

WATER SAFETY POLICY

		POLICY	
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1.0 INTRODUCTION

This policy is issued and maintained by the Director of Strategic Planning & Commercial Development [the sponsor] on behalf of Sherwood Forest 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 water safety. This commitment is demonstrated through compliance with all statutory requirements and codes of practice in all premises for which it is responsible. To ensure safe water is provided to Trust staff, patients and visitors the Trusts PFI Partner, Skanska Facilities Services [SFS] have developed and implement a Water Safety Plan [WSP] [defined in 'Management Plan'.

The primary objective of this policy to ensure a robust management system for the effective control of water systems throughout the Trusts premises, and to minimise the risk of water born bacteria causing harm to patients, visitors and staff.

2.0 POLICY STATEMENT

This policy sets out the management approach to be adopted by the Trust and their PFI Partners [herein known as partners] [Central Nottinghamshire Hospitals Plc [CNH Plc or 'Project Co'] and their service providers [herein also known as partners] [SFS and Medirest]; for providing and maintaining safe water systems and preventing infection. The Partners for the Trust complete all maintenance of water systems across the various properties the Trust occupy or own. The Trust recognises it still has a duty of care to ensure these water systems are being managed appropriately.

2.1 Statement of Intent

It is the policy of the Trust and its partners to minimise the risk of infection from water supplies by ensuring water systems are rigorously maintained, monitored, tested according to the Partners WSP [which is based on the key reference documents detailed below] and any required precautions adopted.

- Comply with the Health and Safety Commission's Approved Code of Practice & Guidance [ACOP] L8 [4th edition] - "The Control of Legionella Bacteria in Water Systems" [2013]
- Comply with the Health & Safety Executive Guidance HSG 274 Part 2 - "The Control of Legionella Bacteria in Hot and Cold Water Systems"
- Comply with the Health & Safety Executive Guidance HSG 274 Part 3 - "The Control of Legionella Bacteria in Other Risk Systems"
- Comply with the Department of Health documents HTM04-01 Parts A, B & C: "Safe Water in Healthcare Premises"
- Comply with the Department of Health documents HTM03-01: Part A and B: Specialised Ventilation for Healthcare Premises.
- Work with their partners in an open and coordinated relationship to ensure the safety of patients, staff, visitors and others.

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origin, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status.

An equality impact assessment (EIA) of this policy has been conducted by the author using the EIA tool developed by the diversity and inclusivity committee. The score of this policy when assessed by the tool on the 30th September 2016 was rated as 'low'.

3.0 DEFINITIONS/ ABBREVIATIONS

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 services.

Project Co.:

This is the term used for the Central Nottinghamshire Hospitals PLC [or CNH]. It is the organisation appointed by the Trust who built the new hospital buildings, 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 [SFS]:

This is the organisation appointed by Project Co to provide certain facilities management services including estates and maintenance functions.

Schedule 14

The part of the PFI Project Agreement mainly concerned with

Service Level Specifications:

The facilities management services provided by Project Co through their subcontract with SFS.

Schedule 22

The part of the PFI Project Agreement mainly concerned with

Variations:

Trust variations enquiries in regards to the PFI contract

Water Safety Plan [WSP]:

The WSP [referred to by the HSE as the 'Written Scheme'] for the Trust is a defined suite of supporting documents, which are designed to ensure Water Safety is being proactively managed within the Trust. The WSP is made up of the following documents: Management Policy, Risk Assessments, Operational Procedures, Log Books / Records.

Water Safety Group [WSG]:

A multidisciplinary group formed to undertake the commissioning and development of the WSP, which also advises on the remedial actions when water systems or outlets are found to be contaminated. The terms of reference for the group are in Appendix 2.

Approved Code of Practice L8 [4th edition]

The Control of Legionella Bacteria in Water Systems:

Approved Code of Practice prepared by the HSE and gives practical advice on the requirements of the Health and Safety at Work Act 1974 [HSWA] and the Control of Substances Hazardous to Health Regulations 2002 [COSHH] concerning the risk from exposure to legionella bacteria in circumstances where the Health and Safety at Work etc. Act 1974 applies. L8 also gives guidance on compliance with the relevant parts of the Management of Health and Safety at Work Regulations 1999 [MHSWR].

HTM04-01:

Safe Water in Healthcare Premises [Parts A, B & C] 2016. Prepared by the Department of Health and gives guidance to healthcare management, design engineers, estate managers and operations managers on the legal requirements, design applications, maintenance and operation of hot and cold water supply, storage and distribution systems in healthcare premises.

Legionella:

Type of aerobic bacterium, which is found predominantly in warm water environments [singular of legionellae]. These are ubiquitous in the environment and found in a wide spectrum of natural and artificial collections of water.

Legionnaires' disease:

Is a potentially fatal form of pneumonia which can affect anybody, but which principally affects those who are susceptible because of age, illness, immunosuppression, smoking etc. It is caused by the bacterium *Legionella pneumophila* and related bacteria. *Legionella* bacteria can also cause less serious illnesses which are not fatal or permanently debilitating.

Pseudomonas aeruginosa:

A bacteria commonly found in wet or moist environments. It thrives in relatively nutrient-poor environments at a range of temperatures. It is commonly associated with disease in humans with the potential to cause infections in almost any organ or tissue, especially those patients compromised by underlying disease, age or immune deficiency.

Potable Water:

Is water that is supplied to the Trust that is intended for human consumption.

Non-potable Water:

Water that is used for any other purposes excluding human consumption.

4.0 ROLES AND RESPONSIBILITIES

This section details the general responsibilities of all relevant persons and groups. An 'Communications Pathway' showing responsibility structure is appended to this policy [Refer to Appendix 1].

The Trust as and its partners all have responsibilities as duty holders to ensure they maintain the provision of safe water. Below the responsibilities are defined for each role within the Trust and its partners.

4.1 TRUST Duty Holder

The Chief Executive is the statutory Duty Holder. The Duty Holder and the Board have overall responsibility for Health and Safety within The Trust, including water safety. They shall appoint in writing the TRUST Designated Person [Water].

4.2 TRUST Designated Person [Water]

Is the Trusts Director of Strategic Planning & Commercial Development, who is the Appointed Board Level Executive responsible for safe water being supplied. 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.

4.3 TRUST Responsible Person [Water]

Is the Head of Estates & Facilities who is appointed in writing by the TRUST Designated Person. They fulfill the appointed Senior Operational Management role, under the direction of the TRUST Designated Person [Water] and as such has responsibility for coordinating resources, ensuring the policy is reviewed, ratified and implemented and will chair the WSG meetings.

Has responsibility for ensuring that suitable information, instruction and training is provided to the TRUST Deputy Responsible Person [Water]. Ensure the risk assessments remain current and are reviewed and updated as required. Shall appoint the TRUST Authorising Engineer [Water].

They will be responsible for notifying SFS, via Project Co, in advance of any works on water systems initiated by the Trust if undertaken outside of the formal PFI schedule 22 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 SFS of new systems to be added to the scheme of control and those items to be risk assessed. The Trust will ensure that its directly employed contractors comply with SFS' permit procedures.

4.4 TRUST Deputy Responsible Persons [Water]

Is the Senior Estates Manager – Hard FM, who is appointed in writing by the TRUST Designated Person will deputise for the RPW at the WSG meetings when appropriate. The TRUST Deputy Responsible Person [Water] will ensure there are adequate resources available to ensure compliance with this policy and the Partners WSP/Tech document for water safety. They shall work directly with the partners to ensure compliance with this policy and the Partners WSP/Tech document is being adhered too. They shall attend the WSG.

4.5 TRUST Authorising Engineer [Water]

An appointed independent professional advisor to the Trust [must be independent from the operational structure of the Trust]. Acting as assessor and recommending appointments for the Authorised Persons, monitors performance of the service and conducts annual audits.

4.6 TRUST Infection Prevention and Control Officer [Water]

This person is appointed by the TRUST Duty Holder to have responsibility for water quality; this person is the Consultant Microbiologist. This policy must be reviewed by the TRUST Infection Prevention and Control Officer [Water] and their team and they must agree any changes. The Infection Prevention and Control Officer [Water] will review all the water test results sent to them by SFS. All unsatisfactory results are investigated by SFS under the advice of the TRUST Infection Control Officer [Water] who makes an assessment based on the potential for clinical implications.

They will advise on the risks associated with water, lead on *Pseudomonas aeruginosa* risk assessment process covering Augmented Care areas and lead on any outbreaks/incidents.

4.7 TRUST Infection Prevention and Control

This person is the head of Infection Control. They support the TRUST Infection Control Officer [Water] and will deputise in their absence.

4.8 TRUST Other Professionals [i.e. Capital planning/Strategy/Projects].

All such individuals shall ensure:

- They follow this Policy, the Partners WSP/Tech document and the relevant primary reference publications upon which both are based;
- They shall also ensure that they are up to date, by attending relevant awareness and training sessions. Providing evidence to the TRUST & SFS Responsible Persons [Water] of competence and training records;
- The person commissioning external designers is responsible for ensuring design requirements defined with relevant British Standards and the HTM's are met;
- Provide evidence of competence for any contractor who will be working on any of the water systems. Evidence can be training records for individuals and membership to an appropriate trade association i.e. the Legionella Control Association [LCA], Water Safe Register approved.
- The person overseeing the commissioning of any project [regardless of size] shall ensure that commissioning process complies with the Partners WSP.
- The person overseeing any completed project shall ensure all O&M manuals are correct and accurate and include full drawings. These shall then be passed on to TRUST Deputy Responsible Person [Water] & SFS Authorised Person [Water].
- They shall report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might have an impact on water hygiene to the TRUST & SFS Responsible Persons [Water] before the handover of any project to the SFS.
- Documented legionella risk assessments to be undertaken for New Projects and major refurbishments to be submitted to SFS for appending to the main risk assessment on completion of the action plan
- Generate and maintain records of all actions taken with respect to water hygiene.

4.9 TRUST Head of Nursing and Ward/Department Leaders

These individuals shall:

- Manage little used outlets, including the reporting, flushing and maintenance of records;

- Inform the partner of any equipment that requires a connection to the water system so that a risk assessment can be completed;
- Ensure adequate Risk Assessments identifying Little Used Outlets are current and updated annually.
- Ensure that inappropriate plant or equipment is not connected to the water system by Trust staff.

4.10 PROJECT CO Duty Holder

Project Co 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 1999 or the Control of Substances Hazardous to Health Regulations 2002. Project Co has entered into a sub-contract with SFS in respect of certain of its obligations under the PFI agreement with the Trust. SFS is an employer and has duties under the above requirements. Project Co does however have duties under Section 4 of the Health and Safety at Work 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.

4.11 PROJECT CO Responsible Person [Water]

The General Manager is the PROJECT CO Responsible Person [Water] they shall be appointed in writing by the PROJECT CO Duty Holder for Project Co. To ensure Project Co and its hard facilities management subcontractor and its soft services subcontractor are compliant they will monitor and audit both organisations.

4.12 PROJECT CO Deputy Responsible Person [Water]

The Assistant General Manager is the PROJECT CO Deputy Responsible Person [Water] they shall be appointed in writing by the PROJECT CO Duty Holder for Project Co. They shall support the PROJECT CO Responsible Person [Water] in ensuring compliance with this policy document. To ensure Project Co and its hard facilities management subcontractor and its soft services subcontractor are compliant they will monitor and audit both organisations.

The PROJECT CO Responsible Person [Water] shall attend the WSG meetings and report through the monthly PFI reporting function all statutory compliance updates. Any reports and audits shall also be made available to the WSG. They shall also immediately report any system deficiencies / non compliances to the TRUST Responsible Person [Water] and their deputy.

4.13 SFS Duty Holder

The SFS Chief Executive is the statutory Duty Holder. The Duty Holder has overall responsibility for Health and Safety within SFS, including water safety. They shall appoint in writing the SFS Responsible Person [Water].

4.14 SFS Responsible Person [Water]

The General Manager for SFS is the SFS Responsible Person [Water] they shall be appointed in writing by the SFS Duty Holder. They have responsibility for coordinating resources, ensuring the Partners WSP is developed, reviewed [in association with the Trust and Project Co] and presented at the WSG for approval.

Has responsibility for ensuring that suitable information, instruction and training is provided to the SFS Authorised Person/s [Water] & SFS Competent Persons and formally appoint each. Ensure the risk assessments remain current and are reviewed and updated as required.

They shall inform the TRUST, PROJECT CO & SFS Responsible Persons [Water] when system non compliances / deficiencies are found. They shall also notify Project Co and Trust through the Monthly PFI Performance reporting system and to the WSG when the Partners WSP/Tech document has been found to be out of control or ineffective.

4.15 SFS Authorised Person [Water]

The Estates Officer for SFS is the SFS Authorised Person [Water] they shall be appointed in writing by SFS Responsible Person [Water].

Has responsibility for the day-to-day operational management of water systems they shall implement the Partners WSP/Tech document ensuring all control parameters are adhered followed, including the regular PPM tasks are issue, returned & reviewed. To action any non-compliant situations and report those which cannot be resolved to the SFS Responsible Person [Water].

Ensure the records system remains up to date and accurate. Shall ensure the risk assessments and schematics are kept current and reviewed as required and delivering any remedial works arising from the assessment. They will also ensure their respective SFS Competent Persons remain current and up to date with training.

4.16 SFS Competent Persons [Tradesmen & Maintenance Assistance]

Competent Persons are SFS own trades staff. They will be appointed in writing by the SFS Authorised Person [Water] and work under their direction. They must carry out all works in accordance with this policy, the Partners WSP/Tech document and the PPM programme. These persons are skilled in the installation and / or maintenance of water systems through to and including flushing outlets in closed areas / departments. They shall complete records forms for tasks undertaken using an appropriate form. Any non-compliances they discover they shall try to rectify immediately, alerting the SFS Authorised Person [Water] of the issue and actions taken.

4.17 SFS Competent Persons [External Consultants & Contractors]

All external individuals who will have an impact on the water systems will need to demonstrate and provide evidence of training appropriate to their activities. They shall be required to follow this policy, the Partners WSP/Tech document and supporting reference documents. They shall immediately report any non-compliant issues to the SFS Authorised Person [Water].

4.18 MEDIREST Duty Holder

The MEDIREST Chief Executive is the statutory Duty Holder. The Duty Holder has overall responsibility for Health and Safety within Medirest, including water safety. They shall appoint in writing the MEDIREST Responsible Person [Water].

4.19 MEDIREST Responsible Person [Water]

The Operations Director for Medirest is the MEDIREST Responsible Person [Water] 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 and the Partners WSP/Tech document are followed. They will directly manage the house keeping team who assist with the turn over water at outlets on a daily basis. Where none little used are reported to the MEDIREST Responsible Person [Water] they shall ensure this outlet is included in the flushing program.

4.20 MEDIREST Competent Persons [House Keeping]

These Competent Persons are Medirest own Cleaning and House Keepers. They will flush all outlets, in their designated areas, on a daily basis as part of the daily cleaning program including the flushing of reported / none little used outlets on a twice weekly basis. Records shall be kept by these persons to indicate the task was completed.

4.21 TRUST Health and Safety Officer

They are responsible for assisting the Responsible Person [Water] and Authorised Persons [Water] through:

- Provision of guidance and advice to all involved in the management of water safety;
- Overseeing compliance with this Policy the Partners WSP/Tech document by means of audit management systems and controls [assisting Authorising Engineer [Water] with annual audits];
- Overseeing that relevant persons complete reviews and updates of this Policy, the Partners WSP/Tech document, risk assessments, minimisation schemes and routine maintenance;
- Completing internal audits, managing records [hard and soft records] relating to water safety and assisting with the review of the policy and the Partners WSP/Tech document;
- Will attend Water Management Working Group meetings;
- Assisting with reporting and communicating with relevant authorities as a result of inspections, sampling and / or cases / outbreaks.

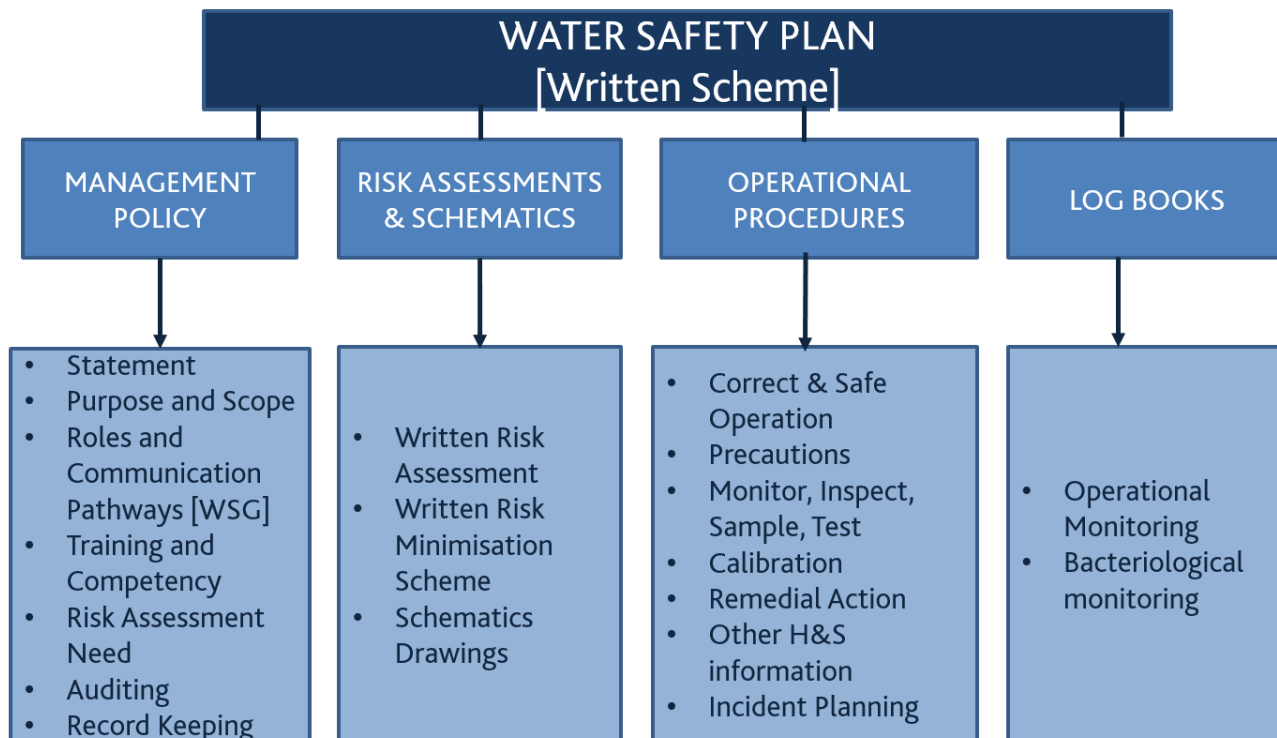
5.0 APPROVAL

The Water Safety Policy was consulted with the Water Hygiene Centre prior to its approval at the Trust Water Safety Group.

6.0 DOCUMENT REQUIREMENTS

6.1 Water Safety Plan [WSP]

The WSP [referred to by the HSE as the 'Written Scheme'] for the Trust is a defined suite of supporting documents, which are designed to ensure Water Safety is being proactively managed within the Trust. The WSP is made up of the following documents:



6.2 Water Safety Group [WSG]

To comply with the HCAI Code of Practice recommendation that management and monitoring arrangements are need to be in place, the Trust has an established WSG and WSP.

The aim of the WSG to ensure the safety of all water used by patients / residents, staff and visitors, and to minimise the risk of infection associated with waterborne pathogens.

The WSG is multi-disciplinary group and is a forum in which people with a range of competencies through the Trust are brought together to share responsibility and take collective ownership for ensuring it identifies water-related hazards, assesses risks, identifies and monitors control measures and develops incident protocols.

As such membership to the WSG broadly includes those:

- Who are familiar with all water systems and associated equipment in the building(s) and the factors that may increase risk of infection from *Legionella*, *P. aeruginosa* and other waterborne pathogens (that is, the materials and components, the types of use and modes of exposure, together with the susceptibility to infection of those likely to be exposed);
- Who have knowledge of the particular vulnerabilities of the at-risk population within the facility;
- Representatives from areas where water may be used in therapies, medical treatments or decontamination processes where exposure to aerosols may take place.

The WSG undertakes:

- The commissioning, development & implementation of the WSP.

- b. The provision of advice on the remedial action required when water systems or outlets are found to be contaminated and the risk to susceptible patients is increased.
- c. Decision making on the safety and integrity of the water systems and associated equipment that use water to which patients, staff and visitors could be exposed do not go ahead without being agreed by the WSG. This includes consultations relating to decisions on the procurement, design, installation and commissioning of water services, equipment and associated treatment processes [includes seeking assurance should be sought from the manufacturer regarding safety for patients and service-users].

The Terms of Reference [ToR] for the WSG can be found in Appendix 2 of this Policy. The ToR defines:

- a. The purpose of the WSG;
- b. Membership of the WSG;
- c. Frequency of meetings, Quorate arrangements along with agenda;
- d. Objective of the WSG;
- e. Reporting arrangements

The WSG has clearly identified lines of accountability / communication pathways [see 3.2 Communication Pathways] up to the CEO and board. The roles and responsibilities of these members are defined within this Policy. Only members of the WSG shall meeting meetings, unless they are unable to attend it is expected they will inform the Chairperson and detail a nominated deputy to attend the WSG in their place.

6.3 Operational Water Group [OWG]

This is a separate group to the WSG. The OWG meets on a monthly basis [or sooner if deemed necessary] with the objective of OWG is provide assurance of operational performance, monitoring for the Trust risk systems along completing the risk assessment review process and documenting this review. The OWG shall also ensure asset registers are accurate and kept up to detailing all assets relating hot and water systems.

The OWG is chaired by the DRP [Water] and is attended by the APs, approved contractors & risk assessors. Formal minutes are taken. Reports on performance, risk minimisation action plans, sampling results and incidents are summarised and reported to the quarterly WSG meetings.

6.4 Hydrotherapy Pool Management Group

This is a separate group to the WSG. This group meets on a 6 monthly basis to review the management arrangements of the Hydrotherapy Pool.

Formal minutes of these meetings are recorded and these are noted at the WSG. The Hydrotherapy Pool Management Group has its own defined Policy document [outline roles and responsibilities] and a Procedures Manual for the safe operation and maintenance of the pool.

6.5 Operational Procedures [WSP/Tech]

The WSP/Tech defines the operational procedures, routine maintenance, routine monitoring, emergency actions [outbreak, confirmed/suspected cases, and non-compliant occurrences] for all Trust risk systems. Along with the documented record management system, the associated

forms and check sheets to be used by SFS CP [Water] as part of the routine monitoring and inspections.

The WSP/Tech also details the control strategy for managing water risk systems along water sampling need with identified areas and locations for sampling water.

The WSP/Tech is prepared by the SFS RP [Water], SFS AP [Water] with input from the TRUST DRP RP [Water], TRUST AE [Water], Infection Control Lead, Consultant Microbiologist, Head of Health & Safety.

The risk assessments shall identify and record risk systems, these identified risk systems will be reviewed against the WSP/Tech to ensure the WSP/Tech remains current and accurate.

6.6 Auditing

A programme of auditing the written scheme elements is defined in section 7 'Monitoring Compliance & Effectiveness'. This will inform the organisation's assurance framework.

Monitoring the performance of a contractor should be completed either by TRUST DRP [Water] or TRUST AE [Water]. The use of another contractor to monitor the performance of the first contractor should be avoided as this could lead to a conflict of interest.

An annual water risk management audit is undertaken by the TRUST AE [Water] with assistance from the TRUST RP [Water], TRUST DRP [Water] & Head of Health & Safety in order to ascertain the effectiveness of the broad management arrangements. The methodology for audit may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit report includes recommendations for improvement and forms part of the legionellosis risk management system.

A quarterly performance monitoring completed by the TRUST DRP [Water] and SFS AP [Water] will require inspection of systems and their records to establish the degree of compliance of records present and accuracy of the records. These quarterly performance audits apply to all Trust properties. The results of this quarterly performance audit will be reported at the WSG.

Auditing should establish:

- a. the required level of service is met;
- b. all the required plant is being maintained;
- c. system performance is being maintained (that is, by the implementation of microbial sampling and temperature/biocide-level- monitoring regimes);
- d. maintenance is being carried out to the agreed standard;
- e. correct replacement parts are being used;
- f. the agreed spares stocks are being held on site;
- g. records are being correctly maintained;
- h. the agreed standards, number of staff, and number of visits are being achieved;
- i. plant is being operated to achieve optimum energy usage;
- j. health and safety requirements are being complied with;

- k. only agreed subcontractors with the appropriate knowledge and competence are being employed;
- l. the client and typical users of the building are satisfied;
- m. Invoices accurately reflect the work carried out, including materials expended:
- n. breakdowns do not occur too often;
- o. adequate consideration is being given to the potential environmental impact of contractors' actions, for example disposal of lubricants, chemicals, worn parts etc. that cannot be recycled.

6.7 Risk Assessments & Drawings.

6.7.1 Water Risk Assessments

The TRUST RP [Water] will ensure that suitable and sufficient risk assessments are up to date and valid.

The SFS AP [Water] shall ensure risk assessments are commissioned when needed [see criteria below]. The risk assessment must be completed in accordance with:

- ACOP L8 [fourth edition] 2013;
- HSG274 [Parts 1, 2 & 3] [as applicable];
- HTM04:01 [Parts A, B & C];
- BS8580:2010.
- HGN "Safe" Hot water and Surface Temperatures';

The Trust requires the risk assessment to be completed by a competent person, the SFS AP [Water] shall ensure the assessor is competent [this may include the need for formal interview with examples of risk assessment reports and projects they have been involved with] and independent of supplying any on-going remedial work. Accreditation to UKAS to ISO/IE 17020:2012 and membership to the Legionella Control Association [LCA] is one means of ensuring competence.

The risk assessor(s) shall be given access to competent assistance from the Trust. This may be in the form of:

- a. engineering and building expertise;
- b. as-fitted drawings and schematic diagrams;
- c. clinical expertise;
- d. knowledge of building occupancy and use including vulnerability of patient groups;
- e. bespoke equipment plus policies, procedures and any protocols (for example cleaning of wash-hand basins and disposal of clinical effluent etc.

The risk assessment shall include:

- a. Encompasses all buildings and all water systems;
- b. Identifies and evaluates potential sources of risk;
- c. Includes an assessment of occupant vulnerability;
- d. Uses an established risk scoring matrix;
- e. An assessment of engineering, considering correct design [inherent risk and actual risk], installation, commissioning, maintenance, verification and effectiveness as a control measure;
- f. A review of schematics of hot and cold water systems to check they are up to date and the existence of water connections to outside services is checked;
- g. An assessment of underused outlets and flushing regimes;
- h. Scalding risk;
- i. The unnecessary use of flexible hoses;
- j. Review of monitoring, sampling and testing records.

The assessment of risk is an on-going process, as such the SFS AP [Water] should ensure the risk assessments are regularly reviewed and updated [see Appendix 5 – Risk Assessment Review Schedule and Risk Assessment Need Notification], specifically when:

- a. a change to the water system or its use;
- b. a change to the use of the building where the system is installed;
- c. new information available about risks or control measures;
- d. the results of checks indicating that control measures are no longer effective;
- e. changes to key personnel;
- f. a case of legionnaires' disease/legionellosis associated with the system.

The Trust will support this risk assessment process by giving guidance on any specific clinical risks where it is deemed appropriate.

The SFS AP [Water] will communicate the latest risk assessment report and minimisation scheme actions at the WSG. The WSG will consider the overall recommendations in context of the Trust Risk Register.

For those properties which are not owned by the Trust but the Trust occupies then the TRUST RP [Water] will request evidence from the Duty holder for that property that water safety risk is being proactively managed [see Appendix 5 – Landlord / 3rd Party Evidence of Risk Assessment letters].

6.7.2 Clinical Risk Assessment

The DIPC is required to lead on the completion of clinical risk assessments to identify;

1. Those settings / areas where service users are at significant risk from organisms and microbiological hazards associated with water use and their distribution systems.
2. Clinical practices where water may come into contact with service users and their invasive devices;
3. Cleaning of patient equipment;
4. Disposal of blood, body fluids and service users' wash water;
5. Maintenance and cleaning of wash hand basins and associated taps, specialist baths and other water outlets;
6. The need for outlets at wash hand basins that use sensor operations & TMVs

Clinical surveillance data can offer early warning on poor water quality. The clinical risk assessments and surveillance data [clinical and environmental monitoring] should be reported at the WSG.

6.7.3 Drawings

As-fitted drawings shall identify all key components in the installation, i.e. water meters, cisterns, filters, calorifiers, water heaters, isolation valves. These drawings should be kept up to date.

These drawings will help inform the risk assessment and are necessary to perform adequate temperature control checks and will be valuable for identifying potential problems with poor temperatures.

Schematic drawings are not formal technical drawings, they are intended to be easy to read without specialist training / experience. They provide the reader with an idea of layout and position of components and connections. These drawings should be kept up to date. These drawings assist with the risk assessment process.

6.8 Risk Minimisation Scheme

The risk assessment shall form the basis of a risk minimisation scheme describing the particular means by which the risk from exposure to waterborne pathogens is to be minimised so far as is reasonably practicable. The remedial actions within the associated risk minimisation schemes shall be reasonably practicable and prioritised on the basis of risk, cost and difficulty. The risk minimisation scheme shall be reviewed at the monthly OWG and approved by the WSG.

6.9 Training & Competence

6.9.1 Training

The WSG will review training needs analysis at each meeting and implement a training programme to ensure all those defined in the control strategy have received appropriate information, instruction and training to undertake their associated duties. Records of training, attendance to training shall be kept. Refresher training shall be given dependent on review of training needs analysis.

Competence shall be assessed according to their role and duties. To ensure competence has been assessed it will be viewed in context with the individuals experience, knowledge and background

Where allocated tasks are being given to others then supervisors / managers / operatives need to have received adequate training in respect to role, duties, water hygiene and control strategies

Training will cover an appreciation of practices that can affect water hygiene and safety so their duties can be completed in safe and technically competent manner. Those working on water systems [including outlets] will receive training in the need for good hygiene and the how to prevent contamination of water supplies. Those responsible for housekeeping tasks such as outlet flushing and cleaning of outlets shall also be trained and competence assessed in respect to their role and how to prevent contamination of water supplies.

To ensure the delivery of safe wholesome water at all outlets and preventing contamination [which may lead to healthcare-associated infections] Trust shall implement water hygiene training. The Trust recognises that individuals are aware of their duty to protect the health of patients, staff and

visitors and that they are responsible for ensuring that they inform their line manager if they come into contact with any disease that has the potential to cause harm.

A health screening element shall be introduced into the training to help ensure those undergoing the training are not carriers of any waterborne diseases on the date of training.

The water hygiene training should encompass the following elements:

- Trust governance arrangements in relation to water hygiene and safety;
- Trust Water Safety Policy & WSP [procedures in relation to the management and provision of water hygiene and safety];
- Waterborne pathogens and their consequences;
- Trust control strategies and how a water distribution systems, water outlets, components and any associated equipment can become contaminated;
- Roles & responsibilities of individuals to prevent the contamination of the water distribution system and water outlets and assisting in ensuring control measures in place are effective;
- How the safety of water can be maintained by good hygiene practices [personal hygiene along with dealing with clothing, footwear, cleaning equipment/materials, tools and storage when considering water hygiene];
- When not to work with water intended for domestic purposes;
- System design;
- Components/accessories (taps, TMVs);
- Disinfection and cleaning equipment/ materials;
- How to store and handle pipes;

6.9.2 Competence

The Trust and / or Partners can use specialist contractors to undertake aspects of the operation, maintenance and control measures. While these contractors have legal responsibilities, the ultimate responsibility for the safe operation rests with the commissioning organisations Duty holder.

Employing contractors or consultants does not absolve the Duty holder of responsibility for ensuring that control procedures are carried out to the standard required to prevent the proliferation of waterborne pathogens in the Trust water systems.

Those who appoint specialist contractors [DRP [Water / APs [Water] / Head of Capital Projects] shall make reasonable enquiries to satisfy themselves of the competence of contractors in the area of work before they enter into contracts for the treatment, monitoring, and cleaning of the water system, and other aspects of water treatment and control [see Appendix 6 – Evidence of Contractors Competence letter].

The Trust shall be satisfied that any contractors employed are competent to carry out the required tasks and that the tasks are carried out to the required standards. The contractor should inform the Authorised Person [Water] of any risks identified and how the system can be operated and maintained safely.

The Legionella Control Association's *A Recommended Code of Conduct for Service Providers* provides an illustration of the levels of service to be expected from service providers.

This Code of Conduct does not have legal status but may give guidance to those who appoint special contractors about the standards of service they should expect to receive from service providers who abide by the Code.

Only installers with the appropriate qualifications, regulatory knowledge and competence shall be used to install and maintain water installations. Water Safe register holds details from all seven Approved Contractors' Schemes for businesses that have registered plumbing installers [authorised through the Water Supply (Water Fittings) Regulations 1999].

The Trust and / or Partners recognises the benefits of using an Approved Contractor is they can carry out some work without the need to provide advanced notification to the water undertaker, and their work will be certified upon completion. A "work completed" certificate issued by a Water Safe recognised plumber provides a defence for property owners who are challenged by a water undertaker enforcing the Water Supply (Water Fittings) Regulations 1999 or during legal proceedings.

6.10 Record Keeping

All records shall be readily available on site, in an appropriate format, for use by any member of the WSG or outside organisations. Electronic data management tools be utilised to facilitate the intelligent use of data for the WSG to easily monitor trends and analyse chemical and microbiological parameters.

Records should be kept for at least five years.

Comprehensive operational manuals for all items of plant that include requirements for servicing, maintenance tasks and frequencies of inspection - any commissioning data should be kept with these manuals.

Asset registers are established and should be designed to provide the following information:

- a. an inventory of plant and water- associated equipment;
- b. a basis for identifying plant details;
- c. a basis for recording the maintenance requirements;
- d. a basis for recording and accessing information associated with maintenance;
- e. a basis for accounting to establish depreciation and the provision needed for plant replacement;
- f. information for insurance purposes.

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)
Policy	Trust – RP [Water] Trust - AE [Water]	Audit / Review	Annually	Water Safety Group
WSP/Tech	SFS – RP [Water]	Audit	Annually	Water Safety Group
Incident Reports	Water Safety Group	Review	Quarterly	Water Safety Group
Audit – Management	Trust - AE [Water] Trust – RP [Water] Trust – DRP [Water] SFS – RP [Water]	Audit	Annually	Water Safety Group
Risk Assessment [inc. schematics]	SFS – RP [Water]	Audit / Review	As required	Water Safety Group
Action Plans / Minimisations Schemes	SFS – RP [Water] Trust – RP [Water]	Audit	Quarterly	Water Safety Group
Training needs	RP [Water] for their respective organisations	Audit	Quarterly	Water Safety Group

8.0 TRAINING AND IMPLEMENTATION

Please see section 6.9 above which describes the relevant training and competency requirements.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document is not subject to an Environmental Impact Assessment

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

- Health and Safety at Work etc., Act 1974 [HASAWA]
- Control of Substances Hazardous to Health Regulations 2002, [COSHH]
- The Public Health [Infectious Diseases] Regulations 1988
- The Water Supply [Water Fittings] Regulations 1999
- The Water Supply [Water Quality] Regulations 2000
- Health & Safety Executive L8 [Forth Edition] Approved Code of Practice & guidance 2013– Legionnaires' Disease. The Control of Legionella bacteria in water systems.
- Health & Safety Executive Guidance HSG 274 Part 2 - "The Control of Legionella Bacteria in Hot and Cold Water Systems"
- Health & Safety Executive Guidance HSG 274 Part 3 - "The Control of Legionella Bacteria in Other Risk Systems"
- Dept. of Health Guidance HTM04:01: The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems. Parts A, B & C: 2016 and Supplement 2015.
- Dept. of Health Guidance HTM03-01: Parts A & B - Specialised ventilation for healthcare premises.

Related SFHFT Documents:

- N/A

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Water Safety Policy			
New or existing service/policy/procedure: existing			
Date of Assessment: February 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	Availability of this policy in languages other than English	Alternative versions can be created on request.	None
Gender	None	Not applicable	None
Age	None	Not applicable	None
Religion	None	Not applicable	None
Disability		Already in font size 14. Use of technology by end user. Alternative versions can be created on request.	None
Sexuality	None	Not applicable	None
Pregnancy and Maternity	None	Not applicable	None

Gender Reassignment	None	Not applicable	None
Marriage and Civil Partnership	None	Not applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not applicable	None
What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none"> None for this version 			
What data or information did you use in support of this EqIA? <ul style="list-style-type: none"> Trust policy approach to availability of alternative versions 			
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? <ul style="list-style-type: none"> No 			
Level of impact From the information provided above and following EqIA guidance document (click here), please indicate the perceived level of impact: High Level of Impact/Medium Level of Impact/Low Level of Impact (<i>Delete as appropriate</i>) For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Ben Widdowson			
Signature: BEN WIDDOWSON			
Date: 1st April 2022			

APPENDIX 2 - COMMUNICATIONS PATHWAY – MANAGEMENT AND LINES OF COMMUNICATION

