



MINUTES OF THE CORPORATE HEALTH AND SAFETY COMMITTEE

13th Sept 2017, 13:30 to 15:30
Waterloo HQ Conference Room

Attendees			
Trisha Bain (Chair)	Director of Corporate Governance		TB
Gina Beskeen	Interim Health & Safety Coordinator		GB
Ayodeji Adeyemi	Head of Health, Safety & Security		AA
Brian Eldridge	GMB H&S South East		BE
Adam Farr	West Sector (UNISON H&S rep)		AF
Kerry Fowler	Health and Safety Practitioner		KF
Marjory Fish	Lead OH Advisor		MF
Gerina Girard	Health & Safety Administrator		GG
Steven Gregory	SW Sector (UNISON H&S Rep)		SG
Andrew Howard	East Central (H&S UNISON Rep)		AH
Leroy Moxam	Central Sector (Unison H&S Rep)		LH
Amarnath Nachimuthu	Health, Safety & Security		AN
Martin Nicholas	Health, Safety & LSMS		MN
Juliet Mellor	Rep- Head of Governance and Assurance		JM
Paul Newman	I M & T Manager		PN
Paul Stewart	NW Sector (UNISON H&S Rep)		PS
Tim Stephens	Staff side Chair		TS
Zafar Sardar	EOC (UNISON H&S Rep)		ZS
Clive Tombs	GMB Union Lead		CT
Tracey Watts	Deputy Director of Workforce		TW
Chris Vale	Fleet & Logistics Performance Manager		CV
Hamza Suleman	Health & Safety Officer (minutes)		HS

1. Welcome and Apologies

Apologies were received from:

- Andy Street Health and Safety Manager
- Patricia Grealish Director of People and Operational Development
- Nicola Foad Head of Legal Services
- Martin Nelhams Head of Estates
- Eng-Choo Hitchcock Head of Infection Prevention and Control
- Justin Wand Assistant Director of Fleet and Logistics
- Kirstie Smith Head of Governance and Assurance
- Eddie Brand Unison Branch Secretary
- Peter Mckenna Deputy Director of Operations

2. Review of Committee Terms of Reference

The draft Terms of Reference for the Corporate Health and Safety Committee was presented by the Chair and agreed by all in attendance.

The Branch Secretary for the GMB Union queried the rationale behind the allocation of seats on the Corporate Health and Safety Committee to Unison and GMB. The Chair (TB) informed the Committee that the allocation of 5 seats to Unison and 2 to GMB was in place prior to the review of the TOR. She suggested that the Unions meet outside the meeting to agree what the appropriate allocation should be.

Action:

- Unison and GMB Leads to agree appropriate allocation of seats for Union members at Corporate Health and Safety Committee.
- Terms of Reference to be finally approved at next meeting following clarification of seats allocation for GMB and Unison members.

3. Minutes of the last meeting and outstanding actions

MNi asked that the minutes be amended (page 4); it was suggested that local mentors were available within the organisation for CRT (Conflict Resolution Training).

It was noted that there were outstanding actions from the January 2017 Corporate Health and Safety Committee meeting. TB requested that the action plan be updated and where actions were outstanding, these should be escalated to the relevant Senior Manager for resolution.

Apart from the above point the minutes were approved and agreed.

Action:

- MNi to update wording of the appropriate section on page 4 of the January minutes.
- AA to update action log from January Corporate Committee meeting, escalate outstanding actions for resolution and update at the next Committee meeting.

4. Review of H&S Incidents / Trends

AA presented the report to the Committee and explained that the report highlighted incidents reported in Q1 and Q2 up to 31st August 2017. A full Q2 report will be provided at the next Committee meeting.

The report presented highlighted key health and safety trends including:

- A total of 1379 incidents were reported during the period, of which 840 were Q1 and 539 were Q2 (up to 31/08/2017). 686 of the incidents reported were Near Miss/ No Injury and 693 resulted in Harm (Inc. 15 Moderate harm).
- The numbers reported have been validated (removing any duplicates) to ensure an accurate reflection of incident trends.
- The top five incidents reported during the period reviewed were relating to:
 1. Manual handling injury - lifting patient – (147 incidents reported)
 2. General Assault – (141 incidents reported)
 3. Verbal Abuse – (131 incidents reported)
 4. Security – (126 incidents reported)
 5. Exposure to bodily fluids – (71 incidents reported)

A breakdown of incidents reported by sector was also presented by AA. The North East Sector reported the highest number of health and safety related incidents in Q1 whilst the North West Sector has reported the highest number in Q2 (up to 31/08/2017).

CT asked if the EOC was treated as a sector so that incidents reported can be highlighted. AA explained that the sector report only highlighted sectors listed on Datix that had 10 or more incidents reported during Q1 and Q2.

Action:

- **AA to check if EOC is listed as a sector on Datix and highlight any incident trends (where applicable) in the future.**

5. Review of Compliance KPI's (RIDDOR Incidents, CAS Alerts, Statutory Compliance)

AA provided updates on the following key areas:

- A total of 70 incidents were reported to the HSE in compliance with RIDDOR Regulations in Q1 and Q2 (up to 31/08/2017). Most of the incidents were reported under 'over 7 day injuries' category.
- AA highlighted that RIDDOR incidents are currently not being reported within the specified legislative timeframe (i.e. within 15 days). The average reporting timeframe for incidents reported in Q1 was 69 days. This has reduced to 29 days in Q2 (up to 31/08/2017).
- Trust-wide compliance for DSE and Health and Safety Training in July 2017 was reported below 70%. AA informed the Committee that there is currently nothing provided for Health, Safety and Welfare – hence the low compliance. The new E-Learning package to be launched in September 2017 will address the current gap in training provision. AA highlighted that some work needs to be done to bring DSE training into compliance.
- H&S Policy Control – most policies are within their review date. The Stress Management Policy is currently out of date but is currently being reviewed.
- CAS Alerts – One alert (relating to LIFEPAK 15 Devices) is currently outstanding. 24 devices affected by the alert have been identified across the Trust. 17 of the affected devices have been serviced and updated. 7 devices are currently outstanding and are yet to be located.
- Draft Statutory Inspections Compliance Dashboard – AA presented the dashboard and mentioned that this is work in progress. Updates to be made and the dashboard presented at the next Health and Safety Committee meeting.

Action:

- **AA to liaise with MN (Head of Estates) and finalise the Dashboard of Statutory Inspections before the next meeting date.**

6. IPC (Sharps and Splash) Incidents

AA presented the Infection Prevention and Control report in the absence of the Head of Infection, Prevention and Control.

The incident data reviewed for Q1 indicates that the highest number of incidents reported related to 'Exposure to bodily fluids' with a total of 44 incidents reported. It was reported that a lot of the incidents were due to staff not using the appropriate PPE provided when attending to patients.

CT queried whether the four TB cases highlighted in the IPC section of the report related to staff members who had been vaccinated and contacted TB during the treatment of patients or if the four cases related to staff who contacted TB but had not been vaccinated due to the unavailability of the vaccine?

Action:

- AA to request clarification about the four TB cases reported from the Head of IPC.

7. Staff Safety – Violence and Aggression

MNi presented the report informing the Committee that a total of 633 Security related incidents were reported over the period of April 2017 to August 2017. Of these, 556 were related to physical and non-physical abuse of staff and a total of 77 concerned premises, vehicles and medication. There were three incidents reported and rated as 'Moderate' severity. These include:

1. Burglary from a site (Hornchurch) containing Morphine safe and medication cupboard.
2. Physical assault by patient on a staff resulting in a tear to Ligaments in left shoulder, with slight nerve impingement leading to pain and reduced movement in shoulder joint.
3. Aggravation of a pre-existing injury following the assault of a staff member by an intoxicated male patient.

MNi provided further updates on actions that are being taken to address and support staff who have been assaulted or abused. These include:

- Review of Datix security incident categories/descriptors to be completed by October 2017 to enable better analysis of security incidents reported.
- A booklet to support staff and managers with the post assault process is currently being developed in the NE sector. This will be circulated for comment when available.
- Programme of site-specific security risk assessments/surveys to be rolled out in Q2 to identify gaps in security as well as recommend mitigating actions to improve security with support from the Metropolitan Police Service Designing Out Crime Officers (DOCO) where required. Health and Safety team to monitor any subsequent programmes of work to improve security.
- Review of Trust-wide lone working arrangements to be undertaken during Q2 in order to enable the implementation of robust measures to mitigate risks.
- Stab vests are provided to all frontline staff across the Trust. The vests are regularly tested in accordance with the manufacturer's recommendations to assess their effectiveness and provide assurance about their efficacy. Compliance around the regular testing of the PPE provided to staff to be monitored by the Health and Safety Department.

AA asked the Committee for a decision regarding how to manage stab vests that have been issued to staff and are currently older or outside the 5 year manufacturer's warranty period. He explained that currently, stab vests are warranted by the manufacturer for 5 years but a sample (confidence) test is undertaken of stab vests that are older than 5 years to check/ascertain their integrity/efficacy.

TB (Chair) suggested that MNi checks what other emergency services (e.g. Police) do with regards to the management of their stab vests. This information can then be considered in dealing with this issue.

Action:

- MNi to liaise with other emergency services to see how they maintain/manage their stab vests.
- MNi to present draft booklet to the committee for comments once drafted.

8. Manual Handling Updates

KF presented the Manual Handling Report to the Committee. Key points highlighted include:

- A total of 213 incidents reported on Datix, 14 of which were rated as “No Harm”, 196 as “Low Harm” and 3 Moderate Harm.
- 40 of the 70 incidents reported to the HSE as RIDDOR incidents in Q1 and Q2 (up to 31/08/2017) related to manual handling incidents.
- The thematic analysis of manual handling incidents highlighted that:
 - 20% of incidents occurred because of sudden movements by patients
 - 18% of incidents were awkward postural based.
 - 17% of incidents involved the handling of bariatric patients
 - 35% of incidents involved equipment which included handling of LifePak Defibrillator.
 - 9% of incidents involved the difficult retrieval of patients.

KF Informed the Committee about the new bags that have been designed and will be trialled Trust-wide from October 2017. KF explained that two of the current first response bag/s in use will be combined into one bag to aid manual handling. The prototype of the bag was shown to the committee. Following the trial and depending on the feedback received, the new bag will be put into Service Trust wide. An update will be presented at the next committee meeting.

KF also informed the Committee about:

- Incident trends relating to the lifting/handling of Bariatric patients. She mentioned that the Committee needs to consider what steps are required to manage patients in this group. KF to liaise with Kevin Bates in his position as Chair of the Bariatric Working Group for an update in regards to the Bariatric business plan.
- Review of Ferno Track Chairs – and the different models of chairs in use across the Trust. She mentioned that work was being done to standardise models in use and to ensure training in safe use.
- NARSAF HSE Manual Handling Project – A workshop was recently put together by the National Ambulance Risk and Safety Forum working in collaboration with the HSE to look at how to reduce musculoskeletal injuries in the Ambulance Service. She informed the Committee that working groups are being set up across the UK and the LAS will be involved and will contribute to the work being undertaken. She also mentioned that the HSE are looking at the management of Stress in the NHS.

Action:

- KF to circulate the manual handling training gap analysis report to the Manual Handling Improvement Group.

9. Update on DSE Compliance and Stress Audits

AA informed the Committee that the DSE Policy and the DSE assessment process are currently under review. A draft process flowchart has been developed and agreed with People Asset Management (PAM) – this will be incorporated into the updated Policy.

10. Staff Side Reports

No issues to report but will have a list of issues to report at the next committee meeting.

11. Feedback on Trust wide Health & Safety Review

TB provided an overview of the key points highlighted in the final report for the independent review of Health and Safety Conducted in June 2017. The key highlights of the report include:

1. Lack of arrangements to clearly identify, assess and manage significant risks associated with manual handling, lone working and driving.
2. Outstanding actions from the HSE Improvement Notice issued to the Trust in 2010.
3. Lack of arrangements to effectively manage human factors associated with alcohol, drugs, fatigue or night work and their impact on HS&S performance.
4. Lack of clearly defined management systems.
5. Limited verification that controls or training are effective.
6. Limited performance reporting, monitoring or clear governance arrangements.

TB informed the Committee that the report has been agreed by the ELT and discussed with the Union Leads. It will be tabled at the October Board meeting for approval following which it will be circulated across the Trust.

TB also informed the Committee that a comprehensive action plan has been developed and the H&S Team have started to address the actions highlighted. She also mentioned that for assurance, updates on the action plan will be provided to the ELT on a monthly basis.

AA informed the Committee that the recruitment of additional staff has been agreed by the ELT to facilitate sector based coverage and support to local Teams and Managers.

Action:

- All attendees to review the Action Plan from the Independent Review and send comments/feedback to AA.

12. Corporate and new legislation update

AA mentioned that Board Level Health and Safety Training will be provided to the ELT and Trust Board in Oct 2017.

13. Review of Risk Register

AA presented the draft Health and Safety Risk Register to the Committee. He informed the committee that these risks will supersede the risks currently on Datix – those will be closed and replaced with the newly reviewed risks.

Three of the risks presented were scored above 12. They are:

- Lack of compliance with statutory health and safety requirements due to limited evidence and assurance that required health and safety management systems have been implemented to ensure the health, safety and welfare of staff and others who are affected by the activities of the Trust – Scored at 20.
- Risk of musculo-skeletal injuries to frontline staff – Scored at 15.
- Risk of physical and non-physical assault to frontline staff – Scored at 12.

14. Any Other Business

MF: This was the first Health and Safety Committee Meeting PAM will be attending and she sees this as a useful forum to share any concerns and issues which PAM deals with (Physio, infection

and Psychological Services). PAM will organise to meet regularly with IPC and Health & Safety.

AH: Questioned whether portable hand radios should be considered as PPE and added to the Health and Safety (Independent Review) Action Plan under section 3.14. He mentioned that this was also raised as an action in the HSE Improvement Notice issued to the Trust in 2010.

KF: Provided progress updates on the Practical Manual Handling 'Train the Trainer' Courses being organised for the Clinical Education Team in December 2017. She informed the Committee that Practical Manual Handling Training sessions will be incorporated into CSR 1 from April 2018 for all clinical/frontline staff.

Action:

- AA to add action relating to handheld radios from 2010 HSE Improvement Notice to section 3.14 of the Health and Safety Action Plan.

15. Date of the next meeting

Date: Monday 30th October 2017,

Time: 13:30-15:30

Venue: Waterloo HQ Conference Room.

The next meeting of the Operational H&S Partnership Forum has been scheduled for 11th October 2017.