



NHS Shetland Water Safety Plan [WSP]

- Water Safety Policy

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AREA: NHS Shetland Estates Portfolio

RESPONSIBLE DEPARTMENT: Office of Head of Estates

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DATE ISSUED : 15/03/18

DUE FOR REVIEW: 15/03/21

RATIFIED BY: Head of Estates & Facilities

TARGET AUDIENCE / DISSEMINATED TO:

All NHS Shetland staff, Contractors and sub-contractors

VERSION CONTROL: V.01


Added to NHS intranet by: Head of Estates & Facilities

Directorate: Health and Safety Committee / Clinical Governance Committee

Water Hygiene Centre 2018

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Ref:	NSHAE3753C10	Author:	DFP	Approved by:	DFP	Issue Date:	19/02/19
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1.0 INTRODUCTION

1.1 *Policy Statement*

Shetland National Health Service Board [hereinafter referred to as “NHS Board”] has a duty of care to patients, visitors and staff to ensure a safe and appropriate environment for healthcare.

NHS Board 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], take all reasonable precautions in respect to the management of water systems so as 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 Chief Executive and the Board carry ultimate responsibility for a safe and secure healthcare environment. Aspects of that responsibility have been assigned / delegated to other appointed individuals within NHS Board, these are defined under “Roles and Responsibility” section of this Policy document.

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

The Head of Estates and Facilities has been appointed by the Chief Executive as the Designated Person [Water], who issues and maintains this Policy behalf of The NHS Board.

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

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

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1.2 Purpose

The purpose of this policy is to safeguard all patients, visitors, staff and assets through prevention and reduction of harm or loss. The aims of this 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 responsibilities in relation to this Policy and the overall Water Safety Plan;
- To establish arrangements for the monitoring and review of this Policy in order that it continues to reflect the most up-to-date legislation and guidance;
- To detail the process for version control, to ensure that out of date policy is archived and that the current version of the document is accessible to those who require it.

1.3 Scope

This Policy sets out the management approach to be adopted by NHS Board for providing, maintaining safe water systems and preventing infection from NHS Board water systems as detailed in the ACoP L8 [including HSG274 Parts 1, 2 & 3], SHTM04-01 [including parts A - G] and SHTM03-01.

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

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

1.4 Background

This Policy [WSP/Policy], together with the operational, monitoring and maintenance procedures [WSP/Tech] are documents that come together to form the Water Safety Plan [WSP]. The plan has been developed in order to comply with the requirements of the Health & Safety Executive’s Approved Code of Practice L8 4th edition and the NHS National Services Scotland SHTM 04-01: Water Safety in Healthcare Premises parts A - G.

The content of the WSP includes management and governance arrangements, together with details of training, professional support, maintenance regimes and supporting documentation.

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2.0 DUTIES

2.1 *Management Responsibility*

Those persons with key management responsibilities are detailed below and their communication pathways and other relevant supporting staff are represented in below.

All relevant persons shall fully appreciate the actual and potential risks of water borne pathogens [including *Legionella* and *Pseudomonas aeruginosa*] and the concept of risk management. Although compliance with the WSP tasks may be delegated to staff, or undertaken by contractors, accountability cannot be delegated.

Any person intending to 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 perform safely the designated task[s].

2.1.1 Duty Holder

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

2.1.2 Designated Person [Water]

The Head of Estates & Facilities is the Designated Person [Water] DP [W]. They are appointed in writing by the Duty Holder.

The DP [W] 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 standards is achieved [including proposed developments take account of impact on water safety]. Any management issues [including water system issues] are have been reported to Board having being resourced and solved. They won't have technical or operational duties, but, will be supported in the role by a NHS Board management structure that delivers governance, assurance and compliance.

The NHS Board may consider that there are advantages in having the Water Safety Group [WSG] chaired by the Designated Person with executive responsibilities and the ability to exchange information to and from Board level while ensuring that all disciplines [beyond estates functions] fulfil their particular responsibilities [such as flushing and cleaning procedures].

The DP [W] shall:

- a. Issue, maintain and update this Policy document with assistance from Authorising Engineer [Water];
- b. Chair the WSG meetings;
- c. Immediately inform the Board if any suspected *Legionella*, *Pseudomonas aeruginosa* or other waterborne pathogen outbreak / incidents occurs. As well as taking an active role in any investigations;
- d. Ensure this WSP/Policy is reviewed, ratified and implemented;
- e. Be professionally and operationally responsible for water quality;
- f. Be responsible for budgeting overall for Water Safety;
- g. Inform WSG at the earliest possible opportunity where new healthcare premises or existing premises are to be altered or refurbished so water hygiene requirements can be assess in the planning stages;
- h. Be responsible for ensuring the design requirements of the project are met;
- i. Appoint the Responsible Person [Water] and the Deputy Responsible Person [Water].

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2.1.3 Responsible Person [Water]

The Maintenance Manager is the Responsible Person [Water] [RP [W]]. They are appointed in writing by the DP [W].

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

The RP [W] shall:

OPERATIONAL:

- a. Attend the WSG meetings;
- b. Be responsible for the development & implementation of the WSP. Ensuring the WSP is compliant with ACoP L8 [including HSG274 Parts 1, 2 & 3], SHTM04-01 [including parts A to G] and SHTM03-01 [including parts A & B];
- c. Advise on the necessary continuing procedures and actions for the prevention or control of waterborne pathogens;
- d. Co-ordinating with Infection Control Officer [Water] and the Authorising Engineer [Water] for help, advice and in response to any investigation arising for non-compliant issues;
- e. Monitor the implementation and efficacy of this WSP/Policy and the associated WSP/Tech;
- f. Assist with annual management audits completed by the Authorising Engineer [Water];
- g. Carry out the necessary actions defined in the WSP should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- h. Liaise with 3rd parties external to The NHS Board on assurance / duty of care issues;
- i. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

CAPITAL PROJECTS

- a. Supervising refurbishment works in accordance with the WSP, including the monitoring of completed work by appointed contractors;
- b. Ensure water risk assessments be completed for all projects before commencement and once the system is operational;
- c. Ensure all commissioning, handover records, O&M manuals, risk assessments including evidenced records are received on completion of a project;
- d. Ensure that the design of new and refurbished water systems follows the latest regulations, standards, guidance and The NHS Board WSP;
- e. 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 DP [W];
- f. Be responsible for leading on the explanation to users on the function of risk systems and organise adequate information and training to support those systems;
- g. Ensuring that all control schemes handed over to the Operational Estates Department are appropriately documented, commissioned and signed off in accordance with the WSP. Any issues arising with the control schemes will be reported to the DP [W] for resolution.

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2.1.4 Deputy Responsible Person [Water].

The Estates Supervisor is the Deputy Responsible Person [Water] DRP [W]. They will be appointed by DP [W]. DRP [W] will deputise in the absence of the RP [W] and will act on their behalf.

The DRP [W] will provide the RP [W] with information on the status of service. To remain informed, the DRP [W] will be supported by the Infection Control Lead, Authorising Engineer [Water], Competent Person [Water] as well as other professionals.

The DRP [W] shall:

OPERATIONAL

- a. Attend the WSG meetings;
- b. Inform the RP [W], Infection Control Lead, Microbiologist, Infection Control Nurse and Authorising Engineer [Water] of all positive water sample results and the associated action being taken to resolve them. Including the completion of an Incident Report;
- c. Co-ordinate with Infection Control Officer [Water] and the Authorising Engineer [Water] for help, advice and in response to any investigation arising for non-compliant issues;
- d. Commission risk assessments / surveys [including pipework] in response to risk assessment recommendations being completed, sampling issues [positive results] or other observed faults / conditions reported. The issue of orders / job tickets for remedial works [in response to the additional survey findings] to relevant consultant, approved contractor and / or maintenance supervisor. On completion of the work ensure drawings are updated, noted and dated;
- e. Ensure that any non-complaint occurrences / issues reported from the Competent Persons [Water] in the periodic PPM tasks are actioned;
- f. Ensure records management system is maintained, complete and operational. As well as ensuring drawings / plans / schematics are maintained, updated, produced of all The NHS Board water systems / buildings where a change has occurred;
- g. Review & maintain the Planned Preventative Maintenance [PPM] schedules to ensure they are correctly defined in the WSP. Issue all relevant PPM work orders to Competent Persons [Water] and then ensuring that all PPM works orders are completed on time, are recorded and filed in accordingly;
- h. Issue Permits to Work and other appropriate documentation as required to Competent Persons [Water] and / or approved contractors. With approved contractors ensuring their competence has been checked;
- i. Ensure that Competent Persons [Water] remain suitable trained and validated. Will complete their appraisal and appoint as appropriate;
- j. Ensure the external consultants & contractors are suitably qualified & competent [as defined in 'Competence'];
- k. Implement and action of agreed remedial works in line with the risk minimisation scheme;
- l. Assist with annual management audits completed by the Authorising Engineer [Water];
- m. Carry out the necessary actions should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- n. Ensure appropriate & proportionate security measures exist to protect The NHS Board water systems;
- o. Liaising with the water undertaker and ensure that equipment that is permanently connected to the water supply is properly installed;
- p. Attend update management training at least every three years, or sooner if determined by the training needs analysis.

CAPITAL PROJECTS

- a. Supervising refurbishment works in accordance with the WSP, including the monitoring of completed work by appointed contractors;
- b. Ensure water risk assessments be completed for all projects before commencement and once the system is operational;
- c. Ensure all commissioning, handover records, O&M manuals, risk assessments including evidenced records are received on completion of a project;
- d. Ensure that the design of new and refurbished water systems follows the latest regulations, standards, guidance and The NHS Board WSP;
- e. 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];
- f. Be responsible for leading on the explanation to users on the function of risk systems and organise adequate information and training to support those systems;

- g. Ensuring that all control schemes handed over to the Operational Estates Department are appropriately documented, commissioned and signed off in accordance with the WSP. Any issues arising with the control schemes will be reported to the DP [W] for resolution;

2.1.5 Infection Control Officer [Water]

The Infection Control Lead is the Infection Control Officer [Water].

The Infection Control Officer [Water] shall:-

- a. Attend the WSG meetings;
- b. Assist the Outbreak Control Team, as determined in Appendix 1 of the “Operational Management” volume of SHTM.04:01. Carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed;
- c. Review & identify changes needed to this WSP/Policy and the associated WSP/Tech;
- d. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

2.1.6 Consultant Microbiologist

The NHS Board appointed Consultant Microbiologist from NHS Grampian shall:-

- a. Assist the Outbreak Control Team, as determined in Appendix 1 of the “Operational Management” volume of SHTM.04:01. 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 & identify changes needed to WSP/Policy and the associated WSP/Tech;
- d. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

2.1.7 Infection Control Nurse

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

The Infection Control Nurse shall:

- a. Attend the WSG meetings;
- b. Provide microbiological support with sample results;
- c. Advise on the continuing procedure for the prevention and/or control waterborne pathogens Advise on the location of “high risk” patient services, potential areas of risk, particularly those relating to medical devices;
- d. Will advise if circumstances change within any ward/department that might affect waterborne pathogens;
- e. Support & advise The NHS Board staff on the continuing procedure for the prevention and/or control of Legionellosis, Pseudomonas and other waterborne bacteria;
- f. Review & identify changes needed to the WSP/Tech;
- g. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

2.1.8 Authorising Engineer [Water]

The Authorising Engineer [Water] [hereinafter referred to as AE [W]] will remain independent of The NHS Board and remain independent of providing remedial services. The AE [W] will be appointed by the DP [W].

The AE [W] shall:-

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

2.1.9 Health & Safety Advisor

The Health & Safety Advisor shall:

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- a. Assist with incident investigations;
- b. Lead reporting incidents to the HSE and act as key liaison with the HSE during any visits;
- c. They will also receive updated management training at least every three years, or sooner if determined by the training needs analysis.

2.1.10 Competent Person [Water]

The NHS Board Estates staff [see below] are the Competent Persons [Water] [CP [W]]. They are appointed in writing by the DRP [W].

- Tradesman [Plumber] – completes majority of PPMs / repairs / small alterations / upgrades.
- Maintenance assistant – completes temperature monitoring.

The NHS Board has a mixed environment with their own estates trade's staff and external contractors.

External contractors are primarily used for major project work i.e. tank replacement / calorifier replacements / major ward alterations.

Where external contractors are commissioned their individual employees will not be appointed in writing by The NHS Board. Instead the DRP [W] will ensure the contracting company / employees are suitably qualified holding plumbing qualifications and experience.

It is desirable for external contractors to seek / working towards membership to the Legionella Control Association [LCA] and / or WaterSafe registered.

Any CP [W] shall:

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

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

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

2.1.11 Hotel Services Manager

Hotel Services Manager shall:

- a. Attend the WSG meeting when required;
- b. Remain current with the WSP and their team follows WSP/Tech;
- c. Maintaining and reviewing the little used outlet [LUO] list and ensuring LUO flushing forms are collated and returned to the DRP [W];
- d. Ensure the daily cleaning of outlets includes the operation / turning on of the outlet as part of the process, this daily operation assists with water use and turnover.
- e. Report any outlets which cannot be accessed or closed off areas to the DRP [W] for action;
- f. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation to DRP [W];
- g. Ensure members of their team are aware of good personal hygiene [including clothing and foot ware] practices and the need to report any recent communicable illness;
- h. Attend awareness / update training at least every three years, or sooner if determined by the training needs analysis.

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2.1.12 Domestic Supervisors / Staff

Domestic Supervisors / Staff shall:

- a. Operate outlets as part of the cleaning process;
- b. Flush outlets which have been identified as little used and complete any associated forms;
- c. Report any outlets which cannot be accessed or closed off;
- d. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation;
- e. Attend training as required.

2.1.13 Building / Ward / Departmental Managers

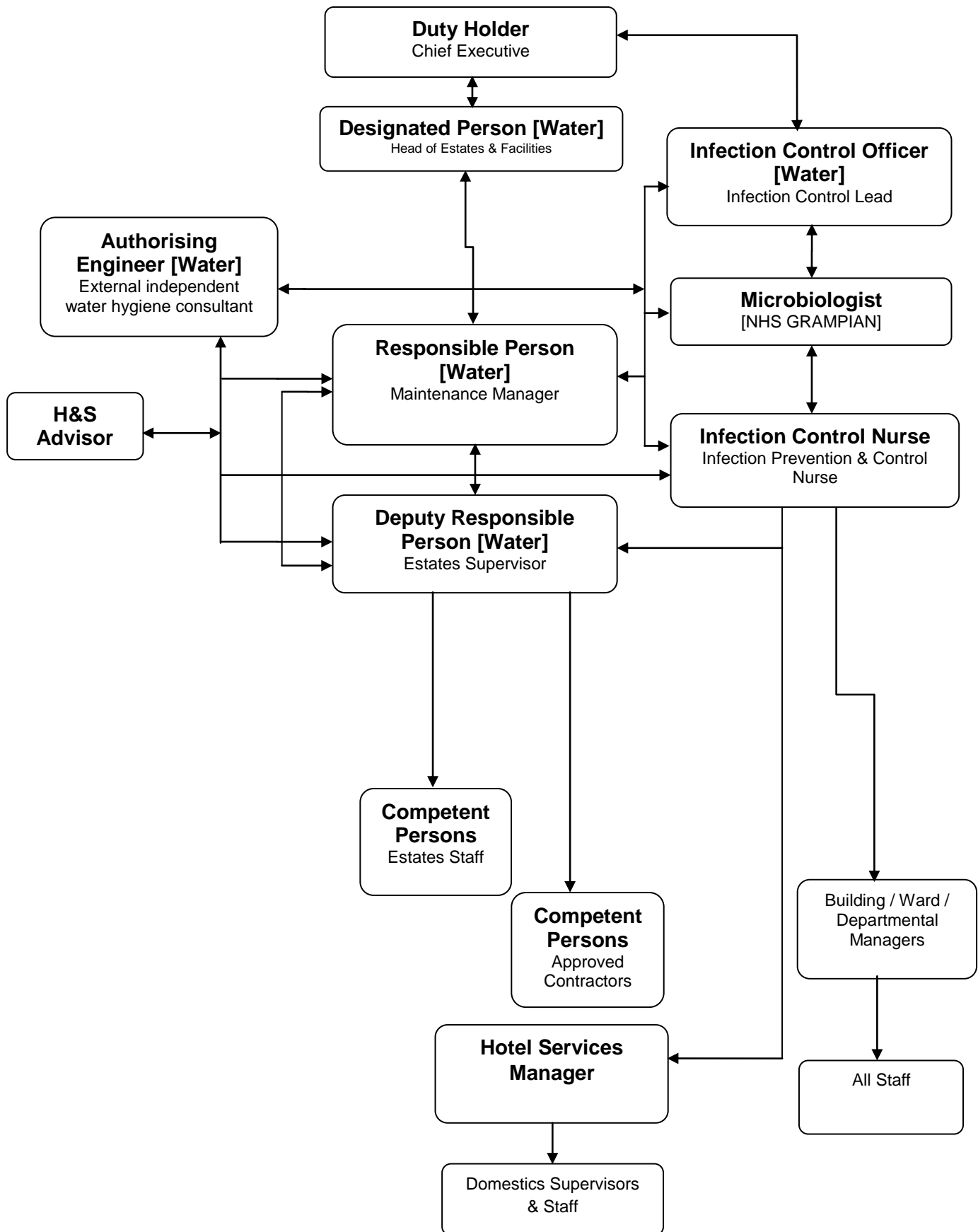
These individuals have control over the use of water in their department and hold the legal consequences of the operational aspects of water hygiene control for their respective areas. In order to fulfil their legal obligations, departmental managers follow the guidance contained within the WSP. In particular, these managers ensure that all water outlets are used at least twice weekly or are reported to the Estates Department, along with reporting any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation. They are required to attend training sessions [at least every three years].

2.1.14 All Staff

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

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

2.2 Communication Pathways



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3.0 DEVELOPMENT PROCESS

3.1 Identification of need

To meet the requirements of ACoP L8 and SHTM04:01, other associated guidance documents, this WSP/Policy and the associated WSP.

3.2 Consultation and Communication with Stakeholders

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

- Responsible Person [Water];
- Deputy Responsible Person [Water];
- Infection Control Lead;
- Authorising Engineer [Water].

4.0 EQUALITY IMPACT ASSESSMENT

4.1 Aim

The NHS Board aims to ensure its policies promote equality both as a provider of services and as an employer. Please see APPENDIX 2 for Equality Impact Assessments.

5.0 DISSEMINATION AND IMPLEMENTATION ARRANGEMENTS


5.1 Dissemination

This WSP/Policy document is available in a read-only format via the document store on The NHS Board intranet for staff to access. As the WSP/Policy is reviewed any updated copy of the WSP/Policy shall replace the existing Policy hosted on The NHS Board intranet. Any changes to this document must be implemented only with the authority of the RP [W].

5.2 Implementation

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

- Responsible Person [Water];
- Deputy Responsible Person [Water];
- Infection Control Lead;
- Authorising Engineer [Water].

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6.0 PROCESS FOR MONITORING COMPLIANCE AND EFFECTIVENESS

7.1 *Monitoring Compliance*

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

Element of Water Safety Plan	When	How	Who	Reports to	Deficiencies / gaps / recommendations and actions
WSP/Policy	Annually	Audit/review	DP [W] AE [W]	WSG	Review, update, sign off and send for ratification
WSP/Tech	Annually	Audit/review	RP [W] DRP [W] AE [W]	WSG	Review, update, sign off and adopted by SWG
Incident Reports	Quarterly	Review	RP [W] DRP [W]	WSG	Review, update, sign off
Audit - Management	Annually	Audit	RP [W] DRP [W] AE [W]	WSG	Ensure The NHS Board remain compliant. Recommendations on to Water Issues Log.
Audit – Records & Performance	Monthly & Quarterly	Audit	DRP [W]	OWG	Ensure The NHS Board remain compliant. Recommendations on to Water Issues Log.
WSP/Risk Assessments [Inc. schematics]	Monthly & Quarterly	Audit/review	DRP [W] AE [W] ICO [W]	WSG OWG	Ensure risk assessments remain current.
WSP/RA Action Plans	Monthly & Quarterly	Audit/review	DRP [W]	WSG OWG	Ensure actions arising from WSG and annual audits are complete.
Training Matrix	Quarterly	Review	RP [W] DRP [W]	WSG	Ensure each person involved with ensuring water safety remains up to date with training.

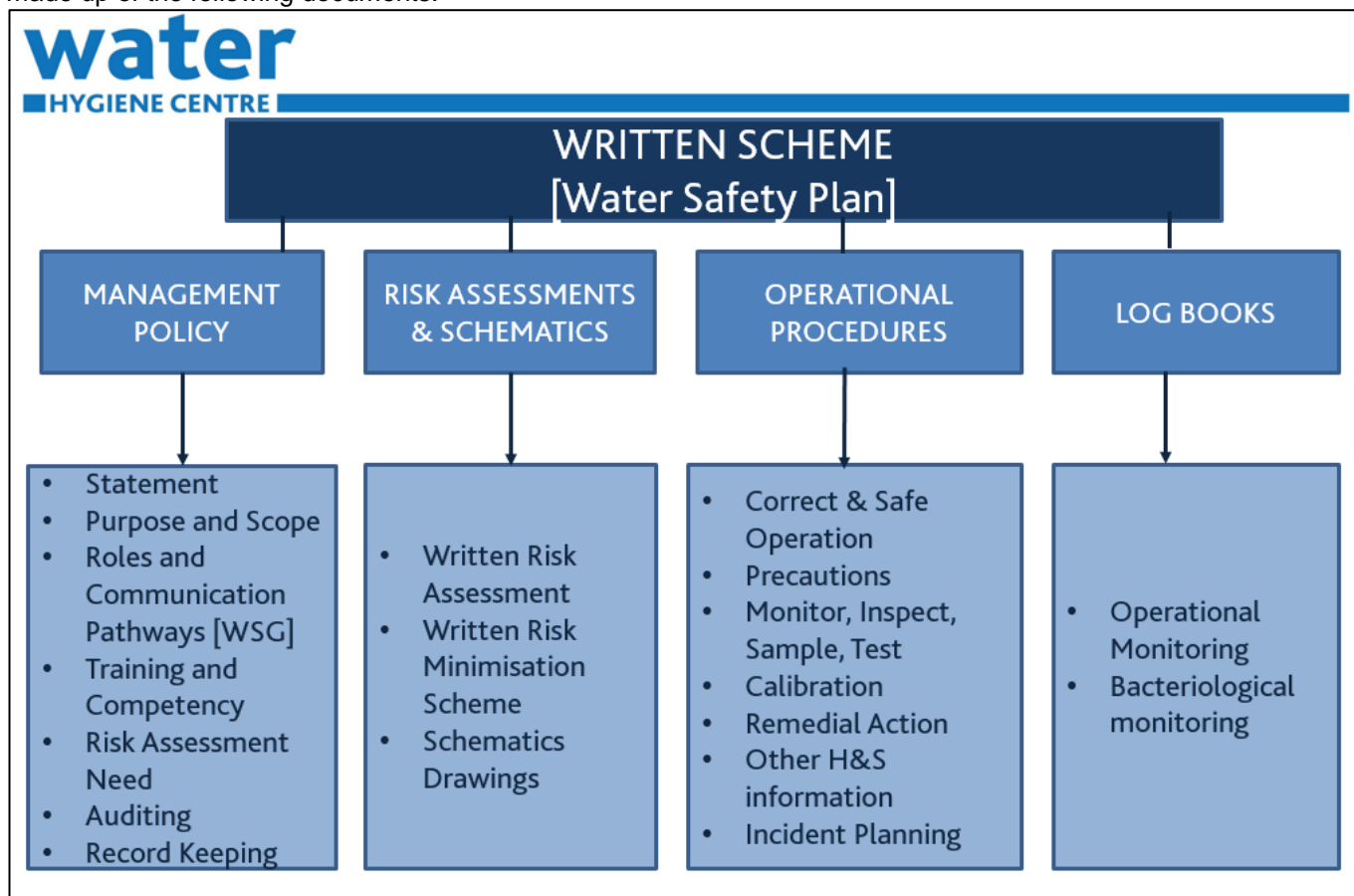
6.2 *Effectiveness*

Effectiveness of compliance is detailed at the WSG. The WSP is based on external standards [see 'References'].

7.0 MANAGEMENT PLAN

7.1 Water Safety Plan [WSP]

The WSP [referred to by the HSE as the 'Written Scheme'] for the NHS Board is a defined suite of supporting documents, which are designed to ensure Water Safety is being proactively managed within the Trust. The WSP is made up of the following documents:



7.2 Water Safety Group [WSG]

To comply with the with SHTM04-01 and the HCAI Code of Practice recommendation that management and monitoring arrangements are need to be in place, NHS Board has an established WSG and WSP.

The aims of the WSG are to ensure the safety of all water used by patients, residents, staff and visitors and to minimise the risk of infection associated with waterborne pathogens.

The WSG is multi-disciplinary group that provides a forum in which people with a range of competencies within NHS Board are brought together to share responsibility and take collective ownership for the identification of water-related hazards, assessment of risks, selection and monitoring of control measures and development of incident protocols.

As such, membership to the WSG 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 infection from *Legionella*, *P. aeruginosa* and other waterborne pathogens [that is, the materials and components, the types of use and modes of exposure, together with the susceptibility to infection of those likely to be exposed];
- Who have knowledge of the particular vulnerabilities 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.

- c. Decision making on the safety and integrity of the water systems and associated equipment that use water to which patients, staff and visitors could be exposed do not go ahead without being agreed by the WSG. This includes consultations relating to decisions on the procurement, design, installation and commissioning of water services, equipment and associated treatment processes [includes seeking assurance should be sought from the manufacturer regarding safety for patients and service-users].

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

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

The WSG has clearly identified lines of accountability / communication pathways [see section 'Communication Pathways'] up to the Duty Holder and the Board. The roles and responsibilities of these members are defined within this WSP/Policy. Only members of the WSG shall meeting meetings, unless they are unable to attend it is expected they will inform the Chairperson and detail a nominated deputy to attend the WSG in their place.

7.3 Operational Water Group [OWG]

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

The OWG is chaired by the DRP [W] and is attended by the CPs [W], approved contractors & risk assessors. Formal minutes are taken. Reports on performance, risk minimisation action plans, sampling results and incidents are summarised and reported to the quarterly WSG meetings.

7.4 Operational Procedures [WSP/Tech]

The WSP/Tech defines the operational procedures, routine maintenance, routine monitoring, emergency actions [outbreak, confirmed/suspected cases, and non-compliant occurrences] for all NHS Board risk systems. Along with the documented record management system, the associated forms and check sheets to be used by CP [W] as part of the routine monitoring and inspections.

The WSP/Tech also details the control strategy for managing water risk systems along with water sampling needs and identification of the areas and locations for sampling.

The WSP/Tech is prepared by the RP [W], DRP [W] with input from the AE [W], ICL, Consultant Microbiologist, and Head of Health & Safety.

The risk assessments shall identify and record risk systems, these identified risk systems will be reviewed against the WSP/Tech to ensure the document remains current and accurate.

7.5 Auditing

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

Monitoring the performance of a contractor should be completed either by DRP [W] or AE [W]. The use of another contractor to monitor the performance of the first contractor should be avoided as this could lead to a conflict of interest.

An annual water risk management audit is undertaken by the AE [W] with assistance from the DP [W], RP [W], DRP [W] and Health & Safety Advisor in order to ascertain the effectiveness of the broad management arrangements. The methodology for audit may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit report includes recommendations for improvement and forms part of the Legionellosis risk management system.

A quarterly performance monitoring completed by the DRP [W] and CPs [W] will require inspection of systems and their records to establish the degree of compliance of records present and accuracy of the records. These

quarterly performance audit applies to all NHS Board properties. The results of this quarterly performance audit will be reported at the WSG.

Auditing should establish:

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

7.6 Risk Assessments & Drawings.

7.6.1 Water Risk Assessments

The RP [W] will ensure that suitable and sufficient risk assessments are up to date and valid. The DRP [W] shall ensure risk assessments are commissioned when needed [see criteria below]. The risk assessment must be completed in accordance with:

- ACOP L8 [fourth edition] 2013;
- HSG274 [Parts 1, 2 & 3] [as applicable];
- SHTM04-01 [Parts A - G];
- SHTM0301;
- BS8580:2010.
- HGN "Safe" Hot water and Surface Temperatures';

NHS Board requires the risk assessment to be completed by a competent person, the DRP [W] shall ensure the assessor is competent [this may include the need for formal interview with examples of risk assessment reports and projects they have been involved with] and independent of supplying any ongoing remedial work. Accreditation to UKAS to ISO/ISE 17020:2012 and membership to the Legionella Control Association [LCA] is one means of ensuring competence.

The risk assessor[s] shall be given access to competent assistance from NHS Board. This may be in the form of:

- a. engineering and building expertise;
- b. as-fitted drawings and schematic diagrams;
- c. clinical expertise;
- d. knowledge of building occupancy and use including vulnerability of patient groups;
- e. bespoke equipment plus policies, procedures and any protocols [for example cleaning of wash-hand basins and disposal of clinical effluent etc.].

The risk assessment shall:

- a. Encompass all buildings and all water systems;
- b. Identify and evaluate potential sources of risk;
- c. Include an assessment of occupant vulnerability;
- d. Use an established risk scoring matrix;
- e. Include an assessment of engineering, considering correct design [inherent risk and actual risk], installation, commissioning, maintenance, verification and effectiveness as a control measure;
- f. Include a review of schematics of hot and cold water systems to check they are up to date and the existence of water connections to outside services is checked;
- g. Include an assessment of underused outlets and flushing regimes;
- h. Include information on Scalding risk;
- i. Identify the unnecessary use of non WRAS approved materials;

j. Review monitoring, sampling and testing records.

The assessment of risk is an ongoing process, and as such the DRP [W] should ensure the risk assessments are regularly reviewed and updated [see 'Risk Assessment Review'], specifically when:

- a. a change to the water system or its use;
- b. a change to the use of the building where the system is installed;
- c. new information available about risks or control measures;
- d. the results of checks indicating that control measures are no longer effective;
- e. changes to key personnel;
- f. a case of legionnaires' disease/Legionellosis associated with the system;
- g. where a risk assessment is greater than 2 years old and none of the other change criteria detailed above have been triggered.

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

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

For those properties which are not owned by NHS Board but NHS Board occupies, the RP [W] will request evidence from the Duty Holder for that property that water safety risk is being proactively managed [see appendix].

7.6.2 Clinical Risk Assessment

The Infection Control Officer [Water] is required to lead on the completion of clinical risk assessments to identify;

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

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

7.6.3 Drawings

As-fitted drawings shall identify all key components in the installation, i.e. water meters, cisterns, filters, calorifiers, water heaters, isolation valves. These drawings should be kept up to date. These drawings will help inform the risk assessment and are necessary to perform adequate temperature control checks and will be valuable for identifying potential problems with poor temperatures.

Schematic drawings are not formal technical drawings, they are intended to be easy to read without specialist training / experience. They provide the reader with an idea of layout and position of components and connections. These drawings should be kept up to date. These drawings assist with the risk assessment process.

7.7 Risk Minimisation Scheme

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

The NHS Board will employ the principle of "as low as reasonably practicable" [ALARP] when determining an acceptable level of risk. Remedial actions will be selected/ designed to achieve ALARP and prioritised according to the actual level of risk at the time of assessment

The risk minimisation scheme shall be reviewed at the monthly OPW and approved by the WSG.

7.7 Training & Competence

7.7.1 Training

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

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

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] NHS Board shall implement a water hygiene training scheme. NHS Board recognises that individuals can have an impact on the water systems as such they are made aware of their duty to protect the health of patients, staff and visitors through suitable training.

Water hygiene training will cover an appreciation of practices that can affect water hygiene, outlet cleanliness and patient safety. Those working on water systems [including outlets] will receive training in the need for good hygiene and how to prevent contamination of water supplies and outlets. Those responsible for housekeeping tasks such as outlet flushing and cleaning of outlets shall also be trained and subject to competency assessments in respect to their role and 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 water hygiene training should encompass the following elements:

- NHS Board governance arrangements in relation to water hygiene and safety;
- NHS Board WSP/Policy & WSP/Tech [procedures in relation to the management and provision of water hygiene and safety];
- Waterborne pathogens and their consequences;
- NHS Board 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;

7.7.2 Competence

NHS Board 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 NHS Board Duty Holder.

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

Those who appoint specialist contractors [DRP [W] 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 systems, and other aspects of water treatment and control [see appendix 'Evidence of Contractors Competence letter'].

The NHS Board 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] 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].

The NHS Board 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 or during legal proceedings.

Where external contractors are commissioned the DRP [W] will ensure the contracting company / employees are suitably qualified holding plumbing qualifications and experience.

It is desirable for external contractors to seek / working towards membership to the Legionella Control Association [LCA] and / or WaterSafe registered.

7.8 Record Keeping

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

Records should be kept for at least five years.

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

Any commissioning data should also be kept with these manuals.

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

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

8.0 REVIEW AND REVISION ARRANGEMENTS

8.1 *Process for Reviewing this Policy*

The review date for this document will be annually, unless otherwise indicated by change in national guidance or as a result of the risk incident reporting system.

8.2 *Version Control*

This document has been revised from its previous format and is a later version. Details of version control can be found in Appendix 1.

8.3 *Archiving*

The RP [W] for the NHS Board is responsible for document control including the recording, storing and controlling of current procedural documents and archiving.

Record	Retention Period
WSP/Policy	Throughout the period for which they remain current and for at least two further years.
WSP/Risk assessments	
WSP/Risk minimisation scheme and details of its implementation	
WSP/Tech [operational, maintenance & monitoring procedures]	
WSP/Log Book [monitoring, inspection, test and check results, including details of the state of operation of the system]	At least five years

9.0 REFERENCES

- The Health and Safety at Work etc. Act: 1974;
- The Management of Health and Safety at Work Regulations: 1999;
- The Control of Substances Hazardous to Health Regulations: 2002;
- The Building Regulations: 1992;
- The Water Supply [Water Fittings] [Scotland] Byelaws 2014;
- BS EN 806 "Specifications for installations inside buildings concerning water for human consumption" which consists of five parts:
 - Part 1: General
 - Part 2: Design
 - Part 3: Pipe sizing — simplified method
 - Part 4: Installation
 - Part 5: Operation and maintenance.

- BS8558:2015 - Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages. Complimentary guidance to BS EN 806.
- BS EN 1254-2:1998 Copper and copper alloys – Plumbing fittings - Part 2: Fittings with compression ends for use with copper tubes.
- HSE Approved Code of Practice and Guidance Document [L8] – “Legionnaires’ disease: the control of Legionella bacteria in water systems” 2013;
- HSG 274 Part 1: The control of legionella bacteria in evaporative cooling towers 2014;
- HSG 274 Part 2: The control of legionella bacteria in hot and cold water systems 2014;
- HSG 274 Part 3: The control of legionella bacteria in other risk systems 2014.
- SHTM04-01: Water Safety for Healthcare Premises. Part A: Design, installation and testing [2014];
- SHTM04-01: Water Safety for Healthcare Premises. Part B: Operational Management [2014];
- SHTM04-01: Water Safety for Healthcare Premises. Part C: TVC testing protocol [2014];
- SHTM04-01: The control of legionella, hygiene, ‘safe’ hot water, cold water and drinking water systems. Part D: Disinfection of Domestic Water Systems [2011];
- SHTM04-01: The control of legionella, hygiene, ‘safe’ hot water, cold water and drinking water systems. Part E: Alternative materials & filtration [2015];
- SHTM04-01: The control of legionella, hygiene, ‘safe’ hot water, cold water and drinking water systems. Part F: Chloramination of water supplies [2011];
- SHTM04-01: Water Safety for Healthcare Premises. Part G: Exemplar Written Scheme.
- BS 7592:2008 - Description: Sampling for Legionella bacteria in water systems. Code of practice
- HSE - INDG253 - Controlling Legionella in nursing and residential care homes.

10.0 APPENDICES

APPENDIX 1 – Version Control Sheet


This sheet should provide a history of previous versions of the Policy and changes made.

<u>Version</u>	<u>Amendments</u>	<u>Date</u>
V.1	Previous Water Safety Policy	01/02/2014
V.01	Update Policy Creation	11/08/2017
V.01a	Review Policy	19/02/2019

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APPENDIX 2 - Equality Impact Assessment

[Water Policy - Impact Assessment February 2019.pdf](#)

Ref:	NSHAE3753C10	Author:	DFP	Approved by:	DFP	Issue Date:	19/02/19
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APPENDIX 3 – Terms of References – WSG & OWG

Water Safety Group

Terms of Reference

1.0 Purpose of Group

To provide assurance to the NHS Board Infection Prevention Committee [COIC], which in turn reports to the NHS Board's 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 NHS Board premises and the processes to be adopted and monitored.

2.0 Membership

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

Membership of the Group will include:

Designation	Core Members
Responsible Person [Water] – Chair Person	Yes
Deputy Responsible Person [Water]	Yes
Authorising Engineer [Water]	Yes
Consultant Microbiologist	No
Infection Control Officer [Water]	Yes
Infection Control Nurse	Yes
Hotel Services Manager	Yes
Health & Safety Advisor	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 Depts.

3.0 Frequency of Meetings

The WSG will routinely meet on a quarterly basis.

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

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

4.0 Remit of WSG:

- to work with and support the COIC 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 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

5.0 Agenda Setting

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

6.0 Quorum

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

7.0 Reporting Arrangements

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

The Reports to:

- a. CoIC Committee;
- b. Estates Water Group;
- c. Health & Safety Committee;

8.0 Review Date

These terms of reference will be reviewed and approved at the same time as this WSP/Policy by NHS Board COIC Committee to ensure the WSG is delivering against its purpose and remit.

OWG TERMS OF REFERENCE

Purpose of Group

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

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

Membership

Designation	Core Members
Deputy Responsible Person [Water] – Chair Person	Yes
Competent Persons [Water]	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.

Frequency of Meetings

OWG meetings on a monthly basis.

The meeting before the main WSG 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.

Remit of Operational Water Group

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

Agenda Setting

A set agenda [see below] is issued for each OWG meeting. This will be issued along with any amendments to the agenda and any supporting papers for the meeting 5 working days prior to the OWG meeting by the Chair.

	Agenda Item
01.00	Introduction and Apologies
02.00	Matters Arising
03.00	Training and Competence Matrix - Review & Update
04.00	Risk Minimisation Scheme - Review & Update
05.00	Risk Assessment Review Matrix - Review & Update
06.00	Water Safety Plan / Tech - Review & Update
07.00	Operational Control / Monitoring Data – Collate, review, report non comps.
08.00	Water Sample Results - Collate, review, report non comps.
09.00	Projects – confirm status of new, mods, refurb – known or commenced
10.00	AOB

Quorum

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

Reporting Arrangements

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

Review Date

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

APPENDIX 4 – Training Needs Matrix and Programme



PDSMRS31 -
Training needs analysis

APPENDIX 5 – Risk Assessment Review Process Tool



PDSMRS37 - Review PDSMRS38 - RA PDSMRS20 - Letter PDSMRS22 - Letter
of RA 20170125.docreview, RA system & requesting RA eviderequesting RA evide

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APPENDIX 6 – Contractors Competence



PDSMRS21 -
Contractor compete

Ref:	NSHAE3753C10	Author:	DFP	Approved by:	DFP	Issue Date:	19/02/19
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