City of Edinburgh Council

SRU V8.9.x.0 REPORT PREPARED ON 29/ 7/26 AT 11:09

Request reference number: 983214

DATES

DATE RECEIVED: 30/03/2026 TIME: 13.32
DATE OF FIRST RESPONSE: 02/04/2026 TIME: 17.44
TARGET RESPONSE DATE: 07/04/2026

NAME OF PERSON COMPLAINED AGAINST

PREMISES REF: HCG6**15NE/2
NAME: Edinburgh Fitness and Wellbeing Centre
LA REF:
Nuffield
UPRN/USRN: 906177400
EASTING: 321986
NORTHING: 671020
LPIKEY: 9064L000272550

ADDRESS COMPLAINED AGAINST

15 New Mart Road
Edinburgh
EH14 1RL WARD: Fountainbridge/Craiglockhart
UPRN/USRN:906177400
EASTING: 321986
NORTHING: 671020
LPIKEY: 9064L000272550

FULL DETAILS OF CLIENT

[redacted]

CLIENT EASTING: 323777
CLIENT NORTHING: 670395
CLIENT LPIKEY: 9064L000130791
WARD: 10 - Morningside
HOW RECEIVED: 8 - EMail
DATE SERVICE REQUEST RECEIVED : 30/03/2026

DETAILS OF SERVICE REQUEST

Formal Public Safety Concern - Nuffield Health

COMPLAINT CATEGORY:	S21	- HEALTH AND SAFETY COMPLAINT
COMPLAINT TYPE:	COM	- COMPLAINT
UNIT:	FHE	- Food / Health & Safety East
INVESTIGATING OFFICER:	PKE	- Paul Kerr
RECEIVING OFFICER:		

City of Edinburgh Council

SRU V8.9.x.0 REPORT PREPARED ON 29/ 7/26 AT 11:08

NAME AND ADDRESS DETAILS

PREMISES REF: HCG6**15NE/2 TRADER: Edinburgh Fitness and Wellbeing Cent: Nuffield

ADDRESS: 15 New Mart Road
Edinburgh
EH14 1RL

WARD: Fountainbridge/Craiglockhart

LPIKEY: 9064L000272550
UPRN/USRN: 906177400
EASTING: 321986
NORTHING: 671020

PRINCIPAL USAGE: HCG - HEALTH CLUB/GYMNASIUM
PREMISES TYPE: 6 - PROPERTY

ACTION DETAILS

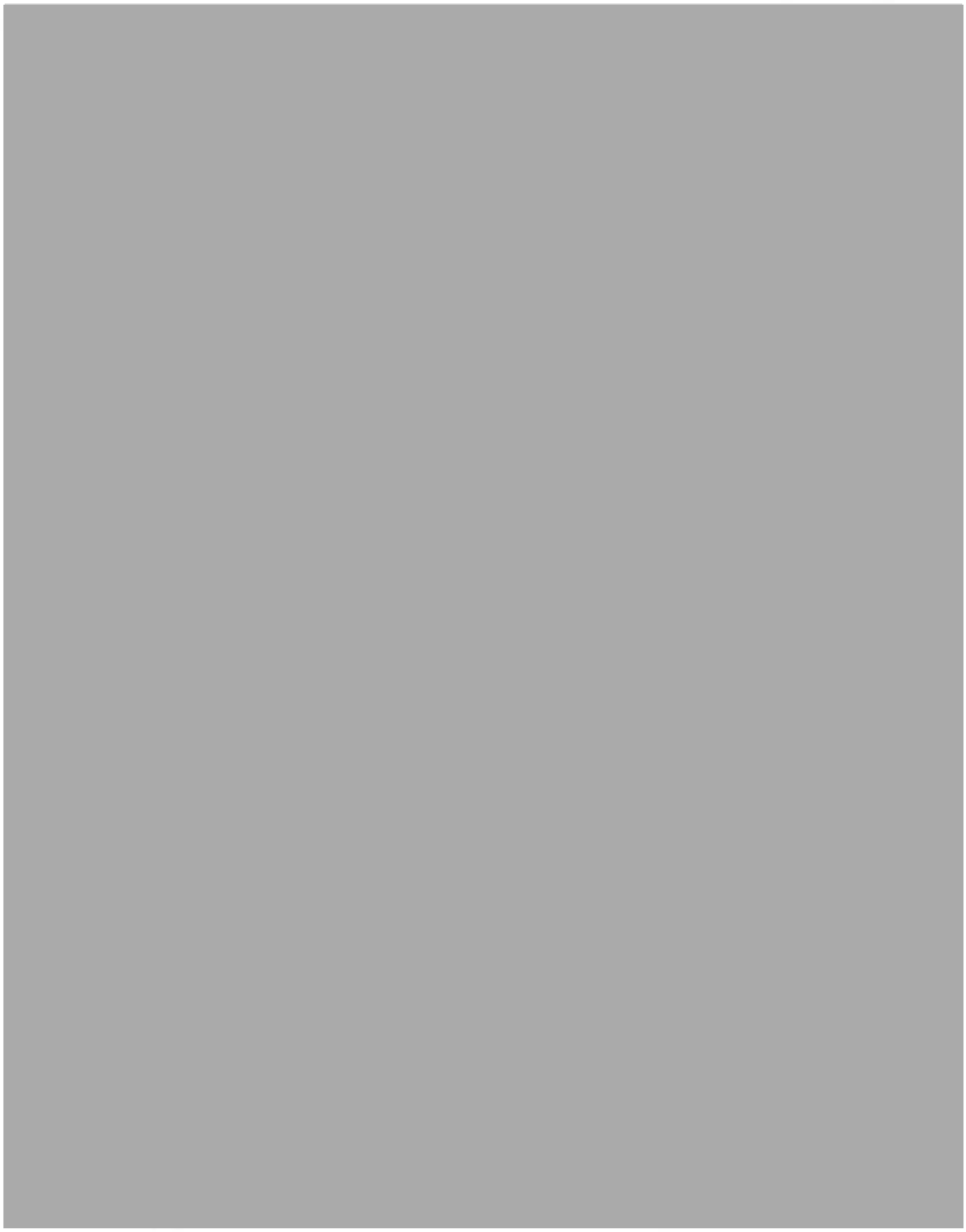
ACTION TYPE: AAA - Action taken
SOURCE DATABASE: REQUESTS
Record number 983214
UNIT: FHE - Food / Health & Safety East
INVESTIGATING OFFICER: PKE - Paul Kerr

DATE ACTION OPENED: 30/03/2026

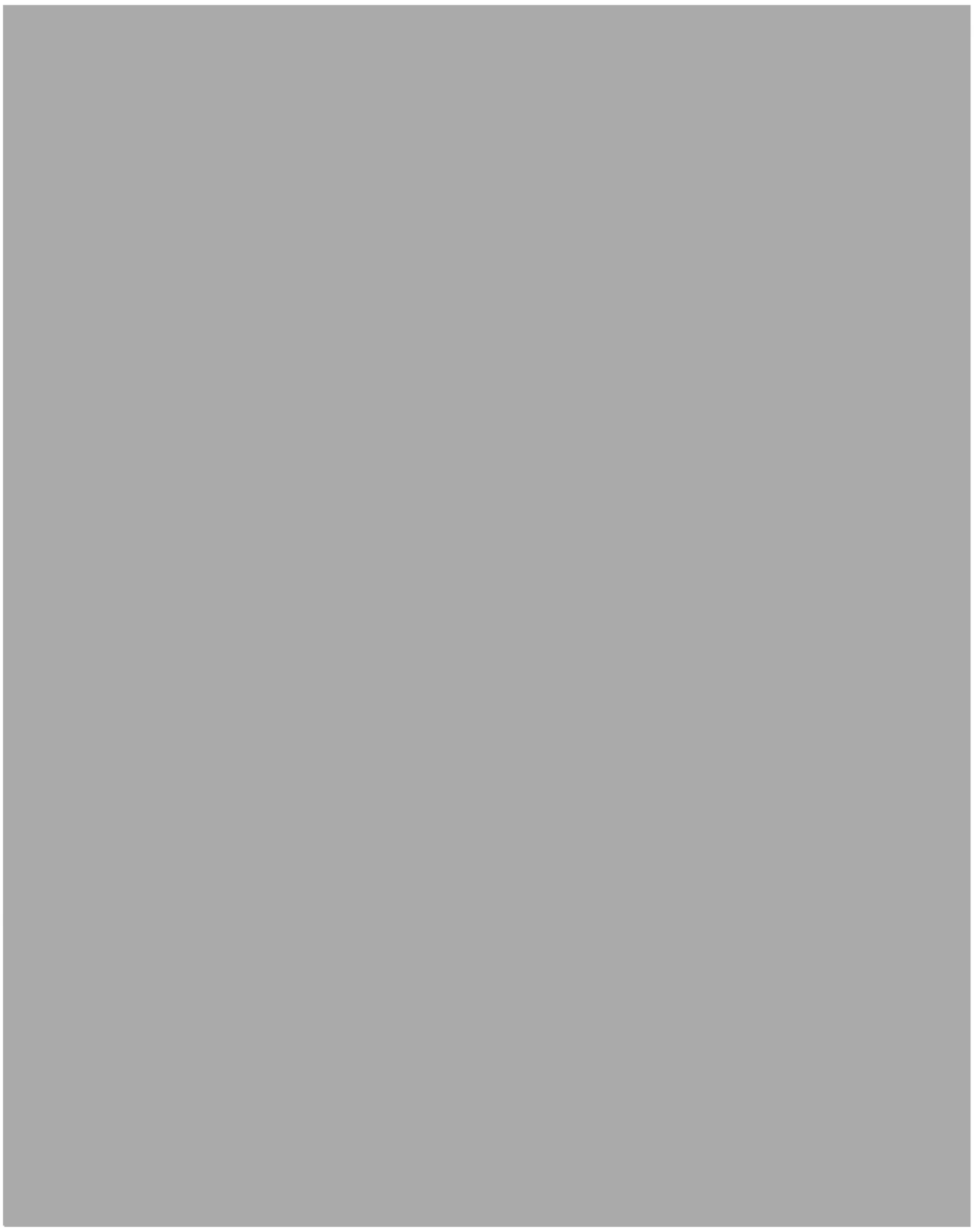
ACTION EVENT DETAILS

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY
1	G05	Email received		30/03/2026	LHU	
2	G24	Refer to other Officer		02/04/2026	ADL	
3	G32	Case updated Late response to this as it was sitting in TS system and access to the SR was denied until 02/04/26. Also now Easter break so will be responded to after the break.		02/04/2026	ADL	
4	G38	Officer Referral Notification Hi Paul if you do have capacity just to respond to C before the weekend then do so. If not it will wait until after Easter. Vist to the premises	02/04/2026	02/04/2026	PKE	

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY
		will wait until after Easter. returned to home office 17.15pm				
5	G10	17.44 Email sent in response		02/04/2026	PKE	



ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY



6	S06	11.00 Health and Safety Other Visit -	07/04/2026	09/04/2016	PKE	

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY
		as there were no technical staff available(all at the other Nuffield centres), I agreed after speaking to [redacted] on the phone, that I would re-visit on friday(10th) at 9.00am				
7	G31	Review after return from public holidays.	07/04/2026	07/04/2026	PKE	
8	G05	Email received from complainant		03/04/2026	PKE	

[redacted]

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY

19 G10 Email sent in response written 21/04/2026 PKE
response requested

From: Paul Kerr
Sent: 20 April 2026 10:38
To: [redacted]@nuffieldhealth.com>
Subject: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on Friday 10th April 2026

Good morning [redacted]

Thank you for your reply regarding the above. A written response would be appreciated in the first instance due to the amount of information requested and to ensure that I have a clear and accurate understanding of the complaint points which the management have actioned and the timeline.

I am happy to discuss with the Manager after I have receipt of this information.

Kind regards
Paul Kerr
Environmental Health Officer

Paul Kerr |Environmental Health Officer | Food/Health & Safety Team East| Directorate of Place |Waverly Court,G1|4 East Market Street| Edinburgh|EH8 8BG | t. 0131[redacted] email paul.kerr@edinburgh.gov.uk

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY
		Guarantee Registered in England Number 576970				
22	G10	Email sent		23/04/2026	PKE	

From: Paul Kerr
Sent: 23 April 2026 12:42
To: [redacted]@nuffieldhealth.com>
Cc: [redacted]
Subject: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on Friday 10th April 2026

Good afternoon [redacted]

Thank you for your response regarding the above and providing the attached documents.

I will take time to read through this information and will contact you again if any points need clarification.

Thank you for your cooperation.

Kind regards

Paul Kerr
Environmental Health Officer

Paul Kerr |Environmental Health Officer | Food/Health & Safety Team East| Directorate of Place |Waverly Court,G1|4 East Market Street| Edinburgh|EH8 8BG | t. 0131 [redacted] email paul.kerr@edinburgh.gov.uk

[redacted]

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY
		[redacted]				
23	G31	Review -Check to see if a separate L8 Legionella Written contol scheme has been provided	27/04/2026	07/05/2026	PKE	
24	G31	Review - review information received	19/05/2026	25/05/2026	PKE	
25	G31	Review	29/05/2026	12/06/2026	PKE	
26	G10	Email sent to Edinburgh Health & Wellbeing centre		12/06/2026	PKE	

From: Paul Kerr
Sent: 12 June 2026 09:45
To: [redacted]@nuffieldhealth.com>; [redacted]
[redacted]@nuffieldhealth.com>
Subject: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on Friday 10th April 2026

Good morning [redacted]

I have been reviewing some of my open service requests and in re-reading the Safecare Legionella Risk Assessment which was given to me at the conclusion of my inspection of the Edinburgh Fitness & Wellbeing centre(dated 4 April 2023), I note several significant points made by the assessor in Section 5 - Action Plan Page 15 as follows -
Management Control
1. Whist some of the recommendations in the previous risk assessment have been completed,there remains a significant number which are yet to be completed. We recommend that the actions remaining incomplete are re-focussed on and completed, in addition to the actions from this assessment.
Note :many of the recommendations are classed as Low risk however a significant number are classed as Medium risk.

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY

Written Scheme
2. The following position/s in the communication pathway of the written scheme should be notified and identified and included with the documents in the water management system:
Statutory duty holder
Appointed Responsible person
Deputy Appointed Responsible person

3. A site specific list of tasks required to achieve and demonstrate legionella control should be created and individuals assigned to each task.
The site specific list of tasks should be filed within the water management system.

4.Method statements should be held within the water management system ;these should cover all tasks associated with monitoring and maintenance of the water systems.Method statements should be suitably site specific to enable a competent person who is unfamiliar with the site to conduct the task, suitably record the result and react to non-compliance in the correct way.
Note: this would include routine procedures for monitoring hot water temperatures at shower and tap outlets; cleaning and disinfection procedures for shower heads ;calibration of temperature probes etc

5.Consider formulising a new review process for water system management.

6.Ensure all temperature monitoring equipment is calibrated at the correct temperature and calibrations are suitably documented.

I also note that the copy of the Safecare Legionella Risk Assessment which was provided to me at the time of my visit was carried out on 4 April 2023 and would be due for review 2 years after that date.It may be the case therefore that some/all of the above points have since been addressed.
Can you please clarify what action has been taken by Nuffield Health in relation to these points?

In addition it is noted that the HS23 Water Policy Version 3.1 (Feb 2023) ,12 pages has removed much of the detail on Legionella control present in the earlier version which contained 30 pages.
Section 6 of the Safecare Risk assessment states that in respect of achieving compliance a Legionella risk Assessment should be used to create a scheme of control that will prevent proliferation of legionella bacteria in line with the L8 Approved Code of Practice.

Could you therefore advise if a separate written scheme of Control for Legionella exists at this site with the required level of detail on controls?

Thank you for your cooperation.

Kind regards
Paul Kerr
Environmental Health Officer
Paul Kerr |Environmental Health Officer | Food/Health & Safety Team East| Directorate of Place |Waverly Court,G1|4 East Market Street Edinburgh|EH8 8BG | t. 0131 [redacted] email

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY

[redacted]

Hi Paul

Please accept my apologies for the delay in our response.

[redacted]

I will update you before close of business today.

Kind regards

[redacted]

From: Paul Kerr <Paul.Kerr@edinburgh.gov.uk>
Sent: 19 June 2026 11:35
To: [redacted]@nuffieldhealth.com>
Cc: [redacted]
Subject: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on Friday 10th April 2026

CAUTION: This email was sent from outside of Nuffield Health. Please do not click links or open attachments unless you recognise the source of this email and know the content is safe.
Good morning [redacted]

I refer to my email below dated 12 June 2026 and note that I have not received any acknowledgement.

Can you please confirm receipt of my email and if my request for further information is being processed?

33 G05 Email received - full response 19/06/2026 PKE

From: [redacted]@nuffieldhealth.com>
Sent: 19 June 2026 15:32
To: Paul Kerr <Paul.Kerr@edinburgh.gov.uk>
Cc: [redacted]
Subject: RE: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on Friday 10th April 2026

[redacted]

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY
		External email				

Hi Paul,

I have answered each point below;

Management Control
1. Whist some of the recommendations in the previous risk assessment have been completed,there remains a significant number which are yet to be completed. We recommend that the actions remaining incomplete are re-focussed on and completed, in addition to the actions from this assessment.
Note :many of the recommendations are classed as Low risk however a significant number are classed as Medium risk.

There are current controls in place that all L8 risk assessment action points are being worked though by the BSE on site. Ongoing management of the L8 is completed through weekly, monthly and quarterly PPM checks, these are recoded through a PDA machine and certain tasks are recorded on paper through Folder 3 water management

Written Scheme
2. The following position/s in the communication pathway of the written scheme should be notified and identified and included with the documents in the water management system:
Statutory duty holder - [redacted]
Appointed Responsible person [redacted]
Deputy Appointed Responsible person - Pending - operations Manager

This is supported by the HS23 water safety policy and through the local arrangement RACI document for site.

3. A site specific list of tasks required to achieve and demonstrate legionella control should be created and individuals assigned to each task.
The site specific list of tasks should be filed within the water management system.

These are listed and recorded through the PDA and also recorded on paper on folder 3 in the water management folder

4.Method statements should be held within the water management system ;these should cover all tasks associated with monitoring and maintenance of the water systems.Method statements should be suitably site specific to enable a competent person who is unfamiliar with the site to conduct the task, suitably record the result and react to non-compliance in the correct way.
Note: this would include routine procedures for monitoring hot water temperatures at shower and tap outlets; cleaning and disinfection procedures for shower heads ;calibration of temperature probes etc,

All safe systems for work are outlined on the PDA, only those trained, inducted, and deemed competent should untake these tasks on Nuffield health premises. Any external contractors that are in to do

ITEM EVENT DESCRIPTION SCH. DATE ACT. DATE OFF ACTIVITY

work on L8 systems will submit RAMS and method statements via CBRE before any works would commence.

5.Consider formulising a new review process for water system management.

Annual property audits in place on a 12 month rolling basis. Compliance is monitored by PDA activity and L8 risk assessment completed every two years. Delayed this year due to central office reviewing the process. L8 risk assessment was conducted for site May 2026 and we await full risk assessment documentation.

6.Ensure all temperature monitoring equipment is calibrated at the correct temperature and calibrations are suitably documented.

A new temperature probe was purchased following problems with the pool temperature.

I also note that the copy of the Safecare Legionella Risk Assessment which was provided to me at the time of my visit was carried out on 4 April 2023 and would be due for review 2 years after that date.It may be the case therefore that some/all of the above points have since been addressed.
Can you please clarify what action has been taken by Nuffield Health in relation to these points?

As above the L8 risk assessment has been completed and we await the report.

In addition it is noted that the HS23 Water Policy Version 3.1 (Feb 2023) ,12 pages has removed much of the detail on Legionella control present in the earlier version which contained 30 pages.

This was advised by our central H & S team and this version supersedes version 2.3

Section 6 of the Safecare Risk assessment states that in respect of achieving compliance a Legionella risk Assessment should be used to create a scheme of control that will prevent proliferation of legionella bacteria in line with the L8 Approved Code of Practice.

As above we are awaiting the L8 risk assessment to ensure compliance and develop an action plan to be in line with L8 approved code of practice. We continue to conduct all PPMs tasks within our policy to ensure compliance

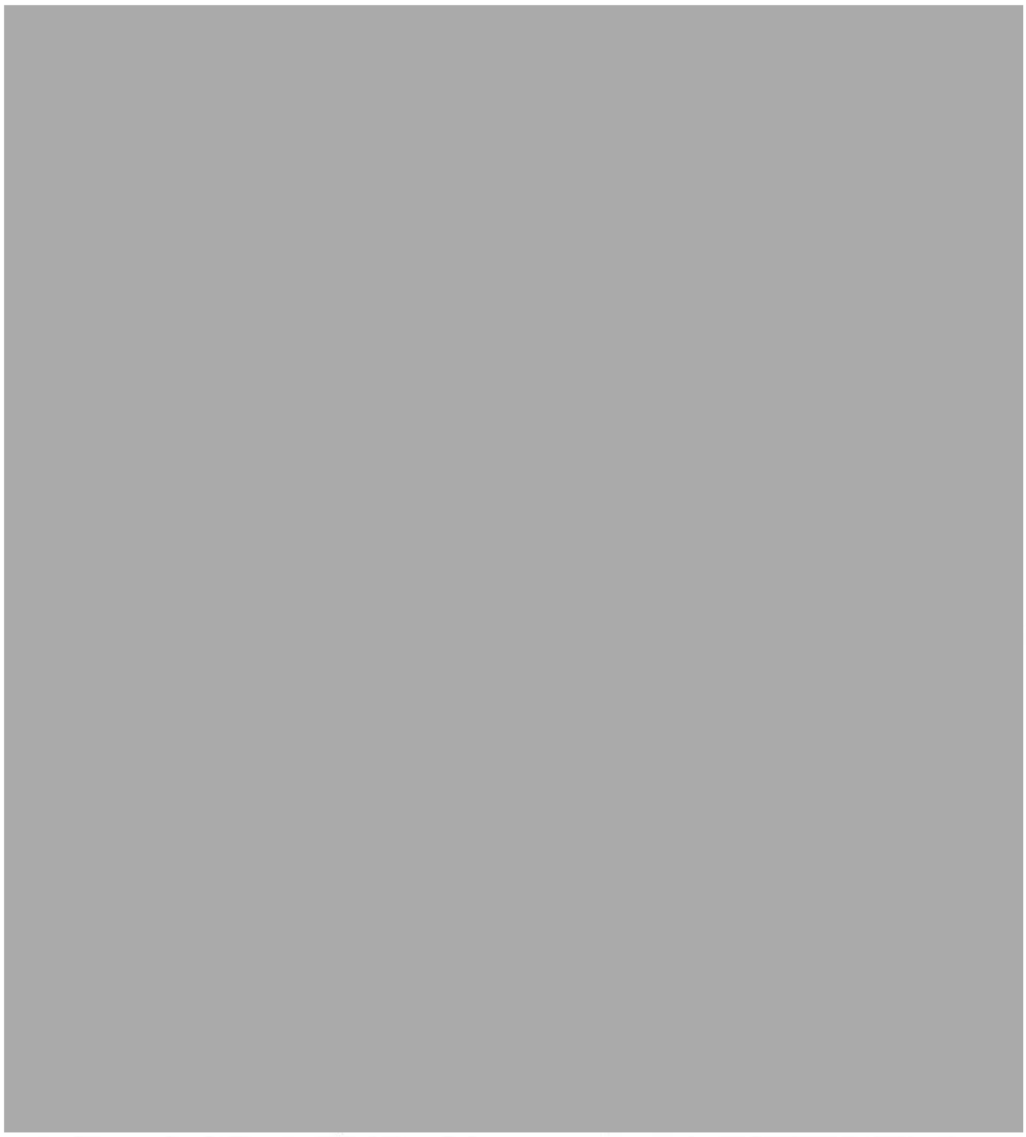
I hope that I have managed to answer your questions, however if you require any further information or would like to arrange a visit to the club, please let me know.

Kind regards

[redacted]
General Manager | Edinburgh

T | 0131 444 0555
Edinburgh Chesser FWC

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY



36 G05 Email received from Nuffield Health 22/06/2026 PKE

From: @nuffieldhealth.com>
Sent: 22 June 2026 16:04
To: Paul Kerr <Paul.Kerr@edinburgh.gov.uk>;
@nuffieldhealth.com>;
@nuffieldhealth.com>
Subject: Re: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on

ITEM	EVENT	DESCRIPTION	SCH. DATE	ACT. DATE	OFF	ACTIVITY

Friday 10th April 2026

[redacted]

Good afternoon Paul,

I have a further update in regards to L8 and the cleaning of the cold water storage tank. The tank is only cleaned where required and this is monitored through external independent test results from Latis.

I have been advised of this by our Head of Building Services for Nuffield Health.

Many thanks

[redacted]
Operations Manager Wellbeing
Edinburgh Fountain Park

Find out how we're building a healthier nation

Nuffield Health, Barbican, 100 Aldersgate Street, London, EC1A 4LX
Company No 576970 (England and Wales)
Registered office: Epsom Gateway, Ashley Avenue, Epsom, Surrey KT18 5AL
Registered Charity No 205533 (England and Wales) and SC041793 (Scotland)
Visit www.nuffieldhealth.com

37 G10 [redacted]

[redacted]

From: [redacted]@nuffieldhealth.com>
Sent: 22 April 2026 16:12
To: Paul Kerr
Cc: [redacted]
Subject: FW: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on Friday 10th April 2026
Attachments: SSOW - PP26 - Clean Pre-Filter v1 04.11.22.docx; SSOW - PP45 - Strainer Basket Cleaning v1 04.11.22.docx; SSOW - PP44 - Pool Backwashing Filter 1 v1 04.11.22.docx; Pool Plant Manual v4 2.9.docx; HS23POL - HS23 WATER SAFETY POLICY.pdf; HR 24 SOP 01 Freedom To Speak Up.pdf

External email >

Hi Paul

That is not a bother. Please find below the information you have requested.

HS23 Water Policy/L8 RA
I have attached the most up to date document, apologies this was unavailable on the day. With regards to the Legionella Risk assessment The L8 Legionella training was postponed in line with the Water Committee's decision however Edinburgh is now booked for completion on 14th May. With regards to the outstanding actions these were marked as low importance and as guidance as opposed to compulsories and after investigation by our technical services team the practicality of making the changes at the time was not suitable but once we have the new assessment updated they will be reviewed again.

Legionella Sampling Frequency
Legionella testing is undertaken proportionately, with testing carried out every six months over a two-year period. The spa on site is a cold spa and will not be tested due to the water temperature.

Pool technical operations procedures manual for pool and spa site specific
I have attached our Pool Plant Operating manual which has been localised where necessary however we also have site specific safe systems of work for all pool plant processes. There are almost 30 of these so rather than attach them all I have attached a couple that specifically relate to things such as spa backwashing, strainer basket cleaning and granudos cleaning at site.

Points raised by the complainant.

1. ***Sauna emergency alarm – was this not functioning for nearly one year (early until late 2025)? I understand that daily checks on alarms are carried out and defects of this type should be quickly apparent.***

Alarm was identified as not working and parts were identified as obsolete within a week therefore a contractor was requested to quote for a full replacement of the system. This quote was requested in March approved in May and all works were completed by middle of July (standard company protocol for jobs of this value). During this time increased head counts, alarm outside the sauna and signage placed inside to inform members how to raise alarm were all in place. The lifeguard supervisory chair was placed outside the sauna at this time to ensure complete ease and speed of response if necessary.

2. ***Alleged Lifeguard supervision lapses – reported incidents on 9 February and 2 March 2026.Has a review of Lifeguard supervision been undertaken since these incidents were reported? What professional qualifications do the Lifeguards have in terms of lifesaving in swimming pool settings?***

All Lifeguards hold a valid RLSS, NPLQ or Poolside responder qualification and to remain compliant complete Quarterly training sessions with regional trainers therefore all lifeguard trained team would have completed their Q1 sessions January 26 and the end of March 26. Both of these instances were identified as being at a relief crossover whereby the duty manager was letting the lifeguard off for there 5 minute break. On one of these occasions I myself was actually on poolside completing maintenance checks and was able to confirm that there were no lapses in supervision and it was just a standard crossover. We can of course understand why a member may see 2 staff on pool and assume a lapse of supervision but the team are well trained in ensuring handovers for relief breaks are swift and the person taking over has eyes on the pool at all times.

3. ***Alleged pool temperature lapses and monitoring issues (late 2025 -January 2026) – It is alleged that the pool temperature dropped to a level that made it difficult to use possibly due to an uncalibrated thermometer being used. If that was the case why did it take 'six weeks' to be rectified? Was there defective pool room ventilation over this period which may have contributed to the situation?***

Pool temp was monitored daily by site and recorded on testing sheets and never dropped below 27. Between November 2025 and December 2025 we had two external water samples taken by Latis the November tests (10th Nov) showed a temperature of 29 degrees, the December (11th Dec) confirmed 27.6 degrees. By the start of January the pool temperature was actually reading at 29.1 degrees which was higher than desired but confirms the lower temperature did not take 6 weeks to rectify and was present for less than 4 weeks. Whilst there was a period below our desired level of 28.5 this level of 27 was still within the industry guidelines for a pool of our type/usage and adequate signage was places around the club to inform members of the slightly lower temperature. After initial temperature drop as an extra precaution a new thermometer was purchased to ensure accuracy of readings however there was less than a 0.5 degree difference between results and the old thermometer confirming that even if calibration wasn't up to date the results were still relatively accurate. There were no issues with pool room ventilation during this time however it is common in a building of our type (lots of glass windows and a metal roof) to find the ambient temperature on poolside can feel quite significantly different between summer and winter months however the actually difference in temperature is never more than 1-2 degrees and has no effect on the actual pool temperature just simply how it may feel in comparison.

4.Does Nuffield have policies on Customer behaviour and Whistleblowing?

As per sections 13 & 15 of our T&Cs we do have the right to freeze, cancel or refuse member for reasons including their behaviour at the managers discretion. Obviously we do not like to take this approach but in some instances it is the only viable option.
Our full terms and conditions can be found below and our centre terms of use below that for further information.
Gym, Fitness and Wellbeing Terms and Conditions | Nuffield Health
Terms of Centre Use | Nuffield Health

With regards to whistleblowing we do have a Freedom to Speak Up Policy which I have attached as well as an online learning module that all team members are required to complete as part of their mandatory training. This would be for employees usage only.

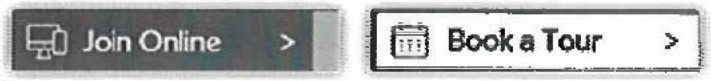
I hope this answers all of the questions you had. I have cc'd I my general manager [redacted] as after today I will be out of the business for a bit so if you require anything else she will be able to support.

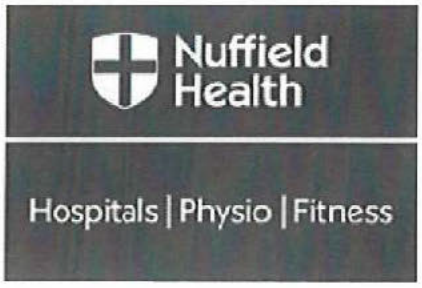
Kind regards

[redacted]

Operations Manager (Wellbeing)| Edinburgh

T | 0131 444 0555





Find out how we're building a healthier nation

From: Paul Kerr <Paul.Kerr@edinburgh.gov.uk>
Sent: 20 April 2026 10:38
To [redacted]@nuffieldhealth.com>
Subject: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on Friday 10th April 2026

Good morning [redacted]

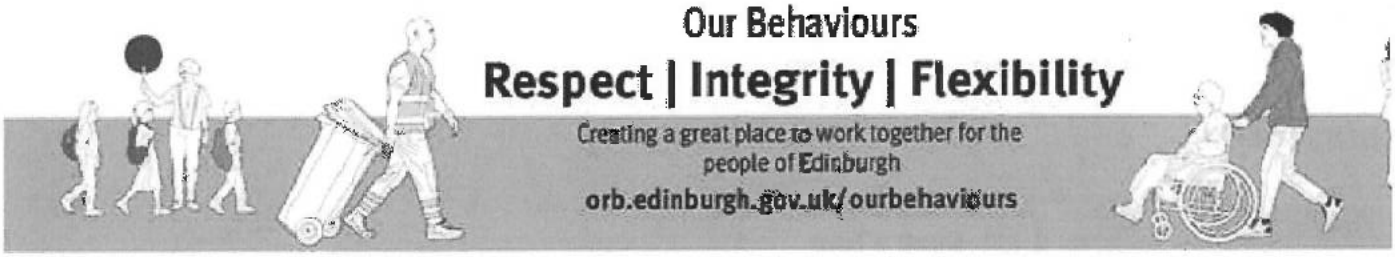
Thank you for your reply regarding the above. A written response would be appreciated in the first instance due to the amount of information requested and to ensure that I have a clear and accurate understanding of the complaint points which the management have actioned and the timeline.

I am happy to discuss with the Manager after I have receipt of this information.

Kind regards

Paul Kerr
Environmental Health Officer

Paul Kerr |Environmental Health Officer | Food/Health & Safety Team East| Directorate of Place |Waverly Court,G1|4 East Market Street|Edinburgh|EH8 8BG | t. 0131 [redacted] email paul.kerr@edinburgh.gov.uk



From: [redacted]@nuffieldhealth.com>
Sent: 17 April 2026 11:15
To: Paul Kerr <Paul.Kerr@edinburgh.gov.uk>
Subject: RE: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh - Health & Safety Inspection Visit on Friday 10th April 2026

Hi Paul

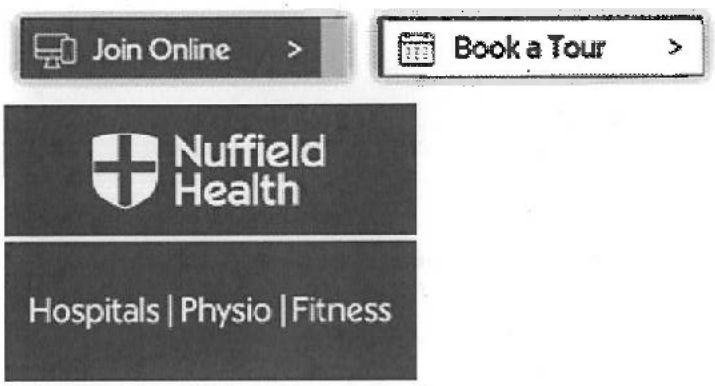
Thank you for the email.

We can certainly get a response to you on the below. Our General Manager is now back from leave so would there be a time that suited for a team call and we can discuss the points below?

Thanks

[redacted]
Operations Manager (Wellbeing)| Edinburgh

T | 0131 444 0555



Find out how we're building a healthier nation

From: Paul Kerr
Sent: 13 April 2026 15:05
To: [redacted]@nuffield.com>
Cc: [redacted]
Subject: FW: Nuffield Health, Edinburgh Fitness & Wellbeing Centre, 15 New Mart Road, Edinburgh

Good afternoon [redacted]

I refer to my health and safety inspection visit to the Nuffield Edinburgh Fitness & Wellbeing Centre on Friday 10 April 2026 in connection with a complaint from a former member.

I have attached a copy of my inspection report for your reference and I would be pleased if you could provide the requested information within the next four weeks.

In addition could you provide some details on the following

1. the sampling frequency for Legionella water samples taken from the Spa bath and the changing room shower facilities.
2. Have the recommendations contained in the Legionella Risk Assesment prepared by Safecare on 4 April 2023 been actioned ?
   A more recent Risk Assement may show that this is the case.

It would also be useful in my investigation of this complaint if you could clarify the actions taken by the Management in respect of some of the points raised by the complainant. I am aware that many of these points have been actioned already ,however the history of events behind them is not entirely clear to me-

1. Sauna emergency alarm – was this not functioning for nearly one year (early until late 2025)? I understand that daily checks on alarms are carried out and defects of this type should be quickly apparent.
2. Alleged Lifeguard supervision lapses – reported incidents on 9 February and 2 March 2026.Has a review of Lifeguard supervision been undertaken since these incidents were reported? What professional qualifications do the Lifeguards have in terms of lifesaving in swimming pool settings?
3. Alleged pool temperature lapses and monitoring issues (late 2025 -January 2026) –
   It is alleged that the pool temperature dropped to a level that made it difficult to use possibly due to an uncalibrated thermometer being used. If that was the case why did it take 'six weeks' to be rectified? Was there defective pool room ventilation over this period which may have contributed to the situation?

   4.Does Nuffield have policies on Customer behaviour and Whistleblowing?

I am happy to discuss any of these points at a mutually convenient time.
Thank you for your cooperation.

Kind regards

Paul Kerr

Environmental Health Officer

Paul Kerr |Environmental Health Officer | Food/Health & Safety Team

East| Directorate of Place |Waverly Court,G1|4 East Market Street|

Edinburgh|EH8 8BG | t. 0131 [redacted] ; email

paul.kerr@edinburgh.gov.uk

EDINBVRGH
YOUR COUNCIL – YOUR SERVICES

Record of Inspection/Visit carried out under ~~Food Safety Act 1990~~ and/or ~~Food Hygiene (Scotland) Regulations 2006~~ and/or Health & Safety at Work etc Act 1974

983214

M	V	S						

Date 10/04/2016 Time 10 16

Page 1 of 1

Trading Name NUFFIELD HEALTH EDINBURGH FITNESS AND WELLBEING CENTRE
Address 15 NEW MART ROAD
Post Code EH14 1RL Mobile Vehicle reg no N/A
Tel No [redacted] Type of Business
Person Seen [redacted] Position BUILDING SERVICES ENGINEER
~~Food Business Operator~~/Employer NUFFIELD HEALTH.
Email contact [redacted]nuffield.com.
Details of Head Office [redacted] nuffield.com.

Purpose of Visit: ☑ Inspection ☐ Revisit ☑ Other 30/3/16 HEALTH & SAFETY COMPLAINT

Food Hygiene Area Inspected ☐ whole ☐ part ☐ process (detail)
Food Standards Area Inspected ☐ whole ☐ part (detail)
Samples Taken (details opposite): ☐
Records Examined:
Food Hygiene: ☐ FSMS ☐ Temp (prod) ☐ Temp (equip) ☐ Pest ☐ Clean
☐ Training ☐ Trade Waste
Food Standards: ☐ Labelling ☐ Qual Sys ☐ Prod process ☐ Traceability
☐ Presentation ☐ Other
Health & Safety: ☐ Allergen Management
☑ Policy ☑ Risk Assessment ☑ Accident Book RADAR DIGITAL
☑ Other HS23 WATER SAFETY POLICY. SYSTEM.

Key Points Discussed and Summary of Action to be Taken

Key: A = Legal Requirement B= Recommendation

Action Key	Time Scale	
A	11	IT IS NOTED THAT THE COPY OF YOUR COMPANIES HS23 WATER SAFETY POLICY STATES REVIEW DATE NOV. 2021. PLEASE PROVIDE AN UPDATED VERSION OF THIS DOCUMENT.
A	111	WITH REFERENCE TO SECTION 3.1.2 OF YOUR COMPANIES HS23 WATER SAFETY POLICY PLEASE PROVIDE A LEGIONELLA RISK ASSESSMENT IN ACCORDANCE WITH HSE L8 - THE CONTROL OF LEGIONELLA BACTERIA IN WATER SYSTEMS. THIS HAS BEEN PROVIDED HOWEVER REVIEW DATE ON THE DOCUMENT STATES 4 APRIL 2025.
A	11	~~REA~~ PLEASE ADVISE IF THERE IS A SPECIFIC POOL TECHNICAL OPERATIONS PROCEDURES MANUAL (PTOP) FOR THE POOL AND SPA (COLD) AT EDINBURGH FITNESS AND WELLBEING CENTRE. AS THE STA POOL PLANT OPERATIONS RESOURCE MANUAL IS GENERIC. AND NOT SITE SPECIFIC.

Enforcement Action Taken:
☑ Informal Action - summary of necessary action listed opposite
☐ Letter to follow ☐ Statutory Notice(s) (specify)
☐ Revisit to Follow (specify target date)
☑ Other (specify) PLEASE SEND ME COPIES OF REQUESTED DOCUMENTS.

Officer(s) (in capitals) [redacted]
Signature(s) [redacted]
Tel No [redacted] @edinburgh.gov.uk
Contact in case of dispute, my Line Manager is: [redacted]
Tel No: 0131 469

Nothing noted on this form implies compliance with any statute.
This is not a statutory notice.

FILE 01

environmentalhealth@edinburgh.gov.uk
Environmental Health, G1 Waverley Court, 4 East Market Street, Edinburgh EH8 8BG

HR 24 SOP 01 Freedom To Speak Up

N.B. This document expands on the HR24 Freedom to Speak up Policy (FTSU Policy) and will outline the process of how speak up cases are managed in our organisation, whether that be to a manager or FTSU Guardian. It is important this document is not read in isolation.

This document will outline how managers and FTSU Guardians will receive, document and escalate as necessary any speak up cases, provide feedback to the individual speaking up and ensure wider organisational improvement from these learnings. The FTSU Guardian code of conduct will be covered and expectations fo support for Guardians.

Stages of the Process

1. Person Speaks up to their Line manager/ Senior leadership team

- ✓ Flow chart Appendix 1 followed.
- ✓ Thank an individual for speaking up.
- ✓ Listen to the concern in and open and non-judgemental way.
- ✓ Establish all details of concern.
- ✓ Concentrate on what people are speaking about, not who.
- ✓ Accept all concerns are valid and need addressing.
- ✓ Policy examples for signposting may include; Grievance/ Bullying and harassment etc
- ✓ Investigate concerns thoroughly in an open and honest way, establishing the details and areas that need addressing.
- ✓ Feedback regularly to staff member and try to conclude investigations in a timely manner.
- ✓ Ensure someone is assigned to check in with staff member and their wellbeing (usually line manger if appropriate).
- ✓ Drive appropriate change, feedback to all parties and share learning widely.
- ✓ Please see Appendix 6 for list of disclosures protected under public interest disclosures Act.

2. Person Speaks up to Freedom to Speak Up Guardian

- ✓ Flow chart Appendix 2 followed.
- ✓ Thank an indivdual for speaking up.
- ✓ Listen to the concern and encourage staff member to raise with line manager if appropriate.
- ✓ Discuss expectations, how the Guardian can support and agree next steps.
- ✓ Sign post to policies such as; FTSU Policy/ FTSU SOP/ Grievance/ Bullying and harassment etc
- ✓ Sign post to HR/well being services where appropriate.
- ✓ Agree a follow up meeting.
- ✓ Log case on Radar.
- ✓ Discuss case at monthly SLT meeting, if consent is given.
- ✓ Agree who will provide wellbeing check to staff member.
- ✓ Agree named investigator and who will feedback to Guardian.
- ✓ Appropriate manager to investigate case and establish appropriate outcome.

- ✓ Detail of investigation to be shared with Guardian where appropriate.
- ✓ Learning to be shared appropriately.
- ✓ Close case on RADAR and ensure follow up at 3 months takes place.
- ✓ If detriment claimed, report new case on RADAR and link in with HR for next steps.
- ✓ See Appendix 6 for list of disclosures protected under public interest disclosures Act.

3. Feedback Form

- ✓ Appendix 3: This form is used when a case has been escalated to you.
- ✓ Multiple review dates should be made as necessary to follow up/ review the case.
- ✓ This form should be treated as a confidential document and stored accordingly, ideally as an electronic document and not printed.
- ✓ Add to the persons speaking up personnel file on completion.

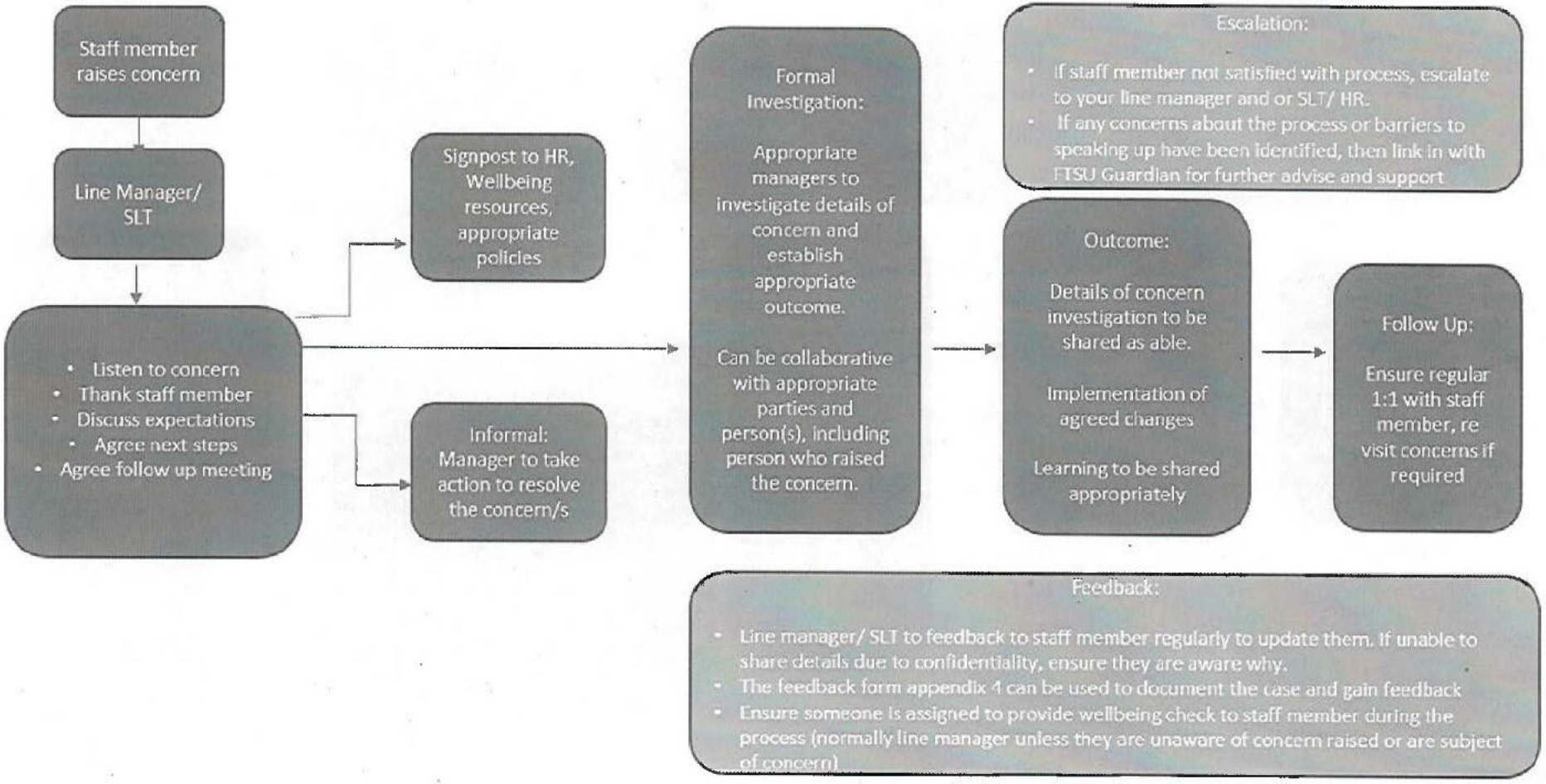
4. Freedom To Speak Up Guardian Code of Conduct

- ✓ Appendix 4: There is an expectation FTSU Guardians are ethical in their behaviour. The code of conduct outlines desired behaviour.
- ✓ There is an expectation FTSU Guardians are supported in their role, these expectations are set out in Appendix 4.

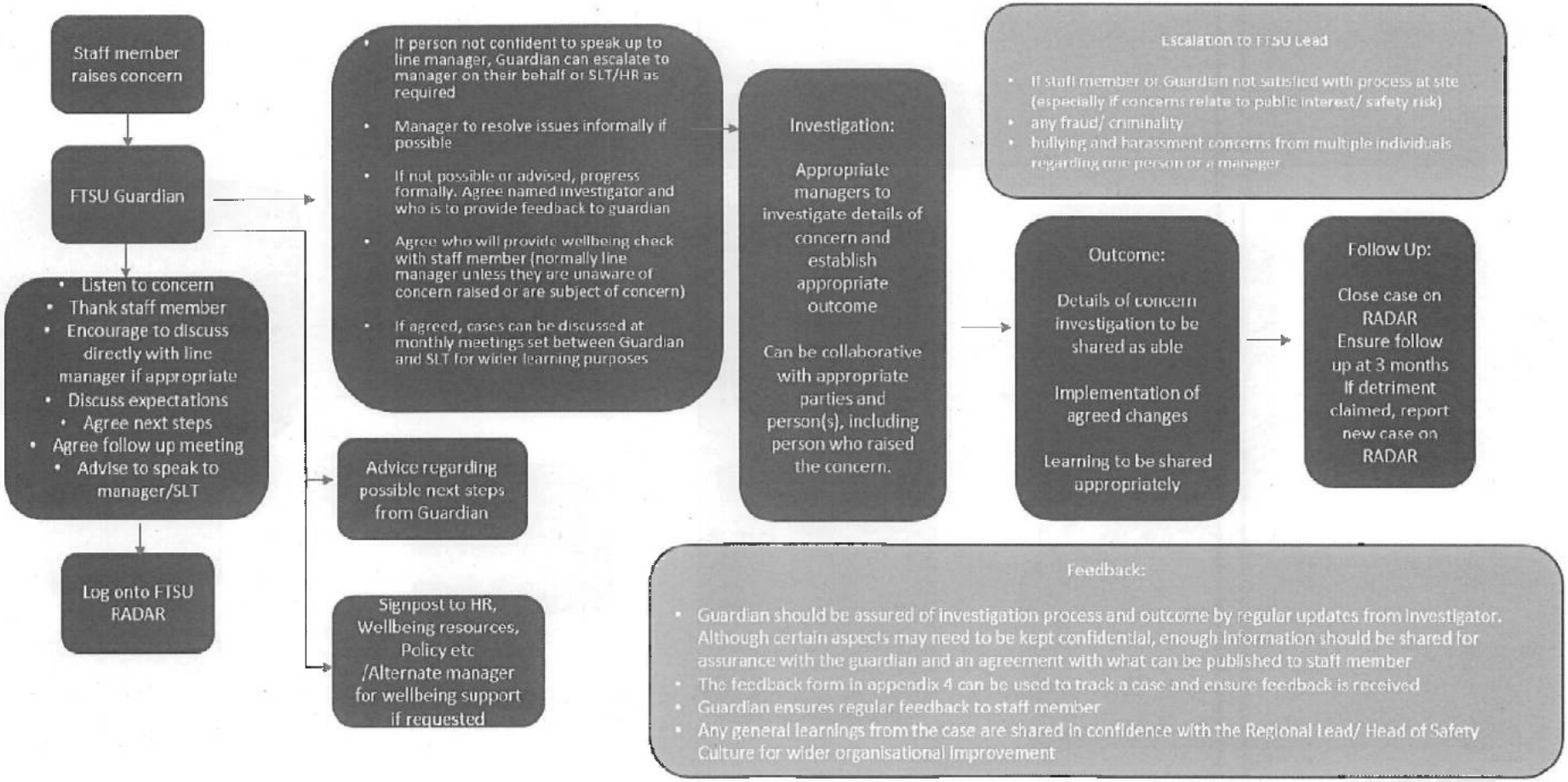
5. Freedom to Speak up / SLT meeting minutes

- ✓ FTSU/ SLT meetings should take place monthly.
- ✓ Minutes should be taken, and follow up previous actions from the previous month.
- ✓ An example of meeting minutes are in Appendix 5.
- ✓ Meeting minutes should be disseminated to all present staff after fact and then stored password protected by the Guardian.
- ✓ Meetings may involve but not be limited to:
  - the discussion of cases if confidentiality allows.
  - plans for promotion of FTSU on site.
  - information staff are happy to be passed to SLT that is not a case but relevant for them to know.
  - a walk around with the Guardian to increase awareness on site/ be visible/ give an opportunity for staff to communicate with SLT/ Guardian.
  - discuss key themes and trends identified by Guardian to ensure a proactive response and prevent escalation of issues and grievances.

Appendix 1: Speaking up to a Line Manager or Senior leadership team member



Appendix 2: Speaking up to a FTSU Guardian



Appendix 3: Speak up Feedback Form

Speak up Form for Managers

Concern brought forwards by:			
Date concern raised:			
Confidentiality stipulations (please tick):	Anonymous ☐	Confidential ☐	Open ☐
If confidential give confidentiality stipulations (who person speaking up is happy with issue being discussed with)			
Issue /Concern details			
Person's Involved:			
Agreed Next steps:			
Estimated timeline to resolution:			
Review Date:	__/__/__		
Feedback at review date: (This will likely require multiple feedback discussions/ dates)			
Confirmed person is happy for case to be closed:	Yes ☐	No ☐ (If no escalate to line manager's manger)	
Email to person for their own records	Yes ☐	No ☐	

Appendix 4: Freedom to Speak Up Guardian Code of conduct

This code of conduct provides guidance for Guardians in their roles and establishes standards for ethical behaviour.

FTSU Guardian purpose:
Freedom to Speak Up Guardians help:

- Protect patient safety and the quality of care
- Improve the experience of workers
- Promote learning and improvement

By ensuring that:

- Workers are supported in speaking up
- Barriers to speaking up are addressed
- A positive culture of speaking up is fostered
- Issues raised are used as opportunities for learning and improvement

Guardians should be trained and registered by the National Guardians Office and complete annual NGO refresher training. There is an expectation that Guardians also conduct themselves adhering to the following principles:

1) **Integrity**
    a) Act with honesty and transparency in all dealings.
    b) Uphold the highest ethical standards and encourage others to do the same.
2) **Confidentiality**
    a. Respect the confidentiality of all individuals who raise concerns.
    b. Share information only on a need-to-know basis and in accordance with legal and organisational policies.
3) **Support and Empowerment**
    a. Provide a safe space for individuals to voice their concerns without fear of retaliation. Be approachable and attentive when individuals express concerns acting with sensitivity.
    b. Encourage a culture of openness and support, ensuring that everyone knows their concerns will be taken seriously.
4) **Non-Discrimination**
    a. Treat all individuals with respect, regardless of their background or position within the organisation.
    b. Ensure that all concerns are considered without bias or prejudice.
5) **Responsiveness**
    a. Ensure that concerns are escalated to the appropriate channels in a timely manner.
    b. Provide updates to individuals as appropriate.
6) **Accountability**
    a. Take responsibility for your actions and decisions as a Guardian.
    b. Maintain clear records regarding interactions and actions taken on FTSU Radar a confidential reporting system
7) **Continuous Improvement**
    a. Seek feedback and engage in regular training to enhance your role as a Guardian.
    b. Promote awareness of the Freedom to Speak Up initiatives within the organisation

Conclusion

As a Freedom to Speak Up Guardian, you play a vital role in safeguarding the values and integrity of our organisation. By adhering to this Code of Conduct, you contribute to a workplace where everyone feels empowered to speak up and make a difference.

If there are any concerns regarding a FTSU Guardian this would be managed as necessary in line with the relevant NH policy or process. If upheld this could result in not being able to continue within the role of a FTSU Guardian and removal from the national Guardian office register.

Expectations of support from managers/SLT for FTSU Guardians:

1) Guardians should be supported with the resources they need, including ring-fenced time, to ensure that they meet the needs of workers.
2) Guardians may need to participate in training or conferences on an ad hoc basis and should be supported as best able to attend these training opportunities
3) Meetings between FTSU Guardians and senior leadership to discuss challenges, gather insights, and reinforce support should be monthly and meeting minutes taken
4) Guardians should not be treated negatively for bringing forward concerns (suffer detriment)
5) Leaders should articulate the importance of speaking up and support the role of the Guardians and initiatives taken by them by participation, acknowledgment, and reinforcement of its importance.
6) When concerns are raised to managers/ leadership by a FTSU Guardian there is an expectation the concerns are treated confidentially and people that have spoken up are not treated negatively for speaking up. The aim is not to concentrate on who spoke up but what they have spoken up about.
7) Feedback is essential for people that speak up to feel valued and that their efforts are not futile, feedback should be given via the FTSU Feedback form as per appendix 3
8) As an organisation we aim to recognize the efforts of guardians and encourage a culture where speaking up is valued and rewarded.

By meeting these expectations, leadership can create a culture where speaking up is not only encouraged but embedded in the organisation's values

Appendix 5: Freedom to Speak Up and SLT meeting minutes

Nuffield Health FTSU

Minutes from FTSU & SLT Monthly Meeting Date – time (how long)

Participants	
1.	2.
3.	4.
5.	6.
Other invited guests in attendance:	
Apologies received:	
Circulation of notes to:	

Discussion Topic	Item	**Action by**	**To be completed by**	**Completion date**
1. **Minutes of Last Meeting actioned**				
2.				
3.				
4.				
Next meeting	Next Meeting: Date/ time			

Appendix 6: Public Interest Disclosures Act 1998

The use of terminology and understanding what "Whistleblowing" is, versus the ethos of FTSU, is important. If the concerns meet the government definition and are in the public interest, they are counted as 'whistleblowing'. Therefore, the person is protected by law if the concern relates to suspected;

1. criminal offence – for example, fraud or if an employer has been trying to bribe people.
2. the breach of a legal obligation by an organisation – for example, if an employer has neglected their duty of care towards patients or a breach of Employments Rights Act 1996.
3. a miscarriage of justice – for example, if a member of staff has been fired for something that turned out to be a computer error.
4. someone's health and safety being in danger – for example, if an employer has forced staff to serve food they know has been contaminated.
5. damage to the environment – for example, if an employer has been regularly polluting local rivers.
6. Deliberate covering up of information tending to show any of the above five matters.

Making a 'protected disclosure' continued:

- You can also speak up about someone trying to cover up information about any of these issues.
- You can make a qualifying disclosure about an issue that's happened at any time. This includes if it's likely to happen in the future. It can also be about something that takes place overseas.
- You can report one or more qualifying disclosures.

When a qualifying disclosure is protected:

By law, you'll be protected if you can show it's reasonable for you to believe that what you disclose:

- fits into one of the categories of a qualifying disclosure
- is in the public interest

However, we also follow the NHSE, CQC & NGO requirements on how Speaking Up is determined and handled as follows; Speaking up may take many forms. This can include:

- a quick discussion with a line manager
- speaking with human resources or the patient safety team
- making a suggestion for improvement
- telling a regulator about a matter.'

The act of speaking up encompasses activities such as 'raising concerns', 'reporting incidents' 'suggesting improvements and 'whistleblowing'. Therefore, we want people to feel free to speak up about any of these issues, concerns or improvement suggestions.

Glossary of terms

Line Manager	The person who has day to day responsibility for you at Nuffield Health (your Manager)
SLT	Senior Leadership Team
HRBP/HR	Specific to each geographical region, Human Resources Business Partners provide HR support to senior leaders and managers
ER	Employee relations: the team provide line managers with employee relations guidance and advice.
FTSU	Freedom to Speak Up
FTSU Guardian	Guardians do not conduct investigations or have a responsibility for resolution but confidentially escalate and record concerns/ so are involved in the cases and give feedback to the person speaking up about their case. Guardians would regularly meet with Hospital SLT to discuss FTSU themes/ promotion and concerns. They will engage with staff and reduce barriers to speaking up aiming to create a safe culture, making FTSU business as usual. Guardians are a point of reference to reduce barriers to speaking up, however they will be facilitating the usual channels of raising a concern.
FTSU Regional Lead	Appoint and train FTSU Guardians across their region, support data collection and FTSU best practice within their regions, they assess data and identify trends to support learning and improvements and removal of barriers to people speaking up.
HOSC	Head of Safety Culture. Responsible for supporting FTSU regional leads and the wider network of FTSU Guardians and champions
Whistleblowing	Whistleblowing is the term used when a worker passes on information concerning wrongdoing. It can be called "making a disclosure" or "blowing the whistle". The wrongdoing will typically (although not necessarily) be something you have witnessed at work.

HS23 - Water Safety Policy

This is a controlled document. When printed out, it then becomes an uncontrolled document. It is a copy of the master document and can be used as a valid copy if the following conditions are met: the current date (for which the document is being used) is before the review date in the footer; the document has been downloaded directly from the Extranet Policy area.

Version No.	3.1
Changes	Re-formatted and simplified. Responsibilities clarified and updated. Details of processes and controls removed, as are now contained within the specific Water Safety Plans for Hospitals, Consumer Gyms, and HSSUs.
Change Category (Minor / Major)	**Major Changes**

Document type:	Policy
Document sponsor:	[redacted] Head of Non-Clinical Assurance
Document classification:	Restricted to Nuffield Health
Business areas:	All Sites
Document author:	[redacted] H&S Assurance Manager (Hospitals)
Consultation process:	[redacted] (Head of Non-Clinical Assurance), [redacted] (Health & Safety Assurance Lead), [redacted] (Health & Safety Assurance Lead [redacted] (HSSU Statutory Compliance Lead), [redacted] (Regional Property Manager), [redacted] (Energy and Compliance Manager) [redacted] (Authorising Engineer)
Superseded documents:	HS23 Water Safety Policy v2.3
1st Approval by:	Health & Safety EAG, Group Water Safety Committee
2nd Approval by:	Quality Board
Master document location:	Extranet

Contents

Introduction

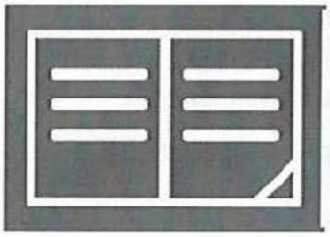
The purpose and importance of this policy is to ensure that Nuffield Health are able to manage its water systems adequately and effectively, in accordance with legal requirements and recognised standards of good practice as specified in HSE Approved Code of Practice L8 and associated HSE guidance. For healthcare facilities, the standards contained in Health Technical Memorandum 04 (HTM04-01) will also be adopted.

This policy introduces a structured management system for the control of Legionellosis and Pseudomonas, including Legionnaires' disease, in order to minimise risk to patients, workers and others, in or around Nuffield Health premises and in order to meet legal requirements.

This Policy applies to all Nuffield Health activities and facilities operated by Nuffield Health, or connected to, or located within, the curtilage of a Nuffield Health facility and which are under the control of Nuffield Health.

This policy does not cover the nursing care and/or management of patients or service users with infection associated with Legionella or Pseudomonas.

Related reading



- Hospital Water Safety Plan
- Fitness & Wellbeing Engineers Folder 3 - Water
- HSSU Maintenance Manual – Legionella Precautions

Key

A Icon refers to an Appendix at the back of this policy

Roles and responsibilities

The roles and responsibilities for implementation of this policy are set out below.

Responsible Manager (i.e. Hospital Directors, General Managers of Fitness and Wellbeing sites and Unit Managers of HSSUs, and other managers who have overall responsibility for a site at any other locations)

The Responsible Manager is responsible for

- Ensuring that the requirements detailed in this document are effectively implemented within their area of responsibility.
- Ensuring that a suitable and sufficient written water risk assessment is produced for the premises concerned.
- Ensuring that the water risk assessment is reviewed regularly, and when premises' alterations and extensions are implemented.
- Ensuring that all actions identified following the water risk assessment are recorded on the site H&S action plan and frequently reviewed in order to ensure they are completed.
- Ensuring that a local Water Safety Group (Hospitals) or appropriate regular agenda item (F&WB and HSSUs) is in place to review actions and risks on at least a quarterly basis.
- Ensuring that employees, and others working at the premises, are made aware of their responsibilities under this policy.

Head of Non-Clinical Assurance

The Head of Non-Clinical Assurance is responsible for

- Developing the Water Safety policy in concert with the Properties Team and the Group Water Safety Committee.

Property Director

The Property Director is responsible for

- Ensuring that arrangements are in place for contractors appointed at Company level to provide facilities management services, or the design and specification of water services to Nuffield Health, to have adequate competence and resources to effectively implement Legionella and water safety controls in accordance with this Policy.

- Ensuring that all statutory inspection and maintenance is planned and carried out in accordance with all relevant legislation and Nuffield Health Policy, and that any remedial action is taken to repair or replace any premises, plant or equipment that is required for water safety purposes.
- Appointing a deputy to act in their absence and a consultant microbiologist and/or an external engineering design consultant for water systems as and when required.
- Ensuring that suitable provision is made for the training and development of directly employed Nuffield Health engineers in water safety issues.
- Ensuring that a Group Water Safety Committee is in place and meets at least quarterly.

Authorising Engineer

The Authorising Engineer is responsible for

- Advising Nuffield Health on Water Safety issues.
- Attending the Group Water Safety Committee

Consultant Microbiologist

The Consultant Microbiologist is responsible for

- Advising Nuffield Health on Water Safety issues.
- Attending the Group Water Safety Committee

Central Health and Safety Team

The Central Health & Safety Team is responsible for

- Providing advice and support to the Head of Non-Clinical Assurance in relation to Health and Safety matters including Water Safety.
- Providing pragmatic advice and support to Responsible Managers.
- Monitoring compliance to this policy and reporting on audits, site inspections, investigations, and general Health and Safety.

Group Water Safety Committee

The Group Water Safety Committee is responsible for

- Providing strategic leadership and guidance to Nuffield Health on the statutory requirements and national guidance in relation to all matters relating to the delivery, storage, use and management of water within the building services systems of all Nuffield buildings.

- Monitor compliance to The Health and Safety at Work etc. Act 1974, The Management of Health and Safety at Work Regulations 1999, The Control of Substances Hazardous to Health Regulations 2002, HSE Approved Code of Practice and Guidance Note L8: Legionnaires Disease and associated guidance HSG 274; Health Technical Memorandum 04-01 2016- The Control of Legionella, and any other relevant regulations as may be released.
- Review the Nuffield Water Safety Policy and make the necessary amendments to comply with statutory regulation and best practice.
- Develop and review the company water safety plans and identify and promote the use of best practice across Nuffield Health.
- Advise on the planning and management of any clinical incidents where the water supply is implicated.
- Provide update reports and escalate issues where appropriate to the Quality Board in liaison with the Infection Prevention Expert Advisory Group and the Health & Safety Expert Advisory Group.
- Monitor compliance to the water safety policies within the organisation through adverse event analysis and site reports and audit results. If required, the Group Strategic Water Safety Committee can request flushing records and compliance against the site water safety risk assessment and action plans.
- Ensure that the relevant section of the risk register is reviewed, maintained and that risks are being addressed in a timely manner, as deemed appropriate by this Committee's core members in line with legal standards and obligations.
- Make recommendations for use of resources for water safety.

Regional Property Manager

The Regional Property Manager is responsible for

- Taking the role of the Water Technical Adviser in respect of each premises within their region, and for providing the site Responsible Person with support and technical advice.
- Liaising with the site Responsible Person when required to provide advice and assistance.
- Monitoring the compliance of the Managed Service Contractor were appointed in respect of Legionella and Pseudomonas control requirements and liaising with the local Water Safety Group.

Local Site Water Safety Group

The local Water Safety Group is responsible for

- Monitoring local compliance, inc. sampling and flushing/temperature checking regimes.
- Monitoring and closing actions arising from both incidents and the water safety risk assessment.

- Reviewing results of samples from heater cooler systems, endoscopy washers, and other equipment as operated locally, and ensuring appropriate corrective actions have been implemented.

Site Engineer (Nuffield Employees and Managed Service Contractors)

The Site Engineer is responsible for

- Ensuring that Legionella and Pseudomonas controls are effectively implemented, managed and monitored in accordance with this policy, the site risk assessment, and any actions deemed necessary by the local Water Safety Group.

Consulting & Design Engineers (Contracted for Individual Build Projects)

The Consulting & Design Engineer is responsible for

- The design or planning of water systems within Nuffield Health premises and ensuring that their designs meet the requirements of BS 8558:2015, L8, in respect of all premises and HTM04-01 in respect of healthcare premises and for liaising with any Nuffield Health appointed Legionella control consultants who will provide advice on the design and subsequent operation of the system.
- Notifying and obtaining the consent of the relevant water company or, in Scotland, Scottish water before installation commences.

Policy statements

Statutory Duty Holder Requirements

The statutory duty holder in respect of Legionella control at Nuffield Health premises is Nuffield Health as the employer in overall control of the premises concerned. However, where Nuffield Health occupies premises such as a serviced office facility, corporate wellbeing sites and gyms with the landlord retaining maintenance responsibility for water systems, then the landlord is the statutory duty holder. Nuffield Health retains its responsibility under duty of care to check the landlord is carrying out Legionella responsibilities to a satisfactory level of competence plus as a tenant Nuffield Health also has responsibilities, i.e., use of water (flushing) risk assessing and safe use of what is connected to water systems. Additionally, other tenants need to be involved as the way they use water can affect quality throughout the building.

Nuffield Health's responsibilities as statutory duty holder will be managed and met by each site's Hospital Director, General Manager, and Unit Manager, for Hospitals, Consumer Gyms and HSSU units, respectively. This will include ensuring a Legionella risk assessment is carried out in line with L8 at least every two years or following a change of circumstances (such as changes to the water system or building extension, or the occurrence of a Legionella incident or unusual positive Legionella samples) which could indicate a change of Legionella risk.

Nuffield Health will appoint, either directly or through its appointed Managed Service Contractor (MSC), competent water hygiene and treatment specialists for each operating location. The competent engineer or MSC and specialist water hygiene contractor will manage and maintain water systems and review the water hygiene risk assessment on a regular basis.

Risk Assessment

A risk assessment for Legionella must be carried out by either a competent Nuffield Health directly employed engineer, or a Nuffield Health approved specialist water treatment and hygiene company and will be undertaken on new installations prior to occupation or as and when changes have occurred to the existing system. A detailed review should be undertaken for each installation every two years, in accordance with this Policy and L8. The risk assessment will specify the control regime to be adopted, records to be kept, and any necessary improvements to the system such as removal of dead legs, improved control of water temperature etc.

For hospitals, a clinical risk assessment for Pseudomonas must also be undertaken – refer to section 4 of the Hospitals Water Safety Plan.

The risk assessment must be reviewed when:

- there is a change to the water system or its use.
- there is a change to the use of the building where the system is installed.
- new information is available about risks or control measures.
- the results of checks or sampling results indicate that control measures are no longer effective.
- a case of Legionnaires' Disease/Legionellosis or Pseudomonas is associated with the system.

Processes and Control Measures

Due to the diverse nature of the Charity individual Water Safety processes and control measures have been developed to address the specific risks of each site type. These processes and control measures are set out in the following documents:

- Hospitals – follow Hospitals Water Safety Plan
- Fitness & Wellbeing Sites – follow procedures in the Engineers Folder 3 - Water
- HSSU – follow Legionella Precautions in the HSSU Maintenance Manual

These documents contain the latest best practice guidance on control measures, such as flushing, temperature sampling, microbiology sampling etc. They also set out what additional steps or control measures need to be taken if a non-satisfactory result is obtained. Therefore, the most relevant site-specific processes and controls must be followed by each site.

In addition, HSSUs must follow the requirements of the ISO 13485: 2016 and the quality management system based on this requirement.

Competency

Nuffield Health will ensure that all relevant employees and specialist contractors appointed by Nuffield Health have appropriate competence and training to properly oversee and implement the actions and control measures required by this Policy and the individual sites' plans and processes.

Nuffield Health will ensure that for every location there is a manager appointed as the Responsible Person.

Expert Advisory / Water Safety Groups

Nuffield Health will maintain Expert Advisory Groups or Group Committees on Water Safety, Health and Safety and Infection Prevention reporting on Water Safety issues, as required, to the Quality Board. These EAGs will be supplemented locally by a Water Safety Group at each Hospital and relevant Health and Safety Committees at Fitness and Wellbeing locations and HSSU units. These groups to meet at least quarterly in order to review compliance to this policy, discuss issues and ensure necessary action is taken for the control of water safety risks within Nuffield Health.

Design & Installation of Water Systems

Nuffield Health will ensure that newly installed or modified water systems will be designed in accordance with BS 8558:2015 - Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages; the Approved Code of Practice L8, and with the requirements of the Water Supply (Water Fittings) Regulations 1999 for installations in England and Wales and the Water Byelaws (Scotland) 2000 in Scotland. For healthcare premises the new installations will also meet the requirements of HTM 04-01. Relevant notifications and consents required by the above Regulations must be obtained before installation commences.

Glossary of terms

Health Technical Memoranda	(HTM) Department of Health documents providing healthcare specific advice and guidance relating to building and engineering technologies
Augmented Care	Where medical or nursing procedures render the patient susceptible to invasive disease from environmental or opportunistic pathogens
Legionella	A pathogenic bacterium commonly found in water systems with the potential to cause Legionnaire's disease or legionellosis through inhalation of contaminated water droplets
Pseudomonas *Aeruginosa*	A pathogenic bacterium commonly found in wet or moist environments with the potential to cause a number of infections in almost any organ or tissue
Scalding	A thermal burn of the skin from contact with hot water

Policy author declaration

The document style and format are consistent with policy (including footer and explanation of terms used) and are relevant to the document type e.g. policy, SOP, protocol.

The title/outcome/objective/target audience and monitoring arrangements are clear and unambiguous.

The relevant expertise has been used and the evidence base is relevant, up to date. There are supporting references and a cross reference to associated documents e.g. other policies. Stakeholder, user and ratification forum consultation confirms accuracy and clarity of document/statements.

Superseded documents have been referenced on page 1, and master location, for this document has been documented.

Equality and Diversity Statement: I confirm that this document does not discriminate on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

Monitoring and review

This Policy shall be reviewed no later than 3 years from date of issue and sooner if required to meet new or revised legislation, regulation, national guidance or Nuffield Health strategy or policy.

Monitoring of local facility compliance to the policy will be undertaken annually and reported to the relevant Committee or Board.

References

i) BS 8558:2015 - Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages

ii) Approved Code of Practice L8

iii) Water Supply (Water Fittings) Regulations 1999 for installations in England and Wales

iv) Water Byelaws (Scotland) 2000 in Scotland.

v) HTM 04-01

vi) ISO 13485: 2016

vii) The Health and Safety at Work etc. Act 1974,

viii) The Management of Health and Safety at Work Regulations 1999,

ix) The Control of Substances Hazardous to Health Regulations 2002,

x) HSE Approved Code of Practice and Guidance Note L8: Legionnaires Disease and associated guidance HSG 274

xi) Health Technical Memorandum 04-01 2016- The Control of Legionella

References Weblinks

Legionnaires' disease. The control of legionella bacteria in water systems (hse.gov.uk)

The Water Supply (Water Fittings) Regulations 1999 (legislation.gov.uk)

Scottish Water Byelaws (dwqr.scot)

NHS England » (HTM 04-01) Safe water in healthcare premises

ISO - ISO 13485:2016 - Medical devices — Quality management systems — Requirements for regulatory purposes

Health and Safety at Work etc. Act 1974 (legislation.gov.uk)

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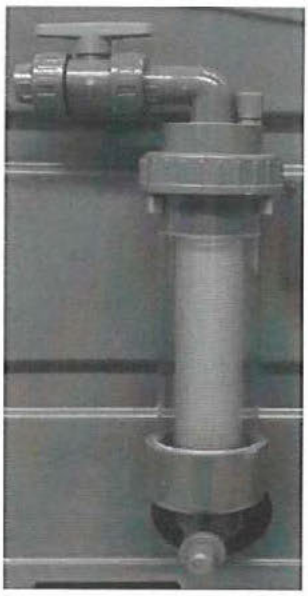
The Control of Substances Hazardous to Health Regulations 2002 (legislation.gov.uk)

Legionnaires' disease - Technical guidance (hse.gov.uk)

SAFE SYSTEM OF WORK – PP26 v1 04.11.22		
1. Task/Activity:	Clean Pre-Filter	
2. Task Locations:	Pool plant areas/Chemical Rooms	
3. Who undertakes this task	Advanced pool plant trained, Basic Pool Plant awareness or contractors who hold Advanced Pool Plant Trained	
4. Hazards	**Hazard** Chemical Blockages Chemical mixing Chemical leaks Over & Under Dosing	**Equipment** PPE to be worn Gloves, Eye Protection
5. Risk Controls / Preventative Measure	**Risk Controls** PPE Equipment Follow 's Preventative Maintenance Schedule Ensure communications in place with management, and they are aware of activities being undertaken	**Preventative Measure** Ability to raise the alarm in the case of an emergency Emergency eye wash and first aid available Availability of chemical spillage kit
6. Training Requirements	H & S Induction, SSOW, COSHH, Health, Safety, and Welfare module Advanced Pool Plant Operator or Basic Pool Plant Awareness Local competency training quarterly excluding BSE	

7.

- Collect PPE from Storage: Gloves, and Eye Protection.
- Put on PPE
- Close inlet supply into Granudos valve 2
- Close outlet supply valve 1 at rear of Granudos system
- Turn off Granudos unit
- Unscrew pre filter from Inlet Valve and at base of pre filter entry screw to Granudos.
- Remove pre filter
- Rinse pre filter internal gauze and clean using fresh water
- Return internal gauze to pre filter and return to Granudos
- Replace pre filter to unit and screw into base and inlet valve.
- Open inlet supply valve 2 and allow pre filter to fill
- Check for leaks at top and base of pre filter
- Open outlet supply valve 1
- Turn on Granudos
- Open Bleed valve on pre filter and remove any remaining air
- Re-tighten Bleeding Valve
- Check no faults are present on control panel
- Remove and Clean PPE
- Return PPE to Storage
- Sign Weekly Pool/Spa Check List



SAFE SYSTEM OF WORK – PP45 v1 04.11.22		
1. Task/Activity:	Strainer Basket Cleaning	
2. . Task Locations:	Pools, Hydrotherapy Pools,	
3. Who undertakes this task	Advanced pool plant trained, Basic Pool Plant awareness or contractors who hold Advanced Pool Plant Trained	
4. Hazards	**Hazards** Damage to pool plant equipment Manual Handling Low lying equipment Potential expose to contaminated water	**Equipment** Filtration valves Circulation pumps
5. Risk Controls / Preventative Measure	**Risk Control** To be completed when pool not in use Follow written documented procedures	**Preventative Measure** Safety Gloves
6. Training Requirements	H & S Induction, SSOW, COSHH, Health, Safety, and Welfare module Advanced Pool Plant Operator or Basic Pool Plant Awareness Local competency training quarterly excluding BSE	

7.

- Identify the strainer basket which requires cleaning, typically this is the basket which has been in operation
- Cleaning should be undertaken as and when required or a minimum of once per week.
- Isolate Granudos flow valves (1 to left Inlet Valve, 1 to rear Outlet Valve of Granudos)
- Turn off Granudos
- Turn off Bayrol
- Turn off UV System (if applicable)
- Turn off Circulation Pump
- Close isolation valves to the rear # and above # the circulation pump.
- Open strainer basket
- Remove strainer basket mesh unit
- Replace with clean basket, or clean strainer basket using wire brush
- Return strainer mesh unit to basket housing
- Replace lip and tighten
- Open isolation valves to rear and above pump and check for leaks from strainer basket lid (5&6, 7&8 or 9&10 dependig on basket)
- Turn on circulation pump, and check for leaks from the strainer basket lid
- Turn on Granudos
- Open Inlet Valve (left) on Granudos
- Open Outlet Valve (rear) on Granudos
- Turn on Chemical Management System (Bayrol)
- Calibrate Bayrol Unit after reset period of 5mins.
- Turn on UV if applicable
- Bleed Filters by Opening Air Release Valve
- Close Air Release Valve

SAFE SYSTEM OF WORK – PP44 v1 04.11.22		
1. Task/Activity:	Pool Backwashing Filter 1	
2. Task Locations:	Pools, Hydrotherapy Pools,	
3. Who undertakes this task	Advanced pool plant trained, Basic Pool Plant awareness or contractors who hold Advanced Pool Plant Trained	
4. Hazards	**Hazards** Pool depth changes Damage to pool plant equipment Manual Handling Low lying equipment Potential expose to wastewater	**Equipment** Filtration valves Circulation pumps
5. Risk Controls / Preventative Measure	**Risk Control** To be completed when pool not in use Follow written documented procedures	**Preventative Measure** Do not undertaken backwashing while users are in the pool.
6. Training Requirements	H & S Induction, SSOW, COSHH, Health, Safety, and Welfare module Advanced Pool Plant Operator or Basic Pool Plant Awareness Local competency training	

7.

- Check backwash timetable for club and identify filter to be backwashed correctly
- Record Inlet and Outlet pressure gauge readings
- Turn off bayroll
- Turn spa bubbles off
- Turn off Granudos
- Isolate Granudos flow valves (1 to left Inlet Valve, 1 to rear Outlet Valve of Granudos)
- Open backwash valve 33 on above sight glass
- Close valve 16
- Close
  - Filtration Valve 15
  - Return Valve 12
- Open
  - Backwash Valve 13
  - Waste Valve 14
- Backwash for designated time of 4 mins, or until sight glass runs clear, excessive backwashing can drain balance tanks or pool effecting day to day operations.
- Open
  - Rinse Valve 11
- Close
  - Waste Valve 13
- Open
  - Filtration Valve 15
- Close
  - Backwash Valve 14
- Wait 1 minute for rinse
- Open
  - Return Valve 12
- Close
  - Rinse Valve 11
- Open valve 16
- Close backwash valve 33 on sight glass
- Open Inlet Valve (left) on Granudos
- Open Outlet Valve (rear) on Granudos
- Turn on granudos
- Open Bayroll Valves

- Turn on Chemical Management System (Bayrol)
- Calibrate Bayrol Unit after reset period of 5mins.
- Turn on UV if applicable
- Bleed Filters by Opening Air Release Valve
- Close Air Release Valve
- Record Pressure on Inlet and Outlet Gauge
- Turn on valve 2 half way and spa bubbles and jets