Gas Systems Safety Policy

Category:	Policy
Summary:	This document describes the requirements for the safe operational management of medical gas systems across the Trust
Equality Impact Assessed:	September, 2022
Valid From:	Insert the date the policy will be valid from i.e. the day after approval
Date of Next Review:	This will usually be 3 years from the approval date unless otherwise specified
Approval Date/ Via:	Health and Safety Committee
Distribution:	Trust Wide
Related Documents:	Health Technical Memorandum 02-01 Medical Gas Systems Safety Arrangements and Procedures.
Author(s):	Operational [Estates] Managers
Further Information:	Medical Gas Committee
This Document replaces:	Version 2.3

Lead Director: Bhulesh Vadher, Clinical Director Of Pharmacy

Issue Date: Dd month year

This document is uncontrolled once printed.

It is the responsibility of all users to this document to ensure that the correct and most current version is being used.
This document contains many hyperlinks to other related documents.
All users must check these documents are in date and have been ratified appropriately prior to use.

Document History

Use this table to record the revisions made to the approved policy and record document history.

Date of revision	Version number	Author	Reason for review or update
February 2012	1.0		New Document
May 2012	1.1		Revisions Following consultation
January 2014	2.1		Added Equality Impact Assessment only to V1.1
Setember 2015	2.2		Minor revisions to V 2.1
November 2020	2.3	Gordon Rennie	Review of Policy, New Format
September 2022	3.0	MGC	Reviewed and Approved

Consultation Schedule

Use this table to evidence your involvement of staff and key stakeholders, where appropriate, in the development and review of documents.

Who? Individuals or Committees	Rationale and/or Method of Involvement
AP's (MGPS)	Review
Peter Williams AE(MGPS)	Review

Endorsement

Use this table to list relevant Divisional and/Directorate leads who have endorsed the policy document.

Endorsee Job Title
Bhulesh Vadher, Clinical Director of Pharmacy

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Who should read this document?

1. This policy shoud be read by all clinical and non clinical staff who will use Medical Gases or parts of the Medical Gas Pipeline System.

Key Standards/Messages

2. It is the policy of the Trust to provide a safe and secure and reliable medical gas service to the standards described in current Health Techincal Memorandum. (HTM02; Medical Gas Pipeline Systems)

3. The Trust accepts that safe management of medical gas systems requires a high level of management commitment, professional competence and adquete resources. It is committed to the provision of appropriate training for key personnel relevant to their particular roles and responsibilities.

Background/ Scope

4. The policy applies to all areas and activities of the Trust, all staff, including individuals employed by a third party, external contractor, voluntary workers, students or agency staff involved with the Trust's Medical Gas Systems as defined in current HTM guidance.

5. It applies throughout the Trust to all fixed medical gas pipe system and medical cylinders.

Key Updates

This is a review to the previous version dated September 2015.

Aim

6. The aim of this document and associated Medical Gas Operation Procedures & Arrangements is to describe the management arrangments and guidance for the safe operational running of the Medical Gas pipeline System.

7. The aim of this policy document is to ensure the provision of safe and reliable Medical Gas Piped Systems (MGPS), cylinders and their safe and efficient operation. It provides the framework for the effective management of medical gas systems within the Trust.

8. The MGPS provides a safe, convenient and cost-effective supply of medical gases to points where these gases can be used by clinical and nursing staff for patient care.

9. The Trust's management recognises its commitment to maintaining the MGPS to required standards and the training of all personnel associated with its operation.

10. The objectives of the Policy are:
    10.1. To apply the principles of best engineering practice embodied in this Policy and current HTM guidance to all Medical Gas Pipeline Systems installed within The Trust.
    10.2. To provide the highest possible degree of safety for patients dependent on the system and those working on/with the system.
    10.3. To deliver gases to points of use of such quality as to be in accordance with the requirements of the European Pharmacopoeia and unchanged by the elements of the system or their operation.
    10.4. To manage the system by the most efficacious methods in terms of economy of operation and energy efficiency.

10.5. To ensure that all work on the MGPS is undertaken under a Safe System of Work comprising; Permit to Work, Risk Assessment and Method Statement as required and carried out without unnecessary hindrance to Trust activities.

10.6. To monitor and record all elements of system design, installation, operation, testing and management such that at any such time as it may be required, information and data will be immediately available for inspection by any relevant authority.

10.7. To ensure that work leading to changes in pipe work configuration will be recorded on the site as fitted MGPS drawings, held by the Estates Department.

Exclusions

11. This policy does not apply to:

11.1. Compressed gas and vacuum supplies provided specifically for general engineering workshops and pathology department equipment. These are separate from the MGPS and are NOT included in this policy, although the general principles in this document should be followed for these departments.

11.2. The operation of medical and surgical equipment connected to the terminal units, i.e. the wall or pendant mounted medical gas outlets, other than with reference to safety and/or possible excessive gas consumption or wastage.

11.3. Storage and use of liquid nitrogen.

11.4. Medical equipment connected to the MGPS which is the responsibility of the Medical Physics and Clinical Engineering Department.

11.5. Operation, repair, replacement and maintenance of patient connected equipment capable of delivering medical gases to patients but not forming part of, or connected to the MGPS, e.g. nitrous oxide delivery systems.

Resposibilities

1. The **Chief Executive** has overall responsibility and final accountability for that the Trust has appropriate policies in place and that the Trust complies with relevant legislation and statutory instruments. Ownership of this policy is delegated to The Chief Nurse

2. **The Chief Nurse** has been designated as the Executive Manager with delegated responsibility for the medical gas systems within the Trust's estate. This includes:

2.1 Ensuring the implementation of this policy and associated Medical Gas Operational Procedures & Arrangements .

2.2 Ensuring that all staff involved in the use, installation and maintenance of the MGPS clearly understand their roles and responsibilities

2.3 The appointment in writing of Co-ordinating Authorised Persons, Authorised Persons (AP's) and Competent Persons (CP's) of a sufficient number to manage the medical gas systems safely. The appointment of AP's will be on the recommendation of the Authorising Engineer (MGPS)

3. The **Authorising Engineer (MGPS)** is employed independently of the Trust from the national database of registered Authorising Engineers (MGPS), and is responsible for:

   3.1 Recommending to the Executive Manager those persons who, through individual assessment, are suitable to be Authorised Persons (MGPS).

   3.2 Ensuring that sufficient Authorised Persons (MGPS) are appointed in order to operate and manage the MGPS effectively at all times.

   3.3 Ensuring that all Authorised Persons (MGPS) have satisfactorily completed an appropriate training course and are re-assessed every three years and have attended a refresher or other training course prior to such re-assessment.

   3.4 Conducting an annual audit and review of the management systems of the MGPS, including the Permit to Work System, this document and associated Medical Gas Operational Procedures & Arrangements.

   3.5 To monitor the implementation of the Operational Policy

4. On a large site with more than one AP a Co-ordinating AP will be appointed in writing. The **Co- ordinating Authorised Person** will co-ordinate the actions of all other AP's within the site and will manage the permit to work system and other MGPS safety aspects for that site.

5. **Authorised Persons (MGPS)** assume effective responsibility for the day-to-day management and maintenance of the MGPS, and are responsible for:

   5.1 Ensuring the MGPS is operated safely and efficiently in accordance with the statutory requirements and guidelines.

   5.2 Managing the Permit to Work System, including the issue of Permits to Competent Persons (MGPS) and others for all work carried out on the MGPS.

   5.3 Supervising work carried out by Competent Persons (MGPS) and the standard of that work, including obtaining method and health and safety statements from contractors.

   5.4 Ensuring that the Hospital MGPS maintenance specification and schedule of equipment (including all plant, manifolds, pipe-work, valves, terminal units and alarm systems) are kept up to date.

   5.5 Liaising with Designated Medical / Nursing Officers, the Quality Controller (MGPS) and others who need to be informed of any interruption or testing of the MGPS as a result of any work carried out.

5.6 Providing technical advice, where required, to those responsible for the purchase of any medical equipment that is to be connected to the MGPS. (This is to help avoid potential supply problems arising from equipment which may exceed system capacity and/or flow rate ability).

Assessing competence and maintaining a register of direct labour Competent Persons (MGPS).

6. The **Competent Person (MGPS)** may be craftsmen directly employed bythe Trust and appointed in writing as such, or craftsmen registered and employed by specialist MGPS contractors to BS EN ISO 9001 / BS EN ISO 13485, with clearly defined MGPS registration criteria, and must be suitably trained and reassessed every three years.

7.1 **The CP (MGPS)** will be appointed in writing by the Authorised Person(MGPS), and is responsible for:

7.1.1 To carry out repair, alteration or extension work, as directed by an Authorised Person (MGPS) in accordance with the Permit to Work System and HTM 02-01 (2006)
7.1.2 To carry out work on the MGPS in accordance with the hospital's maintenance specification.
7.1.3 To perform engineering tests appropriate to all work carried out and inform the Authorised Person (MGPS) of all test results
7.1.4 To carry out all work in accordance with the hospital's Health & Safety Policy.

7.2 It is the responsibility of the Trust's Chief Pharmacist to appoint in writing a **Quality Controller (MGPS}** whose name is on the register maintained by the National Pharmaceutical QA Committee. The responsibilities of the Quality Controller will include:

7.2.1 To assume responsibility for the quality control of the medical gases at the terminal units, i.e. the wall or pendant medical gas outlets.
7.2.2 To periodically carry out tests on the Medical Air plant and log results.
7.2.3 To liaise with the Authorised Person (MGPS) in carrying out specific quality and identity tests on the MGPS in accordance with the Permit to Work System and relevant Pharmacopoeia Standards.
7.2.4 To organise MGPS training of Pharmacy staff who may deputise for the QC (MGPS).
7.2.5 To provide and/ or organise training for users of the medical gas systems and record attendance and competences.
7.2.6 To ensure that cylinder gases comply with Ph Eur requirements.
7.2.7 To ensure that other gases and gas mixtures comply with manufacturers' product licences. This will include retaining Certificates of Conformity where appropriate.
7.2.8 Liaising with Authorised Persons (MGPS) whenever MGPS QC testing services are required.

7.2.9 Liaise with the Authorised Person (MGPS), in order to carry out specific quality and identity tests on the MGPS (including quarterly checks on medical air), in accordance with the Permit to Work System and relevant quality/Pharmacopoeia Standards.

8 The **Designated Nursing Officer (MGPS)** is the person in each department, ward or group of departments / wards with responsibility for the medical gas systems. The designated nursing officer (MGPS) is responsible for:

8.1 Liaising with the Authorised Person (MGPS) on all matters related to or affecting the medical gas system within their area of responsibility.

8.2 Authorising the interruption of the medical gas system and signing off the permit to work for such interruptions and signing to accept the system back into use.

8.3 Ensuring all medical consultants and staff are fully aware of any authorised isolation of, and work on, medical gas systems within the department, ward or group of departments / wards.

8.4 Ensuring all staff under their control are aware of any interruption to the medical gas systems.

8.5 That all staff under their control have received suitable and adequate training relevant to their department for the use of the medical gas system and actions to be taken in the event of an unplanned loss of the medical gas system.

9 The **Designated Porter (MGPS)** is a member of the portering / procurement or estate staff who has received suitable training covering safe handling, storage, cylinder identification and the connection to manifold systems of medical gas cylinders. All training must be documented and records kept by Departmental Line Managers. The Designated Porter (MGPS) is responsible for:

9.1 Assisting with the delivery of gas cylinders by the gas supplier.

9.2 Delivering full gas cylinders from the Cylinder Stores to Wards, Theatres and Manifolds and returning empty cylinders to the appropriate stores. Maintaining control and security of cylinders in their charge until the duty of care has been transferred.

9.3 Transferring delivery notes from the gas supplier delivery driver to their Line Manager, who will then arrange transfer of these notes to Pharmacy if requested.

9.4 Attaching to and removing from medical gas cylinders, appropriate medical equipment regulators (or regulator/flow meter combinations) and manifold tailpipes.
9.5 Identifying and removing from service faulty (e.g. leaking/ damaged) cylinders and subsequently informing their Line Manager of the location of such cylinders.
9.6 Performing a weekly check on cylinder stocks and reporting any deficiencies to Estates/ Facilities/ Procurement as appropriate.

9.7 Ensureing that all cylinder contents are used within the 3 year fill/refill timescale specified by the gas supplier.

9.8 To Maintain a record of cylinder rental charges an pass rental invoices for payment.

10 The **Head of Clinical Engineering** is responsible for:

10.1 Ensuring that medical devices connected to the MGPS are maintained in accordance with required regulations/standards.
10.2 Validating, checking suitability and the compatibility (fit for purpose) of all devices that are to be connected to the MGPS.

11 Medical gases are classified as medicines under the 'Medicines Act 1968' and, as such, will be subject to the same quality control requirements as other drugs. **The Head of Pharmacy** is responsible for:

11.1 Maintaining a register of 'Certificates of Analysis' for medical liquid oxygen.

11.2 Receiving delivery notes for liquid oxygen and compressed gas cylinders, checking these against invoices received and passing invoices for payment

11.3 Ordering and supplying cylinders of medical gases and special gas mixtures for the wards and departments and manifolds.

11.4 Maintaining a record of cylinder rental charges and passing rental invoices for payment.

11.5 Management of the medical gas cylinder store, as described in part 8 of **HTM 02**.

11.6 Ensuring (by retention of Certificates of Conformity) that cylinder gases comply with Ph. Eur. requirements, and other gases and gas mixtures comply with manufacturers' product licences.

12 All **MGPS Contractors and Design Consultants** contracted to the Trust to undertake MGPS work must:

12.1 Be registered ISO 9001 / B.S. EN ISO 13485 registered with defined scope of registration.

12.2 Comply with their employer's Health and Safety Policies, Trust Health and Safety Policies, this policy and associated Medical Gas Operational Procedures & Arrangements.

12.3 All Contractors' staff will carry out MGPS work only after written permission in the form of an MGPS Permit to Work from the Authorised Person (MGPS).

12.4 All MGPS Contractors staff must report to an Authorised Person (MGPS) beforework commences and identify them by means of up to date identification.

12.5 MGPS Contractors must not respond to calls from Nursing/Clinical staff without the express permission of the corordinating Authorised Person (MGPS).

12.6 All Contractors must supply up to date lists of employees to the Co-ordinating Authorised Person (MGPS) at regular intervals.

12.7 Contractors must provide the Trust with such documentation as is required by HTM 02 in the form of Test Certificates, Service Records, Risk Assessments and Safety Method Statements, etc.

12.8 Proof of competence of employees and ISO 9001/13485 company registration, together with copies of test equipment calibration certificates will be required by the Authorised Person (MGPS).

13 **Individual staff** appointed to undertake duties in accordance with this document and associated Medical Gas Operational Procedures & Arrangements must understand their responsibilities and perform their work in the safe prescribed manner. Attending training where required, to familiarise themselves and comply with all documents relevant to their jobs and responsibilities.

Definitions

12. See Appendix 1

Medical Gas Committee

13. For management of medical gases to be successful, it requires a multidisciplinary process involving Clinicians, Pharmacists, Engineers, Facilities and Support Staff. When these disciplines work together, appropriate risk management can be implemented and patients and staff safety maintained. This will be achieved through The Trust's Medical Gas Committee for which the Terms of Reference are set out below.

14. The Medical Gas Committee is a sub group of the Health and Safety Committee.

15. The Health and Safety Committee will provide the ratification of the medical gas systems policy.
16. The medical gas committee will provide appropriate reports to the health and safety committee.
17. The strategic aims and objectives of the committee will be set out in the terms of reference and will be agreed with the Health and Safety Committee.

Policy Development Process

18. A Medical Gas Operational Procedures & Arrangements document will be developed to support this policy and define how this policy will be put into action. The supporting document does not form part of the policy and is a stand-alone document.

Policy Approval Process

19. The Trust's Health and Safety Committee has delegated authority to approve this policy on behalf of the Trust Management Executive for renewal of the policy
20. For New Policies it must go through Clinical Governance Committee to TME.
21. The Health and Safety Committee approving documents will clearly record their approval of this policy in their minutes.
22. In approving this policy the H&S Committee may delegate the approval and implementation of supporting documents to the medical gas committee.

Dissemination and Implementation

23. Following approval, this policy will be published via the intranet in .pdf format.
24. A copy will be lodged with the Document Co-ordinator who will ensure a copy is logged on the electronic database.

Review and Revision Arrangements

25. This policy will be reviewed by the medical gas committee in accordance with the metadata on the cover sheet to ensure it remains valid and fit for purpose.
26. Following the review this policy substantial amendments will require the policy to be approved by the Health and Safety Committee.
27. Minor amendments will be approved by the medical gas committee.

Document Control, Version Control and Retention

28. All documents related to this policy will be subject to the system of version control as set out in the Trust's Policy for the Development and Implementation of Procedural Documents.
29. This policy will be maintained by the board secretary within the Trust's electronic archiving system recording date of approval and validity,. date of issue, version number and date for review.
30. The policy document will be retained in accordance with the Records Management Policy.

Training.

31. See **Appendix 2**

Compliance Monitoring

32. See Appendix 3

Review

33. This policy will be reviewed every 3 years, as set out in the Policy for the Development and Implementation of Procedural Documents.

34. N.B.Policies may need to be revised before this date, particularly if national guidance or local arrangements change, where implementation is unsuccessful or where audits necessitate a policy review.

35. If the approving committee of the policy has delegated the authority to approve supporting documents to another group, this should be documented here, e.g. The Trust Management Executive has delegated authority to the Health & Safety Committee for the approval of any further supporting or associated documents.

References

36. Health and Safety at Work act 1974.
37. The Management of Health & Safety at Work Regulations 1999.
38. Health Technical memorandum 02-01: Medical Gas Pipeline Systems 2006 (Parts A&B).
39. Workplace (Health, Safety and Welfare) Regulations 1992.
40. Provision and use of Work Equipment Regulations 1998.
41. Reporting of Injuries, Diseases and dangerous Occurrences (RIDDOR) Regulations 1995.
42. Manual Handling Operations Regulations 1992.
43. Personal Protective Equipment at Work Regulations 1992.
44. Electromagnetic Compatibility Regulations 1992.
45. Control of Substances Hazardous to Health Regulations (COSHH) 2000.
46. The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004.
47. Highly Flammable and Liquid Petroleum Gas Regulations 1972.
48. Pressure Equipment Regulations 1999.
49. Pressure systems Safety Regulations 2000.
50. Medicines act 1968.
51. Regulatory Reform (Fire Safety) Order 2005 Health Technical memorandum 02-01: Medical Gas Pipeline Systems 2006.
52. Policy for the Development and Implementation of Procedural Documents.
53. The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)
54. BCGA CP 44 Cylinder Storage

Appendix 1: Definitions

1. For the purpoe of this policy the following terms are in use
   1.1 Medical Gas System is used to describe the medical gas supply infrastructure including bottled gas cylinders and cylinder based distribution systems.
   1.2 Medical Gas Pipeline System MGPS is the term used to describe the medical gas pipeline infrastructure to include all primary plant such as the vacuum insulated evaporator vessels, compressors, receivers, dryers, manifolds etc.
   1.3 Health Technical Memorandum often abbreviated to **HTM** is a suite of guidance documents issued by the Department of Health.
   1.4 Authorising Engineer shortened in many cases to AE (MGPS). This is an independent specialist whose name is included in the national database of AE's and provides independent advice to the Trust on all aspects of management and maintenance of the medical gas systems.
   1.5 Authorised Person shortened to AP (MGPS) is a member of staff with suitable training and who has been appointed in writing by the Executive Manager on the recommendation of the AE (MGPS).
   1.6 Competent Person shortened to CP (MGPS) is someone who is suitably trained to work on the medical gas systems and has been appointed in writing on the recommendation of the AP (MGPS).
   1.7 Designated Porter shortened to DP (MGPS) is someone who has received suitable training covering safe handling, storage, cylinder identification and the connection to manifold systems of medical gas cylinders.

Appendix 2: Education and Training.

1. It is essential for the safety of patients that no person should operate or work on any part of a medical gas system unless adequately trained and supervised. The required training isset out in the Medical Gas Operational Procedures & Arrangements document which supports the implementation of this policy.

2. It is the duty of Departmental Managers to ensure that all staff working with the medical gas system are appropriately trained and competence assessed to recognised standards.

3. It is the responsibility of the Authorised Person (MGPS) torequest training records of contractors staff.

4. All training provided will be recorded on the central database managed by the Learning & Development Department. (In the process of review)

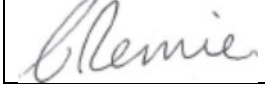
Appendix 3: Monitoring Compliance

1. Compliance with the documents will be monitored in the following ways,

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring Uob title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Implementation of Procedures and arrangements supporting this document: • Training records • Record Drawings • Appointment of AP's & CP's	Sample Audits	Authorised Persons	Annual	Medical Gas Committee
Implementation of Procedures and arrangements supporting this document: • Training records • Record Drawings • Appointment of AP's & CP's	Annual Audits	Authorising Engineer	Annual	Medical Gas Committee

Appendix 4: Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed?			
New Policy/Procedure	[ ]	New Service/Function	[ ]
Existing Policy/Procedure	[x]	Existing Service/Function	[ ]
Staff member completing assessment:			
Name of policy: Medical Gas Systems Safety policy			
Details about the policy: The policy applies to all areas and activities of The Trust, all staff, including individuals employed by a third party, external contractor, voluntary workers, students or agency staff involved with the Trust's Medical Gas Systems as defined in current HTM guidance			
Review Date: September 2025		**Date assessment completed:18th September 2022**	
Signature of staff member completing assessment: 		**Signature of staff member approving assessment:** 	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience? (*tick all that apply*)					
Patients	[ ]	Family/Carers	[ ]	Not applicable	[ ]
Staff	[X]	Other (*specify*):			
Does the policy, service or function involve direct engagement with the target audience?					
Yes	[ ]	Continue with full equality impact assessment			
No	[X]	Full equality impact assessment not required			

3. Research Stage

Notes:

If there is no impact for a particular group or characteristic, mention this in the Reasoning column and refer to evidence where applicable.

[1]Race categories follow those used in the National Census by the Office for National Statistics. Consideration should be given to the specific communities within broad categories such as Bangladeshi people.

[2]Please select age groups which may be impacted by the policy, service or function and complete as appropriate.

[3]Religion or Belief covers a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus; it also covers people who do not have a faith. Consider these individually and collectively when determining impacts.

Characteristic		Positive Impact	Negative Impact	Neutral Impact	Not Enough Information	Reasoning
Sex and Gender Reassignment	Men (incl. trans men)					
	Women (incl. trans women)					
	Non-binary people					
Race[1]	Asian or Asian British					
	Black or Black British					
	Mixed Race					
	White British					
	White Other					
	Other:					

Disability	Disabled people					
	Carers					
Age[2]						
Sexual Orientation						
Religion or Belief[3]						
Pregnancy and Maternity						
Marriage or Civil Partnership						
Other Groups /Characteristics	For example: homeless people, sex workers, rural isolation.					

List the sources of information used in the table below

Using the table below, list any protected groups you will target during the consultation process, and give a summary of those consultations.	
Group	**Summary of consultation**

List any other individuals/groups that have been or will be consulted on this policy, service or function.

4. Summary Stage

Outcome Measures List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.
Positive Impact List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

Unjustifiable Adverse Effects List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.
Justifiable Adverse Effects List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

Equality Impact Assessment Action Plan
Complete this action plan template with actions identified during the Research and Summary Stages

Identified Risk	Recommended Actions	Lead	Resource Implications	Review Date	Completion Date

Oxford University Hospitals NHS
NHS Foundation Trust

Pressure Systems Policy

Category:	Policy
Summary:	This policy introduces measures to ensure, so far as is reasonably practicable, the High Pressure Hot Water and Steam Systems will be fit for purpose and in a safe operating condition
Equality Impact Assessed:	August 2022.
Valid From:	Insert the date the policy will be valid from i.e. the day after approval
Date of Next Review:	This will usually be 3 years from the approval date unless otherwise specified
Approval Date/ Via:	Trust Health & Safety Committee -
Distribution:	Via Risk & Quality Department to: Divisional Directors and Directorate & Clinical Managers Via Estates & Facilities Directorate to : Estates and Facilities Manager Contractors Estates and Facilities Intranet Site Project Co [PFI Service Providers] Via Contracts Office
Related Documents:	Health & Safety Policy Risk Management Policy Risk Assessment Health and Safety at Work etc Act 1974 (HSW Act) • Management of Health and Safety at Work Regulations 1999 (MHSWR) • Workplace (Health and Safety) Regulations 1992 (WHSR) • Provision and use of Work Equipment Regulations 1998 (POWER) • Confined Spaces Regulations 1997 • Pipeline Safety Regulations 1996 (PSR) • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) • Pressure Systems Safety Regulations 2000 inc. Written Scheme of Examination. The Control of Substances Hazardous to Health - COSHH Regulations 2002..
Author(s):	Estates Operational Managers
Further Information:	Site Estates & Facilities Managers
This Document replaces:	Hospital Pressure Systems Policy 2.3

Lead Director: Charmaine Hope Director of Estates, Facilities and Capital Development

Issue Date: August 2022

This document is uncontrolled once printed.

It is the responsibility of all users to this document to ensure that the correct and most current version is being used.
This document contains many hyperlinks to other related documents.
All users must check these documents are in date and have been ratified appropriately prior to use.

Document History

Use this table to record the revisions made to the approved policy and record document history.

Date of revision	Version number	Author	Reason for review or update
24/08/2022	2.4	G Rennie	3 year review, transfer to new template

Consultation Schedule

Use this table to evidence your involvement of staff and key stakeholders, where appropriate, in the development and review of documents.

Who? Individuals or Committees	Rationale and/or Method of Involvement
Authorising Engineer (Pressure Systems	To provide independent specialist advice and review of pressure systems regulation
Pressure Systems Management Meeting	Oversight
Trust Health & Safety Committee	Oversight/Ratification

Endorsement

Use this table to list relevant Divisional and/Directorate leads who have endorsed the policy/procedural document.

Endorsee Job Title
Director of Estates, Facilities and Capital Development

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Who should read this document?

1. This policy should be read by all staff across the Trust who use or maintain a pressurised system.

Key Standards/Messages

2. Pressure Systems for the Supply of Steam and High Pressure Hot Water services are used extensively in healthcare premises for heating, hot water, steam sterilization and absorption water chillers to maintain an effective environment for all end users and patients.

Background/ Scope

3. This Policy sets out the detailed requirements for the maintenance and safe operation of all pressure systems and associated plant. These will be maintained so that they do not present a risk to persons either in the vicinity of the plant or in areas served by the plant; or a statutory compliance risk to the Trust. Regular maintenance is also essential to ensure the efficiency of Estates and Facilities plant and is part of the Trust's response to the recent NHS initiative 'Saving Carbon- Improving Health'.

Key Updates

4. Changes have been made to the Difinitions of Key people

Aim

5. The Pressure Systems Safety Regulations 2000 applies to all plant/systems which contain relevant fluid. A relevant fluid is defined as:

5.1 Steam at any pressure.
5.2 Hot water
LTHW - 0-110C (Non-PSSR)
MTHW - 111C - 160C
HTHW - >160C
5.3 Refrigerant within systems of input power greater than 25kW.
5.4 A compressed or liquefied gas (i.e. refrigerants, LPG, air, nitrogen, acetylene, oxygen etc.) at 0.5 bar gauge or above.
5.5 The extent of the plant/system covered by the Pressure Systems Safety Regulations 2000 is outlined within the Written Schemes specific to each system. The Trust's external Competent Person (Examiner) as agreed with the Director of Estates will ultimately decide which systems require inspection/ examination under the Pressure System Safety Regulation 2000. Greater detail of the scope of inspection/examination and frequency required is identified within the specific written scheme for each system.

Examples of pressure systems and equipment are:-

a. Steam sterilising autoclave and associated pipework and protective devices
b. Steam boiler and associated pipework, calorifiers, heat exchangers and protective devices

c. High Temperature Hot Water Boilers and associated pipework, calorifiers, heat exchangers and protective devices
d. Pressure cooker
e. Gas- loaded hydraulic accumulator, if forming part of a pressure system
f. Portable hot water / steam – cleaning unit fitted with a pressure vessel
g. Vapour compression refrigeration system where the installed power exceeds 25 KW
h. Medical Gas Systems
i. pressure process plant and piping
j. compressed air systems (fixed and portable)
k. heat exchangers and refrigeration plant
l. valves, steam traps and filters
m. Pipework and hoses
n. Pressure gauges and level indicators

This policy additionally refers to items that are not covered under the Pressure Systems Safety Regulations. All mechanical systems are not included within the Pressure Systems Safety Regulations however the hazards associated for all mechanical services are extensive and are addressed under this Policy. Systems and equipment not covered by the pressure systems safety regulations 2000 include:

1. Low Temperature Hot Water
2. Calorifiers and heat exchangers not heated by Steam or High Temperature Hot Water

6. Responsibilities

6.1 The Chief Executive has overall responsibility for ensuring that suitable and sufficient procedures are in place to manage and maintain the Trust's Pressure Systems

6.2 It is the delegated duty of the **Director of Development and the Estate** to ensure that this Policy is implemented and to appoint a professionally-qualified, external Engineer as Authorised Engineer (Pressure Systems) (AE(P)); this appointment is made in writing.

6.3 The **Head of Estates** & **Facilities Operations** will for operational purposes, under the direction of the Chief Executive, be the manager with responsibility for co- ordinating resources, ensuring the policy is followed and appointing a responsible person for each Trust site.

6.4 Private Finance Initiative Services Providers will appoint in writing their own Authorised/Deputy Persons, who will ensure that adequate arrangements are in place to achieve compliance with the Trust's policy and associated procedures. Details of such persons shall be notified in writing to the Trust's Director of Development and the Estate.

6.5 The **PFI Contracts Management Team** is responsible for ensuring that. the PFI Partner is compliant with this policy including the maintenance of appropriate records.

6.6 The Authorised Engineer (Pressure Systems) The Authorising Engineer will take on the duties, roles and responsibilities as outlined in the Safety Rules and Procedures for Work on Mechanical Systems including Pressure Systems.They will be an independent appointee to the Trust, reporting directly to the Director of Estates. They will hold Authorising Engineer qualifications in line with Pressure Systems Safety Regulations 2000 and will assess and recommend, in writing, an appropriate number of Authorised Persons. They will carry out regular audits of the management and control procedures and provide technical assistance where necessary. Refer to the Safety Rules and Procedures for Work on Mechanical Systems including Pressure Systems for a full description of duties.

6.7 Authorised Persons (Pressure Systems): AP(PS) The Authorised Person (Pressure Systems) will be appointed by the Director of Estates following assessment and recommendation of the Authorising Engineer (PS). The role of the Authorised Person (Pressure Systems) is to manage and oversee all work relative but not limited to PSSR 2000 and the Trust's Safety Rules and Procedures for Work on Mechanical Systems including Pressure Systems.The AP(PS) will work in collaboration with the appointed 'Competent Person' to maintain compliance with the Trust's Written Scheme of Examination. It is essential that they inform the Competent Person of any change to systems to allow update of the Written Scheme.Authorised Persons (PS) will be responsible for investigating any incidents reported on Datix. Any lessons learned will be shared with the Pressure Systems Safety Group and disseminated to all relevant staff.The Authorised Persons (PS) will inform the Competent Person(s) of any changes to systems to allow update of the Written Scheme.

6.8 Competent Person (Examiner) The term "Competent Person (Examiner)" refers not to the individual employee who carries out the duties under the Regulations, but to the body which employs the person charged with those duties. Thus, the definition of Competent Person makes it clear that the legal duty to comply rests with a Competent Person's employer and not with an individual.The Trust employs a Risk Services company to undertake the role of Competent Person (Examiner). This role has two distinct functions:

(a) drawing up and certifying schemes of examination (Regulation
(b) carrying out examinations under the scheme (Regulation 9)

Although separate guidance is given on these functions, this does not mean that they have to be carried out by a different Competent Person (Examiner).

From time to time, the Trust (Trust/Owner) may seek advice from a Competent Person (Examiner) on other matters relating to the Regulations. In such circumstances, a Competent Person would be acting solely as an advisor, rather than a Competent Person as defined.

It is the responsibility of the Trust (User/Owner) to select a Competent Person capable of carrying out the duties in a proper manner with sufficient expertise in a particular type of system. A Competent Person, who has available a team of employees with the necessary breadth of knowledge and expertise, should be chosen.

6.9 Maintenance Staff (Skilled Persons) Only Trust staff/contractors with the relevant system knowledge, experience and training will be allowed to undertake maintenance duties of mechanical and pressure systems. These works must be undertaken as per the agreed systems of work to ensure:

(a) Systems are operated within their safe operating limits
(b) Incidents of note are escalated as outlined in section 6.3 and 6.4 below
(c) Systems included within the Pressure Systems Safety Regulations 2000 are only operated whilst included within an accurate written scheme and with a valid examination certificate

Any remedial actions, upgrades and/or repairs will be undertaken by the Trust. staff (person in charge/skilled person). They are required to fulfil their statutory duties and use all work items provided by the Trust correctly, in accordance with their training and the instructions they receive to enable them to use the items safely.

The Trust, or those they appoint to assist them with health and safety matters, therefore must be informed without delay of any work situation within the Trust which might present a serious and imminent danger. Whether the danger could be to the employee concerned or, if it results from the employee's work, to others.

Staff must also notify any shortcoming in the health and safety arrangements to their line manager, even when no immediate danger exists, so that management in pursuit of their duties under the HSWA and other statutory provisions can take such remedial action as may be needed. Any incidents or near misses must be reported on the Trust incident system Datix. Health and safety issues will be escalated as required, to the relevant Estates site specific Health and Safety group and/or to the Estates Risk Management and Governance Group

Content Of the Policy

7. The Policy sets out relevant information in relation to provision of pressure systems (HPHW and Steam) to the Trust premises and to ensure its fitness for purpose. This is achieved by audit and monitoring as described within the document. The Policy identifies responsible persons for its implementation and ongoing management together with training needs and the appointment of an independent Authorising Engineer for professional advice and guidance. Regular compliance checks and maintenance will also continue to ensure the efficiency of Estates and Facilities plant and is part of the Trust response to the recent NHS initiative 'Saving Carbon- Improving Health'.

8. Failure of a pressure system can lead to serious injury or Fatalities. Consolidation of previous legislation evolved into the Pressure Systems Safety Regulations 2000, which deals with the risks created by a release of stored energy should the system fail and details the measures that should be taken to prevent failures and reduce risks.

9. The Pressure Systems Safety Regulations 2000 applies to all plant systems which contain a relevant fluid. A relevant fluid is defined as a steam or gas under pressure and liquids under pressure, which become gases upon release to the atmosphere, at a pressure greater than 0.5 bar (7 psi) above atmospheric (except for steam). Certain small vessels , where the combination of the internal volume and pressure of the vessel is less than 250 bar litres are exempt from some parts of the Regulations. Where the relevant fluid is steam, all the regulations apply, irrespective of the vessel pressure and volume.

10 Review

This policy will be reviewed every 3 years, as set out in the *Policy for the Development and Implementation of Procedural Documents.*

The Trust Management Executive has delegated authority to the Trust Health & Safety Committee for the approval of any further supporting or associated documents.

11 References

The Health and Safety at Work Act 1974
The Control of Substances Hazardous to Health (COSHH) 1998
The Management of Health and Safety at Work Regulations 1999
Workplace (Health, Safety and Welfare) Regulations 1992
Health and Safety at Work etc Act 1974 (HSW Act
Provision and use of Work Equipment Regulations 1998 (PUWER)
Confined Spaces Regulations 1997
Pipeline Safety Regulations 1996 (PSR)
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDOOR)
Pressure Systems Safety Regulations 2000 inc. Written Scheme of Examination.
Safety of Pressure Systems - ACoP L122
Pressure Equipment Regulations 1999
Safe Management of Industrial Steam & Hot Water Boilers INDG436.
Guidance on Safe Operation of Boilers BG01.

Appendix 1: Definitions

1.1. A List of deinitions is included in the Safet Rules And Procedures for Work on Pressure Systems Manual

Appendix 2: Education and Training

Training needs Analysis:

1 **Authorised Persons (Pressure Systems): AP(PS)** to receive full training at least every three years. Although annual and refereshers training will be undertaken as required.

2 **Maintenance Staff (Skilled Persons)** to receive full training at least every three years . Although annual and refereshers training will be undertaken as required.

Appendix 3: Monitoring Compliance

1. Compliance with the document will be monitored in the following ways.

What is being monitored:	How is it monitored:	By who, and when:	Minimum standard	Reporting to:
Compliance with Pressure Systems policy and procedures.	Audit of site records and Operating Procedures.	Senior Operational Estates Manager(s) & Operational [Estates] Contracts and Compliance Manager	Bi-monthly	Operational Services Management Team Meeting
Compliance with Pressure Systems policy and procedures.	Audit of work history files	Senior Operational Estates Manager(s) & Operational [Estates] Contracts and Compliance Manager	Quarterly	Estates & Facilities Strategic Health & Safety Management Meeting.
That all Statutory and Mandatory Standards are being met for Pressure Systems	Revalidation Audit	Authorising Engineer (AE)/Independent Advisor Senior Operational Estates Managers(s) Operational Contracts and Compliance ManaQer.	Annually	Estates & Facilities Strategic Health & Safety Management Meeting. Health & Safety Committee Meeting.

Appendix 4: Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed?			
New Policy/Procedure	[ ]	New Service/Function	[ ]
Existing Policy/Procedure	X	Existing Service/Function	[ ]
Staff member completing assessment: Gordon Rennie			
Name of policy/service/function: Pressure Systems Policy			
Details about the policy/service/function: The policy confirms the that the Trust will provide Pressure Systems that are fit for purpose, compliant with legislation, guidance and best practice.			
Review Date:		**Date assessment completed:24/08/2022**	
Signature of staff member completing assessment:		**Signature of staff member approving assessment:**	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience? (*tick all that apply*)					
Patients	[ ]	Family/Carers	[ ]	Not applicable	[ ]
Staff	[√]	Other (*specify*):			
Does the policy, service or function involve direct engagement with the target audience?					
Yes	[ ]	Continue with full equality impact assessment			
No	[√]	Full equality impact assessment not required			

3. Research Stage

Notes:

If there is no impact for a particular group or characteristic, mention this in the Reasoning column and refer to evidence where applicable.

[1]Race categories follow those used in the National Census by the Office for National Statistics. Consideration should be given to the specific communities within broad categories such as Bangladeshi people.

[2]Please select age groups which may be impacted by the policy, service or function and complete as appropriate.

[3]Religion or Belief covers a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus; it also covers people who do not have a faith. Consider these individually and collectively when determining impacts.

Characteristic		Positive Impact	Negative Impact	Neutral Impact	Not Enough Information	Reasoning
Sex and Gender Reassignment	Men (incl. trans men)			√		
	Women (incl. trans women)			√		
	Non-binary people			√		
Race[1]	Asian or Asian British			√		
	Black or Black British			√		
	Mixed Race			√		
	White British			√		
	White Other			√		
	Other:			√		

Disability	Disabled people			√		
	Carers			√		
Age[2]	Any Age			√		
Sexual Orientation				√		
Religion or Belief[3]				√		
Pregnancy and Maternity				√		
Marriage or Civil Partnership				√		
Other Groups /Characteristics	For example: homeless people, sex workers, rural isolation.			√		

List the sources of information used in the table below
N/A

Using the table below, list any protected groups you will target during the consultation process, and give a summary of those consultations.	
Group	**Summary of consultation**
N/A	

List any other individuals/groups that have been or will be consulted on this policy, service or function.
N/A

4. Summary Stage

Outcome Measures List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.
Safety of Employees using Systems of Pressure.
Positive Impact List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.
N/A
Unjustifiable Adverse Effects List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.
N/A
Justifiable Adverse Effects List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.
N/A

Equality Impact Assessment Action Plan
Complete this action plan template with actions identified during the Research and Summary Stages

Identified Risk	Recommended Actions	Lead	Resource Implications	Review Date	Completion Date
No Risks	**None**				

Lift Management Policy

Category:	Policy
Summary:	This policy outlines the safe management, control and operational procedures for passenger and goods lifts
Equality Impact Assessed:	August 2022.
Valid From:	Insert the date the policy will be valid from i.e. the day after approval
Date of Next Review:	November 2025
Approval Date/ Via:	Insert date of approval, name of approval committee
Distribution:	• All parties with a responsibility for Lifts • Trust Board Directors • Estates Risk Management Group • Health and Safety Committee • Estates Compliance Committee • Departmental/Divisional Managers • All Trust staff (via the intranet) • PFI Project Co (and PFI Services Providers)
Related Documents:	• The Health and Safety at Work Etc Act • The Electricity at Work Regulations • The Lifting Operations and Lifting Equipment Regulations (LOLER) • The Provision and Use of Work Equipment Regulations (PUWER)
Author(s):	Deputy Head of Operational Estates & Facilities
Further Information:	Estates and Facilities Services
This Document replaces:	Lift Safety Policy, Version 1.0

Lead Director: Director of Estates, Facilities and Capital Development

Issue Date: Dd month year

This document is uncontrolled once printed.

It is the responsibility of all users to this document to ensure that the correct and most current version is being used.
This document contains many hyperlinks to other related documents.
All users must check these documents are in date and have been ratified appropriately prior to use.

Document History

Date of revision	Version number	Author	Reason for review or update
August 2022	2.0	AM	Three-year review and updated

Consultation Schedule

Who? Individuals or Committees	Rationale and/or Method of Involvement
Lift Management Group	Assurance group
E&F Risk Management Group	Assurance group
Trust Health and Safety Committee	Assurance group
Trust Management Executive	Approval group

Endorsement

Endorsee Job Title
Chief Nursing Officer
Director of Estates, Facilities and Capital Development
Head of Estates and Facilities Services

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Who should read this document?

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

- This policy should be read by all clinical and non-clinical staff across the Trust that utilise and/or manage passenger and goods lifts within Trust associated buildings.

Key Standards/Messages

1. 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 lifts. This commitment is demonstrated through compliance with all regulations, statutory requirements, codes of practice and guidance in all premises for which it is directly responsible. The lifts are to be maintained and serviced so that they do not present either a physical risk to persons using the lifts or a statutory compliance risk to the Trust.
2. 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.
3. The Electricity at Work Regulations 1989 further extend the Act placing a duty on employers (Directors, Managers and Heads of Service) to ensure that all electrical equipment and electrical supply systems are maintained in a safe condition and that only competent persons are permitted to work with, repair or maintain electrical systems or apparatus.
4. The Electricity at Work Regulations applies to all places of work and to electrical systems at all voltages.
5. The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) require that thorough inspections are carried out at six monthly intervals and a report issued.
6. The Provision and Use of Work Equipment Regulations 1998 (PUWER) require that equipment at work is maintained, inspected and suitable for use.
7. The primary objective of this policy is to ensure a robust management system for the effective control of Lifts and their systems throughout the Trusts premises, to minimise the risk of causing harm to patients, visitors, contractors, staff and property.

Background/Scope

8. This policy sets out the management approach to be adopted by the Trust and their service providers for operating, inspecting and maintaining the Lifts on the Trust's premises.
9. The service providers for the Trust complete all maintenance of Lifts and their systems across the various properties the Trust occupy or own; the Trust recognises it still has a duty of care to ensure these Lifts are being managed appropriately.
10. The Trust will establish the conditions whereby the use of both Lifts and equipment connected to the Lift installation will, so far as is practicably, be adequately controlled in all activities to ensure the health and safety of those potentially affected.
11. 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.

Key Updates

12. This policy has been updated to reflect updates to legislation, guidance and/or recognised good practice as part of the three year review.

Aim

13. 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 Lifts and their systems are maintained to a high standard by performing in-service inspection and testing.

Review

14. This policy will be reviewed every 3 years, as set out in the *Policy for the Development and Implementation of Procedural Documents.*

15. *N.B.Policies may need to be revised before this date, particularly if national guidance or local arrangements change, where implementation is unsuccessful or where audits necessitate a policy review*.

References

16. NHS England, Health Technical Memorandum (HTM) 08-02 Design and maintenance of lifts in the health sector.

Appendix 1: Responsibilities

1. This section details the general responsibilities of all relevant persons and groups. The Trust and its partners (Project Co. for the PFI) all have responsibilities as duty holders to ensure they maintain the safety of the Lifts in all its premises. Below the responsibilities are defined for each role within the Trust and its partners.

1.1. 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.

1.2. Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners both have responsibilities as duty holders to ensure they maintain the provision of Lift safety. Each key party of the PFI scheme (Trust, Project Co and Services Providers) has relevant responsibilities to develop, implement, manage and monitor the safety and quality and resilience of these key systems. This is undertaken both through policies and procedures that reflect each party's respective responsibilities as responsible partners.

1.3. Trust Duty Holder

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 Lift safety. They shall appoint in writing the Trust Designated Person (Lifts).

1.4. Trust Designated Person (Lifts)

The Trust Chief Nursing Officer is the designated person for lifts, who is the Appointed Board Level Executive responsible for the safety of Lifts. 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.

1.5. Trust Senior Operational Manager

The Director of Estates, Facilities and Capital Development is the Trust Senior Operational Manager who is appointed in writing by the Trust Designated Person (Lifts), they fulfil the appointed Senior Operational Management role, under the direction of the Trust Designated Person (Lifts) and as such, have responsibility for co-ordinating resources, ensuring the policy is reviewed, ratified and implemented.

1.6. Trust Other Professionals (i.e. Estates and Facilities, Capital Programmes)

Estates and Facilities and Capital Programmes will consult with the appointed external specialist with respect to electrical capacity and Lift compliance as follows:

- All new and altered Lifts shall comply with the requirements of document HTM 08-02;
- All new and altered Lifts shall comply with the requirements of this policy, current regulations and guidance;

- All new and altered electrical systems shall comply with the requirements of documents series HTM 06;
- All new and altered electrical systems shall comply with the requirements of this policy, current regulations and 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; and
- The Clerk of Works competence and interpretation of the requirements.

1.7. Project Co. (PFI) – Duty Holder

The 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.

The Project Co has entered into sub-contract agreements with PFI Services Providers in respect of its obligations under the PFI agreement with the Trust. The Services Providers are an employer and has duties under the above requirements.

The 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 the 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 (Lifts).

1.8. Project Co. (PFI) – Designated Person (Lifts)

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

1.9. PFI Services Providers – PFI Duty Holder (Lifts)

The PFI Services Providers' Chief Executive (or equivalent role) is the statutory Duty Holder for the PFI domain. The Duty Holder has overall responsibility for Health and Safety within the Services Provider, including Lift safety. They shall appoint in writing the PFI Designated Person (Lifts).

1.10. PFI Services Providers – PFI Designated Persons (Lifts)

The General Manager (or equivalent role) for the PFI Services Provider is the PFI Designated Person (Lifts) and they shall be appointed in writing by the PFI Duty Holder and has responsibility for ensuring that suitable information, instruction and training is provided to the Authorised Person/s (Lifts) and the Competent Persons and formally appoint each. Ensure any risk assessments remain current and are reviewed and updated as required.

They shall inform the Trust Designated Person and Project Co. Designated Person when system non compliances / deficiencies are found. They shall appoint in writing the Independent Authorising Engineer (Lifts) for the PFI domain.

1.11. Independent Authorising Engineer (Lifts)

This Independent Authorising Engineer is contracted by the Trust and they will be suitably qualified in accordance with the requirements of HTM 08-02 and shall have specialist knowledge of all the systems on each site.

The Independent Authorising Engineer (Lifts) will be responsible for:

- Having specialist knowledge of all the Lifts and their systems on Trust occupied premises, in particular the systems for which an Authorised Persons (Lifts) will assume responsibility for on appointment;
- Determining the required number of Authorised Persons (Lifts) and performing regular assessments of all Authorised Person (Lifts) before recommending to the relevant Designated Person of the submitting organisation either that the person can proceed to written appointment or requires further training;
- To ensure that all Authorised Persons (Lifts) are fully supported and have satisfactorily completed an appropriate training course and that all training is documented;
- To ensure that all Authorised Persons (Lifts) are re-assessed every three years and have attended a refresher or other training course prior to such re-assessment;
- To conduct an annual audit of all lifts and review of the operational management systems of the Lifts including Permit to Works and SOP's. The audit shall be submitted annually for review by the Trust and its Partners;
- Review of written procedures and operational policies as well advising on changes in technology;
- To assist the Authorised Person (Lifts), when required, with monitoring the implementation of the Lift Policy, Electrical Safety Policy and associated SOP's.

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

1.12. Authorised Persons (Lifts)

Estates and Facilities personnel employed by the Trust (and PFI Service Providers) will be appointed as Authorised Persons (Lifts) and they shall be appointed in writing by the Designated Person (Lifts). All Authorised Persons (Lifts) have the responsibility for the day-to-day operational management and safe systems of work on all Lifting systems on the Trust's premises.

The Authorised Persons (Lifts) 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 Authorised Persons (Lifts) have been appointed to manage.
More than one Authorised Person (Lifts) may be appointed for a system or installation but, at any one time, only one Authorised Person (Lifts) shall be the

duty/lead Authorised Person (Lifts) on site. Where a transfer of responsibility between Authorised Person (Lifts) is to be undertaken, this should recorded as appropriate.

The Authorised Persons (Lifts) is responsible for appointing in writing the Competent Person insurance inspectors; the Competent Persons lift service engineers, the Lift Release Wardens, Lift Wardens and the Lift Stewards.

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

The Authorised Persons (Lifts) must ensure that before any person works on the Lifts 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 (Lifts) must report these to the Designated Person, the Authorising Engineer and the Trust in writing as soon as reasonably practicable.

All Authorised Persons (Lifts) shall carry out all duties as detailed in HTM 08-02. Adequate numbers of Authorised Persons (Lifts) shall be available to cover for sickness or annual leave etc. The Authorised Person (Lifts) is responsible for overseeing the daily duties carried out by Lift Stewards, Lift Wardens and to supervise the annual training exercises involving Lift Release Wardens. The Lift Stewards, Lift Wardens and Lift Release Wardens shall be appointed in writing by an Authorised Person (Lifts).

1.13. Competent Persons (Lifts)

A Competent Person (Lifts) 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 Trust-retained 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 contractor employing specialist Lift Service Engineers who should be appointed in writing as a Competent Person (Lifts).

The Statutory Insurance Inspections should be carried out at regular intervals in accordance with the type of Lift and the examination scheme drawn up by an Insurance Inspector who should also be appointed in writing as a Competent Person (Lifts).

Specialist contractors appointed by management should only use trained and competent persons to carry out the maintenance of lifts. If this person is to carry out electrical work on the electrical supplies to lifts, they will also need to be authorised to carry out this work by an Authorised Person (Low Voltage).

The Competent Persons (Lifts) shall carry out all works in accordance with this policy, HTM's, current legislation and the PPM programme. All Competent Persons (Lifts) shall be skilled specialists and shall have sufficient technical knowledge of the installation, inspection, testing and/or maintenance of Lifts and their associated electrical systems.

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

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

1.14. 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.

1.15. 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 Approved Providers and/or 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

1.16. 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 the Designated Person (Lifts) and should undergo refresher training annually.

Appendix 2: Definitions

1. The Trust: This means Oxford University Hospitals NHS Foundation Trust
2. Staff: Means all employees of the Trust including those managed by a third party organisation on behalf of the Trust
3. 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 for hard and soft facilities management services.
4. 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.
5. Project Co.: 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.
6. PFI Services Providers: This is the organisation appointed by Project Co. to provide certain facilities management services including estates and maintenance functions
7. Low Voltage: A voltage exceeding 50v AC or 120v DC between conductors or earth, but not exceeding 1000v AC or 1500v DC between conductors or 600v AC or 900V DC between any conductor and earth.
8. Electrical Equipment: Anything used, intended to be used or installed for use, to generate, transmit, transform, rectify, convert, conduct, distribute, control, store, measure or use electrical energy.
9. LOLER: Lifting Operations and Lifting Equipment Regulations. These regulations govern all activities concerned with the operation, inspection and use of lifting equipment – including Lifts.
10. PUWER: Provision and Use of Work Equipment Regulations. These regulations require that equipment provided for use at work is suitable for the intended use, maintained in a safe condition, and inspected at suitable intervals and in certain circumstances.
11. Hydraulic Lift: Permanently installed lifting equipment, serving defined landing levels, having a car designed for the transportation of passenger or persons and goods, suspended by jacks, ropes or chains and moving in guide rails inclined not more than 15 degrees to the vertical.
12. MRL Lift: Machine–room-less Lift. Passenger lift that does not require a separate machine room and where the machine is generally located in the lift shaft and the control panel is integrated into the wall or architrave on the top level landing.
13. Traction Lift: Electrically powered cable operated lift driven by steel ropes rolled over a pulley and balanced by a counterweight.
14. Fire Fighting Lift: A lift designed to have additional fire protection, with IP65 protection to the lift equipment, with two sources of supply, with controls that enable it to be used under the direct control of the fire and rescue service when fighting a fire.
15. Evacuation Lift: A passenger lift protected in accordance with HTM 05- 03 Part E – Escape lifts' to enable it to be used to safely transport staff' patients and visitors to the ground storey in the event of a fire
16. Machine Room: A room in which a lift machine or machines and or the associated equipment are located on a Hydraulic or Electric traction lift.

Appendix 3: Education and Training

1. Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust's Learning and Development Policy. This information can be accessed via the Practice Development and Education pages on the Trust intranet.

Appendix 4: Monitoring Compliance

1. Compliance with the document will be monitored in the following ways.

What is being monitored:	How is it monitored:	By who, and when:	Minimum standard	Reporting to:
Compliance with the Trust-approved Policy and Performance of Lift Management Procedures & Systems	Annual Audit/Management Review	Estates Health & Safety Compliance Manager; Independent Authorising Engineer (Lifts)	Annual audit/review of this policy and systems will be in accordance with a methodology as established by service specific assurance and monitoring groups	Lift Management Group; E&F Risk Management Group

Appendix 4: Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed?			
New Policy/Procedure	[ ]	New Service/Function	[ ]
Existing Policy/Procedure	[X]	Existing Service/Function	[ ]
Staff member completing assessment: Deputy Head of Operational Estates and Facilities			
Name of policy/service/function: Lift Management Policy			
Details about the policy/service/function: This policy outlines the safe management, control and operational procedures for passenger and goods lifts.			
Review Date: 07/10/2022		**Date assessment completed:** 07/10/2022	
Signature of staff member completing assessment: *A. Makinde*		**Signature of staff member approving assessment:**	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience? (*tick all that apply*)					
Patients	[X]	Family/Carers	[X]	Not applicable	[ ]
Staff	[X]	Other (*specify*):			
Does the policy, service or function involve direct engagement with the target audience?					
Yes	[ ]	Continue with full equality impact assessment			
No	[X]	Full equality impact assessment not required			

3. Research Stage

Notes:

If there is no impact for a particular group or characteristic, mention this in the Reasoning column and refer to evidence where applicable.

[1]Race categories follow those used in the National Census by the Office for National Statistics. Consideration should be given to the specific communities within broad categories such as Bangladeshi people.

[2]Please select age groups which may be impacted by the policy, service or function and complete as appropriate.

[3]Religion or Belief covers a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus; it also covers people who do not have a faith. Consider these individually and collectively when determining impacts.

Characteristic		Positive Impact	Negative Impact	Neutral Impact	Not Enough Information	Reasoning
Sex and Gender Reassignment	Men (incl. trans men)			X		This policy outlines the safe management, control and operational procedures for passenger and goods lifts.
	Women (incl. trans women)			X		
	Non-binary people			X		
Race[1]	Asian or Asian British			X		As above.
	Black or Black British			X		
	Mixed Race			X		
	White British			X		
	White Other			X		
	Other:			X		
Disability	Disabled people			X		As above.
	Carers			X		
Age[2]				X		As above.
				X		
				X		
Sexual Orientation				X		As above.
Religion or Belief[3]				X		As above.
Pregnancy and Maternity				X		As above.
Marriage or Civil Partnership				X		As above.
Other Groups /Characteristics	For example: homeless people, sex workers, rural isolation.			X		As above.

List the sources of information used in the table below	
None Applicable.	
Using the table below, list any protected groups you will target during the consultation process, and give a summary of those consultations.	
Group	**Summary of consultation**
List any other individuals/groups that have been or will be consulted on this policy, service or function.	
None Applicable.	

4. Summary Stage

Outcome Measures List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.
This policy outlines the safe management, control and operational procedures for passenger and goods lifts. It affects and benefits all staff and patient groups equally, including those in protected groups.
Positive Impact List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.
This policy outlines the safe management, control and operational procedures for passenger and goods lifts. Thereby, it supports good working relationships between all staff.
Unjustifiable Adverse Effects List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.
None Applicable.
Justifiable Adverse Effects List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.
None Applicable

Equality Impact Assessment Action Plan
Complete this action plan template with actions identified during the Research and Summary Stages

Identified Risk	Recommended Actions	Lead	Resource Implications	Review Date	Completion Date
None Applicable (N/A)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Electrical Safety Policy

Category:	Policy
Summary:	This policy outlines the the structure and approach of the Trust's Estates and Facilities Service to the management of electrical systems at all voltages and its approach to achieve safety in all its electrical activities in compliance with its legal and statutory obligations.
Equality Impact Assessed:	November, 2022.
Valid From:	Insert the date the policy will be valid from i.e. the day after approval
Date of Next Review:	November 2025
Approval Date/ Via:	Insert date of approval, name of approval committee
Distribution:	• All parties with a responsibility for Electricity and Electrical Systems • Trust Board Directors • Estates Risk Management Group • Health and Safety Committee • Estates Compliance Committee • Departmental/Divisional Managers • All Trust staff (via the intranet) • PFI Project Co (and PFI Services Providers)

Related Documents:	• The Health and Safety at Work Etc Act
	• The Electricity at Work Regulations
	• The Management of Health and Safety at Work Regulations
	• Health Technical Memorandum (HTM) 00: Policies and principles of healthcare engineering
	• Healthcare Technical Memorandum (HTM) 06 Series
	  • HTM 06-01 Electrical services supply and distribution
	  • HTM 06-02 Electrical safety guidance for low voltage systems
	  • HTM 06-03 Electrical safety guidance for high voltage systems

Author(s):	Deputy Head of Operational Estates & Facilities
Further Information:	Estates and Facilities Services
This Document replaces:	Low Voltage Electrical Management Policy, Version 1.5

Lead Director: Director of Estates, Facilities and Capital Development

Issue Date: Dd month year

Document History

Date of revision	Version number	Author	Reason for review or update
November 2022	2.0	AM	Three-year review and updated

Consultation Schedule

Who? Individuals or Committees	Rationale and/or Method of Involvement
Electrical Safety Group	Assurance group
E&F Risk Management Group	Assurance group
Trust Health and Safety Committee	Assurance group
Trust Management Executive	Approval group

Endorsement

Endorsee Job Title
Chief Nursing Officer
Director of Estates, Facilities and Capital Development
Head of Estates and Facilities Services

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Who should read this document?

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

- This policy should be read by all clinical and non-clinical staff across the Trust that utilise and/or manage electrical systems within Trust associated buildings.

Key Standards/Messages

1. 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 electrical systems and services. This commitment is demonstrated through compliance with all regulations, statutory requirements, codes of practice and guidance in all premises for which it is directly responsible. The electrical systems and services are to be maintained and serviced so that they do not present either a physical risk to persons using the electrical services or a statutory compliance risk to the Trust.
2. 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.
3. The Electricity at Work Regulations 1989 further extend the Act placing a duty on employers (Directors, Managers and Heads of Service) to ensure that all electrical equipment and electrical supply systems are maintained in a safe condition and that only competent persons are permitted to work with, repair or maintain electrical systems or apparatus.
4. The Electricity at Work Regulations applies to all places of work and to electrical systems at all voltages.
5. The primary objective of this policy is to ensure a robust management system for the effective control of electrical systems and their equipment throughout the Trusts premises, to minimise the risk of causing harm to patients, visitors, contractors, staff and property.

Background/Scope

6. This policy sets out the management approach to be adopted by the Trust and their service providers for operating, inspecting and maintaining the electrical systems and equipment on the Trust's premises.
7. The service providers for the Trust complete all maintenance of their systems and equipment across the various properties the Trust occupy or own; the Trust recognises it still has a duty of care to ensure these systems and equipment are being managed appropriately.
8. The Trust will establish the conditions whereby the use of equipment connected to the electrical systems and services will, so far as is practicably, be adequately controlled in all activities to ensure the health and safety of those potentially affected.
9. This policy aims to ensure that all risks to staff and others from exposure to electrical hazards at work are adequately controlled and that all electrical systems are maintained to a high standard by performing in-service inspection and testing.
10. This policy seeks to both set out and define the Trust's management approach and commitment to maintaining a safe electrical system on its premises, as well as

providing a framework for partners to adopt when coordinating the management of electrical systems and equipment within all premises.

11. 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.

12. 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.

Key Updates

13. This policy has been updated to reflect updates to legislation, guidance and/or recognised good practice as part of the three-year review.

Aim

14. The prime aim of this policy is to outline the structure and approach of the Trust's Estates and Facilities Service to the management of electrical systems at all voltages and its approach to achieve safety in all its electrical activities in compliance with its legal and statutory obligations.

Review

15. This policy will be reviewed every 3 years.

References

16. Insert all supporting references to publications, legislation, national guidance or reference documents in **Harvard Referencing Style.**

Appendix 1: Responsibilities

1. This section details the general responsibilities of all relevant persons and groups. The Trust and its partners (Project Co. for the PFI) all have responsibilities as duty holders to ensure they maintain the safety of the Electrical Services in all its premises. Below the responsibilities are defined for each role within the Trust and its partners.

1.1. 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.

1.2. Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners both have responsibilities as duty holders to ensure they maintain the provision of safety for Electrical Services. Each key party of the PFI scheme (Trust, Project Co and Services Providers) has relevant responsibilities to develop, implement, manage and monitor the safety and quality and resilience of these key systems. This is undertaken both through policies and procedures that reflect each party's respective responsibilities as responsible partners.

1.3. Trust Duty Holder

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 Electrical safety. They shall appoint in writing the Trust Designated Person (Electrical).

1.4. Trust Designated Person (Electrical)

The Trust Chief Nursing Officer is the designated person for electrical, who is the Appointed Board Level Executive responsible for electrical safety. Under the direction of the Chief Executive they are therefore responsible for the organisational arrangements, which will ensure that compliance with standards is achieved and that where problems occur, they are identified and resolved with minimum risk to employees, patients or members of the public. They shall appoint in writing the Trust Senior Operational Manager.

1.5. Trust Senior Operational Manager

The Director of Estates, Facilities and Capital Development is the Trust Senior Operational Manager who is appointed in writing by the Trust Designated Person (Electrical), they fulfil the appointed Senior Operational Management role, under the direction of the Trust Designated Person (Electrical) and as such, have responsibility for co-ordinating resources, ensuring the policy is reviewed, ratified and implemented.

1.6. Trust Head of Department/General Manager/Clinical Lead

The Head of Department/General Manager/Clinical Lead (or equivalent) is responsible for ensuring the provision and safe use of equipment from the plug onwards and are responsible for the maintenance of equipment in their areas which are not maintained either by Estates and Facilities, IM&T or Clinical Engineering. Where appropriate a maintenance contract should be raised to ensure that the equipment is fit to connect to the Trust fixed electrical network. Any training for staff that use equipment connected to the electrical supply

system must be recorded in a format that can easily be audited and reviewed. This training should form part of the local induction procedure.

1.7. Trust Clinical Engineering

Clinical Engineering is responsible for the electrical safety of all medical equipment. All medical equipment in use within the Trust, whether owned, on hire to, or hired by the Trust shall be electrically safety checked at commissioning prior to first use on site and periodically at planned preventative maintenance (PPM) intervals as determined by Clinical Engineering and/or the manufacturer. This arrangement covers all except for devices under the PFI Project Agreement, where alternative arrangements may exist.

1.8. Trust Information Management and Technology (IM&T) Services

IM&T Services is responsible for the electrical safety of all IT and communications portable electrical equipment (printers, laptops, PC's, monitors etc.) and such equipment shall be electrically safety checked at commissioning prior to first use. A risk assessment will be carried out and regularly reviewed to determine the frequency of further testing.

1.9. Staff/Users of Electrical Equipment

Users of electrical equipment have a duty to use the equipment safely in accordance with the training given and the manufacturer's instructions. Prior to each use staff shall visually inspect portable electrical appliances for damage (i.e. frayed or damaged cables, burn marks on cables or plugs, coloured wiring visible or loose etc.) and ensure that it carries a valid PAT test label. Staff should also be mindful of potential for serious incidents to occur, particularly in cases of poor management of equipment.

All portable appliances shall undergo either an inspection or test, undertaken by a competent person, at regular intervals in accordance with current regulations.

Where inspection of any portable electrical appliance by a competent person which, in their opinion, gives rise to an imminent risk of serious personal injury to the user or others, that appliance will be rendered safe by taking the appropriate action to prevent further use of the appliance. The Trust will not accept any liability for loss of work/data or any other inconvenience as a consequence of taking the appliance out of service on the grounds of safety.

As part of pre-use checks, Staff should ensure that the medical device (and where appropriate its detachable power cord) are labelled with evidence of a completed safety test in the last 12 months. Where a risk assessment outcome favours continued use of a last test date exceeding 12 months, staff should ensure that subsequent to its current use, it is reported for testing.

Portable electrical appliances owned by employees are not to be brought onto Trust premises, connected to the Trusts' electrical supply system or used in the workplace. All Directorate management teams are responsible for ensuring that any such items are immediately removed from the Trust's premises.

Extension leads may be used as a temporary solution to provide additional socket outlets or to provide power during a mains failure from an alternative source. These leads must have been inspected and tested before use and have

an in date PAT test and should only be used for shortest period of time as possible.

Trust staff initiating purchase requests must ensure that the equipment to be obtained is suitable for the use in the environment intended. The Estates and Facilities Services and/or PFI Services Providers should be consulted for advice for non-medical equipment and Clinical Engineering for medical devices, in the first instance.

So far as is reasonably practicable, equipment conforming to the appropriate British Standard should be purchased. When obtaining equipment of different origins, the purchaser shall ensure that the equipment is at least as safe as equipment constructed to the equivalent British Standard.

Where the equipment is energy rated then the most energy efficient model option should be purchased.

1.10. Trust Other Professionals (i.e. Estates and Facilities, Capital Programmes)

Estates and Facilities and Capital Programmes will consult with the appointed external specialist with respect to electrical capacity and compliance as follows:

- All new and altered electrical systems shall comply with the requirements of document series HTM 06;
- All new and altered Electrical services shall comply with the requirements of this policy, current regulations and 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; and
- The Clerk of Works competence and interpretation of the requirements.

1.11. Project Co. (PFI) – Duty Holder

The 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.

The Project Co has entered into sub-contract agreements with PFI Services Providers in respect of its obligations under the PFI agreement with the Trust. The Services Providers are an employer and has duties under the above requirements.

The 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 the 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 (Electrical).

1.12. Project Co. (PFI) – Designated Person (Electrical)
The General Manager (or equivalent role) for Project Co. is the Project Co. Designated Person (Electrical) they shall be appointed in writing by the Project Co. Duty Holder for the Project Co. They shall have responsibility for compliance with this policy document.

1.13. PFI Services Providers – PFI Duty Holder (Electrical)
The PFI Services Providers' Chief Executive (or equivalent role) is the statutory Duty Holder for the PFI domain. The Duty Holder has overall responsibility for Health and Safety within the Services Provider, including electrical safety. They shall appoint in writing the PFI Designated Person (Electrical).

1.14. PFI Services Providers – PFI Designated Persons (Electrical)
The General Manager (or equivalent role) for the PFI Services Provider is the PFI Designated Person (Electrical) and they shall be appointed in writing by the PFI Duty Holder and has responsibility for ensuring that suitable information, instruction and training is provided to the Authorised Person/s (Electrical) and the Competent Persons and formally appoint each. Ensure any risk assessments remain current and are reviewed and updated as required.

They shall inform the Trust Designated Person and Project Co. Designated Person when system non compliances / deficiencies are found. They shall appoint in writing the Independent Authorising Engineer (Electrical) for the PFI domain.

1.15. Independent Authorising Engineer (Electrical)
This Independent Authorising Engineer is contracted by the Trust and they will be suitably qualified in accordance with the requirements of document series HTM 06 and shall have specialist knowledge of all the systems on each site.

The Independent Authorising Engineer (Electrical) will be responsible for:

- Having specialist knowledge of all the Electrical systems and their equipment on Trust occupied premises, in particular the systems for which an Authorised Persons (Electrical) will assume responsibility for on appointment;
- Determining the required number of Authorised Persons (Electrical) and performing regular assessments of all Authorised Person (Electrical) before recommending to the relevant Designated Person of the submitting organisation either that the person can proceed to written appointment or requires further training;
- To ensure that all Authorised Persons (Electrical) are fully supported and have satisfactorily completed an appropriate training course and that all training is documented;
- To ensure that all Authorised Persons (Electrical) are re-assessed every three years and have attended a refresher or other training course prior to such re-assessment;
- To conduct an annual audit of all electrical systems and services and review of the operational management systems including Permit to Works and SOP's. The audit shall be submitted annually for review by the Trust and its Partners;

- Review of written procedures and operational policies as well advising on changes in technology;
- To assist the Authorised Person (Electrical), when required, with monitoring the implementation of the Electrical Safety Policy and associated SOP's.

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

1.16. Authorised Persons (Electrical)

Estates and Facilities personnel employed by the Trust (and PFI Service Providers) will be appointed as Authorised Persons (Electrical) and they shall be appointed in writing by the Designated Person (Electrical). All Authorised Persons (Electrical) have the responsibility for the day-to-day operational management and safe systems of work on all electrical systems and equipment on the Trust's premises.

The Authorised Persons (Electrical) 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 Authorised Persons (Electrical) have been appointed to manage.

More than one Authorised Person (Electrical) may be appointed for a system or installation but, at any one time, only one Authorised Person (Electrical) shall be the duty/lead Authorised Person (Electrical) on site. Where a transfer of responsibility between Authorised Person (Electrical) is to be undertaken, this should recorded as appropriate.

The Authorised Person (Electrical) must ensure that any person working on the electrical systems (or electrical equipment such as generators or UPS systems) are competent to do so and that test equipment is maintained in good condition and in calibration.

Where any defects, dangerous practices, dangerous and/or unusual occurrences are experienced; the Authorised Person(s) must report these to the Designated Person and Authorising Engineer in writing.

The Authorised Persons (Electrical) is responsible for appointing in writing the Competent Person(s) and ensuring that the respective Competent Person(s) remain current and up to date with their appointments, regular assessments and all required training and certification.

The Authorised Persons (Electrical) must ensure that before any person works on the electrical systems and services, that 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.

The Authorised Person (Electrical) shall issue/cancel Permits to Work, Limitations of Access, Sanction for Test, Isolating and Earthing Diagrams, Safety Programmes and Permission for Disconnection forms as prescribed in the document series HTM 06.

The Authorised Person shall record all events in the Electrical site Log book.

The Authorised Person shall carry out duties as prescribed in the document series HTM 06.

Adequate numbers of Authorised Persons (Electrical) shall be available to cover for sickness or annual leave etc.

1.17. Competent Persons (Electrical)

A Competent Person (Electrical) 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.

They will be appointed in writing by the Authorised Person (Electrical) and work under the direction of the Authorised Person (Electrical). They must carry out all works in accordance with this policy, HTM's, current legislation and the PPM programme. These persons are skilled and have sufficient technical knowledge in the installation, inspection and testing and / or maintenance of electrical systems.

The Competent Persons (Electrical) shall carry out all works in accordance with this policy, HTM's, current legislation and the PPM programme. All Competent Persons (Electrical) shall be skilled specialists and shall have sufficient technical knowledge of the installation, inspection, testing and/or maintenance of electrical systems and services and their associated electrical equipment.

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

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

Specialist contractors appointed by management should only use trained and competent persons to carry out the maintenance of electrical systems and equipment. If this person is to carry out electrical work on the electrical supplies, they will also need to be authorised to carry out this work by an Authorised Person (Electrical).

1.18. External Consultants and Contractors

All external individuals who will have an impact on electrical systems will need to demonstrate and provide evidence of training appropriate to their activities. These persons are skilled and have sufficient technical knowledge in the installation, inspection and testing and/or maintenance of electrical systems. They shall be required to follow this policy and associated SOP's.

They shall immediately report any non-compliant issues to the Authorised Person (Electrical) and use safe systems of work, safe means of access and the personal protective equipment and clothing provided for their safety.

Appendix 2: Low Voltage/High Voltage Management

Fixed Electrical System – Low Voltage (LV)

Periodic Testing of LV Systems;

I. All fixed LV electrical systems owned by the Trust shall be periodically inspected and tested in accordance with BS 7671.2018 (18th Edition IET Wiring Regulations) + A2:2022;
II. The frequency of inspection and testing of final circuits shall not exceed 5 years. The frequency of testing of certain circuits may be reduced based on risk assessment.

Circuit Identification;

- All LV switchgear and distribution boards shall be uniquely identified by securely attached and prominent labels. Each distribution board shall have an on-site circuit chart which allows accurate and easy identification of all circuits connected to the switchboard;
- Final circuit outlets shall also be labelled to reference them to their controlling switch/fuse and distribution board, both internally and externally;
- LV schematic diagrams showing the Trusts LV electrical system layout and circuit/switchgear identification references shall be provided and updated as necessary;
- Trust guidance shall be followed for all labelling systems.

LV Fixed Equipment Maintenance and Fixed Electrical System HV

I. All low voltage equipment (e.g. ventilation systems, industrial boiler plant, lifts, industrial compressors etc.) shall be regularly inspected, serviced and tested to ensure that it is maintained in a safe and serviceable condition. The frequency of testing shall be by risk assessment but industry guidance and best practice for management of building services systems. A record of maintenance of electrical equipment shall be kept by the Estates and Facilities Service and/or PFI Services Provider and will contain brief details of all inspections, routine servicing, repair and modifications.
Periodic Testing of LV Systems;

II. LV Switchgear - All LV Switchgear shall be maintained to ensure its safety and operational capability is maintained. Maintenance intervals shall not exceed the following periods:

    a. Visual inspection every year;

    b. Thermal survey every 5 years on heavily loaded and/or operationally sensitive units;

    c. Mains cable testing every 15 years (following risk assessment)

III. Period Testing of HV System;

a. All HV switchgear and plant shall be maintained to ensure its safety and operational capability is maintained. Maintenance intervals shall not exceed the following periods:

   i. Switchgear (RMU) 4 years;

   ii. Oil Filled Transformers Oil tests 2-yearly;

   iii. Air Cooled Transformers (Embedded) Cleaning Annually;

   iv. Breakers (Vacuum) 5 Years;

   v. HV Protection Systems 5 Years;

   vi. Tripping batteries. Full maintenance every 5 years;

   vii. Routine maintenance and inspection every 6 months

IV. Standby Emergency Generators and Uninterruptible Power Systems (Battery Operate

a. fixed HV/LV standby emergency generators shall be maintained, tested and fuelled to ensure their correct operation in the event of a mains failure;

b. The fuel storage of each generator connected fuel tank shall provide day tanks for a minimum of 8 hours running at the full rating of the generator. Additionally connected fuel storage shall be provided to allow a minimum of 200 hours full load running of each generator;

c. Each generator shall be tested on load each month, initiated by actual failure of the mains electrical supply (Black Start). Fuel levels shall be checked at the end of each test to ensure sufficient stock levels;

d. UPS systems shall be maintained bi-annually to ensure that they have full operational capability. It is essential that this maintenance includes a short period (usually 1 to 2 minutes) when the UPS system is put on-load i.e. Batteries discharged. During this period battery output voltage should be monitored to confirm satisfactory battery conditions;

e. addition to the annual UPS maintenance full battery maintenance shall be conducted every 3 years (or annually if results indicate battery condition to comprehensively assess the battery). Tests conducted shall include battery internal impedance and an extended on-load test;

f. All UPS systems shall be connected to the central (monitored) alarm system so that operation of the UPS system (i.e. battery discharge) activates an alarm condition;

g. In the event of a mains failure (or disconnection) and subsequent standby generator operation to restore supply all connected UPS systems shall be regularly monitored to ensure correct synchronisation of rectifier/inverter circuitry i.e. to confirm UPS system does not go into battery operation due to hunting of generator frequency and/or voltage;

h. If generator control is such that severe hunting does occur (UPS alternating between normal and battery discharge) then it will not be possible to select mains by-pass on the UPS system (static switch will not allow by- pass with mains hunting until batteries discharged) so the UPS may fully discharge unless action is taken. Advice must be taken from an authorised person as to appropriate action which could involve load disconnection and/or generator shutdown.

Lighting Protection Systems and Medical Isolated Power Supply

I. The Trusts structural lightning protection systems are to be tested annually by a qualified contractor in accordance with BS EN 62305:2012;

II. Test results and site installation drawings are to be maintained by the Estates department;

III. New buildings on Trust premises are to be risk assessed in accordance with BS EN 62305 Part 5 for their need for structural lightning protection

IV. The IEC & IET have divided medical locations into three different groups: 0,1 & 2. The most critical of which is Group 2. These are defined as Category 5 areas (Life support or Complex surgery) e.g. Operating theatre suites, critical care areas, catheterising rooms, accident & emergency resuscitation units, MRI, angiographic rooms, PET and CT scanner rooms. It is these Group 2 locations that require isolated power supplies;

V. Regulations & Standards: Isolated Power forms part of HTM 06-02, IEC60364-7-710, IEC61557-8, IET Wiring Regulations. 17th Edition section 710.

VI. An IPS system provides continuity of electrical supply to "life-supporting" equipment. Faulty equipment (short to earth) will not trip a breaker or blow a fuse. Instead, an alarm is raised to the clinical user informing them of a problem with the supply status;

VII. A patient's natural electrical resistance is significantly reduced when electro- medical conductive parts are placed in the body. Supplementary equipotential bonding (within the patient environment) shall be provided for patient safety. Isolated Power removes the risk of earth leakage shock; if a patient is unconscious or anaesthetised then they cannot inform clinic staff that a shock is being received. Even very small currents (approximately 25mA) in the chest area can cause ventricular fibrillation and so this needs to be monitored carefully.

VIII. The Trust has a maintenance contract to carry out 6 monthly nurse call system preventative maintenance and verification inspections on the equipment in line with IEC60364-7-710.64 and HTM 08-03; reports are retained by Estates and Facilities Services.

External Contractors

I. Only approved staff and contractors with a suitable level of competence are to be employed to work on systems/equipment. All contractors must ensure that their employees who work on Trust managed properties possess the appropriate level of technical knowledge and experience to enable them to discharge their duties safely;

II. A maintenance engineer working on electrical services must comply with this Policy and be informed of the possible hazards, permits to work procedures before commencement of any task;

III. Approval of electrical contractors to undertake work for the Trust shall be by Estates and Facilities Services and/or PFI Services Providers;

IV. A register of approved electrical contractors shall be maintained by the Estates and Facilities Services and/or PFI Services Providers. The contractors are to provide evidence of competency and training when requested by the Trust;

V. The ability of a contractor to safely undertake the required work shall be the prime consideration when appointment is being considered. The following factors shall be considered:

   a. Qualification and training of employees;

   b. NICEIC Registered;

   c. Contractors employees should hold JIB Electrical Certification (ECS), Construction Skills Certification Scheme (CSCS) card;

   d. Contractors approach to Health & Safety management and safe systems of work;

   e. Standard of Risk assessments & Method Statements;

   f. Technical references from previous clients

VI. Contractors are to be supplied with sufficient information about Trust systems (e.g. schematic diagrams, etc.) to enable them to plan and execute their work in a safe manner;

VII. Contractors will liaise with the Authorised Person (Electrical) who will manage isolation procedures for work on complex electrical systems;

VIII. Contractors employed by the Trust for work on its LV system will comply with the requirements of the BS 7671.2018 (18th Edition IET Wiring Regulations) + A2:202218th edition and will complete a completion and inspection certificate which meets the Trusts' requirements.

Appendix 3: Portable Appliance Testing

All portable electrical appliances in use on Trust premises should be submitted for an electrical safety (PAT) Test on a regular basis in accordance with current IEE guidelines and Trust Health and Safety Guidelines.

An asset register should be created and maintained by the Estates and Facilities Service and/or PFI Services Provider for all portable electrical appliances in use on Trust premises (as to the extent they are responsible for under the PFI Project Agreement). This should include a description of the equipment and the current location.

Clinical Engineering will test the Trust's medical equipment to the prevailing medical device-specific standards, and IM&T will test specialist Information Technology (IT) equipment etc. and will retain a record and asset register of these items and their inspections. This arrangement covers all except for devices under the PFI Project Agreement, where alternative arrangements may exist.

The PAT test should be carried out by an authorised contractor or Competent Person. Records of the results of the tests should be kept in an electronic format. Regular visual inspections should also be carried out on all portable electrical appliances by the user wherever is reasonably practicable.

- All defective portable electrical appliances should be removed from use immediately and this status communicated with the necessary ward.

All newly purchased portable electrical appliances, should be correctly CE marked and should be included on the asset register before use. Where practical to do so, new items for adding to the asset register should be notified via the Helpdesk.

A visual inspection should be carried out on all portable electrical appliances owned by patients and brought on to Trust premises on a temporary basis; these items should be notified to Estates and Facilities Services and/or PFI Services Provider through the Helpdesk.

Non-medical and Non-IT Equipment
A risk based approach has been adopted by Estates & Facilities in regards to Portable Appliance Testing of appliances coming onto the site and the need for formal inspection and test; please see below.

Estates & Facilities Services will continue to undertake the yearly site wide (retained estate only) Portable Appliance Test (through its authorised contractor) which will pick up any new items which have come to site during the year and will therefore be recorded on the asset register.

Staff and users are reminded that under the Health & Safety Executive guidance, they are responsible for undertaking a visual inspection of the equipment before use and that a risk assessment has been undertaken to assess the suitability of the environment and equipment selection.

<u>Items Requiring Test</u>

- All personal electrical equipment brought into the Hospital by a patient.

<u>Items Not Requiring Test</u>

- Class 2 patients own equipment including radios, phones/electronic device chargers, fans and non-medical equipment (Note: E-cigarettes and associated chargers are prohibited on Trust premises)
- Any new electrical equipment including fridges, kettles, microwaves. (Note: These items are to be directly sourced through the Trust's Procurement Team).

Appendix 4: Definitions

1. The Trust: This means Oxford University Hospitals NHS Foundation Trust
2. Staff: Means all employees of the Trust including those managed by a third party organisation on behalf of the Trust
3. 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 for hard and soft facilities management services.
4. 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.
5. Project Co.: 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.
6. PFI Services Providers: This is the organisation appointed by Project Co. to provide certain facilities management services including estates and maintenance functions.
7. AC: Alternating Current
8. DC: Direct Current
9. Distribution Network Operator (DNO): The network operator for the distribution of primary electrical supply.
10. Electrical Equipment: Anything used, intended to be used or installed for use, to generate, transmit, transform, rectify, convert, conduct, distribute, control, store, measure or use electrical energy.
11. Essential: any part of the electrical distribution and/or final circuit that needs, and is able, to be automatically transferred between either the PES or the SPS.
12. Extra-Low Voltage: A voltage normally not exceeding AC 50V alternating current or DC 120V ripple-free direct current whether between conductors or to earth (for non-medical locations) and AC 25V alternating current or DC 60V direct current (for medical locations).
13. Final Circuit: defined by BS 7671 as: “a circuit connected directly to current-using equipment, or to a socket-outlet or socket-outlets or other outlet points for the connection of such equipment”.
14. High Voltage (HV): A voltage in excess of AC 650V alternating current and normally exceeding AC 1000V alternating current or DC 1500V direct current.
15. Low Voltage (LV): A voltage exceeding AC 50V alternating current or DC 120V direct current between conductors or earth, but not exceeding AC 1000v alternating current or DC 1500V direct current between conductors or AC 600V alternating current or DC 900V direct current between any conductor and earth.
16. Medical Electrical (ME) Equipment: electrical equipment having an applied part or transferring energy to or from the patient or detecting such energy transfer to or from the patient and which is:
    - Provided with not more than one connection to a particular supply mains; and
    - Intended by its manufacturer to be used:
        - In the diagnosis, treatment, or monitoring of a patient; or;

- For compensation or alleviation of disease, injury or disability.

17. Medical Isolated Power Supply: A Medical Isolated Power Supply system (also known as Isolated Power Supply, IPS) having specific requirements for medical installations providing continuity of electrical supply to life-supporting equipment.
18. Non-essential: any part of the electrical distribution and/or final circuits connected only to the primary distribution and with no means of being connected to the essential (secondary) distribution.
19. PAT: Portable Appliance Testing is the testing of portable appliances (at a frequency that would be sensible for the items use based on its environment, this can be risk based) to meet the requirements of the IEE code of practice for In-service Inspection and Testing of Electrical Equipment.
20. Primary Electrical Supply (PES): A main electricity supply generally coming from the DNO or energy supply company.
21. Secondary Power Supply (SPS): any supply which supplements the PES and typically could be a generator or battery system.
22. Tertiary Power Supply: a third supply that supplements the PES and SPS, usually in the form of a UPS or battery system.
23. Uninterruptible Power Supply (UPS): A combination of convertors, switches and energy storage devices (such as batteries), constituting a power system for maintaining continuity of load power, within the limits specified for the load, in case of input power failure.

Appendix 5: Education and Training

1. Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust's Learning and Development Policy. This information can be accessed via the Practice Development and Education pages on the Trust intranet.

Appendix 6: Monitoring Compliance

1. Compliance with the document will be monitored in the following ways.

What is being monitored:	How is it monitored:	By who, and when:	Minimum standard	Reporting to:
Effectiveness of Electrical Safety Policy and associated procedures	Periodic audit of this policy will be in accordance with Trust Risk Management procedures and methodology as established by service specific assurance and monitoring groups	Estates Health & Safety Compliance Manager	Procedures and plans enacted and delivered as per policy, with incident and/or lessons learned debrief process in line with Trust Business Management Plan	Electrical Safety Group; Estates and Facilities Risk Management Group; Emergency Preparedness, Resilience and Response (EPRR) Group

Appendix 7: Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed?			
New Policy/Procedure	[ ]	New Service/Function	[ ]
Existing Policy/Procedure	[X]	Existing Service/Function	[ ]
Staff member completing assessment: Deputy Head of Operational Estates and Facilities			
Name of policy/service/function: Electrical Safety Policy.			
Details about the policy/service/function: This policy outlines the structure and approach of the Trust's Estates and Facilities Service to the management of electrical systems at all voltages.			
Review Date: 07/11/2022		**Date assessment completed:** 07/11/2022	
Signature of staff member completing assessment: *A. Makinde*		**Signature of staff member approving assessment:**	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience? (*tick all that apply*)					
Patients	[X]	Family/Carers	[X]	Not applicable	[ ]
Staff	[X]	Other (*specify*):			
Does the policy, service or function involve direct engagement with the target audience?					
Yes	[ ]	Continue with full equality impact assessment			
No	[X]	Full equality impact assessment not required			

3. Research Stage

Notes:

If there is no impact for a particular group or characteristic, mention this in the Reasoning column and refer to evidence where applicable.

[1]Race categories follow those used in the National Census by the Office for National Statistics. Consideration should be given to the specific communities within broad categories such as Bangladeshi people.

[2]Please select age groups which may be impacted by the policy, service or function and complete as appropriate.

[3]Religion or Belief covers a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus; it also covers people who do not have a faith. Consider these individually and collectively when determining impacts.

Characteristic		Positive Impact	Negative Impact	Neutral Impact	Not Enough Information	Reasoning
Sex and Gender Reassignment	Men (incl. trans men)			X		This policy outlines the structure and approach of the Trust's Estates and Facilities Service to the management of electrical systems at all voltages. It affects all staff and patient groups equally.
	Women (incl. trans women)			X		
	Non-binary people			X		
Race[1]	Asian or Asian British			X		As above.
	Black or Black British			X		
	Mixed Race			X		
	White British			X		
	White Other			X		
	Other:			X		
Disability	Disabled people			X		As above.
	Carers			X		
Age[2]				X		As above.
				X		
				X		
Sexual Orientation				X		As above.
Religion or Belief[3]				X		As above.
Pregnancy and Maternity				X		As above.
Marriage or Civil Partnership				X		As above.
Other Groups /Characteristics	For example: homeless people, sex workers, rural isolation.			X		As above.

List the sources of information used in the table below	
None Applicable	
Using the table below, list any protected groups you will target during the consultation process, and give a summary of those consultations.	
Group	**Summary of consultation**
List any other individuals/groups that have been or will be consulted on this policy, service or function.	
None Applicable	

4. Summary Stage

Outcome Measures List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.
This policy outlines the structure and approach of the Trust's Estates and Facilities Service to the management of electrical systems at all voltages. It affects and benefits all staff and patient groups equally, including those in protected groups.
Positive Impact List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.
This policy outlines the structure and approach of the Trust's Estates and Facilities Service to the management of electrical systems at all voltages within all clinical and non-clinical areas of the estate. Thereby, it supports good working relationships between all staff.
Unjustifiable Adverse Effects List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.
None Applicable.
Justifiable Adverse Effects List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.
None Applicable

Equality Impact Assessment Action Plan
Complete this action plan template with actions identified during the Research and Summary Stages

Identified Risk	Recommended Actions	Lead	Resource Implications	Review Date	Completion Date
None Applicable (N/A)	N/A	N/A	N/A	N/A	N/A