



# WATER SYSTEMS POLICY

## Draft

No potential negative impact has been identified and so a full Equality Impact Assessment is not required.

Policy Owner:	Chief Operating Officer
Approved By:	Health & Safety Committee –
Ratified By:	
Issue Date:	
Review Date:	3 years from issue date
Policy ID:	

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Section	comment	Action taken
One	LVH made comment about the building owners	The Text has been changed to include  About the responsibilities of managers the scene properties to ensure risk assessments are in place their aware the steps required to maintain water quality within the building  However, where managers are considering providing services from buildings not owned by the Health Board they should ensure that the landlord provides copies of the water risk assessment including evidence of how they will maintain water services within the building, including flushing infrequently used outlet
1.1.2	Typo?	<b>Removed</b>
2.	The control of legionella bacteria in water systems to be inserted.	<b>Inserted</b>
5.2	This is the Water Safety Group?	<b>No.</b> The water incident Silver Command will be constituted if we had a Water issue on the site of a significant nature, as is the case with COVID-19, these Silver Commands then report to the Executive Team.
5.4	LH why the duties of users were not detailed within the policy	<b>6.20 Users</b> Those who use the Health Board's water systems have a duty to report any issues around water quality with regards to smell or temperature or taste to staff in the area to the Estates Department
6.4	LH why the duties of users were not detailed within the policy. Where are the duties placed on the users of water defined?	<b>6.20 Users</b> Those who use the Health Board's water systems have a duty to report any issues around water quality with regards to smell or temperature or taste to staff in the area to the Estates Department
6.18	Additional text, use of buildings not all by the health board	Are responsible for ensuring that associated advice and procedures

		detailed in the WSP are followed and adhered to, particularly with regard to the notification of infrequently/unused water outlets. They also need to ensure where services are provided in buildings not owned by the Health Board that they have ensured that the water risk assessment has been made available and that they are clear on the responsibilities they have for water management issues within the building.
7	LH Estates Capital ?????	<b>Assistant Director of Strategy (Capital)</b> Is responsible for ensuring that all Architects/Designers/Project Managers/Contractors commissioned by the Health Board to undertake Capital Projects comply with this Policy and the WSP when designing all new or refurbished facilities. The Assistant Director of Strategy (Capital) is also to ensure that those appointed are suitably qualified and competent to undertake their roles.
7	We have no reference to water users	<b>6.20Users</b> Those who use the Health Board's water systems are asked to report any issues around water quality with regards to smell or temperature or taste to staff in the area to the Estates Department.
8.	This paragraph should also state the steps to be taken for high counts as a result of sampling.	Additional text inserted. The Water Safety Plan also provides information on procedures to be followed in the event of adverse results either in temperature readings or from water samples.
10.2.1	LH What are the duties of water users who will implement change perhaps without referral to the WSG?	6.18 changed to read <b>Managers</b> are responsible for ensuring that associated advice and procedures detailed in the WSP are followed and adhered to, particularly with regard to the notification of infrequently/unused water outlets. Where they develop services within existing buildings that affect the water system either by

		<p>extending them or removing the need for them, they should consult with the RP for the site to ensure the appropriate precautions are taken</p> <p>Managers should also ensure that where services are provided in buildings not owned by the Health Board that they have ensured that the water risk assessment has been made available and that they are clear on their department's responsibilities for water management issues within the building.</p> <p><b>6.18Users</b> Those who use the Health Board's water systems are asked to report any issues around water quality with regards to smell or temperature or taste to staff in the area to the Estates Department.</p>
12	LH refers to <b>Quality and Safety Committee.</b>	Changed to read Health and Safety Committee
13	LH refers to <b>Quality and Safety Committee.</b>	Changed to read Health and Safety Committee
14	Responsibilities for properties not owned by SABUHB (PFI & Leased properties)	<p><b>Devolved responsibility organisations from SBUHB.</b> The Water Safety Plan (WSP) provides a framework for development of planned preventative hygiene maintenance programmes applicable to water systems in the buildings which SBUHB occupies.</p> <p>Where services are provided from properties not owned by the Health Board the responsibility for water management has been devolved. The Service Director must ensure that the properties comply with the requirements of this document as a minimum. For these properties documentation must be completed, filed and retained in an appropriate manner. Confirmation of compliance must be provided by the landlord</p>

	Responsibilities for properties not owned by SABUHB (PFI & Leased properties)	<b>Assistant Director of Strategy (Capital)</b> Is responsible for ensuring that where SBUHB lease properties copies of the water risk assessments are requested.
15.	<b>Appendix 1 – Water Safety Group</b>	<b>Removal of PoW/Glanrhyd Hospitals</b>
16.	Site list required	Added <b>Appendix 2</b>
17.	PoWH and other numbers need to be removed	<b>Removed.</b>
17.	NPTH should read Veolia not Dalkia	<b>Changed.</b>

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## 1. INTRODUCTION

Swansea Bay University Health Board (SBUHB) recognises that controlling the risk posed by water borne bacteria, particularly *Legionella* sp. and *Pseudomonas aeruginosa* (*P. aeruginosa*), is both a legal requirement and of paramount importance to the safety of our staff, patients, visitors and others who may be affected through the conduct of our undertaking.

This Policy defines how the organisation will manage water systems in its premises to minimise the potential for bacterial contamination and ensure the delivery of a wholesome water supply. The policy should be read in conjunction with the water safety plan, which identifies the risk systems and the associated control measures undertaken to mitigate the risk.

The scope of the Policy and the Water Safety Plan extends to all of the properties currently owned or occupied by the Health Board and those properties that may come into ownership or occupation of the Health Board. It is recognised by the Health Board that where a property is a private residential dwelling or where a property is let wholly including the maintenance requirements to a business or persons, the Health Board cannot be responsible for any services terminating or located in each dwelling and these shall remain the responsibility of the occupying building owners. **However, where managers are considering providing services from buildings not owned by the Health Board they should liaise with the Capital Department to ensure that the landlord provides copies of the buildings water risk assessment and confirmation of how they will maintain water services within the building, including flushing infrequently used outlets, as well as understanding their responsibilities with regards to water services.**

### 1.1 Water borne Pathogens

#### 1.1.1 Legionnaires disease

Is a potentially fatal form of pneumonia which can affect anybody, but which principally affects those who are susceptible due to their age, illness, immunosuppression or smoking etc. It is caused by the bacterium *Legionella pneumophila* and related bacteria, which naturally occur in water sources such as rivers, lakes and reservoirs. *Legionella* bacteria can also cause less serious illnesses, which are not fatal or permanently debilitating. The collective term used to cover the group of diseases caused by *Legionella* bacteria is legionellosis. Legionnaires' disease is normally contracted by inhaling small droplets of water (aerosols) suspended in the air, containing these bacteria.

#### 1.1.2 *Pseudomonas aeruginosa* (*P. aeruginosa*)

Is a bacterium commonly found in wet or moist environments. It is commonly associated with disease in humans with the potential to cause infections in almost every organ or tissue, especially in patients compromised by underlying disease, age or immune deficiency. Its significance as a pathogen is exacerbated by its resistance to antibiotics, virulence factors and its ability to adapt to a wide range of environments. *P. aeruginosa* thrives in nutrient poor environments at a range of water temperatures. It is transmitted to patients by direct contact with contaminated water through ingestion,

bathing, contact with mucous membranes, splashing from water outlets and inhalation of aerosols.

## 2. POLICY STATEMENT AND PURPOSE OF THIS POLICY

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

The aim of the Policy is to introduce a structured procedure and reporting schedule for water safety within the health board including the Management and Control of Legionellosis, and *P aeruginosa* including Legionnaires Disease, in compliance with current guidance, to include (WHTM 04-01, HSE ACoP L8, HSG 274 and Water Supply Regulations).

***As required by the Approved Code of Practice (L8), the Health Board will undertake to:***

- Identify and assess sources of risk.
- Prepare a Water Safety Plan for preventing, reducing or controlling the risk.
- Implement, manage and monitor precautions.
- Keep records of precautions implemented and will do for each of the health care premises within the Health Board control.
- Appoint a person managerially responsible.

A suitable representative of the Chief Executive will appoint, in writing, appropriate “Responsible” and “Site Responsible” persons, to take day-to-day responsibility for the control of the hot and cold water services also assessing and controlling identified risks.

**The purpose of this policy is to ensure that SBUHB install and operate water systems in a safe manner and to comply with the following legislation, codes of practice and guidance:**

- WHTM 04-01: Safe water in Healthcare (Parts A, B, C plus D08 supplement)
- The Control of Substances Hazardous to Health Regulations 2002.
- The Health & Safety at Work etc Act 1974.
- The HSE ACOP “The Control of Legionella Bacteria in Water Systems” L8 (4<sup>th</sup> edition 2013).
- The Management of Health & Safety at Work Regulations 1999.
- Public Health (Infectious Diseases) Regulations 1988;
- Food Safety Act 1990
- The Water Supply (Water Fittings) Regulations 1999.
- HSG274 Part 2 Published 2014: The Control of Legionella Bacteria in Hot and Cold Water Systems.
- BS 8580:2010: Water quality. Risk assessments for Legionella control. Code of practice
- BS8558: guide to design, installation and maintenance of services supplying water for domestic use within buildings and their curtilages.

- BS 8551 – ‘Provision and management of temporary water supplies and distribution networks (not including provisions for statutory emergencies). Code of practice’.
- BS 8554 – ‘Code of practice for the sampling and monitoring of hot and cold water services in buildings’.
- BS 7592 – ‘Sampling for Legionella bacteria in water systems. Code of practice.’
- BS EN 806-5:2012 Specifications for installations inside buildings conveying water for human consumption. Operation and maintenance.
- HCIA code of Practice NHS

### 3. SCOPE

This Policy applies to all staff that are responsible for the use, management, operation, design and installation of water systems in all Health Board buildings. Departmental and individual responsibilities are defined in Section 6. **It is important to note that Neath Port Talbot Hospital is not covered under this policy as this building is managed and maintained under a PFI contract.**

### 4. EQUALITY IMPACT ASSESSMENT STATEMENT

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

### 5. OWNERSHIP AND RESPONSIBILITIES

This policy is in addition to the general roles and responsibilities set out in the SBUHB Health & Safety Policy.

#### 5.1 Duty Holder (DH) – The Chief Executive

Shall be appointed under this policy as the Duty Holder in accordance with the ACOP L8 “Legionnaires Disease: the control of Legionella bacteria in water systems”, 4<sup>th</sup> Edition (2013) with the following responsibilities:

Has the overall accountability for ensuring compliance with all statutory regulations; is the person primarily responsible for all matters relating to Water Safety within the scope of this Policy.

#### 5.2 Designated Person (DP) – The Chief Operating Officer

Will be appointed by the DH **in writing** and will act as the DP with responsibilities as defined in WHTM 00. The DP has responsibility for ensuring suitable arrangements are in place to meet the requirements of associated guidance adopted within this Policy and the Water Safety Plan. The DP’s responsibilities are:

- Ensure timely and necessary funding is secured to eliminate or reduce the risk identified in the risk assessments.
- They must appoint a Co-ordinating Responsible Person (CRP) and Site Responsible Person(s) (SRP’s) following assessment and recommendation by the Authorising

Engineer – Water (AE-Water) to ensure that all statutory instruments and guidance relating to the maintenance of water systems and equipment are implemented and maintained.

- Ensure a multi-disciplinary Water Safety Group is established and meets in accordance with this policy.
- Ensure that a Water Safety incident Silver command Team is nominated.
- In addition they must ensure that adequate support, training and resources are available to enable the efficient implementation of the requirements within Health Board's agreed financial limits.

### **5.3 Director of Nursing Services and Patient Experience**

Has overall responsibility for Health and Safety within the Health Board and has responsibility for ensuring suitable arrangements are in place to meet the requirements of associated guidance across the full range of the Health Board services. With regard to water management they:

- Chair the Health Board's Water Safety Group.
- Work with the Designated Person to ensure a multi-disciplinary Water Safety Group is established and meets in accordance with this policy.

### **5.4 Health & Safety Committee**

Approve the Water Policy once approved by the Health Board's Operational Health & Safety Committee. They also receive assurance regarding Water management arrangements through the Health and Safety committee report which will include an update on Water management issues.

### **5.5 Health & Safety operational management committee**

The Health & Safety Operational Management Group is responsible for approving the Water Policy for recommendation to the Health Board's Health & Safety Committee. The Health and Safety operational management Committee has overall responsibility for the following:

- To review and consider the Health Board Water management Issues.
- The Health and Safety Committee will receive water management updates from the water safety group as an agenda item as well as minutes of the Water Management and Water Management Sub Group.

### **5.6 Water Safety Group (WSG)**

Oversee the management of the Water Systems within all the Health Board premises, focusing on ensuring compliance with all relevant standards and legislation covered by this policy. The purpose of the group is to advise and support on all aspects relating to water safety, including *Legionella* sp. and *P. aeruginosa*. Reporting to the Health & Safety Committee and also provide reports to the Infection Control Committee. The WSG will hold meetings on a quarterly basis.

The function of the Health Board Water Safety Group is:

- To consider training programs, the staff development related to water management issues.
- To ensure identification of microbiological hazards, assessing risks, identifying and monitoring control measures developing protocols.
- To ensure there are systems in place to monitor Water Systems throughout the Health Board premises.
- The group will review the sampling and testing arrangements in place for the health Board to ensure best value
- Provide a forum in which high level Water System monitoring outcomes and risks can be reported to, evaluated, so that appropriate reduction or elimination action is agreed;
- To act collectively to ensure effective communication of ideas, sharing of experiences and areas of best practice.
- Consider identified risks, set priorities and produce action plans for each site.
- Provide regular assurance and exception water reports to the Health & Safety Committee & Infection Control Committee.
- Monitor implementation of national water standard regulations, agree actions and report on the outcomes.
- Consider the risk assessment findings and prioritise any remedial works with the assistance of the SRP and the WSG.
- Review any changes to water system proposed as part of capital developments.

#### Key Tasks are:

- Develop Water System Plans to ensure appropriate policies and procedures in place cover full range of water services excluding the provision of steam heating.
- To identify set procedures for managing incidents of water contamination in line with Best Practice, ensuring the provision of safe water systems.
- Identify potential hazards and develop appropriate control measures.
- Describing the water systems including information on the design and operation of the individual water systems, ensuring this information is retained on each site, formulating appropriate response procedures for clinical areas.
- Develop clear statements on how each water system is meant to operate and function, ensuring a consistent approach across the Health Board.
- Develop clear guidance for the management of each of the water services.
- Develop commissioning of water system guidance for use within Health Board properties.
- Consider the risk assessment findings and prioritise any remedial works with the assistance of the SRP and the WSG.
- Ensure that changes to water management systems as a result of capital developments are documented and approved
- Undertake a risk assessment of water systems on each of the main sites.

Membership - The Water Safety Group will include:

- Chief Operating Officer
- Head of Health and Safety
- Decontamination Manager (Clinical)
- Directorate Representative
- Assistant Director of Nursing – Infection Prevention (Execs)
- Head of Infection Prevention & Control
- Unit Site managers
- Microbiologist
- Head of Hotel Services
- Estates Manager Morriston / NPT Hospitals
- Estates Manager Singleton Hospital
- Estates Health and Safety Advisor
- NWSSP-SES (Authorised Engineer - Water)
- Assistant Director of Strategy (Capital)
- Assistant Director of Strategy (Estates)
- Director of Nursing – Chairman
- PFI representative

Or their representative (who should be senior enough to make decisions on their behalf)

#### **5.7 Authorising Engineer (AE - Water)**

Is an independent professional adviser to the healthcare organisation the AE is appointed by the DP with a brief to provide services in accordance with WHTM 00. The AE will assess and make recommendations for the appointment of CRPs and SRPs and DSRP's. The AE will monitor the performance of the service and biennial audit report with an annual summary report to the CRP/SDP. To effectively carry out this role, particularly with the regard to audit, it is preferable that the AE remains independent of the operational structure of the Health Board.

#### **5.8 Co-ordinating Responsible Person (CRP) – The Assistant Director of Operations (Estates)**

Will be appointed by the DP in writing and act as the RP with the following responsibilities: -

- Responsibility for the Water Safety Management including the Control of Legionnaires' disease and safe hot water management throughout the Estate.
- With the assistance of the SRP's and the WSG, prepare and implement a Water Safety Plan.
- Ensure that risks are assessed and that necessary precautions are applied.

- Instruct and supervise the completion or review of suitable and sufficient risk assessments in accordance with HSE ACOP L8 (2013) and WHTM 04-01.

### **5.9 Site Responsible Person (SRP) – The Estates Managers**

The SRPs are appointed in writing by the DP. The SRP will ensure they fulfil all the tasks and responsibilities delegated to them by the CRP or as detailed in the WSP in relation to water systems on the sites they manage. They will be members of the WSG and deputise for the role of CRP in their absence.

- To instruct and oversee the completion of all prioritised remedial work highlighted during the risk assessments or any review for the areas under their control
- Take appropriate action to address the recommendations of the water risk assessments.

### **5.10 Deputy Site RP (DSRP)**

The individuals are appointed in writing by the DP. The SRP will ensure they fulfil all the tasks and responsibilities delegated to them by the SRP or as detailed in the WSP in relation to water systems on the sites they manage. They will deputise the role of SRP in their absence.

### **5.11 Authorised Person (AP)**

The individuals are appointed in writing by the DP. They are responsible for the practical implementation of the requirements with the WSP and operation of management's safety policy and procedures relating to the engineering aspects of the water systems.

### **5.12 Estates Officers (EO)**

Will be responsible for assisting in the day to day management of the water systems. They are to ensure that all works with which they are involved are carried out in accordance with the SBUHB Policy and the WSP. They must ensure that any discrepancies are reported to the SRP or DSRP. In addition, records will be kept for all works affecting water supply systems.

### **5.13 Competent Person (CP)**

Are appointed in writing by the CRP or SRP and must carry out all works in accordance with the duties for which they are appointed as detailed in the WSP.

### **5.14 Assistant Director of Strategy (Capital)**

Is responsible for ensuring that all Architects/Designers/Project Managers/contractors commissioned by the Health Board to undertake Capital Projects comply with this Policy and the WSP when designing all new or refurbished facilities. The Assistant Director of Strategy (Capital) is also to ensure that those appointed are suitably qualified and competent to undertake their roles. **The Assistant Director is also responsible for ensuring that where SBUHB lease properties copies of the water risk assessments are requested.**

### 5.15 Support Services Managers

Should comply with all requirements regarding cleaning processes or other ad hoc duties as detailed in the WSP'

### 5.16 Architects/Designers/Project Managers/Contractors

Are required to ensure compliance with this Policy, the WSP and associated legislation. Particular attention should be given to the HSE ACOP L8 and HSG 274 guidance plus all WHTM 04-01 documents when designing and installing all new or refurbished facilities. They are to liaise with WSG and in particular the RP/DRP's throughout all stages of the works as detailed in the WSP.

### 5.17 Consultant Microbiologist/Infection Control Officer

They will also be a part of the WSG and provide professional support in the development and review of the WSP.

### 5.18 Department / Locality / Ward Managers

Are responsible for ensuring that associated advice and procedures detailed in the WSP are followed and adhered to, particularly with regard to the notification of infrequently unused water outlets. Where departments develop services within existing building that affect the water system either by extending them or removing the need for them, they should consult with the RP for the site to ensure the appropriate precautions are taken

Managers should also ensure that where services are provided in buildings not owned by the Health Board that they have ensured that the water risk assessment has been made available and that they are clear on their department's responsibilities for water management issues within the building.

The flushing procedure for Health Board Properties is detailed within the Water Safety Plan.

### 5.19 Individual Staff

All staff members are responsible for following local instructions and systems of work. staff should report any issues around water quality with regards, to smell or temperature or taste to the estates department

### 5.20 Users

Those who use the Health Board's water systems are asked to report any issues around water quality with regards to smell or temperature or taste to staff in the area.

### 5.21 Escalation

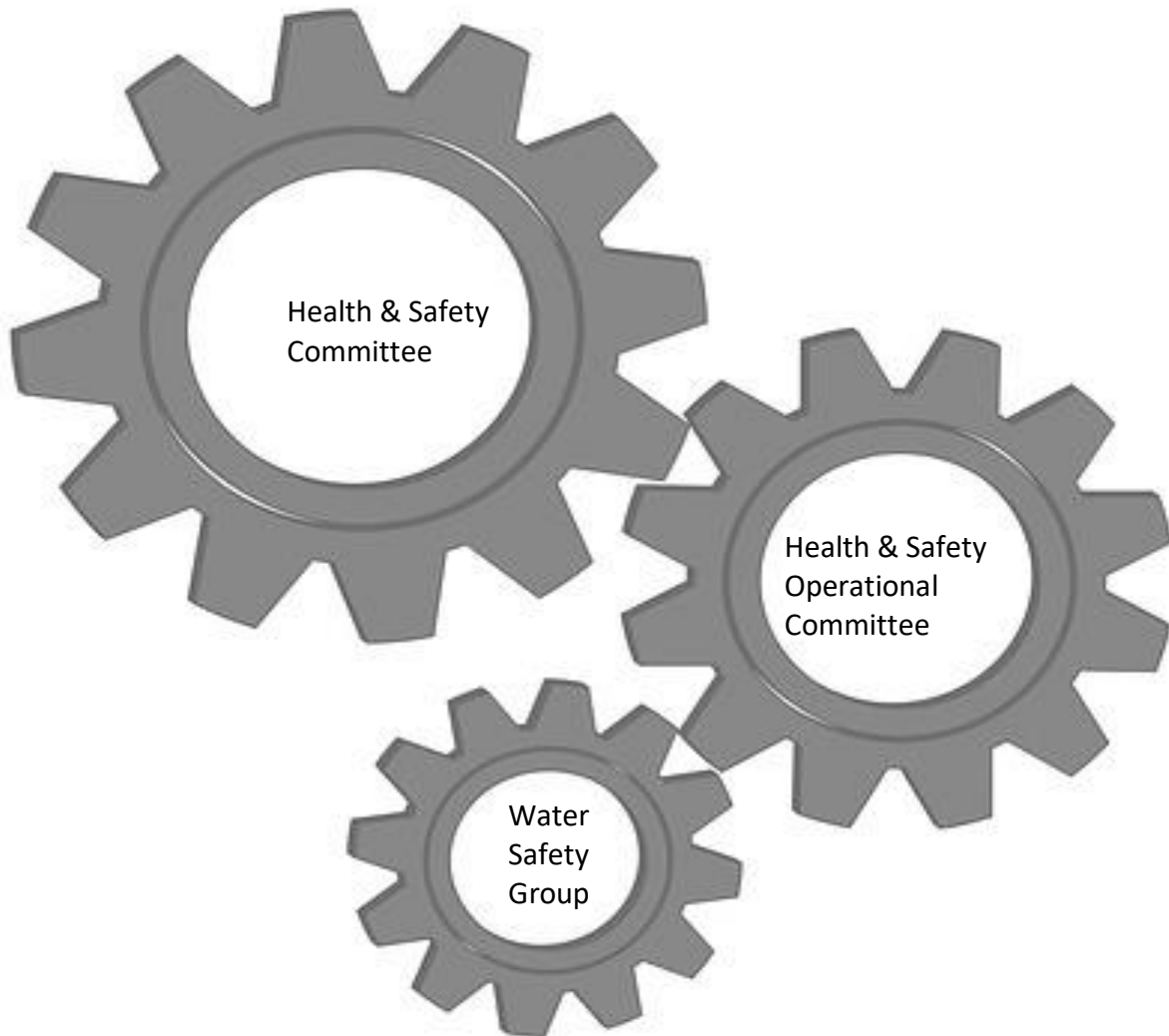
Where problems are encountered then the problem should be reported by the department to the Estates Helpdesk. If staff have concerns, then they can also contact the Estates Manager for the building who is the Responsible Person Water for the site. A list of sites and the details of the responsible person for them can be found in **Appendix 2**. Where these concerns cannot be addressed the issue should be escalated in line with the procedure outlined in the Water Safety Plan.

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6. MANAGERIAL RESPONSIBILITIES ORGANISATION CHART



## 7. COMMITTEE ORGANISATION CHART



## 8. Water System Operating Protocols

This document has to be read in conjunction with Water Safety Plan, which details the management structure, the requirements and procedure for undertaking a risk assessment, system design considerations as well as detailing the planned preventative maintenance system. It also details the water monitoring regimes as well as system maintenance and commissioning guidance. **The Water Safety Plan also provides information on procedures to be followed in the event of adverse results either in temperature readings or from water samples.**

## 9. Implementation/Policy Compliance

A suitable and sufficient written risk assessment will be produced that will identify and assess the risk of exposure from work activities and water systems and any necessary precautionary measures.

### 9.1 Preparation of a Scheme for Controlling Risk

It is recognised that there is a 'reasonably foreseeable' risk from the water systems in the buildings which SBUHB own and, as such, a WSP for controlling the risk shall be designed, implemented and properly managed. For properties where the water system is managed by SBUHB this will be designed by SBUHB's CRP.

For properties that are leased by SBUHB the management of the water system will be delegated to others, this will be designed by the nominated CRP within the host organisation, dependant on the lease agreement. As stated in ACOP L8, the essential part of the WSP is the procedures for ensuring that the control measures and management of the system remain effective; therefore, the WSP will include the following measures:

- Risk Assessment (Audit, Risk Screening and Appointments).
- Water Policy
- Water Safety Plan
- Action Plans
- Audits
- Records

**Devolved responsibility organisations from SBUHB.** The Water Safety Plan (WSP) provides a framework for development of planned preventative hygiene maintenance programmes applicable to water systems in the buildings which SBUHB occupies.

Where services are provided from properties not owned by the health Board the responsibility for water management has been devolved the Service Director who must ensure that the properties comply with the requirements of this document as a minimum. In these properties documentation must be completed, filed and retained in an appropriate manner. Confirmation of compliance must be provided by the landlord of the property when it is leased by **SBUHB, including the water risk assessment for the property.**

#### 9.1.1 New Developments & Refurbishments

Any new developments will comply with the current practice as defined in the Water Safety Plan

#### 9.1.2 Refurbishments

Any refurbishments of water systems will ensure that water systems are brought into compliance with current legislation. Where the Project Manager does not believe this is possible, the Project Manager is to prepare a brief for the DRP explaining why this cannot be achieved. If the DRP for the site agrees, this report will be forwarded to the

RP who will make a recommendation to the DP, which will then be presented to the Chair of the Water Safety Group for discussion and agreement.

### **9.1.3 Control of Contractors**

Estates and Capital Planning management shall ensure that all contractors working on the water systems are suitably qualified to comply with the current guidance and legislation. The Estates Operational management are to check that the contractor's qualifications are up to date.

Estates and Capital Planning management shall also ensure that contractors are informed of all SBUHB Water Safety policies and procedures. The Estates Operational management are to check that the contractor's qualifications are up to date.

## **10. POLICY RATIFICATION**

This policy is developed by the Health and Safety Water Management Group. Once approved by the sub group it is presented at the Health Boards Health and Safety Committee for approval. Once approved it is presented to the Quality and Safety Committee for ratification.

## **11. MONITORING AND REVIEW**

The AE will undertake and provide an annual report on the water management arrangements within the Health Board and undertake an bi-annual audit of the management arrangements. The Water Management Group will provide an annual assurance report to the Health and Safety Committee on water management within the Health Board and its compliance with internal audit recommendations. The Assistant Director of Operations (Estates) will also present as an agenda item a Water Management update at the Main Health and Safety Committee. Progress with regard the management of Water systems will now be included within the Health and Safety report to the Health and Safety Committee

## **12. COMMUNICATION**

Once approved by the Health and Safety Committee the policy will be disseminated through the organisation by the Assistant Director of Operations (Estates). The document will be circulated to Executive Officers Unit Service Directors and other functional leads as appropriate. Unit Service Directors will ensure that it is appropriately disseminated through their structures. Copies will also be posted on the Health Board's intranet site and bulletins posted to raise awareness of its approval and presence there. Future revisions will be communicated through the same channels.

The policy sees the development of existing site Health and Safety meetings to include water issues as an agenda item as fundamental to improving water management will help support water safety plan.

### **13. TRAINING**

The Infection Prevention Team and Health Board staff appointed under this Policy will receive the necessary training appropriate to their roles and responsibilities.

### **14. MONITORING**

SBUHB's Estates Department, in conjunction with the nominated Responsible Person shall monitor the effectiveness of this Policy.

### **15. REVIEW**

This Policy will be reviewed every 3 years or when working practices or statutory regulations change. The implementation of this Policy will be continuously monitored to ensure compliance.

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## **Appendix 1: Water Safety Group**

Director of Nursing – Chairman  
Head Health and Safety  
Decontamination Manager (Clinical)  
Directorate Representatives  
Human Resource Manager  
Assistant Director of Nursing (Execs)  
Head of Infection Prevention & Control  
Head of Nursing – Augmented Care Areas  
Microbiologist  
Head of Support Services  
Estates Manager Morriston Hospital / NPT Hospitals  
Estates Manager Singleton  
Estates Health and Safety Advisor  
Assistant Director of Strategy (Capital)  
NWSSP-SES (Authorised Engineer - Water)

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## 16. Appendix 2: Site List

Covering site				Site	
<b>Singleton Hospital</b>				Cefn Coed Garngoch Singleton Hospital Singleton Communities (Sincomm)  <b>Costings to be sent to</b> <a href="mailto:Gary.Jones@wales.nhs.uk">Gary.Jones@wales.nhs.uk</a> , <a href="mailto:Davidlyn.jones@wales.nhs.uk">Davidlyn.jones@wales.nhs.uk</a>  <b>Helpdesk EXT: 35551</b>	
Tony Wiltshire	Est Manager	35841			
Wayne Durston	Ops Manager	35184			
Steve Harwood	Mech Officer	37756			
	Elec Officer	36446			
Stewart Wilson	Elect Officer	35549			
Paul Bevan	Build Supervisor	35487			
Nick Davies	Mech Super	35450			
Mervyn Knight	Elec Supervisor	30865			
Paul	Stores	35445			
Gary/David	Helpdesk Officers	36335	36448		
<b>Morrison Hospital</b>				Gorseinon Morrison Hospital  <b>Costing to be sent to respective Estates Officers.</b>  <b>Helpdesk EXT: 31240/33358</b>	
Liza Powell	Est Manager	33354			
Rhian Thomas	Sec Est Manager	35108			
Richard Parry	Dep Est Manager	33351/35553			
	Officer	33350			
Andrew Hurton	Build Officer	33378			
Phil Jones	Build Supervisor	33359			
Mark Phillips	Elec Officer	33787			
	Elec Officer	33349			
Allen Miller	Elec Supervisor	37479			
David Marker	Mech Officer	32393			
Steve Crawley	Mech Supervisor	33539			
Jason Oliver	HVS Supervisor	31243			
<b>Neath Port Talbot Hospital</b>					Swansea Bay Health Board HQ Baglan Cimla, Tonna LDD Dan Y Deri & Llwyneryr unit LDD Swn-Y-Afon Neath Port Talbot Hospital (NPT) West Trust Clinics
Jason Oliver	Supervisor	30792			
Direct line	01792530792				
Mobile	07976604988				
Veolia	NPT	42014			

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## 17. Appendix 3 Equality Impact Assessment

Approved via the Health & Safety Committee, as part of the policy for the production, consultation, approval, publication and dissemination of strategies, policies, procedures and guidelines 20 April 2020.

All Public Sector bodies have a legal duty to undertake an equality impact assessment (EqIA) as a requirement of the equality legislation.

EqIA's provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

The process itself ensures that individual staff, managers and teams think carefully about, and record, the likely impact of their work on staff, patients and other members of the community.

The need for collection of evidence to support decisions and for consultation mean the most effective and efficient EqIA is conducted as an integral part of policy development, with the EqIA commenced at the outset.

The documentation consider the effects that decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, age, Welsh Language and human rights. Assessing impact across a broad range of equality dimensions (not just those required by law) helps organisations to embed equality and human rights and assist them in the delivery of their services.

Policies will not be approved by the Board/Sub Committee of the Board without a completed EqIA Report.

For further information or advice contact the Diversity, Equality & Standards Manager.

### 17.1 Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

Step 1 – Preparation		
	<b>Title of Policy</b> - what are you equality impact assessing?	Operational Management of Water Systems Policy

Step 1 – Preparation		
	<b>Policy Aims and Brief Description</b> - what are its aims? Give a brief description of the Policy (The What, Why and How?)	Safe management of Water Systems to control <i>Legionella</i> sp. and <i>P. aeruginosa</i> in compliance with relevant guidance and legislation.
	<b>Who Owns/Defines the Policy?</b> - Who is responsible for the Policy/work?	WSG
	<b>Who is Involved in undertaking this EqIA?</b> - Who are the key contributors and what are their roles in the process?	WSG which includes Operational Managers, Responsible Person and Authorising Engineer.
	<b>Other Policies</b> - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA?	Stand alone to cover all aspects of Water Systems in Health premises.
	<b>Stakeholders</b> - Who is involved with or affected by, this Policy?	All Estates staff or managers who have to work with Water Systems and Infection Control staff.
	What might help/hinder the success of the policy? These could be internal or external factors.	The Policy will be successful providing all staff adheres to it.

## 17.2 Form Two – Information Gathering

Is the policy relevant to the public duties relating to each equality strand? Tick as appropriate.							
	Race	Disability	Gender	Sexual Orientation	Age	Religion Belief	Welsh Language
Is the policy relevant to “eliminating discrimination and eliminating harassment?”	NO	NO	NO	NO	NO	NO	NO
Is the policy relevant to “promoting equality of opportunity?”	NO	NO	NO	NO	NO	NO	NO
Is the policy relevant to “promoting good relationships and positive attitudes?”	NO	NO	NO	NO	NO	NO	NO
Is the policy relevant to “encouragement of participation in public life?”	NO	NO	NO	NO	NO	NO	NO
In relation to disability, is the policy relevant to “take account of difference, even if it involves treating some individuals more favourably?”	NO	NO	NO	NO	NO	NO	NO

The Human Rights Act contains 15 rights, all of which NHS organisation have a duty to act compatibly with and to respect, protect and fulfil. The 7 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to Appendix A: The Legislative Framework.

Consider the relevance of your Policy to these Human Rights and list any available information to suggest the Policy may interfere with, or restrict the enjoyment of these rights.

The right to life

N/A

The right not be tortured or treated in an inhuman or degrading way

N/A

The right to liberty

N/A

The right to a fair trial

N/A

The right to respect for private and family life, home and correspondence

N/A

The right to freedom of thought, conscience and religion

N/A

The right not be discriminated against in relation to any of the rights contained in the Human Rights Act

N/A

**Equality Strand**

**Evidence Gathered**

Race

N/A

Disability

N/A

Gender

N/A

Sexual Orientation

N/A

Age

N/A

Religion or Belief

N/A

Welsh Language

N/A

**17.3 Form 3: Assessment of Relevance and Priority**

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	1	0	0
Disability	1	0	0
Gender	1	0	0
Sexual Orientation	1	0	0
Age	1	0	0
Religion or Belief	1	0	0
Welsh Language	1	0	0
Human Rights	1	0	0

Scoring Chart A: Evidence Available

	Existing data/research
	Anecdotal/awareness data only
	No evidence or suggestion

Scoring Chart B: Potential Impact

	High negative
	Medium negative
	Low negative
	No impact
	Low positive
	Medium positive
	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

**17.4 FORM 4: (Part A) Outcome Report**

Policy Title:	<b>Operational Management of Water Systems Policy</b>
Organisation:	Swansea Bay University Health Board
Name: Title: Department:	
Summary of Assessment:	This Policy has been subject to a full equality assessment and no impact has been identified.
Decision to Proceed to Part B Equality Impact Assessment:	No Please record reason(s) for decision

**Action Plan**

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

	Action(s) proposed or taken	Reasons for action(s)	Who will benefit?	Who is responsible for this action(s)?	Timescale
What <b>changes</b> have been made as a result of the EqIA?					
Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to <b>mitigate</b> these impacts?					
<b>Justification:</b> For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.					
Describe any <b>mitigating actions</b> taken?					
Provide details of any actions planned or taken to <b>promote equality</b> .					

Date:	..... .....
Monitoring Arrangements:	
Review Date:	..... .....
Signature of all Parties:	..... ..... ..... ..... ..... ..... .....

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## 18. Training Impact Assessment

If training requirements are identified a policy training impact assessment is to be completed and forwarded to the Workforce and Organisational Development Directorate

Will training be required as a result of the policy?

Yes	Proceed to question 2
No	If no, please state how this policy will be communicated within the UHB

Please complete the following information relating to training

Course/ policy title	
Course type	
Reference to KSF/NMC Dimensions	
Target Audience (refers to scope of policy)	
Course / policy training objectives	
Course / policy training content	
Duration of course / programme	
Name of trainer (or policy lead)	
Approximate cost of providing training	
Please embed lesson plan, link to e-learning, presentation or other relevant learning material	