




LEGIONELLOSIS MANAGEMENT AND CONTROL

INCLUDING “SAFE” HOT WATER, COLD WATER, DRINKING WATER, VENTILATION SYSTEMS AND THE CONTROL OF PSEUDOMONAS

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EXECUTIVE DIRECTOR	Director of Finance	
POLICY LEAD	Head of Facilities Management (SSL)	
POLICY AUTHOR (if different from above)	Head of Facilities Management (SSL)	
EXEC SIGN OFF SIGNATURE (electronic)		
DISCLOSABLE UNDER FREEDOM OF INFORMATION ACT 2000	Yes	

Policy context

Legionella management and control is integral to the provision of “safe” water systems, and the prevention of healthcare acquired infections. This Policy provides a robust management process to control legionella bacteria, including pseudomonas, to ensure compliance with Health & Safety Commission, and Department of Health, Regulations and Guidelines.

Policy requirement (see Section 2)

- To provide a clear and robust framework and guidance for the management and control of legionella bacteria in water systems, in line with legal requirements and DH Guidance
- To provide clear details of duties and lines of responsibility for managers and staff, who have an involvement in the control of legionella bacteria.
- To provide support (training, implementation plan, monitoring, audit) to ensure governance of the Trust’s requirements to proactively manage and control legionella bacteria in water systems.

Change Record:

Date	Version	Author (Name & Role)	Reasons for review / Changes incorporated	Ratifying Committee
September 2021	V4	Lee Gough	Update due to change in BS and comments from WSG	Clinical Governance Committee
October 2024	V5	Lee Gough	Updated due to changes in BS and WSP	Clinical Governance Committee

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1 INTRODUCTION:

1.1 Rationale (Why):

The aim of this Policy is to introduce a structured Procedure and Reporting Schedule, for the management and control of Legionella species, including Legionellosis, in compliance with current Guidelines (HTM's, Codes of Practice, HBN's, Model Engineering Specifications and Approved Codes of Practice), Legislation and Water Supply Regulations.

Birmingham & Solihull Mental Health Foundation NHS 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 or control the harmful effects of contaminated water, particularly Legionnaires' disease, to residents, patients, visitors, staff and other persons working at or using its premises.

Legionella bacteria are widespread in nature, wherever there is fresh water or damp conditions. In man-made water systems, they grow in slime layers (biofilms) on the inside of pipes, taps etc. When taps are turned on, a very fine spray, called an aerosol is created, containing particles so small they cannot be seen or felt, but which can carry infectious Legionella bacteria deep into the lungs and cause an atypical pneumonia. This infection may be severe and sometimes fatal, particularly in those with chronic chest problems and in the elderly.

The mainstay of legionella control is to keep water flowing (so as not to allow biofilm build up) and to keep it at a temperature where legionella do not like to multiply – above 60°C and below 20°C. Even short lengths of pipework, if not used frequently, can harbour sufficient bacteria to cause an outbreak. It is essential that water is flushed through the system frequently and that any unused/infrequently used areas are identified and either removed (if no longer needed) or completely flushed through at least twice weekly, or as identified through local risk assessments.

While SSL does everything possible to ensure the water systems are maintained in good condition, it is the responsibility of Service Managers and Unit/Ward Managers to ensure that basic preventive measures are undertaken by appropriate delegated staff in their own areas.

1.2 Scope (Where, When, Who):

This Policy shall apply to all Trust / SSL departments and premises/location whether owned or occupied by the Trust under lease or other SLAs. Where the management of buildings/areas occupied by The Trust staff and/or patients is carried-out by others, the requirements of this Policy remain applicable although implementation of site specific Risk Management requirements maybe managed by local Policies. It remains; therefore, The Trust's responsibility to ensure that the requirements of this Policy are notified to and complied with by all other parties described above.

This policy will apply to all staff who have responsibilities for managing wards, departments, offices etc in respect of matters concerning domestic hot and cold water quality and management, with respect to the control of Legionella bacteria.

Advice on the requirements of the Policy can be obtained at any time from the Duty Holder's appointed representative. For the purposes of this Policy, Service Providers are organisations that supply The Trust with services pertaining to "Legionellosis Management & Control", whether accommodation, and or Facilities Management, Water Treatment, Consultancy, etc.

1.3 Principles (Beliefs):

As required by the Health and Safety Commissions (2000) Approved Code of Practice (L8), and HTM0401 Parts A, B, C and Supplemental D08 the Trust will undertake to:

- i. Identify and assess sources of risk;
- ii. prepare a scheme for preventing, reducing or controlling the risk;
- iii. implement and manage and monitor precautions;
- iv. keep records of the precautions implemented and will do so for each of the health care premises within The Trust's control (as described above);
- v. appoint appropriate persons in the various pertinent departments to be managerially responsible for the implementation of this Policy.

Management has a statutory duty to ensure that compliance with this Policy and associated procedural documents is continual and not notional. The Trust must be able to demonstrate it has identified all the relevant factors, has instituted corrective or preventive action and is monitoring the implemented plans.

2 POLICY:

Staff must have received appropriate instruction and training and be familiar with the operational requirements of this policy, including the requirements of the 'procedures' document relevant to their area of responsibility.

Details of individual delegated responsibilities are highlighted in section 4 of the policy, and include responsibilities for the following Trust / SSL Staff:

- Chief Executive
- The Director of Infection Prevention and Control
- SSL Director of Operations
- SSL Head of Facilities Management, Head of PFI & Head of Capital.
- Heads of Department/Service Managers
- SSL Estates Managers
- SSL Estates Competent Persons
- Consultant Microbiologist
- Infection Prevention and Control Lead
- Authorising Engineer
- Head of Health and Safety and Regulatory Compliance
- Domestic / House Keeping Team
- Ward / Team Managers
- All Staff

The Strategic Water Safety Group is responsible for reviewing and updating this policy.

Advice regarding implementation, operational requirements, record keeping etc will be provided by the Strategic Water Safety Group.

This policy must be utilised in conjunction with the Legionellosis Management and Control 'Procedures' Document, relevant to the specific area of the Trust, including the Water Safety Plan.

3 PROCEDURE:

Local procedures will be developed and implemented in conjunction with the Trust's partners/ service providers and based on risk assessments for individual areas.

4 RESPONSIBILITIES:

4.1 Employers Duties:

The Trust as employers have a general duty under The Health and Safety at Work Act etc. 1974 to ensure so far as is reasonably practicable, the health, safety and welfare of all their employees.

HSWA 2(1) requires employers to:

- i. provide and maintain plant and systems of work that are safe and free from health risks;
- ii. make arrangements for ensuring safety and the avoidance of health risks in connection with the use, handling, storage and transportation of articles and substances [HSWA 2(2)b];
- iii. provide such information, instruction, training and supervision to ensure the health and safety at work of their employees [HSWA 2(2)c];
- iv. provide a safe working environment [HSWA 2(2)e];
- v. those in control of premises must ensure that they are safe and that any plan or substance do not endanger health of all persons at work and the general public [HSWA 4]

4.2 Employees Duties:

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 employees co-operation with their employer to enable the employer to comply with statutory duties for health and safety.

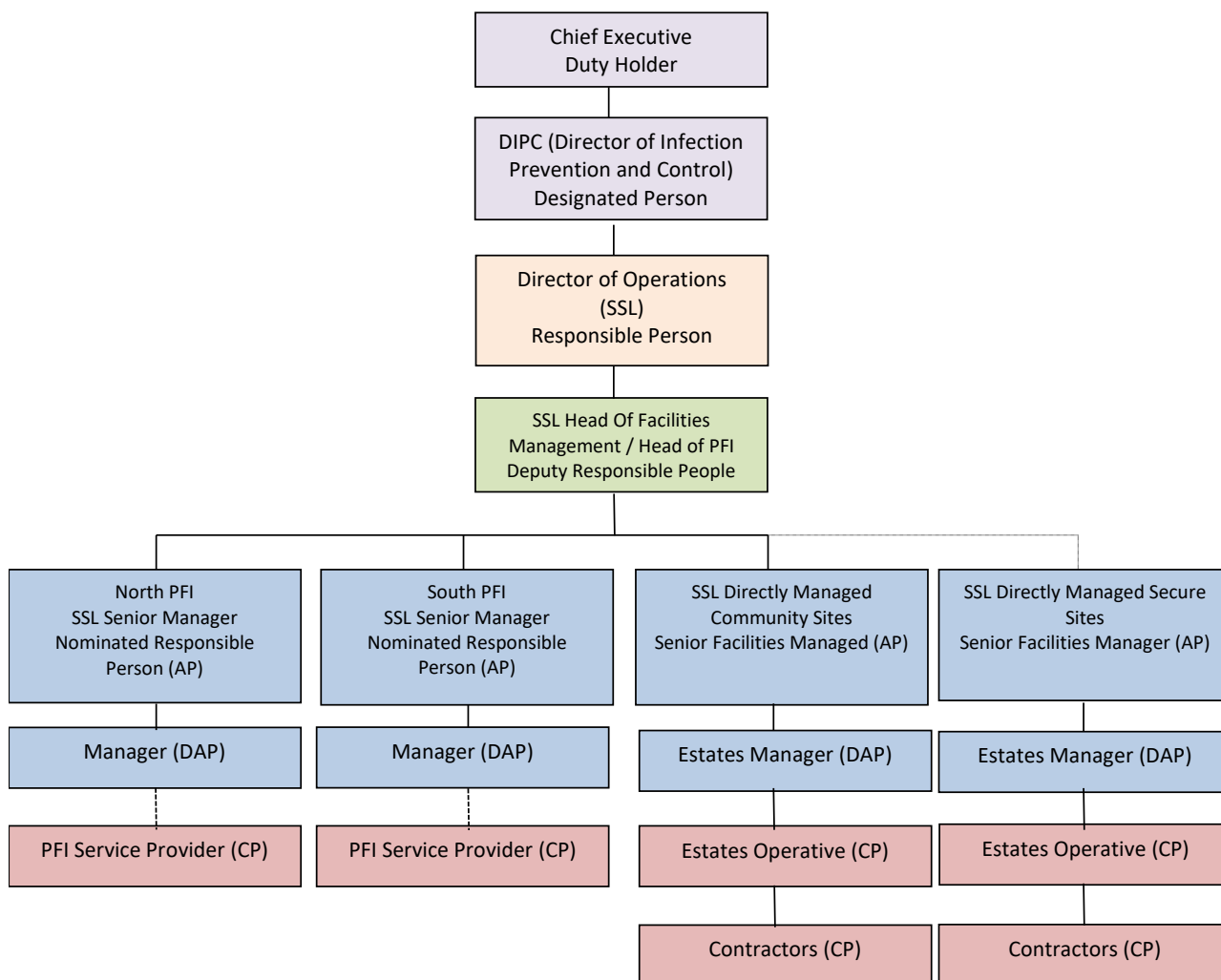
Employees should correctly use all work items provided by their employers, in accordance with their training and the instructions they receive to enable them to use/operate the items safely.

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 should also notify any shortcomings in the health and safety arrangements, even when no immediate danger exists, so that employers in pursuit of their duties under the HSWA Act and other statutory provisions can take such remedial action as may be needed.

4.3 Management Structure:

Management Structure pertaining to Legionellosis Management and Control Including "safe" hot water, cold water, drinking water, ventilation systems and the control of Pseudomonas.



4.4 Management Responsibilities:

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

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

The Chief Executive and the Board of Directors carry the ultimate responsibility for a safe and secure healthcare/workplace environment. However, aspects of that responsibility have been assigned/delegated to other appointed individuals within the Trust/Board/Organisation. Specific individual responsibilities are defined below.

Whilst the Trust/Board/Organisation's Board of Directors are responsible for ensuring overall operational control is in place, it is the Responsible Persons [RP's] responsibility to ensure implementation of operational control.

Arrangements for managing in compliance with the aforementioned regulations/ legislation/ guidance, and detailed in the Trust's Legionellosis Management and Control Policy – see appendices.

4.5 Duty Holder:

The Chief Executive - the Duty Holder - has the overall accountability for ensuring compliance with all statutory regulations and all matters relating to Legionellosis Management and Control including “safe” hot water, cold water, drinking water and ventilation systems, within the scope of this Policy.

4.6 Designated Person:

The Director of Infection Prevention and Control is the Designated Person [DP]. They are appointed in writing by the Duty Holder.

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

The Strategic Water Safety Group should be chaired by the Designated Person / Deputy DIPC, as they have executive responsibilities and the ability to exchange information to and from Board level, while ensuring that all disciplines (beyond Estates/Facilities dept. functions) fulfil their particular responsibilities (such as flushing and cleaning procedures).

4.7 Responsible Person [Water]:

The SSL Director of Operations is the Responsible Person [Water] [RP [W]]. They are appointed in writing by the DP.

To facilitate their role, the RP[W] will be required to liaise closely with other professionals in various disciplines. The RP[W] will be supported by the Deputy RP(s), Authorised Person(s) [Water], the Authorising Engineer [Water], the Designated Person (DP), the Infection Prevention and Control Lead, and Consultant Microbiologist, to ensure suitable provision to maintain the service.

The RP[W] shall:

- a. Shall have the overall responsibility for the management and implementation of this Plan and shall be supported by a Deputy Responsible Person – Head of Facilities Management / Head of PFI, and Sector Specific Nominated Persons as well as suitably Nominated Persons for the various Trust sites.
- b. Shall have the responsibility for ensuring that all statutory instruments and guidance relating to the maintenance of water systems and equipment are implemented and maintained and that adequate resources are available for staff training and maintenance within Trust agreed financial limits. This responsibility is further conceded to technical officers, technicians, craftsmen and operatives.
- c. Shall nominate, in writing, Sector Specific Nominated Persons who shall be responsible for the implementation of this Plan locally.
- d. With the assistance of the Strategic Water Safety Group, prepare and implement a Legionellosis Management and Control Procedural Document.
- e. Engage with the AE to carry out annual audits to ensure correct and adequate implementation of the Trust's Legionellosis Management and Control Policy and Procedures.
- f. Undertake an annual review audit of the practical implementation of this Plan and prepare a report for the Water Safety Group.
- g. On an annual basis, assess the training needs of the Sector Specific Nominated Persons and arrange any necessary training.

- h. Ensure personal training records are kept up to date.

4.8 Deputy Responsible Person(s) [Water]:

The Head of Facilities Management / Head of PFI are the Deputy Responsible Person(s) [Water] DRP[W]/AP[W] They will be appointed by the RP. The DRP[W]/AP[W] will deputise in the absence of the RP[W] and will act on their behalf.

The DRP[W]/AP[W] will provide the RP[W] with information on the status of service. To remain informed, the DRP[W]/AP[W] will be supported by the Authorised Persons, Competent Persons, Authorising Engineer [Water], the Infection Prevention and Control Lead and Consultant Microbiologist.

The DRP[W]/AP[W] shall:

- a. Deputise for the Responsible person in their absence and assume their role and responsibilities.
- b. Shall have the responsibility for ensuring that all water systems and equipment under their control are designed, modified, installed, tested and commissioned to the standards referred to in this Plan. Where applicable, this duty is delegated to the SSL Head of Capital.

Specific duties shall include:

- a. Liaise with the Sector Specific Nominated Persons on the design, installation and commissioning of water systems equipment.
- b. Supervise all contracts under the control of the department.
- c. For all contracts under their control; provide as fitted and schematic diagrams of all modified or new water systems and equipment and to ensure that the Responsible persons are given copies.
- d. Provide copies of commissioning results, maintenance and test instructions and details of any specific hazards pertaining to the systems and equipment which will include the full requirements of Sections 16 and 18 of HTM 04-01 as well as the requirements of the Trust's "Legionellosis Management and Control Procedural Document Including "safe" hot water, cold water, drinking water and ventilation systems".
- e. Ensure that adequate spares are provided on initial handover.
- f. Instruct the completion of suitable and sufficient Risk Assessments and associated Risk Assessment Reviews on all water systems in line with the Guidelines and checklist in Section 3 of The Trust's "Legionellosis Management and Control Procedural Document Including "safe" hot water, cold water, drinking water and ventilation systems".
- g. Inform users of any planned interruptions to water systems and equipment.
- h. Ensure correct and timely completion of The Trust's "Notification of Closure of Section/Area process".
- i. Ensure correct and timely completion of The Trust's "Hand-Over Protocol" for new-build and refurbishments and "Permit to Open Section/Area process specification process".

4.9 Heads of Department/Service Managers:

- a. Shall have a key responsibility for ensuring that there is a proactive approach to organising, planning, controlling and reviewing Legionellosis Management & Control across their department.
- b. Shall have the responsibility for ensuring that appropriate staff under their control are given suitable information, instruction and training for the implementation of the Policy.

4.10 Sector Specific Nominated Persons / Authorised Person [Water]:

Community / Secure Care – Senior Facilities Managers:

- a. Shall have the overall responsibility for the implementation of the Policy local to their specific Sector.
- b. Review Risk Assessment findings including remedial works are prioritised and completed by Deputy AP's.
- c. Ensure records of Risk Assessment and associated precautions are implemented and maintained.
- d. Implement maintenance and inspection routines, as described in the Risk Assessment (or Risk Assessment Review) for the control of Legionella as required in the guidance documents listed in Section 2 of this Plan and other relevant and associated guidance documents.
- e. Keep maintenance and monitoring records and make available for inspection. Written and computer records to be kept for 5 years.
- f. Ensure the competence of staff or external contractors used for any aspect of monitoring and/or maintaining the precautions for Legionella control.
- g. Manage and supervise external Contractors providing services pertaining to Legionellosis Management and Control including "safe" hot water, cold water, drinking water and ventilation systems in whatsoever capacity.
- h. Audit the Sector Specific implementation of The Trust's Legionellosis Management and Control Policy and Procedures by Trust staff and appointed contractors. This shall be reinforced by external auditors.
- i. Issue a "Compliance Report" to the Responsible Person / Deputy Responsible Person, as requested, but at least on a Quarterly - Monthly basis.

North and South PFI – Senior Estates Managers:

- a. Shall have the overall responsibility for the implementation of the Policy local to their specific Sector.
- b. Consider the PFI/FM Provider Risk Assessment findings and monitor any agreed remedial works.
- c. Ensure records of Risk Assessment and associated precautions are implemented and maintained by the PFI/FM Service Provider.
- d. Monitor maintenance and inspection routines (PPM's), as described in the Risk Assessment (or Risk Assessment Review) for the control of Water Management (Legionella) as required in the guidance documents listed in Section 2 of this Plan and other relevant and associated guidance documents.
- e. Ensure the keeping of maintenance and monitoring records (by the PFI/FM Service Provider) and make available for inspection. Written and computer records to be kept for 5 years NOTE! To PFI controlled sites record keeping and monitoring should be as per PFI contract.
- f. Ensure the competence of staff or external contractors used for any aspect of monitoring and/or maintaining the precautions for Legionella control.
- g. Monitor external Contractors providing services pertaining to Legionellosis Management and Control including "safe" hot water, cold water, drinking water and ventilation systems in whatsoever capacity.
- h. Audit the Sector Specific implementation of The Trust's Legionellosis Management and Control Policy and Procedures by Trust staff and appointed contractors. This shall be reinforced by external auditors.
- i. Issue a "Compliance Report" to the Responsible Person / Deputy Responsible Person, as requested, but at least on a Quarterly - Monthly basis.

4.11 Deputy AP [Water] – Estates Managers:

- a. Shall have the responsibility for the implementation of the Policy local to their specific site / area.
- b. Shall deputise for the AP [water] as and when required.
- c. Review the Risk Assessment findings and plan / prioritise any remedial works.
- d. Ensure records of Risk Assessment and associated precautions are implemented and maintained.
- e. Instruct and supervise the completion of all prioritised remedial work highlighted during the Risk Assessment and PPM maintenance regimes.
- f. Implement maintenance and inspection routines, as described in the Risk Assessment (or Risk Assessment Review) for the control of Legionella as required in the guidance documents listed in Section 2 of this Plan and other relevant and associated guidance documents.
- g. Keep maintenance and monitoring records and make available for inspection. Written and computer records to be kept for 5 years.
- h. Ensure record drawings of systems are available and kept updated.
- i. Ensure the competence of staff used for any aspect of monitoring and/or maintaining the precautions for Legionella control.
- j. Manage and supervise external Contractors providing services pertaining to Legionellosis Management and Control including “safe” hot water, cold water, drinking water and ventilation systems in whatsoever capacity.

4.12 Competent Persons [Water]:

Competent Persons are technicians and trades staff who have received approved training and have sufficient experience to service, monitor, maintain and clean water systems in a safe and effective manner.

SSL has a mixed working environment involving both their own trades staff and external contractors. Both of which are used to execute the tasks required within the WSP, clarification is below:

South PFI:

Control of legionella maintenance works/water hygiene works is the responsibility of Consort Healthcare, service provision is undertaken by Equans as the hard FM service provider appointed by Consort Healthcare. The regime of PPM/testing/remedial works has been developed by Equans and reviewed by the SSL Senior Estates Manager, together with a detailed audit plan to ensure compliance.

North PFI / North Retained Estate:

Control of legionella maintenance works/water hygiene works is the responsibility of Healthcare Support (Erdington) Limited, service provision is undertaken by Amey as the hard and soft FM service provider appointed by Healthcare Support (Erdington) Limited. The regime of PPM/testing/remedial works has been developed by Amey and reviewed by the SSL Senior Estates Manager, together with a detailed audit plan to ensure compliance.

Directly managed units – Community / Secure Sites / Leased/ owned:

- i. Control of legionella maintenance works/water hygiene works is contracted out to Acquiesce Environmental Compliance, currently in a 5 year contract.
- ii. Service and sampling reports are provided on a monthly basis and are uploaded onto the Compliapp portal and reviewed by the Estates team.
- iii. Acquiesce are invited to the OWMG on a rotational basis and Minutes of quarterly meetings are recorded and circulated to ensure audit trail of action points discussed and agreed, together with evidence of governance.

NOTE! Where external contractors are commissioned their individual employees will not be appointed in writing by the Trust / SSL. Instead the DRP[W]/AP[W] will ensure the contracting company are members of the Legionella Control Association [LCA] and/or WaterSafe Registered. Evidence of qualifications and competence are required and shall be held in the form of training and qualifications for staff [applicable to the services they are undertaking].

Any CP[W] shall:

- a. Provide the skilled installation and/or maintenance of water risk systems, completed to the highest standard quality of work;
- b. Conduct all their water systems related tasks in accordance with the WSP and PPM system, fully complete all required records and return to the DRP[W]/AP[W];
- c. Use only Water Regulations Advisory Scheme [WRAS] approved materials when working on water systems;
- d. Maintain good hygiene practices with tools, equipment, components/accessories to be used on water systems, thus preventing cross contamination of water systems and outlets;
- e. Ensure good personal hygiene [including clothing and footwear] practices [reporting any recent illness to the DRP[W]/AP[W] before commencing any work on water systems;
- f. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation;
- g. 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 in relation to compiled schedules.

4.13 Consultant Microbiologist:

Trust appointed Consultant Microbiologist shall:

- a. Assist the Outbreak Control Team, determined in HSG274 Part 2, 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. Provide microbiological expertise with sample results;
- c. Review and identify changes needed to applicable sections of the WSP;
- d. Shall attend the SWSG and any Exceptional water safety group meetings;
- e. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

4.14 Infection Prevention and Control Lead:

The Lead Infection Prevention and Control Nurse is the Infection Prevention and Control Lead [IPCL].

The Infection Prevention and Control Lead shall:

- a. Advise on the continuing procedure for the prevention and/or control of waterborne pathogens;
- b. Advise on the location of 'high risk' patient services and potential areas of risk.
- c. Through discussions with clinical teams advise if circumstances change within any ward/department that might affect waterborne pathogen proliferation i.e. Have any Service Users / staff been recently diagnosed with a communicable disease?

- d. Support and advise Trust staff on the continuing procedure for the prevention and/or control of waterborne pathogens;
- e. Review and identify changes needed to applicable sections of the WSP;
- f. Attend the Water Safety Group [S/OWMG] meetings;
- g. Attend water management training at least every three years, or sooner if determined by the training needs analysis.

4.15 Authorising Engineer [Water]:

SSL has appointed the Water Hygiene Centre to provide professional advice on water management issues.

The AE is an independent professional advisor whose primary role is to assist the Trust / SSL in managing the risks from exposure to legionella bacteria in water systems and also from other waterborne organisms associated with such systems.

As a specialist, the AE will act as an independent professional advisor on water safety matters, and will work closely with both the Operational Water Management Group (OWMG) and Strategic Water Safety Group (SWSG).

The AE[W] shall:

- a. Advice to the appointed duty holders, responsible persons and their deputies on regulatory compliance, communication, management procedures, procurement etc.
- b. Make recommendations to the OWMG / SWSG on any remedial actions / works to be completed on the back of positive sampling results.
- c. Make recommendations for the appointment of the RP[W], DRP[W]/AP[W]. Certificates of appointment will be issued detailing areas of responsibility and limitations.
- d. Monitor the performance of employees and contractors with regards to their tasks in legionella management
- e. Conduct regular compliance audits of single or multi-site facilities.
- f. The AE will also become involved in developing staff training plans, reviewing commissioning works, construction design appraisals, mothballing of unused premises, and the development of specialist water safety policies and procedures etc.

The AE will also provide the following services:

- a. Attend quarterly Operational Water Management Group (OWMG), Strategic Water Safety Group (SWSG) and Exceptional Water Safety meetings.
- b. Carry out annual audit of the Trust's control of legionella policy to ensure operational and management systems are in compliance with ACoP L8 and HTM 04-01; produce an audit report indicating areas of non-compliance; recommend actions and suggested improvements or amendments to policy and procedure documentation
- c. Provide two half-day training sessions which include an update on the key principals of legionella risk management and associated legislation/codes of practice; two sessions to be targeted at trade maintenance staff, two at estates management staff; provide training workbooks and certificates of attendance for all delegates (BSMHFT Trust will provide the training venue and refreshments within the Birmingham locality)
- d. Provide additional one day's refresher training for the Trust's infection control team
- e. Provide on request ad hoc and technical expertise for all legionella risk management and other related matters via telephone, fax, letter or email; provide regular updates on any changes to legislation/codes of practice which may impact on the Trust legionella risk management system
- f. Carry out Annual review of water safety plan.

4.16 Head of Health and Safety and Regulatory Compliance:

The Head of Health and Safety shall:

- a. Attend the OWMG;
- b. Advise on Health and Safety implications of water management.
- c. Review and identify changes needed to applicable sections of the WSP;
- d. Ensure their team follows this Governance Policy;
- e. Lead the reporting of incidents to the HSE and act as key liaison with the HSE during any visits;
- f. Attend updated water management training at least every three years, or sooner if determined by the training needs analysis.

4.17 Head of Capital Projects:

The Head of Capital Projects reports directly to The Director of Operations

The Head of Capital Projects shall:

- a. Attend the SWSG and inform the group members at the earliest possible opportunity, where new premises or existing premises are to be altered or refurbished so water hygiene requirements can be assessed in the planning stages by the SWSG;
- b. Ensure the external consultants and contractors are suitably qualified, trained and competent [as defined in Section 4.2 below 'Training and 'Competence'] before the commencement of any project. Evidence shall be held in the form of training and qualifications for staff [applicable to the services they are undertaking] and membership to WaterSafe and Legionella Control Association [LCA] for companies;
- c. Ensure all projects involve the retention of designers, consultants and contractors' post-handover with a 'soft landings' arrangements. This will allow any defects or performance issues to be investigated and resolved, thereby ensuring these situations can aid and improve future designs;
- d. Ensure risk assessments are undertaken at each stage of a project and are presented to the SWSG for review. As a minimum, they shall be completed for all projects before commencement and once the system is operational;
- e. Manage those Project Managers from the Capital Projects Team who are leading on refurbishment works [major or minor] or new development works to ensure they are completed in accordance with the WSP;
- f. Ensure their team follows all applicable sections of the WSP;
- g. Ensure that the design of new and refurbished water systems follows the latest regulations, standards, guidance and Trust WSP;
- h. Ensure all commissioning, handover records, O&M manuals, risk assessments including evidenced records are received on completion of a project;
- i. Immediately 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 RP[W];
- j. Inform the RP[W], IPCL[W], Consultant Microbiologist, AE[W], DRP[W]/AP[W] of all positive water sample results and the associated action being taken to resolve identified defects;
- k. Be responsible for ensuring the design requirements of the project are met;
- l. Be responsible for leading on the explanation to users on the function of installed water risk systems and organise adequate information and training to support those systems;
- m. Routinely review the training needs analysis of the Capital Project Team, and ensure suitable training is being delivered where required;
- n. Receive updated training on the WSP and the latest guidance at least every three years or sooner as determined by the training needs analysis.

4.18 Domestic / House Keeping Team:

Domestic and Housekeeping Staff (Trust/SSL, PFI and other Contractor/s) will undertake regular running of all water outlets (showers, baths, toilets, basins, sinks etc) for a minimum of 3 minutes in areas serviced as part of routine cleaning procedures and will report that they have carried this out to the ward/department manager.

4.19 Ward / Team 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 must ensure that all water outlets are used routinely.

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 department.

Support on the management of outlets can be sought from the DRP[W]/AP[W] and IPCL.

Ward / Team managers:

- a. Shall inform the Estates Department and IPC when outlets are not being used for more than 4 days; to be recorded in the "little used outlet logbook". This will allow the Estates Department to take the required Legionella Control precautions.
- b. Shall have the responsibility of identifying all infrequently used outlets within their area and subjecting these to the running programme as detailed in the ward department "Water Running Log-book". Ward/Department Manager to ensure that the Log-book is actively completed.
- c. Where infrequently used facilities are deemed by the ward/department staff to be no longer required, they should be reported to the Estates Department for removal.
- d. Shall be responsible for the completion of the respective elements of the permit to open the area where wards and departments have been closed and are re-opening.

4.20 All Staff:

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

Employees may be consulted regarding the Trust risk assessments and associated 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 and employees, at the discretion of the RP [W].

4.21 Responsibility for flushing little used outlets:

Responsibility for flushing of little used outlets across the Trust varies depending on specific contractual agreements, as detailed below:

Area	SSL Community Sites	SSL Secure Sites	South PFI	North PFI

Responsibility for flushing	Estates Teams	Estates Teams	PFI provider	PFI provider
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- a. Within the SSL directly managed Community / Secure areas the Trust clinical managers must report little used outlets to the local SSL Estates team. The Estates team will take responsibility for flushing little used outlets if agreed appropriate with the Senior SSL Manager.
- b. Within the North / South PFI areas the Trust clinical managers must report little used outlets to the SSL Senior Management Team who in turn will notify the PFI provider, to ensure these are included in flushing schedules.

NOTE! The clinical Managers should take full responsibility for their sites / areas with SSL / PFI partners working to support where required.

5 AUDITING AND VERIFICATION:

Audit and monitoring of maintenance works and sampling results, will be undertaken by nominated persons responsible for the various areas of the Trust, and reported at the Strategic Water Safety Group meetings. Managers of relevant services will be responsible for ensuring compliance with local flushing requirements; Issues identified regarding water outlets/appliances/flushing will be recorded on the monthly infection prevention checklist, matrons will note issues/check flushing log books and report to Infection Prevention Partnership Committee (IPPC). The Strategic Water Safety Group will include details of water hygiene issues, within quarterly reports to IPCC. Auditing will be undertaken by the Infection Control team by the following methods:

- a. Inspection of details entered into the ward/department 'Water Flushing Log Book' and recorded in ward/team managers Monthly Infection Prevention Checklist
- b. Checking to ensure that exception issues have been reported and acted upon. Clinical nurse manager/matron will report to the Infection Prevention Partnership Committee (IPPC) by exception
- c. The check sheets will be subject to periodic audit by the Infection Prevention and Control Team as part of planned audit programme with exceptions included in the Infection Control report to the IPCC

The Strategic Water Safety Group will be responsible for compliance assurance as below:

- a. Monitoring of works (via SSL supervision and performance/ service reporting) undertaken through the various external agencies (Amey, Equans, contractors, etc) to ensure works undertaken comply with L8, HTM 04-01 and the policy (BSMHFT 'Legionellosis Management and Control' IC01Q – August 2021)
- b. Inspection of details of training/instruction given to staff, to ensure all levels of staff have received adequate training to ensure understanding of their responsibilities as required by the Policy BSMHFT 'Legionellosis Management and Control' IC01Q – August 2021
- c. Compliance with log book completion will be produced by the Water Safety Group, on a quarterly basis to the Infection Prevention Partnership Committee
- d. An annual report of log book compliance will be provided to the Trust's Clinical Governance Committee

SSL's Facilities / PFI department will undertake regular checks to ensure domestic staff compliance with duties to include running of all water outlets in areas serviced as part of regular cleaning schedules.

A quarterly report of abnormal water management results to be presented within the Water Safety report to IPCC committee.

Arrangements for ensuring compliance with the WSP are achieved through auditing and verification as defined in the table below:

Element of Water Safety Plan	Frequency	Method	Who	Reports to	Objective
Governance Policy	Annually*	Audit	AE RP DRP/AP	DP & SWSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	RP DRP/AP	SWSG	Ensures the set agenda is used which in turn delivers on the Terms of Reference. Agenda items include roles, appointments, training needs, etc.
Design Control	Annually*	Audit	AE Head of Capital Projects	DP & SWSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	Head of Capital Projects	SWSG	Set agenda item for SWSG. Accountable for reporting new projects for review and approval by SWSG. Additionally, updating the SWSG on project status and soft landings.
Risk Assessments and Schematics	Annually*	Audit	AE DRP/AP	DP & SWSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	DRP/AP	OWMG SWSG	Set agenda item for OWSG. Reports on the status of risk assessment through demonstrating risk assessment review tools.
Control Measures	Annually*	Audit	AE DRP/AP	DP & SWSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	DRP/AP CP	OWMG SWSG	Set agenda item for SWSG. Evidencing risk minimisation schemes are being progressed within agreed time scales. Evidencing the status of system performance being compliant and if not the case, taking actions taken to correct. Sampling data is reviewed to compliment monitoring data. Where issues with sampling data are reported, providing evidence taken to correct.
Standard Operating Procedures	Annually*	Audit	AE DRP/AP	DP & SWSG	Monitor the performance of the service, and report on status to DP.

Element of Water Safety Plan	Frequency	Method	Who	Reports to	Objective
	Quarterly	Verification	DRP/AP	OWMG SWSG	Set agenda item for OWMG. Ensuring correct PPMs and work instructions are in place for all risk systems/ assets reported in the risk assessments.
Support Schemes	Annually*	Audit	AE RP DRP/AP IPCL	DP & SWSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	DRP/AP IPCL		Set agenda item for SWSG. IPCL will report on clinical surveillance and national data on waterborne pathogens.
Audit of Domestic cleaning records to ensure all water appliances are run on a regular (daily) basis	Quarterly	Audit	SSL Facilities Managers / PFI monitoring Officer	SWSG / OWMG	Set agenda item for OWMG. Ensuring all paperwork is in place and all areas are being covered.
Audit of Little Used Outlet Flushing	Quarterly	Audit	Estates Officers / Estates Managers	OWMG	Set agenda item for OWMG. Ensuring all paperwork is in place and all areas are being covered.
Monitoring of flushing/department water hygiene issues as detailed in monthly infection control checklist completed by the ward/team manager. This is monitored as part of the IPCt environmental audit programme.	Monthly	Audit	Infection Control Team	SWSG / OWMG	This is monitored as part of the IPCt environmental audit programme.

* The methodology for risk management audit may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit report includes recommendations for improvement.

The annual audits completed by the AE[W] will be completed with assistance from various members of the SWSG / OWMG and may be completed at various times of the year i.e. to coincide with pre-planned site visits [i.e. SWSG / OWMG meeting dates]. As such, audit reports can be updated and re-issued through the year.

6 WATER SAFETY PLAN:

The WSP for the Trust is a defined suite of supporting documents [see Appendix 3] which are designed to ensure Water Safety is being proactively managed.

WSP is defined in HTM04-01 as:

A risk-management approach to the safety of water that establishes good practices in local water distribution and supply. It will identify potential hazards, consider practical aspects, and detail appropriate control measures.

WSP is defined in BS 8680 as:

A strategic plan which defines and documents the arrangements that required for the safe use and management of all water systems together with all associated systems and equipment within each building or estate to prevent harm arising from all forms of exposure.

This Governance Policy does not detail any technical methods or approaches for the management or control of water systems. All such detail is defined within other sections of the WSP such as 2.1 Controls Measures i.e. operational procedures, routine maintenance, routine monitoring and/or 5.1 Support Schemes i.e. emergency actions [outbreak, confirmed/suspected cases, and non-compliant occurrences].

7 MANAGEMENT GROUPS:

7.1 The Strategic Water Safety Group:

To comply with the with HTM04-01 and the HCAI Code of Practice which recommends management and monitoring arrangements are in place, the Trust has an established SWSG and WSP.

These meetings will be chaired by the DP or deputy as appropriate.

SWSG is defined in HTM04-01 as:

A multidisciplinary group formed to undertake the commissioning and development and ongoing management of the water safety plan (WSP). It also advises on the remedial action required when water systems or outlets are found to be contaminated and the risk to susceptible patients is increased.

SWSG is defined in BS 8680 as:

Multidisciplinary group of people formed to undertake the commissioning, development and ongoing implementation and management of the water safety plan (WSP) with the skills and responsibility for ensuring that the water is safe at the point of use for all uses and all users of water within buildings.

The Terms of Reference [ToR] for the WSG can be found in the appendices section of this Governance Policy. The ToR defines:

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

The SWSG has clearly identified lines of accountability/communication pathways up to the Duty Holder and the Board. The roles and responsibilities of these members are defined within this Governance Policy. Only members of the SWSG shall attend meetings, and should they be unable to attend, it is expected they will inform the Chairperson and detail a nominated deputy to attend the SWSG in their place.

Membership to the WSG 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* spp, *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 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.

Membership will include (but not limited to):

- Chair – Deputy Director of Nursing & Quality (Deputy DIPC)
- Chief Nursing Officer/Executive Director Quality and Safety (DIPC)
- Consultant Microbiologist
- Head of Infection Prevention & Control
- Operations Director (SSL)
- Head of Health and Safety and Regulatory Compliance
- Authorising Engineer (AE-Water)
- Head of PFI
- Head of FM
- Head of Capital
- Senior Estates / Facilities Managers
- Senior Facilities Manager (South PFI)
- Senior Contract & Commercial services Manager

The SWSG undertakes:

- a. The commissioning, development and implementation of the WSP;
- b. The provision of advice on the remedial actions 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, from which patients, staff and visitors could be exposed. 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].

7.2 Extraordinary SWSG / Incident Meeting:

These meetings will be chaired by the DP or deputy as appropriate.

The Group will be convened as necessary, for such possible events as [but not limited to]:

- Reoccurring failures with water samples results or loss of control strategy;
- a suspected outbreak or confirmed outbreak of Legionellosis;
- responding to operational issues which are directly impacting on control strategies.

These meetings will be attended by the SWSG, together with other co-opted persons, such as Departmental Managers or 'Outside Agencies', as deemed necessary for the effective management of the incident.

The decision making of these meetings will be supported by SWSP i.e. suspected outbreak or confirmed outbreak of Legionellosis, suspected case or confirmed case of *Pseudomonas aeruginosa*.

The Group will expect 'full support' from any associated sub-contractors in investigating any such incidents including any subsequent investigations by the appropriate enforcing authority and to undertake any necessary actions to rectify/minimise the problem.

7.3 Operational Water Management Group

This is a multidisciplinary group formed to oversee the commissioning, development, implementation and review of the WSP. The aim of this group is to ensure the safety of all water used by patients/residents, staff and visitors, to minimise the risk of infection associated with waterborne pathogens and other risks such as scalding, chemical contamination and the risk of disruption to the water supply. It provides a forum in which people with a range of competencies can be 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.

The following is a typical list of tasks assigned to the OWMG:

- To work with the Infection Prevention and Control (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
- To review 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 which may include balancing the risks related to water safety and other safety risks such as ligature risks
- 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
- To review areas/rooms taken out of commission, to ensure adequate provisions are made for flushing/draining the water systems as appropriate

Membership will include (but not limited to):

- Head of Facilities Management (SSL) – Chair
- Head of PFI
- Senior Estates Manager – North PFI
- Senior Estates Manager – South PFI
- Senior Facilities Manager - Community
- Senior Facilities Manager – Secure
- Senior Facilities Manager South PFI
- Senior Infection Prevention and Control Nurse or nominated Person
- Authorising Engineer
- Capital projects representative
- Sector Specific Nominated Contractors / Persons
- H&S Representative.
- Soft Services Representative (Retained and PFI estates).

Regular meeting will be held quarterly. Agenda items will include the following:

- Review of previous minutes. - Chair
- Review of Action Plan - Chair
- Community update (by exception) - Senior Facilities Manager (community)
- Secure update (by exception) - Senior Facilities Manager
- North PFI update (by exception) - Senior Estates Manager (North PFI)
- South PFI update (by exception) - Senior Estates Manager (South PFI)
- Capital works update - Capital Team
- Service Provider Update
- AE update / comments / policy / audits - AE
- AOB

Quorum - attendance to be no less than 40% of membership (Senior Infection Prevention and Control Nurse must be present at all meetings). If the chair of the OWSG is unable to attend, the chair will nominate a deputy dependant on current ongoing issues.

8 TRAINING AND COMPETENCE:

8.1 Training:

The SWSG 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 attendance at appropriate training shall be kept retained. 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 be reviewed in context with the individual's skills, knowledge, attitude, training and experience [SKATE].

Where tasks are being allocated 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], the Trust shall implement a water hygiene training scheme. The Trust recognises that individuals who can have an impact on the water systems shall be made aware of their duty to protect the health of patients, staff and visitors and their individual responsibility to inform their line manager if they become aware of circumstances 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 highlighting 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 subject to competency assessments in respect to their role, including how to prevent the contamination of water supplies.

A health screening element shall be introduced into the training to help identify operatives that may be carriers of any waterborne diseases on the date of training.

The Responsible Person (RP) / (DRP's) shall monitor and report to the Water Safety Group the requirements of all training programmes implemented for the following staff groups:

- Estates staff
- Facilities staff
- Clinical Staff
- Other staff (Control of Infection)

The training should cover relevant topics such as:

- General knowledge on the management and control of legionellosis
- Legal responsibilities, ACoP L8 and all relevant HTM's including HTM 04-01, HTM 03-01 and HTM 01-05.
- The policy
- The procedural document
- COSHH
- Ongoing monitoring
- Ongoing maintenance and flushing
- Disinfection procedures
- Ongoing inspections
- Logging required
- Emergency procedures

Responsible and nominated persons will undertake the relevant Water Safety Management training specific to the RP and AP roles.

Staff nominated to undertake the running of outlets will receive training as detailed in Appendices. Facilities supervisors/managers will receive training as appropriate, to ensure they are fully conversant with control of legionella policy and procedures – see Appendices.

Individual records shall be kept for these staff, and staff should not be allowed to perform their duties without supervision until their training is completed.

Other staff will receive basic training and guidance to ensure they have appreciation of water safety requirements. This training will be delivered as part of the National Health Education England programme. Training records will be kept by learning and development for fundamental care training.

8.2 Competence:

Trust can use specialist contractors to undertake aspects of the operation, maintenance and control measures. While these contractors have legal responsibilities, accountability for the safe operation rests with Trust Duty Holder.

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

Those who appoint specialist contractors [DRP[W]/AP[W]/Head of Capital Projects etc] shall make reasonable enquiries to satisfy themselves of the competence of contractors in their specified area of work before they enter into contracts for the treatment, monitoring, cleaning of the water systems, or other aspects of water treatment and control [see Appendix 8 below for 'Evidence of Contractors Competence letter'].

The Trust shall be satisfied that any contractors employed are competent to carry out the required tasks and that the tasks are carried out to the required standards. The contractor should inform the DRP[W]/AP[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 specialist 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. The 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)].

Evidence shall be held in the form of training and qualifications for staff [applicable to the services they are undertaking].

The Trust recognises that the benefits of using an Approved Contractor include that some work can be carried out without the need to provide advanced notification to the water undertaker and that 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).

9 RISK ASSESSMENT NEED:

A risk assessment and risk assessment review have been defined in BS8680 as:

The overall process of the identification of hazards and hazardous events together with risk identification, risk analysis and risk evaluation [...] reassessment of both the current risk assessment and scheme of control to ensure they are valid and up to date.

The SWSG shall be informed on risk assessment, risk minimisation schemes, schematics and risk assessment reviews by the DRP[W]/AP[W].

Section WSP 3.1 – Risk Assessment and Schematics details the types of risks and standards.

10 RECORD KEEPING:

All records shall be readily available, either in paper or electronic format, for use by any member of the SWSG or outside organisations.

Electronic data management tools may be used to facilitate the intelligent use of data for the WSG to easily monitor trends and analyse chemical and microbiological parameters.

All records must be saved to a 'document management system' and retained as detailed below:

Element of the Water Safety Plan	Retention Period
Governance Policy	Throughout the period for which they remain current and for at least two further years
Design Control	
Risk Assessments and Schematic drawings	
Control Measures	At least five years
Standard Operating Procedures	Throughout the period for which they remain current and for at least two further years
Support Schemes	At least five years
Logbooks / records	

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 will be prepared and will be designed to provide the following:

- 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.

11 DEVELOPMENT AND CONSULTATION PROCESS:

11.1 Implementation Plan:

The Responsible Person will ensure that the policy will be brought to the attention of all staff including contractors by the following means:

- a. Advertised in Trust Talk
- b. Advertised on the 'Connect' home page
- c. Included in 'Policies and Procedures' section of the Trust's Intranet
- d. Road shows to promote the practical requirements of the policy to staff
- e. The Infection Prevention and Control Team to raise awareness of this policy in the Infection Control link workers programme
- f. Issuing of 'Water Flushing Log Books' to all wards and departments
- g. Training will be delivered to the various staff groups as detailed in section 5 of the policy
- h. Contractors will be informed via planned PFI partner meetings

11.2 Policy Ratification:

We, the members of the Trust's Strategic Water Safety Group, ratify that:

It is the Trust's Policy, to manage the operation and maintenance of all its Domestic Water and Air Handling systems in line with current best practice, complying with all current and relevant guidelines and legislation relating to the management and control of Legionnaires' disease and Safe Hot Water Management.

This Policy applies to all Trust premises whether owned or occupied by the Trust under lease or other SLAs and where the management of buildings/areas occupied by Trust staff and/or patients is carried-out by others.

Measures to be taken to attain this objective include:

- a. The appropriate selection, design, installation and maintenance of plant.
- b. The appointment of Responsible Persons on each site competent to:
 - i. Liaise with all other organisations that supply the Trust with services pertaining to Legionellosis Management & Control, whether accommodation, facilities management, water treatment, consultancy etc.
 - ii. Identify and assess the risk of Legionellosis resulting from work activities to include breakdowns and abnormal situations.
 - iii. Develop, implement and maintain appropriate and suitable Management Systems, Personnel Training Programmes and plant treatment procedures.
 - iv. Develop and maintain adequate records in order to demonstrate compliance with best practice and fulfil legal obligations.
 - v. Ensure compliance with this Policy.

- c. Regular monitoring of all implemented Management Systems, Training Programmes and treatment procedures, to establish and ensure their continuing efficacy and legislation compliance.

Consultation summary		
Date policy issued for consultation		
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Infection Prevention and Control Committee		
Various amendments to bring in line with Water Safety Plan and SSL / Trust current structure		
Where received	Summary of feedback	Actions / Response
PDMG	where resource allows noted within RP statutory responsibilities	Removed

12 REFERENCE DOCUMENTS:

The Trust, in implementing this policy, shall use as a general source of practical guidance, the documents listed below:

- Health Technical Memorandum 04-01: Safe Water in Healthcare Premises, Parts A, B and C: (2016) and Supplement (2017).
- Health Technical Memorandum 03-01: Specialised Ventilation for Healthcare Premises. Parts A and B: (2021).
- Health and Safety Executive (2013). *Approved Code of Practice and Guidance on Regulations. Legionnaires' disease: the control of Legionella bacteria in water systems*. [L8]. [4th Edition].
- Health and Safety Executive (2013/14). *HSG274 Legionnaires' Disease – Technical Guidance*. Parts 1, 2 and 3.
- *The Health and Safety at Work etc. Act: 1974*.
- *The Management of Health and Safety at Work Regulations* (1999).
- *The Water Supply [Water Fittings] Regulations* (1999).
- *Water Supply (Water Fittings) (Scotland) Byelaws* (2014).
- *The Water Supply [Water Quality] Regulations* (2010).
- *The Control of Substances Hazardous to Health Regulations* (2002).
- *The Building Regulations* (1992).
- BS 8580-1:2019 – Risk Assessments for Legionella Control.
- BS 8580-2:2022 – Water quality Risk assessments for Pseudomonas aeruginosa and other waterborne pathogens. Code of practice
- BS 7592:2022 - Sampling for Legionella bacteria in water systems. Code of practice
- BS8558 – 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 [British Standards Institution].
- BS EN 806 – Specifications for installations inside buildings concerning water for human consumption.
- PD855468 – Guide to flushing and disinfection of services supplying water for domestic use within buildings.
- BS8680 – Water Quality. Water safety plans. Code of practice.

13 BIBLIOGRAPHY:

See above.

14 GLOSSARY:

Air conditioning	A form of air treatment whereby temperature humidity and air cleanliness are all controlled within limits determined by the requirements of the air conditioned enclosure
Bacteria	(Singular bacterium) a microscopic, unicellular (or more rarely multicellular) organism
Cold water service (CWS)	Installation of plant, pipes and fitting in which cold water is stored, distributed and subsequently discharged
Disinfection	A process which destroys or irreversibly inactivates micro-organisms and reduces their number to a non hazardous level
Domestic water services	Hot and cold water intended for personal hygiene, culinary, drinking water or other domestic purposes
Duty holder	Individual(s) with the legal responsibility to ensure that health and safety is managed effectively
Flushing	Running water to waste, from taps and other appliances
Hot water services (HWS)	Installation of plant, pipes and fittings in which water is heated, distributed and subsequently discharged (not including cold water feed tank or cistern)
Legionnaires disease	A form of atypical pneumonia caused by legionella bacteria
Legionellae	The genus legionella belongs to the family legionellaceae which has over 40 species. These are ubiquitous in the environment and found in a wide spectrum of natural and artificial collections of water
Legionella	Type of aerobic bacterium which is found predominantly in warm water environments (singular of legionellae)
Legionellosis	Any illness caused by exposure to legionella
Responsible person	Individual appointed with, and who has accepted, responsibility under the authority of the duty holder for ensuring that the organisation's responsibility for the control of legionella are met and that all individuals and organisations assigned to carry out tasks in the scheme of legionella control are competent to do so
Risk	Likelihood of a hazardous event occurring and its consequences
Risk assessment	Identifying and assessing the risk from legionellosis from work activities and water sources on premises and determining any necessary precautionary measures
Schematic diagram	Simple but accurate illustration of the configuration of the water system, including parts that are out of use

Scheme of control	Procedures and checks intended to control the risk of legionellosis
Thermal disinfection	Heat treatment to disinfect a system
Thermostatic mixing valve	Mixing valve in which the temperature at the outlet is pre-selected and controlled automatically by the valve

15 AUDIT AND ASSURANCE:

Audit and monitoring of maintenance works and sampling results, will be undertaken by nominated persons responsible for the various areas of the Trust, and reported at the Strategic Water Safety Group meetings. Managers of relevant services will be responsible for ensuring compliance with local flushing requirements; Issues identified regarding water outlets/appliances/flushing will be recorded on the monthly infection prevention checklist, matrons will note issues/check flushing log books and report to Infection Prevention Partnership Committee (IPPC). The Strategic Water Safety Group will include details of water hygiene issues, within quarterly reports to IPCC. Auditing will be undertaken by the Infection Control team by the following methods:

- i.* Inspection of details entered into the ward/department 'Water Flushing Log Book' and recorded in ward/team managers Monthly Infection Prevention Checklist
- ii.* Checking to ensure that exception issues have been reported and acted upon. Clinical nurse manager/matron will report to the Infection Prevention Partnership Committee (IPPC) by exception
- iii.* The check sheets will be subject to periodic audit by the Infection Prevention and Control Team as part of planned audit programme with exceptions included in the Infection Control report to the IPCC

The Strategic Water Safety Group will be responsible for compliance assurance as below:

- i.* Monitoring of works (via SSL supervision and performance/ service reporting) undertaken through the various external agencies (Amey, Engie, contractors, etc) to ensure works undertaken comply with L8, HTM 04-01 and the policy (BSMHFT 'Legionellosis Management and Control' IC01Q – August 2021)
- ii.* Inspection of details of training/instruction given to staff, to ensure all levels of staff have received adequate training to ensure understanding of their responsibilities as required by the Policy BSMHFT 'Legionellosis Management and Control' IC01Q – August 2021
- iii.* Compliance with log book completion will be produced by the Water Safety Group, on a quarterly basis to the Infection Prevention Partnership Committee
- iv.* An annual report of log book compliance will be provided to the Trust's Clinical Governance Committee

Element of this policy to be monitored	Lead	Frequency	Reporting arrangements
Audit and monitoring of maintenance works and sampling results	SSL -Head of Facilities Management / Head of PFI	Quarterly Meeting with Service providers as part of Operational Water Safety Group meetings	WMWG
Monitoring of flushing/department water hygiene issues as detailed in monthly infection control checklist completed by the ward/team manager. This is monitored as part of the IPCt environmental audit programme.	Infection Control team	Monthly infection control checklist	WMWG/IPPC
Audit of domestics cleaning records to ensure all water appliances are run on a regular (daily) basis	SSL - Facilities Managers	Monthly cleaning audit	WMWG/IPPC

SSL's facilities department will undertake regular checks to ensure domestic staff compliance with duties to include running of all water outlets in areas serviced as part of regular cleaning schedules.

A quarterly report of abnormal water management results to be presented within the Estates report to IPPC.

16 APPENDICES:

- APPENDIX 1 – Version Control Sheet
- APPENDIX 2 – Equality Impact Assessment
- APPENDIX 3 – Water Safety Plan Model
- APPENDIX 4 – SWSG Terms Of Reference
- APPENDIX 5 – OWMG Terms of Reference
- APPENDIX 6 – Training Needs Matrix
- APPENDIX 7 – 3rd Party Risk Assessment Evidence
- APPENDIX 8 – Contractors Competencies
- APPENDIX 9 – Appointment Letters
- APPENDIX 10 – Competent Persons Appraisal
- APPENDIX 11 – Ward / Department water flushing log book.

17 APPENDIX 1 – EQUALITY IMPACT ASSESSMENT

Title of Proposal	Review of the Trusts Legionellosis Management and Control Policy		
Person Completing this proposal	Lee Gough	Role or title	Head of Facilities Management
Division	SSL	Service Area	Estates and Facilities
Date Started	Oct 2024	Date completed	Oct 2024
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
To review and update as required, the Trusts SWSP			
Who will benefit from the policy?			
BSMHFT, to ensure statutory compliance and compliance with Department of Health guidance on the control and management of Legionellosis.			
Does the policy affect service users, employees or the wider community? Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward			
This policy aims to protect service users, employees and visitors from the risks associated with Legionella			
Does the policy significantly affect service delivery, business processes or policy? How will these reduce inequality?			
No			
Does it involve a significant commitment of resources? How will these reduce inequality?			
Resource is already in place			
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)			
No			
Impacts on different Personal Protected Characteristics – Helpful Questions:			

<p><i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i></p>				<p><i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i></p>
<p>Please click in the relevant impact box or leave blank if you feel there is no particular impact.</p>				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	✓			Policy applies to all staff; however, people over 50 years of age are generally more susceptible to contacting Legionellosis disease.
<p>Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>				
Disability	✓			Any concerns can be raised in the consultation process, additional training will be considered accordingly
<p>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</p>				
Gender	✓			There are no areas in the policy that are more onerous to either gender.
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?</p>				
Marriage or Civil Partnerships	✓			Flexible working will be considered as identified through consultation process.
<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>				
Pregnancy or Maternity	✓			Appropriate dispensation will be considered in line with the Trusts policy regarding pregnancy, maternity or paternity leave.
<p>This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?</p>				

Race or Ethnicity	✓			Additional training will be considered as identified through the consultation process.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	✓			Appropriate arrangements will be made to ensure the spiritual/religious needs of staff are accommodated.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	✓			Sexual orientation will be considered as identified through the consultation process.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	✓			Transgender or gender reassignment will be considered as identified through the consultation process.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	✓			The policy will recognise and uphold the human rights of all Trust Staff
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact		Low Impact
				No Impact
				✓

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

The consultation process will be undertaken in liaison with HR, control of infection and any other stakeholders as appropriate, to ensure the process gives adequate consideration to any equality issues that are identified.

How will any impact or planned actions be monitored and reviewed?

Consultation will allow staff to raise concerns and submit flexible working applications accordance. The process will be governed by the Trusts control of infection committee.

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

All staff will be treated equitably throughout the consultation process. The process will be transparent and open; support will be arranged in liaison with HR as appropriate.

Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

18 APPENDIX 2 – WATER SAFETY PLAN MODEL

WSP: PART	PART HEADING	PART CONTENT												
WSP: Part 1.1	Governance Policy	Statement Purpose & Scope Roles & Responsibilities Communications Pathway Water Safety Group [Terms of Ref] Training & Competency Risk Assessment Need Record Keeping Auditing & Verification												
WSP: Part 2.1	Design Control	<table border="1"> <tr> <td data-bbox="863 622 1214 734">Specification Risk Assessment Competency</td> <td data-bbox="1214 622 1347 734">←</td> </tr> <tr> <td data-bbox="863 734 1214 779">Design</td> <td data-bbox="1214 734 1347 779">←</td> </tr> <tr> <td data-bbox="863 779 1214 824">Install</td> <td data-bbox="1214 779 1347 824">←</td> </tr> <tr> <td data-bbox="863 824 1214 869">Commission</td> <td data-bbox="1214 824 1347 869">←</td> </tr> <tr> <td data-bbox="863 869 1214 913">Soft Landing</td> <td data-bbox="1214 869 1347 913">←</td> </tr> <tr> <td data-bbox="863 913 1214 920">Handover</td> <td data-bbox="1214 913 1347 920">←</td> </tr> </table>	Specification Risk Assessment Competency	←	Design	←	Install	←	Commission	←	Soft Landing	←	Handover	←
Specification Risk Assessment Competency	←													
Design	←													
Install	←													
Commission	←													
Soft Landing	←													
Handover	←													
WSP: Part 3.1	Risk Assessment and Schematics	Scope of Assessments Risk Assessments Findings Asset Register System Identification Register Schematic Diagrams Risk Assessment Reviews												
WSP: Part 4.1	Control Measures	Risk Assessment Remedial Actions Controls Measures & Monitoring Sampling Plans												
WSP: Part 4.2	Standard Operating Procedures [SOP]	Work Instructions Exemplar Forms												
WSP: Part 5.1	Support Schemes	Incident Plans Other Health & Safety Information Surveillance Monitoring												
WSP: Part 6.1	Logbook	Governance Arrangements Applicable Controls Measures & SOPs Reports on task outcomes Defects & remedial actions log Sampling data Relevant data on water safety												

19 APPENDIX 3 – SWSG TERMS OF REFERENCE

20.1 Purpose of Group:

To provide assurance to the Trusts 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.

To provide a forum for those individuals with delegated roles and responsibilities to take collective responsibility for the identification of water-related hazards (including but not exclusive to microbiological hazards, chemical hazards, scalding and/or loss of supply), assessment of risks, selection and monitoring of control measures and development of incident-response protocols.

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

The SWSG is accountable to the Infection Prevention and Control Committee in respect of providing assurance that appropriate controls and methods of monitoring are in place. Individual members of the Group will be responsible and accountable to the Group for the delivery of their agreed actions.

The chair of the Infection Prevention and Control Committee which in turn is a formal sub group of the Quality Committee is accountable to the Chief Executive who has overall responsibility for the management of Water Safety.

20.2 Membership:

The SWSG will be chaired by Executive / Deputy Director of Nursing & Quality, who has appropriate management responsibility, knowledge, competence and experience for the role as Chair. In their absence, the RP / DRP[W] will act as the Chairperson.

Membership of the Group will include:

Designation	Core Member
Chair –Deputy Director of Nursing & Quality (Deputy DIPC)	Yes
Chief Nursing Officer/Executive Director Quality and Safety (DIPC)	No
Consultant Microbiologist	Yes
Head of Infection Prevention & Control	Yes
Operations Director (SSL)	No
Head of Health and Safety and Regulatory Compliance	Yes
Authorising Engineer (AE-Water)	Yes
Head of PFI	Yes
Head of FM	Yes
Head of Capital	Yes
Senior Estates / Facilities Managers	Yes
Senior Facilities Manager (South PFI)	No
Senior Contract & Commercial services Manager	No

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 Departments.

20.3 Frequency / Rescheduling of Meetings:

The Group may require the attendance of any director, or member of staff, and the production of any document it considers relevant to the aims and objectives of the Group.

Extraordinary meetings of the Group may be called by the Chair or working parties comprising of Group or co-opted members may be formed. Any such working parties formed will be required to operate within the terms of reference of the SWSG.

Sufficient time will be allowed during each meeting to ensure full discussion of all business matters.

The dates of the meetings will, as far as possible, be arranged well in advance. Notices of the dates of meetings will also be published where all employees can see them.

A copy of the agenda and any accompanying papers will be sent to all Group members at least 5 business days before each meeting.

Agreed minutes of each meeting will be supplied to each member of the Group within 2 weeks of the meeting to which they relate. A copy of the minutes of the Strategic Water Safety Group will be sent to the Infection Prevention and Control Committee.

To assist in the preparation of meetings, the Group will have an annual work plan / calendar that will constitute 60% of the agenda. The remaining 40% provides flexibility to respond to external and internal influence.

The SWSG will routinely meet on a quarterly basis.

It will be the responsibility of the chair to rearrange meetings if they deem this necessary. It will only be in exceptional circumstances that will permit a meeting to be cancelled or postponed. Where postponement is absolutely necessary, an agreed date for the next meeting will be made and announced within 10 business days and shall be reconvened as soon as possible.

The WSG always act in an appropriate and timely manner in response to issues or incidents that have been reported. This may be 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 SWSG for any additional action to be determined.

Individual responsibilities should not be restricted by the need to hold formal meetings.

20.4 Remit of SWSG:

The remit of the Water Safety Group is:

- to work with the IPC team;
- to ensure effective ownership of water quality management for all uses;
- to determine the vulnerabilities of the at-risk population;
- to review the risk assessments;
- to ensure the Water Safety Plan [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 review 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.

20.5 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 Chairperson.

No.	Item
1.	Apologies – Chair
2.	Review Minutes from previous meeting - Chair
3.	Action Log - Chair
4.	Legionella Policy / Safety Plan Review – Chair / HOFM
5.	Risk Assessments / remedial works – Sector specific nominated persons.
6.	Training
7.	Operational updates (PFI and Retained) inc Hard and Soft Services - Sector specific nominated
8.	Capital Update – Head of Capital
9.	Authorising Engineer
10.	Audits – Authorising Engineer
11.	AOB - Chair
12.	Next Meeting

20.6 Quorum:

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

20.7 Reporting Arrangements:

Detailed minutes of the group meetings are recorded, distributed promptly to the members of the SWSG and retained on file to demonstrate good management, appropriate and timely actions and good governance.

The Reports to:

- IPC Committee;

20.8 Review Date:

The Group will review its terms of reference annually to ensure that it remains fit for purpose and is best facilitated to discharge its duties. Any amendments will be proposed to the Infection Prevention and Control Committee.

20 APPENDIX 4 – OWMG TERMS OF REFERENCE

21.1 Purpose of Group:

The Operational Water Group's [OWMG] purpose 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 OWMG is a forum for those who have direct control of water systems to ensure that they remain functional, operational and maintain delivery of safe water.

21.2 Membership:

Designation	Core Members
Head of Facilities Management (SSL) – Chair	Yes
Head of PFI	Yes
Senior Estates Manager – North PFI	Yes
Senior Estates Manager – South PFI	Yes
Senior Facilities Manager - Community	Yes
Senior Facilities Manager – Secure	Yes
Senior Facilities Manager South PFI	Yes
Senior Infection Prevention and Control Nurse or nominated Person	Yes
Authorising Engineer	Yes
Capital projects representative	Yes
Sector Specific Nominated Contractors	No
H&S Representative.	Yes
Soft Services Representative (Retained and PFI estates).	Yes

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.

21.3 Frequency of Meetings:

OWMG meetings on a Quarterly 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.

21.4 Remit of OWMG:

- To work with the Infection Prevention and Control (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
- To review 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 which may include balancing the risks related to water safety and other safety risks such as ligature risks
- 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
- To review areas/rooms taken out of commission, to ensure adequate provisions are made for flushing/draining the water systems as appropriate

21.5 Agenda Setting:

A set agenda [see below] is issued for each OWMG 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 OWMG meeting by the Chair/deputy chair.

No.	Item	
1.	Review of previous minutes.	- Chair
2.	Review of Action Plan	- Chair
3.	Community update (by exception)	- Senior Facilities Manager
4.	Secure update (by exception)	- Senior Facilities Manager
5.	North PFI update (by exception)	- Senior Estates Manager
6.	South PFI update (by exception)	- Senior Estates Manager
7.	Capital works update	- Capital Team
8.	Service Provider Update	- Various
9.	AE update / comments / policy / audits	- AE
10.	AOB	

21.6 Quorum:

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

21.7 Reporting Arrangements:

Detailed minutes of each meeting, along with updated compliance report on each of the agenda

items will be prepared. The OWMG minutes and compliance report feeds in to the main SWSG and will be used as the evidence for risk-based decision making.

21.8 Review Date:

These Terms of Reference will be used and approved at the same time as the main WSG ToR and Governance Policy for the organisation. The objectives of the review are to ensure the OWG are delivering against the purpose and remit detailed.

21 APPENDIX 5 – TRAINING NEEDS MATRIX:

Role & Who	Course Requirement						
	RP*	AP*	CP*	WR*	Awareness*	Appraisal	Comments
Duty Holder -	n/a	n/a	n/a	n/a	✓	n/a	
Designated Person / Deputy -	✓	n/a	n/a	n/a	n/a	✓	
Microbiologist -	✓	n/a	n/a	n/a	n/a	✓	
Infection Control Lead-	✓	n/a	n/a	n/a	n/a	✓	
Authorising Engineer [Water] -	n/a	n/a	n/a	n/a	n/a	n/a	LCA / Independent / IHEEM AE[W] Register
Head of Health and Safety -	✓	n/a	n/a	n/a	n/a	✓	
Responsible Person / Deputy [Water]-	✓		n/a	n/a	n/a	✓	AE[W] to appraise
Authorised Person / Deputy [Water]	n/a	✓	n/a	n/a	n/a	✓	AE[W] to appraise
Competent Person(s)	n/a	n/a	✓	n/a	n/a	✓	AP[W] to appraise
External Competent Persons / Contractors -	n/a	n/a	n/a	✓	n/a	✓	Training Records to be provided
External Competent Risk Assessor -	n/a	n/a	n/a	n/a	n/a	n/a	RP / AP to interview
Head of Capital / Projects –	✓	n/a	n/a	n/a	n/a	✓	AE[W] to appraise
Capital / Projects - Project Managers -	n/a	✓	n/a	n/a	n/a	✓	AE[W] to appraise
Soft Service Managers (PFI Senior Contract & Commercial Services Manager) & Senior Facilities Manager (South PFI and Community)	n/a	✓	n/a	n/a	n/a	✓	AE[W] to appraise
Infection Control Nurses -	n/a	✓	n/a	n/a	[A3]	✓	AE[W] to appraise
Heads of Department/Service Managers	n/a	n/a	n/a	n/a	[A2]	n/a	
Ward / Team Managers	n/a	n/a	n/a	n/a	[A3]	n/a	
Domestic / House Keeping Team	n/a	n/a	n/a	n/a	[A3]	n/a	In House Training Completed

*RP = Role of Responsible Person – Management [1 day]. *AP = Role of Authorised Person – Technical [1 day]. *CP = Role of Competent Person – CP1 [1 day], CP2 [1.5 hrs].

*WR = Water Regulations. *Awareness - A1 - Briefing session [30 mins], A2 – Training session [2 hrs], A3 – Training session [2 hrs] *[T.B.S.] = To be scheduled

22 APPENDIX 6 – 3rd PARTY RISK ASSESSMENT EVIDENCE:



APPENDIX 7 – 3rd PARTY RISK ASSESSM
APPENDIX 7 – 3rd PARTY RISK ASSESSM

23 APPENDIX 7 – CONTRACTORS COMPETENCE



APPENDIX 8 -
CONTRACTORS COM

24 APPENDIX 8 – APPOINTMENT LETTERS



Appendix 9 -
Appointment Letters.c

25 APPENDIX 9 – COMPETENT PERSONS APPRAISAL



Appendix 10 - CP
Appraisal.docx

ROUTINE FLUSHING OF WATER OUTLETS

Ward/Departmental Log Book

Date Issued

Department

Full Address

.....

.....

.....

.....

Estates contact – normal working hours.....

Estates contact – outside normal working hours.....

