

NHS Rotherham Clinical Commissioning Group

Operational Executive – 10th May 2019

Strategic Clinical Executive – Date

GP Members Committee (GPMC) – Date

Clinical Commissioning Group Governing Body - 4 September 2019

Health and Safety Inspections

Lead Executive:	Ruth Nutbrown – Assistant Chief Officer
Lead Officer:	Ian Plummer – Health & Safety Manager, SY&B Shared Service
Lead GP:	Jason Page – SCE Vice chair, Governance lead

Purpose:

To update Governing Body re the completion and outcome of the statutory Health and safety inspections/assessments.

Background:

Statutorily the CCG has to complete inspections in line with legislation. This paper reports on three inspections completed on behalf of the CCG. These are:

- Annual (workplace) premises inspection
- Annual Fire risk Assessment
- Annual Security Assessment

For each inspection/assessment an action plan has been produced which forms part of the assessment report.

Analysis of key issues and of risks

The inspections have found very few issues to report. A breakdown of the numbers of issues is shown below:

Name	Number of issues	Grading			Actions by	
		High	Medium	Low	CCG	NHS PS
Premises Inspection	2	0	2	0	2	0
Fire Risk Assessment	5	1	0	4	3	2
Security Assessment	0	0	0	0	0	0

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

N/A

Financial Implications:

Some remedial work will be recharged by NHS PS

Human Resource Implications:

N/A

Procurement Advice:
N/A
Data Protection Impact Assessment:
N/A
Approval history:
OE: 10/05/2019 AQuA: 02/07/2019
Recommendations:
GB is asked to ratify the statutory Health and safety inspections/assessments reports
Paper is for Approval

Premises Inspection of

NHS Rotherham Clinical Commissioning
Group

Demised area of
Oak House
Bramley
Rotherham
S66 1YY



Introduction

This assessment is the annual health and safety premises inspection for compliance against general health and safety legislation.

Methodology

The report was compiled following an observational visit to Oak House on the 8th April 2019. This report is written as a snapshot report of what was found on the day of the visit.

The report has been scored using the NHS Rotherham CCG 5x5 matrix for risk.

Scope

This assessment primarily reports on the physical issues within the CCG demised area of the building, areas that have not been addressed and may need a separate assessment are:

- *training, most H+S legislation has a sub-section, in which training is required, training records have not been accessed to indicate whether this training has taken place.*
- *security, a separate security audit is undertaken annually*
- *incident reporting and RIDDOR, incident data was not reviewed as part of this assessment*
- *fire, a separate fire risk assessment is undertaken annually, however, where obvious fire hazards have been identified these have been included within this report.*

Assessment

This assessment finds possible breaches of legislation within these premises in the table below, if inspected the HSE may well issue enforcement action against the Trust under the following headings.

Act / Regulation	Section (2)	Reference
The Health and Safety at Work etc. Act 1974 (2)Without prejudice to the generality of an employer's duty under the preceding subsection, the matters to which that duty extends include in particular—	<i>(a) the provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health;</i>	01, 02

Risk Assessment

Area/Task: Premises Inspection NHS Rotherham CCG Demised area of Oak House, Rotherham

Persons Assessing the Risks: Ian Plummer – Health and Safety Manager, shared service working with South Yorkshire and Bassetlaw Clinical Commissioning Groups

Date: 8th April 2018

Premises Inspection 2019

Ref	Activity / Task / Area	Hazard Identified	Likelihood 1 – 5	Consequence 1 – 5	Risk Rating	Controls in place (including PPE as a last resort)	Recommended Additional Controls	Post Risk Rating
01	CHC area of the ground floor	Under floor junction box cover plates missing under workstations. Potential risk of damage to the wiring which could result in damage to electrical equipment	2	2	4 Med	None	Ensure all floor plates are securely in place and the cables are sat correctly to ensure there is no risk of the cables being damaged	2
02	CHC area of the ground floor	Under floor junction box cover plates missing under workstations. Potential tripping hazard due to exposed wiring	2	2	4 Med	None	Ensure all floor plates are securely in place and the cables are sat correctly to reduce the risk of tripping	2

FIRE RISK ASSESSMENT

This Risk Assessment covers NHS Rotherham Clinical Commissioning Group demised and shared areas only within Oak House, Rotherham

This Risk Assessment replaces the previous assessment
Undertaken April 2018

Completed

8th April 2019

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FIRE RISK ASSESSMENT

1 Premises Particular

Premises Name

Oak House

Premises Address

NHS Rotherham Clinical Commissioning Group
Oak House,
Moorhead Way,
Bramley,
Rotherham,
S66 1YY

Telephone Number - 01709 302000

Use of Premises - Health care administration

Date of Risk Assessment – 8th April 2019

Date of Review - April 2020

Name & Relevant details of the Person who carried out the Fire Risk Assessment

Ian Plummer – Health and Safety Manager – Working with South Yorkshire and Bassetlaw Clinical Commissioning Groups

2 General Statement of Policy

Statement:

2.1 The CCG recognises its responsibilities to ensure that reasonable precautions are taken to provide a safe working environment and that steps are taken to prevent or minimise the causes of fire, in compliance with relevant statutes and code of practice.

2.2 In pursuance of this aim, the CCG will:

- provide a safe working environment paying attention to fire prevention and evacuation procedures

- ensure that systems are in place and regularly scrutinised to ensure their adequacy, i.e. fire evacuation drills, inspections of the means of escape and maintenance of fire warning systems and firefighting equipment
- provide appropriate information, suitable instruction and training in basic fire prevention measures and evaluation procedures, together with mandatory annual updating for all employees of the CCG
- ensure all legally enforceable obligations are complied with, for designated use premises, under the Regulatory Reform (Fire Safety) Order 2005
- ensure Risk Assessment and Fire audits are implemented to comply with statute.

2.3 The CCG recognises that this Policy Statement is implemented in pursuance of this aim.

3 Management Systems

Commentary:

Planning

In order to meet all statutory requirements relating to fire safety within the building for which it is responsible, the CCG will ensure that an in-depth fire risk assessment of its demise is undertaken. The fire risk assessment will be reviewed regularly and/or if there has been a significant change to the work place.

In accordance with Fire code – Fire Safety in the NHS Health Technical Memorandum 05-01: Managing Healthcare Fire Safety, the competent person will ensure that an audit is also undertaken which will focus on the following areas:

- Current fire safety management procedures, including maintenance procedures.
- Changes in the use of premises.
- Effectiveness of communication systems, including fire alarm and detection systems.
- Fire Safety Policy.
- Training and incident management and their related records.
- Action following local fire risk assessment.

The audits will form part of the Annual Fire Safety Report which will be presented to the Governing Body

Organisation

The Governing Body has overall accountability for the activities of the CCG and will ensure it receives appropriate assurances which demonstrate that the requirements of current fire safety legislation and, where appropriate, that the objectives of Fire code are met. It will ensure that there is an identified nominated director for fire safety. The Governing Body will receive and approve the Annual Fire Safety Report.

Control

Fire is a potential hazard to everyone working for the CCG and therefore it is imperative that staff understand what is required of them and therefore co-operate effectively in order to ensure their own safety and that of visitors in the event of a fire. Staff involvement in fire precaution is therefore a basic duty of all staff. Staff with line management responsibilities should ensure that fire safety instructions are brought to the attention of, and observed by, their staff.

Chief Officer

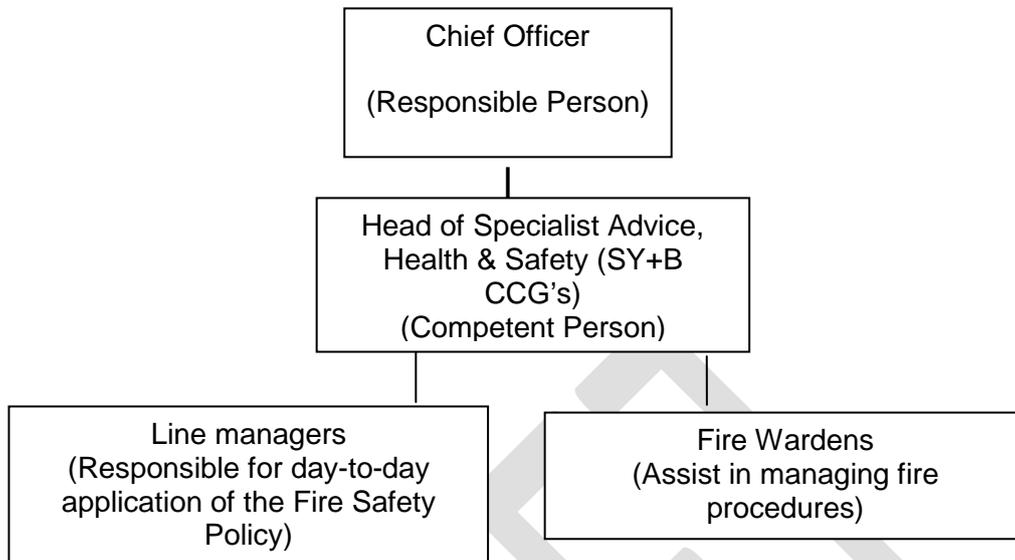
The Chief Officer is the responsible person for fire safety and is responsible for ensuring that current fire legislation is met and that where appropriate, Fire code guidance is implemented. The Chief Officer will ensure that appropriate fire safety policies and programmes of work are in place in order to improve and maintain fire safety within its demise.

Competent Person

The Competent Person for fire safety (Head of Specialist Advice Health & Safety) provides competent person advice. The post holder will:

- ensure that the CCG has in place an overall fire policy which is accessible via the internet
- ensure that the CCG has in place a programme for ensuring and maintaining an adequate level of fire safety in line with current requirements
- undertake an annual fire risk assessment and develop fire safety plans and procedural documents which will be reviewed following fire safety audits or whenever significant changes occur. These documents will be shared with the executive team who will ensure all staff within their responsibility read and understand them
- develop and deliver to all staff a programme of training on an annual basis ensuring that records are kept and are available for inspection
- ensure that the CCG intranet is kept up-to-date with relevant health and safety information.

Day-to-day responsibility for the management of health and safety issues throughout the CCG demise is set out below:



Information will be cascaded to staff via a number of communication channels which includes email, staff briefings and Health and Safety notice board.

Monitoring and Review

The Chief Officer will ensure that the Fire Safety Policy is reviewed biennially in the light of:

- any significant changes in working practices
- any changes in legislation or NHS Rotherham CCG requirements
- an incident occurs that requires changes in practice
- a fire risk assessment.

4 General Description of the Premises

Description:

Built in 2004 and located just off the A631 Bawtry Road at Bramley, Oak House consists of a purpose built three story office accommodation of which the CCG occupies the second floor, part of the ground floor offices and shares the reception and communal space on the ground floor. There is one central staircase which provides access to both floors. There are a further two fire escape staircases at each end of the building.

The offices are a managed facility with concierge and security services on site.

The building is owned by St Bride's White Rose General Partner Ltd, Managed by MJ Mapp (agents) and leased by NHS Property Services Ltd (Landlord). Fire arrangements are managed by their agents MITIE.

NHS Property Services Ltd is responsible for the common/shared areas which are not leased/demised tenant areas of the premises and common items of plant and equipment.

There is onsite parking for 120 cars

4.1 Occupancy

The building is accessible between 07:00 – 19:00 Monday to Friday. Access during weekends and bank holidays is by prior authorisation only.

There is a total of 120 staff employed by the CCG who may be within the premises at any one time. However on occasions the total number of persons who may resort to the demised area may be up to 160.

5 Fire Safety Systems within the Premises

Fire safety systems include automatic smoke and heat detection with break glass.

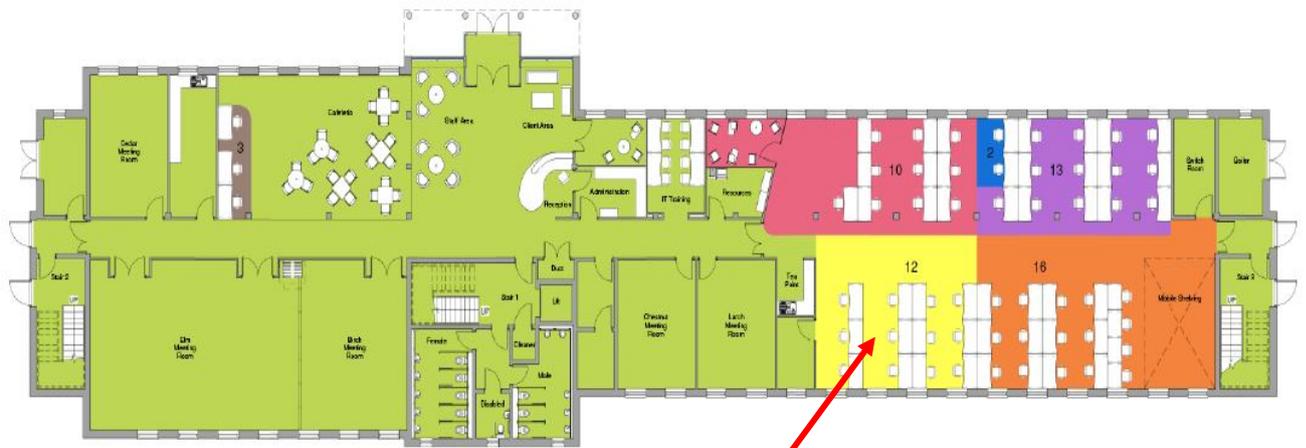
Emergency lighting is installed to the common areas. The Landlord is responsible for servicing and maintenance of the lighting to the whole building. There is adequate emergency lighting to the premises. A schedule of testing is available on site. Records indicate that monthly tests are carried out and recorded.

Emergency lighting is installed within the CCG demise. Emergency light testing is undertaken by the landlord. Records are held within the NHS Property Services Ltd Reception.

Fire extinguishers are in situ throughout the demised area and at exit points

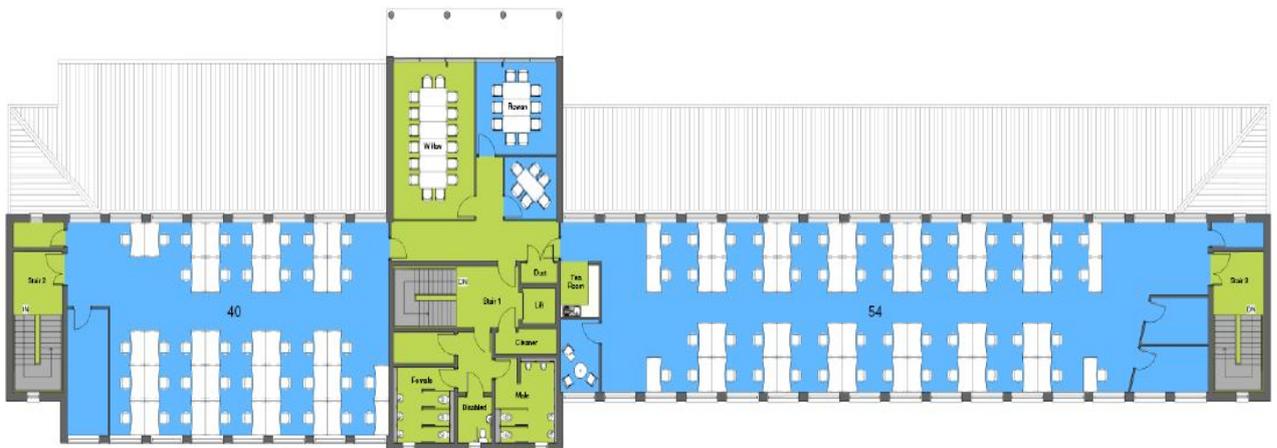
6 Plan Drawing

Ground Floor



{Continuing Health Care}

Second Floor



7 Identify Fire Hazards

7.1 Potential ignitions sources:

- Kitchen area
- Electrical switchgear
- Extension Cables

- Arson
- Electrical equipment
- Contractor tools and equipment
- Heating and ventilation plant

7.2 Potential sources of fuel:

- Waste products
- General furnishings
- Furniture
- Paper records
- Paper literature
- Stud partitions

7.3 Structural Features that could promote the Spread of Fire or Impede evacuation

As the majority of the demised area is open plan there is an increased possibility for the spread of fire.

8 Identify People at Risk

Identify and specify the likely Location of People at Significant Risk in Case of Fire, Indicating why they are at Risk, and what Controls are or Need to be in Place:

Where staff members have been identified as having a disability there is a Personal Emergency Evacuation Plan (PEEP) in place. Disabled visitors need to notify reception if they require help leaving the building during an evacuation. Reception then notifies the organisation this person is visiting. It is then the organisations responsibility to be able to evacuate the visitor safely in the event of an emergency situation. There are often visitors to the CCG who do have a disability, however all visitors to the site should be accompanied at all times.

There is no sleeping accommodation within the building.

There is the potential for a number of external contractors to be on site at any one time, although the majority are contracted by NHS Property Services Ltd. Contractors to CCG premises are not currently provided with details of the fire action plan, although all contractors are required to sign-in at reception.

The site is designated as a 'No-smoking' site.

The site has dedicated portering staff provided by the NHS Property Services Ltd who deal with opening and closing the building. There is a designated site contact for the site who takes responsibility for fire and health and safety on behalf of the landlord.

8.1 Risk evaluation

The risk of a fire starting within the CCG is very low. The ignition and fuel sources within the area have been identified in section 7 above. Further systems in place to reduce the risk of fire starting include:

- System to manage smoking. Oak House follows legislation and has a no smoking rule; therefore smoking is only allowed outside the boundaries of Oak House.
- Cooking and food preparation processes are not carried out within the demised area, only food processes carried out by staff are the heating/reheating of prepared meals.

The risk to people from a fire within the CCG demised areas is very low. The people who could be at risk from fire are identified in section 8 above. There are multiple fire evacuation routes identified below in section 9 and 10. Fire evacuation drills are conducted by the CCG bi-annually. There are sufficient fire wardens for the number of staff within Oak House.

The CCG operates a 'sweeper' system for fire evacuation within Oak House with the cooperation of all members of staff to assist with the safe evacuation in the event of emergency alarm activation.

Following the Grenfell tower fire in June 2017, NHS Property Services Ltd issued a statement following guidance issued by NHS Improvement to assess all in-patient facilities of two floors and above, and all non-inpatient care facilities over 18m.

'Although a number of premises came within this category, none when investigated gave any cause for concern.'

9 Means of Escape – Horizontal Evacuation

Commentary:

Exit routes are kept clear and well maintained. Occupancy levels are managed by the amount of available desk space and size of meeting rooms. Chairs of meetings are responsible for fire safety within their meeting, to ensure people unfamiliar with the building layout are supported in evacuation scenarios.

Predominantly the building is open plan which does not help impede the spread of fire. Therefore it is stressed within fire awareness and training sessions that all people immediately evacuate on hearing the fire alarm and how to raise the alarm if a fire is discovered.

There is a safe route from the demised area located at the end of each wing. The travel distance to these escape points are within normal expectations (very low risk

building the travel distance should be about 60 metres where more than one escape route is available)

Horizontal evacuation routes from Oak House

1. Main entrance/exit
2. Bottom of both side staircases located at the end of each wing of the building

All Horizontal escape routes are fire door controlled exit routes, with protected staircases leading to a place of safety.

A Personal Emergency Evacuation Plan (PEEP) system is in place for people with disabilities

The last documented fire evacuation drill carried out by NHS Property Services Ltd was on the 15th June 2018, the building was completely evacuated in 5 minutes.

The CCG independently tests their own evacuation plan to ensure staff are up to date with evacuation requirements; the last test was carried out on 25th February 2019, the CCG evacuated to a place of safety in 1 minutes 42 seconds.

10 Means of Escape – Vertical Evacuation

Commentary:

To assist in vertical evacuation, evacuation chairs are situated on both fire escapes on the second floor; these are provided and maintained by the landlord. Use of these by CCG staff need to be identified within the Personal Emergency Evacuation Plan (PEEP).

Vertical evacuation routes lead from the demised horizontal evacuation routes identified above and are in line with building regulations.

11 Fire Safety Signs and Notices

Commentary:

All fire signs and notices comply with current standard. There are suitable and sufficient fire exit signs on all escape routes. Where appropriate internal fire resisting doors are indicated with the relevant 'Fire Door – Keep Shut notices'. Where necessary fire exit doors are marked with 'Fire Exit Keep Clear' notices (outside facing). Suitable signage is in place indicating how to use door opening mechanisms e.g. 'Push Bar to Open'. General fire action notices are displayed stating what action to take in the event of a fire. There is suitable signage indicating location of fire fighting equipment.

12 Fire Warning Systems

Commentary:

The building is fitted with break glass units, automatic fire detection and the sounders are electronic.

Detection is a fire warning system to alert occupants in the event of a fire, the system is suitable and sufficient for the premises and is managed throughout the building by NHS Property Services Ltd. There is an audible sounder which alerts staff of an evacuation. The system is tested weekly on Friday afternoons. There is no mechanical/electrical system in place to alert persons with hearing difficulties.

There is a central fire alarm system in place and the alarm panel is located to the main entrance to the building. The system is linked to an Alarm Receiving Centre (Custodian Monitor Centre) and interfaces with door locks. During office hours (7am-7pm), if the alarm signal is received by Custodian monitoring centre. They will allow a short period of time for Oak House to contact them if it is a test or false alarm before contacting South Yorkshire Fire & Rescue to send out emergency services.

Out of hours, (7pm – 7am) the same procedure applies.

Zone plans are posted at the fire alarm panel and appear to be accurate.

Break glass units within the tenant's areas are included in the weekly test sequence. There is a schedule of break glass units on site to assist in ensuring that all devices are tested in sequence.

Sufficient sounders appear to be fitted throughout the building. There have been no reports of poor audibility arising from the weekly bell tests.

The fire alarm system is serviced regularly and records are held on site. The system is configured for simple single stage evacuation.

13 Emergency Lighting System

Commentary:

There is an emergency lighting system in place which is managed by NHS Property Services Ltd.

14 Fire Fighting Equipment

Commentary:

There is suitable and sufficient fire fighting equipment in place for the area. The equipment was maintained in March 2019 by Integral. Equipment conforms to standard. The equipment is appropriate for the risks identified and simple to use. Equipment is located in appropriate locations as well as by exit doors and is securely

placed on the walls and easily accessible. However on the day of the inspection, two fire extinguishers have 'Warning corrective action required' labels attached.

15 Management – Maintenance

Is there a Maintenance Program for the Fire Safety Provisions in the Premises?

The means of escape for all common areas is managed by NHS Property Services Ltd who contract with third party agents to assist them in carrying out their duties under fire safety legislation. This includes management and testing of the fire alarm, fire doors and fire exits and evacuation chairs. Records are kept on site at the main reception.

Adequate escape signage is provided to the means of escape routes and staircases to the premises. All final exit door mechanisms are signed in the prescribed format. "Keep Clear Fire Escape" signage is displayed at all final exit points from the building.

There is a planned programme of fire maintenance in place for the building which is undertaken by NHS Property Services Ltd.

The electrical infrastructure is subject to regular maintenance. Portable Electrical Appliance Testing is undertaken in accordance with best practice.

The premises are subject to a general health and safety audit by both the Landlord's Agent and the South Yorkshire and Bassetlaw CCG Health and Safety Team (SY&BCCG) competent person for Health and Safety. An annual workplace assessment is undertaken.

Standards of good general housekeeping are evident. Facilities are managed through NHS Property Services Ltd third party contract Mitie.

16 Method for Calling the Fire Service

Specify:

Dial 9-999 from an internal phone

17 Emergency Action Plan (EAP)

Commentary:

There is an emergency action procedure in place (appendix 1).

Staff are aware of the procedures to follow in the event of a fire in the building and the action they should take should they discover a fire.

18 Training

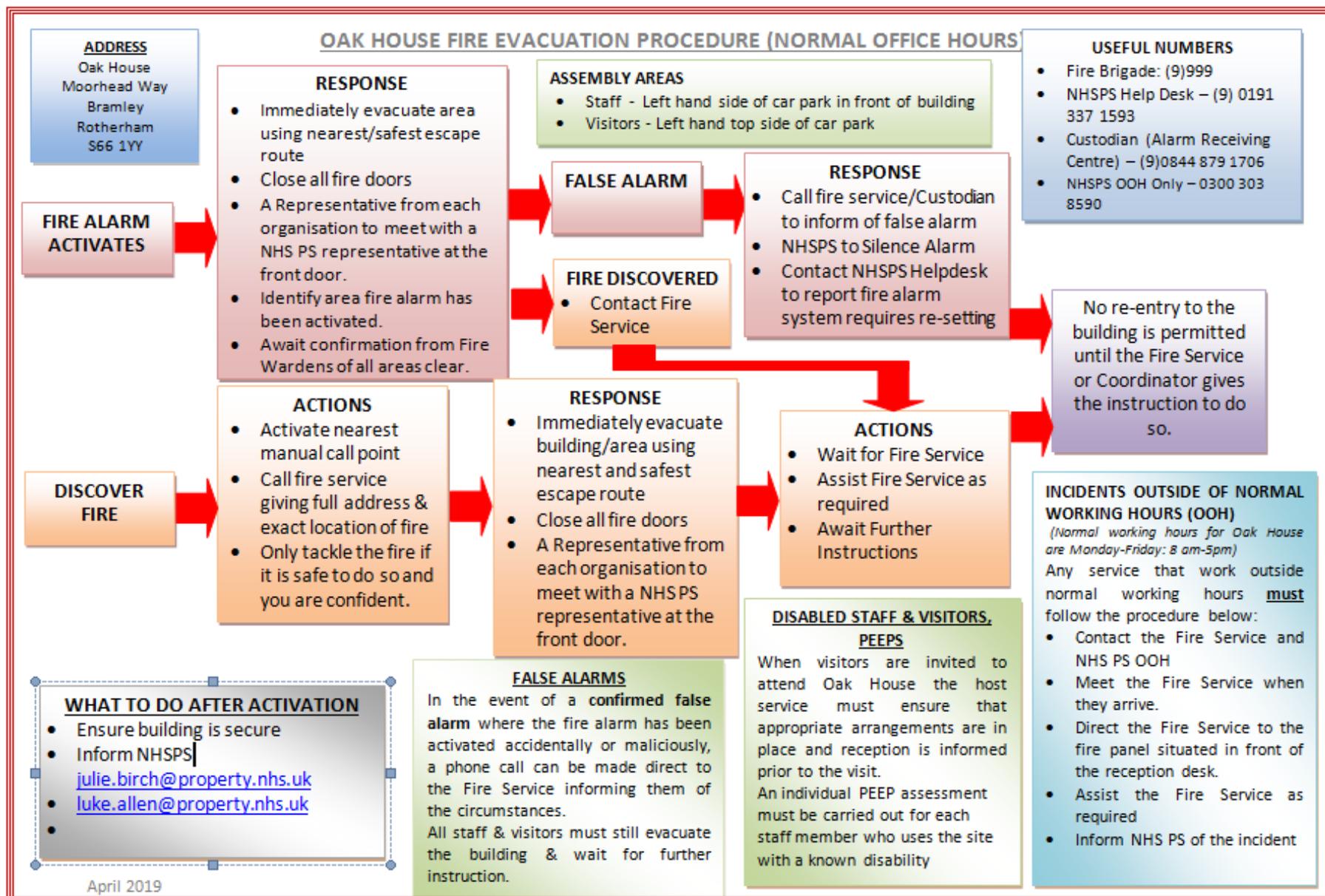
Commentary:

Classroom based and e-learning fire awareness training. Training in the use of evacuation chairs is provided by SY&BCCG H&S team on behalf of the CCG. Induction for new staff to the building includes an over view of the Emergency Action Plan.

19 Fire Safety Deficiencies

Ref	Deficiency/Rectification	Priority	Comment	Date to be completed by who	Completed and Date
01	Two fire extinguishers with "Warning corrective action required" labels attached. Potential risk; they may not work in the event of activation.	High	NHS PS to be contacted to repair/replace the extinguishers	By the end of May 2019 by the CCG – <i>NHS PS emailed April 2019</i>	
02	Two doors do not close securely (NHS202540 & NHS 10006364). Potential risk of fire & smoke spreading through the CCG in the event of a fire.	Low	Ensure the return arms for both doors have been repaired to reduce the risk of smoke/ fire spread	By the end of 2019 by NHS PS	
03	Potential risk of fire due to the overheating of a can of highly flammable cleaning solution left in the window sill of room 2.09	Low	Remove the sprays from the direct heat sources	The cleaning solution was removed on the day of the inspection	08/04/2019
04	Ground floor. Missing Floor cable organiser plates, increased risk of accumulation of dust and waste, increased likelihood of fire.	Low	Ensure all covers are securely in place and fit for purpose	By the end of 2019 by the CCG	
05	Ground floor Two office chairs with worn fabric cover exposing the foam padding, potential fire risk	Low	Repair or replace the two chairs.	By the end of 2019 by the CCG	

Appendix 1



Security Audit

PREMISES INSPECTED: NHS Rotherham CCG Demised area of Oak House, Rotherham

DATE: 8th April 2019

REVIEW DATE: April 2020

INSPECTED BY: Ian Plummer – Health and Safety Manager, working with South Yorkshire and Bassetlaw Clinical Commissioning Groups



Introduction

This security audit has been commissioned as the annual premises check for compliance.

Methodology

The report was compiled following an observational visit to Oak House on the 8th April 2019. This report is written as a snapshot report of what was found on the day of the visit.

Scope

This assessment primarily reports on the security issues within the demised areas of the ground and second floor, including physical security, personal security and security of assets. Lone working is not addressed by this report.

Assessment

This assessment does not find any breaches of data protection within these premises.

External Security

External security is provided to the site perimeter by a mixture of fencing, gates, walls and man-made hills, blocking access from the housing estate.

CCTV cameras have been disconnected by the landlord; they are still in situ around the perimeter of Oak house acting only as a visual deterrent for intruders.

Building Security

The building is secured by lock and key, out of hours which is unlocked by portering staff. Access is then via fob access outside the opening times of the reception service.

Access out of hours, during weekends and bank holidays is by prior authorisation only on a case by case basis with NHS Property Services Ltd

Internal Building Security

Internal access is via the main staircase to all floors, the main staircase and toilet areas have open access to any staff/visitors to the building and are not controlled.

Access into the demised area is via fob access. Staff fobs are programmed for access to their organisations areas only. Only staff such as cleaners, porters etc. have full building access. Visitors to the building can request

fobs, but these will only be given by prior agreement and pre-programmed to the CCGs' demised area.

Signage is situated on the door to the CCG demised area of the second floor advising visitors that identification may be requested. Staff are encouraged to challenge persons on site who they do not recognise.

Premises Information

Ref	What does the premise have?	Yes	No	N/A	Comments
External Security:					
01	Is there any perimeter fencing/walls?	√			
02	Are outside areas covered by CCTV?		X		CCTV cameras have been disconnected though they are still in situ
03	Is there CCTV warning signage clearly displayed at entrances to site?			X	
04	Is there sufficient lighting around the buildings/walkways?	√			
05	Are cameras sited in specific areas of concern?			X	
06	Is there sufficient lighting in the car parks?	√			
07	Are external gates lockable?	√			
08	Are they manually operated?	√			
09	Are they electronically operated?			X	
10	Is there adequate signage/posters directing visitors around the site?	√			Situated on the main gate
11	Is there a process of reporting any security breaches to management?	√			Incident Reporting Form 1
12	Are security breaches reported to management?	√			
13	Are valuables in staff cars in open view		X		
14	Is staff parking clearly marked	√			
Internal Security:					
15	Is there an electronic access control system in place on the premises?	√			
16	Are they manually operated?		X		
17	Are they electronically operated?	√			
18	Are the operating instructions and stop clearly labelled?		X		No signage
19	If power fails can doors be opened manually?	√			
20	Are instructions visible?		X		
21	Is there adequate signage/posters directing visitors around the site?	√			Signage in reception directing visitors
22	Is there a process of reporting any security breaches to management?	√			Incident Reporting Form 1
23	Are security breaches reported to management?	√			

24	Is there a CCTV system in place		X		
25	Is the CCTV warning signage clearly displayed at entrances to site?			X	
26	Are there measures in place to conform to data protection?	√			Safe Haven
27	Are cameras sited in specific areas of concern?			X	
28	Who is designated data controller?	√			Caldicott – Sue Cassin Senior Information Risk Owner (SIRO) – Ian Atkinson Information Governance Lead – Andrew Clayton
29	Does the access control system use proximity cards?	√			The fobs are processed by NHS PS Ltd on reception
30	Are proximity cards used as identification as well?		X		
31	What measures are in place to issue and record who has what access levels?	√			The fobs are processed by NHS PS Ltd on reception Job site specific access
32	Is the system actively monitored?	√			
33	Are visitors and contractors issued with visitor passes and logged in and out of the site?		X		Signing in book on reception. Signage on the CCG main entrance advising visitors that they may be approached and identification requested.
34	Who monitors contractors on site?	√			NHS PS Ltd on reception
35	Is there a procedure for reporting lost identification cards?	√			Incident Reporting Form 1
36	How are identification cards recovered from leavers?	√			Final exit interview
37	Who produces the identity cards?	√			NHS Rotherham CCG
38	Is there a system for security to spot check identity cards?	√			Signage on the CCG main entrance advising visitors that they may be approached and identification requested.
39	Are fire doors kept shut and checked?	√			
40	Are fire doors or doors alarmed?	√			Fire doors - Out of hours only
41	Are visitors restricted from sensitive areas of the building?	√			Accompanied while on site
42	Are there notices on show to inform staff for reporting suspicious activity?		X		IG training
43	Are equipment cabinets kept secured?	√			
44	Are reception desks separated off from visitors?	√			
45	Are there means of identifying who a visitor is?		X		Accompanied while on site
46	Do staff know how to raise the alarm in the event of personal attack?	√			
47	Are records secured?	√			
48	Are all consumables safely secured when not being used?	√			
49	Are storage areas locked when not in use?	√			
50	Are cleaning cupboards and materials locked away when not in use?	√			
51	Is sensitive material secure when not in use – documents etc.	√			
52	Are windows secured in lower ground areas –	√			

	bars, grills etc.?				
53	Are CCTV cameras in operation in stores/supplies areas?			X	
54	Is access restricted to stores/supplies?	√			
55	Are computers controlled by passwords?	√			
56	Is any computer equipment removed by staff logged?	√			The Rotherham Foundation Trust IT department
57	Are there multiple logon passwords?	√			Initial log on, Electronic Staff Record System (ESR), EASY expenses, NHS.net
58	Is the screensaver activated with password protection?	√			
<u>Key control:</u>					
59	Who controls spare keys	√			Chief Finance Officer
60	How is the location of a key logged? (Register?)	√			Key register in place
<u>Waste collection:</u>					
61	Is waste collected on a regular basis	√			
62	Is waste segregated into normal and classified waste	√			
63	Is/Are the bin(s) provided large enough for the amount of waste?	√			
64	Are the classified bin(s) lockable	√			
65	Are the bags (if used) sealed securely with ties	√			
<u>Electrical:</u>					
66	Is the lighting adequate?	√			
67	Is there emergency lighting?	√			
68	Lights working no flicker?	√			
69	Lights have correct covers?	√			
<u>Ladders:</u>					
70	Ladders locked away when not in use?			X	No Ladders on site
71	Are ladders inspected and a record of safe condition?			X	
<u>First Aid:</u>					
72	First aid box on site?	√			2 nd floor: Two First aid boxes, one located on the windowsill opposite the kitchenette the other on the windowsill adjacent to the door to the office area on the South side Ground floor: First aid box located in the kitchenette and on reception.
73	Adequate signage?	√			