

Ventilation Systems Policy

V4.0

June 2026

Summary

The Trust shall ensure that all ventilation systems are designed, operated and maintained within the guidance in operation at the time of design or operation.

All steps shall be taken where reasonably practicable to ensure all ventilation systems within the Trust meet the requirements of the latest best practice guidance.

The Trust shall ensure that all staff and contractors who have responsibility for the safe operation, maintenance and installation of ventilation systems are suitably qualified and trained to undertake the tasks required.

The Trust shall ensure that all training records, records of appointments and documentation relating to the management and operation of the Trusts ventilation systems are kept up to date and filed in a safe location with electronic backups regularly maintained.

The Trust shall ensure that any failings or shortcomings relating to the design, operation and maintenance of their ventilation system are logged and reported to the Ventilation Safety Group.

Any derogation from best practice guidance shall be fully risk assessed and documented with the approval of the Executive Directors or Senior Responsible Officers, in line with the requirements of the current HTM 03-01 (Health Technical Memorandum) and the NHS England Processes for managing and reporting derogations from estates technical standards and guidance (<https://www.england.nhs.uk/publication/processes-for-managing-and-reporting-derogations-from-estates-technical-standards-and-guidance/>).

The Trust shall appoint those roles required under the HTM to effectively manage the ventilation systems and safety at the Royal Cornwall Hospitals NHS Trust.

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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1. Introduction

- 1.1. Ventilation is used extensively in healthcare premises to closely control the environment and air movement within the space that it serves. This is for both the comfort of occupants in buildings and to contain, control and reduce hazards and therefore reduce risks to patients, staff and visitors from airborne contaminants such as, dust and harmful micro-organisms.
- 1.2. This policy sets out the detailed requirements for the maintenance and safe operation of all air conditioning and ventilation plant. These will be maintained so that they do not present a risk to persons either in the vicinity of the plant, in areas served by the plant, or a statutory compliance risk to the Royal Cornwall Hospitals NHS Trust (referred to as the 'Trust').
- 1.3. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This Policy requires that all ventilation and air conditioning equipment is installed, inspected, serviced and maintained in accordance with all Statutory Instruments, NHS Guidelines and Health Technical Memorandums (HTM) to ensure that such equipment does not pose a health or operational risk to either staff, patients or visitors.

3. Scope

- 3.1. This Policy applies to all staff, service users and contractors associated with the Trust. Those persons with defined responsibilities should read this policy, and where applicable, read and understand the ventilation standard operating procedures manual.
- 3.2. This Policy covers all maintenance activities on ventilation and air conditioning plant within the Trust, and any sites where the Trust is responsible for the maintenance of ventilation equipment. This will include, but not limited to, local room extraction plants up to full air handling and conditioning systems. The policy also includes elements of design that must be considered.
- 3.3. This policy document and associated ventilation procedures manual cannot anticipate all eventualities and therefore professional judgement should be used to identify the appropriate course of action needed.
- 3.4. The on-going risk management process will enable those involved, namely, the Designated Person (Ventilation), Authorised Person (Ventilation), Competent Persons (Ventilation) and Infection Prevention Control Team to identify the level of vulnerability and risks posed to individuals; including patients, staff members and visitors, thereby ensuring appropriate action can be taken.

4. Definitions/Glossary

HTM Health Technical Memorandum.

HTM03-01 Specialised ventilation for healthcare buildings technical guidance published by the NHS and Department of Health and Social Care.

5. Ownership and Responsibilities

5.1. Role of the Chief Executive

The Chief Executive is the duty holder with overall responsibility for ensuring that suitable and sufficient procedures are in place to manage and maintain the Trust's ventilation and air conditioning equipment.

5.2. Role of the Director of Estates and Facilities – Designated Person

The Director of Estates and Facilities is appointed by the Chief Executive as the Designated Person with delegated responsibilities for the safety of ventilation systems in the Trust as defined in HTM 03-01.

5.3. Role of the Head of Estates – Senior Operational Manager

The Head of Estates is responsible for ensuring this Policy is implemented and an Authorising Engineer (Ventilation) (AE (V)), is appointed. That all Estates related work is carried out by competent and trained staff, including checks on contractors. All appointments are to be made in writing.

5.4. Role of the Head of Capital Projects

The Head of Capital Projects is responsible for ensuring that the requirements of this policy are observed and adhered to during strategic major capital projects.

5.5. Role of the Authorising Engineer (Ventilation) (AE (V))

- 5.5.1. The AE (V) is responsible for providing independent advice on ventilation systems and to audit via critical maintenance audits, review and witness documentation on system validation/verifications.
- 5.5.2. The AE(V) will be appointed by the Designated Person following a formal tender process and recommendation.

5.6. Role of the Authorised Person (Ventilation) (AP (V))

- 5.6.1. A sufficiently experienced and qualified ventilation engineer for the Trust will be appointed AP(V) responsible for the implementation and operation of safety policies and procedures relating to the engineering aspects of air conditioning and ventilation systems. This role will be appointed by the Designated Person on advice and recommendation by the AE(V) and Head of Estates.
- 5.6.2. The AP(V) is responsible for maintaining and managing the CP(V), who have received appropriate training, to carry out maintenance and planned maintenance, and other activities relating to the ventilation systems under the guidance of the AP(V). The role will be appointed and assessed by the AP(V).

5.7. Role of the Competent Person (Ventilation) (CP (V))

The CP(V) is the is appointed by the AP(V) following training and assessment on their competencies to undertake planned and reactive maintenance of the ventilations systems. The CP(V) will be appointed every three years and will undertake additional training as required. However, they may be assessed on an interim basis to ensure they remain competent to undertake the role.

5.8. Role of the Infection Prevention Control Team

The Infection Prevention Control Team will nominate a point of contact, normally senior microbiologist, to advise on the monitoring of microbiological performance of the air conditioning and ventilation systems.

5.9. Role of the Senior Operational and Clinical Managers or Leaders

The Senior Operation and Clinical Manager or Leaders, or a person with the delegated authority to act, shall attend the Trusts Ventilation Safety Group meetings, where they will provide information relating to the clinical risk assessments in place and update the group on any changes to clinical procedures that require a specific ventilation strategy or may present an elevated risk to patients and staff if the ventilation strategy is not reviewed.

5.10. Role of Workers

5.10.1. All Trust Workers are responsible for reporting defects and faults with any ventilation systems, as they occur, via the Estates Department Helpdesk.

5.10.2. To inform their managers or leaders to provide information to the Trust ventilation management group or directly with the Estates department when areas of the ward or department are planned to change use, this will then require an engineering review prior to the planned changes taking place.

5.11. Role of the Ventilation Safety Group

5.11.1. The Group will monitor the ventilation safety testing within the Trust and report monthly on issues arising from non-compliance.

5.11.2. Submit quarterly reports and make recommendations to the Hospital Infection Prevention and Control Committee (group). in relation to ventilation testing and any issues.

5.11.3. Identify and agree the strategic direction each year for review and implementation of the Ventilation Safety Action Plan.

5.11.4. Monitor compliance against the Health and Social Care Act and Department of Health and Social Care guidance.

5.11.5. Review any new methods to ventilation and make recommendations relating to their use.

5.11.6. Receive and review new guidance from outside areas and ensure an appropriate response is initiated by the Trust.

5.11.7. The group will be provided an overview of any capital projects where ventilation is impacted or required.

6. Standards and Practice

6.1. The Trust shall ensure that all ventilation systems are designed, operated, and maintained to the relevant guidance available at the time of design or operation.

6.2. All steps shall be taken where reasonably practicable to ensure all ventilation systems within the Trust meet the requirements of the latest best practice guidance.

6.3. The Trust shall ensure that all workers and contractors who have responsibility for the safe operation, maintenance and installation of ventilation systems are suitably qualified and trained to undertake the tasks required.

6.4. The Trust shall ensure that all training records, records of appointments and documentation relating to the management and operation of the Trusts ventilation systems are kept up to date and filed in a safe location with electronic backups regularly maintained.

6.5. The Trust shall ensure that any failings or shortcomings relating to the design, operation, and maintenance of their ventilation systems are logged and reported to the Ventilation Safety Group for discussion where appropriate.

6.6. Any derogation from best practice guidance shall be fully risk assessed and documented with the approval of the Trusts Executive Directors or Senior Responsible Officers, in line with the requirements of the current HTM 03-01 (Health Technical Memorandum) and the NHS England Processes for managing and reporting derogations from estates technical standards and guidance (<https://www.england.nhs.uk/publication/processes-for-managing-and-reporting-derogations-from-estates-technical-standards-and-guidance/>).

6.7. Design and Installation

6.7.1. All new ventilation and air conditioning equipment will be designed, installed and commissioned by suitably qualified and competent Engineers.

6.7.2. They will be compliant with the requirements of, but not limited to:

- Health and Safety at Work Act 1974.
- Health Technical Memorandum (HTM) 03-01.
- HTM05 and other guidance.
- Control of Substances Hazardous to Health Regulations 2002.
- HSE Control of Legionella Approved Code of Practice L8.

- Regulatory Reform (Fire Safety) Order 2005.
- Specific requirements under the Medicines Act 1968.
- HSG258 Controlling Airborne Contaminants at work and as required by.
- Management of Health and Safety at Work Regulations 1999.
- Hospital Infection Society (2002). Microbiological commissioning and monitoring of operating theatre suites.
- Electricity at Work Regulations 1989.

Copies of all HTM's can be found online at NHS England¹

- 6.7.3. All ventilation systems must be subject to acknowledgement and review by the Authorised Person, seeking advice from the Authorising Engineer as appropriate. Designs and specifications will be subject to review and agreement. However, design liability will remain and sits with a suitably appointed and qualified designer for each project or system following CDM Regs. New and existing systems may be subject to review through the Ventilation Safety Group where appropriate.
- 6.7.4. Information for all new equipment, concerning its installation, designed mode of operation together with full details of maintenance procedures, shall be provided as part of the commissioning process.
- 6.7.5. In areas undergoing refurbishment, advice will be sought from the Infection Prevention Control Team to determine the requirements of the existing ventilation and air conditioning systems. Where systems do not meet current HTM 03-01 standards, equipment should be upgraded, replaced or removed.

6.8. Standards

Operational Standards applied during the design and installation of ventilation and air condition systems should be easily maintainable during the operational lifecycle of the equipment. This will be evidenced by planned maintenance records held within the Estates Department. Assessment of the suitability of older ventilation systems shall be made with the assistance of the Authorising Engineer (Ventilation) and the Infection Prevention Control Team.

6.9. Maintenance

All service and maintenance procedures shall conform to the principles set out in "Specialised Ventilation for Healthcare premises" HTM 03-01, and the "Approved Code of Practice on the Prevention of Control of Legionella, L8" published by the Health and Safety Commission and "The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems" HTM 04-01 and any

¹ [NHS England » Health technical memoranda](#)

subsequent legislation or guidelines.

6.10. Operational Procedures

The operational procedures relating to the safe operation and maintenance of ventilation systems within the Trust are defined and explained within the ventilation procedures documents held in the Estates Department.

6.11. Information

6.11.1. Maintenance and routine inspection records shall be maintained for ventilation plant and kept within the Estates Department electronic database.

6.11.2. For the safety of contractors and maintenance staff the following information shall be provided adjacent to the plant to which it refers:

- General information regarding the intended operation of the plant together with a schematic diagram of the equipment and its distribution system.
- Information concerning the purpose of the plant and details of those departments and/or personnel served by the plant and who should be informed prior to switching off or carrying out maintenance activities.
- Information required for the safety of the personnel carrying out the service and maintenance activities.
- information and records will be maintained electronically in a secure location, available to all relevant persons.

7. Dissemination and Implementation

7.1. This document will be available on the Trust Documents Library and disseminated to all staff and departmental groups listed here:

- Senior, Operational and Clinical Leads.
- Estates Department.
- Contractors.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with this document will be monitored via the Estates Department, through annual audits, inspections and the Ventilation Safety Group.
Lead	Nominated Lead AP Ventilation with guidance from AE Ventilation

Information Category	Detail of process and methodology for monitoring compliance
Tool	Monitoring and control documentation required for compliance with this policy. Advice and annual Audits from the AE Ventilation will confirm compliance.
Frequency	Compliance with this policy is required for all new equipment or projects concerning Ventilation systems. Independent Annual Audits will confirm compliance.
Reporting arrangements	All issues and reports relating to this policy will be sent to the Infection Prevention and Control Committee (group), via the Ventilation Safety Group. Reports submitted to this committee will detail the actions required to ensure compliance with HTM guidance where possible and will detail actions required to remedy any defects or faults. Meetings are to have minutes.
Acting on recommendations and Lead(s)	Estates Department will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes. The Estates lead for this will be the nominated AP Ventilation Required actions will be identified and completed in a specified timeframe
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned by the nominated AP Ventilation, within the appropriate time frame, this will be coordinated under the guidance of the nominated AE Ventilation. Lessons learnt will be shared with all the relevant stakeholders

9. Updating and Review

This policy will need to be reviewed every 3 years, or subject to any industry and Government guidance and best practice updates.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Ventilation Systems Policy V4.0
This document replaces (exact title of previous version):	Ventilation Systems Policy V3.0
Date Issued/Approved:	May 2026
Date Valid From:	June 2026
Date Valid To:	June 2029
Author/Owner:	Ryan Hill, Estates Manager (Mechanical)
Contact details:	01872 25(3400)
Brief summary of contents:	Policy for the maintenance, control and assurance of all ventilation plant and equipment within the Trust.
Suggested Keywords:	Ventilation, Safety, Infection Prevention .
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Director of Estates and Facilities
Approval route for consultation and ratification:	Ventilation Safety Group
Manager confirming approval processes:	Head of Estates
Name of Governance Lead confirming consultation and ratification:	Head of Performance Improvement, Governance and Compliance – Estates and Facilities
Links to key external standards:	Health Technical Memorandum
Related Documents:	None required
Training Need Identified:	Yes
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet

Information Category	Detailed Information
Document Library Folder/Sub Folder:	Estates and Facilities / Estates

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
April 2013	V1.0	Initial Issue	Steven Carter, Energy and Environment Officer
April 2015	V1.1	Policy Review	Steven Carter, Estates Operations Manager
November 2017	V2.0	Policy Review and Updated with Ventilation User Group TOR and Clinical management responsibilities defined.	AE Ventilation, GPJ Consulting Engineers
August 2022	V3.0	Minor updates and review, inclusion of the Designated Person and SOM roles.	Phil Bond, Senior Facilities Manager
May 2026	V4.0	Full review and update to roles and responsibilities. Transfer to new template	Ryan Hill, Estates Manager (Mechanical)

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:

[E11 QEIA Policy](#)

For guidance, please see the [QEIA Essentials – Quick Reference Guide](#) or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: rcht.inclusion@nhs.net.

Quality Governance guidance, please contact Jillian Tozer: jillian.tozer3@nhs.net