

Our Ref: NG/RM/25375  
Date: 18<sup>th</sup> November 2025

Nicola Griffiths  
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North Staffordshire Combined Healthcare NHS Trust  
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Reception: 0300 123 1535

Dear

### **Freedom of Information Act Request**

I am writing in response to your e-mail of the 18<sup>th</sup> October 2025. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

#### ***Requested information:***

I attach a word document with a Freedom of Information request for the attention of your Trust/Foundation Trust's Infection Control Team.

Under the Freedom of Information Act 2000, we seek the following information within your NHS Trust / NHS Foundation Trust - we are carrying out a short 10 question survey to understand how NHS Trusts are implementing the guidance from NHS Estates Technical Bulletin 2024/3: Designing safe spaces for patients at high risk of infection from nontuberculous mycobacteria (NTM) and other waterborne pathogens.

This survey is being carried out to gain insight into how the recommendations of the bulletin have informed local water safety practice and capital planning across NHS organisations; and to identify common challenges in water safety management across healthcare settings.

A summary of the anonymised findings of this survey will be shared with participating trusts on request

**Please see Appendix 1 attached.**

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision.

The Information Commissioner can be contacted at: Information Commissioner's Office,  
Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



**Nicola Griffiths**  
**Deputy Director of Governance**

To: Infection Control Teams

Dear Colleagues,

We are carrying out a short 10 question survey to understand how NHS Trusts are implementing the guidance from *NHS Estates Technical Bulletin 2024/3: Designing safe spaces for patients at high risk of infection from nontuberculous mycobacteria (NTM) and other waterborne pathogens*.

This survey is being carried out to gain insight into how the recommendations of the bulletin have informed local water safety practice and capital planning across NHS organisations; and to identify common challenges in water safety management across healthcare settings. A summary of anonymised findings will be shared with participating Trusts on request.

Under the Freedom of Information Act 2000, we seek the following information within your NHS Trust / NHS Foundation Trust:

1. Name of NHS Trust/Foundation Trust:

Type here: **North Staffordshire Combined Healthcare NHS Trust**

2. Has your organisation reviewed NHS Estates Technical Bulletin 2024/3 with the specific note on non-tuberculous mycobacteria? (Yes/No - Double click the box to select – choose 'ticked')

☒ Yes

☐ No

3. Does your organisation treat any of the “high-risk” patient groups listed in the NHS Estates Technical Bulletin 2024/3? Tick all that apply (Double click the box to select).

**N/A – North Staffordshire Combined Healthcare NHS Trust is a Mental Health Trust.**

☐ 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

Comment (type here):

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5. Do you currently conduct routine environmental water testing for NTM? (Yes/No - Double click the box to select). If yes, please state the areas tested and the frequency of testing.

☐ Yes

☒ No

Areas tested (type here):

Frequency (type here):

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6. Does your Water Safety Plan include specific controls for NTM, separate from general Legionella/Pseudomonas measures? (Yes/No - Double click the box to select) - If yes, please specify.

☐ Yes

☒ No

Specify (Type here):

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7. If NTM testing is undertaken, which laboratory/method is used, and is it UKAS-accredited to ISO 17025 for NTM testing or according to the methods suggested in the bulletin? Double click the box to select

☒ **N/A- No testing undertaken**

If testing, which laboratory/method is used? (type here):

Is testing method accredited (type here):

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8. If you have tested, have you detected NTM in water samples from patient care areas in the last 3 years? (Yes/No; if yes, please indicate the area(s) and summarise the control measures taken).

☐ Yes

☐ No

☒ N/A (have not tested for NTM)

Specify areas (type here):

Summarise control measures (type here):

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9. Which control and/or remedial measures are you currently using to manage waterborne pathogens in your organisation? Tick all that apply (Double click the box to select)

- ☒ Point-of-use filters
- ☒ Temperature controls
- ☒ 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
- ☐ Other (please list below)

Other (type here): Remedial measures are carried out as per WSP

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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).

- ☐ Yes
- ☒ No

Please provide brief examples (type here):

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11. Are you planning any major refurbishment in the next 5 years and/or is your organization part of the NHS New Hospital Programme? (Tick all that apply)

- ☐ Yes - planning refurbishment works
- ☐ Yes - part of the NHS New Hospital Programme
- ☒ No - neither

Comment (type here):

If the decision is made to withhold some of this data using exemptions in the Data Protection Act, please inform us of that fact and cite the exemptions used. If you need any clarification, then please do not hesitate to contact us.

I would be grateful if you could confirm in writing that you have received this request, and we look forward to hearing from you within the 20-working day statutory time-period. Let us know if you envisage a longer period to reply to our questions.