

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

### **Introduction**

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

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

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

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

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

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

## Water Safety Management Improvement Plan – November 2019 update

| Findings   | Recommendation  | IA Priority Level | Progress   | Responsible Officer/<br>Deadline   | Current Status<br>Nov 2019     |
|--|---|-------------------|--|--|--------------------------------|
| <p><b>1. Procedures: Publication/Circulation</b><br/>The Water Safety Policy states that “The Health &amp; Safety Committee is responsible for approving the Water Policy for recommendation to the Quality and Safety Committee”.</p> <p>The Water Safety Policy and associated procedures i.e. Water Safety Plan, were reviewed by both NWSSP: Audit &amp; Assurance and NWSSP: Specialist Estates Services (appointed in the capacity of authorised engineer) prior to approval by the UHB Quality and Safety Committee in May 2018.</p> <p>However, the updated policy/procedures were not found to be widely circulated e.g. at the UHB’s Intranet.</p> | <p>The approved Water Policy and Procedures should be circulated to all key personnel and posted at the UHB Intranet for wider application</p>                        | <b>Medium</b>     | <p>The updated Water Safety policy is published on the staff intranet and is due to be reviewed in April 2020.</p>   | <p>Assistant Director of Operations and Estates</p> <p style="text-align: center;">July 2019</p>     | <p>Completed</p>               |
| <p><b>2.Procedures: Currency of Supplemental Procedures</b><br/>Additional water management policy documents were noted at the UHB intranet e.g. drinking supply failure disaster recovery plan, NPT Waterflow (both dated 2010), amongst others.</p>  | <p>All water related policies at the intranet should be reviewed for currency, and either removed or referenced from the main procedures / policy as appropriate.</p> | <b>Low</b>        | <p>The Assistant Director of Operations and Estates to review the water safety policy and update to include reference to further water safety procedures</p> | <p>Assistant Director of Operations and Estates</p> <p style="text-align: center;">December 2019</p> | <p>Review to be undertaken</p> |

| Findings   | Recommendation  | IA Priority Level | Progress  | Responsible Officer/<br>Deadline                                      | Current Status<br>Nov 2019 |
|--|---|-------------------|---|---|----------------------------|
| Neither the UHB Water Safety Policy nor the Water Safety Plan made reference to further water safety procedures  |   |                   | <i>Audit had highlighted a number of policies which although referenced water, were not included or cited within the water management policy. This was because they weren't felt pertinent to the water management policy due to the fact that whilst they referred water, it was in the context of the utility and contingency arrangements, rather than from an infection prevention point of view.</i> |   |                            |
| <p><b>3 &amp; 4 Procedures: Pseudomonas Aeruginosa</b></p> <p>Procedures currently require water testing for Pseudomonas Aeruginosa in high risk areas. However, HTM 04-01 (Addendum) states:</p> <p>"In contrast to Legionella ..its presence becomes evident at outlets from the system (for example taps) and can be found within the last two metres</p> | 3. Procedures should be updated to detail assurance reporting relating to Pseudomonas Aeruginosa testing and cleaning regimes in appropriate areas e.g. taps, and sink drainage outlets (with associated monitoring and | <b>High</b>       | <p>3. The Assistant Director of Operations and Estates to review and update procedures and cleaning regimes.</p> <p><i>Whilst these were not detailed within the water safety policy, they were detailed</i></p>  | (3) Assistant Director of Operations and Estates<br><br>December 2019 | Review to be undertaken    |

| Findings   | Recommendation   | IA Priority Level | Progress  | Responsible Officer/ Deadline  | Current Status Nov 2019        |
|--|--|-------------------|---|--|--------------------------------|
| <p>before the point of discharge of water”.</p> <p>The Assistant Director of Operations and Estates confirmed that responsibility for the cleaning of taps and sinks rested with Hotel Services. However, a regime for testing of drainage outlets was not identified within existing procedures. HTM 04-01 also states that sources can include splash-back from contaminated drains, and “...other areas should be considered e.g. ....ice machines, drinking water fountains, bottled water dispenses...” Noting the same, estates should be advised of any locally procured equipment items which use/supply water, to enable appropriate risk assessment, monitoring/testing and maintenance.</p> <p>The Assistant Director of Operations and Estates advised that the estates maintenance team were not always notified of equipment purchases. Responsibility for maintenance etc., therefore rested with the relevant Departments. Management advised post audit fieldwork, that the Water Safety Group were advised that going forward no such equipment purchases were being approved.</p> | <p>reporting arrangements). (D)</p> <p>4. All existing equipment items which use/supply water, should be reviewed to ensure appropriate risk assessment, monitoring/testing and maintenance regimes are applied. (D)</p> |                   | <p><i>within the water safety plan, which is the procedural document that support the water policy.</i></p> <p>4. The Assistant Director of Operations and Estates to review all existing items which use/supply water, to ensure appropriate risk assessment, monitoring/testing and maintenance regimes are applied. Support the Units to review local arrangements and maintenance contracts.</p> <p><i>These as stated, are the responsibility of the individual departments to ensure they are in place. Requests for ice machines and chilled water machines are controlled through the water safety group. Approval is dependent on a maintenance contract being in place.</i></p> | <p>(4) Chief Operating Officer/ Assistant Director of Operations and Estates</p> <p>January 2020</p> | <p>Review to be undertaken</p> |

| Findings   | Recommendation  | IA Priority Level  | Progress   | Responsible Officer/<br>Deadline   | Current Status<br>Nov 2019 |
|--|---|--------------------|--|--|----------------------------|
| <p><b>5. Governance: Water Safety Group</b><br/>Good practice was evidenced in the establishment of a Health and Safety Committee (in accordance with The Safety at Work Act 1974), and a Quality and Safety Committee. The Water Safety Policy states that “The Health &amp; Safety Committee has responsibility for the following:</p> <ul style="list-style-type: none"> <li>• to review and consider ..water management issues.</li> <li>• to develop systems to monitor ..(and).. receive exception reports .. and (take) remedial and preventative action taken; and</li> <li>• to appoint subcommittees.</li> </ul> <p>The Water Safety Group (WSG) has delegated responsibility to ensure that effective monitoring systems operate. Key tasks include:</p> <ul style="list-style-type: none"> <li>• “ensuring that appropriate policies and procedures in place.. (including) for managing incidents;</li> <li>• to identify potential hazards and develop appropriate control measures;</li> <li>• describing the water systems;</li> <li>• develop clear guidance; and</li> </ul> | <p>Committees with responsibilities for water safety oversight should:</p> <p>a) ensure that appropriate / periodic advisory support has been obtained from a micro-biologist; and</p> <p>b) the Water Safety Group should:</p> <p>i. meet quarterly in accordance with the Water Safety Policy; and</p> <p>ii. ensure required attendance (particularly by key members) unless a bona fide reason has been provided. Requirements should be reiterated to all members to ensure appropriateness of governance and be monitored and feed into the</p> | <p><b>High</b></p> | <p>The Water Safety Management Group meeting 26 November 2019 will consider the future governance arrangements for the group, with a view to strengthening the reporting arrangements.</p> | <p>Assistant Director of Operations and Estates</p> <p>December 2019</p> | <p>In progress</p>         |

| Findings  | Recommendation  | IA Priority Level | Progress | Responsible Officer/<br>Deadline | Current Status<br>Nov 2019 |
|---|---|-------------------|----------|----------------------------------|----------------------------|
| <ul style="list-style-type: none"> <li>provide regular assurance and exception water reports to the Health &amp; Safety Committee &amp; Infection Control Committee.”</li> </ul> <p>The Water Safety Policy indicated that the Water Safety Group should meet quarterly with extensive membership in accordance with HTM 04 – 01 e.g. Director of Nursing – Chairperson, microbiologist and others.</p> <p>At the time of the current audit, management advised that the operational/ management structures were undergoing review and re-organisation.</p> <p>Noting the above, the Water Safety Group had not met in accordance with the regularity determined within the Policy<sup>4</sup> and without the required attendance (including the absence of the key technical expert i.e. microbiologist and the stated Chairperson).</p> <p>(Also see recommendations 9 &amp; 10 below – relating to the need for reports relating to flushing by departmental managers).</p> | <p>appraisal process to ensure individual accountability.</p> |                   |          |                                  |                            |

| Findings   | Recommendation  | IA Priority Level | Progress  | Responsible Officer/ Deadline   | Current Status Nov 2019  |
|--|---|-------------------|---|---|--|
| <i>4 No meetings evidenced between September 2017 and May 2018, noting the requirement in the Water Safety Policy to meet quarterly</i>  |   |                   |   |   |  |
| <p><b>6. Monitoring and Reporting:</b></p> <p><b>Reporting scope</b><br/>The UHB Water Safety Policy states that a key function of the Water Safety Group is to: “provide regular assurance and exception water reports to the Health &amp; Safety Committee &amp; Infection Control Committee”.</p> <p>It also states that: “The Water Management Group will identify any specific issues of water management identified within the water risk assessments which warrant further investigation or support..(and will).. Provide regular assurance and exception water reports to the Health &amp; Safety Committee and Infection Control Committee”</p> <p>and that in turn: “The Health &amp; Safety Committee...has responsibility (to) receive exception reports.”</p> <p>Detailed reporting of work performed / not undertaken via ZetaSafe5 was provided to the Water Safety Group by the “Estates analysed performance reports and graphs for in-house Estates staff work” report. This contained data of the percentage of</p> | <p>The scope of management reports should be reviewed, including:</p> <ul style="list-style-type: none"> <li>• achievement of test / re-test targets</li> <li>• achievement of scheduled water related maintenance;</li> <li>• exceptional data (e.g. repeat failures / problematic outlets and tasks); and</li> <li>• hand-over certificates.</li> </ul> | <b>Medium</b>     | <p>The Assistant Director of Operations and Estates to provide water safety management assurance reports to the Health &amp; Safety Committee and Infection Control group.</p> <p>The Water Safety Management Group meeting 26 November 2019 will consider the future governance arrangements for the group, with a view to strengthening the reporting arrangements.</p> | <p>Assistant Director of Operations and Estates</p> <p>March 2020</p> | <p>The Water Safety Management Group meeting 26 November 2019 will discuss the exception reports required for the H&amp;S Committee in March 2020.</p> |

| Findings   | Recommendation | IA Priority Level | Progress | Responsible Officer/<br>Deadline | Current Status<br>Nov 2019 |
|--|----------------|-------------------|----------|----------------------------------|----------------------------|
| <p>tasks addressed in-month (Finding 7). However, a summary of monthly performance and issues was not reported to the Health and Safety Committee.</p> <p>With regard to such monitoring and reporting:</p> <ul style="list-style-type: none"> <li>• there was some variability of approach between the sites (margins within which failed or repeat fail results could be accepted) meaning potentially inconsistent data; also</li> <li>• system assurance capabilities were not fully utilised to manage or report e.g. top repeat failures;</li> <li>• the criticality of missed tasks was not evident (e.g. whether they were repeat failures) - reporting to the Water Safety Group showing only in-month testing; and</li> <li>• While Statutory and Planned Preventative Maintenance were reported to the Water Safety Group, these did not separately identify closure of water related reactive/planned maintenance issues etc.</li> </ul> |                |                   |          |                                  |                            |



| Findings  | Recommendation  | IA Priority Level | Progress  | Responsible Officer/<br>Deadline                                      | Current Status<br>Nov 2019  |
|---|---|-------------------|---|---|---|
| <p>The systems, as operated and reported did not therefore provide adequate assurance that appropriate testing had been undertaken.</p> <p>Certain of the summary / additional reports could also usefully append explanatory commentary e.g. reasons for missed tests (e.g. resource availability/access etc.).</p> <p><i>5 The "ZetaSafe" system is a system to collect, manage and share compliance data. It is utilised to list testing requirements, and log and report results. As such it may flag needs for Planned Preventative Maintenance (PPM) with resultant PPM being logged to action.</i></p> |   |                   |   |   |   |
| <p><b>7. Monitoring and Reporting : Assurance</b></p> <p>Water Safety Procedures state: Quality &amp; Safety Committee "...receive assurance regarding Water management arrangements through the Health and Safety committee report which will include an update on Water management issues". Health &amp; Safety Committee "...receive exception reports from unit Directorates on water matters and remedial and preventative action taken".</p> <p>A briefing by the Assistant Director of Operations (Estates) "Water Assurance Report" was submitted to the Health</p>                                   | <p>Both the Quality and Safety Committee and Health and Safety Committee should receive exception / update reports as appropriate in accordance with their specified remits (D)</p> | <b>High</b>       | <p>Water safety management updates have been provided to both the Health &amp; Safety Committee and the Health &amp; Safety Operational Group.</p> <p>The Water Safety Management Group meeting 26 November 2019 will further discuss the exception/update reports required for the H&amp;S Committee in March 2020, and the Infection Control group.</p> | <p>Assistant Director of Operations and Estates</p> <p>March 2020</p> | <p>The Water Safety Management Group meeting 26 November 2019 will discuss the exception reports required for the H&amp;S Committee in March 2020, and the Infection Control group.</p> |

| Findings   | Recommendation   | IA Priority Level  | Progress  | Responsible Officer/<br>Deadline                                      | Current Status<br>Nov 2019  |
|--|--|--------------------|---|---|---|
| <p>and Safety Committee in January 2018 and formed the basis for later updates to the Operational Health and Safety Committee. However, exception / update reports (or agenda items) were not evidenced to either the Quality and Safety Committee or the Health and Safety Committee<sup>6</sup>.</p> <p><i>6 The percentage of monthly water temperature compliance checks completed in-month (defacto Key Performance Indicators - KPI's), as logged within ZetaSafe was reported.</i></p>  |  |                    |   |   |   |
| <p><b>8. Monitoring and Reporting: Flushing</b><br/>UHB Water Safety Policy states that: “Department / Locality / Ward Managers are responsible for ensuring that the advice in the WSP is followed and adhered to, particularly with regard to the notification of unused water outlets.”</p> <p>Health &amp; Safety procedures also require the periodic audit of such systems to ensure compliance. HTM 04 -01 further states: “HSG274 Part 2 (HSE 2014) recommends that generally, for infrequently used outlets, flushing is carried out once a week but that in healthcare facilities the risk assessment, as agreed by the WSG, may indicate a higher frequency” and that “Individuals to whom tasks have been allocated (supervisors and managers as well as</p> | <p>Water safety monitoring arrangements should be enhanced to provide greater assurance in relation to the flushing of infrequently/unused outlets including for example: a) a review of the assurance mechanisms e.g. initial review against the newly provided infrastructure risk assessments (which should inform current requirements); b) detailing roles and responsibilities at the internet; c) regular promotion of flushing</p> | <p><b>High</b></p> | <p>The Assistant Director of Operations and Estates has confirmed that in clinical areas, house keeping staff are now undertaking the flushing of outlets as part of the cleaning procedure. This procedure is reflected in the water safety plan. This issue was due to be discussed in greater detail at the November 2019 water safety management group meeting.</p> | <p>Assistant Director of Operations and Estates<br/><br/>Dec 2020</p> | <p>The Water Safety Management Group meeting 26 November 2019 will discuss.</p> |

| Findings   | Recommendation                      | IA Priority Level | Progress | Responsible Officer/<br>Deadline | Current Status<br>Nov 2019 |
|--|-------------------------------------|-------------------|----------|----------------------------------|----------------------------|
| <p>operatives) need to have received adequate training in respect of water hygiene and microbiological control appropriate to the task they are responsible for conducting....such as outlet flushing and the cleaning of wash-hand basins.”</p> <p>However, we did not find mechanisms by which the Water Safety Group were assured in relation to flushing e.g. departmental returns, audits and training etc7.</p> <p>While the Estates department try to ensure that all wards and departments are aware of their responsibilities, the Assistant Director of Operations and Estates has been requested by the Water Safety Group to support the promotion of these responsibilities via the intranet.</p> <p><i>7 Note - The June 2018 Health and Safety risk register also noted the need to “Develop systems to provide assurance that health and safety managed effectively by non-Service Management Units”, and noted that while “new structures” had been put in place, that these as yet provided only “limited assurance”. The September Health and Safety Committee also noted “the health and safety arrangements in Service Delivery Units were to be reviewed as part of a new Internal Audit review of the management of health and safety.”</i></p> | <p>regime requirements.<br/>(D)</p> |                   |          |                                  |                            |

| Findings  | Recommendation  | IA Priority Level    | Progress   | Responsible Officer/<br>Deadline                                    | Current Status<br>Nov 2019  |
|---|---|----------------------|--|---|---|
| <p><b>9. Management – Training</b><br/><u>Water monitoring</u><br/>UHB Water Safety Policy states that “The Health &amp; Safety Committee...has responsibility (to):</p> <p style="text-align: center;"><i>consider training programs, the staff development related to water management issues.</i></p> <p>Testing was directed by the Water Management system – Zetasafe. System exception listings were not fully utilised to direct testing. Though some managers were aware of this potential, the system was not being fully utilised to manage and control, with variability between the sites. These were found to relate to training needs. It was also found that some issues of system familiarity related to resource / staff absence. As part of enhancing local management’s understanding of its operation there would appear scope for review and training in light of newly completed infrastructure risk assessments. We understand that ZetaSafe have been commissioned to undertake such review. While a training matrix with refresh frequencies was specified within procedures (and evidenced in operation), induction training related to general water hygiene procedures,</p> | <p>Management should confirm:</p> <p>a) that there are sufficient trained officers both to operate local management systems, and address prioritised maintenance; and</p> <p>b) governance mechanisms by which wider water safety training is assured</p> | <p><b>Medium</b></p> | <p>The health board has provided additional training for responsible and authorised persons and are awaiting an appointment following appraisal by the AE. The appointment is dependent on providing evidence they have completed and evidence of an appropriate water management qualification.</p> <p>The Water Safety Management Group meeting 26 November 2019 will discuss resources in place for effective water safety management, governance structures and training requirements.</p> | <p>Assistant Director of Operations and Estates</p> <p>Dec 2020</p> | <p>The Water Safety Management Group meeting 26 November 2019 will discuss.</p> |

| Findings  | Recommendation   | IA Priority Level  | Progress   | Responsible Officer/<br>Deadline  | Current Status<br>Nov 2019     |
|---|--|--------------------|--|---|--------------------------------|
| <p>and not operation of systems (e.g. ZetaSafe, or Planet8 input).</p> <p>Noting the devolved Health and Safety governance arrangements for operational units (findings 7 &amp; 8), no monitoring of departmental water hygiene training was evidenced.</p>   |  |                    |  |   |                                |
| <p><b>10. Management: Record management / adequacy</b></p> <p>The UHB Water Safety Policy states that “The Health &amp; Safety Committee...has responsibility (to):</p> <ul style="list-style-type: none"> <li>• develop systems to monitor Health Board water management arrangements.</li> </ul> <p>Reporting to the Water Safety Group showed “un-acknowledged results” i.e. for June 2018 as:</p> <ul style="list-style-type: none"> <li>• Princess of Wales 4%</li> <li>• Singleton 56%</li> <li>• Morriston 100%.</li> </ul> <p>It is understood that such disparity is long-standing, and that no action has been taken in respect of the same. The ZetaSafe system data entries for the Morriston site contained 62 pages of failed results, and 1,081 items with Open Notes (636 POW), where we were informed that these had not been entered to the system. We were</p> | <p>A full review should be undertaken of the ZetaSafe system to:</p> <p>a) ensure accuracy and consistency of data within the ZetaSafe system across sites (e.g. outlets with no data, and unacknowledged results);</p> <p>b) ensure that all (and only) relevant assets are included within ZetaSafe (including new builds, and removal of disposed assets); and</p> <p>c) confirm appropriate operation of system coverage and test selection (setting of system parameters etc.) informed by the new infrastructure risk assessments. (D)</p> | <p><b>High</b></p> | <p>The Assistant Director of Operations and Estates to undertake a full review of the Zetasafe system.</p> <p>a)A review of the Morriston Zeta safe system has been undertaken and is now complete. We are now looking to implement consistent rules within the software.</p> <p>b) These will be updated on an ongoing basis noting that this will be an ongoing process.</p> <p>c) A review of the Morriston Zetasafe system has been undertaken. Consistent</p> | <p>Assistant Director of Operations &amp; Estates</p> <p style="text-align: center;">Jan 2020</p> | <p>Review to be undertaken</p> |

| Findings  | Recommendation | IA Priority Level | Progress   | Responsible Officer/<br>Deadline | Current Status<br>Nov 2019 |
|---|----------------|-------------------|--|----------------------------------|----------------------------|
| <p>advised that the listings provided from ZetaSafe to the audit differed in each site as managers were unable / unfamiliar with the required options for equivalent listings. Direct comparisons were therefore impeded. These latter data disparities were not recognised by site managers or reported to the Water Safety Group.</p> <p>Noting the same, the robustness of data (and therefore the required testing/maintenance results) cannot be assured.</p> <p><u>Omitted sites</u><br/>The UHB Water Policy describes a key task of the Water Safety Group as:</p> <p><i>“Describing the .. information on the design and operation of the individual water systems, ensuring this information is retained on each site.”</i></p> <p>and required completion of a commissioning checklist.</p> <p>A number of areas and buildings were found with no data, including Quarella Road, and the new Trust Headquarters (where initially it was thought that the UHB were not responsible for monitoring the water supply - though</p> |                |                   | <p>rules within the software to ensure parameters are set in accordance with water safety plan are now being introduced.</p> |                                  |                            |

| Findings  | Recommendation | IA Priority Level | Progress | Responsible Officer/<br>Deadline | Current Status<br>Nov 2019 |
|---|----------------|-------------------|----------|----------------------------------|----------------------------|
| <p>management were not provided with assurances from other parties)<sup>9</sup>.</p> <p>As noted above, due to the absence of monitoring via a fuller range of exception reports by management, including confirming that all relevant assets had been logged on the systems, this was missed.</p> <p>New build hand-over certificates were available from the capital project office (detailing water facilities and risk assessments)<sup>10</sup>. However, the staff responsible for water monitoring were not able to provide these to the audit.</p> <p><i>9 It is recognised that these buildings are non-healthcare premises, and as such lesser requirements apply to water testing. However, management were not able to explain other areas with no data, and as such they appear illustrative of the risk of incomplete system data.</i></p> <p><i>10 This forms part of a system operated by the Capital Estates function to ensure that all relevant matters concerning newly acquired, or disposal properties are addressed. This is addressed by completion of a single form, which has been evidenced.</i></p> <p><i>Note – therefore initial audit focus on including remote sites with potentially poor infrastructure, those which may be overlooked, and high risk areas (such as neo-natal). Following initial audit findings, this was extended to include focus on ZetaSafe operation at the three major sites.</i></p> |                |                   |          |                                  |                            |

| Findings  | Recommendation  | IA Priority Level | Progress   | Responsible Officer/<br>Deadline  | Current Status<br>Nov 2019   |
|---|---|-------------------|--|---|--|
| <p><b>11 &amp; 12 Legionella sampling</b><br/>Legionella WHTM 04-01 states: <i>“Legionella monitoring should be carried out where there is doubt about the efficacy of the control regime or where the recommended temperatures, disinfectant concentrations or other precautions are not consistently achieved throughout the system. The WSG (Water Safety Group) should use risk assessments to determine when and where to test.”</i></p> <p>Whilst noting the same, the UHB’s Water Safety Plan (approved by the UHB Quality and Safety Committee in May 2018) states that:</p> <p><i>“The Health Board is seeking to commence a program of Legionella testing based on the table below (See Appendix B) for the area identified as requiring Legionella testing to take place the frequency of testing will be as follows:<br/>Three samples will be taken within the area identified these being the system Sentinel outlets. These outlets will be tested for Legionella on a monthly basis. If there are three clear sets of readings sampling will reduce to bi monthly (retests that are negative will be treated as a clear result). If there</i></p> | <p>11. Legionella sampling should be completed in accordance with the approved Water Safety Plan and/or risk assessments produced to determine the testing requirements. (O)</p> <p>12. A service level agreement / contract for water testing should be appropriately concluded. (O)</p> | <b>High</b>       | <p>11. The Assistant Director of Operations and Estates to undertake a full review of legionella sampling processes.</p> <p>The water safety plan has been updated to reflect our desire to move to regular testing for legionella and a new approach was agreed in principle through the water safety group and the water safety plan amended accordingly. The health board has started Legionella testing based on high risk areas. Based on the results, we will identify the priorities for both Singleton and Morriston sites.</p> <p>12. The Assistant Director of Operations and Estates to finalise the SLA/contract for water testing. Whilst we have</p> | <p>Assistant Director of Operations &amp; Estates<br/><br/>Dec 2019</p> <p>Assistant Director of Operations &amp; Estates<br/><br/>Dec 2019</p> | <p>Review to be undertaken</p> <p>The Water Safety Management Group meeting 26 November 2019 will discuss.</p> |



| Findings  | Recommendation | IA Priority Level | Progress  | Responsible Officer/<br>Deadline | Current Status<br>Nov 2019 |
|---|----------------|-------------------|---|----------------------------------|----------------------------|
| <p><i>are three sets of clear readings sampling will move to 3 monthly sampling. Sampling will never reduce further than three monthly."</i></p> <p>Infrastructure risk assessments assess "water risks on all buildings owned or occupied by the Health Board and its equipment...in accordance with the guidance in ACoP L8 (2013), BS8580 (2010), and relevant HTMs in order to identify risks and assess water quality issues from work activities and water sources on the premises and to organise any necessary precautionary measures."</p> <p>At the time of the current review, the infrastructure risk assessments were out of date and were not being referenced. However, a specialist water management company had recently provided revised risk assessments for all ABMU properties which were to be applied.</p> <p>Noting the above, whilst recognising that the WHTM recommends the use of risk assessments to determine when and where to test, at the time of the review, the same were not being applied. Additionally, noting lapse of the testing contract, the audit did not evidence legionella testing in accordance with the above.</p> |                |                   | <p>now agreed an SLA for general water testing with PHLS this currently only provides for general water testing but with only limited legionella testing.</p> <p>The Water Safety Management Group meeting 26 November 2019 will discuss.</p> |                                  |                            |

| Findings   | Recommendation  | IA Priority Level | Progress   | Responsible Officer/ Deadline                               | Current Status Nov 2019 |
|--|---|-------------------|--|---|-------------------------|
| Legionella testing (in accordance with the agreed Water Safety Plan) remained to be formalised with the public health laboratory via a Service Level Agreement   |   |                   |  |   |                         |
| <p><b>13. Management - Work / re-test instructions</b></p> <p>The Water Safety Plan states:</p> <p><i>“Currently, the Department is rolling out the ZetaSafe system. This means that currently we have two procedures for recording the results of water monitoring tests” stating that for the old system “the results are logged on the Planned Preventative Maintenance Card itself”.</i></p> <p>However, while some sites appended ZetaSafe instructions to PPM cards, others simply raised a Planet instruction to test in the appropriate ward, thus not instructing test of the specific water outlet which had failed. It was additionally observed that some rectification occurs on nightshift when queries cannot be raised with Estates staff as to the outlet issues.</p> | Zetasafe specification of outlets requiring action should be appended / added to Planet job cards at all sites. (D) | <b>Medium</b>     | The Assistant Director of Operations and Estates actioned and Zetasafe requests for additional work include a Planet job reference number. | Assistant Director of Operations & Estates<br><br>Sept 2019 | Completed               |
| <p><b>14. Risk monitoring and reporting</b></p> <p>Welsh Health Technical Memorandum 04 (“Safe water in healthcare premises”) is one of the key guidance documents around which the ABMU</p>   | Appropriate water management risk monitoring and reporting arrangements   | <b>Medium</b>     | The health board have engaged a specialist contractor to undertake the water management  | Assistant Director of Operations & Estates<br><br>Dec 2019  | In progress             |

| Findings  | Recommendation                    | IA Priority Level | Progress  | Responsible Officer/<br>Deadline | Current Status<br>Nov 2019 |
|---|-----------------------------------|-------------------|---|----------------------------------|----------------------------|
| <p>water policies were developed. This required risk assessment by area, with prioritised water testing, and provides supplemental guidance for “augmented care” areas i.e. a risk based approach<sup>11</sup> (see findings 11 &amp; 12).</p> <p>HSE’s ACoP L8, also required a risk assessment to be carried out and reviewed regularly and specifically whenever there was reason to suspect that the current assessment was no longer valid.</p> <p>At the time of the current review, the infrastructure risk assessments were out of date and not being referenced (see previous).</p> <p>Water risks were not included within the Health and Safety risk register. The outdated risk assessments, together with minuted statements relating to need for investment in infrastructure upgrade, resource, and monitoring systems, points to several risks in this area.</p> <p>Reporting / escalation of key water safety risks via a water risk register to Health &amp; Safety / Corporate registers was not evidenced (risks at this level being denoted generically as risk of</p> | <p>should be implemented. (D)</p> |                   | <p>risk assessments. Whilst there are completed water risk assessments for all the health boards properties there is concern about the robustness of the reports.</p> |                                  |                            |

| Findings   | Recommendation | IA Priority Level | Progress | Responsible Officer/<br>Deadline | Current Status<br>Nov 2019 |
|--|----------------|-------------------|----------|----------------------------------|----------------------------|
| <p>water contamination). A key risk at the time of audit was the lapse of the legionella testing contract meaning that such an exception report would have profiled no test results (i.e. non-compliance with the dynamic test regime).</p> <p>Similarly, whilst management advised that verbal updates / update reports were presented, a regular formatted report profiling water management risks was not evidenced to the relevant committees (e.g. testing of various types with percentage failure etc.).</p> <p><i>11 Welsh Health Technical Memorandum 04 ("Safe water in healthcare premises"), and HSE's ACoP L8 (which requires risk assessment by area, with prioritised water testing, and provides supplemental guidance for "augmented care" areas i.e. a risk based approach.,</i></p> |                |                   |          |                                  |                            |