



Royal Cornwall Hospitals
NHS Trust

Water Safety Policy

V5.0

April 2026

Summary

The purpose of this Policy is to safeguard all patients, visitors, staff and assets through prevention and reduction of harm or loss. The aims of this Policy are as follows:

- To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with waterborne pathogens.
- To identify correct practice for the safe operational management of water systems for staff to implement based upon nationally accepted guidance and the principle of 'so far as is reasonably practicable' (SFAIRP).
- To enable staff to understand their roles and responsibilities in relation to water safety.

This policy should be read in conjunction with the Water Safety Plan (available on request).

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Policy Statement

- 1.1.1. Royal Cornwall Hospitals NHS Trust [hereinafter referred to as the Trust] has a duty of care to patients, visitors, and staff to ensure a safe and appropriate environment for healthcare.
- 1.1.2. The Trust accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations (2002) [as amended]. In doing so, the Trust aims to take all reasonable precautions in respect of the management of water systems to control the risk of harm to patients, visitors, staff, and other persons working at or using its premises. Threats include infections caused by waterborne pathogens, scalding by hot water, chemically contaminated water, and disruption to the water supply.
- 1.1.3. The Trust recognises the importance of a safe workplace with appropriate equipment and facilities as well as high standards of leadership, engagement, communication, training and competence and other management issues.
- 1.1.4. The management of water safety will be a continual commitment by the Trust involving regular management and progress meetings, and a commitment to a risk assessment programme.
- 1.1.5. Water Safety for the Trust shall be supported with adequate resources and suitably qualified, trained and competent staff to ensure the successful implementation of Water Safety Plan [WSP].
- 1.1.6. This Policy is formally accepted by the Chief Executive and approved by the Board of Directors. The Chief Executive will do all that is reasonably practicable to comply with its requirements and will make the necessary resources available.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of this Policy is to safeguard all patients, visitors, staff and assets through prevention and reduction of harm or loss. The aims of this Policy are as follows:
- To set out a clear framework to protect all staff, patients and visitors by minimisation of the risks associated with waterborne pathogens.
 - To identify correct practice for the safe operational management of water systems for staff to implement based upon nationally accepted guidance and the principle of 'so far as is reasonably practicable' (SFAIRP).
 - To enable staff to understand their roles and responsibilities in relation to water safety.

- To establish arrangements for the monitoring and review of this Policy in order that it continues to reflect the most up-to-date legislation and guidance.

3. Scope

3.1. This Policy sets out the management approach to be adopted by the Trust for providing, maintaining safe water systems and preventing infection from Trust water systems, as well as preventing waste, misuse, undue consumption or contamination of water supplied across the Trust, as detailed in the ACOP L8 [including HSG274 Parts 1, 2 and 3], HTM04-01 [including all associated parts] and HTM03-01 [including all associated parts].

3.2. This Policy applies to all Trust:

- Service users, patients and visitors.
- Employees [including those managed by a third party].
- Premises where they work that are owned and occupied, including those properties which Trust may occupy under lease.

3.3. Current Trust owned sites.

- Royal Cornwall Hospital.
- West Cornwall Hospital.
- St Michael's Hospital.
- Bodmin Renal Unit.

4. Definitions/Glossary

Water Safety Plan [WSP]

4.1. WSP has been defined by British Standards in their BS8680 document as:

“a strategic plan which defines and documents the arrangements that are required for the safe use and management of all water systems together with all associated systems and equipment, within each building or estate to prevent harm arising from all forms of exposure.”

4.2. A WSP is made up of various documents, this Policy is the management element of the WSP. Within Appendix 3, there is model of the WSP.

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

5. Ownership and Responsibilities

- 5.1. Those persons in the Trust with key management responsibilities are detailed below and their communication pathways and other relevant supporting staff are represented in section 2.2 below. All relevant persons shall fully appreciate the actual and potential risks of water safety and the concept of risk management. Although compliance and management responsibility for WSP tasks may be delegated to staff, or undertaken by contractors, accountability cannot be delegated.
- 5.2. Any person intending to fulfil any of the staff functions specified below, should be able to prove that they possess sufficient skills, knowledge and experience to be able to safely perform the designated task(s).
- 5.3. The Chief Executive and the Board of Directors carry the ultimate responsibility for a safe and secure healthcare environment. However, aspects of that responsibility have been assigned/delegated to other appointed individuals within the Trust. Specific individual responsibilities are defined below.
- 5.4. Whilst the Trust's Board of Directors are responsible for ensuring overall operational control is in place, it is the Designated Person's [DP] responsibility to ensure implementation of operational control.
- 5.5. The Director of Operations has been appointed by the Chief Executive as the Designated Person. This Policy is issued and maintained by the Responsible Person [Water] on behalf of the Trust.

5.6. Duty Holder (CEO)

The Chief Executive is the statutory Duty Holder. The Duty Holder has overall accountability for Health and Safety within the Trust, including all aspects of water safety and the quality of water supplies. Updates on the status of performance of Water Safety shall come through the Designated Person either reported at Board level or individually.

5.7. Designated Person (Director of Estates and Facilities)

- 5.7.1. The Director of Estates and Facilities is the Designated Person [DP]. They are appointed in writing by the Duty Holder.
- 5.7.2. The DP will provide the informed position at board level. They are responsible for the organisational arrangements [strategic leadership, direction and overview] which will ensure that compliance with regulatory standards is achieved [including proposed developments that take account of impact on water safety]. Any management issues [including water system issues] are to be reported to the Board having been resourced and solved. They won't have technical or operational duties but will be supported in the role by a Trust management structure that delivers governance, assurance and compliance.

- 5.7.3. The Trust may consider that there are advantages in having the Water Safety Group chaired by the Designated Person, having executive responsibilities and the ability to exchange information to and from Board level, while ensuring that all disciplines (beyond Estates/Facilities dept. functions) fulfil their particular responsibilities (such as flushing and cleaning procedures).

5.8. Senior Operational Manager (Head of Estates)

- 5.8.1. The Head of Estates is the Senior Operational Manager [SOM]. They are appointed in writing by the DP.
- 5.8.2. The SOM will be the informed link to the DP at Board level and as such they shall:
- a. Immediately inform the DP if any suspected *Legionella*, *Pseudomonas aeruginosa* or other waterborne pathogen outbreak/incidents occurs, whilst taking an active role in any investigations.
 - b. Ensure this policy is reviewed, ratified and implemented.
 - c. Be professionally and operationally responsible for water quality.
 - d. Ensure sufficient budgeting of resources for water safety.

5.9. Responsible Person [Water] (Deputy Head of Estates)

- 5.9.1. The Deputy Head of Estates is the Responsible Person [Water] [RP [W]]. They are appointed in writing by the DP.
- 5.9.2. To facilitate their role, the RP[W] will be required to liaise closely with other professionals in various disciplines. The RP[W] will be supported by the SOM, the Authorised Person(s) [Water], the Authorising Engineer [Water], the Infection Prevention and Control Officer [Water], the Infection Prevention and Control Lead, and Consultant Microbiologist, to ensure suitable provision to maintain the service.
- 5.9.3. The RP[W] shall:
- a. Issue, maintain and update this Policy document with assistance from the Authorising Engineer [Water].
 - b. Approve any changes to the WSP.
 - c. Advise on the necessary continuing procedures and actions for the prevention or control of waterborne pathogens.
 - d. Commission risk assessments, review risk assessments and commission additional assessments, including any additional surveys in response to risk assessment recommendations, sampling issues [positive results] or other observed faults/conditions reported.

- e. Prepare the risk minimisation schemes/action plans arising from risk assessments and present to the WSG for review and agreement.
- f. Co-ordinate with Infection Prevention and Control Officer [Water] and the Authorising Engineer [Water] for help, advice and in response to any investigation arising for non-compliant issues and for the ongoing development of the Estate.
- g. Ensure that all control schemes handed over to the Estates Department are appropriately documented, commissioned and signed off in accordance with the WSP. Any issues arising with the capital schemes will be reported by the SOM back to the Capital Projects Team for resolution.
- h. Monitor the implementation and efficacy of the WSP.
- i. Assist with annual management audits completed by the Authorising Engineer [Water].
- j. Ensure the Trust records management system is operational and systematically maintained; Carry out the necessary actions defined in the WSP should an outbreak situation associated with waterborne pathogens be suspected or confirmed.
- k. Liaise with third parties external to the Trust on assurance issues relating to water safety [see section 'Risk Assessment'].
- l. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

5.10. Deputy Responsible Person [Water]

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

5.11. Authorised Person [Water]

5.11.1. The Authorised Persons [Water] [AP[W]]. will be appointed by the DP.

5.11.2. The AP[W] will provide the RP[W] with information on the status of service. To remain informed, the AP[W] will be supported by the Competent Persons, Authorising Engineer [Water], the Infection Prevention and Control Officer [Water], the Infection Prevention and Control Lead and Consultant Microbiologist.

5.11.3. The AP[W] shall:

- a. Attend the WSG and the OWG meetings.
- b. Be responsible for the development and implementation of the WSP parts 3-6 [see Appendix 1]. Ensuring the WSP is compliant with ACOP L8 [including HSG274 Parts 1, 2 and 3], HTM04-01 [including all parts] and HTM03-01 [including all parts].

- c. Inform the RP[W], Infection Prevention and Control Officer [Water], the Infection Prevention and Control Lead and Consultant Microbiologist, and Authorising Engineer [Water] of all positive water sample results and the associated action being taken to resolve them.
- d. Co-ordinate with Competent Person, Infection Prevention and Control Lead and the Authorising Engineer [Water] for help, advice and in response to any investigation arising for non-compliant issues.
- e. Implement the agreed risk minimisation schemes/action plans and update the WSG on status of completion.
- f. Ensure drawings/plans/schematics are maintained, updated, produced of all Trust water systems/buildings where a change has occurred.
- g. Issue of orders/job tickets for remedial works to relevant approved contractor/s and / or consultants.
- h. Issue Permits to Work and other appropriate documentation as required to Competent Persons and/or approved contractors and in doing so ensuring that the competency of individual operatives has been verified.
- i. Assist/manage refurbishment works [major or minor] outside the scope of Capital Projects in accordance with the WSP.
- j. Review and maintain the Planned Preventative Maintenance [PPM] schedules to ensure they include all risk systems/asset types [identified from risk assessments] and have been correctly defined in the WSP.
- k. Issue all relevant PPM work orders to Competent Persons [Water] and then ensure that all PPM works orders are completed on time, recorded and filed in Trust's document management system.
- l. Ensure that any non-compliant occurrences/issues reported are actioned in accordance with the WSP with evidence of actions taken.
- m. Ensure that Incident reporting is completed in full.
- n. Complete verification audits on system performance monitoring records, to provide assurance to the Operational Water Group (OWG) and WSG on the level of performance of the control strategies.
- o. Assist with annual management audits completed by the Authorising Engineer [Water].
- p. Carry out the necessary actions defined in the WSP should an outbreak situation associated with waterborne pathogens be suspected or confirmed.

- q. Ensure that Competent Person[s] [Water] remain suitably trained and validated. Complete the appraisal of the Competent Person [Water] and recommend their appointment by the RP[W].
- r. Ensure the external consultants and contractors are suitably qualified and competent [as defined in 'Competence']. Evidence shall be held in the form of training and qualifications for staff [applicable to the services they are undertaking] and membership to WaterSafe and Legionella Control Association [LCA] for companies.
- s. Liaise with the water undertaker and ensure that all equipment that is permanently connected to the water supply is properly installed.
- t. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

5.12. Competent Persons [Water]

- 5.12.1. The Competent Person[s] [Water] [CP[W]]. are appointed in writing by the RP[W]. They include Estates Team Leaders, Plumbers, and Assistants
- 5.12.2. The Trust has a mixed working environment involving both their own trades staff and external contractors. Both of which are used to execute the tasks required within the WSP.
- 5.12.3. Where external contractors are commissioned, their individual employees will not be appointed in writing by the Trust. Instead the AP[W] will ensure the contracting company are members of the Legionella Control Association [LCA] and/or WaterSafe Registered. Evidence of qualifications are required and shall be held in the form of training and qualifications for staff working on Trust sites [applicable to the services they are undertaking].
- 5.12.4. Any CP[W] shall:
 - a. Attend the OWG meetings.
 - b. Provide the skilled installation and/or maintenance of water risk systems, completed to the highest standard quality of work.
 - c. Conduct all their water systems related tasks in accordance with the WSP and PPM system, fully complete all required records and return to the AP[W].
 - d. Use only Water Regulations Advisory Scheme [WRAS] approved materials when working on water systems.
 - e. Maintain good hygiene practices with tools, equipment, components/accessories to be used on water systems, thus preventing contamination of water systems and outlets.

- f. Ensure good personal hygiene [including clothing and footwear] practices [reporting any recent communicable illness to the AP[W] before commencing any work on water systems.
- g. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation.
- h. Attend updated training at least every three years, or sooner if determined by the training needs analysis.
- i. With external contractors a specification appertaining to new works will be produced which will include:
- j. A standard form within the contract documentation which define roles, responsibilities and procedures of parties concerned.
- k. Submission of risk assessments and method statements in relation to compiled schedules.

5.13. Infection Prevention and Control Officer [Water]

5.13.1. The Director of Infection Prevention and Control [DIPC] is the Infection Prevention and Control Officer [Water] [IPCO[W]] or designated deputy.

5.13.2. The IPCO[W] shall:

- a. Chair the Water Safety Group [WSG] meetings.
- b. Head the Outbreak Control Team, determined in HSG274 Part 2, Appendix 2.3 and HTM04-01 Part B, Appendix B. Carry out the necessary action should an outbreak situation associated with waterborne pathogens be suspected or confirmed.
- c. Approve this Policy for ratification.
- d. Shall receive regular updates from the WSG to the update Infection Prevention and Control Committee/Trust Board.
- e. Attend updated appropriate training at least every three years, or sooner if determined by the training needs analysis.

5.14. Infection Control Doctor

5.14.1. The Consultant Microbiologist / IPAC Doctor is the Infection Control Doctor.

5.14.2. The Infection Control Doctor shall:

- a. Provide microbiological and infection related expertise to the WSG.
- b. Advise on the continuing procedures for the prevention and/or control of waterborne pathogens.

- c. Advise on the location of 'high risk' patient services and potential areas of risk, particularly those relating to medical devices.
- d. Advise on changes in circumstances within any ward/department that might affect waterborne pathogen proliferation.
- e. Support and advise Trust staff on the continuing procedure for the prevention and/or control of waterborne pathogens.
- f. Contribute to the control of outbreaks relating to water borne pathogens
- g. Review and identify changes needed to applicable sections of the WSP.
- h. Attend the Water Safety Group [WSG] meetings.
- i. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

5.15. Authorising Engineer [Water]

5.15.1. The Authorising Engineer [Water] [AE[W]] will remain independent of Trust and remain independent of providing remedial services. The AE[W] will be appointed by the DP.

5.15.2. The AE[W] shall:

- a. Make recommendations for the appointment of the RP[W], DRP[W] and AP[W]. Certificates of appointment will be issued detailing areas of responsibility and limitations.
- b. Advise and support the RP[W], IPCO[W], IPCL, DRP[W] and AP[W] on positive water sample results as well as non-compliant issues identified.
- c. Undertake annual audits – to be shared with the WSG for review and issued to the DP and RP[W].
- d. Monitor ongoing performance status through reviewing verification records presented at the WSG.
- e. Review and identify changes needed to the WSP.
- f. Assist with risk assessment reviews.
- g. Attend the WSG meetings.
- h. Assist and advise on the delivery of training based on the training needs analysis.

5.16. Head of Health, Safety, Moving and Handling

The Head of Health, Safety, Moving and Handling shall:

- a. Attend the WSG.
- b. Review and identify changes needed to applicable sections of the WSP.
- c. Lead the reporting of incidents to the HSE and act as key liaison with the HSE during any visits.
- d. Attend updated management training at least every three years, or sooner if determined by the training needs analysis.

5.17. Head of Major Capital Projects and Women and Children's Programme Manager

They shall:

- a. Attend the WSG and inform the group members at the earliest possible opportunity, where new premises or existing premises are to be altered or refurbished so water hygiene requirements can be assessed in the planning stages by the WSG.
- b. Ensure the external consultants and contractors are suitably qualified, trained and competent [as defined in Section 4.2 below 'Training and Competence'] before the commencement of any project. Evidence shall be held in the form of training and qualifications for staff [applicable to the services they are undertaking] and membership to WaterSafe and Legionella Control Association [LCA] for companies.
- c. Ensure all projects involve the retention of designers, consultants and contractors' post-handover with a 'soft landings' arrangements. This will allow any defects or performance issues to be investigated and resolved, thereby ensuring these situations can aid and improve future designs.
- d. Ensure risk assessments are undertaken at each stage of a project and are presented to the WSG for review. As a minimum, they shall be completed for all projects before commencement and once the system is operational.
- e. Manage those Project Managers from the Capital Projects Team who are leading on refurbishment works [major or minor] or new development works to ensure they are completed in accordance with the WSP.
- f. Ensure their team follows all applicable sections of the WSP.
- g. Ensure that the design of new and refurbished water systems follows the latest regulations, standards, guidance and Trust WSP.
- h. Ensure all commissioning, handover records, Operation and Maintenance manuals, risk assessments including evidenced records are received on completion of a project.
- i. Immediately investigate any reported defects, suspicions or concerns

regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation. These shall also be reported to the RP[W].

- j. Inform the RP[W], IPCO[W], Consultant Microbiologist, IPCL, AE[W], DRP[W] and AP[W] of all positive water sample results and the associated action being taken to resolve identified defects.
- k. Be responsible for ensuring the design requirements of the project are met.
- l. Be responsible for leading on the explanation to users on the function of installed water risk systems and organise adequate information and training to support those systems.
- m. Routinely review the training needs analysis of the Capital Project Team, and ensure suitable training is being delivered where required.
- n. Receive updated training on the WSP and the latest guidance at least every three years or sooner as determined by the training needs analysis.

5.18. Head of Facilities

The Head of Facilities shall:

- a. Attend the WSG meetings.
- b. Ensure their teams follow the applicable sections of the WSP.
- c. Ensure the daily running of outlets as part of the cleaning process, this operation assists with water use and turnover.
- d. Report any outlets which cannot be accessed, or closed off areas, to the AP[W].
- e. Ensure the collation of flushing regime records and ensure these records have been scanned and saved to the Trust's document management system.
- f. Report any defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk waterborne pathogen proliferation to the RP[W].
- g. Ensure members of their team are aware of good personal hygiene [including clothing and footwear] practices and the need to report any recent communicable illness.
- h. Routinely review the training needs analysis for the Facilities Team, and ensure suitable training is being delivered where required.
- i. Receive updated training in the WSP and the latest guidance at least every three years or sooner as determined by the training needs analysis.

5.19. Facilities Team

It is expected that Domestics will complete daily cleaning and flushing of outlets as part of the National Cleaning Standards. This daily operation assists with water use and turnover. Domestics will also assist with the flushing of known little used outlets. Domestics shall be appropriately trained in the tasks they undertake.

For each area / ward / dept. the manager / clinical lead / matron / senior charge nurse shall identify the outlets to be flushed and shall identify a person responsible to complete this flushing to undertake the flushing duties.

5.20. Building Occupiers e.g. Departmental Managers

5.20.1. Managers of departments have control over the use of water in their department. Likewise, these managers hold the legal responsibility for the operational aspects of water hygiene control.

5.20.2. These managers must ensure that all water outlets are used routinely. Those outlets not in routine use [at least twice per week] are reported to the AP[W], who will report these to the WSG. Where managers have concerns with defects, suspicions or concerns regarding the design, condition, operation or performance of water systems that might increase the risk of waterborne pathogen proliferation, these should be reported through the Estates department.

5.20.3. Support on the management of outlets can be sought from the AP[W] and IPCL.

5.21. All Staff and Others

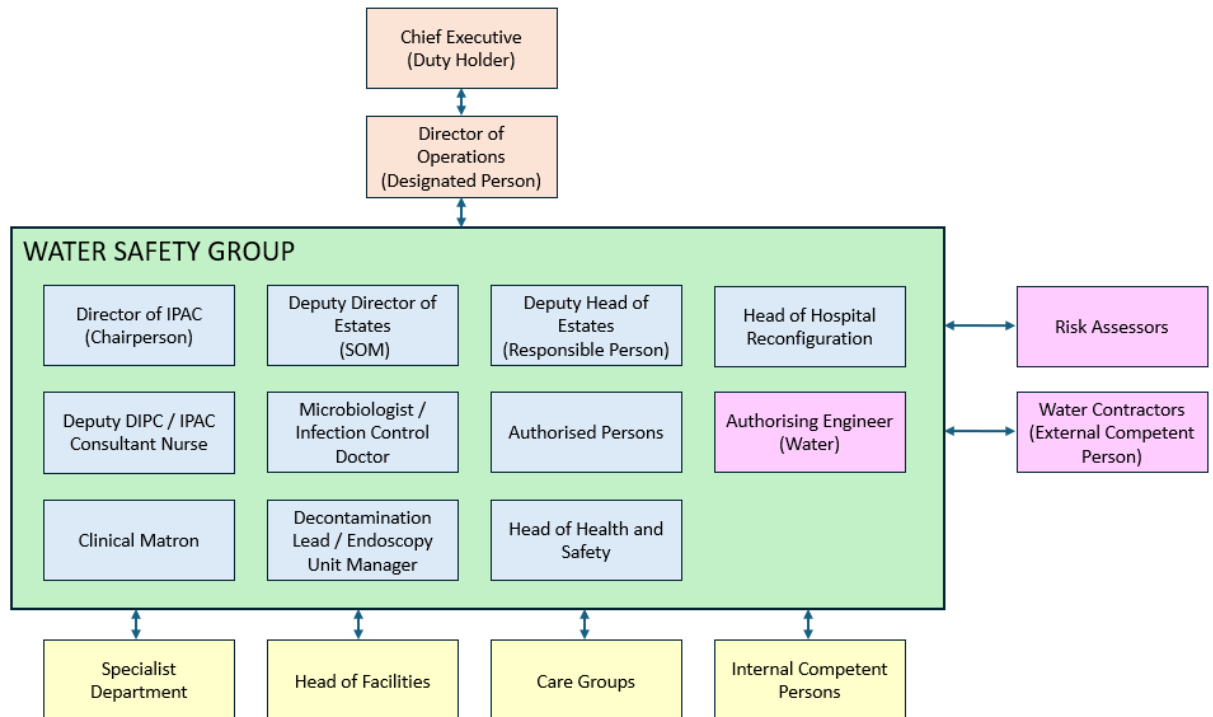
5.21.1. All staff members can affect water hygiene risk, as such they shall report any problems, concerns or suspicions regarding the safety, maintenance, operation, performance, usage or cleanliness of outlets or water systems that might increase the risk of waterborne pathogen proliferation i.e. little used outlets. Any staff may be required to attend training sessions [where necessary]. These reports shall be made to the appropriate service i.e. estates / facilities helpdesk.

5.21.2. Employees may be consulted regarding the Trust's risk assessments and associated control measures according to their role. Each risk assessment/risk minimisation scheme report [at organisational level] shall include an Employee Summary for dissemination to unions and employees, at the discretion of the RP [W]. Patients, their families and caregivers shall be supported so they understand the need for safe use of water practices.

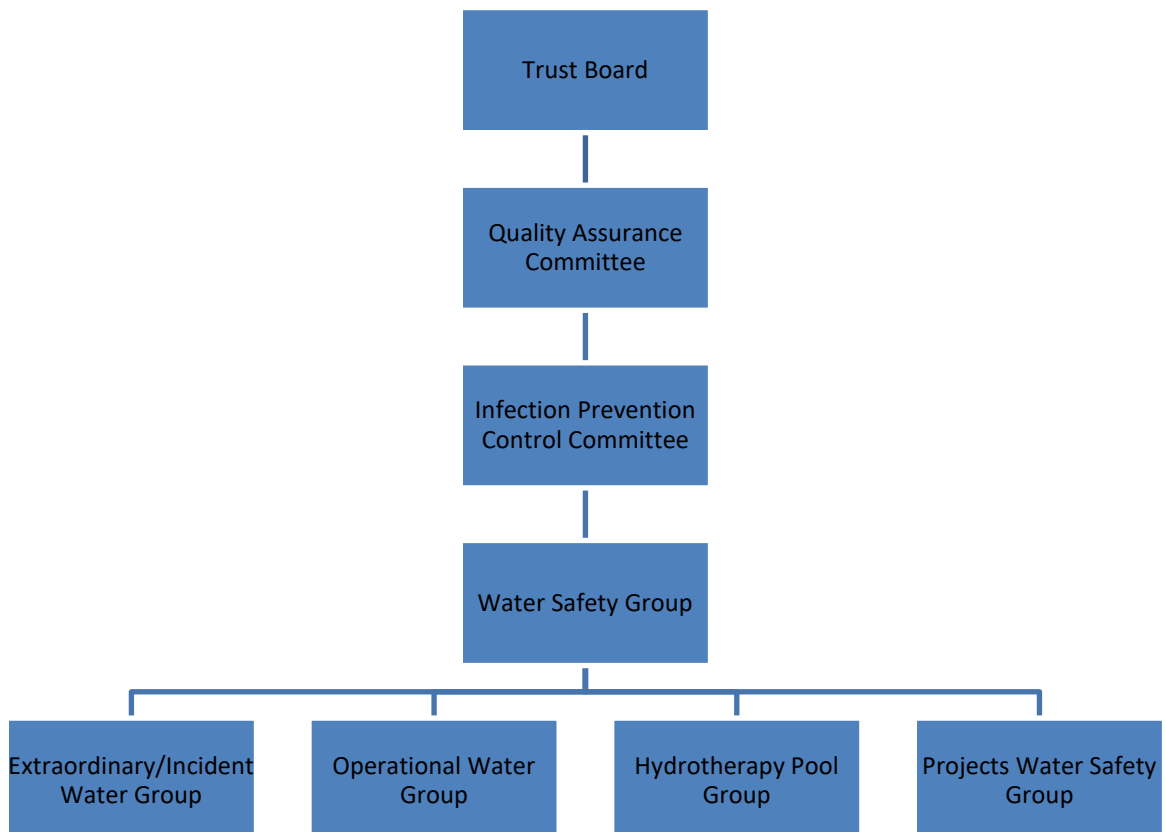
6. Standards and Practice

6.1. Communication Pathways

6.1.1. Roles (Example)



6.1.2. Groups



6.2. Water Safety Plan

6.2.1. The WSP [referred to by the HSE as the 'Written Scheme'] for the Trust is a defined suite of supporting documents [see [Appendix 3](#)] which are designed to ensure Water Safety is being proactively managed.

6.2.2. WSP is defined in HTM04-01 as:

A risk-management approach to the safety of water that establishes good practices in local water distribution and supply. It will identify potential hazards, consider practical aspects, and detail appropriate control measures.

6.2.3. WSP is defined in BS 8680 as:

A strategic plan which defines and documents the arrangements that required for the safe use and management of all water systems together with all associated systems and equipment within each building or estate to prevent harm arising from all forms of exposure.

6.2.4. This Policy does not detail any technical methods or approaches for the management or control of water systems. All such detail is defined within other sections of the WSP such as 2.1 Controls Measures i.e. operational procedures, routine maintenance, routine monitoring and/or 5.1 Support Schemes i.e. emergency actions [outbreak, confirmed/suspected cases, and non-compliant occurrences].

6.3. Management Groups

6.3.1. Water Safety Group [WSG]

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

6.3.2. WSG is defined in HTM04-01 as:

A multidisciplinary group formed to undertake the commissioning and development and ongoing management of the water safety plan (WSP). It also advises on the remedial action required when water systems or outlets are found to be contaminated and the risk to susceptible patients is increased.

6.3.3. WSG is defined in BS 8680 as:

Multidisciplinary group of people formed to undertake the commissioning, development and ongoing implementation and management of the water safety plan (WSP) with the skills and responsibility for ensuring that the water is safe at the point of use for all uses and all users of water within buildings.

- 6.3.4. The Terms of Reference [ToR] for the WSG can be found in the appendices section of this Policy. The ToR defines:
- a. The purpose of the WSG.
 - b. Membership of the WSG.
 - c. Remit of WSG.
 - d. Frequency of meetings, quorate arrangements along with agenda.
 - e. Reporting arrangements.
- 6.3.5. The WSG has clearly identified lines of accountability/communication pathways [see section 'Communication Pathways'] up to the Duty Holder and the Board. The roles and responsibilities of these members are defined within this Policy. Only members of the WSG shall attend meetings, and should they be unable to attend, it is expected they will inform the Chairperson and detail a nominated deputy to attend the WSG in their place.
- 6.3.6. Membership to the WSG broadly includes those:
- a. Who are familiar with all water systems and associated equipment in the building(s) and the factors that may increase the risk of harm from:
 - Biological hazards*: infection from waterborne pathogens i.e. Legionella, P. aeruginosa
 - Physical hazards*: such as components in use through to scald, drowning, slips
 - Chemical hazards*:
 - Radiological hazards*.

*Hazards are classified in WSP
 - b. Who have knowledge of the vulnerabilities and susceptibility of the at-risk population within the facility.
 - c. Representatives from areas where water may be used in therapies, medical treatments or decontamination processes where exposure to aerosols may take place and where high-risk patient groups are cared for.
- 6.3.7. The WSG undertakes:
- a. The commissioning, development and implementation of the WSP.
 - b. The provision of advice on the remedial actions required when water systems or outlets are found to be contaminated and the risk to susceptible patients is increased.

- c. Decision making on the safety and integrity of the water systems and associated equipment that use water, from which patients, staff and visitors could be exposed. This includes consultations relating to decisions on the procurement, design, installation and commissioning of water services, equipment and associated treatment processes [includes seeking assurance should be sought from the manufacturer regarding safety for patients and service-users].

6.3.8. Extraordinary WSG/Incident Meeting

- 6.3.9. These meetings will be chaired by the DIPC or IPCO or the RP[W], as appropriate.

- 6.3.10. The Group will be convened as necessary, for such possible events as [but not limited to]:

- Reoccurring failures with water samples results or loss of control strategy.
- A suspected outbreak or confirmed outbreak of Legionellosis.
- Responding to operational issues which are directly impacting on control strategies.

- 6.3.10.1. These meetings will be attended by the WSG, together with other co-opted persons, such as Departmental Managers or 'Outside Agencies', as deemed necessary for the effective management of the incident.

- 6.3.10.2. The decision making of these meetings will be supported by WSP i.e., suspected outbreak or confirmed outbreak of Legionellosis, suspected case or confirmed case of *Pseudomonas aeruginosa*.

- 6.3.10.3. The Group will expect 'full support' from any associated sub-contractors in investigating any such incidents including any subsequent investigations by the appropriate enforcing authority and to undertake any necessary actions to rectify/minimise the problem.

6.3.11. Operational Water Group [OWG]

- 6.3.11.1. This is a separate group to the WSG. The OWG meets on a monthly basis [or sooner if deemed necessary] with the objective of collating and reviewing operational performance data, monitoring of risk systems along with completing the risk assessment review process in order to provide the WSG with an informed position of compliance.

- 6.3.11.2. The OWG is chaired by the RP[W] with AP[W] and CPs, approved contractors and risk assessors and other parties attending as required. Formal minutes are taken. Reports on performance, risk minimisation action plans, sampling results and incidents are summarised and reported to the quarterly WSG meetings.

6.3.11.3. The ToR for the OWG can be found in the appendices section of this Policy.

6.3.12. Hydrotherapy Pool Management Group [HPMG]

This is a separate group to the WSG. The HPMG meets once every six months [or sooner if deemed necessary] to review the management arrangements and system performance data of the Hydrotherapy Pool. Formal minutes of these meetings are recorded, and these are noted at the WSG. The HPMG has its own defined Policy document [outlining roles and responsibilities] with a separate a Standard Operating Procedures Manual for the safe operation and maintenance of the pool.

6.3.13. Projects Water Group [PWG]

This is a separate group to the WSG. The PWG meets monthly [or as deemed necessary] with the objective of reviewing the project plan, project risk assessments, competency, designs, specifications, commissioning and handover plans, and for addressing issues that may occur through the life of the project.

The PWG is chaired by the appropriate Senior Responsible Officer for projects, members of the group shall include architect, design team, construction personnel, with the designer, the approved contractors, members of the WSG i.e. RP,/ AP,/ AEW,/ ICO, Dept / Occupant Key Stake Holders and other parties attending as required. Formal minutes are taken, with updates provided to the WSG on the project performance and status.

6.4. Training and Competence

6.4.1. Training

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

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

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

6.4.1.4. To ensure the delivery of safe wholesome water at all outlets and preventing contamination [which may lead to healthcare-associated infections], the Trust shall implement a water hygiene training scheme. The Trust recognises that individuals who can

have an impact on the water systems shall be made aware of their duty to protect the health of patients, staff and visitors and their individual responsibility to inform their line manager if they become aware of circumstances that has the potential to cause harm.

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

6.4.1.6. A health screening element shall be introduced into the training to help identify operatives that may be carriers of any waterborne diseases on the date of training.

6.4.1.7. The water hygiene training should encompass the following elements:

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

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

- 6.4.2.1. The Trust can use specialist contractors to undertake aspects of the operation, maintenance and control measures. While these contractors have legal responsibilities, accountability for the safe operation rests with the Trust Duty Holder.
- 6.4.2.2. Employing contractors or consultants does not absolve the Trust Duty Holder of accountability OR responsibility for ensuring that control procedures are carried out to the standard required to prevent the proliferation of waterborne pathogens in the Trust's water systems.
- 6.4.2.3. Those who appoint specialist contractors [RP[W], AP[W], Head of Estate Development shall make reasonable enquiries to satisfy themselves of the competence of contractors in their specified area of work before they enter into contracts for the treatment, monitoring, cleaning of the water systems, or other aspects of water treatment and control [see Appendix 7 below for 'Evidence of Contractors Competence letter'].
- 6.4.2.4. The Trust shall be satisfied that any contractors employed are competent to carry out the required tasks and that the tasks are carried out to the required standards. The contractor should inform the AP[W] of any risks identified and how the system can be operated and maintained safely.
- 6.4.2.5. The Legionella Control Association's A Recommended Code of Conduct for Service Providers provides an illustration of the levels of service to be expected from service providers.
- 6.4.2.6. This Code of Conduct does not have legal status but may give guidance to those who appoint specialist contractors about the standards of service they should expect to receive from service providers who abide by the Code.
- 6.4.2.7. Only installers with the appropriate qualifications, regulatory knowledge and competence shall be used to install and maintain water installations. The WaterSafe register holds details from all seven Approved Contractors' Schemes for businesses that have registered plumbing installers [authorised through the Water Supply (Water Fittings) Regulations (1999)].
- 6.4.2.8. Evidence shall be held in the form of training and qualifications for staff [applicable to the services they are undertaking].
- 6.4.2.9. The Trust recognises that the benefits of using an Approved Contractor include that some work can be carried out without the need to provide advanced notification to the water undertaker and that their work will be certified upon completion. A 'work completed' certificate issued by a WaterSafe recognised plumber provides a defence for property owners who are challenged by a water undertaker enforcing the Water Supply (Water Fittings) Regulations (1999) or during legal proceedings.

6.5. Risk Assessment Need

- 6.5.1. A risk assessment and risk assessment review have been defined in BS8680 as:
- 6.5.2. The overall process of the identification of hazards and hazardous events together with risk identification, risk analysis and risk evaluation reassessment of both the current risk assessment and scheme of control to ensure they are valid and up to date.
- 6.5.3. The WSG shall be informed on risk assessment, risk minimisation schemes, schematics, and risk assessment reviews by the RP[W].
- 6.5.4. Section WSP 3.1 – Risk Assessment and Schematics details the scope of assessment starting with a hazards analysis matrix, the need risk assessments, their standards and review criteria and mechanisms.

6.6. Record Keeping

- 6.6.1. All records shall be readily available, either in paper or electronic format, for use by any member of the WSG or outside organisations.
- 6.6.2. Electronic data management tools may be used to facilitate the intelligent use of data for the WSG to easily monitor trends and analyse chemical and microbiological parameters.
- 6.6.3. All records must be saved to a 'document management system' and retained as detailed below:

Element of the Water Safety Plan	Retention Period
Policy	Throughout the period for which they remain current and for at least two further years
Project Water Safety	
Risk Assessments and Schematic drawings	
Control Measures	At least five years
Standard Operating Procedures	Throughout the period for which they remain current and for at least two further years
Support Schemes	At least five years
Logbook	

- 6.6.4. Comprehensive operational manuals for all items of plant that include requirements for servicing, maintenance tasks and frequencies of inspection should be readily available on site.
- 6.6.5. Any commissioning data should also be kept with these manuals.

6.6.6. Asset registers will be prepared and will be designed to provide the following:

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

7. Dissemination and Implementation

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

7.2. Implementation

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

- Senior Operations Manager.
- Responsible Person [Water].
- Deputy Responsible Person [Water]/Authorised Person(s) [Water].
- Infection Prevention and Control Officer [Water].
- Consultant Microbiologist.
- Infection Prevention and Control Lead.

7.3. Authorising Engineer [Water]

8. Monitoring compliance and effectiveness

8.1. The water safety risk management audit/s completed by the AE[W], designed to inform the organisation's assurance framework will be issued to the WSG and the DP specifically.

8.2. Verification audits/monitoring completed by the AP[W] will require inspection of water systems and their records, to establish both the degree of compliance of records present and the accuracy of the records. The results of these quarterly verification audits will be collated via the OWG and reported at the WSG.

8.3. Broadly, risk management audits and verification audits/monitoring should establish:

- a. The required level of service is met.
- b. All the required plant is being maintained.
- c. System performance is being maintained (that is, by the implementation of microbial sampling and temperature/biocide-level-monitoring regimes).
- d. Maintenance is being carried out to the agreed standard.
- e. Records are being correctly maintained.
- f. The agreed standards, number of staff, and number of visits are being achieved.
- g. Health and safety requirements are being complied with.
- h. Only agreed subcontractors with the appropriate knowledge and competence are being employed.
- i. Invoices accurately reflect the work carried out, including materials expended.
- j. Breakdowns do not occur too often.

Element of Water Safety Plan	Frequency	Method	Who	Reports to	Objective
Policy	Annually*	Audit	AE. RP. AP.	DP and WSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	RP. AP.	WSG	Ensures the set agenda is used which in turn delivers on the Terms of Reference. Agenda items include roles, appointments, training needs, etc.
Project Water Safety	Annually*	Audit	AE. Head of ED.	DP and WSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	Head of ED.	WSG	Set agenda item for WSG. Accountable for reporting new projects for review and approval by WSG. Additionally,

Element of Water Safety Plan	Frequency	Method	Who	Reports to	Objective
					updating the WSG on project status and soft landings.
Risk Assessments and Schematics	Annually*	Audit	AE. RP. AP.	DP and WSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	RP. AP.	OWG. WSG.	Set agenda item for WSG. Reports on the status of risk assessment through demonstrating risk assessment review tools.
Control Measures	Annually*	Audit	AE. RP. AP.	DP and WSG.	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	AP. CP.	OWG. WSG.	Set agenda item for WSG. Evidencing risk minimisation schemes are being progressed within agreed time scales. Evidencing the status of system performance being compliant and if not the case, taking actions taken to correct. Sampling data is reviewed to compliment monitoring data. Where issues with sampling data are reported, providing evidence taken to correct.
Standard Operating Procedures	Annually*	Audit	AE. RP. AP.	DP and WSG.	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	AP.	OWG.	Set agenda item for OWG. Ensuring correct

Element of Water Safety Plan	Frequency	Method	Who	Reports to	Objective
			CP.	WSG.	PPMs and work instructions are in place for all risk systems/ assets reported in the risk assessments.
Support Schemes	Annually*	Audit	AE. RP. AP. IPCL.	DP and WSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	DRP/A P. IPCL. Head of H and S.	WSG	Set agenda item for WSG. IPCL will report on clinical surveillance and national data on waterborne pathogens. Head of H and S to detail additional evidence as appropriate.
Logbook	Annually*	Audit	AE[W] AP.	DP and WSG	Monitor the performance of the service, and report on status to DP.
	Quarterly	Verification	AP CP.	OWG	Set agenda item for OWG. Review of all associated monitoring records required for the logbook to ensure they are present and correct. This will in turn inform the WSG of status of performance via Control Measures.

* The methodology for risk management audit may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit report includes recommendations for improvement. The annual audits completed by the AE[W] will be completed with assistance from various members of the WSG and may be completed at various times of the year i.e., to coincide with pre-planned site visits [i.e. WSG meeting dates]. As such, audit reports can be updated and re-issued through the year.

9. Updating and Review

9.1. Identification of need.

To meet the requirements of ACOP L8, HTM04-01 and BS8680.

9.2. Consultation and Communication with Stakeholders

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

- Senior Operations Manager.
- Responsible Person [Water].
- Deputy Responsible Person [Water]/Authorised Person(s) [Water].
- Infection Prevention and Control Officer [Water].
- Consultant Microbiologist.
- Infection Prevention and Control Lead.
- Authorising Engineer [Water].

9.3. Process for Reviewing this Policy

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

9.4. Version Control

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

9.5. Archiving

- 9.5.1. The Trust's RP[W] will be responsible for document control including the recording, storing and controlling of current procedural documents and archiving.
- 9.5.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval, and dissemination processes.
- 9.5.3. Where the revisions are minor for amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.

9.5.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Water Safety Policy V5.0
This document replaces (exact title of previous version):	Water Safety Policy V4.0
Date Issued/Approved:	March 2026
Date Valid From:	April 2026
Date Valid To:	April 2029
Author/Owner:	Ryan Hill, Estates Manager (Mechanical)
Contact details:	01872 253400
Brief summary of contents:	Policy for the safe management of water systems, including details of roles and responsibilities and outline of systems and processes to govern water safety.
Suggested Keywords:	Water, legionella, infection control, safety
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Director of Estates and Facilities
Approval route for consultation and ratification:	Water Safety Group
Manager confirming approval processes:	Head of Estates
Name of Governance Lead confirming consultation and ratification:	Head of Performance Improvement, Governance and Compliance
Links to key external standards:	Health Technical Memorandum British Standards
Related Documents:	Water Safety Plan
Training Need Identified:	Yes – see training matrix within policy.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Estates and Facilities / Estates

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
September 2013	V1.0	Initial Issue.	Estates Operations Manager
March 2015	V1.1	Comments added on Hotel Services Managers and flushing. RA frequency changed to remove 2 years and updated to align with HSG274 pt2.	Head of Estates
August 2016	V1.2	Updated in line with HTM04 parts A, B, C [2016].	AE[Water]
February 2017	V1.3	Minor Updates.	Estates Officer
November 2019	V2.0	Full review and re-draft.	Head of Estate Operations
March 2022	V3.0	Update to reflect structure in BS 8680:2020 and technical updates.	Barry Manser, Deputy Head of Estates and Charlie Brain, AE[Water]
February 2023	V4.0	Update to reflect changes in BS7592: 2022.	Barry Manser, Deputy Head of Estates and Charlie Brain, AE[Water]
March 2026	V5.0	Full Review.	Ryan Hill, Estates Manager (Mechanical)

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Guidance Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

For guidance, please contact the Equality, Diversity and Inclusion Team at rcht.inclusion@nhs.net

1. About the Policy / Service Change:

Information Category	Detailed Information
Individual completing QEIA: (Name, Role, Email)	Phil Bond, Head of Performance Improvement, Governance and Compliance
Service Area: (Department, Care Group)	Estates and Facilities
Name of document:	Water Safety Policy V5.0
Type of document: (Policy, Strategy, Service Change)	Policy
Policy / Service Change Objective(s): (What should it achieve, and for whom?)	To ensure that the water systems remain safe
Does this Policy / Service Change: (Select all that apply)	Eliminate Discrimination? Yes Advance Equal Opportunity? Yes Foster Good Relations? Yes
Which Groups are impacted by this policy? (Select all that apply)	Yes – Workforce. Yes – Patients. Yes – Visitors. No - System Partners. No - External Organisations. Yes – Contractors.

2. About the impact:

For each characteristic, please indicate whether you think the impact will be positive, negative or unknown, and provide a brief explanation:

Note: Stating 'This document has no impact on this group' for all characteristics will result in the document not being approved.

Characteristic	Impact	Explanation
Age	Positive	
Sex	Positive	
Gender Reassignment	Positive	
Race, Ethnicity, Culture	Positive	
Disability or Long-term Health Condition	Positive	
Religion or Belief	Positive	
Marriage and Civil Partnership	Positive	
Pregnancy and Maternity	Positive	Providing safe water during stay in hospital
Sexual Orientation	Positive	
Armed Forces Community	Positive	
Low Income Households	Positive	

A consultation must take place with appropriate groups to clarify unknown impacts and recommend mitigation of negative impacts.

3. About the Consultation

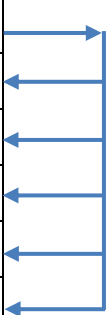
Information Category	Detailed Information
Which bodies have been consulted? (Not all will be required)	Yes Service Employees. No Employee Network Groups. No Union Representatives. No EDI Team. No Patient / Service Users. No Patient Advisory Group. No Patient Representatives. No Local / National Charities. No System Partners. Yes External Organisations. No Other.

Information Category	Detailed Information
Please list the individuals / groups who have been consulted: (Role, Organisation, Email. Avoid using individual names)	Water Safety Group and the Authorising Engineer for Water Safety
Consultation Outcomes: (Positive feedback, new negative impacts, recommendations)	Continue with approval
What action will you now take?	Continue without Amendments
Provide Details:	Approved
Do any negative impacts remain?	No
Explain rationale for proceeding with negative impacts:	None

I am confident that this QEIA is an honest reflection of my efforts to comply with the Public Sector Equality Duty, and that all appropriate, necessary actions have been taken to mitigate any negative impacts as far as practicable.

Name:	Phil Bond	Role:	Head of Performance Improvement, Governance and Compliance
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Appendix 3. Water Safety Plan Model

WSP: Part	Part Heading	Part Content	
WSP: Part 1.1	Governance Policy	Statement Purpose and Scope. Roles and Responsibilities. Communications Pathway. Water Safety Groups (Terms of Reference). Training and Competency. Risk Assessment Need. Record Keeping.	
		Auditing and Verification.	
WSP: Part 2.1	Project Water Safety	Specification, Risk Assessment, Competency.	
		Design.	
		Install.	
		Commission.	
		Soft Landing.	
		Handover.	
WSP: Part 3.1	Risk Assessment and Schematics	Scope of Assessments. Risk Assessments Findings. Asset Register. System Identification Register. Schematic Diagrams. Risk Assessment Reviews.	
WSP: Part 4.1	Scheme of Control Measures	Risk Assessment Remedial Actions. Critical Control Performance Criteria. Monitoring. Sampling Plans. Building Scheme of Control Template.	
WSP: Part 4.2	Standard Operating Procedures SOP	Work Instructions. Exemplar Forms and Checklists.	
WSP: Part 5.1	Support Schemes	Safe Clinical Care for Patient Protection. Failure in Control/ Incident Plans. Positive Water Sample Results. Outbreak Management.	
WSP: Part 6.1	Logbook	Governance Arrangements. Scheme of Control – Applicable Controls Measures and SOPs. Reports on task outcomes. Defects and remedial actions log. Sampling data. Relevant data on water safety	

Appendix 4. Water Safety Group Terms of Reference (indicative)

1. Purpose of Group

To provide assurance to Trust Infection Prevention Committee [IPC], which in turn reports to the Trust's Board of Directors, that there are appropriate risk management infrastructure and controls in place to minimise the risk of harm and infection from water used by patients, staff and visitors.

To provide a forum for those individuals with delegated roles and responsibilities to take collective responsibility for the identification of water-related hazards (including but not exclusive to microbiological hazards, chemical hazards, scalding and/or loss of supply), assessment of risks, escalation of items to the Risk Register, selection and monitoring of control measures and development of incident-response protocols.

To provide clear guidance on how to maintain safe water within the Trust premises and the processes to be adopted and monitored.

2. Membership

The WSG will be chaired by the Director of Infection Prevention and Control who has appropriate management responsibility, knowledge, competence and experience for the role as Chair. In their absence, the Head of Estates Operations will act as the Chairperson.

Membership of the Group will include:

Designation	Core Member
Director of Infection Prevention and Control. Chairperson	Yes
Head of Estates Operations (Deputy Chair)	Yes
Responsible Person [Water] – Deputy Head of Estates	Yes
Authorised Person(s) [Water]	Yes
Authorising Engineer [Water]	Yes
Medical Microbiologist/Infection Control Doctor	Yes
Divisional Nurse Manager or nominated Deputy of augmented care areas	Yes
Head of Facilities	No
Head of Hospital Reconfiguration	Yes
Head of Health, Safety, Moving and Handling	Yes
Decontamination / Endoscopy Unit Manager Lead	Yes
Renal Unit Technician	No
Hydrotherapy Department Manager	No

Designation	Core Member
IPAC Consulting Nurse	Yes
Emergency Planning Lead	No
Local Security Manager	No

It is expected that members will attend at least 75% of scheduled meetings. Deputies for absent members will be permitted to attend the meeting.

Additional members may be invited as required such as nursing staff from Specialist Departments.

3. Frequency of Meetings

The WSG will routinely meet on a quarterly basis.

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

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

4. Remit of WSG

The remit of the Water Safety Group is:

- To work with and support the IPC team.
- To ensure effective ownership of water quality management for all uses and general oversight of water quality issues across the organisation.
- To determine the vulnerabilities of the at-risk population.
- To review the risk assessments.
- To ensure the Water Safety Plan [WSP] is kept under review including the identification of all uses of water, findings from associated risk assessments of water hazards and other associated documentation.
- To ensure all tasks indicated by the risk assessments have been allocated and accepted.
- To have continued input throughout any new builds, refurbishments, modifications and equipment are designed, installed, commissioned, handed over and maintained pre-occupation to the required standard to ensure water quality standards are not compromised. The entire suite of water sampling results shall be received, reviewed and approved by the WSG prior to handover and the building / systems brought to in to use i.e. occupation:

- To ensure maintenance and monitoring procedures are in place and that records of all maintenance, inspection and testing activities are kept up to date and properly stored.
- To ensure accurate records for all assets relating to hot and cold-water distribution systems are set up and regularly maintained.
- To review clinical and water sampling results;
- To agree and review remedial measures and actions in response to out of specification results, and ensure an action plan is in place, with agreed deadlines, to ensure any health risks pertaining to water quality and safety are addressed. The entire suite of water sampling results shall be received, reviewed and approved by the WSG prior to handover and the building / systems brought to in to use i.e. occupation;
- To determine best use of available resources.
- To be responsible for training and communication on water-related issues.
- To oversee water treatment with operational control monitoring and to provide an appropriate response to out-of-target parameters (that is, failure to dose or overdosing of the system).
- To oversee adequate supervision, training and competency of all staff.
- To ensure surveillance of both clinical and environmental monitoring.

5. Agenda Setting

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

ITEM #	AGENDA ITEM
00.00	Introduction and Apologies
01.00	Matters Arising – action log
02.00	Governance:
02.01	Roles and Appointments
02.02	Training and Competency
02.03	Audit [status]
03.00	Project Water Safety [new, mods, refurb]
04.00	Risk Assessment – Review and Update
05.00	Control Measures:
05.01	Risk Minimisation Scheme – Review and Update
05.02	Monitoring Data / System Performance
05.03	Water Sample Results

ITEM #	AGENDA ITEM
06.00	Support Schemes:
06.01	Surveillance Monitoring
07.00	Communications to assist the WSG
08.00	AOB

6. Quorum

The meeting will be quorate if 5 core members? are present.

7. Reporting Arrangements

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

The WSG reports to:

- a. IPC Committee.
- b. HCAI committee.
- c. Estates Governance Committee.
- d. Health and Safety Committee.

8. Review Date

These terms of reference will be reviewed and approved at the same time as this Governance Policy by Trust IPC Committee to ensure the WSG is delivering against its purpose and remit.

Appendix 5. Operational Water Group Terms of Reference (indicative)

1. Purpose of Group

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

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

2. Membership

Designation	Core Members
Responsible Person [Water] – Deputy Head of Estates Chairperson	Yes
Deputy Responsible Person [Water]/Authorised Person(s) [Water] – Estates Officers	Yes
Competent Persons [Water] – Estates Team Leaders, Plumbers and Assistants	Yes

Deputies for absent members will be permitted to attend the meeting.

Additional members may be invited as required i.e., contractors / risk assessors.

It is expected that members will attend at least 10 out of 12 scheduled monthly meetings.

3. Frequency of Meetings

OWG meetings on a monthly basis.

The meeting before the main Water Safety Group shall be held at least two weeks prior to ensure review of status and compliance reports have been prepared.

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

4. Remit of OWG:

- Ensure operational personnel remain suitably trained and competent in their respective duties.
- Ensure all tasks indicated by the risk assessments have been reported to the main WSG as part of an overall risk minimisation scheme for their approval.
- Ensure any remedial measures and actions, action plans/risk minimisation schemes agreed by the main WSG are achieving their set deadlines. Any missed deadlines are identified and reported to the main WSG.

- Review all assets relating to hot and cold-water distribution systems are current and updated accordingly.
- Ensure the WSP remains current with the correct risk systems as reported within the risk assessment reports and up to date with latest guidance. Any deficiencies identified need to be reported to the main WSG with a proposed variation to the WSP for the group to approve.
- Ensure the water treatment strategies along with operational control monitoring remain effective.
- Shall collate and review all maintenance, monitoring and testing records to ensure they have been completed in accordance with the WSP and are compliant. Any non-compliances are identified and are resolved. These non-compliances are reported to the WSG particularly when a resolution to the issue is not achieved.
- Ensure awareness of new builds, refurbishments, modifications and any equipment proposed. Review the proposed design, install, commissioning records and report to the main WSG advising of issues which may compromise water standards.
- Confirm adequate resources to ensure water safety is achieved, with any lack of resources being reported to the main WSG for addressing.

5. Agenda Setting

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

ITEM #	AGENDA ITEM
00.00	Introduction and Apologies
01.00	Matters Arising – action log
02.00	Governance:
02.01	Training and Competency – review and update
02.02	Audit – review and update
03.00	Project Water Safety: [new, mods, refurb]
03.01	Confirm status of all projects ongoing
04.00	Risk Assessment – Review and Update
05.00	Control Measures:
05.01	Risk Minimisation Scheme – review and update
05.02	Monitoring Data / System Performance – collate, review and report
05.03	Water Sample Results – collate, review and report
06.00	AOB

6. Quorum

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

7. Reporting Arrangements

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

8. Review Date

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

Appendix 6. Training Needs Matrix

Role and Who	Course and Date Completed						
	RP*	AP*	CP*	WR*	Awareness*	Appraisal	Comments
Designated Person	No	No	No	No	Yes – A1	No	
Senior Operations Manager	No	No	No	No	Yes – A1	No	
DIPC	No	No	No	No	Yes – A1	No	
Infection Control Officer / Microbiologist	Yes	No	No	No	No	No	
Authorising Engineer [Water]	No	No	No	No	No	No	LCA / Independent / IHEEM AE[W] Register
Head of Health, Safety, Moving and Handling	Yes	No	No	No	No	No	
Responsible Person [Water]	Yes	Yes – APO	No	No	No	Yes	AE[W] to appraise
Deputy RP / Authorised Person [Water]	Yes	Yes – APO	No	No	No	Yes	AE[W] to appraise
Competent Person	No	No	Yes	Yes	No	Yes	DRP/AP to appraise
External Competent Person / Contractors	No	No	Yes	Yes	No	Yes	N/A
External Competent Risk Assessor	No	No	No	No	No	No	WSG / RP / AP to interview

Role and Who	Course and Date Completed						
	RP*	AP*	CP*	WR*	Awareness*	Appraisal	Comments
Head of Estates Department	No	Yes – APD	No	No	No	Yes	AE[W] to appraise
Capital / Project Manager	No	Yes – APD	No	No	No	Yes	AE[W] to appraise
Heads of Facilities Contract Management	No	No	Yes	No	No	No	
Infection Control Nurses	No	No	No	No	Yes – A3	No	
Building Managers	No	No	No	No	Yes – A3	No	
Sisters / matrons	No	No	No	No	Yes – A3	No	
Domestic Services	No	No	No	No	Yes – A3	No	

RP = Role of Responsible Person – Management [1 day].

*APO = Role of Authorised Person – Operations [1 day] or APD = Role of Authorised Person – Design [1 day].

*CP = Role of Competent Person - CP1 [1 day].

*WR = Water Regulations.

*Awareness – A1 – Briefing session [30 minutes], A2 – IPC Briefing [30 minutes], A3 – Awareness Training [2 hours].

Appendix 7. Contractors Competence Letter

Contractor.

Contractors Address 1.

Contractors Address 2.

Contractors Address 3.

Contractors Address 4.

Contractors Address 5.

[date].

Dear [name],

Re: Competence Confirmation For Contractors / Service Providers

The risk of legionnaires disease and poor water hygiene within [organisation] properties are a health and safety issue that the [organisation] pro-actively manage.

Guidance from the HSE and the Department of Health requires [organisation] to have sort evidence from all contracting companies who are supplier goods, services and / or consulting advice to the [organisation].

As such this is a formal request from [organisation] for you to please provide physical evidence [in the form of copies] of competence for the company and/or individual membership [as applicable], to the following:

- Membership certificate to the LCA [Legionella Control Association]
www.conduct.org.uk
- Membership to one of the schemes covered by the Water Safe Register
www.watersafe.org.uk

If you require any further information about theses scheme, please take a look at the web links provided above.

If you require further information on why [organisation] are requesting this information, please refer to:

- <http://www.hse.gov.uk/pubns/indg368.pdf>
- <http://www.hse.gov.uk/pubns/priced/l8.pdf>

Yours sincerely,

xxx

Appendix 8. References

Health Technical Memorandum 04-01: Safe Water in Healthcare Premises, Parts A, B and C: (2016) and Supplement (2017).

Health Technical Memorandum 03-01: Specialised Ventilation for Healthcare Premises. Parts A and B: (2021).

Scottish Health Technical Memorandum 04-01: Safe Water in Healthcare Premises.

Part A: Design, installation and testing

Part B: Operational Management

Part B: Rainwater Harvesting – emerging technologies

Part C: TVC Testing Protocol

Part D: Disinfection of Domestic Water Systems

Part E: Alternative Materials and Filtration

Part F: Chlorination of Water Supplies

Part G: Exemplar Written Scheme

Scottish Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises. Parts A and B.

Health and Safety Executive (2013). Approved Code of Practice and Guidance on Regulations. Legionnaires' disease: the control of Legionella bacteria in water systems. [L8]. [4th Edition].

Health and Safety Executive (2024). HSG274 Legionnaires' Disease – Technical Guidance. Parts 1, 2 and 3.

Health and Safety Executive (2017). HSG282 The Control of Legionella and Other Infectious Agents in Spa-pool Systems.

The Health and Safety at Work etc. Act: 1974.

The Management of Health and Safety at Work Regulations (1999).

The Water Supply [Water Fittings] Regulations (1999).

The Water Supply [Water Quality] Regulations (2010).

The Control of Substances Hazardous to Health Regulations (2002).

The Building Regulations (1992).

BS 8580-1:2019 – Risk Assessments for Legionella Control.

BS 8580-2:2022 – Water quality Risk assessments for Pseudomonas aeruginosa and other waterborne pathogens. Code of practice

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BS 7592:2022 – Sampling for Legionella bacteria in water systems. Code of practice

BS8558 – Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages. Complementary guidance to BS EN 806 [British Standards Institution].

BS EN 806 – Specifications for installations inside buildings concerning water for human consumption.

PD855468 – Guide to flushing and disinfection of services supplying water for domestic use within buildings.

BS8680 – Water Quality. Water safety plans. Code of practice.

National Infection Prevention and Control Manual – Chapter 4: Infection Control in the Built Environment and Decontamination (2024).