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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# WATER SAFETY POLICY

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

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## 1. INTRODUCTION

Bwrdd Iechyd Prifysgol Bae Abertawe/Swansea Bay University Health Board (SBU HB) recognises that controlling the risk posed by waterborne bacteria, particularly *Legionella* sp. and *Pseudomonas aeruginosa* (*P. aeruginosa*), is both a legal requirement and of paramount importance to the safety of our staff, patients, visitors and others who may be affected through the conduct of our undertaking.

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

The scope of the Policy and the water safety Plan extends to all of the properties currently owned or occupied by the Health Board and those properties that may come into ownership or occupation of the Health Board. It is recognised by the Health Board that where a property is a private residential dwelling or where a property is let wholly including the maintenance requirements to a business or persons, the Health Board cannot be responsible for any services terminating or located in each dwelling and these shall remain the responsibility of the occupying tenant.

### 1.1 Waterborne Pathogens

#### 1.1.1 Legionnaires disease

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

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

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

## 2. POLICY STATEMENT AND PURPOSE OF THIS POLICY

SBU HB accepts its responsibility under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations 2002, to take all reasonable precautions to prevent or control the harmful effects of contaminated water to residents, patients, visitors, staff and other persons working at or using its premises.

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

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

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

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

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

- WHTM 04-01: Safe water in Healthcare (Parts A, B, C plus D08 supplement)
- The Control of Substances Hazardous to Health Regulations 2002.
- The Health & Safety at Work etc Act 1974.
- The HSE ACOP “The Control of Legionella Bacteria in Water Systems” L8 (4<sup>th</sup> edition 2013).
- The Management of Health & Safety at Work Regulations 1999.
- Public Health (Infectious Diseases) Regulations 1988;
- Food Safety Act 1990
- The Water Supply (Water Fittings) Regulations 1999.
- HSG274 Part 2 Published 2014: The Control of Legionella Bacteria in Hot and Cold Water Systems.
- BS 8580:2010: Water quality. Risk assessments for Legionella control. Code of practice
- BS8558: guide to design, installation and maintenance of services supplying water for domestic use within buildings and their curtilages.
- BS 8551 – ‘Provision and management of temporary water supplies and distribution networks (not including provisions for statutory emergencies). Code of practice’.

- BS 8554 – ‘Code of practice for the sampling and monitoring of hot and cold water services in buildings’.
- BS 7592 – ‘Sampling for Legionella bacteria in water systems. Code of practice’.
- BS EN 806-5:2012 Specifications for installations inside buildings conveying water for human consumption. Operation and maintenance.
- HCIA code of Practice NHS

### 3. SCOPE

This Policy applies to all staff that are responsible for the use, management, operation, design and installation of water systems in all Health Board buildings. Departmental and individual responsibilities are defined in Section 6.

### 4. EQUALITY IMPACT ASSESSMENT STATEMENT

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

### 5. OWNERSHIP AND RESPONSIBILITIES

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

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

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

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

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

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

- Ensure timely and necessary funding is secured to eliminate or reduce the risk identified in the risk assessments.
- They must appoint a Responsible Person (RP) and Deputy(s) (DRP’s) following assessment and recommendation by the Authorising Engineer – Water (AE-Water) to ensure that all statutory instruments and guidance relating to the maintenance of water systems and equipment are implemented and maintained.
- Appoint a multi-disciplinary Water Safety Management Group.
- Ensure that a Legionella Outbreak Team is nominated.
- In addition they must ensure that adequate support, training and resources are available to enable the efficient implementation of the requirements within Health Board’s agreed financial limits.

### **5.3 Health & Safety Committee**

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

### **5.4 Health & Safety Operational Group**

The Health & Safety Operational Group is responsible for approving the Water Policy for recommendation to the Health and Safety Committee. The Health and Safety Operational Committee has overall responsibility for the following:

- To review and consider the Health Board Water management Issues.
- To develop systems to monitor Health Board water management arrangements; to receive exception reports from unit Directorates on water matters and remedial and preventative action taken.
- To consider training programs, the staff development related to water management issues.
- To appoint the Water Safety Management Group (WSMG) if required, to address specific water related issues.
- The Health and Safety Operational Committee will receive water management updates from the Water Safety Management Group as an agenda item as well as minutes of the Health & Safety Sub Group - Water Safety. They will also receive an annual assurance report from the Water Safety Management Group

### **5.5 Water Safety Management Group (WSMG)**

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

The function of the Health Board Water Safety Management Group is:

- To ensure identification of microbiological hazards, assessing risks, identifying and monitoring control measures developing protocols.
- To ensure there are systems in place to monitor Water Systems throughout the Health Board premises.
- The group will review the sampling and testing arrangements in place for the Health Board to ensure best value
- Provide a forum in which high level Water System monitoring outcomes and risks can be reported to, evaluated, so that appropriate reduction or elimination action is agreed;
- To act collectively to ensure effective communication of ideas, sharing of experiences and areas of best practice.

- Consider identified risks, set priorities and produce action plans for each site.
- Provide regular assurance and exception water reports to the Health & Safety Committee & Infection Control Committee.
- Monitor implementation of national water standard regulations, agree actions and report on the outcomes.

Key Tasks are:

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

Membership - The Water Safety Management Group will include:

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

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

Is an independent professional adviser to the healthcare organisation. The AE is appointed by the DP with a brief to provide services in accordance with WHTM 00. The AE will assess and make recommendations for the appointment of RPs and DRPs. The AE



will monitor the performance of the service and provide a bi-annual audit and annual report to the RP/DP. To effectively carry out this role, particularly with the regard to audit, it is preferable that the AE remains independent of the operational structure of the Health Board.

### **5.7 Responsible Person (RP) – The Assistant Director of Operations (Estates)**

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

- Accept responsibility for the Management and Control of Legionnaires' disease and safe hot water management throughout the Estate.
- With the assistance of the DRPs and the WSMG, prepare and implement a Water Safety Plan.
- Ensure that risks are assessed and that necessary precautions are applied.
- Instruct and supervise the completion or review of suitable and sufficient risk assessments in accordance with HSE ACOP L8 (2013) and WHTM 04-01.
- Make appointments of SAP's, and AP's.
- Consider the risk assessment findings and prioritise any remedial works with the assistance of the DRP and the WSMG.
- On an annual basis, assess the training needs of the DRPs, SAPs/APs report to WSMG and arrange any appropriate training if required.

### **5.8 Deputy Responsible Person (DRP) – The Estates Managers**

The DRPs are appointed in writing by the DH. The DRP will ensure they fulfil all the tasks and responsibilities delegated to them by the RP or as detailed in the WSP in relation to water systems on the sites they manage. They will be members of the WSMG and deputise for the role of RP in their absence.

- To instruct and oversee the completion of all prioritised remedial work highlighted during the risk assessments or any review for the areas under their control

### **5.9 Estates Officers (EO)**

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

### **5.10 Authorised Person (AP)**

The AP is appointed in writing by the RP. The AP will ensure they fulfil all the tasks and responsibilities delegated to them by the EO's or DRP in relation to water systems. They are also responsible for the practical implementation of the requirements with the WSP and operation of management's safety policy and procedures relating to the engineering aspects of the water systems.

### **5.11 Competent Person (CP)**

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

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

Is responsible for ensuring that all Architects/Designers/Project Managers/contractors commissioned by the Health Board to undertake Capital Projects comply with this Policy and the WSP when designing all new or refurbished facilities.

The Assistant Director of Strategy (Capital) is also to ensure that those appointed are suitably qualified and competent to undertake their roles.

### **5.13 Support Services**

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

### **5.14 Architects/Designers/Project Managers/Contractors**

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

### **5.15 Consultant Microbiologist/Infection Control Officer**

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

### **5.16 Department / Locality / Ward Managers**

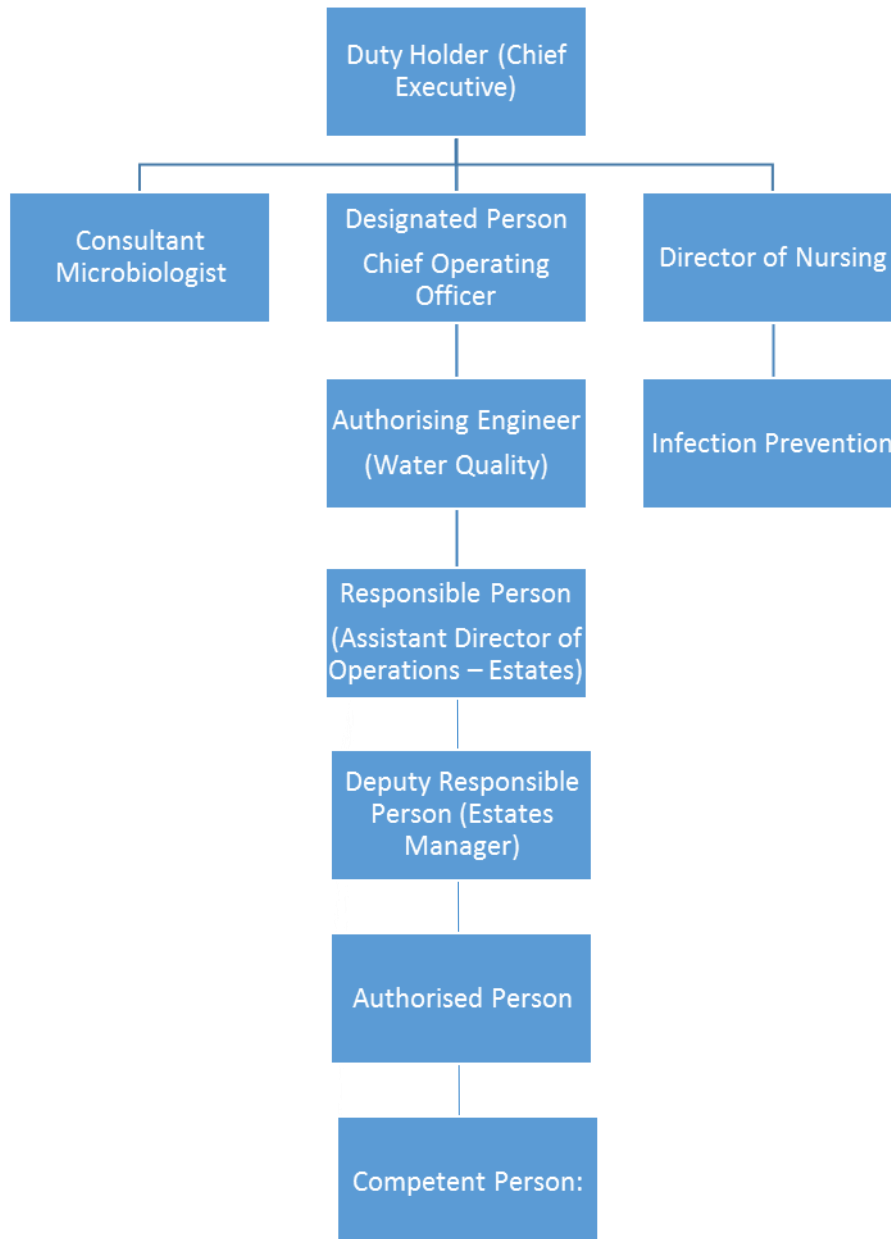
Are responsible for ensuring that associated advice and procedures detailed in the WSP is followed and adhered to, particularly with regard to the notification of unused water outlets.

**The flushing procedure is detailed within the water safety plan.**

### **5.17 Individual Staff**

All staff members are responsible for following local instructions and systems of work.

## 6. MANAGERIAL RESPONSIBILITIES ORGANISATION CHART



## 7. COMMITTEE ORGANISATION CHART



## **8. Water System Operating Protocols**

This document has to be read in conjunction with Water Safety Plan, Which details the management structure, the requirements and procedure for undertaking a risk assessment, system design considerations as well as detailing the planned preventative maintenance system. It also details the water monitoring regimes as well as system maintenance and commissioning guidance

## **9. IMPLEMENTATION/POLICY COMPLIANCE**

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

### **9.1 Preparation of a Scheme for Controlling Risk**

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

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

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

DEVOLVED RESPONSIBILITY ORGANISATIONS FROM SBU. The Water Safety Plan (WSP) provides a framework for development of planned preventative hygiene maintenance programmes applicable to water systems in the buildings which SBU HB occupies. Organisations where the responsibility for water management has been devolved must ensure that they comply with the requirements of this document as a minimum. In these properties documentation must be completed, filed and retained in an appropriate manner. Confirmation of compliance must be provided by the Responsible Person from within the host organisation and will be verified through audit by SBU HB's RP.

## **9.2 Capital**

### **9.2.1 New Developments & Refurbishments**

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

### **9.2.2 Refurbishments**

Any refurbishments of water systems will ensure that water systems are brought into compliance with current legislation. Where the Project Manager does not believe this is possible, the Project Manager is to prepare a brief for the DRP explaining why this cannot be achieved. If the DRP for the site agrees, this report will be forwarded to the RP who will make a recommendation to the DP, which will then be presented to the Chair of the Water Safety Management Group for discussion and agreement.

### **9.2.3 Control of Contractors**

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

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

## **10. POLICY RATIFICATION**

This policy is developed by the Health and Safety Sub Group - Water Safety. Once approved by the H & S Sub Group – Water Safety, it is presented at the Health Boards Health and Safety Operational Committee for approval. Once approved it is presented to the Health and Safety Committee for ratification.

## **11. MONITORING AND REVIEW**

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

## **12. COMMUNICATION**

Once approved by the Health and Safety Committee the policy will be disseminated throughout the organisation by the Assistant Director of Operations (Estates). The document will be circulated to Executive Officers Unit Service Directors and other functional leads as appropriate. Unit Service Directors will ensure that it is appropriately

disseminated through their structures. Copies will also be posted on the Health Boards intranet site and bulletins posted to raise awareness of its approval and presence there. Future revisions will be communicated through the same channels.

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

**13. TRAINING**

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

**14. MONITORING**

SBU HB's Estates in conjunction with the nominated Responsible Person shall monitor the effectiveness of this Policy.

**15. REVIEW**

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

## 16. Appendix 1: EQUALITY IMPACT ASSESSMENT

Approved via the Health & Safety Committee, as part of the policy for the production, consultation, approval, publication and dissemination of strategies, policies, procedures and guidelines 20 April 2011.

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

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

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

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

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

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

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

### 16.1 Form 1: Preparation

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

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



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

## 16.2 Form Two – Information Gathering

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

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

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

The right to life

N/A

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

N/A

The right to liberty

N/A

The right to a fair trial

N/A

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

N/A

The right to freedom of thought, conscience and religion

N/A

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

N/A

Equality Strand

Evidence Gathered

Race

N/A

Disability

N/A

Gender

N/A

Sexual Orientation

N/A

Age

N/A

Religion or Belief

N/A

Welsh Language

N/A

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

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

Scoring Chart A: Evidence Available

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

Scoring Chart B: Potential Impact

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

Scoring Chart C: Impact Decision

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

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

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

Action Plan

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

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

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



## 17. Training Impact Assessment

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

Will training be required as a result of the policy?

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

Please complete the following information relating to training

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

**From:** SB.Inquiries@wales.nhs.uk **On Behalf Of** SB.Inquiries@wales.nhs.uk  
**Sent:** 08 May 2019 14:55  
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**Subject:** Policy

I write to advise that the following policy has been added to the Corporate Policies database:

- Water Safety Policy

The policy is available to view via the [corporate policy database](#).

Many thanks

Llywodraethu Corfforaethol / Corporate Governance

Bwrdd Iechyd Prifysgol Bae Abertawe/ Swansea Bay University Health Board

Pencadlys / Headquarters

Un Porthfa Talbot/ One Talbot Gateway, Baglan, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe  
Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board

