Water Safety Policy

***The East London NHS Foundation Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are outlined, as required.***

|  |  |
| --- | --- |
| Version number : | 4.0 |
| Consultation Groups  | Infection Prevention and Control Committee |
| Approved by (Sponsor Group) | Water Safety Group |
| Ratified by: | Quality Committee |
| Date ratified: | 3rd May 2023 |
| Name of originator/author: | Assistant Director of Estates, Engineering and Infrastructure, Estates Compliance Manager, Authorising Engineer (Water) |
| Executive Director lead : | Director of Estates, Facilities & Capital Development |
| Implementation Date : | April 2023 |
| Last Review Date  | April 2023 |
| Next Review date: | April 2026 |

|  |  |
| --- | --- |
| Services  | Applicable to |
| Trust wide | Yes |
| Mental Health and LD  | Yes |
| Community Health Services  | Yes |
| Primary care | Yes |

Version Control Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment** |
| 1.0 | 28th October 2008 | John Hill – Deputy Director Estates, Facilities & Capital Development | Final | Initial Policy |
| 2.0 | 19th April 2016 | Sean O’Sullivan – Acting Associate Director & PFI Contract Manager | Final | Reviewed. No major changes |
| 3.0 | November 2019 | John Hill Director of Estates, Facilities & Capital Development | Final | 3 yearly review |
| 4.0 | 26th April 2023 | Bevan Speariett - Assistant Director of Estates, Engineering and Infrastructure, Karen Boreham – Estates Compliance Manager, Karina Jones (Authorising Engineer – Water) | Final | Full review and update of policy. |

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# Policy Gateway

Please complete the checklist and tables below to provide assurance around the policy review process.

|  |
| --- |
| [x]  I have involved everyone who should be consulted about this policy/guidance[x]  I have identified the target audience for this policy/guidance [x]  I have completed the correct template fully and properly[x]  I have identified the correct approval route for this policy/guidance [x]  I have saved a word version of this policy/guidance for future reviews and reference  |
| Please set out what makes you an appropriate person to conduct this review: |
| I am the Assistant Director or Estates, Engineering and InfrastructureI am the Estates Compliance ManagerI am the Independent Authorising Engineer (Water) |

|  |
| --- |
| Please set out the legislation, guidance and best practice you consulted for this review: |
| The Health and Safety at Work etc. Act 1974Health and Safety Executive (2013) Approved Code of Practice (L8 - Fourth Edition)Other references as detailed within Section 16 |

|  |
| --- |
| Please identify the key people you involved in reviewing this policy why, and when: |
| The Water Safety Group on 4 January 2023 |

|  |
| --- |
| Summarise the key changes you have made and why: |
| This policy has been fully revised and updated.The title of the Policy has been changed from Legionella Policy to Water Safety Policy. |

# Executive Summary

The Policy of East London NHS Foundation Trust (the Trust) is to provide and maintain safe and healthy working conditions, equipment, and systems of work for all staff, patients, service users 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 Water Systems safely and to follow the steps laid out in the following policy to ensure staff, patients, service users and visitors are safe. It is considered essential that management and staff should work together positively to achieve an environment compatible with the provision of the highest quality services where health hazards to patients and others are minimised, so far as is reasonably practicable.

The Chief Executive Officer (CEO) and board have overall responsibility for the effective implementation, monitoring and review of Trust Policies. The responsibility for establishing the arrangements and organisation to carry out the requirements of this Water Safety Policy has been delegated to the Director of Estates, Facilities & Capital Development, through onward delegated responsibility to the Assistant Director of Estates, Engineering and Infrastructure and the Estates Manager, who will ensure that all possible steps are taken to provide a safe working environment and patient care conditions. The Trust managers and staff will provide adequate resources and do all that is reasonably practicable to achieve compliance with this Policy that provides the strategy and infrastructure for the Trust's Management and Control programme for, the control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems. The Trust is committed to the safe and efficient operation of all domestic water systems for which it has a responsibility in line with all current guidance identified in this policy. The Water Safety Group will oversee the application of this policy and associated Water Safety Plan, which shall be complied with along with this policy. The Trust will follow the guidance issued by the HSE (ACOP L8 and HSG 274) and the Department for Health (HTM 04-01).

It is accepted that it is for management and staff to do all that is reasonably practicable to achieve compliance with the HSE, NHS and other regulations with regard to the prevention and control of Legionella bacteria and other water borne pathogens in Healthcare Premises within the Trust. Where appropriate, training and information and any necessary control measures will be provided by the Trust. The effectiveness of the Water Safety Policy relies on close cooperation between the Estates department, the Infection Prevention and Control Team (IPCT) and all staff following the procedures established under this policy.

This policy relates solely to the domestic water systems it is not intended to cover.

* Sealed hot water and heating systems. The scalding risk from domestic hot water and heating systems is covered in the Scalding Risk Policy.
* Water Supplies for firefighting services.

All persons working on Water Systems must be suitably qualified and competent.

This policy will be made available to all staff via the Trust Intranet.

# Introduction

The Trust accepts its responsibility under the Health and Safety at Work Act 1974 (HSAWA), the Management of Health and Safety at Work Regulations 1999 (MHSW), the Control of Substances Hazardous to Health Regulations (COSHH), the HSE’s Approved Code of Practice (ACOP L8), HSG274 and Health Technical Memorandum 04-01. All place a duty on East London NHS Foundation Trust (ELFT) to publish, issue and implement a Water Safety Policy, which outlines the organisation and procedures required to achieve the objectives set out in those legislative and guidance documents. The aim of this policy is to provide staff and contractors with a framework for the management of Water Systems within Trust properties.

It is expected that this Policy will be adhered to by all of the Trust's Employees and by all appointed service providers, contractors, in whatsoever capacity, with or without contractual agreements.

The Trust has in place a range of policies and plans together with the appropriate physical infrastructure, to prevent so far as reasonably practicable, any waterborne pathogens causing harm to patients, visitor, staff, and the environment.

This Policy and its associated Water Safety Plan provide guidance on the management, operation, maintenance, and environmental monitoring of the Trusts hot and cold-water systems. Specifically, but not limited to: Legionella pneumophila, Pseudomonas aeruginosa (where applicable), Stenotrophomonas Maltophilia and all advised waterborne pathogens

# Objectives

The objective of this policy is to ensure effective control of the Water Systems throughout Trusts premises to minimise the risk from waterborne pathogens.

# Scope

This Policy applies to all Trust premises whether owned or occupied by the Trust under lease or other Service Level Agreements (SLA’s) and Private Finance Initiatives (PFI). Where the management of buildings / areas occupied by Trust staff and / or patients is carried out by others, the requirement of this Policy remain applicable although implementation of the site specific risk management requirement is managed by local policies. It remains; therefore, the Trusts responsibility to ensure that the requirements of this Policy are notified to and complied with by all other parties described above.

This Policy is designed for the use of all staff and service providers involved with Water Systems, either as client or operator, and related equipment as defined in Health Technical Memorandum (HTM 04-01).

Separate additional requirements for Water Safety are made for those working on the Water infrastructure, plant and equipment belonging to the Trust or otherwise for the use of employees of the Trust.

This includes but is not limited to:-

* Estates and Service Providers
* Installation Contractors
* Specialist Maintenance Contractors
* Consultants (Building Engineering Services)
* Inspection and Test Contractors

# Definitions

|  |  |
| --- | --- |
| Term | Definition |
| ACOP L8 | The control of Legionella bacteria in water systems |
| AE (W) | Authorising Engineer (Water) |
| BS 8580-1 | Water quality: risk assessments for Legionella control – Code of Practice |
| COSHH | Control of Substances Hazardous to Health regulations 2002 |
| CP (W) | Competent Person (Water) |
| DP | Designated Person |
| HBN | Health Building Note |
| HSAWA | Health and Safety at Work etc. Act 1974 |
| HTM | Health Technical Memorandum |
| HSE HSG274 | The control of legionella bacteria in hot and cold-water systems |
| IPC | Infection Prevention & Control |
| HCAI | Health Care Acquired Infections |
| MHSWR | Management of Health and Safety at Work Regulations 1999 |
| PPM | Planned Preventative Maintenance |
| RP (W) | Responsible Person (Water) |
| SOM | Senior Operational Manager |
| WSG | Water Safety Group (Multidisciplinary group) |

# Related Trust Policies & Procedures

The following Trust polices should be read in conjunction with this policy.

* Health and Safety Policy
* Scalding Policy
* Water Safety Plan
* Estates Operational Policy (due for release in 2023)

# Roles and Responsibilities

Under Section 7 of the Health and Safety at Work Act etc., 1974 employees have a duty to take reasonable care for their own Health and Safety and of that of others who may be affected by their acts or omissions at work. Section 7 also requires the employee’s co-operation with their employer to enable the employer to comply with statutory duties for Health and Safety.

Employees should correctly use all work items provided by their employers, in accordance with their training and the instructions they receive to enable them to use / operate the items safely.

Employers or those they appoint (e.g. under Regulation 6) to assist them with Health and Safety matters therefore need to be informed, without delay, of any work situation which might present a serious and imminent danger. The danger could be to the employee concerned or a result of the employee's work to others.

Employees must also notify to their line manager any shortcomings in the Health and Safety arrangements, even when no immediate danger exists, so that employers in pursuit of their duties under the HSAWA and other statutory provisions can take such remedial action as may be required.

The key personnel and their duties are as follows.

##  Duty Holder - The Chief Executive Officer (CEO) and Board

The Chief Executive Officer (CEO) and Board have ultimate responsibility for the safety of patients, staff, service users and all other relevant persons within the Trust. The CEO and the Board have the overall responsibility for ensuring the effective implementation of this policy. They have the ultimate managerial responsibility for the adequate allocation of resources, personnel and the organisation where Water systems are installed. HTM 00 states that aspects of that responsibility can be assigned or delegated to a senior executive but an independent audit system should be in place to assure them that the responsibilities are being discharged properly. The CEO has delegated the day to day management and control of Water systems, through the Director of Estates, Facilities & Capital Development to the Assistant Director of Estates, Engineering and Infrastructure and the Trust’s Responsible Persons (Water).

The Trust will appoint the Responsible Person/s (Water) in writing, after being suitably trained and recommended by the Authorising Engineer (AE (Water)).

## The Designated Person (DP) – Director of Estates, Facilities & Capital Development

The Director of Estates, Facilities & Capital Development provides the essential senior management link between the organisation and professional support, which also provides independence of the audit-reporting process. The DP also provides an informed position at board level.

The DP works closely with the Assistant Director of Estates, Engineering and Infrastructure (Senior Operational Manager (SOM)) to ensure that there is adequate provision to support Water Safety.

The Director of Estates, Facilities & Capital Development leads on Health and Safety matters relating to Estates activities by informing the Board of Estate relevant Health and Safety management issues. This includes alerting them to the requirements of this policy and any actual or potential breaches of Health and Safety Legislation. The Director of Estates, Facilities & Capital Development also ensures that key Health and Safety information and instructions are cascaded and communicated throughout the Trust through a variety of routes, including the Trust’s Intranet.

## Senior Operational Manager (SOM) – Assistant Director of Estates, Engineering and Infrastructure

The Assistant Director of Estates, Engineering and Infrastructure has operational and professional responsibility for a Water Safety services. They fulfil the role of “informed client” within the Trust and are to be provided with access to robust, service-specific professional support which can promote and maintain this role. This will embrace both the maintenance and development of Water Safety improvements, support the provision of the intelligent customer role and give assurance of service quality.

## The Authorising Engineer (Water) - AE (W)

The Authorising Engineer (AE (W)) is an independent appointee to the Trust, reporting directly to the Designated Person (DP). They will be a person with the appropriate experience and qualifications in line with HTM 04-01. Their role is to provide independent technical advice on all aspects of water safety. The AE (W) also assesses the suitability of and recommends the appointment of Responsible Persons. The AE (W) shall be appointed by the WSG Chair with a brief to provide services in accordance with Health Technical Memoranda guidance. This may vary in accordance with the specialist service being supported.

The Authorising Engineer shall act as auditor and assessor and make recommendations for the appointment of members of the WSG. The AE (W) shall monitor the performance of the WSG and provide an annual governance audit to the WSG. To carry out this role effectively, particularly with regard to audit, the AE (W) shall remain independent of the operational structure of the Trust.

The AE (W) will.

* Examine records, manuals and provide an executive annual summary report to the Director of Estates, Facilities and Capital Development and the Assistant Director of Estates, Engineering and Infrastructure on the efficiency of control measures, the suitability and competency of staff engaged in the water quality program and a series of random inspection quality audits within Trusts premises.
* Sanction any interpretation of HTM-04 and any other relevant professional guidance, any local house rules and any derogation that may be necessary for their application.
* Ensure that any amendments or updates to HTM-04 and associated documents, or any replacement guidance issued and any other relevant mandatory or statutory professional guidance is brought formally to the attention of the Trust and are understood by all appropriate personnel by recording / documenting the process.
* On receipt of an “operational restriction" or "Estates Alert” related to Water Safety, ensure that all WSG members are made aware and receive copies.
* Agree in writing any local deviation / derogation from HTM’s or other mandatory/statutory guidance that may be necessary for their application to a particular location.
* Provide to the members of the WSG ad-hoc general 'remote' verbal advice on matters pertaining to Water Safety management and control.
* Undertake an annual review of the practical implementation of aspects of the policy for which they are responsible.
* Liaise with their counterparts in those hospital buildings and premises which are under the control of Private Finance Initiative (PFI) partners, NHS Property Services or other landlords. This is done to ensure that these PFI partners and other stakeholders provide assurance to the Trust that they are compliant with the relevant Water Safety systems and legislation as outlined in this policy.
* Ensure that external specialist Competent Persons are appointed to specifically review, the water risk assessments for completeness, relevance, quality and their fitness for purpose for the on-going water quality regime.

The Independent Auditor will provide best practice, guidance on all technical and statutory matters relating to Water Safety and Quality Management.

## Lead Nurse for Physical Health and Deputy Director of Infection Control

The Lead Nurse for Physical Health and Deputy Director of Infection Control has overall responsibility for infection control in the Trust and for the monitoring of Water Safety. They attend the Water Safety Group which oversees this policy and the Water Safety Plan.

## Responsible Persons (Water) – RP (W)

RP (W) are the individuals possessing sufficient technical knowledge and having received appropriate training to manage water systems on a specific site or group of sites. They will have a good knowledge of the systems for which they are appointed and have a level of authority to make decisions about the system. They will be appointed in writing by the Designated Person (DP) following assessment by the AE (W). They also fulfil the role of Responsible Persons as defined in HTM 04. The RP (W) will assess and appoint Competent Persons to work on the water systems. They may be either the Trust employed staff or external contractors. They may be either the Trust employed staff or external contractors.

## Competent Persons CP (Water) – CP (W)

CP (W) are individuals assessed and appointed by the Responsible Person as having sufficient technical knowledge and experience to carry out work on a Water System. They will include maintenance personnel and water samplers. They may be either the Trust employed staff or external contractors.

## Infection Control Doctor for the Trust

The Infection Control Doctor for the Trust (or consultant microbiologist, if not the same person) is the person nominated by the management to advise on monitoring the infection control policy and microbiological performance of the Trust’s Water Systems.

## Infection Prevention & Control Team (IPCT)

The IPCT is responsible for working in conjunction with those responsible for delivering maintenance and construction projects and those ensuring the estate is fit for purpose. They will provide clinical advice, mentoring for maintenance staff on infection control and minimising HCAIs, advice on risk assessments regarding the built environment, identify the priorities for the action plan and will assist in monitoring this policy.

## Other Staff Responsibilities

### Matrons / Lead Nurse

Have overall responsibility for the monitoring, cleanliness and reporting maintenance requirements in patient care environments within their service areas. They will work closely with the Estates team, the IPCT, and the relevant support services.

### Ward or Department Managers

Have a responsibility to identify little-used or unused water outlets and report these outlets to the Estates department. Once identified these outlets must be flushed in accordance with the flushing flowchart.

### Clinical Staff

Have an overall responsibility, within their clinical areas, for reporting any maintenance defects relating to the water systems to the Estates Maintenance helpdesk.

## Monitoring Groups

### Water Safety Group

The Water Safety Group (WSG) is a multidisciplinary group formed to oversee the Water Safety Plan (WSP) and ensure the safety of all domestic Water Systems. Members of the WSG with a range of competencies can be brought together to share responsibility. It will typically comprise those who are familiar with Water Systems and equipment, those who understand which factors increase the risk of infection from waterborne pathogens and those who have knowledge of the particular vulnerabilities of the at-risk population in ELFT buildings.

### Infection Prevention & Control Committee

All major Water Safety Policy decisions should be made through the Infection Prevention & Control Committee. The Water Safety Group will report to the Infection Prevention & Control Committee.

### Health, Safety & Security Committee

All water related issues that affect or impact on the Health, Safety and Wellbeing of any persons should be reported at the Health, Safety & Security Committee.

# Organisational Chart for Water Systems Management



# Policy Requirements & Water Safety Plan

The Water Safety Plan is to be read in conjunction with this Policy.

The Water Safety Plan contains information to assist Trust Employees and Contractors to fulfil their responsibilities and comply with all statutory requirements and current guidance. The Water Safety Plan provides information relating to:

Legal responsibilities.

* Documentation to comply with:
	+ HTM 04-01 (2016) “Safe Water in HealthCare Premises” Parts A, B, C and Supplement
	+ ACOP L8 (Fourth Edition 2013)
	+ HSG 274 Parts 1, 2 and 3
	+ HTM 01-05 Decontamination in primary care dental practices
* Major Outbreak plan for Legionnaires’ disease
* Routine maintenance tasks to be performed
* Testing for Legionella / E-coli / Pseudomonas aeruginosa (where required)
* Guidance on interpreting the results on Water Sampling
* Action to be taken if Legionella bacterium is found in the Trust’s Water Systems
* Scalding Risk from Hot Water Temperatures

# Management arrangements Water Safety Group

## The Designated Person (DP) – Director of Estates, Facilities & Capital Development

1. The Trust has established a Water Safety Group (WSG) to oversee the implementation of this policy. The WSG is be a multidisciplinary group comprising members with a wide range of competencies including those who are familiar with Water Systems and equipment, those who understand which factors increase the risk of infection from waterborne pathogens and those who have knowledge of the particular vulnerabilities of the at-risk population in ELFT buildings. The WSG will be chaired by the Director of Estates, Facilities & Capital Development (Designated Person (DP)) or their appointed Deputy Chair the Assistant Director of Estates, Engineering and Infrastructure.
2. The Trust has appointed a suitable qualified and experienced Authorising Engineer (Water) to provide specialist technical advice on aspects of water safety.
3. The Trust will appoint Responsible Persons (Water) to take day to day responsibility for the Water Systems on a particular site/s. Proposed Responsible Persons will be assessed by the Authorising Engineer who will recommend their appointment to the Designated Person (DP). The Responsible Person (RP) is required to have a thorough knowledge of the Water Systems on the site/s they are appointed for and are likely to be employed by the contractor appointed to manage the maintenance of Water Systems on the site.
4. The WSG is responsible for producing a Water Safety Plan as required by HTM 04-01 and for the monitoring of the plan.
5. The Trust will undertake Legionella Risk Assessments as required by COSHH and the HSE ASOP L8’ and develop a Written Scheme of Control where the Risk Assessment determines there is a risk of Legionella.
6. All persons working on the Water Systems, whether ELFT staff or contractors, are expected to be competent to carry out the tasks assigned. Their competence is to be assessed by the Responsible Person (RP).

# Training & Competence requirements

All staff employed to manage the Water Systems are expected to be suitably trained to at least the standard set out in HTM 04-01 and HSG 274 / HSG282.

Where required the appointed staff will need to undertake refresher training and reassessment every 3 (three) years or at a different frequency where deemed necessary.

Responsible Person/s (Water) together with the assistance of the Authorising Engineer (Water) are to ensure sufficient training, advice and assistance in all Water Safety matters is available to key stakeholders.

# Records and Drawings

It is essential that records of all works undertaken on the Water System are kept in a way that is readily available for inspection. This includes planned maintenance and monitoring tasks, emergency works and alterations.

It is the responsibility of the Responsible Person (Water) to ensure the Water Systems drawings are kept up to date following any changes to the system.

# Incident Reporting

Any incident which involves Water Systems and which compromises safety, must be reported on Datix and to the Estates Department, who will inform the Responsible Person(s) (RP (W)) for the system, and who, in turn will determine what action is to be taken to prevent any risk or danger arising from the reported equipment. All reported incidents are to be investigated jointly by the Responsible Person (RP (W)) and IPC team and recorded on Datix. An Estates incident Report shall also be completed.

# Policy Review

Arrangements for Policy review. This policy will be reviewed by the Water Safety Group every 3 (three) years or earlier in the following circumstances.

* Following significant changes to relevant legislation and approved codes of practice
* When newly published material / evidence demonstrates a need for a change of existing working practices.
* Following a dangerous occurrence or “never event” or significant failure of any Water System that may have placed patients, staff, service users, volunteers or visitors at risk.

# Monitoring Compliance

| Minimum requirement to be monitored monitoring against standards set out in policy | Process for monitoringe.g. audit | Responsible individuals/ group/ committee | Frequency of monitoring/ audit/ reporting | Responsible individuals/ group/ committee for review of results and determining actions required |
| --- | --- | --- | --- | --- |
| Water Safety Policy | Review | Water Safety Group (WSG) | As per the Policy Review section of this Policy | Water Safety Group (WSG) / Infection Prevention & Control (IPC) Committee |
| Water Safety Plan (WSP) | Review | Water Safety Group (WSG) | The WSP is a ‘living document’ and should therefore be subject to an ongoing review | Water Safety Group (WSG) / Infection Prevention & Control (IPC) Committee |
| Key Performance Indicators for Water Maintenance, Compliance and Audit | Report | Water Safety Group (WSG) | Annually or as is required by the Risk Assessment | Infection Prevention & Control (IPC) Committee |

# References

* 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
* Public Health (Infectious Diseases) Regulations 1988
* Water Supply (Water Quality) Regulations 2000
* Private Water Supplies Regulations 2009
* Food Safety Act 1990
* The Water Supply (Water Fittings) Regulations 1999
* The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
* The Workplace (Health, Safety and Welfare) Regulations 1992
* British Standards Institute (2008) BS 7592:2022: Sampling for Legionella bacteria in water systems. Code of practice. London: British Standards Institution.
* British Standards Institute (2010) BS 8580-1:2019: Water quality. Risk assessments for Legionella control. Code of practice. London: British Standards Institution
* British Standards Institute (2010) BS 8580-2:2022: Risk assessments for Pseudomonas aeruginosa and other waterborne pathogens. Code of practice. London: British Standards Institution
* British Standards Institution (2012) BS EN 806-5:2012: Specifications for installations inside buildings conveying water for human consumption. Operation and maintenance. Parts 1-5. London: British Standards Institution.
* British Standards Institute (2015) BS 8558:2015: Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages. Complementary guidance to BS EN 806. London: British Standards Institution.
* British Standards Institution (2020) BS8680: 2020 Water quality — Water safety plans — Code of practice London: British Standards Institution.
* Policies and principles of healthcare engineering (HTM 00)
* Health Technical Memorandum 04-01: Safe water in healthcare premises. Part A: Design, installation and commissioning
* Health Technical Memorandum 04-01: Safe water in healthcare premises. Part B: Operational management
* Health Technical Memorandum 04-01: Supplement Performance specification D 08: thermostatic mixing valves (healthcare premises)
* Health Technical Memorandum 01-05: Decontamination in primary care dental practices
* Health Technical Memorandum 07-04: Water management and water efficiency – best practice advice for the healthcare sector
* Health and Safety Executive (2017) The control of legionella and other infectious agents in spa-pool systems
* HSG 274 Part1: The control of legionella bacteria in evaporative cooling systems
* HSG 274 Part 2: The control of legionella bacteria in hot and cold water systems
* HSG 274 Part 3: The control of legionella bacteria in other risk systems

There are several other legal requirements that NHS Organisations, supporting professionals, contractors and suppliers must comply with. These are covered in the respective Health Building Notes (HBN’s), Health Technical Memoranda (HTM’s) and the NHS Premises Assurance Model (NHS PAM).

The Trust recognises its duties and legal responsibilities under these Acts and Regulations and has compiled a Water Safety Plan that sets out the planned approach for the Trust to achieve compliance with all relevant Health & Safety Legislation and Approved Codes of Practice (ACOP) within the Trust’s owned or maintained properties.

In addition, the WSP sets out the procedural framework for the safe management of Water Systems delivery across the organisation.

#  Appendix A: Policy Equalities Impact Assessment

This checklist must be completed for all new policies to understand any potential impact on equalities and to assure equality in service delivery and employment.

|  |  |
| --- | --- |
| **Policy Name:** | Water Safety Policy |
| **Author:** | Bevan Speariett Karen Boreham Karina Jones  |
| **Role:**  | Assistant Director of Estates, Engineering and InfrastructureEstates Compliance ManagerAuthorising Engineer (Water) |
| **Directorate:** | Estates, Facilities & Capital Development |
| **Date** | 27/04/2023 |

* If any of the questions are answered ‘yes’, then the proposed policy is likely to be relevant to the Trust’s responsibilities under the equalities duties. Please provide the ratifying Committee with information on why ‘yes’ answers were given and whether or not this is justifiable for clinical reasons.
* The author should consult with the Associate Director of People & Culture to develop a more detailed assessment of the Policy’s impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
* A copy of the completed form must be submitted to the relevant committee when submitting the document for ratification.
* The ratifying committee will inform you if they perceive the impact to be sufficient that a more detailed assessment is required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Equalities Impact Assessment Question** | **Yes** | **No** | **Always give further information if you answer “YES”** |
| 1. How does the attached policy/service fit into the Trusts overall aims?
 | Yes | The Policy has been created to meet the Trusts aims of providing and maintaining safe and health 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. |
| 1. How will the policy/service be implemented?
 | Yes | The Policy will be displayed on the Trust’s Intranet page and will be communicated via the Trust’s Water Safety Group and Infection Prevention and Control Committee |
| 1. What outcomes are intended by implementing the policy/delivering the service?
 | Yes | Effective control of the water systems throughout Trusts premises to minimise the risk from waterborne pathogens |
| 1. How will the above outcomes be measured?
 | Yes | The outcomes will be measured via Audits, monitoring of compliance activities and via the ongoing Water Safety Group meetings |
| 1. Who are they key stakeholders in respect of this policy/service and how have they been involved?
 | Yes | The key stakeholders are the Water Safety Group (WSG) and the Infection Prevention and Control (IPC) Committee |
| 1. Does this policy/service impact on other **policies or services**?
 | Yes |  | Health and Safety PolicyScalding PolicyWater Safety PlanEstates Operational Policy (due for release in 2023) |
| 1. If YES is that impact understood?
 | Yes |  | No further comments |
| 1. Does this policy/service impact on other **agencies?**

 |  | No | No further comments |
| 1. If YES is that impact understood?
 | Yes |  | No further comments |
| 1. Is there any data on the policy or service that will help inform the equalities impact assessment?
 |  | No | No further comments |
| 1. Are there are information gaps, and how will they be addressed/what additional information is required?
 |  | No | No further comments |
| **Equalities Impact Assessment Questions** | **Yes** | **No** | **Comment** |
| 1. Does the policy or service development have an adverse impact on any particular group?
 |  | No | No further comments |
| 1. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?
 |  | No | No further comments |
| 1. Where an adverse impact has been identified can changes be made to minimise it?
 |  | No | No further comments |
| 1. Is the policy directly or indirectly discriminatory, and can the latter be justified?
 |  | No | No further comments |
| 1. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?
 |  | No | No further comments |

## Appendix B: Policy Submission Form / Checklist

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

|  |  |  |
| --- | --- | --- |
| **1** | **Details of policy** |  |
| 1.1 | Title of Policy: | Water Safety Policy |
| 1.3 | Author (job title) | Bevan Speariett - Assistant Director of Estates, Engineering and Infrastructure, Karen Boreham – Estates Compliance Manager, Karina Jones - Authorising Engineer (Water) |
| 1.4 | Lead / Sponsor Sub Committee | * David Stevens - Director of Estates, Facilities & Capital Development
* Water Safety Group
 |
| 1.5 | Reason for Policy | To ensure effective control of the water systems throughout Trusts premises to minimise the risk from waterborne pathogens |
| 1.6  | Who does policy affect? | * Water Safety Group
* Infection Prevention and Control Committee
* Health, Safety and Security Committee
* Matrons / Lead Nurse
* Ward or department managers
* Clinical staff
 |
| 1.7 | Are national guidelines/codes of practice /best practice/ references incorporated and cited? | Yes |
| 1.8 | Has an Equality Impact Assessment been carried out? | Yes |
| 1.9 | Is this a revision of an existing policy? | Yes  |
| 1.10 | If yes have you identified the changes in the document?  | Yes |
| 1.11 | Is the policy in the correct format? | Yes |
| **2** | **Information Collation** |  |
| 2.1 | Where was Policy information obtained from? | Legislation, guidance and best practice as stated within this Policy |
| **3** | **Policy Management** |  |
| 3.1 | Is there a requirement for a new or revised management structure if the policy is implemented? | No |
| 3.2 | If YES attach a copy to this form | Not Applicable |
| 3.3 | If NO explain why | No changes to management structure |
| **4** | **Consultation Process** |  |
| 4.1 | Was there internal/external consultation? | Yes |
| 4.2 | List groups / Persons involved | Water Safety Group |
| 4.3 | Have internal/external comments been duly considered? | Yes |
| 4.4 | Date approved by relevant Sub-committee | Water Safety Group (4th January 2023) |
| 4.5 | Signature of Subcommittee chair | David Stevens |
| **5** | **Implementation** |  |
| 5.1 | How and to whom will the policy be distributed? | The Policy will be displayed on the Trust’s Intranet page and will be communicated via the Trust’s Water Safety Group and Infection Control and Prevention Committee |
| 5.2 | If there are implementation requirements such as training, please detail? | ELFT training will be identified on the Estates training matrixHard FM Suppliers will conduct their own training to ensure competency |
| 5.3 | What is the cost of implementation and how will this be funded? | No significant costs apart from ongoing training which will be funded through the Estate budget |
| **6** | **Monitoring** |  |
| 6.1 | List the key performance indicators e.g. core standards | * Audits undertaken by Authorising Engineer (Water)
* Key Performance Indicators listed within Hard FM Supplier’s contractors
 |
| 6.2 | How will this be monitored and/or audited? | The outcomes will be measured via Audits, monitoring of compliance activities and via the Water Safety Group meetings |
| 6.3 | Frequency of monitoring/audit | * Policy review every 3 (three) years
* Water Safety Group (WSG) every 3 (three) months
* Water Risk Assessment completed every 2 (two years)
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**Completed by**

**Date policy approved by the Sponsor Committee: 4th January 2023**

**Date policy approved by the Ratifying Committee: 3rd May 2023**