



Policy:

Ventilation Safety Policy

Executive Director Lead	Executive Director of Operations and Transformation
Policy Owner	Head of Estate Services
Policy Author	Head of Estate Services

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Summary of policy

This policy is based on the Health and Safety at Work etc. Act 1974 and Health Technical Memorandum Specialised Ventilation for Healthcare Buildings (HTM 03-01) June 2021, Parts A and B

Target audience	All Sheffield Health and Social Care NHS Foundation Trust's staff and those involved with the maintenance, control and use of ventilation systems throughout the Trust
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Keywords	Specialist Ventilation, HTM 03-01
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Storage and Version Control

Version 1 of this policy is stored and available through SHSC's intranet/internet. This is a new policy.

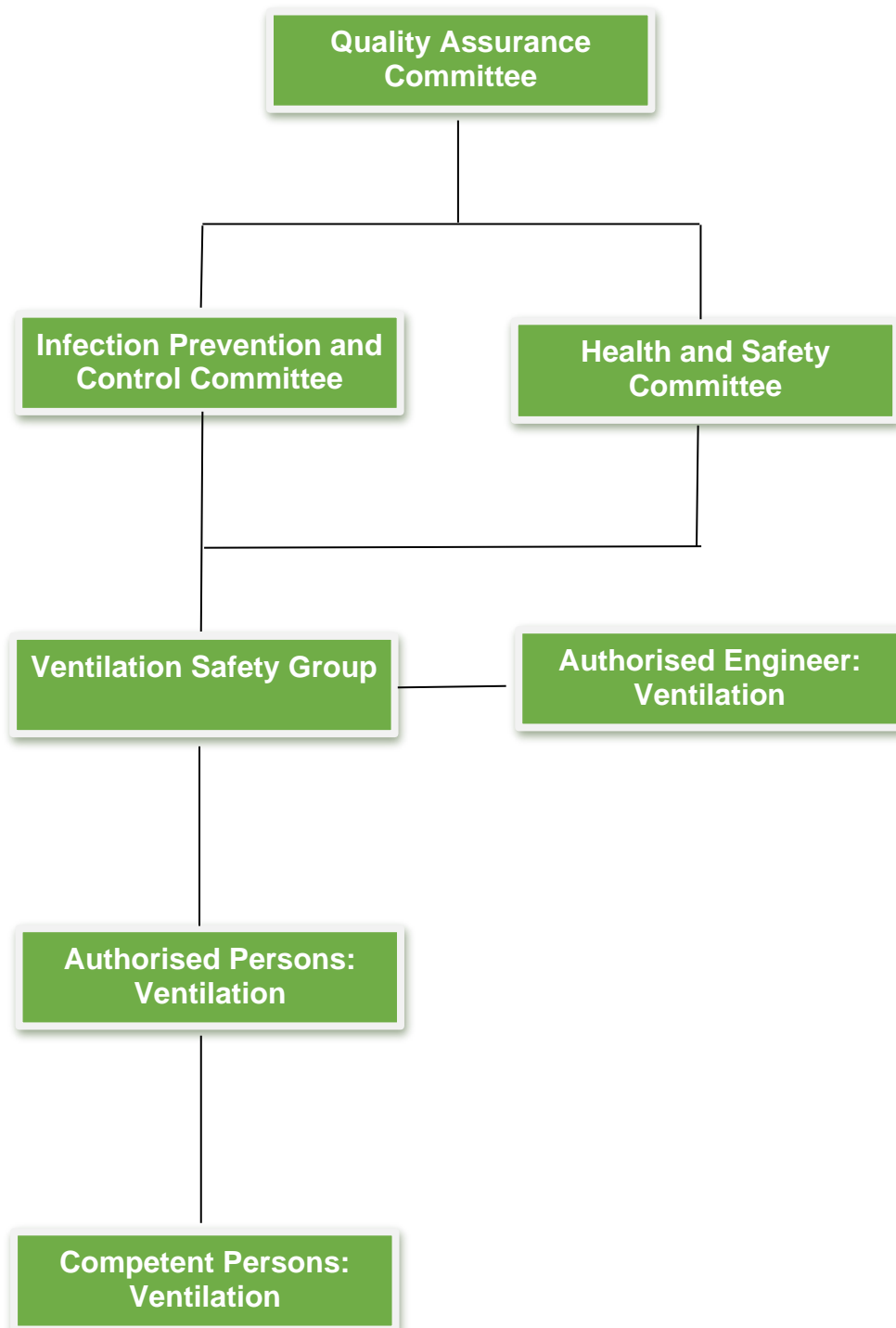
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	April 2023	New policy commissioned by the Audit Committee as a result of the HTM Audit - January to February 2023
1.0	Approval and issue	July 2023	Amendments made during consultation, prior to ratification.

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Organisational Flowchart



1 Introduction

It is Sheffield Health and Social Care NHS Foundation Trust's (SHSC), policy to fully comply with statutory requirements with respect to the Health and Safety at Work etc. Act 1974 and specific guidance produced by the Department of Health, European or ISO standards authorities with regard to Ventilation Systems.

Ventilation systems are designed to meet the demands of modern healthcare buildings and, as such, form an integral part of the building services systems supporting SHSC's clinical activities. They are a method of supplying the correct conditions for staff, service users and visitors' care and comfort.

2 Scope

This Ventilation Safety Policy is issued under the authority of the Chief Executive and Trust Board and will apply to all ventilation activities undertaken on SHSC's owned or leased premises.

This policy applies to all persons, (staff, contractors, service users and members of the public), who may be affected by any specialist ventilation activity/works carried out on Trust owned/ leased property undertaken by employees and/or contractors.

3 Purpose

The purpose of this policy is to enable SHSC to:

- Provide assurance that safe systems of work, servicing and maintenance programmes are in place to manage ventilation systems across SHSC.
- Enable compliance with NHS England and NHS Improvement's Health Technical Memorandum Specialised Ventilation for Healthcare Buildings (HTM 03-01) June 2021, Parts A and B. National, European and ISO standards.
- Define the ventilation training requirements and standardise any other procedures.
- Ensure that Trust employees understand their specific roles and responsibilities with regard to ventilation systems.
- Provide expertise, oversight, and auditing for all ventilation systems.
- Assist in assessing the risks associated with ventilation systems particularly when there are planned works or new building/refurbishment projects.

4 Definitions

Designated Person (DP) - is an individual appointed by the healthcare organisation, (a board member or a person with responsibilities to the board), who has overall authority and responsibility for the specialist ventilation systems on Trust premises.

Authorising Engineer (AE) (Ventilation)

A person with suitable qualifications, (chartered engineer), and sufficient relevant experience to oversee and audit different types of ventilation systems.

The AE must be registered and certified, independent from local management as is appointed in writing by the Designated Person.

The AE also validates and recommends the appointment of all **Authorised Persons (AP) Ventilation** employed by SHSC to monitor and maintain these systems. They should be able to offer expert technical advice to operators and users.

Authorised Person AP(V)

A person that has sufficient technical knowledge, training and experience in order to understand the implications of working ventilation systems and their requirements. This person is appointed in writing by the Designated Person on the recommendation of an **Authorising Engineer AE(V)**.

The Authorised Person AP(V) must be able to apply the relevant guidance of Health Technical Memorandum (HTM) 03-01 specialised ventilation for healthcare buildings, Parts A and B, (especially in relation to validation and verification) and should also be completely familiar with the central plant, and the ductwork routes. They should ensure that the work described in any permit-to-work is supervised and carried out to the necessary standards.

Competent Person CP(V)

A person having sufficient technical knowledge, training and experience to carry out their duties in a competent manner with respect to ventilation systems; their name will be on the register of Competent Persons (Ventilation). The register should be maintained by the Authorised Person (Ventilation).

Health Technical Memorandum Specialised Ventilation for Healthcare Buildings (HTM 03-01) June 2021, (Parts A and B) provides guidance on the design and management of heating and specialised ventilation systems in health sector buildings and its requirements apply to new installations and major refurbishments of existing installations.

Health Technical Memorandum Specialised Ventilation for Healthcare Buildings (HTM 03-01) June 2021, (Parts A and B) includes the operational management, supply and maintenance of systems for:

- a) Natural ventilation
- b) Extract ventilation systems
- c) Supply only ventilation
- d) Supply and extract ventilation
- e) Comfort cooling
- f) Air conditioning
- g) Specialised ventilation
- h) Local exhaust ventilation (LEV)
- i) Ventilation for general areas
- j) Commissioning, verification and validation

Permit-to-work

A form of declaration used to control work on the ventilation system. Its objective is to prevent injury or ill health to all persons who may be affected by any specialist ventilation activity/works carried out on Trust-owned/leased property undertaken by employees and/or contractors, for example via the inadvertent isolation of, or unauthorised work on, the ventilation system.

Specific Health and Safety

Some units are subject to access restrictions therefore Estate Services, or contract staff requiring access, may need additional training or they must be accompanied by trained staff when entering the unit, as per local procedures, (which may include the need for a Permit to work and the donning/doffing of Personal Protective Equipment - PPE).

Records must be kept of equipment design, commissioning and maintenance information. The Health and Safety Executive (HSE), the Medicines and Healthcare Products Regulatory Agency (MHRA), Department for the Environment and Rural Affairs (DEFRA) and other interested bodies have a statutory right to inspect these records at any time. All records must be kept for at least 5-years.

Critical Ventilation Systems

There are other specialist units, as designated by HTM 03-01 throughout SHSC that also need to be taken into account. These include treatment rooms and others that are listed in HTM 03-01. All such rooms will receive annual verification 'as being effective', i.e. undertaken by a third party to confirm the system meets HTM requirements to reduce any health or safety risk to an acceptable level.

In all of the above cases, clinical staff and operational staff require specific training to ensure they understand what is required of the equipment and how it should work and how to recognise if the ventilation equipment is not performing correctly.

The servicing and maintenance of these critical ventilation systems take priority over the general ventilation systems throughout the estate.

5 Details

SHSC's managers and staff will provide adequate resources (via either internal staff or supporting sub-contractors) and do all that is reasonably practicable to achieve compliance with the Health Technical Memorandum (HTM) 03-01 Part A and Part B, relevant Approved Codes of Practice (ACOP) and any other relevant NHS guidance on the management and use of Ventilation Systems.

SHSC attaches the greatest importance to the health, safety and welfare of staff, service users and visitors. It is considered essential that management and staff should work together positively to achieve an environment compatible with the provision of the highest quality services to service users where hazards and risks to patients and others are minimised, so far as is reasonably practicable.

This Policy provides the strategy and infrastructure for SHSC's Management and Control programme for Ventilation. NHS England's and NHS Improvement's Health Technical Memorandum Specialised Ventilation for Healthcare Buildings (HTM 03-01) June 2021, Parts A and B, provides additional guidance relating to healthcare premises for the management and control of risks associated with air-borne pathogens.

This Ventilation Policy will be used in compliance with the procedures set out in HTM 03-Part B operational requirements.

As part of SHSC's commitment to providing a fully compliant service, it is expected that all regular tests and checks set out in the HTM 03-01, Part B shall be carried out even if they cause minor disruption to services and that comprehensive records will be maintained.

6 Duties

The Chief Executive has overall responsibility for the effective implementation, monitoring and review of Trust Policies. The responsibility for establishing the arrangements and organisation to carry out the requirements of this Ventilation Policy has been delegated to the Head of Estate Services. Through onward delegated responsibility to the Director of Strategy, managers and supervisors, they will ensure all possible steps are taken to provide a safe working environment and service user care conditions.

Trust personnel have specific responsibilities with regard to the implementation of this policy's requirements. This section outlines those main responsibilities and how all these nominated staff must work together; however, it does not provide the definitive detail for every person or eventuality.

6.1 Chief Executive

The Chief Executive holds the overall responsibility for Trust Health and Safety and the implementation of this policy. This responsibility is delegated to the Director of Strategy and nominated Estates officers identified below.

6.2 Director of Strategy

The Director of Strategy has been delegated the role of Designated Person. The Head of Estate Services will be SHSC's lead for ventilation safety. They will give assurance to the Trust Board regarding compliance with statutory legislation and provide a link with the Head of Governance to ensure that all identified risks are included in SHSC's Risk Register.

6.3 Designated Person

The designated person will carry out the following duties:

- Appoint in writing an Authorising Engineer (V) for all systems and installations for which management has responsibility.
- Review the Authorising Engineer's AE duties have been carried out to comply with the Health Technical memorandum HTM 03-01.
- Maintain a register of all nominated personnel.

6.4 Estate Services

Overall management responsibility for SHSC's Ventilation Systems resides with Estate Services with the main weight of authority with the Head of Estate Services.

All records from the third-party maintenance contractors are to be provided to SHSC's Estate Services for inspection and filing.

All maintenance and validation records are to be stored and collated electronically by the Estate Services Maintenance Team and will be provided for inspection on demand.

6.5 Authorising Engineer (AE (V))

The Authorising Engineer (AE) will act as an independent professional adviser to the healthcare organisation. The AE(V) should be appointed by the organisation with a brief to provide services in accordance with the relevant HTMs/HBNs. The professional status and role required may vary in accordance with the specialist service being provided.

Responsibilities include:

- To assess the suitability of prospective Authorised Persons for appointment within SHSC and to recommend to the designated person those persons who, through individual assessment or reassessment, are suitable to be Authorised Persons AP(V).
- To ensure all Authorised Persons AP(V) have satisfactorily completed an appropriate training course and are re-assessed every 3-years. There may be a requirement for Refresher Training; this is part of re-assessment by the AE(V) who may state such a course is required. The AE(V) will review assessments every 3 years.
- To review the management systems of the Ventilation Systems, including the permit-to-work system.
- In liaison with the Authorised Persons (V), monitor the implementation of the Ventilation operational policy and procedures.
- To provide SHSC with an accessible source of Ventilation expertise, in support of the Authorised Persons (V).

6.6 Authorised Person AP(V)

The Authorised Person AP(V) is appointed in writing and is the person appointed by the designated person to be responsible for the day-to-day management of the Ventilation Systems, including the operation of the permit to work system.

The AP(V) is an appropriately qualified engineer; to a minimum of Higher National Certificate (HNC) level or equivalent in an engineering discipline and with at least 3-years relevant professional experience. They will also have successfully completed an accredited Authorised Person AP(V) training course. In addition, they will have been assessed as suitable by the Authorising Engineer and appointed in writing by the designated person.

Each Authorised Person AP(V) must have sufficient site knowledge and experience, together with adequate resources, (such as ductwork drawings, key registers, key safe, permit to work system etc.) to manage the systems safely.

The Authorised Person AP(V) assumes effective responsibility for the on-site, day-to-day management and maintenance of the Ventilation Systems. A sufficient number of Authorised Persons AP(V) to maintain adequate cover is required for SHSC. One of these is nominated as the Co-ordinating Authorised Person AP(V) and will retain control of the Ventilation permit to work records.

The AP(V) is the primary lead in all matters relating to the Ventilation Systems, their duties and responsibilities will be to ensure that they:

- Provide safe and efficient day-to-day management of the Ventilation system, in accordance with the statutory requirements, HTMs, current guidelines, Approved Codes of Practice (ACOPs) and best practice.
- Appoint Competent Persons (V), supervise their work and monitor the standard of that work.

- Establish and maintain the Register of Competent Persons (V) and Specialist Contractors after assessing their suitability for inclusion.
- Annually review each Contractors and Competent Persons continued inclusion in the register.
- Have a Permit to Work System in place, including the issuing of Permits to Competent Persons (V) for all servicing, repair, alteration and extension work carried out on the Ventilation Systems.
- Keep the Estates Ventilation maintenance specification and schedule of equipment up-to-date.
- Display appropriate safety warning signs prominently, in accordance with current requirements, ACOPs, guidelines and best practice and ensure these include emergency contact numbers appropriate to the area and Ventilation installation.
- Organise such training of Estate Services staff, (and others as required), and/or the communication of Ventilation information and instructions as required.
- Follow incident and accident reporting procedures using SHSC's incident reporting system and any other relevant procedures as defined by any NHS, Medicines and Healthcare Products Regulatory Agency (MHRA) and/or statutory guidance (RIDDOR, Device Alerts, Hazard Notices, etc.).
- Monitor, in liaison with the Authorising Engineer AE(V), the implementation of this Policy and to feedback to the Ventilation Safety Group any significant issues such as non-compliance with this Policy.
- Maintain copies of such documentation and other records required for the safe operation of the Ventilation System and/or are required by direction of Trust management and/or the Authorising Engineer, AE(V).
- Prepare or commission surveys to ascertain the condition of the Ventilation System and compliance with current standards and guidance and, from the findings of the survey, produce a risk analysis and prioritised list of remedial actions.

With regard to work carried out under a **permit to work**, the AP(V) will:

- Assess the level of hazard and risks and prepare a suitable permit to work.
- Liaise with all relevant staff, wards and departments in sufficient time prior to commencement of work.
- Obtain permission for interruption to supplies or to work on the Ventilation System.
- Explain the detail of the work to the competent person.
- Supervise the isolation of the system or the parts on which work is to be carried out.
- Supervise appropriate engineering validation and verification tests.
- Obtain acceptance for system re-instatement/completion of work.
- Remove 'Do Not Use' or prohibition notices, locks or devices.
- Confirmation of the restoration of normal service with documented exact times, dates and signatures.
- Upon completion of maintenance, ensure the annual ventilation service has been carried out and it is evident and recorded that all facilities are safe.

6.7 Competent Person CP (V)

The Competent Person CP(V) is the individual who carries out work on the Ventilation System. All Competent Persons CP(V) are craftsperson's, either directly employed by SHSC or registered and employed by specialist contractors.

All Competent Persons CP(V) **directly employed by SHSC** shall have satisfactorily completed an appropriate accredited training course and be sufficiently experienced and familiar with the Ventilation Systems before being appointed by the AP(V) responsible for that particular site. Training and appointment should be refreshed every 3-years.

All Competent Persons AP(V) **employed by specialist contractors** shall have satisfactorily completed an appropriate accredited training course, be sufficiently experienced and familiar with Ventilation Systems before being appointed by their line manager. Training and assessment shall be refreshed every 3-years. In addition, all contractors shall be evaluated and selected by the site Authorised Person AP(V).

All project managers will be deemed as Competent Persons and will be required to be trained to a level required for a CP(V) to ensure they understand the workings of the Ventilation Systems contained in their project.

Responsibilities include:

- To report daily to the Authorised Person AP(V) prior to commencement of any work on the Ventilation Systems, (timings may vary depending on the findings of the risk assessment).
- To carry out work on the Ventilation Systems in accordance with the relevant ACOP, installation and maintenance specifications.
- To carry out repair, alteration or extension work as directed by the Authorised Person AP(V) in accordance with the Permit to Work System and HTM 03-01.
- To perform engineering tests appropriate to all work carried out and present all test results to the Authorised Person AP(V) for final approval.
- To carry out all work in accordance with SHSC's Health and Safety Policy and all other relevant policies. With regard to work carried out under a permit to work, the CP(V) will:
 - Accept instruction from the AP and acknowledge responsibility for the work.
 - Acknowledge familiarity with site fire and safety requirements.
 - Isolate systems only under direct supervision of the AP.
 - Confirm completion of work and notification to AP.
 - Carry out appropriate engineering validation and verification tests as required by- and under direct supervision of the AP(V).

6.8 Head of Improvement - Capital Programme and Development

The Head of Improvement - Capital Programme and Development, and project managers, will ensure all new capital works comply with this safety policy and all current legislation, provide adequate information to the appointed personnel so the new installations can be assessed and approved for connection into the system to which they are responsible.

Estate Services will commission specialist contractors to carry out any microbiological testing that may be required to provide assurance that Ventilation Systems are free from microbiological- or other such contaminants.

Responsibilities include:

- Must be conversant with- and implement the requirements and specifications outlined in HTM 03-01.
- Must understand the needs of SHSC with regards to heating, cooling and ventilation.
- Should, as a minimum, be trained to the level of CP (V) to enable comprehension of what is required of the Ventilation System.
- Must liaise with the Authoring Engineer AE(V) for validation and sign off of proposals and acceptance testing to enable the project to be compliant from start to finish.

6.9 Director of Infection Prevention and Control

- The Director of Infection Prevention and Control (DIPC) has executive authority and responsibility for ensuring strategies are implemented to prevent avoidable, healthcare-associated infections (HCAIs) at all levels in the organisation, (including those associated with air-borne pathogens), and is a role specifically required by all registered NHS care providers under current legislation.
- The DIPC reports directly to the Chief Executive and is required to provide assurance to the Board, (and other relevant senior management committees), that SHSC's policies, procedures and controls associated are appropriate fit for purpose and also for providing regular reports, including the annual report on SHSC's infection prevention and control performance and activity.
- The DIPC should, where appropriate, in the interests of service users, staff and public, challenge un-helpful professional and organisational barriers, un-helpful management behaviour and inappropriate clinical practice, as well as making every effort to influence the allocation of resources so as to minimise the risks of HCAIs.

6.10 Trust Infection Prevention and Control Team

- SHSC's Infection Prevention and Control team (IPCT) will provide advice and guidance to Estate Services and Capital Development on monitoring infection prevention and control risks, (microbiological and other airborne pathogens), when air handling/Ventilation Systems are being introduced, cleaned, decontaminated, replaced or ventilation failures.
- For example, if fans and/or air handling units are posing the risk of spreading air-borne bacteria, dust or other pathogens they may intervene to take such measures as to prevent this happening.
- The IPCT is the source of in-house expertise and competence on a wide range of infection-related matters. The IPCT, under the guidance of the Director of Infection and Prevention will advise the Responsible Person and members of Estate Services regarding the increased potential 'vulnerability' of user groups and their associated susceptibility to the risks of air-borne pathogens. The IPCT will also advise regarding any special precautions which may need to be considered when caring for these service users.

- The advice of the IPCT will be sought at an early stage in the design of all projects, design quality standards in respect of hygiene materials and in all instances where any form of infection-related risk has been identified as an actual or potential concern.

6.11 Head of Technical Support

The Head of Technical Support has the responsibility for the maintenance and upkeep of asset records appertaining to the inventory and history of all ventilation equipment in use within SHSC. This person will ensure the timely production of the Planned Preventative Maintenance (PPM) and status reports.

7 Procedure

7.1 Maintenance of Ventilation Systems

All ventilation air handling units (AHU), plant, ductwork and systems shall be included in the planned preventative maintenance (PPM) schedule. Reference Appendix 1 Health Technical Memorandum Specialised Ventilation for Healthcare Buildings (HTM 03-01) June 2021, Part B.

Inspections and maintenance of heating and ventilation systems shall be carried out in accordance with the Health Technical Memorandum Specialised Ventilation for Healthcare Buildings (HTM 03-01) June 2021, Parts A and B.

The general frequency of inspections and validation for ventilation system shall consist of:

1. All Ventilation Systems to be subject to annual inspection and maintenance. All LEV's must be recorded on a register.
2. Local Exhaust Ventilation (LEV) systems to be examined and tested every 14-months.

A summary Schedule of Ventilation Systems will be formally recorded for audit purposes.

7.2 Maintenance and Test Records

In order that Ventilation Systems can be correctly operated and maintained, it is essential that as-fitted drawings, operating manuals, maintenance instructions and commissioning manuals are available. Log-books should be kept for each Ventilation System consisting of maintenance records, test and validation data.

7.3 Monitoring

7.3.1 The responsibility for monitoring specific aspects is delegated to the appropriate key personnel. It is the duty of the AP(V) for SHSC to update the policy with respect to any of the changes outlined below and notify all personnel involved with air handling and Ventilation Systems.

7.3.2 The policy's content is shared with the Infection Prevention and Control Committee where a ratification process is carried out to support the compliance of this policy.

7.3.3 The monitoring of the policy will also be through the risk reporting system where any untoward incidents occur and subsequently through the Health and Safety Committee.

7.3.4 The AP(V) will carry out annual policy audits. The policy audit will be presented to establish whether compliance has been achieved or actions are required. The AP(V) will review the Ventilation Policy and advise on any actions required; actions identified during the review will be followed up within the Ventilation Safety Group.

7.4 Competence

It is essential that personnel at all levels have a sound general knowledge of the principles, design, operation and maintenance of air handling and Ventilation Systems. They should be trained on those specific systems for which they will be responsible and which they will be expected to use.

The training of an individual, which can be by formal education and/or by on-the-job tuition, as appropriate, is to be assessed for suitability by the person responsible for the appointment of the individual to a particular duty.

Records of all training activities are to be held in the operational procedures manual for each particular system. This will include the records of each individual who has received the necessary training appropriate to the duties to be undertaken.

7.5 Drawings

It is the responsibility of the Authorised Person to ensure the ventilation drawings are up-to-date and ensure all drawings and supplier information is handed over with every project.

7.6 Incident Reporting

Any incident which involves the Ventilation Systems and which compromises safety, must be reported to Estate Services who will inform the Authorised Person for the system and, who in turn, will determine what action is to be taken to prevent any risk or danger arising from the reported equipment. Incidents must also be recorded on SHSC's Risk Register.

All reported incidents are to be investigated by the Authorised Person and managed through SHSC's incident/accident system Ulysses.

In the case of an emergency the Authorised Person will take immediate action and escalate to the Head of Estates and the Designated Person to understand and mitigate any immediate risks.

The reporting of injuries or dangerous occurrences, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), will be acted upon, as required, by the Health and Safety team.

8 Development, Consultation and Approval

The following were involved with developing and approving this policy, version 1:

- Author/Head of Estate Services
- Health and Safety Committee
- Infection Prevention and Control Committee
- Ventilation Safety Group
- Authorised Engineer: Ventilation
- Head of Technical Support
- Chief Pharmacist
- Estates Compliance Group, (July 2023)

Name of Policy: Ventilation Safety	Name of Policy Lead: Chris Bruton, Head of Estate Services
Date: July 2023	Contact Details: Estate Services, Unit 1 President Park President Way, Sheffield S4 7UR
Consultation Plan: Who will significantly be affected by the policy, (or need to implement it?): Estate Services personnel and all Trust staff and contractors	
Is this a big change to the current policy or a new policy? A new policy Consider a wider consultation process, e.g. with focus groups, attendance at team- or directorate meetings.	
RECORD OF CONSULTATION (interactive)	

Group or individual consulted	Date of consultation/ response received	Comments on draft policy	Your response (say if policy amended - if not, why not)
Health and Safety Committee	26 April - 12 May 2023 and July 2023	/	/
Infection Prevention and Control, including Lead Nurse - Infection Prevention and Control	26 April - 12 May 2023 and July 2023 Response received 3 May 2023	Minor text changes for clarity and consistency	Agreed
Ventilation Safety Group	26 April 2023 and July 2023 Comments made 26 April 2023	Minor text changes for clarity and consistency	Agreed
Authorised Engineer: Ventilation	26 April 2023 and July 2023 Response received 26 April 2023	Minor text changes for clarity and consistency	Agreed
Head of Technical Support	26 April - 12 May 2023 and July 2023	/	/

Director of Nursing and Professions	26 April - 12 May 2023 and July 2023 Response received 27 April 2023	Suggested changes to Flowchart. Changes to DIPC <i>Duties</i> . Minor text changes for clarity and consistency	Agreed
Head of Clinical Quality Standards, Registered Nurse/Specialist Public Health Nurse	26 April - 12 May 2023 and July 2023 Response received 28 April 2023	Inclusion of reference to IPC policies and procedures. Minor text changes for clarity and consistency.	Agreed
Chief Pharmacist	26 April - 12 May 2023 and July 2023 Response received 2 May 2023	Minor text changes for clarity and consistency. Suggested links to the SOP re Temperatures in Medicines, Fridges and Clinic Rooms	Agreed - minor text changes. Declined - suggested link to SOP as temperature control in many areas covered by the SOP is provided by air-conditioning not ventilation.
Health, Safety and Risk Advisor	26 April - 12 May 2023 and July 2023 Response received 12 June 2023	Additional narrative and minor text changes to the sections: <i>Permit to Work, Specific Health and Safety and Details</i>	Agreed

Lead Nurse - Infection Prevention and Control	26 April - 12 May 2023 and July 2023 Response received 27 June 2023	Additional narrative, re-wording for clarity, deletion of text and minor text changes to the sections: <i>Cover sheet,</i> <i>1 Introduction,</i> <i>4 Critical Ventilation Systems</i> <i>6.8 Head of Improvement - Capital Programme and Development,</i> <i>6.9 Director of Infection Prevention and Control and</i> <i>6.10 Trust Infection Prevention and Control Team</i>	Agreed
Estates Compliance Group	20 July 2023		Agreed

9 Audit, Monitoring and Review

The Authorising Engineer will monitor compliance of the site during their annual Ventilation System operational management audit. The Ventilation Safety Group will review any AE(V) audits and accordingly assess the compliance and effectiveness of the Ventilation Policy. The AE (V) is responsible for highlighting any significant ventilation issues identified as part of the audit. The AE (V) must confirm compliance/non-compliance via an email or site audit summary notification.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
a) Policy monitoring	Review, audit	<ul style="list-style-type: none"> • Author/Head of Estate Services • Health and Safety Committee • Infection Prevention and Control Committee • Ventilation Safety Group • Authorised Engineer: Ventilation • Head of Technical Support • Chief Pharmacist 	Annually	Ventilation Safety Group	Ventilation Safety Group	Ventilation Safety Group

This Policy will be reviewed in 3-years, or earlier if needed due to changes in national guidance, legislation, lessons learned or significant incidents.

- The recommended inspections and validations laid down in HTM 03 will be considered as the compliance levels required.
- The Head of Estate Services will have the overall responsibility for any maintenance requirements and modifications to the plant. The Authorised Person (AP) Ventilation is primarily in control of the day-to-day running of the ventilation equipment. The AP will be appointed by the DP.
- The Ventilation Safety Group is responsible for recording data received and adding it to the compliance report. The Estates Quarterly Compliance Group is responsible for auditing all recorded information.
- The Ventilation Safety Group will be responsible to undertake the subsequent recommendations and will create action plans to be completed following these recommendations and dissemination of the information.
- Any changes in operation to the spaces or equipment will be agreed with the Ventilation Safety Group so as to maintain control of the situation. Any problems encountered with the equipment will be investigated and discussed under the authority of the Ventilation Safety Group.

10 Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
Compile the draft Ventilation Safety Policy, (with the support of the AE (V))	Head of Estate Services	30 April 2023	Completed
Review the draft Ventilation Safety Policy	Ventilation Safety Group	27 April 2023	Out to consultation
Consult on the Policy with: Policy author/Head of Estate Services, Health and Safety Committee, Infection Prevention and Control Committee, Ventilation Safety Group, Authorised Engineer: Ventilation, Head of Technical Support, Chief Pharmacist	Head of Estate Services	12 May 2023	Out to consultation
Submit the draft Policy to the Policy Governance Group for approval	Head of Estate Services	August 2023	On Track
Send the approved Policy to QAC for ratification	Policy Governance Group	August 2023	On Track
Make essential team members aware of new policy	Head of Estate Services	September 2023	On Track
Following ratification, upload the new policy onto the intranet and remove the old version	Communications	October 2023	On Track
Advise the consulted-on committees/groups that the policy has been ratified	Head of Estate Services	October 2023	On Track

11 Dissemination, Storage and Archiving (Control)

The development of this policy involves input from:

- Policy author/Head of Estate Services
- Health and Safety Committee
- Infection Prevention and Control Committee
- Ventilation Safety Group
- Authorised Engineer: Ventilation
- Head of Technical Support
- Chief Pharmacist
- Estates Compliance Group, (July 2023)

Links to an electronic copy of the policy shall be circulated via a Trust-wide email. An electronic copy of the policy shall be accessible via SHSC's intranet.

A copy shall be stored with Estates Services for reference.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	October 2023	October 2023	October 2023	October 2023

12. Training and Other Resource Implications

Managers and the AP(V) have the responsibility to inform relevant employees and contractors of any hazards that may exist when carrying out maintenance work, operation, testing or other repairs to equipment within their department. The Facilities Directorate's Maintenance Craftspersons are to be made aware of the associated dangers.

- The nature and type of risks to health, where applicable
- Control measures employed
- Working procedures/policies

All records of training are to be maintained by the Facilities Directorate.

Arrangements shall be made by the appropriate manager to ensure:

- All employees concerned with particular work activities are adequately informed as to the systems, plant and apparatus that are affected, and instructed in all necessary safety procedures.
- So far as reasonably practicable, other persons who are not employees, but may be affected by the work activities also receive adequate information and/or instruction.

13 Links to Other Policies, Standards (Associated Documents)

Statutory requirements relevant to Ventilation systems.

- Health and Safety at Work, etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992 - L24 (second Edition) 2013
- Provision and Use of Work Equipment Regulations 1998 - L22 (Fourth Edition) 2014
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 as amended 2013
- Control of Substances Hazardous to Health (COSHH) Regulations 2002 – HSE COSHH L5 (Sixth Edition) 2013
- Manual Handling Operations Regulations 1992 (as amended 2002)
- Personal Protective Equipment at Work Regulations 1992 (as amended 2002)
- Electricity at Work Regulations 1989
- Health Technical Memorandum 03-01 (2021) Health Technical Memorandum Specialised Ventilation for Healthcare Buildings (HTM 03-01) June 2021:
 - Part A: Design, installation, validation and verification
 - Part B: Operational management and Performance Verification
- IPC policies and procedures and national IPC Manual
<https://www.england.nhs.uk/wp-content/uploads/2022/04/C1636-national-ipc-manual-for-england-v2.pdf>

14 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
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Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Chris Bruton, May 2023

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ do not know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 - Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	Estates Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Age-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Disability	Estates Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Ability-related issues are an inclusive part of this process and require the implementation of suitable and efficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Gender Reassignment	Estates Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		

Pregnancy and Maternity	Estate Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. New or expectant mother-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Race	Estate Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Race-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Religion or Belief	Estate Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Belief-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Sex	Estate Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Gender-related issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Sexual Orientation	Estate Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Sexual-orientation issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		
Marriage or Civil Partnership	Estate Services risk assessments consider all staff, service users and members of the public, to whom SHSC owes a duty of care under health and safety law. Marriage or civil partnership issues are an inclusive part of this process and require the implementation of suitable and sufficient arrangements to reduce the likelihood of any harm so far as is reasonably practicable.		

Please delete as appropriate: Policy Amended/Action Identified (see Implementation Plan)/no changes made.

Impact Assessment Completed by: Name/Date Chris Bruton, May 2023
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Appendix B

New Policy Checklist

This checklist is to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	Yes
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	Yes
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Yes
Template Compliance		
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
Policy Content		
12.	Is the purpose of the policy clear?	Yes
13.	Does the policy comply with the requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Yes
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Yes
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix 1)?	Yes
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to <ul style="list-style-type: none"> i. review ii. audit compliance with the document? 	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes