Presented to:	Governing Body - Public
Date of Meeting:	22 January 2019
For:	Decision

Agenda Reference:	GOV/19/01/10
Title:	Governing Body Sub Committee Items for Approval
Executive summary:	
The Audit and Assurance Committee is a standing sub-committee of the Governing Body, with delegated authorities through the Scheme of Delegation. The following items have been recommended for Governing Body approval: Audit and Assurance Committee a) Health and Safety Policy b) Board Assurance Framework and Risk Register	
Recommendations:	The Governing Body is asked to approve the documents listed above.
Previously considered by:	Executive Management Team Audit and Assurance Committee Members
Author(s):	Susannah Long – Governance and Risk Manager Rob Hayday - Associate Director of Performance, Corporate Services and Head of PMO
Sponsoring Director / Clinical Lead/ Lay Member:	Linda Prosser – Interim Chief Officer

Risk and Assurance:	N/A
Financial / Resource Implications:	N/A
Legal, Policy and Regulatory Requirements:	The CCG is required to show that these documents have been approved by the Governing Body in line with the Scheme of Reservation of Duties.
Communications and Engagement:	These documents should be treated as public documents and would be available for release under the FOI Act.
Equality & Diversity Assessment:	☒ EIA included with the Health and Safety Policy

Document information

Document type:	Policy
Document reference:	
Document title:	**Health & Safety Management Policy**
Document operational date:	January 2014
Document sponsor:	~~Mark Harris, Chief Operating Officer~~ Linda Prosser, Interim Chief Officer
Document manager:	Susannah Long, Governance & Risk Manager
Approving Committee/Group:	Governing Body
Approval date:	January 201~~8~~9 (Anticipated)
Version:	~~5.0~~ 5.1
Recommended review date:	January 201~~9~~20
Intranet location:	Policies

Please be aware that a printed version of this document may NOT be the latest version. Please refer to the intranet for the latest version.

Summary

This policy states NHS Wiltshire CCG's organisational commitment to promoting the health of staff, a safe working environment and safe practice. It gives detailed expectations and standards for health, safety and welfare within the CCG. Roles and responsibilities are described to ensure everyone within the CCG understands their contribution and how health & safety is managed.

Consultation

The first version of this policy was developed in consultation with CCG Senior Management and with the Health & Safety designated lead at the former Central Southern Commissioning Support Unit. Consultation with the CCG Representatives of Employee Safety (RoES) was undertaken for the following versions. The Staff Partnership Forum ha~~s~~d also been involved with the review of version 4~~. This was~~ to tie-in to the Legacy HR policy review ~~which required some elements to feature in the H&S policy~~. The Local Security Management Specialist and the SCW CSU Health & Safety Advisor have been involved in the review of version 5.

Appendices

The following appendices form part of this document:

Appendix 1:   Evaluation Standard

Review Log

Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date
1	Dec'14	RoES	S3.2 – Addition of RoES and clarification of CSCSU role	Governing Body	Jan'15
			S3.10.4 – Period of fire training amended in line with new TNA		
			S4 – Clarification of Health & Safety Officer nomination		
			S7 – Annual report to AAC rather than Governing Body		
2	Dec'15	RoES	Update CSU name	Governing Body	Jan'16
			S3.3 Clarify definition of Competent Person		
			S3.10.3 update for e-expenses Duty of Care Form		
			S3.10.10 Incorporation of Management of Violence & Aggression into Security Management Policy		
			S4 Clarifying roles including RoES		
3	Dec'16	Governance & Risk Manager	S3.4 update to local adverse event reporting arrangements	Governing Body	Jan'17
			S3.4 update to reflect incorporation of information and signposting from 'Supporting Staff after Incidents Policy', permitting this PCT legacy policy to be archived.		
			S3.5 CSU no longer responsible for RIDDOR reporting on behalf of CCG		

Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date
			3.9 Cross reference to Secondment Policy		
			3.10.2 Addition of reference to Eye and Eyesight Test Guidance		
			3.10.3 Recognition of drivers as lone workers and strengthening position on use of mobile phones while driving		
			3.10.4 Fire evacuations moving to twice a year		
			3.10.6 Cross referring to the Lone Working Policy		
			3.10.9 Update to reflect incorporation of information and signposting from 'Stress Management Policy', permitting this PCT legacy policy to be archived.		
			3.10.15 Cross referring to the Work Experience Guidance		
4	Dec'17	Governance & Risk Manager	1.0 Removal of reference to NHS SBS and note CSU assessment.	Governing Body	Jan'18
			3.3 and 3.9 Addition of home risk assessment.		
			4.0 Remove role for ConsultHR in annual H&S audit; Add staff responsibility to keep ESR up to date.		

Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date
5	Dec'18	Governance & Risk Manager RoES LSMS Health & Safety Advisor	3.2 & 3.3 & 4.0 Transfer of 'Competent Person' role to CSU	Governing Body (Anticipated)	
			3.10.3 Updating Duty of Care arrangements with online submission		
			3.10.5 & 4.0 Transfer of responsibility for oversight of first aid boxes to tenants		
			4.0 Responsibility for RoES to share risk assessments with their Director		

Acknowledgements

Reference is made to other organisation's policies which were considered to assist in the initial development of this policy:

Solent NHS Trust 'Health & Safety Policy' April 2011
Central Southern Commissioning Support Unit

HEALTH AND SAFETY MANAGEMENT POLICY

1.0 INTRODUCTION AND PURPOSE

NHS Wiltshire Clinical Commissioning Group (CCG) is fully committed to protecting the health, safety and welfare of its staff and anyone else whose health, safety and welfare could be affected by the work and activities of the Group. The CCG recognises its statutory responsibilities as described within the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999 and other relevant legislation and guidance and will do all that it can to ensure staff and others are not exposed to unacceptable risk.

The CCG also recognises that a healthy workforce working within a safe working environment has a positive impact on the CCG's ability to deliver services and achieve excellence in our work.

The CCG operates from Southgate House, Devizes which is a property owned and managed by NHS Property Services. The property is also occupied by staff from NHS South, Central and West Commissioning Support Unit (CSU).

The CCG will:

- Identify and manage health & safety risks to meet legislative requirements and achieve best practice standards.

- Do all that it can to ensure staff and others are not exposed to unacceptable risk.

- Implement a safety management system that supports individuals and managers to actively manage foreseeable or identified risks to health and safety.

- Ensure expectations and standards for Health & Safety are clearly defined and local arrangements are documented.

- Provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.

- Ensure individual and management responsibility and accountability is clear at every level.

- Create the conditions in which Health & Safety Management will be part of our everyday approach to our work.

- Measure and monitor Health & Safety as a core business activity by means of regular assessments by the Commissioning Support Unit (CSU).

- Have arrangements in place which recognise the need to work collaboratively with other organisations to discharge responsibilities.

2.0 SCOPE AND DEFINITIONS

2.1 Scope

This policy applies to all staff working for or on behalf of the CCG and including contract, bank or agency staff, students and volunteers.

This policy extends to all sites, buildings and areas where the CCG owes a duty of care and responsibility to employees, patients, visitors, contractors, or any other person affected by its work and activities.

This policy states our organisational commitment to healthy staff, a safe working environment and safe practice, detailing expectations and standards for health, safety and welfare within the CCG. Roles and responsibilities are described to ensure everyone within the CCG understands their contribution and how health & safety is managed.

This Policy will thereby ensure, as far as is reasonably practicable, the health, safety and welfare of CCG staff and other persons who may be affected by the CCG's work.

2.2 Definitions

The CCG Health and Safety Management Systems incorporate Health and Safety and Environmental Legislation relevant to the organisation and its work activities, specifically the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999 and subordinate legislation, regulations and guidance documents. A listing of relevant legislation can be found at section 9.

3.0 PROCESS / REQUIREMENTS

Health & Safety Policy
Statement of Commitment

We are committed to identifying and managing health & safety risks, meeting legislative requirements and achieving best practice standards.

We accept our responsibilities under the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999 for ensuring the health & safety of our staff and anyone else whose health, safety and welfare could be affected by the work and activities of the Group.

The CCG will do all that it can to ensure staff and others are not exposed to unacceptable risk.

We recognise that a healthy workforce working within a safe working environment has a positive impact on our abilities to deliver services and achieve excellence in our work.

To achieve this objective we will implement a safety management system that supports individuals and managers to actively manage foreseeable or identified health & safety risks.

Expectations and standards for Health & Safety will be clearly defined and local arrangements will be documented.

The CCG will provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, a safe working environment and safe working practice.

Implementation of our Health & Safety Policy is an individual and management responsibility and accountability will be clear at every level.

Health & Safety Management will be part of our everyday approach to our work and its effectiveness will be measured and monitored as a core business activity.

I and other members of the Governing Body are committed to this Policy and to the implementation and maintenance of the highest standards of health, safety and welfare across the CCG. We expect every member of staff to share this commitment and to work together to achieve it.

Accountable Officer: **Linda Prosser, Interim Chief Officer**
Date: ~~23 January 2018~~ **8 January 2019**

3.1 Statement of Commitment Review

The Statement of Commitment will be reviewed and signed at least annually. The Statement of Commitment describes the commitment and safety culture within the CCG and all staff must have read the statement. The Statement of Commitment is available to all staff and stakeholders on the NHS Wiltshire CCG internet site.

3.2 Safety Management System

In order to manage health & safety risks effectively, the CCG has developed a safety management system that includes:

- A statement of commitment;
- Risk Management tools to document, monitor and measure risks;
- Guidance and tools to support individuals and managers in the management of specific risks;
- An organisational structure that clearly describes roles and responsibilities;
- Trained Representatives of Employee Safety (RoES) within the CCG;
- Expert advice and support from NHS South, Central and West Commissioning Support Unit including the 'competent person' function and the provision of information about health and safety risks to the CSU;
- Arrangements for the review of effectiveness of this policy.

The CCG Executive Team will be briefed, by with information from the Competent Person, on changes to legislation, approved codes of practice or guidance as required.

3.3 Risk Assessment

Risk Assessments are essential to achieve our Health & Safety objectives and form a critical part of an effective Safety Management System.

Managers, supported by their RoES, are responsible for identifying significant and foreseeable risks within their teams and work environments. The risks identified must be documented, analysed and scored in terms of likelihood and impact. The risk assessment must document how the risk is being managed and describe additional measures to be considered to reduce risk. Wherever possible a hazard should be removed or have fail-safe arrangements in place. Safe systems of work, where this is applicable, must be documented, shared and monitored. Where additional measures are identified, actions must be agreed and the risk assessment must be reviewed and rescored on completion of those actions.

There is an expectation that risks to occupational health and safety will be recorded, as appropriate, on Directorate Risk Registers. This communicates the presence of the risk and the plans in place to mitigate the risk throughout

the organisation. There is also an expectation that the risk assessments themselves will be stored centrally. In Health & Safety there is a function role known as the Competent Person. Each organisation must have a Competent Person and this function role must be held by someone with an occupational health and safety qualification. The Health and Safety Officer in the CCG receives expert support from the CSU who provide the Competent Person function and address issues raised through legislative changes in the CCG. Within the CCG the Competent Person is the Health & Safety Officer. It is expected that the Health & Safety Officer Competent Person will hold the risk assessments and lead a programme of work for the RoES broadcasting information to stakeholders.

There is an expectation that Managers will provide opportunity for all staff to be involved in conversations about safety. Risk Assessments will be undertaken and safe systems of work will be developed with staff to ensure that risks are captured and that control measures are practical and effective. This will include assessments of risk associated with mental health wellbeing.

All staff must be aware of relevant safe systems of working either through training, by reading the risk assessment or by reference to a separate safe system of work document. This learning and understanding of local safe systems of work will be documented.

Risk Assessments must be reviewed at least annually and at any time that there is a significant change to the activity, place of work or individual and/or if there has been a reported adverse event relating to the risk. In the latter case the risk assessment will be reviewed as part of the adverse event investigation. Reviews must be recorded on the Risk Assessment document with a signature and date.

Staff permitted to work from home are required to undertake their own risk assessment of this domestic environment and to share the results with their line manager. The risk assessment will be reviewed annually or sooner if there are changes to the environment or the individual moves house.

3.4   Adverse Event Reporting

All adverse events, including near misses, must be reported (no matter how small) using the CCG Adverse Event Reporting mechanism. Adverse event forms are held by the Governance & Risk Manager, who will ensure that adverse events are reported to the Local Security Management Service, CSU Health & Safety Advisor and/or other external bodies as necessary.

Managers must follow the adverse event reporting and investigation guidelines of the CCG which may require that an investigation is undertaken to identify contributory factors and root cause of the adverse event and may involve the support of the CSU. Managers must show that they have taken actions to reduce the possibility of any such adverse event happening again.

Some adverse events may impact on a member of staff's emotional and mental well-being and it is essential that appropriate support is given in these circumstances. Advice and assistance can be obtained from ConsultHR, ~~and~~ Occupational Health and/or the Employee Assistance Programme.

Individuals who have experienced a traumatic event will require a personal debrief. 'Defusing' session(s) may also be advised to provide reassurance and support to an effected team. With particularly serious adverse events a form of psychological debrief known as a stress debrief may be advised to lower the potential for post-traumatic stress disorder and other stress symptoms.

Any investigation must be an inclusive process encouraging those involved in the adverse event or those involved in similar work to contribute. Managers must share the outcomes of the investigation with their teams and across the CCG as appropriate. Information regarding adverse events will also be shared with other tenants of Southgate House and the Landlord, NHS Property Services, by means of the Building Tenants' Forum (BTF) or by other means if the matter is a priority.

Actions agreed as part of the investigation must be completed within agreed timescales and assessed for effectiveness post implementation.

3.5 Reporting of injuries, diseases and dangerous occurrences (RIDDOR)

The CCG will ensure that any injury, disease or dangerous occurrence that falls within the categories outlined in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), is reported to the Health and Safety Executive (HSE) within the time scales set out in the Regulations and any subsequent amendments (RIDDOR 1995).

3.6 Communications of information relevant to H&S

To keep themselves and others safe, all staff must have an understanding of health & safety risks, safe ways of working and local health & safety arrangements.

Within the CCG area in Southgate House, information is on display on a noticeboard including the Health & Safety Law Poster; a copy of the Health & Safety Statement of Commitment and details of Fire and First Aid arrangements.

The "Health & Safety Law - What you need to Know" poster advises staff of:

- The CCG health and safety representative(s);

- Other health and safety contacts.

All staff have the opportunity to discuss Health & Safety issues at their Directorate or Team meeting and are able to access the Risk Register directly to record a risk. Staff are aware of the Representative of Employee Safety (RoES) within their Directorate and will receive briefings and support from this staff member.

3.7 Consultation

To encourage and promote effective consultation, communication and co-operation, all staff will be provided with the opportunity and encouraged to contribute to conversations about Health & Safety including the undertaking of risk assessments.

The CCG understands its responsibility to engage with staff, either directly or through appointed or elected representatives. Representatives of Employee Safety (RoES) are given appropriate resource, training, opportunity and access to information and will attend the CCG Health & Safety Forum held on at least a quarterly basis.

3.8 Working in shared business premises

The majority of CCG staff are based at Southgate House which is a shared business premises. Some jointly appointed staff are based in other shared premises. The CCG has a responsibility to all staff wherever they work but also to anyone else who might be affected by the activities or omissions of those staff.

In addition, all other employers working in shared premises will have the same legal requirement to take care not only of their own staff but anyone else affected by the activities or omissions of those staff.

Where staff work in shared business premises all employers need to take all reasonable steps to minimise risk to all staff through co-operation and co-ordinated effort. It is essential safety information is shared and safe ways of working are agreed by all affected.

NHS Wiltshire CCG will participate in any forum hosted by NHS Property Services to which all employers within the shared business premises will be invited. Health and Safety information will be shared at this forum and safety activities will be co-ordinated.

3.9 Working in premises not owned by the CCG

For staff working in premises not owned by the CCG other than Southgate House, it is important arrangements for Health & Safety of the site are clear to all. This includes fire safety arrangements, electrical safety, security, pre-planned maintenance and corrective maintenance, asbestos management and legionella prevention.

Information about who to contact about site management risks should be available to all staff on the premises and included on the Health & Safety Noticeboard.

Staff permitted to work from home are required to undertake their own risk assessment of this domestic environment and to share the results with their line manager.

NHS Property Services is the Landlord for Southgate House, where the majority of CCG staff are based, and have responsibility for co-ordinating the development and implementation of health and safety arrangements. NHS Wiltshire CCG, by means of the Memorandum of Occupation, agree to assist and support this process and ensure that staff are aware of and abide by these arrangements.

The CCG remains accountable for the Health & Safety of its staff. The CCG will take steps to clarify the Health & Safety arrangements for CCG staff working in other premises. This will include those staff working on secondment and reference should be made to the Secondment Policy.

Staff working from their domestic setting will need to complete a Home Working Risk Assessment of this environment and be responsible for the mitigation of risks associated with working from home.

Staff will ensure that expectations of health and safety good practice in place in Southgate House are utilised to mitigate risks associated with working from all other premises.

3.10   Management of specific risks

3.10.1   Control of Substances Hazardous to Health (COSHH)

The CCG will comply with the Control of Substances Hazardous to Health Regulations 2002, supporting the Landlord's premises COSHH arrangements by:

- Identifying Substances Hazardous to Health in the workplace
- Maintaining/contributing to an up to date inventory of Substances Hazardous to Health in use
- Having a Material Safety Data Sheet (MSDS) available for all Substances Hazardous to Health listed on the Inventory
- Finding alternatives to Substances Hazardous to Health wherever possible
- Following guidelines and guidance within the MSDS for safe working with the substance hazardous to health (e.g. appropriate storage, arrangements for accidents and incidents including spills and first aid)
- Assisting with a COSHH Assessment where the MSDS indicates a substance has the potential to cause harm to individuals and where there are guidelines for prevention of that harm

- Ensuring the COSHH Assessment describes measures in place for safety including personal protective equipment if necessary
- Providing personal protective equipment for individuals where it is described as necessary in the MSDS and COSHH Assessment
- Ensuring all staff know what they need to for safe working with any substances hazardous to health listed in the inventory.
- Ensuring MSDS and COSHH Assessments are available to all staff at all times
- Sharing details of Substances Hazardous to Health in use with other employers within the shared premises
- Ensuring that a copy of the MSDS is lodged with the Landlord.

3.10.2   Display Screen Equipment (DSE)

The CCG will comply with the Health and Safety (Display Screen Equipment) Regulations 1992 by:

- Identifying all Display Screen Equipment (DSE) Users – individuals who use DSE for a significant part of their working day
- Ensuring all DSE Users complete a DSE Workstation Assessment with their Line Manager at least every 3 years
- Ensuring all DSE Users complete a new DSE Workstation Assessment if there is a change to their workstation, if they are experiencing discomfort that may be affected by or attributable to their workstation or if they have a new health condition that may be affected by, or attributable to, DSE work
- Ensuring staff know what they need to about comfort and safety when working with DSE
- Putting in place measures to address issues of comfort or safety identified by the DSE Workstation Assessment (such as replacement chairs, standing desks, lamps etc.)
- Facilitating a specialist DSE assessment where advised by Occupational Health on commencement of employment
- Referring DSE Users to Occupational Health for advice and guidance on managing new or existing conditions that may be affected by or attributable to DSE Work at the earliest opportunity
- Paying for regular eye and eyesight tests, to an agreed amount, for DSE Users where requested and authorised by a Manager as described in the Eye and Eyesight Test Procedure
- Paying for spectacles, to an agreed amount, for specific use with DSE where they are deemed a requirement for safety by an optician as described in the Eye and Eyesight Test Procedure
- Providing laptop users with a separate keyboard, mouse and docking station for height adjustment and, where necessary, screen where they use the laptop at their workstation
- Ensuring individuals who are required to work from home complete a DSE Workstation Assessment for home and that measures are put in place to address issues of comfort or safety identified by the DSE Workstation Assessment

- Staff working from other premises are expected to apply the basic principles of safe use of DSE.

3.10.3 Driving for Work

The CCG will manage the risks of Driving for Work by:

- Identifying all staff as potential 'drivers for work' – individuals who drive to and from other sites, events or meetings/appointments as part of their working day.
- Checking the individuals MOT, car tax, business insurance and driving licence (Duty of Care documents) at Local Induction and on expiration of these documents by ~~signing a Duty of Care form~~ completing the Duty of Care process via e-Expenses.
- Staff will be expected to take responsibility for ~~presenting replacement~~ providing their Duty of Care documents for inspection by their Line Manager and uploading relevant information to e-Expenses, for sign-off by their Line Manager, prior to claiming expenses.
- Ensuring all drivers for work have provided personal details including car details (make, model, registration), alternative contact telephone numbers, next of kin name and contact and that this information is updated when there is a change. Personal information should also be kept up-to-date on ESR.
- Requiring individuals to notify their line manager of any change to their licence, insurance or MOT at the earliest opportunity.
- Requiring individuals to notify their line manager of any new or existing health condition or medication that may affect their ability to drive for work
- Enabling staff to drive safely, comply with legislation and the Highway Code by providing adequate time for travel, ensuring staff have the opportunity for regular breaks during the day and on long journeys, ~~ensuring~~ recommending all drivers ~~for work~~ have access to a mobile phone for emergency purposes but they are ~~is~~ not expected to take or make calls whilst driving, and carry a travel first aid kit ~~(on request)~~
- Risk assessing standard journeys
- Recognising that those driving alone are 'lone workers'
- Ensuring that the Lone Working Policy is available to staff and the line manager and staff member ~~must~~ follow~~ing~~ the requirements of the Lone Working Policy and consider the Driving section of the guidelines.

3.10.4 Fire Safety in Southgate House

The CCG will manage the risks of fire by:

- Ensuring site fire arrangements are clear for all staff and information about arrangements are on display on the Health & Safety Noticeboard
- Identifying individuals who may need assistance in an evacuation and putting in place a Personal Emergency Evacuation Plan (PEEP) for the individuals. This may include the use of specialist equipment that must be available, through close working with the landlord

- Ensuring that staff receive a tour of the building as part of their induction and that fire escapes and infrastructure is identified and that the building evacuation plan is understood
- Arranging for all staff to complete on-line fire safety training every two years
- Nominating Fire Wardens that will support the evacuation of the building and ensuring that these staff are trained every two years
- Participating in evacuations at least twice a year. These will be assessed and recommendations for improvement will be reported to the CCG
- Ensuring working practice by CCG staff minimises fire risks in their work places by:

  o Storing flammable substances appropriately
  o Completing a risk assessment at least once a year
  o Ensuring good house-keeping in work areas
  o Compliance with any site arrangements for fire safety
  o Not leaving kitchen equipment unattended when in use (e.g. microwave, toaster)
  o Acting to reduce risk when it is identified (e.g. removing obstructions to fire exit, closing fire doors)
  o Reporting any fire or other health & safety hazards to the landlord
  o And checking that the maintenance request is being carried out and escalating where required.

3.10.5   First Aid Arrangements

The CCG will comply with Health & Safety (First Aid) Regulations 1981 by:

- Completing a Risk Assessment of First Aid Needs with specific reference to individual staff members where appropriate
- Putting in place First Aid arrangements identified as necessary by that Risk Assessment
- Ensuring First Aid competence is maintained through training
- Co-operating with the Landlord and other employers within shared premises to ensure safe and sufficient coverage.

The Landlord has designated an Appointed Person who is responsible for:

- ~~Maintaining the First Aid boxes~~
- Maintaining a list of First Aiders at main reception
- Maintaining a log at main reception where First Aiders can sign-in and sign-out
- Contacting a First Aider when one is requested by a staff member
- Calling the emergency services in an emergency where this has not already been done by a tenant
- Triggering the order of First Aid box supplies once notified by a tenant First Aider.

The CCG will:

- Ensure all staff are aware of the First Aid arrangements
- Display information about First Aid arrangements on the Health & Safety notice board
- Identify First Aiders and undertake to facilitate appropriate training and monitor refresher training
- Maintain the First Aid boxes within its areas through its First Aiders.

In the event of a medical emergency, the ambulance service must be called by dialling 9-999 and clearly stating the nature of the emergency and the location. A medical emergency requires a prompt response and, therefore, the request to call the emergency services does not have to be passed to the Landlord's appointed person for action. A staff member should be sent to inform Reception and wait for the Ambulance/Paramedic at the building entrance to guide them to the patient.

Where a First Aider is required, Southgate House Reception must be contacted and a First Aider will be dispatched.

3.10.6   Lone Working

The CCG will manage the risks of Lone Working by:

- Having in place a Lone Working Policy
- Identifying individuals who may travel alone, work alone on site or work alone in community settings
- Completing generic and, where appropriate, specific risk assessments for lone working outlining the risks and detailing the agreed local procedure, fully investigating the different situations of lone working and working late
- Ensuring that the local procedure for safety when lone working is agreed with staff, that staff use it in their day-to-day work and that it is effective.

Please refer to the Lone Working Policy for full details.

The local procedure should, at a minimum, include the requirement for all lone workers:

- To complete a Personal Details information form ensure your line manager has up-to-date personal details for you including your contact details, car details and next of kin information
- To ensure their personal information is up-to-date on ESR Supervisor Self-service
- To have access to a telephone when working alone
- To maintain an appointment diary that is accessible to others and up-to-date
- To ensure someone is aware that they are working alone.

Consideration must be given for arrangements to cover lone working at the beginning and end of the working day.

3.10.7 Manual Handling

The CCG will comply with Manual Handling Operations Regulations 1992 (as amended) by:

- Avoiding Manual Handling wherever possible
- Identifying manual handling risks required in the workplace – lifting, carrying, pushing or pulling
- Completing a risk assessment outlining specific risks and describing the safe way of working
- Ensuring all staff are aware of safe systems of working agreed and that they use those ways of working in their day to day activities
- Considering work equipment that may minimise the risks (e.g. trolleys, sack trucks)
- Where equipment is introduced, ensuring staff know how to use it safely and how it is to be maintained
- Ensuring all staff complete manual handling training.

3.10.8 Security

The CCG will provide safe and secure work places for staff ensuring:

- Buildings have clear security and access arrangements
- Access to staff only areas are protected by appropriate security (e.g. swipe card)
- Adverse events are reported to and investigated by the Security Management Service via the CCG Adverse Event Reporting process
- There is a lockdown protocol in place
- There is a Security Management Policy in place.

3.10.9 Stress and well-being

The CCG recognises the requirement to manage both the physical and psychological risks to staff in the workplace. Work related stress is defined by the Health & Safety Executive (HSE) as, 'The adverse reaction people have to excessive pressures or other types of demand placed on them at work'. The CCG will manage the risks of stress and promote well-being at work by utilising the HSE Management Standards for Work Related Stress. These represent a set of conditions that, if present, reflect a high level of health and well-being for staff, which is used as a tool for CCG to self-assess against. The CCG is assisted in the self-assessment by the CSU Health & Safety Advisor and the Representatives of Employee Safety (RoES).

The CCG will:

- Consult and involve staff in decisions that affect them
- Provide positive leadership at work

- Ensure staff have regular opportunities to discuss work and workload with their manager
- Provide Occupational Health and Employee Assistance Programme
- Have in place a Sickness Absence Policy with appropriate return to work arrangements.

The ~~EAP or Staff Support Services~~ Employee Assistance Programme (EAP) is a free service for members of staff to anonymously access impartial advice and counselling services. The services includes face to face counselling and/or telephone counselling, if the individual needs help with managing stress, coping with bereavement, relationship breakdown, debt advice or a challenge or issue which they want to talk through with someone. The EAP can be contacted at:

Employee Assistance Programme ~~/ Staff Support Service~~
Staff Support Services
Belgrave House
77 High Street
Wroughton
Swindon SN4 9JU
Tel: 01793 815279
E-mail: staffsupport@gwh.nhs.uk

Where an individual states they are experiencing symptoms of stress (work-related or otherwise) to their line manager and/or where an individual has had an absence from work due to a stress related absence the line manager will:

- Ensure the individual is aware of the ~~Staff Support Services~~ Employee Assistance Programme ~~offered~~
- Arrange a meeting with the individual to discuss managing stress at work
- Consider a referral to Occupational Health
- Agree adjustments to work, workload or working arrangements if appropriate
- Document the discussion and agreed actions in a risk assessment
- Review the stress risk assessment and agreed actions with the individual through at least monthly meetings.

The CCG recognises the principles of the Workplace Wellbeing Charter to help make the workplace a supportive and productive environment in which individuals can flourish.

The CCG also has in place the 'Peoples' Group' which includes selected members of staff who get together on a regular basis consider and promote ways of helping staff achieve work/life balance and make the workplace more enjoyable.

3.10.10 Violence at Work

The CCG will protect staff from violence and/or harassment at work by:

- Identifying situations when violent behaviours are more likely – violence at work being defined as 'abuse, threat or assault'
- Agreeing with staff what unacceptable behaviours are
- Having an agreed telephone protocol for managing abusive telephone conversations
- Ensuring abuse, threat or assault is reported through the adverse event reporting process
- Ensuring that adverse events are investigated by the Security Management Service
- Completing a risk assessment for violence and aggression outlining specific risks and describing agreed safe ways of working
- Ensuring that all staff undertake Conflict Resolution training.

The CCG, with the assistance of the Security Management Service, will ensure that the management of violence and aggression is part of the Security Management Policy.

3.10.11 Work Equipment

The CCG will comply with the Provision and Use of Work Equipment Regulations 1998 and Lifting Operations and Lifting Equipment Regulations 1998 by:

- Ensuring work equipment is suitable and fit for purpose
- Ensuring equipment is maintained at intervals advised by the manufacturer
- Regularly maintaining electrical equipment through Portable Appliance Testing (PAT)
- Ensuring any member of staff using work equipment has been shown how to use it safely
- Identifying any work equipment that creates significant risks to user or others, completing a risk assessment to analyse risks and describing agreed safe ways of working.

The CCG will seek assurance from NHS Property Services in regard to fixed and moveable equipment provided by the Landlord. Under normal circumstances staff will not be expected to use equipment in patient's homes as part of their duties.

3.10.12 Work Environment

The CCG will comply with the Workplace (Health, Safety and Welfare) Regulations by:

- Ensuring premises meet the basic welfare requirements of CCG staff

- Ensuring arrangements are in place for planned preventative maintenance (PPM) at all sites occupied by CCG staff. PPM will maintain key services such as heating, hot and cold water supplies, lighting, cleaning, fire equipment and alarm systems, security systems, sanitary facilities and general decoration.
- Having arrangements for unplanned maintenance (e.g. breakdowns, repairs) at all sites occupied by CCG staff
- Ensuring information for reporting issues with work environment are clear and available
- Ensuring staff report issues with work environment using the correct route agreed with the landlord.

The CCG will have formal arrangements in place with NHS Property Services, and with other organisations hosting CCG staff, to manage the above.

3.10.13   Temporary Staff

The CCG has additional responsibilities for the safety of temporary staff at work including those on secondment. It will meet these responsibilities by:

- Ensuring all temporary staff are told what they need to know for the safety of themselves and others as part of a Local Induction as they start work. This will be documented.

3.10.14   New & Expectant Mothers

The CCG has specific responsibilities for the safety of new and expectant mothers at work. It will meet these responsibilities by:

- Completing a new & expectant mothers risk assessment, via ConsultHR, once notified of the pregnancy
- Detailing any specific risks identified and describing any agreed adjustments to work, workload or working practice in the Risk Assessment
- Seeking advice from Occupational Health for any pregnancy related medical conditions or existing health conditions that may be affected by the pregnancy
- Reviewing the New & Expectant Mothers Risk Assessment at least every 3 months and on return to work
- Providing appropriate facilities for breastfeeding at work for new mothers.

3.10.15 Young Persons (under 18 years old) and Children (under 16 years old)

The CCG has specific responsibilities for the safety of young persons at work and in the workplace. It will meet these responsibilities by:

- Completing a Young Person Risk Assessment to identify specific risks to young persons and agree arrangements for managing those risks

- Identifying any restrictions at work for safety
- Sharing information about risks and agreed arrangements for safety with the young persons and parents/carers if necessary
- Gaining consent for work experience from Parents/Carers where necessary
- Ensuring young people receive appropriate supervision, information, instruction and training at work for their safety and the safety of others.

Please refer to the Work Experience Placements Guide for Managers for full information.

4.0   ROLES AND RESPONSIBILITIES

CCG Accountable Officer
The Accountable Officer has ultimate accountability for the occupational health and safety of CCG staff and other persons entering CCG premises. It is the responsibility of the Accountable Officer to ensure that a safety management system supported by a suitable health and safety policy exists, is implemented, monitored and reviewed. The Accountable Officer for the CCG is the Interim Chief Officer.

CCG Governing Body
The Governing Body has responsibility for creating the culture and circumstances in which health, safety & welfare are valued business objectives.

Audit and Assurance Committee
The Audit and Assurance Committee has delegated responsibility for risk management including security management.

Nominated Lead Director for Health and Safety
The Lead Director for Health & Safety is the Chief Operating Officer. The Lead Director has responsibility for the implementation of the safety management system described in this policy and is responsible for ensuring that systems of assurance are in place and that they are robust.

Executive Team
The Executive Team will monitor and manage health, safety and welfare arrangements across the organisation, ensuring staff understand and are committed to this policy. Directors will ensure that risk assessments are reviewed at appropriate intervals and Directorate Risk Registers include relevant risks.

Operational/Line Managers
Operational/Line Managers are responsible for managing day to day health, safety and welfare for their teams including ensuring the safety of others who may be affected by the work of the team.

Managers must identify and manage the risks applicable to their own teams, and their visitors, and the tasks they undertake, and must show they are using the guidelines within this policy to do so.

Managers will:

- Ensure the statement of commitment is available to all staff
- Ensure staff have the opportunity to read this policy and know where it and other relevant documents/policies may be accessed.
- Cover Health & Safety as part of induction and any specific departmental arrangements.
- Identify foreseeable risks in the team and work environment and ensure that these are included in the risk assessment for the department
- Put in place measures to manage and reduce risk and ensure these are documented in the risk assessment
- Understand the needs of individuals to ensure safe working takes into account their differences
- Share and record significant risks on risk registers
- Complete investigations following adverse event reporting, where appropriate, involving staff in the process and sharing outcomes with teams
- Ensure actions agreed through investigations are completed within agreed timescales
- Report injuries, diseases and dangerous occurrences as required
- Ensure staff have access to the Health and Safety Poster, Fire & First Aid arrangements are clearly on display
- Provide staff with opportunities to discuss Health & Safety at meetings and regular one to ones
- Implement the actions outlined in the Managing Specific Risks section of this Policy.
- Make provision for post incident support.

Health & Safety Officer / Competent Person
The Health & Safety Officer is supported by the CSU who provide the ~~deemed to be the~~ Competent Person function for the organisation. Their key responsibility will be to provide the advice, guidance and tools needed to successfully manage health, safety and welfare in the CCG thereby assisting the organisation to comply with legislation. This will include facilitating the production/review of policies and procedures to support the CCG's commitment to health and safety and completion of a Fire Risk Assessment. It will also involve ensuring that appropriate records are kept and co-ordination of the annual health and safety audit undertaken by the CSU.

Competent Person
The Competent Person function will be supplied by ~~This is will be~~ an individual qualified in occupational health and safety. ~~This role is currently undertaken by the CCG Governance & Risk Manager.~~ This role is delivered by the CSU.

Representatives of Employee Safety (RoES)
The RoES will be the champion for Health & Safety in their department/ directorate/area. The RoES, assisted by the Health & Safety Officer, will carry out a risk assessment of their department/directorate/area on at least an annual basis. The risk assessment, and and implement/facilitate any control actions identified, will be shared with the relevant Director for the department for discussion, agreement and implementation. The RoES will monitor progress against the action plan during the year.
The RoES will raise Health & Safety issues at the Health & Safety Forum (or sooner if necessary) on behalf of their team and feedback any Health & Safety Forum messages to their team. The RoES may be asked to undertake specific Health & Safety related tasks on an adhoc basis included assisting with the annual review of the Health & Safety Management Policy.

Fire Safety Officer
The Fire Safety Officer is appointed by NHS Property Services to look after site fire safety and compliance with relevant legislation.

Fire Safety Manager
The Fire Safety Manager is appointed by NHS Property Services to respond to the activation of the fire alarm, carrying out the Fire & Evacuation Procedure and acting as liaison with the Fire & Rescue Service.

Fire Wardens
The Fire Wardens will respond in the event of a fire and will support NHS Property Services with the identification and reporting of maintenance issues/faults with the fire infrastructure, highlighting to managers any hazards created by poor housekeeping or blocking of access/egress.

ConsultHR
To commission Occupational Health Services.
To commission the Employee Assistance Programme Staff Support Services.
To assist managers in the calculation of RIDDOR absences.
To provide advice and guidance on Human Resources related matters including post incident staff support and the management of stress.

Occupational Health
To provide individuals and managers with advice and guidance on how to manage new and existing health conditions in the workplace.

Staff Support Employee Assistance Programme Services
To provide counselling support and advice to individuals and teams.

Appointed Persons
An Appointed Person will ensure:

- First aid boxes are available, contents meet current guidance and contents are regularly checked and replenished
- The emergency services are called in an emergency and are not expected to administer first aid.

First Aiders

First Aiders will ensure:

- They complete initial first aid training that has been approved by the Health & Safety Executive
- They maintain their competence through training at appropriate intervals
- That they are aware of the locations and contents of first aid boxes
- Maintain the first aid boxes within their areas including oversight on stock levels and triggering of ordering (via NHS Property Services).
- That information about first aid arrangements is available to all CCG staff
- That first aid is given when necessary following best practice and within competence in line with the local procedure
- The Appointed Person is notified of any issues relating to First Aid ~~and where First Aid Box contents are in urgent need of replenishing~~.

All Staff

All staff will:

- Have read this Policy
- Know where to access this Policy
- Understand what they and others need to do for safety in all premises
- Use safe ways of working agreed through risk assessment
- Complete risk assessments as required
- Complete training as outlined in the Training Needs Analysis at appropriate intervals and support induction arrangements.
- Act upon and/or report health and safety issues identified in the workplace to their RoES or the Health & Safety Officer
- Report all accidents and incidents using the CCG Adverse Event Reporting Process
- Contribute to conversations about Health & Safety
- Report any incidences to the Health & Safety Officer where compliance with the Health & Safety Management Policy is not possible.
- Maintain their personal contact details on ESR Self Service to ensure that, if in the event of an emergency or unforeseen circumstance, they or their next of kin can be contacted.
- Take positive action to ensure they contribute to the maintenance of a safe working environment for staff and visitors.

5.0   TRAINING

The CCG wants staff to be able to work confidently, with the knowledge and understanding of what the work involves, why it is being carried out and how it can be undertaken safely.

The CCG has an agreed Training Needs Analysis that outlines the learning to be completed, how to access the learning and how often it must be completed.

Training will be provided:

- To all new staff (including temporary staff as part of their local induction) so that they know what they need to for their own safety and the safety of others
- To existing staff to ensure they continue to be aware of risks at work and understand safe working practice
- Whenever there is a change to work or working practice and that change introduces risks or changes the risks for staff
- Following an adverse event if the investigation shows that training may be beneficial
- To staff holding specific roles such as Competent Person, RoES, Fire Warden or First Aider.

Training records are an essential element of safety management and as such accurate records of all training undertaken shall be kept, maintained and used to identify where further training or targeted training is necessary. Staff are required to support the maintenance of these records.

The Training Needs Analysis can be accessed on the CCG intranet at:
[Training](#)

6.0   EQUALITY, DIVERSITY AND MENTAL CAPACITY

The CCG aims to design and implement a Health & Safety Management Policy that is fair and equitable. The CCG is committed to promoting equality and respect for the people it serves and for its staff. Our aim is to ensure the way that we work challenges inequality and affirms difference.

This Policy has been assessed against the CCG Equality Impact Assessment (EIA) Tool and meets the requirements of the Mental Capacity Act 2005. The EIA will be published on the CCG internet.

7.0   SUCCESS CRITERIA / MONITORING EFFECTIVENESS

Health & Safety will be monitored as a core business objective by Directors, Senior Managers, the Audit and Assurance Committee and ultimately the Governing Body to ensure that the CCG is operating safely.

This monitoring will include:

- Outcome reports from risk assessments
- Health & Safety related risks recorded on the Risk Register
- The outcomes of the annual Health & Safety Review

- Compliance with policy
- Reports from any inspections
- Consideration of Health & Safety related adverse events.

An annual Health & Safety report will be presented to the Audit & Assurance Committee highlighting any recommendations for improvements. This will inform the CCG Annual Report. Implementation of any action plan will be monitored by the ~~Director of Planning, Performance and Corporate Services~~ Audit & Assurance Committee.

The Evaluation Standard in Appendix 1 has been developed to provide assurance for monitoring compliance and effectiveness with this policy for departments and Line Managers.

Any non-compliance with this policy should be reported using the non-compliance form contained within the Policy for the Management of Policies and SOPs.

Information will be prepared by the Governance & Risk Manager and passed to the landlord for the attention of other organisations.

8.0   REVIEW

This document may be reviewed at any time at the request of either staff side or management or where there has been a significant change in health and safety law. Otherwise this policy will be reviewed on an annual basis to ensure that the Health & Safety arrangements of the CCG are fit for purpose.

9.0   REFERENCES AND LINKS TO OTHER DOCUMENTS

- Health & Safety at Work etc. Act 1974
- Management of Health & Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Manual Handling Operations Regulations 1992 (as amended)
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 1992
- Health and Safety (Display Screen Equipment) Regulations 1992
- The Control of Substances Hazardous to Health Regulations 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- The Corporate Manslaughter and Corporate Homicide Act 2008
- Health & Safety (Consultation with Employees) Regulations 1996 (as amended)
- Safety Representatives and Safety Committee Regulations 1977 (as amended)
- Health & Safety (First Aid) Regulations 1981

- Successful H & S Management (HS(G)65)
- Influencing Behaviour and Reducing Errors (HS(G)48)
- Environmental Protection Act 1990
- Managing Risk, Adding Value - Health & Safety Executive ISBN 0-7176-1536-7
- Managing Contractors – Health & Safety Executive ISBN 978-0-7176-1196-6
- Regulatory Reform (Fire Safety) Order 2005

Eye and Eyesight Test Procedure
Work Experience Placements Guide for Managers
PEEPS for Visitors
Induction checklist and Induction guide for managers
Risk Management Policy
Learning & Development Policy
Security Management Policy (including management of violence and aggression and Lockdown)
Lone Working Policy
Equality & Diversity Policy
Sickness Absence Policy

EVALUATION STANDARD

Policy Name: Health & Safety Management Policy

Policy Reference: TBC

Standard statement

The CCG wants staff to be able to work confidently, with the knowledge and understanding of what the work involves, why it is being carried out and how it can be undertaken safely.

Criteria - Corporate

1. The Health & Safety Statement of Commitment signed by the Accountable Officer is available on the CCG internet website and within the CCG premises

2. The Health & Safety Law poster is displayed within the CCG premises

3. There is an annual Health & Safety report to the Audit and Assurance Committee

4. There has been a Fire Evacuation test in the last six months

5. Suitable arrangements are in place for Competent Person, Occupational Health Service and Staff Support Service

6. Suitable arrangements are in place for environmental/site management and co-ordination (including Fire, First Aid and general Health & Safety) at all premises hosting CCG staff

7. There is adequate coverage of appointed Representatives of Employee Safety (RoES), Fire Wardens and First Aiders

Criteria - Departmental

8. A risk assessment for the department has been undertaken in the last twelve months

9. Health and safety related risks, where appropriate, are recorded on the Directorate Risk Register

10. Health & Safety is a standing agenda item at Team meetings

11. All staff are aware of how to report an adverse event

12. Staff are represented on a site Health & Safety forum, by a RoES, and are aware how to raise an issue

13. Any substances in use in the workplace have appropriate COSHH assessments and safety data sheets

14. All staff have had a DSE assessment with their line manager in the last three years

15. All staff are aware of the fire procedure and know the location of their nearest break glass point and fire exit

16. All staff know how to contact a First Aider and what to do in a Medical Emergency

17. Arrangements are in place to identify staff who may be lone working (including home working) and protect their health and safety

18. All staff permitted to work from home have a Home Working Risk Assessment in place.

19. Manual handling is minimised with safe systems in place for any remaining moving and handling

20. NHS and personal property is held securely, windows are closed and drawers/cabinets/doors are locked as appropriate

21. All staff have 1:1 sessions with their line manager and are encouraged to raise any issues

22. All staff are aware of the ~~Staff Support Service~~ Employee Assistance Programme

23. All situations where violence may be likely to occur have been identified and control measures and staff training are in place

24. All departmental equipment is safe, suitable and maintained/tested

25. All staff are aware how to report environmental and maintenance issues

26. All temporary staff have undertaken local induction and appropriate training and have an identified manager

27. All expectant mothers have their work and environment risk assessed and this risk assessment is reviewed at least every three months and on return to work

28. All young people (and children) receive appropriate supervision, information, instruction and training at work for their safety and the safety of others and a risk assessment is completed.

<u>Conclusion</u>

Please explain any discrepancies below:

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Please detail remedial action to prevent re-occurrence, giving details of monitoring arrangements to assess improvement:

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Equality Impact Analysis – the EIA form

Title of the paper or Scheme: **Health & Safety Management Policy**

For the record	
Name of person leading this EIA Susannah Long, Governance & Risk Manager	Date completed 13 December 2018
Names of people involved in consideration of impact Rob Hayday, Associate Director of Performance, Corporate Services and Head of PMO	
Name of director signing EIA Linda Prosser, Interim Chief Officer	Date signed 13 December 2018

What is the proposal? What outcomes/benefits are you hoping to achieve?	
The Health & Safety Management Policy states NHS Wiltshire CCG's organisational commitment to promoting the health of staff, a safe working environment and safe practice, detailing expectations and standards for health, safety and welfare within the CCG. Roles and responsibilities are described to ensure everyone within the CCG understands their contribution and how health & safety is managed.	
Who's it for?	
Use by the staff within the organisation and as a published commitment to the public.	
How will this proposal meet the equality duties?	
Effective health and safety management will foster good relationships with our staff and promote a positive ethos.	
What are the barriers to meeting this potential?	
Positive health and safety management is in everybody's best interests but can be seen as an additional task when staff are very busy and budgets are constrained. This attitude to health and safety may be a barrier to successfully achieving the aims of this policy.	
2 Who's using it Refer to equality groups	
The Health & Safety Management Policy will support all equality groups.	
What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)? The CCG has data on staffing and demographic information.	
How can you involve your customers in developing the proposal?	
The CCG has a Health & Safety Forum where Representatives of Employee Safety (RoES) from across the CCG meet to discuss health and safety matters.	
Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary) No gaps.	

3 Impact
<div align="right">Refer to dimensions of equality and equality groups</div>

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:
a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?   There is no adverse impact.
What can be done to change this impact?   N/A
b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?   The Policy does specifically detail requirements for users of DSE and for disabled persons (in regard to personal evacuation plans). Although this is a specific focus, the policy will benefit all groups.
Does further consultation need to be done? How will assumptions made in this Analysis be tested?   No further consultation is needed at this time.

4 So what?
<div align="right">Link to business planning process</div>

What changes have you made in the course of this EIA?   None
What will you do now and what will be included in future planning?   The policy will be implemented and effectiveness monitored.
When will this be reviewed?   The policy will be reviewed again after one year.
How will success be measured?   The policy includes measurement criteria.

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan January 2019

Principal strategic objective	Issue impacting on achievement of strategic objective	Key controls and systems supporting issue management	Positive assurances of controls (the available evidence on the effectiveness of the controls / systems)	Gaps in controls and systems (or weak controls and systems)	Gaps in assurance (poor evidence of effectiveness of controls and systems)	Date of Last Review	Director Lead	Action Plan	By when	Status	Comments/Updates
A: To improve the quality of healthcare and outcomes and reduce inequalities											
A.01	Range of risks associated with business continuity across local community and including the CCG as a separate organisation including: Severe weather; Disruption to transport infrastructure (incident/fuel supply); Disease pandemic; Telecommunications infrastructure failure.	Participation in Local Health Resilience Partnership at executive and working group level; Contributing through LHRP to risk management through LHR Forum; LRF Joint plans (e.g. Fuel, Telecommunications); Health Protection Unit; LRF Warning & Informing Strategy; LRF Major Incident & Recovery Plan; Refreshed CCG Business Impact Assessments (BIA); Interdependencies with CSU and NHS PS identified; Action cards for most Priority 1 business continuity in place.	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise; Internal Audit of Business Continuity arrangements Feb'18. Compliance with Core Standards for EPRR.	Action cards for service continuity. Remote access 'token' prioritisation. Resilient telephony in SGH	None	02/01/2019	**Chief Operating Officer**	Action Cards for remaining Priority 1 business continuity to be developed. Develop alternative solution to remote access 'token' arrangement. Replacement telephone system in SGH	Jan 19 Mar 19 Mar 19	Amber	CSU/NHSPS business continuity plans provided to CCG.
A.02	Provider organisations failing to provide harm free care to Wiltshire residents.	Contracts for commissioned services with quality schedule (for NHS and non-NHS providers); Clinical Quality Review Meetings (for NHS and non-NHS providers); Incident reporting requirement and mechanisms; CQC registration and review; Safety thermometer; Quality & Clinical Governance Committee; Oversight by Q&CG of CQC reports and safety notices; Quality visits.	Monthly Integrated Performance Report to Governing Body including patient safety information; Monitoring of SI data at Q&CG; CCG participating in surveillance for highlighted providers. Routine Contract Review Meetings of Provider performance through CSU Annual process of confirm and challenge meetings with providers to ensure compliance with EPRR including their business continuity arrangements	None	None	02/01/2019	**Director of Quality**	No further action needed		Green	
A.03	Objective setting process is not adhered to in all directorates which could lead to personal development requirements failing to be identified and cross CCG training not being purchased to address needs. Staff may be unable to effectively undertake their role and/or any training purchased may not be purchased in the most cost effective manner.	Appraisal and objective setting timetable 6 Monthly Workforce report received by AAC L&D Policy L&D Panel recives applications for support Appraisal/PDP monitoring tool available to managers on ConsultOD	Previous Internal Audit of appraisal and objective setting process.	Reports on ConsultOD indicate low compliance	None	02/01/2019	**Interim Accountable Officer**	No further action needed		Amber	Timetables for objectives and appraisals reset and reissued. Requirement revisited at EMT following AAC direction
A.04	Public Sector Equality Duty requires more focus within the CCG	Lay member for PPI on Governing Body EIA process in place for decisions at Governing Body Equality Champions in place Annual E&D Compliance report	Compliance Report agreed at AAC	CCG E&D Strategy due for review	None	02/01/2019	**Interim Accountable Officer**	Establish Patient &Public Involvement Committee	Jan-19	Amber	Committee Development to be considered as part of BSW Allianace
A.05	Strategic decisions about the future of commissioning/provision in the NHS and local system consume the capacity of the leadership and effect the delivery of commissioning activities	CCG involvement in STP leadership and programmes TOR agreed for commissioning at scale work Governing Body agreed integrated governance arrangements with Wiltshire Council, BaNES CCG and Swindon CCG Staff meeting briefings with Executive Directors and through bulletins produced jointly with partner CCGs Executive Directors' portfolios defined and shared Oct'18	Minutes of Governing Body meetings	None	None	02/01/2019	**Interim Accountable Officer**	No further action needed		Green	
B: To improve the patient's experience of local health services											

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan January 2019

Principal strategic objective	Issue impacting on achievement of strategic objective	Key controls and systems supporting issue management	Positive assurances of controls (the available evidence on the effectiveness of the controls / systems)	Gaps in controls and systems (or weak controls and systems)	Gaps in assurance (poor evidence of effectiveness of controls and systems)	Date of Last Review	Director Lead	Action Plan	By when	Status	Comments/Updates
B.01	Failure to fully engage with communities to influence service development. Non compliance with Commissioner Duty to Consult where and when necessary.	CCG Communication and Engagement Strategy; Lay Member role; Website; Governing Body meetings held in public at various locations around Wiltshire; Active involvement of Healthwatch; Acknowledgement of petitions; Equality & Diversity Strategy; Stakeholder Event June 2017; PPG forum established and working well.	Locality Stakeholder days; Area Board attendances; Public consultations, surveys and conversations as required on developments; Healthwatch feedback; Centre for Independent Living feedback; Internal audit of stakeholder engagement presented to AAC & Gov Body Nov'16. Comms & Engagement plan established and actions undertaken to support Commissioning Alliance and GP Alliance and associated initiatives	Communications and Engagement Plan for STP is established, but will evolve as System evolves. (See positive assurances: Comms & Eng plans exist for Commissioning Alliance and GP Alliance)	None	02/01/2019	Interim Accountable Officer	Continued consistent messaging to staff and stakeholders re emerging System. Continued public messaging and consultations regarding initiatives arising from joint working within system.	Dec'18	Green	CCG involvement and comms leadership in System leadership and programmes
C: To work collaboratively with Wiltshire Council and partner organisations on integrated commissioning and delivery of services											
C.01	The definition for an Integrated Care System and how it works across STPs is still unclear. This might lead to incorrect assumptions, wasted effort and/or lack of progress.	Limited guidance	None	None	None	02/01/2019	Interim Accountable Officer	No further action needed		Green	STP Leadership Group agreement to definitions and boundaries of ICS and Integrated Care Alliances in place. Governing Bodies of BaNES, Swindon and Wiltshire CCGs agreed to establish joint governance and management arrangements on 4 Oct 18.
C.02	Achieving integrated commissioning to support the strategic objectives of CCG, the 5 Year Strategy and Better Care Fund.	Governing body reports; Joint Commissioning Board; Director of Integration; Integrated Performance Report; Engagement with Sustainable Transformation Partnership (STP) Board; S75 agreement; Emergent Sustainable Transformation Plan (Dec'16); Joint working Group (agreed ToR). Interim joint structure for Community, Mental Health, learning Disabilities and Childrens Commissioning.	Governing Body minutes; Positive relationships at Health & Wellbeing Board; Assessment of Integrated Team performance summer 2016.	None	None	02/01/2019	Interim Accountable Officer	No further action needed		Green	Governing Bodies of BaNES, Swindon and Wiltshire CCGs agreed to establish joint governance and management arrangements on 4 Oct 18.
C.03	Failure of partner organisations in commissioning of services on behalf of CCG in regard to financial expenditure and patient safety.	Signed Memorandum of Understanding Service Specifications Monthly performance meetings between CCG Lead and Wiltshire Council Lead Joint Business Agreement agreed by JCB; Better Care Plan governance arrangements; Outcome reports for commissioned services; Director of Integration post. Updated s75 agreement approved by Wiltshire Council and CCG at Health & Wellbeing Board; Internal audit of Better Care Plan Q4 16/17.	JCB as an assuring body; Performance risk assessed, detail included in JBA; Findings of follow-up audit of Better Care Plan.	None	None	02/01/2019	Chief Finance Officer / Director of Quality / Director of Community & Joint Commissioning	No further action needed		Green	

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan January 2019

Principal strategic objective	Issue impacting on achievement of strategic objective	Key controls and systems supporting issue management	Positive assurances of controls (the available evidence on the effectiveness of the controls / systems)	Gaps in controls and systems (or weak controls and systems)	Gaps in assurance (poor evidence of effectiveness of controls and systems)	Date of Last Review	Director Lead	Action Plan	By when	Status	Comments/Updates
C.04	Key partner/contractors/providers may be unable to provide commissioned services.	Contracts for commissioned services with KPI; Contract performance arrangements (CSU support); Contract Managers; Integrated Performance Report; Systems Resilience Group; Provider licensing by NHS Improvement EPRR assurance against core standards	Governing Body members receive Integrated Performance Report on a monthly basis. Monthly Contract Governance Forum with CSU.	None	None	02/01/2019	**Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning / Chief Operating Officer**	No further action needed		Green	Annual round of EPRR assurance completed with positive assurances received
C.05	Lack of available workforce in the local health system to support transformation agenda.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment; Health Education England workforce planning; UWE courses for community and primary care staff in place; Wiltshire Institute of Health & Social Care; Workforce Action Group (system wide) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment; Monitoring of provider vacancy rates at contract performance meetings; Workforce key work stream in STP and monitored at STP LWAB; Analysis of GP staffing; CCG Workforce Lead.	None	CCG Workforce Lead vacancy	None	02/01/2019	**Group Directors**	Complete second round of advertising for workforce lead	Dec'18	Amber	Workforce lead recruited, now in post and beginning to address priorities
C.06	Capacity and capability of CCG staff to deliver against the 5 year plan	Objective setting, PDP and appraisal system and timetable; Learning & Development Policy; Central oversight of requests for staff development from April 2016 at L&D Panel; Project Governance Framework; Workforce report received by AAC; Staff Survey and action plan.	Staff survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on six monthly basis.	Staff survey action plan	None	02/01/2019	**Chief Operating Officer**	Finalise staff survey action plan	Dec'18	Amber	Executive Directors' portfolios defined and shared Oct'18 Staff Survey 2018 in development.
D: To encourage and support people to be responsible for managing and improving their own health and wellbeing											
D.01	The greater involvement of the CCG in the health promotion agenda is contingent on engagement with Wiltshire Council Public Health.	Health & Wellbeing Board; Memorandum of Understanding (MoU) with Public Health - Refreshed 16/17; STP workstream; CCG public campaigns.	Minutes of Health & Wellbeing Board. Public Health attendance at Clinical Exec meeting	None	None	02/01/2019	**Chief Operating Officer**	No further action needed		Green	
E: To support the resilience of primary care across Wiltshire											
E.01	Full delegated commissioning of Primary Care wef April 2017 with no transfer of staff or resources from NHSE which impacts on multiple areas of the CCG (Primary Care, Finance, Quality & Communications).	Primary Care Commissioning Committee; NHSE documented transitioning arrangements; Ongoing support available from NHSE; Additional staff member recruited; Internal Audit of Delegated arrangements in 2017; Monitoring of risks at PCCC.	Internal Audit findings of governance and budget monitoring processes.	Delegation Agreement.	None	02/01/2019	**Director of Primary Care & Urgent Care**	No further action needed		Amber	Ongoing discussion to develop shared SOP for STP. Routine meetings taking place with NHSE

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan January 2019

Principal strategic objective	Issue impacting on achievement of strategic objective	Key controls and systems supporting issue management	Positive assurances of controls (the available evidence on the effectiveness of the controls / systems)	Gaps in controls and systems (or weak controls and systems)	Gaps in assurance (poor evidence of effectiveness of controls and systems)	Date of Last Review	Director Lead	Action Plan	By when	Status	Comments/Updates
E.02	A number of GP practices across Wiltshire are at risk due to the ongoing availability og GPs and practice staff. This may lead to poor service to registered population, possible closures and increased pressure on neighbouring practices and urgent care.	Monitoring of GP practice provision. Locum arrangements. GP Practice contracts. GP Forward View GP Commissioning Alliance and 'Grouping Zones' for locality working GP Resilience Board Clinical Assessment Service	None	None	None	02/01/2019	Director of Urgent and Primary Care	Continuous assessment of vulnerable practices and identification of actions. Support to GP Alliance development.	Ongoing Ongoing	Amber	
F: To contribute towards a financially sustainable and responsive health and care economy											
F.01	Implementation of the General Data Protection Regulations by 2018.	Information Governance Group; Primary Care Information Governance Group; SCW CSU Information Governance support; Existing Information Governance Framework; Information Governance Toolkit; PwC assessment of GDPR readiness (Jan'18); GDPR action schedule; DPO in place.	Information Governance Toolkit annual compliance assessment. PwC readiness assessment findings IAO,DC & IAA Handbook and training agreed at IGG Sep 18	National NHS Guidance Complinace with new DSP toolkit	None	02/01/2019	Chief Finance Officer / Director of Quality	Actions to be undertaken on various aspects of GDPR (see separate action plan). Assignment of IAO, DC and IAA roles and training. KPMG internal audit of DSP Toolkit progress. Completion of DSP toolkit	Mar 19 Nov 18 Dec 18 Mar 19	Amber	Complete Internal audit in progress
F.02	The CCG is unable to deliver on all QIPP targets	Regular monitoring of QIPP delivery at Governing Body by means of Integrated Performance Report; Finance & Performance Committee (every two months); Detailed project workbooks.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring.	Uptake in directorates of PMO discipline Internal arrangements for oversight of performance	None	02/01/2019	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	Confirmation of project management requirements to be shared as a result of annual planning, implementation of Directors' portfolios and joint CCG management arrangements.	Mar-19	Green	
F.03	CCG unable to meet the financial targets	Financial Strategy; 5-year Strategy/2yr Operational Plan: Financial management systems; Finance & Performance Committee; Audit & Assurance Committee; Integrated Performance Report; Internal Audit; External Audit; Organisational QIPP Plan; Contracts for commissioned services; Secondary Uses Service (SUS) data correctly attributed to CCG or NHSE; Signed Provider contracts 17/18; Financial Plans for 17/18.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring.	Limited Transformational QIPP plans especially for Urgent Care to support savings required in 19/20	None	02/01/2019	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	Development of investment strategy as directed by Finance & Performance Committee.	Mar-19	Amber	
F.04	CCG unable to deliver against NHS Constitution	5-year Strategy/2yr Operational Plan: Integrated Performance Report; Finance & Performance Committee; Quality Report at Q&CG Committee; Contract quality schedules to hold providers to account for performance; STP development; RTT delivery group/steering board.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; CRM meetings reviewing providers performance data; Q&CG discussion of provider performance against targets; Reports from RTT delivery group/steering board; NHSE assurance framework.	Integrated performance management arrangements	None	02/01/2019	Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning / Director of Quality / Director of Integration / Chief Operating Officer	Constitution requirements as part of Directors' portfolios	Jan-19	Green	

| Revised Position | Previous Position | Risk Ref | Risk description including the effect of the risk | Current score | | | Trend |
				Likelihood	Consequence	Score	
Position suggested for next Gov Body report	*Position on Previous Gov Body Report*	*A unique reference will be allocated*	*There is a risk that…*	*Score between 1-5*	*Score between 1-5*	*Score between 1-5*	Length of line will depend on when the risk was first logged. Blank indicates a new risk
1	Not on report	CJ - 18/050	An independent specialist provider of care for adults is unable to deliver safe and effective services to patients.	4	5	20	
2	4	P - 13/027	SWAST monthly and YTD performance continues to be below contracted levels. The increase in response times has the potential to adversely affect clinical outcomes for Wiltshire patients.	4	4	16	
3	1	P - 16/044	Urgent care system pressures threaten delivery of constitutional targets for 4hr ED performance	4	4	16	
4	2	P - 17/046	Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit	4	4	16	
5	3	Q - 18/043	Lack of appropriately skilled staff across the health and social care system	4	4	16	
6	Not on report	A - 17/070	The CCG will not deliver the constitutional cancer targets - particularly 62 days which may impact on patient pathways	5	3	15	
7	Not on report	M-18/003	Providers supporting service users with a Learning Disability and/or Autism entering a crisis (MH/LD/ASD orientated) will experience delays in accessing required care/have a lack of care options	3	4	12	
8	11	Q - 15/032	The CCG supports approximately 40 people who are CHC eligible and require care in their own home. The CCG is obliged to ensure that these individuals are not being deprived of their liberty if a) the individual is subject to continuous supervision and control, b) the person is not free to leave. The CCG currently lacks assurance that those individuals who do not have capacity to consent to their care arrangements are not being unlawfully deprived of their liberty and this could expose the CCG to legal challenge.	3	4	12	
9	5	M-18/001	The lack of compliance with the Children's CHC national framework and process for families, providers and commissioners to follow at key stages could adversely affect patient outcomes and the CCG's reputation.	3	4	12	
10	Not on report	A - 15/066	CCG will not deliver the diagnostic 6-week performance target which may impact on performance and clinical risk	4	3	12	

Community & Joint Commissioning Risk Report

Reference:	CJ - 18/050
Entry Date:	08/11/2018
Review Date:	13/12/2018
Risk Status:	Action Required

New

Executive Lead:	Ted Wilson / Dina McAlpine
Operational Lead:	Shelley Watson / Emily Shepherd
Overseeing Committee:	EMT / Q&CG
Risk Source:	Operational

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total
M - Risk Movement

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	4	5	20

Current Score	L	C	T	M
	4	5	20	

Target Score	L	C	T
	2	2	4

Risk Description (including the effect of the risk): There is a risk that, an independent specialist provider of care for adults with acquired brain injury, is unable to deliver safe and effective services to patients. Concerns relate to allegations made by whistle-blowers, failings in recruitment checking for overseas staff, alleged financial irregularities, lack of equipment and site safety. Dependent upon any CQC enforcement action, this may necessitate the placement of the patients into alternative places of care which, as a result of transition, have an adverse impact on patient experience and safety, system capacity and resources.

Commissioners of the Private Provider include; 20 CCGs, 10 LAs, 2 NHS Trusts, and NHSE Specialised Commissioned (and 2 x private patients), with a total of 95 patients placed at the premises of the Private Provider.

Wiltshire CCG currently fund 18 patients, 1 of which is fully ventilated. There is 1 jointly funded patient and 7 Wiltshire Local Authority funded patients.

Currently there is a 2 year NHS standard contract in place with the Private Provider which ends 31 March 2019. Following the change of ownership in August 2017, a signed change of owner document for the new providers was completed however a contract variation was not completed. A further contract variation for any changes to the 18/19 contract also remains unsigned.

Existing Controls / Assurance:
NHS Standard Contract applies
Quarterly contract meetings providing oversight of performance and quality
Individual reviews for those patients who are CHC/SPP and neuro-rehab funded
Unplanned admission to acute (SFT) pathway review undertaken
Regulatory Inspections
CCG lead on multi-agency calls involving NHSE/ LA/ CQC
CQC involvement as regulator of provision of the Private Provider - unannounced visit completed
Provider Action Plan

Actions required to mitigate risk:	Due Date	Progress against actions:
Completion of review by CQC of information supplied and feedback to stakeholders for action	Ongoing	14 Dec 18 The CQC have shared draft reports with the Private Provider for the adult social care site. Private Provider have 10 days to complete factual accuracy checking. It is anticipated that the CQC will raise Warning Notices that the Private Provider will be required to respond to. The inspection report for the hospital is still awaited.
CCG to meet with the Private Provider Owner and Nursing Director to advise of all concerns and issues from visits and patient reviews	Completed	14 Dec 18 The CCG met with the Private Provider owner and Operations Director on 12th Nov 18 to advise of the concerns that had arisen as a result of the CCG quality visit and initial patient reviews
Completion of reviews by CCG of individual health funded patients	Completed	WCCG mobilised review teams to undertake initial safety reviews for all health funded patients at the Private Provider (67 health funded patients) . This initial review has been completed and on-going clinical support still being provided on a CCG rota basis
CCG to complete Infection, Prevention and Control Visit - scheduled for 14/15 November 2018	Completed	Two IPC visits have been undertaken and the associated report and recommendations have been shared with the Private Provider. The Private Provider have produced an action plan which the CCG are reviewing and will feed back ate the contract meeting on 18 Dec 18
CCG to write to the owner outlining concerns on behalf of other funding CCGs and the LA (pending confirmation of this from commissioning organisations) and will request that the Private Provider draft an overarching action		

plan, to include multi agency actions). The CCG is also working with the provider to agree a recovery plan to address the areas of concern and give the required level of assurance regarding patient safety. However if this is not forthcoming a Contract Penalty Notice (CPN) may be considered.	Completed	14th Dec 18 Letter sent to owner on 27th Nov highlighting concerns and emerging themes, and requesting an action plan to mitigate issues. The CCG received an action plan from the Private Provider. This will be discussed at the contract meeting on 19th Dec
CCG to mobilise medical review team (NHSE sourcing Consultant Psychiatrist)	Completed	14 th Dec 18 Medical review undertaken for ventilated patient. CCG have received the consultant medical review and are reviewing the recommendations
Letter to be shared with health funding commissioners. LA to confirm whether they will be a signatory on the letter and work with WCCG to have one overarching action plan.	Completed	14th Dec 18 LA was not a signatory to the CCG letter; LA wrote to the Owner separately
WCCG confirming dates that funding CCGs will undertake their comprehensive patient reviews and have requested feedback in terms of trends and themes from these reviews.	Ongoing	14 Dec 18 comprehensive reviews by each CCG have all been completed, with the exception of 1 patient. The CCG have contacted the responsible CCG
CCG to consider whether a Contract Penalty Notice (CPN) should be issued to the Private Provider.	19/12/18	CCG to consider CPN following contract meeting on 19 Dec 18
WCCG to make contact with commissioning leads in other funding CCGs to ensure they are aware of the concerns regarding the Private Provider.	Completed	CCG written to other funding CCGs on 23rd Nov 18
Contract variations to be signed for the change of ownership and the 18/19 contract.	31/12/18	Contract Variation sent to Provider
Other relevant organisations notified of issues with the Private Provider	Completed	Counter fraud notified HSE notified HEAT notified
Organisations who have patients under section contacted and requested to undertake urgent MH reviews	Completed	
Wiltshire LA have made other funding Local Autorities aware of the concerns	Completed	LA confirmed that they will have to undertake immediate reviews of the patients they fund

Position on previous Governing Body report:	Not on report
Suggested position for this Governing Body report:	1

Primary & Urgent Care Risk Report

Reference:	P - 13/027

Entry Date:	21/10/2013
Review Date:	04/12/2018
Risk Status:	**Accepted**

Risk Rating Abbreviations

L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.

ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	4	4	16

Current Score	L	C	T	M
	4	4	16	⇔

Target Score	L	C	T
	2	4	8

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Emma Smith, Interim Head of Urgent Care
Overseeing Committee:	Lead & Joint Commissioners' Group
Risk Source:	Contract Performance W - 13/027

Risk Description (including the effect if the risk):

SWAST monthly and YTD performance continues to be below contracted levels. The increase in response times has the potential to adversely affect clinical outcomes for Wiltshire patients. 04/12/18 - An all commissioner single item quality survelaince group was held in November 2018 to discuss the declaration by SWAST of a risk score 25 relating to incident stacking within the clinical hub. Latest data indicates that patients are increasingly waiting for longer periods of time for appropriate clinical response. This includes waits of up to 30mins for Cat 1 arrival on scene and up to approximate 85 incidents pending allocation of resource (which may or may not include ambulance response). The risk therefore expands to both a delay and increase in response times.

Nationally the focus for this coming winter would be on achieving 95% on the four hour A&E target mandating 5 improvement initiatives for LDBs including Ambulance – Dispatch on disposition and code review pilots. The Ambulance Response Programme (ARP)aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients. The programme aims to deliver improved outcomes for all 999 patients, with a generally reduced clinical risk through:
- The use of a new pre-triage set of questions to identify those in need of the fastest response at the earliest opportunity (Nature of Call);
- Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need (Dispatch on Disposition); and
- A new evidence-based set of clinical codes that better describe the patient's problem and response/resource requirement

Existing Controls / Assurance:

Bi monthly contract management and reporting, including delivery by SWAST of consolidated action plan;
Review of SWAST Winter Plans and ARP Performance - through LDB.

Actions required to mitigate risk:	Due Date	Progress against actions:
Continuing engagement with SWAST and monitoring of contract via lead and joint commissioners group. SWAST member of Wiltshire LDB	 Q4 2018/19	• ARP has now been adopted as the national benchmark, and a suite of national documents have been published addressing ambulance transformation and sustainability (Carter review, Spring Review, Commissioning Framework) • SWAST have seen some improvements in Cat 1 performance at Month 6, and have met the national Cat 1 mean target of 7 mins and achieved 90th percentile target for 2 consecutive months. However Cat 1 performance for Wiltshire is still not meeting national 7 minute mean. • Cat 2 performance is still not being achieved across SWAST and nationally there is no targets for cat 3 or Cat 4 • Wiltshire activity is currently 1.64% expected contractual volumes and activity increase is particularly driven from patients calling 999 directly. Acute Trusts are experiencing an increase in conveyed patients to ED and this remains a discussion point at local delivery boards. • SWAST initially identified a significant funding gap at a point in time and a business case was shared with commissioners. SWAST and Commissioners have re-commissioned ORH to model to understand the current funding gap to meet with expected demand and impact of commissioner joint action plan to refresh the underlying business case. This is expected to be completed by the end of the year. WCCG have already committed to additional funding for 2018/19 of £157,235 with 2.3% recurrent uplifts both in 2019/20 and 2020/21 but awaiting to see outputs of the financial modelling. • SWAST have implemented a number of internal actions including management restructure, rota review, fleet procurement and recruitment. • Commissioners have developed a joint STP action plan covering 6 keys areas including, Handovers, Frequent attenders, HCP callers, 111 activity, Frailty and Falls, Mental Health, Alternative Pathways; which is seen to improve performance with consistency being adopted across the SWAST area. • Wiltshire CCG has prioritised 111 activity, frailty and falls as key areas to work on (being confirmed) • Commissioners continue to work with SWAST to implement all workstream actions of the joint STP action plan to achieve performance by April 2021 **04/12/18:** As a result of the all commissioner single item QSG around incident stacking, both the commissioners and providers have agreed to carry out a number of mitigating actions to reduce the risk, these include the following; - Recruitment to clinical hub vacancies - Increasing productivity from the clinical cohort - Increased utilisation across resource asset range (i.e. reducing time ambulances declare 'unavailable') - Reporting strategies implemented to increase oversight of the stack to support pro-active management. - Review of Welfare call-back guidance - Escalation Framework (previously known as DMP) to be reviewed - Increased GP support in the hub – business case received by CCG - Review of Specialist Desk function to improve allocation of Responders - Reviewing rotas to make changes ahead of winter period (third review in recent years) - Investigate automating 'leaving hospital' (i.e. auto clear)– for efficiency in call cycle - Weekly exec-level review of the risk - Demand management review in place * BaNES CCG on behalf of the STP will also be conducting a quality impact assessment of current initiatives planned to reduce conveyances, escalate to Local A&E Delivery boards, and attend rapid improvement events

Position on previous Governing Body report:	4
Suggested position for next Governing Body report:	2

Primary & Urgent Care Risk Report

Reference:	P - 16/044

Entry Date:	Jul-16
Review Date:	19/12/2018
Risk Status:	**Accepted**

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	TBC
Overseeing Committee:	Local Delivery Board
Risk Source:	

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	4	4	16

Current Score	L	C	T	M
	4	4	16	⇔

Target Score	L	C	T
	2	4	8

Risk Description (including the effect if the risk):
Urgent care system pressures threaten delivery of constitutional targets for 4hr ED performance, impacting on timely treatment for patients and poorer outcomes. Corresponding impact on Primary Care.

Existing Controls / Assurance:
STP Winter Resilience Plan (including Flu Plan) submitted and ongoing assurance process NHSE/NHSI
Monthly Local A&E Delivery Boards (previously System Resilience Groups) (Wiltshire for SFT, Bath and North East Somerset for RUH and Swindon for GWH) examining strategic level actions and assurance - responsible for ED performance over winter
South system facing - weekly Senior Decision Makers meeting at SFT: developing map of capacity and additional coming on line: developing daily capture tool for capacity
ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery;
Monthly contract performance review meetings and routine performance management arrangements.
Daily and weekly reports and dashboards on acute performance.
Group Urgent Care Networks.
Quality and Safeguarding Reporting.
Strategic conference calls as required.
System wide escalation process in place - now reflecting new national guidance.

Actions required to mitigate risk:	Due Date	Progress against actions:
Agreed escalation process in place with CCG Single Point of Contact. Wiltshire Sustainability (winter) plan submitted to NHSE - focus of monthly Local Delivery Boards and final sign off November Length of Stay Improvement PLan with trajectories **Senior Decision Makers call for South System held weekly**	**November 2018**	Winter Resilience Plan v9 submitted and received NHSE/NHSI ongoing assurance responses Weekly Winter Planning leads call (all commissioners and providers across STP) South System focus on weekly Senior Decision Makers meeting; cacpaity mapping: daily capture tool for WHC, Medvivo, Wiltshire Council, Care Homes OPEL response and escalation reporting to NHSE on variation of status at OPEL 3 and 4 in place Monitoring of Trust and system OPEL status in place and escalation processes enacted as necessary Monitoring of DToC position in place with supportive action planning in place to assist patient flow. The WICC created during 2018 winter pressures has assisted in managing patient flow . Home First / Re-ablement Service (WHC and WC) now being mobilised and recruitment on track contributing towards limiting LoS thus reducing pressure in system Ongoing work with Council to understand focus and outcome of iBCF / additional winter funding **19/12/18:** Additional winter funding has been used to secure additional social workers, nursing and ICT beds, and domicillary care. A MADE event has been organised ahead of Christmas break to ensure that plans are in place for all stranded patients within SFT. A joint Winter Director has been appointed who will oversee the South Wiltshire system performance working closely with SFT and Wiltshire CCG.

Position on previous Governing Body report:	1
Suggested position for next Governing Body report:	3

Primary & Urgent Care Risk Report

Reference:	P - 17/046
Entry Date:	29/08/2017
Review Date:	19/12/2018
Risk Status:	Accepted

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Tracey Strachan, Deputy Director of Primary Care
Overseeing Committee:	Clinical Executive/PCCC
Risk Source:	Operational Risk

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	4	4	16

Current Score	L	C	T	M
	4	4	16	⇔

Target Score	L	C	T
	2	3	6

Risk Description (including the effect of the risk):
Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit. Risk to quality of service to patients and patient safety. Risk of increased activity in secondary care in both planned and urgent care services as knock on effect of use of locums and patient access difficulties.
Continued recruitment issues or withdrawal of CCG support could cause practices to give notice on their contracts. CCG responsibility to ensure services available to patients and may need to tender new contracts and potentially contract for interim cover.

Existing Controls / Assurance:
CCG working with LMC and individual practices to support.   Locality plans being developed and proposal for increased project management in localities being drawn up.
Regular review of impact of resilience work in practices.   Monthly GPFV/GP Resilience board. Resilience Oversight Panel in place.
Support for practice mergers where agreed.
Joint working with Medvivo to provide Clinical Assessment Service cover to vulnerable practices.   Extension and expansion of POD agreed.
Proactive diagnostic work being supported in practices to enable action plans to be drawn up.
Support to Wiltshire GP Alliance development.

Actions required to mitigate risk:	**Due Date**	**Progress against actions:**
Continuous assessment of practice risk. Continued support as per agreed principles. Development of exit strategy for support - including alternative provision. Development of county wide provider organisation and potential risk sharing. Continued and enhanced support to locality working.	Next Resilience Oversight Panel Jan 19	Ongoing GPFV/resilience meetings. Practice provider organisation being developed. Agreed principles and criteria for GP resilience support/funding for 18/19 at Clinical Executive in January 2018. Review of all schemes and proposals at GP Resilience Oversight Panel 31/07/18 Improved access requirements are likely to have an adverse impact. Some Physician Associate recruitment to release GPs.

Position on previous Governing Body report:	2
Suggested position for next Governing Body report:	4

Corporate Services Risk Report

Reference:	Q - 18/043

Entry Date:	23/02/2015
Review Date:	21/12/2018
Risk Status:	**Action Required**

Risk Rating Abbreviations	**Movement Symbols**
L - Likelihood **C** - Consequence **T** - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease

Executive Lead:	Dina McAlpine, Director of Nursing & Quality
Operational Lead:	
Overseeing Committee:	EMT
Risk Source:	Transferred from Corp Ser Ref: C - 14/038

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	4	4	16

Current Score	L	C	T	M
	4	4	16	⬄

Target Score	L	C	T
	2	3	6

Risk Description (including the effect if the risk):
Lack of appropriately skilled staff across the health and social care system due to difficulties in recruitment, national staff shortages, transformation of model of care and competitive local market. This could result in the system being unable to cope with demand for services impacting on patient flow and the provision of safe high quality care both now and in the future.

Existing Controls:
1. Each organisation monitors their key workforce gaps and takes remedial action eg recruitment drives. Wiltshire system wide workforce capacity audits undertaken Feb 15, May 16 and Nov 17. Patient outcomes in terms of quality and patient flow data monitored at CQRM meetings and local delivery Board meetings
2 STP workforce work stream (also called Local Workforce Action Board) meets monthly and is developing strategy and action plans for common challenges
3 UWE courses for nonmedical postgraduate education in place and HEE funded places made available to primary and community care in Wiltshire.
4 Wiltshire Workforce Action Group (WWAG) looks at collaborative operational solutions to common challenges, presently concentrating on recruitment of carers/HCA's
5 Strengthened links with Health Education England (HEE) through HEE south west and HEE Wessex
6 Wiltshire Community Education Provider Network (CEPN) established and delivering collaborative initiatives for primary care
7 STP Apprenticeships Network established
8 STP Training leads network established
9 Proud to Care Wiltshire website promoted and advertised

Actions required to mitigate risk:	Due Date	Progress against actions:
A: Wiltshire Workforce Action Group		**Wiltshire WAG**
2. Use Proud to Care resources at recruitment/career fairs	A2. 30/09/18	Website developed and advertised through leaflets, posters in GP surgeries, leisure centres and attendance at a
3. Continue to promote the care certificate free high quality resources to providers	A3.30/09/18	small number of recruitment fairs. Next steps to promote through social media;
B: Wiltshire CEPN		Ad hoc use at recruitment fairs, next steps to develop a more coordinated plan and have bases for the storage of
1. Develop and promote a Wiltshire Primary Care recruitment website		resources for fairs;
2. Increase the number of student placements in primary care as it is known these often convert to new employees	B1. 30/09/18 B2. 31/03/19	On-going action required to promote quality resources and develop portability of learning to other providers: Promotion of Proud to Care Wiltshire website complete.
3. Implement actions arising from national GP Nursing 10 point plan		**Wiltshire CEPN**
4. Promote new roles in primary care to develop a broader staff offer and improve resillience	B3. 30/09/18	www.welcometowiltshire.nhs.uk launched March 2018. Social media marketing campaign commencing April to
5. Work with NHS England, Swindon and B&NES on workforce plans for primary care as part of the GP Forward view.	B4. 30/09/18 B5. 30/06/18	July 2018; Wiltshire will share a portion of 2 new educational facilitator posts across the STP. B&NES post recruited Feb 18. Re-advertising for Swindon post at present. Funded by HEE. Also funding for training mentors required to
C: STP Workforce Work Streams		support students in placements and refresher training for those already qualified has been undertaken;
1. STP Apprenticeship network promotes, shares information and develops high quality apprenticeships across the network and to smaller employers who have not got the infrastructure and expertise to do so at present	C1. 30/09/18	Action plan being developed with CEPN funding a number of short term projects to support this development; Physicians associates, nursing associates, first contact physiotherapists all being promoted;
2. STP Training leads network established common training priorities and developing actions to deliver		High level, plans on pages developed and being refined. Applications for international GP recruitment initiative

on those 3. STP Workforce strategy being developed on behalf of the LWAB 4. STP cost control group looking at joint recruitment and also international recruitment of nurses 5. Workforce Lead post – current CCG post holder leaving in early June resulting in a gap before replacement.	C2. 30/09/18 C3. 31/07/18 C4. 30/09/18 C5. 30/09/18	made. **STP Workforce Work Streams** Active network of employers who pay into the Apprenticeship levy. Developing networks for smaller employers to learn and benefit from the procurement of quality training providers by the main network. Procurement of training provider for Nursing Associate role taken place and helping nudge discussions around workforce planning within organisations. Set of metrics being developed; HEE Funded UWE post graduate non-medical modules allocated across STP providers to a value of £165,000 to develop more advanced practitioners; Aim is to have a draft strategy by July 2018; Scope of project being defined. 26.10.18 Inability to sucessfully recruit to CCG vacancy creates delay in providing leadership to further remedial activities including apprenticeships to incentivise staff for domilcillary care work. 21.12.18 Specialist recruited and set to begin pre Christmas to complete orientation. Pririty workstreams have been identified for the individual including strategic workforce planning for CCG led system work areas and to incentivise the recruitment to the domicillary care sector to support patient care and flow through the system including the use of apprenticeships.

Position on previous Governing Body report:	3
Suggested position for next Governing Body report:	5

Acute Commissioning Risk Report

Reference:	A-17/070

Entry Date:	Jun-17
Review Date:	19/12/2018
Risk Status:	Accepted

Executive Lead:	Mark Harris, Chief Operating Officer
Operational Lead:	Andy Jennings, Head of Acute Commissioning
Overseeing Committee:	RTT Steering Boards and CRM
Risk Source:	

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	4	4	16

Current Score	L	C	T	M
	5	3	15	⇧

Target Score	L	C	T
	2	2	4

Risk Description (including the effect if the risk):
The CCG will not deliver the constitutional cancer targets - particularly 62 days which may impact on patient pathways.

Existing Controls / Assurance:
Performance monitoring via RTT delivery and steering groups escalated to CRMs as required.
Review at SWAG Cancer Alliance Board
GWH remedial action plan for NHSI reviewed weekly

Actions required to mitigate risk:	Due Date:	Progress against actions:
1. Deliver actions detailed in agreed Trust remedial action plans, and early diagnosis cancer transformation plans on a page including 62 day impact. 2. Additional 62 day recovery funding available for SFT and RUH via SWAG national support funding. 3. Additional tranche of national funds to support faster prostate diagnosis and treatment due to RUH.	Set out in Cancer Alliance Plans	1. WCCG, based on provider submissions, predicts continuing achievement of 62d. WCCG achieved 86.1% v 85% target for Q1 18/19. 2. Latest data Oct 2018 Wiltshire CCG 62d = 80.2%. Q2 2018 WIltshire CCG 62d = 80.1%. However an error in SFT reporting for Oct 2018 has artificially depressed Wiltshire CCG Oct 2018 performance. Revised value is not currently available. Particular pressure in urology (nationally). 3. Recovery anticipated in subsequent months. 4. Awaiting confirmation of additional SWAG funding value, process and date available.

Position on previous Governing Body report:	Not on report
Suggested position for next Governing Body report:	6

Maternity, Children & Mental Health Risk Report

Reference:	M - 18/003	
Entry Date:	19/12/2018	New
Review Date:		
Risk Status:	**Action Required**	

Executive Lead:	Lucy Baker
Operational Lead:	Georgina Ruddle
Overseeing Committee:	EMT
Risk Source:	

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	3	4	12

Current Score	L	C	T	M
	3	4	12	

Target Score	L	C	T
	3	1	3

Risk Description (including the effect if the risk):
There is a risk that - providers supporting service users with a Learning Disability and/or Autism entering a crisis (MH/LD/ASD orientated) will experience delays in accessing required care/have a lack of care options owing to the current crisis pathway lacking clarity/resources for alternatives to admission, and no local inpatient resource for those experiencing an LD/ASD crisis. A recent case has demonstrated the lack of consensus across providers, CCG and local authority.
This poses a risk to the service user and carers, along with a financial risk to the CCG (It also impedes the chance of early intervention to prevent an admission to hospital).

Existing Controls / Assurance:
All providers are aware of internal and external escalation processes.
Bluelight meetings are established, and enable multi-agency and CCG proactive discussions aiming to divert admissions through home treatment/ bespoke community support options.

Actions required to mitigate risk:	**Due Date**	**Progress against actions:**
Pathway mapping work underway with key providers, further workshops to be planned Jan 19. Report presenting recommendations (pathway development/resource requirments) to be drafted. Daisy workshop to be scheduled.		Pathway mapping under way.

Position on previous Governing Body report:	Not on report
Suggested position for next Governing Body report:	7

Quality Risk Report

Reference:	Q - 15/032

Entry Date:	29/02/2016
Review Date:	21/12/2018
Risk Status:	Action Required

Executive Lead:	Dina McAlpine, Director of Nursing & Quality
Operational Lead:	Lynn Franklin / James Dunne
Overseeing Committee:	Q&CG
Risk Source:	Change in case law

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	3	4	12

Current Score	L	C	T	M
	3	4	12	⇔

Target Score	L	C	T
	1	4	4

Risk Description (including the effect if the risk):
The CCG supports approximately 40 people who are CHC eligible and require care in their own home. The CCG is obliged to ensure that these individuals are not being deprived of their liberty if a) the individual is subject to continuous supervision and control, b) the person is not free to leave. The CCG currently lacks assurance that those individuals who do not have capacity to consent to their care arrangements are not being unlawfully deprived of their liberty and this could expose the CCG to legal challenge.

Existing Controls / Assurance:
Audit to identify cohort of patients subject to this ruling.
Existing care plans should demonstrate least restrictive care option.
CHC assessors and CTPLD health staff have received training on DoLS in the community by Beachcrofts.

Actions required to mitigate risk:	Due Date	Progress against actions:
Preparation and approval of policy/procedure for domestic DoLS assessments.	~~30.09.16~~	Including review of capacity as part of annual review is seen to be the safest approach. The CPTLD will quickly undertake to identify objecting patients to provide information for the CCG to undertake risk stratification.
Beachcroft to adapt policy into toolkit;	~~31.08.17~~	Three patients who are objecting have been identified. Next steps being identified in order to ensure potential deprivations are lawfully authorised.
Send out letters to families/GPS explaining and booking assessment;	~~30.09.17~~	
Assess capacity;	~~30.04.18~~	
Proposal for Best Interests Assessor to be appointed from Safeguarding monies.	30.09.18	23/8/16: Domestic DoLS assessments underway with policy/procedure to be written to ensure parity across all individuals.
Deeper dive assessment of cases including the reassessment of capacity. Standard precedent letters to engage with Healthcare professionals and families provided by Beachcrofts.		23/6/17: Beachcroft have conducted domestic DoLS training for CCG and CTPLD staff. The CCG has purchased a toolkit and prescedent letters. The policy and procedure for assessing domestic DoLS will be written and then adapted by Beachcrofts into the toolkit. All funded CCG patients will then be revisited to assess for domestic DoLS and the first 5 assessments will be tested for quality by Beachcrofts.
Process to be embedded into CHC and s117 standard assessment of risk process.	~~30.11.17~~ ~~31.05.18~~ 31.10.18	13/4/18: Domestic DoLS policy has been written and is now with Beachcrofts. Precedent documents being used to start the process with the test cases.
Priority list of patients to be identified for DoLS assessement	30.11.18	June'18: No change to report. Oct'18: Head of Safeguarding is leaving post new interim to lead on this work. Dec'18: An interim appointment has been made commencing in January 2019. Progress will be reviewed when in post.

Position on previous Governing Body report:	11
Suggested position for next Governing Body report:	8

Maternity, Children & Mental Health Risk Report

Reference:	M - 18/001
Entry Date:	24/10/2017
Review Date:	08/01/2019
Risk Status:	**Action Required**

Executive Lead:	Lucy Baker
Operational Lead:	Myfanwy Champness
Overseeing Committee:	EMT
Risk Source:	Transfer from Community & Joint Commissioning Risk Register (CJ - 17/050)

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	3	5	15

Current Score	L	C	T	M
	3	4	12	⇩

Target Score	L	C	T
	1	5	5

Risk Description (including the effect if the risk):
There is a risk that -The lack of compliance with the Children's Continuing Care national framework and process for families, providers and commissioners to follow at key stages in the process such as referral, assessment, decision making around eligibility and establishment of care packages could adversely affect patient outcomes and the CCG's reputation. CCG is failing in its responsibility to commission and oversee packages of 'continuing care' to meet the needs of its patients. Should a commissioned package of care not meet a patient's needs and this impacts on the safety or wellbeing of the patient, the CCG would be responsible and accountable. Delegation of assessment to the provider has resulted in an unacceptable degree of 'distance' between commissioners and the packages of care which are ongoing and any new referrals coming in.

Existing Controls / Assurance:
CCG clinical staff have been included within the complex needs panel in order to give robust clinical challenge and assurance. An options paper has been produced to consider ways in which the CCG might respond to this risk and develop a compliant children's CHC commissioning model in the future.
Quality & Clinical Governance Committee review.

Actions required to mitigate risk:	Due Date	Progress against actions:
CHC to review existing packages of care to ensure that they are appropriate and that the CCG has the necessary oversight to assure itself that patients are receiving care of the correct standard.	Oct 18	CHC have commissioned an external organisation to review the process
Process and care package documentation to be developed which is compliant with the continuing care framework.	Oct 18	To begin following recruitment of additional staff to manage children's CHC for which a business case is required to approve this recruitment. Swindon CCGs policy has been sourced for reference and to begin work on adapting for WCCG. Await outcome of above review
CCG to recruit to the children's nurse assessor role and associated admin support role as previously agreed in the options paper.	Oct 18	Case for recruitment to be developed by safeguarding lead - await outcome of above review
Formal review and options appraisal for Childrens CHC to be recieved by EMT.	Nov 18	

Position on previous Governing Body report:	5
Suggested position for next Governing Body report:	9

Acute Commissioning Risk Report

Reference:	A-15/066

Entry Date:	
Review Date:	19/12/2018
Risk Status:	Action Required

Risk Rating Abbreviations
L - Likelihood
C - Consequence
T - Total

Movement Symbols
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

Risk Rating
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	3	4	12

Current Score	L	C	T	M
	4	3	12	⟺

Target Score	L	C	T
	1	3	3

Executive Lead:	Mark Harris, Chief Operating Officer
Operational Lead:	Mark Harris, Chief Operating Officer
Overseeing Committee:	RTT Assurance Group
Risk Source:	

Risk Description (including the effect if the risk):
Constitutional performance risk: Wiltshire CCG will not deliver the diagnostic 6-week performance target.   This may impact on performance and clinical risk.

Existing Controls / Assurance:
- Performance being monitored monthly via RTT steering groups, escalating to CRM as required.
- SFT continue to outsource.
- Reactivated task and finish group developed with GWH to focus actions and agree next steps.

Actions required to mitigate risk: CPN issued to GWH by Swindon CCG.	**Due Date** 31/03/2019	**Progress against actions:** Position has recovered and trajectory suggests target will be met.

Position on previous Governing Body report:	Not on report
Suggested position for next Governing Body report:	10