**Water Safety Policy**

**Version 6**

**Summary:**
The Policy of Southern Health NHS Foundation Trust (the Trust) is to provide and maintain safe and healthy working conditions, equipment and systems of work all staff, patients and visitors, and to provide such resources, information, training and supervision as they need for this purpose. The Trust aims to do all that is reasonably practicable to manage Potable Water and Legionella and to follow the steps laid out in the following policy to ensure patients and staff are safe.

**Keywords (minimum of 5):**
Legionella Water Safety Control Pseudomonas Policy

(To assist policy search engine)

**Target Audience:**
- All Trust Staff
- All Health and Safety Committee Representatives
- All Infection Prevention Group Representatives
- All Trust Estate Services Staff
- All Trust Estate Services Project Leads

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**Approved and Ratified by:**
Water Safety Group

**Date of meeting:**
22nd January 2019

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**Author:**
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Change Record

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Quick Reference Guide

For quick reference, this page summarises the actions required by this policy. This does not negate the need to be aware of and to follow the further detail provided in this policy.

The Policy of Southern Health NHS Foundation Trust is to provide and maintain safe and healthy working conditions, equipment and systems of work for all staff, patients and visitors, and to provide such resources, information, training and supervision as they need for this purpose. The Trust aims to do all that is reasonably practicable to manage Potable Water and Legionella and to follow the steps laid out in this policy to ensure patients and staffs are safe. To ensure that this policy is adhered to Estate Services and the IPCT team will also follow the guidance set out by the following:

- Health & Safety at Work etc., Act 1974, Sections 2, 3 and 4 (HSW).
- The Management of Health and Safety at Work Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002, Regulation 6 (COSHH).
- HSG274 Legionella Technical Guidance:
  - Part 1: The control of legionella bacteria in evaporative cooling systems
  - Part 2: The control of legionella bacteria in hot and cold water systems
  - Part 3: The control of legionella bacteria in other risk systems
- The Control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems HTM 04-10 Part A and Part B including the 04:01 Addendum for Pseudomonas aeruginosa
- Health Technical Memorandum 00 - Policies and principles of healthcare
- Engineering 2014
- Heating and ventilation systems Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises.
- Health Guidance Note “Safe” hot water and surface Temperatures – 1198.

The structure of the Trust Legionellosis Management and Control is found in Diagram 1 page 9.

To find out how this policy will be implemented please go to points 5.1 through to 5.9 and section 9 to 15.
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1.0 Policy Statement

Southern Health NHS Foundation Trust (hereinafter referred to as the “Trust”) has a duty of care to patients, visitors and staff to ensure a safe and appropriate environment for healthcare.

Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 [as amended], to take all reasonable precautions to prevent, control and guard against the harmful effects of waterborne pathogens water to patients, visitors, staff and other persons working at or using its premises.

The Chief Executive and the Board of Directors carry ultimate responsibility for a safe and secure healthcare environment. Aspects of that responsibility have been assigned / delegated to other appointed individuals within Trust, these are defined under “Roles and Responsibility” section of this Policy document.

Trust Board of Directors are responsible for ensuring overall operational control is in place, it is the Designated Persons responsibility to ensure implementation of operational control.

The Finance Director has been appointed by the Chief Executive as the Designated Person [Water].

This Policy is issued and maintained by Senior Operations Manager on behalf of Trust.

This Policy is formally accepted by the Chief Executive and approved by the Board of Directors. The Chief Executive will do all that is reasonably practicable to comply with its requirements, and will make the necessary resources available.

This Policy applies to all Trust employees [including those managed by a third party] and premises where they work [Trust owned and occupied, including those properties which Trust may occupy under lease].

The management of water safety will be a continual commitment by Trust involving regular management and progress meetings, and a commitment to a risk assessment programme.

2.0 Purpose and Scope of the Policy

2.1 Purpose

This Policy shall ensure the following are in place to safeguard all patients, visitors, staff and assets in order to prevent and reduce harm or loss;

a. To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with waterborne pathogens;

b. To identifying the correct practice for managing water risk systems so far as is reasonably practicable for staff to implement based upon nationally accepted guidance;

c. To enable staff to understand their responsibilities in relation to this Policy document and the Operational procedures manual;
d. To detail arrangements for ensuring this Policy is monitored and reviewed to reflect current legislation and guidance;

e. To detail the process for version control to ensure persons who require it, have access to the most current version of the document. Ensuring arrangements are in place for archiving revised policies.

The overall Water Safety Plan [WSP] shall be supported with adequate resources and suitably qualified, trained and competent staff to ensure the successful implementation of this Policy element of the WSP and the associated Operational Procedures manual [hereinaft er referred to as ‘WSP/Tech’].

2.2 Scope

This Policy sets out the management approach to be adopted by Trust for providing, maintaining safe water systems and preventing infection from Trust water systems as detailed in the ACoP L8 [including HSG274 Parts 1, 2 & 3], HTM04-01 [including parts A, B, C & supplements] and HTM03-01 [including parts A & B].

The Policy applies to all service users, visitors and staff associated with Trust and should be read and implemented whenever water related risk management advice is required.

3.0 DUTIES

3.1 Management Responsibility

Those persons with key management responsibilities are detailed below and their communication pathways and other relevant supporting staff are represented in below. All relevant persons shall fully appreciate the actual and potential risks of waterborne and the concept of risk management. Although compliance with the WSP tasks may be delegated to staff, or undertaken by contractors, accountability cannot be delegated.

Any person intending to fulfill any of the staff functions specified below should be able to prove that they possess sufficient skills, knowledge and experience to be able to perform safely the designated task(s).

3.1.1 Duty Holder

The Chief Executive is the statutory Duty Holder. The Duty Holder has overall accountability for Health & Safety within Trust, including all aspects of water safety and the quality of water supplies.

3.1.2 Designated Person [Water]

The Financial Director is the Designated Person [Water]. They are appointed in writing by the Duty Holder.

The Designated Person [Water] will provide the informed position at Board level. They are responsible for the Trust arrangements [strategic leadership, direction and overview] which will ensure that compliance with standards is achieved [including proposed developments take account of impact on water safety]. Any management issues [including water system issues] are have been reported to Board having being resourced and solved. They won’t have technical or operational duties, but, will be supported in the role by a Trust WSG that delivers governance, assurance and compliance.
3.1.3 Senior Operational Manager [SOM]

The Associate Director of Estate Services is the Senior Operational Manager [SOM]. They are appointed in writing by the Designated Person [Water].

To facilitate this role the SOM will be required to liaise closely with other professionals in various disciplines, as such will be supported by the, Deputy Responsible Person [Water], Authorised Persons [Water], the Authorising Engineer [Water] & Infection Control Lead to ensure suitable provision to maintain the service.

The SOM will be the informed link to the Designated Person [Water] at Board level as such they shall:

a. Be professionally and operationally accountable and responsible for water quality;
b. Immediately inform the Designated Person [Water] if any suspected Legionella, *Pseudomonas aeruginosa* or other waterborne pathogen outbreak / incidents occurs. As well as taking an active role in any investigations;
c. Ensure this Policy is reviewed, ratified and implemented;
d. Approve any changes to the WSP/Tech;
e. Co-ordinating with Deputy Responsible Person [Water], Authorised Persons [Water], the Authorising Engineer [Water] & Infection Control Lead for help, advice and in response to any investigation arising for non-compliant issues and for the ongoing development of the Estate;
f. Ensuring that all control schemes handed over to the Operational Estates Services Department are appropriately documented, commissioned and signed off in accordance with the WSP/Tech. Any issues arising with the control schemes will be reported by the SOM back to the Head of Capital Projects for resolution;
g. Attend the WSG meetings;
h. Assist with annual management audits completed by the Authorising Engineer [Water];
i. Carry out the necessary actions defined in the WSP/Tech should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
j. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

3.1.4 Deputy Responsible Person [Water]

The Senior Maintenance Manager the Deputy Responsible Person [Water]. They will be appointed by Designated Person [Water]. DRP [W] will deputise in the absence of the SOM and will act on their behalf.

To remain informed, the DRP [W] will be supported by Authorised Persons [Water], the Authorising Engineer [Water] & Infection Control Lead as well as other professionals.

The DRP [W] shall:

a. Be responsible for the development & implementation of the WSP/Tech. Ensuring the WSP/Tech is compliant with ACoP L8 [including HSG274 Parts 1, 2 & 3], HTM04-01 [including parts A, B, C & supplements] and HTM03-01 [including parts A & B];
b. Co-ordinating with the Authorised Persons [Water], the Authorising Engineer [Water] & Infection Control Lead for help, advice and in response to any investigation arising for non-compliant issues;
c. Shall attend the WSG meetings;
d. Ensure Trust records management system is maintained, complete and operational. As well as ensuring drawings / plans / schematics are maintained, updated, produced of all Trust water systems / buildings where a change has occurred;
e. Manage refurbishment works [major or minor] outside the scope of Capital Projects in accordance with the WSP/Tech;
f. Review & maintain the Planned Preventative Maintenance [PPM] schedules to ensure they are correctly defined in the WSP/Tech;
g. Ensure that any non-complaint occurrences / issues reported from the Competent Person/s [Water] in the periodic PPM tasks are actioned;
h. Issue Permits to Work and other appropriate documentation as required to Competent Person/s [Water] and/or approved contractors. With approved contractors ensuring their competence has been checked;
i. Ensure that Incident reporting is completed in full for positive water sample results and failures in the management systems;
j. Assist with annual management audits completed by the Authorising Engineer [Water];
k. Carry out the necessary actions should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
l. Receive updated management training at least every three years, or sooner if determined by the training needs analysis.

3.1.5 Lead Authorised Person [Water]

The Hard FM Compliance Manager is the Lead Authorised Person [Water]. They will be appointed by Designated Person [Water]. To facilitate this role the LAP [W] will be required to liaise closely with other professionals in various disciplines, as such will be supported by the, SOM, DRP [W], Authorised Persons [Water], the Authorising Engineer [Water] & Infection Control Lead to ensure suitable provision to maintain the service.

The LAP [W] shall:

a. Shall Chair the WSG meetings and Chair the OWG meetings;
b. Monitor the implementation and efficacy of this Policy and the WSP/Tech;
c. Assist with annual management audits completed by the Authorising Engineer [Water];
d. Will assist in preparing and meeting guidelines reportable to the Trust Boards member’s in relation the Premise Assurance Model (PAM)
e. Provide the SOM with information on the status of service;
f. Ensuring that all planned and reactive sampling activities are carried out in accordance with the WSP/Tech Inform the SOM, DIPC, Microbiologist, Infection Control Lead, Authorising Engineer [Water] and Authorised Person/s [Water] of all positive water sample results and the associated action being taken to resolve them;
g. Prepare the risk minimisation scheme/s for review by the WSG;
h. Implementation of the approved risk minimisation scheme/s;
i. Be responsible for leading on the explanation to users on the function of risk systems and organise adequate information and training to support those systems;
j. Commissioning additional surveys [including pipework] in response to risk assessment recommendations, sampling issues [positive results] or other observed faults / conditions reported. The issue of orders / job tickets for remedial works [in response to the additional survey findings] to relevant consultant, approved contractor and/or maintenance supervisor. On completion of the work ensure drawings are updated, noted and dated;
k. Supervising refurbishment works [major or minor] outside the scope of Capital Projects in accordance with the WSP/Tech, including the monitoring of completed work by appointed contractors;
l. Ensure that Competent Person/s [Water] remain suitable trained and validated. Shall complete the appraisal of the Competent Person and recommend their appointment by the SOM;
m. Ensure the external consultants & contractors are suitably qualified & competent [as defined in ‘Competence’];
n. Issuing Permits to Work and other appropriate documentation as required to Competent Person/s [Water] and/or approved contractors;
o. Liaising with the water undertaker on connections, alterations, inspections and reporting of issues with supplies of water to Trust properties;
p. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

3.1.6 Authorised Person [Water]

A Plumber and an Operations Manager are the Authorised Person/s [Water]. They will be appointed by the SOM.

To remain informed, the AP [W] will be supported by DRP [W], Lead Authorised Persons [W], the Authorising Engineer [Water] & Infection Control Lead as well as other professionals.

The AP [W] shall:

a. Shall attend the WSG meetings & OWG meetings;
b. Assist with annual management audits completed by the Authorising Engineer [Water];
c. Be responsible for the implementation of the WSP/Tech;
d. Arrange and review water risk assessments of Trust water systems / buildings as defined in this Policy;
e. Implementation of the approved risk minimisation scheme/s;
f. Be responsible for leading on the explanation to users on the function of risk systems and organise adequate information and training to support those systems;
g. Supervising refurbishment works [major or minor] outside the scope of Capital Projects in accordance with the WSP/Tech, including the monitoring of completed work by appointed contractors;
h. Ensure that Competent Person/s [Water] remain suitable trained and validated. Shall complete the appraisal of the Competent Person and recommend their appointment by the SOM;
i. Issuing Permits to Work and other appropriate documentation as required to Competent Person/s [Water] and / or approved contractors;
j. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

3.1.7 Director of Infection Prevention & Control [DIPC]

The DIPC shall:

a. Assist the Outbreak Control Team, determined in HSG274 part appendix 2.3 and HTM04-1 Part B appendix B. Carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
b. Shall attend WSG;
c. Review & identify changes needed to this Policy and the WSP/Tech;
d. Attend updated management training at least every three years or sooner if determined by the training needs analysis.

3.1.8 Infection Control Lead

The Lead Nurse Infection Prevention & Control is the Infection Control Lead [ICL]. The ICL will deputise in the absence of the DIPC and will act on their behalf.

The ICL shall:

a. Provide microbiological support with sample results. Where necessary shall consult with the DIPC and the external Microbiologist for such support;
b. Advise on the continuing procedure for the prevention and/or control waterborne pathogens;
c. Advise on the location of “high risk” patient services, potential areas of risk, particularly those relating to medical devices;
d. Will advise if circumstances change within any ward/department that might affect waterborne pathogens;
e. Support & advise Trust staff on the continuing procedure for the prevention and/or control of waterborne pathogens;
f. Review & identify changes needed to this Policy and the WSP/Tech;
g. Shall attend the WSG meetings;
h. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

3.1.9 Authorising Engineer [Water]

The Authorising Engineer [Water] will remain independent of Trust and remain independent of providing remedial services. The AE [W] will be appointed by the Designated Person [Water].

The AE [W] shall:

a. Make recommendations for the appointment of the SOM, DRP [W] & Authorised Person/s [W]. Certificates of Appointment will be issued detailing areas of responsibility and limitations;
b. Advise & support the SOM, DIPC, Infection Control Team and Authorised Person/s [W] on positive water sample results as well non-compliant issues identified through PPM tasks and what actions can be taken to resolve them;
c. Undertaken annual management audits;
d. Monitor performance through quarterly records audits;
e. Review and identify changes needed to the WSP [this is Policy and the WSP/Tech];
f. Assist with risk assessment reviews;
g. Attend the WSG meetings;
h. Assist and advice on the delivery of training based on the training needs analysis.

3.1.10 Health & Safety Representative

The Health & Safety Representative shall:

a. Attend the WSG;
b. Assist with the review this Policy and WSP/Tech including assistance with ratification routes;
c. Ensure their team follows this Policy and the WSP/Tech;
d. Assist with management audits and records audit;
e. Lead reporting incidents to the HSE and act as key liaison with the HSE during any visits;
f. Receive updated management training at least every three years, or sooner if determined by the training needs analysis.

3.1.11 Local Security Management Specialist

The LSMS shall:

a. Attend the WSG meetings;
b. Lead on risk assessments on the vulnerability and security of water systems;
c. Ensure appropriate & proportionate security measures exist to protect Trust water systems.
3.1.12 Competent Person [Water]

Trust Supervisors, Engineering Trade Staff and Maintenance Workers are the Competent Person/s [Water]. They are appointed in writing by the SOM.

Trust has a mixed environment with their own trades staff and external contractors. Both of which are used to execute the tasks required within the WSP/Tech.

Where external contractors are commissioned their individual employees will not be appointed in writing by Trust. Instead the LAP [W] will ensure the contracting company are members of the Legionella Control Association [LCA] and / or WaterSafe Registered. Contractor’s employees are required to hold plumbing qualifications. Evidence of membership and qualifications are required and shall be issued by the external contractors to LAP [W].

Any CP [W] shall:

a. Provide the skilled installation and/or maintenance of water risk systems;
b. Conduct all of their water system related tasks in accordance with the WSP/Tech & PPM system, they shall complete all required records and return to the DRP [W];
c. Only use WRAS approved materials when working on water systems;
d. Employ their highest standard quality of work;
e. Maintain good hygiene practices with tools, equipment, components/accessories to be used on water systems thus preventing contamination of water systems and outlets;
f. Ensure good personal hygiene [including clothing and footwear] practices [reporting any recent communicable illness to DRP [W] before commencing any work on water systems;
g. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation to the DRP [W] and / or AP/s [W] as soon as possible;
h. Attend updated training at least every three years, or sooner if determined by the training needs analysis.

With external contractors a specification appertaining to new works will be produced which will include:

a. A standard form within the contract documentation which define roles, responsibilities and procedures of parties concerned;
b. Submission of risk assessments and method statements with relation to compiled schedules;

3.1.13 Head of Capital Projects

The Head of Capital Projects reports directly to SOM.

The Head of Capital Projects shall:

a. Attend the WSG and inform the WSG at the earliest possible opportunity where new premises or existing premises are to be altered or refurbished so water hygiene requirements can be assess in the planning stages;
b. Ensure water risk assessments be completed for all projects before commencement and once the system is operational;
c. Manage those Project Managers from the Capital Project Team who are leading on refurbishment works [major or minor] or new development works to ensure they are completed in accordance with the WSP/Tech;
d. Be responsible for leading on the explanation to users on the function of risk systems and organise adequate information and training to support those systems;
e. Ensure their team follows this Policy and the WSP/Tech;
f. Are up to date with the Policy, associated WSP/Tech and latest guidance by attending relevant training sessions;
g. Ensure all commissioning, handover records, O&M manuals, risk assessments including evidenced records are received on completion of a project;
h. Ensure that the design of new and refurbished water systems follows the latest regulations, standards, guidance and Trust WSP/Tech;
i. Investigate any reported defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation. These shall also be reported to the SOM;
j. Inform the SOM, DIPC, ICL, AE [W] and LAP/s [W] of all positive water sample results and the associated action being taken to resolve them;
k. Only use pre-approved contractors for use on water systems, as approved by the LAP [W];
l. Be responsible for ensuring the design requirements of the project are met;
m. Receive updated training every three years or sooner as determined by the training needs analysis.

3.1.14 Head of Operational Estates Services Soft/Hard FM

The Head of Operational Estates Services Soft/Hard FM reports directly to SOM.

The Head of Operational Estates Services Soft/hard FM shall:

a. Attend the WSG meetings;
b. Ensure 3"d party contractors follow the WSP [this policy and the WSP/Tech];
c. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation to the DRP [W] and / or LAP/s [W];
d. Receive updated training every three years or sooner as determined by the training needs analysis.

3.1.15 Hard & Soft FM Contractors Manager

The Hard & Soft FM Contractors Manager reports directly to Head of Facilities Soft FM.

The Hard & Soft FM Contractors Manager shall:

a. Attend the WSG meetings;
b. Ensure contractors complete daily cleaning of outlets as part of the National Cleaning Standards, this daily operation assists with water use and turnover;
c. Report any outlets which cannot be accessed or closed off areas to the LAP [W] for actioning;
d. Ensure the collation of flushing regime records, these records have been filed in the site log books;
e. Ensure contractors are aware of good personal hygiene [including clothing and footwear] practices and the need to report any recent communicable illness;
f. Receive updated training every three years or sooner as determined by the training needs analysis.

3.1.16 Hard & Soft FM Contractors [House Keeping / Risk Assessors]

The Hard & Soft FM Contractors shall:

a. Comply with the criteria specified for CP [W];
b. Provide evidence of training and competency to the LAP [W];
c. Ensure work is completed in accordance with required national standards, best practice and the WSP/Tech;

3.1.17 External 3rd Parties [e.g. Trusts / PFI / LIFT Co]

The External 3rd parties shall work in partnership with the Trust ensuring compliance with regards to Water Safety across shared properties.

3.1.18 Building Occupiers e.g. Departmental Managers

Managers of departments have control over the use of water in their department. Likewise these managers hold the legal consequences of the operational aspects of water hygiene control.

In particular, these managers ensure that all water outlets are used routinely. Those outlets not in routine use [at least twice week] are reported to the Infection Control Team, who report these to WSG. Where managers have concerns with defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation, these should be reported through the Estates Helpdesk.

Support on the management of outlets can be sort from the DRP [W], AP [W] and / or ICL.

3.1.19 All Staff

All staff members can affect water hygiene risk, as such they report any concerns, suspicions regarding the operation or performance of water systems that might increase the risk of waterborne pathogen proliferation i.e. little used outlets. Maybe required to attend training sessions [where necessary].

Employees may be consulted regarding the assessment and control measures according to their role. Each risk assessment/risk minimisation scheme report [at organisational level] shall include an Employee Summary for dissemination to unions/employees at the discretion of the Senior Operations Manager.
3.2 Communication Pathways

Duty Holder
- Designated Person [Water]
  - Senior Operations Manager
    - Deputy Responsible Person [Water]
        - Competent Persons
          - Competent Persons
            - Approved Contractors
              - Building / Clinical Managers
                - Trust staff
      - Competent Persons
        - Head of Capital Projects
          - H&S Representative
            - LSMS
              - External 3rd Parties
                - Authorising Engineer [Water]
                  - Senior Operations Manager
                    - Direction of Infection Prevention & Control
                      - Infection Control Lead
                        - Head of Operational Estates Services
                          - Soft & Hard FM Contracts Manager
                            - Soft & Hard FM Contractors
                              *Risk Assessors / Housekeeping
4.0 Development Process

4.1 Identification of need

To meet the requirements of ACoP L8 and HTM04:01, other associated guidance documents, this Policy and the WSP/Tech.

4.2 Consultation and Communication with Stakeholders

The Trust recognises that policies need to be developed in consultation and communication with a range of stakeholders:

- Senior Operations Manager;
- Deputy Responsible Person [Water];
- Director of Infection Prevention & Control;
- Infection Control Lead;
- Lead Authorised Person [Water];
- Authorised Persons [Water];
- Authorising Engineer [Water].

5.0 Equality Impact Assessment

5.1 Aim

Trust aims to ensure its policies promote equality both as a provider of services and as an employer. Please see appendix ‘Equality Impact Assessments’.

6.0 Dissemination and Implementation Arrangements

6.1 Dissemination

This Policy document is available in a read-only format via the document store on Trust intranet for staff to access. As the Policy is reviewed any updated copy of the Policy shall replace the existing Policy hosted on Trust intranet. Any changes to this document must be implemented only with the authority of the Senior Operations Manager.

6.2 Implementation

Support and advice to assist in the implementation of this document is available from the:

- Senior Operations Manager;
- Deputy Responsible Person [Water];
- Director of Infection Prevention & Control;
- Infection Control Lead;
- Lead Authorised Person [Water];
- Authorised Persons [Water];
- Authorising Engineer [Water].
### 7.0 Process for Monitoring Compliance and Effectiveness

#### 7.1 Monitoring Compliance

Arrangements in place for ensuring and monitoring compliance within this Policy and the WSP/TECH are achieved through reviewing and auditing as defined in the table below:

<table>
<thead>
<tr>
<th>Element of Water Safety Plan</th>
<th>When</th>
<th>How</th>
<th>Who</th>
<th>Reports to</th>
<th>Deficiencies / gaps / recommendations and actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Annually</td>
<td>Audit / Review</td>
<td>SOM, LAP [W], AE [W]</td>
<td>WSG</td>
<td>Review, update, sign off and send for ratification</td>
</tr>
<tr>
<td>WSP/TECH</td>
<td>Annually</td>
<td>Audit / Review</td>
<td>DRP [W], LAP [W], AP [W], AE [W]</td>
<td>WSG</td>
<td>Review, update, sign off and adopted by WSG</td>
</tr>
<tr>
<td>Incident Reports</td>
<td>Quarterly</td>
<td>Review</td>
<td>SOM</td>
<td>WSG</td>
<td>Review, update, sign off</td>
</tr>
<tr>
<td>Audit - Management</td>
<td>Annually</td>
<td>Audit</td>
<td>SOM, DRP [W], LAP [W], AP [W], AE [W], H&amp;S Rep</td>
<td>WSG</td>
<td>Ensure Trust remain compliant. Recommendations to WSG.</td>
</tr>
<tr>
<td>RA Action Plans</td>
<td>Monthly &amp; Quarterly</td>
<td>Audit / Review</td>
<td>LAP [W]</td>
<td>WSG</td>
<td>Ensure actions arising from WSG and annual audits are complete.</td>
</tr>
<tr>
<td>Training Matrix</td>
<td>Quarterly</td>
<td>Review</td>
<td>LAP [W]</td>
<td>WSG</td>
<td>Ensure each person involved with ensuring water safety remains up to date with training.</td>
</tr>
</tbody>
</table>

#### 7.2 Effectiveness

Effectiveness of compliance is detailed at the WSG meetings. The WSP is based on external standards [see Section ‘References’].
8.0 Management Plan

8.1 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:

- Written Scheme
  - (Water Safety Plan)

Management Policy

Risk Assessments & Schematics

Operational Procedures

Log Books/Cafam data system

Statement Purpose and Scope
Roles and Communication Pathways (WSG)
Training and Competency Risk Assessment Need Auditing Record Keeping

Written Risk Assessment
Written risk Minimisation Scheme Schematic Drawings

Correct and Safe Operation Precautions Monitor, Inspect, Sample, Test Calibration Remedial Action Other H&S information Incident Planning

Operational Monitoring Bacteriological Monitoring

8.2 Water Safety Group [WSG]

To comply with the with HTM 04-01 and the HCAI Code of Practice recommendation that management and monitoring arrangements are need to be in place, Trust has an established WSG and WSP.

The aim of the WSG is 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 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:

a. 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);

b. Who have knowledge of the particular vulnerabilities of the at-risk population within the facility;

c. 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:

a. 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 a 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.

8.3 Operational Water Group [OWG] Appendix 2

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

The OWG is chaired by the LAP [W] 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.

8.4 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 CP [W] 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 DRP [W], AP [W] with input from the AE [W], Infection Control Lead, Consultant Microbiologist, and 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 document remains current and accurate.
8.5 Auditing

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

Monitoring the performance of a contractor should be completed either by DRP [W] or AE [W]. 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 AE [W] with assistance from the SOM, DRP [Water] & Health & Safety Representative 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 DRP [W] and APs [W] 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 audit applies to all Trust properties. The results of this quarterly performance audit will be reported at the WSG.

Auditing should establish:

- the required level of service is met;
- all the required plant is being maintained;
- system performance is being maintained (that is, by the implementation of microbial sampling and temperature/biocide-level-monitoring regimes);
- maintenance is being carried out to the agreed standard;
- correct replacement parts are being used;
- the agreed spares stocks are being held on site;
- records are being correctly maintained;
- the agreed standards, number of staff, and number of visits are being achieved;
- plant is being operated to achieve optimum energy usage;
- health and safety requirements are being complied with;
- only agreed subcontractors with the appropriate knowledge and competence are being employed;
- the client and typical users of the building are satisfied;
- invoices accurately reflect the work carried out, including materials expended;
- breakdowns do not occur too often;
- 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.

8.6 Water Risk Assessments

The Senior Operations Manager will ensure that suitable and sufficient risk assessments are up to date and valid. The AP [W] 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];
- SHTM 04:01 [Parts A, B, E & G]
- SHTM 04:02 [Parts A, B & C]
- HGN "Safe" Hot water and Surface Temperatures;
Trust requires the risk assessment to be completed by a competent person, the DRP [W] 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 ongoing remedial work. Accreditation to UKAS to ISO/ISE 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 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:
- a. Encompass all buildings and all water systems;
- b. Identify and evaluate potential sources of risk;
- c. Include an assessment of occupant vulnerability;
- d. Use an established risk scoring matrix;
- e. Include an assessment of engineering, considering correct design [inherent risk and actual risk], installation, commissioning, maintenance, verification and effectiveness as a control measure;
- f. Include 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. Include information on Scalding risk;
- i. The unnecessary use of non-approved WRAS materials;
- j. Review monitoring, sampling and testing records.

The assessment of risk is an ongoing process, and as such the AP [W] should ensure the risk assessments are regularly reviewed and updated [see appendix ‘Risk Assessment Review Evidence’], 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;
- g. where a risk assessment is greater than 2 years old and none of the other change criteria detailed above have been triggered.

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

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

For those properties which are not owned by Trust but Trust occupies, the RP will request evidence from the Duty holder for that property that water safety risk is being proactively managed [see appendix ‘Risk Assessment Review Evidence’].

### 8.6.2 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.

8.6.3 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.

8.7 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 OPW and approved by the WSG.

8.8 Training & Competence

8.8.1 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 and attendance of appropriate training shall be kept. Refresher training shall be given dependent on review of training needs analysis.

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

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

To ensure the delivery of safe wholesome water at all outlets and preventing contamination [which may lead to healthcare-associated infections] Trust shall implement a water hygiene training scheme. 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.

Water hygiene training will cover an appreciation of practices that can affect water hygiene, outlet cleanliness and patient safety. Those working on water systems [including outlets] will receive training in the need for good hygiene and how to prevent contamination of water supplies and outlets. 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.

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/TECH [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;

8.8.2 Competence

Trust 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 Trust Dutyholder.

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

Those who commission contractors [DRP [Water / APs [W] / Head of Capital Projects] shall make reasonable enquiries to satisfy themselves that the employees or sub-contractors have been pre-approved by the LAP [W] [see appendix ‘Evidence of Contractors Competence’].

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 [W] 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. WaterSafe 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].

Trust 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 WaterSafe 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.

8.9 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. All records must be saved to the ‘document management system’.

Comprehensive operational manuals for all items of plant that include requirements for servicing, maintenance tasks and frequencies of inspection should be readily available on site.

Any commissioning data should also 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.
9.0 Review and Revision Arrangements

9.1 Process for Reviewing this Policy

The Trust requires an annual review of each Policy document [unless otherwise indicated by change in national guidance or as a result of the risk incident reporting system].

9.2 Version Control

This document has been revised from its previous format and is a later version. Details of version control can be found in appendix.

9.3 Archiving

The LAP [W] Trust will be responsible for document control including the recording, storing and controlling of current procedural documents and archiving.

<table>
<thead>
<tr>
<th>Element of the Water Safety Plan</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSP/Policy</td>
<td>Throughout the period for which they remain current and for at least two further years.</td>
</tr>
<tr>
<td>WSP/Risk assessments, schematic drawings &amp; risk minimisation scheme and details of its implementation</td>
<td></td>
</tr>
<tr>
<td>WSP/Tech – Operational procedures</td>
<td></td>
</tr>
<tr>
<td>WSP/Monitoring, inspection, test and check results, including details of the state of operation of the system</td>
<td>At least five years</td>
</tr>
</tbody>
</table>

10.0 References

- Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises. Parts A and B: 2006
- The Health and Safety at Work etc. Act: 1974
- The Management of Health and Safety at Work Regulations: 1999
- The Control of Substances Hazardous to Health Regulations: 2002
- The Building Regulations: 1992
- BS 8558:2015 - Installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages specification
- BS EN 806. Parts 1 to 5. Specifications for installations inside buildings conveying water for human consumption.
- BS 7592:2008 - Description: Sampling for Legionella bacteria in water systems. Code of practice
1.0 Purpose of Group
To provide assurance to Trust Infection Prevention & Control Group which in turn reports to Trust Board of Directors, that there are appropriate risk management infrastructure and controls in place to minimise the risk of harm and infection from water used by patients, staff and visitors associated with waterborne pathogens.

The WSG provides a forum for those individuals with delegated roles and responsibilities to take collective ownership for ensuring it identifies water-related hazards, assesses risks, identifies and monitors control measures and develops incident protocols.

The group shall also be responsible for ensuring it identifies microbiological hazards, assess risks, identifies and monitors control measures and develops incident protocols.

To provide clear guidance on how to maintain safe water within Trust premises and the processes to be adopted and monitored.

2.0 Membership
The WSG will be chaired by LAP [W], who has appropriate management responsibility, knowledge, competence and experience for the role as Chair. In their absence, DRP [W] will act as the Chair Person.

Membership of the Group will include:

<table>
<thead>
<tr>
<th>Designation</th>
<th>Core Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Operations Manager – Head of Estates Services</td>
<td>Yes</td>
</tr>
<tr>
<td>Deputy Responsible Person [Water] – Senior Maintenance Manager</td>
<td>Yes</td>
</tr>
<tr>
<td>Lead Authorised Persons [Water] – Hard FM Compliance Manager - Chair</td>
<td>Yes</td>
</tr>
<tr>
<td>Authorised Person/s [Water]</td>
<td>Yes</td>
</tr>
<tr>
<td>Authorising Engineer [Water]</td>
<td>Yes</td>
</tr>
<tr>
<td>Director of Infection Prevention &amp; Control</td>
<td>Yes</td>
</tr>
<tr>
<td>Infection Control Lead</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Security Management Specialist</td>
<td>No</td>
</tr>
<tr>
<td>Head of Capital Projects</td>
<td>Yes</td>
</tr>
<tr>
<td>Health &amp; Safety Representative</td>
<td>Yes</td>
</tr>
<tr>
<td>External 3rd Parties [e.g. Trusts / PFI / LIFT Co]</td>
<td>No</td>
</tr>
</tbody>
</table>

It is expected that members will attend at least 75% of scheduled meetings. Deputies for absent members will be permitted to attend the meeting.

Additional members may be invited as required such as nursing staff from Specialist Depts.

3.0 Frequency of Meetings
The WSG will routinely meet on a quarterly basis.

The WSG always act in an appropriate and timely manner in response to issues or incidents that have been reported. Where episodes of colonisation or infection of patients that could be related to the water system are referred by the IPC team to the chair of the WSG for any additional action to be determined.

Individual responsibilities should not be restricted by the need to hold formal meetings.
4.0 Remit of WSG:
- to work with and support the IPC team;
- to ensure effective ownership of water quality management for all uses;
- to determine the particular vulnerabilities of the at-risk population;
- to review the risk assessments;
- to ensure the WSP is kept under review including risk assessments and other associated documentation;
- to ensure all tasks indicated by the risk assessments have been allocated and accepted;
- to ensure new builds, refurbishments, modifications and equipment are designed, installed, commissioned and maintained to the required water standards;
- to ensure maintenance and monitoring procedures are in place and that records of all maintenance, inspection and testing activities are kept up to date and properly stored;
- to ensure accurate records for all assets relating to hot and cold water distribution systems are set up and regularly maintained;
- to ensure clinical and environmental monitoring data;
- to agree and review remedial measures and actions, and ensure an action plan is in place, with agreed deadlines, to ensure any health risks pertaining to water quality and safety are addressed;
- to determine best use of available resources;
- to be responsible for training and communication on water-related issues;
- to oversee water treatment with operational control monitoring and to provide an appropriate response to out-of-target parameters (that is, failure to dose or overdosing of the system);
- to oversee adequate supervision, training and competency of all staff;
- to ensure surveillance of both clinical and environmental monitoring.

5.0 Agenda Setting
A set agenda is issued for each WSG meeting. This will be issued along with any amendments to the agenda and any supporting papers for the meeting 10 working days prior to the meeting by the chair/deputy chair.

6.0 Quorum
The WSG will be considered quorate when over 80% of its core membership is present.

7.0 Reporting Arrangements
Detail minutes of the group meetings are recorded, distributed promptly to the members of the WSG and retained on file to demonstrate good management, appropriate and timely actions and good governance.

The Reports to:
- a. IPC Group
- b. Estates Governance Committee [Compliance Assurance Group]
- c. Premises Assurance Model Group
- d. Health & Safety Forum

8.0 Review Date
These terms of reference will be reviewed and approved at the same time as this Policy by Trust Infection Prevention & Control Group to ensure the WSG is delivering against its purpose and remit.
APPENDIX 2 – OWG TERMS OF REFERENCE AND AGENDA

TERMS OF REFERENCE:

1.0 Purpose of Group
Operational Water Group [OWG] is to collate and review records of compliance for water safety and to ensure that water safety is proactively being managed on a day to day basis.

The OWG is a forum for those who have direct control of water systems to ensure that they remain functional, operational and delivery of safe water.

2.0 Membership

<table>
<thead>
<tr>
<th>Designation</th>
<th>Core Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Authorised Person [Water] /Compliance Manager (Chair Person)</td>
<td>Yes</td>
</tr>
<tr>
<td>Authorised Person [Water] – Operations Manager</td>
<td>Yes</td>
</tr>
<tr>
<td>Authorised Persons [Water] – Plumber</td>
<td>Yes</td>
</tr>
<tr>
<td>Estates Officer Area 1</td>
<td>Yes</td>
</tr>
<tr>
<td>Estates Officer Area 2</td>
<td>Yes</td>
</tr>
<tr>
<td>Estates Officer Area 3</td>
<td>Yes</td>
</tr>
<tr>
<td>Estates Officer Area 4</td>
<td>Yes</td>
</tr>
<tr>
<td>Estates Officer Area Central and Satellite sites</td>
<td>Yes</td>
</tr>
<tr>
<td>Operations Manager Area 5</td>
<td>NO</td>
</tr>
</tbody>
</table>

Deputies for absent members will be permitted to attend the meeting. Additional members may be invited as required i.e. contractors / risk assessors.

It is expected that members will attend at least 80% of scheduled meetings.

3.0 Frequency of Meetings
OWG meetings on a monthly basis.

The meeting before the main Water Safety Group shall be held at least two weeks prior to ensure review of status and compliance reports have been prepared. Individual responsibilities should not be restricted by the need to hold formal meetings.

4.0 Remit of Operation Water Group
1. Ensure operational personnel remain suitably trained and competent in their respective duties;
2. Ensure all tasks indicated by the risk assessments have been reported to the main WSG as part of an overall risk minimisation scheme for their approval;
3. Ensure any remedial measures and actions, action plans/risk minimisation schemes agreed by the main WSG are achieving their set deadlines. Any missed deadlines are identified and reported to the main WSG.
4. Review all assets relating to hot and cold water distribution systems are current and updated accordingly;
5. Ensure the WSP remains current with the correct risk systems as reported within the risk assessment reports and up to date with latest guidance. Any deficiencies identified need to be reported to the main WSG with a proposed variation to the WSP for the group to approve;
6. Ensure the water treatment strategies along with operational control monitoring remain effective.
7. Shall collate and review all maintenance, monitoring and testing records have been completed in accordance with the WSP and are compliant. Any non-compliances are identified and are resolved. These non-compliances are reporting to the main WSG including when a resolution to the issue is not achieved.
8. Ensure awareness new builds, refurbishments, modifications and any equipment proposed. Review the proposed design, install, commissioning records and report to the main WSG advising of issues which may compromise water standards;
9. Confirm adequate resources to ensure water safety is achieved, any lack of resources shall be reported to the main WSG for addressing;

5.0 Agenda Setting
A set agenda is issued for each OWG meeting. This will be issued along with any amendments to the agenda and any supporting papers for the meeting 5 working days prior to the OWG meeting by the Chair/deputy chair.

6.0 Quorum
The OWG will be considered quorate when over 50% of its core membership is present.

7.0 Reporting Arrangements
Detailed minutes of each meeting, along with updated compliance report on each of the agenda items will be prepared. The OWG minutes and compliance report feeds in to the main WSG and will be used as the evidence for risk based decision making.

8.0 Review Date
These Terms of Reference will be used and approved at the same time as the main WSG ToR and Policy for the organisation. The objective of the review to ensure the OWG are delivering against the purpose and remit detailed.
AGENDA & MINUTES FORMAT:

OPERATIONAL WATER GROUP MEETING

<table>
<thead>
<tr>
<th>Agenda Item Number</th>
<th>Agenda Item</th>
<th>Who to Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.00</td>
<td>Introduction and Apologies:</td>
<td></td>
</tr>
<tr>
<td>02.00</td>
<td>Matters Arising</td>
<td></td>
</tr>
<tr>
<td>03.00</td>
<td>Training and Competence Matrix - Review &amp; Update</td>
<td></td>
</tr>
<tr>
<td>04.00</td>
<td>Risk Minimisation Scheme - Review &amp; Update</td>
<td></td>
</tr>
<tr>
<td>05.00</td>
<td>Risk Assessment Review Matrix - Review &amp; Update</td>
<td></td>
</tr>
<tr>
<td>06.00</td>
<td>Water Safety Plan / Tech - Review &amp; Update</td>
<td></td>
</tr>
<tr>
<td>07.00</td>
<td>Operational Control / Monitoring Data – Collate, review, report non comps.</td>
<td></td>
</tr>
<tr>
<td>08.00</td>
<td>Water Sample Results - Collate, review, report non comps.</td>
<td></td>
</tr>
<tr>
<td>09.00</td>
<td>Projects – confirm status of new, mods, refurbs – known or commenced</td>
<td></td>
</tr>
<tr>
<td>10.00</td>
<td>AOB</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A

To
From: Paula Anderson, Chief Finance Officer
Date: 1st December 2016

Re: NOMINATION OF RESPONSIBILITY FOR THE MANAGEMENT & CONTROL OF LEGIONNAIRES’ DISEASE AND SAFE HOT WATER MANAGEMENT

I nominate XXXXXXXXXXXXXXXXX as the “Responsible Person” for the Management & Control of Legionnaires’ Disease and Safe Hot Water Management for all the buildings currently occupied, owned and maintained by the Trust (under a full maintenance lease or otherwise). The responsibilities of this nominated position include:

i. Overall Responsibility for the Implementation of the Legionellosis Management & Control and Safe Hot Water Management Programmes, across the Trust.

ii. Supervise the Deputy Responsible Persons.

iii. Ensure that the delegated Deputy Responsible Persons have received the necessary training as it affects their duties.

iv. Have Overall Responsibility for Auditing the Legionellosis Management & Control Programmes across the Trust, and reporting all findings to the “Legionella and Safe Hot Water Risk Management Steering Committee”.

v. Advise the Deputy Responsible Persons on all matters relating to the Management & Control of Legionellosis and Safe Hot Water Management and ensure that they are informed of all changes, or proposed changes, in the legislation/recommendations relating to Legionellosis which may affect the Trust, in general, and the buildings under their control, specifically.

vi. Carry out suitable and sufficient Risk Assessments to identify the Risk of Legionellosis and/or Scalding on all buildings under their control and review these assessments on, at least, a two-yearly basis or when there have been major alterations to a system.

vii. Consider each Risk Assessment Report and ensure the design, arrangement, implementation and management of all necessary Remedial Works required to allow the systems to comply with the current and relevant guidelines and legislation, and to ensure minimisation or control of the prevailing risk.

viii. Ensure that all new or significantly altered water systems are properly Risk Assessed and ensure that, where appropriate, such systems are included in the Legionellosis Management & Control and Safe Hot Water Management Programme.

ix. Assess the training needs for training of staff involved in the Legionellosis Management & Control and Safe Hot Water Management Programme and liaise between suitable training establishments, Consultants to provide approved Training Courses.

x. Ensure personal training records are kept up to date.

I accept this nominated position and I undertake to implement all specified requirements as described in the Trust’s “POLICY FOR THE MANAGEMENT AND CONTROL OF LEGIONELLOSIS INCLUDING LEGIONNAIRES’ DISEASE AND THE MANAGEMENT AND CONTROL OF SAFE WATER TEMPERATURES”.

Signature: Paula Anderson, Chief Finance Officer

Date: ………………………………………
Appendix B

To: xxxxxxxxxxxxxxxx
From xxxxxxxxxxxxx
Date: xxxxxxxxxxxxxxxx

Re: NOMINATION OF RESPONSIBILITY FOR THE MANAGEMENT & CONTROL OF LEGIONNAIRES' DISEASE AND SAFE HOT WATER MANAGEMENT

I nominate xxxxxxxxxxxxxxxx as the "Deputy Responsible Person" for the Management & Control of Legionnaires’ Disease and Safe Hot Water Management for all of the properties currently occupied, owned and maintained by the Trust (under a full maintenance lease or otherwise).

The responsibilities of this nominated position include:

Responsibility for the Operational Management of the Legionellosis Management & Control and Safe Hot Water Management PPM Programme, across the buildings under their control as described in – Method of Operation of the PPM Programme of the "POLICY FOR THE MANAGEMENT AND CONTROL OF LEGIONELLOSIS INCLUDING LEGIONNAIRES DISEASE AND THE MANAGEMENT AND CONTROL OF SAFE WATER TEMPERATURES”.

ii. Implement, maintain and manage a Log-Book system which operates a “Defect-Log” (and retain all data for five years).

iii. Consider the Log-Book and Defect-Log, pertaining to each building/system, and ensure the design, arrangement, implementation and management of all Pre-Planned Maintenance Programmes required to allow the systems to comply with the current and relevant guidelines and legislation, and to ensure minimisation or control of the prevailing risk.

iv. Advise the Trust Responsible Person, via a Monthly Report of the status of the Legionellosis Management & Control and Safe Hot Water Management Programme within the buildings under their control.

v. Regularly audit the locally implemented Legionellosis Management & Control and Safe Hot Water Management Programme as described in Section 16.0 – On-going Auditing of the “POLICY FOR THE MANAGEMENT AND CONTROL OF LEGIONELLOSIS INCLUDING LEGIONNAIRES DISEASE AND THE MANAGEMENT AND CONTROL OF SAFE WATER TEMPERATURES”.

I accept this nominated position and I undertake to implement all specified requirements as described in the Trust’s “POLICY FOR THE MANAGEMENT AND CONTROL OF LEGIONELLOSIS INCLUDING LEGIONNAIRES DISEASE AND THE MANAGEMENT AND CONTROL OF SAFE WATER TEMPERATURES”.

Signature: …xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Date: ………..
Appendix C

To: Xxxxxxxxxxxxx
From: Xxxxxxxxxxxxxxxxx
Date: xxxxxxxxxxx

Re: NOMINATION OF RESPONSIBILITY FOR THE MANAGEMENT & CONTROL OF LEGIONNAIRES’ DISEASE AND SAFE HOT WATER MANAGEMENT

I nominate Xxxxxxxxxxxxxxxxxx as the “Delegated Authorised Person” for the Management & Control of Legionnaires’ Disease and Safe Hot Water Management for all of the properties currently occupied, owned and maintained by the Trust (under a full maintenance lease or otherwise).

The responsibilities of this nominated position include:

Responsibility for the Operational Management of the Legionellosis Management & Control and Safe Hot Water Management PPM Programme, across the buildings under their control as described in – Method of Operation of the PPM Programme of the “POLICY FOR THE MANAGEMENT AND CONTROL OF LEGIONELLOSIS INCLUDING LEGIONNAIRES DISEASE AND THE MANAGEMENT AND CONTROL OF SAFE WATER TEMPERATURES”.

ii. Implement, maintain and manage a Log-Book system which operates a “Defect-Log” (and retain all data for five years).

iii. Consider the Log-Book and Defect-Log, pertaining to each building/system, and ensure the design, arrangement, implementation and management of all Pre-Planned Maintenance Programmes required to allow the systems to comply with the current and relevant guidelines and legislation, and to ensure minimisation or control of the prevailing risk.

iv. Advise the Trust Responsible Person, via a Monthly Report of the status of the Legionellosis Management & Control and Safe Hot Water Management Programme within the buildings under their control.

v. Regularly audit the locally implemented Legionellosis Management & Control and Safe Hot Water Management Programme as described in Section 16.0 – On-going Auditing of the “POLICY FOR THE MANAGEMENT AND CONTROL OF LEGIONELLOSIS INCLUDING LEGIONNAIRES DISEASE AND THE MANAGEMENT AND CONTROL OF SAFE WATER TEMPERATURES”.

I accept this nominated position and I undertake to implement all specified requirements as described in the Trust’s “POLICY FOR THE MANAGEMENT AND CONTROL OF LEGIONELLOSIS INCLUDING LEGIONNAIRES DISEASE AND THE MANAGEMENT AND CONTROL OF SAFE WATER TEMPERATURES”.

Signature: Xxxxxxxxxxxxxxxxxxxxxxxxxx

Date: ………………………………………
Appendix D: Low Water Usage Poster

THIS WATER OUTLET HAS BEEN IDENTIFIED AS BEING A LOW USE SITE.

THIS OUTLET MUST BE FLUSHED FOR AT LEAST 3 MINUTES TWO TIMES EACH WEEK.

A RECORD MUST BE KEPT AS EVIDENCE OF FLUSHING IN THE COMPLIANCE LOG BOOK.

Contact the Infection Prevention and Control Team on 02380 874291 if further advice is needed.
Appendix E: LEaD (Leadership, Education & Development) Training Needs Analysis

If there are any training implications in your policy, please complete the form below and make an appointment with the LEAD department (Deputy Head of LEAD or LEAD Strategic Education Lead) before the policy goes through the relevant Expert Committee.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Service</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH/LD/TQ21</td>
<td>Adult Mental Health</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>Specialised Services</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>Learning Disabilities</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>TQtwentyone</td>
<td>Not applicable</td>
</tr>
<tr>
<td>ISD’s</td>
<td>Older Persons Mental Health</td>
<td>Not applicable</td>
</tr>
<tr>
<td>ISD’s</td>
<td>Adults</td>
<td>Not applicable</td>
</tr>
<tr>
<td>ISD’s</td>
<td>Childrens Services</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Corporate</td>
<td>All</td>
<td>Estates and Facilities Management Maintenance, Building Managers and IPC Team require legionella awareness training.</td>
</tr>
</tbody>
</table>
Appendix F: Equality Impact Analysis Screening Tool

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team.

<table>
<thead>
<tr>
<th>Name of policy/service/project/plan:</th>
<th>Legionella Management and Control Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number:</td>
<td>SH NCP 40</td>
</tr>
<tr>
<td>Department:</td>
<td>Estates Services</td>
</tr>
<tr>
<td>Lead officer for assessment:</td>
<td>Estates Compliance Officer</td>
</tr>
<tr>
<td>Date Assessment Carried Out:</td>
<td>31st October 2012</td>
</tr>
</tbody>
</table>

1. Identify the aims of the policy and how it is implemented.

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Answers / Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefly describe purpose of the policy including</td>
<td>The Policy of Southern Health NHS Foundation Trust (the Trust) is to provide and maintain safe and healthy working conditions, equipment and systems of work all staff and visitors, and to provide such resources, information, training and supervision as they need for this purpose. The Trust aims to do all that is reasonably practicable to manage Potable Water and Legionella and to follow the steps laid out in the following policy to ensure patients and staff are safe.</td>
</tr>
<tr>
<td>• How the policy is delivered and by whom</td>
<td></td>
</tr>
<tr>
<td>• Intended outcomes</td>
<td></td>
</tr>
</tbody>
</table>

2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent research findings (local and national)
- Results from consultation or engagement you have undertaken
- Service user monitoring data
- Information from relevant groups or agencies, for example trade unions and voluntary /community organisations
- Analysis of records of enquiries about your service, or complaints or compliments about them
- Recommendations of external inspections or audit reports
<table>
<thead>
<tr>
<th>Key questions</th>
<th>Data, research and information that you can refer to</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 What is the equalities profile of the team delivering the service/policy?</td>
<td>N/a</td>
</tr>
<tr>
<td>2.2 What equalities training have staff received?</td>
<td>N/a</td>
</tr>
<tr>
<td>2.3 What is the equalities profile of service users?</td>
<td>N/a</td>
</tr>
<tr>
<td>2.4 What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?</td>
<td>N/a</td>
</tr>
<tr>
<td>2.5 What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff</td>
<td>N/a</td>
</tr>
<tr>
<td>2.6 What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations</td>
<td>N/a</td>
</tr>
</tbody>
</table>
In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this:

<table>
<thead>
<tr>
<th>Positive impact (including examples of what the policy/service has done to promote equality)</th>
<th>Negative Impact</th>
<th>Action Plan to address negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/a</td>
<td>Actions to overcome problem/barrier</td>
<td>Resources required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
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<table>
<thead>
<tr>
<th>Disability</th>
<th></th>
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<table>
<thead>
<tr>
<th>Gender Reassignment</th>
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<table>
<thead>
<tr>
<th>Marriage and Civil Partnership</th>
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<table>
<thead>
<tr>
<th>Pregnancy and Maternity</th>
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<table>
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<tr>
<th>Race</th>
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<tr>
<th>Religion or Belief</th>
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<table>
<thead>
<tr>
<th>Sex</th>
<th></th>
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</thead>
</table>

| Sexual Orientation |  |