

SCOTTISH HOSPITALS INQUIRY

Bundle of documents for Oral hearings commencing from 19 August 2024 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 11 - Water Safety Group

This document may contain Protected Material within the terms of [Restriction Order 1](#) made by the Chair of the Scottish Hospitals Inquiry and dated 26 August 2021. Anyone in receipt of this document should familiarise themselves with the terms of that Restriction Order as regards the use that may be made of this material.

The terms of that restriction order are published on the Inquiry website.



Table of Contents

1.	A36356935	TOR - NHSGGC Water Safety Group	Page 5
2.	A38675799	Minutes - NHSGGC Board Water Safety Group Meeting - 6th November 2012	Page 6
3.	A42130269	Minutes - NHSGGC Board Water Safety Group Meeting - 5th March 2013	Page 9
4.	A38675801	Minutes - NHSGGC Board Water Safety Group Meeting - 7th May 2013	Page 12
5.	A38675795	Minutes - NHSGGC Board Water Safety Group Meeting - 2nd July 2013	Page 16
6.	A38675803	Minutes - NHSGGC Board Water Safety Group Meeting - 5th November 2013	Page 20
7.	A38675808	Minutes - NHSGGC Board Water Safety Group Meeting - 6th February 2014	Page 24
8.	A38675802	Minutes - NHSGGC Board Water Safety Group Meeting - 3rd April 2014	Page 27
9.	A38675806	Minutes - NHSGGC Board Water Safety Group Meeting - 5th June 2014	Page 30
10.	A38675809	Minutes - NHSGGC Board Water Safety Group Meeting - 7th August 2014	Page 32
11.	A38675812	Minutes - NHSGGC Board Water Safety Group Meeting - 2nd October 2014	Page 34
12.	A38675819	Minutes - NHSGGC Board Water Safety Group Meeting - 11th December 2014	Page 37
13.	A38675816	Minutes - NHSGGC Board Water Safety Group Meeting - 7th April 2015	Page 39
14.	A38675815	Minutes - NHSGGC Board Water Safety Group Meeting - 2nd June 2015	Page 41
15.	A38675820	Minutes - NHSGGC Board Water Safety Group Meeting - 4th August 2015	Page 43

16.	A38675822	Minutes - NHSGGC Board Water Safety Group Meeting - 6th October 2015	Page 46
17.	A38675824	Minutes - NHSGGC Board Water Safety Group Meeting - 1st December 2015	Page 50
18.	A38675833	Minutes - NHSGGC Board Water Safety Group Meeting - 2nd February 2016	Page 53
19.	A38675827	Minutes - NHSGGC Board Water Safety Group Meeting - 5th April 2016	Page 56
20.	A38675829	Minutes - NHSGGC Board Water Safety Group Meeting - 7th June 2016	Page 59
21.	A38675830	Minutes - NHSGGC Board Water Safety Group Meeting - 12th September 2016	Page 62
22.	A38675836	Minutes - NHSGGC Board Water Safety Group Meeting - 20th December 2016	Page 65
23.	A38675834	Minutes - NHSGGC Board Water Safety Group Meeting - 7th March 2017	Page 69
24.	A38675838	Minutes - NHSGGC Board Water Safety Group Meeting - 6th June 2017	Page 73
25.	A36356929	Minutes - NHSGGC Board Water Safety Group Meeting - 16th October 2017	Page 77
26.	A36356924	Minutes - NHSGGC Board Water Safety Group Meeting - 5th December 2017	Page 80
27.	A36399507	Minutes - NHSGGC Board Water Safety Group Meeting - 6th March 2018	Page 83
28.	A36359024	Minutes - NHSGGC Board Water Safety Group Meeting - 5th June 2018	Page 88
29.	A34187765	Minutes - NHSGGC Board Water Safety Group Meeting - 4th September 2018	Page 91
30.	A38675858	Minutes - NHSGGC Board Water Safety Group Meeting - 4th December 2018	Page 96
31.	A38675841	Minutes - NHSGGC Board Water Safety Group Meeting - 5th March 2019	Page 100
32.	A38675850	Minutes - NHSGGC Board Water Safety Group Meeting - 25th April 2019	Page 104

33.	A38675844	Minutes - NHSGGC Board Water Safety Group Meeting - 23rd July 2019	Page 108
34.	A38675852	Minutes - NHSGGC Board Water Safety Group Meeting - 3rd September 2019	Page 112
35.	A38675861	Minutes - NHSGGC Board Water Safety Group Meeting - 24th October 2019	Page 115
36.	A47210637	Minutes - NHSGGC Board Water Safety Group Meeting - 3rd December 2019	Page 117
37.	A38675869	Minutes - NHSGGC Board Water Safety Group Meeting - 11th February 2020	Page 121
38.	A38675880	Minutes - NHSGGC Board Water Safety Group Meeting - 23rd April 2020	Page 125
39.	A38675855	Minutes - NHSGGC Board Water Safety Group Meeting - 16th June 2020	Page 127
40.	A38675867	Minutes - NHSGGC Board Water Safety Group Meeting - 12th August 2020	Page 130
41.	A38675881	Minutes - NHSGGC Board Water Safety Group Meeting - 13th October 2020	Page 133
42.	A38675873	Minutes - NHSGGC Board Water Safety Group Meeting - 25th February 2021	Page 136
43.	A38675874	Minutes - NHSGGC Board Water Safety Group Meeting - 6th May 2021	Page 138
44.	A38675878	Minutes - NHSGGC Board Water Safety Group Meeting - 8th July 2021	Page 141
45.	A38675882	Minutes - NHSGGC Board Water Safety Group Meeting - 9th September 2021	Page 144
46.	A38675886	Minutes - NHSGGC Board Water Safety Group Meeting - 11th November 2021	Page 148
47.	A38675889	Minutes - NHSGGC Board Water Safety Group Meeting - 2nd February 2022	Page 152
48.	A38675883	Minutes - NHSGGC Board Water Safety Group Meeting - 30th March 2022	Page 155

NHSGGC WATER SAFETY GROUP

Terms of Reference

Reports to:

Board Infection Control Committee

Facilities Directorate Governance Committee

Membership

Lead GM Facilities (Co-chair)

Infection Control Manager (Co-chair)

Deputy Director, Nursing (Infection Control)

Health and Safety/ Waste Manager

Coordinating Infection Control Doctor

Lead Infection Control Nurse

Head(s) of Nursing/ Midwifery

Lead Technical Sector Estates Manager

Chair of Water Systems SCART Sub Group

NB. Deputies to attend in absence of above nominated individuals

Terms of reference

To fulfil the remit of the Board Water Safety Group as per SHTM 04-01 and CEL 03 (2012)

Development of the NHSGGC Water Safety Policy

Development of the NHSGGC Water Safety Plan

Identifying and monitoring appropriate control measures for water safety in high risk clinical areas

Providing regular reports/ assurance to BICC and Facilities Governance Groups

Coordinating and monitoring the work of the sector Water Safety Groups

Effective planning and management of any clinical incidents where the water supply is implicated

Meeting Frequency

Bi-Monthly

WATER SAFETY GROUP

Tuesday 6th November, 2012, 9.30am, Conference Room, SGH

Present

Tom Walsh (TW) (Chair)	Infection Control Manager
Mary Anne Kane (MAK)	General Manager, Corporate
John Green (JG)	Health and Safety Manager
Alan Gallacher (AG)	Sector Estates Manager, Clyde
Pamela Joannidis (PJ)	Lead Nurse, Infection Control
Theresa Inkster (TI)	Consultant Microbiologist

Minutes – Mandy Machell (MM)	Facilities Project Manager
------------------------------	----------------------------

		Action
1	<p>Apologies</p> <p>None provided</p>	
2	<p>Note of last meeting (paper circulated)</p> <p>The notes of 1st October 2012 were accepted as a true and accurate record.</p>	Note
3	<p>Water Safety Policy Update</p> <p>JG still requires to receive comments back from Infection Control on the 7 key areas that were identified at the meeting on 1st October 2012. TW, CW and TI are meeting on 7th November to discuss and will reply back to JG after that time.</p> <p>MM will circulate the latest version of the Policy. Any comments are to be passed back to JG by 16th November for JG to incorporate. The SCART Water Group have already had sight of the document. AG expressed his view that the document should be more specific in providing guidance and gave the example of TMV's being installed in places where they are not required. AG to provide his comments to JG.</p> <p>JG will amend the front cover of Policy to reflect TW and MAK as Joint Lead Managers.</p> <p>The policy will only be valid for a one year period due to the changing nature of the topic and further guidance that is expected to be issued from HFS/HPS. The Policy will be published on the infection control, H&S, and Estates part of the intranet with hyperlinks linking all three areas.</p> <p>TW will circulate the revised Water Safety Policy to AICC, BICC and Area Partnership membership for information/comments prior to ratification.</p>	<p>TW/CW/TI</p> <p>MM/All/JG</p> <p>AG</p> <p>JG</p> <p>Note</p> <p>TW</p>
4	<p>Agreement on NHSGGC definition of High Risk Clinical Areas</p> <p>PJ had circulated a document to TW, CW and MAK on 5th Nov providing a definition of high risk clinical areas in relation to pseudomonas. High risk clinical areas included Adult, Paediatric and Neonatal ICU's and their associated HDU's.</p>	

	<p>PJ queried who should be contacted if nursing colleagues could not complete the flushing and AG confirmed it should be Estates. PJ to update the SOP and re-circulate.</p> <p>The SOP “belongs” to the Water Systems Group who are responsible for any updates that are required.</p> <p>It was confirmed that for pseudomonas, flushing should occur in high risk areas on a daily basis for one minute. Nursing staff are responsibility for conducting the flushing and for recording appropriately. PJ to note this on the SOP.</p> <p>Currently legionella flushing occurs twice per week for three minutes. There are no guidance on who is responsible for flushing and recording; local arrangements are in place within the sites. Following a discussion, it was confirmed that areas that are regularly used or regularly cleaned do not require to be flushed. It was noted that it was challenging identifying areas that are not frequently used and that users will be asked to provide this information. It was decided that an electronic spreadsheet asking SCN’s to identify infrequently used outlets will be circulated. This will be developed from a proforma that is in use within Clyde. AG to pass proforma to PJ to amend as appropriate.</p> <p>Records are to be submitted to the local water safety groups on a quarterly basis following a request. Estates can then review the returns to establish whether there is a requirement for sinks/taps to be removed from certain areas.</p> <p>The local Water Safety Groups will feed into the Board group on a quarterly basis.</p> <p>Once SOP has been amended by PJ, TW will take document to BICC for approval.</p>	<p>PJ</p> <p>Note</p> <p>Note</p> <p>PJ</p> <p>Note</p> <p>AG/PJ</p> <p>Note</p> <p>Note</p> <p>PJ/TW</p>
5	<p>Strategy for harmonisation of water testing regimes</p> <p>It was noted that whilst the Water Safety Policy and SOP’s will try to control the risk, there is cognisance that they will never be able to eliminate the risk.</p> <p>Recognition of other areas that are not high risk but have an associated risk will continue to be sampled until a time when their results have been satisfactory for a period of at least 6 months.</p> <p>AG commented on the water testing approach that is taken within NHS Tayside. JG to contact NHS Grampian and request a copy of their Policy; likewise, MAK to contact David Browning at NHS Lanarkshire.</p> <p>The SHTM mentions sampling high risk areas. TW to approach HFS and the ICD network to ask for their interpretation.</p> <p>MAK to speak to Billy Hunter about the sampling contract that is in place in South Sector that has now migrated into Lab Building.</p> <p>JG confirmed that high counts are to be escalated via Datix. Any high count in a high risk area is to be recorded on Datix, and also if a count still remains high after the system has been flushed, regardless of whether it was high risk or not.</p> <p>AG is going to sit down with the Sector Estates Manager’s to establish the legionella high risk areas and what is being done to reduce the counts.</p> <p>The sampling SOP is to be co-written by Infection Control and Facilities. AG to provide background information to PJ, including last two sets of papers from the Clyde local Water Safety Group so that core components of the agenda can be recorded.</p>	<p>Note</p> <p>Note</p> <p>JG MAK</p> <p>TW</p> <p>MAK</p> <p>Note</p> <p>AG</p> <p>AG/PJ</p>

6	<p>Structure and format of sector reports/ updates</p> <p>This topic was included in other parts of the agenda (see agenda items 3-5).</p>	Note
7	<p>AOCB</p> <p>7.1 Guidance for Pseudomonas found in Endoscopy Rinse TI queried what clinical action (if any) would be taken for patients that had been treated and then the Endoscopy Rinse recorded a positive reading for Pseudomonas. TW to raise at the Infection Control SMT to consider the clinical perspective. MAK to speak to Alan Stewart about what actions are taken from a decontamination perspective.</p> <p>7.2 Shower Head Sterilization's AG noted that the Water Safety Policy (based on associated SHTM) advises that shower heads are sterilized on a quarterly basis. If this was complied with, there would be a cost/resource implication to the Board. AG to discuss further with MAK.</p> <p>7.3 TVC Counts At present, TVC counts are tested in addition to Legionella testing at some of the sites. A discussed took place around whether TVC counts are required as there is no direct need for them to be taken as reflected in the Water Safety Policy and associated SHTM. It was decided that TVC testing should be included within the guidance document for sampling that PJ is pulling together.</p>	<p>TW MAK</p> <p>AG/MAK</p> <p>PJ</p>
8	<p>Date of Next meeting</p> <p>It was agreed that the group should meet again mid December. MM to circulate possible options.</p> <p>8 January 2013, Board Room, Management Building, SGH 5 March 2013, Board Room, Management Building, SGH 7 May 2013, Board Room, Management Building, SGH 2 July 2013, Board Room, Management Building, SGH 3 September 2013, Board Room, Management Building, SGH 5 November 2013, Board Room, Management Building, SGH</p>	MM

NHSGGC WATER SAFETY GROUP Minutes of meeting

Tuesday 5th March 2013, 9.30am, Boardroom, SGH

Present

Billy Hunter (BH)	General Manager – South & Clyde Sectors (Chair)
John Green (JG)	Health and Safety Manager
Alan Gallacher (AG)	Sector Estates Manager, Clyde
Pamela Joannidis (PJ)	Lead Nurse, Infection Control
Teresa Inkster (TI)	Consultant Microbiologist

Also Present

Pauline Wright	Consultant Microbiologist, Southern General
Jenna Gillies	ST2 in Microbiology, Glasgow Royal Infirmary

Minutes – Gail Bradbury

Facilities Business Systems Administrator

		Action
1	<p>Apologies</p> <p>Mary Anne Kane (MAK) Tom Walsh (TW) Craig Williams (CW) Alex McIntyre</p>	
2	<p>Note of last meeting</p> <p>The notes of 8th January 2013 were accepted as a true and accurate record.</p>	Note
3	<p>Water Safety Policy Update</p> <p>BH confirmed that the policy had been ratified by BICC at their January 28th meeting. JG confirmed that all of the changes as requested at the last meeting had been made to the policy draft that was submitted to BICC.</p> <p>It was suggested the new policy be placed on StaffNet within the Estates page structure.</p> <p>GB stated she had requested a PDF copy of the signed policy from Ann Lang but was told there wasn't one. The question was raised as to whether or not the Director of Facilities should be signing the policy. This was not clear. BH agreed to determine who had ownership of the policy and therefore who should be signing and distributing it.</p> <p>TI will check with TW to see if the ratified policy has been or will be circulated by Infection Control.</p>	<p>Note</p> <p>BH (3a)</p> <p>TI (3b)</p>

	<p>It was noted that there are no SOPs to underpin the Water Safety Policy. It was agreed that the SCART Water Systems subgroup should take responsible for the development of the SOPs with Clinical input. The SOPs should come to the Water Systems Group for approval. This will be communicated at the next SCART meeting</p> <p>BH stated that a Policy Implementation Plan (PIP) would also need to be developed by the SCART Water Systems subgroup.</p> <p>AG mentioned that the Pseudomonas guidance which is included in the Policy is to become an SHTM.</p> <p>Policy changes need to be communicated to the Sector Legionella Groups and to the SCART Water Systems Sub-Group. AG will summarize these for dissemination.</p> <p>Flushing regime information and testing data for the last 6 months is being collected from sites. Most sites have not provided details on their flushing regimes. GB will re-canvass the sites and collect the data on how often flushing takes place, who does flushing, and how infrequently used outlets are being identified to Estates. GB will summarize the results in a spreadsheet and distributed to this group.</p> <p>A standard approach to flushing regimes is to be looked at as part of the Policy review over the next 12mos.</p> <p>It was agreed that infrequently used outlets should be identified by nursing staff. Some discussions have taken place between MAK and Rory Farrelly, Director of Nursing but no agreement around this has been reached.</p>	<p>AG (3c)</p> <p>Note</p> <p>Note</p> <p>AG (3d)</p> <p>GB (3e)</p> <p>All (3f)</p>
4	<p>Assessment of High Risk Areas</p> <p>High Risk areas are defined as Transplant Units and areas being dosed by Chlorine Dioxide i.e. those with high TVCs. Arrangements are to be made for assessments to be carried out on these areas.</p> <p>BH stated that the South Sector is looking at dosing with Chlorine Dioxide to reduce the areas requiring testing. South Sector Estates Manager Jim McFadden is liaising with CW regarding this.</p> <p>The paper which was to be written on why the focus was on Transplant units was not written. Since the Policy has now gone to BICC without the paper, there is no longer the need for it.</p>	<p>Note</p> <p>Note</p>
5	<p>Sector Reports/Updates</p> <p>A pro forma on Legionella was circulated at the last Governance meeting requesting that the Sectors complete the questions and submit to the Water Systems Group. A summary and analysis of the responses will be done and circulated.</p>	

	<p>All sectors did submit their checklist but the submission from GRI and VoL were submitted on the SCART checklist form and not the pro forma. GB will contact the sites to resubmit their responses.</p> <p>It was agreed that the Sector Legionella Groups be renamed as Sector Water Safety Groups and should have clinical reps attend their meetings. The Terms of Reference for the Water Systems Group will be reviewed and revised for use by the Sector Water Safety Groups. This will be communicated via the Estates SMT meeting. The minutes from their meetings should be sent to the Water Systems Group and Water Systems Group minutes disseminated to Sector Water Systems Groups.</p> <p>Currently Sector Water Safety Groups meet quarterly but the NHSGGC Water Systems Group meets bi-monthly. Water Systems Group meetings should be dropped back to quarterly and take place after the Sector group meetings. This will be communicated via the next SCART meeting</p>	<p>GB (5a)</p> <p>BH/GB (5b)</p> <p>AG (5c)</p>
6	<p>AOCB</p> <p>TI raised the issue of how we control what is being tested by Contractors, specifically in the South Sector. Where counts are high in non-high risk areas, we need to cease testing after the eradication</p> <p>TI requested that sectors not have contractor reps sitting on the Sector Water Safety Groups. This will be communicated via the Estates SMT meeting</p>	<p>Note</p> <p>BH (6a)</p>
7	<p>Date of Next meeting</p> <p>7th May 2013, Boardroom, Management Building, SGH</p>	

NHSGGC WATER SAFETY GROUP

Minutes of meeting

Tuesday 7th May 2013, 9.30am, Boardroom, SGH

Present

Billy Hunter (BH)	General Manager – South & Clyde Sectors (Chair)
John Green (JG)	Health and Safety Manager
Alan Gallacher (AG)	Sector Estates Manager, Clyde
Pamela Joannidis (PJ)	Lead Nurse, Infection Control
Teresa Inkster (TI)	Consultant Microbiologist
Prof Craig Williams (CW)	Consultant Microbiologist

Also Present

Jim McFadden (JMcfF)	Sector Estates Manager – South
----------------------	--------------------------------

Minutes – Gail Bradbury	Facilities Business Systems Administrator
-------------------------	---

		Action
1	<p>Apologies</p> <p>Mary Anne Kane (MAK) Tom Walsh (TW) Alex McIntyre</p>	
2	<p>Note of last meeting</p> <p>The notes of 5th March 2013 were accepted as a true and accurate record.</p>	Note
3	<p>Matters Arising/Rolling Actions</p> <p>The actions were reviewed and updated.</p>	Note
4	<p>Water Safety Policy Update</p> <p>It was determined that the version of the Policy which was submitted to BICC to be ratified was not the final version. JG had passed his last revision to Infection Control for them to include some amendments. It seems the version of the Policy that went to BICC did not have the revisions included. The definition of High Risk areas was also to be changed in the Policy to be “Transplant areas and any area which has historically tested positive”</p> <p>It was agreed that JG and PJ would find the corrected version of the Policy and send it to GB who will ensure all the amendments have been included. The Policy will be given a final review by this group at the July 2nd meeting and be submitted to BICC for ratification at their July meeting.</p>	<p style="text-align: center;">JG/PJ (4a)</p> <p style="text-align: center;">GB (4b)</p>

<p>5</p>	<p>Review of Terms of Reference</p> <p><u>NHSGGC Water Safety Group</u></p> <p>The draft revised Terms of Reference for this group were reviewed and amendments made. The updated version will be re-circulated for final comment. The SCART Water sub-group lead is to be invited to the next Water Safety Group</p> <p><u>Sector Water Safety Group</u></p> <p>The draft revised Terms of Reference for Sector groups were reviewed and amendments made. The updated version will be re-circulated for final comment before being distributed to the Sector groups.</p>	<p>GB (5a) GB (5b)</p> <p>GB (5c)</p>
<p>6</p>	<p>Review of Sector Water Safety Group Performance</p> <p><u>Minutes of meetings</u></p> <p>The available minutes from all Sector group meetings were distributed prior to the meeting for review. It was noted that all Sectors seem to be reporting issues to do with sampling and testing. It was agreed this will be raised for discussion at the Estates SMT meeting that afternoon</p> <p><u>Water Testing</u></p> <p>The data received from the sites who responded was reviewed. Generally most sites test on a quarterly basis. It was agreed that a standardised approach to testing regimes is required across the Board.</p> <p>CW expressed concerns once again about the large number of areas being testing and about the fact that new areas seem to be being added. Areas being tested need to meet the definition of High Risk in the Policy.</p> <p>It was agreed that CW should meet with the Sector Estates Managers to discuss what areas are being tested within their Sectors. This will be raised with the SEMs at the Estates SMT meeting. It was suggested that SEMs write an evidence based paper on the testing in their Sectors.</p> <p>Testing needs to be standardized across the Board. A strategy needs to be developed to deal with areas that are testing high and guidance written on how many clear counts an area needs to have before testing can cease.</p> <p><u>Compliance Regimes</u></p> <p>It was agreed to raise the subject of compliance with Flushing Regimes at the Estates SMT meeting. It was recommended that a</p>	<p>BH/GB (6a)</p> <p>CW/BH (6b)</p> <p>BH/GB (6c)</p>

	<p>similar process be adopted for tracking Flushing Compliance as that which is currently being used for the submission of Fire Audits i.e. completed submissions from wards are be emailed to a central point and there is a defined escalation process in place where submissions are not made.</p> <p>An SOP is to be developed by the SCART Water Safety Subgroup to support this.</p>	
7	<p>Paper on Dosing at SGH</p> <p>JMcF's paper was reviewed and discussed. CW commented that Dosing is not to be seen as a solution to remove Legionella. This needs to be part of an overall Water Management system.</p> <p>JMcF commented that there are inherent issues with the aging infrastructure at SGH. Some of the water issues have been caused by the adding of structures to existing buildings over the years without redesigning the piping.</p> <p>CW advises caution in Dosing given that no cases of Legionella have been reported.</p> <p>It was agreed that the areas in SGH that are being considered for Dosing should be risk assessed.</p> <p>The preferred approach to eradicating Legionella is to manufacture out the problem by replacing water systems. Opportunities should be taken as areas are being refurbished to change problem pipes. The Neuro at SGH is to be refurbished and the water system will be looked at then.</p> <p>CW asked that Estates consider looking at the Life Cycle cost of upgrading the infrastructure to remove Legionella.</p>	
8	<p>Evidence Based Paper on High Risk Areas for Legionella</p> <p>It was agreed that CW, TI and PJ will write a paper with evidence in support of the Water Safety Policy definition of High Risk. This paper had originally been suggested and deferred as the Policy had already been ratified in Jan 2013. Since the policy is now going back to BICC the paper is to be written in support of the Policy.</p>	CW/TI/PJ (8a)
9	<p>AOCB</p> <p>Agenda Items – BH asked that an agenda item for 'Clarity on Governance for Flushing' be added to the agenda for the next meeting.</p> <p>Conference Call – BH will have his PA arrange a conference call with CW/TI/MAK and the HSE Lab.</p>	GB (9a) BH (9b)

	<p>Water Safety Policy – PJ commented that we need to be sure that Nursing staff have been made aware of their new responsibilities regarding Flushing of outlets.</p> <p>Replacement of CEL 03 (2012) – PJ noted that the new CEL being released which replaces CEL 03 (2012) will be tabled at the next meeting.</p>	<p>Note</p> <p>PJ (9c)</p>
10	<p>Date of Next meeting</p> <p>July 2nd 2013, Board Room, Management Building, SGH</p>	

NHSGGC WATER SAFETY GROUP

Minutes of meeting

Tuesday 2nd July 2013, 9.30am, Boardroom, SGH

Present

Mary Anne Kane (MAK)	General Manager – Corporate (Chair)
John Green (JG)	Health and Safety Manager
Pamela Joannidis (PJ)	Lead Nurse, Infection Control
Prof Craig Williams (CW)	Consultant Microbiologist
Sandra McNamee (SMc)	Assistant Director of Nursing Infection Control
Eleanor Deacon (ED)	Lead Nurse, Surgery & Anaesthetics

Minutes – Gail Bradbury (GB) Facilities Business Systems Administrator

		Action
1	<p>Apologies</p> <p>Billy Hunter Tom Walsh Alex McIntyre Teresa Inkster Alan Gallacher</p>	
2	<p>Note of last meeting</p> <p>The notes of 7th May 2013 were accepted as a true and accurate record.</p>	Note
3	<p>Matters Arising/Rolling Actions</p> <p>The actions were reviewed and updated.</p>	Note
4	<p>Water Safety Policy</p> <p>It was agreed that no decision will be made on when the revised Policy will go back to BICC to be ratified until we are sure we have the Policy as it needs to be.</p> <p>PJ provided an updated copy of the Policy. She reviewed with the Group, the areas that still require clarification:</p> <p>Section 3.4.12 Ward and Department Staff</p> <ul style="list-style-type: none"> • Will follow the flushing regime for their area as per Standard Operating Procedures for Flushing (Appendix 1) <p>Section 13 High Risk Areas</p> <ul style="list-style-type: none"> • Agreement is needed for the wording of this section <p>Appendix 1 SOP for Flushing of Taps and Showers in Clinical Areas</p> <ul style="list-style-type: none"> • Weekly Assurance checklist/SPE Audit • High Risk areas. Clarification required on how long flushing should be done for. • Need to clarify frequency of flushing 	

	<ul style="list-style-type: none"> • Need to describe the process for notifying Estates of little used outlets • Need agreement on the wording of the Reporting section <p>A Short Life Working Group will be set up to write the section Flushing. GB will coordinate.</p> <p>Any changes to the Policy or SOP that affects Nursing staff needs to be communicated to Rory Farrelly first.</p> <p>We need clarification from HSE on what their guidance is on flushing. JG will take question to HSE/HSL. He will circulate draft questions to this Group first.</p> <p>Sector Estates Managers (SEMs) need to evidence their decisions made on flushing regimes. The definition of Infrequently used outlets needs clarification.</p> <p>It was agreed that it would be useful to know how long Domestic staff run taps/showers during cleaning. GB to ask Annette McCafferty, Domestic Services manager at SGH to conduct some audits to determine an average flush time. We need to ensure all DSR sinks are being used/flushed daily.</p> <p>Ward staff need to ensure that where a sanitary area in a Ward is being used for storage on a temporary basis, Domestic staff are given access to clean and flush. SHTM 04-01 states that infrequently used outlets are to be flushed for 3 mins twice weekly.</p> <p>Where a sanitary area in a Ward is being used for a purpose other than its designed use on a permanent basis, ward staff need to notify estates staff to remove outlets.</p> <p>Domestic staff need to be given clear guidance on flushing in cleaning as part of the cleaning specification.</p> <p>We need to standardize and minimize the documentation kept at ward level to evidence flushing. Most nursing managers have developed their own process to evidence flushing</p> <p>It was suggested a flow-chart be developed for staff to use to determine what flushing is required. JG will draft up one and circulate for comments.</p> <p>Domestic services staff currently document areas they can't get access to clean in the Ward Manual. This information should be used to identify problem areas.</p> <p>Domestic supervisors' record when an area has been inaccessible. This info is recorded in the Domestic Monitoring Tool (DMT). We should request a report from the system suppliers which details areas where sanitary fixtures can't be cleaned due to inaccessibility. It was agreed that we should also investigate the possibility of an email alert</p>	<p>GB(4a)</p> <p>JG (4b)</p> <p>GB (4c)</p> <p>JG (4d)</p>
--	--	--

	<p>being sent from the DMT system when a sanitary areas has been inaccessible on consecutive audits. GB will scope these requests out and take this to the supplier to provide a quote.</p> <p>Estates to carry out assessments to support the areas in their hospitals they are defining as High Risk. Details, by Hospital, of wards/areas which are defined as High Risk are to be brought to next meeting.</p> <p>It should be noted that HSE ACOP L8 does not require testing. Our planned approach is more than is required of us. Pseudomonas guidance requires daily 1min flush. This is currently being met by Cleaning Schedules. We need to build detail in to Cleaning Schedule</p> <p>An overall education and awareness program for all staff needs to be developed</p> <p>JG to write up proposed testing plan and take to HSL. This Group needs to ratify any exceptions to designated procedures for testing that SEMs request.</p> <p>JG to write up testing regime procedures for High Risk areas to include:</p> <ul style="list-style-type: none"> ○ Exit strategy from existing areas being tested ○ Requirement to stop testing ○ Requirements to start testing ○ How we manage contractors ○ To be circulated to SEM who should flag up challenges <p>Need to backup any reductions in current flush regimes with justification of Risk Management.</p> <p>Agenda item to next meeting regarding procedure for 3 clear tests</p> <p>The Group needs to look at long range options for contracting out water management in the Board.</p>	<p>GB (4e)</p> <p>SEMs (4f)</p> <p>JG (4g)</p> <p>JG (4h)</p> <p>GB (4i)</p>
5	<p>New Pseudomonas Guidance</p> <p>The new Pseudomonas Guidance was circulated prior to the meeting.</p>	note
6	<p>Governance for Flushing – SOP</p> <p>The SOP was discussed in the course of the Water Policy content discussion.</p>	
7	<p>Review of Sector Water Safety Group Minutes</p> <p>The only group to have held a meeting since the last Water Safety Group meeting was North East & West Sector but the minutes from that meeting were not available at the time of this meeting.</p> <p>At the next meeting we need to review the Sector Groups meeting schedules and minutes from all sectors to ensure they are addressing</p>	

	<p>the correct topics.</p> <p>PJ raised the question of ICN Lead Nurses co-chairing Sector meetings and asked that this be changed. It was agreed that the SEMs will co-chair the meetings. GB will revise the Terms of Reference for the group and recirculate to the Group.</p>	GB (7a)
8	<p>SGH Legionella Dosing Risk Assessments</p> <p>Jim McFadden has his risk assessments available for review but the files are too large to email out. This is available in hard copy from Jim.</p> <p>GB to notify Jim McFadden that the Group has approved the Dosing in the areas that he referred to in his paper which was submitted to the Group. These areas had been identified as problematic during the baseline assessments conducted by the water management contractor.</p> <p>GB to set up a meeting with MAK, BH and JMcF to discuss Jim's paper and the longer term engineering solution to the problems.</p>	<p>GB (8a)</p> <p>GB (8b)</p>
9	<p>Evidence Paper Progress</p> <p>It was agreed that this paper is no longer required.</p>	
10	<p>AOCB</p> <p>A subgroup is to be formed to look at the Flushing SOP</p> <p>Nursing Reps should be invited to attend all future meetings. GB to obtain their names from John Stuart and add them to the meeting distribution list.</p> <p>The Heath & Safety Lab rep is to be invited to speak to us while they are in Glasgow in August.</p>	<p>GB (10a)</p> <p>JG (10b)</p>
11	<p>Date of Next meeting</p> <p>September 3rd 2013, Board Room, Management Building, SGH</p>	

NHSGGC WATER SAFETY GROUP

Minutes of meeting

Tuesday 5th November 2013, 9.00am, Boardroom SGH

Present

Mary Anne Kane (MAK)	General Manager – Corporate (Co-Chair)
John Green (JG)	Health and Safety Manager
Prof Craig Williams (CW)	Consultant Microbiologist
Sandra McNamee (SMc)	Assistant Director of Nursing Infection Control
Teresa Inkster (TI)	Consultant Microbiologist
Alan Gallacher (AG)	Sector Estates Manager, Clyde

Minutes – Gail Bradbury (GB) Facilities Business Systems Administrator

		Action
1	<p>Apologies</p> <p>Tom Walsh, Infection Control Manager Pamela Joannidis, Lead Nurse, Infection Control John Stuart, Head of Nursing, Regional Services</p>	
2	<p>Note of last meeting</p> <p>The notes of 2nd July 2013 were accepted as a true and accurate record.</p>	Note
3	<p>Matters Arising/Rolling Actions</p> <p>The actions were reviewed and updated.</p>	Note
5	<p>Water Safety Policy Review</p> <p>The policy which was ratified by the BICC Jan 2013 has been posted on StaffNet in the following location. http://www.staffnet.ggc.scot.nhs.uk/Acute/Facilities/Estates/Pages/NHSGGC_STATUTORYCOMPLIANCEREGISTER.aspx</p> <p>The existing policy has been reviewed by the HSE Lab and the feedback received was positive.</p> <p>The policy is undergoing a review and will be updated in preparation for the Jan 2014 BICC meeting where the updated version will be submitted for ratification. The format of the policy will be changed to separate the policy document from the related SOPs which will become appendices to the policy. The NHS Lothian policy document will be used as a template for the new format. The policy will include a list of the site locations which meet the High Risk area definition. Estates and Clinical staff will need to collectively agree the locations that are to be included in the policy. One of the areas that will be revised is the definition of High Risk areas. From feedback received from Estates staff they are still unclear what areas should be defined as High Risk.</p>	

	<p>Billy Hunter is leading the review of the policy with the SEMs. The updated version will be circulated for comment by the end of November and a final review will be done by the Board Water Safety Group early December.</p> <p>When revised policy is ratified at BICC in Jan 2014, an awareness campaign and management plan will be developed and launched for all Clinical and Facilities staff so that everyone is clear what their role is in Water Safety and why.</p>	
6	<p>Sampling Reduction Guidance</p> <p>Sector Estates Managers are requesting direction from Infection Control doctors on where sampling can be stopped.</p> <ul style="list-style-type: none"> • Root Cause analysis needs to be done to determine the permanent solution for areas that consistently test with high counts for Legionella/Pseudomonas <ul style="list-style-type: none"> ○ If a site has area(s) that require a Capital investment to fix the root cause of a problem these need to be flagged up. • A Sampling Guidance document needs to be drafted <ul style="list-style-type: none"> ○ A ½ day working group session to be set up with SEMs and Site Managers to review where sampling is being done currently. ○ Testing in OPDs and Non Clinical departments needs to be stopped using the guideline of 3 clear tests. Sectors need to provide an action plan for each area they will be withdrawing testing from. ○ A review of the areas being tested due to there being a history of high counts, needs to be carried out and root cause analysis done ○ Testing in areas that are being Dosed can not be withdrawn. The SHTM guidance says that we only need to confirm the Dosing mechanism is accurate. ○ JG noted that sites need to be cognizant of the fact that where a Hazard exists it does not necessarily mean there is a Risk. A risk assessment needs to be carried out. ○ The Sampling Guidance needs to include a process for Estates to Escalate issues. • The Transplant areas in the Board that would fall under the High Risk Area definition are: <ul style="list-style-type: none"> ○ Schiehalion Ward – RHSC Yorkhill ○ Ward 6 – RHSC Yorkhill ○ Ward B8 – WOSCC Beatson ○ Level 7 - WIG 	
7	<p>AOCB</p> <p><u>Pseudomonas SOP Cascade and Implementation</u></p> <ul style="list-style-type: none"> • The Interim SOP was issued to Clinical Heads of Nursing and to High Risk areas. L8 is being revised and the SOP will be updated when the revised L8 is issued. • The SOP will be embedded in the revised Water Safety Policy which goes to BICC in Jan 2014 <p><u>HEI Inspectorate Feedback</u></p>	

	<ul style="list-style-type: none"> Guidance was issued in response to the HEI Inspections that took place at WIG and VI this summer. HEI feedback from both inspections commented on the Board's approach to Water Management & Flushing. The Board has committed to reviewing and revising flushing regimes and documentation. <p><u>Flushing SLWG</u></p> <ul style="list-style-type: none"> Billy Hunter, Annette McCafferty, Alan Gallacher and Mary Anne Kane are meeting to discuss the sanitary fixtures flushing that is being done by Domestic Services Work is being done to build in to the Domestic Service Training and the Ward Manuals, details of the flushing regimes that are to be followed. The details are to be worked out on what documentation is to be kept by Domestic Services and how Domestic Services can escalate access issues. The SLWG will determine how long Flushing is to be done i.e. 3mins vs. 1min and who is to do it i.e. Nursing vs. Domestic A list of infrequently used outlets across the Board needs to be established. Where access is restricted to sanitary areas on a regular basis, a decision needs to be made on what to do those fixtures i.e. remove or recommissioning the sink etc. The long term plan is to approach HFS to have something built in to the FMT system to allow us to flag infrequently used outlets. The next meeting of SLWG will take place in the next few weeks. <p><u>Review of Sector Water Safety Group Minutes</u></p> <ul style="list-style-type: none"> All Sectors had broadly similar issues and concerns about testing <p><u>AOCB</u></p> <ul style="list-style-type: none"> CW requested that IC not be sent all test results with requests for decisions on closures. Results should be copied to IC for their information only The process should be that Estates notify GMs of recommendations to close an area where high counts have been found. GM will then escalate to the Clinical team who will have the final decision on closures. Estates should be escalating closure requests to GMs first who should then take to senior clinical management <p>The revised Water Safety Policy needs to be available for final review by end of Nov so that the Board Water Safety Group can review it in early Dec for submission to BICC in Jan 2014.</p>	GB (7a)																								
8	<p>Date of Next meeting</p> <p><u>Meeting Schedule for 2014</u></p> <table border="0"> <tr> <td>Feb</td> <td>Thurs 6th</td> <td>9:30-11:30</td> <td>Boardroom Mgmt Bldg SGH</td> </tr> <tr> <td>Apr</td> <td>Thurs 3rd</td> <td>9:30-11:30</td> <td>Boardroom Mgmt Bldg SGH</td> </tr> <tr> <td>Jun</td> <td>Thurs 5th</td> <td>9:30-11:30</td> <td>Boardroom Mgmt Bldg SGH</td> </tr> <tr> <td>Aug</td> <td>Thurs 7th</td> <td>9:30-11:30</td> <td>Boardroom Mgmt Bldg SGH</td> </tr> <tr> <td>Oct</td> <td>Thurs 2nd</td> <td>9:30-11:30</td> <td>Boardroom Mgmt Bldg SGH</td> </tr> <tr> <td>Dec</td> <td>Thurs 11th</td> <td>9:30-11:30</td> <td>Boardroom Mgmt Bldg SGH</td> </tr> </table>	Feb	Thurs 6th	9:30-11:30	Boardroom Mgmt Bldg SGH	Apr	Thurs 3rd	9:30-11:30	Boardroom Mgmt Bldg SGH	Jun	Thurs 5th	9:30-11:30	Boardroom Mgmt Bldg SGH	Aug	Thurs 7th	9:30-11:30	Boardroom Mgmt Bldg SGH	Oct	Thurs 2nd	9:30-11:30	Boardroom Mgmt Bldg SGH	Dec	Thurs 11th	9:30-11:30	Boardroom Mgmt Bldg SGH	
Feb	Thurs 6th	9:30-11:30	Boardroom Mgmt Bldg SGH																							
Apr	Thurs 3rd	9:30-11:30	Boardroom Mgmt Bldg SGH																							
Jun	Thurs 5th	9:30-11:30	Boardroom Mgmt Bldg SGH																							
Aug	Thurs 7th	9:30-11:30	Boardroom Mgmt Bldg SGH																							
Oct	Thurs 2nd	9:30-11:30	Boardroom Mgmt Bldg SGH																							
Dec	Thurs 11th	9:30-11:30	Boardroom Mgmt Bldg SGH																							

DRAFT

NHSGGC WATER SAFETY GROUP

Minutes of meeting

Thursday 6th February 2014, 9.30am, Boardroom SGH

Present

Mary Anne Kane (MAK)	Interim Director of Facilities (Co-Chair)
John Green (JG)	Health and Safety Manager
Prof Craig Williams (CW)	Consultant Microbiologist
Alan Gallacher (AG)	Sector Estates Manager, Clyde
Pamela Joannidis (PJ)	Lead Nurse, Infection Control
Jim McFadden (JMc)	Sector Estates Manager, South
Billy Hunter (BH)	General Manager, South & Clyde

Minutes – Gail Bradbury (GB) Facilities Business Systems Administrator

		Action
1	<p>Apologies</p> <p>Tom Walsh, Infection Control Manager Teresa Inkster, Consultant Microbiologist</p>	
2	<p>Note of last meeting</p> <p>The notes of 5th Nov 2013 were accepted as a true and accurate record.</p>	Note
3	<p>Matters Arising/Rolling Actions</p> <p>The actions were reviewed and updated.</p>	Note
4	<p>Review of Sector Water Safety Group Minutes</p> <p>Points of note from the Sector Water Safety Group meetings:</p> <p><u>North East & West Sectors</u> An issue was raised regarding Storage Tanks via a Safety Action Notice. This is being actioned at GRI by Tom Fulton.</p> <p>PJ questioned whether the list of the High Risk areas identified under Section 7 of their minutes referred only to Pseudomonas. If it does then they should not be identifying Maternity on that list. PJ will clarify with Alistair MacLean.</p> <p><u>South & Clyde Sectors</u> AG highlighted that the issue of Authorizing of APs as highlighted in Section 5 of the minutes is a Board Wide issue that needs to be addressed.</p> <p>There is now a list of Authorizing Engineers that we can now use to assess the suitability of staff for appointment as APs so this can now be progressed.</p> <p><u>Partnerships</u> No minutes were available from Partnerships. Their last meeting took place on Nov 22, 2013 but the minutes were not available at the time of this meeting. MAK will discuss with DJP again the importance of regularly</p>	<p style="text-align: center;">PJ (4)</p> <p style="text-align: center;">MAK (4a)</p>

	<p>scheduling Sector meetings and ensuring the minutes and actions are available for review by this Group.</p> <p><u>Review of Risk Assessments Submitted</u> An assessment was submitted for the WOSCC. The West Sector also has High Risk areas in HDU/ITU in the Western Infirmary and HDU in Gartnavel General Hospital which needs to be completed. Clyde Sector submitted their assessments for the Neo Natal and ICUs.</p> <p>It was agreed that a standard format is required for High Level Risk Assessments for Legionella similar to these for Pseudomonas. JG will liaise with the SEMs to write up guidance and a proposed format for both Pseudomonas and Legionella high level risk assessments for high risk areas. PJ should also be included in these discussions.</p> <p>The agreed new format is to be taken to the Sector Water Safety Group meetings to be populated. The completed assessments are to come back to the Board Water Safety Group for review.</p> <p>It was suggested that a list of the High Risk areas in each hospital should be available on StaffNet for all staff to access</p> <p>PJ will confirm, by hospital, what areas are High Risk as defined by the national guidance.</p> <p>BH/MAK/JMc/AG will develop a flow chart to outline the process to assess a water safety risk.</p>	<p>JG (4b)</p> <p>PJ (4c)</p> <p>MAK (4d)</p>
5	<p>Revised Water Safety Policy & Written Scheme</p> <p>The updated Water Systems Safety Policy was reviewed and some minor changes suggested:</p> <ol style="list-style-type: none"> 1. Section 7 Intermittently Used Outlets needs to be expanded to include specific reference to Pseudomonas and Legionella at a high level. 2. The Policy documents should note that the Policy is to be read in conjunction with the Written Scheme document and vice versa. 3. The Roles of SCN, Directors and Managers should be added in as described in the H&S Policy. 4. The Policy need to include the same statement that the H&S Policy has with respect to staff adherence to the Policy. <p>MAK stated that an agreement had been made with Rory Farrelly, Director of Nursing that draft consultation documents would be sent out to BICC and AICC at the same time for review. The Policy would then be submitted to AICC and BICC at the same time for ratification along with the Written Scheme document for their information.</p> <p>The Written Scheme was reviewed in detail and a number of changes were documented and are to be made. The following discussions also took place:</p> <p>Domestic Supervisors should be notifying site managers where there are sanitary areas that they have regularly been denied access to. This is being</p>	

	<p>noted in the Ward Folders by the domestic staff. Supervisors should be reviewing that data and escalating the issues where required. The WIG uses a log book which should be looked at for use everywhere.</p> <p>MAK suggested that as process similar to the Fire Safety Audits escalation procedure should be used. This is to be developed.</p> <p>The Schedule for sink cleaning has been re-written and is waiting approval. The new Schedule will require that cleaning in High Risk areas is done first.</p> <p>The Written Scheme document should contain a statement that as a Board we consider the scheduled domestic cleaning as satisfying the requirements for flushing.</p>	
6	<p>Revised Water Safety Policy Roll Out Plans</p> <p>It was agreed that an awareness/information plan needs to be developed in conjunction with Nursing, for the rollout of the Policy and Written Scheme. A similar approach to that use in roll out of the Fire Safety policy should be used.</p> <p>Mediums such as StaffNet, Core Brief and Team Briefs should be used as part of the awareness plan.</p> <p>MAK will discuss the roll out planning with Rory Farrelly.</p>	MAK (6)
7	<p>AOCB</p> <p><u>Standing Agenda Items</u></p> <p>Water Sampling is to be established as a standing item for the agendas of the Board Water Safety Group and all Sector Water Safety Groups.</p> <p><u>Designated Responsible Person for Pseudomonas</u></p> <p>CW enquired when the person in each Sector will be named. MAK stated that it is the responsibility of Tom Walsh, Infection Control Manager to nominate the persons and bring the names to the next Board Water Safety Group to be approved.</p>	GB (7)
8	<p>Date of Next meeting</p> <p>Thurs April 3rd 9:30 -11:30 Boardroom Mgmt Bldg SGH</p>	

NHS Greater Glasgow & Clyde Board Water Safety Group Meeting
Thursday 3rd April 2014 at 9.30am
In the Boardroom, Management Building, Southern General Hospital

Present:

Mary Anne Kane (Chair) MAK	–	Interim Director of Facilities
Patricia Friel (PF)	–	Neonatal Lead Nurse
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
John Green (JG)	–	Health & Safety Manager
Billy Hunter (BH)	–	General Manager Facilities South & Clyde Sector
Teresa Inkster (TI)	–	Infection Control Doctor, North Sector
Prof Craig Williams (CW)	–	Lead Infection Control Doctor

Apologies:

Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control
Jim McFadden (JMCF)	–	Sector Estates Manager, South
John Stuart (JS)	–	Head of Nursing,

Action**1. Apologies**

Apologies were received from Pamela Joannidis , Jim McFadden and John Stuart

2. Notes of Previous Meeting (6 February 2014)

The minutes of the previous meeting were agreed as an accurate record.

3. Matters Arising/ Rolling Actions**Item 13.4c**

AG noted that the costs for the Clyde Sector have been identified for testing. The reminder of GG&C will be identified over the next few weeks.

AG**Item 14.4c**

PJ to confirm from the North East & West Sector meeting minutes referred to only pseudomonas.

PJ**Item 14.4a**

MAK noted that a discussion has taken place with David Pace to ensure the importance of regular sector meetings being held and to ensure that minutes are available for review.

DP**Item 14.4b**

JG noted that attempts have been made to meet in April 2014. JG and PJ to agree a date in April 2014 to meet. If this is not undertaken will be allocated to an external provider.

JG/PJ**Item 14.4c – Areas of High Risk as Defined by National Guidance**

MAK noted that no information has been submitted to date. CW confirmed that the information for the Centre will be submitted by the end of April 2014. PJ to action.

PJ**Item 14.4d – Flowchart to Assess a Water Safety Risk**

MAK noted that the flowchart will be produced and distributed to the group by the end of April 2014.

BH/AG**4. Water Sampling**

MAK asked why water sampling is an agenda item. AG confirmed to highlight the high level of awareness with the “3 Negative Results Scenario”. MAK noted that the documents describe the monitoring and reporting arrangements and highlighted not to add to any existing water samples regime unless agreed by this Water Group.

Teresa is confident that the West Sector is operating in accordance with the Policy. BH to liaise with Alistair MacLean regarding the issues with the North Sector with a report to be produced for the Clyde, South and North Sectors for the next meeting. MAK sought guidance from the group on how positive results were addressed. Teresa noted that the Beatson currently uses an external contractor for testing. BH to clarify with Alistair MacLean if the North Sector are using the same contractor DMA. AG asked what has been proposed for the new SGH. MAK confirmed that the Policy will require to be followed and suggested to meet with the New SGH Team to discuss compliance. MAK noted the problems with using silver oxide.

BH/AMaL

BH

5. Review of Sector Water Safety Group Minutes

North East /West Sector

Item 4, Positive results, BH will discuss in more detail with Alistair MacLean. MAK suggested to discuss the results at this group. CW suggested to agree a standardised template for reporting purposes, similar to the template AG uses for Theatre Validation.

BH/AMaL

BH requires clarification on item 6, Pseudomonas. CW raised concerns relating item 2, page 3 regarding the high counts. MAK suggested that Decontamination and Laundry should join one of the existing Sector group meetings. It was agreed from a management perspective that the IRH, Laundry and Decontamination can join the South & Clyde Sector Group meetings. CW suggested to establish a separate group for Endoscopy Water Safety. BH to liaise with Alan Stewart, Decontamination General Manager to establish Infection Control Group meetings. AG mentioned two meetings has been established with Alan Stewart and are held quarterly with Decontamination staff to raise any issues in order that water quality can be discussed.

BH

South & Clyde Sector & Facilities Partnerships Sector

These were noted by the Group.

Partnerships

MAK has formalised with David Pace the requirement to establish regular meetings.

DP

6. Water Safety Policy

MAK noted that BICC has ratified the Policy. The Policy is subject to minor adjustments to governance arrangements. The Policy will be available on Staffnet and will require to be updated on a regular basis. Need to take forward through the local SCART Groups.

SEMs

7. Water Safety Policy Roll Out Plans

MAK has held discussions with Rory Farrelly, Nurse Director and agreed that it is the Nursing, Facilities and Estates staff responsibility to roll out the Policy jointly. A series of roadshows and drop ins sessions will be arranged to inform staff highlighting that the key message is to raise awareness and ensure that all individuals understand the Policy. The roadshows and drop in sessions will be included in the Intranet as a hot topic.

Local Estates Teams to go round the wards either before or after the sessions to ensure that ward staff understand the logging of information. Patricia noted the general awareness to the neonatal paediatrics of the flushing regime. SCN meetings are held regularly and can be linked in to target pseudomonas and legionella guidelines as a priority, then target general awareness. The Domestic Staff also require to be briefed on the guidelines. CW suggested that we undertake the training first then roll out and implement the Policy. BH to prepare a matrix on pseudomonas. MAK will contact the Heads of Nursing to progress the sessions. MAK, BH, AG and PJ to discuss what information is to be disseminated. JG to re-circulate the previous auditing information looking to move from a qualitative to a quantitative audit.

SEMs

BH
MAK/BH/AG/PJ

JG will liaise with Anne MacPherson to clarify if the action plan can be included in the Acute Health, Safety & Fire meetings. JG will write up what the audit tool would look like. Patricia will add to the SCN weekly checklists as compliance to pseudomonas

JG

guidelines. MAK sought clarification if the written scheme requires to be ratified by BICC on a yearly basis

8. AOCB

Authorised Engineers's

AG noted that the Board does not yet have Authorised Engineer's. There is now a national contract in place to provide a service with external engineers who are compliant. An Authorised Engineer will be appointed in due course. AG to scope up a brief and share with the group for the appointment of an Authorising Engineer.

AG

Infection Control

CW noted that the Infection Control Doctor will be responsible for legionella and pseudomonas.

9. Date & Time of Next Meeting

The next meeting is scheduled for 5th June 2014 at 9.30am in the Boardroom, Management Building, Southern General Hospital.

NHS Greater Glasgow & Clyde Board Water Safety Group Meeting
Thursday 5th June 2014 at 9.30am
In the Boardroom, Management Building, Southern General Hospital

Present:

Mary Anne Kane (Chair) MAK	–	Interim Director of Facilities
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
John Green (JG)	–	Health & Safety Manager
Billy Hunter (BH)	–	General Manager Facilities South & Clyde Sector
Teresa Inkster (TI)	–	Infection Control Doctor, North Sector
Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control
Mandy Meechan (MM)	–	Ward Manager PICU, Yorkhill
Jim McFadden (JMCF)	–	Sector Estates Manager, South

Apologies:

John Stuart (JS)	–	Head of Nursing,
Prof Craig Williams (CW)	–	Lead Infection Control Doctor

Action**1. Apologies**

As above.

2. Notes of Previous Meeting (3 April 2014)

The minutes of the previous meeting were agreed as an accurate record.

3. Matters Arising/ Rolling Actions

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

5. Review of Sector Water Safety Group Minutes**South & Clyde Sector**

These were noted by the group, JMCF noted agenda item 8, AOCB – Policy, to remove the last sentence.

EMcN**Partnerships – 4th April 2014 & 22nd May 2014**

MAK noted that this is the first set of minutes produced by Partnerships. The difference within Partnerships as they currently have no high risk areas in relation to pseudomonas and are managing legionella.

MAK noted that Partnerships are not in the same position as Acute Services in terms of risk however it is still essential that they manage Legionella effectively and meet the Board policy requirements.

ALL

Any comments relating to the minutes of 22nd May 2014 to be forwarded to EMcN.

North East/West Sector

The minutes of the next Sector meeting scheduled for 9th June 2014 will be discussed at the Board Water Safety Group meeting scheduled for 7th August 2014.

ALL

JG noted that he would like included in the agendas of the Sector Water Safety Group meetings, safety action note within water tanks. JG to provide EMcN with a form of wording to forward correspondence to the Sector Chairs.

JG**6. Water Safety Policy**

MAK noted that Kenneth Fleming, Head of Health & Safety has been liaising with Dr Jennifer Armstrong, Medical Director to agree lead responsibility from a Board

Corporate Governance perspective . MAK noted that the Policy will be posted on the Intranet on 6th June 2014. The Boards Infection Control members have agreed the Policy. Discussion took place around local governance and audit arrangements.

Operational procedures are critical for use with the need to work on the SOP's within the year to standardise. A separate log is required to be distributed with the minutes for the updating of the Policy.

EMcN

AG noted that SHTM04-01 Part G – Exemplar Written Scheme has been ratified by SETAG and trialled within several NHS Boards. The Group require to discuss how it will impact on the current Written Scheme produced by NHSGG&C. EMcN to distribute the SHTM04-01 Part G – Written Scheme to the group. This to be an agenda item at next meeting

ALL
EMcN

7. Water Safety Policy Roll Out Plans

It was agreed in principle to commence the awareness sessions within the pseudomonas areas and that each Water Safety Group would undertake to provide awareness relating to documentation, flushing regimes etc. It was noted that general awareness is already happening within areas. A tight timeline is required for the roll out of the Policy. The information will be highlighted as a Hot Topic on the Staffnet. PJ confirmed that this was organised.

MM noted that SCN and Infection Control meetings are held on a monthly basis with lead nurses and Heads of Departments in attendance with the key to demonstrate that due diligence has been undertaken. AG and PJ to complete the awareness sessions by the end of July 2014 with local Sector groups assisting with awareness sessions. Feedback to the next meeting of this group on 7 August 2014.

AG/PJ

PJ agreed to produce a small presentation which the local groups can also deliver. PJ noted to send out email notification to all GG&C users with the links attached. AG to arrange for Yvonne Curran, Health Protection Scotland to deliver a presentation on pseudomonas, based on the Northern Ireland incident for Estates Teams and any other interested parties MM explained the difficulty of releasing nursing staff to attend sessions. It was agreed to arrange for Yvonne Curran to deliver a presentation to the Estates Community.

PJ

AG

Heads of Nursing to raise the importance of adhering to the Policy at scheduled meetings.

8. AOCB

PJ noted that an inspection was undertaken at the Princess Royal Maternity (PRM) and the written risk assessments were looked at. The report was very positive with no issues raised.

9. Date & Time of Next Meeting

The next meeting is scheduled for Thursday 7th August 2014 at 9.30am in the Boardroom, Management Building, Southern General Hospital.

NHS Greater Glasgow & Clyde Board Water Safety Group Meeting
Thursday 7th August 2014 at 9.30am
In the Boardroom, Management Building, Southern General Hospital

Present:

Billy Hunter (Chair) (BH)	–	General Manager Facilities South & Clyde Sector
Prof Craig Williams (CW)	–	Lead Infection Control Doctor
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
John Green (JG)	–	Health & Safety Manager
Teresa Inkster (TI)	–	Infection Control Doctor, North Sector
Gael Rolls (GR)	–	Ward Manager PICU, Yorkhill
Jim McFadden (JMcf)	–	Sector Estates Manager, South
John Stuart (JS)	–	Head of Nursing, Regional Services

Apologies:

Mary Anne Kane (MAK)	–	Interim Director of Facilities
Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control

In Attendance:

Linden Rankin (LR)	–	Helpdesk Manager, SGH – Minutes
--------------------	---	---------------------------------

		Action
1.	Apologies As above.	
2.	Notes of Previous Meeting (5 June 2014) The minutes of the previous meeting were agreed as an accurate record.	
3.	Matters Arising/ Rolling Actions The action list was discussed with actions noted. The updated action list will be circulated with the minutes.	
4.	Review of Sector Water Safety Group Minutes South & Clyde Sector BH enquired why the last meeting was cancelled. JMcf confirmed this was due to the amount of apologies received. Partnerships – 20th May 14 Minutes accepted North East/West Sector JS advised Gus McKillop is the new Lead Nurse who will attend the next meeting. ABM/PMcPhail to contact GMcK to ensure attendance and send previous minutes/dates of future meetings CW advised item 4 Implementation plan - VOL inconsistency with high results. Please note the response from Alistair Maclean, General Manager.	ABM
5.	Water Safety Policy Written Scheme in place. AG will pull together bullet points of differences of what is in place within NHSGG&C's Written Scheme and what is in National Written Scheme. The in-house Written Scheme is valid for a year.	
6.	Water Safety Policy Roll Out Plans PJ is looking to how these presentations can be interfaced into the Senior Charge Nurse's meetings. AG confirmed he is waiting on PJ to confirm the way forward with regard to SCN/Lead Nurse meetings. It was agreed the presentation would also be	PJ/AG

available on Staffnet possibly under Health & Safety page.

AG suggested informing staff through team briefs and a series of small seminars to staff.

LR to email all Heads of Nursing to seek confirmation of all Lead Nurse/SCN meetings to enable PJ/AG to attend and present above.

LR

7. **Authorising Engineer Appointment**

AG stated SHTM for other disciplines with Estates now require to have an appointed engineer for Statutory compliance including Water. A preferred Authorising Engineer has been appointed and should be in place by w/c 11th August 2014. The roles and responsibilities of the Authorising Engineer can be discussed and agreed at the next meeting. Part of the responsibilities are to ensure statutory compliance, correct procedures and documentation is in place to support water safety policies and to deter the fragmented approach in the past.

AG

All

JG asked if the AE will take forward the written scheme. AG confirmed AE will not make changes only review and advise what is in place and how we are delivering this. AE to provide support and ensuring compliance.

Post Meeting Note: AE now appointed (Legionella Control International).

8. **AOCB**

JG confirmed he is meeting Ian Powrie and Sandra McNamee to discuss the risk assessments and taps for the New SGH.

JG

BH confirmed he will invite Ian Powrie to the next South Sector Water Group.

BH

CW confirmed the renal unit is moving from Gartnavel to the 4th floor of the New SGH. This will require stainless steel water system and the AHU/ventilation to be reviewed.

For next meeting consider the areas where testing controls not consistently achieved over 3 months.

All

Each area to bring sampling regime for discussion with the Group.

9. **Date & Time of Next Meeting**

The next meeting is scheduled for 2nd October 2014 at 9.30am in the Boardroom, Management Building, Southern General Hospital.

NHS Greater Glasgow & Clyde Board Water Safety Group Meeting
Thursday 2nd October 2014 at 9.30am
In the Boardroom, Management Building, Southern General Hospital

Present:

Mary Anne Kane (Chair) (MAK)	–	Interim Director of Facilities
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control
Mandy Meechan (MM)	–	Ward Manager PICU, Yorkhill
John Stuart (JS)	–	Head of Nursing, Regional
Prof Craig Williams (CW)	–	Lead Infection Control Doctor

Apologies:

Patricia Friel (PF)	–	Neonatal Lead Nurse
Billy Hunter (BH)	–	General Manager Facilities South & Clyde Sector
Teresa Inkster (TI)	–	Infection Control Doctor, North Sector
Jim McFadden (JMCF)	–	Sector Estates Manager, South Sector

Action**1. Apologies**

As noted above.

2. Notes of Previous Meeting (7 August 2014)

The minutes of the previous meeting were agreed as an accurate record.

3. Matters Arising/ Rolling Actions

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes**South & Clyde Sector**

AG noted that the Safety Action Notices (SAN) are now included within the agenda. MAK noted sampling reviews should also be included within the agenda and noted discussions.

JS noted the number of Lead Nurses tendering apologies with the need to ensure that there is appropriate representation as there will be nursing issues at local level and to ensure that there is adequate representation in attendance to deal with high risks. MAK will write to Joyce Brown regarding the importance of the Nursing representation at the Sector meetings. The Sector groups are becoming more functional and operational and the minutes from these meetings will require to be provided to HSE in the event of an incident for governance purposes, the notes of such meetings therefore need to be very detailed and clear about what is discussed.

MAK

AG and PJ have delivered the Water Safety presentations to Water Safety Groups and SCN meetings. MAK noted a template is to be produced to indicate that the minutes from the Sector Groups has been agreed and reviewed by group members of this group.

EMcN**Partnerships Sector****Item 3.3: Eastvale Resource Centre**

The Eastvale Resource Centre has issues with the temperatures with the hot and cold water supply, action to be taken to eradicate the cause. MAK will follow up with David Pace to ensure prioritisation.

MAK**Item 10: Water Sampling**

It was noted that although water sampling has been undertaken, results are required to be recorded and to escalate to the Capital group. Partnerships need to describe

the challenges for capital bidding.

Item 12.1: Projects – Leverndale Hospital

CW noted the issue regarding the temperatures in both hot and cold water storage systems. Clarification is required that the issues have been dealt with. Language used in notes to be drawn to attention of the GM for area.

North East & West

No notes were provided as the meeting was occurring that day due to previous meeting being cancelled as it was not quorate

5. Water Safety Policy

Revised SHTM Written Scheme Impact

AG tabled a paper and summarised the main areas that require to be addressed from Part B, the flowchart is required to be included, it was noted that Nursing is not included. AG to escalate to HFS

The AP/CP information requires to be populated for each site in case of audit purposes. The NHSGG&C Written Scheme requires to be reviewed. The AE will assist with the audit role. Page 16 relates to EAMS/PAMS and need to look at how we move forward and identify cost implications. MAK noted from a revenue perspective more detailed asset surveys on existing sites are required. Surveys to be undertaken and costs to be submitted. The managing risks section requires to be populated for the Board. The challenge with the existing Policy and Written Scheme when they were produced was that it was always known new guidance would be issued – however the board had no Policy in place therefore the existing Policy was only ratified for one year it is due to be reviewed in March 2015t. A template is required to be developed and to be populated, guidance is required for completion. MAK, AG and BH to undertake and to circulate to the group for agreement to take forward.

MAK/BH/AG

PJ noted for several of the templates e.g. critical control tool contained within the document to be included within Staffnet for nursing staff to access. MM noted that nursing staff do undertake daily checks and are recorded electronically in her area . MAK noted to also create within the FMFirst system. MAK noted that every site will have PPM information within FMFirst which will show defects, in order to progress, assistance will be required from IT to facilitate.

ALL

CW noted that group members need to agree the frequency of sampling as it states to carry out weekly and we carry out on a monthly basis. The SHTM-01 Part G will be raised at the Estates SMT meeting scheduled for 9 October 2014.

AG

6. Water Safety Policy Roll Out Action Plans

PJ has delivered to the Sector Water Safety groups and at SCN meetings. It was agreed to do a walkaround with SCN's for the high risk areas and explain the critical audit tool. Good feedback has been received from Renal and the only recurring theme relates to the cleaning of handwash sinks, as nursing staff are undertaking themselves and are not aware of the sign off. MAK noted that a mechanism requires to be put in place and audit for SCN sign off. PJ will question the SCN's when undertaking walkarounds within the Wards.

PJ

MAK noted to look at who completes the returns for little used outlets, once the system is electronic will be easier to complete. AG noted that the Domestic Supervisors and Soft FM need to be made aware to ensure that the information is cascaded to Domestic staff. MAK noted to cover within an Action Learning Set, MM noted to also include the Housekeepers to be in attendance.

BH

7. Authorising Engineer Roles & Responsibilities

AG noted that the AE will undertake a series of site visits in October 2014 with Site Maintenance Managers including Partnerships. A programme of audits from the beginning of 2015 to be arranged for the first quarter in compliance and will highlight issues to provide solutions.

Issues will be raised at the Sector Water Safety Group meetings for the local issues to be resolved. All AE reports to be discussed with group members for assurance, local groups to develop an action plan.

Need to clarify the position of the AE in relation to the CHP's and new integrated service. Contracts has been put in place for 3 years.

8. NSGH Tap Low Straighteners Risk Assessment

MAK noted that discussion has taken place regarding the NSGH taps within the tower and children's departments. When the taps were originally selected they were the best product in respect of compliance. The taps are now not the most up to date for pseudomonas, the risk assessments will explain the controls that require to be put in place, further research is required PJ noted that a second risk assessment has been undertaken, AG noted risks are contained within high risk areas.

9. Testing Regime Review

MAK noted that the Sector minutes require to be reviewed on the testing regimes with the need to evidence discussion. AG noted that evidence has been implemented within the Clyde Sector and low risk areas have been looked at.

AG/JMcF

Testing reviews will be raised on the agenda of the Estates SMT meeting on 9 October 2014. Procurement are working on the new contracts for the NSGH.

10. AOCB

PJ noted that automatic flushing is undertaken at the GRI and Beatson, is there evidence that the automatic flushing happens, AG noted that the BMS tracks the system for flushing. CW noted that the Project Team are currently looking at automatic flushing within other sites

11. Date & Time of Next Meeting

The next meeting is scheduled for Thursday 11th December 2014 at 9.30am in the Boardroom, Management Building, Southern General Hospital.

**NHS Greater Glasgow & Clyde
Water Safety Group Meeting
Thursday 11th December 2014 at 9.30am
Boardroom, Management Building, Southern General Hospital**

Present:

Mary Anne Kane (Chair) (MAK)	–	Interim Director of Facilities
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Billy Hunter (BH)	–	General Manager Facilities South & Clyde Sector
Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control

Apologies:

Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
Teresa Inkster (TI)	–	Infection Control Doctor, North Sector
Jim McFadden (JMcf)	–	Sector Estates Manager, South Sector
Gael Rolls (GR)	–	Senior Charge Nurse, Women & Children's
John Stuart (JS)	–	Head of Nursing, Regional
Prof Craig Williams (CW)	–	Lead Infection Control Doctor

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting (2 October 2014)

The minutes were agreed as an accurate record.

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes

**North East & West Sector
Water Storage Tanks**

Group members noted the ongoing issues with water storage tanks alerts at GRI and WIG. JG noted the amount of work that is involved and a bid for capital monies will be required to be submitted. JG to forward the feedback to MAK. The group noted that the GRI requires to be resolved. **JG**

The VoL has ongoing issues around flushing and there has been discussion regarding sampling 100-200. PJ noted that Dr Linda Bagnade has been off on sickness absence, will progress on Dr Bagnade's return to work. Group members noted the positive noting of the positive results.

**Partnerships
Levendale**

Group members noted the issues around Levendale and the extensively written points within the minute.

Eastvale Resource Centre

MAK noted that NHSGG&C is no longer responsible for the Eastvale Resource Centre, the Centre has now been transferred to NHS Lanarkshire.

Water Safety Policy

MAK noted that the template and written scheme requires to be updated. MAK noted for **AG/JMcF** Sectors to review the Board Water Safety Group minutes.

South & Clyde

It was noted that the meeting scheduled for 27 November 2014 was cancelled due to the lack of nursing representation. MAK noted to continue with the meetings with Estates and Infection Control representation even if there is a lack of nursing attendance.

5. Water Safety Policy

Deferred to next meeting.

6. Water Safety Policy Roll Out Action Plans

Deferred to next meeting.

7 Authorising Engineer Roles & Responsibilities

Deferred to next meeting.

8. NSGH Tap Low Straightners Risk Assessment

MAK has finalised the risk assessment and closed down. PJ asked where the risk assessment sits within operational estates.

AG/JMcF

9. Testing Regime Review

MAK noted from a Facilities perspective to seek guidance from the AE. Interpretation is required of the SHTM guidance, until the SHTM changes or HFS make changes. Alan Gallacher to clarify with the AE regarding the frequency of testing should testing be undertaken on a weekly or monthly basis.

AG

10. Plumbed in Water Coolers

PJ asked if there was a system in place for the flushing of plumbed in water coolers. JG will clarify what was agreed with the company and to clarify with Procurement what the protocol is.

JG

MAK noted that filters are required to be changed and should be on a PPM.

JG will re-circulate via the GM structure the information that was sent out by Elaine Gray, Senior Purchasing Officer.

JG

11. AOCB

None.

12. Date & Time of Next Meeting

The next meeting is scheduled for Monday 2nd February 2015 at 9.30am in the Boardroom, Management Offices, Southern General Hospital.

**NHS Greater Glasgow & Clyde
Water Safety Group Meeting
7th April 2015 at 9.30am
Boardroom, Management Building, Southern General Hospital**

Present:

Mary Anne Kane (Chair) (MAK)	–	Interim Director of Facilities
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
Jim McFadden (JMCF)	–	Sector Estates Manager, South Sector
Prof Craig Williams (CW)	–	Lead Infection Control Doctor
Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control

Apologies:

Billy Hunter	--	General Manager Facilities South & Clyde Sector
Teresa Inkster (TI)	--	Infection Control Doctor, North Sector
Mandy Meechan	--	Ward Manager PICU Women & Children's
Patricia Friels	--	Neonatal Lead Nurse,, Women & Children's
Gael Rolls (GR)	–	Senior Charge Nurse, Women & Children's
John Stuart (JS)	–	Head of Nursing, Regional

- | | | Action |
|-----------|---|------------------------------|
| 1. | Apologies

As noted above. | |
| 2. | Minutes from Previous Meeting (11 December 2014)

The minutes were agreed as an accurate record. | |
| 3. | Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes. | |
| 4. | Review of Sector Water Safety Group Minutes

North East & West Sector Minutes

Gartnavel General/Beatson Cancer Centre
Group members noted that Silver Peroxide was used to disinfect the entire building in relation to one infrequently used outlet within the Beatson Cancer Centre, and that areas within Ward B6 where there are showers/ baths which are no longer in use will be removed in due course.

GRI/Vale of Leven

MAK asked that the level of detail provided in the GRI/VOL minutes be reflected in all the other Sector Minutes, and that all actions taken around positive results are clearly described in the minutes. There was discussion around the temperature testing of Sentinel Outlets and the reference in the minutes to staff shortages. It was agreed that where staff shortages occur details of actions undertaken to address this issue should be highlighted in the minutes.

Joint South & Clyde Sector Minutes

Following discussion it was agreed that the level of nursing input into the group was below the standard expected, and that steps should be taken to ensure appropriate nursing representation on the group. MAK also asked that the minutes should reflect the discussions and actions taken at local level to fulfil the requirements of the local water safety groups. | ALL

ALL |
| | Partnerships

The minutes of the most recent Water Safety Group meeting will be circulated shortly. | |

MAK re-iterating the importance of ensuring that sector minutes should be less generic and more site specific in nature. In particular actions undertaken to deal with positive results should contain a high level of detail in order to ensure consistency in reporting across at hospital sites.

5. Water Safety Policy

It was agreed to take agenda Items 5, 6 and 7 together.

Members received the draft Water Systems Safety Policy which was discussed in detail along with the comments provided by the Authorising Engineer. AG agreed to consider comments made in relation to a number of points made by members and make the appropriate changes to wording where required. AG also agreed to circulate the draft policy to members once the changes had been completed.

AG

6. Water Safety Policy Roll Out Action Plans

MAK advised that following discussion there should be a clear template produced for sector water groups. This should include dates and be site specific. Furthermore there should be a clear statement in terms of testing

AG

7 Authorising Engineer Roles & Responsibilities

As discussed under item 5.

8. NSGH Tap Low Straighteners Risk Assessment

This item had been dealt with previously and will be removed from the next agenda.

9. Testing Regime Review

Following discussion around the testing regime and timescales for testing, it was agreed that AG would produce a template for submission by sectors to this group.

AG

10. Plumbed in Water Coolers

PJ highlighted previous concerns raised to this group around the system in place for flushing/maintenance of this type of water cooler. JG advised that he would contact Procurement for advice on the installation and maintenance of plumbed in water coolers and update members at the next meeting

JG

11. Birthing Pools

JG raised the issue of guidance on the use and maintenance of Birthing Pools following a reporting incident in the United States. It was agreed that controls were in place for Birthing Pools but JG agreed to locate existing guidelines/policies and update members at the next meeting

JG

12. AOCB

Washer Disinfectors

CW queried where the governance arrangements were for Washer Disinfectors as they were on a number of sites across sectors. It was agreed that this item would be placed on the agenda for the next meeting.

Standard Operating Procedure for Minimising the Risk of Pseudomonas aeruginosa Infection From Water

Members received and noted the above draft paper from PJ who advised that there was a slight change to the Audit Tool layout, and that a column for actions had now been added. PJ also advised that timescales would be included. PJ will send comments to AG re water safety training.

PJ

13. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 2 June 2015 at 9.30am in the Boardroom, Management Offices, Southern General Hospital.

**NHS Greater Glasgow & Clyde
Water Safety Group Meeting
2ND June 2015 at 9.30am
Boardroom, Management Building, Southern General Hospital**

Present:

Mary Anne Kane (Chair) (MAK)	–	Interim Director of Facilities
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Alan Gallacher (AG)	–	Sector Estates Manager, Clyde
Jim McFadden (JMCF)	–	Sector Estates Manager, South Sector
Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control
Teresa Inkster (TI)	--	Infection Control Doctor, North Sector

Apologies:

Prof Craig Williams (CW)	–	Lead Infection Control Doctor
Mandy Meechan (MM)	-	Ward Manager PICU Women & Children's
Patricia Friels (PF)	--	Neonatal Lead Nurse,, Women & Children's
Gael Rolls (GR)	–	Senior Charge Nurse, Women & Children's
John Stuart (JS)	–	Head of Nursing, Regional

- 1. Apologies** **Action**
- As noted above.
- 2. Minutes from Previous Meeting (7th April 2015)**
- The minutes were agreed as an accurate record.
- 3. Matters Arising/Rolling Action List**
- The action list was discussed with actions noted. The updated action list will be circulated with the minutes.
- Written scheme requires to be back to MAK by August 2015 to be presented to Board Group.
- By December 2015 written schemes and audits will be in place. Authorising Engineer (AE) to attend the next Water Board Meeting and carry out a presentation. JMCF suggested AE to hold a meeting with small group in first instance.
- Completed actions to be kept on file but taken off of Rolling Action list.
- Point 3.4 from previous minutes - Plumber in water units should be maintained every 3 months for units within clinical areas or 6 months for non clinical areas. MAK stated maintenance of the water coolers should be included within the tender. PJ would like assurance maintenance is carried out. JMCF to contact Marie Slavin from Procurement to confirm. **JMCF**
- AG noted that Estates should have a record of where these units are located on the sites as they are fed from hospital's water supply and should be on log books.
- 4. Review of Sector Water Safety Group Minutes**
- Partnerships**
- DP advised MAK that Partnerships are unable to submit minutes from previous local Water Group meeting due to member of staff who took the minutes going on long term sick leave. DP confirmed will produce draft minutes from Feb and May 2015 meetings and have these circulated to this group for comments. **DP**
- MAK stated it was important that all groups should have their meetings scheduled in order that the minutes are ready to be circulated in time for this group. **ALL**
- It was discussed that the Sectors will amalgamate. This item to be added to the agenda. **EMcN**

5. Water Safety Policy

AG advised that a template for legionella was sent out and several replies had been received which showed variances between the sites. The information received is not detailed enough i.e. not showing outlets etc. AG is looking for a standard response.

AG

MAK noted the requirement of a template and the need for more robust notes and discussions around sampling, issues identified, rational for tests at sites and temperatures. MAK stated the amount of areas that require to be tested at a site should all be tested and corrective actions carried out identifying both short and long term solutions within timescales

SHTM states dosing units require to be tested. MAK agreed 2 tests are required. JMcF stated need to ensure staying within parameters.

AG stated PPMs were not being carried out as per L8 - SHTM274. Outlets require to be tested once a month. JMcF suggested random sampling should be carried out to ensure all checked. PJ raised concerns at random sampling as a critical issue could be missed.

AG advised that we now have a baseline for these reports to take forward. MAK advised that this should highlight between this group and sector water group how many were above threshold and what actions were carried out. MAK stated the requirement to detail how risks vary from hospital to hospital, how these are managed and the governance around this.

6. Water Safety Policy Roll Out Action Plans

MAK advised that following discussion there should be a clear template produced for sector water groups. This should include dates and be site specific. Furthermore there should be a clear statement in terms of testing.

Minimising the Risk of Pseudomonas Aeruginosa Infection From Water

Discussions took place regarding the possibility of walkround new hospital to identify high risk areas for pseudomonas. It was agreed this would not be necessary as risk assessments highlight. Audit was carried out in ward 54 and all was satisfactory. AE will attend next meeting and advise on improving the governance around this. JMcF stated AE will have a good knowledge of clinical situation however may require further understanding on clinical / engineering. MAK stated main objective is to identify and reduce any risks to patients.

12. AOCB

TI advised there is substantial work to be carried out regarding the birthing pools and the requirement to reduce and manage the risk of deadlegs.

It was agreed TI was to email MAK and Kevin Hill, Director to discuss the way forward.

TI

TI advised a SOP is required regarding TVC for their accreditation. MAK stated the Authorising Engineer to advise.

13. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 4th August 2015 at 9.30am in the Boardroom, Management Offices, Southern General Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 4th August 2015 at 9.30am
Boardroom, Management Building, Southern General Hospital**

Present:

Billy Hunter (Chair) (BH)	--	General Manager Facilities South & Clyde Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Alan Gallacher (AG)	–	General Manager, Estates
Jim McFadden (JMCF)	–	Sector Estates Manager, Clyde Sector
Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control

Apologies:

Mary Anne Kane (Chair) (MAK)	–	Interim Director of Facilities
Patricia Friels (PF)	--	Neonatal Lead Nurse, Women & Children's
Gael Rolls (GR)	–	Senior Charge Nurse, Women & Children's
John Stuart (JS)	–	Head of Nursing, Regional

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting (2 June 2015)

The minutes were agreed as an accurate record with an amendment as follows:

An amendment to item 5, first sentence should read – AG advised that a template for legionella sampling was sent out and several replies had been received which showed variances between the sites.

Matter Arising

Point 3.4 from previous action list- Plumbed in water units should be maintained every 3 months for units within clinical areas or 6 months for non clinical areas. MAK stated maintenance of the water coolers should be included within the tender. PJ would like assurance maintenance is carried out. JMCF to contact Marie Slaven from Procurement to confirm. EMcN to contact Marie Slaven for clarification.

EMcN

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes

The content of the Sector Groups minutes were reviewed by group members as follows:

South & Clyde

BH noted that the content of the minute requires to be extended to reflect the same information found in the North East/West Sector minute. Recognise the movement within Sector of the Estates structure, look at the GM role and involvement with Sector groups, BH noted the possibility of participating as an observer, discussion required with AG and Mary Anne Kane. To refresh the Terms of Reference (ToR) and circulate to group members and reflect on the staff representation in attendance.

**AG/MAK
AG/EMcN**

North East/West Sector

It was noted on the large membership of this Sector group with a substantial number of apologies and to refresh the membership of this Sector. BH noted of agenda item 6 requires to be addressed and closed down. AG noted regarding the content of the minute, is this level of detail/dialogue necessary.

AMaCL

Partnerships

AG noted the matters Arising agenda item 3.1 require clarity by David Pace and Ken MacLean.

EMcN

AG noted agenda item 6 the AE will be invited to the next Board Water Safety Group meeting. **AG**

JG noted from a governance perspective it was only reassurance that minutes are taken and with group members reviewing the minute should there be representation from the Sectors to respond. PJ noted that the Board Infection Control Group (BICC) agree the Sector minutes and clarity is required. BH noted the need to demonstrate for governance structure, JMCF noted the content of the minute for the North East/West Sector due to the number of sites/samples.

5. **Water Safety Policy**

AG noted that the Policy has been endorsed by BICC and is due to be reviewed in May 2016. Site specific Written Schemes are required to be produced by the end of October 2015. DMA will base a written scheme on the SGH retained site based on SHTM-01 Part G, will be shared with the AE for input and bring to this group for endorsement, draft to be discussed at the next meeting prior to rollout. JMCF noted the template has been produced for QEUH, the Written Scheme will identify the control issues. **AG**

6. **Water Safety Policy Roll Out Action Plans**

AG and PJ to will update the slides and continue to undertake awareness sessions. PJ noted regarding pseudomonas are highlighted to use the audit tool, there is no evidence to amend practice, will bring to group members if there is a major issue. PJ has undertaken a risk assessment within the Langlands building and provided a opportunity speak to staff, PJ will circulate the information to group members. **PJ**

7. **Authorising Engineer Roles & Responsibilities**

AG noted that HFS have established a SLWG to look at the roles and responsibilities in more depth, Ian Storrar will chair the group and AG will be in attendance, will be complete by the end of 2015. The AE will continue to carry out detailed audits on sites, when audits are delivered they are very detailed, not enough detail in the AE's contract.

AG noted that the AE is in the second year of contract and will be undertaking compliance audits for AP status, AG will share the information with group members. AG noted the AE also provides support for other Boards namely Tayside and Lanarkshire.

8. **Testing Regime Review**

AG met with Craig Williams and John Hood to discuss legionella sampling. Engineering risks are still being identified and are in line with the Policy, AG noted from a non-clinical perspective there are long term issues with temperature control. AG will discuss with SEM's and go through the areas on why the sampling regime has not reduced within engineering areas. It was noted that sampling is being undertaken within car parks at the QEUH, there is no patient risk areas within car parks. A system with a tracking record to be developed to look at areas of risk with remedial solutions to be put in place, AG will share the system with group members. AG noted that IRH is a priority site and the system should be trialled here. **AG**

9. **Risk Assessment Water Safety July 2015**

PJ discussed within item 6, PJ will circulate to group members for approval. Joe McIlwee, Technical Support Officer will include within the website once approved. JG sought clarification if there is a process if there is an alert, PJ will forward out the information required, PJ will request for the audit tool to be completed and returned for the governance process. PJ will include within the SOP, will forward to SCN's for high risk areas to respond back, PJ will provide an update at the next meeting. **PJ**

10. **AOCB**

Risk Assessments

AG noted that risk assessments were previously to be undertaken every 2 years, the current guidance now states 'as and when required' and where the risk has changed. AG to discuss with Sectors the last risk assessments undertaken and to standardise across NHSGG&C with support from the AE. Update required for next meeting. **AG**

Written Schemes

JMcF noted the requirement for a Pan Glasgow approach regarding the Written Schemes etc. AG to take forward.

AG

PJ

Sampling

PJ noted regarding the recent sampling at QEUH there was traces of legionella, PJ will liaise with Ian Powrie, Sector Estates Manager and will be required to meet with Christine Peters, Infection Control Doctor to discuss the results. BH noted the result was low risk.

AG noted the need to include QEUH within Sector Group meetings and risk assessments.

IP

11. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 6th October 2015 at 9.30am in the Boardroom, Management Offices, Southern General Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 6th October 2015 at 9.30am
Boardroom, Management Building, Southern General Hospital**

Present:

Mary Anne Kane (Chair) (MAK)	–	Interim Director of Facilities
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Alan Gallacher (AG)	–	General Manager, Estates
Jim McFadden (JMcf)	–	Sector Estates Manager, Clyde Sector
Teresa Inkster (TI)	–	Consultant Microbiologist
Pamela Joannidis (PJ)	–	Lead Nurse, Infection Control
Prof Craig Williams (CW)	–	Consultant Microbiologist

Apologies:

Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
John Stuart (JS)	–	Head of Nursing, Regional

In Attendance:

Dennis Kelly (DK)	–	Authorised Engineer, Legionella Control
-------------------	---	---

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting (4 August 2015)

The minute was agreed as an accurate record.

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes

South & Clyde Sector

AG chaired the meeting and followed the same format as the North East/West Sector format.

It was noted regarding agenda items 5 and 6 discussed at the meeting highlighted the requirement to discuss in more detail at future meetings. JMcf noted that Yorkhill and Victoria are still under a test regime although they were a 'demitting' site. MAK noted that Site Managers are required to meet with Microbiology to discuss agenda items 5 and 6, additionally sites to move in direction of the Policy and written scheme with testing regime and sampling plans. MAK noted that sampling is undertaken on a regular basis and this needs reviewed, MAK noted within the Policy.

SEM**SEM**

CW noted there are differences within the minute of the South & Clyde and North East/West Sectors regarding how they carried out sampling and this needs addressed.

TI noted that certain areas have reduced testing (RAH). CW noted that further discussion is required around the engineering risks which estates require to manage and specifically within high risk areas.

AG/ICT

MAK mentioned that estates may be sharing test results with ICT as they are not confident on how the clinical side may look at these results...further education is required. DK noted regarding sampling there are clinical and compliance drivers, AG noted the Policy specifies where sampling should be carried out and why. CW noted the need for a clear process, DK noted there are alternatives to closing areas, MAK noted that a joint decision is required to close wards and that estates need to take on the responsibility of escalation and to liaise with ICT.

AG/ICT

JMcF noted the '3 strikes position' regarding sampling requires clarification.

TI noted the increased sampling is undertaken with the Beatson based at GGH, clarity is required if 3 clears should go from weekly to monthly to quarterly with a write up from an engineering perspective, DK noted if sampling was to cease at the Beatson and an issue arose, then this could have issues with the HSE.

Clarification was sought on who agreed to sample within the QEUH car park facility and it was confirmed that the management agreed the sampling of the area, CW noted this does not fit in with the Policy. AG would discuss with IP.

AG/IP

PJ noted the decisions at this meeting is to cease random sampling and at present sampling is being undertaken, MAK noted the lack of understanding regarding engineering control.

Plumbed in Water Coolers

MAK noted that Procurement hold the list of individuals with maintenance contracts built in with 3 or 6 months to ensure maintenance checks are undertaken.

North East/West Sector

Item 6 – Testing Regime Positive Results - MAK noted the large amount of discussion relating to the VoL with the challenges around removal of deadlegs and asbestos, these challenges are significant to older sites, DK noted that the Dental Hospital has similar challenges.

CW noted there are currently no transplant areas within the VoL and sought clarification as to why sampling is being undertaken, DK noted sampling is being undertaken due to the previous history at the VoL.

AG/SEM

Item 5 – GRI

AG noted the infrequency of disinfection of showerheads as these should be disinfected as per the SHTM on a quarterly basis, JMcF confirmed at SGH showerheads were changed on a quarterly basis and Clyde Sector these were disinfected quarterly. AG noted there is a difference across NHS GG&C,

AG/IP

AG to clarify with Ian Powrie, Sector Estates Manager South & Clyde the frequency at QEUH.

JG sought clarification if the issues raised only related to sinks and baths, MAK noted the issues are for all water assets.

DK

It was noted that sampling is not undertaken at Yorkhill, MAK noted the requirement to be clear from clinical non high risk areas, DK noted that Yorkhill has a change of use and will require to be audited.

SEM/SMM/GM

MAK noted the issue at GRI PRM and the need for deadlegs had to be removed, Jamie Redfern, General Manager, Women & Children's is working on a permanent solution, at present undertake flushing regimes, it was noted that Neonatal and Urology are also located within the building, MAK and Jamie Redfern are in discussion for access to neonates, SEM and SMM to understand the clinical risk.

Item 4

PJ noted regarding the risk assessments being undertaken, DK noted that contractors work to L8 and will reflect in the findings, MAK noted the need to comply to SHTM which is the health sector requirement, DK noted recommendations from the L8 would be to added the SHTM recommendations.

Partnerships

MAK noted the ongoing penalties regarding the unit complex issues there are ongoing discussions and debate, DK has visited the Mother & Baby Unit which has copper piping installed, MAK noted that the copper piping was not specified and the replacement of the copper piping is a contractual issue. AG noted that sampling in this area was a one off, MAK and CW have discussed previously and the sampling was due to the ongoing issues.

Item 11 – AOCB

CW noted that clarification is required from Ken McLean in that is this about water coolers or water pressure

KMcL

5. Water Safety Policy

AG noted that the draft written scheme is now in place with a template to move forward, to be populated by each site and shared with group members with support required. EMcN to forward to group members 'draft' for comment.

EMcN

6. Water Safety Policy Roll Out Action Plans

Discussed within agenda item 3, complete can be removed from agenda. CW noted the risk assessment has been reviewed at last meeting.

7. Authorising Engineer Roles & Responsibilities

AG has held discussions with HFS regarding the poor specification produced for this appointment. The AE has undertaken a considerable amount of work within NHSGG&C as part of this appointment which was not detailed within the specification. The contract is for a three year term and a workplan has been developed for year two, AG will share the workplan with group members.

AG

DK noted there are two key aims within the specification, AE to attend some of the Water Safety Group meetings. The AE requires a list of all individuals who are looking for an assessment as an bAP's within NHSGG&C in order to undertake audits with AP's based on levels of understanding.

AG

Audits for 2015/16 to be undertaken within Leverndale, Dykebar and VoL. AG noted that training is being delivered for AP's, NHSGG&C do not have a sufficient number of AP's, the need to re-appoint AP's whose authorisation letters have expired, CP's cannot be appointed until the AP's are in place.

MAK noted if issues arise and clarification is required the AE can assist as an independent advisor especially relating to the Mother & Baby Unit at Leverndale.

8. Testing Regime Review

Discussed within agenda item 3.

9. Risk Assessment Water Safety July 2015 - Pseudomonas

PJ noted that the papers have been circulated with actions included. At the previous meeting it was agreed to forward the audit tool to SCN's for high risk areas to respond with regard as to whether risk assessments within wards had been undertaken. DK noted of the ongoing actions that are required on completion of audits. PJ sought clarification if the process is required on a yearly basis, DK noted there is no guidance, PJ noted that a robust SOP is in place, this group must audit compliance for the SOP.

MAK noted to undertake risk assessments for pseudomonas on an annual basis, AG noted to incorporate as a task to be completed, CW noted the need to review high risk areas on an annual basis. AG noted from an Estates perspective to look at point one and two of the RA and how this is being addressed within estates. Learnpro might be a way ahead.

AG

10. Risk Assessments - Legionella

AG noted that risk assessments are in place and a debate arose on who deliver the risk assessments in future. There is a need to prepare a procurement specification if GG&C are to have a framework in place which would be similar to the framework that improved the compliance on asbestos. A separate discussion is required to move forward lead by AG.

AG

MAK noted that a good software system can address the issues with accurate drawings and water schematics, MAK noted this is a SCART issue and should be raised at the SCART Steering Group meeting.

11. GRI PRM Level 5 Water Solutions

Discussed within agenda item 4, MAK noted it has been agreed to undertake flushing by Estates in the short term to minimise any risk. MAK and Jamie Redfern will arrange a meeting to discuss access to remove the deadlegs to eradicate the risk.

MAK/JR

12. AOCB

AG noted that a request has been raised by Ken McLean for the use of Sanasol, silver peroxide to disinfect water tanks, MAK is not in favour. DK noted of receiving email communication from Ken McLean and replied to Ken with specific comments around this subject. Sanosil is used within Perth Infirmary for Care for the Eldery to remove high counts, with low dosing continually. MAK, AG and DK to discuss to agree a definitive statement. MAK noted the usage has been directed by DMA who use the product for extreme cases.

MAK/AG/DK

PJ noted the ongoing drainage work within the Brownlee Ward, due to the risks of ebola, PJ has clarified with NHS England and drainage is not an issue.

PJ noted guidance is required around the flushing of showers states 3 minutes the other states 5 minutes, MAK noted the need to standardise the timescale, MAK noted to review and check the SOP.

MAK/AG

13. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 1st December 2015 at 9.30am in the Boardroom, Management Offices, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 1st December 2015 at 9.30am
Boardroom, Management Building, Southern General Hospital**

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Jim McFadden (JMcF)	–	Sector Estates Manager, Clyde Sector
Teresa Inkster (TI)	–	Consultant Microbiologist
Prof Craig Williams (CW)	–	Consultant Microbiologist

Apologies:

Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Mary Anne Kane (Chair) (MAK)	–	Interim Director of Facilities
John Stuart (JS)	–	Head of Nursing, Regional

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (6 October 2015)

The minute was agreed as an accurate record.

Item 4 - South & Clyde Sector Minute

Discussions took place regarding actions to be taken regarding sampling within the North East/West Sector and not being undertaken in the South & Clyde Sector. Discussion also took place regarding infection control receiving copies of the results for sampling which is being carried out due to the 'engineering risks'. AG stated that IC were receiving copies to give them confidence that the areas were compliant and when non-compliant what actions were being put in place to minimise/manage the risk. AG/CW to agree way ahead as to future visibility

AG/CW

AG will clarify the issue of sampling in the car park within QEUH. AG does not have visibility of sampling being undertaken within QEUH and will discuss with IP. JMcF noted the need for lessons learned from the new buildings at QEUH.

AG

Item 4 - North East/West Sector Minute

AG noted regarding the infrequency of disinfection of showerheads at GRI, AG to clarify with Ian Powrie, Sector Estates Manager regarding the frequency of disinfection of shower heads at QEUH, CW noted of the phrase of the SGH retained site, should it not be the QEUH Campus, JG noted for SCART reporting purposes there is one entity for QEUH.

AG

AG noted regarding the issue raised by Jamie Redfern, General Manager, Women & Children's the removal of deadlegs within the GRI PRM, MAK will clarify the major issues and will continue with flushing regime. TI noted that offices were being converted at GRI and access was required to remove the deadlegs, a solution and timeframe is to be agreed for the removal of the deadlegs, AG noted for Estates to be included.

MAK

Item 4 – Partnership Minute

JMcF liaised with Ken McLean, the contractor is identifying the amount of water coolers, Ken McLean will confirm the amount of water coolers and ensure that a maintenance contract is in place within Partnerships.

JMcF/KMcL

Item 7 – Authorising Engineer Roles & Responsibilities

AG is taking on board with HFS regarding the specification of the AE role and responsibilities. AG is discussing the role of the AP's with the AE.

AG

Item 9 – Risk Assessment Water Safety July 2015 – Pseudomonas

AG highlighted that estates staff need to ensure that CRITICAL POINTS 1&2 of the SOP for Pseudomonas was being addressed. SEMs to be asked to supply evidence to

AG/SEMs

support this action.

Item 12 – Usage of Sanasol

AG noted that Partnerships has expressed a preference to use Sanasol to disinfect water tanks, MAK, AG and DK to clarify the usage.

AG

Item 12 – Flushing of Showers

AG noted the review of flushing is ongoing.

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes

South & Clyde and North East/West Sectors next meetings are scheduled within December 2015.

Partnerships held a meeting on 20 November 2015, no minute was available.

CW noted to decide what the content should be of the Sector meetings.

5. Water Safety Policy

The Policy requires to be reviewed in March 2016 which will be required to tie in with BICC to ratify the Policy, EMcN to obtain the dates for BICC meeting dates for 2016.

EMcN

6. Testing Regime Review Interpretation of Legionella

AG noted that a meeting was held on 30 November 2015 with AG, CW, PJ, DK to discuss the testing regime and audits, DK has audited every Sector and these audits findings are being delivered to SEM's. SEM's and SMM's are accountable for the actions resulting from the audits and Water Safety Action Plans to be developed on the back of these findings.

SEMs

At Sector meetings the AE audits and associated Water Safety Action Plans should be part of the agenda and these needs to be an specific Agenda item on all future AGENDAs and MINUTES. SEMs to confirm this has happened.

SEMs

The Board Water Safety Agenda should also now include the AE audits, Water Safety Plans and any major issues on compliance. CW noted of the positive discussions with the Dennis Kelly (AE) at the meeting held on 30 November 2015. CW noted that the Board requires assurance of overall Water Compliance as the Board does not have visibility/sight of the SCART scoring or audits for water compliance. SCART scores for water compliance to be reviewed at the Board and Sector meetings and these need to be part of the Agenda going forward at Local and Board Level.

ALL

JG to take on board the questions for SCART scoring, JG noted there are currently 70 questions within SCART2 for water compliance. JG agreed to discuss with CW, TI and Pamela Joannidis to provide an understanding of SCART scoring. SEM's need to fully understand the action plan.

JG

AG noted to look at historical sampling and why we are undertaking the sampling, either dosing, temperature problems or clinical risk. Discussions took place on 30 November 2015 regarding when we should sample and to communicate with Infection Control colleagues. AG will revise the flowchart and circulate to group members for comment.

AG

DK noted to produce a sampling protocol in order for colleagues to understand the sampling regime. CW asked if the protocol could be developed prior to the next meeting. AG noted that the Estates Teams will require education to fully understand the content, a training session to be arranged for Estates Teams on completion of the protocol.

DK

AG

At the meeting on 30 November 2015, discussion took place regarding Capital Projects, PJ sought clarification regarding the Yorkhill site as areas that was previously non-

clinical and are now clinical, Capital Projects are moving in patients in January 2016. AG noted there has been no communication from Capital Projects as there is the need to ensure that flushing has been undertaken, as evidence is required. The SMM should be communicating, JMcf agreed to liaise with Bill McCormack regarding the evidence of flushing, documentation is required.

JMcf

7. Risk Assessment Water Safety July 2015

AG noted that Pamela Joannidis has updated the risk assessment for Pseudomonas. All sites have a current and up to date Water Safety Risk Assessment

8. AOCB

Written Scheme

AG noted the Board written Scheme will be on the agenda for the next meeting and will provide an update on site specific written schemes. AG sought clarification from group members if the SOP for pseudomonas should be included within Policy or make reference to SOP within the Policy, AG will check if this process is not already included. AG will liaise with Pamela Joannidis to clarify.

AG

AG

9. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 2nd February 2016 in Meeting Room L0/A/009, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 2nd February 2016 at 9.30am
Meeting Room L0/A/009, Ground Floor, Labs Building, Queen Elizabeth University Hospital**

Present:

Mary Anne Kane (Chair) (MAK)	–	Associate Director of Facilities
Alan Gallacher (AG)	–	General Manager, Estates
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Jim McFadden (JMcF)	–	Sector Estates Manager, Clyde Sector
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector

Apologies:

Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Teresa Inkster (TI)	–	Consultant Microbiologist

- | 1. | Apologies | Action |
|----|--|---------------|
| | As noted above. | |
| 2. | Minutes from Previous Meeting/Matters Arising (6 October 2015) | |
| | The minute was agreed as an accurate record. | |
| | MAK will forward correspondence in relation to non-attendance to Infection Control colleagues. | MAK |
| 3. | Matters Arising/Rolling Action List | |
| | The action list was discussed with actions noted. The updated action list will be circulated with the minutes. | |
| 4. | Review of Sector Water Safety Group Minutes | |
| | The Sector minutes were reviewed by group members with key points listed as follows: | |
| | North East/Sector West | |
| | MAK does not understand the amount of effort regarding L8 in context of this group when we are working to the SHTM and all of this work has historically been mapped. | |
| | Agenda Item 3iv – SCART Compliance | |
| | AG noted the issue of AP Training letters have not been received, AG received a list of attendees from Bill McCormack, the 4 individuals noted in the minute were not noted in the list provided. | |
| | Page 3 Agenda Item 5 – Water Safety Systems | |
| | MAK noted that the Domestic Staff undertake the flushing which has been agreed for the Board, MAK will pick up. | MAK |
| | Agenda Item 6 – Testing Regime | |
| | MAK recalls that it was previously agreed to provide full details of the issues of the testing regime positive results at the Sector meetings. MAK noted AG had previously issued a template to populate the positive results which she had also issued. This was not being used | AG |
| | IP has met with Teresa Inkster on 1 February 2016 to discuss various issues around water and environment. MAK noted that these issues have previously been discussed. MAK noted that AG may have produced a common template for reporting and remedial actions. | AG |
| | Agenda Item 7 – Legionella Sampling | |
| | It was noted that the pro forma was discussed for each area of the Sector. MAK and AG to discuss the ToR's for this Group. | MAK/AG |
| | MAK noted that SCART is on the agenda, although discusses other topics that are not required, JG noted SCART is for water reporting only. | |

Partnerships

Agenda Item 3 – Mother & Baby Unit

JG noted of the issues still ongoing within the Mother & Baby Unit, Leverdale. MAK noted that the Capital Team are dealing with the defects, the unit is being monitored.

South & Clyde

MAK noted to raise the issue of the non-attendance of Infection Control colleagues, MAK will escalate, this is a priority. PJ noted that the Lead Nurses have asked and will take to Tom Walsh, Infection Control Manager and Sandra McNamee, Assistant Director of Nursing Infection Control. MAK noted that water safety requires discussion at local level, nursing to be in attendance to discuss pseudomonas, twice yearly and when there are issues for nursing staff at Board and Sector meetings.

MAK

PJ noted of the recent outbreak at QEUH requires to be minuted, any water outbreak requires to be noted within the minute. Minute to be amended for South & Clyde.

IP/JMcF/EMcN

5. Water Sampling

AG has held discussions with PJ and Prof Craig Williams regarding the flowchart that has been circulated for comment. To pull together an algorithm for a flowchart, AG to forward to group members for comment.

AG

6. Water Safety Policy Status

AG noted the Policy is due for review at the end of March 2016, PJ noted that pseudomonas is also due to be reviewed, assurance is required that Estates have dealt with any issues and to share with group members.

AG is working with the AE regarding a protocol for sampling confirming the '3 strikes' will forward to group members for comment. AG noted to incorporate the flowchart and protocol within the Policy. The revised Water Policy will be out for review and will be discussed at the BICC meeting scheduled for 21 February 2016.

AG

7. Water Safety Written Schemes

AG has circulated the template to be populated based on the QEUH version and will be site specific and will run in par with the Policy. The Written Schemes are to be endorsed by this Group, to agree electronically as the BICC meeting is scheduled for 21 March 2016.

8. AE Audit Status

AG noted that the AE has undertaken audits for all Acute sites and the details have been forwarded to SEM's AG will discuss with the AE on how to deliver the audits for the QEUH, audits have been undertaken for the retained site.

AG

The AE is undertaking audits within the larger areas of Partnership sites. MAK noted for the audits to be undertaken by the end of March 2016.

AG

9. Water Safety Action Plans

AG noted that the action plans will now be produced on the back of the audits undertaken. AG has had sight of the GGH action plan and will forward to the relevant individuals to use the same format.

AG

10. SCART Water Safety Scores

JG tabled a report regarding scoring, JG met with PJ and Prof Craig Williams to provide an understanding of the SCART process.

There are no mechanisms in the SCART system to undertake individual scores, the tabled report is a summary report, the legionella control point does not include the ACH's, QEUH and West ACH figures these were existing scores, when the site names were changed the topline is an overall score, the other scores are breakdown scores. AG noted on the additional sampling at the VoL.

MAK noted there is no high risk areas. MAK noted that work is required at IRH TSSU and

Stobhill. JG noted that the tabled report is scoring figures relating to December 2015 with Stobhill Acute at only 75% of the risk assessment. SCART asks questions that requires actions to be taken. AG noted that scoring is required to be questioned at local meetings. AG noted at the National Water Group meeting it was noted to remove the design questions from the questionsets, there will be a re-vision of SCART.

11. AOCB

North East/West Sector Exception Report

MAK noted the Sector have raised the Exception Report due to the non-attendance of Infection Control and lack of clinical colleagues at the December 2015 meeting, as discussed in agenda items 2 and 4.

Tap Straightners

IP noted of the pseudomonas risk assessment regarding the tap straightners, the hoses could be removed from the tap straightner, the manufacturer has confirmed that they cannot be removed, would need to re-design at a considerable cost. An option is to keep the flow straightner and sampling to be undertaken as a routine in high risk areas. IP noted there is a caveat to leave the tap straightners with a risk assessment to be undertaken for pseudomonas, MAK noted this arrangement has previously been agreed at the Board Water Safety Group meetings held on 2 October and 11 December 2014.

IP noted there are also issues within neonatal, there is a need to create a single risk assessment for pseudomonas. PJ sought clarification regarding if there are taps available on the market that suits NHSGG&C's needs, IP confirmed that the manufacturer is trying to put in other methods as a flow control is still required in taps. JG noted there is no current taps on the market that meets the guidance, represents a change in the risk assessment for high risk areas. MAK does have an issue with the risk assessment, to ensure that the sampling is undertaken, HPS states not to sample, as noted on Page 2 of the relevant document the actions proposed to control the risk, carry out and replace the flow straightner and other option is to remove the flow straightner, sanitise and return to taps (every 3 months replace the plastic) IP to contact HPS for confirmation on the position for NHSGG&C and what they are proposing, depending on the proposal could have an impact across NHSGG&C and NHS Scotland, commencing at QEUH. MAK noted the option of a 3 monthly change is a good solution, but may not be suitable across NHSGG&C, MAK agreed to wait for the guidance from HPS and to express the need to sample in all high risk areas. JMCF noted the pseudomonas do not come via water. IP to work with Teresa Inkster on a response to HPS.

IP

IP

HEI Inspection RAH

PJ noted of the HEI Inspection at the RAH there was an observation of practice with domestic staff not cleaning the sinks as per the pseudomonas guidance, domestic staff require to be trained to the specification.

PJ

Sampling QEUH

PJ noted there is a room within the QEUH that requires flushing, one room that was previously a disabled toilet has been changed to a cupboard, PJ noted that the Estates may be required to know of the change. AG noted that the cupboard was previously a toilet will have a sink and domestic staff may not have access, if the location is in a corridor area and not in a ward the SCN will not be responsible. PJ will forward communication to Jamie Redfern, General Manager, Women & Children's regarding the issue of the disabled toilet, little used outlets. MAK noted there may be sight of more change of use of rooms in the future.

PJ

IP noted there are issues within Levels A&B with risers, legionella issues, looking at doing modifications with taps, affecting toilets in waiting areas.

IP

12. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 5th April 2016 in Meeting Room L0/A/010, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 5th April 2016 at 9.30am**

Meeting Room L0/A/009, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Jim McFadden (JMcF)	–	Sector Estates Manager, Clyde Sector
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector

Apologies:

Patricia Friel (PF)	–	Lead Nurse, Women & Children's
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Teresa Inkster (TI)	–	Consultant Microbiologist
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Mary Anne Kane (MAK)	–	Associate Director of Facilities
John Stuart (JS)	–	Chief Nurse, Regional Services

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (2 February 2016)

The minute was agreed as an accurate record with an amendment to agenda item 11, paragraph 2 to remove 3rd sentence JG noted there is no current tap on the market that meets the guidance.

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes

The Sector minute was reviewed by group members with key points noted as follows:

North East/West Sector

AG noted the lack of attendance with only 5 attendees at the meeting, need to check the accuracy of the distribution list as attendees may have transferred within sectors.

Agenda Item 7 – Testing Regime

JG not aware of flushing being undertaken at Yorkhill, sinks are located within office areas, JMcF noted a full flushing regime was in operation as long as the building was live, AG sought clarification if systems have been drained. JMcF phoned Don Cleaver, Sector Estates Manager who confirmed that a testing regime is in operation by DMA. AG sought clarification to re-visit the risk assessment due to the change in occupancy. AG noted that John Menzies, Estates Manager VoL, Terry Regan, Maintenance / Planning Manager Dental Hospital and Alan Milligan, Maintenance Technician Dental Hospital have been appointed as AP's, AE to undertake an assessment of the individuals who have been appointed.

AG noted Joe McIlwee will co-ordinate a list of SCART Training requirements/ AP names etc, IP and Joe McIlwee to meet to discuss training requirements and details for the QEUH.

IP

Agenda Item 12 – AOCB – Temperature Control

JG referred to the second bullet point, regarding the installation of a Kemper Valve (automatic water flushing valve), IP noted this may possibly be an operational issue to keep temperature control, IP noted this may be required in the towers to achieve positive results. AG noted the National Water Group are discussing temperature control .

AG commented on the content of the minute regarding sampling/results, the instruction was to complete the agreed template that has previously been circulated, IP requires a copy of the template, EMcN to forward to group members.

EMcN

Partnerships

The meeting scheduled for 11 March 2016 was cancelled.

South & Clyde Sector

Next meeting scheduled for 11 May 2016.

5. Water Sampling**Flowchart**

AG has forwarded the flowchart to Pamela Joannidis and Prof Craig Williams for comment, AG will forward to group members for comment.

AG

Protocol

AG will also forward to group members the Water Sample Protocol for comments for the next meeting scheduled for 7 June 2016. JMcf noted the Written Scheme is by site, not building specific, risk assessments cover buildings. IP noted the Written Scheme is common to site, IP sought clarification if the Written Scheme should be for each building within the site, the GRI Written Scheme is per building, JG noted for SCART purposes it states for buildings, IP noted the Authorised Engineer (AE) should provide guidance, IP will contact the AE for clarification and discuss with DMA. AG noted to discuss at the Sector meetings as opposed to the Board Water meeting.

AG

SEM's

JMcF noted there is no SEM group established to discuss issues/requirements. JMcf to split between RAH and IRH, larkfield, Ravenscraig etc. IP noted that Langlands is omitted from the Written Scheme, this is due to Langlands being a PFI.

6. Water Safety Policy Status

AG was in attendance at the BICC, the existing Policy is current until May 2016, Policy will be reviewed at the April 2016 meeting.

7. Water Safety Written Schemes

Discussed within agenda item 5.

8. AE Audit Status

AG noted that the AE will have undertaken audits of all sites, IP noted the QEUH Campus is outstanding, will arrange for audits to be undertaken June/July 2016, possible changes within the retained site. JMcf to forward to IP the audit information. The AE is currently auditing the Partnership sites.

JMcf

9. Water Safety Action Plans

AG noted the action plans are to be developed from the audits. Phyllis Urquhart, Senior Hospital Estates Manager, GGH has produced an action for GGH, AG will share with group members.

AG

10. SCART Water Safety Scores

JG provided group members with an overview of the SCART scores, with the Board currently at 91.27%.

JG noted of the red scores within Dental, Parkhead and Gartnavel, JG noted the low scoring relates to the drawings, IP noted that a centralisation point is required for CAD drawings, AG noted that BIM will be coming on board,

11. AOCB**Sampling Template**

AG noted to utilise the sampling template and ensure discussions are held at Sector meetings and discussed at the Board Water Safety Group meetings. Infection Control colleagues are interested in high counts, need to look at reducing the amount of sampling that is being undertaken.

SEM's

Tap Straighteners

IP noted at the previous meeting held on 6 April 2016 it was agreed for IP and Teresa Inkster

to develop communication to HPS for confirmation for NHSGG&C on what HPS are proposing. Teresa did circulate communication to HPS and a response was received, IP will pick up with Teresa.

IP

12. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 7th June 2016 at 9.30am in Meeting Room L0/A/009, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 7th June 2016 at 9.30am**

Meeting Room L0/A/009, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Mary Anne Kane (Chair) (MAK)	–	Associate Director of Facilities
Alan Gallacher (AG)	–	General Manager, Estates
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Teresa Inkster (TI)	–	Consultant Microbiologist
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector

Apologies:

Patricia Friel (PF)	–	Lead Nurse, Women & Children's
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Jim McFadden (JMcF)	–	Sector Estates Manager, Clyde Sector
John Stuart (JS)	–	Chief Nurse, Regional Services

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (5 April 2016)

The minute was agreed as an accurate record.

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes

Due to the lack of Sector minutes available to review, MAK will write to General Manager's regarding the importance of Sector Water meetings as it is the function of the Board Water Safety Group to review the Sector minutes, IP to pick up for the South & Clyde Sector.

MAK

IP

It was noted that the Sector meetings are held on a quarterly basis and the Board meetings are held bi-monthly. It was agreed to hold the Board Water meetings on a quarterly basis which will ensure that minutes will be available at future meetings.

Partnerships Meeting 15 January 2016

Agenda Item 3 – Mother & Baby Unit

AG noted the Mother & Baby Unit at Leverdale is a Capital Project re-design. The AE will audit the design against the SHTM04-01, the installation is a mixture of stainless steel and copper. The Board requires to take forward or either to go back to the contractor to remove or take the risk. Will await the outcome of the audit by the AE. MAK noted there is a contractual issue with Capital, needs to come to a conclusion.

Agenda Item 5 – Water Safety Policy

MAK noted regarding the Written Scheme the instruction was to follow the template. MAK will draft email communication regarding the Written Schemes that are outstanding.

MAK

5. Water Sampling

Flowchart

AG circulated the flowchart to assess if water sampling is required, no comments have been received to date. AG provided group members with an overview of the flowchart, PJ sought clarification if the flowchart relates to every area, are risk assessments not undertaken, AG noted buildings should have a risk assessment in place for water systems AG noted that engineering is historical regarding temperature control, AG noted the Written Scheme will identify high risk areas. JG noted to make reference to the Written Scheme within the flowchart. MAK noted some amendments to the flowchart, to take corrective action then cease sampling, to amend the wording at the bottom of the flowchart. PJ noted to possibly include who undertakes the risk assessment, AG noted will be undertaken by an external

consultant, MAK noted to add at the bottom that the risk assessment is the responsibility of Facilities/Capital. AG will include the flowchart in the Policy as an addendum. MAK noted the same process was undertaken with the Asbestos Policy. Group members were in agreement to the amendments.

AG

Protocol

AG noted the Protocol is out for comment, the Protocol relates to also non-Acute Facilities, one comment has been received to date.

TI noted the Protocol may not be required within Health Centres, there are no major risks within Health Centres, from a Board perspective in non-Acute areas normally sampling is not carried out. MAK noted the need to be more confident of temperature checks etc are undertaken and reviewed by Facilities Teams to be included. MAK noted within paragraphs 2/3 the wording is not clear, amendment required.

Paragraph 4 mentions 6 Acute Hospitals, no mention of Drumchapel etc, MAK noted there is no difference from Acute and Community Hospitals, AG noted that control is required for Estates Teams. MAK noted from a Public Health perspective to confirm what action was taken regarding temperature controls etc. it was noted to contact the HSE from a Public Health perception what the HSE's expectation is for Health Centres.

It was agreed to simplify a standard protocol and forward to group members for further comments and share with the AE for comment.

AG

6. Water Safety Policy Status

AG noted that the Policy was ratified at the BICC meeting held in May 2016, PJ noted if the Policy went to the Health & Safety Committee. The Policy is now available on Staffnet.

7. Water Safety Written Schemes

Discussed within agenda item 4 with Partnerships outstanding. AG will confirm that all Written Schemes are standardised and are working to the template. From a governance perspective for the Chairs of the Local Water Safety Groups to confirm that discussions have taken place and reviewed regarding the Written Schemes, MAK sought clarification from group members if the Written Schemes should be discussed at this group, IP suggested to provide a sample at the next meeting with the AE confirming the content of the Written Schemes. MAK agreed to write to the Chairs of the Sector/Site Water Safety Groups to ensure that discussions have taken place regarding the Written Schemes.

AG

MAK

8. AE Audit Status

AG noted that the AE has carried out audits in all Acute sites, just to finalise QEUH, IP and the AE to arrange a date to undertake the audits at QEUH. AG will provide MAK with a summary.

IP

AG

AG noted there is a large amount of AP's now on board, a significant amount of individuals have undertaken CP Training, AP's to appoint the CP's, AG to clarify the CP appointments have been undertaken. There is a challenge within the QEUH site, staff not trained as AP's.

AG

9. Water Safety Action Plans

AG has circulated the action plan developed by GGH, Sector/Sites to utilise the action plan, the action plans will fallout via the audits undertaken to highlight any SCART non-conformance issues.

JG referred to the document at risk assessment there is no rating/score, AG noted must have came out of the risk assessment, if taken from the risk assessment requires to use 5 x5 risk matrix,, AG will liaise with Ewen Forsyth, Commodity Manager for a standard template. A Water Compliance Manager will be recruited to support Estate Managers.

AG

10. SCART Water Safety Scores

JG informed group members that the Board overall score is currently 91.27%, no change from previous score, there are low scores due to lack of drawings etc.

11. AOCB

PJ tabled a document relating to HAI Blood Cultures, looking at what creates the triggers, PJ to revise the SOP for pseudomonas, ICU and Transplant automatically go onto a SOP, there are changes regarding the Beatson, comments to be submitted to PJ by 21st June 2016. A NES video is available to assist staff regarding pseudomonas, staff noted the script is not correct, the video is linked into Leanpro.

PJ**ALL****Sector Minutes**

PJ noted regarding agenda item 4, Sector Minutes would be more suitable to have an action log easier to read than the minute, MAK noted to transfer to action logs may not have enough content.

Flow Tap Straighteners

TI noted of the protocol sent out HPS regarding tap straighteners regarding the issue at QEUH, AG sought clarification if Estates Teams are required to take on board, TI confirmed if flow straighteners are installed, AG noted to be included within the Protocol. TI is awaiting on confirmation from the Clyde Sector, if flow straighteners are installed, comments to be returned to TI by 21 June 2016.

AG**ALL****Sanosil**

TI noted that legionella species was found within the Renal Ward at QEUH week commencing 1 June 2016, TI noted the need for tighter control, a patient risk assessment was not undertaken, IP noted an additional issue related to potable water for dialysis machines, IP will clarify with Jim Guthrie, Maintenance technician who has been dealing with the issue. AG sought clarification as to when the legionella was first identified, TI noted it was identified on 2 June 2016, TI sought clarification if there is a Policy for the use of Sanosil, AG noted to produce guidance for the use of sanosil..

Plumbed Water Coolers

IP noted of issue within the Maternity Unit, a water fountain has produced positive pseudomonas, IP noted not to use plumbed in water coolers in high risk areas, this is noted within the guidance, PJ sought clarification if we can provide bottled water, should we remove the plumbed in water coolers, MAK noted if the guidance stipulates. AG noted that clarification is required with HPS to seek guidance prior to removal of plumbed in water coolers.

12. Date & Time of Next Meeting

The next meeting is scheduled for Monday 12th September 2016 at 9.30am in Meeting Room L0/A/010, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Monday 12th September 2016 at 9.30am
Meeting Room L0/A/010, Ground Floor, Labs Building, Queen Elizabeth University Hospital**

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Teresa Inkster (TI)	–	Consultant Microbiologist
Euan Smith (ES)	–	Sector Estates Manager, Partnerships
Tom Walsh (TW)	–	Infection Control Manager

Apologies:

Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Mary Anne Kane (MAK)	–	Associate Director of Facilities
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector
John Stuart (JS)	–	Head of Nursing, Regional

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (7 June 2016)

The minute was agreed as an accurate record.

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes

AG noted to re-align the Board/Sector meetings, the Board meetings will be held quarterly with Sector meetings scheduled for 4-6 weeks prior to the Board Water meeting to ensure there is a full complement of minutes for the Board meeting.

Group members discussed the Sector minutes and highlighted the key points as follows:

North East/West Sector

Agenda item 7 – Testing Regime – Positive Results

AG noted should be discussing the positive results from the previous meeting,

Agenda Item 7 – Testing Regime - Referred to Showerheads

The SHTM states should be undertaken quarterly, GRI is undertaken on a quarterly basis, there is a shortfall of non-compliance, TMV from a risk register perspective, TMV requires additional staff, this highlights the non-compliance JC is undertaking a full review, AG noted to arrange for a resource to rectify the non-compliance, issues in other areas of the Board are buying into utilising resources to meet compliance. AG noted to develop a priority list in areas that we are aware to risk to put in TMV's, do not install TMV's in the Office Block, there is no clinical risk, need to balance the risk where should not be involved to erase scalding. The regulations states put in TMV or put a sign up, ES noted need to make the assumption all areas are vulnerable, all patient groups, is there a simple guidance we can develop to support the Policy regarding TMV's. JG noted it is a balance of risk, what has the greater frequency, JC noted RAS is generic, design guidelines, JG noted to revert back to the decisions made previously, HSE were not keen on signage regarding hot water, JC noted from a design perspective to look at what or any water document regarding installation of TMV's on where they should be installed, need to review on where there is no risk, guidance on signage, JC and JG to clarify signage

JC

JC/JG

Agenda item 8 – Legionella Testing

To go back and review and look at areas and review inline with the Policy. West ACH is predominantly non-clinical, the VoL, West ACH, Gartnavel and GRI, JC to liaise with Estate Officers regarding the sampling regime working to the Policy.

JC

South & Clyde Sector**Agenda item 5 – Testing Regime Positive Results**

TI noted Ian Powrie is developing a template, TI noted on the lack of testing at QEUH as opposed to GRI.

The RAH water incident raised substantial lessons learned, a new filtration plant is being built at the RAH costing £2m on the back of the IRH issues. The water incident is a Scottish Water issue not a Healthcare issue, Scottish Water are funding the new filtration plant.

Agenda Item 6 – Flushing Regimes

TI raised concern regarding domestic services not flushing, this regime is not happening need to reinforce the message to staff. AG noted if cleaning sinks should be running taps, where is the flushing being logged. JG noted were domestic services to record when access could not be gained to undertake flushing within wards, AG noted dialogue is required with SCN's and also to soft/hard FM colleagues. Domestic staff to identify when access cannot be gained and action for SCN to either provide access to the domestic staff or the SCN undertakes the flushing. It was noted to include within roadshows which AG and Pamela Joannidis will deliver or include within the Written Scheme, TW noted the guidance for pseudomonas developed by Pamela Joannidis is descriptive, TW will raise with ICN's at future meetings.

TW

AG sought clarification if the audits by Infection Control are being undertaken, TW confirmed the audits are being undertaken, TW will clarify regarding the Clyde Sector more detail is required in the sampling regime, discuss results in previous quarter with solutions to rectify.

TW

5. Mother & Baby Unit (MABU) Leverndale Hospital Pipework

AG noted the building was built with a domestic water system installed with copper piping, the SHTM04 states should be stainless steel. ES noted Infection Control/Legionella does not have a risk, we are unsure of what standard of copper has been installed, causes corrosion. ES noted to contact the Capital Team to accept the installation of copper at present, although to upgrade when feasible.

AG noted that the AE has checked the installation from a microbiologist aspect copper is better than stainless steel. AG noted for Hazel McIntyre, Senior General Manager Capital Projects to clarify from the design on the quality of copper that was installed. AG noted for an individual from the Capital Team to be responsible for water issues to move forward.

6. Water Sampling

AG noted from the previous meeting held on 7 June 2016 the flowchart was circulated to group members for comments. AG will circulate a simplified version for group members to comment.

AG

AG referred to the Capital Projects Checklist group members to go through the checklist to agree the content. AG will forward to group members.

ALL
AG**7. Water Safety Policy Status**

AG noted the Policy was ratified at the BICC meeting with a review of the Policy in May 2017, JG sought clarification regarding the Policy to be reviewed within one year, most Policies are three years, TW noted the Infection Control Policy previously was reviewed every three years and has changed to every two years.

8. Water Safety Written Schemes

AG is not confident that the Written Schemes are in place and are site specific, SEM's to

SEM's

provide an update on the Written Schemes for their respective sites

9. AE Audit Status

AG noted that the AE has undertaken audits in various sites Gartnavel, Stobhill, Dykebar, Vol, Clyde and Leverndale, audits are in place, SEM's to develop action plans on the back of the audits undertaken, Compliance Managers will clarify the audits and action plans, in order to close outstanding actions, local Sectors to discuss the audits and include within agendas. .

SEM's

AG referred to the number of AP's in place for water safety, there is a lack of CP's, the CP's require to be appointed by the AP's, SEM's to note within their Sectors of the AP and CP appointees.

SEM's

10. Water Safety Action Plans

AG noted falls out from the AE Audits undertaken, discussed in agenda item 7.

11. SCART Water Safety Scores

AG noted that SCART will be transferring onto a new tool which should provide specific scores. It was discussed at the previous SETAG meeting for the Board to produce a migration plan. From March 2017 will transfer to the new questionset, need to agree how to approach.

A SCART Beta Meeting will be held on 13 September 2016 to obtain an understanding of the new questionsets, Tom Foley and Chris Jones will be delivering a demonstration, JG, ES and JC to attend the meeting.

JG noted the overall score for the Board is 91.18%, the questionset is shorter to complete with 76 questions to answer. The current version of SCART cannot produce individual scores per site.

12. AOCB

Pseudomonas & Risk Assessments

AG noted that no comments were received, group members to agree. AG noted that Estates are a minor part in the process, very much focused on clinical. Group members agreed to endorse the documents.

It was noted the Clyde Sector have not confirmed regarding flow straighteners, need to be clear within the SOP. Local Estates Teams to identify if there are flow straighteners within sites. TI noted the need to monitor regarding patient risk, to return to Pamela Joannidis to re-visit to highlight areas, change to reflect flow straighteners.

SEM's
PJ

Plumbed in Water Coolers

TI noted guidance is required from HFS on areas where plumbed in water coolers cannot be installed, AG noted there are unified procedures from NHS Lothian, are we stating that use of plumbed in water coolers is not acceptable in high risk areas. AG noted the document is under review by the National Water Group, not supported by HFS to date, does NHSGG&C wait for guidance from HFS. TI noted of an issue within ITU, noted not to install in these areas at present. JC referred to Procurement of the buying specification, need to ensure robust maintenance/sterilisation is in place, JG noted maintenance within clinical is quarterly and non-clinical is 6 monthly. It was agreed not to install within high risk areas, to establish a list and identify all areas where plumbed in water coolers are installed. ES noted a control mechanism is required to be put in place, instruct Procurement not to order within these areas. AG to contact Ewen Forsyth to take forward.

AG

13. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 6th December 2016 at 9.30am in Meeting Room L0/A/010, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 20th December 2016 at 1.00pm**

Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Mary Anne Kane (Chair) (MAK)	–	Associate Director of Facilities
Alan Gallacher (AG)	–	General Manager, Estates
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Teresa Inkster (TI)	–	Consultant Microbiologist
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector
Euan Smith (ES)	–	Sector Estates Manager, Partnerships
Tom Walsh (TW)	–	Infection Control Manager

Apologies:

Pamela Friel (PF)	--	Lead Nurse, Neonatology
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
John Stuart (JS)	–	Head of Nursing, Regional

In Attendance:

John Dobson	--	Director, Legionella Control
Dennis Kelly	--	Authorised Engineer, Legionella Control

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (12 September 2016)

The minute was agreed as an accurate record.

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. Review of Sector Water Safety Group Minutes

North West/East Sector – September/December 2016

Agenda Item 3 – SCART Compliance

MAK noted there has been no movement regarding AP's, AG has received the information from Dennis Kelly AE regarding the individuals that been appointed as AP's, John Menzies, VoL and Eddie Morrison Clyde Sector have been competency checked and appointment letters have been received. A nomination is required for GGH to which Colin Forrest has nominated himself and will be attending the relevant training course then competency checked, IP noted of the possibility of Jim Guthrie to be nominated for QEUH. MAK noted that SEM's are ultimately responsible for the nominations (albeit from their SMMs) and to ensure training is undertaken. Joe McIlwee to receive the nominations from the SEM's in order to arrange the relevant training.

SEMs

Agenda Item 4 – implementation Plan Update VoL

AG noted the water asset list is required for PPM's, the Clyde Sector has an electronic version in place. All SEMs to instruct their SMMs to forward to AG as a matter of urgency as this is the third time this has been requested.

SEMs

Agenda Item 6 – Flushing Regime

AG noted for the templates to be populated for recording purposes at Sector Water Safety Group meetings (see Agenda Item 8 below)

Agenda Item 7 – Positive Results

MAK noted for all to ensure actions are put in place to address positive results. JC has raised the issue regarding the continuous positive results for showers at GRI, clinical

staff to confirm if showers are in regular use, AG asked if there were any areas where PALL filters were being used as part of a solution when finding 'positive results. DK noted to ensure that recording is undertaken, DK is notified from other Boards when there are over 5 positive results.

Agenda Item 8 – Flushing Regimes

AG noted previously a flushing regime template was circulated and to be populated for SEMs reporting purposes at the local Sector Water Safety meetings as it will assist in identifying trends. SEMs were instructed to ensure this template was being used and that it was being reported back at local site water groups. This could then be evidenced at the Board water group that this was happening.

SEMs

South & Clyde Sector 9 November 2016

Agenda Item 2 – Renal Dialysis

IP noted that the renal dialysis requires an additional loop within Ward 4a, the cost is approximately £180k, IP will look at a cost to modify the existing loop and advise accordingly.

IP

Partnerships, 13 September 2016

AG noted the minutes are not detailed enough, ES noted that it was a standard format that was used, AG stated that the local Sector Water Group meetings were all to utilise the same agenda. Guidance was issues previously. MAK re-iterated the importance to have a full complement of Sector minutes for review at this meeting.

SEMs

5. Mother & Baby Unit (MABU) Leverndale Hospital Pipework

AG noted that the building was built with a water supply that was installed utilising copper piping. AG noted the risk has been assessed and the outcome is minimal to the Board, there are other higher risk areas with similar installations. It had been agreed not to approach the contractor to replace stainless steel. MAK agreed that the Board had no option to accept it as a 'risk, although a low risk. MAK noted that this was to be included within the sector Risk Register, JG noted to include within the Risk Register, and to note 'not in compliance with SHTM04'. AG asked that ES undertake a risk assessment to be endorsed by this group as a 'low risk'. ES noted as the installation is not providing a clinical risk to write up a narrative and share with clinical and infection control colleagues. IP noted that Bifilm can cause corrosion.

ES

6. Water Sampling

AG tabled a simplified version of the flowcharts to group members for comment on how to manage the sampling regime. EMcN will forward an electronic version to group members for comments to be submitted by 20 January 2017. MAK noted regarding the high risks to include on site risk register and include narrative. TI noted transplant areas are high risk and areas of positive results. Will be part of a procedure.

EMcN

7. Water Safety Policy Status

AG noted the Policy was endorsed by BICC with a review of the Policy in May 2017. The Policy is contained within the shared drive.

8. Water Safety Written Schemes

MAK sought an update from SEM's on the Written Schemes position:

South & Clyde Sector

QEUH

IP noted for the South Sector, every building has a Written Scheme in place along with a risk assessment. Issue with duty holders cannot complete risk assessment until complete ensuring using the correct appointed persons.

IP

IP gave an overview of compliance table

IRH Written Schemes are in place.

RAH is in the process.

North East/West Sector

JC noted risk assessments are in place for GRI and VoL, touched on AP's, asset lists, date for completion, JC to feedback. AG noted for JC to complete compliance table in the same format as IP's tabled document.

JC

Partnerships Sector

ES noted work is in progress to produce for every building within Partnerships.

ES

9. AE Audit Status

AG noted that audits have been undertaken at GRH, GGH, Dykebar and Stobhill, reports are complete and have been submitted to the relevant individuals. Findings are extremely poor and the Board is at a vulnerable stage regarding Stobhill, SEM's are to have available the audit plans for the next meeting. DK noted GRI was audited in 2015, there maybe changes within GRI and suggested to undertake a further audit at GRI, AG noted all Acute sites have been audited.

10. Water Safety Action Plans

AG noted for Compliance Manager (Water) to receive copies of action plans. AG noted the action plans will be audited by the Compliance Managers, MAK suggested to audit all action plans, AG noted should be action plans at our quarterly meetings.

SEMs

11. SCART Water Safety Scores

JG noted scores frozen from September 2016 due to SCART" implementation being on horizon. AG noted the training will be held in the CMB meeting room early February 2017 with all managers down to supervisor to in attendance.

The new SCART questionsets will still include 1-4 scoring, element of objectivity, MAK noted SCART is there as a support to compliance tool, MAK noted to feedback from training, prefer yes/no scoring. JG noted to build in own internal process, gap analysis will show progress/compliance, AG noted that HFS are looking for minor changes to the new questionsets.

12. AOCB

TMV's

JC undertook a comparison exercise where TMV's are required and risk reduction, the guide states it is NHSGG&C's responsibility to undertake a full risk assessment, TMV's are in place where they are not required, AG noted the report that was produced from the exercise, group members to comment on the report and comment on the report. This work needs a separate action plan to be produced by SEMs. It will also generate work for Site Estate Managers.

SEMs

Sampling Protocol

AG stated that a protocol is out for legionella sampling, AG will re-circulate, there is a debate around the community hospitals, EMcN to circulate to group members for comments to be submitted by 31 January 2017. DK will provide AG with a copy of other Boards protocols.

AG

Asset Lists

AG noted that updated water asset lists are required from all sites by 31 January 2017. JC has held discussions with IT to look at establishing a common drive for all this information, JC will meet with IT colleagues to discuss. AG noted that Gail Bradbury has taken on the Facilities IT role and is involved in FMFirst, benchmarking etc, to include Gail in the meeting with IT colleagues.

JC

Risk Assessments

AG referred to the updating of the risk assessments, being update at different times, need to address change of circumstances from a Board perspective with the same format being populated, re-establish a baseline. IP sought clarification if a template is required to record, revision is not required, IP noted the need to understand the scope.

AG noted that all risk assessments are in place with a need to standardise.

Schematic Drawings

AG noted the current drawings are out of date and that in many cases GG&C got zero score for SCART, due to drawings being out of date. AG noted for compliance purposes to move to a better position, IP noted that funding was granted previously which GRI got schematic drawings, was informed should be 3d, DK noted this is not a requirement.

IP tabled a document relating to the escalation process for sampling, TI requested for the escalation for sampling process to have codes for the reasons for sampling, DK has visibility of the results when undertaking audits, IP noted only to report exceptions on template. To be circulated for comment by 31 January 2017. It was noted at GRI undertaken there own sampling with labs, work on sampling process 7592 British Standard.

IP

Showerheads

IP referred to the large numbers of showerheads to be disinfected so rather than disinfect on quarterly basis we should look to move to disposable showerheads which would cost approx £10k per annum. This was discussed at the South & Clyde Sector Water Safety Group meeting. AG noted good idea, DK noted they are available now for about one year and they are recyclable, IP noted the cost is approx £6 per unit and has asked for a revised costs , IP will produce a cost analysis. AG noted would look to rollout across all NHS GG&C Boardwide once final cost analysis is completed, all sites to do sanitisation on a quarterly basis, introduce best practice, IP transition period on changing quarterly.

IP

Flushing Regime

PJ noted that clinical staff are still not clear regarding flushing within high risk areas with 1 minute flushing for washhand basins and 3 minute flushing for showers, 1 minute every 3 days and every day, AG noted the high risks relate to legionella. IP sought clarification on how the flushing is recorded, JG noted that this will be recorded if unable to clean in an area, should we record within FMT, AG noted there is a log book in the Wards for recording purposes. PJ to clarify this.

PJ

Water Coolers

PJ sought clarification of unified water coolers, not endorsed by the National Water Group. AG will action

AG

13. Date & Time of Next Meeting

The next meeting is scheduled for 7th March 2017 at 9.30am in Meeting Room L0/A/009, Ground Floor, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 7th March 2017 at 9.30am**

Meeting Room L0/A/009, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
Teresa Inkster (TI)	–	Consultant Microbiologist
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector
Euan Smith (ES)	–	Sector Estates Manager, Partnerships

Apologies:

Pamela Friel (PF)	--	Lead Nurse, Neonatology
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Mary Anne Kane (MAK)	–	Associate Director of Facilities
Gael Rolls (GR)	–	SCN, Critical Care Co-ordinator

1.	Apologies		Action
-----------	------------------	--	---------------

As noted above.

2.	Minutes from Previous Meeting/Matters Arising (20 December 2016)		
-----------	---	--	--

The minute was agreed as an accurate record.

Renal Dialysis

IP has looked at an option to install a new water plant, IP met with Veolia to discuss, a new loop and sanitisation plant locally with 8/10 connections for contingency on potable water system, at present continually obtaining positive results. AG noted this is an opportunity to apply for minor works monies.

IP

Mother & Baby Unit (MABU) Leverndale Hospital

ES noted a risk assessment is to be undertaken and endorsed by this group with a summary, risk assessment around the SHTM stating installed copper instead of stainless steel.

ES

TMV's

JC previously prepared a report from a comparison exercise, AG noted from a Board's perspective to provide clarity regarding TMV's where they are to be installed, concentrating on areas where there is staff, liaising with capital colleagues and ensure there is signage. AG noted for EMcN to re-circulate the report by JC to group members, SEM's to share with Infection Control colleagues, IP noted to produce in an SBar (situation, background, actions, recommendations) format, IP will forward the SBar toolkit. JC sought clarification regarding signage, IP stated signage is available and in use at QEUH, triangle signage.

EMcN
SEM's
IP**Showerheads**

IP noted of the disposable options for showerheads, the two options are the Delaby product and the Shallis product, the Shallis product is a more superior version at a cost of £10 per unit, the cost for QEUH would be £72k which is a cost pressure. IP will obtain a cost to replace the showerhead only on a quarterly basis and hoses on an annual basis. IP will provide an update at the next meeting.

IP

Water Coolers

AG noted HFS have a unified procedure, a document has been produced by HFS as a guide, it is the Boards decision, the unified procedure is noting not to install water coolers, look at the larger issue of the output and impact. AG noted we currently do not maintain water coolers properly and do not test for legionella, IP noted at QEUH there is a service contract in place, will be sanitised and cross charge to the relevant department. There was an issue in NICU with Serratia positive results in the staff room.

PJ noted the guidance is changing, AG suggested within high risk areas to move the water coolers within the staff room area. PJ noted HPS states should be flushed daily in high risk areas, IP noted the risk is not within the water source, it is the outlet, JC sought clarification if there is a version with UV installed in water coolers to eliminate the risk. TI agreed to look at the best option from a Microbiologist perspective and endorse by the BICC. IP noted a comparison was undertaken previously, took water samples from dispensers at GRI, did a blind test and the individuals chose the coldest water.

TI

AG noted Procurement are removing all Eden Spring water bottles and replacing with plumbed in water coolers, as per the CRES savings. TI noted HPS may have a view regarding water coolers.

3. **Matters Arising/Rolling Action List**

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

4. **Review of Sector Water Safety Group Minutes**

South & Clyde Sector

IP noted the template for recording purposes was ratified at the previous South & Clyde Water Safety Group meeting with a coded reason for sampling. AG to have visibility of the template. IP noted the template highlights different types of sampling undertaken within QEUH, the Sector will complete this template for legionella and other types of sampling on a different template, populate from the last quarter to see the trends.

IP

North East/West Sector

Agenda Item 7 – Testing Regime – Positive Results

AG referred to the large amount of sampling 247 being undertaken within West ACH with 72 positive legionella results, AG sought clarification of the sampling as these are non-clinical areas. JC noted the sampling will be undertaken by a Contractor within West ACH, discussion has been held with Estates Teams and Microbiologists.

AG noted sampling is not reducing as per the Policy and in low risk areas. JC noted additional sampling has been undertaken at GGH due to refurbishments. AG noted regarding VoL Estates who are undertaking flushing regimes in a number of locations with out of spec water temperatures, what does this mean contained within the minute. AG referred to the flushing/sampling regime, the VoL was an example where sampling was being carried out on a weekly basis, AG noted from a Board perspective the high risk areas are Transplant and the Beatson, AG noted sampling is not reducing at the VoL. VoL engineering risks are highlighted on the template and the template identifies trends. JM to address.

JM

IP noted it was raised at the South & Clyde Sector Water Safety meeting regarding Domestic Services staff not recording flushing, AG noted is it not an Estates function to check, Estates do not police the Domestic Services staff cleaning regimes, IP noted requires to be clarified via the Policy. AW sought clarification on how do we identify 'Little Used Outlets', IP noted if seldom used to flush every 3 days, there is no documentation recording. AG has debated on numerous occasions, AG will discuss with Mary Anne Kane from a Soft FM perspective for domestic services staff to flush once per day and sign log book, if identified 'Little Used Outlets' domestic services staff record when they could not gain access. AG noted to look at the SOP for 'Little Used Outlets' with an onus on the Clinical Manager to report or inform Estates Teams monthly or quarterly on 'Little Used Outlets' IP has never had visibility of a return from clinical staff. AG noted EMcN will circulate the SOP to group members for comment.

AG

EMcN

5. **Water Sampling**

Flowchart

AG tabled the flowchart, the flowchart identifies simple to access water safety risk, method of accessing area high/low risk area, comments from group members. IP noted to register each department as high/low risks to say been achieved, AG noted to include the flowchart within the Policy as an annex, IP high or low risk as per department, IP noted to include continual dosing system, include in review of Policy.

6. Water Asset List

AG noted at the previous meeting held on 20 December 2016, SEM's were to obtain a list of water assets from the Site Estate Managers to populate FMFirst, PPM's are mostly being undertaken by contractors, the contractors should have a list of water assets. IP noted that QEUH is working with Brookfield to obtain assets and should migrate to FMFirst, IP to forward to AG the asset arrangement sheet. AG noted that the water assets are to be recorded from water tanks down to sinks/taps assets.

IP

AG noted there is an issue regarding compliance, to utilise contractors to provide support to move forward the drive to increase compliance., AG is not confident that the assets are properly maintained, need to address the challenges/issues relating to water.

SEM's

7. Water Safety Written Schemes

AG noted that Phyllis Urquhart, Compliance Manager circulated a questionnaire in relation to the Written Schemes, there is a misunderstanding from individuals mistaking the risk assessment as the Written Scheme. AG noted all risk assessments and Written Schemes to be developed on the same model, follow Part G from SHTM as much as possible. The Written Schemes do not include the named responsible persons, SEM's to address look at the named person within the Written Scheme. To also address the level of schematic drawings, look at how we resource for the future, accuracy of information is required, fragmented at present. AG will share with group members the report on the water safety status that Phyllis Urquhart developed.

SEM's

SEM's

AG

IP noted the Written Scheme was developed per building at QEUH, summary to be developed by building. AG is agreeing a scope of works for the Authorised Engineer (AE), AE to arrange AP nominations and check AP status, AG has a list of the AP's, JC noted that Bill Glass, Senior Hospital Estates Manager should be listed, AW noted that Jim Guthrie, Estates Officer requires to be assessed, ES noted for William Wallace, Estates Officer, Dykebar to be listed. AG noted there is an increasing number of AP's, need to re-visit to ensure sufficient numbers. AG will share with group members the communication supplied by the AE.

AG

IP sought clarification regarding AP training, AG noted that Joe McIlwee, Audit, Compliance & Technical Support Manager was arranging training, AG noted for the list of AP's to be updated and forwarded to the AP's, need to drive to increase CP's.

SEM's

8. AE Audit Status

AG sought clarification of the action plans that should be in place to support the audits undertaken. AG noted for the next meeting the action plans will be discussed in more detail with SEM's delivering presentations on their Sector Action Plans.

SEM's

9. AOCB

Board Water Safety Group Actions

AG noted for group members to be proactive regarding the outstanding actions and drive forward the Policy, action plans etc. Two weeks prior to the Board Water Safety Group meetings a reminder will be sent to group members to progress and close actions. A drive is required to progress water compliance with onus on the Water Safety Sector groups. AG noted to highlight SCART compliance issues at the meetings and to populate SCART compliance regarding water. SEM's to nominate an AP to populate SCART topics per subject, populate SCART tool with a deadline to deliver. IP sought clarification regarding PFI's AG noted Schedule 14 is a meeting with PFI's, PFI's do not have access to SCART, PFI's can complete a paper version. SEM's to deliver a presentation on SCART Performance at the next meeting.

SEM's

SEM's

SEM's

Minutes

JC requested for the minute to be circulated in advance of the meetings, in order to tie in with Sector meetings.

Partnership Risk Assessments

ES noted at the previous Board Water Safety Group meeting there were 6 properties within Partnerships that did not have risk assessments in place, several of the properties had only been recently handed over to Partnerships, issues with handover the other properties have a partial lease on the buildings and do not have risk assessments, AG noted to liaise with Gordon Love, Senior Property Manager regarding lease of buildings to clarify what NHGG&C and the landlord are liable for.

ES

Deterioration of Water QEUH

IP noted of email communication from Jackie Walker, Laboratory Manager noting deterioration of water with debris in the water via electron microscope, the debris is not visible to the eye, awaiting response.

10. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 6th June 2017 at 9.30am in Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 6th June 2017 at 9.30am**

Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Phyllis Urquhart (PU)	–	Compliance Manager
Euan Smith (ES)	–	Sector Estates Manager, Partnerships
Andy Wilson (AW)	–	Sector Estates Manager, South & Clyde Sector

Apologies:

Teresa Inkster (TI)	–	Consultant Microbiologist
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Mary Anne Kane (MAK)	–	Associate Director of Facilities
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (7 March 2017)

The minute was agreed as an accurate record.

3. Matters Arising/Rolling Action List

The action list was discussed with actions noted. The updated action list will be circulated with the minutes.

Renal Dialysis QEUH

IP has submitted a request for minor works monies to undertake the work required to modify the water plant for this area. IP noted that David Loudon has noted concern of the installation of a new water plant as the hospital is a new build. AG will discuss further with IP.

AG/IP

Mother & Baby Unit (MABU) Leverndale Hospital

ES confirmed that a risk assessment was undertaken in March 2017 to confirm the installation of copper instead of stainless steel, the details was circulated to group members for any comments.

TMV's

JC has circulated the comparison exercise report, JC will produce the SBar (Situation, Background, Actions, Recommendations) format and forward to group members.

JC

ES sought clarification on where TMV's will be installed, AG noted once the installation of TMV's is endorsed, there will be a Boards protocol for TMV's. AW sought clarification if previously installed TMV's require to be changed, AG noted this would be a cost implication, AG noted from a good practice perspective for sectors to undertake an exercise on TMV's, AG noted to go down the route of TMT's on future tap installations/modifications to address the protocol. JC noted from the report assessment of taps any refurbishments in office areas to ban TMV's, need to standardise. AG noted there should be an asset list available of where TMV's have been installed in all installations and SEMs need to ensure a copy is made available to the group.

SEM's

AG noted to look at what QEUH have put in place regarding signage/photogram, the triangular signage is a hazard warning sign, AW to obtain a copy of the signage at QEUH. PU noted of signage for potable water, AG noted that Estates Team to identify a label for potable water. AG noted that there may be a requirement in the future to remove water coolers depending on future guidance. AG noted water is a high risk to a

AW

patient/staff perspective.

Showerheads

AG noted that Ian Powrie has obtained costs for the replacement of disposable showerheads, it was noted within the South & Clyde Sector Water Safety minute the cost was not financially viable, clarity is required from Jim Guthrie, Estates Officer who originally obtained the options of cost, AW will check the cost of replacing on a quarterly basis.

AW

Board Water Safety Group Actions

AG reminded group members to close down actions prior to forthcoming meetings.

Partnership Risk Assessments

ES noted the risk assessments for the potential 6 new properties is still ongoing, ES to discuss with Gordon Love, risk assessments should be available from who managed previously.

ES

AG noted to discuss funding requirements with the Director to undertake the risk assessments.

AG

4. Review of Sector Water Safety Group Minutes

South & Clyde Sector

PU noted that a summary was undertaken for the written schemes, PU will check the content to the SHTM04, Part G and update the report. Written Schemes are not required for every small building and in most cases should be generic.

PU

AW noted that QEUH have Written schemes for each building, AW to produce an example of a generic Written Scheme and forward to group members.

AW

AG noted to standardise on the common parts of the Written Scheme, the only high risk area within NHSGG&C is transplant at the Beatson, PU noted of the high risk area also within Schallion Ward at QEUH.

JC noted the North Sector are utilising Section 10 from L8, AG noted should be utilising the SHTM. AW, JC and ES to produce a Boardwide exemplar document to agree commonality and timescale.

AW/JC/ES

Partnerships Sector

AG sought clarification regarding the sampling and testing, ES noted there is no fixed regime in place, sampling has ceased at the Mother & Baby Unit.

North East/West Sector

AG noted of the large distribution list of group members, although there is a poor attendance.

AG referred to agenda item 3, viii, AG noted for JC to obtain drawings from capital Planning for Ward 20 at GRI, JC noted that work has just commenced, AG noted to JC that contractors on site require to be approved on the framework.

JC

Legionella Sampling Strategy

AG referred to the large amount of sampling being undertaken especially at GRI (165 samples taken between January & March 2017), JC noted sampling is being undertaken until the sampling becomes clear, JC noted of the historical sampling at VoL. JC to review sampling and produce a document to identify trends for next water group meeting.

JC

5. Water Sampling

Flowchart

AG noted to group members of the Flowchart around 'risk' that has been circulated on several occasions to identify where we sample, as no comments have been received, AG noted that group members are happy with the content, the flowchart is a simple version to utilise, AG and PU to decide where the flowchart will be placed within the documentation and may be related to the Policy.

Discussion took place with group members and ES noted to include the clinical risk, PU to amend the flowchart, any further comments to be submitted by 9 June 2017.

PU

Flushing Regimes

AG noted a SOP was in place for 'Little used Outlets', AG sought clarification on the issues that a request to identify these outlets is sent out on a quarterly basis for the respective SCN to identify to Estates the position of 'Little Used Outlets'.

SEMs

It was pointed out that clinical staff are protective to take out areas. It was noted that the document was implemented within the Clyde Sector. JC is unsure of the SOP, AG stated that if there are 'Little Used Outlets' staff should be flushing and recording on a quarterly basis and circulated and populated in the areas concerned. Site estates managers are to discuss with Infection Control colleagues to remove 'Little Used Outlets'. AG noted the requirement to audit the regime with snapshots is to be implemented.

SEMs

6. Water Asset List

AG has requested on several occasions for a list of all water assets, if undertaking PPM's this information will be available, if a third party contractor undertakes the work they will be able to supply the information. PU noted the risk assessments will also have the information of water assets. All SEMs to deliver an accurate list of water assets for the next water group.

SEMs

AG noted of the challenge to populate the FMFirst templates. AG will re-send the template and guidance.

AG

7. Water Safety Written Schemes

Discussed within agenda item 4.

8. AE Audit Status

AG noted that PU will become more involved with the audits being undertaken, AG sought clarification from the Sectors on the position of the audits, the AE was at IRH week commencing 29 May and 5 June 2017. PU noted this is the final year of the AE's contract and to maintain the AE is costly. PU referred to a National Procurement document specification, PU will forward to SEM's for comments to take forward to the National Procurement Group.

PU

9. Water Safety Action Plans

AG noted the action plans area combination of non-compliance and AE reports, action plans to shared and discussed at this meeting with a timescale for completion of actions. ES sought clarification if there is a format to take to Sector groups.

SEM's

10. AOCB**SOP Pseudomonas Aeruginosa & Risk Assessment**

PJ noted the SOP is required to be approved by group members, SOP has been updated in line with HPS and matched like for like. PJ noted the change within sampling in 6 months in high risk areas.

PJ noted the risk assessment is based on the positive blood cultures, PJ has reviewed the blood cultures, Carillion was included last year and has now been removed, does not meet the criteria.

AG sought clarification from group members if they are aware of the sampling within areas where there are flow straightners, JC is aware of the locations, AW is not aware of the locations, AW to check the locations of ICU and NICU at the RAH.

AW

AG noted that once this information is known a master list will be produced for areas where sampling is being undertaken with flow straightners. PJ noted can cause bio-film for pseudomona, risk assessment identifies areas for sampling only if they have flow straightners, PJ to forward to group members the revised SOP and risk assessment for approval.

PJ

Water Coolers

TI to produce an SBar, AG noted from the Water Policy the only high risk area is transplant, the SBar definition is more high risk areas than the Policy, AG noted there is a conflict with the Policy, discussion required with Dr Inkster,

TI

AG noted that a rigid maintenance regime may be required for water coolers, JC noted for the contractor to undertake a weekly cleaning regime, JC to provide the information regarding water coolers that have water filtration etc, comments required from group members.

JC

PJ noted that ICN questioned Dr Inkster as refurbished areas are requesting for water coolers, comments are required from group members as a joint agreement is required with Infection Control colleagues.

11. Date & Time of Next Meeting

The next meeting is scheduled for Monday 16th October 2017 at 10.00am in Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Monday 16th October 2017 at 10.00am**

Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
Karen Connelly (KC)	–	General Manager, North East/West sector
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Mary Anne Kane (MAK)	–	Associate Director of Facilities
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector
Andy Wilson (AW)	–	Sector Estates Manager, South & Clyde Sector

Apologies:

John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Teresa Inkster (TI)	–	Consultant Microbiologist
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Euan Smith (ES)	–	Sector Estates Manager, Partnerships

- | | | |
|-----------|--|---------------|
| 1. | Apologies | Action |
| | As noted above. | |
| 2. | Minutes from Previous Meeting/Matters Arising (6 June 2017) | |
| | The minute was agreed as an accurate record. | |
| | MAK forwarded notification to Infection Control colleagues regarding attendance at the Board Water Safety meetings, no response was received from Infection Control colleagues. | |
| 3. | Matters Arising/Rolling Action List | |
| | SOP Pseudomonas Aerguinosa & Risk Assessment | |
| | It was noted for the SOP to be circulated for comment and to be agreed outwith this meeting with ratification by group members at the meeting scheduled for 5 December 2017. | ALL |
| 4. | Review of Sector Water Safety Group Minutes | |
| | South & Clyde | |
| | MAK noted if local Sector meetings are cancelled to re-arrange within the same month. Infection Control representation is required at the South & Clyde Sector meetings. | |
| | Partnerships | |
| | MAK noted that Plumber vacancies should not be discussed at the Sector Water Safety Group meetings, this is not the purpose of the meetings. | |
| | AW referred to the Written Schemes, no feedback has been received. | |
| | North East/West Sector | |
| | No comments. | |
| 5. | Water Sampling | |
| | Flowchart | |
| | AG noted the flowchart for guidance purposes based on 'risk' is complete. A decision is required as to where the flowchart will be placed either within the Policy of Procedures which supports the Policy. AG noted the Policy is with BICC for ratification. EMcN to forward the ToR's for the Board and Sector groups to group members. | EMcN |

Flushing Regime

AG noted that a SOP is in place for 'Little Used Outlets although it looks as it is not used widely across NHSGG&C. This SOP is in place to allow for evidence that an audit regime of 'little used outlets' is in place in clinical areas. This SOP is circulated on a quarterly basis to SCN's, evidence dialogue from SCN's to be discussed at the next meeting.

SEM's

IP noted there is very little communication being returned from SCN's. MAK sought clarification from SEMs of what system is place for the South Sector to check evidence, the Clyde Sector has an electronic system in operation, SEM's to adopt the Clyde electronic model.

SEM's

MAK noted that the Domestic Services staff has the responsibility to highlight that flushing has not been undertaken in certain areas to support the mechanism for 'Little Used Outlets'. MAK noted for the SOP for Domestic Services to be re-iterated within the Facilities Directorate.

SEM's

AG noted for sampling to be carried out as per Policy, i.e. transplant areas is the only high risk area. AG noted to work with the SEMs on the protocol for sampling on a site by site basis as to why we are sampling, is it for the purpose of engineering or clinical risk and interfacing with colleagues. SEM's to identify category of sampling within current sampling regime either engineering or clinical risk and have the 3 clears been undertaken.

SEM's

IP noted of the issue with Infection Control Doctors regarding sampling for legionella , IP noted that a rotational sampling program at QEUH has been developed by Phyllis Urquhart, Compliance Manager, MAK noted to re-visit the high risk areas with high risk areas to be agreed at local level by GM's and SEM's. AG noted guidance should be included within the Written Scheme. AG noted to look at exception reporting regarding sampling, IP noted the exception reporting was previously agreed by IP and Teresa Inkster, Infection Control Doctor, AG noted to share the document with MAK for discussion.

GM's/SEM's

IP

AW sought clarification regarding the 3 clear samples for the engineering risks, MAK noted to continue sampling if there is a risk. IP noted regarding undertaking a chemical dosing regime if there are issues.

6. Water Asset List

AG noted that most sites across NHSGG&C have completed the water asset lists and the asset lists have been submitted to Asckey. AG noted the asset survey will include water assets, although will not include taps etc.

The water assets for PPM will eventually be operational. AG noted that Partnerships water assets are outstanding.

SEM
(Partnerships)**7. Water Safety Written Schemes**

AW referred to the Written Schemes and the amount of content within the Written Scheme, AW noted to have a generic Boardwide Written Scheme and develop a smaller scale Written Scheme for site specific. AW has circulated the proposed documents with no comments received. AG will discuss with AW as its not clear if this exercise has been addressed by SEMs.

AG/AW

AG noted that PU has copies of all the Written Schemes, to finalise the Written Schemes are in line with the SHTM 04-01 specific to risks per site, the non-generic part of Written Scheme to be finalised by SEMs. The Sector Water Safety groups to ratify and endorse the site specific Written Schemes.

SEM's

MAK noted the content of the Written Schemes was previously agreed, summary document to be visible, to circulate to Infection Control colleagues and ratify at the next meeting.

SEM's

8. AE Audit Status

AG noted this agenda item will be a a topic of discussion at the SCART Steering Group meeting scheduled for 17 October 2017.

9. Water Safety Action Plans

AG noted this agenda item will be a topic of discussion at the SCART Steering Group meeting scheduled for 17 October 2017.

10. AOCB**Ward 7b**

IP noted of the issue within Ward 7b of bacteria within the showers, Infection Control colleagues are looking at historic records. MAK noted there is no reason to obtain access of historic records, IP noted the expectation from Infection Control colleagues is for testing to be undertaken in these areas, MAK will direct the issue to the Director of Medicine.

MAK

MAK noted to ensure that disinfection is undertaken, MAK noted that patients can be susceptible to risk and to also look at a disinfection regime for showerheads, IP will look at thermal sanitisation, IP also noted to look at disposable showerheads for high risk areas only.

IP

AG noted within the Clyde Sector the sanitisation program is undertaken by a contractor.

AP & CP Training

AG noted that Joe McIlwee, Audit, Compliance & Technical Support Manager is looking at training requirements for the gaps within water safety for AP's and CP's.

11. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 5th December 2017 at 9.30am in Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 5th December 2017 at 9.30am**

Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Mary Anne Kane (MAK)	–	Associate Director of Facilities
Euan Smith (ES)	–	Sector Estates Manager, Partnerships
Andy Wilson (AW)	–	Sector Estates Manager, South & Clyde Sector

Apologies:

Teresa Inkster (TI)	–	Consultant Microbiologist
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector
Tom Walsh (TW)	–	Infection Control Manager

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (16 October 2017)

The minute was agreed as an accurate record.

3. Matters Arising/Rolling Action List

SOP Pseudomonas Aeruginosa & Risk Assessment

MAK noted the SOP and Risk Assessment were circulated by PJ to group members for comment. PJ noted that no comments were received, PJ noted that no additional Wards have been included within the SOP, the SOP and Risk Assessment are to be posted onto Staffnet, MAK noted to promote via Staffnet, PJ noted will include within the News Bulletin. Group members agreed and ratified the SOP and Risk Assessment.

PJ

4. Review of Sector Water Safety Group Minutes

South & Clyde Sector

MAK referred to page 1 of the minute which highlights that Phyllis Urquhart, Compliance Manager has several actions to complete and seems to be highly involved. MAK noted that Billy Hunter, General Manager requires to be in attendance at Sector meetings on a routine basis. It is the responsibility of the Site Team to deliver the actions, AW noted an action list is available for site managers.

BH

Partnerships

MAK reiterated that plumber vacancies are not to be discussed at Sector meetings, discussions to be held separately. This was previously noted on the minute from the meeting held on 16 October 2017.

ES

North East/West Sector

No comments.

5. Water Sampling

Flowchart

AG noted that the flowchart is in place, but wondered where best to place the flowchart, do we add as an addendum to the Policy? AG noted there are a number of documents relating to the Policy that has no location. JC suggested to locate within the shared drive. MAK noted to hold a discussion at the next SCART meeting on where the documents should be located for availability and transparency for Estates colleagues.

MAK/GM's/SEM's

Flushing Regime

AG referred to the flushing regime and noted that a SOP is in place, although may not be utilised widely across NHSGG&C. It was noted that the SOP is utilised at IRH, to ensure that the template is circulated for populating, EMcN to send out template. ALL SEMs to ensure this SOP is being used at each site and to evidence same at the next Water Group Meeting.

SEM's

AG noted that a further template requires to be populated for risks/samples the results of which should be discussed at Sector Water meetings and shared with Infection Control colleagues.

SEM's

AG noted of the high volume of sampling being undertaken, to assess the regimes and reduce the amount of sampling. MAK noted for SEM's to identify the areas being sampled from previous lists. JC noted of the positive results at VoL from the shower areas within the doctors residencies not being utilised, this area has now been closed off.

SEM's

6. Water Asset List

MAK noted that the majority of sites across NHSGG&C have completed the water asset lists, Partnerships remain outstanding, ES noted that a large majority of areas have completed the water asset lists, ES will update and forward to AG.

ES/SEM's

7. Water Safety Written Schemes

AW has created templates to be populated with only new Written Schemes to be developed. AG is not confident that the Written Schemes are in place, SEM 's to look at the present position and share the information with GM Estates and Infection Control colleagues.

SEM's

AP and responsible person training courses will be held in January 2018, SEM's and Site Estates Managers to be in attendance at the responsible person training, MAK suggested for GM's to undertake the training, Joe McIlwee is arranging for the training to be delivered.

SEM's/JMcl

PJ sought clarification of the section highlighted in red within the Written Scheme as to who this section is intended for e.g. SCN, PJ noted the Written Scheme is a technical document. PJ noted of slight confusion to 'Little Used Outlets' as opposed to showers utilised on a daily basis, if a shower is utilised on a daily basis does it still have to be flushed, MAK confirmed it is not required to be flushed, AG noted the role of the Domestic Services staff will clean the showers on a daily basis.

MAK noted for any comments on WS's to be forwarded to GM Estates and AW for review. MAK noted for the next meeting for all Written Schemes to be in place, AG noted the Written Schemes will be endorsed by group members and input onto Staffnet.

ALL SEM's

8. AE Audit Status

MAK noted that discussions took place at the SCART Meeting held on 17 October 2017 and it was agreed for reports to be discussed at this meeting as part of the Sector minutes.

MAK noted for a review of the ToR's to take place for the Board and Sector meetings, as actions are not being closed down on time.

ALL

AG noted there is an anomaly within the AE Audits as the questions are varying per site, the AE does have a standard set of questions, AG to liaise with the AE to ensure that a standardised set of questions is adopted for all sites. AG noted that National Procurement are undertaking a review of AE's within the Boards, only one return has been received for water, Legionella Control have not responded back to National Procurement.

AG

9. Water Safety Action Plans

AG noted the action plans tie in with the AE Audits, working on action plans to support audits, moving forward with SCART2, training being delivered within December 2017.

AG and MAK met with Chris Lyons from HFS on 30 November 2017 to discuss the implementation of SCART2, SCART2 generates an action plan on the information populated.

10. AOCB**AP, CP & RP Training**

AG noted for SEM's to identify and nominate individuals for training courses.

SEM's**Ice Making Machines**

PJ noted that HFS held a SLWG and discussed the SUP5 document with the SHTM which does not state you cannot have installed, PJ noted Brian Jones, Consultant Microbiology confirmed can be installed if appropriate, areas which may not be suitable are Schallion and Beatson. MAK noted that ice making machines were previously removed due to testing not being undertaken, was not utilised for clinical use and was funded via endowment funds. The transfer to plumbed in water coolers was an instruction, Estates did not manage the ice machines. AG noted that SUP5 is a document that Boards can or cannot utilise by HFS and is only a guidance document, AG noted there is potential risk of contamination.

MAK noted would require confirmation if the Board will support the purchase, MAK noted to also establish how many ice machines are currently in circulation and how many have been requested, SEM's to identify where the ice machines are located. MAK noted to raise at the next OMG meeting with costings.

**SEM's
MAK/PJ****Infection Control Representation South & Clyde Sector**

AW noted of the lack of Infection Control representation at the South & Clyde Sector meetings, MAK will write to Tom Walsh, Infection Control Manager to note concern due to the lack of representation.

MAK**11. Date & Time of Next Meeting**

The next meeting is scheduled for Tuesday 6th March 2018 at 9.30am in Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 6th March 2018 at 9.30am**

Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Euan Smith (ES)	–	Sector Estates Manager, Partnerships
Andy Wilson (AW)	–	Sector Estates Manager, South & Clyde Sector
Teresa Inkster (TI)	–	Consultant Microbiologist
Ian Powrie (IP)	–	Sector Estates Manager, South & Clyde Sector
Phyllis Urquhart (PU)	–	Compliance Manager

Apologies:

Mary Anne Kane (MAK)	–	Interim Director of Facilities
----------------------	---	--------------------------------

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (5th December 2017)

The minute was agreed as an accurate record.

3. Matters Arising/Rolling Action List

SOP Pseudomonas Aeruginosa & Risk Assessment

PJ referred to the action from this on the last minutes as she felt it was a statement of fact rather than an action; this is complete as PJ already communicated on staffnet.

AP, CP & RP Training

Training is currently taking place at the moment for AP's and CP training is due to commence, once this training has taken place CP's for the board can be put in place.

Ice Making Machines

A discussion took place regarding ice machines on wards, the number of ice machines, their locations and what the ice was being used for as the ice should only be used to cool patients it is not to be put in drinks etc.

ACTION: AG to collate a list of the ice machines, their type, quantity and location and distribute to the group. AG

Once all of the ice machines have been identified further discussion will need to take place around the servicing, maintenance, cleaning and sanitisation of the ice machines. The current water policy does not include the use of ice machines, if ice machines are requested a proforma will need to be implemented at the procurement stage that justifies the need for the ice machine and ensures PPFM are made aware of the purchase and there is a technical authorisation process as to where and how it is installed.

ACTION: PU to circulate the extract from SUP05 that refers to ice machines to the group. PU

Once the group has reviewed SUP05 a discussion will be had on whether a policy for ice machines is created.

AG asked if there should be a risk assessment for the installation of water coolers, TI confirmed that there should. An SBAR for the installation of water coolers was written

but wasn't progressed. AG said they would need to look at where the water coolers were located and what they were plumbed into.

ACTION: TI to circulate SBAR for water coolers to the group. TI

ACTION: PU to draft a proforma for the procurement of ice machines and water coolers PU

4. Review of Sector Water Safety Group Minutes

4.1 Clyde Sector

Chemtec can provide % compliance on PPM of what has been carried out and this should be brought to the next meeting to show Clyde Sectors position on PPM.

4.2 South Sector

AG made note of the sampling carried out and whilst it is not specific to QEUH there is guidance in place but no evidence from the water groups that the sampling happens as there is no evidence of it in the minutes. The guidance states that after 3 clear counts an item should be removed from the sampling regime and there is no evidence of this as there is no reduction in sampling.

PU advised that some groups do have templates which differ from the SOP and Clyde Sector and Partnerships have requested templates.

AW advised he has asked his sites for clarification as there are some items that are engineering risks which can't be resolved with sampling and therefore sampling will continue.

AG advised that the only high risk area for legionella is transplant so if the policy were being followed it would only be transplant that was sampled. There is a different policy in place for pseudomonas. We currently only sample for pseudomonas where flow regulators are in place.

4.3 Partnerships

Item 11 – DMA, ES was asked for some clarification around the fault planner. ES said that it was useful; however there is a need to review the action plan and resolve any reds. IP felt a fault planner was necessary for QEUH to identify any actions.

4.4 North East/West Sector

Item 5 - AG states that TMV testing at GRI is not taking place, this is concerning and will raise with the site.

ACTION: JC to forward a list of TMV to AG and PU JC

Discussion then followed regarding the installation of TMV's, AG advised TMT's should be used where possible.

ACTION: JC to circulate guidance on the installation of TMV's to the group. JC

ACTION: AG to contact HFS to see if the HTM regarding TMV's has been progressed through the water group. AG

Item 5 – GNG PU to follow up and ensure GAP analysis has been carried out.

ACTION: PU to contact GNG to see if GAP analysis has been completed and feedback to the group. PU

Item 7 - TI states that GGH have 33 samples, this should be amended to clarify that the samples are from GGH and not the Beatson.

Item 9 – GRI AG asked why estates were completing a flushing regime and wanted clarification if these areas are empty.

ACTION: JC to confirm why flushing regimes are being carried out at GRI

JC

Item 9 – GGH there was discussion around the flushing regime of doctors offices and AG asked if the doors are locked how domestics were gaining access to carry out cleaning. It was agreed that if it wasn't a patient area then the sink and toilet should be removed.

ACTION: PU to send water SOP to group for comment and this should be reviewed at the next meeting.

PU

5. Review of Terms of Reference

The ToR was reviewed and a date should be added to the ToR. There was also some discussion on who the water group reports to as PJ thought the group reported to Health & Safety and not the BICC. It was agreed further clarification was needed.

ACTION: AG to clarify with MAK who policies and reports from the water group should be sent to for ratification.

AG

AW questioned the frequency of the meetings as the ToR states they are Bi-Monthly, this should be amended as the group should sit quarterly in alignment with the sector water group meetings.

6. Water Sampling

6.1 Flowchart

The flowchart will be distributed for comments 1 final time prior to being ratified.

6.2 Flushing Regime

Based on the previous discussion surrounding sampling there is a need to evidence compliance with the current SOP and review the sampling regime.

7. Water Asset List

IP asked if taps and sinks were part of the water asset list or if they were a sub-asset of the wash-hand basin. AG advised that everything attached to the water distribution system is a sub-asset of the water distribution system, AW asked what the strategy was for the completion of the asset lists and were they any different from the AECOM asset lists. AG said that they were different from the AECOM asset lists as AECOM haven't gone as far as TMV's etc which is why an accurate water asset list is required.

8. Water Safety Written Schemes

AW has drafted a generic board wide written scheme; a non generic written scheme for each site should then be added.

ACTION: PU to carry out an audit to ensure that written schemes are in place prior to the next meeting.

PU

ACTION: All written schemes should be submitted for review at the next meeting.

SEM's

9. AE Audit Status

This is covered at the SCART meeting and was not discussed.

10. Water Safety Action Plans

This is covered at the SCART meeting and was not discussed.

AG advised the group that AE Audits and water safety action plans are discussed in length at the SCART steering group.

ACTION: SEM's to provide a summary of SCART 2 position of compliance for water safety at the next meeting and provide a summary explanation of why the level is as it is. SEM's

11. AOCB**11.1 Risk Assessments**

AG said that risk assessments are fragmented across NHSGG&C and PU will be asked to create a table of when risk assessments were last completed, a decision will then be made on how to progress this.

ACTION: PU to complete a table of risk assessments and last completion date for next meeting. PU

11.2 RHC Ward 2a

IP advised of an incident which occurred in Ward 2a which led to two patients contracting blood stream infections. The issue appears to be a flow regulator, the taps which caused the infection have been removed and the system on the half of the ward where the infection occurred has been sanitised, however the system on the other half of the ward is currently a work in progress to be sanitised. TI advised that fungus had been found in the shower head and in total there have been three issues in the ward including taps and shower heads. AG asked if the shower heads were being cleaned as per the SHTM and IP advised that they were. JG asked if any other shower heads had been checked and TI advised they hadn't yet. JG said there was a need to identify if this problem was occurring elsewhere to identify if the problem was with the cleaning regime or simply the implementation of the cleaning regime in that ward.

A discussion followed on the type of testing taking place in QEUH and ward 2A. TI said that one patient had Cupriavidus Pauculus they still didn't know if the contamination was patient to system or system to patient, the problem with this infection is that it likes warm water so the current cleaning regime won't kill this bacteria. IP noted that there were no other incidents of this infection on the site and the last known incident of this infection was 2016.

There is a need to be proactive with this situation as these patients are so immunocompromised, AG agreed that a different practice would need to be used in this ward than the rest of the hospital and the written scheme would need to reflect this. The use of disposable shower heads in this ward was also discussed.

TI recommended that sampling on this ward is increased to monthly an on instruction.

ACTION: PU to ensure Site Estate Managers are testing for Legionella, Pseudomonas and TVC's PU

11.3 Hydro-pools

TI had been asked for clarification on the sampling of hydro-pools.

ACTION: TI to draft SOP on hydro-pools and send to the group for comment. TI

ACTION: PU to create a list of where the hydro-pools are located and send it to TI PU

11.4 Distribution List

ES asked if Rosie Cherry should be added to the distribution list, AG said he would check as GM's aren't normally invited.

ACTION: AG to clarify if GM's should be added to the distribution list. AG

12. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 5th June 2018 at 9.30am in Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital.

AG noted that meeting room 5 was too small and an alternative venue should be found.

ACTION: EMcN to locate a larger meeting room for future meetings

EMcN

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 5th June 2018 at 9.30am**

Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Mary Anne Kane (MAK) (Chair)	Interim Director of PPFM
Alan Gallacher (AG)	General Manager, Estates
Jack Cairns (JC)	Sector Estates Manager (Clyde)
John Green (JG)	Health & Safety Service Manager (Facilities & Partnerships)
Pamela Joannidis (PJ)	Nurse Consultant, Infection Control
Euan Smith (ES)	Sector Estates Manager, Partnerships
Billy Hunter (BH)	General Manager – North, East, West
Tom Fulton (TF)	Sector Estates Manager – North, East, West
Alex Marek (AM)	Infection Control Consultant
Tom Walsh (TW)	Infection Control Consultant
Patricia Friel (PF) only part meeting	Lead Nurse - Neonatology
Gael Rolls (GR) only part meeting	Critical Care Co-ordinator

Apologies :

Karen Connelly (KC)	General Manager – South
Teresa Inkster (TI)	Consultant Microbiologist
Andy Wilson (AW)	Sector Estates Manager - South
Ian Powrie (IP)	Deputy General Manager - South
Phyllis Urquhart (PU)	Senior Hospital Estates Manager

Item	Discussion	Action
1.	Minute of the Previous Meeting Minutes of the Previous Meeting – 6 th March 2018 – were recorded as an accurate record of the discussions	-
2.	Matters Arising The following items were raised from the previous notes; <ul style="list-style-type: none"> • AP, CP and RP Training – AG reported that a substantial amount of training has taken place. Around 20 people have been trained but AG noted that assessments are still required and once this is concluded tasks can be appointed to each newly trained member of staff. It was estimated that at least 2/3 appropriate trained members of staff for each site was appropriate. MAK asked that GMs and SEM need to identify the numbers required per site • Ice Making Machines – AG reported that a list has been completed by Procurement and AG agreed to check exact locations on each of the sites and bring back to the next meeting. It was noted that the extract had been circulated by PU and discussion was still to take place • SBAR for the installation of water coolers at QEUH had been circulated by TI. It was agreed at the last meeting that PU would provide a draft proforma for the purchase of ice machines and water coolers and this was still to be concluded • Written Water Schemes – PU had been asked to carry out an audit on written schemes – AH was asked to pull together all the written schemes and circulate to members of the Board Water Safety Group • SEMs Summary on compliance with water safety – AG reported that this was not concluded for this meeting but will be completed for the SCART meeting • Hydro Pools location SOP Document was circulated to ICT and comments will be responded to 	GMs/ SEMs AG AG/PU AH AG/SEMs
3.	Review of Sector Water Group Minutes Clyde – South and Clyde are now two separate sectors and will have separate water meeting – ICT representation is required to attend both groups NEW – noted Partnerships – noted no ICT in attendance – it was noted that this was difficult at the moment but a representative would be arranged South - noted	- - - -
4.	Pseudomonas – PJ noted that a review of positive blood cultures to identify any 2 HAIS linked together and this is then added to the risk assessment – there are no new wards using this but as the Beatson is moving into 4B it has been added to this. HPS guidance is under review by	

SWLG but cannot determine testing levels and have asked colleagues in Public Health England for their advice and this is still out for consultation. It was noted that the SLWG has only had one meeting so far and rather than delay the process ICT will follow their usual protocols and update the documents to their final versions once agreed. Members of the Boards Water Safety Group agreed with this proposal. It was noted that there is a technical membership in the group in the form of HFS (Ian Storrar) and noted that the outcome from the Report on RHC water issue may influence the testing going forward. It was noted that staff training had been delayed as it was thought there could be changes in protocols for flushing and testing and it was agreed that the NES training was no longer appropriate as it does not align with HPS. It was agreed that as a Board we pull something together possibly on LearnPro in the form of a presentation to ensure awareness and possibly carryout ToolBox Talks being led by charge nurses on the wards. PJ agreed that documents will be uploaded onto the Infection Control section of the Staffnet pages close to the Boards Water Safety Policy on Staffnet

PJ

5. **Terms of Reference for the Group**

These were generally accepted as accurate with clarity on the governance of the group. As there are few technical people who attend the Boards Infection Control Meeting and clarity required on technical input.

-

6. **Water Sampling**

Determine high risk areas and this was circulated to ensure ratification. AG was asked to ensure this was circulated by the end of this week. It was agreed that we need evidence of sampling regime, is this happening per guidance – this will focus on little used outlets and has been in place for a number of years and we need to ensure all sectors are using the Little Used Policy – evidence shows that this is not being used across all the sectors and it was noted that the audits carried out by the compliance manager should pick this up

AG

Clyde – Using the Policy

PU

NEW – yes and no – reminders are sent out twice a year and it was noted that the SOP should be included in the email – Estates Managers will be tasked to ensure this happens

PJ noted that the SOP previously seen had some differences from ICT protocols – AG will write to all SEM and GMS with a copy of the template to confirm the version and ask that they submit their last years little used outlets for review at the next meeting of this group and will be added to the ICT web page once concluded.

AG

7. **Water Asset List**

This was an action for PU and AG noted that the information had been pulled together onto SmartSheet and can be reviewed at the next meeting

PU

8. **AE Audit Status**

All audits have been carried out. An extension of three months has been given to the Authorising Engineer (AE) due to a new framework being brought in. It was noted that the AE is scheduled to visit each site once per year and all sites should have a completed action plan. It was agreed that AEs reports should be brought to this group in a summary format as well as to the sector water group.

GMs/
SEMs

9. **Water Safety Action Plans**

AG reported that these are being worked on via SCART and agreed that the % levels of compliance are brought to this group to give perspective of the water situation

GMs/
SEMs

10. **AOCB**

Debrief from the original incident to be circulated to member of this group
Board Water Filtration Strategy for Sites – it was noted that there are different filtration systems in place across the Board and it was noted that there is no uniform strategy as each site has its own needs and there is no need to filter water coming onto a hospital site as we have internal filtration installed in appropriate areas throughout the buildings depending on clinical requirement – JC noted the RAH water filtration plant supplied by Scottish Water is scheduled to be removed. The group discussed the reasons behind the initial installation which had been an issue with the water in this area of Paisley and because the water was not compliant with Public Health requirements the filtration plant had been installed. It was also noted that there is no legal requirement for Scottish Water to provide a specific temperature of water which in a domestic situation is not an issue but is proving to be an issue in hospital settings. The group further discussed the possible causes of the issues in new buildings being created by the temperature of the water increasing from the inlet to the actual user and consideration to be

AH

given whilst new buildings are being completed that there is sufficient space to include chillers to ensure the temperature of the water remains stable until the last user outlet. It was noted that any alterations required within our buildings would be carried out via minor works programme and with capital planning colleagues.

MAK advised that the performance of the PPFM managers at this group was unacceptable. Actions had not been followed up by Sector Estates Managers from the last meeting. Sector Estates Managers are responsible and accountable for water safety in the sites/sectors which they are based in. MAK to ensure GMs are clear on both their responsibilities and SEMs in this respect.

11. **Date of Next Meeting**

The next scheduled date of this group was 4th September at 9.30 – CMB Facilities Hub – QEUH To note

DRAFT

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 4th September 2018 at 9.30am
Facilities Meeting Room, CMB, Queen Elizabeth University Hospital**

Present:

Mary Anne Kane (MAK) (Chair)	Interim Director of PPFM
Alan Gallacher (AG)	General Manager, Estates
Jack Cairns (JC)	Sector Estates Manager (Clyde)
John Green (JG)	Health & Safety Service Manager (Facilities & Partnerships)
David Pace (DP)	General Manager (Clyde)
Euan Smith (ES)	Sector Estates Manager, Partnerships
Billy Hunter (BH)	General Manager – North, East, West
Tom Fulton (TF)	Sector Estates Manager – North, East, West
Andy Wilson (AW)	Sector Estates Manager - South
Rosie Cherry (RC)	General Manager – Partnerships
Allyson Hirst (AH)	Admin – Notes

Apologies :

Karen Connelly (KC)	General Manager – South
Teresa Inkster (TI)	Consultant Microbiologist
Ian Powrie (IP)	Deputy General Manager - South
Phyllis Urquhart (PU)	Senior Hospital Estates Manager
Pamela Joannidis (PJ)	Nurse Consultant, Infection Control
Alex Marek (AM)	Infection Control Consultant
Tom Walsh (TW)	Infection Control Consultant
Patricia Friel (PF)	Lead Nurse - Neonatology
Gael Rolls (GR)	Critical Care Co-ordinator

Item	Discussion	Action
1.	Minute of the Previous Meeting	
	Minutes of the Previous Meeting – 5 th June 2018 – were recorded as an accurate record of the discussions	-
2.	Matters Arising	
	<p>It was decided by MAK that this meeting should be a PPFM focused meeting to review some of the issues and focus on work moving forward and therefore clinical members were asked to stand down for this meeting.</p> <p>MAK noted that as she returned to her Associate Director role she was planning to take back chairmanship of this meeting and her plan going forward was to ensure that the notes from the meeting would be forwarded to group members 1 week after the meeting and a rolling action list will be created as at recent meetings she noted her embarrassment on the lack of progress and noted that going forward any failure to deliver within timescales will be considered a capability and possibly a disciplinary issue. MAK noted that the new Director could potentially bring in a 3rd party to audit SCART compliance and if this is the case it would be necessary to ensure that all paperwork and documentation is updated and readily available. MAK also noted her concerns that PPMs had not been carried out in the last three years despite having all the meetings and paperwork in place.</p> <p>As a reference to the new acceptable ways of working JG noted that recent meetings with HSE their approach has changed in the last 18 months and they are being enforcement agencies and absolute in their audits. They require to see all evidence and have sight of details and will review this to ensure they are satisfied and will pick up on missing and incomplete documentation right down to the version, headers, footers etc all have to be accurate and updated. Enforcement actions are being quickly implemented with little or no chance to correct. In this MAK noted that we need to ensure that all documentation is completed and retained with evidence in place and properly maintained and accessible within each and every sector. Consistency in the presentation of documentation which should be the same as is in the policy documents appendix and if any changes are necessary to be made to forms this has to be taken through due process so that the policies and the documents we are using match. Single system and water is a good example of standardisation to a certain point but now noting differences in sites and the written schemes are being reviewed at this time. MAK noted her concerns at the retrospective prosecutions to members of staff and at</p>	

	Board level and even possibly on a personal level.	
3.	Review of AP/CP/RP	
	<p>MAK asked that each sector provide a chart to AH on their current AP/CP/RP numbers and where they were lacking and this will be pulled together and forwarded with the minutes for information. The members discussed the levels of AP/CP and RP and the sometimes difficulties in getting staff to accept their responsibility but it was made clear that only those who have proper training and are of sufficient grade would be asked and as a member of staff they are expected to take on this role as part of their responsibilities for their job. Clarification on what they are expected to do and what is appropriate for their training and then fulfilling these duties was discussed. The compliance team are in the process of compiling a list of appropriate questions that can be asked in order that the system is standardised but it was understood that local site knowledge is also a requirement. PU is asked to forward the water questions to AH for distribution to the members and this will be carried out after return from leave.</p> <p>MAK asked if APs are put through any development – no but noted that this could be useful and JG was asked if he could pull something together to put to them including responsibilities and legalities and AG to prepare a question set. This was to be completed end September – Mid October to include all paperwork and ensure that this is progressed quickly and effectively.</p> <p>It was noted that although we are not directly involved in patient care but our job is to deliver the systems to support this. Clear understanding of the resources required to allow risk management in areas and have clear risk mitigation strategies. APs need to understand their role as they could potentially be subject to questions by HSE and parliamentary enquiries and this aspect needs to be understood. GMs and SEMs should be aware of their APs for their areas.</p> <p>A review of local water group agendas was required to ensure that these were discussing appropriately the relevant issues and followed up.</p> <p>Training given to GMs to ensure that they understand their part as responsible person –to be able to understand the water system and how it works. It was agreed that a review of the structure and include and update the policy and documentation – AG and MAK will review how this will be carried out.</p> <p>CPS already appointed should be given a yearly review with their APs and documented discussions and any actions carried forward. As the formal process is not in place these meetings should continue using current process until updated.</p> <p>APs are revalidated every 3 years. With internal review yearly with CPs. IF the site changes - water, electrical and ventilation then review should be taken forward as part of their site knowledge and part of their ability to perform as a CP. This should be built into their annual reviews. It is important that CPs can discuss with the AP any concerns about works that are not being carried out as well as any additional training that is required and this will hopefully ensure that APs and CPs are both comfortable with their roles and responsibilities.</p> <p>Manual – it was noted that there was no manual to follow in discharging their duties and all information is provided in their training. MAK asked that BH and TF to link with PU on pulling together a manual and checklists for them.</p> <p>It was agreed that the AE should be brought into to conclude those who require any training</p> <p>Review of the jobs/roles – technicians, water, electrical etc – do we explore the possibility of this to ensure that we have sufficient staff in place to work on the systems dependent on the size and complexity of the system – a review of the model of teams on the site with multi skill for the day to day and PPM and to aid with Stat/Compliance.</p>	<p>PU/AH</p> <p>AG/JG</p> <p>AG/MAK</p> <p>All</p> <p>BH/TF/PU</p> <p>All</p>
4.	Review of Sector Water Group Minutes	
	Comments noted for each of the meeting notes below	
	<p>Clyde</p> <p>Timescales to be included</p> <p>Chemtech ¼ report included in the notes</p> <p>VoL dosing ward 6 – what was the decision – review of pipework to reroute to prevent dosing</p> <p>Not a low risk site – this was not accurate</p> <p>AE Audit – more details to be included</p> <p>Safety Action Notices – MAK had asked previously for clarification</p>	

	<p>Partnerships TMVs – quantity/ quality – who is to action and resolve DMA rep at meeting – beneficial to be aware but consider sensitive information being shared and will also require payment for attendance but noted Board responsible and should feedback if need and if required and contractors report included</p>	
	<p>North East West Senior Nurse Representation – Lead nurse now attending Schematic Drawings – will be completed by end September 2018 Positive Samples – item being reviewed by BH Implementation plan – post meeting not this date will be earlier Water Safety Action Plans - 2nd paragraph to be updated All remedial work reviewed COSHH review hazards recorded</p>	
	<p>South No comments on information included</p>	
5.	<p>Written Schemes AG and BH have reviewed the written schemes and their situation regards compliance. After reviewing the schemes a standard template to be followed. And it was agreed that PU will work with AP and site managers to refine to suit each site along with a timeline for each of the sites. This work is to be progressed and concluded around mid September. All written schemes will be as Part B of SHTM with site specific information. Partnerships will require a full review – all large HSC centres will be similar to Acute settings and the HC will require a standard set up noting anything particularly specific which the AE should be able to provide any information. AG was asked to check how other Boards detail Partnerships but it was thought that this was not in line with Part G of SHTM. Surprised if a written scheme was available for each site – DMA were to be asked to provide a written scheme for each of the HC. Standard SOPs to be set up for all sites. JG noted that HSE expect to see a single system unless there are fundamental differences and all sites were to adhere to this. The compliance team will carry out an audit and this will be included in the compliance report on a ¼ basis.</p> <p>Agreed that a ¼ report is submitted from the AP to the site manager which gives assurance that all is being covered and that the AP is fulfilling their responsibilities – checks and balances and timelines adhered to.</p> <p>JG noted that HSE will not accept that information needs to be pulled together but this should be held in one place and if we can achieve this we can prove we are managing risks, health and safety and following governance.</p> <p>MAK noted that we are now being asked to quantify in monetary terms what is required for stat compliance. It is clear that there is no money available but ultimately the Board are responsible and MAK will update the Senior Management Team for the Board who have agreed to review and it will be the Board's decision as to what we can conclude and focus on. As a consequence of the recent events at QEUH IP has been asked to refresh his paper and this will kick start the water compliance and other sectors will be asked what they require and feedback. The SCART report to the Risk Management Steering Group under compliance and continuing improvement.</p>	PU
6.	<p>Ice Machines/Water Coolers Ice Machines - It was noted that Smart Sheet carried a comprehensive list. Guidance on ice machines on site – although it was noted that there are located in different areas for differing reasons. Some of these have been purchased outwith Estates funds and bought by services individually with no input from Estates and in the most these are not maintained by Estates and who, if anyone is. A list to be provided to the Water Technical Group to agree away forward including – who is responsible for the maintenance, where the source water comes from with information from the sectors to confirm what they are doing in regards to maintenance – AG to forward the list he has currently for comparison. Water Coolers – these are located across the Board and this Group is required to make a recommendation to CMT. Once this is ratified and agreement reached we can then proceed to remove where not clinically required.</p>	AG MAK
7.	<p>Water Sampling SOPs and evidence of this being carried out to be documented and followed up.</p>	All

	<p>High Risk Areas – to be clarified – reduced by microbiology within Psudomonas guidelines. Issues at the QE some of the issues have caused the CF patients areas to be classified as high risk. MAK suggested that all sectors review their high risk areas and take appropriate action. Within QEUH 4 rooms within all wards are being classed as high risk and are absolutely compliant and this is to be taken forward in the remaining wards of the hospitals and the area are tested to same levels as recognised high risk areas. These matters should be included in agendas for local water meetings.</p> <p>MAK noted that we are not the only health board with water issues but because we have the sickest patients with the most complex issues and therefore this becomes more of an important issue to ensure that we are fully compliant in all aspects of compliance and to ensure we have preventative measures in place. Any issues found within local meetings should be brought to the attention of ICT colleagues.</p> <p>Engineering sampling will always continue but this needs to e communicated to ICT so that clinical requirements are met and there is full understanding of potential issues. These to be captured and brought to the Board Water Safety Group for ratification and allow amendments to the policies to be taken forward.</p> <p>TVC guidance – likely to be changed nationally to include gram negative testing but we cannot introduce this until indication that this is national guidance. Specifically issues for immune compromised and this is why our POUF are located within high risk areas specifically within RHC and one area within adult hospital based on information provided by clinical colleagues. MAK noted that the approach we are taking is the correct way forward based on information being received from clinical, water experts and HPS. Careful management in the placement of patients within the hospital setting but this is a clinical decision and determination.</p> <p>Water Sampling Policy – Do we continue as this states? Debate we are currently having is to carry out weekly sampling and after three weekly samples being clear do we stop and revert to monthly then quarterly but only when you are satisfied that there is sufficient clear – some areas are not clear – This also to be included as an agenda item within local water meetings. With feedback to the Board Water Meeting.</p> <p>The members are asked to pull together their water results from last year so that MAK can raise this with clinical colleagues</p> <p>Little Used Outlets – MAK noted that we now have more water outlets per patient than we have ever had before so even in an occupied room the outlets are not to be assumed to have been flushed appropriately. Clarity from clinical colleague on what needs to be tested. A list of the responsible person is noted on Smart Sheet – from this list PU will forward a returns form on a scheduled basis and returns sent for any not returned. The information received will be loaded onto the system – this will hopefully clarify and ensure that the information is received and documented. Normally a little used outlet would be removed but it is unlikely that this will happen but questions will be asked of clinical colleagues if there are consistently the same outlets being reported.</p> <p>Flushing – AG reported that he had reviewed the SOP and the Psudomonas flushing regime and noted that there were differences – MAK asked for volunteers to participate in a group to ensure that this is reviewed.</p>	All
		SEMs/BH
8.	Water Asset List	
	AG reported that this was completed for all areas and was comprehensive and located on Smart Sheet and AG had reviewed and included all acute, in patients and partnerships SEM/GM to review each of their individual sites for water compliance an sessions to be set up	SEMs/GMs
9.	AOCB	
	TMV Maintenance – Resource maintenance and resource requirement to provide this and financial implications and it was noted that there were some discussions underway with replacement programmes are being planned and scheduled and all sectors should prepare their information.	All
	Psudomonas – JC noted that at the last sector meeting the issue of testing within high risk area – ICT under the impression that no flow straightners present then testing not required – SOP does not state this and there are contradictions in the SOP that need clarified. MAK asked JC to put this in an email so that she can follow up	JC
	Water Asset List – it was noted that the report does not show where flow straightners are - MAK suggested that we should know this for each and every site as there will be a national review as these could be a concern to water safety. It was noted that these should be cleaned in the high risk areas and follow site specific PPMs – CD does reduce the risk but maintenance is still required	All
	Safety Action Notice – notice was issued to raise awareness of the panels falling of unexpectedly but does not go into the detail. Clips were used at build stage but are now being	

	replaced with screws and it was noted that this does make it difficult to remove but makes them safer – no instruction in the SAN for information and awareness only	
	TMV Tenders - to be evaluated and then request funding	
	Flexible Hoses – GRI - RAS approved but over 5 years old and a programme is in place to remove is being completed.	
	SPIGITS – nothing to be done at this time until it is clear from national guidance but be aware of the type and location of these in the event that these need to be changed/removed	
	South – TMV Maintenance – only high risk prior to POUF but should we move back – an issue to be discussed at the Water Technical Group but agreed until at least CD dosing in place and re think after this – the POUF are to be removed as the system clears but there is a risk from scalding particularly in RHC	
	Individual Sector Meetings – MAK requested a meeting with each of the sectors GM/SEMs individually – this will be progressed	AH/MAK
	Next Meeting – MAK asked that all actions are taken forward with feedback to the next meeting	All
10.	Date of Next Meeting	
	4th December 2018 at 9.30 in Facilities Meeting Room – CMB	To note

DRAFT

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 4th December 2018 at 9.30am**

Facilities Meeting Room 5, Ground Floor, Labs Building, Queen Elizabeth University Hospital

Present:

Alan Gallacher (Chair) (AG)	–	General Manager, Estates
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
Karen Connelly (KC)	–	General Manager, South Sector
Tom Fulton (TF)	–	Sector Estates Manager, NEW
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Teresa Inkster (TI)	–	Consultant Microbiologist
Colin Purdon (CP)	–	Interim Sector Estates Manager
Euan Smith (ES)	–	Sector Estates Manager, Partnerships
Tom Walsh (TW)	–	Infection Control Manager
Andy Wilson (AW)	–	Sector Estates Manager, South & Clyde Sector

Apologies:

Mary Anne Kane (MAK)	–	Associate Director of Facilities
----------------------	---	----------------------------------

1. Apologies Action

As noted above.

2. Minutes from Previous Meeting/Matters Arising (5th June 2018)

The minute was agreed as an accurate record with clarification required for BH on page 2, agenda item 3, section referred to Manual clarity is required, AG noted to provide clarity if it refers to an AP/CP's Manual.

3. Matters Arising

Smartsheet Questions

AG noted for the smartsheet questions to be formatted utilising Excel or PDF version, Phyllis Urquhart, Compliance Manager to undertake the action. The AP's responsibility is to ensure that CP's are competent to undertake tasks/duties, the questions are for support purposes. AG noted the current structure for RP's is SEM's, Site Estate Manager's, Sector Facilities Managers are not included, although training has been undertaken. GM's to have input into the structure, with what input to be addressed, feed into reporting structure. AG noted to review staff model if short of resources.

PU

Ice Machines

AG advised that an action list of ice machines is contained within Smartsheet. HFS has an SUP relating to drinking water/water-coolers, need to look at the impact of the SUP05 across the Board. AG noted that SUP05 include information on water coolers. PJ noted MAK asked to produce a list of where ice machines are located with a sub-group to consider, as a decision is required to be made. AG advised a decision is required regarding water coolers, as there are different approach's in other hospitals, not an Estates decision, is a clinical decision regarding the risk.

AG

PJ referred to the cleaning, responsibility etc need to be clear. TI noted thought an SBAR had been agreed, if agreed at this group, should be rolled out. TI noted a discussion may be required at the Water Technical Group, AG noted the Water Technical Group is specific to the incident, if agreed to bring to this group. AG noted to circulate an SBAR, remove from clinical areas water coolers, discussion required on rollout, a SLWG may be required to be established. PJ noted to provide clear advice on what the replacement will be. JG noted to be clear on the split to what is essential. KC advised the water coolers provide chilled water, will be asked for ice, a SOP has been developed for ice, KC noted for ice and water machines to be linked, AG noted to discuss with PJ and TI. PJ noted the ice machines are plumbed in and require maintenance. JC sought clarification if there has been a discussion with Procurement,

TI

AG confirmed there has been no discussion with Procurement colleagues, only relating to installation with control required.

Water Sampling – SOP

AG noted is part of the Sector Water Groups.

Water Safety Policy

AG noted it is contained with the Policy on how often we sample and reporting mechanisms at the Sector Water Groups. AG noted to look at extending the Policy review date for a further 6 month period in order to address the outputs of incidents.

Flushing

BH confirmed that a SLWG group has been established, the first meeting has taken place, a process to be in place to apply rationale and governance regarding returns etc, develop a mailbox for returns, SCN to update monthly, how to report to Sector Group, SOP has been distributed to sites.

PJ noted to invite clinical staff to the SLWG, BH noted the principle is for flushing within wards, nursing colleagues could be in attendance. It was noted that vacant/empty ward/building Estates would undertake flushing. TW noted the Chief of Nursing chairs the Partnership meetings, ES tried to rollout, but resistance to the rollout. TW will forward the contact details for a nomination. BH noted of the recording of information should happen routinely. AG noted from the SOP for SCN's to identify areas of 'Little Used Outlets', need to decide how we record centrally.

TW

Water Assets

AG noted are available within Smartsheet.

TMV's

AG noted that a list was produced, to build a maintenance program for QEUH TMV's. ES noted regarding the frequency 6 monthly visual/annual to strip down, not defined anywhere. AG noted to assess the balance of risk and associated costs, check SHTM wording/procedure. ES sought clarification of the possible replacement of TMV's within Partnerships, identify resource in cost and manpower to carry out the maintenance. RAH and IRH is undertaken by a contractor, resource implication. Post Meeting Note (AG): DO8 identifies that maintenance of TMV's should follow manufacturer's instructions which state a 6 monthly minor & annual checks/servicing.

ES

Pseudomonas

JC to follow up, TI noted the initial guidance stated no testing in Scotland, testing only in areas with flow straighteners. PJ noted HPS to review sampling and update guidance.

JC

Water Asset List

AG is not aware of the location of all flow straighteners across GG&C, in theory every tap should have flow straighteners at QEUH, AG noted these have been removed in all high risk areas at QEUH. CP advised that flow straighteners are replaced within low risk areas every 3 months and high risk areas have Pall Filters in place so flow straighteners are currently removed. AG noted for a list to be devised of where all flow straighteners are installed/fitted and forwarded to Sectors to implement a cleaning regime.

Individual Sector Meetings

AG noted as ongoing.

4. Review of AP/CP/RP Numbers Required per Site v's Trained v's Appointed

AG noted that the Compliance Team are developing a skills register for all AP/CP's which the Compliance Managers will update for tracking purposes. GM/SEM's will have access to the register. AP's will be included within the register, with CP's to follow, gaps to be updated.

5. Review of Sector Water Safety Group Minutes

Group members discussed the Sector minutes as follows:

Clyde Sector

Page 3, para 2, agenda item 6 Testing – Exception Reports

AG advised that below 50 cfu is still unacceptable, looking at zero. TI noted not aware what type group of legionella, JC to clarify. AG noted a report is produced on a monthly basis from Chemtech, AG presented the Chemtech report to group members, flagging up by exception, missing actions PPM highlighted on report, need to address tests that are not being undertaken.

JC

TMV/TMT's are the majority of the actions, Chemtech report to be discussed at future Sector meetings.

JC

Partnership Sector

No comments were raised regarding the minutes.

NEW Sector

BH noted from the previous meeting a sub-group was established to discuss the revised Written Scheme with Tom Fulton and other colleagues in attendance with comments made and incorporated within the Written Scheme. Also dosing for GGH was widely supported.

South Sector

AG noted the South Sector has ongoing issues. TI noted from page 4, AOCB the Suzanne Lees Report advised to have a more holistic approach, with approach to all water users, Sector to identify other users of water, TI noted for the QEUH site to include dental, renal, cardiac, hydro pools, aseptic pharmacies, paediatrics and endoscopy, representation from these areas, TI to forward the Suzanne Lees Report.

TI

6. SEMs/GMs to Present on Compliance with SCART Water Safety Section

AG advised of the new agenda item in order to discuss areas of concern regarding water safety.

NEW Sector

- BH referred to the flow straighteners, cleaning high risk areas, resource issues.
- Replacement of flexible hoses at Gartnavel and GRI by inhouse plumbers.
- Discussion at Sector meeting, do we increase sampling.
- Tender is out for GRI TMV work to be carried out, if approved GRI TMV's requires access to panels.
- Dosing unit at Gartnavel has been agreed.
- No progress on Spigots, AG advised there is an issue around Spigots, potential area at the back of the spigot that captures water. BH noted the need to understand broadly across the Board, include in a table of concern with response to be included.

South Sector

- AW advised that the TMV issue is on hold, due to the dioxide dosing.
- Shower program at QEUH retained site being undertaken by DMA. Looking at disposable showerheads for QEUH Adults/Children's. JC to list for the Clyde Sector.
- TF noted of the increase with incoming water temperature this summer period, AG has flagged to HFS, at QEUH was above acceptable temperatures, QEUH has dump valves with an associated cost to dump water. TI liaised with Suzanne Lee who noted that Biosite could be utilised, there is a difficulty to cool the water temperature, AG noted HFS are aware of the issue, A discussion is required with HFS and HPS, it is not Board Policy to put coolers at water incomers, discussion required with Infection Control colleagues regarding patient safety.

JC

Partnerships Sector

- ES noted there are issues relating to TMV's, flexible hoses with costs and access.
- Flow straighteners temperature excursion within one health centre, operating from combi boiler and smaller sites.

7. Written Schemes

AG advised that the Written Schemes are progressing to the SHTM-0401 Part G. Update as follows:

NEW Sector

TF met with Alex Malek working on Lightburn, there are serogroup positives, tie down to respond differently. TI noted the Infection Control Doctors met to discuss serogroups, once concluded will share with group members. GRI conclude this week, AG noted to be ratified by the Sector Group.

South Sector

CP noted in place, was ratified at the Sector meeting, There will be a need to review the Written Scheme to include the new chemical dosing once complete..

CP

AG spoke to DMA on 3 December 2018 regarding the water risk assessment to move to the next step.

Post Meeting review – An action plan is now in place to address areas identified in the 2018 Water RA.

PJ/CP

Partnerships Sector

ES noted there has been a major drive to complete the Written Schemes, near completion following the SHTM-0401 Part G, the Written Scheme has been shared with Phyllis Urquhart, Compliance Manager.

ES/PJ

Clyde Sector

JC noted the Written Schemes require to be updated, moving into a better position.

JC

8. AOCB

Water Policy

AG referred to the Water Policy due for review in December 2018. Due to the ongoing issues within QEUH, AG advised to extend the review for a further 7 month period (till end July 2019). Group members agreed and endorsed the extension to the Policy. This would now go forward to BICC.

Note

Pseudomonas

AG referred to the email communication circulated by PJ regarding pseudomonas, PJ advised that the guidance relating to screening is on hold, will re-visit screening in March 2019, will update on completion of the SLWG. PJ will share the link with group members.

PJ

Risk Assessment

AG advised that the risk assessment for QEUH is not complete due to the ongoing issues. DMA are working with the Estates Team and Phyllis Urquhart, Compliance Manager, near completion, will not have sampling regime at outlets, not complete, will be an addendum to the document. AG noted that the Written Scheme should include how we utilise water coming out of outlets, need to capture within the risk assessment. BH noted the risk assessment at Gartnavel the Procurement process requires to be updated, AG noted should be awarded.

AG

9. Date & Time of Next Meeting

The next meeting is scheduled for Tuesday 5th March 2019 at 9.30am in the CMB Meeting Room, Facilities Hub, Clocktower Building, Queen Elizabeth University Hospital.

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 5th March 2019 at 9.30am
CMB Facilities Meeting Room, Queen Elizabeth University Hospital**

Present:

Mary Anne Kane (MAK)	–	Associate Director of Facilities
Jack Cairns (JC)	–	Sector Estates Manager, North East/West Sector
Karen Connelly (KC)	–	General Manager, South Sector
Tom Fulton (TF)	–	Sector Estates Manager, NEW
Billy Hunter (BH)	--	General Manager Facilities South & Clyde Sector
John Green (JG)	–	Health & Safety Service Manager (Facilities & P'ships)
Pamela Joannidis (PJ)	–	Nurse Consultant, Infection Control
Teresa Inkster (TI)	–	Consultant Microbiologist
Rosie Cherry (RC)	-	Interim General Manager, Partnerships

Apologies:

Alan Gallacher (AG)	–	General Manager, Estates
Colin Purdon (CP)	–	Interim Sector Estates Manager
Euan Smith (ES)	–	Sector Estates Manager, Partnerships

1. Apologies**Action**

As noted above.

2. Minutes from Previous Meeting/Matters Arising (5th December 2018)

The minute was agreed as an accurate record with some clarification on a few points – these will be updated on the previous notes and forwarded to the members for an accurate version of the notes for their records

3. Matters Arising

Ice Machines – The list of locations of these machines was circulated and it was noted that GRI has the highest number of ice machines in the Board .

It was noted that estates do not maintain any of these at GRI but it was noted that Dental and RAH do have maintenance carried out on theirs. At the Dental Hospital this is managed by Glasgow University. At RAH estates facilitate the maintenance of the ice machines via a contractor . It was noted that there are units which dispense water as well as ice as a combined unit at GRI these are newer units. Questions were raised on how these were passed through Procurement – this was not clear.

It was noted that the use of ice machine was supposed to be restricted to specific areas for clinical reasons . As several wards out with the specific areas had these units ,particularly at GRI this was not appropriate as they are not maintained and therefore carry an element of risk. TI noted that there should be a clinical reason for a ward to have these in the first instance. JC noted that ITU at RAH make their own ice via bags which are checked and have a limited shelf life..

It was agreed that Isobel Neil , GRI Director will be asked to check the reasons for the number of ice machines at GRI ,for maintenance records and SOPs relevant for each area .

It was agreed that water coolers and ice machines should all have SOPs which are to be approved by ICT prior to any purchases . If the machines are maintained by others then the contract should be completed showing the process and reported to the Board Water Group
MAK will write to IMcN and AG will check with HFS

MAK/AG

Water Coolers – SUP05 reviewed (produced by HFS) and the group agreed with the terminology and way forward for water coolers. It was to produce a NHSGGC policy for the use and risks within areas of the hospital.

Agreed that high risk areas have to have no water coolers – details within the policy. Low risk areas – will be determined at local level but key to this is local ICT agreed to there placement with strict regiment to clean water outlet and this should be taken on by local staff with sanitisation every three months and full record keeping of this maintenance. This will not be absorbed by the local FM Teams routinely due to resource demands

Maintenance and cleaning to be included in procurement contract and should have food grade sanitisation products used on these .E&F to advise with procurement a suitable product to be

placed on PECOS for departmental draw down

It was agreed by members of the Group that removal of these units from all ward areas would at the current time be the preferred solution Board wide which goes beyond SUP05 guidance – as a general rule we should not have these in the patient general areas but it was noted that staff are asking for cooled water for patients use. MAK asked – should this group make the decision to recommend that we remove water coolers as we cannot guarantee the sanitisation of taps between uses. It was noted that 6 monthly cleans are insufficient by the external contractor as SUP05 guidance states three monthly maintenance. JC noted that there are coolers in areas of the RAH that are not supplied via procurement and therefore E&F have no knowledge of whether these are being cleaned or maintained – JC agreed to email the details to MAK to allow her to pick these up with Procurement.

JC

What do this Group recommend as Board Policy? – National Guidance allows medium risk area but do Glasgow agree to remove from high risk and allow to continue in medium/low risk areas –consideration has to be made to patient care ,safety and hydration policy. PJ noted could we ensure that the taps are maintained/cleaned locally?

The stipulation re keeping the coolers would involve the area that uses them being responsible for ensuring that the tap is cleaned and cleaning documented Patient safety comes first .

SOP to be created to clarify all of these issues but reference to be made to take to JGrant and JBest to ensure this is fed down through the Directors and is progressed. It was agreed after some discussion that the Board should follow SUO05 with specification to support the water coolers which are not covered by contract and localised cleaning and ownership established

Flushing SLWG – not yet met but in the interim a draft has been pulled together of a procedure. Clinical staff are responsible for flushing and estates are assisting to ensure that this is documented for each and every area.

MAK noted that definition of the domestics requirements varies for each Board to Board in terms of domestic input (duration flush/reason for flushing being done by domestic staff etc IT was clear from the HAI Inspectorate that if a patient is in a room and they are not using the facilities that nursing staff are not automatically flushing all the water outlets if the patient is immobile . PJ reported that she had created a tool box talk to simplify the flushing requirements including general and high risk areas which requires daily flushing

MAK suggested that relevant people take an hour of their day and sit down and work out exactly who does what and create a flow chart that clearly states who is responsible and how is recorded. Clarify the advice and make this in such a form that all can be understood and recorded appropriately. Follow up on those wards who do not submit their documentation appropriately. Estates will review the existing form with a view of how this is best implement this and progress this out to the users

All

Water Policy – AG noted that that the water policy was back at this group as approved at SCART and now brought to this group for final approval. It was noted that there are some changes to the Directorate title but this was an update to the Policy and would be fully revamp as per schedule.

It was agreed that this should be forwarded to BICC and Infection Control for information stating this is the interim document as well as going to Aprils Board H&S Forum. The group discussed the most appropriate corporate governance route to get this document fully ratified by the Board and it was agreed that the policy requires to be rewritten after national policies are clarified and then this will allow the Boards Water Policy to be appropriately updated/rewritten to incorporate this

High Risk Areas – clinical and engineering high risk – Infection Control require to clarify these areas.

The Group agreed that it was suitable to extend for this period but agreed that there were changes required

Water Assets List – AG noted that this will be updated to allow monitoring of the PPMs and their compliance. AG noted that some water assets are not being maintained and should be flagged as a risk to the organisation so that there is an awareness of these at the appropriate level. The list sits on Smartsheet for GMs to access and further training can be offered if required- AG to offer training to GMs and SEMs on smartsheet use and supply a list of assets not being maintained to the group for review.

AG

All water assets complete for all areas within the Board and JC noted that the new ICU will be checked and that WIGACH will be slightly different and should also be checked. It was agreed that ICT do not require to have access to this list. PFIs not submitted for VIC or ACH or Serco for QEUH. MAK instructed that these are asked for within audit but risk remains with the PFI provider. BH and KC will chase up their own areas

BH/KC

Pseudomonas – SOP and meetings progressing and watching for guidance since reconvening of the SLWG and noted that process in place to ensure that we are keeping on top of the high risk areas

Toolbox Talk – PJ has drafted a simplified talk for the senior chare nurses to print off for their safety huddles – straightforward statements of fact for the staff – any additional information would be added and links to policies and when required. It was agreed this helps staff to understand the reasons for flushing – a multi disciplinary task for all staff levels and their part to play within the flushing including domestics, estates and nursing staff. Identifying high risk areas – differential between high risk and not high risk included within this is the recording sheet and this will allow the ward staff to know what they are supposed to fill and it was noted that this was not reproduced as a LearnPro module at the specific request by staff who already have so many LearnPro modules to complete. This toolbox talk has been sent to inspectors as they asked how we educate staff and this will then be rolled out and implemented further if any issues arise in specific wards. MAK noted this was good to build on for a consistent message along with communications along with all the other messages that are sent out to staff to make them aware and suggested that this message would b heard best if included in the CEO briefs. It was suggested an article from Estates perspective would be useful in the quarterly ICT newsletter would be beneficial

ICT

Other Water Sources – TI noted the Susanne Lee's Report and it was for local sector groups to consider where they are using water and to ensure that appropriate testing is carried out – Renal, Pharmacy, Cardiac Heaters etc. ICDs receive these results and then discussed at local groups and reported up. Guidance on cardiac heaters and our compliance including endoscopy is picked up by Decontamination Group and should continue this way. Site ICDs will be asked for clarification of the area and taken to Sector Groups but will remain on this group to report any exceptions to the Board Water Safety Group. Risk Assessments for water should pick this up but as additional information from clinicians would be helpful as a double check that all areas are covered

TI/PJ

4. **Review of AP/CP/RP Numbers**

A table was circulated to the Group which clarified if there were sufficient APs/CPs in place – and AG reviewed the content which he noted was fairly self explanatory. It was noted that there is an increase to the APs on the majority of the sites and CPs are increasing but with the responsibility of the Site Maintenance Manager to make a judgement of how many are required on each site (as complexity, size and scope of water systems varies) . AG noted that he had a matrix of the levels of what we should have and agreed to send this out to the GMs and update this to include the additional training carried out. AG noted that the position of AP and CP was much better but there were still areas that require improvement. It was noted that there was possibility for cross site cover and shared resources where possible. AG will forward the matrix to AH for circulation with the minute

AG

5. **Written Schemes**

AG updated on each sector

Acute – updated to reflect SHTM0401 Part G 0 in partnership with compliance manager and sites

Partnerships – are being reviewed but not clear if compliant to the above SHTM and requires to be checked to ensure compliance

Phyllis Urquhart is pulling together a list of the audits that are required annually to ensure that all the sites are fully audited each year

PU/AG

Sector Water Safety Group Minutes

Clyde – SCBU and NICU monitoring water temperatures and legionella counts but a flushing regimen is in place and water filters have been added to the taps as a precautionary measure – a meeting is currently taking place to determine what to happen next to rectify the problem

NEW – TMVs and flow straightners – not all been reviewed and resolved but will be picked up

Partnerships – training and routine works being carried out

6. **AOCB**

Frequency of Meeting to progress this was to be increased so that from the 1st April a workplan is in place for the year. MAK suggested meeting every 6-8 weeks. Agreed that local groups remain on the same pattern and report as appropriate

A review of the last three BWSG meetings reviewed and action list completed – this has been reviewed with the GMS and will now be circulated to the Group members

Minutes will be issued within 1 week of the meeting with the exception of this meeting as the chair is on leave

Drains – NICU – establishment of drain cleaning within this area and within all high risk areas – determine how this goes forward – programme to be put in place

7. Date & Time of Next Meeting

The next meeting is planned for 6 weeks from this date – suggested dates will be put to the members with the best option to be confirmed via diary request

AH

DRAFT

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Thursday 25th April 2019 at 10.00am
CMB Facilities Meeting Room, Queen Elizabeth University Hospital**

Present:

Mary Anne Kane (MAK)	-	Associate Director of Facilities
Jack Cairns (JC)	-	Sector Estates Manager, Clyde Sector
Karen Connelly (KC)	-	General Manager Facilities, South Sector
Tom Fulton (TF)	-	Sector Estates Manager, North /East/West Sector
Billy Hunter (BH)	-	General Manager Facilities North /East/West Sector
John Green (JG)	-	Health & Safety Service Manager
Pamela Joannidis (PJ)	-	Nurse Consultant, Infection Control
Teresa Inkster (TI)	-	Consultant Microbiologist (ICD)
Rosie Cherry (RC)	-	Interim General Manager, Partnerships
Colin Purdon (CP)	-	Interim Sector Estates Manager
Euan Smith (ES)	-	Sector Estates Manager, Partnerships
Phyllis Urquhart (PU)	-	Compliance Manager

Apologies:

Alan Gallacher (AG)	-	General Manager, Estates
Allyson Hirst	-	PA

1. Apologies**Action**

As noted above.

2. Minutes from Previous Meeting/Matters Arising (5th March 2019)

JC highlighted item 3 – ITU at RAH should read ITU at IRH. Changes to be made to minutes.

AH**3. Matters Arising**Ice Machines List

Isobel Neil contacted re numbers at GRI. John Stuart following up. Update for next group. MAK and BH to pursue

MAK/BH

Ice machines should only be available for clinical reasons and are currently not being maintained at GRI . MAK is concerned about patient safety and sought the Water Safety Group endorsement to bring in a contractor to carry out a service of all ice machines at GRI. The group agreed. BH to take forward and chase up at local level.

BH

JG stated if contractor came in and found fault then ice machine should be taken out of use immediately with no debate as this could be a patient safety issue

PJ thought that the 2006 SAN for ICE machines recommendations were still the same. PJ said she would send to MAK.

PJ

All other ice machines in the Board have been confirmed as being either maintained by the local estates team or a third party contractor by the General Managers and Sector Estates Managers present.

Water Coolers – SUP05

It was Previously agreed that water coolers to be removed from high risk areas and this work to continue.

BH commented that in some locations the units had been isolated but not yet removed.

TF advised of some units are a combined water and ice machine at GRI which could not be isolated from each other .TF and BH to review at GRI

High Risk Areas water coolers removed for still in place

GRI

Jubilee – 2 areas still have
 Level 2 New Lister Lab Block (University)
 Medical Block GF
 Walton Annex
 Dermatology
 Jubilee areas to be removed if in high risk areas
 Gartnavel BH to review and advise for next meeting
 South

CP informed group that not all water coolers had been removed but he did know where these were located. The break out areas within the Lab Block had been left as would cause a lot of issues. PJ asked for some clarity around the Lab areas. Discussion took place in the group and it was decided that the water coolers within break out area in Lab Block could be left. However there should be no water coolers in main laboratory areas where samples are being processed as this is deemed to be High Risk
 This was unanimously agreed by the Group.

Partnership Sector

No High Risk Areas designated in Sector so is not applicable

Clyde

JC updated the group that removal of water coolers had started. He queried the break out area within the ITU ward kitchen and asked should this be left as not in patient environment. This had been challenged by the local clinical staff PJ informed this was still classed as high risk area and in light of recent outbreak investigations infection control could not support this remaining in place
 JC confirmed removal had taken place despite the clinical teams objections

JC sought clarity that as well as isolating the coolers that this work should include the strip back to main pipework thus removing deadleg. All agreed

JC identified that in Clyde several water coolers with excessive hose runs had been identified. The Group agreed these should be removed. JC to action.

There is no corresponding list of bottled water coolers as most of these are financed locally by staff or endowment type funding.

Based on draft Sup 05 JG will draft an internal safety action notice. This will be sent to MAK and TI. for comment and issue to service for action to remove completely as SUP 05 is clear no bottled water dispensers in any hospital site

PJ informed group that the water coolers had been taken away from RHC as part of the water contamination IMT Queries were now being made by women and children if these could be reinstated in the ground floor of the main building- The Main Out Patient Area
 Clinical staff feel water should be freely available to outpatients should they wish it .
 Discussion occurred in the Group on the SUP 05 revised guidance which clearly stated that where haem onc patients are in an area with water coolers these should be removed .In the case of RHC this meant that the Group agreed water coolers could not be reinstated to ground floor RHC

PJ said that over weekends there was no activity and no cleaning and maintenance of water coolers in low risk areas needed to be considered moving forward.

Flushing

BH confirmed the following –

Empty/Vacant Wards

Where a ward or department has been closed or vacated for more than 30 days Estates staff have the responsibility to either flush the area twice a week for 3 minutes at a time or to isolate the area and drain down the water system.

GMs and SEMs all confirmed in the meeting that this was implemented on every site

Operational Wards

Domestic Services staff

Domestic Services staff run the taps for 1 minute as part of their daily cleaning compliance . Currently each site is collating this information on a separate form from the cleaning access checklist

MAK asked the Group if separate reporting was required or if this could be integrated into the current paperwork that the domestic assistant, domestic supervisor and nurse in charge use on a daily basis.

It was agreed by the group that this could be the case but the most important thing was that this was recorded by the staff for the time being .MAK to form SLWG to review the access sign off format.

All General Managers in attendance confirmed that domestics are completing the flushing of taps .JC confirmed for Clyde

Nursing Staff

Nursing staff are responsible for identifying little used outlets in their areas .This is defined as if the tap has not been run for three days .If this is the case nursing staff should be flushing and documenting. Nursing staff are responsible for completing on a routine basis the little used outlets proforma. It is their responsibility to identify any areas where WHB, Showers etc can be removed as they are no longer in routine use .

Partnerships - Infection Control Committee

RC has been advised that HSCP staff would not be responsible for flushing anywhere as they had not agreed to the Board Water Safety Policy. RC to write to relevant HSCP Leads advising that this is not negotiable and reminding them that water management is a legislative requirement.

Little used Outlet Returns – MAK asked those present if the Estates Department were routinely receiving a response .In all sites examples were given of nursing staff not routinely following the procedure .For instance at GGH there are 27 returns expected last month there were 3 received

MAK expressed concern that this was not sufficient. General Managers and Sector Estates Managers were asked to identify which areas have not been returning and escalate via the Nursing management structure on a monthly basis

RC – suggested something being put in Staff Bulletin /Core Brief re the importance of this process.

PJ – Advised the position on flushing was unclear and that she was keen to get something out to the service clarifying this and the incorporation of this into the next ICT newsletter might be appropriate.

The Group agreed this would be a great start

PJ was working on a flowchart of actions regarding little of non used outlets. To be reviewed by group.

PJ – informed group that Estates Manager & General Managers to revamp. CP volunteered to work with PJ.

PU to be part of group – she advised that she had started sheet set up on smart sheet – return every quarter - However she had not had the time to conclude this exercise

NHS GGC Water Policy

The Water Policy had gone to the BICC but had not been ratified for an extension

The Water Policy went to the Board H&S Forum who agreed to a six month.

MAK advised that the Water Policy was being reviewed by Jim Leiper and would come to this group for discussion. At BICC an exception report was requested from the Board Water Safety Group on progress. .

Water Asset List

Asset lists were confirmed as complete by General Managers ,Sector Estates Managers and PU. PPMs for water had been complete onto FM First. Local teams to start using electronic of completion of PPMs. At the next meeting, MAK expects this system to be up and running electronically in each Sector .AG to submit a report on compliance for next meeting

BH and KC confirmed that the PFI providers were attending the next water meetings in their Sector and that this had been routinely set up .

Pseudomonas

PJ reported that she is conducting the annual review of reports to identify any hot spots out with the recognised high risk areas. Report for next meeting.

Toolbox Talks

PJ had no more to say on Toolbox Talks.

Other Water Sources

TI has a meeting next week on cardiac heaters . ICDs had been asked to test and bring to local water safety group by TI.

GMs to have this added as a standing item on the agenda

TI

GMs

Water Sources – to be put on to the next Agenda item for the Water Group.

AH

Board Water Safety Group – Rolling Action List – March 2019

All items on agenda should now be complete. List to be populated for update before Agenda put out for next meeting.

AH

4. Review of Written Schemes

General Managers and Sector Estates Managers present confirmed that all sites had guidance compliant written schemes in place – this had been coordinated by AG.

PU was asked about Authorising Engineer reports on sites .She advised that the Board AE had advised he could only complete reviews 3-4 yearly due to the time incorporated into the current contract. MAK asked PU what the SHTM guidance is – This says annually .PU to escalate to HFS for resolution. MAK advised that unless HFS was prepared to provide derogation on this the AE should be notified that all 105 sites should be reviewed annually in accordance with the SHTM .PU to progress.

5. AOCB

PJ suggested a Clinical Rep to be added to the group for updating programme and relevant water policy. MAK agreed group did need representation and they would need to attend local level meetings.

6. Date & Time of Next Meeting

The next meeting is scheduled to take place in 6 weeks (17th June 2019) with a few more meetings being arranged out with this date.

AH

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 23rd July 2019 at 1pm
CMB Facilities Meeting Room, Queen Elizabeth University Hospital**

Present:		
Mary Anne Kane (MAK)		Associate Director of Facilities
Jack Cairns (JC)		Sector Estates Manager, Clyde Sector
Karen Connelly (KC)		General Manager Facilities, South Sector
Tom Fulton (TF)		Sector Estates Manager, North /East/West Sector
Billy Hunter (BH)		General Manager Facilities North /East/West Sector
John Green (JG)		Health & Safety Service Manager
Pamela Joannidis (PJ)		Nurse Consultant, Infection Control
Alan Gallacher		General Manager Estates
Rosie Cherry (RC)		Interim General Manager, Partnerships
Colin Purdon (CP)		Interim Sector Estates Manager
James McQuade (JMcQ)		Sector Estates, Partnerships
In Attendance:		
Jim Leiper (JL)		Consultant E&F
Allyson Hirst		PA
Apologies:		
Euan Smith (ES)		Sector Estates Manager, Partnerships
Teresa Inkster (TI)		Consultant Microbiologist
Sandra Devine (SD)		Associate Nurse Director Infection Control

1.	Apologies	Action
	As noted above.	
2.	Water Systems Safety Policy	Action
	JL carried out some work on this along with IP (now retired) and JL was asked to attend the meeting to speak to the policy. Based on recent experiences this was updated along with SOPs to underpin this and will be circulated after this meeting. Dependent on the discussion at this meeting it may require further circulation.	
	JL noted that it was challenging to write this policy to be a statement of what you are going to do and there is some debate about how much information and what should be included. JL started with the previous policy and removed the definition of duties and put these as appendices and this keeps the policy succinct. JL noted that the policy requires to be read and not skimmed. JL noted that he would appreciate feedback on section 3 and noted that all of the references on legislation have been updated and brought in line with new standards and these are noted in Appendix 2. The roles and responsibilities are more direct than previously and allows the more senior staff to be responsible for the more junior in the sphere of management all senior appointments (in writing) and places the responsibilities of the individuals to ensure that their training is up to date	
	Anticipation of risk reduction and operational arrangements and testing. Unique to Glasgow is the responsibility of pseudomonas with a dual operation accommodated in the policy and this remains	
	JL noted that as will all policies it will be apparent in use and implementation of this and will be part of reviews and investigations but do require evidence that the policy statements are actually carried out and information is retained for any future incidents especially for the staff to ensure that they are aware of what is expected from them within the policy and a demonstration of compliance	
	Comments – <ul style="list-style-type: none"> - Governance structure to be realigned for the new arrangements – agreement from all that this was a good set up and layout – MAK agreed to give an update to JL - Objective – make this clearer around responsibilities – damage and repairs and break into of systems - Agreed to approve in principal subject to comments back to JL by 2 August 2019 but take to BICC for further ratification and then to the Health and Safety Forum - Any further comments to JL for update 	

	<ul style="list-style-type: none"> - General Formatting – Capitalisation – is defined within definitions - Works taking place to repair – GM has responsibility but this should also link into AP – more emphasis on pre planning and appropriate consultation takes place with AP's, DP's and works do not progress ie capital works unless consultation with Sector Estates Manager and appropriate paperwork is in place so that all are aware and in agreement on progression - SMT Water Safety Systems Group – this is a new group which will include ICT and others as required but will be an E&F meeting specifically to ensure that water policies, flushing etc is being carried out - 10.4 and 10.5 – PJ agreed to review with SD and TI to determine if this requires further detail and send response to JL - ICT – full aware and trained in Legionella matters – is there work on this for ICNs – this may be something that arises from HPS group and may develop into national training for nursing as well as estates and facilities. MAK noted that responsible and authorised person have courses for their own staff and ICT were welcome to come along but thought it might be better to have specific training session. PJ noted that there are courses run with specifics for nursing staff and PJ will forward these to MAK for information - MAK noted that there may be changes in dealing with infections with different alignments as new ways of working and how these are best interlinked with relevant teams and their responsibilities - It was agreed that there should be training (formal) to ensure that staff dealing with water and or have responsibility for these systems should have access to this as part of their learning (AP training) - Definitions (P18) high risk clinical areas – engineering and clinical areas. Clinical areas – transplant, ICU, SCBU, Haemto oncology, coronary care and others. PJ noted that this would be extended to augmented care – PJ agreed to revert back with any additional areas – water related only - Boarding of patients which are considered high risk can be located in different areas within the hospital and we need to be clear on the definitions of high risk for clinical and E&F would consider high risk water areas - JL noted that the policy is written in such a way that the policy remains same and the definitions can be updated and changed as required - Additional clarification of the risk assessments and audits frequency - Clarification sought from HFS (verbally) if no AE report then how are you able to assure the Board each year- AG to progress and report back with definitive position at next meeting <p>It was agreed to complete a quick turnaround to allow this to progress to BICC – with comments and checks carried out. In principal the group AGREED this policy</p>	<p>PJ</p> <p>PJ</p> <p>PJ</p> <p>All</p>
3.	Ice Machines Update	
	<p>It was noted that this pertained to GRI who it was noted had a selection of combined ice machines with coolers attached. At a previous meeting it had been agreed that these should undergo a service and from this it was noted that several had issues and were decommissioned and taken out of service. Clarification is sought on the suitability of these machines in their locations and allowable. It was thought that Estates maintained these machines but this was not the case. Historically water at GRI was considered to be too warm and therefore departments had purchased machines to make ice and or cold water. PJ noted that as a Board we need to make a decision with full rationale against patient need. Clarifies who decides from the clinical side on patient requirements. It was agreed that there is no real reason for ice making machines as there are alternatives but it was considered that ice machines were a good option in some cases but also had their issues – basic hygiene with very few machines having basic cleaning regimens. MAK noted her concerns that the ice machines were generally used to cool the tap water but with these being across almost every level. By comparison in QEUH there are named individuals who have access to the pre made ice. There are concerns that due to lack of maintenance the machines will not be regularly flushed and thereby a possible risk to patients. If there is a newer or better alternative then we can review this again and it needs to be clear who is responsible for the maintenance of these and keeping appropriate records that can be checked by Estates when required. MAK asked for a review of the options available on the market at this time and a complete understanding on what is required to ensure appropriate maintenance completed. It was agreed that a SOPs was created for the bagged ice then something similar could be created for the use of ice machines with a policy which is aligned to our requirements and patient risk reduction and who</p>	

	will be responsible for the maintenance and thereby the risk. PJ noted that although this has been discussed at several meetings there has been no clinical input to these discussions and they may have a different view point and it was agreed to get the opinion we should invite an appropriate clinical representative – inform them of the risks and associated possible issues and if they agree to the risk level and patient benefit they can then take the responsibility to maintain and clean the machines as per stipulated routine. It was agreed to take this to AICC and BICC on the criteria for ice and water machines and get the decision made on these with input from the relevant ICT and Estates to ensure that all the risks were understood and they can sign up to carry out	
	<p>The group discussed and agreed</p> <ul style="list-style-type: none"> - Manage appropriately] - Possible to install chillers under sinks in pantry- Tom Fulton to investigate and report back - Noted that checks on clinical staff carried out maintenance would fall back on Estates - Not carrying out appropriate maintenance and hygiene then name and shame at appropriate groups and management meetings - Attendance at sector water groups to provide assurances and participating in flushing, water cooler maintenance and having responsibility for an ice machine - Agreed to write up a maintenance and risk schedule- Billy Hunter - Agreed to check on appropriate machines if these are to be used- Tom Fulton - AG and TF agreed to write up and circulate to members requirements to ensure safe and risk reduction of using machines and then take to appropriate committees and groups 	<p>TF</p> <p>BH TF AG/TF</p>
	Water Coolers – AG noted that SUP05 remains not completely finalised by HFS – this will be a guidance document not mandatory and there will be a risk assessment document which will stand beside this. This relates to non-high risk areas and lifted from the HFS guidance – this only requires some small additional pieces of work to conclude including what would be used to clean the tap but it was agreed that a food cleaning wipe would suffice as these are of acceptable standards and to food grade and can be easily added into routine ward works.	
	Board decision on whether units contained within high risk areas ie NICU and PICU as the patients would not be given the water and only used by staff	
	Long term solution could be that in a selected area there could be a chiller installed under the sink tap and would negate the need for coolers and provide the required cold drinking water	TF
	Public areas – as there could be immunocompromised patients within this area then these should be removed and if visiting patients they could purchase water from vending machines of whilst in ward areas they can access from the taps	
	We are aware that wards are purchasing water coolers without any input from estates – not clear on what we can do about this aside from give information on the risks and potential hazards to patients	
	It was asked that the title of the document is changed to Water Cooler Risk Control – all comments used be forwarded to Alan Gallacher	All
	It was agreed that we should cost the chillers for under sink with 1 per ward and this would take away the risk of chillers and ice machines – TF will progress this including any maintenance	TF
4.	Little Used Outlets/Returns	
	This information is put out to wards to determine the level of flushing ie tap not being used as the room is out of commission or change of purpose.	
	TF noted that there was a return of 5% and it was reissued again including service managers and return was slightly better – in reviewing those who have not responded and these were being followed up – TF was asked to forward to JBest and IMcNeil so that they were aware of this	TF
	PJ noted that there was a template that goes out via the lead nurse – this was carried out on the QEUH site but others have created their own versions and this is already going out to nursing leads. The group reviewed the version from QEUH which has been used as a pilot to determine if the information was easily able to be followed and understood	
	<p>Comments</p> <p>Agreed that the creation of an email address to return to for each site with access given to pertinent estates people</p> <p>Creation of calendar reminders to check and follow up on non-returns</p> <p>Agreed the same date across the whole Board so that this goes out and returned on the same day which would be quarterly 1st July, 1st September and 1st December</p> <p>CP will update the format</p> <p>PJ will follow up with senior nurses</p> <p>Agreed to follow up non returners with their clinical director</p>	<p>All</p> <p>CP PJ GM's/SEM's</p>

	Little used outlet is the responsibility of the nursing staff Flushing is the responsibility of the domestic on a daily basis but not for little used outlets where this is a nursing responsibility	
5.	Electronic PPM Completion	
	This was confirmed at an earlier meeting that this was completed and a report to be prepared for the next meeting of this group	
	Not all implemented on each site but all on the FM first site but still some information to be transferred to the electronic version whilst being updated. PPFMs update is anticipated by the Director and will be highlighted in the report. It was noted that due to the issues recently experienced by the Board it was imperative that these are completed electronically and information being made available	
6.	AOCB	
	Internal Action Notice on bottled water dispensers – removal of all free standing water dispensers and the group reviewed the contents	
	Comments Add contact details Clarify the bottled and in line versions – add a photograph if necessary but it was decided to stick to the bottle water version at this time but it was clear that there may be feedback that we are not at this time dealing with the plumbed in version	
	Assistant Directors – formerly General Managers and Associate Director will not participate in this meeting but will continue to attend local water group meetings	
	The meetings schedule will be altered to ensure that it slots into the schedule prior to BICC as there will be a report from this meeting to be forwarded to this group	
	Rolling Action List – this was updated and will be distributed with the notes	
7.	Date of Next meeting – 3rd September 2019 at 1pm – CMB QEUH	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 3rd September 2019 at 1pm
CMB Facilities Meeting Room, Queen Elizabeth University Hospital**

Present:		
Mary Anne Kane (MAK)		Assistant Director Facilities Clyde
Jack Cairns (JC)		Sector Estates Manager, Clyde Sector
Karen Connelly (KC)		Assistant Director Facilities South
Tom Fulton (TF)		Sector Estates Manager, North /East/West Sector
John Green (JG)		Health & Safety Service Manager
Alan Gallacher (AG)		General Manager Estates
Colin Purdon (CP)		Interim Sector Estates Manager
James McQuade (JMcQ)		Sector Estates, Partnerships
Sandra Devine (SD)		Infection Control Manager, NHSGGC
Phyllis Urquhart (PU)		Water Compliance Manager
Dennis Kelly (DK)		Authorising Engineer Water
In Attendance:		
Allyson Hirst		PA
Apologies:		
Teresa Inkster (TI)		Consultant Microbiologist

1.	Apologies	Action
	As noted above.	
2.	Minutes of Previous Meeting 23rd July 2019	
	These were recorded as an accurate record of the discussions	-
3.	Water Policy	
	Comments have been received and will be reviewed and the document updated and forwarded again for a final check before submission to the BICC for full ratification in October and also to the Health and Safety Forum	
4.	Ice Machines	
	WH returned a draft SOP and cleaning schedule for review by the members – MAK noted this was originally for the ice machines and to ensure that cleans were recorded and documented appropriately. SAN206 has been reviewed and internal safety action notice sent and once the meetings with Eden are completed there will be a review. Meetings will also be held with staff groups. MAK noted that the paperwork submitted were not quite what was required and this was targeted particularly at GRI due to the number of ice machines within the acute setting – WH and TF to review these and revert back to the next meeting – DK agreed to forward a version used by other Boards	WH/TF DK
5.	Water Coolers – SUP05	
	This has been referred back to the national water group for revision. The issues within Glasgow has brought this review to national level group – it was noted that this does not cover all patient group. The next meeting of the national group is at the end of September.	
	Standalone Bottled Water Coolers – MAK noted that this is now being discussed with staff side and staff. Management at the local level of hygiene is the issue not the actual coolers themselves but as local cleaning and maintenance is not taking place routinely across the Board it was agreed on the basis of risk that these need to be removed. Eden will continue to supply bottled water until told otherwise. An updated spreadsheet to be used to inform Eden when all the electrical elements are in place and Eden will then come and fit the plumbed in water coolers and removal of the bottled water from these sites. Each site needs to complete this work to ensure this runs smoothly and return information as instructed.	
	Under Counter Chillers – Concerns that some models of these have reservoirs and these are a concern. Eden are reviewing what they can supply that will meet our requirements and noted	

	that this will required a third tap on the sinks within pantries which will connect to the chilled drinking water tap which will be created on the worktop and could potentially be the longer term solution of water in hospitals. Price is not known at this time and we are clear that this would only be for chilled water. By positioning only within pantries this will ensure that these are flushed. If not possible to install this chillers will be plumbed into other areas. Agreed that ISAN clarification to be sent out but will be send out at the same time as the cleaning schedule risk assessment and cleaned appropriately and flushed and MAK will instruct Lesley Ann Shand to progress this in Pamela Joannidis absence	MAK
	Water coolers currently in place will be given the same documentation to ensure that these are cleaned and maintained appropriately and documented. Risk assessments for stand alone bottled water coolers will be carried out in the areas by exception if a chiller or a plumbed in version cannot be provided as it may be the case that there is no alternative	
	<p>Drinking Water – there appears to be a misconception from specifically IRH and West ACH that there is no drinking water available which is safe to drink. Communication needs to be sent out to ensure that staff are aware where water can be located. Message needs to be clear on what is suitable drinking water. The regulations state that we should label the appropriate drinking water locations. Drinking water does not have to come from mains supply as it is also considered potable from tank locations with assurances that these are cleaned and maintained. The alternative is to notify that all pantries are drinking water sources. Guidance on tank cleaning does not stipulate that tanks are to be cleaned every year but must be inspected and if found to be dirty then these need to be cleaned and disinfected every year if used for drinking water. There was further debates and it was agreed that this needs to be clarified and rectified if necessary – DK agreed to check.</p> <p>Water coolers on mains supply – not necessary can come from a tank supply and it was noted that Eden could still supply from a tank as it comes from the main into the tank and then to the user.</p> <p>Mixer Taps – should not be used as these are blended taps and should be common knowledge but for staff and patients who are not clear it may be appropriate to ensure that these are clearly marked to say it is not drinking water. This is a decision that needs to be made a corporate level. After much discussion and debate it was determined that this group cannot make that decision and it was decided that this guidance should be sought from the National Water Group to determine the national way forward.</p>	DK
6.	Little Used Outlets and Returns	
	It was noted that there were some returns but these were very low and it now requires to be escalated and the chair agreed to take this to the Acute Directors to ensure that this is passed down through clinical areas. Sector Estates have to review who have returned and those who have not their quarterly returns. They should contact the lead nurse for the areas and inform them that if they do not complete their returns the matter will be escalated to the Chief Operating Officer for Acute – Jonathan Best. Agreed that Clinical Services Managers should ensure that the water outlets that are being blocked by furniture and or files are cleared and reported as a little used outlet	
7.	Electronic PPM Completion	
	Electronic Templates issued to site for water compliance and everyone who completes this information should be clear that this requires to be collated electronically as standard. It was noted that all water is to be managed through PPM electronic system. It was noted that this is carried out within hospitals but not with GP surgeries. Where contractors are employed to maintain the water system the contractors will develop a system that works alongside the PPM	
8.	Review of Local Water Group Notes	
	Clyde – note reviewed and there were no comments made	
	South – notes reviewed and there were no comments made	
	NEW – scheduled meeting was postponed as not quorate and to be rescheduled – ICT did not attend and therefore could not progress	
	<p>Agenda for Water Group – Gap Analysis – CP noted that this was brought up at sector meeting and asked what the Gap Analysis was- MAK noted that this would be what we have and what we need to get to – ie any other items that we need to be discussing, CD, risk etc. It was noted that as the new Assistant Director comes into post these may be reviewed and may include compliance levels.</p> <p>MAK noted the importance of the Sector Water Groups taking place as these will allow the information to be shared appropriately and taken through the governance levels so that issues are known and can be taken forward appropriate</p>	

9.	Water Manager Mobile Breast Screening Unit	
	This information was disseminated to the group for information – we do not operate any of these units as a Health Board but noted that all mobile units should manage their water in accordance with appropriate legislation including flushing, disinfecting and clean downs. There is no action for the Board to take. It was noted that scanners are same – new scanners have self-contained water systems but are maintained through turnkey contracts for maintenance – this was discussed previously and was now incorporated into contracts	
10.	AOCB	
	Non-compliant water drinking fountains have been noted to be installed in ACH (Victoria) by DK – these had been installed by the Board at the time of completion of the build. AH to check with Robert Wallace if these are in use and that these need to be removed	AH
	PU – PALL Filters – have arranged an event at Hampden Park in October and asked if it would be appropriate to bring to Sector Water Groups attention – this would be a show and tell of their different products – agreed that PU could bring this to Local Water Groups and staff are welcome to attend as appropriate	All
	TF – Drinking Fountains SUP05 – states not in high risk areas – absolutely not to be installed – theatres are considered a high risk area but as patients are not generally awake and allowed to drink these could be managed with appropriate Risk Assessment ,staff awareness etc . NICU, SCBU and ITU – water coolers should not be installed anywhere , even in staff areas to minimise the risk to patients as there is anecdotal evidence from IMTs that this does not prevent staff from providing patients from a free standing bottled water cooler but noted that a chiller tap would be an alternative solution	
	AG – Existing Water Policy – this was now overdue for a review – H&S Forum have granted an extension until the end of October- information on the site which can be updated and when this is ratified to be updated. SD noted that we should consider changing our Policy to SOP – ICT have been given the opportunity to change policy documents to SOPs which includes a policy statement and the remainder being written as a SOP – this then requires less ridged update dates but it was agreed that the dates on policies are as a “reminder” that they need to be reviewed	
	JMcQ – loss of clorofier – (Where) a temporary solution was offered but it was not clear that water temperature could be maintained and decided a plate heat exchanged can be fitted this coming Friday and patients can remain on the ward – this is for information only	
	SOPs Supporting Policy Document – an update is required for these to ensure these are correctly stated and information relevant to align with the policy. AG agreed to speak with PU to get this progressed prior to the BICC to which the policy will be send for final ratification	AG
	Frequency of Meetings – agreed to maintain these at 6-8 week intervals	
11.	Date of Next meeting	
	24 th October at 10am – CMB Facilities Meeting Room - QEUH	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Thursday 24th October 2019 at 1pm
CMB Facilities Meeting Room, Queen Elizabeth University Hospital**

Present:		
Mary Anne Kane (MAK)		Associate Director of Facilities
Jack Cairns (JC)		Sector Estates Manager, Clyde Sector
Mark Riddell (MR)		Head of Estates Operation (South & Clyde)
Colin Forrest (CF)		Interim Sector Estates Manager, Gartnavel Campus
Tom Fulton (TF)		Sector Estates Manager, North /East/West Sector
Billy Hunter (BH)		General Manager Facilities North /East/West Sector
John Green (JG)		Health & Safety Service Manager
Pamela Joannidis (PJ)		Nurse Consultant, Infection Control
Ian Kennedy (IK)		Public Health Consultant
Sandra Devine (SD)		Associate Nurse Director Infection Control
Phyllis Urquhart (PU)		Senior Hospital Estates Manager
Colin Purdon (CP)		Interim Sector Estates Manager
In Attendance:		
Allyson Hirst		PA
Apologies:		
Euan Smith (ES)		Sector Estates Manager, Partnerships
Alan Gallacher		General Manager Estates
Karen Connelly (KC)		Assistant Director Facilities, North Sector
Dennis Kelly (DK)		Authorising Engineer - Water

1.	Apologies	Action
	As noted above.	
2.	Previous Minute 3rd September 2019	
	Were recorded as an accurate record of the discussions	
3.	Rolling Action List	
	To be updated with completed and the following noted	
	High Risk Patient Definitions – Defining what is a high risk areas – PJ noted that pathways are reviewed along with national guidance with augmented care/invasive care and it was agreed that we should continue to follow these.	
	SUP05 – MAK noted that this was being discussed at the National Water Meeting this morning and therefore this meeting will not discuss this or free standing bottled water dispensers until there is clarity from the National Water Safety Group which Gerry Cox ,Assistant Director of Estates and Capital chairs	
	PJ/AG and the Board Water Safety Group have previously asked for guidance/clarity from HFS but had not received any response on SUP05 and drinking water	
	High Risk Areas – different for engineering purposes and clinical definitions of high risk areas. It was agreed that a list for engineering purposes is required. With the various areas considered high risk there is a chance that there will be different reasons for sampling - ie system not being compliant or issues – how to described the differences. MAK noted that the information discussed at the recent PALL sponsored event at Hampden did not clarify the engineering risk and give clarity to the estates department.	
	Water Policy - The water policy requires to be ratified by the IPCT Built Environment Group rather than the BICCC after consideration it was noted that the SHTM notes that the BICC is required to carry this out – SD will reflect on this with the BICC Chair as at this time we do not have an in date Water Safety Policy until this is concluded. Consultation on the written scheme has been circulated to the members who are asked to revert back with their comments and this will then tie in with the Water Safety Policy. JG noted that the H&S meeting was scheduled for this PM and JG will update them on this matter. GC had informed MAK that he had intended to review the Policy and suggested that we adopt if for 1 year until there has been opportunity review and provide a document that was workable	

4.	Ice Machines Update	
	SOP for Water Coolers has been completed as well as cleaning protocol will be circulated after the meeting to the group members for their comments returned to AH by the end of this week.	
5.	SUP05	
	As stated previously this will not be discussed at this meeting but work is carrying on in the background to look at under sink to provided chilled water within pantries – this work has not progressed but there has be a tester install within estates to give opportunity to review the product offered by Eden – this will replace the free stand water coolers and provide drinking water for patients and staff. DK had previously indicated that drinking water was supposed to be identifiable and we should do this or provide specific points? This was considered an alternative – a reasonably priced tap, third tap within the pantries which will be identifiable as drinking water but concerns were still with the volume being used that this would remain chilled sufficiently. TF noted that an area in the modular building at GRI was identified as a proper trial areas and TF will follow this up. The cost of this unit was around £600 with maintenance carried out yearly. The volume was 15 litres per hour but ward usage is dependent on how wards are organised – report back at the next meeting on progress	TF
6.	Local Water Groups	
	North East – No exceptions	
	Partnerships – No exceptions	
	South – No exceptions	
	Clyde – No exceptions	
	Notes of meetings were not reviewed – this is due at next BWSG	
7.	AOCB	
	PU noted that HPS and HFS had considered putting up signage to prevent waste going down drains inappropriately – if guidance issued then we will follow but same guidance needs to be followed across all Boards. IK reported that as part of another Water Group Comms are being tasked with the signage and information for patients/visitors/staff but this has not progressed and it was noted that signage across all of NHS Scotland should be consistent.	
	JC asked if the plumbed in water was to cease – no continue as programme until told differently from the National Water Group – MAK will take up with GC	MAK
8.	Date of Next Meeting	
	12 th December 2019 at 1pm in QEUH CMB	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 3rd December 2019 at 9.30am
CMB Facilities Meeting Room, Queen Elizabeth University Hospital**

Present:

Gerry Cox (GC) (Chair)
Alan Gallacher (AG)
Karen Connelly (KC)
Dennis Kelly (DK)
Mark Riddell (MR)
Billy Hunter (BH)
John Green (JG)
Pamela Joannidis (PJ)
Sandra Devine (SD)
Phyllis Urquhart (PU)
Colin Purdon (CP)
Alan Kidd (AK)
Alistair Leanord (AL)

Assistant Director Estates
General Manager Estates
Assistant Director Facilities (North)
Authorising Engineer – Water
Head of Estates Operation
Assistant Director Facilities (South)
Health & Safety Service Manager
Associate Nurse Director Infection Control
Acting Infection Control Manager
Senior Hospital Estates Manager
Interim Sector Estates Manager
Sector Estates (NEW) for Tom Fulton
Consultant Microbiologist

In Attendance:

Allyson Hirst

PA

Apologies:

Euan Smith (ES)
Ian Kennedy (IK)
Mary Anne Kane (MAK)
Tom Fulton (TF)

Sector Estates Manager, Partnerships
Public Health Consultant
Assistant Director of Facilities (Clyde)
Sector Estates Manager, North /East/West Sector

- | 1. Apologies | Action |
|--|---------------|
| As noted above. | |
| 2. Previous Minute 24th October 2019 | |
| Were recorded as an accurate record of the discussions – amendments to be make from IK comments | AH |
| 3. Rolling Action List | |
| To be updated with completed and the following noted | |
| Removal of Water Machines – discussion on SUP05 continues and therefore we are continuing to remove and replace as guidance from ICT on high risk areas | |
| High Risk Areas Clarification – PJ reported that this is a yearly check carried out on appropriate high risk and are aligned with augmented patient care and agreed that any changes would be notified to Estates. PJ noted that the HPS crib sheet is not at this time helpful in determining high risk areas but was due for a review in the near future. It was noted that each hospital has their own written schemes and each differ slight – PJ will circulate the documentation and risk document for legionella but it was agreed that we need to look further at our patient cohort and discuss with Estates to ensure that relevant testing is carried out in the areas across the Board. It was noted that the different sites have different patient cohorts and therefore different high risk areas but it was crucial to ensure that Estates were informed of any changes to high risk status to ensure that appropriate testing is undertaken | PJ |
| Water Compliance Annual Report – There was debate amongst the membership on the content to be included and agreed that compliance figures are included – AG agreed to share with GC. Noted that a process is in place to ensure that water audit is carried out by February of each year. DK noted that he would flag any issues found when carrying out audits. Audits would be review at each of the Sector Water Group and any issues from audit would be highlighted at these and determined at that point if appropriate to bring to this group. JG suggested that an annual summary is taken to ensure that any actions taken are completed. | AG |
| Sector Groups – GC noted that these are recorded in a different format and suggested that these are put forward on a template with similar reporting titles. PU noted that actions are put on a Smart Sheet and these are reviewed out with the meetings and actions taken and recorded. It was agreed to look again at these to ensure that similar discussions are on the agendas with standard headings - GC/AG/PU to take this forward | GC/AG/PU |

Water Chiller – testing product – It was previously noted that this was to be installed in the modular building at GRI to complete a trial of the product before this was rolled out to other sites. This was a possible to replace the bottled water systems – noted that one immediate disadvantage was the level of water available at the chilled temperature. DK noted that NHS Lothian had held off on installation of these due to potential Legionella risk. AK noted that it is not clear yet if this is the chosen product and where these are to be installed and how these would be paid for. It was agreed that TF/AK will provide a report on the trial outcome. DK agreed to share the SOP on water chillers to the members

TF

4. **Water Policy Update** – this was initially reviewed at the Infection Control in the Build Environment Group but it was considered at this that there was too much information and agreed that it needed some further work and a review of this will take place after this meeting and shared once completed with the conclusion of this by the end of the year. The extension to the currently policy had been agreed by H&S group until 22nd January and JG would require to see/review the document to allow circulation and comment. JG note that policies are still enforce even if the date has passed and the date is an indicator to use that it should be reviewed. Approval of this was agreed to be taken via BICC and this will be discussed with the Chair

GC

AG noted that there was not a Board Ventilation Group – GC noted that this will be discussed at the governance review meeting tomorrow

5. **Ice Machines – Update** – this was determined to take place within GRI as the highest user of these machines within the Board. It was noted that the machines within the site were of various ages and types. BH and TF were tasked with producing a SOP to bring back to the meeting for ratification and distribution to relevant governance group. PJ noted that she had forwarded some comments back to AH and these will be reviewed and included if found appropriate. DK agreed to share the information he has on ice and water machines. It was noted that wards and departments are installing these without prior knowledge of the Estates Department and agreed that this practice needs to be stopped. PU questioned the purchase of coolers with additional and possibly unnecessary water sources and showed an example of a mixer tap, single fill cold water and a new chilled water unit within a small area. It was agreed that Procurement should be informed that no additional water sources should be purchased without prior approval of the Estates Department and a review of the area where any requested units should be reviewed by Estates prior to anything being purchased. GC suggested that a communication was sent to all ward managers that no water products are to be purchased or accepted as a gift without prior discussion with Estates – SD agreed that she will circulate appropriate communication with the senior nursing staff

SD

6. **SUP05** - GC reported that this document has been reviewed by the national group around 9 months ago and signed off and it was then advised to HFS that this was now a document. This was never concluded and over a period of time comments stated to come back to the national water group highlighting errors in statements and facts within – once it was clear that there was an issue with this document it was withdrawn and agreed that it should be further reviewed along with SOP relating to it. Due to the lack of progress on this it was noted that this document has not been reviewed to the point of being released and remains withdrawn from use. AG noted that SETAG had discussed but there was no knowledge that this has been completed and AG agreed to contact them to progress

AG/GC

It was noted that the work to replace the removed units was not yet completed and still no clarification on what unit was agreed to be used. It was agreed that we need a clear understanding of where we are currently at with this on different sites and determine how this is best taken forward. ICT thoughts on the bottle version of cooler was very much dependent on the area to be located within. High risk areas - the debate was still ongoing and remains very much open to interpretation. It was noted that the purchase, maintenance and cleaning of these units would be the responsibility of the wards and departments if they decided to have a unit in their area – dependent on ICT approval. GC argued that the units are a Board asset and would be a higher risk if the departments were left to ensure maintenance and cleaning and it was agreed that Estates should be in a position to create an asset register for each of these units in order to maintain appropriate routine maintenance but could provide the wards departments with instructions for daily cleans and reporting of issues along with record keeping. Action agreed that communication with SETAG to determine what the action SETAG are intending to carry out – Estates would and should be responsible for these but this needs to be clear and an asset register created and maintenance programme to ensure that all units are

property maintained and clean with appropriate records being kept for each unit
The group agreed that we should take forward action to create our own SOP to replace SUP05 and allow the Board to have a clear Policy and SOP to be followed

7. **Little Used Outlets Returns** – quarterly email to report their little used outlets requested from the wards which allows Estates to plan removal of these in each of the sectors – three returns of nil then it is escalated to the ward manager – this was brought to the meeting as the returns rate was poor across the Board . It was agreed that a reminder is send out to relevant people to ensure the message is clear. CP noted that this has been reported to lead nurse who has taken this further to the clinical service managers and a member or staff to take the responsibility to ensure that this is maintained across the South. Three questions on the proforma with explanation of what a little used outlet is and what to do to the units removed if clinically acceptable and with approval from the ward manager CP/TF/ES
8. **Electronic PPM Completion** - AG noted that this related to FM First and we now need to produce a report for this meeting – AG agreed to produce for the next meeting of this group. Third party providers can produce reports for their work on our sites and this can then be fed into our FM First to ensure that we can raise any exceptions within this group. DK noted that these should have feedback loops included to ensure that we follow up on any issues and conclude as this will increase the compliance levels AG
9. **Local Water Groups**
North – TMV not carried out by third party within the North sector – Assett register completed but noted that temperature readings are carried out. DK noted that Armitage had produced a video showing how to take the temperatures and a link will be forwarded to the members for information. AK noted that BMT recorded their temperatures and reflected any issues. AK also noted that access to some areas is proving to be difficult and time consuming
South – CP noted that section 4 details any positive and actions recorded to concluded and noted that out of spec results are tracked until concluded
Clyde – It was noted that local water group meetings are to be set up. It was noted at the paisley maternity hospital SCBU a positive in relation to a baby was recorded of 80 coliform units per litre – a second sample was taken and came back as clear – it was not known if the first sample was contaminated by contractor taking the sample. Better procedure to be reviewed and checks to ensure that there has been no failure. Removal of hoses and dead legs to be clarified – this was noted as an inaccurate statement as there was a risk assessment in place
AG noted that the quality of the minutes was not sufficient and it was noted that the Chairs of these groups should be taking the time to review ensuing that the minutes included appropriate and understandable minutes with actions and conclusions. Local Water Group Chairs
SD noted that ICT were considering switching to an action log to ensure that actions and outcomes were clearly noted
It was agreed that the provision of an exception report would be beneficial specifically to ICT. It was noted that there was a failure in how the water information is reported as this is a paper based system and does not tie up with the information and an exception report would assist in this being a clear sight of real time updates and access to the information by relevant staff. It was agreed that some clarification on testing and where there is a follow up result with a clear pathway of the test and reasons behind this. This to be stored in such a way that this can easily be retrieved and archived appropriately. It was agreed that record keeping and reporting within Estates and Labs needs to be improved so that we can easily follow up on results and to allow checking of repeat offenders, second tests etc. It was noted that the tests are being carried out and recorded but there is no easy way of pulling and tracking as the codes are not easy to follow. Action agreed that a discussion with DMA and other testing agencies that we have used to ensure that we can unpick results – GC asked that MR follows this up to resolution. AL noted that one method is used for testing and reporting - but unclear that one shows clear results whilst other shows bacterial numbers. Agreed that we need to consider the method for sampling, recording and timeline for sample taking and the storage and retrieval of the information with a template of specific information so that reading results and outcomes is easier along with tracking of samples so that any issues can then be tracked, dated and ensure that follow up resolve is recorded and known SEMs
10. **AOCB**
AG noted that it was necessary to reinstate the Water Technical Group in order to close off some actions for the QEUH site including levels of disinfection as well as others
RADA Tap – PU noted that there was a new tap on the market which recorded flushing and

with ICT endorsement this could be beneficial in some areas of our sites. DK noted that he had some information on this product and agreed to forward this to PU. It was agreed that any new innovations and services were properly reviewed and agreed prior to installation along with any prior knowledge of the products before any work is carried out
JG noted his thanks to CP and team for their work with HSE –he had received information that the Legionella inspection was all clear and given all the other issues on the site this was a piece of positive news for the team who maintain this

11. Date of Next Meeting

To be arranged for 2020 and will be aligned to allow reporting up to BICC

DRAFT

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 11th February 2020 at 13.30
CMB Facilities Meeting Room, Queen Elizabeth University Hospital**

Present:

Alan Gallacher (AG) (Chair)	General Manager Estates
Karen Connelly (KC)	Assistant Director Facilities (North)
Dennis Kelly (DK)	Authorising Engineer – Water
Billy Hunter (BH)	Assistant Director Facilities (South)
Sandra Devine (SD)	Acting Infection Control Manager
Phyllis Urquhart (PU)	Senior Hospital Estates Manager
Colin Purdon (CP)	Interim Sector Estates Manager
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Alistair Leanord (AL)	Consultant Microbiologist
Euan Smith (ES)	Sector Estates Manager, Partnerships
Mary Anne Kane (MAK)	Assistant Director of Facilities (Clyde)
Tom Fulton (TF)	Sector Estates Manager, North /East/West Sector

In Attendance:

Allyson Hirst	PA
---------------	----

Apologies:

Mark Riddell (MR)	Head of Estates Operation
John Green (JG)	Health & Safety Service Manager
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control
Gerry Cox (GC)	Assistant Director Estates
Ian Kennedy (IK)	Public Health Consultant
Rosie Cherry (RC)	Head of Performance and Quality

1.	Apologies	Action
	As noted above.	
2.	Previous Minute 3 rd December 2019	
	Were recorded as an accurate record of the discussions	
3.	Rolling Action List	
	To be updated with completed and the following noted	
	<p><u>SUP05</u> – SETAG determined that this document requires to be updated and reviewed as this was discussed at a meeting around three weeks ago but nothing progressed to date. We have been trying to follow SUP05 and now we don't know whether to follow it or not and this is causing some confusion. It was determined that we are at a 'status quo' and decided to hold fire where we are until SUP05 is reissued. This is likely to cause some confusion and specifically around water coolers.</p> <p>If requests are placed for the installation of a Water Cooler is received then a risk assessment is required on the area where the cooler is to be positioned to prevent dead legs being created. In some areas this has already been risk assessed and pipework installed and therefore water cooler is required. With regard to Boardwide use of water coolers – until SUP05 is updated and reissued we need to step back – TF noted that around 70-80 areas in GRI are ready to go and MAK noted that this is same in her area (Clyde Sector) in that they are ready for plumbed in units, where there is no access to drinking water as the free standing units have been removed. It was further agreed that no further work is carried out in new areas but those areas that have already been completed then conclude the work, no further withdrawal of the existing water coolers until SUP05 work is concluded. If the group agrees this then way forward then is to ask Procurement to progress the contractor to install water coolers in the areas where the water pipework is installed - DK noted that flushing needs to be carried out on the plumbed areas that are not in use. For those areas that have water coolers the service contracts are to be continued to maintain but at the areas (or service's) own budget</p>	ESTATES
	<u>High Risk Area Clarification</u> – there is a need for further clarification as there are mismatched areas of high risk patients – identified ICU, PICU and Haemato Units. Coronary care and Cardiology included. Respiratory may also be included in this but needs clarified. Theatres	

	are not included in this. Aerosolisation risk to patient so unlikely for the patient to be at risk. Cystic Fibrosis removed but burns unit to be included and addendum to the Policy will be sent out once clarified but agreed to work to the current policy as it stands at the moment. ICD to clarify the exact areas which fall under 'High Risk'.	ICD/INF Control
	<u>Water Policy Update</u> – comments received from the recent BICC – comments have been included in the governance and clarification on the groups that have seen the document before it reached the BICC. The members were asked if they were happy to send the document to the BICC to have it formally ratified by them verbally. It was noted that the policy had been through a few iterations and reverted back to the original iteration with minimal changes and amendments to the layout which brought it in line with the Board other policies with relevant groups given opportunity to review the document and give comments. The group were satisfied with the policy as it stood and were happy to send it to the BICC for final ratification Post meeting note; policy ratified by Professor Marion Bain Director of Infection Prevention and Control on 2 March 2020 by e-mail	-
	<u>Water Compliance Report</u> – outstanding and should reflect a compliance position not a percentage compliance. We should review the report further, SCART compliance levels, AE audit and what needs to be in the annual report to reflect where we are within certain criteria. DK and AG will meet to discuss further. Post Meeting Note – the Boardwide Compliance Dashboard now brings all information to support compliance for ALL SCART topics under 1 report which can be viewed 'sector by sector' and 'site by site' if required. Water is an intrinsic part of this compliance report and should be viewed and actioned locally by each SEM/SMOE and reviewed as part of the local sector water safety group	AG/DK
	<u>Pseudomonas hotspots</u> – KH noted where they have had blood cultures to see where any additional risk assessment areas to be added – this will remain on going until the work is completed	KH
	<u>Water Chiller 'Tap' at GRI for testing</u> – TF reported that this was carried out at the plastic surgery unit and was recorded as successful – AG asked for outcomes in paperwork recording the volume of the water, costs and maintenance along with benefits which included that this is part of the sink unit, instantaneous – no storage of water. DK noted that the combined units in Edinburgh had recorded more microbiology issues and were now being removed. TF agreed to bring a paper to the next meeting for further discussion and this will be able to be closed down or take forward noted there was a small cost involved but this will be detailed in the paper	TF
4.	Matters arising	
	Nothing that was not noted on the agenda	-
5.	Ice Machines	
	BH and TF were asked to provide and update and an SOP on cleaning and maintenance of these as GRI were considered to be the largest user of this equipment within the Board. Included in the paperwork circulated was a policy used by NHS Lanarkshire which had been shared with their permission which is considered good practice and governance. And we can use this as a basis instead of an SOP as it was thought this provided better governance and clarity with clear responsibility and procurement process and could be implemented as an NHS GG&C policy which could be circulated appropriately prior to being implemented – DK noted that he was happy with the contents of the policy. KC thought that this was a good document for procurement purposes and would ensure that appropriate machines were purchased only. The group are asked to review the document provided by BH and revert back with any comments on the content of the document within 1 week. This includes sharing with operational estates and other relevant colleagues. TF noted this is beneficial going forward for any new units purchased and for replacements in the future. BH noted it have been agreed that we had the units at GRI serviced and cleaned and it might be beneficial to have this carried out again as these are not owned by anyone – MAK noted that this was really only an issue at GRI as they had this specifically large number of these units outwith estates knowledge and would benefit from this work.	TF/BH
6.	Little Used Outlet Returns	
	SOP is in place which is sent out quarterly to an agreed list from site/sector. The question was is this still getting fed back to estates or do we need to escalate. Historically this has been an issue but noted that the SOP needs to be enforced more diligently and being enforced at the Local Water Groups and if no return at local level then chase up through local nurse manager then through higher level but if it is still not being returned then to involve the general manager. If after this last stage of escalation it was still not being returned then it must be escalated to	ESTATES update on returns

	<p>this group. Each sector agrees to complete a summary of returns to the next ICBEG so that this can then be reported to BICC and then further to CMT. This will ensure that this is recorded appropriate through proper governance. For the next meeting each sector is asked to produce a list of their returns on 'little used outlets'. If this is proving to be an issue then it might be an educational matter that needs to be carried out to ensure the message is getting out there with local infection control and local water groups and to ensure that the message is clear that if the returns are not improved it will be escalated to Board level.</p>	SEMs
7.	Electronic PPM Completion	
	<p>Templates are in place on FMfirst but initial reports are showing that there is not a great of completed 'electronic' PPMs. AG noted he is surprised about what is not completed and that across the board this is not good and needs to be improved. It appears that the electronic information is not being completed rather than the work itself not being carried out and this needs to be improved. There is a significant amount of paper records still in place which although assisting in our compliance levels (if audited) is still not being fully recorded onto FMFirst. There needs to be a resource in place to ensure that this information relates to the work being carried out and ensure that we have the paperwork to back it up at a local level specifically around water safety. It was agreed that this needs further discussion outwith this group but agreed that the local estates leads need to submit to the group written confirmation that electronic (partial or otherwise) and manual records are being maintained on water safety across all sectors and AE audits will ensure that this is the case. DK noted that when a wholly electronic system is used it works well but when partly it can sometimes show errors and gaps.</p> <p>Post Meeting Note; It is generally agreed that the water PPMs within FMFirst need to have better information and detail added to them to allow the reduction of paper records. Further discussions with the AE(W) has highlighted a further electronic system (ZetaSafe) which is specifically designed to support water compliance might be an appropriate way forward rather than redevelop FMFirst further at substantial cost. Further investigation/discussion needed with ZetaSafe as to how it can interface with FMFirst.</p>	AG
8.	Local Water Group Minutes Exceptions	
	AG suggested that we bring this back to this meeting as an exceptions template to each meeting from each sector and this will be taken forward from the next meeting	ESTATES
	<p>Clyde – Samples taken at RAH Hydro pool – no results back yet and CP to chase up. Concerns raised re a positive result in water cooler and required follow up. Notes from local meeting not sent out as not ratified by the local group. AG asked that any concerns are shared with local ICT. CP noted that ICT sit on the local group and are aware of the issues that have arisen. AG did not see these as exception unless the same result occurred again and should be managed by local team and reported with resolution and outcomes. CP noted that he had all relevant documentation to show what action had been taken and where shared and resolution</p>	CP
	<p>South – System failures on degradation of certain components was all discussed within the water technical group and it was determined that we needed to keep on top of this but it was never going to be a known quantity due to the CD within the water. DK suggested using neoprene where there was no available stainless steel equivalent. CP noted that we have some sample materials sitting in a CD solution to identify the best material to use.</p>	CP/ES
	NEW – little used outlet non returns, TMV maintenance not being carried out due to lack of resources. This was noted as an issue across the Board and AG will raise this with the GC.	AG
	A blank exception report to be submitted to each sector for submission at the next meeting	ALL SEMs
9.	AOCB	
	<p><u>Water Policy Risk Assessment</u> – There is an opportunity to be more specific in areas of less acute services and carry out an RA every two years, and in areas of higher acute activity more frequently ie QEUH risk assessment every year for water due to previous issue and we determine frequency based on issues on site so either reduce or increase depending on the type of service and building. AG noted he was happy to pull together a paper to allow some further discussion by this group for agreement to ensure each of our sites is appropriately risk assessed</p>	AG
	<p><u>Removal of PALL Filters</u> – process to remove water filters at QEUH – at the last WTG it was agreed that we would continue to have these and move from 30 day to 60 day filters and noted that we have '30 day' filters in stock and will continue to use these in Ward 6A due to the patient group but in other areas we will use 60 day filters. This would remain for the next two</p>	CP/ES

	meetings of the WTG to review the information coming back but AL noted that the neutropenic pathway was now blurred and now it was agreed that there was some filters in areas that no longer required due to patient not in those areas anymore and these could be removed – clinical co-ordinator can advise. This would be further discussed at the WTG.	
	Agreed to test raw water and not filtered water as we have had no filtered water failures where can we access within the chain – this would be for our use only – 148 areas in the hospital sampled which do not have filters already. AL noted that very vocal patients who require evidence and therefore we may have to keep these until we can prove the unfiltered water is safe and potable in a close to or within the area including the tanks – CP noted the tanks are included in the sampled areas and the changing of the filters could be used for the raw water sample opportunity. Raw sample, filter older, new filter on this will show evidence to allow at least in the low risk to show that the water is safe to use without filters attached but agreed this will require a protocol and should be written for review by the next WTG in April for their review and agreement..	CP/ES
	AL asked for the tank data to be reviewed and then this could be parked	-
	RCH - carry out testing of the filters in the raw water and create the evidence base that the water is good. It was agreed that this may never be removed but we have the evidence that the water is good but the filters are there to provide extra reassurance. The area of use needs to be agreed with microbiology and ICT to ensure that we follow the proper areas and then follow this with proper communication and a programme of any removals as well as how this will be checked by our labs	CP/ES/IC
	Replacement of Flow Restrictors – requirement of the WTG of when we can now step away from this programme of replacement now that the CD is in place and these are maintaining clean – to be raised at WTG to determine	AG
10.	Date of Next Meeting	
	These were initially to be scheduled to coincide with the BICC but the chair deemed that these required to be more frequent so these have been scheduled for the year and will still feed up to the BICC and ICBEG with any issues Dates have been distributed to the members and are as follows (INSERT DATES)	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Thursday 23rd April 2020 at 13.30
Via Microsoft Teams**

Present:

Gerry Cox (GC)	Assistant Director Estates
Karen Connelly (KC)	Assistant Director Facilities (North)
Dennis Kelly (DK)	Authorising Engineer – Water
Billy Hunter (BH)	Assistant Director Facilities (South)
Sandra Devine (SD)	Acting Infection Control Manager
Mark Riddell (MR)	Head of Estates Operation
Colin Purdon (CP)	Interim Sector Estates Manager
Ian Kennedy (IK)	Public Health Consultant
John Green (JG)	Health & Safety Service Manager
Alistair Leanord (AL)	Consultant Microbiologist

In Attendance:

Allyson Hirst	PA
---------------	----

Apologies:

Kate Hamilton (KH)	Acting Nurse Consultant IPC
Euan Smith (ES)	Sector Estates Manager, Partnerships
Mary Anne Kane (MAK)	Assistant Director of Facilities (Clyde)
Tom Fulton (TF)	Sector Estates Manager, North /East/West Sector
Phyllis Urquhart (PU)	Senior Hospital Estates Manager
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control
Alan Gallacher (AG)	General Manager Estates
Rosie Cherry (RC)	Head of Performance and Quality

- | 1. Apologies | Action |
|--|---------------|
| As noted above. | |
| 2. Previous Minute 11th February 2020 | |
| Were recorded as an accurate record of the discussions with a minor change to Page 2 item 5
remove KC in actions as not an action | AH |
| 3. Rolling Action List | |
| Agreed that the current action list was completed or would have an update after this meeting | |
| 4. Matters Arising within the Minutes | |
| SUP05 – CETAG has requested the document to stand as it is but it was noted there are numerous errors which required to be addressed – this would be brought back to a future meeting for further review | GC |
| High Risk Clarification – SD noted that a definitive list of high risk areas is reviewed and updated regularly. SD noted that there were some additional areas that need to be ratified and will be updated at a future meeting | PJ/SD |
| Water Compliance Report – DK had completed his annual report and forwarded to AG. Agreed that compliance audits could be carried out but remotely but only if the paperwork was available to do this. Audit at QEUH is completed but IRH was not prior to lockdown. Other properties that require to be completed should be notified to DK. Agreed that GC/DK and AG will discuss further | ? |
| Pseudomonas Hotspots – These are within the high risk areas in the patient areas and SD will check if this is updated and respond | SD |
| Ice Machines – SOP previously carried out on the cleaning process for these. A document which was approved to share from NHS Lanarkshire was agreed to be a good document and something we could transfer to a Glasgow document. It was agreed that this document would be beneficial with new machines but not with the older machines and we need to determine how we deal with the older machines and the cleaning process and maintenance of these. It was agreed that we require to have support from procurement in the purchase of any new machines to ensure that the appropriate spec is ordered and this will be discussed with procurement colleagues going forward. Agreed to use the NHS Lanarkshire document going forward | |

SOP Little Used Outlets – Proforma was previously circulated to members and all sectors agreed that they were using the same approach. The returns are sent back to local estates and requested quarterly but it was agreed by the majority that these are not returned in the numbers that are required and it was questioned on the way forward to escalate to ensure that returns were forthcoming. It was noted at this time there are a significant number of wards that are not occupied across the Board and we could potentially end up with a high risk situation within these. The current SOP does not cover the current situation and how this is handled. DK noted that there are wards across the country reporting high bacterial counts even with flushing and it was known that water levels in our buildings are less than usual due to the lack of patients and visitors using them. DK agreed to share any information as he receives it. Water APs will be asked to develop something locally to take forward in Glasgow. SD noted that an email had been received from HPS about pulling water through the system and it was agreed that this will be forwarded to the members via AH. Agreed that this is an issue for many areas and we need to consider the best way to open safely

PPM Completion – As with previous discussion it was not through that anything has been taken forward

SD/AH

Matters Arising on the Agenda

Raw Water Testing - requested for storage tanks at QE – CP noted that two sets of fungal samples had been taken from the raw water and filtration looking for yeast and moulds and results were laid out on a schematic diagram. From the results it looked as though the filtration tanks were doing their job but further testing would take place to be sure and report back

CP

Tank Room data – This was to review the moulds and yeasts in the air relative to humidity. It was agreed that this is mostly likely a seasonal issue and the humidifiers have now been shut off from early April. After these were switched off it was noted that the humidity level dropped and it was agreed to continue to monitor – Data will be sent to DK for information and has already been forwarded to AL

MR

Filter Removal – This was to discuss the possibility of the removal of the POUF in the low risk areas only. This was agreed that it requires a process to be followed – identify potential areas and prepare a detail disinfection process for ensuring that there is no biofilm and the pipework is clear. When we reach the point of removal of the POUF there will need to be discussions and a plan in place prior to the next WTG in July. It was agreed that there requires further discussion. Thoughts of there being biofilm were not clear and known but we need to check for each and every POUF that is to be removed and consider the isolation of the routes. DK noted that the flow rates are good through the POUF than is previous models and may not be an issue

GC

Flow Restrictor Replacement Programme – We now consider that it may be possible to stop this but agreed that a further set of tests will be carried out to ensure that there is no bacteria found on these then it could be considered that the biofilm was no longer an issue due to the levels of CD flowing through the water at this point. If it was proved to be clear then stop – no PALL filters on these particular taps being analysed – Agreed

CP

5. Local Water Groups (Exceptions)

Clyde – meeting planned but cancelled due to Covid escalation – meeting scheduled for this month to replace -

North – no North participants in the call – KC thought there were no issues but will be clarified -

South – last meeting was February and it was not thought that there were any issues but noted issues with water returns for flushing but records are kept updated and governance in place -

6. AOCB

POUF – changed from 31 to 62 day changes – A discussion was required to remove these from the Schiehallion patient pathway specifically those put in place whilst a Schiehallion patient was boarded in another ward that does not require filtration as added comfort for their patients. This requires clarification from Clinical and management teams prior to anything being removed – DK suggested that some microbiological testing of the water after filter removal to give comfort of water potability

7. Date of Next Meeting

These were initially to be scheduled to coincide with the BICC but the chair deemed that these required to be more frequent so these have been scheduled for the year and will still feed up to the BICC and ICBEG with any issues Dates have been distributed to the members and are as follows (16th June, 12th August and 13th October)

To note

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 16th June 2020 at 2pm
Via Microsoft Teams**

Present:

Gerry Cox (GC) Chair	Assistant Director Estates
Karen Connelly (KC)	Assistant Director Facilities (North)
Dennis Kelly (DK)	Authorising Engineer – Water
Billy Hunter (BH)	Assistant Director Facilities (South)
Sandra Devine (SD)	Acting Infection Control Manager
Mark Riddell (MR)	Head of Estates Operation
Colin Purdon (CP)	Interim Sector Estates Manager
Ian Kennedy (IK)	Public Health Consultant
John Green (JG)	Health & Safety Service Manager
Alistair Leanord (AL)	Consultant Microbiologist
Phyllis Urquhart (PU)	Senior Hospital Estates Manager
Euan Smith (ES)	Sector Estates Manager, Partnerships
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control
Alan Gallacher (AG)	General Manager Estates
Tom Fulton (TF)	Sector Estates Manager, North /East/West Sector

In Attendance:

Allyson Hirst	PA
---------------	----

Apologies:

Kate Hamilton (KH)	Acting Nurse Consultant IPC
Mary Anne Kane (MAK)	Assistant Director of Facilities (Clyde)

1.	Apologies	Action
	As noted above.	
2.	Previous Minute 23rd April 2020	
	Were recorded as an accurate record of the meeting	-
3.	Rolling Action List	
	The rolling action list to be updated and will be circulated with the notes	-
4.	Matters Arising within the Minutes	
	High Risk Areas – a list of areas noted within the policy in Appendix 11. PJ agreed to forward an updated list to GC later this week. Changes made to this list due to the pandemic have now reverted back to original	PJ
	Ice Machines – It was agreed that national guidance was required to determine where and if these are allowed and IC will be available to advise. Both these and the water dispensers' use within the hospitals is not concluded and decisions cannot be taken until national guidance is clarified. PJ offered to review ice machines but it was agreed that water coolers required national input	PJ
	SUP05 – GC reported that he had been in contact with George Curly and HFS advise there were anomalies in the document. Around February 2020 CTAG document was decided to remain as it was but was unanimously agreed that the document required to be put forward to the National Water Group to be reviewed. It was agreed by various groups that the SUP05 was confusing and not clear and could easily be misunderstood. AG noted that his interpretation was that the CTAG had determined it was to go back to National Group for further review. Agreed that – the document is not user friendly forward or clinical, the document cannot be used currently as there is no recognition for clinical or staff use. Agreed that the document needs to be clear and GC will check if it is on the agenda for a future meeting of the national group. TF noted that because of the lack of clarity bottled water had been removed and replaced with plumbed in drinking water sources but this was stalled. Areas will be asked to purchase the equipment which will come with a maintenance programme but the areas will be responsible to ensure that the units are flushed and cleaned with records being maintained. As the units are plumbed in but not yet in use will require to be flushed and tested to ensure water is potable. As previously agreed at	ICN Estates

	<p>this group this programme of purchase and installation can be restarted across the Board. GC noted his concern around departments being responsible for cleaning. Agreed that there is a mixture of bottled and plumbed across the Board that needs to be rectified – Agreed to progress with the works. It was noted that Colin Clark will provide further information on SUP05 by the end of this month</p>	GC
	<p>Water Compliance – agreed that a more detailed report required for PPMS and to provide a summary with SCART. Production of a simplistic report for BWSG and noted that an area of concern is West ACH but it is clear why this is the case. A view to be taken on how the sites with low compliance is taken forward</p>	AG/GC
	<p>Pseudomonas Hotspots – this will be part of the high risk area lists</p>	
	<p>SOP for Little Used Outlets – noted that the returns for these are still not being returned at an appropriate rate. It was agreed that this should be raised at a higher level and will be initially raised with the Chief Nurses Group and then to Acute Clinical Governance is not resolved. Empty wards over the last few months have been flushed by Estates teams and CP agreed to produce some words for SD to take to the Chief Nurses Group – this will be in the form of the circulation that goes out to the clinical areas when returns are requested. DK noted that this has been an on-going issue for several years. From a water audit perspective there should be a schedule of forms to allow proper review and evidence that this is being carried out. Estates input is taking place but not from the clinical teams. SD suggested a clear report of what is sent out and what is returned so that it is clear the level of non-compliance we are experiencing. Sectors agreed to pull together their information and forward to CP for SD</p>	CP
	<p>Tank Room Data – MR reported that when the dehumidifiers were removed the counts were better than with the dehumidifiers installed. AL noted that he has not seen this data and MR will forward what he has. Testing was carried out by DMA. MR will follow this up</p>	MR
	<p>Matters Arising on the Agenda - completed from the above</p>	
5.	<p>Local Water Groups (Exceptions)</p>	
	<p>NEW – Gartnavel meeting to be set up. GRI – nothing to report on exceptions but noted that pseudomonas samples for the north and west IC requested by the clinical teams over a period of several weeks and this is underway. All other testing is routine and per normal scheduling. The ICU testing was carried out in response to patient infections and in the other area due to expansion of the unit to cope with Covid-19 – there had been no correlation in the patient and what was being found in the tests. ICU has now reverted back to its usual size and area and testing stopped. AL noted that there was a small cluster of pseudomonas and when tested and typed it was similar to previous and therefore water, ice machine were tested to determine if there was an issue in the area.</p>	
	<p>Clyde – 30th April notes included within the papers. IRH 3 positives were found an action plan is in place. VoL noted 2 positives in ward 6 and Diagnostic Imaging – noted that ward 6 had older pipework which is difficult to clean but this has not been carried out. Nothing within Leverndale, RAH or Dykebar to report.</p>	
	<p>South – neurosurgery – historical issues with Legionella and was thought to be due to lack of flushing – flushing and retested and found to be clear. Temperature issues reported. Out of spec result in A&C – found to be a contaminated POUF which was cleaned and retested and returned as clear. IC involved and domestics clean schedule reviewed to ensure cleaning regimens were appropriate. Clarified that this was a cleaning issue and not an issue with the POUF. PJ noted that PALL have offered guidance on how the filters are to be cleaned and it would be worthwhile to check with SJohnstone and DMacdonald that this is being followed. BH agreed to check with staff on what went wrong with this. <i>Post meeting note – after further investigation it was not thought to be a cleaning issue but related to the proximity of the filter to the drain causing the contamination – further investigations are on-going</i></p>	BH ES
6.	<p>AOCB</p>	
	<p>Trend Analysis of testing data – this was reviewed initially prior to Covid-19 but nothing further due to the restrictions – this would provide an easy to read understand and locate potential hotspots. It was agreed that this should be picked up and GC will discuss with WEdwards. It was agreed to start this with QEUH data and roll out to other hospitals</p>	GC
	<p>CD Plant at RAH – CP noted that this was nearing completion as had been stopped previously but was not ready to be activated. CP noted that he was concerned about CD being used within the maternity building specifically around the special feeds and had met with relevant staff within this area. Previous out of spec counts within the maternity unit had instigated the installation of CD. DK noted that the levels need to be kept to half a part per million and constantly sampled and monitored to ensure it stays there or below. CP noted that monitoring equipment has been installed as part of the works. Infection Control and Estates were involved in the discussions and</p>	CP

	<p>it was noted that although counts were found at the outlets there were no patient reported infections. GC noted that he was concerned that we were at the commissioning point of the project and not all relevant conversations held to ensure that we were routing this appropriately and there was no risk to patients. CP noted that this project had been running for some time and with staff changes it had not been completed and this was an additional check for CP to ensure that all the appropriate people were aware and advice sought from appropriate staffing groups. This was a less complex project than that at QEUH and will be an easier process to monitor. Appropriate sign off is required from an appropriate team and possibly discuss with the special feeds pharmacist to ensure that this will not have any adverse impact. It was clear that there were issues with the water and this was considered to be the best way to handle these issue. It was noted that the water for our other neonatal units did not contain CD and was filtered from the main supply. It was agreed that appropriate review by water AE, and compliance team along with any clinical input should be carried out. Nothing is to progress live until all and any issues are addressed and reviewed and appropriately documented</p>	
	Water Management Presentation – will take place this coming Thursday - this was offered as a better way to manage our planned maintenance.	
	Responsible Person Training – will take place on 22 and 29 June – numbers are limited due to social distancing.	
	QEUH Independent Review - the report has been published recently. GC noted that this was a good report but had not been able to ready it thoroughly – it was agreed that this should be reviewed and brought back to the group if there were any comments etc	Agenda for next meeting
	Recommissioning Buildings after shutdown – DK noted that if we had any unused or underused buildings about to be reopened after the lockdown had most staff working from home that we need to have these properly flushed with evidence that this has been carried out. DK agreed to forward a checklist that he had to operational estates to review and check their own areas	DK
	Audits – DK reported that he only had IRH to complete which was halted due to Covid-19 restrictions this will be carried out remotely	DK
	<p>BWSG – GC noted that he would like to see the discussion of this group be increased and asked members to put forward suggested agenda topics prior to the next meeting.</p> <p>Suggested that feedback from ICBEG and WTG should be included</p> <p>review of the structure and membership as well as the remit of the group</p> <p>review the input to this group – is this appropriate or could there be more or different inputs</p> <p>It was noted that review of the governance was starting just as lockdown and pandemic meant that this was put on hold. The Director being off at the same time has caused some delay – it was agreed that E&F should reinstate this as the pandemic workload eases</p>	<p>All</p> <p>E&F staff</p>
7.	Date of Next Meeting	
	12 th August 2020 at 2pm	All

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 12th August 2020 at 2pm
Via Microsoft Teams**

Present:	
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
Mark Riddell (MR)	Head of Estates Operation
John Green (JG)	Health & Safety Service Manager
Euan Smith (ES)	Assistant Head of Estates (South)
Alan Gallacher (AG) (Chair)	Head of Corporate Estates
Tom Fulton (TF)	Assistant Head of Estates (North /East/West Sector)
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control (part meeting)
In Attendance:	
Allyson Hirst	PA
Apologies:	
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Mary Anne Kane (MAK)	Assistant Director of Facilities (Clyde)
Gerry Cox (GC) Chair	Assistant Director Estates
Karen Connelly (KC)	Assistant Director Facilities (North)
Billy Hunter (BH)	Assistant Director Facilities (South)
Sandra Devine (SD)	Acting Infection Control Manager
Colin Purdon (CP)	Assistant Head of Estates (Clyde)
Ian Kennedy (IK)	Public Health Consultant
Alistair Leanord (AL)	Consultant Microbiologist
Phyllis Urquhart (PU)	Compliance Manager (Water)

1.	Apologies	Action
	As noted above.	-
2.	Previous Minute 16th June 2020	
	Were recorded as an accurate record of the meeting. With one change – there had been an out of spec result thought to be caused by lack of or inappropriate cleaning by domestic staff this was found post meeting not to be the case and was to be recorded as such for record. It was thought that the sink was shallow with the POUF being close to the drain and this was considered to be the issue of contamination coming via that route and further investigations into the cause were being undertaken.	-
3.	Rolling Action List	
	The rolling action list to be updated and will be circulated with the notes	-
4.	Matters Arising within the Minutes	
	SUP05 – AG note that there was no further update from the National Water Group and GC has requested an update for this. It was agreed that the replacement of the water coolers with plumbed in units can be progressed and agreed that this will remain as an agenda item until this can be concluded	GC
	High Risk Classification – this related to the patient types within the hospitals and it was necessary that IC clarify this list	PJ
	Water Compliance Report – A SCART summary report giving the position on water from a SCART and AE Action Plans for compliance was shared and discussed. Water Risk Assessments compliance position will be added to this for the next meeting so that an overall position can be viewed. AG summarised the document circulated and noted from a SCART perspective the Board were 82.82% compliant and this was considered to be very good both within the Board and NHS Scotland. A few sites have reduced the % compliance score including WoGACH which has historical issues. This site (WoGACH) was scheduled to be closed and therefore the maintenance of this building has been significantly reduced but the Board had not been able to follow through with this closure and the site was now used as a base for mainly office staff. It was recognised that this building is flexible in its use with areas being used then mothballed and then brought back into use again. There are numerous dead legs and little used	AG

	<p>outlets and it was noted that the audit carried out on the building was as though it was still used for clinical purpose. It was agreed that staff are slowly being moved off this site but the investment in maintenance had not been what it should have been due to the uncertainty of the use moving forward. It was agreed that it would be a massive undertaking to complete dead legs and upgrade equipment but there are other water safety measures – ie POUF, chemical dosing, and temperature alterations in place. It was suggested that an interim water safety plan is created for the site and MR/TF/AG and DK meet to discuss the areas that can be mitigated. Tanks are cleaned yearly and contractors on site to eliminate the dead legs as they are found but with staff being located all over the building this proves difficult to progress. By carrying out the suggested above will provide due diligence. SCART will be updated and AG will discuss with PU to ensure that the question set is completed. Additionally MR stated that additional staff for maintenance had been requested but not fulfilled and Gartnavel maintenance staff have been used to fulfil tasks on site.</p> <p>TSSU – TF and Gary Cullen to discuss the compliance levels within CDU noted there is no issue but does require to maintained and updated</p>	<p>AG/PU</p> <p>TF/GC</p>
	<p>AE Action Plans – overall performance – not as well as it could be. Clyde progressing well with completion of actions. One sector within Clyde which is not performing as well is Hillington Laundry and this will be reviewed by CP. South and NEW areas also require to be improved. It was noted that these figures are from a February 2020 report and since then we have been in lockdown and therefore there has been a reduced ability to access areas to carry out works and checks. AG noted that Op Estates needs to revisit the action places with the site AP to close these actions down and carry out any mitigation works. Moving forward with PPM compliance – a simplified report to be included within this information at the next meeting. The information will be gathered from FM First and the next meeting of this group will include this information and it was agreed to update this report monthly for ADs so that information is known and reported back into this group.</p>	<p>AG</p>
	<p>Pseudomonas Hot Spots – this is an action for IC and will be followed up for the next meeting</p>	<p>PJ</p>
	<p>SOP Little Used Outlets – we are still seeing a lack of response from users on the completion of the documentation. At the last meeting CP agreed to put together some words for SD to take back to Chief Nurses to ensure that this is carried out. DK noted that IRH response has vastly improved with other sectors reporting poor returns ie south 30%. ES noted that he was working on a better system of requesting the returns to determine if this will improve. Agreed to remain on the agenda to check at the next meeting if this return percentage is improving. NEW are now circulating to General Managers to ascertain if this improves the response percentage.</p>	<p>CP/SD</p>
	<p>Raw Water Testing – testing at the filtration plant continues. Analysis from Scottish Water around fungus found. Clarity from WTG on this testing continuing</p>	<p>GC</p>
	<p>QEUH Tank Room Data – alignment to the raw water testing – Graphic from BMS has been forwarded to AL – significant improvement in the plant room and with humidifiers now switched off and when the weather changes to warmer there is a spike in humidity. MR will take a snapshot from BMS and circulate to the members to show levels. AL to give his thoughts on this</p>	<p>MR</p> <p>AL</p>
	<p>POUF Removal - this related to the Schiehallion pathways. In agreement with AL we identified the areas that no longer required to have POUF which were put in place as these areas were used by Schiehallion patients but no longer were. This was carried out in a phased process with phase 1 and 2 completed and moving to phase 3. No adverse results have been reported from the removal of the first 2 phases and the programme of removal can proceed to phase 3.</p>	<p>MR</p>
	<p>Flow Restrictor Replacement Programme – at the WTG there had been discussions whether we should step away from the replacement programme as the restrictors were showing no adverse results. This was thought to be the implementation of the CD within the water system. Flow restrictors have been sent away for analysis and once these results are known then we can make the decision on stopping the replacement programme. MR agreed to speak to Kerr Clarkston on the results return which will determine the status and will forward to the membership once this is known.</p>	<p>MR</p>
<p>5.</p>	<p>Local Water Groups (Exceptions)</p>	
	<p>South – 62 out of spec results and these were followed up with incident forms and remedial actions carried out. Flushing being carried out for estates in areas of their responsibility but low returns from other areas</p>	<p>-</p>
	<p>NEW – Legionella 1 positive case at GRI – tested and sampled and resolved. Issues with little used outlets. TVCs reviewed to determine if a pattern and found that this could be caused by insufficient flushing. Temps and CD levels checked in the areas and it leads back to lack of flushing. A further cycle of checks to ensure this is the case and then if not resolved this will be taken to management of these areas</p>	<p>-</p>
	<p>Clyde – IRH sampling due but not yet completed. VoL reported a positive for Legionella and Pseudomonas within SCBU at RAH – again this was thought to be lack of flushing. Working with</p>	<p>-</p>

	Infection Control to resolve. Dykebar and Leverndale reporting no issues. Noted that flushing results vary across the sites from very good to very poor.	
	AG reminded the sector leads that the local water meetings need to be held with appropriate minutes taken and retained. These should be circulated and a copy forwarded to this group's secretariat to include in this groups papers.	
6.	Scottish Water Audit	
	Agreed to request an update of this at the next meeting. It was noted that Scottish Water are carrying out audits – some issues were flagged at the QEUH on the installation and action plan will be completed from this visit and worked through as reported. This is likely to be rolled out across all of our acute sites. PU will take this forward	PU
7.	Presentation of Water Results	
	This was required to better present our various water sampling results from our different sites. AL was not present at the meeting and it was anticipated that there will be an update for the next meeting if known	AL
8.	AOCB	
	DK reported that he has concluded his audit at IRH	
	TF asked if a quarterly meeting for APs would be useful – agreed that this could be useful and would be supported by the compliance team. A good outlet to share ideas. AG and MR agreed to discuss who would be involved and how this could be taken forward. This could be used as an educational tool base for clinical teams	MR/AG
	Responsible Person – Clarify the responsibilities AG and GC to discuss the roles and how this is laid out with a responsibility matrix	AG/GC
	Tender for TMV maintenance – QEUH waiver has been passed over but status of this unknown. DK noted that the guidance documents are not clear on the frequency required and this needs to be clarified	
	JG noted that the issues we have with returns for little used outlets could be improved by a similar system used by H&S with the use of Survey Monkey – H&S have used this for their returns and noted an improvement in their returns. JG will share the information	JG
9.	Date of Next Meeting	
	13 th October 2020 at 2pm	All

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 13th October 2020 at 2pm
Via Microsoft Teams**

Present:	
Gerry Cox (GC) Chair	Assistant Director Estates
Mary Anne Kane (MAK)	Assistant Director of Facilities (Clyde)
Billy Hunter (BH)	Assistant Director Facilities (South)
Sandra Devine (SD)	Acting Infection Control Manager
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
Mark Riddell (MR)	Head of Estates Operation
John Green (JG)	Health & Safety Service Manager
Euan Smith (ES)	Assistant Head of Estates (South)
Colin Purdon (CP)	Assistant Head of Estates (Clyde)
Tom Fulton (TF)	Assistant Head of Estates (North /East/West Sector)
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control (part meeting)
Alan Gallacher (AG)	Head of Corporate Estates
In Attendance:	
Allyson Hirst	PA
Apologies:	
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Ian Kennedy (IK)	Public Health Consultant
Alistair Leanord (AL)	Consultant Microbiologist
Phyllis Urquhart (PU)	Compliance Manager (Water)

1.	Apologies	Action
	As noted above.	-
2.	Previous Minute 12th August 2020	
	The notes of the last meeting on 12 th August were noted as an accurate record of the discussions	-
3.	Rolling Action List	
	The rolling action list to be updated and will be circulated with the notes	-
4.	Matters Arising within the Minutes	
	Water Risk Assessments – compliance position – compliance levels remain same as last quarter (August) no change in compliance. High levels reported within only a few sites with low SCART scores and aware of the issues and working to resolve	
	AE Action Plans Improvements since August – Summary shows the improvement with QEUH increase. ES noted that the results reflected action plans and will continue to be updated and reviewed. Smart Sheet for 2020 Action Plan reflects 88%. Increase at all other sites with Dental Hospital now added. Overall improvement in reporting but noted still issues at GRI, Gartnavel and WIG ACH. GC asked what can we do to get improvement in these – AG noted that operational estates were best placed. GRI has improved since August and will continue to close off. TF to progress. AG will review the QEUH figures and get these updated. DK noted that he has been asked to carry out a further AE audit at QEUH to bring up to date and other sites will be added to the plan for the coming year.	AG TF
	Water Safety Risk Assessments – these are large packages of works and will be part of the water safety audit for the board. Reviewing and appointing contractors to bring up to date. AE Audits establish a regular routine of audits on sites including out with Acute sites – noted that we frequently obtain information from Scottish Water on bylaw audits and compiling the information and action plans to support these and emergency plans to be put into place as a priority for Scottish Water. This is not carried out in smaller sites and some of the larger sites. It was agreed that all of this information should be updated for compliance documentation for the next meeting of this group. For sites which do not have a BCP – is there a water RA in place – no there is very little in place within the health centres and we have focused on the acute sites but	

	now looking at how we can audit the health centres it was noted there was little guidance on this and it is not clear what is required. GC asked if we can evidence out flushing and maintenance – DK noted that there are no other Boards who are carrying out checks on every property but suggested that we do a selection of primary care and community settings. DBFM sites take care of their own sites and can demonstrate their compliance. DK noted that he had only visited Langlands as part of his work with Serco and agreed that we should do this site to ensure that they were providing appropriate feedback on audits. MAK noted that water flushing was not happening in health centres as the management did not see this as part of their remit and this questions has been taken to Partnerships to ensure that this is taking place. DBFM contracted to carry out this and MRegan can check records for the Board. The first Partnership Infection Control Group has recently taken place and BWS Report is noted on their agenda and we could prepare a report or speak to this on the agenda – AG will discuss with PJ. Within jointly owned properties the flushing does take place and records are held	AG
	Pseudomonas Hot Spots – RAs to be carried out and is pending at the moment and feeds into the RA document. This would normally be carried out but Covid has delayed the normal routine. Review carried out and should be forwarded to ALearnord. An interim guidance document from HPS will be shared with group members – combination of Pseudomonas SOP and guidance will require to be reviewed but noted that it will not be a single person to take this forward and a group should be formed to conclude this. Questions asked by Scottish Government and PJ will be asked to clarify what these are	
	Little Used Outlets – output from the wards – SD will take forward action	
	Basement tank Room – humidity sensors – this is discussed within WTG. It was noted there is consistent humidity within this area and will continue to be monitored – the levels are not of concern – filtration of air vents and sump cover as well as tank filters have been ordered to remove risks where possible.	
	POUF Remove – this is ongoing within the non - Schiehallion pathways – first 3 of 5 sets removed but this was paused due to other work on going in Labs but will be restarted shortly.	
	Scottish Water Audit – update included in the information shared by AG – A number of sites have been covered and this is being concluded and updated	
	Presentation for water results – this discussed the statistical reporting of the results and agreement reached with WEwards (eHealth) on funding for this and will progress	
	Quarterly AP Meetings – Discussed bringing a quarterly water group meeting similar to the set up for HVLV groups which KClarkston will chair for operational estates and it was agreed to progress	
	Responsible Persons – under the new structure to review the representatives and what they are responsible for within the water management structure and work with soft FM on the responsibility from this perspective and how this will sit within the new structure	
	Little Used Outlets – quality of returns had not been what was hoped and JG had suggested that a survey monkey system was used to make the returns easier – JG agreed to take this forward	JG
5.	Agenda	
	Matters Arising	
	SUO05 – nothing being taken forward on this until the National Water Group (NWG) has a new chair. GC asked for a rep for the NWG from the Board. Kerr Clarkston has been suggested and AG will forward the information to the NWG Chair for inclusion in the diary invitations	
	Flow Restrictors – This is a decision that is to be taken at the Water Technical Group and will be included on this agenda	WTG Agenda
6.	Local Water Groups – Exceptions Report	
	Agreed that the notes of these meetings are forwarded to the secretariat for circulation and reporting at the meeting.	
	South – ES reported that there were a few out of specs within the retained site – maternity and ICE building and also within RHC – ground floor – gram negative found and 8 th floor of the Adult hospital where mould was detected. After retest of the 8 th floor there was nothing found so determined that the test was at fault. Within 6A two filter taps and taps were changed. Tank Room – filtration and post filtration units checked for humidity levels. GC asked if the moulds found did they correlate to those found in the basement. There was no clinical correlation to infections found in patients. SD noted that it was an unusual report and water testing proved to be negative and ongoing testing for aspergillus and as part of routine testing asked for sampling of water to rule out. Fungal testing continuation to be discussed at WTG	WTG Agenda
	NEW – out of spec results were noted and 1 legionella but recorded at low level and resolved. Chloroform found but eradicated and cleared	
	Clyde – IRH – 6 positives for low level Legionella with ongoing management. VoL ward 6 is	

	unoccupied but problems with the installation and therefore positives appearing but managed. Xray reporting low levels. RAH – IMT in place for ITU Stenotrophomonas – this is now closed down and sampling reporting clear 3 times now. Foxbar Clinic was closed during lockdown and reopened with testing of the water carried out. Positive TVCs and after some intervention retested and still positive. Some pipe work engineering works carried out and retested and reporting low levels. The highest level was 50 but CP asked the group what is acceptable for TVCs – this was considered low if under 100. It was noted that WHO recommend looking at trends and it was agreed that we now have lower so this is an acceptable level. It was noted that previously agreed for high risk areas a level of 0 was the only acceptable level but agreed that under 100 for other areas for other clinical areas. Agreed an enhanced monitoring regimen with checks that the numbers continue to come down but if not reducing then an enhanced disinfection is carried out. DK noted that flushing twice a week has not proved to be sufficient for buildings not in use and should be closer to in use levels of flushing. It was agreed for those building that increased flushing programme, sterilisation and then further checks. CP agreed to forward information to SD to gain advice from infection control doctor for advice.	
7.	Flushing Reports	
	South – Nothing at this time – recent request just sent to the clinical areas	
	NEW – averaging 32% returns for the sector with 340 emails sent out requesting response	
	Clyde – responses are better than previously and slowly increasing	
	It was agreed by the members that this was still not an adequate response and should be escalated to BICC – a short paper to be prepared to reflect the low returns	
8.	Scottish Water Audit	
	It was agreed that PU and AG will update the Scottish Water Audit Safety Plan Sheet	PU/AG
9.	AOCB	
	TMV Maintenance at GRI – TF updated that the contract has been awarded and the programme will commence shortly	
	MAK noted that her tenure as lead for the Board Water Safety will end in January 2021 and another member of staff will require to be nominated to take this role	GC
	SD asked that Linde Bagnard and Alex Marek are invited to attend the BWSG	AH
	WIG ACH – a decision is required on how the water on this site is maintained. This is a significant risk to the Board. It was agreed that we need to review the latest Risk Assessments are reviewed down to the layout of the building and it was anticipated that with small investment to rationalise what we have and how the building is going to be used over the next 12-18 months. As this is not an Acute site there was possibilities to prioritise areas and agreed that compliance should look at the building differently and agreed this is a priority to take forward. Agreed that a meeting is set up with GC/TF/AG and MR to discuss. To facilitate these discussions the movement of staff will need to be clear to allow a plan to be put in place. MR noted that LV and HV require to be reviewed. A previous request for additional estates staff to maintain had been requested but not responded to	Meeting to be set up
10.	Date of Next Meeting	
	TBC	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Tuesday 25th February 20201 at 1pm
Via Microsoft Teams**

Present:	
Gerry Cox (GC) Chair	Assistant Director Estates
Linda Bargade (LB)	Consultant Medical Microbiologist
Billy Hunter (BH)	Assistant Director Facilities (South)
Sandra Devine (SD)	Acting Infection Control Manager
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
Alexsandra Marek (AM)	Microbiology Doctor
John Green (JG)	Health & Safety Service Manager
Euan Smith (ES)	Assistant Head of Estates (South)
Colin Purdon (CP)	Assistant Head of Estates (Clyde)
Tom Fulton (TF)	Assistant Head of Estates (North /East/West Sector)
Alistair Leanord (AL)	Consultant Microbiologist
Phyllis Urquhart (PU)	Compliance Manager (Water)
In Attendance:	
Allyson Hirst	PA
Apologies:	
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Ian Kennedy (IK)	Public Health Consultant
Alan Gallacher (AG)	Head of Corporate Estates
Mark Riddell (MR)	Head of Estates Operation
Mary Anne Kane (MAK)	Assistant Director of Facilities (Clyde)
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control (part meeting)

1.	Apologies	Action
	As noted above.	-
2.	Previous Minute 13 th October 2020	Action
	The notes of the last meeting on 13 th October 2020 were noted as an accurate record of the discussions	-
3.	Rolling Action List	Action
	The rolling action list to be updated and will be circulated with the notes – notes below	-
	SUP05 – no updated received from the National Water Safety Group	
	Little Used Outlets – SD to take this to the AICC meeting to gain better feedback from nursing teams when requested from Estates	
	Tank Room Data – Data has been collated over a period of time and reflects that humidity changes seasonally but will continue to monitor – removed from rolling actions as completed	
	POUF – this has not yet restarted after being halted due to other pressures on the lab services. GC to discuss with MR on recommencing this	GC/MR
	Flow Restrictor Replacement Programme – This had been progressing well and no positive results received from testing but noted recently that moulds were reported and it was thought that the programme of change would require to remain in place – noted that no water negative results had been recorded from the water samples from taps	
	WIGACH – Water Safety Plan – Consideration was given to reducing the requirements within the building since it is not fully utilised and is no longer for clinical use in the majority. GC cautioned about investing too much into the building as it is the Board intention to dispose of this site eventually but agreed that some work could progress to ensure that compliance was achieved and the water system was safe	
	Presentation of Water Results – investigations into option had not progressed further on this and it was determined that time and money was not available to progress this further at this time and will be paused	
	APs quarterly Meetings – these have been set up and can be moved to completed on the action list	
	Tender for TMV maintenance - this has now completed with contract awarded will be review on	

	an on going basis	
4.	Matters Arising within the Minutes	
	High Risk Clarification/Pseudomonas Hotspots – PJ could not attend the meeting but SD assured that this has been completed and will share the information that IC have.	SD/PJ
	Water Testing with Beatson – this is already carried out in the locations of highest risk patient group but LB/AM asked if this should be extended to all areas of immune compromised patients – after some discussion for and against this it was decided that a separate meeting will be called with clinical and estates water leads	GC
6.	Local Water Groups – Exceptions Report	
	Local Water Group notes were circulated and nothing was noted as raised as an exception	
7.	Flushing Reports	
	Flushing reports are not returned at a satisfactory level. This was agreed to be raised by SD at the AICC.	
	It was noted that we did not have a clear picture of Primary Care returns as it is difficult to relay the message to this particular area and to pin point appropriate lead to take this forward.	
8.	Scottish Water Audit	
	PU gave an update to the members on the output from the Scottish Water Audit carried out at QEUH. After meeting with the team an action plan was drawn up with now around 22% of this completed. There are varying issues that require to be resolved some of which we can easily remedy but others will prove to be more difficult to achieve. The action plan details the requirements. PU noted that they were planning on carrying out audits across the city in the coming months. GC noted that we should be using in house staff to resolve any bylaw contraventions where possible	
9.	AOCB	
	CP confirmed that CLO2 was installed at RAH and will go live on 4 th March.	-
	PU asked if the group contained the correct mix of staff. GC noted that he was happy that there was appropriate representation from all aspects but noted that there may be some possibility of a representative for the specialist water ie RO water for renal services. DK advised that Board have differing views across NHS Scotland. AM expressed concerns that she might not have the requisite knowledge to comment on these systems. After further discussion it was agreed to extend invites to lead nurses as required.	
	There was nothing further and the meeting was closed	
10.	Date of Next Meeting	
	Dates circulated after the meeting for the years BWSG – These run to ensure feed into BICC 6 th May 8 th July 9 th September 11 th November	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Thursday 6th May 2021 at 1pm
Via Microsoft Teams**

Present:	
Gerry Cox (GC) Chair	Assistant Director Estates
Billy Hunter (BH)	Assistant Director Facilities (South)
Sandra Devine (SD)	Acting Infection Control Manager
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
Alan Gallacher (AG)	Head of Corporate Estates
Mark Riddell (MR)	Head of Estates Operation
Euan Smith (ES)	Assistant Head of Estates (South)
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control
Tom Fulton (TF)	Assistant Head of Estates (North /East/West Sector)
Alistair Leanord (AL)	Consultant Microbiologist
Phyllis Urquhart (PU)	Compliance Manager (Water)
Jack Cairns (JC)	Assistant Head of Estates (Partnerships)
In Attendance:	
Allyson Hirst	PA
Apologies:	
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Ian Kennedy (IK)	Public Health Consultant
Mary Anne Kane (MAK)	Assistant Director of Facilities (Clyde)
Linda Bagrade (LB)	Consultant Medical Microbiologist
Alexandra Marek (AM)	Microbiology Doctor
Colin Purdon (CP)	Assistant Head of Estates (Clyde)

1.	Apologies	Action
	As noted above.	-
2.	Previous Minute 26 th February 2021	Action
	The notes of the last meeting on 26 th February 2021 were noted as an accurate record of the discussions	-
3.	Rolling Action List	Action
	<p>SUP05 – as far as was known SUP05 was withdrawn due to concerns and the Board position remains that water coolers were generally removed but if required there was a process in place to ensure an approve machine was installed and that the department or ward were responsible to ensure that this was cleaned and records maintained to allow Estates to review these when required. Anyone wishing to have drinking water available it was to be plumbed in but if not a water cooler machine could be with the above agreed for maintenance. High risk areas of Acute sites were not permitted to have a water cooler in any of their areas.</p> <p>PJ noted that she had been asked recently about water coolers in care homes but it was noted that this was not part of the Boards remit but also noted that it maybe that the Board are to take on IC responsibility for care homes in the future. An SOP is in place to cover the maintenance and cleaning requirements. It was agreed that the location of this needs to be clarified to ensure staff follow due process. Agreed that this item can be removed from the rolling action list as for the Board this is complete until further guidance is forwarded from HFS.</p>	Remove from rolling action list
	<p>Little Used Outlets – it was agreed at AICC that Chiefs of Nursing and Medicine would reemphasis the importance of completing the documentation and SD requested some assist in preparing the wording of the document prior to circulation. It was noted at the last AICC that there was low returns being seen. It was decided that a review of the documentation and a standard format was to be used across the Board. It was agreed that the returned information will be shared at AICC. It was agreed that this will take a period of 3-5 months to determine if there are any areas that are still not regularly returning and agreed that it will be the responsibility of the clinical teams to progress this with their teams to encourage response to Estates. This will remain a live action and will be updated as it progresses. The new format may encourage returns</p>	Remain on action list with review as information is known

	POUF removal – discussed at the WTG at the last meeting. It was agreed at this meeting that the proposed plan would progress to remove these filters initially within the low risk areas but with continued sampling to ensure results remain within specified limits	Update as progresses
	Flow Restrictor Programme – It was agreed at the WTG that these will continue to be monitored which may in turn reduce the frequency of these changes. It was noted that due to Covid this programme to return to a longer period of change time was paused. The information from the status of these is that they are in good condition due to CL02 and now require to determine what the change programme of these will be going forward	Remain on action list and update as information comes forward
	WIGACH – It was agreed that a discussion out with this group is required. This is no longer an acute site and therefore it does not require to be maintained to these standards. It had always been envisaged that this site would be closed down and disposed of by the Board in the years preceding the opening of the new Children's Hospital at QEUH. This was not possible for various reasons and was determined to be used for some clinics and as a staff base. Estates have been working to close down and drain areas no longer in use but it was agreed that there is considerable work to be done to complete this and ensure that appropriate audits are carried out to reflect the areas still in use. GC asked if the RA prepared for this site is acceptable – it was agreed that it was not. There are outstanding actions in the log with no mitigations in place. Significant risks are noted in water, HV and LV as well as ventilation. A paper had previously been submitted to the Director detailing the work required as well as the resources required to take this forward. This had not progressed for unknown reasons and therefore at a standstill on progressing any of this. DK noted that an audit was carried out in February 2020 which noted the change of use and suggested that some of the RA could be changed to reflect this. GC noted he was not comfortable with the situation as it stood and agreed to have a discussion with MR, AG, JC, DK and himself to work a resolve to this. It was noted as above that this is mainly used for staff and with very few patients using the site. But it was noted that the paediatric diabetic unit is back in use after close down during Covid along with dermatology unit.	Agreed to review the RA and use information within to push requirements forward. Meeting to be held to discuss
	AE Action Plans – AG reported that these are progressing well but noted the concern with the WIGACH as above. AG did not that there are some issues to be followed up	Feedback to next meeting
	Water Risk Assessment – it was noted that a meeting was held yesterday with the contractor and the team from QEUH along with IC colleagues. The purpose of this was to carry out a revised water risk assessments for the few sites that are outdated. It was hoped that this could be reviewed annually and at this time generally content with the RAs. GC noted that following SHTMs not all sites required an annual audit but that high risk areas should be reviewed frequently and other area on an agreed programme of audits. DK confirmed that the new SHTM will be in line with HSE guidance for health centres and that RAs are a legal requirement in partnership properties. A benchmark is required and once this is completed this will allow information to be clear that will determine frequency of future audits. Agreed to share this information once completed with the member. Agreed that if we are in control of a building then we have the requirement to full fill the legal requirements in regards to RAs if not directly maintaining the building required to liaise with the landlord of these buildings.	Agreed to remain on the rolling action list for updating at this concludes
	Scottish Water Audits- PU confirmed that there is no update to this at the moment but continue to work through the requests – work in progress. PU noted that there are some significant spends required and will required approval prior to proceeding with these. An example of this was the Argo baths which roughly costed were around £64K. It was noted that the majority of clinical areas do not require the use of these and it may be that if questioned the ward would rather these were removed and the area used for other purpose more useful to the ward and agreed that this could be taken forward. Backflow protection from the site – is this an issue – likely part of the design of the water on site. Considered that this might be part of the legal claim and was thought to be already know to them.	Ongoing action to be updated at each meeting
4.	Local Water Group Notes – exceptions	
	Meetings had been carried out and no exceptions to report	-
5.	AOCB	
	Affirming bylaws and water management – this is to allow management of heat gain with an official email to instruct following these guidelines. GC asked if there were any sites within the Board that are dumping water once it is considered too warm within the guidance. It was noted that if we are not following these guidelines we are in contravention of the guidance. The group had a lengthy discussion of the Kempar systems being used in our areas. It shouldn't be including automatically in our projects and should be designing out temperature increases rather than installation of these systems which automatically dumps when too high.	JC

	<p>It was noted that Kempar now have a system which cools the water to be reintroduced – it was agreed that we should be careful about installing such systems as they may cause issues further down the line. It was noted that capital projects are installing such a system on their current project at Gartnavel General although no known water temp issues are known on this site. JC agreed to check this with the capital team. TF noted that these are part of the design at Parkhead Health Centre and it was not clear why and TF agreed to check.</p> <p>PU noted that dump valves were historically installed due to clinical staff not performing the flushing as required</p>	TF
	<p>Sampling – AL reported that ICD were working to produce a uniform document that will cover for all sites across the Board. This will determine what sampling is being done on different sites – AL agreed to share this document once it was in draft form. Psudomonas will be first to be reviewed and others will follow on from this. Suggested that a grid is produced to have an overview and allow a possible reduction in some areas and involve the AP to support water management better.</p>	AL
	<p>Legacy Sampling – it was noted that there are several legacy sampling processes carried out across our sites It was agreed that the work being carried out as above will allow a review of the sampling carried out and whether it is still required and allow for any additional sampling to be recorded, purpose and when it was to cease. The example of sampling at B7, B8 and B9 was legacy sampling as being continued after the reason for it commencing had passed but as no one could clarify what it was for it continues. PU noted that the sampling at Beatson was requested by TInkster and JHood and it was agreed to check with ICD colleagues on this now being stopped assuming all are in agreement.</p>	SD/PJ/AL
	<p>Estates Sign off on contracts – it was agreed that the project alerts system works well but it would be beneficial to review this and possibly have a short meeting to review and provide comments back as it is not always possible to respond in the time given and it may be easier to have a brief meeting to review.</p> <p>PU asked if the information provided when returning a ward/building requires detailed information which is not always available – having this would make this part of the process easier – GC agreed to speak to the Capital Team with these</p>	GC
6.	<p>Date of Next Meeting</p>	
	<p>Dates circulated after the meeting for the years BWSG – These run to ensure feed into BICC</p> <p>8th July 9th September 11th November</p>	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Thursday 8th July 2021 at 1pm
Via Microsoft Teams**

Present:	
Gerry Cox (GC) Chair	Assistant Director Estates
Alexandra Marek (AM)	Microbiology Doctor
Sandra Devine (SD)	Acting Infection Control Manager
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
Alan Gallacher (AG)	Head of Corporate Estates
Colin Purdon (CP)	Assistant Head of Estates (Clyde)
Euan Smith (ES)	Assistant Head of Estates (South)
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control
Tom Fulton (TF)	Assistant Head of Estates (North /East/West Sector)
Alistair Leanord (AL)	Consultant Microbiologist
Phyllis Urquhart (PU)	Compliance Manager (Water)
John Green (JG)	Health and Safety Manager
Natalia Hedo (NH)	Business Manager – Infection Control
In Attendance:	
Allyson Hirst	PA
Apologies:	
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Ian Kennedy (IK)	Public Health Consultant
Mark Riddell (MR)	Head of Estates Operation
Linda Bagrade (LB)	Consultant Medical Microbiologist
Jack Cairns (JC)	Assistant Head of Estates (Partnerships)
Billy Hunter (BH)	Assistant Director Facilities (South)

1.	Apologies	Action
	As noted above.	-
2.	Previous Minute 6th May 2021	
	The notes of the last meeting on 6 th May 2021 were noted as an accurate record of the discussions	-
3.	Rolling Action List	
	Little Used Outlets – AICC and BICC noted this information – any further issues with returns will be taken to service leads to progress. A spreadsheet return is being trialled	
	POUF – Removal – MR was on leave and no further update available at this time	
	Flow Restrictor – further testing being carried out and programme continues	
	WGACH Water Safety Plan – there is an issue around resources and AE Audits and RA due to be downsized but agreed more staff moved to site this will require further intervention	
	AE Action Plans – Summary of Action Plan – QEUH was completed in January 2021 with actions being worked through. GRI February 2020 with actions nearing completion. RAH had a further audit last week. VoL new AE audit to be carried out. IRH – 03/20 and GGH carried out 02/20. Further audits will be discussed and agreed with AE. Stobhill and Leverndale – actions being closed down then RA scheduled for later in the year. Dykebar 08/20. HSCP contract with an additional AE to carry out all GP practices which will provide a baseline. With the scale of the Board it requires more than 1 AE to cover all the areas and by having additional this will allow for future planning. Acute sites – QEUH will be yearly with other sites being every other year – this will allow plans to be prepared and manage issues	
	Scottish Water Audit – 22% compliance. 59 actions with some outstanding. Review for remedial works. Noted that other sites will be audited but not clear where and when and SW will be asked to update	
	Board Responsible Person for water is required now that MAK has left the Board – this requires to be concluded and appropriate paperwork completed	
4.	Matters Arising	
	Sampling – Previous meeting had seen ICD request and update on sampling protocol. A version	

	<p>was submitted to the meeting today for comments with the anticipation that this would be rolled out across all the sites of the Board specifically for Legionella. It was noted that there is guidance within the SHTM to determine when sampling was required. There are three means of control. Temperatures/chemicals, patients displaying or within high risk area. Current guidance mimics HSC guidance and there is nothing of significance to add to this. A better understanding of high risk areas would be beneficial. It was noted that this has been carried out for psudomonas risk areas - agreed that Estates should link with AM on this. With input from clinic al teams to advise from a patient perspective.</p> <p>Legacy Sampling – An agreed policy was three clear and then looking to cease sampling. Is this endorsed by ICD colleagues although noted this is not always being carried out – for varying reasons whether local or cautious approach the testing continues. It was noted that there are still legacy testing going on in various sites and decisions need to be made on how to move away from these with agreement on what allows this to stop with provision of evidence to uphold these decisions</p> <p>It was agreed that it would be beneficial to have a sit down review of the areas and carry out some housekeeping to get this into a more beneficial position. DK noted that caution should be noted in buildings that are prone to high results periodically.</p> <p>Agreed that GC will offer appropriate staff to be involved in this. Agreed that appropriate governance around reasons for stopping and for continuing. Pseudomonas RA will give a good starting point for this within high risk areas.</p> <p>Estates Sign Off – It was agreed that the project alerts system work but could be done better. It would be pertinent to have earlier engagement with relevant staff and also include clinical colleagues when relevant. GC agreed to refresh with the team</p>	
5.	Local Water Groups	
	Papers submitted were noted	
6.	Flushing Reports	
	Flushing – noted that this has improved since the last meeting of this group but will be kept under review if intervention is required	
7.	Scottish Water Audit	
	Work is on-going – SW have been asked to confirm where and when they plan to carry out their audits across the sites. Update at future meeting as information is known	PU
8.	AOCB	
	<p>Agenda Changes Proposed – GC provided a proposed agenda for comments prior to the next meeting of the group. It was noted that this meeting is a strategic discussions with other matters being discussed at the Water Technical Group. Agreed that some matters should be discussed at Local Water Groups. Now that compliance is in a better place and more control of water is in place the BWSG should focus on strategic issues. It was agreed that we should still review the items to ensure that we are not missing or discussing matters that are not entirely relevant within the context of the group</p> <p>NHS Assure – what are other Boards are discussing. Is there anything that we are missing or not discussing what are we reviewing within engineering expectations</p> <p>B8680 states how water groups should be functioning and it is useful guidance on membership and what are the most appropriate discussions. PU was asked to circulate this to members</p> <p>Audits – DK noted that three acute site audits are completed but others are in the diary for conclusions</p> <p>Water Coolers – CP asked if there was further guidance. Noted that further discussions had not taken place at the National Water Group. AM noted that she has been seeing these in inappropriate places ie theatre recover. It will be necessary to review the type and location of these units There was a previous agreement that only an agreed model would be installed with prior agreement on area of installation with the area requesting taking responsibility for their maintenance in the form of payment and record keeping. Estates would have the ability to review these to ensure the machines in place were maintained. Other options where possible was to install a piped unit and to ensure that these are not located at the end of lines they would be placed appropriately within the area. SD asked what happens after the 2 year maintenance contract is completed – it is updated. DK noted that all Boards are asking the same questions – SUP05 has not been ratified but does give information on where coolers should not be installed. It was noted that some friends of wards groups may be asked to purchase these out with procurements control – this would go against all advice. Policies have been drawn up to inform staff how and where to source these units as it was previously agreed to remove all and individually review areas who requested with appropriate governance to manage the install of these. It was agreed that a review of the</p>	<p>Comments- All</p> <p>PU</p>

	documentation and a check carried out in areas of note Tap Choice – AM asked what the process and documentation for the choice of tap for capital upgrades. When it was necessary to review the tap choices it was primarily discussed at the Water Technical Group which reviewed the industry available taps at that time. This was not a national decision but taken with input from water experts and technical advisors. A review of the WTG notes will be undertaken to review the process and how the decision was made. A periodic review of the products chosen would be useful to ensure we are using the most appropriate and to incorporate any changes to requirements or legislation. GC suggested that he could raise with NHS Assure to ensure that products achieve or exceed our expectations within an agreed list and it was noted that local agreement would be useful but agreed that national input would be beneficial.	AG
9.	Date of Next Meeting	
	Dates circulated after the meeting for the years BWSG – These run to ensure feed into BICC. 9 th September 2021 at 1pm via MS Teams 11 th November	

Approved at September BWSG

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Thursday 9th September 2021 at 1pm
Via Microsoft Teams**

Present:	
Gerry Cox (GC) Chair	Assistant Director Estates
Alexandra Marek (AM)	Microbiology Doctor
Kerr Clarkston (KC)	Estates Manager
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
Alan Gallacher (AG)	Head of Corporate Estates
Colin Purdon (CP)	Assistant Head of Estates (Clyde)
David Jordan (DJ)	Quality, Health and Safety & Training Compliance Manager
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control
Tom Fulton (TF)	Assistant Head of Estates (North /East/West Sector)
Alistair Leanord (AL)	Consultant Microbiologist
John Green (JG)	Health and Safety Manager
Ian Kennedy (IK)	Public Health Consultant
Mark Riddell (MR)	Head of Estates Operation
Jack Cairns (JC)	Assistant Head of Estates (Partnerships)
Billy Hunter (BH)	Assistant Director Facilities (South)
In Attendance:	
Allyson Hirst	PA
Apologies:	
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Linda Bagrade (LB)	Consultant Medical Microbiologist
Sandra Devine (SD)	Acting Infection Control Manager
Euan Smith (ES)	Assistant Head of Estates (South)
Phyllis Urquhart (PU)	Compliance Manager (Water)
Natalia Hedo (NH)	Business Manager – Infection Control

1. Apologies	Action
As noted above.	-
2. Previous Minute 8th July 2021	
The notes of the last meeting on 8 th July 2021 were noted as an accurate record of the discussions	-
3. Rolling Action List/Matters Arising	
Review of the Agenda items – members are asked to consider the contents of the agenda and if there are any matters missing please let either GC or AH know so that they can be added	All
POUF – MR noted that 13 are still to be removed from the Schiehallion pathway. Delays are due to lab availability. Other areas of low risk were to be reviewed by IC to determine if these could be removed. IC input is required to conclude this. It was agreed that once these are installed they are difficult to remove. Is it the intention to remove POUF even within critical areas? To be considered. PJ agreed to take this back to SD and colleagues to discuss.	PJ
Little Used Outlets and Flushing Data – this was discussed at AICC and lead nurses are involved – review of the mailing list to be updated to ensure that the correct people are being sent the requests and responding. This sits with Linda Armstrong and the completed input in the next week or so. A request for returns will be sent out and only then if there is lack of response then this will be highlighted. PJ noted that a toolbox talk was created for flushing and PJ suggested that this information should be shared again with lead nurses – this may improve the returns for these.	
Flow Resistor Replacement - It was noted that no further sampling has been carried out on these and it was noted that if we are not clear on the reasons for still changing these. Should we get a final sampling completed and then determine that if this is as clear as the others have been that this is now reduced to an annual maintenance rather than as it is at the moment. It had always been agreed that this was carried out until the CL02 was fully installed and working at its intended capacity and then this would hopefully no longer be required. It had been discussed at the WTG that this would continue if the sampling results gave justification for it and if not regular maintenance scheduling would be programmed. It was agreed that further testing carried out and compared with	

	historical data will determine if this can be reduced and then stopped other than for maintenance when required. AL agreed this was a logical response to this. Agreed that restrictors are not currently problematic due to the CL02 now flowing through the system but agreed that if this can be evidenced it can be reduced from 3 monthly to 6 monthly and then review again	
	WTG – it had been discussed that this group was established to take forward agreements on the work to improve the water situation – now that this was now better and CL02 was installed that along with agreement from HFS that the work of this group would be incorporated into the BWSG and all and any discussions and actions will be taken through this group – Agreed	
	WIGACH Water Safety Plan – as the building was still in use although not as an acute site this needed to have some review undertaken by operational estates. It was noted that this building is under resourced and discussions with AE on how to ensure this building was at a level in which they would be happy with. MR noted that there has been additional activity in the building and therefore additional flushing and movement of water but agreed that a plan is required moving forward until the site is closed down. Agreed that an RA would flag red. It was noted that there are a small number of patient groups still using the site and it would take significant investment to bring this back to an acute site standard. GC asked if this was the only major risk within the Board from a water perspective and AG and MR agreed. It was agreed that this will remain on the agenda with updates provided from the other meetings on this subject.	
	Presentation of Water Results – This has been paused due to Covid and having appropriate input from external companies. AL agreed that this could be removed from the agenda as this cannot be progressed at this time. There has been some work with the water results being transferred into a summary document format for the public enquiry and it had been agreed to triangulated IMT and TVC breaches to have a combined and unified report and this will include all the water results – noted that this will be a significant document when completed	
	Water Risk Assessments – AG circulated information to the members from the acute perspective there are water RAs for all acute sites, QEUH in progress, GRI is current and new one being awarded to commence on site. IRH one in place and being checked along with RAH and GGH which has some outstanding issues that required to be completed and a new RA will be put in place for the coming year. VoL has an RA in place and there are outstanding action to be completed prior to move to the new RA. AG noted that there is good compliance within acute sites. Leverdale, Stobhill and Dykebar have a current RA with actions being closed off prior to new RA being created. Dental Hospital – a further discussion required with AE. Gartnavel Royal these are mostly HSCP and partnership areas and therefore not carried out previously but now thinking is that at least one RA is carried out to allow the Board to prioritise future RAs if required and dependent on the risk. HSCP - AG noted that a substantial piece of work is required for HSCP sites to ensure RA in place and this will ensure that we have good compliance across all of our sites. AG noted that SHTM did not require an annual RA on these HSCP or partnership sites. PU is tasked with pulling together a complete programme so that there is visibility of around 87 sites and by carrying out these RAs will allow a fuller picture of these areas.	
	Legacy Sampling – various areas being sampled out with regular areas and it had been agreed this was carried out for good reason but continued past the initial reason for this whether for clinical reason or engineering reason. The process should be three clear samples and stop sampling but this is not happening across our sites and sampling is continuing. How can we take a standard approach. AM noted that from a clinical point of view if required sampling it should be applied across all the sites under the same process. Agreed that three clear for legionella then the testing stops. If there is a need clinically for a continual sampling then this criteria needs to be clarified for where and when. General principals agreed and in place across the site. TF suggested that a plan should be in place for what and where would be sampled. Assuming that clinical and engineering agreed that after any remedial works carried out it could be stopped. It was agreed that a review of the areas sampled to get some agreement on those that require to be continued and those that could be stopped. A SLWG was agreed to be set up and AG and AM will discuss with clear input requirements for clinical input	
	Estates sign off on contracts – It was noted there was a lack of consistency of involvement of AE. Is this the case – agreed that they are not utilised enough within projects and we should be using them more appropriately and they should be involved more heavily in the projects. There is definitely a fragmented approach and should be rectified to ensure that this takes place and there is a share of information to ensure that appropriate input is given prior to any works being taken forward and suggested that Capital should be including this as part of their process. It was agreed that it would be good practice and good governance going forward. GC noted that he has spoken to the capital team but needs to ensure this is formally positioned. It was noted that it needs to be clear where this comes from and where it fits into the project and suggested that the AE is involved as early as possible. It was agreed that “the who” sign off process requires to be reviewed to ensure that this is done appropriately and with correct input.	

4.	Local Water Group Minutes – by exception	
	Noted those included within the papers for the meeting – no exceptions were noted	
5.	Flushing Reports	
	It was agreed that these are included in the meeting papers going forward. KC reported that this is mostly carried out by Soft FM colleagues and sent to Aps monthly. DMA also carry out additional flushing where agreed for out of specs.	
6.	Scottish Water Audit	
	PU was not present for this meeting but AG noted that work is based on bylaws audits and it is to ensure that our practices and procedures are appropriate. It was noted that this will be across the Board and noted there will additional work for APs	PU
8.	AOCB	
	IK asked about emergency plans . AG noted that these are at an advanced stage and working with Scottish Water Emergency Planner – AG agreed to get this updated and recirculated	AG
	DJ – introduced himself to those present as the compliance manager for Microbiology – He noted that the lab is UKAS accredited and as part of this we need to have a contract review with the service users and he asked if it was appropriate to use BWSG for this purpose where an exchange of issues and discussion can take place. It was agreed that this can be added to the BWSG agenda going forward	
	TMT/TMV – AG noted that we are stepping away from using these within our buildings for ease of maintenance and installation. What if we were to take these forward in installation on a more structured approach. Review the risk so that within capital and operational maintenance so that we know that have TMTs within the right areas and not on every tap if not required. AG noted that there is not a risk approach to this and leaving it to the project managers and designers to determine this. GC noted that there were introduced for whole body emersion which we don't have so many of anymore and within our staff areas. But it was noted there is no guidance relating to this or within SHTMS which only defines the type but not the areas that they should installed. If a risk approach then far less of these would be installed and it would allow operational estates and Aps to review what is being installed. TMT and TMVs bring their own risk to Legionella risk and bring a substantial revenue implication. Agreed that is we remove these we will remove the Legionella risk and also bring a substantial revenue saving. It was agreed in order to progress this a paper should be brought to the next BWSG for approval and then share this with capital colleagues	
	Taps – AM raised how we make decisions on the tap types used in our buildings, how often is this reviewed to ensure that we are using the most appropriate for our needs and patient cohort.	
	Membership – the question of introducing a member of the capital team to sit on this group was discussed and agreed – JDonnelly will be approached to submit a nomination and the person included in the membership.	GC
	Water Fill Points – What works are being done to ensure that these are on our sites. A programme of works is being developed as part of emergency planning. AG noted the plans need to be worked out with the Water Authority on this and they look at the status of the site. It is assumed acute site they should have and it is part of the Scottish Water Emergency Plan to support if there is an issue but need to have the points to connect to. This does not apply to hospital sites but our support services including laundry and Caledonian House. Discussions with Scottish Water to ensure they have these within the emergency planning. BCPs are updated regularly and work with Business Stream to align plans. GC asked that this is reviewed and ensure that we have these plans in placed and what works are needed.	AG
	Storage Tanks – KC noted that during regular checks of the storage tanks it was noted that there has been some deterioration in the metal and after some initial checks there is the potential that the wrong type of metal has been used within the rods and bolts which are showing rust. This is now potentially going back to the legal team for inclusion in the action with Multiplex. A temporary cost of £35K for repairs to treat and seal the metal. Metal flakes are being taken to analyse fully although noted that the stamps indicate the wrong metal with CL02 exacerbating this with chlorite gas – a report will be sent back to the group on remediation	KC
	Access to Written Schemes – agreed that these will be available to the microbiology team and AM will forward the names of appropriate people to PU/AG	AM/AG /PU
	Marwick 21 Taps – It was noted that there have been some issues with the spout of this tap type. This is being seen in sites without CL02 so this is not considered a factor. Noted that there is some derogation within the thermostatic house and discussions will continue with the manufacturer. Agreed that the POUF will prevent anything getting into the supply flow within our high risk areas. A report is anticipated from the analysis of these taps. The group determined that there needs to be a	

	process set up to ensure that we are reviewing taps more frequently and take into account different circumstance should be the determining factor in tap choice and this was a good opportunity to reinstate the assessment process. Would NHS Assure input be useful in this situation – agreed it was not usually part of their remit but we do need to be clear on the criteria and agree that as designs change we should consider for our new projects or for tap replacement	
	Chairmanship of the BWSG – due to GC forthcoming retirement GC asked that until his replacement is in post and the restructuring is completed that AG/MR co-chair the meeting. Both agreed.	
9.	Date of Next Meeting	
	The next meeting of the group will take place on 11 th November 2021 at 1pm via MS Teams	All

DRAFT

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Thursday 11th November 2021 at 1pm
Via Microsoft Teams**

Present:	
Alexandra Marek (AM)	Microbiology Doctor
Alan Gallacher (AG) (Chair)	Head of Corporate Estates
Euan Smith (ES)	Assistant Head of Estates (South)
Phyllis Urquhart (PU)	Compliance Manager (Water)
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control
Tom Fulton (TF)	Assistant Head of Estates (North /East/West Sector)
Ian Kennedy (IK)	Public Health Consultant
Mark Riddell (MR)	Head of Estates Operation
Jack Cairns (JC)	Assistant Head of Estates (Partnerships)
Billy Hunter (BH)	Assistant Director Facilities (South)
Eleanor Singer (ES)	
Sandra Higgins (SH)	Service Manager
Colin Purdon (CP)	Assistant Head of Estates (Clyde)
In Attendance:	
Allyson Barclay	PA
Apologies:	
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Linda Bagrade (LB)	Consultant Medical Microbiologist
Natalia Hedo (NH)	Business Manager – Infection Control
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
David Jordan (DJ)	Quality, Health and Safety & Training Compliance Manager
Kerr Clarkston (KC)	Estates Manager
Sandra Devine (SD)	Acting Infection Control Manager
Alistair Leanord (AL)	Consultant Microbiologist
John Green (JG)	Health and Safety Manager

1.	Apologies	Action
	As noted above	
2.	Previous Minute 9th September 2021	
	The notes of the last meeting on 9 th September 2021 were noted as an accurate record of the discussions	-
3.	Rolling Action List/Matters Arising	
	Scottish Water Audit – a compliance sheet was circulated to the members and it was noted that not entirely complete. It was noted that not all sites carry out a bylaws audit	
	Membership – it was agreed previously that a member of the Capital Planning team would be a member of this group. Andrew Ballie and James Huddleston were invited to the group but on this occasion John Donnelly would participate due to diary clashes – pre meeting note JD had difficulty in getting logged onto the meeting.	
	Water Fill Points – Water bylaws in place from Scottish Water identified that some sites do not have compliant fill points. It was agreed that there was an element of bylaws work to be carried out regarding this. The water authority categories the Health Board properties as Cat 1 priority and we need to ensure that we have the fill points in place should we require to refill during a catastrophic failure. It was noted that not all of our sites will require these or to be provided with a bowser during a failure. It was noted that Caledonia House should be noted at a Cat 1 due to the potential significant impact to our services including SAS and NHS 24 should these areas fail. Where there was no requirement for a fill point and no bowser the Board would be required to ensure a supply of bottled water. JC reported that he had a cost to provide fill points at Gartnavel site and was awaiting the go ahead when funding was provided. AG noted this should be part of the consequential funding provided by the Scottish Government and MR and JC should take this forward.	MR/JC
	Storage Tanks QEUH – a report back to this group on remediation works to the tanks and noted that the CL02 was likely exacerbating the possible corrosion. The costs for repairs to the tanks was estimated at £35K. ES noted that it was not clear if this could be part of the legal quantum or	

	to ensure governance and compliance. Stobhill and Leverndale had audits recently carried out on compliances and SOPs will be created to ensure that we have carried out works required within any of the sites. For IRH and VoL and their associated HSC it was agreed that the AE who carried out the acute site would carry out audit on the HSCP site. IK asked for within the RA and AE audit how progress is demonstrated within this documentation – details of progress are reported in Smart Sheet but it was agreed this needs to be clearer on understanding of actions and the completion of these but it was anticipated this would be clearer once the information is loaded onto this and working in parallel with the Smart Sheet system and AG agreed to work on this to make these similar in presentation.	AG
	Emergency Planning – noted with the documents provided this reflects the emergency planning work carried out with Business Streams and red reflects completed but noted that there are still some outstanding actions and these are reflected in the document - PU will be asked to convert this to a percentage completion and noted that discussions with Estates teams to get these closed won. TF reported that he has given Business Stream all the information and it is not clear why it has not been signed off. The plan was approved previously on a different template and a new member of staff required some additional information and this needs to be update on template version 3 with slight gap analysis that needs to be closed to ensure this is signed off – TF and PU to conclude. AG noted that the RA at GRI and RAH was carried out with external contractor who is currently undergoing LCA approval and is confident that this will be concluded and we will have a completed RA. It was noted that there was a need to get an additional company on board to ensure that we were compliant within our RA.	PU TF/PU
	Flow Restrictor Programme – MR noted that there is no change in this and changed to a quarterly basis – but noted agreement required of this group on this.	All
	AE Action Plans – agreed to update the agenda to ensure that thee all come under one header.	MR/AG
	Sampling – there are differing sampling regimens for both engineering and clinical requirements – it was previously agreed to standardise these across the sites and a meeting needs to take place to look at these for each site, what is being requested and justification to back this up to ensure it is being carried out for appropriate and agreed reasons. It was suggested a SOP is put in place for each testing request so that this can be reviewed and stopped once the reason for testing is concluded. A recent meeting between KC and AM worked closely on what the requirements were and AM noted that only beginning to work out what sampling being carried out and where and sampling schedules are being forwarded to KC for review at this time and to gather information for further meetings to work through these and finalises these and document appropriately. SOP required for different levels of results across all the sites and these are different from written schemes so need to be pulled together and adopted appropriately across the sites with clear lines of staff who require to see output and actions determined. This will then lead eventually to the testing ceasing but with clear indicators on who determined this and why.	
	Estates Sign off to Contracts – Consideration on the use of AE within the design part of the projects to advice on compliance within SHTM etc. Agreed that there is a requirement depending on the complexities of the project and therefore differing levels of input required. It was noted that if the works are being taken trough capital it may be a requirement to have an initial review of the design but noted this could have impact on the time of the AE and AP and it was agreed to discuss this with the capital team out with the meeting to determine the best way forward CP noted that there is a process for design changes in existing area with recording and requirements with a check list to follow this may be used to form the beginning of discussions	
5.	Local Water Group Minutes – by exception	
	South – nothing to report	
	Clyde – CP noted that the Larkfield unit was showing some issues in maintaining temperatures – this is a PFI property and Ross and Eddie have engaged with the team but still not resolving and issues with the temps at the far ends of the system achieving 55 degrees. PFI have taken samples for legionella and addressing the issues and concerns that the PFI provider is not progressing this as quickly as we consider necessary and this fact will be escalated. IML and Bellrock have no AP or CP appointed to work on the system and this has been raised previously and it was through to be a historic layover from original PFI set up and standards at that time. It was noted it is not only a water temp issue but with some other compliance matters and AG agreed to speak to MRegan to get this progressed and finally resolved. It was agreed that required to be progressed as a matter of urgency and AG will take this forward but in the interim CP will email Bellrock to ensure they understand the urgency of action required on this matter	CP
	VoL – Care of the Elderly Unit – similar temperature issues to Larkfield and CP has spoken to DK who suggested to carry out some sampling – there was positive high levels of Legionella and IC have been involved and deployed filters in showers to give protection and the purchase of tap filters to be fitted and dosing of the tanks specifically on the ground floor using Sanisil at safe level to provide some disinfection. DK recommended looking at CL02 as a permanent resolve to this due to	

	the age and set up of this system and TWafer has been asked for his input on possible resolution to these issues. AG noted that this should be recorded within the risk register with mitigations and possible resolutions and management until permanent fixtures can be put in place. CP noted that this has been identified in the last RA and it was suggested that SBar is brought back to this group to ensure that there is Board awareness of this. CP agreed to progress and bring back to a future meeting.	CP
	North/East – GRI CL02 is being installed and noted that in Lightburn there are some concerns on storage of water – there is minimal use within the building and monitoring this usage and now considering reducing the size of the tanks – will complete a full review prior to any decision being made.	?? NO TF WHO
6.	Flushing Reports	
	WGACH – manual flushing and additional review to ensure this remains clear	
	Gartnavel – additional check valves to be added and continue to monitor	
	Dykebar and HSCP – programme of water tank replacement and noted that there is a number of new staff within HSCP and looking to train Aps and a few replacements. PU noted that training was being pulled together for 30 th November it was noted this was an in person course and suggested that this could be moved to Teams to accommodate more people at any given training session. PU agreed to looking into this as it would be of benefit to the Board to have more APs in position	PU
7.	GRI Environmental Testing Labs	
	SE noted that as part of UKAS Assessment and procedures in place that there was feedback from clients/users of the labs. This has proved difficult as the majority of the Labs work is within the NHS and have few commercial users. It was determined to bring this to the BWSG as it covered all sectors and this would be a yearly check to provide confirmation that the lab was providing a satisfactory service. A Statement of Agreement on the provision the service can be forwarded prior to the meeting for members and those who use the service agreed that the service is providing appropriate service. AG asked if there was an SLA within the Labs and estates as a similar set up for Pharmacy and Estates. Would it be possible to pull this together and form an agreement on expectations from both parties and include a breakdown of the sites included and requirements of the regulatory body for the labs and suggested that PU and KC are brought together with the Labs to create this SLA – it was agreed that the Labs set this meeting up and take forward and AM offered any support that may be required from IC or Microbiology	PU/DJ
8.	AOCB	
	WTG approve of POUF remaining PALL Filters – some work carried out by the WTG and it was agreed that the PALL filters were the preferred use at 30 days as it gave consistent information and was consistently unlikely to fail and it was previously agreed at the early stages of the WTG and it there was a reason to move away from these filters then a piece of work will be required to review alternatives to this prior to any changes being agreed upon. AM suggested that this could be part of the same process to review the taps or any other equipment that is to be used on a regular basis to ensure that we are using the most appropriate and best equipment and suggested this may an annual review process which any products can be brought to for review and agreement on replacements. JC noted similarly anti ligature considerations should be part of this discussion process and AG and MR agreed to discuss out with the meeting and it was noted that NHS Assure should be invited to participate with the SLWG to ensure appropriate input – AG will ask if this could be done via the National Water Group	AG
	BS6860 Water Safety Plans – was this being adopted or use existing Water Safety Plan. It was agreed to review and bring back to the next meeting and noted it was important that the group endorses whatever decision is taken forward. This is part of our Written Schemes and Water Safety Plans and AG agreed to review the standards to ensure all was covered.	AG
9.	Date of Next Meeting	
	Meeting dates will correlate with the AICC and BICC meetings - TBC	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Wednesday 2nd February 2022 at 2pm
Via Microsoft Teams**

Present:	
Alexandra Marek (AM)	Microbiology Doctor
Euan Smith (ES)	Assistant Head of Estates (South)
Phyllis Urquhart (PU)	Compliance Manager (Water)
Pamela Joannidis (PJ)	Associate Nurse Director Infection Control
Chris Haddow (CH)	Assistant Head of Estates (North /East/West Sector)
Ian Kennedy (IK)	Public Health Consultant
Mark Riddell (MR)	Head of Estates Operation
Jack Cairns (JC)	Assistant Head of Estates (Partnerships)
Billy Hunter (BH)	Assistant Director Facilities (South)
Colin Purdon (CP)	Assistant Head of Estates (Clyde)
Catriona Riddell (CR)	
James Huddleston (JH)	
Sandra Devine (SD)	Acting Infection Control Manager
In Attendance:	
Allyson Barclay	PA
Apologies:	
Kate Hamilton (KH)	Acting Nurse Consultant IPC
Linda Bagrade (LB)	Consultant Medical Microbiologist
Natalia Hedo (NH)	Business Manager – Infection Control
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
David Jordan (DJ)	Quality, Health and Safety & Training Compliance Manager
Kerr Clarkston (KC)	Estates Manager
Alistair Leanord (AL)	Consultant Microbiologist
John Green (JG)	Health and Safety Manager
Alan Gallacher (AG)	Head of Corporate Estates

1.	Apologies	Action
	As noted above	
2.	Previous Minute 11th November 2021	
	The notes of the last meeting on 11 th November 2021 were noted as an accurate record of the discussions with one amendment that Colin Purdon was in attendance	AB
3.	Rolling Action List/Matters Arising	
	Board responsible person for water – agreed this would now be Mark Riddell – letter needs to be completed (AG) this will allow MR to continue to progress further sign off on matters	AG
	Membership – will be updated with new staff now in post and additionally Capital Planning – James Huddleston and John Donnelly added to the circulation list	AB
	Water Storage at QEUH – ES – repair of tanks costed at £35K but after further review tanks are found to be non-compliant so now reviewing for full replacement and will be part of the legal quantum. Overall costs around £150K – on going	EU/KC
	Larkfield Unit – water results are now reporting clear. No issues reported from the PFI provider. A specialist consultant has been requested to review and the outcome of this is awaited. An audit carried out by PU on procedures. The PFI contractor has requested the output of this. PU has discussed the release of this information with AG but not had any confirmation. Assuming the group agreed then PU will forward to CP.	PU/CP
	Access to Written Schemes – AG to review information shared by PU. Agreed that sectors to have access to the Written Schemes via the Sector Water Group. AM agreed to encourage colleagues to ask via these – item is now closed	AM
	Lightburn CL02 – CH reported that Legionella was out of spec with small counts. Due to the way this site is now being used the water usage was considerable less than previously. Discussions on reduction of the tank sizes was considered but not approved as it would reduce site resilience. An extensive flushing regimen is being undertaken and it was agreed that a survey is undertaken for CL02 installation.	CH

	Water Training on Teams – PU has discussed with the training provider and agreed that one session could be delivered on Legionella Management for 1 day but the other three days of this training would need to be carried out in a classroom. PU will update at the next meeting.	PU
	GRI Environmental Testing Labs – PU provided feedback to SHiggins and comments to be added to the document and brought back to BWSG – completed and can be removed	AB
	Taps and Filters Agreement – Taps – KC is meeting with suppliers to review the potential to change the taps in hospital environment. A review by this group will be carried out. CP asked what evaluation on this – would there be input from all sites and sectors - MR confirmed that Assistant Heads would be involved in the decision making process. JB noted anti ligature should also be a consideration – Agreed that all views will be considered	Noted
	BS8680 – information has been shared with AG – Water Systems Water Quality documents – there are several layers to this and will required some review	AG
	Little Used Outlets – MR reported that returns have been low – ie 230 emails to QEHU site with only 20 returns. This is similar across all sectors. This information will be shared with AICC in the paper submitted by E&F – update at future meeting	MR
	POUF Removal – agreed that this would be considered at the WTG. This was only for the very low risk areas but still to determine where these would be. AM noted that discussions with colleagues they have determined that this is not possible at this time but reserve the opportunity to carry this out at a later date when the situation changes. This will remain on the agenda of the WTG	
	Water Risk Assessment- compliance position. PU reviewed the compliance report and noted the following QEUH – QEUH new RA commenced in June and HEI Scribe has still to be approve by ICN and ICD. Meeting was held for DMA to carry out required works GRI – Water Safety RA in place – survey is underway with ATS. Completed a number of block but this will continue. Completed V3 plan RAH – Water Safety RA 106 outstanding actions – new RA to be completed once this is closed off. Water Audit 30% completed with some outstanding actions – Business Streams reviewing the V3 template IRH – RA in progress – PU has reviewed current document and follow up works to allow draft to progress to conclusion – V3 to be completed GGC – Water Safety RA in place – 57 outstanding actions – once complete the new RA will be carried out – V3 to be completed VOL – 167 outstanding actions – new RA will be completed once these are closed off. V3 is completed Stobhill – some outstanding actions from RA but not on Smart Sheet – PU will rectify this. – 8 actions outstanding – V3 is still outstanding Leverdale – outstanding RA actions – new document will be completed after these are closed off. 15 actions are completed from AE Audit Dykebar – completed RA. New plan being put in place. 53 actions 2% complete. V3 in place GDH – 58 actions outstanding. Review RA. V3 works being works being progressed on this WGACH – 93 outstanding actions. RA will be completed once cleared. V3 still to be completed TSSU – 12 actions outstanding for RA Cowlairs – 21 actions outstanding for RA Laundry – 28 actions for AE audit to be completed. Chemtech RA has been completed with 2 outstanding actions on this to conclude HSCP – several audits underway - Water Hygiene Centre carrying these out MR reported he has discussed this with Sector Heads to get completed as many as possible in the coming months	
	WGACH Maintenance – MR reported that this site had been treated as a site that was being exited but with more staff moving into this Estates staff have been removing as many dead legs and shutting down water where possible. AW audit is awaited from November of 2021 and actions from this will be resolved as soon as possible. Legionella has been found but very low. JC noted that there has been good progress of the staff working on this and reported his concerns on the amount of staff being reintroduced to the site.	
	Sampling – generic sampling and legacy sampling KC and AM met and will continue dialogue. Clarification of the testing to the same criteria across all sectors. MR asked if legacy and generic sampling are combined AM and KC to reinvigorate the discussions on legacy with the new compliance manager.	
	Engagement – for Capital Projects there would be additional engagement of local Estates, IC and ICD – this was not usually triggered until later in the project or until AE review is required. Now assumed that all projects are going through for design review all of the above will be invited for input. If this is now the case budget and time will be required to be added and JH noted that it is not always possible for AEs in their workload to participate. MR agreed to review this and revert back to the group with further information.	MR

4.	Local Water Group Minutes – by exception	
	North – DM will now process all samples for GRI and Lightburn	
	<p>West – flushing being monitored and reported as good but could be better. Partnerships – AE audits carried out and awaiting these reports to be returned. AP training several staff taken on training but cancelled and awaiting updated dates to take forward. Projects on site – Foxbar, upgraded heating and concluding with flushing and disinfection to be undertaken. New endoscopy unit – undergoing flushing and disinfection of the systems.</p> <p>Clyde – Larkfield unit already updated earlier. Adoption of CL02 at VoL under way and a Q&A created to respond to key questions being raised. Discussions with key clinical areas to provide assurance and information including renal and maternity for feed making purposes. Documented all information and any other matters of concern</p> <p>South – no exceptions from the water group or from flushing. Ward 2A testing – poor results seen initially but after flushing and tap replacement significant improvement</p> <p>WS01 forms – update to mailing lists to ensure that the correct people were being sent this for returns on flushing</p>	
5.	Scottish Water Audit Update	
	15 total actions with 25% overall completion	
6.	GRI Environmental Testing Labs	
	Agreed to be removed from the agenda until this is required. Post meeting note – the staff previously invited to the meeting will continue to attend/receive notes and bring items as required for discussion	
7.	AOCB	
	PU is now Site Estates Manager for Leverndale and Dykebar	
	SLWG to provide parameters for each site until this is harmonised through the work of this group to standardise across the sites	
8.	Date of Next Meeting	
	30 th March 2022 at 3pm via MS Teams	

**NHS Greater Glasgow & Clyde
Board Water Safety Group Meeting
Wednesday 30th March 2022 at 3pm
Via Microsoft Teams**

Present:	
Alexandra Marek (AM)	Microbiology Doctor
Alan Gallacher (AG)	Head of Corporate Estates
Phyllis Urquhart (PU)	Compliance Manager (Water)
Kate Hamilton (KH)	Acting Nurse Consultant -Infection Control (part meeting)
Chris Haddow (CH)	Assistant Head of Estates (North /East/West Sector)
Ian Kennedy (IK)	Public Health Consultant (part meeting)
Mark Riddell (MR)	Head of Estates Operation
Jack Cairns (JC)	Assistant Head of Estates (Partnerships)
Billy Hunter (BH)	Assistant Director Facilities (South)
Colin Purdon (CP)	Assistant Head of Estates (Clyde)
Catriona Riddell (CR)	Lead Nurse – Children’s Hospital
James Huddleston (JH)	(part meeting)
Kerr Clarkston (KC)	Estates Manager
David Jordan (DJ)	Quality, Health and Safety & Training Compliance Manager
Linda Bagrade (LB)	Consultant Medical Microbiologist (part meeting)
Alistair Leanord (AL)	Consultant Microbiologist
Karina Correia (KC)	
James Shepherd (JS)	
Sandra Higgins (SH)	
Helen Gemmell (HG)	Assistant Director – Facilities and Production (part meeting)
In Attendance:	
Allyson Barclay	PA E&F
Apologies:	
Natalia Hedo (NH)	Business Manager – Infection Control
Dennis Kelly (DK)	NHSGG&C Authorising Engineer – Water
John Green (JG)	Health and Safety Manager
Sandra Devine (SD)	Acting Infection Control Manager
Euan Smith (ES)	Assistant Head of Estates (South)

1.	Apologies	Action
	As noted above	
2.	Previous Minute 2nd February 2022	
	The minutes were agreed as an accurate record of the meeting/	
3.	Rolling Action List	
	<p>POUF Removals – this is currently on hold to allow improvements in the current situation – but prior to this guidance was sought from ICN/Microbiology colleagues – further check carried out and removed if in agreement with ICN - this process has now stopped until confirmation from OCN and Microbiology specifically with RHC. SHTM guidelines do not cover mass removal of filters and indicate only disinfect and remove – further water technical meeting was held and determined that the SHTM does not go far enough and requires sampling as well as disinfection. 6A and 2A within adults is replicating what has been done in Children’s Hospital and sample behind some filters and then agreed to meet again within the water technical meeting to review outcome before making any further decisions. It was suggested that full line disinfection was carried out and five samples from each tap. This would create a massive sampling number. This was similar to that carried out in 2A – agreed this would give sufficient information to input to SHTM for removal. Agreed a representative sample carried out and from this outcome a decision would be made. An SOP could be created from this information and a removal procedure put in place. The exception to this would be the areas of high risk patients ie Schiehallion or similar patient groups. It was noted that the two wards in question were now reverted back to general wards with no high risk patients within and should within reasonably agreed protocol have the POUF removed. IC and microbiology colleagues will be asked for their input and KC confirmed he is working with colleagues on decision on sample selection or entire unit tested and determined by what is found within the ward. It was</p>	KC/ICN

	<p>noted that AE and DMA are involved in the process. From this proposal it is hope to capture all areas of the input of water to the ward and that will determine how and what is sampled within the ward. Agreed that a few samples initially and increase from entry to ward, middle and end point. It was agreed there is no rush to remove these other than the programmed changes but costs are a consideration if these are no longer required in the area where we are confident that the water is good and the patient group is not of high risk. Agreed if we can evidence that we have sampled sufficiently that the water quality and outlets are safe and goes out with requirements of SHTM.</p> <p>Flow Restrictor Programme - for those within Horne Taps – these are not being removed but a programme for quarterly changes to these where POUF are located these are not within the taps and agreed this item can be closed</p> <p>Board responsible person for water – it was agreed that the Board responsible person will be MR – letter to be created and signed appropriately.</p> <p>Water Fill points – This was part of the SWater audit and required in the event of supply failure. Gartnavel has funding to complete and is being reviewed by minor work. QEUH is completed. RAH – CP reported that there are two water supplies coming into the hospital from two separate areas. But agreed to check if this is required on site. It was agreed that all acute sites should be checked to ensure that we are compliant.</p> <p>Leak at Office Block – QEUH – KC reported that the use of SWater tankers the previous weekend. There was a leak at spinal and office block and the water was turned off to repair – this was good opportunity to review procedures for access to the water fill and was successful and the repair was carried out.</p> <p>Larkfield – a further audit has been carried out within the unit and a positive outcome. Any requirements are being carried out by the PFI provider. CP noted that staff within the area are meeting regularly and sampling returning with good results.</p> <p>Lightburn – monitoring of out of spec results – discusses seems to show that the tanks are oversized for the size and use of the site. Microbiology reported that results had been good until the most recent weeks. It was noted that in the long term is would be beneficial to have a CL02 unit installed for the site. The change in patient dynamic and overall use of the site have seen less water flow and usage. Agreed that Pall filters were not suitable for the patient group in this site. The water pressure on this site was particularly low and the gravity fed showers were unable to cope. Patient hoist bath installed to ensure that patients can be bathed appropriately – since removing the filters the water counts have risen again. If this is a long term site then long term solutions need to be put in place. Members were asked for their suggestions and it was agreed that CL02 would be beneficial but in the interim agreed to install a pump to in increase the water pressure in the short term to allow use of the showers and to allow an increase in water flow through the system. It was initially thought that a downsize of the tanks would be beneficial but agreed this would make the site less resilient and is now discounted. MR and AG will review the CL02 system proposal and include within minor works. AM asked if this was a site that was being maintained – MR suggested that a portable unit could be installed and removed if required. AG will check with GLove on future of the site.</p> <p>AP Training – moving to Teams and training sessions have been arranged</p> <p>GRI Environmental Testing Labs – this is to ensure that the Labs can achieve their accreditation. DJ/SH are taking this forward and DJ confirmed that as part of the UCAS accreditation which required estates to agree to the SLA being acceptable and this information is circulated to the group for any comments/feedback. This is a generic lab based items and not as formal as a full contract with specifics. SH/DL are looking for this group to rectify this document and yearly reviewed and comments should be back by next week – if no comments received then assume that there is nothing to add</p> <p>Agreement on Taps, Filters etc – meeting held recently with Adelaby who demonstrated their tap and it was compared to current in use. There is significant benefits and will provide a paper for this group on the uses and benefits for information to members to endorse the taps that will be used within the organisation. It was noted that tap technology changes every 3 / 4 years and it was noted there are benefits in some of the newer taps and beneficial in solving the issues we currently see. KC will provide the paper to the next meeting of this group.</p> <p>BS6860 – use of this it requires review of the standard and will update for the next meeting of this – this would be a baseline for creation of water safety plans</p>	<p>AG</p> <p>CP Sector leads</p> <p>AG/MR</p> <p>AG</p> <p>KC</p>
4.	Matters Arising	
	<p>POUF – due to current issues – Covid – this will be deferred for 6 months and then restarted if this is appropriate</p> <p>Little Used Outlets – there was currently no further information to share on this and update to the next meeting</p>	MR

5.	<p>Compliance</p> <p>Water Risk Assessments – and updated document will be circulated after the meeting – there are currently 3 assessments outstanding and PU updated</p> <p>QEUH - waiting for DMA to conclude survey – medium and high risk scribes and returned to AM for review</p> <p>GRI – ETS completing survey and on site at this time</p> <p>RAH – water safety plan from 2018 but significant numbers of risks to be completed and then a further RA carried out</p> <p>Inverclyde – ETS on site – almost completed – draft ready</p> <p>Gartnavel General – 57 outstanding items to be concluded</p> <p>VoL – DMA on site</p> <p>Stobhill – some outstanding actions to be concluded</p> <p>Leverdale – Outstanding actions to conclude</p> <p>Dykebar – completed RA actions – new RA should be considered</p> <p>Dental – Some outstanding actions</p> <p>GRH – some actions to be completed</p> <p>WIG ACH – some outstanding</p> <p>TSSU Inverclyde and Cowlairs – some actions outstanding</p> <p>AG noted that there are a number of RAs making good progress – each major site has an RA in place (some are a few years old) GRI RA finalised over the coming two weeks and then goes through to AE to produce an Action Plan, IRH has been complete and now on Smartsheet and will be reviewed in the coming weeks. Some concern at QEUH delay to the actions mostly around HEI actions – the Scribes have been amended and AM will review these and close off.</p> <p>Compliance AE Audits – all major sites have AE water audits in place – action plans are being worked on by estates and compliance – confident these are making good progress with these being closed down. Working with AE to determine frequency to every two years – this will only happen if the AE is happy that water systems are run with full compliance – this will be determined by risk on site.</p> <p>HSCP Sites – This is the first year of audits on these sites and will provide a baseline of water quality on our non acute sites. Most of these are now completed - Caledonian House is also included within these</p> <p>Scottish Water Bylaws – there is no rolling programme of these although we have requested a schedule of visits but this has not been forthcoming. It was noted that anything identified is actioned as soon as possible and ensure that it aligns with the emergency plans for each of the acute sites and is endorsed by SWater. These now requires a further review as we requires SWater to support any critical loss of water. KC noted that recent water at QEUH was entirely out of sync with regulations as we understood them ie Argo baths have no backflow protection – it was suggested that we always question where possible that they are stating facts and challenge any decisions with information and evidence. Further meetings are required with SWater to resolve these issues.</p>	AG
6.	<p>WIGACH Maintenance</p> <p>It was agreed further discussions required between AG and MR – we need to ensure compliance – this site does have an audit report completed but not clear if a water risk as there are in inpatient groups and may not be required and will require a conversation with the AE. It was agreed that full maintenance to be carried out and progress with completing water RA – MR noted that pipework has been removed and may require a revisit. JC noted that the amount of work carried out recently that CL02 was suggested for the site as this would assist in some of the issues on site. MR and AG agreed to discuss of line the installation of a portable CL02.</p>	MR/AG
7.	<p>Sampling</p> <p>Clarification across all sectors is required to bring this to a more agreed protocol. Also required is a review of legacy sampling. AM noted that one meeting has been held and agreed by those present it was useful and agreed to have further. Meetings will drill down to agreed protocols and to determine where legacy sampling is being carried out. AG asked that information is forwarded to his PA Elaine McNeil who will collate the information and agreed that AE will be involved in future meeting to ensure that what is being proposed is appropriate. MR noted that he is providing information to AICC to ensure they have sight of this information and includes sampling regiments. DMA carry out the majority of the checks. CH reported that North Sector have collated all the sampling and will share this information to develop further. CP reported that ROC compliance have forwarded results to RFurlong and AHardy and this populates the databased – this is now quire as details as the information which results from checks and therefore need to be standard across the Board and also includes what is required.</p>	-

8.	Sector Water Groups (by exception)	
	Clyde – CL02 at VoL is just about to be commissioned – noted that results are improving since initial investigations	-
	North – GRI – the old water tanks will be replaced around April/May. Some high counts reported at Dental the system has been disinfected and resampled and results are awaited – monitor and flushing will continue	-
	East – CL02 bid and fill points bid underway. Endoscopy unit at Gartnavel is not yet completed and is anticipated this week.	-
	South – Marwick taps are being seen corroded – this was thought to be caused by sulphur and delamination. Checked taps from other areas which were newer and in worse condition than QEUH. WTG set up to review taps and suggested that GRI taps are swabbed to provide assurance that the taps for capital project are good to continue and determine what is the alternative. There has been no CL02 but chlorine in 0.8 parts per million. An initial meeting has taken place and the objective is to have a new tap chosen from these meetings. This will be used in all refurbishments going forward and reviewed at least once a year to ensure that what we are using is appropriate. The group will also review the types of POUF and different types to determine whether what we are using is the best option.	-
9.	GRI Environmental	
	Discussed earlier in the meeting	-
10.	AOCB	
	There was nothing further to discuss and the meeting was closed	-
11.	Date of Next meeting	
	24 th May 2022 at 1pm via MS Teams	To note



SCOTTISH HOSPITALS INQUIRY
**Bundle of documents for Oral hearings commencing from 19 August 2024 in
relation to the Queen Elizabeth University Hospital and the Royal Hospital for
Children, Glasgow**

Bundle 11 - Water Safety Group