



## OPERATIONAL PARTNERSHIP FORUM – TUESDAY, 10 JULY 2018

### Minutes of the Operational Partnership Forum held in the Conference Room at LAS Headquarters, Waterloo

<b>Present</b>		
<b>Name</b>	<b>Initials</b>	<b>Role</b>
Lorna Campbell	LC	Interim Head of Engagement (Chair)
Tim Stephens	TS	Staff Side Chair
Paul Chiddington	PC	Staff Side
Peter Rhodes	PR	Assistant Director of Operations, North Central
Marcus Davis	MD	Staff Side
Brian Robinson	BR	Staff Side
Peter Hannell	PH	Staff Side
Wendy Cox	WC	Staff Side
Brian Eldridge	BE	Staff Side
Charley Frampton	CF	HR Strategic Business Partner
<b>In attendance</b>		
Nicola Bullen	NB	People Organiser
<b>Apologies</b>		
Peter McKenna	PMcK	Deputy Director of Operations
Natasha Wills	NW	Assistant Director of Operations, North East
Darren Farmer	DF	Assistant Director of Operations, South East
Graham Norton	GN	Assistant Director of Operations, South West
Julie Cunnane	JC	Staff Side
Steve Johnson	SJ	Staff Side

## 1. Welcome and introductions

1.1 The Chair formally welcomed all to the meeting. All attendees introduced themselves.

## 2. Apologies

2.1 Apologies were noted. LC advised that due to emergency management meetings arising from increased demand on the Service, management representation would be low.

### **3. Minutes of the Operational Partnership Forum meeting held on Thursday 10 March 2018**

3.1 The minutes of the Operational Partnership Forum on Thursday 10 May 2018 were reviewed and agreed without amendment.

### **4. Matters arising/action log**

#### 4.1 Annual Leave Establishment, Calculations and Frequency (02/18)

PH confirmed that annual leave establishments had been updated.

#### 4.2 Operational updates and People & Culture updates to be added to agenda as standing items (06/18)

LC confirmed that these updates had been added as standing items, as reflected on the meeting's agenda.

#### 4.3 Managing Attendance Policy (10/01/2017)

LC advised that she would address this in the People and Culture update (see 6.1 below)

#### 4.4 Removal of Insulin Dependent Diabetics from Operational Driving (04/18)

LC advised that EMT were to receive a report on Insulin Dependent Diabetics. PR added that he was a part of the working group on this matter and a new procedure (not a policy) was being written to cover both recruitment of new staff and working practices of new staff. It will be aimed at simplifying a complicated area and is based around what other Trusts do.

ELT had begun to provide feedback and PR then intends to include affected parties in developing the final procedure. This will include some adjustments in EOC, to include safeguards around the provision of rest breaks, amongst other things.

PH asked whether there had been changes to the DVLA guidance.

PR confirmed that the DVLA guidance was now less strict and the new procedure would reflect this.

TS asked whether an update could be provided at Staff Council in September.

PR advised that the procedure would be considered by ELT on 25<sup>th</sup> July. However, a Chair's view may need to be sought prior to this, due to the number of people affected in the recruitment pipeline. PR agreed that a copy of the procedure could be circulated when ready, and prior to September's Staff Council.

**ACTION: CF to ensure circulation of the new IDD procedure to the Staff Side Chair and Staff Side Secretary when Peter Rhodes has**

**confirmed its readiness, and prior to the next Staff Council on 13th September.**

## **5. Operational Update**

PR provided an update on the following:

### **5.1 Increased activity**

The Service had recently been much busier than forecast. Saturday and Sunday (7/8 July) had been amongst the top 5 busiest days ever.

ARP has changed the way that data is recorded, so it is hard to compare demand with previous years. However, on Saturday 7<sup>th</sup> July there had been a 24% increase in total calls compared with an average Saturday. Saturday evening saw a 32% increase compared with the same period over the last 6 weeks. Sunday's call rate was 22% higher than an average Sunday.

Work is ongoing in response to the increase in demand, with incentivised overtime being offered for Saturday and Sunday (14/15 July). This is in anticipation of a dramatic increase in activity, associated with England games in the World Cup.

MD noted that the Service seemed busy, even when the football is not on.

PR responded that the significant spikes in activity do seem to be related to the football. The response would be focused around providing more core ambulances in order to release the pressure on all parts of the service, including EOC and to provide a better service to patients.

Although resources had been planned against forecasts, demand had been much higher than forecast, likely due to the good weather, Pride and football. On Saturday (7 July), the actual number of calls was 6990, against a forecast of 5918. On Sunday (8 July) 6887 calls were received, against a forecast of 5774. The number of calls per hour in busy periods is usually 300-320. At 320 surge purple is implemented. At the weekend the Service was consistently receiving 400 calls per hour. This does not seem to have resulted in huge wait times or Serious Incidents but harm will be assessed. It seems that we were able to keep people safe.

An ambulance was damaged following the England match on Saturday (7 July). Lots of offers to foot the repair bill had been received from a number of companies and organisations.

MD asked whether the Service had ever been to surge black and noted that the previous night, some calls seemed to have been held for 5-6 hours.

PR responded that surge black means a total inability to provide a service. Surge blue is one up from surge purple. This system is not designed around ARP and needs some work.

MD asked if ARP was making planning worse.

PR responded that it did make it harder. We are now able to hold calls as "pending events", where previously they were out of time quickly. 90<sup>th</sup> centile wait times have been high and this is not ideal.

LC asked whether ARP is due to be revised or refreshed.

PR responded that this is a continuous process.

WC asked whether the Service is dragging its feet.

PR advised that Craig Harman or Stuart Crichton would know more. All issues are escalated and responded to, including issues relating to categorisation and reporting of calls, but the rules are nationally enforced and affect all Trusts.

PH asked whether ARP is providing a worse service, at a time when we are getting more calls.

PR responded that ARP actually allows us to protect Category 1 calls and we are holding our own in this regard.

PH asked whether it takes longer to respond to other categories of call under ARP.

PR confirmed that it does.

**ACTION: CF to add ARP to next OPF agenda and agree a suitable presenter with Peter McKenna**

PH noted that London is disproportionately affected by national events. We had extra money for the Olympics, for example, but this was not proportionate to the additional people in London.

PR advised that London is not significantly different to Birmingham or Manchester. We are paid to provide a service for everyone who comes into London. We also get money for over provision. We are funded for a certain number of calls, above which we receive additional funding.

WC noted that 20,000 people were being invited into Hyde Park on 11<sup>th</sup> July for the England World Cup match, which is too late for the service to make plans.

PR responded that plans were being made today (10<sup>th</sup> July) and a medical provider is in place for Hyde Park.

PH commented that Lorraine Bewes has been invited to Staff Council in September as Staff Side has lost touch with funding arrangements. This will help in understanding commissioning and Lorraine has agreed to come back again if further detail is required.

## **6. People & Culture Update**

LC provided the following updates:

### **6.1 Ops Restructure**

The restructure is progressing. Interviews are commencing as follows:

- Friday 13<sup>th</sup> July- Head of Emergency Care
- Week commencing 16<sup>th</sup> July- 8b, c and d posts
- Week commencing 23<sup>rd</sup> July- 8a and band 7 posts

It is hoped that all appointments will be made by the end of July.

The Visible Leadership Programme will launch on 23<sup>rd</sup> July. Location Group Managers will be the first to attend the 5 day course. 3 days will be held initially, followed by a further 2 in September.

TS asked whether the Programme was mandatory.

LC advised that it was. This had been highlighted in communications to applicants. In the future, the courses will be multi-disciplinary, but it was felt that this group should be given a chance to bond together, without distraction.

71 posts are being handled at present. It is hoped that all those affected will be appointed to other posts or found suitable alternative employment.

TS asked whether the band 7 interviews would include Clinical Team Managers.

LC responded that these would be separate. Natasha Wills and Darren Farmer are working on a refresh of the job description. Paul Woodrow wants this completed by mid-September. All Clinical Team Leaders will then know the types and number of posts available.

## 6.2 EOC Restructure

Pauline Cranmer is working on EOC proposals. These are in the mid-stages of development. Pauline is aiming to consult from the end of July/ early August.

## 6.3 Other restructures

For information, Communications will start their restructure towards the end of July.

TS asked that the consultation leaders present to OPF/ Staff Council

**ACTION: Restructures to be addressed under P&C update going forwards (or at Staff Council where non-operational)**

## 6.4 MAP

The first meeting of the MAP working group had taken place. It provided an opportunity to say what worked/ didn't work.

The broad themes were that a change in language could help, but conversations around sickness will always be difficult. Some training and development may be required, so that MAP is not treated as a punitive measure.

The group will look at triggers used by other organisations. A prompt is needed, but we will see if this can be improved.

It would be good to issue a joint briefing to staff and managers once the work is complete.

The task and finish group will try to conclude within 3 meetings, prior to recommendations being brought to Staff Council in September.

**ACTION: LC to oversee MAP task and finish group.  
Recommendations to be brought to Staff Council in September.**

BE noted that joint training had been discussed, which was common sense.

PH agreed that the meeting had been constructive. Issues had been raised around MAP being used as a punitive measure, for example in regards to promotion. This should change so that the member of staff feels supported.

LC stated that assurance would also be sought around consistency between Operations and Corporate Services, in terms of application of MAP.

TS said that joint training had previously been discussed and asked whether this would be included in the 5 day package for the new Group Managers.

**Action: LC to check whether MAP would be included in the Visible Leadership Programme and advise.**

PR stated that the Clinical Team Manager role would be critical in the application of MAP.

**6.5 People & Culture Appointments**

Recruitment to permanent People & Culture Business Partner posts is underway. It is hoped that they will be filled by the end of Summer/ early Autumn.

In the meantime, Dipak Mistry and Denise Semple have joined as interims, largely to support current restructures.

**7. Update on pay framework**

7.1 LC advised that a national ESR update had been completed, so the Trust will be able to apply agreed pay rises in July.

We are waiting to hear whether we can back pay for April-June in August's pay. This is a national issue and we will communicate with staff side leads when we know more.

CF advised that there may also be a delay to increments due in July, as a result of the national changes to ESR.

PR asked whether sickness and unsocial hours changes would apply from August.

LC responded that they will apply from September. People & Culture need to work through the detail.

PH added that he is concerned about people leaving for non-NHS promotions as a result of these changes.

LC re-iterated that this is something that will be discussed once the detail has been worked through.

PH added that the Trust should be discussing this with the wider NHS. It is not in the best interests of the NHS and free at the point of delivery healthcare.

LC responded that she imagined the London and national forums would be discussing this and we would need to wait and see.

BE asked for details around performance related pay. MD added that it was unclear how work-related and non-work-related sickness would be distinguished. Staff may see a sudden cut in their pay and then have to fight to get it back.

LC advised that this was also something to be worked through and discussed.

TS added that the framework says that matters such as these would need to be decided under policies developed at local level. The London Social Partnership Forum will be issuing guidance.

**Action: LC to discuss pay framework detail with staff side colleagues, when possible**

PR commented that staff side colleagues should encourage staff to undertake Core Skills Refresher (CSR) courses as this will become an integral part of pay progression.

PH accepted this was a good point, but noted that courses had been cancelled this week (w/c 9<sup>th</sup> July).

TS commented that he thought this was due to an error in planning tutors.

**Action: PR to look into cancellation of CSR courses w/c 9<sup>th</sup> July and advise CF so that an explanation can be provided either before or at the next meeting of the OPF.**

BE added that there is no clear understanding as to what will happen if someone misses their CSR course due to sickness or other circumstances outside of their control.

PR advised that common sense would be applied if someone hasn't been able to attend through no fault of their own. However, there are a lot of people who currently have no good reason not to have attended. Some have been knocked back from the Paramedic fast track already. Pay is also being withheld where mandatory training is not completed, in line with the relevant policies.

## **8. Immunisations and Flu Planning**

NB provided the following updates:

### **8.1 Immunisations**

The service is behind on immunisations and a large number of staff require updates. 4,000 require bloods or possible physical intervention.

The initial focus has been on the South East, due to the measles outbreak. Work had started in the North West ahead of this and a number of ways of delivering immunisations are being trialled.

It is not yet clear from PAM (the Trust's Occupational Health Provider), how many staff have received or are awaiting full immunisations.

**Action: NB to provide data on number of staff who have received/are awaiting immunisations, for distribution by CF.**

PAM have not been forthcoming to roll out immunisations to other sectors at pace. NB has, through her own networks, been able to source additional nurses. There is momentum now and it is not PAM's fault we are in this position. They have other contracts to fulfil, so it is a balancing act.

It is hoped that immunisations will be complete by October or November. Some staff will require more than one appointment, if bloods are required due to unknown status.

## 8.2 Flu vaccinations

NB advised that the intention is to include the flu vaccination in the immunisation work as soon as possible. There is a new vaccination which is more effective than last year's.

NB provided the following statistics on uptake in 2017/18 [figures corrected after the meeting]:

### 2017/18 – Count of Flu Vaccination

	Total	Vaccinated	Percentage vaccinated
Total staff count	5187	2774	53.5%
Total frontline staff count	3736	2076	55.6%
Total EOC/Chub	468	318	67.9%
Total non-clinical	862	378	43.9%
CQUIN cohort	4204	2394	56.9%
Immform cohort	3736	2076	55.6%

LC commented that at other Trusts, there was a strong partnership between management and staff side regarding flu vaccinations, with nurses posted everywhere to immunise colleagues. 68% uptake had been achieved through this method.

NB responded that the LAS has over 100 peer vaccinators, which is very good.

PH asked whether international Paramedics were more likely to take up the vaccination than others, as they are used to immunisations due to having these prior to travelling to the UK.

NB responded that lots of Australian Paramedics are asking for Hepatitis A vaccinations, but these are only available for HART. There is a problem in that they don't have the Mantoux test. There was a shortage of these and when they were eventually received, staff didn't turn up for them.



MD asked why HART receive Hepatitis A vaccination.

NB explained that it is because they may enter contaminated water.

PR asked if there is a reason why LAS Paramedics can't immunise against viruses other than flu.

NB said it was to do with the Patient Group Directives (PGDs) for each vaccine. PAM would also likely have to agree to it, not just the LAS.

**Action: NB to talk to Fenella Wrigley about the possibility of Paramedic vaccinators beyond flu. PR to discuss this with Peter McKenna.**

PC expressed concern that the Trust is paying more to PAM than agreed.

NB advised that the immunisation work is not additional to contract. Fortunately, there had been an under spend in the first contracted year. NB had negotiated for the remainder to roll over to fund this work.

## **9. Payment for part-time staff incurring incidental overtime**

9.1 BE stated that this issue had been raised during a CEO Roadshow in May. It concerned enforced overtime for part-time staff.

It was understood that staff have to work 37.5 hours before they can undertake voluntary overtime at the enhanced rate. However, it was not clear why time and a half was not being paid for late calls.

LC stated that the NHS Terms and Conditions of Service handbook would continue to apply. This states that overtime rates start after 37.5 hours are completed.

BE stated that the Handbook is silent on incidental overtime and states that local policies should be agreed on matters not covered by national agreements.

**Action: LC and BE to discuss incidental overtime pay rates outside of the meeting.**

## **10. Staff medical records**

10.1 NB stated that there had been a lot of discussion around 'missing' staff records. However, the records are not missing, they were simply not transferred between providers. NB had assumed this was between PAM and the previous provider, but it appears to have been earlier than this.

There are no records floating in the ether, they were just not transferred across. A thorough look back at every member of staff is now being undertaken. This enables, for example, a much more efficient response when a member of staff is exposed to a measles case. They will not necessarily need to be stood down and unnecessary OH appointments will not be required.

EB asked what the uptake of immunisations had been in the South East.

NB responded that there had been no refusals at all. It is quite different to flu.

EB asked if all records would be looked at.

NB answered that she was working towards a full database for all staff. She and Fenella Wrigley had looked at the latest Public Health guidance. For example, MMR and chicken pox vaccinations are recommended for EOC staff, as they are critical to service delivery and there have been outbreaks in the general population. These would not be compulsory.

The work had been well received by staff to date.

BE said the issue had been raised because staff were receiving letters saying there were no records for them.

NB advised that she wasn't aware of the issue before the CEO roadshows, but reiterated that the records are not 'missing'. It just means that, in most cases, bloods will have to be taken. It is recognised that this is an additional cost and time pressure, but we have a responsibility to our people. A complete sweep of everyone is therefore being carried out.

**Action: NB to liaise with the Staff Side Secretary and Chair to arrange a joint communication regarding staff medical records not being transferred from previous provider**

TS asked whether the Service would chase the non-transferred records.

NB said she wasn't sure where to look. She had asked the Infection Prevention and Control Committee and Fenella Wrigley had spoken to former executives and this would be followed up.

TS stated that he believed the issue arose when records were transferred between ATOS and Guy's and St Thomas'. The assumption was that they can't or won't transfer and we would have to start from scratch.

NB responded that the chances are that most staff will need some immunisations as it has been so long since they were reviewed. However, it would be useful to have historical information if possible.

TS asked if staff were expecting contact regarding their immunisations.

NB said that it was being done on a sector specific basis. The South East is the focus currently. GRS is being checked and nurses are on stations from 6am and are also being taken out to ambulances. There were initial grumbles at Bromley, but the communication had not been quite right at that time.

The North West is almost complete and staff at the roadshows were really positive. There was a huge demand for immunisations, which had not been anticipated. More resources will be arranged for future roadshows.

## 11. Any Other Business

### 11.1 Annual leave and TEAC courses

PH raised concerns that students were being given work (often amounting to 40-50 hours) to do during 2 weeks of annual leave in the middle of the 28 week TEAC course. It would be preferable to give the 2 weeks at the end of the course, to prevent the pressure to complete work in annual leave time.

TS added that originally, 3 weeks of enforced leave was given at the end of the course. This used up lots of leave and meant students could not consolidate their learning at the end of the course. It is recognised, therefore, that a break in the course is beneficial, but it would be better to give this where there is a natural break in the course content.

LC noted the comments and asked that PH update here once the matter had been to the Education sub-group.

**Action: PH to update LC, for information re annual leave and TEAC Course 'homework'.**

PR e-mailed Tina Ivanov during the meeting. Tina responded that TEACs should not be given 'homework' to do during their annual leave.

### 11.2 Christmas leave

BE asked whether it was normal for operational Christmas leave to be arranged in September.

PH stated that this was a matter to be agreed locally. In his experience, it was always agreed in September.

MD said that in his sector, all requests were to be made by August 1<sup>st</sup> and agreed by September 1<sup>st</sup>.

WC added that in EOC, Christmas leave is agreed one year in advance.

BE asked if allocations are ever revisited.

PH stated that there are reserves in place in case of, for example, staff leaving the service prior to Christmas.

LC asked whether this issue had been raised at sector level in the South East.

BE said he believed all ADOs had agreed September.

**ACTION: PR to ask the South East ADO to clarify and communicate the South East's approach to agreeing Christmas leave in September and advise Brian Eldridge**

## 12. Date of Next Meeting

12. 1 The next meeting will be held on Monday 10<sup>th</sup> September 2018, 1100-1300,

Conference Room, HQ-Waterloo.

DRAFT