

Water Management Policy

This policy outlines the Leicester Partnership NHS Trust, referred to as the Trust or LPT's management arrangements for water safety within Buildings for which the Trust holds a duty of care for its patients, staff and visitors.

Key Words:	Water, Scalding, Bacteria, Outlets, Flushing	
Version:	5	
Adopted by:	Trust Policy Committee	
Date this version was adopted:	22 February 2022	
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Name of responsible committee:	Infection Prevention and Control Group	
Please state if there is a reason for not publishing on website:	N/A	
Date issued for publication:	February 2022	
Review date:	July 2023	
Expiry date:	1 February 2024	
Target audience:	Management Staff, All staff	
Type of Policy	Clinical √	Non Clinical √
Which Relevant CQC Fundamental Standards?		

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	Sept 2011	Amalgamated document
2.0	January 14	Legal references updated and to reflect organisational changes within Estates and Facilities function. (outsourced)
2.1	September 14	Recognition of the Trusts Water Management Group in Section 3
3	March 2016	Policy extended due to no legislative updates or changes to arrangements
4	January 2019	Reference to Interserve removed and replaced with Estates and Facilities Provider Inclusion of Privacy Impact Assessment
5	December 2019	Amendments to management structure
5a	January 2022	Full review and changes by the authorised engineer. Approved by the IPC Group and the Water Group.

For further information contact:

Estates and Facilities Team
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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 1).

Contribution List:

Key Groups involved in reviewing the document

Name
Water Safety Group
Infection Prevention and Control Committee
Quality Forum

Circulated to the following individuals for consultation:

Name	Designation
Infection Prevention and Control Committee	Agreeing Committee
Water Safety Group	Policy Originator
Trust Policy Committee	Ratification Group

Trust Associated Policies:

All Health & Safety Policies;
All Estates & Facilities Policies
Trust Bathing Policy
Code of Practice for the Management, Installation and Maintenance of Thermostatic Mixing Valves.

Definitions that apply to this Policy

Water Safety Group	The Water Safety Group (WSG) is a multidisciplinary group formed to oversee the commissioning, development, implementation and review of the WSP. The aim of the WSG is to ensure the safety of all water used by patients, residents, staff and visitors, to minimise the risk of infection associated with waterborne pathogens.
Terms of Reference	The Terms of Reference (ToR) define the purpose and structure of the group, including attendees, function and reporting.
Duty Holder	The Duty Holder is the person who is ultimately accountable for safe operation of the premises.
Designated Person	The Designated Person (DP) provides the essential senior management link between the organisation and professional support, which also provides independence of the audit-reporting process. The DP will also provide an informed position at board level.
Responsible Person - Water	The duty holder should specifically appoint a competent person or persons to take day-to-day responsibility for controlling any identified risk for water safety, known as the 'Responsible Person -Water' (RP-W). It is important for the appointed responsible person to have <i>sufficient authority, competence and knowledge of the installation</i> to ensure that all operational procedures are carried out effectively and in a timely way.
Authorised Person	The Authorised Person (AP) have the operational responsibility for the specialist service. This person will be qualified and sufficiently experienced and skilled to fully operate the specialist service. They will be assessed and appointed by the RP-W, or their Deputy.
Competent Person	This person provides skilled installation and/or maintenance of the specialist service. The CP will be appointed, or authorised to work (if a contractor), by the AP. They will demonstrate a sound trade background and specific skill in the specialist service. They will work under the direction of the AP and in accordance with operating procedures, policies and standards of the service.
Authorising Engineer - Water	The Authorising Engineer – Water (AE-W) will act as an independent professional adviser to the healthcare organisation. The AE-W should be appointed by the organisation with a brief to provide services in accordance with the relevant HTM.
Site User	Nominated Site User has a responsibility for reporting changes in outlet usage to allow a suitable flushing regime to be put in place.
Water Safety Plan	A Water Safety Plan (WSP) provides a risk-management approach to the safety of water and establishes good practices in local water usage, distribution and supply. It will identify potential water-related hazards, consider practical aspects and detail appropriate control measures.
Procedures	Procedures are the instructions and methods for carrying out required tasks, in this case to maintain Water Safety. Procedures should be included, or referred to in the Water Safety Plan.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.0 Purpose of the policy

It is the intention of this policy to provide a management system to ensure water systems and services are provided to ensure the safety of patients, staff and visitors from water borne hazards including biological and scalding hazards. The organisation will comply with related legislation, approved codes of practice, guidance and relevant standards. In particular it will seek to prevent exposure or where this is not reasonably practical, to minimise the exposure of all persons.

This Policy applies to all premises where the Trust holds a duty of care, including freehold and leasehold properties.

2.0 Summary and scope of policy

The policy sets out the organisational responsibilities with regard to water safety to ensure that the Trust is compliant with legislation and to ensure that patient safety and the safety of staff, visitors and contractors is maintained.

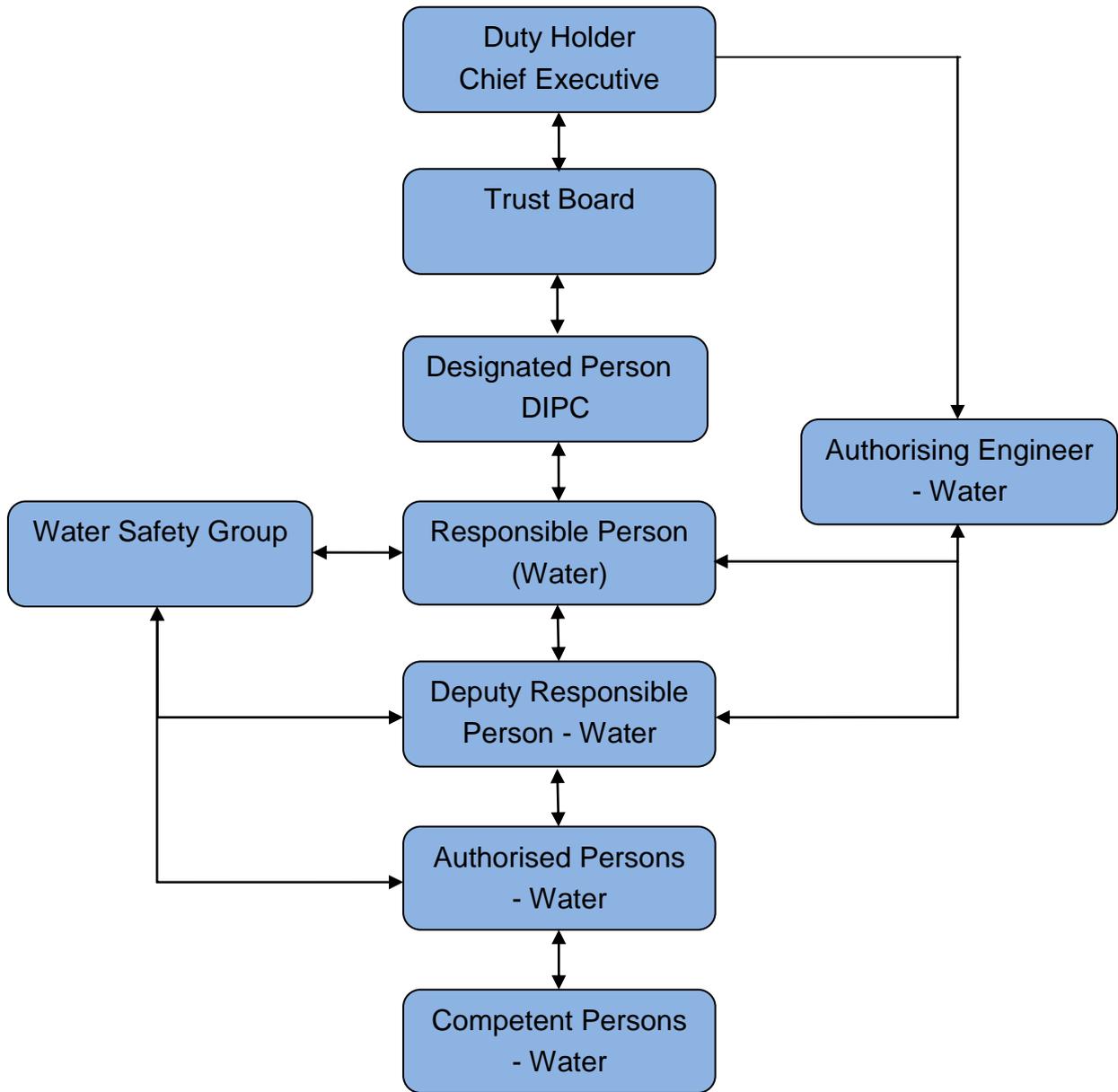
3.0 Introduction

The Water Safety Policy applies to all staff, tenants and associated users of services within the Trust.

4.0 Duties within the organisation

All members of staff should be suitably informed of their responsibilities to ensure water safety is maintained in line with this Policy, and other management requirements. In order to comply with this policy, all staff must be informed of their responsibilities, and where required be suitably trained to carry out their duties.

In order to ensure that water safety is managed effectively within the Trust, the following organisational responsibilities have been allocated.



4.1 Duty Holder

The Chief Executive has overall responsibility for all matters relating to water safety. This responsibility includes ensuring that water safety management is appropriately resourced within the overall financial position of the Trust.

The Duty Holder will appoint the AE-W, and following AE-W assessment, will appoint The Responsible Person – Water, and Chair of the Water Safety Group.

4.2 Water Safety Group (WSG)

The aim of the WSG is to ensure the safety of all water used by patients, residents, staff and visitors, to minimise the risk of infection associated with waterborne pathogens. They are formed to oversee the commissioning, development, implementation and review of the WSP. The WSG Chair shall appoint members of the group following assessment by the AE-W. The WSG shall be run and maintained in line with the Terms of Reference for the group.

4.3 Director with Designated Responsibility for Infection Prevention and Control (Designated Person)

The Director of Nursing/AHPs and Quality has designated responsibility for Infection, Prevention and Control. This responsibility includes water safety through the Infection, Prevention and Control Committee.

The DIPC is to appoint a Lead Infection Prevention and Control Nurse to be a member of the WSG, and advise on clinical risk regarding water safety.

4.4 Lead Infection Prevention and Control Nurse

The Lead Infection Prevention and Control Nurse Shall advise the WSG on matters regarding infection risk, and protection of patients, staff and public from microbiological hazards.

4.5 Responsible Person - Water

The Associate Director of Estates and Facilities will act as the Responsible Person (Water). They will also be appointed as Chair of the Water Safety Group (WSG).

They will ensure the Water Safety Group are suitably trained and resourced to maintain water safety throughout the estate.

4.6 Compliance Manager

The Compliance Manager will internally audit and report to the WSG the status of the water safety regime for all sites including freehold and leasehold.

4.7 Capital Project Manager

The Capital Project Manager will ensure the safety of water systems during new build works, and refurbishment works.

4.8 Authorising Engineer - Water

The Authorising Engineer (Water) (AE(W)) acts as an external assessor and shall be appointed with a brief to provide services in accordance with Health Technical Memorandum guidance.

The AE-W will assess, and make recommendations for the appointment of Responsible Persons, including WSG Members.

The AE-W will monitor the performance of the service and provide an annual audit report to the DP and the WSG.

4.9 Deputy Responsible Person – Water

The Operational Estates Lead is designated to be responsible for the day-to-day management of water safety. They are also responsible for the assessment and appointment of Authorised Persons.

The Deputy Responsible Person is also responsible for maintaining valid water safety risk assessments and reporting their status to the WSG.

4.10 Authorised Persons - Water

Authorised Persons institute maintenance, monitoring and remedial measures for water safety through the Competent Persons.

They are responsible for assessment and appointment of Competent Persons through regular competence assessments on time limited, and as-required basis.

4.11 Competent Person - Water

Competent Persons carry out the tasks to maintain and monitor water safety as directed by the Authorised Persons. They shall be suitably trained and assessed to ensure they can carry out these tasks suitably. Competent Persons can be directly employed, or contractors, but shall be subject to the same competence assessment requirements however employed.

4.12 Site User

Nominated Site User has a responsibility for reporting changes in outlet usage to allow a suitable flushing regime to be put in place.

4.13 Local Facilities Team

The Local Facilities Team will ensure outlets designated as low use will be flushed in line with the frequency determined by the WSG.

5 Training

See Appendix 2. The WSG will monitor training requirements, minimum formal requirements as detailed below:

Role	Training Requirement
RP, DRP, IPC Lead, Authorised Persons, Capital Project Manager	3 day Responsible Persons, ILM or similar.
WSG members (if not already listed above)	1 day Departmental Responsible Persons Course
Other Roles	As identified by WSG members.

6 Policy Monitoring and Review

This policy shall be reviewed every 3 years unless changes occur requiring the WSG to change the policy before this time.

Due Regard Screening Template

Section 1	
Name of activity/proposal	Infection Prevention and Control Overarching Policy
Date Screening commenced	17 May 2018
Directorate / Service carrying out the assessment	Enabling. Infection Prevention and Control Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Amanda Hemsley, Lead Infection Prevention and Control Nurse
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To provide clear guidance to Trust staff on their responsibilities in relation to infection prevention and control.	
OBJECTIVES: This policy clearly identifies the aims and goals for infection prevention and control within Leicestershire Partnership Trust, thereby providing a coherent strategic objective. This policy should be reviewed whenever there is a need to adapt to the changing regulatory environment or in response to ongoing risk assessment to ensure a safe environment exists for all patients, visitors and staff.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	This document provides guidance on the roles and responsibilities of all staff working within the trust in relation to the prevention and control of infection. Therefore the correct implementation of this policy will help reduce any adverse effect irrespective of any protected characteristic and is therefore equality neutral
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	

Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	✓
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
This policy is the overarching policy for all subsequent infection prevention and control policies. The policies take into consideration the needs of patients and staff and the safeguarding of same. It follows government legislation and relevant bodies have been consulted prior to the development of any policies prior to having them agreed at trust board level.			
Signed by reviewer/assessor	<i>Amanda Hensky</i>		Date 3 November 2020
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed			Date

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Water Safety Policy
Type of training:	<input checked="" type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Division(s) to which the training is applicable:	<input checked="" type="checkbox"/> Adult Learning Disability Services <input checked="" type="checkbox"/> Adult Mental Health Services <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input checked="" type="checkbox"/> Hosted Services
Staff groups who require the training:	All named roles within the Policy.
Update requirement:	In line with Water Safety Group assessment
Who is responsible for delivery of this training?	Water Safety Group
Have resources been identified?	No
Has a training plan been agreed?	No
Where will completion of this training be recorded?	Water Safety Group KPI reports and meeting minutes
How is this training going to be monitored?	Through annual review at Water Safety Group, recorded in meeting minutes.

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.

The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Appendix 4

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:		LPY Water Safety Policy	
Completed by:		Mel Hutchings	
Job title		Medical Devices Support Officer	Date 25/01/2022
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust