

29th September 2026

Eastbourne District General Hospital

Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

Please provide the following information relating to Medical Gas Pipeline Systems (MGPS) at your Trust, as defined under HTM 02-01.

1) Authorised Person (MGPS).

For the person currently designated as Authorised Person (MGPS) at your Trust, please provide:

a) The post title (not the named individual);

[Estates Maintenance Officer.](#)

b) The employing organisation of that role, for example: directly employed Trust staff; hard FM or PFI provider; specialist contractor; external agency; other (please specify);

[Directly employed Trust staff.](#)

c) Where the role is outsourced, the name of the provider organisation;

[Not applicable.](#)

d) Where a Senior or Coordinating Authorised Person (MGPS) is also appointed, the same details (a to c) for that role.

[Not applicable.](#)

2) MGPS maintenance contract.

For the current contract(s) under which routine maintenance, servicing, and testing of MGPS infrastructure is delivered at your Trust, please provide:

a) The name of the contracted provider;

[Medicare Ltd](#)

b) The contract start date;

1st June 2026.

c) The contract end date, including any extension options;

31st May 2029 with a 1-year extension option (maximum end date 31st May 2030).

d) Where MGPS maintenance is delivered in-house, please confirm this in place of (a) to (c).

Not applicable.

3) Approval of MGPS pipework specifications.

For the person responsible for approving or signing off MGPS pipework specifications on capital projects involving medical gas infrastructure, please provide:

a) The post title of the approving role;

Authorised Person (MGPS).

b) Confirmation of whether the approving role differs by project value or project type, and if so, how.

No.

4) Medical Gas Safety Group: terms of reference.

Please provide the current terms of reference for your Trust's Medical Gas Safety Group (or equivalent committee responsible for the oversight of medical gas systems).

Please see the attached documents - 'TOR TRUST MEDICAL GASES_Redacted' and note that Sections 31(1)(a), 40(2) and 44 have been applied to the redactions within the document, please refer to page 3.

5) Medical gas policy.

Please provide your Trust's current medical gas policy (or equivalent policy document setting out the governance, authorisation, and operational management of medical gas systems).

Please see the attached document - 'Medical Gas [266 V5] 2025 2028_Redacted' and note that Sections 31(1)(a), 40(2) and 44 have been applied to the redactions within the document, please refer to page 3.

6) Medical Gas Safety Group minutes.

Please provide the minutes of your Medical Gas Safety Group (or equivalent committee) for the most recent twelve months.

Please see attached the following documents:

- 00 TRUST MEDICAL GASES GROUP MINUTES 04-06-2026_Redacted
- 00 TRUST MEDICAL GASES GROUP MINUTES 17-03-2026_Redacted
- 00 TRUST MEDICAL GASES GROUP MINUTES 04-12-2025_Redacted
- 00 TRUST MEDICAL GASES GROUP MINUTES 11-09-2025_Redacted

Please note that Sections 31(1)(a), 40(2) and 44 have been applied to the redactions within the documents, details as follows:

Please note that it is the Trust's FOI policy to only provide the names of staff that are graded at Band 8a (senior staff) or above, and therefore the names of staff at Band 7 and below have been redacted from the attached documents.

Please also note we are applying Sections 31(1)(a), 40(2) and 44 as we have redacted the names of the Trust's IT Systems, individuals that do not work for the Trust and any reference to direct email addresses, phone numbers, and signatures, as set out below:

Section 31(1)(a)

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- [NHS England — London » Synnovis Ransomware Cyber-Attack](#)
- [NHS England confirm patient data stolen in cyber attack - BBC News](#)
- [Merseyside: Three more hospitals hit by cyber attack - BBC News](#)

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals

who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term “public interest” does not refer to the private or commercial interests of a requestor; its meaning is for the “public good”. The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – [The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK](https://www.gov.uk/guidance/the-network-and-information-systems-regulations-2018)

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust’s IT systems and infrastructure. The Trust’s capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [law enforcement] of the FOIA and the names of the IT systems within the documents are being withheld. The full wording of Section 31 can be found here: [Freedom of Information Act 2000](https://www.legislation.gov.uk/ukpga/2000/37/section/31)

Section 31 is a qualified exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public

interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- [Organisations must do more to combat the growing threat of cyber attacks | ICO](#)

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:

"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present."

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating."

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust's systems

- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Section 40(2)

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

Section 44

We are unable to provide the contact details of staff as we consider this information to be exempt from release in accordance with Section 44 of the Freedom of Information Act (Prohibition on Disclosure) and would refer to the Privacy and Electronic Communications EC Directive Regulations 2003 which provide specific rules on electronic communication services, including marketing (by phone, fax, email or text) and keeping communications services secure. We will not provide any information that could result in the transmission of unsolicited communications which may place an unacceptable risk to our email network and could also have a detrimental impact on patient care and treatment.

The contact number for the Trust is accessible on the Trust website <http://www.esht.nhs.uk>.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Trust Medical Gases Group Terms of Reference

Constitution

The Trust Clinical Board requested that a Group be set up in response to the Rapid Response Report - NPSA/RRR/RRR006 – Oxygen Safety in Hospitals.

The RRR stated that a Medical Gases Committee should be the responsible body to review oxygen related incidents, developing an Oxygen related policy and a training programme.

Terms of Reference

To develop Oxygen related policies and a Medical Gases policy for the Trust and to review this at regular intervals.

To minimise the use of Oxygen cylinders and where appropriate, reduce the size of Oxygen cylinders and other medical gases to as small as possible – reviewing this regularly.

To introduce safer cylinders by removing as many inter-changeable flow meters as possible and where Medical Air is used, remove these when not in regular use.

Review any Medical Gas incidents and complaints that either are reported to the group directly or through other sources such as the Pharmacy leads or Medical device Educators.

Review and respond to any NHS England & / or CAS alerts or NICE/CQC guidelines through the groups reporting process.

Objectives

To ensure that the Trust is responsive to any Medical Gas alerts and continues to comply with current regulations when they are brought to the Trusts attention

Monitoring the current policies, guidelines and training of medical gases in the Trust and responding to any patient safety alerts as necessary through the groups reporting process.

Membership

The Meetings will be chaired by:

Chairman - currently DAS Divisional Governance Manager

And will include the below:

Senior Trust Consultant or nominated Consultant

Deputy Chairman (nominated by the Group) – Trust Chief Pharmacist or Trust Estates Manager

Chief Pharmacist or delegated Pharmacist

Community Pharmacist Lead

Head of EME Services

Estates Managers – Both Acute Sites

Clinical Matron – nominated by Group

Medical Device Educators – both Acute Sites

Respiratory Specialist Nursing

Respiratory Consultants

Trust Critical Care representatives

Trust Risk Lead & CAS/Medical Devices Safety Officer

Maternity Representative

Outreach Specialist Team

Health & Safety

Fire Advisors

Head of Nursing

Authorising Engineer (external to Trust)

BOC Representative (external to Trust)

DAS Divisional Governance Administrator (admin / minutes)

Where appropriate other members may be invited to the group or may be requested for advice via other methods.

These 'other members' may include but not be exclusive to; Estates Design, Other Clinical Services & Medical Gas suppliers to the Trust.

A quorum shall be 4 members, one of whom must be either the Nominated Chairman or Deputy and one member from Estates and Pharmacy.

All members are expected to attend at least two thirds of the scheduled meetings & this will be monitored by the Group Administrator.

Communication will also occur outside of the main meetings via e-mail which will form one of the main direct forms of communication within the group.

Accountability and Reporting arrangements

All meetings will be [REDACTED] and will be video recorded for the processing of the minutes. The minutes of the Trust Medical Gases Steering Group meetings shall be formally recorded by a member of the administrative team & a copy will be available on the DAS Divisional Extranet pages.

It is within the remit of the Medical Director to discuss these minutes and meetings directly the Trust Board as designated by the Trust Board.

The Group is accountable and reports to the Trust Board as directed at the commencement of the Group at their request and feeds into the Trust Health & Safety Steering Group (HSSG), especially for reviews of the Medical Gases policy.

Frequency

Meetings are held quarterly or as designated by the Group & Chairman.

All other communication, discussions and agreements on current practice should be sent electronically by, or on behalf of the designated Chairman of the Group for the electronic agreement of the group.

If necessary, other meetings will be held and arranged by the designated chairman.

These Terms of Reference will be monitored and reviewed by the Group on a regular basis but ideally once a year at the Group meeting or via e-mail ratification.

Date reviewed

The next review date for these Terms of Reference is December 2026.

Medical Gas Policy

Document ID Number:	266
Legacy ID Number:	1146
Version:	V5
Ratified by:	Medical Gas Group
Date ratified:	July 2025
Name of author and title:	██████████ Head of EFM Compliance
Date originally written:	April 2015
Date current version was completed:	January 2025
Name of responsible committee/individual:	Chair Trust Medical Gas Group/TMGSG
Date issued:	06 August 2025
Review date:	July 2028
Target audience:	Trust Staff
Compliance with CQC Fundamental Standards	Safe Care and Treatment Premises and Equipment
Compliance with any other external requirements (e.g. Information Governance)	HTM 02
Associated Documents	Medical Gas Site Safety Control Plans. Fire Safety Policy.

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of procedural documents and can only guarantee that the procedural document on the Trust website is the most up to date version.

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V4	17 August 2021	[REDACTED] /TMGG	To incorporate Authorising Engineer into Policy/Updates	
V4.1	17/05/2022	Tim Leakey	HCA Oxygen Transfer Document added as an appendix	
V4.2	05 December 2022	Tim Leakey	Update to Rapid Response links	
V4.3	15 March 2023	Tim Leakey	Need to remove a staff name and replace	remove [REDACTED] and add [REDACTED] under Appendix A
V4.4	09 August 2024	Tim Leakey	Extension to the review date the this is being split and rewritten due to national recommendations	Extended the review date from August 2024 to February 2025
V4.5	04 February 2025	Tim Leakey	Extension to the review date the this is being split and rewritten due to national recommendations	Extended the review date from February 2025 to August 2025 (Last extension)
V5.0	January 2025		Planned Review	Updates on Roles & Responsibilities. Removal of Site-Specific Issues in favour of Site Safety Control Plans.

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Tim Leakey	Chairman TMGG/Matron	August 2021
[REDACTED]	Estates Manager – Operations and Maintenance	August 2021
[REDACTED]	Trust Medical Devices Educator	August 2021
[REDACTED]	Trust Fire Advisor	March 2018

██████████	RESPS Manager	August 2021
██████████	Estates Manager	April 2024
Estates Management Group (EMG).	All members	June 2024
Trust Medical Gases Group	All Members	December 2024
Medicines Optimisation Group		July 2025

Table

Table of Contents

_Toc205372653

1.	Introduction	7
2.	Purpose	7
2.1.	Rationale.....	7
2.2.	Scope.....	7
3.	Definitions.....	7
4.	Accountabilities and Responsibilities.....	8
4.1.	Executive Manager	8
4.2.	Authorising Engineer.....	9
4.3.	Responsible Person	9
4.4.	Head of Engineering (HOE).....	9
4.5.	A Senior Estates Manager (SEM).....	9
4.7.	Authorised Persons	9
4.8.	Competent Persons (Qualified Trade Staff)	10
4.9.	Competent person (Insurance Inspector)	10
4.10.	Quality Controller.....	11
4.11.	Designated Medical or Nursing Officer.....	11
4.12.	Designated Porters.....	11
4.13.	Ward Matrons and Department/Service Leads.....	11
4.14.	Individual Clinical Staff Members	11
5.	Procedures and Actions to Follow.....	12
5.1.	Installed Medical Gas Systems	12
5.2.	Site Safety Control Plans	12
5.3.	Existing Installations	13
5.4.	Identification.....	13
5.5.	Risk Assessment	13
5.6.	Permits to Work.....	13
5.7.	Emergency Procedures	13
6.	Equality and Human Rights Statement.....	13
6.1.	General EHRA Issues	13
6.2.	Mental Capacity Act	14
7.	Training.....	14
8.	Monitoring Compliance with the Document	15
8.1.	Process for Monitoring Compliance	15
8.2.	Monitoring this Policy: Standards/Key Performance Indicators	15
9.	References.....	17
	Appendix A: Equality and Health Inequalities Impact Assessment (EHIA) template.....	19

Policy Summary Sheet

This summary is a quick aide memoire and does not replace the requirement for staff to fully read the Trust Policies

East Sussex Healthcare Trust (ESHT) recognises it has an obligation under the Health and Safety at Work etc. Act 1974 for the health, safety and welfare at work of its staff, whether directly employed by the Trust or not. They require the Trust to identify hazards, assess risks and put measures in place to avoid or control the risks.

The purpose of this Policy is to confirm the organisations commitment to and set standards for Safe Operation and Maintenance of Medical Gases, to emphasise the need for appropriate risk assessment as required under The Management of Health and Safety at Work Regulations 1999 and to ensure that safe working systems are in place for potentially hazardous situations. Further to clarify responsibilities and describe some of the steps that can be taken to minimise risk and maximise personal safety.

This policy document should be read in conjunction with:

- Health and Safety at Work Policy.
- Risk Assessment (General) Policy Arrangements.
- Operational Maintenance Policy.
- Medical Gas Procedural Documents (Site Safety Control Plan)

Compliance with all Trust policies, procedures protocols, guidelines, guidance, standards and strategies are a condition of employment. Breach of policy may result in disciplinary action.

Summary of Actions

- Production of Site Safety Control Plan.
- Bring Policy arrangements to the attention of Managers and Staff.
- Appointment of Professional staff.
- Ensure safe working practices.
- Ensure Risk Assessments are in carried out for Medical Gases
- Ensure staff trained.
- Carry out regular inspection and maintenance.

1. Introduction

Medical gases are prescription medicines used by health care professionals for the beneficial effect they have on the patient. They may be delivered to the patient either by a medical gas pipeline system or by point of use medical gas cylinders.

A medical gas pipeline system is the preferred means by which the Trust provides a safe, convenient, and cost-effective medical gas service to clinical and nursing staff at the point of use. The medical gas pipeline system reduces the need to use cylinder medical gases with their inherent labour, handling, fire, storage and noise problems. The use of medical gas pipeline systems in health care premises makes it essential that all such systems are managed without giving rise to danger. Inadequate control and improper use of medical gas pipeline systems are a danger to life and property. The Trust and its officers responsible for medical gas pipeline services, as duty holders, are accountable for ensuring control. They are also responsible for ensuring the safe management, design, installation, operation and maintenance of the Trust's medical gas pipeline systems.

Medical gases are delivered to the point of use by medical gas cylinders where the use does not warrant the installation of a piped medical gas system.

This Policy and **Site Safety Control Plans** is the Trust's response to meet the management requirements to provide the safe care of medical gas pipeline systems or the patient is being transferred from one area to another.

2. Purpose

2.1. Rationale

To ensure that the medical gas pipeline system is operated, used, administered and worked upon by only competent staff for the benefit of the patient. The necessary safeguards must be in force at all times to ensure that only competent persons have access to the Trust's medical gas pipeline systems, all areas where medical gas plant exist must remain secure.

A systematic and regular maintenance programme will be conducted on both the fixed and portable medical gas equipment to ensure that the system and equipment connected to the system is safe and fit for use.

Cylinder medical gases are provided from those licensed to manufacture them, the Trust will store them safely and securely to ensure that the product is available for use when required. Staff members identify the correct medical gas cylinder, transport and use it safely.

2.2. Scope

This policy applies to all services directly provided and all properties owned or leased by East Sussex Healthcare NHS Trust and their agents.

3. Definitions

AVSU – Area Valve Service Unit

An isolation valve to provide the User with isolation facilities for the area. To provide access to the system for testing purposes and to provide temporary supplies.

Medical Gas

May be a gas prescribed to a patient for clinical purposes (prescription only medicine) or it may be used for a clinical purpose.

Medication Order and Administration Chart

Trust documentation used for inpatients to provide an order for medicines to be administered, it also allows recording of administration. Other commonly used names are prescription chart or drug chart. This includes ePMA and paper records.

Piping/Pipeline

Piping components intended for the transport of fluids when connected together for integration into a pressure system.

Includes a pipe or system of pipes, tubing, fittings, expansion joints, hoses, or other pressure-bearing components as appropriate.

Pressure Equipment

Vessels, piping, safety accessories and pressure accessories. Where applicable, includes elements attached to pressurised parts such as flanges, nozzles, couplings, supports, lifting lugs etc.

Safety accessories

Devices designed to protect pressure equipment against the allowable limits being exceeded. Such devices include devices for direct pressure limitation, such as safety valves and bursting discs etc., and limiting devices which either activate the means for correction or provide for shutdown or shutdown and lock out, such as pressure switches or temperature switches etc.

Vessel

A housing designed and built to contain fluids under pressure.

Includes its direct attachments up to the coupling point connecting it to other equipment. A vessel may be composed of more than one chamber.

Written scheme

Is a scheme of examination for a pressure system detailing its operating parameters and the inspections necessary for the system to be operated safely.

4. Accountabilities and Responsibilities

4.1. Executive Manager

The overall responsibility of the system will be with the Chief Executive

The following key personnel will be appointed who have specific responsibilities for Medical Gas Piped Systems (MGPS):

- a) Responsible Person (MGPS).
- b) Senior Estates Manager (MGPS).
- c) Authorising Engineer (MGPS).
- d) Authorised Person (MGPS).
- e) Competent Person (MGPS).
- f) Designated Porter (MGPS)
- g) Quality Controller (MGPS).
- h) Designated Medical Officer (MGPS) or Designated Nursing Officer (MGPS).

4.2. Authorising Engineer

The Trust is responsible for appointing an Authorising Engineer who will undertake the following:

- Recommendation to the Senior Estates Manager, those persons who, through individual assessment, are suitable to be appointed as Authorised Persons.
- Recommendations for suitable Training Courses for all Authorised Persons.
- Ensure that all Authorised Persons are reassessed every three years, confirming attendance of a refresher or other training course before such reassessment.
- Review the management systems of the medical gas system, including the Permit to Work system.
- To monitor the implementation of the operational policy and procedures.

4.3. Responsible Person

The **Director of Estates and Facilities** operates as the Trusts Responsible Person (RP) and has operational and professional responsibility for a wide range of specialist Estates & Facilities services. It is important that the RP has access to robust, service-specific professional support which can promote and maintain the role of the “informed client” within the Trust. This will embrace both the maintenance and development of service-specific improvements, support the provision of the intelligent customer role and give assurance of service quality.

The Responsible Person will appoint a Deputy to act on their behalf in their absence.

4.4. Head of Engineering (HOE)

The Head of Engineering has overall responsibility for the delivery of the Estates Maintenance Services and Budget control. The HOE is the Deputy Responsible Person for Piped Medical Gas Equipment and Plant.

4.5. A Senior Estates Manager (SEM)

An Estates Manager (SEM) will be appointed by the Responsible Person to act as the lead manager to assist with delivery of This Policy, accountable for:

- Chair relevant Governance Meetings.
- Policy Preparation.
- Preparation of a Management Plan of Control / Written Scheme.
- Appointment of Authorising Engineer (AE) / Independent Advisor (IA).
- Arrange completion of Technical Survey / Risk Assessments.
- Arrange Training and formal appointment of Authorised Persons.
- Performance Reporting.
- Appointed Authorised Persons.
- Appoint Maintenance Contractors.
- Manage Action Plans.
- Premises Assurance Model (PAM) Reporting

4.6 Project Management

Project Management Teams must ensure Managing Agents and Contractors meet the requirements of this Policy with appropriate monitoring processes in place.

4.7. Authorised Persons

Authorised Persons for medical gas pipeline systems (APMGPS) will be appointed in writing by the Senior Estates Manager (Medical Gases) on the recommendations of the Authorising Engineer.

The Authorised Person assumes effective responsibility for the day-to-day management and maintenance of the medical gas pipeline systems.

To cover holidays and other absences it is recommended that more than one Authorised person be appointed, however, one will be designated the Coordinating Authorised Person who will have overall responsibility for the system and will undertake the following:

- Ensure the medical gas system is operated safely and efficiently in accordance with statutory requirements and guidelines.
- To manage the Permit to Work system, including the issue of permits to Competent Persons for all servicing, repair, alteration and extension work carried out to the system.
- Supervise the work carried out by Competent Persons and monitor the standard of that work.
- Ensure that the medical gas system maintenance specification and schedule of equipment are kept up to date.
- Liaise closely with Designated Nursing Officers/Medical Officers, the Quality Controller and others who may need to be informed of any interruption or testing of the medical gas systems.
- Provide technical advice to those responsible for the purchase of any medical equipment which will be connected to the medical gas systems in order to avoid insufficient capacity and insufficient flow rates.
- Provide advice on the provision or replacement of central medical gas plant.
- Organise the training of Estates staff and other staff if requested to provide for the safe and efficient operation of the medical gas system.

The Authorised Person will liaise closely with the Quality Controller, the Users and the Competent Persons who are allowed to maintain the system.

A register of Authorised Persons will be maintained. Authorised Persons will have access to keys, allowing them access to all medical gas plant within their area of authority.

A register of appointed Authorised Persons is maintained by the Estates & Facilities Compliance Team.

4.8. Competent Persons (Qualified Trade Staff)

Competent Persons are Qualified Trade Staff, appointed by the Authorising Person. Before the appointment, undergo a period of hands-on training. It is likely that Competent Persons will not be competent for all aspects of work on the medical gas pipeline system, but the spectrum of work required is covered by a mix of in-house competent persons and specialist contractors. The Authorised Person ensures that the Competent Person is competent for the work to be undertaken.

4.9. Competent person (Insurance Inspector)

Note:

Competent person in this context is the person or organisation carrying out the statutory inspections/examinations.

[The Pressure Systems and Safety Regulations 2000](#) and [The Pressure Equipment Regulations 1999](#) to which medical gas pressure systems must comply, require that a competent person, who is not the user, be designated to exercise certain responsibilities of inspection, alteration and maintenance on all pressure systems and vessels. The designated Competent Person will undertake the written scheme of examination at specified intervals.

4.10. Quality Controller

Is appointed in writing by the Chief Executive on the recommendations of the Chief Pharmacist/Chief Pharmacist services. The Quality Controller will be a pharmacist and will have specialist knowledge, training and experience of medical gas pipeline systems. This may be an external Contractor.

The Quality Controller is responsible for the quality of the medical gases; their duties will include carrying out the quality tests in accordance with the procedures stated in validation and verification documentation in [HTM02-01](#).

4.11. Designated Medical or Nursing Officer

It is the person on site who the Authorised Person liaises on any matters regarding the piped medical gas system and who would give permission for a planned interruption in supply. This is the Duty Site Manager, the Senior Site Sister at Sussex Premier Health centre Hastings, or if the area affected by the interruption is smaller in nature the Nurse in charge.

DNO would normally carry out the appropriate action in the event of an emergency (for example isolation of a ward supply); such actions will be set out in the site safety Control Plan.

4.12. Designated Porters

The Authorised Person will ensure the Designated Portering staff are trained in the safe method to change empty cylinders on medical gas manifold systems. Once trained the person's name will be included on the Register of Appointed Persons as authorised to change medical gas cylinders on medical gas manifolds.

The register to be held with the medical gas manifold area keys so that only those people on the register are able to obtain the keys to medical gas cylinder manifold areas.

The Named Persons will ensure that replacement medical gas cylinders are 'in date'. Any medical gas cylinders found to be out of date are to be returned to the supplier for refilling.

Annual refresher training will be completed by the Designated Porters.

4.13. Ward Matrons and Department/Service Leads

For ensuring staff are trained and assessed for competency to use Oxygen and Nebuliser equipment and accessories. To act as Designated Medical or Nursing Officer where medical gas operations affect the area under their control.

4.14. Individual Clinical Staff Members

Individual Clinical Staff members are provided with information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work and in turn employees must:

- Following instructions and training provided by the employer.

- Taking reasonable care for their own safety.
- Cooperating with the employer's efforts to ensure health and safety at work.
- Reporting any hazards or safety shortcomings.
- Being proactive in maintaining safety procedures.

5. Procedures and Actions to Follow

5.1. Installed Medical Gas Systems

Medical gas systems installed can be used to transport the following gases from the central manifold / storage areas to the user's location:

- a) Medical oxygen
- b) Nitrous oxide
- c) Nitrous oxide / oxygen mixture 50%/50% (Entonox©)
- d) Medical compressed air at 4 bar.
- e) Medical compressed air at 7 bar for surgical applications.
- f) Medical vacuum
- g) Carbon dioxide
- h) Anaesthetic gas scavenging systems (AGSS)

Not all installations are available on all sites, or all areas.

These are detailed in each **Site Safety Control Plan**.

It is recognised that although the medical gas pipeline system provides many benefits, it can be the source of a major hazard if any serious failure of maintenance or procedural use occurs.

Only connections control and outlet valves, which conform to British Standards to help avoid confusion, are used.

Local medical gas cylinders are used at the bedside or as part of equipment used adjacent to the patient. Cylinders carry the appropriate identification to clearly identify their contents.

There are Daily Oxygen Check lists in appendices of the Safety Control Plans are to be completed by all Clinical Areas that are in ESHT that use or store Oxygen cylinders.

5.2. Site Safety Control Plans

A Site Safety Control Plan will be prepared and kept up to date by the Senior Estates Manager and the Site Authorised Persons.

The Site Safety Control Plans will contain:

- 1.0 Purpose
- 2.0 Management structure for the operation of Medical Gases
- 3.0 General Operational Control Plan statements
- 4.0 Scope of The Plan
- 5.0 Roles and Responsibilities
- 6.0 Medical gas Group
- 7.0 MGPS Site Operational Plan review
- 8.0 MGPS record drawings and documentation.
- 9.0 Training
- 10.0 The MGPS structure
- 11.0 Cylinder storage

- 12.0 Area valve service units (AVSUs)
- 13.0 Routine procedures
- 14.0 Emergency procedures
- 15.0 Guidance notes & Forms

Each Site Safety Control Plan will be approved by the Trust Medical Gas Group.

5.3. Existing Installations

A schedule of the Installations and maintenance on the Estates & Facilities Computer Aided Facilities (CAFM) system and is Included in each Site Control Plan.

5.4. Identification

All pipelines are to be identified as in HTM 02. All AVSU's are to be identified by the area which they serve. Keys for such AVSU's are available via the Authorised Person from Estates labelled for the area served. Where it is inappropriate to label system isolation valves by the area served, they have been identified by a number. All medical gas cylinders are identified by standard colours and a standardised label. Where applicable they have gas specific connections.

5.5. Risk Assessment

The Management of Health and Safety at Work Regulations require all employers (and self-employed) to assess risks to workers and any others who may be affected by their undertaking.

Refer to the Trust [REDACTED] and Safety Risk Assessment & Audit System - Administration and Security Policy for further information.

5.4.1 Technical / System Risk Assessment

A Technical / Systems Risk Assessment will be completed for each installation.

5.6. Permits to Work

The Estates Manager (Operational) shall operate a "Permit-to-Work" system for the medical gas pipeline system. Such that an Authorised Person is in control of all work on the system that may compromise the integrity of the system. The primary purpose of the system is to ensure the safety of the patient.

5.7. Emergency Procedures

Emergency procedures and contact details are contained in the Site Safety Control Plans.

6. Equality and Human Rights Statement

The Trust promotes equality and respects diversity, prior to working on the Trust's medical gas systems all persons must be trained to a level appropriate for the task they are undertaking.

6.1. General EHRA Issues

Clinicians must ensure they consider religious observances, equality, human rights and the promotion of dignity and respect in relation to prescribing, administering and handling Medical Gases. The principles of informed consent and the Mental Capacity Act should be followed.

People who do not have English as their first language may need translation services. These are available on request. People with disabilities that may impair their

understanding of the principles laid out within this document or during informed consent may require additional support. Clinicians must therefore consider a patient's or carer's capacity for understanding and make attempts to include them in the decision-making process by explaining the treatment in a way that is meaningful for the patient or carer.

6.2. Mental Capacity Act

All staff prescribing, administering or advising on medical gases should be aware of and take into consideration the requirements of the Mental Capacity Act in any decisions or actions they may take or recommend. This is especially the case in areas where the patient will not be aware of the administration of medical gases e.g. where the patient is unconscious or unable to communicate

Staff should refer to the [Guidance for Staff on the Implementation of the Mental Capacity Act \(MCA\)](#) and MCA 2005 Code of Practice for guidance when necessary.

7. Training

Training Programme and Frequency

Personnel	Safe use and application of Medical Gases	Emergency procedures and Permit to work system	Management of the MGPS	Installation and maintenance of the MGPS	Medical gas quality control and testing
Authorised Person	3 yearly	3 yearly	3 yearly	3 yearly	-
Competent Person	3 yearly	3 yearly		3 yearly	-
Designated Medical/Nursing Officer	3 yearly	3 yearly	-	-	-
Quality Controller	5 yearly	5 yearly	5 yearly	5 yearly	5 yearly
Designated Porter	Annually	-			-
Nursing staff	Annually	-			-
OPD/Theatre Staff	Annually	-			-

Authorised persons will be trained in the sites medical gas pipeline systems and have sufficient training and refresher training as outlined in HTM02-01.

The Authorised Person shall ensure that adequate training is regularly provided for competent staff as outlined in HTM02-01 to ensure that they are at all times trained to work in a safe manner on any part of the system.

Competent Persons (CPs) will be trained to carry out required daily and weekly checks on the MGPS systems and use and operate a "Permit-to-Work" system when applicable.

Work requiring pipework alterations must be undertaken by specialist contractors, or in-house staff trained specifically for medical gas pipeline installation.

All Registered Nurses & Midwives, Allied Health Professionals and Healthcare Assistants should complete the ~~attend the 1-hour Safe Use of Oxygen~~ mandatory Oxygen & suction training sessions ~~delivered weekly cross site by the Medical Devices Educators~~. Competencies must be updated every three years.

All Unregistered staff who escort patients must also be trained as above and deemed competent and it is an expectation that all patient ~~pace~~ facing staff are trained in oxygen.

Updates are yearly at PDR/Appraisals through completion of a self-verification of competence for Oxygen therapy, Pulse oximeter and Nebuliser provided by your Appraiser.

Continuous Professional Development (CPD) must now include the safe use of medical devices during staff annual appraisal with completion of competency on O2, nebulisers and pulse oximetry, provided by the MDE on request.

It is the responsibility of lead practitioners and line managers to ensure that members of staff that prescribe, administer or monitor Entonox® therapy are trained appropriately. Training records will be held and monitored by the Integrated Education department.

8. Monitoring Compliance with the Document

8.1. Process for Monitoring Compliance

The Trust Medical Gases Steering Group will monitor compliance with this policy.

8.2. Monitoring this Policy: Standards/Key Performance Indicators

Assessment of incidents reported in the Trust with respect to medical gas installations and equipment.

Monitoring of hazards concerned with medical gas systems notified by external agencies.

Auditing of the Medical Air outlets and their caps by the medical device educators on a scheduled basis.

Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/ action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are implemented
Trust Medical Gas Incidents	Trust Medical Gas Group (TMGG)	Trust Medical Gas Incidents/by [REDACTED] reports/CG	Quarterly	Chief Pharmacist	Chief Pharmacist	Chief Pharmacist
External agencies hazards regarding medical gases	Trust Medical Gas Group (TMGG)	CG Reports	Quarterly	Chief Pharmacist/ Estates Manager	Chief Pharmacist/ Estates Manager	Chief Pharmacist/ Estates Manager
Medical Gases Policy	Trust Medical Gas Group (TMGG)	Policy	Yearly at TMGG Meeting	Trust Medical Gas Group (TMGG)	Trust Medical Gas Group (TMGG)	Trust Medical Gas Group (TMGG)
Auditing of the Medical Air outlets and their caps by the Medical Device educators on a scheduled basis.	Trust Medical Device Educators	Policy	Yearly at TMGG Meeting	Trust Medical Gas Group (TMGG)	Trust Medical Gas Group (TMGG)	Trust Medical Gas Group (TMGG)

9. References

Health Technical Memorandum 02-01 Part A Design, Installation, Validation and Verification
Health Technical Memorandum 02-01 Part B Operational Management
Health and Safety at Work Act 1974
Management of Health and Safety at Work Regulations 1999
Provision and Use of Work Equipment Regulation 1998
Control of Substances Hazardous to Health (COSHH) Regulation 2002
The Pressure Systems Safety Regulations 2000

The Pressure Equipment Regulations 1999
The Dangerous Substances and Explosive Atmospheres Regulations 2002
Medicines Act 1968
Nursing and Midwifery Council Guidelines for the Administration of Medicines

BOC Medical Data Sheets for medical gases

Administrative guidance notes: Use of British Oxygen Company Size CD and Size HX
Oxygen Cylinders

BOC Medical 2010 Entonox® Controlled Pain Relief Reference Guide BOC Medical:
Manchester

Macintyre P E & Ready L B 1996 Acute Pain Management A Practical Guide. W B Saunders
Company Ltd: London

Mallett J & Dougherty L (ed) 2000 The Royal Marsden Hospital Manual of Clinical Nursing
Procedures 5th edition, Blackwell Science Ltd: Oxford

www.bochealthcare.co.uk

Paediatric Formulary committee. 2010. BNF for children. BMJ Group, Pharmaceutical press
and RCPCH Publications: London.

Medical Gas Data Sheet (MGDS) - BOC Healthcare – HLC/407285/BAMC/0211 – 2011

Entonox © the essential guide – BOC Healthcare – HLC/401955/JIG/APUK/0910/3M
www.entonox.co.uk

Guideline for emergency oxygen use in adult patients. British Thoracic society. Thorax 2008,
63, Supplement 6

Summary guideline for prescribing emergency oxygen in hospital. Available on BTS website:
www.brit-thoracic.org.uk/emergencyoxygen/
Summary of prescription, administered and discontinuation of oxygen therapy. Available on
BTS website: www.brit-thoracic.org.uk/emergencyoxygen/

Allen D. (1988) Making Sense of Oxygen Delivery Nursing Times January 190-190

Bateman and Leach (1998) the ABC of Oxygen Therapy. BMJ. 317 (7161):798

British National Formulary (2012) British Medical Association. Royal Pharmaceutical Society
of Great Britain. www.bnf.org

Ferguson M K (1998) Preoperative Assessment of Pulmonary Risk. Chest. 115. 58s-63s

Plant P K, Owen J L, Elliot M W. (2000) One Year Prevalence Study of Respiratory Acidosis in Acute Exacerbations of COPD: Implications for Provision of Non-invasive Ventilation and Oxygen Administration. Thorax. 55. 550-554

[NRLS-1124-RRR-Oxygen-safety-2009.09.29_v1.pdf](#) and the main webpage is [\[ARCHIVED CONTENT\] Oxygen safety in hospitals | Rapid Response Report \(nationalarchives.gov.uk\)](#)

Rapid Response Report 4 – Ref 1028 – NHS/DH Fire hazard with paraffin-based skin products – 2007 - <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59876>

Appendix A: Equality and Health Inequalities Impact Assessment (EHIA) template

Undertaking EHIA helps us to make sure that our services and policies do not inadvertently benefit some groups more than others, ensuring that we meet everyone's needs, and our legal and professional duties.

This is important because:

- Assessing the potential for services and policies to impact differently on some groups compared with others is a legal requirement.
- People who find it harder to access healthcare services are more likely to present later when their disease may be more progressed, have poorer outcomes from treatment, and need more services than other groups who have better access.

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It is against the law to discriminate against anyone because of:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation.

These are called 'protected characteristics'. The Act requires that public sector organisations meet specific equality duties in respect of these protected characteristics. This is known as the public sector equality duty.

Public Sector Equality Duty

Public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.

Public bodies must have due regard to the need to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations.

Armed Forces Covenant Duty

The new Covenant Duty raises awareness of how Service life can impact on the Armed Forces community, and how disadvantages can arise due to Service when members of that community seek to access key local services. The Duty requires organisations to pay due regard to the Covenant principles when exercising functions in healthcare. "Due regard" means that we need to consciously consider the unique obligations and sacrifices made by the Armed Forces; that it is desirable to remove disadvantages faced by the Armed Forces community; and that special provision may be justified in some circumstances.

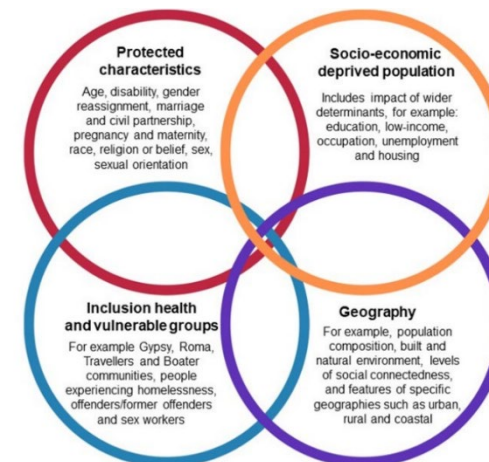
Health Inequalities Duties- Equity for all

In addition to our legal duties in relation to Protected Characteristics, the Health and Social Care Act and other legislation, NHS Planning Guidance and sector specific recommendations require the NHS to have regard to the need to address health inequalities (or differences in access to or outcomes from healthcare) and take specific action to address them.

Figure 1 shows the different population groups, factors associated with where we live, or our individual circumstances, which separately, or when combined, influence access to and outcomes from health care.

Getting equal outcomes may require different inputs (or services). In completing an EHIA it's important to think about whether a one size fits all approach will generate the same good outcomes for everyone, or whether we might need to make some tweaks or adjustments to enable everyone to benefit equally. The health tree diagram shows that unless we think about the needs of different people, equal services might generate unequal outcomes.

Factors associated with poorer health outcomes



The Health Tree¹

The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the Trust must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the Trust is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy/process is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

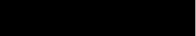


NB: Filling out this EHIA in itself does not meet the requirements of the equality and health inequalities duties. All the requirements above must be fulfilled or the EHIA (and any decision based on it) may be open to challenge. Properly used, an EHIA can be a tool to help us comply with our equality and health inequalities duty and as a record that to demonstrate that we have done so. It is advised that you complete the short EHIA training session on [REDACTED] before completing this EHIA.

¹ https://www.researchgate.net/figure/Equality-and-equity-of-medical-resources-distribution_fig2_323266914

SECTION A ADMINISTRATIVE INFORMATION

This form is a central part of how the Trust makes sure and can demonstrate to others that we are meeting our legal duties; and how we can assure ourselves that all patients will get the best outcome for them from our services.

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal. Function/policy/service name and number:	Trust Medical Gases Policy		
Main aims and intended outcomes of the function/policy/service and summary of the changes you are making (if existing policy/service):	The overall purpose of this document is to enable the Trust to proactively identify, address and reduce the Safety risks involved for all staff, engaged in work activities on the Trust's behalf and to detail the health and safety arrangements and organisation for the implementation of the Medical Gas Systems and Equipment. And, furthermore set the standards for the Site Safety Control Plans.		
How will the function/policy/service change be put into practice?	Through dissemination on the Trust extranet and via Divisional Governance managers and health and safety link staff.		
Who will be affected/benefit from the policy?	This policy applies to all members of staff, volunteers, contractors, locums, members of the public and patients.		
State type of policy/service	Policy ☒ Health & Safety	Service ☐	All Services
	Business Case ☐	Function ☐	Existing
Is an EHIA required? NB: Most policies/functions will require an EA with few exceptions such as routine procedures	Yes ☐		
	No ☐ (If no state reasons)		
Accountable Director: (Job Title)	Chief Nurse and Executive lead for Health and Safety		
Assessment Carried out by:	Name: 		
Contact Details:			
Date Completed:	31 st December 2024		

Analysis of the potential impact – Equality and Health Inequalities Duties

For this section you will need to think about all the different groups of people who are more likely to experience poorer access or have poorer outcomes from health and care services. For each group please describe in the first column the potential impact you have identified, in the second column explain how you have arrived at this conclusion and what information you used to identify the potential impact, and in the third column say what you are going to do to prevent it from happening, or which elements of a service or policy specifically address the potential impact. Key things to remember.

- Everyone has protected characteristics but some groups who share one or more protected characteristics may be more likely to have poorer outcomes or access compared with others – and it is this potential that the EHIA process seeks to identify and address.
- The information included here should be proportionate to the type and size of the policy/service/change.
- An update to a policy should demonstrate that you have considered the potential for the policy to impact differently on different groups and taken steps to address that.
- A minor policy update is likely to need to be much less comprehensive than an EHIA for a major service change.
- You will need to know information about who uses or could use your service/policy will apply to (the population). You can use information about current patients or staff, and about the general population the Trust serves.

3. PROTECTED CHARACTERISTICS - Main potential positive or negative impact of the proposal for protected characteristic groups summarised

Please write in the box below a brief summary of the main potential impact (positive or negative) Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below, but make sure you include information on how you know there will be no impact.**

N/A

Protected characteristic groups	Summary explanation of the <i>potential</i> positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Age: older people; middle years; early years; children and young people.	No Impact	Health & Safety Regulations	
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	No Impact	Health & Safety Regulations	
Gender Reassignment and/or people who identify as Transgender	No Impact	Health & Safety Regulations	
Marriage & Civil Partnership: people married or in a civil partnership.	No Impact	Health & Safety Regulations	
Pregnancy and Maternity: before and after childbirth and who are breastfeeding.	No Impact	Health & Safety Regulations	
Race:	No Impact	Health & Safety Regulations	
Religion and belief: people with different religions/faiths or beliefs, or none.	No Impact	Health & Safety Regulations	
Sex:	No Impact	Health & Safety Regulations	
Sexual orientation	No Impact	Health & Safety Regulations	
Veterans/Armed Forces Communities	No Impact	Health & Safety Regulations	

4. HEALTH INEQUALITIES -Potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). **If the policy/procedure is unrelated to patients, this section does not require completion.**

Please state none if you have assessed that there is not an impact, but please make sure you complete the 'how do you know this' column to demonstrate that you have considered the potential for impact. **If you identify the potential for impact for one or more of these groups please complete the full assessment in Appendix A**

Groups who face health inequalities ²	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
This includes all groups of people who may have poorer access to or outcomes from healthcare services. It includes: People who have experienced the care system; carers; homeless people; people involved in the criminal justice system; people who experience substance misuse or addiction; people who experience income or other deprivation; people with poor health literacy; people living in rural areas with limited access to services; refugees or asylum seekers; people in or who have been in the armed force; other groups who you identify as potentially having poorer access and outcomes.			

SECTION C ENGAGEMENT

5. Engagement and consultation

a. Talking to patients, families and local communities can be a rich source of information to inform health care services. If you are making substantial changes it's likely that you'll have to undertake specific engagement with patients. For smaller changes and policies you may have undertaken some engagement with patient groups, gained insight from routine sources e.g. patient surveys, PALS or Complaints information or information from Healthwatch, you may also have looked at relevant engagement that others have undertaken in the Trust, or locally

Have any engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes X	No
-------	----

b. If yes, please ensure all stakeholders are listed in the consultation table at the beginning of the policy.

SECTION D SUMMARY OF FINDINGS

Reflecting on all of the information included in your review-

6. EQUALITY DUTIES: Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			
The proposal may support?			
Uncertain whether the proposal will support?			

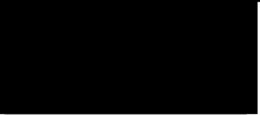
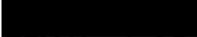
7. HEALTH INEQUALITIES: Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?		
Uncertain if the proposal will support?		

8. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question
1	
2	
3	

9. EHIA sign-off: (this section must be signed)

Person completing the EHIA:	  EFM Head of Compliance	Date: 31 st December 2024
Line Manager of person completing:	 Adrian Knight Deputy Director of Estates and Capital	Date: 6 th January 2025

Breakdown of Groups who are more likely to experience health inequalities:

Groups who face health inequalities³	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Looked after children and young people			
Carers of patients			
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.			
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.			
People with addictions and/or substance misuse issues			
People or families on a low income			
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).			
People living in deprived areas			
People living in remote, rural and island locations			

Groups who face health inequalities³	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback)	Action that will be taken to address the potential for negative impact.
Refugees, asylum seekers or those experiencing modern slavery			
People who have served in the Armed Forces			
Other groups experiencing health inequalities (please describe)			

Appendix B – EHIA Resources

Sources of Information on the East Sussex population and sources of community or patient insight.

Population Data

[State of the County 2021 Focus on East Sussex](#)

[East Sussex JSNA](#)

[Community Insight](#)

[Further Reading on Equality and Health Inequalities](#)

[Training](#)

Present	Apologies
Simon Badcott SBA Trust Chief Pharmacist	[REDACTED] Trust Oxygen Lead/Respiratory Education Lead
Tim Leakey TL DAS Governance Manager (Chair)	[REDACTED] Service Manager Gynaecology
[REDACTED] General Manager Protects Plus (External to ESHT)	[REDACTED] Estates Officer
[REDACTED] BOC Account Manager (External to ESHT)	[REDACTED] Estates Officer
[REDACTED] Medical Devices Training Manager	NO FURTHER APOLOGIES RECEIVED
[REDACTED] Authorising Engineer Medical Gases (External to ESHT)	

	Minutes	
1.	WELCOME INTRODUCTIONS & APOLOGIES TL welcomed those in attendance & the above apologies were noted.	
2.	PREVIOUS MINUTES The minutes of the previous meeting held 17/03/2026 were agreed by the group present as correct.	
3.	MEDICAL GAS POLICY Trust Medical Gas Policy DASGov has again followed up with [REDACTED] regarding adding the checklists missing from the Medical Gas Policy.	

4. MEDICAL GAS REPORT

Medical Gas Group Current Roles and Responsibilities - June 2026

Role	Name	Contact Details
Authorising Engineer	██████████ (Health Technical)	████████████████████ ██████████████████
Authorised Persons (To Be Reviewed by █████)	██████████	████████████████████ ██████████
	██████████	██████████████████ ██████████
	██████████	██████████████████ ██████████
	██████████	██████████████████ ██████████
	██████████	██████████████████ ██████████
Quality Controller	Employed Ad hoc as required during high hazard works.	
Quality Testing (Quarterly Medical Air Testing)	██████████ (Medical Gas Pipelines)	████████████████████ ██████████████████

Previous quarter:

We are pleased to confirm that the Trust has appointed a new **Authorising Engineer - ██████████ of Health Technical** reinforcing our commitment to maintaining high standards of safety, compliance, and engineering assurance across our services.

The tender specification for anaesthetic gas monitoring has been reviewed and agreed by all relevant departments and the specification has been released to procurement to arrange quotations.

A 3-year tender has been agreed with Medicare Services for ongoing maintenance of our sites medical gas systems starting 01/06/26. We wish to thank Aether Medical Gases for the past 3 years of service.

Peter Williams (Authorising Engineer) attended sites to carry out AE audit on 11th / 12th June. Results and action plan TBC.

Forthcoming

Cookson Devas and SAU additional O2 and Vac outlets to be provided, CRG approved. Project and Property are assigning a project manager to oversee. Installation dates TBC. Anaesthetic gas monitoring hopefully to start in September 2026.

Meeting to discuss Conquest Oxygen system with Medicare which was upgraded during the pandemic in 2021 has been arranged for 1/06/26. The meeting is to discuss changes made and further works which are required to be completed before the old system can be depressurised and the redundant C11 panel removed.

5. **RISK REGISTER**

ID	R	DIV	OWNER	Title & Update
82	12	Diagnostics, Anaesthetics & Surgery	Jacinta Isles	Insufficient oxygen administration and suction ports on Surgical Admissions Unit (SAU) and Cookson Devas the updated business case has now been agreed (TL) & this is awaiting estates for a commencement date/plan.
142	12	Medicine	██████████	Insufficient oxygen administration ports on medical wards there is no further update, no funding has been identified to enable the works to ensure all beds have independent oxygen and suction units (██████████). TL is to liaise with ██████████ over replicating the business case for risk ID82 for this risk.

6.	MEDICAL GAS INCIDENTS REPORTED 01/03/2026 TO 31/05/2026. The full list that has been reviewed by TL was circulated prior to the meeting & the group were asked to review these & provide any further information & updates as they can especially for training purposes in the areas noted. The full list is available from DAS Governance. TL will further discuss with ■■■ & raise trending issues with the relevant managers. TL is to visit Baird ward to check on the issue of 6 cylinders free standing on the floor. (INC31163).														
7.	TRAINING TRAINING (Oxygen & Suction Safety) compliance as at 05-05-2026. <table border="1" data-bbox="161 663 818 958"> <tbody> <tr> <td>374 4091 Estates & Facilities</td><td>100.0%</td></tr> <tr> <td>374 6034 Women & Children</td><td>97.8%</td></tr> <tr> <td>374 6033 DAS</td><td>94.8%</td></tr> <tr> <td>374 6030 Urgent Care</td><td>94.4%</td></tr> <tr> <td>374 4077 Core Services</td><td>93.4%</td></tr> <tr> <td>374 6035 CHIC</td><td>93.8%</td></tr> <tr> <td>Grand Total</td><td>94.2%</td></tr> </tbody> </table> This is a <u>significant improvement</u> on previous months due to the work carried out by the Medical Devices trainers and the DAS specialist trainers in Oxygen & Suction. It should be noted that the training shown above is <i>patient facing</i> Oxygen & Suction training and that is why Estates are only showing as 1 person who has completed the training. The training is via MYLearn with the exception of induction and areas that require training due to specialist requests.	374 4091 Estates & Facilities	100.0%	374 6034 Women & Children	97.8%	374 6033 DAS	94.8%	374 6030 Urgent Care	94.4%	374 4077 Core Services	93.4%	374 6035 CHIC	93.8%	Grand Total	94.2%
374 4091 Estates & Facilities	100.0%														
374 6034 Women & Children	97.8%														
374 6033 DAS	94.8%														
374 6030 Urgent Care	94.4%														
374 4077 Core Services	93.4%														
374 6035 CHIC	93.8%														
Grand Total	94.2%														
8.	BOC UPDATE PS discussed about the costs of the change to the new CD cylinders (that only have the one turn on valve and are therefore safer). DASGov have passed the costs query onto Estates for them to comment further, but the group discussed and felt that the costs may not be able to be absorbed in this financial year. The annual impact is calculated as: Conquest an additional £21,591.40 Eastbourne an additional £24,757.70 Meeting ended at 10.50														

9.	FUTURE MEETINGS 10/09/2026 10:00 02/12/2026 10:00 24/03/2027 13:00 30/06/2027 12:00	
----	--	--

Trust Medical Gases Group
Minutes
17/03/2026
11:30

East Sussex Healthcare
NHS Trust

Present	Apologies
Simon Badcott SBA Trust Chief Pharmacist	Trust Head of Engineering
Staff Nurse Theatres	NO FURTHER APOLOGIES RECEIVED
Service Manager	
Gynaecology	
Tim Leakey TL DAS Governance Manager (Chair)	
Estates Officer	
DAS Risk Facilitator	
DAS Governance Administrator (Minutes)	
BOC Account Manager (External to ESHT)	
Clinical Educator, Lead for Nurses Preceptorship	

	Minutes	
1.	WELCOME INTRODUCTIONS & APOLOGIES TL welcomed those in attendance & the above apologies were noted.	
2.	PREVIOUS MINUTES The minutes of the previous meeting on 04/12/2025 were agreed by the group as correct. MATTERS ARISING & will advise when his successor is appointed. We thank Adrian for his contribution to the Group's work and wish him well in his next position. A risk assessment has been drafted for all OPD areas using Entonox, which is filed under Gynae Outpatients ref: 3639. The use of Pentrox as an alternative to Entonox was further discussed by the Group with the view that this will remove the Entonox issues and the need for yearly testing. Gynae OPD to discuss further with and is to update on Entonox use & local exhaust ventilation & testing.	
3.	MEDICAL GAS POLICY Trust Medical Gas Policy	

	TL regarding the issue of checklists missing from the Medical Gas Policy - post meeting notes - TL has emailed [REDACTED] regarding adding these and DASGov to follow up.	
4.	MEDICAL GAS REPORT Medical Gas Group – March 2026 Authorising Engineer Vacant (currently) - Appointment of a new AE as of 01/05/2026 [REDACTED] of Protects Plus Authorised Persons [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Quality Controller Vacant Quality Testing [REDACTED] [REDACTED] <u>Previous quarter</u> AE tender has been a completed and a new authorising engineer will be appointed as of 01/05/2026. Additional 10 CO2 Size E cylinders have been ordered and delivered to Conquest due to increased demand in Endoscopy and Theatres. Anaesthetic room ventilation within theatre 4 has been addressed by replacement canopy filters and rebalancing of the ventilation system. Theatre 4 anaesthetic room now conforms and slightly exceeds the HTM specified air change rate of 15ACH. This was identified during annual verification and increased exposure during routine nitrous oxide staff sampling. <u>Forthcoming</u> <u>Theatre 4</u> Annual AGSS (Air Gas Scavenging System) recommissioning carried out on 27/11/2025, identified a fault in theatre 4 anaesthetic room, the AGSS outlet is no longer adjustable, and an order has been raised for its replacement. To be completed in April 2026.	

5. **RISK REGISTER**

ID	R	DIV	OWNER	Title & Update
82	12	Diagnostics, Anaesthetics & Surgery	Jacinta Isles	Insufficient oxygen administration and suction ports on Surgical Admissions Unit (SAU) and Cookson Devas <i>The business case has now been updated & resubmitted (TL).</i>
142	12	Medicine	██████	Insufficient oxygen administration ports on medical wards <i>Medicine & Urgent Care divisions have now been combined. When their Governance Manager is appointed and the risk will be assigned to them (TL).</i>

6. **MEDICAL GAS INCIDENTS REPORTED 01/12/2025 TO 28/02/2026.**

The full list that has been reviewed by TL was circulated prior to the meeting & the group were asked to review these & provide any further information & updates as they can especially for training purposes in the areas noted - ██████ to action these please, especially but not only, the training and supply areas.

The full list is available from DAS Governance. All those to be actioned e.g. Training and equipment to be reported back to the DAS Governance team as soon as the teams are able to and prior to the next meeting please (TL).

██████
TL

7.	TRAINING TRAINING (Oxygen & Suction Safety) compliance as at 04-03-2026. <table><tr><td>374 4091 Estates & Facilities</td><td>100.0%</td></tr><tr><td>374 6034 Women & Children</td><td>96.3%</td></tr><tr><td>374 6030 Urgent Care</td><td>96.2%</td></tr><tr><td>374 4077 Core Services</td><td>95.6%</td></tr><tr><td>374 6035 CHIC</td><td>93.8%</td></tr><tr><td>374 6033 DAS</td><td>93.3%</td></tr><tr><td>374 6032 Medicine</td><td>93.1%</td></tr><tr><td>TRUST OVERALL</td><td>94.4%</td></tr></table> This is a <u>significant improvement</u> on previous months due to the work carried out by the Medical Devices trainers and the DAS specialist trainers in Oxygen & Suction. It should be noted that the training shown above is <i>patient facing</i> Oxygen & Suction training and that is why Estates are only showing as 1 person who has completed the training. DNO training (for ESHT this is the Trust Site Teams), has now been confirmed for 15/04/2026 & 22/04/2026.	374 4091 Estates & Facilities	100.0%	374 6034 Women & Children	96.3%	374 6030 Urgent Care	96.2%	374 4077 Core Services	95.6%	374 6035 CHIC	93.8%	374 6033 DAS	93.3%	374 6032 Medicine	93.1%	TRUST OVERALL	94.4%	
374 4091 Estates & Facilities	100.0%																	
374 6034 Women & Children	96.3%																	
374 6030 Urgent Care	96.2%																	
374 4077 Core Services	95.6%																	
374 6035 CHIC	93.8%																	
374 6033 DAS	93.3%																	
374 6032 Medicine	93.1%																	
TRUST OVERALL	94.4%																	
8.	BOC UPDATE Meeting ended at 12.00																	
9.	FUTURE MEETINGS 04/06/2026 10:00 10/09/2026 10:00 02/12/2026 10:00 24/03/2026 13:00																	

Trust Medical Gases Group
Minutes
11/09/2025
10:00

East Sussex Healthcare
NHS Trust

Present	Apologies
Trust Oxygen Lead	Matron Anaesthetic Practitioners Team EDGH
DAS Governance Administrator (Minutes)	Matron (interim) Critical Care EDGH
Tim Leahey TL DAS Governance Manager (Chair)	Sylvia Harris SH DAS Head of Nursing
Estates Officer	Simon Merritt SM Trust Chief Medical Officer
Critical Care Matron Cross-Site	Risk Facilitator
	Trust Head of Midwifery
	Trust Lead for Health & Safety
	Estates Officer
	BOC Account Manager (External to ESHT)
	NO FURTHER APOLOGIES RECEIVED

	Minutes	
1.	WELCOME INTRODUCTIONS & APOLOGIES TL welcomed those in attendance & the above apologies were noted.	
2.	PREVIOUS MINUTES The minutes of the previous meeting held 05/06/2025 were agreed by the group present as correct. The terms of reference for the group were reviewed & ratified with no changes. MATTERS ARISING confirmed that will be renewed as ESHT's Authorising Engineer for a further year. is in the process of raising the Purchase Order for 1 year which should be ratified by the end of week ending 12/09/2025. DASGovernance are to contact & to clarify the new name for for the incidents data. TL is liaising with regarding an MHRA testing event. TL is to liaise with ADN's regarding the establishment of Oxygen Link practitioners.	

3.	MEDICAL GAS POLICY <u>Trust Medical Gas Policy</u> TL noted that the Oxygen check-lists are missing from the updated policy. DASGovernance have contacted [REDACTED] to arrange for these to be included.	
4.	MEDICAL GAS REPORT Medical Gas Group – September 2025 Authorising Engineer HEALTHCARE ENGINEERING SERVICES [REDACTED] [REDACTED] Authorised Persons [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Quality Controller Vacant Quality Testing [REDACTED] [REDACTED] <u>Previous quarter</u> Conquest Maternity staff have put in place various measures inclusive of further training for those exposed to Entonox gases to prevent excessive exposure which was indicated on the previous report. Longer Entonox hose has been purchased and installed within the birthing pool suite. Previously HX cylinders were used without the scavenging system. [REDACTED] Nitrous Oxide sampling tubes delivered 21/08/2025. Sampling and report TBC. <u>Forthcoming</u> Theatre staff exposure to anaesthetic gases is to be monitored upon SSC opening. Modifications to the Conquest oxygen system will continue when funding is available, the new AVSU's serving HDU, Cookson Devas and Frank Shaw need to be connected into use. Once done that will allow the planning for the shutdown of the old oxygen system in order to remove the C11 control panel and underground oxygen pipework.	

5. **RISK REGISTER**

ID	R	DIV	OWNER	Title & Update
82	12	Diagnostics, Anaesthetics & Surgery	Jacinta Isles	Insufficient oxygen administration and suction ports on Surgical Admissions Unit (SAU) and Cookson Devas £9000+ worth of works are required. A minor improvement form has been submitted. (TL).
142	12	Medicine		Insufficient oxygen administration ports on Medical wards confirmed there is no further update as no funding is available.

6.	MEDICAL GAS INCIDENTS REPORTED 01/06/2025 TO 31/08/2025. The full list that has been reviewed by TL was circulated prior to the meeting & the group were asked to review these & provide any further information & updates as they can especially for training purposes in the areas noted - ■■■ to action these please, especially but not only, the training and supply areas. The full list is available from DAS Governance. All those to be actioned e.g. Training and equipment to be reported back to the DAS Governance team as soon as the teams are able to and prior to the next meeting please (TL).	■■■ TL																
7.	TRAINING TRAINING (Oxygen & Suction Safety) compliance as at 05-09-2025. <table><tr><td>374 4091 Estates & Facilities</td><td>100.0%</td></tr><tr><td>374 6033 DAS</td><td>97.4%</td></tr><tr><td>374 6034 Women & Children & SH</td><td>97.3%</td></tr><tr><td>374 6030 Urgent Care</td><td>96.7%</td></tr><tr><td>374 6032 Medicine</td><td>95.4%</td></tr><tr><td>374 4077 Core Services</td><td>95.2%</td></tr><tr><td>374 6035 CHIC</td><td>92.9%</td></tr><tr><td>Grand Total</td><td>96.5%</td></tr></table> This is a <u>significant improvement</u> on previous months due to the work carried out by the Medical Devices trainers and the DAS specialist trainers in Oxygen & Suction. It should be noted that the training shown above is <i>patient facing</i> Oxygen & Suction training and that is why Estates are only showing as one person who has completed the training. Meeting ended at 10.40	374 4091 Estates & Facilities	100.0%	374 6033 DAS	97.4%	374 6034 Women & Children & SH	97.3%	374 6030 Urgent Care	96.7%	374 6032 Medicine	95.4%	374 4077 Core Services	95.2%	374 6035 CHIC	92.9%	Grand Total	96.5%	
374 4091 Estates & Facilities	100.0%																	
374 6033 DAS	97.4%																	
374 6034 Women & Children & SH	97.3%																	
374 6030 Urgent Care	96.7%																	
374 6032 Medicine	95.4%																	
374 4077 Core Services	95.2%																	
374 6035 CHIC	92.9%																	
Grand Total	96.5%																	
8.	FUTURE MEETINGS 04/12/2025 10:00 17/03/2026 10:00 04/06/2026 10:00 09/09/2026 10:00 02/12/2026 10:00																	

Trust Medical Gases Group

Minutes

04/12/2025

10:00

[REDACTED]

Present	Apologies
Simon Badcott SBA Trust Chief Pharmacist	[REDACTED] Trust EME Manager
Tim Leahey TL DAS Governance Manager (Chair)	[REDACTED] Trust Oxygen Lead/Respiratory Education Lead.
David McLoughlin DM Health and Safety Lead	[REDACTED] Trust Head of Midwifery
[REDACTED] Estates Officer	[REDACTED] Critical Care Matron Cross-Site
[REDACTED] Estates Officer	NO FURTHER APOLOGIES RECEIVED
[REDACTED] BOC Account Manager (External to ESHT)	
[REDACTED] Clinical Educator, Lead for Nurses Preceptorship	

	Minutes	
1.	WELCOME INTRODUCTIONS & APOLOGIES TL welcomed those in attendance & the above apologies were noted.	
2.	PREVIOUS MINUTES & MATTERS ARISING The minutes of the previous meeting held 11/09/2025 were agreed by the group present as correct. The Group's terms of reference were agreed with no changes for a further year (will be reviewed December 2026). TL is to follow up regarding the issue of checklists missing from the Medical Gas Policy – post meeting notes – TL has emailed [REDACTED] regarding adding these on. [REDACTED] is to report back on Entonox use & local exhaust ventilation & testing. [REDACTED] has witnessed the pressure test on Cuckmere ward being upgraded, and SDEC is ready, both of these should have pharmacy QC testing on Monday 08/12/2025. [REDACTED] – “I was asked to go to Theatres this morning , as last week, they were using a Lawmed, Surgiquest Airseal IFS. Unfortunately the cylinders they tried have gone back on the milk round, so I could not personally fit the pin index valve. On the older type cylinders they have never had an issue and at the moment they fitted the older style cylinders, but they said they tried the new cylinders, and they have given me a [REDACTED] short video, where it appears a noise that could be misinterpreted as an alarm, but also could be a squeal where the gas is leaking through a very small gap. We do not have any empty cylinder to see if the small triangle in the centre on the outlet is acting as a valve,	

	Due to the age of the installation and the inability to adjust the existing terminal, a new first fix and terminal will be required. The medical gas contractor is currently preparing a quotation for this work. The anaesthetic room ventilation in Theatre 4 is not achieving HTM-compliant air change rates. Our contractor has attempted to rebalance the system without success. It is suspected that the HEPA filters require replacement and that the theatre canopy may be drawing airflow away from the anaesthetic room. The HEPA filters will be replaced and the system rebalanced in an effort to resolve the issue.																
5.	RISK REGISTER <table><tr><th>ID</th><th>R</th><th>DIV</th><th>OWNER</th><th>Title & Update</th></tr><tr><td>82</td><td>12</td><td>Diagnostics, Anaesthetics & Surgery</td><td>Jacinta Isles</td><td>Insufficient oxygen administration and suction ports on Surgical Admissions Unit (SAU) and Cookson Devas JI is to follow up on financing to facilitate a quote.</td></tr><tr><td>142</td><td>12</td><td>Medicine</td><td></td><td>Insufficient oxygen administration ports on Medical wards further updates awaited on the quote. DASGov has followed up on numerous occasions but there is currently no update.</td></tr></table>	ID	R	DIV	OWNER	Title & Update	82	12	Diagnostics, Anaesthetics & Surgery	Jacinta Isles	Insufficient oxygen administration and suction ports on Surgical Admissions Unit (SAU) and Cookson Devas JI is to follow up on financing to facilitate a quote.	142	12	Medicine		Insufficient oxygen administration ports on Medical wards further updates awaited on the quote. DASGov has followed up on numerous occasions but there is currently no update.	
ID	R	DIV	OWNER	Title & Update													
82	12	Diagnostics, Anaesthetics & Surgery	Jacinta Isles	Insufficient oxygen administration and suction ports on Surgical Admissions Unit (SAU) and Cookson Devas JI is to follow up on financing to facilitate a quote.													
142	12	Medicine		Insufficient oxygen administration ports on Medical wards further updates awaited on the quote. DASGov has followed up on numerous occasions but there is currently no update.													
6.	MEDICAL GAS INCIDENTS REPORTED 01/09/2025 TO 30/11/2025. The full list that has been reviewed by TL was circulated prior to the meeting & the group were asked to review these & provide any further information & updates as they can especially for training purposes in the areas noted - to action these please, especially but not only, the training and supply areas. The full list is available from DAS Governance. All those to be actioned e.g. Training and equipment to be reported back to the DAS Governance team as soon as the teams are able to and prior to the next meeting please (TL).	TL															
7.	TRAINING TRAINING (Oxygen & Suction Safety) compliance as at 03/12/2025. <table><tr><td>374 4091 Estates & Facilities</td><td>100.0%</td></tr><tr><td>374 6034 Women & Children</td><td>97.1%</td></tr></table>	374 4091 Estates & Facilities	100.0%	374 6034 Women & Children	97.1%												
374 4091 Estates & Facilities	100.0%																
374 6034 Women & Children	97.1%																

	374 6030 Urgent Care	96.7%
	374 6033 DAS	95.2%
	374 4077 Core Services	95.4%
	374 6035 CHIC	93.3%
	374 6032 Medicine	92.7%
	Grand Total	95.2%
	This is a <u>significant improvement</u> on previous months due to the work carried out by the Medical Devices trainers and the DAS specialist trainers in Oxygen & Suction. It should be noted that the training shown above is <i>patient facing</i> Oxygen & Suction training and that is why Estates are only showing as 1 person who has completed the training.	
8.	BOC UPDATE Meeting ended at 10.30	
9.	FUTURE MEETINGS 17/03/2026 10:00 04/06/2026 10:00 10/09/2026 10:00 02/12/2026 10:00.	