

WATER SAFETY POLICY

Incorporating *Legionella* and *Pseudomonas Aeruginosa*, “Safe” Hot Water, Cold Water, drinking water and Ventilation Systems Management and Control

Department / Service:	Estates and Facilities
Originator:	Deputy Director of Estates and Facilities
Accountable Director:	Director of Estates and Facilities
Approved by:	DIPC, Head of Estates and Tech Services, Authorising Engineer(s) (Water), Water Hygiene RPs, Trust Microbiologist, WSG.
Date of Approval:	18 th November 2025
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust; Herefordshire and Worcestershire Health and Care Trust; Worcestershire Hospitals SPC plc / Hard and Soft FM SP's Capital Works Teams, Contractors and Sub-Contractors
Target Departments	Trust Wide
Target staff categories	Trust Estates, Facilities and Capital Teams; IPC Team; Trust Microbiologists; Clinical Staff (Matrons, Sisters, Nurses); Housekeeping Staff (Trust and PFI)

Policy Overview:

The Trust has a duty of care and legal obligation to ensure that water quality across the Estate is wholesome and safe for patients, staff and visitors to drink and use. This policy identifies the key people responsible and the means employed to ensure this always happens. For more detailed operational information, please refer to the Trust Water Safety Plan (as amended).

Key amendments to this document

Date	Amendment	Approved by:
15/02/2017	Version 1 approved	KDAG
03/07/ 2019	Document extended for 6 months whilst review and approval process is completed	TIPCC
05/11/2020	Further extension of document due to pandemic	TIPCC
19/01/2022	Version 2 approved	WSG / TIPCC. TME
23/09/2025	Version 3 review update issued for WSG approval	WSG (review)

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Quick Reference Guide

1. Introduction

Worcestershire Acute Hospitals NHS Trust, hereinafter known as the Trust, accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulation 2002 (as amended), to take all reasonable precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff and other persons working at or using its premises and to ensure the provision of "safe" hot water, drinking water and ventilation systems so far as is reasonably practicable.

The aim of this document is to describe the Trust's Policy for the management and control of 'Water Safety' incorporating *Legionella* and *P. aeruginosa*, "Safe" hot water and "Wet" ventilation systems in compliance with current Guidelines (HTM's, HBNs, HGN's, Model Engineering Specifications and Approved Codes of Practice), Legislation, Water Supply Regulations and pertinent British Standards.

As required by the Health and Safety Executive Approved Code of Practice (L8) (as amended) and associated guidance document HSG274 (all parts), the Trust will undertake to:

- i. Identify and assess sources of risk;
- ii. Prepare a scheme for preventing, reducing or controlling the risk;
- iii. Implement, manage and monitor precautions;
- iv. Keep records of the precautions implemented and will do so for each of the health care premises within the Trust's control.
- v. Appoint managerially responsible persons.
- vi. DIPC shall appoint a Trust Water Safety Group (WSG) of Responsible Persons and appropriate deputies from all pertinent departments to be responsible for the control of 'Water Safety' and to be legally accountable, on a "joint and several" liability basis, for assessing and controlling identified risks from *Legionella* and *Pseudomonas aeruginosa*. Site specific responsibility shall be devolved to Site Specific Departmental Responsible Persons and deputies, appointed by the WSG, who shall have local management responsibility for implementing the requirements of this Policy.

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

2. Scope of this document

This Policy applies to all premises whether owned or occupied by the Trust under PFI, lease or other SLAs including those areas owned and/or occupied and managed by others on its behalf.

Where the management of buildings/areas occupied by Trust staff and/or patients is carried-out by others, the requirements of this Policy remain applicable although implementation of the site specific Risk Management requirements is managed by local Policies which should be ratified by the Trust WSG. It therefore remains, the Trust's

responsibility to ensure, by regular monitoring of the application of such Policies, that the requirements of this Policy are notified to and complied with by all other parties described above.

3. Definitions

Term	Definition
Authorising Engineer (AE)	Independent expert, engaged and appointed by the Trust
Responsible Person (RP)	Person with specific responsibilities for Water Safety, appointed in writing by the WSG
<i>Legionella sp</i>	A bacterium, commonly found in water, which is harmful to humans if inhaled as an aerosol – will give rise to Legionnaires' disease which is potentially fatal
<i>Pseudomonas aeruginosa</i>	A bacterium commonly found in water, which is harmful to humans, can enter the body through a variety of routes and is particularly harmful to hosts with a compromised immune system
SLA	Service Level Agreement – specific written requirements outlining what is expected, agreed between two parties
DIPC	Director of Infection Prevention and Control – The Trust lead on all infection control matters
TIPCC	Trust Infection Prevention and Control Committee of all parties involved in infection prevention and control
HTM	Health Technical Memorandum – Technical guidance published by the Department of Health on NHS Estates best practice
HTM 04-01	The specific HTM concerned with the safe management of water and water systems
Augmented Care	Departments in healthcare facilities where patients have compromised immune systems and may be particularly vulnerable to infection defined in the Trust Water Safety Plan
Water Safety Plan (WSP)	The document which specifies in detail, of how the Trust will manage, and deliver safe water to patients, staff and visitors
WSG	Water Safety Group – Trust wide group meeting to ensure Domestic water is safe and is managed in accordance with HTM and other applicable Statutory / Mandatory requirements

4. Responsibility and Duties

4.1 Employers' Duties

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

HSWA 2(1) requires employers to:

- i. provide and maintain plant and systems of work that are safe and free from health risks;

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

4.1.2 Employees' Duties

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

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

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

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

Delegated Responsibility

4.2 General

- i. The Managing Director (Chief Executive Officer) has the overall responsibility for ensuring compliance with all statutory regulations.
- ii. The Managing Director (Chief Executive Officer) shall authorise the ratification of this Policy.
- iii. The Managing Director (Chief Executive Officer) shall ensure, a Trust Water Safety Group (WSG) consisting of Responsible Persons and deputies from all pertinent departments/areas is convened to manage Trust's 'Water Safety' obligations and to be legally accountable, on a joint and several liability basis, for implementing the requirements of this Policy.
- iv. Site specific responsibility shall be devolved to Site Specific Departmental / Area Responsible Persons, appointed by the WSG, who shall have local management responsibility for implementing the requirements of this Policy.
- v. Members of the WSG and Departmental / Area Responsible Persons and deputies are those with delegated specific actions, tasks and responsibilities under this Policy within their department / area.
- vi. Departmental / Area Responsible Persons and deputies (members of the WSG) are made aware of their accountabilities and specific responsibilities under this Policy
- vii. Departmental/area Responsible Persons and deputies (members of the WSG) shall be suitably trained, in accordance with the training requirements detailed in Section 5 (Training Requirements) of this Policy, in order to allow them to fulfil their roles and responsibilities within the WSG successfully.
- viii. All contractors involved in the implementation of the requirements of this Policy shall be suitably qualified and accredited to required standards, and where applicable be members of the Legionella Control Association. In addition, they will need to demonstrate and provide evidence of training appropriate to their activities which shall be reviewed and declared appropriate by the Authorising Engineer(s) (Water). However, where a specialist contractor is required to carry out emergency remedial works and does not meet the membership criteria listed above, the contractor may be employed by the discretion of the Authorising Engineer(s) (Water).
- ix. Where there is any change in the personnel listed in the WSG membership, the new members must be made aware, in writing, of the type and extent of their responsibility in relation to this WSP and receive appropriate training where necessary.

4.2 Water Safety Group (WSG)

4.2.1 Key Objectives, Remit and Organisational Structure of WSG

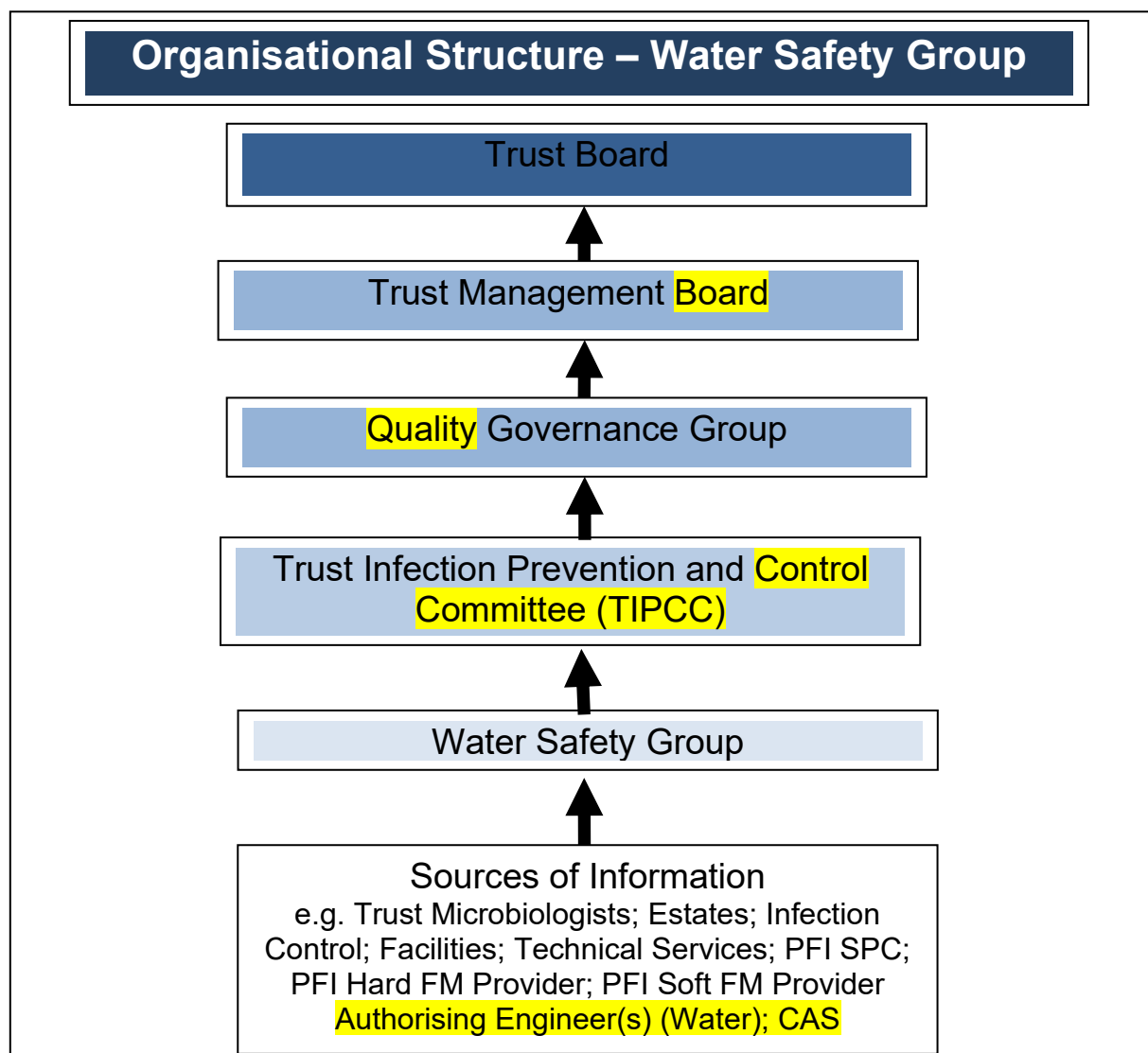
The Trust places the greatest emphasis on the health, safety, and welfare of its staff, patients, visitors, and others. To meet with this objective it is essential that management and staff should work together positively to achieve a safe

workplace environment and deliver healthcare services that support the needs of our patient groups and where risks are controlled / mitigated so far as it is reasonably practical to do so.

It is Trust Policy that management will do all that is reasonably practicable to provide an environment conducive to maintaining the health and safety and welfare of all staff, patients, visitors and others who may be affected by our undertakings. This is based upon the Trust discharging its duty of care as specified in general legislation, Department of Health policy, and other relevant governmental guidance.

To this end the Trust has set up a Water Safety Group as one element of its health and safety infrastructure, in order to achieve this objective.

The Water Safety Group is a formal sub-group of the Trust Infection Prevention and Control Committee (TIPCC) which in turn reports to the board via Quality Governance Committee and Trust Management Board (TMB).



The main objectives of the Water Safety Group are:

- i. To accept ownership of Risk Management for water and to monitor and advise on Water Safety across the Trust in line with the Trust's Water Safety Plan.
- ii. To work towards compliance with DH Water systems HTM 04-01 2016.

4.2.2 Membership and specific members' roles:

Executive Membership of the WSG will comprise of the following Trust officers, who will have lead responsibilities as identified:

- i. Director of Infection Prevention & Control (DIPC) (Chair)
- ii. Deputy Director of Estates and Facilities (Deputy Chair)
- iii. Lead Infection Control Nurse or Deputy (to liaise with Matrons at Alex and KH)
- iv. Health & Safety Manager
- v. Estates Officer(s), Alexandra Hospital
- vi. Estates Officer(s), Kidderminster Hospital
- vii. Maintenance Manager(s) (PFI Estates RP)
- viii. Head of Facilities
- ix. Authorising Engineer(s) (Water)
- x. Consultant Microbiologist

WSG shall issue an annual report on Water Safety covering the practical implementation of this Policy to TIPCC.

Non-executive members of the WSG may be other Trust employees and appropriate external Consultants/Contractors may be co-opted for specific projects or sub-groups:

- i. Representative of SPC
- ii. Representative of incumbent Soft Facilities Management Contractor
- iii. PFI / Retained Estate Technical Services Representative
- iv. Trust incumbent external Independent Water Quality Consultant

The membership of the Group will be reviewed annually to ensure that it best reflects the requirements for governance within the Trust.

4.2.3 Terms of Reference

The Water Safety Group's main Terms of Reference shall include:

- i. Accepting management responsibility for Water Safety inclusive of *Legionella sp*, *Pseudomonas sp* and other water borne bacteria.
- ii. Recommending the appointment of people into positions of "Responsibility".
- iii. Ensuring the preparation of all relevant risk assessments, documentation, works specifications, planned preventative (PPM) maintenance programmes and policies etc. (prepared by the Group or by others for the

- Group).
- iv. The ratification of all relevant documentation, PPM programmes, policies, water systems and associated fittings designs, etc.
 - v. The monitoring and reporting upon the efficacy of all implemented PPM programmes and all other relevant procedures implemented by all relevant departments.
 - vi. Monitoring and reporting upon the efficacy of all consultants/contractors commissioned on Water Safety related projects.
 - vii. The liaison between all other associated teams, such as the Infection Prevention and Control (particularly in an outbreak situation) and outside agencies e.g.: UK HSA, DHSC, HSE.
 - viii. With the assistance of the Authorising Engineer(s), the monitoring and reporting upon the efficacy of all training programmes implemented for associated staff.
 - ix. *Investigating and authorising all new constructions and refurbishment projects with regards to Water Safety and Control.
 - x. Authorising occupation and re-occupation of buildings/areas by patients.
 - xi. Authorising water system changes/alterations.

Note: *The WSG's approval to any proposals does not intend to obfuscate or supersede the original design liability held by the original designer which for the avoidance of doubt remains whole, WSG comment and approval being mutatis mutandis with the original design.

4.2.4 Accountability

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

The Chair of the Trust Infection Prevention and Control Committee which in turn is a formal sub group of the Quality Governance Committee is accountable to the Managing Director (Chief Executive) who has overall responsibility for the management of Water Safety.

4.2.5 Monitoring and Review

The Group will have appropriate systems and processes in place to assure itself and TIPCC that the Terms of Reference are adequately monitored and discharged in a timely manner in compliance with the annual programme.

The Group will review its Terms of Reference annually to ensure that it remains fit for purpose and is best facilitated to discharge its duties. Any amendments will be approved by TIPCC.

4.2.6 Frequency and recording of meetings

The WSG will meet on a Monthly basis. The Water Safety Group is divided into two discrete functional groups, a quarterly strategic oversight group and a

monthly operational Water Safety Group.

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

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

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

The dates of the meetings will, as far as possible, be arranged well in advance.

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

Agreed minutes of each meeting will be supplied to each member of the Group within **two weeks** of the meeting to which they relate. A copy of the minutes of the Water Safety Group will be sent to the main Health and Safety Committee.

To assist in the preparation of meetings, the Group will use a standard Agenda. Before agenda is sent out the WSG will ask members if they have additional items to discuss. Items not on the Agenda can be brought up as any other business.

4.2.7 Quorate Status

Executive WSG members, or their appointed deputies, shall attend, whenever possible, all of the scheduled meetings during the year.

No business shall be transacted at the meeting unless at least 60% of the executive WSG members are present, therefore quorate status, unless Chair's actions are required. It is the responsibility of the WSG member to brief any deputy in full of the business matters of the day so that the deputy can be empowered to take decisions.

It is proposed that members have named deputies who attend in the event of the member being absent. These deputies will count in the quorum.

4.2.8 Procedures

The Group shall appoint a secretary to prepare agendas, keep minutes and deal with any other matters concerning the administration of the Group.

Any member of Trust staff may raise an issue with the Chair/Deputy Chair, normally by written submission. The Chair will decide whether or not the issue shall be included in the Group's business. The individual raising the matter may

be invited to attend.

4.2.9 Cancellation, rearrangement of meetings

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

4.2.10 Declarations of interest

It is the responsibility of each member or deputy member to declare any conflict of interest they may have in an agenda item.

4.2.11 Business conduct

The Group will work within the framework established through the Trust standing orders, Standing Financial Instructions and Scheme of Delegation.

4.2.3 The Director of Infection Prevention and Control (DIPC)/Consultant Microbiologist

As stipulated in HTM 04-01, the Trust consultant microbiologists will provide appropriate advice and expertise to the Water Safety Group / DIPC, who will act on their advice and escalate appropriate issues to TIPCC. This Policy must be acceptable to the Infection Prevention and Control team and they should agree any amendment to that policy in conjunction with the Trust consultant microbiologists:

The Trust DIPC, with the support of Trust Consultant Microbiologists, Trust Head of Estates and Technical Services and the Water Safety Group:

- i. Shall be accountable to the Managing Director (Chief Executive) who has overall responsibility for the day to day management of Water Safety.
- ii. Shall attend Water Safety Group meetings, or send a nominated representative
- iii. Shall assist with the interpretation of local clinical risk assessment of patients to enable suitable implementation of appropriate *Legionella* risk management processes and procedures.
- iv. Shall oversee local infection prevention and control policies and ensure their suitable implementation
- v. Shall assess the impact of all existing and new policies and plans on the risk of infection and make recommendations for change.
- vi. Whenever possible, shall be an integral member of the organisations clinical governance and patient safety teams and structures.
- vii. Will advise the members of the WSG in matters relating to *Legionella* and *Pseudomonas aeruginosa* contamination management.
- viii. Shall ensure that the commissioning and completion of *Legionella* and *Pseudomonas aeruginosa* risk assessments is carried out by the Trust Head of Estates and Technical Services.

- ix. Shall consider the risk assessment findings and, together with the members of the WSG, prioritise any remedial works.
- x. Shall ensure the Trust's Water Safety Plan (WSP) is in place, is adhered to and is regularly updated.
- xi. Shall ensure that all protocols and pro-forma's pertaining to Hand-Over of new and/or refurbished buildings/areas are signed off, and for the Permit to Open Sections/Areas is completed, in accordance with the requirements of the WSP.

4.2.4 Lead Infection Prevention and Control Nurse

- i. Shall assist the Chair in advising the members of the WSG in matters relating to *Legionella* and *Pseudomonas aeruginosa* contamination management.
- ii. When pertinent changes occur, shall provide the members of the WSG with a periodic assessment of Clinical Risk prevailing in each building/area.
- iii. Shall, when required to do so, provide specific training to Trust members associated with *Legionella* and *Pseudomonas aeruginosa* contamination management.
- iv. Shall consider the risk assessment findings and, together with the members of the WSG, prioritise any remedial works.
- v. Shall assist in the compilation of the Water Safety Plan (WSP).

4.2.5 Heads of Non-Clinical/Clinical Support Departments

- i. Have the responsibility to ensure that the appropriate staff under their control are given suitable information, instruction and training with regard to water systems. Further Health and Safety responsibilities of Heads of non-Clinical/Clinical Support Department are given in the Trust's Health & Safety Policy and Handbook.
- ii. Have responsibility for ensuring staff under their control comply with the requirements of the Trust's water management system and also completion of the respective elements of the permit to open the area where wards and departments have been closed and are re-opening.
- iii. Shall inform the Estate Department, on the appropriate form, when areas are to lie vacant for more than 4 days. This will allow the Estates Department to take the required *Legionella* control precautions.
- iv. Shall ensure that Nominated Departmental staff are appointed and have the responsibility of identifying any infrequently used outlets within their area and subjecting these to a 2 x Weekly minimum flushing programme (daily in augmented care areas). The process shall be reported via L8 guard software.
- v. Infrequently used facilities which are deemed by the ward/department staff to be no longer required, should be reported to the Estates Department for removal. Prior to actioning any removal works, WSG shall be consulted.
- vi. Shall inform Estates where wards and departments are planned for closure.
- vii. Shall complete the respective elements of the "Change of Use" pro-forma where wards and departments are planned for change of use.
- viii. Shall work with the Estates department / infection control to control risks

arising from an adverse results memo.

4.2.6 Head of Facilities/Facilities Manager(s)

- i. Have responsibility for ensuring that the Trust's Policy for domestic cleaning is implemented and maintained and that adequate resources are available for staff resourcing and training and maintenance within Trust agreed financial limits.

4.2.7 Head of Estates and Technical Services

- i. Shall accept responsibility for the implementation of site specific Management and Control of Legionnaires' disease and Safe Hot Water Management.
- ii. Shall supervise the completion of suitable and sufficient risk assessments and, as required, risk assessment reviews on all water systems and "wet" air conditioning plant in line with the relevant Guidelines detailed in Section 9 "Lead References".
- iii. Shall consider the risk assessment findings and, together with the members of the WSG, prioritise any remedial works.
- iv. Shall ensure an annual audit all processes and procedures pertaining to Water Quality is carried out by the Trust's Authorising Engineer (Water). This process shall be reported to the WSG.
- v. Shall have the responsibility of periodically assessing the training requirements of all staff under their control who are associated with *Legionella* and *Pseudomonas aeruginosa* contamination management and arranging suitable training where required.
- vi. Shall prepare and issue any required tender documentation to manage all water system management, water dosing, Legionella and safe working water related contract in compliance with Trust contract management procedures.

4.2.8 Estates Officer(s) / PFI Operational Management Staff

- i. Shall instruct and supervise the completion of all prioritised remedial work highlighted during the risk assessment or the review.
- ii. Shall ensure records of risk assessment and associated precautions are implemented and maintained.
- iii. Shall manage the risk assessment/reports database ensuring that the members of the WSG are kept fully apprised of risk assessment refresher dates prior to expiry dates.
- iv. Shall implement maintenance and inspection routines, as described in the risk assessment and detailed in the WSP and in line with the Guidance detailed in Section 9 "Lead References".
- v. Shall keep maintenance and monitoring records and make available for inspection. Written and computer records to be kept for 5 years.
- vi. Shall ensure that all records are received in a timely manner from all sub-contractors.
- vii. Shall ensure record drawings of systems are available and kept updated.
- viii. Shall ensure the competence of staff or external sub-contractors used for any aspect of monitoring and/or maintaining the precautions for *Legionella*

and *Pseudomonas aeruginosa* control.

- ix. Shall issue a compliance report to the WSG, as requested, but at least on a yearly basis.
- x. Shall ensure that a written scheme is completed and Estates related issues are identified and managed appropriately.
- xi. Shall provide the Head of Estates and Technical Services with bi monthly reports relating to all matters pertaining to water quality in their area of responsibility to an agreed template including any actions arising from water PPM.
- xii. Shall work with members of the WSG to identify hazards and reduce risks by following safe working practices.
- xiii. Shall ensure that only appropriately trained contractors with the respective accreditation are employed to undertake work for the Trust.

4.2.9 Estates Competent Person

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

- i. Shall ensure that all procedures, safe working practices and permits to work are followed and that any personal protective equipment or clothing is used.
- ii. Shall promptly report to the Estates Officer(s) / PFI Technical Managers all defects, unusual occurrences and other anomalies.
- iii. Shall complete written records when required.

4.2.10 Capital Works Project Managers

- i. Shall have the responsibility for ensuring that all water systems and equipment under their control are designed, modified, installed, tested and commissioned to the Guidance and standards referred to in this Policy and the WSP.
- ii. Shall ensure that all new and altered water systems, including minor and major modifications/refurbishments, comply with the requirements of BS 8558:2011, L8, HTM 04-01. In this respect, at the design stage the consulting engineer shall liaise with Trust's appointed *Legionella* control Consultants.
- iii. Shall liaise with the members of the WSG for the design, installation and commissioning of water systems equipment and provide these with a summary of the description and status of all current capital schemes..
- iv. Shall ensure that the specification, and the consulting engineer's competence and interpretation of the requirements are suitably assessed and confirmed and supervise all contracts under the control of the department.
- v. Shall notify the water undertaker of any proposed installation of water fittings and to have the water undertakers' consent before installation commences, as required by the Water Supply (Water Fittings) Regulations 1999. It is a criminal offence to install or use water fittings without their prior consent. This shall be enforced for all new systems including major modifications/refurbishments.

- vi. Shall, for all contracts under their control, provide as fitted and schematic diagrams of all modified or new water systems and equipment and to ensure that the Head of Estates and Technical Services and Estates Manager(s) are provided with copies.
- vii. Shall provide copies of commissioning results, maintenance and test instructions and details of any specific hazards pertaining to the systems and equipment which will include the full requirements of HTM 04-01 Part A as well as the requirements of the WSP, particularly all protocol pro-forma's pertaining to Hand-Over of new and/or refurbished buildings/areas and for the Permit to Open Section/Area.
- viii. Shall ensure that operating and maintenance manuals are provided for all building services installation, including commissioning data, disinfection certificates and biological analysis results. These shall include all relevant sections as described in BS 8558:2011 and particularly HTM 04-01 Sections 18.
- ix. Shall supervise the completion of suitable and sufficient risk assessments on all water systems and "wet" air conditioning plant in line with the Guidelines detailed in Section 3 prior to occupation. The risk assessment shall be reviewed a few weeks after complete occupation.
- x. Shall inform users of any planned interruptions to water systems and equipment.
- xi. Shall ensure that while areas are under a contractor's control that a member of the Capital team ensures that the water system is managed in line with the WSP and the Risk Assessment data.
- xii. Shall inform the Estates Officer(s) / PFI Technical Managers of any forthcoming schemes so that the L8 Guard database can be amended for the Capital team to record flushing activity in the respective areas.
- xiv. Shall ensure that only appropriately trained contractors with the respective accreditation are employed to undertake work for the Trust.

4.2.11 PFI General Manager Facilities or Nominated Representative

- i. Shall ensure that training is undertaken for all facilities staff relating to *Legionella* and *Pseudomonas aeruginosa* Management & Control.
- ii. Shall produce appropriate guidance/protocols for the cleaning of all water outlets.
- iii. Shall ensure that all taps are kept free of scale build up and to ensure that the flow straighteners/aerators/shower heads are appropriately periodically cleaned.
- iv. Shall ensure that all domestic staff are trained to undertake the above works.
- v. Shall ensure that appropriate flushing regimes are implemented under areas of their control – domestic sluices, residential accommodation and houses of multiple occupancy etc.
- vi. Shall issue appropriate *Legionella* and *Pseudomonas aeruginosa* guidance to all residents as part of their tenancy agreement.
- vii. Shall provide all contractors with the relevant sections of the Trust's WSP, pertaining to works specification and 'Certificates of Conformity'.
- viii. Shall ensure that all contractors' competence and their interpretation of the requirements are suitably assessed.

4.2.12 Head of Technical Services or Nominated Representative

- i. Shall prepare and issue documentation pertaining to the correct management of all medical equipment which utilises water in whatsoever capacity.
- ii. Shall implement the correct management of all medical equipment.
- iii. Shall ensure that appropriate records of all processes and procedures are suitably maintained.
- iv. Shall ensure that risk assessments are carried out on all new medical equipment and risk assessment reviews are periodically undertaken for existing medical equipment.

4.2.13 Authorising Engineer(s) (Water)

- i. Shall act as an independent professional adviser to the healthcare organisation. The AE- Water shall be appointed by the WSG Chair with a brief to provide services in accordance with Health Technical Memoranda guidance. This may vary in accordance with the specialist service being supported.
- ii. Shall act as auditor and assessor and make recommendations for the appointment of members of the WSG (departmental Responsible Persons), monitor the performance of the WSG and provide an annual audit to the WSG. To carry out this role effectively, particularly with regard to audit, the AE-Water shall remain independent of the operational structure of the trust.
- iii. Shall be a member of the WSG and attend at the Group's meetings. when required
- iv. Shall sanction any interpretation of HTM-04 and any other relevant professional guidance, any local house rules and any derogation that may be necessary for their application.
- v. Shall ensure that any amendments or updates to HTM-04 and associated documents, or any replacement guidance issued and any other relevant mandatory or statutory professional guidance is brought formally to the attention of the Trust and are understood by all appropriate personnel by recording/documenting the process.
- vi. Shall, on receipt of an "operational restriction" or "Estates Alert" related to water storage and distribution systems, ensure that all WSG members are made aware and receive copies.
- vii. Shall agree in writing any local deviation/derogation from HTM's or other mandatory/statutory guidance that may be necessary for their application to a particular location.
- viii. Shall provide to the members of the WSG ad-hoc general 'remote' verbal advice on matters pertaining to *Legionella* and *Pseudomonas aeruginosa* management and control.
- xv. Shall undertake an annual review audit of the practical implementation of this Policy and prepare a report for the WSG.
- xvi. Shall have the responsibility of periodically assessing the training requirements of staff associated with *Legionella* and *Pseudomonas aeruginosa* contamination management and arranging suitable training where required.
- xvii. Shall ensure that only appropriately trained contractors with the respective

accreditation are employed to undertake work for the Trust.

4.2.14 Trust External Legionella Consultants

- i. Shall supply training, advice and assistance in all *Legionella* and *Pseudomonas aeruginosa* management & control and Safe Water Management matters, including the PPM Programme, Log-Book system and all relevant Management Manuals.
- ii. Shall carry out a System and Process Audit, as instructed by the WSG Chair and present findings to WSG.
- iii. Shall carry out a *Legionella* and *Pseudomonas aeruginosa* risk assessments, as instructed by the WSG Chair and present findings to WSG.
- iii. Shall provide input advice to the design process in respect to the construction/installation phase and for the subsequent operational service thereafter.
- iv. Shall, upon completion, provide a risk assessment and certificate of compliance for new water systems including major modifications/refurbishments.
- v. Shall, in conjunction with the appointed design engineer, contribute to the design process, to ensure all water and air systems, implicated within the design remit, comply with the requirements of BS 8558:2011, L8 and HTM 04-01.

5 Policy detail

- 5.1** Full details of the way the Trust manages water safety / hygiene is contained in the Water Safety Plan

6 Implementation

- 6.1** Plan for implementation

- 6.2** Dissemination

Once this policy has been approved and ratified it will be brought to the attention of work force via the following:

The policy will be placed on the Trust intranet; notification of changes will be via the Trust's policy update procedure .

The policy will be brought to the attention of all managers and staff attending appropriate training courses.

As part of the Trust's induction process, this policy and the relevant associated procedures will be brought to the attention of all new members of the work force

- 6.3** Training and awareness

The Authorising Engineer(s) (Water) shall have the responsibility of periodically assessing the training requirements of staff associated with *Legionella* and *Pseudomonas aeruginosa*

contamination management and arranging suitable training where required. In addition, each WSG member shall report to the Authorising Engineer(s) (Water) any ad hoc training requirements for associated staff.

Training will be carried out *at least* three - yearly to ensure the competency of staff. Attendance SHALL be recorded and relevant training certificate kept in site Water Log Books, ready for inspection if required.

Individual records will be kept for these staff, and staff shall not be allowed to perform their duties without supervision until their training is completed. Training records will be assessed by the Authorising Engineer(s), when auditing or carrying out risk assessments. The level of knowledge should be regularly assessed and should be programmed and continuous rather than sporadic.

Specific training requirements are detailed in the table below:

WSG MEMBERS				
Training For	Course	Training Level	Third-party accreditation	Frequency
Appointed Water Safety Group Members	3-day Resonsible Persons Course	Advanced Level	Institute of Leadership Management (ilm)	3- yearly refresher and "As-Required"

ALL OTHER ASSOCIATED MEMBERS OF STAFF OF TRUST				
Training For	Course	Training Level	Third-party accreditation	Frequency
All associated Capital Planning Staff	1-hour Legionella awareness	Introductory Level	Estates Department	3- yearly refresher and "As-Required"
Infection Prevention and Control Nursing Team	1-day General Awareness for Legionella and <i>P. aeruginosa</i> management and specific IPC Nursing Team requirements	Intermediate Level	HYDROP ECS	3- yearly refresher and "As-Required"
Hotel Services/Facilities (Domestic Cleaning Staff and appropriate Supervisory staff)	1-hour Legionella awareness	Introductory Level	Estates Department	3- yearly refresher and "As-Required"
Medical Engineering	1-hour Legionella awareness	Introductory Level	Estates Department	3- yearly refresher and "As-Required"
Clinical Staff	1-hour Legionella awareness	Introductory Level	Estates Department	3- yearly refresher and "As-Required"

7 Monitoring and compliance

WSG meet on a monthly basis, or as site requirements require to discuss the safety of the Trust's water supply. Site Reports are produced for each site and are circulated to the WSG prior to each meeting. The reports are also presented at TIPCC and water quality is a standing agenda item at TIPCC meetings. All risks associated with water quality are raised on DATIX and these risks are reviewed by WSG and TIPCC.

The AE's (Water) will audit the site on an annual basis and provide a compliance report for review by Trust WSG and TIPCC.

Water sampling will take place in accordance with the WSP, which will be agreed by Trust Microbiologist, Trust DIPC and Trust RP. Sampling programme will be **reviewed annually** or on receipt of adverse results.

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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Key to water safety is regular usage and where necessary flushing to ensure biocide reserve is maintained, stagnation is avoided and temperatures are kept within parameters	Responsible persons will be appointed who will ensure flushing is carried out, flushing will be recorded on L8 guard. L8 guard will send e mails in the event of flushing not being recorded. RP will escalate any persistent non compliance	Weekly e mails will be sent out to non-compliant departments, if no response escalation e mails sent.	Matrons appointed as RPs, Facilities during mini place WSG members for spot checks	WSG, TIPCC	Matrons 52 times per year over checks 4 times per year
	Written Scheme – maintained by estates officers recording all the statutory maintenance carried out on the water systems	RP for estates is trained and appointed and is responsible for ensuring site written scheme is maintained. Audited by AE. Estates officers produce monthly reports which are submitted to WSG	AE carries out six monthly audits	RP Estates AE (Water)	WSG, TIPCC	12 times per year
	Biological sampling	RP for estates ensures testing is carried out results go into report for WSG	Monthly	RP WSG	WSG, TIPCC	12 times per year

8 Policy Review

The policy will be subject to annual review by the WSG recommended changes are to be approved by TIPCC

9 Lead References

References:

Code:

Health and Safety at Work etc Act 1974	
Management Of Health and Safety at Work Regulations 1992	
Control of Substances Hazardous to Health Regulations 2002	
Public Health(Infectious Diseases) Regulations 1991	
Water Supply (Water Fittings) Regulations 1999	
Water Supply (Water Quality) Regulations 2000	
HSG274 part 2 The Control of Legionella Bacteria in Hot and Cold water systems	
HSG274 part 3 The Control of Legionella Bacteria in Other at Risk Systems	
HTM04-01 Part A Water Systems – Design, Installation and Commissioning	
HTM04-01 Part B Water Systems – Operational Management	
HTM64 Sanitary Assemblies	
HBN 13 Sterile Services Department	
HBN 21 Maternity	
HBN 25 Laundry	
HBN 53 Facilities for Renal Services. Volume 1	

10 Background

a. Equality requirements

This Document does not have any equality implications.

b. Financial risk assessment

There will be no additional financial costs.

c. Consultation

This document has been circulated round the Infection Prevention and Control Team, Trust microbiologists, Trust Estates Departments, PFI Hard and Soft Services Provider.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Director of Estates & Facilities
Deputy Director of Estates and Facilities
Head of Estates and Technical Services
Head of Facilities / Facilities Managers
Director of Infection Prevention and Control
Infection Prevention & Control Nurse Manager
Trust Consultant Microbiologist
AE (Water)
Estates Officer Kidderminster
Estates Officer Alexandra Hospital
Project Co General Manager
PFI Hard Services General Manager
PFI Hard Services Mechanical Maintenance Manager (PFI Water RP)
PFI Soft Services General Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Water Safety Group
Trust Infection Prevention and Control Committee

d. Approval Process

This Policy will be initially approved by the Water Safety Group ratified by TIPCC and then will be finally approved by Trust Management Board (TMB).

Later reviews and revisions that do not affect the overall quality output and intent of this document are to be agreed by both the WSG and TIPCC. These are denoted by an increase in post decimal integer (i.e. v2.1).

More wholesale variances generated by legislative changes must be approved by the WSG, TIPCC and TMB, these are denoted by a change in the pre-decimal integer (i.e. v3.0).

e. Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
02/04/15	1 st Draft	S. Noon
15/02/17	v1.0	S. Noon
16/08/22	V2.0	S. Noon
23/09/2025	V3 (Document Review and minor updates)	R. Cochrane

Supporting Document 1 - Equality Impact Assessment Tool



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Ray Cochrane
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Ray Cochrane	DD (E&F)	raycochrane@nhs.net
Date assessment completed	23/09/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Water Safety Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure the Trust is managing the Water systems in accordance with all Legislation and relevant guidance and is managing any risk through a safe system of work so far as is reasonably practicable.			
Who will be affected by the development & implementation of this activity?	✓	Service User	✓	Staff
	✓	Patient	✓	Communities
	✓	Carers	<input type="checkbox"/>	Other _____
	✓	Visitors	<input type="checkbox"/>	

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Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	This is a Technical policy which has been written in consultation with and consideration of various technical standards, ACOPs, HTMs.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	We have consulted our Authorising Engineer (Water) and have bought this document for peer review at the Water Safety Group and presented it to the TIPCC.
Summary of relevant findings	The policy has been deemed fit for purpose and continued use.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Disability			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Gender Reassignment			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Marriage & Civil Partnerships			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Pregnancy & Maternity			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Race including Traveling Communities			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Religion & Belief			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Sex			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Sexual Orientation			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)			✓	Having a policy to ensure the Trust Water systems are safe, compliant and delivering wholesome water cannot be anything than a benefit to all

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	None			
	None			
	None			
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g. in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	When policy is next reviewed			



Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	 Ray Cochrane
Date signed	24/09/2025
Comments:	
Signature of person the Leader Person for this activity	 Liz Watkins
Date signed	24/09/2025
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	None

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval