

WATER SAFETY POLICY

Non-Clinical Policy

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1.0 INTRODUCTION

This policy is issued and maintained by the Director of Estates & Facilities on behalf of Sherwood Forest Hospitals NHS Foundation Trust (herein known as the Trust), at the issue date defined on the front sheet, which supersedes and replaces all previous versions.

The Trust is responsible for ensuring the health, safety and welfare of its employees, patients and others on its premises relating to water safety. This commitment is demonstrated through compliance with all statutory requirements and codes of practice in all premises for which it is responsible. To ensure safe water is provided to Trust staff, patients and visitors the Trust has developed and implement a Water Safety Plan (WSP).

The primary objective of this policy is to ensure a robust management system for the effective control of water systems throughout the Trust's premises, and to minimise the risk of waterborne pathogens causing harm to patients, visitors and staff.

2.0 POLICY STATEMENT

This policy sets out the management approach to be adopted by the Trust and the PFI service provider Central Nottinghamshire Hospitals Plc (CNH or Project Co) and their Hard & Soft FM service providers Skanska and Medirest for providing and maintaining safe water systems and preventing infection.

The Hard FM service provider undertakes the maintenance and management of all water systems across the various properties the Trust occupy or own. The Trust recognises it still has a duty of care to ensure these water systems are being managed appropriately.

The Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations (2002) (as amended).

In doing so, the Trust aims to take all reasonable precautions in respect to the management of water systems to control the risk of harm to patients, visitors, staff and other persons working at or using its premises. Threats include infections caused by waterborne pathogens, scalding by hot water, chemically contaminated water and disruption to the water supply.

The Trust recognises the importance of a safe workplace with appropriate equipment and facilities as well as high standards of leadership, engagement, communication, training and competence and other management issues.

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

Water Safety for the Trust shall be supported with adequate resources and suitably qualified, trained and competent staff to ensure the successful implementation of Water Safety Plan (WSP).

2.1 Statement of Intent

It is the policy of the Trust to minimise the risk of infection from water supplies by ensuring water systems are rigorously maintained, monitored, tested and inspected in accordance with the relevant requirements and WSP, which is based on various key reference documents such as those detailed below, and any other required precautions adopted.

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

2.2 Purpose

The purpose of this governance Policy is to safeguard all patients, visitors, staff and assets through prevention and reduction of harm or loss.

High risk patients (Augmented care or the most vulnerable) may be at greater risk of infection from waterborne pathogens following exposure to water associated with water systems within the built environment, during the delivery of healthcare. It is necessary for those who provide care and services they understand the potential for infection from water systems.

The aims of this governance Policy are as follows:

- To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with waterborne pathogens.
- To identify correct practice for the safe operational management of water systems for staff to implement based upon nationally accepted guidance and the principle of 'so far as is reasonably practicable' (SFAIRP);
- To enable staff to understand their roles and responsibilities in relation to water safety.
- To establish arrangements for the monitoring and review of this Governance Policy in order that it continues to reflect the most up-to-date legislation and guidance.

2.3 Scope

This Governance Policy sets out the management approach to be adopted by Trust for providing, maintaining safe water systems and preventing infection from Trust water systems, as well as preventing waste, misuse, undue consumption or contamination of water supplied across the Trust. As detailed in the ACOP L8 [including HSG274 Parts 1, 2 and 3], HTM04-01 [including all associated parts] and the Water Supply [Water fittings] Regulations.

This Governance Policy applies to all Trust:

- service users, patients and visitors.

- employees [including those managed by a third party].
- premises where they work that are owned and occupied, including those properties which Trust may occupy under lease.

The following locations are listed as properties where the WSP shall be implemented:

- Kingsmill Hospital.
- Mansfield Community Hospital.
- Newark General Hospital.

2.4 Water Safety Plan (WSP)

A water safety plan has been defined by British Standards in their BS8680 document as:

“a strategic plan which defines and documents the arrangements that are 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.”

A WSP is made up of various documents, Section 6.1 provides a model of the WSP and the various parts. This governance Policy is the management element of the WSP.

The WSP has been developed to comply with the requirements of the Health and Safety Executive's Approved Code of Practice L8 4th edition and the HTM04-01 suite of documents in addition to BS8680.

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

An equality impact assessment (EIA) of this policy has been conducted by the author using the EIA tool developed by the Diversity and Inclusivity Committee.

3.0 DEFINITIONS/ ABBREVIATIONS

- **The Trust:** This means Sherwood Forest Hospitals NHS Foundation Trust.
- **Staff:** Means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust.
- **Private Finance Initiative (PFI):** The initiative under which the Trust has entered into an agreement with partners to build and provide certain services such as Planned Preventative Maintenance (PPM) at its hospitals.
- **PFI Project Agreement:** The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management services.
- **Project Co (CNH / Vercity):** This is the term used for the Central Nottinghamshire Hospitals PLC or CNH (Vercity as a company provides the employees who work on behalf of CNH / Project Co).

It is the organisation appointed by the PFI Funder who built the new hospital buildings, they provide facilities services, and then manage these facilities for the life of the contract, at which time they are then handed back to the Trust.

- **Skanska Facilities Services (Skanska):** This is the organisation and service provider appointed by Project Co to provide Hard facilities management services including estates and maintenance functions.
- **Compass Group – Medirest:** This is the organisation and service provider appointed by Project Co to provide soft facilities management services and functions.
- **Schedule 14 (SLS) Service Level Specifications,** the part of the PFI Project Agreement mainly concerned with the facilities management services provided by Project Co through their subcontract with Skanska.
- **Service Level Specifications:** Detailed requirements of how the facilities management services are to be provided under the terms of the project agreement by Project Co through their service provider subcontract with Skanska & Medirest.
- **Schedule 22 (Trust Variation Enquires = TVE's)** Variations the part of the PFI Project Agreement mainly concerned with Trust variations enquiries regarding the PFI contract such as: -
 - Small building alterations and enhancements that are not part of the existing maintenance or lifecycle programme and requested works that do not constitute replacement or repair to the existing facilities that affect the delivery of FM services.
 - Large building works that extend the footprint of the sites requiring additional facilities management services to be delivered.
- **Kingsmill Hospital (KMH):** SFH NHS Foundation Trust occupies the buildings to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **Mansfield Community Hospital (MCH):** NHS Property Services (NHS PS) are the owners of the MCH site and have a responsibility as a duty holder. SFH NHS Foundation Trust occupies certain areas of the building to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **Newark General Hospital (NGH):** SFH NHS Foundation Trust occupies the building to provide services to the local community. Maintenance, servicing, and repairs through Skanska are provided via the PFI agreement.
- **Method Statement** - Details of how the work is to be done safely
- **Permit to work** - A permit-to-work ensures a formal authorisation is given incorporating written checks to ensure all the elements of a safe system of work are in place before people are allowed to work on certain systems. It incorporates a means of communication between those carrying out the work. Essential features of a permit-to-work are:
 - Clear identification of who may authorise works (and any limits to their authority)
 - Who is responsible for the specifying of the necessary precautions.
 - Provision for ensuring that competent contractors have been engaged to carry out work are included.
 - Training and instruction in the issue of permits.
 - Closure of the permit to confirm a safe condition on the completion of the work
- **Water Safety Plan (WSP):** The WSP [referred to by the HSE as the 'Written Scheme'] for the Trust is a defined suite of supporting documents, which are designed to ensure Water Safety is being proactively managed within the Trust.

- **Operational Water Safety Group (OWSG):** A multidisciplinary group formed to undertake the regular monitoring of water systems and the development of the WSP, which also advises on remedial actions when water systems or outlets are found to be contaminated. The latest terms of reference for the group are available on request.
- **Regular Sample Review Meeting (RSRM):** A multidisciplinary group formed to undertake the regular monitoring specifically focused on water sampling, results and remedial actions undertaken.
- **Strategic Water Safety Group (SWSG):** A senior management group formed to ensure executive oversight and to obtain assurance for the Trust board. The latest terms of reference for the group are available on request.
- **Approved Code of Practice L8 (4th edition):** Code of Practice prepared by the HSE concerning the risk from exposure to Legionella bacteria, it also gives guidance on compliance with the Management of Health and Safety at Work Regulations 1999 [MHSWR].
- **HTM 04-01:** Safe Water in Healthcare Premises (Parts A, B & C), Prepared by the Department of Health and provides guidance to those designing, installing or maintaining hot & cold-water storage and distribution systems in healthcare premises.
- **Legionella:** Type of aerobic bacterium, which is found predominantly in warm water environments (singular of legionellae). These are ubiquitous in the environment and found in a wide spectrum of natural and artificial collections of water.
- **Legionnaires' Disease:** Is a potentially fatal form of pneumonia which can affect anybody, but which principally affects those who are susceptible because of age, illness, immunosuppression, smoking etc. It is caused by the inhalation of bacterium Legionella pneumophila and related bacteria found in aerosolised water vapour. Legionella bacteria can also cause less serious illnesses which are not fatal or permanently debilitating.
- **Pseudomonas aeruginosa:** A bacterium commonly found in wet or moist environments. It thrives in relatively nutrient-poor environments at a range of temperatures. It is commonly associated with disease in humans with the potential to cause infections in almost any organ or tissue, especially those patients compromised by underlying disease, age or immune deficiency.
- **Potable Water:** Water that is supplied to the Trust that is intended for human consumption.
- **Non-potable Water:** Water that is used for any other purposes excluding human consumption.

4.0 ROLES AND RESPONSIBILITIES

Those persons in the Trust and its partner organisations with key management responsibilities are detailed below and their communication pathways and other relevant supporting staff are represented later in this document. 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 Trust Chief Executive and the Board of Directors, and other formally appointed Duty Holders 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 PFI agreement. Specific individual responsibilities are defined below.

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

4.1 Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners all have responsibilities as duty holders to ensure they maintain and manage safe water systems. Each key party of the PFI scheme (Trust, Project Co, Skanska, Medirest and NHS PS) have relevant responsibilities to develop, implement, manage, and monitor water systems to ensure they are safe.

4.2 Trust Duty Holder (DH)

The Chief Executive has overall responsibility on behalf of the Trust Board and is the statutory Duty Holder. The Duty Holder and the Board have overall responsibility for Health and Safety within The Trust, including water safety. They shall appoint in writing the Trust Designated Person Water (DPW).

4.3 Trust Chief Executive

The Chief Executive will ensure that financial resources are made available to support this policy based upon a risk assessment of priorities. The Chief Executive has appointed a Designated person, the Director of Estates & Facilities, to do all, or part, of the work to assist in complying with the duties.

The responsibility of the Chief Executive includes ensuring that all water system management matters are seen as an important priority for the Trust as addressed through comprehensive policies and management procedures that are effectively implemented and appropriately resourced within the overall financial position of the Trust.

4.4 Trust Designated Person Water (DPW) – Director of Finance

The Trust Director of Finance is the Appointed Board Level Executive responsible for safe water being supplied.

Under the direction of the Chief Executive, they are therefore responsible for the organisational arrangements, which will ensure that compliance with standards is achieved and that where problems occur, they are identified and resolved with minimum risk to employees, patients or members of the public.

4.5 Trust Responsible Person Water (RPW) - Director of Estates and Facilities

The Trust Director of Estates & Facilities is appointed in writing by the Trust Designated Person. They fulfil the appointed Senior Operational Management role, under the direction of the Trust Designated Person Water (DPW) and as such has responsibility for coordinating resources, ensuring the policy is reviewed, ratified and implemented and will attend the SWSG meetings.

The Trust RP for water has responsibility for ensuring that suitable information, instruction and training is provided to the Trust Deputy Responsible Person [DRP] water.

Ensure the risk assessments remain current and are reviewed and updated as required. Shall appoint the Trust Authorising Engineer [Water].

They will be responsible for notifying Skanska, via Project Co, in advance of any works on water systems initiated by the Trust if undertaken outside of the formal PFI schedule 22 variation process.

For changes on the site covered by the PFI Variation process i.e. works undertaken by Project Co the PFI variation process will cover off notification to Project Co and Skanska of new systems or alterations to be added to the scheme of control and those items to be risk assessed.

The Trust will ensure that its directly employed contractors comply with the Skanska permit procedures for works to the water systems.

4.6 Trust Deputy Responsible Person Water (DRPW) – Head of PFI Contracts

The Trust Head of PFI Contracts is appointed in writing by the Trust Designated Person and will deputise for the RPW at the WSG meetings when appropriate.

The Trust DRPW will ensure there are adequate resources available to ensure compliance with this policy and the WSP document for water safety.

They shall work directly with the parties to ensure compliance with this policy and the WSP document is being adhered too. They shall attend the OWSG.

4.7 Trust Authorising Engineer Water (AEW)

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

4.8 Trust Infection Prevention and Control Officer Water (IPCOW)

This person is appointed by the Trust Duty Holder to have responsibility for water quality; this person is the Consultant Microbiologist.

This policy must be reviewed by the Trust Infection Prevention and Control Officer Water (IPCOW) and their team, and they must agree any changes. The Infection Prevention and Control Officer Water will review all the water test results sent to them by Skanska.

All unsatisfactory results must be investigated by Skanska under the advice of the Trust Infection Control Officer Water who makes an assessment based on the potential for clinical patient implications.

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

4.9 Trust Head of Infection Prevention Control (HIPC)

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

4.10 The Trust Health & Safety Manager

The responsibilities of the Trust Health & Safety Manager are:

- Provision of guidance and advice to all involved in the management of water safety.
- To advise Heads of Department and Trust Managers on implementing water flushing.
- To report incidents under RIDDOR on behalf of the Trust.
- To collate and manage the regular water flushing activities.
- To summarise reports to the OWSG on flushing compliance.
- To escalate all flushing non-compliances appropriately within the Trust.
- Overseeing compliance with this Policy, the Trust WSP document by means of audit management systems and controls, assisting the Authorising Engineer Water with annual audits.
- Overseeing that relevant person's complete reviews and updates of this Policy, the Trust WSP, water risk assessments, minimisation schemes and routine maintenance.
- Completing internal audits, managing records relating to water safety and assisting with the review of this policy and the Trust WSP.
- Assisting with reporting and communicating with relevant authorities, as a result of inspections, sampling and / or cases / outbreaks.

4.11 Trust Heads of Nursing and Ward/Department Leaders

These individuals shall:

- Manage flushing activities, including regular reporting of records.
- Log a task on the facilities helpdesk for any equipment that requires a connection to the water system so that a risk assessment can be completed.
- Ensure adequate Risk Assessments identifying water outlets of concern are current and updated annually.
- Ensure that inappropriate plant or equipment is not connected to the water system by Trust staff.

4.12 Project Co - Duty Holder - Project Co Executive or the PFI Funders

Project Co (CNH) is not an employer and therefore does not have duties under Section 2 and 3 of the Health and Safety at Work Act, the Management of Health and Safety at Work Regulations or the Control of Substances Hazardous to Health Regulations.

Project Co (CNH) employs Skanska as a subcontractor to provide Hard FM services under the PFI agreement with the Trust. Skanska is an employer and has duties in respect of the provision of services and obligations under the PFI agreement.

Project Co (CNH) has duties under Section 4 of the Health and Safety at Work etc.

Project Co (CNH) must act to take such steps as are reasonable to ensure so far as is reasonably practicable the premises over which it has control are safe and, as such is a "Duty holder" for the purposes of both this policy and Section 4 of the Health and Safety at Work Act in relation to those matters for which it is responsible under the PFI agreement with the Trust.

Project Co (CNH) shall:

- Appoint in writing a Designated Person Water (DPW).
- Appoint in writing a Responsible Person Water (RPW).
- Appoint in writing a Deputy Responsible Person Water (DRPW)

- Monitoring the compliance of its Service Providers.
- Ensure full compliance with this Policy.
- Ensure attendance at regular meetings.

4.13 Project Co (CNH) - Responsible Person Water (RPW) – General Manager

The CNH General Manager for Project Co is the Project Co Responsible Person they shall be appointed in writing by the Project Co Executive or the PFI Funders (Project Co Duty Holders). They shall have responsibility for compliance with this policy document and to ensure its service providers maintain compliance they will regularly monitor and audit both organisations.

4.14 Project Co (CNH) - Deputy Responsible Person Water (DRPW)

The CNH Assistant General Manager for Project Co is the Project Co Deputy Responsible Person Water (DRPW), they shall be appointed in writing by the Project Co Responsible Person (RPW). They shall support the Project Co Responsible Person Water in ensuring compliance with this policy document and to ensure its service providers maintain compliance they will regularly monitor and audit both organisations.

The Project Co Responsible Person Water shall attend the SWSG meetings and report through the monthly PFI reporting function all statutory compliance updates. Any reports and audits shall also be made available to the OWSG. They shall also immediately report any system deficiencies / non compliances to the Trust Responsible Person Water and their deputy.

4.15 Skanska - Duty Holder - Chief Executive

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

4.16 Skanska - Designated Person Water (DPW) – General Manager

The Skanska General Manager is the Skanska Designated Person for Water safety, they shall be appointed in writing by the Skanska Duty Holder. They shall also bear joint responsibility in line with the Trust Designated persons responsibilities.

4.17 Skanska - Responsible Person Water (RPW)

A Water Specialist Estates Operations Officer for Skanska is the Skanska Responsible Person Water they shall be appointed in writing by the Skanska Designated Person Water. They have responsibility for coordinating resources, assisting with the Trust WSP development, reviewing (in association with the Trust and Project Co) and presenting at the SWSG for approval.

The Skanska Responsible Person Water has responsibility for ensuring that suitable information, instruction and training is provided to the Skanska Authorised Person/s Water (APW) & Skanska Competent Persons Water (CPW) and shall formally appoint each. They shall ensure the Water risk assessments remain current and are reviewed and updated as required.

They shall inform the Skanska Designated Person Water and the Trust & Project Co Responsible Persons Water (including the OWSG) when system non compliances / deficiencies are found.

They shall also notify Project Co and the Trust through the Monthly PFI Performance reporting system and to the OWSG when the Trust WSP document has been found to be out of control or ineffective.

4.18 Skanska - Authorised Person Water (APW)

A Water Specialist Estates Officer for Skanska is the Skanska Authorised Person Water they shall be appointed in writing by Skanska Responsible Person Water.

The Skanska Authorised Person Water has responsibility for the day-to-day operational management of water systems they shall implement the Trust WSP document ensuring all control parameters are adhered and followed, including the delivery of all regular PPM tasks are issued, returned & reviewed. To action any noncompliant situations and report those which cannot be resolved to the Skanska Responsible Person Water.

They shall ensure all system records remain up to date and accurate. They shall ensure the water risk assessments; system schematics and drawings are kept current and reviewed as required and deliver any remedial works arising from the assessments. They will also ensure their respective Skanska Competent Persons remain current and up to date with training.

4.19 Skanska - Competent Persons Water (CPW)

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

4.20 Competent Persons – All External Consultants & All Subcontractors

All external individuals who will work on or have an impact on the Trust water systems shall demonstrate and provide evidence of competence and training appropriate to their activities.

They shall be appointed in writing by the Skanska Responsible Person Water and work under their supervision.

They shall always follow this policy, the Trust WSP, Skanska's SOP's and all other supporting reference documents to ensure full compliance with the standards and requirements.

They shall immediately report any non-compliant issues to the Skanska Responsible Person Water.

4.21 Medirest - Duty Holder - Chief Executive

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

4.22 Medirest - Designated Person Water (DPW) - Operations Director

The Medirest Operations Director is the Medirest Designated Person for Water safety, they shall be appointed in writing by the Medirest Duty Holder. They shall also bear joint responsibility in line with the Trust Designated persons responsibilities.

4.23 Medirest - Responsible Person Water (RPW) - Head of PFI Operations

The Medirest Head of PFI Operations is the Medirest Responsible Person Water, they shall be appointed in writing by the Medirest Designated Person Water.

They shall ensure its contractual obligations with regards to Schedule 14 of the PFI Project Agreement are achieved. As well as working with the Trust, Project Co & Skanska to ensure this policy and the Trust WSP document are followed.

Medirest directly manage the house keeping teams who assist with the turnover of water at outlets daily. Where outlets issues are identified by these teams the Medirest Responsible Person will ensure these are reported to the Skanska Responsible Person Water immediately.

The Medirest Responsible person shall ensure all outlets under Medirest control are flushed and shall ensure compliant records are provided to the Trust Health & Safety Manager.

4.24 Medirest - Competent Persons Water (CPW)

These Competent Persons are Medirest's own cleaning personnel. They shall flush all outlets in their designated areas under Medirest control based on the OWSG approved frequency, comprehensive records shall be taken and shall be provided to the Trust Health & Safety Manager.

As part of the daily cleaning program, they shall ensure all showers and outlets are ran for the minimum required period, no records are required for this additional usage activity.

4.25 Trust Other Professionals [i.e. Capital planning/Strategy/Projects].

All such individuals shall ensure:

- They follow this Policy, the Trust WSP, Skanska SOP's and the relevant primary reference publications upon which it is based.
- They shall also ensure that they are up to date, by attending relevant awareness and training sessions. Providing evidence to the Trust & Skanska Responsible Persons Water of competence and training records prior to CPW appointment.
- The person commissioning external designers is responsible for ensuring design requirements defined with relevant British Standards, HTM's and the design has been reviewed and approved by the Trust Authorising Engineer Water.
- They shall provide evidence of competence to the Skanska (RPW) for any subcontractor who will be working on or impacting any of the water systems.
- The person overseeing the commissioning of any project (regardless of size) shall ensure that commissioning processes complies with the Trust WSP and all other requirements.
- The person overseeing any completed project shall ensure all O&M manuals are correct, accurate and must include full detailed up to date drawings. These shall then be passed on to Trust Deputy Responsible Person Water (DRPW) & Skanska Responsible Person Water.
- They shall immediately report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might have an impact on water hygiene to the Trust & Skanska Responsible Persons Water before the handover of any project to the Trust, Project Co or Skanska.

- Ensure documented Legionella/Pseudomonas Aeruginosa risk assessments are undertaken for any/all New Projects and major refurbishments, these are to be submitted to Skanska and the Trust AEW at the earliest opportunity for appending to the main water risk assessment and on the completion of any action plans.
- Generate and maintain records of all actions taken with respect to water safety.

4.26 Trust - All Staff and Others

All staff members can affect water hygiene risk, as such they shall report via the facilities helpdesk any problems, concerns or suspicions regarding the safety, maintenance, operation, performance, usage or cleanliness of outlets or water systems that might increase the risk of waterborne pathogen proliferation. Trust housekeeping personnel shall flush all outlets in their designated areas twice weekly, as instructed by the Operational Water Safety Group and shall ensure the flushing records are inputted promptly and correctly via the Zeta app.

All members of staff are required to attend water safety training sessions (included within the mandatory Trust H&S training package).

Employees may be consulted regarding the Trust's water 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 Skanska or Trust RPW.

Patients, their families and care givers shall be supported so they understand the need for safe use of water practices, including the need to regularly flush water systems.

5.0 APPROVAL

This Water Safety Policy involved consultation with the Water Hygiene Centre prior to its approval at the Trust Estates Governance Group.

6.0 DOCUMENT REQUIREMENTS

6.1 Water Safety Plan (WSP)

The WSP model for the Trust is detailed below

- A 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.
- A 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, i.e. 4.2.1 Controls Measures i.e. operational procedures, routine maintenance, routine monitoring and 5.1 Support Schemes i.e. emergency actions [outbreak, confirmed/suspected cases, and non-compliant occurrences].

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><tr><td>Specification</td><td rowspan="7"></td></tr><tr><td>Risk Assessment</td></tr><tr><td>Competency</td></tr><tr><td>Design</td></tr><tr><td>Install</td></tr><tr><td>Commission</td></tr><tr><td>Soft Landing</td></tr><tr><td>Handover</td><td></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	Scheme of Control Measures	Risk Assessment Remedial Actions Critical Control Performance Criteria Monitoring Sampling Plans Building Scheme of Control Template										
WSP: Part 4.2	Standard Operating Procedures [SOP]	Work Instructions Exemplar Forms & Checklists										
WSP: Part 5.1	Support Schemes	Incident Plans Other Health & Safety Information Surveillance Monitoring										
WSP: Part 6.1	Logbook	Governance Arrangements Scheme of Control - Applicable Controls Measures & SOPs Reports on task outcomes Defects & remedial actions log Sampling data Relevant data on water safety										

6.2 Strategic Water Safety Group [SWSG]

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

- A WSG 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.
- A WSG 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.

Membership to the SWSG broadly includes those:

- Who are familiar with all water systems and associated equipment in the building(s) and the factors that may increase risk of increase the risk of harm from:
 - Biological hazards*: infection from waterborne pathogens i.e. *Legionella*, *P. aeruginosa*
 - Physical hazards*: such as components in use through to scald, drowning, slips
 - Chemical hazards*:
 - Radiological hazards*.
 - *Hazards are classified within WSP
- Who have knowledge of the vulnerabilities and susceptibility of the at-risk population within the facility.
- Representatives from areas where water may be used in therapies, medical treatments or decontamination processes where exposure to aerosols may take place.

The WSG undertakes:

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

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

- The purpose of the SWSG.
- Membership of the SWSG.
- Frequency of meetings, Quorate arrangements along with agenda.
- Objective of the SWSG.
- Reporting arrangements.

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

6.3 Operational Water Safety Group (OWSG & RSRM)

These are separate groups from the SWSG. The OWSG & RSRM meets monthly (or sooner if deemed necessary), the objective of OWSG & RSRM is to provide assurance of operational performance, monitoring for the Trust risk systems along completing the risk assessment review process and documenting this review. The OWSG & RSRM shall also ensure asset registers are accurate and kept up to detailing all assets relating hot and water systems.

The OWSG is chaired by the Trust DRPW and is attended by all RPWs and APWs, approved contractors & risk assessors. Formal minutes are taken. Reports on Capital Project works, performance, risk minimisation action plans, sampling results and incidents are summarised and an assurance report is provided to the quarterly SWSG meetings.

6.4 Extraordinary OWSG / RSRM / Incident Meeting

These meetings will be chaired by the DIPC or IPCO or an RPW, 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.
- In response to operational issues which are directly impacting on control strategies.

These meetings will be attended by the OWSG members, 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 OWSP 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.

The Chair of the meeting shall inform relevant departmental managers of specific mitigation control measures in place across the estate i.e. point of use filters in place, the status of sampling, outcomes from results and next steps.

6.5 Hydrotherapy Pool Management Group

This is a subgroup of the OWSG, and an assurance report is provided to the OWSG meetings. This group meets on a quarterly basis to review the management arrangements of the Kingsmill Hospital Hydrotherapy Pool.

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

6.6 Project Water Safety Group (PWSG)

This is a separate group from the OWSG. The PWSG meets on a quarterly basis (or sooner if deemed necessary) with the objective of reviewing project plans, project risk assessments, competency, designs, specifications, commissioning and handover plans, and for addressing issues that may occur through the life of a project.

The PWSG is chaired by the Trust Head of Estates Development, members of the group shall include architect, design team, construction personnel, approved contractors, members of the OWSG i.e. RP, AP, AEW, ICO dept / Occupant Key Stake Holders and other parties attending as required. Formal minutes are taken, with updates provided to the OWSG on the project performance and status.

The ToR for the PWSG can be found in the appendices section of this Governance Policy.

6.7 Auditing

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

Monitoring the performance of a contractor should be completed either by Trust DRPW or Trust AEW. The use of another contractor to monitor the performance of the first contractor should be avoided as this could lead to a conflict of interest.

An annual water risk management audit is undertaken by the Trust AEW with assistance from the Trust RPW, Trust DRPW & Health & Safety Manager to ascertain the effectiveness of the broad management arrangements.

The methodology for audit may vary from year-to-year to ensure a fresh outlook on each occasion. The audit report includes recommendations for improvement and forms part of the legionellosis risk management system.

A quarterly performance monitoring completed by the Trust DRPW and Skanska RPW will require inspection of systems and their records to establish the degree of compliance of records present and accuracy of the records.

These quarterly performance audits apply to all Trust properties. The results of this quarterly performance audit will be reported at the OWSG.

Auditing should establish:

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

6.8 Risk Assessments & Drawings.

6.8.1 Water Risk Assessments

The Trust RPW will ensure that suitable and sufficient water risk assessments are up to date and valid.

The Skanska RPW shall ensure water risk assessments are commissioned when needed (see criteria below).

The risk assessment must be completed in accordance with:

- ACOP L8.
- HSG274 (Parts 1, 2 & 3) (as applicable).
- HTM04:01 (Parts A, B & C).
- BS8580-1.
- BS8580-2.
- HGN "Safe" Hot water and Surface Temperatures'.

The Trust requires the water risk assessment to be completed by a competent person, the Skanska RPW shall ensure the assessor is competent (this may include the need for formal interview with examples of risk assessment reports and projects they have been involved with) and independent of supplying any on-going remedial work.

Accreditation to UKAS to ISO/IEC 17020 and membership to the Legionella Control Association (LCA) is one means of ensuring competence.

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

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

The water risk assessment shall include:

- All buildings and all water systems.
- Identification and evaluation of all potential sources of risk.
- An assessment of occupant vulnerability.
- An established and agreed risk scoring matrix.
- An assessment of engineering, considering correct design (inherent risk and actual risk), installation, commissioning, maintenance, verification and effectiveness as a control measure.
- A review of schematics of hot and cold-water systems to check they are up to date and the existence of water connections to outside services is checked.
- An assessment of underused outlets and flushing regimes.
- Scalding risk (Trust RPW managed activity).
- The unnecessary use of flexible hoses.
- Review of monitoring, sampling and testing records.

The assessment of risk is an on-going process, as such the Skanska RPW should ensure the risk assessments are regularly reviewed and updated (see Appendix 5 – Risk Assessment Review Schedule and Risk Assessment Need Notification), specifically when:

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

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

The Skanska RPW will communicate the latest risk assessment report and minimisation scheme actions at the OWSG. The OWSG will consider the overall recommendations in context of the Trust Risk Register.

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

6.8.2 Clinical Risk Assessment

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

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

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

6.8.3 Drawings

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

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

Schematic drawings are not formal technical drawings, they are intended to be easy to read without specialist training / experience. They provide the reader with an idea of layout and position of components and connections.

6.9 Risk Minimisation Scheme

The risk assessment shall form the basis of a risk minimisation scheme describing how the risk from exposure to waterborne pathogens is to be minimised so far as is reasonably practicable.

The remedial actions within the associated risk minimisation schemes shall be reasonably practicable and prioritised based on risk, cost and difficulty. The risk minimisation scheme shall be reviewed at the monthly OWSG and approved by the SWSG.

6.10 Training & Competence

6.10.1 Training

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

Competence of staff and contractors shall be assessed according to their role and duties. To ensure competence has been assessed it will be viewed in the context of the individual's Skills, Knowledge, Attitude, Training and Experience (SKATE).

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

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.

Training will cover an appreciation of practices that can affect water hygiene and safety so their duties can be completed in safe and technically competent manner. Those working on water systems (including outlets) will receive training in the need for good hygiene and the how to prevent contamination of water supplies.

Those responsible for housekeeping tasks such as outlet flushing and cleaning of outlets shall also be trained and competence assessed in respect to their role and how to prevent contamination of water supplies.

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

The water hygiene training should encompass the following elements:

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

Patients, their families and care givers shall be supported so they understand the need for safe use of water practices.

6.10.2 Competence

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

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

Those who appoint specialist contractors (RPWs, DRPWs / APWs / Head of Estates Development, etc) shall make reasonable enquiries to satisfy themselves of the competence of contractors in the area of work before they enter into contracts for the treatment, monitoring, and cleaning of the water system, and other aspects of water treatment and control.
(see Appendix 6 – Evidence of Contractors Competence letter).

The Trust shall be satisfied that any contractors employed are competent to carry out the required tasks and that the tasks are carried out to the required standards.

The contractor should inform the Trust RPW of any risks identified and how the system can be operated and maintained safely.

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

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

Only installers with the appropriate qualifications, regulatory knowledge and competence shall be used to install and maintain water installations.

Water Safe register holds details from all seven Approved Contractors' Schemes for businesses that have registered plumbing installers, authorised through the Water Supply (Water Fittings) Regulations 1999.

The Trust and / or Partners recognises the benefits of using an Approved Contractor is they can carry out some work without the need to provide advanced notification to the water undertaker, and their work will be certified upon completion.

A "work completed" certificate issued by a Water Safe recognised plumber provides a defence for property owners who are challenged by a water undertaker enforcing the Water Supply (Water Fittings) Regulations 1999 or during legal proceedings.

7.0 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 RPW / DRPW / APW.

Section WSP 3.1 – Risk Assessment and Schematics details the scope of assessment starting with a hazards analysis matrix, the need risk assessments, their standards and review criteria and mechanisms.

7.1 Record Keeping

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

Records should be kept for the life of the PFI contract agreement (2042).

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

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

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

8.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Policy	Trust – RP [Water] Trust – AE [Water]	Audit / Review	Annually	SWSG
WSP	Skanska – RP [Water]	Audit	Annually	SWSG
Incident Reports	Strategic Water Safety Group	Review	Quarterly	SWSG
Audit – Management	Trust – AE [Water] Trust – RP [Water] Trust – DRP [Water] Skanska – RP [Water]	Audit	Annually	SWSG
Risk Assessment [inc. schematics]	Skanska – RP [Water]	Audit / Review	As required	SWSG
Action Plans / Minimisation Schemes	Skanska – RP [Water] Trust – RP [Water]	Audit	Quarterly	SWSG
Training needs	RP [Water] for their respective organisations	Audit	Quarterly	SWSG

9.0 TRAINING AND IMPLEMENTATION

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

10.0 IMPACT ASSESSMENTS

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

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

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

Related SFHFT Documents:

- N/A

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Lee Fox		Date of EIA completion: 28 th April 2025
Department: Estates & Facilities		Division: Corporate
Name of service/policy/procedure being reviewed or created: Water Safety Policy		
Name of person responsible for service/policy/procedure: Mark Jackson		
Brief summary of policy, procedure or service being assessed: To ensure a robust management system for the effective control of water systems throughout the Trust's premises, and to minimise the risk of waterborne pathogens causing harm to patients, visitors and staff.		
Please state who this policy will affect: Patients or Service Users, Carers or families, Commissioned Services, Communities in placed based settings, Staff, Stakeholder organisations, Others (give details) (Please delete as appropriate)		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.
Race and Ethnicity	NO	The policy acknowledges that some patients (augmented care or the most vulnerable) may be at greater risk of infection from waterborne pathogens and or scalding risks. Vulnerabilities remain under constant review within the agenda of the Operational Water Safety Group. This policy is designed to give protection and assurance to all users of SFHT buildings and facilities. The Water Safety Policy clearly outlines that the Strategic Water Safety Group has been formed to undertake the commissioning, development, and ongoing management of the Water Safety Plan. The Strategic Water Safety Group ensure that all water is safe upon use and advises on remedial action required when contamination has increased the risk to susceptible patients. Membership of the Water Safety Group includes those who have knowledge of the vulnerabilities and susceptibility of the vulnerable population.
Sex	NO	
Age	NO	
Religion and Belief	NO	
Disability	NO	
Sexuality	NO	
Pregnancy and Maternity	NO	
Gender Reassignment	NO	

Marriage and Civil Partnership	NO	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	NO	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? None

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)						
Positive			Negative			
			Nil			
If you identified positive impact, please outline the details here:						

EIA Form Stage Two:

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity		
Gender		
Age		
Religion		
Disability		
Sexuality		
Pregnancy and Maternity		
Gender Reassignment		
Marriage and Civil Partnership		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)		

Signature:



I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: 28th April 2025

Please send the complete EIA form to the People EDI Team for review.

Please send the form to: sfh-tr.edisupport@nhs.net

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

Use this appendix if it is applicable by completing all rows of the last two columns or delete

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? 	No No No	N/A N/A N/A
Soil/Land	<ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) 	No No	N/A N/A
Water	<ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) 	No No No	N/A N/A N/A
Air	<ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? 	No No No	N/A N/A N/A
Energy	<ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) 	No	N/A
Nuisances	<ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? 	No	N/A