



# MINUTES OF THE CORPORATE HEALTH AND SAFETY GROUP

1<sup>st</sup> December 2015, 1400-1600  
Waterloo HQ Conference Room

Attendees:	MN	Martin Nicholas (Chair)	Health, Safety and Risk
	TC	Tony Crabtree	Human Resources
	GB	Gordon Ballard	Logistics
	AS	Andy Street	Health, Safety and Risk
	IC	Ian Canning	Health, Safety and Risk
	PmK	Peter McKenna	DDO South Operations
	KBr	Kevin Brand	DDO North Operations
	AK	Andrew Kelly	Health, Safety and Risk
	KBa	Kevin Bate	DDO Central Operations
	KM	Katy Millard	DDO Central Services
	MB	Mick Butler	H&S Rep, South East
	CT	Clive Tombs	H&S Rep, South East
	AH	Andrew Howard	H&S Rep, East Central
	EB	Eddie Brand	Staff Side Chair
	IL	Ian Lee	Unison H&S Lead
	AC	Arthur Carasco	H&S Rep, North Central
	JH	John Hailstone	Clinical Education and Standards
	KE	Katie Eichholz (minutes)	Risk and Safety

ITEM	NOTES	ACTION
19/15	<p><b>Welcome, Introductions and Apologies</b></p> <p>Prior apologies were received from:</p> <ul style="list-style-type: none"> <li>Andy Thompson</li> </ul> <p>KM raised the issue of staff not being free to attend these meetings, she will look into solutions for this.</p>	KM
20/15	<p><b>Review of Previous Minutes</b></p> <p>Page 2 – figure should read £9m rather than £900k spent on private vehicles. The rest of the minutes were agreed as accurate.</p>	
21/15	<p><b>Matters Arising</b></p> <p><b>Suspension of Datixweb at Camden Group</b></p> <p>AK provided an update. Due to a change in management, online reporting through Datixweb in Camden has been suspended. The remaining records are being dealt with, currently 13 have been closed off and 27 remain. All items awaiting review have been done. AK will provide an update when this task has been completed.</p>	AK

### **Provision of PPE for new operational staff**

KBr stated that training updates have been given and that PPE should be issued to staff at the time of joining. There had been a backlog but this is being resolved. There is an ongoing issue with helmets being supplied.

JH stated that international staff are only in training for a short time, and efforts have been made to measure and order vests in advance of staff joining. Temporary measures are needed for when this is not feasible. Where possible, measurements have been taken prior to internationals leaving Australia.

It was agreed that PPE items that need addressing are:

- Stab vests
- Inoculations
- FFP
- Helmets

It is unclear whose responsibility it is when staff are leaving without appropriate kit. Training takes measurements but does not order the items. Paul Bates is currently investigating what happens with university students, as universities are currently saying that they are not responsible.

KBr is to liaise with education to clarify who supplies what.

KBr

### **Shortage of non-consumables**

PmK reports that a new group has been created with Andrew Grimshaw to determine who is responsible for this issue. An update will be provided in the next meeting.

### **Shortage of radio handsets**

KBa stated that two handsets should be present in every vehicle, but currently only 9 reports have been received regarding missing handsets. It seems that some are missing or defective and have not been reported. EB said that in just 3 complexes across the service, 21 of 26 vehicles are missing one radio from each vehicle. It was noted that these are in the process of being renewed, and new procedures are being developed regarding maintenance, reporting and staff responsibilities.

KBr stated that 5 extra handsets are kept at hubs that are accessible 24 hours a day, and all staff need to be aware that these are available. There were concerns about how feasible it is to collect these, but arrangements should be made in order to facilitate handing these over to crews. Concerns were also raised regarding the quality of the handsets as many are poor quality, and there will be gaps in the timeframe of having these all replaced. It was raised by IL that this should be considered a risk to the service, and it was agreed that this should be on the risk register.

The process that staff are currently following in relation to reporting missing or damaged radios needs clarification. It has been reported that more than 21 are missing but only 9 reports have been filed.

S&R is to raise the risk level on this issue and raise a 167 on handset

availability.

## 22/15 Staff Safety Update

MN provided an update on staff safety. Reports related to physical violence have been submitted to NHS protect. There were 391 reports in 2014/2015, as compared to 414 in the previous year.

CSR was updated to include a CRT refresher. Between April and July, over 2000 staff were put on this training, with a further 581 since October last year. 75 have been on 1 day CRT training, making it that over 3200 people have gone through in the last year.

Reactions to this were positive, and it will be useful to compare results to those next year to see the impact of the training.

## 23/15 Risk Register Report

AS reported updates for the risk report.

### Items 308 and 351

These two items are related to the same issue, and it has been proposed that these could be cleared and combined into one new item. This will need go before the SMT prior to any changes being made. It was noted that the purpose of combining these is due to the risk to service rather than the risk to staff, and that risks to control and operational staff will be assessed and graded as separate entities.

There is a consistent risk of verbal abuse that will not go away, but efforts are being made to manage this.

The CQC point on this item was questioned, and it was advised that this is with regards to how it aligns with the 5 domains – it falls under Safe and Effective.

KM questioned if the risk should focus more on risk to staff safety rather than a risk to operation, and AS stated that the inference on the 167 can be changed to include corporate risk as a side consideration rather than the main focus.

### Item 352

Betty sent an email following the last meeting regarding the bag trial. AS stated that only 6 replies have been received, which is not enough information to give an accurate view. Going forward, trials are useful but expanding the trial group size should be considered in order to achieve a more balanced representation, i.e. male vs female, staff above or under certain heights in order to obtain an idea of manual handling risks.

H&S reps stated that they would need to be kept in the process of selecting trial groups, and AS stated that H&S reps will be an integral part of ensuring the process runs well in the future.

CT inquired about a vehicle without a functioning tail lift, and AS stated that vehicle ramps are to be trialled in the future. The risk associated with these

will need to be analysed, but currently this trial is in the discussion stage with no specific plans being made at this time.

KBr stated that auto-loading trolleys are also an option being considered, and this solution has received very positive feedback.

### **Additional Items**

IL questioned why TB and Hep B infection risks are not included on the risk register, and reported that Newham has very high TB rates. He stated that crews have to work in this high risk area without inoculations.

TC advised that there is currently a very limited amount of TB vaccine with none available to LAS. Work is being done with Public Health England to rectify this situation. Assessment from Occupational Health rated the risk to staff as low, but IL feels that an area with high infection rates should be considered a risk.

TC is to look further into this issue and respond to IL by email.

IL also raised the issue of FRU driving courses, and this is not a risk listed on the register. This is a health and safety issue, and while courses exist for push bikes, there are no extended FRU driving courses available. The current training is 1 day long, but IL stated that there is a 5 day course that would be beneficial. It was stated that the FRU driving course was previously longer, but has in fact been reduced to 1 day and there are no plans to increase the length of this training.

**TC**

## **24/15 Incident Statistics Update**

AK presented an update.

### **West:**

- There has been an increase in how long it takes for forms to be submitted to S&R.
- Stations with good practices will be examined in order to determine what they are doing differently, and how more support can be offered to ensure timely submission of reports.

### **East Central:**

- This area is using the latest web pilot until the new system is rolled out in April.
- Many reports are coming in on the day of the incident, and 75% are received within 9 days.
- Forms are often not sent until the full investigation is completed, but this is being corrected.

### **South East:**

- There was a slight decrease in the number of incidents in August.

### **North Central:**

- Practices here are significantly better than in the rest of the Trust.
- Camden had an increase in performance when using Datixweb, but with the return to the paper system this will inevitably slow down

again.

In general, the most common incident type is still violence and abuse, with manual handling incidents second most common.

There were only 3 control staff incidents in October, and all were investigated quickly and discussed at the Health and Safety meeting.

Resource and Dispatch incidents were above the statistical average.

Other service areas had a drastic increase in August, and this is related to manual handling for bariatric patients.

AK stated that the report format will be changed and standardised to one report structure across all levels.

CT asked for further detail about incident affecting staff, and AK confirmed that these were related to manual handling. AK is to get a further breakdown of incidents and discuss this.

AK

MB asked what will be done to improve form completion and consistency of reporting. KBr stated that the OP68 is being rewritten to emphasise the completion of reports and to actively encourage reporting. Time capping at the end of shifts is also being removed so that reporting time is claimable. This was positively received, but it was noted that this is just one step to improve reporting and that more will be done in the future.

#### **25/15 Central Alerting System Update**

AS reports that there have been 48 incidents via CAS since the last meeting. 35 were related to high/low voltage and these are not a concern to the trust. 9 were medical device alerts and of these 1 is relevant to the Trust. This was rectified by a recall of the needles involved.

Actions will come from these in time, but the timeframe for this is still a long way off with the first coming up in April 2016.

#### **26/15 Fire Risk Assessment Update**

MNe was not present, but the report will be circulated following the meeting.

#### **Any Other Business**

CT raised the issue of bariatric vehicles – this was mentioned in the CQC report, but no bariatric vehicles have been obtained. He questioned why there is funding to contract private services for bariatric patients, but not funding to incorporate bariatric care in LAS services.

KBr stated that this had been previously examined, but no plans are currently known to be in the works. Updates for this service should be received within the next few days as this will be discussed in a meeting tomorrow (02/12/15).

There being no further business, the meeting came to a close.

Next H&S OFP: 13 March 2016

Next CHSG: 27 March 2016

