

Email: foi.tsdf@nhs.net
Our Ref: TSD10686

Dear Sir/Madam

Request for Information

We are writing to confirm that we have now completed our search for the information you requested.

A copy of the information is below:

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);
[Authorised Person \(MGPS\)](#)
- 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;
[MGPS Ltd](#)
- b) the contract start date;
[6th June 2026](#)
- c) the contract end date, including any extension options;
[5th June 2027](#)

- 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;

[Head of Technical Services](#)

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

[No](#)

For reference, capital projects in scope may include (but are not limited to): new build, refurbishment, or extension works; New Hospital Programme schemes; and Neighbourhood Health Centres or community diagnostic facilities.

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 'Medical Gases Committee Terms of Reference' attached.](#)

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 'Operational Policy for the Management of Medical Gases in Torbay & South Devon Foundation Trust' attached.](#)

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 'Medical Gases Committee Minutes' attached](#)

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If you wish to discuss any of the above, please contact us, quoting the FOI reference number above.

If you are unhappy with the way in which we have handled your request, please contact the Data Protection and Freedom of Information Lead in the first instance. If you wish to make a formal complaint, you should write to our Complaints Manager at Torbay and South Devon NHS Foundation Trust, First Floor Bowyer Building, Torbay Hospital, Torquay TQ2 7AA or by email to tsdft.feedback@nhs.net

If you are not content with the outcome of your complaint or the internal review, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner will only make a decision once you have exhausted the complaints and/or internal review process provided by us. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or through this link <https://ico.org.uk/global/contact-us/>

Yours sincerely,

Freedom of Information Team

Operational Policy for the Management of Medical Gases in Torbay & South Devon Foundation Trust

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Version:	1.4	Last Review Date:	August 2023
Author:	Head of Technical Services (Authorised Person (MGPS))		
Directorate:	Workplace Team		
Authorised by Workplace Director: Jake O'Donovan			January 2023
Approval Route: Health and Safety Committee / Medical Gases Committee			
Approved By:		Date Approved:	
Health and Safety Committee		18/09/2023	
Medical Gases Committee		Issued for Approval	
Links or overlaps with other procedures/policies:			
TSP/S029 Operational Procedures for the Management of Medical Gases			
Health and Safety Policy			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.1	Superseded	July 2019	Review and Update	
1.2	Superseded	January 2021	Review and Update (COVID)	
1.3	Superseded	June 2023	Review and Update Titles and format	JOD
1.4	Approved	September 2023	Review and Update Titles and format	JOD

Please note:

If you require a copy of this Policy in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this procedure, please contact the Human Resources (HR) team on 01803 656680.

**Operational Policy for the Management of Medical Gases in Torbay & South Devon
Foundation Trust**

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Operational Policy for the Management of Medical Gases in Torbay & South Devon Foundation Trust

1. Introduction

This policy addresses the provision of a Medical Gas Pipeline system (MGPS) in Torbay and South Devon NHS Foundation Trust (TSDFT), namely; Torbay Hospital, Dawlish Hospital & Newton Abbot Hospital. The policy and accompanying procedural documentation have been produced to provide both protection of system integrity and patient safety.

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

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

2. Policy Scope and Objectives

This policy is intended for use by all staff involved with MGPS in the Trust.

Adherence to this Policy and the associated Procedures Documents is intended to ensure that all medical gas systems are installed, maintained and modified in accordance with the requirements of HTM 02-01 and the Care Quality Commission.

It applies throughout the Trust to all fixed medical gas pipeline systems and plant and any areas where medical gases may be used or installed, on inclusion (or not) of Dental Systems in the Policy.

Medical gases are medicinal products, compliant with Ph Eur and manufacturers' product licences and subject to regular audit by a qualified Pharmacist.

Medical gases piped to a Medical Equipment Maintenance Department are included, as is a medical compressed air supply to a Central Sterile Service Unit (for the express purpose of operating air powered tools and dental equipment). Separate plant and pipework systems supplying a central vacuum service to Infectious Disease facilities are also included. HTM 02-01:2006 recommends against this configuration (**Part A, page 2 Note to paragraph 2.7 Portable Suction Unit should be used in infectious disease units**). Appropriate health & safety measures must be taken when working on such systems, especially during filter changes.

Compressed gas and vacuum supplies for general engineering works and pathology department equipment are separate from the general MGPS, and are not included in this policy, although the general principles in this document should be followed for any such installations

MGPS terminal units define the limits of the Authorised Persons (MGPS) responsibility in this policy

MGPS pendant hoses are checked/maintained via Competent Persons (MGPS).

All hoses will be replaced on a 5 year cycle, or sooner if stipulated by the manufacturer.

Equipment connected to the terminal units is not covered by this policy, other than where its design or mode of any use may affect system operation or safety e.g. CPAP patient ventilators

Maintenance of Medical equipment that is connected to the terminal units is the responsibility of the Medical Devices Department

Medical gases should not be used for non-medical purposes, other than as a test gas for medical equipment.

Medical air should be used as the power source for ventilators. The routine use of oxygen as a driving gas is to be avoided.

MGPS Management responsibility for the Trust resides with the Estates & Facilities Management Department

The Trust will maintain a set of as-installed drawings for the MGPS. (These are kept in the Workplace Office (Technical Centre of Excellence) in the Medical Gas Records Folder)

It is Trust policy that, before work on the MGPS can commence, a permit-to-work form signed by an Authorised Person (MGPS) must be completed in accordance with HTM 02-01.

The regime for both determining and measuring the W.E.L. (Workplace Exposure Limits) for the Entonox and Nitrous Oxide is the responsibility of the Medical Gases Committee for a decision to be made on how to provide evidence, at least annually, that the concentrations of pollutants in the following areas, comply with COSHH regulations:

- All Active Gas Scavenging Systems
- Dental Departments
- Maternity Delivery Suite

Medical vacuum systems should not be used for the removal of laser and diathermy smoke without the use of special filtration equipment, available from the Medical Electronics Department (Contact via switchboard).

All equipment that has developed an unforeseen fault that could affect patient safety or therapy must be considered as the subject of a Defect and Failure Report in accordance with Trust Policy and NHS publication EFA/2013/003. Details of the required paperwork and procedures are available from Health & Safety Management team.

In the event of actual patient injury caused by such equipment, it must be left in situ and the cause of the failure must be investigated by Health & Safety Management in accordance with Trust Health and Safety requirements

3. Responsibilities

3.1 Chief Executive

Ultimate Management responsibility for the MGPS rests with Torbay & South Devon Foundation Trust's Chief Executive. The Chief Executive delegates overall management responsibility to the **Medical Director**.

The Chief Executive undertakes written appointment of Authorised Person (MGPS) for the Trust

The Chief Executive is responsible for the overall Operational Management Document and its implementation and herein delegates day-to-day Management responsibility for the Medical Gas Pipeline System to the Authorised Persons (MGPS).

Management of Clinical aspects of Medical Gases use is delegated to the **Chief Nurse**, who also appoints suitably trained Designated Nursing Officers / Designated Medical Officers, and to stipulate training requirements for Nursing staff in respect of Medical Gas systems use.

3.2 Estates/Operations Manager

The Estates/Operations Manager holds responsibility for the integrity of the MGPS. In a typical NHS trust employing direct labour, there may be one or more Authorised and Competent Person(s) (MGPS) with clear line management responsibility.

The Estates/Operations Manager should also monitor the implementation of the MGPS operational policy. In particular, the MGPS should comply with the requirements of this Health Technical Memorandum and all work should be carried out in accordance, where possible, with the permit-to-work procedures.

3.3 Authorising Engineer

The Trust will engage the services of an Authorising Engineer (MGPS), who will undertake the following duties:

- To recommend to the Chief Executive those persons who, through individual assessment, are suitable to be Authorised Persons (MGPS)
- To ensure that all Authorised Persons (MGPS) have satisfactorily completed an appropriate training course
- To ensure that all Authorised Persons (MGPS) are re- assessed every three years and have attended a refresher or other training course before such re-assessment
- To review the Management systems of the MGPS, including the permit-to-work system
- To monitor the implementation of the operational policy and procedures

3.4 Authorised Person (MGPS)

The Authorised Persons (MGPS) assumes effective responsibility for the day-to-day management of the MGPS

Four Authorised Persons (MGPS) are required for Trust. These are listed in the table at Page 14 of this Policy. One of these is nominated as the Co-ordinating Authorised Person (MGPS)

The duties and responsibility of Authorised Persons (MGPS) are:

- To ensure that the MGPS is operated safely and efficiently in accordance with the statutory requirements and guidelines.
- To manage the MGPS permit-to-work system, including the issue of permits to Competent Persons (MGPS) for all servicing, repair, alteration and extension work carried out on the existing MGPS
- To supervise the work carried out by Competent Persons (MGPS) and monitor the standard of that work
- To ensure that the Trust's MGPS maintenance specification and schedule of equipment (including all plant, manifolds, pipework, valves, terminal units and alarm systems) are kept up to date.
- To liaise closely with Designated Nursing/ Medical Officers, the Quality Controller (MGPS) and others who need to be informed of any interruption or testing of the MGPS
- To provide technical advice to those responsible for the purchase of any medical equipment which will be connected to the MGPS in order to avoid issues arising from insufficient capacity and inadequate flow rates.
- In accordance with the Trust policy on provisions of services provide advice on the provision and/or replacement of MGPS central plant and associated systems (the EFM Department) will hold overall responsibility for the provision and maintenance of MPGS services within the Trust
- To organise such training of Estates Staff (and other staff if requested) and/ or transfer of MGPS information as is needed for the efficient and safe operation of the MGPS
- The Authorised Person (MGPS) will be responsible for liaising with the Quality Controller (MGPS) and organising attendance as required

3.5 Competent Person (MGPS)

All Competent Persons (MGPS) are either directly employed by the EFM Department or are approved specialist contractors approved by the EFM Department. Details of the current CP (MGPS) contracting organisation can be found in the table at Page 15.

All contractors carrying out medical gas work shall be registered to BS EN ISO 9001/BS EN ISO 13458, with clearly defined registration criteria

The duties and responsibilities of the Competent Person (MGPS) are:

- To carry out work on the MGPS in accordance with the Trust's maintenance specification
- To carry out repair, alteration or extension work as directed by an Authorised Person (MGPS) in accordance with the permit-to-work system and Health Technical Memorandum 02 (HTM).
- To perform engineering tests appropriate to all work carried out and inform the Authorised Person (MGPS) of all test results
- To carry out all work in accordance with the Trust's Health & Safety Policy

3.6 Quality Controller (MGPS)

It is the responsibility of the Trust to appoint, in writing, on the recommendation of the Chief Pharmacist, a Quality Controller from the Register of QC (MGPS) with responsibilities. The appointee is listed in the table at Page 14 of this Policy

The duties and responsibilities of the Quality Controller (MGPS) are:

- To assume responsibility for the quality control of the medical gases at the terminal units (that is, the wall or pendant medical gas outlets)
- To liaise with the Authorised Person (MGPS) in carrying out specific quality and identity tests on the MGPS in accordance with the permit-to-work system and relevant Pharmacopoeia standards
- To organise MGPS training of pharmacy staff who may deputise for the Quality Controller (MGPS)
- To carry out quarterly quality control testing of medical/ surgical compressed air plant in accordance with HTM 02/ Ph.Eur. requirements
- They should have received training on the Verification and Validation of MGPS and be familiar with the requirements of this MGPS Operational Policy

3.7 Pharmacy Department

It is the policy of Trust that onsite medical gas cylinder management will be the responsibility of the Pharmacy Department

The Pharmacy Department will, therefore:

- Receive delivery notes for compressed gas cylinders, check against invoices received and pass invoice for payment

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- Order and supply (via Portering) cylinders of medical gases and special gas mixtures (when required) for manifolds (oxygen, nitrous oxide and medical air), wards and departments
- Maintain a record of cylinder rental charges and pass rental invoices for payment
- Hold appropriate Certificates of Conformity for gases/ cryogenic liquids for at least one year from delivery of gases to site
- Ensure that cylinder gases are purchased from approved supplier to comply with Ph. Eur. Requirements
- In liaison with Portering and Estates, ensure that safe, adequate and correct storage and facilities are available and that safe handling procedures for medical gas cylinders are following at all times
- Liaison with Portering to ensure effective systems with supply and renewal of cylinders to and from wards and departments

3.8 Designated Medical/ Nursing Officer (DMO/ DNO-(MGPS))

It is the policy of the Trust that all MGPS work in wards and departments carried out under the MGPS permit-to-work system will be controlled by the nursing staff and senior clinical staff (Henceforth defined as Designated Nursing and Medical Officers and listed the Table at Page 14 of this Policy).

Appointment, duties and responsibilities of the Designated Medical/ Nursing Officer are as follows:

- Designated Nursing Officers are (for High Hazard Works) the Modern Matron responsible for a series of wards/ departments, or a senior nursing Sister in charge of a ward. In each case they will be appointed by the Director of Nursing.
- Designated Nursing Officers (for Low Hazard Works) will generally be the Staff/ Registered nurse in charge of the ward
- Designated Medical Officer (MGPS) used for major, multi-department shutdowns is the Clinical Director and will be appointed by Chief Executive and will undertake suitable training of the role (refer to the table at Page 14 of this Policy).
- It is the responsibility of the authorised DNO/ DMO to liaise with the Authorised Person (MGPS) when any interruption to gas supplies is to be undertaken
- NO INTERRUPTION to a medical gas supply can take place without the WRITTEN PERMISSION of either the DNO (MGPS) or DMO (MGPS) via the signing of an appropriate MGPS permit to work in accordance with HTM 02-01.
- Most work at department/ ward level will be controlled by the relevant DNO (MGPS)
- Major supply interruptions will require the permission of a DMO (MGPS)

- During out of hours work it is not normally necessary to carry out work under an MGPS permit to work
- However, in the event of any work outside normal working hours (0900 – 17.30), responsibility for liaison with the Authorised Person (MGPS) and signing of necessary permits will be that of the Senior Duty Nurse/Clinician
- During emergency situations it will be the responsibility of the Senior Duty Nurse/Clinician to liaise with the Authorised Person (MGPS) to co-ordinate necessary remedial work, which may involve provision of alternative gas supplies etc
- Although the AP (MGPS) will be able to advise on suitable training for the DNO/ DMO (MGPS), it is the responsibility of the Director of Nursing Quality to organise and monitor such provision

3.9 Designated Porter

A Designated Porter is a Porter who has undergone specialist training in the identification and safe handling and storage of medical gas cylinders, including relevant manual handling training including the handling of compressed medical gas cylinders.

Designated Porters in the Trust will undertake the following duties:

- Assist with the delivery of gas cylinders by the gas supplier (BOC)
- Deliver full gas cylinders from the 'FULL' cylinder stores to wards, departments and manifolds and return empty cylinders to the 'EMPTY' stores
- Transfer gas delivery notes from the delivery driver to the Pharmacy Office
- Identify, and remove from service, faulty (e.g. leaking) cylinders and subsequently notify Pharmacy Office of the location of such cylinders
- It is essential that the Designated Porter works safely at all times, using the appropriate Personal Protective and Manual Handling Equipment, and they are responsible for reporting any missing or defective equipment immediately to the Portering Supervisor
- The Portering Manager will liaise with Pharmacy on provision of cylinders for routine and emergency use, quarantining of defective cylinders and forwarding of delivery records.

4. Medical Gas Committee

A Medical Gas Committee, responsible for overseeing and reviewing all policies relating to Medical Gases throughout the Trust, shall include appropriate staff members from Pharmacy, Workplace Team (Estates and Portering), Health & Safety, Clinical Governance/ Risk Management, Anaesthetics, Nursing, Fire Officer and Medical Electronics

Other staff groups will be co-opted as and when required.

The Committee will be chaired by the Director of Pharmacy.

The Committee reports directly to the Health & Safety Committee and to Medicines Management Committee.

5. MGPS record drawings and documentation

The Authorised Person (MGPS) will maintain copies of the following documents:

- Up-to-date and accurate as-fitted record drawings for all MGPS including;
 - Valve/ key numbers
 - TU Identification
- Any necessary MGPS insurance/ statutory documentation (e.g. statutory inspection certificates)
- MGPS safety valve replacement schedule (on a five-yearly basis, or as required by the Written Scheme for PSSR)
- New and completed permit-to-work books for work on the systems
- Maintain Plant history/ maintenance records for the life of system
- Manufacturer's technical data sheets/ manuals for all MGPS components
- Health Technical Memorandum 02, all latest editions of any associated supplements and related NHS Model Engineering Specifications
- MGPs contractors' service contracts and ISO 9001 (or equivalent) certificates, staff training records, equipment calibration certificates (copies)
- A list of all personnel associated with the MGPS, especially the permit-to-work system
- Emergency and other useful numbers
- MGPS staff training records
- Calibration certificates of Trust owned test equipment
- The MGPS Operational policy

Pharmacy will maintain copies of the following, for a period of 5 years:

- Delivery notes for medical gas cylinders
- Sales invoices for medical gas cylinders
- Delivery summary form (tracks cylinder stock information)
- Cylinder rental invoices
- Delivery notes for special gas and industrial gas cylinders
- Sales invoices for special gas and industrial gas cylinders

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- Rental invoices for special gas and industrial gas cylinders
- A record of Defective Cylinders
- Records of all QC tests performed

6. Training

It is essential for the safety of patients that no person should operate, or work on, any part of an MGPS unless adequately trained or supervised.

Medical gases training at the Trust for all staff is administered by the appropriate Departmental Manager. It is the Duty of these Departmental Managers to ensure that all staff working with the MGPS are appropriately trained.

A record of those trained and their competence assessments are kept in the relevant department.

The Authorised Person (MGPS) may request training records of contractors' staff at any time

Following initial accredited training, re-training and assessment shall take place at regular intervals in accordance with HTM 02-01, as shown in the table below:

Personnel	Retraining	Re-assessment
Authorised Person (MGPS)	Every 3 years	Every 3 years
Competent Person (MGPS) (Directly employed)	Every 3 years	Every 3 years
Designated Medical Officer (MGPS)	Every 3 years	Every 3 years
Designated Porter	Every year	Every year
General Nursing staff*	Every year	N/A

* The medical and nursing staff who will use the MGPS should be trained in the practical use of the system (including the safe use of basic equipment such as flowmeters and suction controllers), safety procedures and actions in the event of emergencies.

Under no circumstances should medical gas supplies be isolated until the Designated Nursing Officer(s) has/ have confirmed that all patients likely to be affected have been evacuated and/or have alternative gas provision

7. Designated Hospital Personnel – Diagram



8. Designated Hospital Personnel - Table

Title	Name	Medical Gas Role	Tel. No.
Trust Chief Executive		Executive Manager	
Chief Nurse		Senior Designated Nursing Officer	
Medical Director		Senior Designated Medical Officer	
Clinical Risk Manager			
Matrons / Senior Ward / Department Staff		Designated Nursing Officer	Various
Consultant Anaesthetist	Louise Webster	Designated Medical Officer	
Head of Estate Delivery	Rae Callcut		
Head of Technical Services	Paul Morgan	Coordinating Authorised Person (MGPS)	
Senior Mechanical Engineer		*Authorised Person (MGPS)	
Senior Mechanical Engineer	Tim Coysh	*Authorised Person (MGPS)	
Senior Electrical Engineer		*Authorised Person (LV)	
Chief Pharmacist	Paul Foster/ Stacey Muscott		
Quality Controller		Quality Controller (MGPS)	
Head of Operations			
Head of Clinical Engineering	Darren Russell		
Director of Infection Prevention & Control	Joanne Watson		
Facilities Operations Manager	Matt Acton		
Fire Officer	Neil Faulkner		
Health and Safety Manager	Kevin Wood		

*Not appointed

Persons nominated under the Permit to Work System

Keyholders

Workplace Team (Tech CoE) hold keys for valves, plant and manifold rooms.
Contact an Authorised Person (MGPS) for details.

Oxygen (VIE) compound (Number coded lock)	Estates Office	[REDACTED]
Facilities	Daytime contact	[REDACTED] [REDACTED] [REDACTED]
Facilities	Out of hours contact	Tel No Switchboard 01803 614567
Portering	24/7	[REDACTED]
Trust Pharmacy	Daytime contact	[REDACTED]
Trust Pharmacy	Out of hours contact	Tel No Switchboard 01803 614567
Risk Management	Daytime contact	[REDACTED]
Risk Management	Out of hours contact	Switchboard
Approved Competent Persons (MGPS) - Medical Gas Pipelines Ltd	Service Department Emergency 24 hours	[REDACTED]
Medical gas cylinder orders	Tel No 0800 111 333 Emergency No	
Oxygen manifold compound	Estates/Pharmacy	[REDACTED]
Nitrous oxide manifold room	Estates/Pharmacy/ Porters	[REDACTED] [REDACTED]
Compressed air/ vacuum plant rooms	Estates/Pharmacy/ Porters	[REDACTED] [REDACTED]
Entonox manifold room	Estates/Pharmacy/ Porters	[REDACTED] [REDACTED]
Main cylinder store	Estates/Pharmacy/ Porters	[REDACTED] [REDACTED]
Theatre cylinder store	Estates/Pharmacy/ Porters	[REDACTED] [REDACTED]
Medical gas system valve boxes	Estates AP Office	[REDACTED]
Medical Air Manifold Compound	Estates/Pharmacy	[REDACTED]

Torbay & South Devon NHS Foundation Trust - Medical Gas Register of Personnel HTM 02-01

HTM 02-01 Authorising Engineer (Independent)

Malcolm
Thompson
Malcolm
Thompson

07503 696766

HTM 02-01 Audit (Independent)

Name	Duty	Contact Numbers		Qualified Date	Expiry Date	Date of Appointment
		Work	Mobile			
Paul Morgan	Authorised Person (MGPS)			23/06/2014	24/04/2025	25/04/2018
	Quality Control (MGPS)					
Neil Faulkner	Fire Officer					
Kevin Wood	Health & Safety Manager					

Hospital Site	Address	Telephone No.	Service Provision	Maintenance (MGPS)	Address	Telephone No.	Supplier (MGPS)	Telephone No.
Torbay (TSDFT)	Torbay & South Devon NHS Foundation Trust Torbay Hospital Lowes Bridge Torquay TQ2 7AA	01803 614 567	All Services	Medical Gas Pipelines Ltd	Medical Gas Pipelines Witheybed Farm Embley Lane East Wellow Romsey SO51 6DN		BOC (Excluding 200bar Cylinders) Air Products (200bar Cylinders)	
Dawlish (PFI)	Barton Terrace Dawlish Devon EX7 9DH	01626 868 500	Oxygen (Cylinders 'J' - 5x5 1 ERM) Vacuum	Medical Gas Pipelines Ltd	Medical Gas Pipelines Witheybed Farm Embley Lane East Wellow Romsey SO51 6DN		BOC	
Newton Abbot (PFI)	West Golds Road Jetty Marsh Newton Abbot Devon TQ12 2TS	01626 324 500	Oxygen (Cylinders 'J' - 6x6 1 ERM) Vacuum	M&M Medical Ltd	B4 Heol-Y-Twyn Talbot Green Business Park Talbot Green Rhondda Cynon Taf CF72 9FG		BOC	

9. Medical Gases Committee - TERMS OF REFERENCE

1. INTRODUCTION

The purpose of the Medical Gases Committee is to ensure that: -

- Medical Gases are used safely and effectively across the organisation
- Staff involved with the delivery and administration of Medical Gases have the necessary training and skills to undertake this function.

The Medical Gases Policy is maintained and its implementation monitored; The Trust recognises its responsibilities under the Health and Safety at Work Act 1974 and the primary objective of this committee is to ensure the safety of patients, staff, visitors, contractors and anyone else who comes into contact with medical gases through the activities of the Trust

1.1 The Medical Gases Committee will:

- Provide a summary report to the Integrated Governance Group.
- Report to the Trust's Medicines Management Committee
- Provide written report to the Health and Safety Committee as appropriate
- Ensure the safe provision of Medical Gases to users
- Monitor compliance with the Trust Policy
- Annually review the policy
- Monitor compliance with recognised standards and guidance on medical gases
- Give advice and make recommendations to users on all aspects of medical gas supply to all users, the Trust's committees and contractors

1.2 The Committee will be a sub-group of the Torbay and South Devon NHS Foundation Trust Health and Safety Committee.

1.3 The remit of the Medical Gas Committee (MGC) will be to develop, review and monitor a Trust-wide policy for medical gases in line with; Health Technical Memorandum (HTM) 02-01 Part B Operational Management, the Health and Safety at Work Act and Pressure Systems Safety Regulations. The committee will also act as a forum for related matters.

1.4 The Committee will include appropriate staff members from Pharmacy, Workplace Team (Technical Centre of Excellence, Portering, Estates Delivery, Health and Safety), Clinical Governance/Risk Management, Anaesthetics, Nursing, Clinical Engineering and the Fire Officer.

Other staff groups will be co-opted as and when required. The Committee will be chaired by Director of Pharmacy

1.5 The group will aim to meet:

- Initially quarterly whilst the Operational Policy is being reviewed
- Every six months thereafter to review implementation progress
- Annually to formally review the Operational Policy

Medical Gases Management**NHS Unclassified**

- On an ad-hoc basis if any work is planned requiring significant shut-downs or disruption. The Assistant Director of EFM (Estates) will arrange these ad-hoc meetings.

2. REMIT OF COMMITTEE

The remit of the Medical Gases Committee will include:

2.1 Policy for supply and control of medical gases including piped and medical gas cylinder supplies

- Supply mechanisms within the hospital for piped systems
- Operation of the Permit to Work
- Emergency actions
- Cylinder control mechanisms
- Audit of medical gas cylinder usage at ward level
- Control/supply of related equipment for gas administration e.g. cylinder regulators, suction and oxygen therapy equipment
- Provide input to equipment purchase and its suitability for use with the medical gas pipeline system (MGPS) e.g. problems with excessive demand
- Monitoring of compliance with policy through survey/audit process
- Consider best practice in use of equipment e.g. gas conservation

2.2 Training of all staff groups coming into contact with medical gases either in cylinders or from piped supply systems

- Ward staff responsibilities/actions in relation to piped medical gas systems
- Use of medical gas cylinders at ward/department level (this should cover all aspects in relation to medical gas cylinders including how they are ordered, how they are stored, how they are used, safety aspects)
- Determine appropriate training packages for all staff using medical gases
- Consider the HTM 02 recommended frequencies for training
- Determine mechanisms for assessing the effectiveness of training provided

2.3 Health and Safety issues associated with medical gas usage at ward/departmental level.

- Movement and storage of medical gas cylinders
- Warning signs
- Safety information for patients receiving therapy
- Safety information for patient visitors
- Assessment of compliance with Health and Safety issues relating to medical gases and their usage

3. MEMBERSHIP

- Director of Pharmacy
- Head of Estates Delivery
- Head of Technical Services (Co-ordinating Authorised Person MGPS)

Medical Gases Management**NHS Unclassified**

- Head of Clinical Engineering
- Gas Education & Training Lead
- 2 x Modern Matrons
- Nominated Consultant Anaesthetist
- Transport Manager
- Ward managers
- Theatres representative
- Facilities Operations Manager (Portering Services)
- Pharmacy (QC)
- Pharmacy (cylinder, gas management)
- Fire Safety Manager
- Maternity representative
- Health and Safety Manager
- District Nurses representative
- Other invited representatives as considered necessary by the Committee
- A quorum will be at least 50% of the membership of the Group

Members to ensure that representative attend on their behalf.

Medical Gases Management

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Equality Impact Assessment

Policy Title (and number)	Operational Policy for the Management of Medical Gases		Version and Date	2.01	
Policy Author	Head of Technical Services (Authorised Person (MGPS))				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?					
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Is it likely that the policy/procedure could treat people from protected groups less favourably than the general population? (see below)					
Age	Yes ☐ No ☒	Disability	Yes ☐ No ☒	Sexual Orientation	Yes ☐ No ☒
Race	Yes ☐ No ☒	Gender	Yes ☐ No ☒	Religion/Belief (non)	Yes ☐ No ☒
Gender Reassignment	Yes ☐ No ☒	Pregnancy/ Maternity	Yes ☐ No ☒	Marriage/ Civil Partnership	Yes ☐ No ☒
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes ☐ No ☒
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes ☒ No ☐
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes ☒ No ☐
Does the policy/procedure encourage individualised and person-centered care?					Yes ☒ No ☐
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes ☐ No ☒
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes ☒ No ☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Change of Roles and Titles.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
As per approval route.					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form			Signature		
Validated by (line manager)			Signature		

Any issues Please contact Diversity & Inclusion Lead

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

MEDICAL GASES COMMITTEE

TERMS OF REFERENCE

1. INTRODUCTION

The purpose of the Medical Gases Committee is to ensure the Medical Gases Policy is maintained and its implementation monitored; thus ensuring the safe use of medical gases throughout the Trust and wherever the uses medical gases outside of its own premises.

The Trust recognises its responsibilities under the Health and Safety at Work Act 1974 and the primary objective of this committee is to ensure the safety of patients, staff, visitors, contractors and anyone else who comes into contact with medical gases through the activities of the Trust

1.1 The Medical Gases Committee will:

- Provide a summary report to the Integrated Governance Group.
- Provide written report to the Health and Safety Committee as appropriate
- Ensure the safe provision of Medical Gases to users
- Monitor compliance with the Trust Policy
- Annually review the policy
- Monitor compliance with recognised standards and guidance on medical gases
- Give advice and make recommendations to users on all aspects of medical gas supply to all users, the Trust's committees and contractors

1.2 The Committee will be a sub-group of the Torbay and South Devon NHS Foundation Trust Health and Safety Committee.

1.3 The remit of the Medical Gas Committee (MGC) will be to develop, review and monitor a Trust-wide policy for medical gases in line with; Health Technical Memorandum (HTM) 02-01 Part B Operational Management, the Health and Safety at Work Act and Pressure Systems Safety Regulations. The committee will also act as a forum for related matters.

1.4 The Committee will include appropriate staff members from Pharmacy, Portering Estates/Medical Electronics, Health and Safety, Clinical Governance/Risk Management, Anaesthetics, Nursing and the Fire Officer.

Other staff groups will be co-opted as and when required. The Committee will be chaired by a Director of the Trust.

1.5 The group will aim to meet:-

- Initially quarterly whilst the Operational Policy is being reviewed
- Every six months thereafter to review implementation progress
- Annually to formally review the Operational Policy
- On an ad-hoc basis if any work is planned requiring significant shut-downs or disruption. The Assistant Director of EFM (Estates) will arrange these ad-hoc meetings.

2. REMIT OF COMMITTEE

The remit of the Medical Gases Committee will include:

2.1 Policy for supply and control of medical gases including piped and medical gas cylinder supplies

- Supply mechanisms within the hospital for piped systems
- Operation of the Permit to Work
- Emergency actions
- Cylinder control mechanisms
- Audit of medical gas cylinder usage at ward level
- Control/supply of related equipment for gas administration e.g. cylinder regulators, suction and oxygen therapy equipment
- Provide input to equipment purchase and its suitability for use with the medical gas pipeline system (MGPS) e.g. problems with excessive demand
- Monitoring of compliance with policy through survey/audit process
- Consider best practice in use of equipment e.g. gas conservation

2.2 Training of all staff groups coming into contact with medical gases either in cylinders or from piped supply systems

- Ward staff responsibilities/actions in relation to piped medical gas systems
- Use of medical gas cylinders at ward/department level (this should cover all aspects in relation to medical gas cylinders including how they are ordered, how they are stored, how they are used, safety aspects)
- Determine appropriate training packages for all staff using medical gases
- Consider the HTM 02 recommended frequencies for training
- Determine mechanisms for assessing the effectiveness of training provided

2.3 Health and Safety issues associated with medical gas usage at ward/departmental level.

- Movement and storage of medical gas cylinders
- Warning signs
- Safety information for patients receiving therapy
- Safety information for patient visitors
- Assessment of compliance with Health and Safety issues relating to medical gases and their usage

3. MEMBERSHIP

- Director of Pharmacy
- Head of Estates Operations
- Electrical Services Lead (Co-ordinating Authorised Person)
- Head of Medical Devices Support Services
- Gas Education & Training Lead
- 2 x Modern Matrons
- Nominated Consultant Anaesthetist
- Transport Manager
- Head of Portering Services
- Pharmacy (cylinder, gas management)
- Pharmacy (QA)
- Fire Safety Manager
- Health and Safety Manager
- Community Nurse representative
- Patient Safety Lead
- Other invited representatives as considered necessary by the Committee
- A quorum will be at least 50% of the membership of the Group

Members to ensure that a representative attends on their behalf.

Medical Gases Committee Meeting – 2nd November

Present: Paul Foster (Chair), Stacey Muscott, Matt Acton, Robin Wilson, [REDACTED] Richard Adams, Louise Webster

	Item	Action
1.	<u>Apologies for Absence</u> [REDACTED], Paul Morgan, [REDACTED], Kevin Wood, Rae Callcut	
2.	<u>Minutes of Last Meeting</u> Approved	
3.	<u>Matter Arising</u> - Training Task and Finish Group [REDACTED] – 1st series of training videos have been filmed. One for safe transportation is already on the HIVE and the other for manifold safe use is in the process of being edited. MA was not aware that these were ready but will now direct appropriate staff to HIVE. [REDACTED] informed group he is exploring other platforms to deliver the training including working with South Devon College. - Feedback from H+S Committee – lack of DNO/DMO issue was added to existing datix in May 22. Now needs to be taken to H+S Committee. - Oxygen Cradles on Beds – Purchased 20 and distributed by porters. Action complete. - Audit Findings – PM not at meeting so SM to follow up - Gas Tester Options – [REDACTED] (QA Technician) nearly qualified. Action Complete - Isolation of piped nitrous oxide – Now at the stage where regulators are in stock to go on nitrous cylinders in areas required. Robin Wilson expressed his concern in moving cylinders with regulators fitted, around theatres. Group discussion deemed BOC cylinder trolleys to be the safest option to do this. LW has asked other Trusts who use this system and there have been no issues. Many factors in being able to discontinue piped use to be taken away outside of the meeting with SM,MA,RA,RW and LW. - Oxygen Manifold Update – PM not at meeting so SM to follow up. - South West Review of Oxygen Services and Policy Review - PM not at meeting so SM to follow up.	MA to direct staff to training. [REDACTED] to update progress at next meeting. SM to ensure issue is taken to H+S Committee. Complete SM to follow up with PM Complete Group to take forward all related actions outside of meeting. SM to follow up with PM SM to follow up with PM

	- Storage of Partially used HX Cylinders – This issue was raised as a fire safety and security issue as they are not secured when stored on trolleys in corridors. MA has found a central location but needs PM to check its suitability. - Update on Actions From Fire Audit - PM not at meeting so SM to follow up.	PM to respond to MA SM to follow up with PM
4.	<u>Incidents / Alerts</u> None	
5.	<u>Risk Register</u> Discussed above.	
6.	<u>AOB</u> None	
7.	<u>Date of Next Meeting</u> TBC	

Medical Gases Committee Meeting – 21st February 2023

Present: Paul Foster (Chair), Stacey Muscott, Matt Acton, Robin Wilson, Louise Webster, Paul Morgan

	Item	Action
1.	<u>Apologies for Absence</u> [REDACTED] Kevin Wood	
2.	<u>Minutes of Last Meeting</u> Approved	
3.	<u>Matter Arising</u> - Isolation of piped nitrous oxide – LW informed the group that all anaesthetic machines are now detached from piped nitrous oxide apart from theatre 10 with a plan to run the manifold down using this. Actions required to progress - Signs need to be put over all outlets - Stock holding to be checked to ensure we hold enough reserve - Outlets eventually need to be isolated - Continuation of anaesthetic machine servicing - Manifold needs to be run down and empty cylinders returned – only once all above completed - Training Task and Finish Group [REDACTED] – Deferred as [REDACTED] not able to make meeting - DMO/DNO update – SM informed the group that the issue was raised at Health and Safety Committee and given to Jake O'Donovan as an action. - Audit - PM shared document during the meeting to give overview of actions. - Gas Testing – [REDACTED] has left the Trust but may be available via the bank to use in future. - Manifold Update – PM received notification from BOC that we can increase capacity of piped oxygen. Torbay site already has enough in reserve. Might be something that Newton Abbot or Dawlish would find useful but not currently being considered. - SW Review of Oxygen Services – PM shared with SM as some actions still outstanding. - Partially Used Oxygen Cylinders – PM informed group of progress	LW to compare drawings from PM to ensure all outlets are not required LW to let SM know exactly what cylinder stock is in theatres RW to ensure service continuation PM to chase Jake PM to share with PF and SM SM to confirm with LB about bank option. SM to review outstanding actions

	▪ Restrictions on where beds can be kept in corridors ▪ Signs to say no gas cylinders to be left on trollies ▪ Plan for a cage to store partial cylinders as currently kept in full store. • Fire Audit – (PM) No issues raised. To be kept as a future agenda item.	PM to ensure cage is installed
4.	<u>Incidents / Alerts</u> • (SM) BOC oxygen cylinder supply issues now seem to be resolved • (SM) Made aware of recent issue on Midgley (since the move from Hetherington to Tower Block). There are now longer terminals at each bed head so need to use splitters and a question mark raised by ward staff of their effectiveness. Installation for each bed head is pending a budget code from finance.	Estates to ensure works are complete
5.	<u>Risk Register</u> Nothing raised.	
6.	<u>AOB</u> None	
7.	<u>Date of Next Meeting</u> Tuesday 23rd May @ 2pm	

Medical Gases Committee Meeting – 12th Sept 2023

Present: Paul Foster (Chair), Stacey Muscott, Paul Morgan, Louise Webster, [REDACTED] Kevin Wood

	Item	Action
1.	<u>Apologies for Absence</u> [REDACTED], Robin Wilson, [REDACTED]	
2.	<u>Minutes of Last Meeting</u> Approved	
3.	<u>Matter Arising</u> - Isolation of piped nitrous oxide – some staff still plugging in to piped supply as not yet blanked off. All anaesthetic machines unplugged from piped and using cylinders instead. There is still a requirement for piped from Medical Engineering but this needs to be investigated. The manifold is currently restocked on both banks as the alarms were being triggered in the early hours due to the temperature drop at that time of day. There is inconsistent usage and that needs to be investigated. Decision to cap off outputs one by one and they get BOC to collect excess cylinders. - Training Task and Finish Group [REDACTED] – Deferred as [REDACTED] not able to make meeting - DMO/DNO update – No update. SM to approach Nicola McMinn - Audit - PM shared document during the meeting to give overview of actions. 77 actions initially raised and 11 remain outstanding - SW Review of Oxygen Services – PM to find out how to close out action - Oxygen Cylinder Supply Issue – additional 10 CD cylinders were added to stockholding by BOC in June. Position under constant review. - Discharge Lounge Issue – PM – matter closed - Camera Issue – PM to raise with capital team as new generator blocks the view of the camera to the lower gas store - Liquid Oxygen Contract – PM to follow up with [REDACTED]	PM to send drawings of outputs to LW and start capping off 1 by 1. SM to check that [REDACTED] still responsible for this. SM to approach Nicola McMinn PM to follow up PM to chase with [REDACTED]

4.	<u>Incidents / Alerts</u> Exposure of nitrous oxide alert – PM confirmed that the report was received by Estates in Sept. 9 areas highlighted as a concern, of which 7 are procedure / house keeping issues. 2 issues were estate and mechanical. 1st issue was maternity ventilation which might be solved with portable devices as there are no scavenger units or appropriate mechanical ventilation. 2nd issue was Endoscopy where a pump replacement remains outstanding.	PM to send report to group.
5.	<u>Risk Register</u> Nothing raised. SM to update.	
6.	<u>Fire Audit</u> No real update since last meeting. Invite needs to go to Neil Faulkner as Fire Officer.	
7.	<u>AOB</u> PM asked SM to follow up on a suitable storage solution for larger Entonox cylinders	SM to place order.
8.	<u>Date of Next Meeting</u> Tuesday 9 th Jan 2024	