

<b>Presented to:</b>	Governing Body - Public
<b>Date of Meeting:</b>	26 March 2019
<b>For:</b>	Decision

<b>Agenda Reference:</b>	GOV/19/03/10
<b>Title:</b>	Governing Body Sub Committee Items for Approval
<b>Executive summary:</b>	
<p>The Audit and Assurance Committee and Finance and Performance Committee are standing sub-committees of the Governing Body, with delegated authorities through the Scheme of Delegation.</p> <p>The following items have been recommended for Governing Body approval:</p> <ul style="list-style-type: none"> <li>• Finance and Performance Committee <ul style="list-style-type: none"> <li>a) Finance and Performance Committee Terms of Reference</li> </ul> </li> <li>• Audit and Assurance Committee <ul style="list-style-type: none"> <li>b) Risk Register and Board Assurance Framework</li> <li>c) Health and Safety Compliance Report</li> </ul> </li> </ul>	
<b>Recommendations:</b>	The Governing Body is asked to approve the documents listed above.
<b>Previously considered by:</b>	Executive Management Team Audit and Assurance Committee Members Finance and Performance Committee Members
<b>Author(s):</b>	Susannah Long – Governance and Risk Manager Rob Hayday - Associate Director of Performance, Corporate Services and Head of PMO Sharon Woolley – Board Administrator
<b>Sponsoring Director / Clinical Lead/ Lay Member:</b>	Linda Prosser – Deputy Chief Executive (Wiltshire)

<b>Risk and Assurance:</b>	N/A
<b>Financial / Resource Implications:</b>	N/A
<b>Legal, Policy and Regulatory Requirements:</b>	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.
<b>Communications and Engagement:</b>	These documents should be treated as public documents and would be available for release under the FOI Act.
<b>Equality &amp; Diversity Assessment:</b>	<input type="checkbox"/>

## Finance and Performance Committee

### Terms of Reference

**Date Approved by Finance and Performance Committee: 19 March 2019**

**Date Approved by Governing Body:**

#### 1. Purpose

- 1.1 The Finance and Performance Committee will look at the prospective risk environment for the CCG and will establish a performance framework which enables the CCG to monitor its Financial, Performance and Quality Innovation, Productivity and Prevention agenda.
- 1.2 The Committee will proactively manage provider and service performance, NHS constitutional targets and the financial control targets, and hold to account the Executive Management Team of the CCG for delivery in their areas of responsibility.
- 1.3 The Committee will retain management oversight of the work of the Information Management and Technology (IMT) Steering Group and its associated programmes.
- 1.4 The Committee will retain management oversight of the work of the Estates Committee and its associated programmes.

## 2. Membership

- 2.1 The core membership of the Committee will consist of the following or their nominated deputies:

<b>VOTING MEMBERS</b>
Chair of WCCG (Chair)
Lay Member for Audit and Governance (Vice Chair)
Accountable Officer (where appointed, Chief Operating Officer as Deputy)
Chief Financial Officer
Lay Member
Lay Member for Public and Patient Involvement
Secondary Care Doctor
GP representative from NEW
GP representative from West
GP representative from Sarum
<b>ATTENDEES</b>
All Directors of WCCG
Associate Director of Information
Deputy Chief Financial Officer
Associate Director of Performance, Corporate Services and Head of PMO
Medical Advisor

## 3. Quorum

- 3.1 In the absence of the Chair, the Vice Chair will deputise and Chair the meeting.
- 3.2 In the absence of the Chief Financial Officer, the Deputy Chief Financial Officer will deputise and, in so doing, be recognised as a member of the Committee for the purpose of establishing a Quorum.
- 3.3 To be quorate there is a requirement for a minimum of five Voting Members - 1 Lay Member, 2 Executive Directors and 2 Senior Clinicians to be present. The Chair or Vice Chair must be present.

### a. Expectation of Attendance

- i. Members of the Committee are required to attend a minimum of 4 (8 when meetings held monthly) meetings a year (or pro rata if the Committee member joins part way through the year).

## 4. Frequency of Meetings

- 4.1 A formal meeting will be held bi-monthly.
- 4.2 When managing the Financial Recovery Plan, meetings will be held monthly.
- 4.3 Extraordinary meetings may be called by the Chairman with seven working days' notice as required.

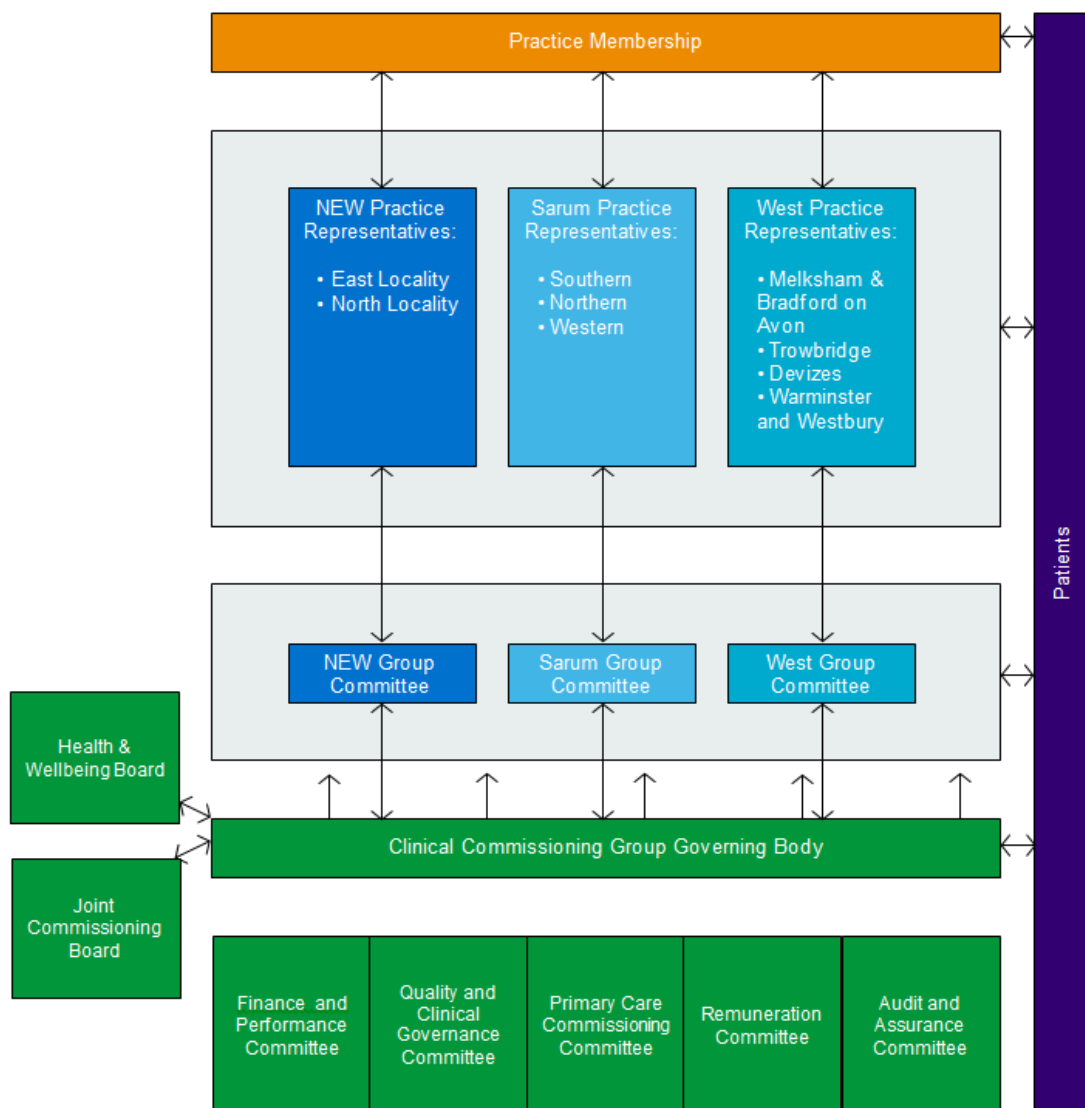
### a. Meeting Arrangements

- i. A work programme and standing agenda will be agreed to guide the work of the Committee, but will allow for flexibility.

## 5. Accountable To

- 5.1 The Committee is accountable to the CCG Governing Body.
- 5.2 Provide assurance to the Audit and Assurance Committee and the CCG Governing Body regarding the finance and performance of the CCG.

Figure 1: Clinical Commissioning Group Structure



## 6. Responsibilities / Authority / Scheme of Delegation

- 6.1 The Committee is authorised by the CCG Governing Body to undertake activity within its terms of reference.
- 6.2 The Governing Body delegates the following to the Committee:

Delegations by the Governing Body to the Finance and Performance Committee	
Body/Individual	Delegation
<b>Finance and Performance Committee</b>	<ul style="list-style-type: none"><li>a) Agree detailed revenue financial plans, budgets and financial monitoring reports</li><li>b) Monitor the financial performance of the CCG against the detailed plans and seek assurance that robust plans are in place to ensure financial risks are managed.</li><li>c) Monitor the delivery of CCG projects in line with the endorsed project management methodology and to see rectification plans if a project is not delivering</li><li>d) Monitor the delivery of all activity and access targets in line with the NHS constitutional requirements.</li><li>e) Oversee the development and implementation of the financial information systems' strategy,</li><li>f) Act as an assurance committee of the CCG's business and finance risks via the Assurance Framework and Risk Registers,</li><li>g) Consider and assess any new investment decisions and make recommendations to the Governing Body or officers of the CCG</li><li>h) Review any financial activity which impacts on the financial performance of the CCG</li><li>i) Take any legal or other professional advice with regard to the financial performance of the CCG</li><li>j) Review and agree the Procurement strategy for the CCG</li><li>k) Review and agree the future procurements timetable for the CCG</li><li>l) Monitor the effectiveness of procurements and the procurement service provided by the CSU.</li><li>m) Approval of procedures, policies and strategies relevant to the committee's terms of reference.</li></ul>

## 7. Accountable For

- Information Management and Technology Steering Group and associated programmes
- Strategic Estates Group and associated programmes
- Monthly Performance Review Meeting

## 8. Duties

No additional duties.

## 9. Reporting

- 9.1 The final and approved minutes of this meeting will go to the Governing Body.

## 10. Monitoring

- 10.1 The Committee will review its performance and feedback sought from the Governing Body.
- 10.2 The Terms of Reference will be reviewed on an annual basis. Any changes to the Terms of Reference must be approved by the CCG Governing Body.

Current Position	Previous Position	Risk Ref	Risk description including the effect of the risk	Current score			Trend
				Likelihood	Consequence	Score	
<i>Position on Gov Body report</i>	<i>Position on Previous Gov Body Report</i>	<i>A unique reference will be allocated</i>	<i>There is a risk that...</i>	Score between 1-5	Score between 1-5	Score between 1-5	May-18 to Mar-19 Length of line will depend on when the risk was first logged. No line indicates a new risk
1	1	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	2	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	3	P - 16/044	Urgent care system pressures threaten delivery of constitutional targets for 4hr ED performance	4	4	16	
4	4	P - 17/046	Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit	4	4	16	
5	5	Q - 18/043	Lack of appropriately skilled staff across the health and social care system	4	4	16	
6	6	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	7	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	8	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	9	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 - 19/081	In April 2020, Trusts will require funding from CCGs to continue to deliver the improved, faster, pathways - necessary to enable diagnosis within 28 days and initiation of treatment within 62 days; and ensure continued delivery/expansion of the recovery package. Initial estimate of financial impact for CCG: £200k pa to cover each of SFT and RUH. GWH element required in addition.	4	3	12	

## Community & Joint Commissioning Risk Report

<b>Reference:</b>	CJ - 18/050
<b>Entry Date:</b>	08/11/2018
<b>Review Date:</b>	18/02/2018
<b>Risk Status:</b>	<b>Action Required</b>

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total
M - Risk Movement

<b>Movement Symbols</b>
These are contained within the movement drop down list.
◊ - No change
↗ - Increase
◊ - Decrease

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

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

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	5	20		4	5	20	↔		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. <b>18 Feb 19 all Adult Social care reports have been published, hospital reports due this week</b>
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 at 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 <b>18.02 response still awaited from CCG</b>
CCG to consider whether a Contract Penalty Notice (CPN) should be issued to the Private Provider.	Completed	CCG to consider CPN following contract meeting on 19 Dec 18. <b>CPN issued 30/01/19</b>
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.	Completed	Contract Variation sent to Provider. <b>Contract variation is signed</b>
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 Authorities aware of the concerns	Completed	LA confirmed that they will have to undertake immediate reviews of the patients they fund
Senior nursing presence to be maintained on site in the short term	Completed	Senior nursing presence rota confirmed and Private Provider aware of the dates that the CCG staff will be on site
<b>Additional documentation required from Glenside to meet the CPN requirements</b>	<b>18 Feb</b>	
<b>Regular updates required from Glenside on flood damage repair progress</b>	<b>Ongoing</b>	
<b>Starting to risk stratify patients to plan for relocation to hospital</b>	<b>Ongoing</b>	

<b>Position on previous Governing Body report:</b>	1
<b>Position on this Governing Body report:</b>	1



# Primary & Urgent Care Risk Report

<b>Reference:</b>	P - 13/027
<b>Entry Date:</b>	21/10/2013
<b>Review Date:</b>	18/02/2019
<b>Risk Status:</b>	Accepted

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total

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

<b>Risk Rating</b>
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

<b>Executive Lead:</b>	Jo Cullen, Director of Primary & Urgent Care
<b>Operational Lead:</b>	Emma Smith, Interim Head of Urgent Care
<b>Overseeing Committee:</b>	Lead & Joint Commissioners' Group
<b>Risk Source:</b>	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 surveillance 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:**  
 Continuing engagement with SWAST and monitoring of contract via lead and joint commissioners group.  
 SWAST member of Wiltshire LDB

**Due Date**  
**Q4 2018/19**

**Progress against actions:**

- 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

across the STP 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

**18/02/19:** Since 4th December there have been two regional workshops with NHS 111/ IUC providers, Commissioners and SWAST to look at what NHS 111/ IUC providers can do to maximise Cat 3/4 validation when the Ambulance call stack reaches agreed REAP levels and exploring the opportunities to review Cat 2. There have only been two occasions when the ambulance call stack has reached Reap 3 since 14th December and on both occasions this corresponds when urgent care activity across the whole of the system has been under significant pressure. Following the workshop on the 7th Feb, a task and finish group has been identified to look at proposals to ensure consistency across all NHS 111/IUC providers and scope out what opportunities can be done at Cat 2 given current NHS Pathways licence, indemnity, governance and capacity. ARP performance for Wiltshire continues to be a challenge and activity is 1.58% up against expected contract YTD. Phase 2 of the ORH modelling has been completed and handed back over to SWAST with the recommendations of where best to allocate the additional 241 WTE staff to achieve overall Trust performance against all the Arp standards; but it is likely that further demand mitigations are required to reduced the number of incidents demand.

<b>Position on previous Governing Body report:</b>	2
<b>Position on this Governing Body report:</b>	2

## Primary & Urgent Care Risk Report

<b>Reference:</b>	P - 16/044
<b>Entry Date:</b>	Jul-16
<b>Review Date:</b>	18/02/2019
<b>Risk Status:</b>	<b>Accepted</b>

<b>Risk Rating Abbreviations</b> <b>L</b> - Likelihood <b>C</b> - Consequence <b>T</b> - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. <b>ó</b> - No change <b>ñ</b> - Increase <b>ò</b> - Decrease
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<b>Executive Lead:</b>	Jo Cullen, Director of Primary & Urgent Care
<b>Operational Lead:</b>	TBC
<b>Overseeing Committee:</b>	Local Delivery Board
<b>Risk Source:</b>	

<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.												
Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		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.

<b>Actions required to mitigate risk:</b> 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 <b>Senior Decision Makers call for South System held weekly</b>	<b>Due Date</b> <b>November 2018</b>	<b>Progress against actions:</b> 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 <b>19/12/18:</b> 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. <b>18/02/19:</b> Post christmas has seen challenging performance with high acuity of patients presenting at front door with high conversion rates. Additional ORCP funding has been utilised until the end of March to support IUC service and WH&C. One tranche of the the additional dom care capacity to support the South Wilts has been slower to implement than first expected, with only 100hrs in w/c 11th Feb. Expert panel calls continue and the South Wiltshire improvement plan is being updated.
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<b>Position on previous Governing Body report:</b>	3
<b>Position on this Governing Body report:</b>	3

## Primary & Urgent Care Risk Report

<b>Reference:</b>	P - 17/046
<b>Entry Date:</b>	29/08/2017
<b>Review Date:</b>	18/02/2019
<b>Risk Status:</b>	Accepted

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.
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Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	3	6

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

**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.

<b>Actions required to mitigate risk:</b> 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.	<b>Due Date</b> Next Resilience Oversight Panel Mar 19	<b>Progress against actions:</b> 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. Improved access requirements may impact further on resilience. Some Physician Associate recruitment to release GPs. Premises project support.
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<b>Position on previous Governing Body report:</b>	4
<b>Position on this Governing Body report:</b>	4

## Corporate Services Risk Report

<b>Reference:</b>	Q - 18/043
<b>Entry Date:</b>	23/02/2015
<b>Review Date:</b>	18/02/2019
<b>Risk Status:</b>	<b>Action Required</b>

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase ô - Decrease
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<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.
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<b>Executive Lead:</b>	Dina McAlpine, Director of Nursing & Quality
<b>Operational Lead:</b>	
<b>Overseeing Committee:</b>	EMT
<b>Risk Source:</b>	Transferred from Corp Ser Ref: C - 14/038

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		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:
<b>A: Wiltshire Workforce Action Group</b> 2. Use Proud to Care resources at recruitment/career fairs 3. Continue to promote the care certificate free high quality resources to providers	A2. 30/09/18 A3.30/09/18	<b>Wiltshire WAG</b> Website developed and advertised through leaflets, posters in GP surgeries, leisure centres and attendance at a small number of recruitment fairs. Next steps to promote through social media; Ad hoc use at recruitment fairs, next steps to develop a more coordinated plan and have bases for the storage of resources for fairs;
<b>B: Wiltshire CEPN</b> 1. Develop and promote a Wiltshire Primary Care recruitment website 2. Increase the number of student placements in primary care as it is known these often convert to new employees 3. Implement actions arising from national GP Nursing 10 point plan 4. Promote new roles in primary care to develop a broader staff offer and improve resilience 5. Work with NHS England, Swindon and B&NES on workforce plans for primary care as part of the GP Forward view.	B1. 30/09/18 B2. 31/03/19 B3. 30/09/18 B4. 30/09/18 B5. 30/06/18	On-going action required to promote quality resources and develop portability of learning to other providers: Promotion of Proud to Care Wiltshire website complete. <b>Wiltshire CEPN</b> www.welcometowiltshire.nhs.uk launched March 2018. Social media marketing campaign commencing April to 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 support students in placements and refresher training for those already qualified has been undertaken;
<b>C: STP Workforce Work Streams</b> 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 2. STP Training leads network established common training priorities and developing actions to deliver	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; 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 successfully recruit to CCG vacancy creates delay in providing leadership to further remedial activities including apprenticeships to incentivise staff for domiciliary care work.  
 21.12.18 Specialist recruited and set to begin pre Christmas to complete orientation. Priority workstreams have been identified for the individual including strategic workforce planning for CCG led system work areas and to incentivise the recruitment to the domiciliary care sector to support patient care and flow through the system including the use of apprenticeships.  
 Feb'19 - Wiltshire Workforce Group set up co-chaired by WCGG DON and LA - workplan agreed to agree a Wiltshire Workforce Strategy

<b>Position on previous Governing Body report:</b>	5
<b>Position on this Governing Body report:</b>	5

## Acute Commissioning Risk Report

<b>Reference:</b>	A-17/070
<b>Entry Date:</b>	Jun-17
<b>Review Date:</b>	12/02/2019
<b>Risk Status:</b>	Accepted

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ô - No change ñ - Increase ô - Decrease
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**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		5	3	15	↔		2	2	4

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

**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

<b>Actions required to mitigate risk:</b> 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.	<b>Due Date:</b> Set out in Cancer Alliance Plans	<b>Progress against actions:</b> 1. WCCG, based on provider submissions, predicts continuing achievement of 62d. WCCG achieved 79.4% v 85% target for Q2 18/19. 2. However errors in SFT reporting for October and November 2018 has artificially depressed Wiltshire CCG performance. Revised value is not currently available. Particular pressure in urology (nationally). 3. Recovery anticipated in subsequent months.
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<b>Position on previous Governing Body report:</b>	6
<b>Position on this Governing Body report:</b>	6

## Maternity, Children & Mental Health Risk Report

<b>Reference:</b>	M - 18/003
<b>Entry Date:</b>	19/12/2018
<b>Review Date:</b>	19/02/2019
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total

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

<b>Executive Lead:</b>	Lucy Baker
<b>Operational Lead:</b>	Georgina Ruddle
<b>Overseeing Committee:</b>	EMT
<b>Risk Source:</b>	

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

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	4	12		3	4	12	↔		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:**

Care plan review and multi-agency discharge planning for current residents  
 Agree clear message on short term future of Daisy for families, service users and staff  
 Continued oversight of Daisy Improvement Plan via Programme Board from Feb2019  
 Review of LD pathway and Daisy future model continuing the commenced co-production and co-design with commissioners, providers, stakeholders, service users, families, carers and advocates.  
 Initial workshop report drafted and circulated to attendees for feedback  
 Development of clear crisis avoidance pathway for LD/ ASD - learning from recent case  
 Create an LD pathway map – what does good look like, match with pathway of individuals, capture known data, look at what is already there via Daisy Programme Board  
 Further engagement sessions planned from March 2019

**Due Date**

**Progress against actions:**

Pathway mapping under way.  
 Pathway mapping work underway with key providers, further workshops completed Jan 2019, report with associated recommendations in draft, report to be completed Q4 1819.

Daisy workshop held Jan 2019. Current actions:  
 Welfare checks conducted by WCCG following family concerns  
 New AWP leadership in place  
 Dietician and SALT provision now in place  
 Care plan review planned for all patients  
 Multiagency oversight via new monthly Dedicated Daisy Programme Board to oversee service improvement and developing the service to meet current and future needs  
 Commitment by AWP to consider an out of area inpatient for vacant unit  
 AWP DoN and WCCG Acting Director to meet with families by end of March  
 Environmental improvements commenced

<b>Position on previous Governing Body report:</b>	7
<b>Position on this Governing Body report:</b>	7



## Quality Risk Report

<b>Reference:</b>	Q - 15/032
<b>Entry Date:</b>	29/02/2016
<b>Review Date:</b>	19/02/2019
<b>Risk Status:</b>	<b>Action Required</b>

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

<b>Risk Rating</b>
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	4	12		3	4	12	↔		1	4	4

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

**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.	<del>30.09.16</del>	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. Three patients who are objecting have been identified. Next steps being identified in order to ensure potential deprivations are lawfully authorised. 23/8/16: Domestic DoLS assessments underway with policy/procedure to be written to ensure parity across all individuals. 23/6/17: Beachcroft have conducted domestic DoLS training for CCG and CTPLD staff. The CCG has purchased a toolkit and precedent 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. 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. 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. Feb'19 - Risk rating remains same - gap analysis to be completed by new Interim Adult Safeguarding Lead.
Beachcroft to adapt policy into toolkit;	<del>31.08.17</del>	
Send out letters to families/GPS explaining and booking assessment;	<del>30.09.17</del>	
Assess capacity;	<del>30.04.18</del>	
Proposal for Best Interests Assessor to be appointed from Safeguarding monies.	30.09.18	
Deeper dive assessment of cases including the reassessment of capacity. Standard precedent letters to engage with Healthcare professionals and families provided by Beachcrofts.		
Process to be embedded into CHC and s117 standard assessment of risk process.	<del>30.11.17</del>	
	<del>31.05.18</del>	
	31.10.18	
Priority list of patients to be identified for DoLS assessment	30.11.18	

<b>Position on previous Governing Body report:</b>	8
<b>Position on this Governing Body report:</b>	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

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total

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

<b>Risk Rating</b>
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	5	15		3	4	12	↔		1	5	5

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

<p><b>Risk Description (including the effect if the risk):</b></p> <p><b>There is a risk that</b> -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.</p>
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<p><b>Existing Controls / Assurance:</b></p> <p>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 &amp; Clinical Governance Committee review.</p>
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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 received by EMT.	Nov 18	

Position on previous Governing Body report:	9
Position on this Governing Body report:	9

## Acute Commissioning Risk Report

Reference: A - 19/081

Entry Date: Feb-19

Review Date:

Risk Status: Action Required

New

### 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	3	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: Andy Jennings, Head of Acute Commissioning

Overseeing Committee: BSW STP Cancer Forum (and EMT?)

Risk Source:

### Risk Description (including the effect if the risk):

Following the end of two years of cancer transformation funding, in April 2020, Trusts will require confirmation of funding from CCGs to allow them to continue to deliver the improved, faster, pathways - necessary to enable diagnosis within 28 days and initiation of treatment within 62 days; and ensure continued delivery/expansion of the recovery package.

Initial estimate of financial impact for Wiltshire CCG: £200k pa to cover each of SFT and RUH. GWH element required in addition. This may be +/- 50%.

### Existing Controls / Assurance:

None.

### Actions required to mitigate risk:

1. Agree an approach pan STP and pan Cancer Alliance for how Trusts will be supported to continue to deliver improved, faster pathways.

2. Await further feedback from local tariff pilot at RUH supporting costs of the recovery package (one element of the overall cost).

### Progress against actions:

Nil as this is a new entry

Position on previous Governing Body report: Not on report

Position on this Governing Body report: 10

## NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan March 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>A: To improve the quality of healthcare and outcomes and reduce inequalities</b>											
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	01/03/2019	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	01/03/2019	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 receives applications for support Appraisal/PDP monitoring tool available to managers on ConsultOD	Previous Internal Audit of appraisal and objective setting process.	None	None	01/03/2019	Interim Accountable Officer	Reports on ConsultOD indicate low compliance - mechanism required improve compliance		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	01/03/2019	Interim Accountable Officer	Establish Patient & Public Involvement Committee	Jan-19	Amber	Committee Development to be considered as part of BSW Alliance and included as suggestion in Governance Handbook
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	01/03/2019	Interim Accountable Officer	No further action needed		Green	
<b>B: To improve the patient's experience of local health services</b>											

## NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan March 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	None	None	01/03/2019	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. Public involvement in Maternity Services consultation. Plan will need to evolve as the System evolves.
<b>C: To work collaboratively with Wiltshire Council and partner organisations on integrated commissioning and delivery of services</b>											
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	01/03/2019	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	01/03/2019	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	01/03/2019	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 March 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	01/03/2019	Group Directors	Complete second round of advertising for workforce lead	Dec'18	Amber	Workforce priorities drafted; Temporary cover for elements of this role.
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.	Prior year Staff Survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on six monthly basis.	None	None	01/03/2019	Chief Operating Officer	Encourage staff to complete Staff Survey to inform the CCG.	Mar'19	Amber	Staff survey launched to staff and currently open for responses
<b>D: To encourage and support people to be responsible for managing and improving their own health and wellbeing</b>											
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	01/03/2019	Chief Operating Officer	No further action needed		Green	
<b>E: To support the resilience of primary care across Wiltshire</b>											
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; Physical transfer of contracts; Monitoring of risks at PCCC.	Internal Audit findings of governance and budget monitoring processes.	None	None	01/03/2019	Director of Primary Care & Urgent Care	No further action needed		Amber	Work streams such as Information Governance have yet to be delegated.

## NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan March 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 of 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	01/03/2019	Director of Urgent and Primary Care	Continuous assessment of vulnerable practices and identification of actions. Support to GP Alliance development.	Ongoing  Ongoing	Amber	Vulnerability of practices identified and Traced through PCOG  GP Alliance now active
<b>F: To contribute towards a financially sustainable and responsive health and care economy</b>											
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.	Previous Information Governance Toolkit annual compliance assessments. PwC readiness assessment findings IAO, DC & IAA Handbook and training implemented during 2018; KPMG Internal Audit of Data Security Protection Toolkit.	None	None	01/03/2019	Chief Finance Officer / Director of Quality	Actions to be undertaken on various aspects of GDPR (see GDPR action plan).  Completion of DSP toolkit	Mar 19  Mar 19	Amber	Progress on action plan is reported to each IGG
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 (Q1 - Q3), bi-monthly thereafter; Finance & Performance Committee monitoring.	None	None	01/03/2019	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	QIPP performance management framework agreed by EMT and confirm and challenge meetings set for 6/3/19 with Directors
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	01/03/2019	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	

## NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan March 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
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.	None	None	01/03/2019	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	Performance monitoring continues through IPR and committees.



## Wiltshire CCG Health and Safety Report 2018/19

### 1. Background and introduction

Management of Health & Safety has been delegated by the Governing Body to the Audit and Assurance Committee.

Employers have a legal duty under the Health & Safety at Work Act 1974 to manage health and safety risks. Under the Management of Health and Safety at Work Regulations 1999, additional general requirements are placed on employers to carry out assessments of reasonably foreseeable risks and implement risk controls, so far as is reasonably practicable. This is supported by other regulations, legislation and approved codes of practice which have together led to the United Kingdom being one of the safest countries in which to work.

The CCG is specifically required to:

- have in place a Governing Body approved Health & Safety Policy;
- undertake risk assessment;
- have in place preventative and protective measures; and
- have access to competent Health & Safety advice.

This report provides information on the arrangements and mechanisms in place to manage Health and Safety within the CCG and meet the legal obligations, discussing issues and how these have been addressed. The report also provides assurance through the provision of the annual Health & Safety audit completed by SCWCSU, for which the CCG achieves a compliance rating of 98.5%.

### 2. Involving CCG staff

Each member of staff has a legal obligation to ensure that their acts and/or omissions do not impact negatively on their colleagues, visitors, general public or the environment. 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.

## **2.1 Representation**

Since August 2014, the CCG has had a Health & Safety Forum. As the CCG staff body is largely non-unionised, each directorate/department has put forward a member of staff as a Representative of Employee Safety (RoES).

The role of the RoES is to champion health and safety within their team and promote health and safety messages. RoES participate in the Health & Safety Forum, which is chaired by the Health & Safety Officer (the Governance and Risk Manager).

RoES assist the Health & Safety Officer with the completion of annual risk assessments for their team, contribute to the annual review of the Health & Safety Management Policy and, where applicable, are involved with the design of control mechanisms. RoES undertake risk assessment training in their role, which has been delivered by the Health & Safety Officer.

Separately, the Staff Partnership Forum (SPF) continues to provide a means of sharing HR and key workforce policy decisions with staff for consultation and engagement. The SPF is derived from representatives elected from each directorate/department, who pass on individuals' views, ensuring the thoughts and opinions of their team are fairly reflected. This provides a regular and effective means of joint discussion between CCG Senior Management and staff on issues of mutual interest or concern, supporting staff wellbeing.

## **2.2 Communication and engagement**

Wiltshire CCG has a dedicated Health & Safety noticeboard which displays the Health & Safety Law Poster (as required by law) and a copy of the CCG Health & Safety Statement of Commitment. A second Health & Safety Law Poster is also displayed prominently by the CCG in the building.

During the year, the intranet newsfeed has been utilised to raise awareness of health & safety topics. These included:

- Feedback from Southgate House fire drill
- Launch of safe systems of work
- Health & Safety Week, which included articles on moving and handling, driving for work, working alone, hot water and stress management.
- Hazards to look out for - 'Risky Room' exercise

All staff have the opportunity to discuss Health & Safety issues at their team meetings. Staff can also approach their Line Manager, RoES, the Health & Safety Officer or contact the SCW CSU Health & Safety Advisor to discuss any health and safety concerns. Staff are encouraged to take positive action to contribute to the maintenance of a safe working environment for themselves, their colleagues and visitors and can contribute to risk assessments. All staff

can access their Directorate Risk Register to directly record a risk to discuss with management.

## 2.3 Training

Wiltshire CCG has a Training Needs Analysis in place, which stipulates the statutory and mandatory training that staff are required to undertake for their role. Training is delivered by CCG senior managers, external consultants/organisations and through the ConsultOD portal.

ConsultOD is an online training portal, which allows staff to easily access their statutory and mandatory eLearning training and facilitates compliance reporting.

All staff including Directors and Lay Members are required to undertake the following mandatory eLearning training:

- Health & Safety
- Fire Safety
- Moving and Handling
- Infection, Prevention and Control

Compliance against these courses is monitored and reported to the Audit and Assurance Committee as part of the Workforce Report. Training compliance against these training modules is shown below:

Training Module	Reporting Period		
	Quarter 2 30/09/17	Quarter 4 31/03/18	Quarter 2 30/09/18
Health, Safety & Welfare	66%	91%	87%
Fire Safety	66%	89%	92%
Moving and Handling	70%	89%	91%
Infection, Prevention and Control	63%	87%	89%

New starters joining Wiltshire CCG are required to undertake both a local and a corporate induction. Local induction is carried out by the individual's Line Manager during their first 6 weeks of employment.

Several health and safety elements are incorporated in the local induction process to ensure staff are aware of their responsibilities. As part of this process, new starters are provided with a copy of the Staff Handbook and Southgate House booklet, which specify CCG Health & Safety and fire safety arrangements.

Both the Staff Handbook and the Southgate House Booklet have been updated throughout the year to capture CCG developments. Updates to these

documents are broadcast to staff using the intranet newsfeed. Both documents are available to staff on the intranet.

Corporate Inductions take place four times a year. As part of this process, new starters receive face-to-face training in conflict resolution and lone working delivered by the Local Security Management Specialist (LSMS). These training sessions are also open to existing staff members, who may wish to refresh their knowledge.

RoES, Fire Wardens and First Aiders have received the appropriate level of risk management and health & safety training to enable them to undertake their respective roles.

### **3. Management Arrangements**

#### **3.1 Policy**

The current CCG Health and Safety Management Policy and the CCG Statement of Commitment are available on the intranet and are published on the CCG website.

The Health and Safety Management Policy was shared with RoES for review, prior to its approval by the Governing Body in January 2019. As the CCG is a low risk organisation, the policy aims to encompass most areas associated with Health & Safety rather than producing separate policies.

However, the CCG has identified specific areas where more detailed information is required. This has resulted in the production of the following policies:

- Security Management Policy (including Lock down protocol)
- Lone Working Policy

Policy documents are available on the intranet.

#### **3.2 Risk Assessment**

Wiltshire CCG is required to undertake, record and monitor risk assessments. A risk assessment will be carried out on an annual rolling basis for CCG departments/directorates.

During the year, risk assessments were carried out by the Health & Safety Officer with the assistance and local knowledge of the relevant RoES, using a risk assessment form/methodology based on the Institute of Occupational Safety and Health (IOSH) template.

The risk assessments are carried out as a general walk around to spot potential hazards and assess compliance with CCG policies. Assessments occur during office hours providing an opportunity to observe existing work practices. The

visibility of the assessment promotes the Health & Safety agenda throughout the organisation, allowing staff to raise issues and to highlight the health and safety role of the RoES and the Health & Safety Officer. As the CCG employs more than five staff, the risk assessments have been recorded. Appendix 1 to this report identifies key findings from the assessments.

To raise awareness of office hazards and associated risks, an exercise took place in October where staff were invited to identify hazards within a 'risky room' (i.e. an office with deliberate hazards in place). The event was advertised using the intranet newsfeed and posters, and was also undertaken by other building tenants.

Wiltshire CCG has a legal obligation to carry out young persons' risk assessments and maternity risk assessments as appropriate. During 2018/19 there have been no young people working with the CCG. A risk assessment template is also in place, to be completed by staff who have the opportunity to work from home, to ensure appropriate consideration is given to safety in domestic settings. The Lone Working Policy includes generic and dynamic risk assessment arrangements.

### **3.3 Facilities arrangements**

Wiltshire CCG currently operates from Southgate House, Devizes. The landlord for this site, NHS Property Services, is responsible for relevant activities including, but not confined to, co-ordinated fire arrangements and infrastructure, Legionella dosing and testing, electrical supply, portable appliance testing, waste management, cleaning, tree management, estate management and maintenance.

As a tenant of a shared premise, Wiltshire CCG must engage effectively with the landlord and other tenants on health and safety matters. In order to support this, NHS Property Services arranges a monthly Building Tenants Forum that a CCG representative attends. This is an important forum for information sharing, including discussion of adverse events, facilitating risk management actions. Standard agenda items for this meeting include the sharing of adverse events, maintenance issues, and the fire warden check sheets.

NHS Property Services prepare and publish the Southgate House booklet. This booklet is available to all tenant organisations providing information about the operation of the building including the fire safety arrangements and evacuation procedures.

During 2018/19, the CCG has worked effectively with NHS Property Services on a number of initiatives including:

- Business continuity arrangements for Southgate House
- Review of Evac chair equipment
- Lift safety arrangements

- First Aid arrangements
- Participation in site security assessment

### 3.4 Access to Competent Health and Safety Advice

Wiltshire CCG continues to contract South, Central and West Commissioning Support Unit (SCWCSU) to provide specialist Health and Safety advice and assessments of compliance.

The Competent Person function is provided under SLA to the CCG by the SCWCSU. As part of contract renegotiations with the SCWCSU in 2018, the Health and Safety specification was updated and now stipulates this provision. This specification also requires the SCWCSU to maintain the competency of its staff supplying services. The CCG Health & Safety Officer is the point of contact for and works closely with the SCWCSU Health and Safety team. A work plan for Health & Safety activities is being developed for 2019/20.

In November 2018, SCWCSU undertook the annual assessment of the CCG's Health & Safety compliance, which resulted in an assessment score of 98.5%. This demonstrates continued improvement in our compliance (see table below).

Year	2017	2016	2015
Score	95.5%	92%	88%

The SCWCSU found that the CCG has robust arrangements in place for managing health and safety and has made recommendations for actions to further strengthen compliance. A copy of the report is attached at Appendix 2 for information.

### 3.5 Insurance

Wiltshire CCG is a member of the Liability to Third Parties Scheme (LTPS) with the NHS Litigation Authority. This scheme covers the CCG for Employer's Liability and Public Liability as required by law.

### 3.6 Adverse event reporting

As a low risk organisation Wiltshire CCG has few incidents and near misses. Since April 2013, CCG staff have reported 38 adverse events, 10 of which have been reported during 2018/19.

The adverse events relating to Health and safety during 2018/19 were:

- Moving and handling injury (staff)
- Electrical hum causing discomfort and ill health (staff)
- Medical collapse (staff)
- Threatening behaviour (staff)
- Scald (staff).

Of these incidents, none required a RIDDOR report to the Health & Safety Executive (HSE). The two incidents relating to threatening behaviour were immediately escalated to the LSMS, one resulting in Police intervention. The staff member sustaining the scald has recovered with no lasting injury.

In addition to these adverse event reports, a report remains open concerning petty thefts within Southgate House. A number of petty thefts were reported and the CCG's LSMS has been involved. Thefts were first recorded in September 2016 and, although they now appear to have stopped, 31 instances were reported. The thefts were generally of low value personal items such as cakes or hand cream but the last reported theft in October 2018 was of £30 from a Christmas meal fund.

Details of all relevant adverse events are shared with NHS Property Services and discussed at the Building Tenants Forum to raise awareness and support a collaborative response where required. Security related incidents are shared with the LSMS and investigated. Information Governance adverse events are reported via an alternative mechanism to the IG Manager and CCG's Information Governance Group.

#### **4. Specific areas of responsibility**

##### **4.1 Fire safety**

Wiltshire CCG continues to work closely with NHS Property Services and SCWCSU with regard to the management of fire safety at Southgate House. Each organisation understands its own defined responsibilities. Currently, landlord and tenants complete separate Fire Risk Assessments.

The collaborative approach to fire safety includes the effective utilisation of two fire safety check sheets at Southgate House. These are:

- **Landlord Fire Check sheet** (for use by NHS Property Services Fire Safety Manager/Deputy Fire Safety Manager)
- **Tenant Fire Warden Check sheet** (for use by Tenant Fire Wardens)

The process for completing, collating, reporting and monitoring of fire safety matters through the use of these checklists has been updated in 2018/19. Although both Landlord and Tenant use fire check sheets to support fire safety, it is important to note that the content of each is different due to the differing fire safety responsibilities assigned to each organisation.

CCG Fire Wardens have been trained in their duties to support fire safety management and emergency evacuation. The Southgate House schematics have been broken down into zones with Fire Wardens for each zone.

During 2018/19 the CCG agreed to repeat training for staff in the use of evacuation chairs. Bristol Safety Ltd has been contracted to provide training

which will take place on two days (late March and early April 2019). The CCG aims to train or refresh training for 24 staff to use this equipment.

A fire evacuation drill took place during in April 2018. Feedback indicated that Wiltshire CCG responded appropriately and quickly. In February 2019, the fire alarm was activated and an evacuation was required. A review of the incident has been carried out and it is expected that there will be remedial actions required to improve organisation and understanding from this minor incident. A further fire evacuation drill will be undertaken.

## **4.2 Security management**

Wiltshire CCG has a nominated Security Management Director (currently the Associate Director of Corporate Services). The security management arrangements for the CCG during 2018/19 were provided under contract by the Hampshire and Isle of Wight Fraud and Security Management Service for the provision of the Local Security Management Specialist (LSMS). The LSMS reports regularly to the Audit and Assurance Committee with updates to activities on an agreed work plan.

A collaborative site security assessment was undertaken in February 2019, with NHS Property Services and the LSMS. The findings of the assessment are yet to be shared with the CCG. Activities will be monitored through the Building Tenants Forum and included, where appropriate, in updates to the LSMS work plan.

## **4.3 First Aid**

Wiltshire CCG has assessed requirements for first aid provision and adopted a shared approach with SCWCSU and NHS Property Services to provide full coverage. During 2018/19 all First Aiders for Southgate House have been brought together in a regular meeting to offer support and learning. Shared arrangements are in place for First Aid box management and a First Aid procedure, clarifying the parameters of the First Aider role and standardising arrangements, will shortly be agreed. The CCG currently has one trained First Aider (Higher) and one trained First Aider (Lower). These First Aiders are supported by another First Aider who has alternative accredited First Aid qualifications. SCW CSU also has four trained First Aiders on site.

## **4.4 Display Screen Equipment (DSE)**

Wiltshire CCG requires all Line Managers to assess their staff against the HSE DSE checklist to ensure that staff are working safely. This document is accessible on the CCG intranet. The CCG has taken steps to ensure that staff are able to work with equipment suited to their needs and the tasks they undertake. The majority of staff operate with two screens and several staff have workstations that can be raised to facilitate standing whilst working. An exercise was undertaken during 2018 to replace sub-standard desk chairs. Ergonomic desk assessments are available from the contracted Occupational Health Service.



Wiltshire CCG also has an eye and eyesight procedure in place to ensure it meets its obligations as an employer and staff are aware of their entitlements. The procedure was reviewed by the SCWCSU Health & Safety Team in January 2019, who confirmed that its provision remain fit for purpose.

#### **4.5 Staff Wellbeing**

The CCG presented a Health & Safety week in September 2018 with daily messages covering moving and handling objects, driving for work, working alone, handling hot water safely and stress management. During the week, the LSMS service provider team presented personal safety advice at a stall in Southgate House Reception. The 'Risky Room' was in operation for the latter part of the week to provide a hands-on hazard identification experience.

During the year, staff were given the opportunity to attend an Improving Personal Effectiveness training course. Three face-to-face sessions were commissioned, which were facilitated by ConsultOD and advertised via the intranet newsfeed. Feedback from attendees was positive with individuals stating that the course prompted them to consider their personal resilience, work-life balance and the importance of emotional intelligence. This has prompted the CCG to organise a further session for March 2019.

Our ConsultHR portal has also been updated to include more information relating to staff wellbeing. A section has been added which sign posts staff to useful guidance concerning mental health. In addition, the Employee Assistance Programme remains in place for staff and has been augmented in light of a proactive gambling audit, completed by the Local Counter Fraud Specialist. Updates to the portal were advertised to staff via the intranet newsfeed.

The CCG Peoples' Group continue to undertake staff events and regular sessions such as Tai Chi and 'Walking Wednesdays'. Special events/awareness raising sessions have taken place including Health & Wellbeing Week October 2018, a focus on hydration and 'Time to talk' which focused on staff mental health.

#### **5. Conclusion**

Wiltshire CCG has appropriate arrangements in place for the management of health and safety risks with supporting policies, procedures, a published Statement of Commitment and ongoing risk assessments. Wiltshire CCG remains a low risk organisation with expert security advice provided by a Local Security Management Specialist and expert health and safety advice provided by the SCW CSU Health and Safety Team.

The health and safety agenda continues to be promoted within the organisation by the Health & Safety Officer (Governance & Risk Manager), with support from the RoES. The intranet newsfeed has also been effectively utilised to

communicate health and safety messages, health and safety initiatives and raise awareness.

The CCG receives support from the landlord, NHS Property Services, and the other tenant in Southgate House, SCWCSU, on health and safety matters. A collaborative approach remains in place between our organisations, which is evidenced by the continued delivery of health and safety activities and information sharing at the monthly Building Tenants Forum.

The CCG has received external assurance of its health and safety management arrangements from SCWCSU. This year it obtained its highest compliance rating to date – 98.5%. Work will continue to address the areas for development identified in the review. The revised health and safety specification with SCWCSU, associated work plan and confirmation of Competent Person arrangements will enable the CCG to drive further health and safety activities in 2019/20.

## **Appendix 1: Risk Assessment Findings**

### **1. Overall findings of risk assessment**

The risk assessment are undertaken on a rolling basis during office hours and are generally well received, with staff happy to raise issues and share anecdotes. A pragmatic approach is taken to the risk assessments, delaying some, where team moves are planned or new developments are expected, and redefining boundaries for risk assessment where teams move, to ensure all areas/staff are covered.

It appears that there is a general understanding of hazards and risk management treatment through controls or hazard removal. Southgate House and the work of the CCG staff is generally low risk with minor or moderate hazards, although more staff are now in direct contact with the public. Physical control measures (strong controls) appear to be largely in place. The focus on Health & Safety of staff does sometimes give way to the pressures of workload of staff but awareness of and compliance with CCG policies remains generally good.

### **2. Highlighted general issues**

#### **2.1 Lone working and travelling for work**

Staff members are continuing to work late or come in early and the Commissioning Alliance has added to the requirement for some staff to travel to meetings. The CCG is increasingly using telephone conferencing and participating in WebEx arrangements to reduce the need to travel. Lone working arrangements need to be suitable and sufficient to effectively support staff safety. The CCG Lone Working Policy has supporting tools and risk assessments to manage this risk. However, department/directorate risk assessments have identified that the policy has had limited success and is not being robustly implemented across the CCG. The LSMS has been working with key high risk services (I.e CHC) to accelerate the process of implementation.

The risk assessments have also identified that staff have not completed the Home Working Risk Assessment forms and discussed these with their Line Manager. Staff may be working from home without fully considering and addressing risks to the safety and wellbeing.

#### **2.2 Display Screen Equipment (DSE) assessments**

Staff routinely spend the majority of each working day at a computer, particularly as laptops are now brought in to meetings. The CCG has taken steps to provide 'standing desks' for staff and replacement chairs. The risk assessments have identified that not all staff have current DSE assessments in place. The DSE assessment is a Health & Safety Executive (HSE) form that takes under 5 minutes to complete and should be undertaken by the staff

member's line manager to give a clear understanding of the person, the task and the environment.

It is vitally important that staff take breaks away from their computer but this is not always taking place.

### **2.3 Staff management and stress**

The risk assessments have identified that not all staff have objectives and PDPs and a high proportion of administration staff do not appear to have any form of regular one-to-one meetings with their line manager. These should be in place, in line with CCG policy, whenever possible. This is a matter that has been flagged by the Audit & Assurance Committee to the Executive Management Team as requiring attention and resulting messages to managers have been communicated.

Not all teams have Health & Safety as a regular agenda item at Team meetings which would give staff the opportunity to raise and discuss issues. The Employee Assistance Programme is not well known by staff.

Some teams, notably POD, are missing out on required CCG training (such as Corporate Induction and training drop-in sessions), all staff meetings and health and wellbeing events (such as 'Time to talk') and CCG social events. There appears to be a general understanding by managers and staff that they cannot be released for these sessions. This has the potential to impact of the health, safety and wellbeing of these staff.

### **2.5 Physical hazards**

A number of issues have been raised and reported to NHSPS during the year by staff, Fire Wardens and RoES. NHSPS has been responsive in dealing with these issues. Some issues have been identified during risk assessment regarding physical storage. There are a number of shelves and cabinets within the CCG and these are not always managed sensibly. Staff are lifting files and boxes above shoulder height and it is often the case that there is unnecessary retention of documents. These risks need to be taken seriously and some simple steps should be taken to remove the risk.

### **2.6 Visitors**

It has been identified that the health and safety of visitors to the CCG is not being protected as a matter of routine. Several risk assessments have shown that staff are not collecting visitors from Reception and returning them to Reception at the end of their visit. This has become increasingly evident with meetings convened at Southgate House by external partner bodies or the Strategic Transformation Partnership, where no CCG staff member has oversight of the meeting.

# **NHS Wiltshire Clinical Commissioning Group**

## **Health and Safety Compliance Review**

**November 2018**

## 1) Compliance Site Visit

Customer: NHS Wiltshire CCG

Customer address: Southgate House  
Pans Lane  
Devizes  
SN10 5EQ

Met with: Susannah Long, Governance and Risk Manager

Report prepared by: Rebecca Rogerson, Health and Safety Officer, NHS South, Central and West CSU (SCW)

Contact details: Mobile: 07867 160760  
Email: [rebeccarogerson@nhs.net](mailto:rebeccarogerson@nhs.net)

Date of visit: 20 November, 2018

## 2) Report Information

The reader should take into account the following information about this report:

- This report and the recommendations contained in it are based on observations made by us and/or from information provided to us by the customer.
- Conditions may have changed since our site visit and preparation of this report.
- This report is not intended to be exhaustive or conclusive, covering every hazard or risk potential or to guarantee compliance with any statute or regulation.

## 3) Introduction

This health and safety management compliance review is designed to assess the practical implementation of health and safety arrangements in office-based businesses.

### Rating

Good, adequate or poor ratings have been determined by the SCW reviewer and points awarded accordingly.

Ratings were determined taking into account the following considerations:

- Good:** High degree of management control  
Good compliance with regulations, where verified.  
Good compliance with documented health and safety management procedures, where verified.
- Adequate:** Reasonable degree of management control  
Reasonable compliance with regulations, where verified.  
Reasonable compliance with documented health and safety management procedures, where verified.
- Poor:** Little management control  
Poor, little evidence of compliance with regulations.  
Poor, little evidence of compliance with documented health and safety management procedures.
- No score:** No effective management control being applied.

### **Recommendations**

Where ratings of adequate, poor or no score were awarded, recommendations for corrective actions are listed in the Recommendations section at the end of this report.

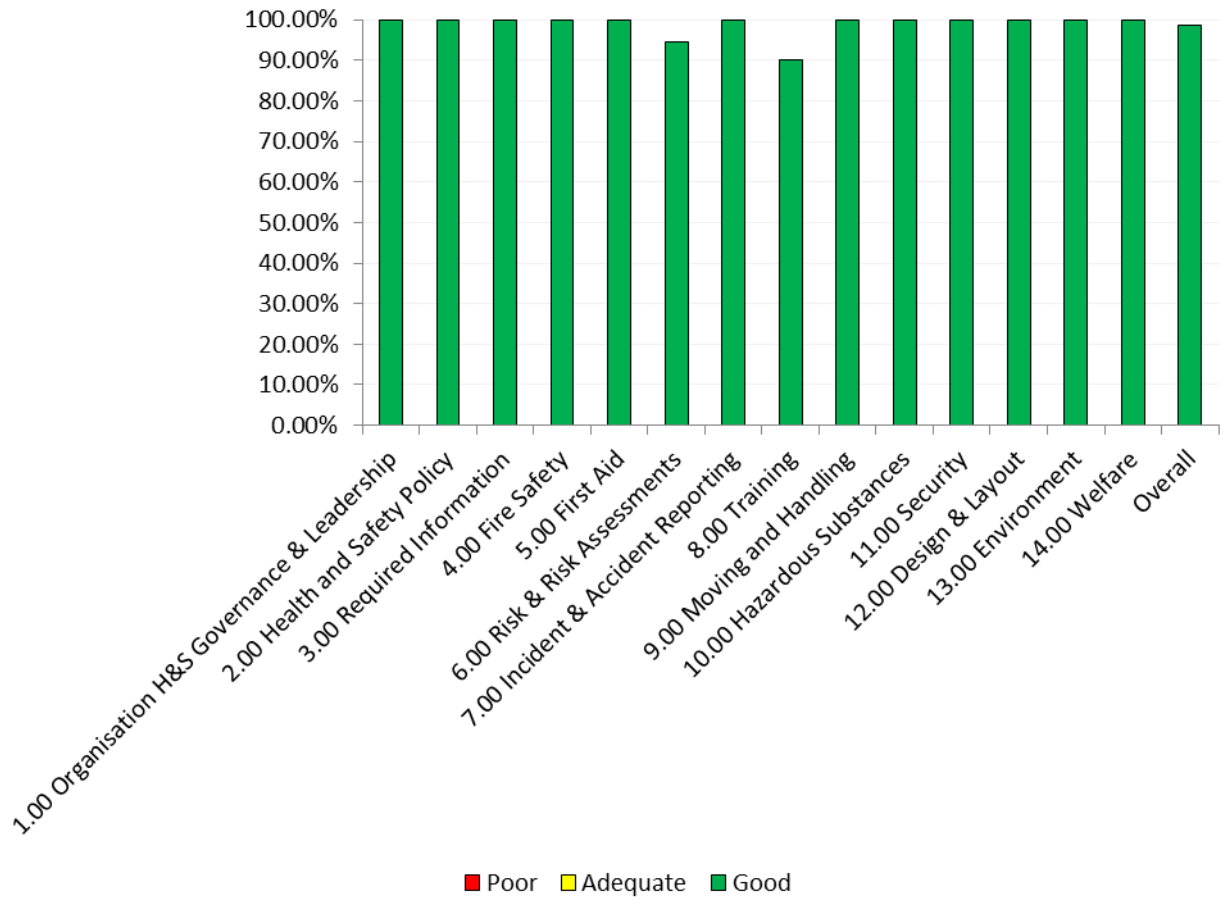
#### 4) Score Sheet

In the table below, in each of the subject areas included in this audit there is a maximum of 10 points per question. Therefore the total score available is reflective of the number of questions and not the importance of the subject.

SCORE SHEET				
Report Ref	Subject	Available Score	Marked Score	%
	<b>Health and Safety Management</b>			
1.00	Organisation H&S Governance & Leadership	60	60	100.0%
2.00	Health and Safety Policy	60	60	100.0%
3.00	Required Information	40	40	100.0%
<b>Sub-total</b>		160	160	100.0%
	<b>Health and Safety Controls</b>			
4.00	Fire Safety	120	120	100.0%
5.00	First Aid	30	30	100.0%
6.00	Risk & Risk Assessments	90	85	94.4%
7.00	Incident & Accident Reporting	30	30	100.0%
8.00	Training	50	45	90.0%
9.00	Moving and Handling	10	10	100.0%
10.00	Hazardous Substances	20	20	100.0%
<b>Sub-total</b>		350	340	97.1%
	<b>Workplace: Health, Safety and Welfare</b>			
11.00	Security	20	20	100.0%
12.00	Design & Layout	40	40	100.0%
13.00	Environment	40	40	100.0%
14.00	Welfare	50	50	100.0%
<b>Sub-total</b>		150	150	100.0%
<b>Overall Total</b>		660	650	98.5%



## 5) Score Graph



Overall Review Score:

**98.5%**

## **6) Executive Summary – Compliance Review Results-to be completed**

All sections of the review are rated 'good'.

This year's overall review score of 98.5% is an improvement from last year's score which demonstrates the CCG is striving to continually improve the high standard Health and Safety Management System in place.

Mostly minor gaps in health and safety management resulted in a score of 'Good'.

The CCG has improved by ensuring accident and incident procedures are clear to all staff and this is now provided in the CCG Risk Management Policy. There is also a safe system of moving and handling now in place and staff are required to use a trolley for moving larger items.

## **7) Detailed Scores**

The available score for each item is 10. Scores are allocated based on the following criteria:

- 10 Good; high degree of management control
- 5 Adequate; reasonable degree of management control
- 2 Poor; little management control
- 0 No score; no effective management control being exerted

## Health and Safety Management

### 1.00 – Organisation H&S Governance & Leadership

Section	Item	Score
1.01	Can you provide evidence of the board's commitment to H&S? <i>Yes, on H&amp;S notice board, on internet/intranet and in the H&amp;S Policy.</i>	10
1.02	Can you provide evidence the board ensures appropriate board-level review of H&S? Does it regularly receive H&S information? E.g. reports on incidents/injuries, work-related ill-health? <i>Annually the CCG re-approves the H&amp;S policy after it has been discussed by the Audit &amp; Assurance Committee (AAC). A health and safety report is also presented to the AAC (whose minutes go to the Governing Body). Workforce report looks at sickness absence. This is also discussed at AAC.</i>	10
1.03	Does the organisation, at all levels including the board, receive competent H&S advice? <i>Yes, the CCG has access to competent H&amp;S advice from the CCG Governance &amp; Risk Manager and via the contract for H&amp;S advice with South Central &amp; West Commissioning Support Unit (SCWCSU).</i>	10
1.04	Can you provide evidence the board ensures it and all staff are sufficiently trained and competent in their H&S responsibilities? <i>Fire Wardens and First Aiders are trained and certified. RoES engage in a two yearly refresher training cycle (due January 2019). All CCG staff are expected to undertake the Skills for Health, Health &amp; Safety module and compliance is monitored (and chased) on a 6-monthly basis by the Executive Management Team and the Governing Body as part of the Workforce Report. Line Managers are not expected to undertake any additional H&amp;S training. Line Managers do not carry out the general risk assessments as these are performed by the RoES and Governance &amp; Risk Manager. Risk assessment for Lone Working has been rolled out to departments. Special risk assessments such as maternity and young workers are the responsibility of the Line Managers. The CCG has had no young workers and two maternities. Line managers are reminded to undertake assessments for expectant mothers and new mothers when they return to work.</i>	10
1.05	Can you provide evidence that all staff, particularly safety representatives, are consulted on H&S matters, and that concerns are reaching the appropriate level, including the board, if necessary? <i>Issues around fire safety and security are discussed at the Health &amp; Safety Forum and the Building Tenants Forum. RoES attend the Health &amp; Safety Forum and cascade key messages to their teams via team meetings. RoES also bring issues from their teams to the attention of the Health &amp; Safety Forum. The CCG uses 'Latest News' news feed on the staff intranet to raise staff awareness. There is a weekly email catch up of items in the news feed sent out each Friday.</i>	10
1.06	Can you demonstrate that targets to improve H&S have been set? How is performance benchmarked? <i>The CCG conducts an annual H&amp;S Compliance review. Targets in regard to Security issues are included in and monitored as part of the Security Management action plan.</i>	10

## 2.00 – Health and Safety Policy

Section	Item	Score
2.01	Is there a H&S Policy formally in place? <i>Yes</i>	10
2.02	Is the H&S Policy signed or formally adopted by the board (evidenced in minutes?) <i>Yes; formally adopted by the Governing Body and statement of commitment is signed by the Accountable Officer</i>	10
2.03	Is the policy easily accessible by all employees? <i>Yes. The H&amp;S policy is on the new starter local induction checklist which requires sign-off. It is on the intranet/internet and the H&amp;S notice board.</i>	10
2.04	Does the H&S Policy contain a signed General Statement of Intent? <i>Yes</i>	10
2.05	Does the H&S Policy set out the organisation for H&S – how all employees are made aware of H&S issues, allocation of core accountability and responsibility, including employee responsibilities? <i>Yes, the roles and responsibilities are explained in the policy</i>	10
2.06	Does the policy set out the arrangements for H&S, including: system for H&S training, statements about the management of risks relevant to the type organisation, fire safety and first aid, reporting of H&S incidents / accidents, risk assessment process, planning process and review <i>Yes</i>	10

## 3.00 – Required Information

Section	Item	Score
3.01	Is the 'Health and Safety Law – What you need to know' poster displayed? <i>Yes (x2)</i>	10
3.02	Is the employer's current liability insurance policy in place and is the EL certificate available? <i>Yes; CCG does have a copy of the certificate and is part of the Risk Pooling Scheme for Trusts.</i>	10
3.03	Does the organisation's work site have mandatory safety signs, including fire and emergency action? <i>Yes</i>	10
3.04	Is the Accident Book readily available to all staff, including contractors? <i>Yes, the CCG use the RM1 carbonated incident form book which complies with Accident Book requirements.</i>	10

## Health and Safety Controls

### 4.00 – Fire Safety

Section	Item	Score
4.01	Does the site have an appropriate number of fire extinguishers? Are they regularly inspected / maintained? <i>Yes; Fire extinguishers are inspected by the landlord (NHS Property Services – NHSPS).</i>	10
4.02	Are the fire and emergency evacuation procedures documented, e.g. what to do in case of fire? <i>Yes; fire evacuation procedures are documented in the Southgate House booklet. This booklet is available on the CCG intranet and forms a key component in local inductions. The Southgate House booklet is also a standard agenda item on the Building Tenants Forum agenda. Fire evacuation procedures are also displayed in key areas of the WCCG office space (i.e. communal kitchen). NHSPS are responsible for the upkeep of fire evacuation procedures.</i>	10
4.03	Can you provide records of training given to fire wardens? <i>Yes</i>	10
4.04	Are emergency exits, fire safety notices clearly displayed? <i>Yes</i>	10
4.05	Are emergency routes and exits clear at all times? <i>Yes</i>	10
4.06	Is there an effective fire alarm? <i>Yes</i>	10
4.07	Can you provide records of alarm testing procedures? <i>Yes; NHSPS test the fire alarm weekly.</i>	10
4.08	Can you provide records of emergency lighting test procedures? <i>Yes; this is carried out by NHSPS.</i>	10
4.09	What are the fire drill arrangements? <i>Frequency is now 2x per year. This is arranged by NHSPS for all tenant organisations.</i>	10
4.10	How do you monitor and review your fire safety arrangements? <i>Fire safety is the responsibility of the Governance and Risk Manager. The Building Tenants Forum is used to share information and address site issues.</i>	10
4.11	Have you conducted Portable Appliance Testing within the last 2 years? Can you show records? <i>Yes; this is arranged by NHSPS for Tenants.</i>	10
4.12	Have all staff been trained / encouraged to periodically visually inspect electrical equipment and their supply cables before use? Is there evidence of this? <i>The CCG supports the management of fire risks through Fire Wardens required to undertake review of areas utilising a checklist, which includes cabling. Completed Fire Warden checklists are submitted to the Governance &amp; Risk Manager. These checklists are also shared at the Building Tenants Forum so information is shared between Landlord and Tenant organisations and enables escalation of any identified risks.</i>	10

## 5.00 – First Aid

Section	Item	Score
5.01	Can you show me your first aid kit(s)? <i>All first aid kits are maintained and periodically checked by First Aiders. CCG first aiders are required to inform NHSPS when they have used items from the kits so that they can be replenished.</i>	10
5.02	Can you tell me who your first aiders are and can I see copies of their training certificates? <i>Yes and yes. The CCG completed a risk assessment and concluded that first aid coverage in the building, taking into account all tenants' first aiders, is sufficient.</i>	10
5.03	Is there a defibrillator in the office and are first aiders trained in its use? <i>No. Not a legal requirement but is considered best practice. Paper currently being written to seek approval for Southgate House defibrillator.</i>	N/A
5.04	Can you explain the action you are required to take in the event a colleague has an accident or suffers sudden illness at work? <i>Yes, dial 9-999</i>	10

## 6.00 – Risk & Risk Assessments

Section	Item	Score
6.01	Can you provide a copy of the current building Fire Risk Assessment? <i>Yes; this is carried out by NHSPS. The CCG has, in addition, carried out its own fire risk assessment. This may need to be refreshed.</i>	10
6.02	General RAs – Can you demonstrate that the organisation's H&S risks have been assessed and sensible control measures been established and maintained? <i>Yes, for all of the CCG and refreshed on a rolling annual basis. Generic risk assessments to support Lone Working are available on the intranet and training has been provided. Comment: SCW and CCG will undertake a 'Shared areas' risk assessment.</i>	10
6.03	Can I see samples of DSE risk assessments? <i>Yes</i>	10
6.04	If employees drive for work, can you provide the driving for work risk assessment and / or procedures? <i>Driving for work appears in CCG comms and is part of Lone Working Policy and risk assessments which are available in generic form on the CCG intranet.</i>	5
6.05	If employees engage in lone working, can you provide your lone working risk assessment and / or procedures? <i>The Lone Working Policy has been written and is now available on the intranet. Staff have received training and teams are being encouraged to complete risk assessments.</i>	10
6.06	Do you have a Violence, Bullying and Harassment Policy in place? <i>Yes</i>	10

Section	Item	Score
6.07	Can you evidence that you have trained line managers, supervisors about their responsibilities for managing stress in their team? Can you provide copies of stress risk assessments? <i>Elements relating to stress management are covered in the Health &amp; Safety online training which is a mandatory training course for all staff to complete. The CCG also has a Wellbeing group in place called 'The People's Group'. Comment: Stress awareness week in early new year.</i>	10
6.08	Are any Personal Emergency Evacuation Plans (PEEPs) in place? If not can you demonstrate you have assessed that all staff can vacate the building unassisted in an emergency? <i>All staff have been assessed for emergency evacuation. Visitors are also assessed for PEEPs.</i>	10
6.09	Can you provide copies of risk assessments carried out in the past for any pregnant staff? <i>Yes</i>	10
6.10	Have you in the past employed 'Young Persons' (under 18) or children (under 16)? If so, can you provide copies of risk assessments carried out? <i>The CCG has never employed Young Persons.</i>	N/A

### 7.00 – Incident & Accident Reporting

Section	Item	Score
7.01	Is your Accident Book or other incident reporting method kept up to date? <i>Yes</i>	10
7.02	Would you know when to report under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)? <i>Yes</i>	10
7.03	Do you have an accident / incident reporting procedure so that staff know what and how to report? <i>Yes, the reporting of adverse events is described in the CCG Risk Management policy</i>	10

### 8.00 – Training

Section	Item	Score
8.01	What H&S training do new staff / contractors receive (verifiable induction training)? <i>All new starters must complete a local induction with their Line Manager and read the Staff Handbook and Southgate House Booklet, which they must sign off. New starters are required to complete their online training and they must know where the fire exits are. Schematics are held on the intranet which users can access and they are escorted around the building by the local Fire Warden. This supports the raising of awareness of the fire infrastructure.</i>	10

Section	Item	Score
8.02	Which mandatory online H&S training modules do you require your employees to complete? <i>H&amp;S, Fire Safety, Moving and Handling. Specialised training is also provided for Fire Wardens and First Aiders.</i>	10
8.03	Do you monitor staff compliance with completing their mandatory H&S training? Can you provide current compliance? <i>Yes</i>	10
8.04	In the last two years have staff, excluding fire wardens, received any face-to-face fire safety or general Health and Safety training? <i>The CCG follows the CSU model and due to the nature of CCG operations, the provision of face-to-face training for all staff is not required. At present, Fire Wardens and RoES receive face-to-face health and safety training (January 2017).</i>	5
8.05	Do you complete an annual training needs review / analysis and development of a training plan? <i>Yes</i>	10

### 9.00 – Moving & Handling

Section	Item	Score
9.01	Have moving and handling activities been identified and risk assessed? Following risk assessment have staff been trained in agreed safe systems of working? All staff are required to complete Manual Handling stat/man training. Limited manual handling activities take place on occasion. <i>Following delivery, boxes of photocopy paper are collected by staff from the storeroom downstairs and brought upstairs to the photocopiers. Although the task is carried out with mechanical assistance from a trolley/sack truck thereby reducing manual handling, the task still requires human effort to lift, position and remove the load.</i>	10

### 10.00 – Hazardous Substances

Section	Item	Score
10.01	Have hazardous substances been identified and risk assessed? <i>Yes but these are limited to low risk cleaning products; this information is shared with NHSPS for use in fire evacuation &amp; fire brigade response.</i>	10
10.02	If exposure to hazardous substances exists have staff been made aware and trained in how to handle them? <i>MDS when available; this is sufficient given the low risk hazardous substances environment</i>	10



## Workplace: Health, Safety and Welfare

### 11.00 – Security

Section	Item	Score
11.01	What are security arrangements outside and on approach to the building? <i>The site has been assessed as low risk by NHSPS. In addition, a Security Management Policy is in place which addresses site security issues in detail.</i>	10
11.02	What are the security arrangements in place at this site, i.e. building / office access? <i>Access to the office spaces from main reception is locked requiring a swipe card to gain access. Additional security (i.e. digilocks) are used the gain access to areas which contain Patient Identifiable Data. Staff identification badges should be worn at all times whilst onsite.</i>	10

### 12.00 – Design & Layout

Section	Item	Score
12.01	Is space adequate taking into account the room dimensions, amount of furniture and number of staff on site? <i>Adequate</i>	10
12.02	Do workstations have sufficient desktop area to support all equipment and work requirements? Is seating fully adjustable? Are workstations and chairs in good condition? <i>DSE assessments carried out by Line Managers have identified that some chairs need to be replaced</i>	10
12.03	Are floors in good condition free of slip / trip hazards and are emergency evacuation routes free from obstructions? <i>Good</i>	10
12.04	Are windows made with safety glass? If windows can be opened can this be done without risk to health and safety? <i>This is an open item pending further information. It has not been determined whether glass is 'safety' glass and areas where windows open/close need to be risk assessed to ensure appropriate control measures are in place. Specific risk issues have been reported and addressed.</i>	N/A
12.05	Are sufficient numbers of toilet and washing facilities provided? Are these facilities in good, clean condition and contained in well ventilated rooms? <i>Facilities are sufficient in number and generally clean. There have been a few issues this year concerning stock replenishment. However, this issue has now been resolved with the Landlord via the Building Tenants Forum.</i>	10

### 13.00 – Environment

Section	Item	Score
13.01	Is the work space adequately ventilated with fresh or purified air and are workers free from uncomfortable draughts? <i>Good</i>	10
13.02	Is the office temperature reasonably comfortable (ideally between 20c-23c)? <i>Good</i>	10

Section	Item	Score
13.03	Is lighting adequate and does not flicker or cause glare? Is emergency lighting provided and, if so, is evidence available this has been recently tested? <i>Good, and emergency lighting is tested on a regular basis</i>	10
13.04	Is the work space clean and free from excessive waste? <i>Good</i>	10

#### 14.00 – Welfare

Section	Item	Score
14.01	Is clean drinking water readily available to all staff? <i>Yes</i>	10
14.02	Does the workplace offer sufficient and suitable rest facilities? Do the rest facilities include an area for food and drink preparation and consumption (kitchen)? <i>There is a staff rest area downstairs with table, armchairs, and access to an outside patio area with patio table and benches. The room has recently been refurbished.</i>	10
14.03	Does the workplace provide a suitable rest area for pregnant women or nursing mothers? <i>A room would be made available for a nursing or expectant mother if requested.</i>	10
14.04	Is suitable access for disabled people provided to the workspace and facilities? <i>Yes</i>	10
14.05	If multi-occupancy building, does Tenants' Group exist that reviews and agrees building H&S arrangements? <i>Yes; a Building Tenants Forum takes place on a monthly basis.</i>	10

## 8) Recommendations

### Classification of Gaps in Compliance and Corresponding Recommendations

A	Possible breach of the regulations and/or could result in risk of accident/injury. The recommendation needs an urgent response.
B	Notable gap in statutory duties and/or other H&S responsibilities. The recommendation requires action with minimum delay.
C	There is scope for improved risk control and standards of H&S management. The recommendation will help to deliver this.

### Recommendations

Rec. No.	Report Ref.	Classification	Recommendation
Wiltscg-01	6.04	C	The CCG were unable to provide any completed risk assessments for Driving at Work and Lone Working despite generic copies being available on the intranet for customisation. They did however provide the necessary policies in which these subjects fall under. It is recommended that the CCG promote the use and review of risk assessments through their ROES and reminders to staff as part of the intranet newsfeed.
Wiltscg-06	8.04	C	The CCG is recommended to reconsider face-to-face Health & Safety/fire safety training for all staff once every 2 years.