

### **Water Safety Management Improvement Plan 2019-2020**

#### **Introduction**

This action plan outlines the actions in place to address the internal audit report on water safety management published on the 24 May 2019, which gave a limited internal audit assessment rating.

The Water Safety Management audit was commissioned in order to evaluate the associated processes and procedures that support its management and control. The audit assessed compliance with relevant legislation and guidance to manage and minimise the risks to health including clinical risks, microbial and chemical contamination and changes to the water system. There was also emphasis on related staff competencies and implementation of water hygiene awareness training.

A previous audit of the systems and controls in place for the management of legionella was undertaken during 2014/15 and determined a limited level of assurance. Issues raised related to manual systems and requirement for enhanced procedures. These have been addressed by the introduction of automated systems, and procedural update. The 2018 audit therefore represents the first review of the operation of the revised procedures and systems.

The system was found to benefit from the several key controls including revised procedures, and a risk assessment refresh. Water temperature testing was directed by an automated system, with associated reporting of outcomes and remedial actions. However, key issues included:

- Lack of assurance relating to Legionella testing (including noncompliance with the testing regimes determined within the UHB's Water Safety Plan);
- The lack of formalised risk assessments in the absence of the defined testing regime;
- risks relating to Pseudomonas Aeruginosa within equipment items, with an associated need to enhance assurance arrangements;
- assurance relating to the flushing of infrequently/unused outlets was not identified;
- the need for more effective monitoring and reporting regimes; and
- the need for effective training in system operation.

Accordingly, the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with safer water management with the UHB at the time of the audit was assessed as Limited Assurance.

### Water Safety Management Improvement Plan – November 2019 update

Findings	Recommendation	IA Priority Level	Progress	Responsible Officer/ Deadline	Current Status Nov 2019
<b>1. Procedures: Publication/Circulation</b> The Water Safety Policy states that “The Health & Safety Committee is responsible for approving the Water Policy for recommendation to the Quality and Safety Committee”.  The Water Safety Policy and associated procedures i.e. Water Safety Plan, were reviewed by both NWSSP: Audit & Assurance and NWSSP: Specialist Estates Services (appointed in the capacity of authorised engineer) prior to approval by the UHB Quality and Safety Committee in May 2018.	The approved Water Policy and Procedures should be circulated to all key personnel and posted at the UHB Intranet for wider application	Medium	The updated Water Safety policy is published on the staff intranet and is due to be reviewed in April 2020.	Assistant Director of Operations and Estates  July 2019	Completed
<b>2.Procedures: Currency of Supplemental Procedures</b> Additional water management policy documents were noted at the UHB intranet e.g. drinking supply failure disaster recovery plan, NPT Waterflow (both dated 2010), amongst others.	All water related policies at the intranet should be reviewed for currency, and either removed or referenced from the main	Low	The new policy will be developed by April of this year some of the other policies cited by audit are not relevant to water management however, these will be	Assistant Director of Operations and Estates  April 2020	Review to be undertaken

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Neither the UHB Water Safety Policy nor the Water Safety Plan made reference to further water safety procedures	procedures / policy as appropriate.		reviewed as part of the update of the policy completion.		
<b>3 &amp; 4 Procedures: Pseudomonas Aeruginosa</b> Procedures currently require water testing for Pseudomonas Aeruginosa in high risk areas. However, HTM 04-01 (Addendum) states:  “In contrast to Legionella its presence becomes evident at outlets from the system (for example taps) and can be found within the last two metres before the point of discharge of water”.	3. Procedures should be updated to detail assurance reporting relating to Pseudomonas Aeruginosa testing and cleaning regimes in appropriate areas e.g. taps, and sink drainage outlets (with associated monitoring and reporting arrangements). (D)	High	Within the audit report they highlighted the fact that the water system plan did not include detailed information around the sampling procedure to be followed as part of the testing for Pseudomonas Aeruginosa which includes cleaning of the outlet. Since the audit the Water Safety Plan has been updated to include the sampling procedure detailed with in the WHTM.	(3) Assistant Director of Operations and Estates	Complete

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<p>The Assistant Director of Operations and Estates confirmed that responsibility for the cleaning of taps and sinks rested with Hotel Services. However, a regime for testing of drainage outlets was not identified within existing procedures. HTM 04-01 also states that sources can include splash-back from contaminated drains, and "...other areas should be considered e.g. ....ice machines, drinking water fountains, bottled water dispenses..." Noting the same, estates should be advised of any locally procured equipment items which use/supply water, to enable appropriate risk assessment, monitoring/testing and maintenance. The Assistant Director of Operations and Estates advised that the estates</p>	<p>4. All existing equipment items which use/supply water, should be reviewed to ensure appropriate risk assessment, monitoring/testing and maintenance regimes are applied. (D)</p>		<p>4. The Water Safety group approve the use of all ice and water machines for departments. To maintain these service departments they have to evidence that cleaning procedures and maintenance contracts are in place for that device and are responsible for ensuring that this is completed.</p>	<p>(4) Chief Operating Officer/ Assistant Director of Operations and Estates</p> <p>January 2020</p>	<p>Completed</p>

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<p>maintenance team were not always notified of equipment purchases. Responsibility for maintenance etc., therefore rested with the relevant Departments. Management advised post audit fieldwork, that the Water Safety Group were advised that going forward no such equipment purchases were being approved.</p>					
<p><b>5. Governance: Water Safety Group</b></p> <p>Good practice was evidenced in the establishment of a Health and Safety Committee (in accordance with The Safety at Work Act 1974), and a Quality and Safety Committee. The Water Safety Policy states that "The Health &amp; Safety Committee has responsibility for the following:</p> <ul style="list-style-type: none"> <li>to review and consider ..water management issues.</li> <li>to develop systems to monitor ..(and).. receive exception reports .. and (take) remedial and preventative action taken; and</li> <li>to appoint subcommittees.</li> </ul> <p>The Water Safety Group (WSG) has delegated responsibility to ensure that</p>	<p>Committees with responsibilities for water safety oversight should:</p> <p>a) ensure that appropriate / periodic advisory support has been obtained from a micro-biologist; and</p> <p>b) the Water Safety Group should:</p> <p>i. meet quarterly in accordance with the Water Safety Policy; and</p> <p>ii. ensure required attendance (particularly by key members)</p>	High	<p>The Water Safety Management Group meeting 26 November 2019 will consider the future governance arrangements for the group, with a view to strengthening the reporting arrangements.</p> <p>i. Water Safety Group met in November 2019</p> <p>ii. Group chaired by Director of</p>	<p>Assistant Director of Operations and Estates</p> <p>December 2019</p>	<p>In progress</p> <p>Completed</p> <p>In Progress</p>

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<p>effective monitoring systems operate. Key tasks include:</p> <ul style="list-style-type: none"> <li>“ensuring that appropriate policies and procedures in place.. (including) for managing incidents;</li> <li>to identify potential hazards and develop appropriate control measures;</li> <li>describing the water systems;</li> <li>develop clear guidance; and</li> <li>provide regular assurance and exception water reports to the Health &amp; Safety Committee &amp; Infection Control Committee.”</li> </ul> <p>The Water Safety Policy indicated that the Water Safety Group should meet quarterly with extensive membership in accordance with HTM 04 – 01 e.g. Director of Nursing – Chairperson, microbiologist and others.</p> <p>At the time of the current audit, management advised that the operational/ management structures were undergoing review and re-organisation.</p>	<p>unless a bona fide reason has been provided. Requirements should be reiterated to all members to ensure appropriateness of governance and be monitored and feed into the appraisal process to ensure individual accountability.</p>		<p>Nursing and Patient Services</p> <p>The water safety group have been advised that within 2020 the Health Board will be introducing Water Environment Buildings and Environment Groups. These groups will be held within each of the service directorates and have an overarching committee that overseas the management of these issues. A Task and Finish Group is being set up to agree the reporting requirements of these committees with regard not only to water issues but for each of the subjects to be covered. Task and finish group including colleagues from the Capital, Health and Safety Infection Prevention and</p>		

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<p>Noting the above, the Water Safety Group had not met in accordance with the regularity determined within the Policy<sup>4</sup> and without the required attendance (including the absence of the key technical expert i.e. microbiologist and the stated Chairperson).</p> <p>(Also see recommendations 9 &amp; 10 below – relating to the need for reports relating to flushing by departmental managers).</p> <p><i>4 No meetings evidenced between September 2017 and May 2018, noting the requirement in the Water Safety Policy to meet quarterly</i></p>			the authorised engineer for Water Wales and Estates will be pulled together to agree the requirements for Water Management moving forward		
<p><b>6. Monitoring and Reporting:</b></p> <p><b>Reporting scope</b></p> <p>With regard to such monitoring and reporting:</p> <ul style="list-style-type: none"> <li>there was some variability of approach between the sites (margins within which failed or repeat fail results could be accepted) meaning potentially inconsistent data; also</li> </ul>	<p>The scope of management reports should be reviewed, including:</p> <ul style="list-style-type: none"> <li>achievement of test / re-test targets</li> <li>achievement of scheduled water related maintenance;</li> </ul>	Medium	<p>The water safety group have been advised that within 2020 the Health Board will be introducing Water Environment Buildings and Environment Groups. These groups will be held within each of the service directorates and have an</p>	<p>Assistant Director of Operations and Estates</p> <p>March 2020</p>	In Progress

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<ul style="list-style-type: none"> <li>system assurance capabilities were not fully utilised to manage or report e.g. top repeat failures;</li> <li>the criticality of missed tasks was not evident (e.g. whether they were repeat failures) - reporting to the Water Safety Group showing only in-month testing; and</li> <li>While Statutory and Planned Preventative Maintenance were reported to the Water Safety Group, these did not separately identify closure of water related reactive/planned maintenance issues etc.</li> </ul> <p>The systems, as operated and reported did not therefore provide adequate assurance that appropriate testing had been undertaken.</p>	<ul style="list-style-type: none"> <li>exceptional data (e.g. repeat failures / problematic outlets and tasks); and</li> <li>hand-over certificates.</li> </ul>		overarching committee that oversees the management of these issues. A Task and Finish Group is being set up to agree the reporting requirements of these committees with regard not only to water issues but to each of the subjects to be covered. Task and finish group including colleagues from the State Capital Health and Safety Infection Prevention and the authorised engineer for Water Wales will be pulled together to agree the requirements for Water Management moving forward		
<b>7. Monitoring and Reporting : Assurance</b> Water Safety Procedures state: Quality & Safety Committee "...receive assurance regarding Water management arrangements through	Both the Quality and Safety Committee and Health and Safety Committee should receive exception / update reports as	High	Water safety management updates have been provided to both the Health & Safety Committee and	Assistant Director of Operations and Estates  March 2020	Complete



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<p>the Health and Safety committee report which will include an update on Water management issues". Health &amp; Safety Committee</p> <p>"..receive exception reports from unit Directorates on water matters and remedial and preventative action taken".</p> <p>A briefing by the Assistant Director of Operations (Estates) "Water Assurance Report" was submitted to the Health and Safety Committee in January 2018 and formed the basis for later updates to the Operational Health and Safety Committee. However, exception / update reports (or agenda items) were not evidenced to either the Quality and Safety Committee or the Health and Safety Committees.</p> <p><i>6 The percentage of monthly water temperature compliance checks completed in-month (defacto Key Performance Indicators - KPI's), as logged within ZetaSafe was reported.</i></p>	appropriate in accordance with their specified remits (D)		the Health & Safety Operational Group.		
<p><b>8.Monitoring and Reporting: Flushing</b></p> <p>UHB Water Safety Policy states that: "Department / Locality / Ward Managers are responsible for ensuring that the advice in the WSP is followed and adhered to, particularly</p>	Water safety monitoring arrangements should be enhanced to provide greater assurance in relation to the flushing	High	<p><i>Update</i></p> <p>Since the audit it has been agreed that within clinical area's domestic staff will flush taps as part of the daily cleaning</p>	<p>Assistant Director of Operations and Estates</p> <p>Dec 2020</p>	Complete

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<p>with regard to the notification of unused water outlets.”</p> <p>Health &amp; Safety procedures also require the periodic audit of such systems to ensure compliance. HTM 04 -01 further states: “HSG274 Part 2 (HSE 2014) recommends that generally, for infrequently used outlets, flushing is carried out once a week but that in healthcare facilities the risk assessment, as agreed by the WSG, may indicate a higher frequency” and that “Individuals to whom tasks have been allocated (supervisors and managers as well as operatives) need to have received adequate training in respect of water hygiene and microbiological control appropriate to the task they are responsible for conducting....such as outlet flushing and the cleaning of wash-hand basins.”</p> <p>However, we did not find mechanisms by which the Water Safety Group were assured in relation to flushing e.g. departmental returns, audits and training etc7.</p>	<p>of infrequently/unused outlets including for example: a) a review of the assurance mechanisms e.g. initial review against the newly provided infrastructure risk assessments (which should inform current requirements); b) detailing roles and responsibilities at the internet; c) regular promotion of flushing regime requirements. (D)</p>		<p>regime. Whilst there is a procedure in place for out-patient area’s and non-clinical departments the Water Safety Group will be reviewing these arrangements.</p> <p>The water committee discussed this issue the arrangements in place for clinical areas that are supported by domestic services it was agreed to be a step forward with domestic staff flushing outlets as part of the cleaning procedure. The existing procedures are still in place for other clinical areas and non-in clinical areas. It was agreed that further work highlighting of the need to flush infrequently used outlet would be undertaken in 2020</p>		

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<p>While the Estates department try to ensure that all wards and departments are aware of their responsibilities, the Assistant Director of Operations and Estates has been requested by the Water Safety Group to support the promotion of these responsibilities via the intranet.</p> <p><i>7 Note - The June 2018 Health and Safety risk register also noted the need to "Develop systems to provide assurance that health and safety managed effectively by non-Service Management Units", and noted that while "new structures" had been put in place, that these as yet provided only "limited assurance". The September Health and Safety Committee also noted "the health and safety arrangements in Service Delivery Units were to be reviewed as part of a new Internal Audit review of the management of health and safety."</i></p>					
<p><b>9. Management – Training</b>  <u>Water monitoring</u>            UHB Water Safety Policy states that "The Health &amp; Safety Committee...has responsibility (to):</p> <p><i>consider training programs, the staff development related to water management issues.</i></p> <p>Testing was directed by the Water Management system – Zetasafe.</p>	<p>Management should confirm:</p> <p>a) that there are sufficient trained officers both to operate local management systems, and address prioritised maintenance; and</p> <p>b) governance mechanisms by which</p>	<p><b>Medium</b></p>	<p>Staff currently in place have received training and a number of these have now completed their independent assessment by the Authorised Engineer Water for Wales. The last two reviews are scheduled for the first two weeks of March 2020. The estates function is currently</p>	<p>Assistant Director of Operations and Estates</p> <p>Dec 2020</p>	<p><b>In Progress</b></p>

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<p>System exception listings were not fully utilised to direct testing. Though some managers were aware of this potential, the system was not being fully utilised to manage and control, with variability between the sites. These were found to relate to training needs. It was also found that some issues of system familiarity related to resource / staff absence. As part of enhancing local management's understanding of its operation there would appear scope for review and training in light of newly completed infrastructure risk assessments. We understand that ZetaSafe have been commissioned to undertake such review. While a training matrix with refresh frequencies was specified within procedures (and evidenced in operation), induction training related to general water hygiene procedures, and not operation of systems (e.g. ZetaSafe, or Planet8 input).</p> <p>Noting the devolved Health and Safety governance arrangements for operational units (findings 7 &amp; 8), no monitoring of departmental water hygiene training was evidenced.</p>	wider water safety training is assured		developing a restructuring document to enhance the department to ensure we have sufficient Estates Officers to discharge all of its Statutory Obligations.		

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<p><b>10. Management: Record management / adequacy</b></p> <p>The UHB Water Safety Policy states that “The Health &amp; Safety Committee...has responsibility (to):</p> <ul style="list-style-type: none"> <li>develop systems to monitor Health Board water management arrangements.</li> </ul> <p>Reporting to the Water Safety Group showed “un-acknowledged results” i.e. for June 2018 as:</p> <ul style="list-style-type: none"> <li>Princess of Wales 4%</li> <li>Singleton 56%</li> <li>Morrison 100%.</li> </ul> <p>It is understood that such disparity is long-standing, and that no action has been taken in respect of the same. The ZetaSafe system data entries for the Morrison site contained 62 pages of failed results, and 1,081 items with Open Notes (636 POW), where we were informed that these had not been entered to the system. We were advised that the listings provided from ZetaSafe to the audit differed in each site as managers were unable / unfamiliar with the required options for equivalent listings. Direct</p>	<p>A full review should be undertaken of the ZetaSafe system to:</p> <p>a) ensure accuracy and consistency of data within the ZetaSafe system across sites (e.g. outlets with no data, and unacknowledged results);</p> <p>b) ensure that all (and only) relevant assets are included within ZetaSafe (including new builds, and removal of disposed assets); and</p> <p>c) confirm appropriate operation of system coverage and test selection (setting of system parameters etc.) informed by the new infrastructure risk assessments. (D)</p>	High	<p>a) A review of the Morrison Zeta safe system has been undertaken and is now complete. We are now looking to implement consistent rules within the software.</p> <p>b) These will be updated on an ongoing basis noting that this will be an ongoing process.</p> <p>c) A review of the Morrison Zetasafe system has been undertaken. Consistent rules within the software to ensure parameters are set in accordance with Water Safety Plan are now being introduced.</p> <p><i>Update</i></p>	Assistant Director of Operations & Estates	<p>Complete</p> <p>Complete</p> <p>Complete</p>

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<p>comparisons were therefore impeded. These latter data disparities were not recognised by site managers or reported to the Water Safety Group.</p> <p>Noting the same, the robustness of data (and therefore the required testing/maintenance results) cannot be assured.</p> <p><u>Omitted sites</u> The UHB Water Policy describes a key task of the Water Safety Group as:</p> <p><i>“Describing the .. information on the design and operation of the individual water systems, ensuring this information is retained on each site.”</i></p> <p>and required completion of a commissioning checklist.</p> <p>A number of areas and buildings were found with no data, including Quarella Road, and the new Trust Headquarters (where initially it was thought that the UHB were not responsible for monitoring the water supply - though management were not provided with assurances from other parties)9.</p>			All are detailed within the Water Safety Plan		

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<p>As noted above, due to the absence of monitoring via a fuller range of exception reports by management, including confirming that all relevant assets had been logged on the systems, this was missed.</p> <p>New build hand-over certificates were available from the capital project office (detailing water facilities and risk assessments)<sup>10</sup>. However, the staff responsible for water monitoring were not able to provide these to the audit.</p> <p><i>9 It is recognised that these buildings are non-healthcare premises, and as such lesser requirements apply to water testing. However, management were not able to explain other areas with no data, and as such they appear illustrative of the risk of incomplete system data.</i></p> <p><i>10 This forms part of a system operated by the Capital Estates function to ensure that all relevant matters concerning newly acquired, or disposal properties are addressed. This is addressed by completion of a single form, which has been evidenced.</i></p> <p><i>Note – therefore initial audit focus on including remote sites with potentially poor infrastructure, those which may be overlooked, and high risk areas (such as neo-natal). Following initial audit findings, this was extended to include focus on ZetaSafe operation at the three major sites.</i></p>					

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<p><b>11 &amp; 12 Legionella sampling</b></p> <p>Legionella WHTM 04-01 states:  <i>“Legionella monitoring should be carried out where there is doubt about the efficacy of the control regime or where the recommended temperatures, disinfectant concentrations or other precautions are not consistently achieved throughout the system. The WSG (Water Safety Group) should use risk assessments to determine when and where to test.”</i></p> <p>Whilst noting the same, the UHB’s Water Safety Plan (approved by the UHB Quality and Safety Committee in May 2018) states that:</p> <p><i>“The Health Board is seeking to commence a program of Legionella testing based on the table below (See Appendix B) for the area identified as requiring Legionella testing to take place the frequency of testing will be as follows:</i></p> <p><i>Three samples will be taken within the area identified these being the system Sentinel outlets. These outlets will be</i></p>	<p>11. Legionella sampling should be completed in accordance with the approved Water Safety Plan and/or risk assessments produced to determine the testing requirements. (O)</p>	High	<p>Since the time of the audit the Water Safety Plan has been updated to reflect our purposed way forward for Legionella testing within the Heath Board. We undertake a number of water samples specifically testing for Legionella at both Singleton and Morriston Hospitals. Within the Water Management Group we have agreed the water sampling will be undertaken specifically Legionella and we have identified the high risk area’s with each of the sites with one area being tested on a monthly basis to provide a base line for the Health Board.</p> <p>Through the Water Management subgroup it has been agreed the main hospitals will insure at least one area within the</p>	<p>Assistant Director of Operations &amp; Estates</p> <p>Dec 2019</p>	Complete new approach to be monitored



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<p><i>tested for Legionella on a monthly basis. If there are three clear sets of readings sampling will reduce to bi monthly (retests that are negative will be treated as a clear result). If there are three sets of clear readings sampling will move to 3 monthly sampling. Sampling will never reduce further than three monthly."</i></p> <p>Infrastructure risk assessments assess "water risks on all buildings owned or occupied by the Health Board and its equipment...in accordance with the guidance in ACoP L8 (2013), BS8580 (2010), and relevant HTMs in order to identify risks and assess water quality issues from work activities and water sources on the premises and to organise any necessary precautionary measures."</p> <p>At the time of the current review, the infrastructure risk assessments were out of date and were not being referenced. However, a specialist water management company had recently provided revised risk assessments for all ABMU properties which were to be applied.</p>	<p>12. A service level agreement / contract for water testing should be appropriately concluded. (O)</p>		<p>hospital is tested on a monthly basis in the first instance, this will also take into consideration capital projects. The reason for doing this is that due to a lack of resources we do not have sufficient staff to be working in two areas of the hospital on Legionella issues at the same time.</p> <p>The Heath Board are still working on the development of a formal contract on Legionella testing</p>		<p>In Progress</p>

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Noting the above, whilst recognising that the WHTM recommends the use of risk assessments to determine when and where to test, at the time of the review, the same were not being applied. Additionally, noting lapse of the testing contract, the audit did not evidence legionella testing in accordance with the above. Legionella testing (in accordance with the agreed Water Safety Plan) remained to be formalised with the public health laboratory via a Service Level Agreement					
<b>13. Management - Work / re-test instructions</b> The Water Safety Plan states:  <i>"Currently, the Department is rolling out the ZetaSafe system. This means that currently we have two procedures for recording the results of water monitoring tests" stating that for the old system "the results are logged on the Planned Preventative Maintenance Card itself".</i>  However, while some sites appended ZetaSafe instructions to PPM cards, others simply raised a Planet	Zetasafe specification of outlets requiring action should be appended / added to Planet job cards at all sites. (D)	Medium	The Assistant Director of Operations and Estates actioned and Zetasafe requests for additional work include a Planet job reference number.	Assistant Director of Operations & Estates	Completed

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instruction to test in the appropriate ward, thus not instructing test of the specific water outlet which had failed. It was additionally observed that some rectification occurs on nightshift when queries cannot be raised with Estates staff as to the outlet issues.					
<p><b>14. Risk monitoring and reporting</b></p> <p>Welsh Health Technical Memorandum 04 ("Safe water in healthcare premises") is one of the key guidance documents around which the ABMU water policies were developed. This required risk assessment by area, with prioritised water testing, and provides supplemental guidance for "augmented care" areas i.e. a risk based approach<sup>11</sup> (see findings 11 &amp; 12).</p> <p>HSE's ACoP L8, also required a risk assessment to be carried out and reviewed regularly and specifically whenever there was reason to suspect that the current assessment was no longer valid.</p> <p>At the time of the current review, the infrastructure risk assessments were</p>	Appropriate water management risk monitoring and reporting arrangements should be implemented. (D)	Medium	Water Risk Assessments have been completed between 2017 and 2018. However the Health Board are now in the process of developing new a specification with the view to tender these early in the new financial year for the provision of new risk assessments for the whole of the Health Board.	Assistant Director of Operations & Estates  Dec 2019	Complete. New Risk Assessments required 2020

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<p>out of date and not being referenced (see previous).</p> <p>Water risks were not included within the Health and Safety risk register. The outdated risk assessments, together with minuted statements relating to need for investment in infrastructure upgrade, resource, and monitoring systems, points to several risks in this area.</p> <p>Reporting / escalation of key water safety risks via a water risk register to Health &amp; Safety / Corporate registers was not evidenced (risks at this level being denoted generically as risk of water contamination). A key risk at the time of audit was the lapse of the legionella testing contract meaning that such an exception report would have profiled no test results (i.e. non-compliance with the dynamic test regime).</p> <p>Similarly, whilst management advised that verbal updates / update reports were presented, a regular formatted report profiling water management risks was not evidenced to the</p>					

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<p>relevant committees (e.g. testing of various types with percentage failure etc.).</p> <p><i>11 Welsh Health Technical Memorandum 04 ("Safe water in healthcare premises"), and HSE's ACoP L8 (which requires risk assessment by area, with prioritised water testing, and provides supplemental guidance for "augmented care" areas i.e. a risk based approach.,</i></p>					