

| Ref                              | Domain        | Standard                    | Detail  | Evidence - examples listed below   | Acute Providers | Mental Health Providers | Community Service Providers | Organisational Evidence   | Self assessment RAG<br>Red (not compliant) = Not compliant with the core standard. The organisation's work programme shows compliance will not be reached within the next 12 months.<br>Amber (partially compliant) = Not compliant with core standard. However, the organisation's work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.<br>Green (fully compliant) = Fully compliant with core standard. | Action to be taken | Lead            | Timescale | Comments |
|----------------------------------|---------------|-----------------------------|---|--|-----------------|-------------------------|-----------------------------|---|---|--------------------|-----------------|-----------|----------|
| <b>Deep Dive - Oxygen Supply</b> |               |                             |   |  |                 |                         |                             |   |   |                    |                 |           |          |
| <b>Domain: Oxygen Supply</b>     |               |                             |   |  |                 |                         |                             |   |   |                    |                 |           |          |
| DD1                              | Oxygen Supply | Medical gasses - governance | The organisation has in place an effective Medical Gas Committee as described in Health Technical Memorandum HTM02-01 Part B. | <ul style="list-style-type: none"> <li>Committee meets annually as a minimum</li> <li>Committee has signed off terms of reference</li> <li>Minutes of Committee meetings are maintained</li> <li>Actions from the Committee are managed effectively</li> <li>Committee reports progress and any issues to the Chief Executive</li> <li>Committee develops and maintains organisational policies and procedures</li> <li>Committee develops site resilience/contingency plans with related standard operating procedures (SOPs)</li> <li>Committee escalates risk onto the organisational risk register and Board Assurance Framework where appropriate</li> <li>The Committee receives Authorising Engineer's annual report and prepares an action plan to address issues, there being evidence that this is reported to the organisation's Board</li> </ul>   | Y               | If applicable           | If applicable               | Medical Gas Committee chaired by Chief Pharmacist in place meeting quarterly. TOR's are available. Applicable risks are placed on the organisational risk register. Authorising Engineers annual report forwarded to the Medical Gas Committee.   | Fully compliant   |                    | Director of E&F |           |          |
| DD2                              | Oxygen Supply | Medical gasses - planning   | The organisation has robust and tested Business Continuity and/or Disaster Recovery plans for medical gases                   | <ul style="list-style-type: none"> <li>The organisation has reviewed and updated the plans and are they available for view</li> <li>The organisation has assessed its maximum anticipated flow rate using the national toolkit</li> <li>The organisation has documented plans (agreed with suppliers) to achieve rectification of identified shortfalls in infrastructure capacity requirements.</li> <li>The organisation has documented a pipework survey that provides assurance of oxygen supply capacity in designated wards across the site</li> <li>The organisation has clear plans for where oxygen cylinders are used and this has been discussed and there should be an agreement with the supplier to know the location and distribution so they can advise on storage and risk, on delivery times and numbers of cylinders and any escalation procedure in the event of an emergency (e.g. understand if there is a maximum limit to the number of cylinders the supplier has available)</li> <li>Standard Operating Procedures exist and are available for staff regarding the use, storage and operation of cylinders that meet safety and security policies</li> <li>The organisation has breaching points available to support access for additional</li> </ul> | Y               | If applicable           | If applicable               | Trust-wide business continuity and disaster recovery plans in place. Pipework plans for the site held by the Director of E&F, MGPS AP, E&F team. Cylinder training conducted by Education training leads on induction and on mandatory study day training sessions. Regular update training for Trust estate team by Trust AP | Fully compliant   |                    | Director of E&F |           |          |

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| DD3 | Oxygen Supply | Medical gasses - planning   | The organisation has used Appendix H to the HTM 0201 part A to support the planning, installing, upgrading of its cryogenic liquid supply system.  | <ul style="list-style-type: none"> <li>The organisation has clear guidance that includes delivery frequency for medical gases that identifies key requirements for safe and secure deliveries</li> <li>The organisation has policy to support consistent calculation for medical gas consumption to support supply mechanisms</li> <li>The organisation has a policy for the maintenance of pipework and systems that includes regular checking for leaks and having de-icing regimes</li> <li>Organisation has utilised the checklist retrospectively as part of an assurance or audit process</li> </ul> | Y | If applicable | If applicable | We have a primary V.I.E, back up V.I.E and an emergency reserve manifold to ensure that a safe supply is maintained. The V.I.E. contents are monitored by Air Products via telemetry to ensure that contents do not run low. Daily physical checks are performed on both V.I.E's and the emergency reserve manifold to ensure contents. Pipework and security is checked. De-icing is performed as required with increased frequency during periods of high demand.        | Fully compliant     |                                   | Director of E&F |  |  |
| DD4 | Oxygen Supply | Medical gasses - workforce  | The organisation has reviewed the skills and competencies of identified roles within the HTM and has assurance of resilience for these functions.  | <ul style="list-style-type: none"> <li>Job descriptions/person specifications are available to cover each identified role</li> <li>Rotating of staff to ensure staff leave/ shift patterns are planned around availability of key personnel e.g. ensuring QC (MGPS) availability for commissioning upgrade work.</li> <li>Education and training packages are available for all identified roles and attendance is monitored on compliance to training requirements</li> <li>Medical gas training forms part of the induction package for all staff.</li> </ul>  | Y | If applicable | If applicable | At least 1 MGPS AP available at all times. DNO training required for Matrons. Medical gas is an induction item for all staff. Annual refreshers for clinical staff.  | Partially compliant | DNO training required for Matrons | Director of E&F |  |  |
| DD5 | Oxygen Supply | Oxygen systems - escalation | The organisation has a clear escalation plan and processes for management of surge in oxygen demand  | <ul style="list-style-type: none"> <li>SOPs exist, and have been reviewed and updated, for 'stand up' of weekly/ daily multi-disciplinary oxygen rounds</li> <li>Staff are informed and aware of the requirements for increasing de-icing of vaporisers</li> <li>SOPs are available for the 'good housekeeping' practices identified during the pandemic surge and include, for example, Medical Director sign off for the use of HFNO</li> </ul>  | Y | If applicable | If applicable | Daily oxygen reporting to Command and Control for ED's and Clinical Leads. Vaporisers set to 8 hour duty cycle with de-icing performed daily at the start and end of the working day. All HFNO use agreed by Clinical Decision Cell in consultation with MGPS AP. In the event of increased number of High Flow Oxygen, or increased number of patients on oxygen MDT team review including Operations team, Estates team, Clinical Decision Cell and Control and Command. | Fully compliant     |                                   | Director of E&F |  |  |
| DD6 | Oxygen Supply | Oxygen systems              | Organisation has an accurate and up to date technical file on its oxygen supply system with the relevant instruction for use (IFU)   | <ul style="list-style-type: none"> <li>Reviewed and updated instructions for use (IFU), where required as part of Authorising Engineer's annual verification and report</li> </ul>   | Y | If applicable | If applicable | Soft copy held by Director of E&F and MGPS AP. Hard copy available in V.I.E. cabinet and Fire Service Gerda box. Copy also with MGPS AE and PFI partner.   | Fully compliant     |                                   | Director of E&F |  |  |
| DD7 | Oxygen Supply | Oxygen systems              | The organisation has undertaken as risk assessment in the development of the medical oxygen installation to produce a safe and practical design and ensure that a safe supply of oxygen is available for patient use at all times as described in Health Technical Memorandum HTM02-01 6.6 | <ul style="list-style-type: none"> <li>Organisation has a risk assessment as per section 6.6 of the HTM 02-01</li> <li>Organisation has undertaken an annual review of the risk assessment as per section 6.134 of the HTM 02-01 (please indicated in the organisational evidence column the date of your last review)</li> </ul>  | Y | If applicable | If applicable | PCP for medical gas systems held by Director of E&F and Medical Gas AP   | Fully compliant     |                                   | Director of E&F |  |  |