

Water Safety Group Quarterly Meeting (2022 - 2023 Quarter 4)

Date:	20 th April 2023	Time:	11.00 – 12.00pm	Meeting No:	4
Location:	MS Teams				

Chair:	██████████ Director of Estates, Facilities & Capital Development
Minute taker:	██████████ Infection Prevention Control Administrator

Present		
Name	Title	Initials
██████████	Director of Estates, Facilities & Capital Development	██
██████████	Trust-wide Lead Infection Prevention and Control Nurse	██
██████████	Trust-wide Deputy Lead Infection Prevention and Control Nurse	██
██████████	Head of Capital Development	██
██████████	Assistant Director for Estates, Engineering & Infrastructure	██
██████████	Compliance Manager for ELFT	██
██████████	ETA Projects / Authorising Engineer for Trust	██
██████████	ETA Project Authorising Engineer	██
██████████	Senior Project Manager for ██████████	██
██████████	Project Manager for ██████████	██
██████████	General Manager for Newham Mental Health	██
██████████	██████ Operations Manager for East Ham Care Centre	██
██████████	Senior Portfolio Manager, CHP	██
██████████	Service manager for ██████████ at Luton & Bedfordshire	██
██████████	Senior Site Manager for NHSPS	██
██████████	Head of Estates, Bart's Health NHS Trust	██
██████████	role not stated	██

Apologies	
██████████	Infection Control Doctor
██████████	Deputy Director of Infection Prevention and Control / Physical Health Lead Nurse
██████████	Assistant Director of Facilities
██████████	Assistant Director of Estates & Facilities Management

ALL PARTIES SHOULD NOTE THAT THE MINUTES OF THE MEETING ARE FOR RECORD PURPOSES ONLY. ALL CONCERNED SHOULD NOTE ANY ACTION REQUIRED DURING THE COURSE OF THE MEETING AND ACTION CARRIED OUT WITHOUT WAITING FOR THE ISSUE OF THE MINUTES (NORMALLY 5 DAYS PRIOR TO/AFTER THE MEETING). THE MINUTES ARE PRESENTED IN THE ORDER OF THE AGENDA.

Actions from this Meeting	
Action	Responsible Person
██████ to circulate CHP Water Safety Plan to ██████ & ██████	██
██████ to send ██████ Flushing Flowchart.	██
██████ to take the Flushing Flowchart to the Lead Nurses Meeting for comments by Directors of Nursing.	██

Evergreen Unit - Flexible hoses to be removed	█
Swan neck taps at Newham sites are to be sampled & frequency of use checked. If irregular, taps are to be added to the flushing regime if not already done so.	█
█ to feedback to █ & █ regarding temperature testing reports for L&B & how █ will provide statutory monthly compliance for all sites managed across the Trust going forward. All reports should be dated, signed & legible or typed-up.	█
█ to liaise with █ & █ on updating the agenda.	█
█ to share designs with █ on the WC expansion plan at Passmore Edwards.	█
█ & █ are to create a list of sites & work with relevant organisations to review sampling regimes at all sites.	█
█ to recirculate attachments from the Authorising Engineer's Report via email.	█
█ to create & populate a separate action log tracker from the Authorising Engineer's Report. Actions are to be updated on at the next meeting.	█
█ to feedback to █ internally of the need to use █ or an equivalent for the next reporting cycle.	█
█ to send █ expired certification shared previously by █	█
█ to send █ updated certification.	█
█ to liaise with █ on specific items to be included in the written quarterly report from Soft FM as part of the Domestic Update.	█
Updated Agenda to be circulated with the minutes.	█
Updated Terms of Reference to be circulated with the minutes	█
█ to liaise with service partners to create auditable flushing records using support from cleaning teams.	█

PROCEEDINGS	
No	Agenda Item/Action
1)	Welcome & Introductions
	█ welcomes all attendees who introduce themselves. Apologies are noted above.
2)	Minutes from Previous Meeting, Action Log Tracker & Matters Arising
	<ul style="list-style-type: none"> • Previous minutes are noted as accurate. • Action Log tracker is updated. <i>Please see Action Log Tracker attached.</i> • Matters arising below: <ul style="list-style-type: none"> ➢ █ is updating the Water Safety Plan with comments received. The plan will go before the Quality Committee Meeting for final ratification on 3rd May. ➢ East Ham Care Centre (EHCC) Water Safety Plan – █ states there is no specific water safety plan for EHCC. There is a water safety plan for all sites managed by CHP. The plan was issued 2 years ago & is reviewed annually. <u>To be circulated by █</u> ➢ Flushing Flowchart – █ <u>Flushing Flowchart.</u> █ <u>to take the Flushing Flowchart to the Lead Nurses Meeting for comments by Directors of Nursing.</u> ➢ Evergreen Unit – █ comments water risk assessments received from █ earlier this week identified flexible hose connections. Facilities are reviewing why flexible hoses were not in the specifications & are <u>looking to rectify the issue.</u> It is acknowledged there is a need to train ELFT staff to raise

	<p>awareness. Preliminary enquiries have begun with ETA Projects about training sessions. [REDACTED] have followed-up flexible hoses for cold water storage tanks. Pictures have been provided but locations were not specified. At Evergreen, the water storage tanks were newly installed by contractors & not by [REDACTED] comments Facilities have escalated issues with the contractor & [REDACTED] will only be contacted if necessary. [REDACTED] adds a mid-tap that was temporarily supplying builders has now been removed.</p> <ul style="list-style-type: none"> ➤ Swan neck taps – [REDACTED] summarises that the costs of removing all swan neck taps was prohibitive so as part of mitigation flushing & sampling were increased. [REDACTED] comments sampling was to determine risks & taps with high legionella counts would be considered for removal. [REDACTED] confirms sampling has increased since January’s meeting. 24 taps were reactively changed on 31st March following reports of degraded and/or swan neck taps across Cazaubon & Fothergill Wards at EHCC. Reactive changes of degraded taps will continue going forward. ➤ [REDACTED] states there are swan neck taps at Newham sites but he is unaware of the current water sampling regime. [REDACTED] queries whether the taps are in clinical areas. [REDACTED] there is limited clinical activity at Newham as the unit is largely residential. [REDACTED] suggests <u>sampling is carried out to determine results</u>. If the taps are frequently used, its’s possible there may be no issues with regards to replacement costs. If the taps are irregularly used they may potentially hold bacteria within. <u>If the outlets are confirmed to be low-use, they should be added to the flushing regime if not already actioned</u>. DS summarises ELFT consider all areas with patients clinical spaces. ➤ Action for [REDACTED] to send Water Safety Reports to [REDACTED] updates that reports on water risk assessments have been shared. KD is unsure if monthly reports have been circulated. [REDACTED] comments the action is regarding reports of temperature testing for evidentiary purposes. Reports for London sites can be downloaded from [REDACTED] platform. However, there is no documentation for Luton & Bedfordshire (L&B). Some information is available on water log books but this format provides little oversight by [REDACTED] queries why the reporting mechanism is different between London & L&B. [REDACTED] replies he is unsure why there is a difference & he himself is new. All staff on sites have paperwork on audits. [REDACTED] <u>to feedback to [REDACTED] regarding temperature testing reports for L&B & how [REDACTED] will provide statutory monthly compliance for all sites across the Trust going forward</u>. [REDACTED] comments that reports should be clearly written/typed-up to ensure reports are legible & reader friendly. Additionally, <u>reports should be dated & signed</u>. [REDACTED] <u>to feed back to [REDACTED]</u> ➤ [REDACTED] has created a standardised agenda for Safety Group Meetings. [REDACTED] <u>to liaise with [REDACTED] before final version is circulated</u>. ➤ Meeting with Appointed/Authorised Persons, Landlords & Service Providers – [REDACTED] reports discussions have been held but a meeting is still to be arranged. All service providers have been consulted & documents have been requested. [REDACTED] comments service providers who are unable to attend this meeting should still send their written reports.
<p>3)</p>	<p>Estates & Facilities Update</p>
	<p>[REDACTED] updates on the following:</p> <ul style="list-style-type: none"> • Evergreen Unit was mentioned in Section 2 under matters arising.

	<ul style="list-style-type: none"> • Crisis Unit, Homerton – Work is ongoing with basins being removed. • Shrewsbury Road Health Centre – Toilet refurbishment is ongoing. • Passmore Edwards – There are plans to expand toilets but work is yet to begin. Currently, work is at the instructional phase. ■■■ to share designs with ■■■
<p>4)</p>	<p>Water Results/Remedial Works Update</p>
	<p>The Water Safety Report is presented on-screen.</p> <p>■■■ updates on the following:</p> <ul style="list-style-type: none"> • ■■■■■ have been appointed to manage water treatment across London sites. Work will begin next week. Bar coding & the creation of an asset list will be covered later today as an agenda item. • Legionella update: <ul style="list-style-type: none"> ➢ Beaumont House – In January, there was a positive result in the ground floor disabled WC. This was followed-up on Friday 14th April & there are no further issues. ➢ Vicarage Lane Health Centre – A cupboard sink was followed-up on Friday 14th April & there are no further issues. ➢ EHCC – 4x outlets in February. No further issues as of Friday 14th April. ➢ The Lodge – 4x positive samples. Taps were isolated & flushing was completed. Resamples from 22nd March were all-clear. ➢ Alie Street – 1x positive sample was resampled on 22nd March & is now all-clear. ➢ John Howard Centre – 7x positive samples at the John Warburton building. Daily flushing was instituted in all positive areas & resample results were all clear. <p>■■■ thanks both ■■■■■ for their prompt responses to positive legionella samples.</p> <p>■■■ comments resamples returning all-clear is good. It was identified that some sites had temperatures that were non-complaint for at least 3 months. ■■■ recommends on sites where temperatures are non-complaint for at least 3 months, the outlets should be included in the sampling regime. This would be to counter legionella wherever it is in the system. Additionally, HTMs state where there is non-compliance in temperatures sampling should be carried out for reassurance. Going forward, the sampling regime for each site should be reviewed. ■■■ states there are multiple suppliers across various sites. ■■■■■ are to create a list & work with relevant organisations to review sampling regimes.</p>
<p>5)</p>	<p>Authorising Engineer Report</p>
	<p>The Authorising Engineer’s (AE) Report is presented on-screen.</p> <p>■■■ updates on the following:</p> <ul style="list-style-type: none"> • The report summarises ■■■ comments on all reports received. • The report also provides an in-depth look at individual reports for each site. • Areas covered include water safety plan, policies & samples. • Non-compliance & risks are highlighted with photographs & other relevant information. • Service providers should be aware of non-compliant temperatures for over 3 months. • Going forward, reports should aim to be as clear as possible. It is acknowledged some reports are handwritten but they too should be readable.

	<ul style="list-style-type: none"> One issue identified was that shower hoses were too long. This means they hung down where water can stagnate. Ideally, there should be shower hooks to loop shower hoses or handles that prevent further stretching of hoses unless the hose is put underneath. Although long shower hoses are not a large issue over prolonged periods they can become problematic. <p>█ comments the .pdf format the report was circulated in prevented attachments from being opened.</p> <p>█ replies the <u>attachments will be circulated separately via email.</u></p> <p>█ for providing support with water safety/hygiene practices. █ <u>to create & populate a separate action log tracker from the AE's Report. Actions are to be updated on at the next meeting.</u></p>
6)	█
	<p>█ updates on the following:</p> <ul style="list-style-type: none"> █ will go to ELFT sites to barcode & create an asset list of relevant items. This information will be shared with █ <p>█ queries whether barcoding will be done by a regular team who are familiar with the sites. █ responds the barcoding team with largely be the same 3-4 engineers.</p> <p>█ updates on the following:</p> <ul style="list-style-type: none"> █ is the compliance reporting tool that will be used going forward by the Trust. Landlords/partners are aware & █ can also provide support. Feedback on █ is positive. It is reinforced that █ must use █ or an equivalent for the next reporting cycle as █ contract has been extended & █ is new. The current mechanism used by █ is inappropriate for ELFT. █ <u>to feedback to █ internally.</u> <p>█ queries whether training records for staff attending sites have been supplied to █ & whether █ will provide support/training on █ to those who need it?</p> <p>█ replies █ can provide training & training records can also be sent over.</p> <p>█ asks if relevant company compliance documents are available for anyone attending sites. █ responds all relevant information is available & that █ can send over the list.</p> <p>█ summarises that █ training is scheduled for May. Additionally, █ has liaised with █ regarding certification. Unfortunately, the certification █ had shared was expired. █ are requested to send new certification.</p> <p>█ is unfamiliar & asks █ <u>to resend the expired certification shared previously by █ before updated certification can be circulated.</u></p>
7)	Domestic Update
	<ul style="list-style-type: none"> No updates are available with apologies from █ <p>█ asks for feedback from the group on "Domestic Update" as an agenda item.</p>

	<p>█ replies that the agenda point is relevant as Soft FM & the cleaning department should provide assurance of practice. Their support is essential as scale and/or dirt will contribute to bacteria.</p> <p>█ comments that Soft FM can submit a quarterly report to this meeting in lieu of attendance. █ <u>to liaise with █ on specific items to be included in the written quarterly report.</u> It is acknowledged Estates provide assurance of practices through quarterly reports shared with IPC & weekly at IPC Silver Meetings.</p>
8)	Risk Assessment & Remedial Works Review
	<p>█ updates on the following:</p> <ul style="list-style-type: none"> • EHCC – Water risk assessments are ongoing with 1 final action to close next month. 16 of 17 actions have been completed with action 15 completed yesterday. <p>█ queries if there is action log. █ replies the action log is available on MS Teams under Water Risk Assessments.</p>
9)	AOB
	<p>WSG Agenda</p> <p>█ presents the new Water Safety Group (WSG) agenda on-screen.</p> <p>█ updates on the following:</p> <ul style="list-style-type: none"> • The agenda has been updated in line with agendas for the Ventilation Safety Group (VSG) & Electrical Safety Group (ESG). • <u>The updated WSG agenda will be circulated with the minutes.</u> <p>Terms of Reference</p> <p>█ presents the Terms of Reference (TOR) on-screen.</p> <p>█ updates on the following:</p> <ul style="list-style-type: none"> • The TOR has been aligned to the ESG. • <u>The updated TOR will be circulated with the minutes.</u> <p>No comments are received following the presentations of the new agenda & updated TOR.</p> <p>EHCC & CHP</p> <ul style="list-style-type: none"> • █ requests assistance from the group as CHP have struggled to get data from clinical teams on infrequently/irregularly used outlets. Clinical teams are asked monthly about infrequently/irregularly used outlets but data is not forthcoming. Currently, Soft FM are flushing but they are guessing usage as opposed to relying on factual data. • █ states ELFT rely on housekeeping & cleaning partners to assist with flushing in patient bedrooms. • █ replies domestic staff also do flushing at CHP sites. However, from an audit/legal perspective flushing should fall under the purview of clinical teams not domestic teams. • █ queries whether completion of cleaning is reported to ELFT or to CHP?

- ■■■ responds domestic staff do inform CHP upon completion. Additionally, at EHCC there are access issues due to storage around sinks. Clinical staff are asked to lead on steady access to sinks. AC reiterates there are possible legal implications as CHP have not been informed of irregularly/infrequently used outlets by clinical teams.
- ■■■ suggests an internal audit is carried out for change of use as bedrooms can become storerooms. The initial step is to identify change of use areas before liaising with clinical teams & Soft FM to assume shared ownership & resolve.
- ■■■ comments that flashing & cleaning are different & auditable process is necessary.
- ■■■ states there is a need to have a formal reporting structure. If a tap is out-of-use & cleaners don't have access to the room, teams should be aware of it. ■■■ to liaise with service partners to create auditable flushing records using support from cleaning teams.

No further comments. ■■■ thanks all for attending before drawing the meeting to a close.

Next meeting: Thursday 3rd August 2023; 12pm