Ref. No: 2122 Date: 20/10/25

Subject: Infection Control Teams

REQUEST & RESPONSE

1.	Name of NHS Trust/Foundation Trust:		
Ту	pe here: Me	rsey & West Lancashire Hospitals NHS Trust	
2.	•	rganisation reviewed NHS Estates Technical Bulletin 2024/3 with the specific n-tuberculous mycobacteria? (Yes/No - Double click the box to select – choose	
		Yes No	
3.	•	organisation treat any of the "high-risk" patient groups listed in the NHS chnical Bulletin 2024/3? Tick all that apply (Double click the box to select).	
	x 	Lung and/or heart transplant Cystic fibrosis Haematology/oncology patients with neutropenia, CAR-T cell patients Other solid organ transplant, Patients with long-term lines	
4.	Do you have a Water Safety Group or equivalent multidisciplinary body for any water-related issues? (Yes/No - Double click the box to select).		
		Yes No	
Со	mment (type	e here):	
5.	-	rently conduct routine environmental water testing for NTM? (Yes/No - Double ox to select). If yes, please state the areas tested and the frequency of testing.	
Λ	□ ⊠ eas tested (t	Yes No	
\(\(\)	cas iesieu (i	ype nerej.	

Frequency (type here):				
6.	-	Water Safety Plan include specific controls for NTM, separate from general /Pseudomonas measures? (Yes/No - Double click the box to select) - If yes, ecify.		
		Yes No		
Specify (Type here):				
7.	to ISO 170	ting is undertaken, which laboratory/method is used, and is it UKAS-accredited 025 for NTM testing or according to the methods suggested in the bulletin?		
		N/A - no testing undertaken		
If to	esting, whic	h laboratory/method is used? (type here):		
ls t	esting meth	od accredited (type here):		
8.	•	e tested, have you detected NTM in water samples from patient care areas in years? (Yes/No; if yes, please indicate the area(s) and summarise the control taken).		
		Yes No		
		N/A (have not tested for NTM)		
Specify areas (type here): Summarise control measures (type here):				
9.		trol and/or remedial measures are you currently using to manage waterborne in your organisation? Tick all that apply (Double click the box to select)		
	\boxtimes	Point-of-use filters Temperature controls		
	\boxtimes	Chemical controls (any, i.e. chlorine, silver-copper ionization) Pipe removal work (including new copper pipes)		
		Descaling and cleaning of water outlets Complete removal of outlets/sink		
011		Other (please list below)		
Otl	ner (type he	ге):		
10. In the last 5 years, have you made any design changes in high-risk areas specifically to reduce waterborne infection risk (e.g., removal or relocation of sinks, drainage modifications, point-of-entry filtration)? (Yes/No; please provide brief examples).				
	\boxtimes	Yes		

☐ No				
Please provide brief	examples (type here):			
In the last 5 years, there have been numerous schemes, of varying costs, across all five sites within Merseyside & West Lancashire NHS Teaching Hospital Trust. Some improvements to reduce waterborne infections have been part of larger projects, some improvements directly to reduce waterborne infection, such as the installation of splash barriers, installation of non-splash sinks and taps. All of which are implemented to ensure HTM 04-01 Safe water in healthcare premises compliance.				
The Trust engage regularly with an independent Authorised Engineer to provide assurance and give recommendations for improvement across all Trust sites.				
An additional layer of governance, there is a HTM compliant Water Safety Group that presides bi-monthly.				
	gagement with our Trust water AE and the Water Safety Group, our IPC or advice and knowledge to prevent or reduce the risk of waterborne			
11. Are you planning any major refurbishment in the next 5 years and/or is your organizatio part of the NHS New Hospital Programme? (Tick all that apply)				
☐ Yes	- planning refurbishment works - part of the NHS New Hospital Programme - neither			
	e): MWL Trust will be taking part in major refurbishment projects over the part of the NHS New Hospital Programme.			