



MINUTES OF THE CORPORATE HEALTH AND SAFETY COMMITTEE

25th January 2017, 1400 to 1600
Waterloo HQ Conference Room

Attendees:	SA	Sandra Adams (Chair)	Director of Corporate Governance
	KB	Kevin Bate	Deputy Director of Operations Central Operations
	DB	Denise Bomford	CSU Allocator
	AC	Arthur Carasco	UNISON Rep (North Central)
	BC	Ben Clarke	Assistant Medical Director
	ND	Nic Daw	Head of PTS Modernisation & Performance
	NF	Nicola Foad	Head of Legal Services
	GH	Gill Heuchan	Asst. Director Workforce Development and Support
	AH	Andy Howard	UNISON Rep (East Central)
	IL	Ian Lee	UNISON H&S Lead
	MNe	Martin Nelhams	Head of Estates
	MNi	Martin Nicholas	Acting Head of Health, Safety and Security
	PN	Peter Nicholson	Head of Governance and Assurance
	AS	Andy Street	Health and Safety Manager
	CT	Clive Tombs	GMB Union Lead
	JW	Justin Wand	DDO Fleet and Logistics
	AK	Andrew Kelly (minutes)	Safety and Security Officer

01 Welcome and Apologies

ACTION

Apologies were received from:

- Danny Berry (UNISON Rep: South East)
- Katy Millard (DDO Control Services - 111)

02 Minutes of the last meeting and outstanding actions

ACTION

NF raised a point of clarification regarding the visit by Weightmans. AK and NF agreed to liaise outside of the committee to agree the wording for the minutes.

Action 01: Terms of Reference

AK+NF

SA requested IL and CT to send an updated list of representatives following the operations restructure, to update the Terms of Reference.

IL + CT

Action 02: Distribute Organogram

SA distributed the organogram as part of the meeting notes.

Action 03: Book meetings for 2017/18

AK confirmed that he had booked both Operational H&S Partnership Forum and Corporate Health and Safety Committee meetings for the entirety of 2017/18.

Action 04: Circulate link of free optional health assessment

GH confirmed this was sent to union representatives for distribution to their members

Action 05: Incident Consistency

AK updated the committee that scoping work had taken place to assess the scale of the issue, which showed that extensive work would be required. This action will remain open with regular updates. PN and AK to continue work, with the assistance of Nathan Coleman (Risk Systems Manager).

AK + PN

Action 06: Incident Investigation Delay

AK updated the committee that there were initial delays in completing this due to issues with how Datix tracks incidents that are overdue. Nathan Coleman has helped provide an SQL query to identify these just prior to the committee meeting but this had not been tested. AK will trial this approach and if successful will send a weekly email to relevant managers informing them of delays in investigation and quality checks.

AK

Action 07: South East Sector assaults

AK apologised that there has been no work on this front, due to capacity constraints in the department. Once posts have been recruited to (which is ongoing at the time of the meeting) then there will be scope for a deep dive and focussed work.

Action 08: Vehicle Preparation invite to next meeting

Both Justin Wand and Denise Bomford were present at the meeting.

Action 09: Staff Assaults and CRT Summary

This will be delivered by MNi in the discussion during agenda item 6.

Action 10: Private Property Insurance

This will be delivered by NF in the discussion during agenda item 6.

03 CQC/QIP Related Actions

ACTION

SA reminded the committee that the CQC were due to arrive for their inspection on Tuesday 7th February 2017. Following a three day formal inspection they have the right to attend for unannounced inspections up to Thursday 23rd February 2017. SA advised that should a CQC inspector approach staff during this period, please make sure that they have with them an authorised CQC warrant and identification badge, and continue to be helpful and welcoming and answer any questions the inspectors may have.

SA also informed the committee that Fenella Wrigley's team is taking a focus on clinical safety with Trisha Bain leading on Quality. Trisha is also looking to create a patient safety role.

04 Health, Safety and Security Department Structure

ACTION

SA reminded the committee about the CQC report which mentioned concerns over the capacity of the Safety and Risk department. Following that report the review of the function had been part of the QIP work and this had now been completed. The function had been restructured to create a more proactive and current approach to managing health, safety and security and posts were being appointed to. It was

hoped that this would have progressed further by the end of February.

It was also decided to retitle this group to the “Corporate Health and Safety Committee”. All minutes will reflect this change and the meeting invites will be updated to reflect this.

AK

05 Health and Wellbeing

ACTION

GH updated the committee with the progress to date in Health and Wellbeing:

- A draft strategy for Health and Wellbeing is in the process of being written;
- Work is being planned for updating staff records, and is expected to last four weeks;
- A second mental health day is planned on the 2nd February, promoting awareness of these issues and their challenges amongst staff. Following this a suggested plan of action is to target CEO roadshows for further mental health (or otherwise) days, as staff will already be present in number at that site.
- 34 cases arose for contact tracing. At the time of the meeting 3 were open: 2 were pending action and 1 was newly reported.
- GH met IL on the 20th December 2016 to discuss night worker checks. Plans are progressing well and are on track for a Q1 2018/19 kick-off.
- GH reminded the committee that there is a health and wellbeing CQUIN linked to the national staff survey. Work is underway to establish a baseline for this.

SA asked what support is in place for contact tracing. GH replied that initially she did it all personally but since this has been passed to counsellors. Staff were not fond of a central contact: they wanted contact with their team leader who they knew. Therefore, now local teams are responsible for this.

IL queried about record keeping concerns. GH responded that over the next 4 weeks any staff who do not have a record on the system will be contacted.

CT asked for details of the three open contact tracing incidents. GH explained that the 1 new is suspected TB, and the two ongoing incidents are for meningitis and whooping cough. These events are usually for TB.

SA asked about the OH contract. GH replied that the new contract will be on the procurement system by the end of the week, and tenders will begin soon (intended to all be in by the end of March 2017).

GH informed the committee that Jessica Bochenek will be working with Workforce, Health, Safety and Security, and Legal Services to target work in a joint and collaborative manner to help create a more joined-up approach to staff Health and Wellbeing.

06 Q2 2016/17 Themes and Trends

ACTION

Assault, Abuse and Security Incidents

MNi informed the committee that the level of assaults had risen however it was difficult to determine if this was due to a genuine rise in incidents, a rise in the potential for incidents (increased number of CADs received and an increasing

population in London) or whether it was an increase in level of reporting culture.

In Q1 and Q2 of 2015/16, CRT was delivered on CSR1 in the form of a 0.5 day face-to-face session. It has been shown that the severity of reported incidents markedly dropped after this. It can be seen however that this effect weakens after a year. GH pointed out that this suggests that refresher training may be required annually. MNi replied that at present the contract is for 3 yearly refresher training, and so instead we are trying to have trainers from Education and Development trained to deliver this refresher training. Currently, all new recruits are trained face-to-face.

AC asked what key risks have been identified from incident investigations so far. MNi replied that the trends so far are only very high level. Due to our establishment it is very difficult for the department to follow on individual cases, and these are left to local management, who can always contact for support where required. The department is trying to get local project groups in place however this is proving challenging.

MN informed the group that there are still very few security incidents reported, mostly arising from thefts of equipment in the rear of an ambulance whilst the doors are open.

With regards to incidents of abuse, reporting has dropped markedly from 1850 a year in 2010 to 500 last year. The committee discussed possible causes, including a culture of accepting that it is 'part of the job', a shift of reporting from abuse to assault, and staff tolerance levels. SA suggested that the team start to follow up with individual reportees to understand the circumstances that gave rise to the assault so that we understood this better and could reflect in future training if required.

MNi

GH asked if severe assaults were reported as Serious Incidents, or whether they were just focused on patient incidents. SA replied that some staff assaults have been declared as SIs in the past.

Safety Incidents

AK started by outlining investigation and reporting characteristics, showing that all areas of the Trust have improved with regards to time-to-report, the length of time since reporting until and investigation starts, and the investigation duration. ND explained that NETS staff may be finding it easier to use the new Datixweb system as they had little experience of the old LA52 system, and asked that future analysis splits between NETS and PTS if possible.

AK informed the committee of an emerging pattern of incidents where a piece of metal approximately 3" to 5" has been ejected at force from the tail lift during operation, in two cases embedding in a nearby wall. There have been 6 of these incidents in the last two quarters but it is the potential severity that is concerning. AS added that following a discussion with a workshop manager, they said that it is routine to replace the spring on MOT but not fit a guard. New vehicles have a redesigned tail lift, however there is no data as of yet as to which vehicle models are suffering this failure. DB replied that these should be fixed more frequently than during MOT checks, and agreed to discuss with Justin and feed back to the group. AC remarked that this was noticed a few years ago but assumed it was isolated. AK agreed to check if a risk has been reported, and raise one if not. AK also agreed to check the notifications set up in Datix to ensure that Fleet are informed when incidents of this nature are reported.

DB
AK
AK

AK informed the committee that despite razor boxes being available, there has been no change to the numbers of reported incidents. AS agreed to check which areas had not procured the boxes, and in the areas that have how they were distributed, and to further raise awareness of their use.

AS

AK updated the committee that thanks to the work of Eng-Choo and her team the number of incidents of staff injuring figures by breaking the ampule in their hands has reduced, however there are still a significant number of incidents. It was suggested that the hit-rate of the video and documentation can be obtained from Lauren Smith in Communications to assess the level of success.

AK

AK presented the report. Key points arising were:

- Reporting of abuse incidents is extremely low considering how often these anecdotally occur. The only exception to this is the new North East sector: There raw numbers are still low compared to the expected number of actual incidents, but the higher reporting fraction suggests a good reporting culture in this sector.
- Incident reporting in the new North East sector is significantly higher than other sectors across nearly all categories, further evidencing the previous point. This is also
- Manual handling incidents were highly reported in New Malden in Q2 of 2016/17 and remained so in Q3. In addition, reporting in Newham group increased markedly across this period. A summary was given of the injury modes, which is on page 17 of the report.

During the discussion of abuse incidents, KB praised Jules Lockett's "three strike" policy in EOC.

SA thanked MNI and AK for the report, and suggested that more narrative could follow in future reports, as well as adding in risks. CT requested breakdown by sector, and IL asked if this could be made available prior to the papers being released. AK agreed to incorporate.

AK

Serious Incidents

PN had to leave the committee prior to his section: his report will be circulated after the meeting.

PN

Claims

NF informed the group that a claim was submitted to the Royal Courts, where a member of staff developed PTSD following working on a vehicle with suspected carbon monoxide exposure. Damages were around £250k.

Legal Services have worked with GH to ensure that the new OH provider specification will ensure that welfare is given following incidents.

Legal services have made progress with JW and Peter McKenna to handle the issue of suspected carbon monoxide exposure in vehicles. All incidents will see the vehicle inspected by workshop staff, and in cases where the incident is RIDDOR reportable and staff are in hospital for examination, a vehicle will be inspected by an independent forensic examiner. All of the results will be on Tranman and the emissions will be inspected as part of the MOT.

DB added during this discussion that if a crew report to PD33 that they suspect CO exposure, the vehicle will be taken off the road. JW added that in the past week there had been three allegations of exposure at Newham, West Ham and Bromley. All were inspected with no CO emissions found, nor no raised CO levels in blood gases taken in hospital.

NF reminded the committee about the "Sign up to Safety" campaign. Whilst this was focussed on patient safety, Fenella Wrigley is keen that this be extended to staff

safety also as we see an increase in the numbers of manual handling claims being reported. In Q3 we saw 8 third-party claims made, mostly by staff regarding equipment failing and suitability. This led to a discussion regarding the state of the Clinical Equipment Working Group (CEWG) which hasn't met for a year, as this is the group best placed to discuss issues of equipment safety. IL expressed frustration at the lack of progress in many workstreams the CEWG handled such as the response bags. SA suggested that Sign up to Safety with a staff focus may help relaunch the group: JW agreed and also shared IL's frustration, adding a suggestion that this committee receive the minutes and actions from the CEWG for additional assurance, and has a regular seat on the CEWG itself.

This led to a discussion of the Manual Handling Implementation Group (MHIG) which has also not met for a year. JW agreed that this group is essential, but for it to be successful requires a specialist post much in the same way that Infection Prevention and Control have a specialist. SA responded that the Trust is currently recruiting a Health and Safety Practitioner who will act as the subject matter expert with regards to manual handling safety. SA agreed that the group needs to be reformed: KB volunteered to chair the relaunched meeting. SA agreed to work on relaunching this group. GH reminded the group that there is a CQUIN relating to manual handling, indicating the need for a deep dive into this issue.

KB
SA

NF updated the committee that personal insurance cover will be in place from the 1st April 2017. There will be no negligence of LAS on private premises, and the type of injury is not restricted, however the claim against cover will be payable depending on the inability to work as a result of the incident.

RIDDOR

AK updated the committee that due to capacity within the team and the manual nature of RIDDOR reporting, the report was not ready in time for the meeting. AK agreed to circulate this as soon as it was ready.

AK

08 Update on Vehicle Preparation Works

ACTION

JW updated the committee with the work done to date. 14 vehicle prep sites will be at gold standard by July, and there are currently 5 at gold (2 at silver). The directorate is taking incremental steps to manage the program to ensure that the changes embed properly. In these gold sites it is now possible to audit the vehicles, what kit is present daily and what vehicles are clean.

The next stages include reviewing the contract to ensure end-to-end services are provided. Other plans include a standard kit list to be defined, as well as modular loadouts to improve efficiency. This will include the removal of personal kits, as the preparation will be sufficient. They are aiming for 96% availability of blankets by the start, although it is unfortunate that there is a mix of types with some less sturdy than others. There is also planned a 99% rate for wash/stock/clean.

The aim is to provide a quality assured and safe system, ensuring strong governance of a fully complete end-to-end to let staff get on with their job.

DB provided additional information regarding the recent drug pack issues. There are 800 new drug packs made available, 400 of those brought in during December 2016. There were 156 reports of missing drug packs on Datix, which has been reduced down to 16 in December 2016. JW added that we will keep monitoring the issue and

introduce two KPI's: one for "critical equipment failure", and another for "critical vehicle failure". There is a need to monitor vehicle breakdowns as these are very high in the LAS: In JW's old Trust they reduced breakdown OOS by 75% and saw 8 breakdowns a week, whereas in the LAS we are seeing 600.

IL asked for an update on the Manger Elk issue, as there are an increasing number of injuries lifting from the floor to a chair. JW explained that there are three models in service, one of which is obsolete and should have been removed: it is still fit for purpose but there are interoperability problems between versions, for example the compressors are different. A business case is required for the planned replacement in line with vehicle replacement. JW has proposed that our old Manger Elks could be donated to nursing homes in line with highest numbers of calls to the LAS to allow them to help themselves.

DB explained that following the success of a quick Datix form for PD33 to fill in regarding missing drug packs, there are plans to expand this to all missing equipment.

JW explained that there are plans to replace the local budgets (which have little oversight) with a central allocation budget for vehicle prep with ELT oversight. In a sense, the aim is for these centres to be like a "pit stop" for crews.

CT asked why a building was constructed at Greenwich for vehicle prep, when the prep site was chosen to be Barnehurst. JW responded that this was decided due to the presence of a workshop, allowing the site to do both prep, cleaning and repairs/maintenance like a production line.

AK asked if PTS/NETS are covered by the scheme. ND replied that they are stocked by their local operations manager on site, but there is potential for a discussion to be covered by the same vehicle preparation scheme.

JW agreed to feed updates back into the committee.

JW

09 Forward Planner

ACTION

SA proposed the following work programme for the committee for 2017/18:

1. Deep dive into reported assaults;
2. Deep dive into reported manual handling incidents;
3. Review one H&S policy per meeting, to spread the load throughout the three-year cycle

10 Any Other Business

ACTION

- IL briefed the committee that the North East and East Central sector H&S meetings unfortunately did not take place.
- IL informed the committee that spit kits were still not available. JW responded that this was now under his team for action. The initial order was not correct and so did not go anywhere. This has been resolved and the first delivery should be in a week. There is still a discussion as to the process for replenishing, but initial plans involve the main hubs.
- IL asked if there were any incident report forms submitted by members of the vehicle preparation team. AK responded that there were no Datix forms, and

JW explained that they have their own H&S system, and that we devolve that responsibility to their own governance process, but was happy to discuss the issue outside of the meeting.

- IL raised IPC concerns about an incident where a pregnant woman in labour ended up delivering her baby in the front seat of one of our fast response cars. JW responded that contrary to common beliefs, the car in question was given cleanup to a forensic standard, the issue was that there was no system to capture that this was required initially. He had spoken to the supplier on the Thursday and Interserv (who also clean to this standard) had the vehicle cleaned on the Saturday, and this service is available on an ad hoc basis.
- IL expressed concern about security of stations and ambulances as staff feel vulnerable when doors are left open, and when ambulances are left open on scene. There was a discussion about staff ownership and responsibility for closing doors, but as the meeting had overran for 40 minutes SA asked staff side to cascade reminders to staff around this issue, and that it would be picked up next time.

11 Date of Next Meeting

The next meeting is Thursday 27th April 2017, 1400-1600 Waterloo HQ Conference Room.

The next meeting of the Operational H&S Partnership Forum is Monday 13th March 2017, 1300-1500 Waterloo HQ Conference Room.