

GAS SAFETY POLICY

**NON-CLINICAL
POLICY**

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	X		
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Target Audience	All Trust staff, the Trust's PFI Partners, All Contractors and any occupiers of the SFH Trust estate.		
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Sponsor (Position)	Chief Financial Officer Director of Estates & Facilities		
Author (Position & Name)	Senior Hard FM Manager, Lee Fox		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Estates & Facilities		
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1.0 INTRODUCTION

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

The Trust is responsible for ensuring the health, safety and welfare of its employees, patients and others on its premises relating to Gas safety. This commitment is demonstrated through compliance with all statutory requirements and codes of practice in all premises for which it is responsible.

The Health and Safety at Work etc. Act places a duty on the Trust to ensure that all equipment, plant and machinery is adequately maintained in a safe condition so as not to present a risk to its employees or other persons.

The Trust, in recognition of its statutory duties endeavours to comply with the H&SE Gas Safety (Installation and Use) Regulations, ACOP Safety in the installation and use of gas systems & appliances and the Gas Safety (Management) Regulations.

Trust premises have a range of gas fired equipment and the Trust recognises the inherent danger of gas escapes and the need for the safe and effective operation of gas fired systems and will take all reasonably practical steps to ensure the safe installation, operations and maintenance of all gas services included within the scope of this policy. Gas can be inherently dangerous if the distribution pipe system and gas fired equipment is not installed and maintained correctly.

The primary objective of this policy is to ensure a robust management system for the effective control of Gas systems and installations throughout the Trusts premises, to minimise the risk of causing harm or fire to patients, visitors, contractors, staff and property.

2.0 POLICY STATEMENT

Sherwood Forest Hospitals NHS Foundation Trust (hereafter referred to as the "Trust") is committed to taking all reasonably practicable steps to protect patients, visitors, staff, contractors and other building users from the risks of Gas systems and installations.

This policy sets out the management approach to be adopted by the Trust and the PFI service provider Central Nottinghamshire Hospitals Plc (CNH or Project Co) and their Hard & Soft FM service providers Skanska and Medirest for operating, inspecting and maintaining the Gas systems, infrastructure and equipment.

The Hard FM service provider undertakes the maintenance and management of all Gas systems and installations across the various properties the Trust occupy or own. The Trust recognises it still has a duty of care to ensure these Gas systems and installations are being managed and maintained appropriately.

The Trust will establish the conditions whereby the use of Gas and the equipment connected to it will, so far as is reasonably practicable, be adequately controlled and safe to use.

The Trust recognises the importance of a safe workplace with appropriate equipment and facilities as well as high standards of leadership, engagement, communication, training and competence and other management issues.

This policy aims to ensure that all risks to patients, visitors, staff and others from exposure to Gas hazards at work and on Trust sites are adequately controlled and that all Gas systems and installations are maintained to a high standard and are safe to use.

This policy seeks to both set out and define the Trust's management approach and commitment to maintaining safe Gas systems and installations on its premises, as well as providing a framework to adopt when coordinating the management of risk.

This policy and the procedures outlined require the cooperation of all employees, all building users and contractors who also have responsibilities to ensure a safe and healthy working environment is always maintained.

For the purposes of this policy the Trust Estate comprises all the buildings owned or occupied by the Trust. This policy also applies to all the properties owned or managed on behalf of Sherwood Forest Hospitals NHS Foundation Trust

This policy should also be read in conjunction with local Standing Operational Procedures (SOP), safe systems of management that they describe, and the Control of Contractors Policy for working and managing Gas systems and installations on a day-to-day basis.

2.1 - Statement of Intent

The Trust, as a major healthcare provider, is fully committed to maintaining an appropriate level of care and management in relation to the management of Gas systems and installations in all Trust premises.

The Trust recognise that, although they outsource the management of Gas systems and installations to others, through the PFI Agreement, it still retains a duty of care to manage quality and check that appropriate management controls and procedures are in place and to ensure that patients, visitors and Trust staff, using or working within the buildings are appropriately trained and informed to enable compliance with the requirements relevant to them and their work.

2.2 - Purpose

The purpose of this governance Policy is to safeguard all patients, visitors, staff and assets through prevention and reduction of harm or loss.

The aims of this governance Policy are as follows:

- To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with Gas systems and installations.
- To identify correct practice for the safe operation of Gas fired equipment for staff to implement based upon nationally accepted guidance and the principle of 'so far as is reasonably practicable' (SFAIRP).
- To enable staff to understand their roles and responsibilities in relation to Gas safety.
- To establish arrangements for the monitoring and review of this Governance Policy in order that it continues to reflect the most up-to-date legislation and guidance.

2.3 - Scope

This Governance Policy sets out the management approach to be adopted by Trust for providing and maintaining safe Gas systems, as well as preventing waste, misuse and unnecessary consumption of natural and liquified petroleum Gas supplied to the Trust.

This Governance Policy applies to all Trust:

- service users, patients and visitors.
- employees (including those managed by a third party).
- premises where they work that are owned and occupied, including those properties which Trust may occupy under lease.

The following locations are listed as properties where this policy shall be implemented:

- Kingsmill Hospital.
- Mansfield Community Hospital.
- Newark General Hospital.

This Policy covers the safe installation and use of all fixed Gas systems, installations and Gas fired equipment on Trust premises, i.e. all permanently installed distribution pipe work and connected equipment.

This will include Gas service mains and equipment on Trust premises, and all permanently installed Gas served equipment e.g. Gas fired boilers, catering equipment, Gas burners, etc.

Included in this Policy is equipment served by mains gas provided by the National Network supply and locally stored liquified petroleum gas (Calor gas) serving permanently fixed equipment.

Excluded from this policy are any piped medical gases or gases stored in cylinders for portable equipment e.g. blow torches, barbecue grilles or portable medical gas cylinders. All of which can be easily transported from one location to another.

3.0 DEFINITIONS/ ABBREVIATIONS

- **The Trust:** This means Sherwood Forest Hospitals NHS Foundation Trust.
- **Staff:** Means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust.
- **Private Finance Initiative (PFI):** The initiative under which the Trust has entered into an agreement with partners to build and provide certain services such as Planned Preventative Maintenance (PPM) at its hospitals.
- **PFI Project Agreement:** The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management service.
- **Project Co (CNH / Vercity):** This is the term used for the Central Nottinghamshire Hospitals PLC or CNH (Vercity as a company provides the employees who work on behalf of CNH / Project Co). It is the organisation appointed by the PFI Funder who built the new hospital buildings, they provide facilities services and then manage these facilities for the life of the contract, at which time they are then handed back to the Trust.

- **Skanska Facilities Services (Skanska):** This is the organisation and service provider appointed by Project Co to provide Hard facilities management services including estates and maintenance functions.
- **Compass Group – Medirest:** This is the organisation and service provider appointed by Project Co to provide Soft facilities management services and functions.
- **NHS PS – NHS Property Services** are the owners of Mansfield Community Hospital and therefore have a responsibility as a duty holder. Sherwood Forest Hospitals NHS Foundation Trust occupies certain areas of the building for services to the local community. The Trust's Partners through Skanska Facilities Services [SFS] provide the maintenance via the PFI agreement.
- **Nottinghamshire Health Informatics Service [NHIS]** provide information, communication and technology [ICT] services for the Trust and therefore have the same responsibilities as the Trust and its partners.
- **Schedule 14 (SLS)** Service Level Specifications, the part of the PFI Project Agreement mainly concerned with the facilities management services provided by Project Co through their subcontract with Skanska.
- **Schedule 22 (Trust Variation Enquires = TVE's)** Variations the part of the PFI Project Agreement mainly concerned with Trust variations enquiries regarding the PFI contract
- **Kingsmill Hospital (KMH):** SFH NHS Foundation Trust occupies the buildings to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **Mansfield Community Hospital (MCH):** NHS Property Services (NHS PS) are the owners of the MCH site and have a responsibility as a duty holder. SFH NHS Foundation Trust occupies certain areas of the building to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **Newark General Hospital (NGH):** SFH NHS Foundation Trust occupies the building to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **Gas Safe Register:** The official list of gas engineers who are registered to work safely and legally on boilers, cookers, fires and all other gas appliances.
By law all gas engineers must be on the Gas Safe Register Equipment and systems that use a liquid or gas under pressure in order to operate.
- **Gas Equipment:** Anything used, intended to be used or installed for use, to generate, transmit, transform, rectify, convert, conduct, distribute, control, store, measure or use natural gas.
- **Method Statement – (Task specific)** Details of how work is to be done safely (safe system of work).
- **Permit to work** - A permit-to-work ensures a formal authorisation is given incorporating written checks to ensure all the elements of a safe system of work are in place before people are allowed to enter, or work on/in a potentially dangerous environment. It incorporates a means of communication between those carrying out the hazardous work. Essential features of a permit-to-work are:
 - Clear identification of who may authorise tasks (and any limits to their authority)
 - Who is responsible for the specifying of the necessary precautions (e.g. isolation, emergency arrangements, etc.)
 - Provision for ensuring that subcontractors engaged to carry out work are included.
 - Training and instruction in the issue of permits.
 - Closure of the permit to confirm a safe condition on the completion of the work.

4.0 ROLES AND RESPONSIBILITIES

4.1 - Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners all have responsibilities as duty holders to ensure they maintain the provision of Gas safety. Each key party of the PFI scheme (Trust, Project Co, Skanska and Medirest) has relevant responsibilities to develop, implement, manage, and monitor the safety and quality and resilience of these key systems.

This is undertaken both through policies and procedures that reflect each party's respective responsibilities as responsible partners. The 'principal' duties and responsibilities of the key appointments are highlighted below

4.2 - Trust - Duty Holder – Trust Board

The Chief Executive has overall responsibility on behalf of the Trust Board for all matters relating to health and safety (including Gas safety). The Trust Board is the statutory "Duty Holder" for, and as so carries the ultimate responsibility for providing a safe and appropriately functioning environment for patient care. They shall appoint in writing the Trust Designated Person (Gas Safety).

4.3 - Trust - Chief Executive

The Chief Executive will ensure that financial resources are made available to support this policy based upon a risk assessment of priorities. The Chief Executive has appointed a nominated person, the Director of Estates & Facilities, to do all, or part, of the work to assist in complying with the duties.

The responsibility of the Chief Executive includes ensuring that all Gas safety management matters are seen as an important priority for the Trust as addressed through comprehensive policies and management procedures that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

4.4 - Trust - Designated Person (DP Gas Safety) - Director of Finance

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

4.5 - Trust - Senior Operational Manager (SOM Gas Safety)

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

They will be responsible for notifying Skanska, via Project Co, in advance of any works on the Gas systems initiated by the Trust if undertaken outside of the formal PFI change process.

For changes on the site covered by the PFI Variation process i.e. works undertaken by Project Co the PFI variation process will cover off notification to Project Co and Skanska of new systems to be added to the scheme of control.

The Trust will ensure that its directly employed contractors comply with all Project Co (Skanska) permit procedures.

4.6 - Trust Other Professionals [i.e. Capital planning / Strategy / Projects]

Capital Project Officer/Managers will consult with the appointed external specialist with respect to gas capacity and compliance as follows:

All new and altered gas systems shall comply with the requirements of this policy and current regulations.

The specification and the consulting engineer's competence and interpretation of the requirements. The contractor's competence and their interpretation of the requirements.

The engineer's competence and interpretation with respect to site conditions, the existing and new installation and commissioning requirements.

The Clerk of Works competence and interpretation of the requirements.

4.7 - Staff / Users of Gas Systems, Equipment & Installations

All users of Gas Systems, equipment and installations have a duty to use the equipment safely in accordance with the training given and the manufacturer's instructions.

Prior to each use the individual using the equipment must visually inspect any Gas equipment or appliances for damage, not to use damaged equipment and to immediately report any concerns or issues:

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

Where inspection of any portable appliance, in the inspectors opinion, gives rise to an imminent risk of serious personal injury to the user or others, that appliance must be rendered safe by taking the appropriate action to prevent further use of the appliance.

Portable Gas appliances owned by employees are not to be brought onto Trust premises, connected to the Trusts' Gas supply system or used in the workplace.

All Directorate management teams are responsible for ensuring that any such items are not brought onto site and immediately removed from the Trust's premises if they are.

4.8 - Trust - Other Professionals (i.e. Capital planning / Strategy / Projects).

Capital Project Officers / Managers will consult with the appointed external specialist with respect to Gas capacity and compliance as follows:

- All new and altered Gas systems and installations shall fully comply with the requirements of all the relevant regulations, codes of conduct and guidance documents.
- All new and altered Gas systems and installations shall comply with the requirements of this policy.
- The specification and the consulting engineer's competence and interpretation of the requirements.
- The contractor's competence and their interpretation of the requirements.
- The engineer's competence and interpretation with respect to site conditions, the existing and new installation and commissioning requirements.
- The Clerk of Works competence and interpretation of the requirements.

4.9 – Project Co - Duty Holder (DH Gas Safety) - Project Co Executive or the PFI Funders

Project Co (CNH) is not an employer and therefore does not have duties under Section 2 and 3 of the Health and Safety at Work Act, the Management of Health and Safety at Work Regulations.

Project Co (CNH) employs Skanska as a subcontractor to provide Hard FM services under the PFI agreement with the Trust. Skanska is an employer and has duties in respect of the provision of services and obligations under the PFI agreement.

Project Co (CNH) has duties under Section 4 of the Health and Safety at Work etc.

Project Co (CNH) must act to take such steps as are reasonable to ensure so far as is reasonably practicable the premises over which it has control are safe and, as such is a "Duty holder" for the purposes of both this policy and Section 4 of the Health and Safety at Work Act in relation to those matters for which it is responsible under the PFI agreement with the Trust.

Project Co (CNH) shall:

- Appoint in writing a Designated Person (DP Gas Safety).
- Appoint in writing a Responsible Manager (RM Gas Safety).
- Monitor the compliance of its Service Providers.
- Ensure full compliance with this Policy.

4.10 - Project Co - Designated Person (DP Gas Safety) – General Manager

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

4.11 - Project Co - Responsible Manager (RM Gas Safety) – Hard FM Manager

Is the Senior Estates Manager who is appointed in writing by the Project Co Designated Person (DP Gas Safety), they fulfil the appointed Responsible Manager (RM Gas Safety) role, under the direction of the Project Co Designated Person (DP Gas Safety) and as such, have responsibility for co-ordinating resources and ensuring the policy is implemented.

4.12 - Skanska - Duty Holder (DH Gas Safety) – Chief Executive

The Skanska Chief Executive is the statutory Duty Holder. The Duty Holder has overall responsibility for Health and Safety within Skanska, including Gas safety. They shall appoint in writing the Skanska Designated Person (DP Gas Safety).

4.13 - Skanska - Designated Person (DP Gas Safety) – General Manager

The Skanska General Manager is the Skanska Designated Person (DP Gas Safety) they shall be appointed in writing by the Skanska Duty Holder (DH Gas Safety).

The Skanska designated person (DP Gas Safety) has responsibility for ensuring that suitable information, instruction and training has been achieved by the Competent Persons (Gas Safe Registered engineers). Ensure any risk assessments remain current and are reviewed and updated as required.

They shall inform the Trust, Project Co & Skanska Designated Persons (DP Gas Safety) when system, equipment or installations are found to be non-compliant or deficiencies are found.

They shall appoint in writing the Skanska Responsible Manager (RM Gas Safety).

4.14 - Skanska - Responsible Manager (RM Gas Safety)

Are Senior Estates Managers who are appointed in writing by the Skanska Designated Person (DP Gas Safety), they fulfil the appointed Responsible Manager (RM Gas Safety) role, under the direction of the Project Co Designated Person (DP Gas Safety) and as such, have responsibility for co-ordinating resources and ensuring this policy is implemented.

All Gas safety Responsible managers (RM Gas Safety) shall be appointed in writing by Skanska Designated Person (DP Gas Safety). The Responsible Manager (RM Gas Safety) has the responsibility for the day-to-day operational management and safe systems of work on all Gas systems, equipment or installations on the Trust's premises.

The Responsible Managers (RM Gas Safety) are responsible for the practical implementation and operation of this policy and the systems and installations for which management is in control of, this includes known dangers for which the Responsible Manager (RM Gas Safety) has been appointed to manage.

More than one Responsible Manager (RM Gas Safety) may be appointed for the systems, equipment and installations but, at any one time, only one Responsible Manager (RM Gas Safety) is to be the duty Responsible Manager (Duty RM Gas safety) for each site. Each transfer of responsibility between responsible managers is to be recorded in the respective Gas safety logbook as appropriate.

For properties managed by other organisations the Responsible Manager (RM Gas Safety) will review the arrangements in place relating to the management of the gas systems under their control, to ensure their suitability.

The duty Responsible Manager (Duty RM Gas Safety) shall be competent to assess the risk associated with maintaining Gas Safety, implementing procedures and control measures to maintain & confirm compliance with the Gas Safety Regulations, their responsibilities will include but are not limited to:

- Maintaining a current record of the location and route of all gas mains and service pipes on Trust operated property including locations of all isolation valves, primary meters and check meters
- Ensure gas service pipes above ground level are appropriately identified appropriate British Standard markings or banding

- Maintaining a current asset register of all gas equipment to include the type of equipment, age and estimated remaining life
- Maintain a library of health and safety maintenance manuals and operating instructions provided for each system or item of equipment and to ensure users receive adequate instruction on the routine operation of individual items of equipment. This will normally be in the form of a “user’s manual” supplied with the equipment
- Ensure adequate maintenance programmes are initiated for all gas fired equipment and work is undertaken at appropriate frequencies by competent persons in accordance with the Gas Safety Regulations
- Ensure all gas detection systems and automatic gas isolation systems are routinely physically tested and work efficiently
- Maintain all records of installations, maintenance and repairs undertaken on gas equipment in such a form to allow easy retrieval and inspection
- Liaise with all premises to ensure planned maintenance work on gas equipment is undertaken at times to cause minimum disruption
- Ensure individuals working on gas equipment are competent for the tasks undertaken
- Ensure a “Permit to Work System” for any isolation of the gas mains distribution system especially where it affects more than one building.

The Responsible Manager (RM Gas Safety) must ensure that any person working on any of the Gas systems, equipment or installations is competent to do so, has been appointed as a competent person (CP Gas Safety) and that all test equipment being used is maintained in good condition & is within its calibration date.

Where any defects, dangerous practices, dangerous and/or unusual occurrences are experienced; the Duty Responsible Manager (Duty RM Gas Safety) must report these immediately to all Designated Persons (DP Gas Safety) in writing.

The Responsible Manager (RM Gas safety) will also ensure all respective Competent Persons (CP Gas Safety) remain current and up to date with appointments and/or training.

The Duty Responsible Manager (Duty RM Gas Safety) shall issue/cancel all Permits to Work and Permission for Disconnection forms as necessary to operate a safe system of work.

The Duty Responsible Manager (Duty RM Gas Safety) shall record all events in the Gas Safety site Logbook.

An adequate number of Responsible Managers (RM Gas Safety) shall be available 24/7 and to cover for sickness or annual leave etc to meet the PFI agreement requirements.

4.15 - Skanska - Competent Persons (CP Gas Safety)

Competent Persons (CP Gas Safety) are suitably qualified and experienced trades staff. They shall be appointed in writing by a Skanska Responsible Manager (RM Gas Safety) to work under the direction of the Skanska Responsible Manager (RM GAS Safety).

All competent persons (CP Gas Safety) must carry out all works in accordance with this policy, all relevant regulations, legislation and safe systems of work.

All competent persons (CP Gas Safety) shall be skilled and have sufficient technical knowledge of the installation, inspection and testing and / or maintenance of the Gas systems, equipment and installations they are working on.

Non compliances will be rectified immediately in line with the contract emergency rectification time in all cases of where building or life Safety is at immediate risk.

All competent persons (CP Gas Safety) shall alert the Duty Responsible Manager (RM Gas Safety) of any issues and all actions taken. Competent person (CP Gas Safety) shall always use safe systems of work; safe means of access and the personal protective equipment and clothing provided for their safety.

4.16 - NHS Property Services (NHS PS) - Duty Holder (DH Gas Safety)

The Chief Executive of NHS Property Services is a statutory Duty Holder for the MCH site. The Duty Holder and the NHS PS Board have overall responsibility for Health and Safety within NHS Property Services, including Gas Safety. They shall appoint in writing the NHS Property Services Designated Person (DP Gas Safety).

4.17 - NHS Property Services - Designated Person (DP Gas Safety)

The NHS Property Services Regional Director is the Appointed Board Level Executive responsible for Gas Safety. Under the direction of the Chief Executive, they are therefore responsible for the organisational arrangements, which will ensure that compliance with standards is achieved and that where problems occur, they are identified and resolved with minimum risk to employees, patients or members of the public. They shall appoint in writing the NHS Property Services Responsible Manager (RM Gas Safety).

4.18 - NHS Property Services - Responsible Manager (RM Gas Safety)

The NHS PS Property Manager is the NHS Property Services Responsible Manager (RM Gas Safety), they shall be appointed in writing by the NHS Property Services Designated Person (DP Gas Safety). They shall have responsibility for compliance with this policy document.

4.19 - Medirest - Duty Holder (DH Gas Safety)

The Chief Executive of Medirest is the statutory Duty Holder. The Duty Holder and the Board have overall responsibility for Health and Safety within Medirest, including Gas safety. They shall appoint in writing the Medirest Designated Person (DP Gas Safety).

4.20 - Medirest - Responsible Manager (RM Gas Safety)

The Operations Director for Medirest is the Medirest Nominated Responsible Person [Gas Safety] they shall be appointed in writing by the Medirest Duty Holder. They shall ensure its contractual obligations with regards to Schedule 14 of the PFI Project Agreement are achieved. As well as working with the Trust & SFS to ensure this policy is followed.

4.21 - Medirest - Competent Persons (CP Gas Safety)

A Competent Person [Gas Safety] is a person, suitably trained and qualified by knowledge and practical experience, and provided with the necessary instructions to enable the required work to be carried out safely. Medirest should not need to appoint any Competent persons (CP Gas Safety) as all catering equipment is maintained by Skanska under the PFI agreement.

However, if this is required the Medirest Responsible Manager shall follow the same process as detailed under the Skanska Responsible Manager (RM Gas Safety) section for the management of competent persons and shall provide all necessary information to allow the logbook and all other relevant documents to be updated appropriately.

5.0 APPROVAL

Approval is given by the Director of Estates & Facilities and the Estates Governance Group.

6.0 DOCUMENT REQUIREMENTS

Gas Emergency Actions and Procedures

It is the responsibility of the person who manages the premises or the most senior person on site to take immediate reasonable steps whenever they suspect that gas or fumes are escaping into the premises including shutting off the gas supply at the meter/emergency control valve and to ventilate the property. Only a competent person (CP Gas Safety) is allowed to reinstate the supply and re-commission the installation.

Faults on gas fired equipment where there is no gas escape evident should be reported to the estates department in the normal manner on Extn 3005 (internal).

Report any suspected Gas leak to the Medirest Helpdesk on Extn 3005 as an emergency task (internal).

For premises maintained by other Heath Trust Estates Departments (normally where premises are embedded into other Trust premises) reports of faults and leaks should be made to that local estate service in line with normal procedures.

- Turn off the gas supply, if possible and safe to do so, at the meter or to the affected equipment.
- Open doors and windows to ventilate the area affected.
- Prevent any smoking.
- Prevent turning on or off light switches.
- Prevent the use of naked flames.
- If possible, evacuate the area.

Hazards normally associated with gas include the risk of explosion and fire resulting in an escape of gas and asphyxiation by carbon monoxide gas, a colourless and odourless gas that is the by-product of combustion. This may be a danger due to inappropriate ventilation of the combustion flue gases from gas fired equipment.

Due to legislation which requires proven competence to work on gas appliances (to be Gas Safe registered) and therefore all installations and gas maintenance is undertaken by contractors and their employees all who must be Gas Safe Registered and appointed as competent persons (CP Gas Safety) to assure competence.

The current authorising body is the Gas Safe Register (Gas Safe) it is acknowledged that the authorised body may be subject to change in which case all reference to gas safe in the policy should be read as the new authorising body.

6.1 - Appointments

All the appointments identified in this policy shall be formally made in writing. The individuals shall be provided with the necessary training and resources.

6.2 - Operational Estates Meeting (OEM)

The Operational Estates Meeting takes place on a fortnightly basis, where Gas Safety related items can be discussed.

The meeting has a core agenda which includes:

- Appointments and training.
- System condition and reliability.
- Policies, Procedures and SOPs.
- Planned and Reactive maintenance.
- AOB.

A Terms of Reference (TOR) for the meeting has been produced and agreed.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Trust Policy & Procedures	Trust Senior Operational Manager	Audit/review	Annually	Trust Designated Person & OEM
All Gas Fired equipment is safety checked by a competent individual at least annually	Skanska	Audit/review	Annually	RM & Designated Person
Only Gas Safe Registered individuals to work/inspect or test Gas Systems equipment	Skanska	Audit/review	Annual	RM & Designated Person
Policy, Procedures, Activities, Issues and Incidents	Operational Estates Meeting (OEM)	Audit, review, reports, meetings	Fortnightly as a minimum	Estates Governance Group

8.0 TRAINING AND IMPLEMENTATION

Operation, inspection and maintenance procedures can cause risks to the health of staff carrying out the work. All those involved in works to Gas systems, equipment and installations should be suitably trained in an appropriate manner to fulfil the task, they must be aware of the risks and must work to the agreed safe systems of work. This may involve the Trust representatives receiving training in awareness. Key appointed persons should also be formally notified in writing and this position accepted in writing.

Training requirements for the Hard FM Service Provider staff will be assessed at the Operational Estates Meeting (OEM) with a requirement to demonstrate all appropriate training undertaken and recorded, together with the date of delivery and topics covered.

Any contractors involved in the installation, commissioning, modification or maintenance of Gas systems, equipment and installations shall be fully conversant with this Policy and shall be suitably qualified, trained, experience and appointed as an appropriate competent person (CP Gas Safety) for the works being undertaken.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1.
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Health & Safety at Work etc, Act (HASAWA)
- Gas Safety (installation and use) Gas Safety Regulations
- Approved code of practice and guidance: safety in the installation and use of gas systems and appliances
- Gas Safety (Management) Regulations
- HSE Approved Code of Practices
- Gas safe Registration / Register
- HTM 00-00 Policies and Principles of Healthcare engineering
- SFHFT Standing Orders and Scheme of Delegation

Related SFHFT Documents:

- Control of Contractors Policy
- Fire Safety Policy

11.0 APPENDICES

Appendix 1 – Equality Impact Assessment

Appendix 2 – Environment Impact Assessment

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT (EIA Form complete all sections)

EIA Form Stage One:

Name EIA Assessor: Lee Fox		Date of EIA completion: 28/01/2026
Department: Estates and Facilities		Division: Corporate
Name of service/policy/procedure being reviewed or created: Gas Safety Policy		
Name of person responsible for service/policy/procedure: Lee Fox		
Brief summary of policy, procedure or service being assessed: Gas Safety Policy		
Please state who this policy will affect: Patients or Service Users, Carers or families, Commissioned Services, Communities in placed based settings, Staff, Stakeholder organisations, Others (give details)		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.
Race and Ethnicity	None	None
Sex	None	
Age	None	
Religion and Belief	None	
Disability	None	
Sexuality	None	
Pregnancy and Maternity	None	
Gender Reassignment	None	

Marriage and Civil Partnership	None	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	None	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?

None required

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

None Required

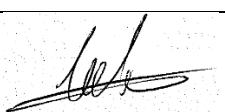
On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative		
			Nil		

If you identified positive impact, please outline the details here:

EIA Form Stage Two:

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity	None	None
Gender	None	None
Age	None	None
Religion	None	None
Disability	None	None
Sexuality	None	None
Pregnancy and Maternity	None	None
Gender Reassignment	None	None
Marriage and Civil Partnership	None	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	None

Signature: 

I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: 28/01/2026

Please send the complete EIA form to the People EDI Team for review.

Please send the form to: sfh-tr.edisupport@nhs.net

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No No No	N/A N/A N/A
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example, bunded containers, etc.) 	No No	N/A N/A
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No No No	N/A N/A N/A
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example, use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No No No	N/A N/A N/A
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	N/A
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	N/A