London Ambulance Service NHS Trust

MINUTES OF THE CORPORATE HEALTH AND SAFETY GROUP

14th November 2016, 1100 to 1300
Waterloo HQ Conference Room

Attendees:	SA	Sandra Adams (Chair)	Director of Corporate Services
	KM	Katy Millard	DDO Control Services
	GH	Gill Heuchan	Asst. Dir. Workforce Development and Support
	NF	Nicola Foad	Head of Legal Services
	RK	Rachel Kneale	Weightmans London Healthcare Claims Lead
	ND	Nic Daw	Head of Patient Transport Service
	MNi	Martin Nicholas	Acting Head of Safety and Risk
	MNe	Martin Nelhams	Head of Estates
	PNi	Peter Nicholson	Head of Governance & Assurance
	PNe	Paul Newman	IM&T Service Process Manager
	CT	Clive Tombs	GMB Union Lead
	IL	Ian Lee	UNISON H&S Lead
	BR	Brian Reynolds	UNISON Rep (South East)
	AC	Arthur Carasco	UNISON Rep (North Central)
	AH	Andrew Howard	UNISON Rep (East Central)
	SG	Steve Gregory	UNISON Rep (South West)

01 Welcome and Apologies — ACTION

Apologies were received from:

- Charlotte Gawne (Director of Communications & Engagement)
- Angie Patton (Assistant Director of Communications)
- Fenella Wrigley (Medical Director)
- Tom Evens (Assistant Medical Director)
- Briony Sloper (Deputy Director of Quality & Nursing)
- Justin Wand (DDO – Fleet & Logistics)

This meeting coincided with one of the CEO Roadshows, which accounts for the majority of the apologies.

02 Minutes of the last meeting and outstanding actions — ACTION

It was decided that given the length of time since the last meeting, there was no value in reviewing the meeting minutes, and that the group should recommence with a fresh start.

03	Governance	ACTION

Draft Terms of Reference for the group

(See meeting paper Draft ToR Oct 2016 v 0 2)

SA walked the group through the draft Terms of Reference (ToR) for the reformed Corporate Health and Safety Group (CHSG), explaining that there was a need to include wellbeing in its focus. The CHSG will also be responsible for coordinating CQC and QIP actions with regards to health, safety and wellbeing. Finally, it is intended that the group be more proactive, compared to the previous incarnation.

AC queried if it could be added that union colleagues were to be involved in investigations, projects and working groups arising from the workplan of the CHSG. KM responded that the ToR should be generic for flexibility, and SA added that local involvement would be sought on many issues as the sector union representative et. al. have local knowledge about issues.

Membership of the Group

In terms of union representation on the group, SA explained to the group that research had taken place to see what other Trusts do, and was mindful to avoid repetition of discussions raised at the H&S Operational Partnership Forum (HSOPF).

IL explained to the group that the TUC "Brown Book" states that there should be 50:50 management representation and union representation.

Secretary edit: HSE Approved Code of Practice to Regulation 9 of the Safety Representatives and Safety Committees Regulations 1977 states that (paragraph 84):

> *The membership and structure of health and safety committees ought to be settled in consultation between management and the trade union representatives concerned by using the normal processes. The aim should be to keep the committee as compact as possible, and compatible with the adequate representation of the interests of management and of all the employees, including health and safety representatives.* ***The number of management representatives should not exceed the number of employee representatives.***

SA explained that she had originally envisaged that the planned 3 union members could include the heads of both unions recognised by the Trust (GMB and UNISON) plus one more. It was agreed to update the ToR with the current numbers of union representatives, and review after one year if it becomes cumbersome. **SA**

SA explained that deputisation is possible but not to be encouraged: the group needs consistency in attendance, and membership/deputisation will be monitored for the end-of-year review.

There was a discussion around the quorum requirements. It was clarified that the requirements are:

- Chair of the CHSG; and
- 6 members; which must include at least:
    - Two management representatives
    - Two union representatives.

So as example, if there were 8 members but only one management representative, the group would not be quorate.

Reporting Structures

The ToR states that the CHSG will report into the Risk Compliance and Security **SA**

Group (RCAG). SA agreed to circulate an organogram to the attendees.

Frequency of Meetings

KM requested that a years' worth of meetings are booked to allow senior managers to arrange their appointments. SA agreed: the group secretary will ensure that the next four meetings are booked with the updated membership invited. **AK**

The group agreed that the meeting minutes should be available for review one week post-meeting.

Workplan for 2016/17

SA outlined three main areas for upcoming work:

1. Manual handling incidents

   There needs to be work done ready for the next meeting around manual handling incident, such as issues around training, equipment, claims and occupational health. All relevant attendees are to provide information for the Q3 meeting. **ALL**

2. We need to better understand incidents

   Work needs to be done to fix an incident categorisation problem, as described in agenda item 07

3. Wider wellbeing of staff
4. Where this group sits in work in the Trust i.e. procurement projects, project and programme groups etc.

04 CQC/QIP Related Items ACTION

SA gave a summary of progress with CQC and QIP priorities with regards to the "Achieving good governance" workstream:

5. Risk Management

   There has been good progress around this section. Over 300 members of staff have been trained in risk assessment and all have access to Datix for reporting risks. The Risk Management Policy has been reviewed, as has the Trust risk register. In addition, the board have all received risk management training.

6. Capacity of the Health, Safety and Security Team

   The new structure has been agreed and all of the posts have now been evaluated. Changes include the removal of risk as a focus (as this is now covered by Governance and Risk), and the addition of security. The new posts have been designed to provide more administrative support to this function with a dedicated Safety and Security Officer supporting the Safety and Security Practitioner. It is envisaged that all of the posts are in place by the end of play March 2017.

7. Incident Reporting

   Since the introduction of Datixweb there has been a vast improvement in the reporting, investigation and management of incidents. Details will be given in agenda item 07.

8. Duty of Candour

PN updated that 92% of staff received duty of candour training on CSR2015.3, and that many people have received classroom training to be Family Liaison Officers (FLO), of which 45 are lead investigators.

IL expressed concern as to the length of time it has taken to replace key members of the old Safety and Risk Department: the head of department left in July 2016 and the manual handling and training specialist left in June 2015. SA explained that the process for enacting a change to a department took time, and there was an unavoidable delay having the new job roles passed through the Workforce Panel. It is still planned for the new structure to be in place for the start of the 2016/17 financial year.

06 Health and Wellbeing ACTION

GH explained to the group that there is a £750k Commissioning for Quality and Innovation (CQUIN) payment around musculoskeletal injuries, mental health, and physical activity (which includes sedentary work).

The plan of work is to change focus from central planning to a more collaborative approach with staff, with the Health and Wellbeing team facilitating rather than driving. The aim is to get 'a thousand voices' through a variety of approaches including surveys, tabletop talks etc. There are discussions around using video/web conferencing to maximise participation from staff. It will be a new way of working compared to previous approaches, and so the next quarter will see gathering of data around occupational health referrals, counselling, re-referrals.

IL raised a concern about the ageing demographic of staff, and the difficulty they face in continuing to do the job. GH emphasied that all staff are invited equally without any groups being targeted as we want to avoid unintentional discrimination. The focus will be on proactive self-assessment and self-referral, as opposed to the historic reactive approaches where we wait for a person to go off work before beginning an action chain. IL agreed, but stressed that age will be a big factor in this given the demographics of our staff, and prevention as opposed to cure will show that. GH agreed, but stressed that actions will have to be taken within the time and budget envelopes in the Trust.

AC asked for a timeframe for these changes, but GH emphasised that at the moment the changes will need to be gradual and iterative with assessments of effectiveness at each stage. For example, since changing the occupational health (OH) provider we have seen an improvement in the sickness rates, however we still need to look into the cause: there may be direct causation however there may be other factors in play that will need to be investigated before the next action is planned.

CT asked if the Managing Attendance Policy *[known as MAP (- secretary)]* as even though staff may be engaged by a self-referral system and staff support frameworks, but MAP appears to dominate all. It may be hard to win staff support without this being reviewed. GH responded that it is not off the table, as we need to take account of previous sticking points.

GH continued that the tender is out for a new OH provider with the replacement needing to be in place around February 2017. This new contract includes "contact tracing" for example contact with measles. GH also updated that work has been done around vaccination however improvements need to be made. There has been no national production of the BCG and Mantoux test for two years now, but the Trust

managed to secure supplies for 400 vaccinations. However, the update has been low and wasteful: whilst a vial has enough for 10 vaccinations, as only 2-3 people would come to a vaccination workshop the rest of an already scarce commodity is having to be wasted.

IL raised the issue with staff attending in their own time to receive vaccinations, and that many of these problems would be solved if staff received vaccinations in training. GH responded that evidence has been gathered showing this isn't a barrier as managers have been organising shift-swaps to ensure that staff who want vaccinations are receiving them. In any case, TB is not as large a risk as measles, and we need to take account of the wider risk. In the tender there will be a question put to providers about new-started vaccinations but this will have a cost implication.

GH informed the group that the new specification will also focus on manual handling, with provision for an ergonomics advisor to be available for changes to workplace environment.

GH informed the group that staff are entitled to a free optional health assessment, but this is not widely known, and she will circulate the link to the group. SG added that he had tried to organise cholesterol checks similar to this in the past but found it problematic. GH added that the focus on things like this will initially be night working as there have been studies showing links between this and cardiovascular health problems, but eventually the plan is to roll out to cover general health issues for all staff, perhaps piggybacking on CEO roadshows to maximise uptake. SG suggested that CSR courses may also be a good addition to this program. **GH**

SA suggested that these issues are to be monitored by this group.

07 Q2 2016/17 Themes and Trends — ACTION

Staff Safety Incidents

AK first presented an update on incident reporting and investigation.

(see meeting paper 2016-11-14 CHSG Report – Incident Reporting and Investigation Update)

- 76% of forms were reported via Datixweb
    - Ops: 71%, PTS: 100%, Central Ops: 99%, Control Services:98%, Others: 98%
- 68% of incidents are reported within 5 days of the incident
    - Ops: 69%, PTS: 74%, Central Ops: 93%, Control Services: 55%, Others: 68%
- Investigations are completed within an average of 4.5 days.
    - Ops: 3.8, PTS: 12.7, Central Ops: 4.8, Control Services:3.7, Others: 2.0

Notable is the 100% web-reporting of PTS/NETS. This is because any paper forms that cross their desk are entered onto the web portal directly.

Paper forms still take significantly longer to arrive: only 50% of completed paper reports are received within 21 days, and only 75% within 37 days. This contrasts with 71% of incidents arriving on the day of the incident itself on the web, and 90% within 7 days.

PN reminded everyone that there is the phone line to EBS to report an incident. CT

asked if there were plans to extend to 24 hour cover, but PN explained that it depends on shift patterns and night cover. KM added that they are looking at the demand with scope to increase the provision if necessary, as they are receiving approximately 2 a day as expected.

SA asked for details of the Incident Reporting Line to be pushed out to all areas. **ALL**

AK next gave an update with regards to safety incidents.

(see meeting paper 2016-11-14 CHSG Report – Safety Incidents Update)

AK updated that he had found it extremely difficult to pull together a report based on incident category as there is a big issue with consistency, and as such the report is based on location instead. PN suggested that he and AK work together to find the best approach to this issue. **PN + AK**

SG suggested that this may be due to staff having not received familiarisation on correctly categorising the incident. PN responded than 300 team leaders were trained but no staff, but as there is only 1 datix manager and standdown issues it wasn't possible to train all staff, but consideration could be given to it being covered on future CSRs. AK, SA and GH discussed a variety of platforms that could be used, such as hyperlinks to a page on the Pulse with examples of correctly categorised incidents. **AK**

AK informed the group that there are a few incidents of staff suffering abuse and distress being filmed by the patient's family or bystanders. We should monitor these incidents closely in case it becomes a pattern.

AK informed the group that whilst investigations are being completed well, there are still some incidents sitting uninvestigated for long periods of time. AK agreed to send a reminder of these to the handler, and to the GSM/QGAM. **AK**

AH asked if an investigation being delayed for a certain amount of time should be flagged as an SI. PN responded that it would depend on the severity of the incident, but we are still trying to increase the amount of local accountability. SA suggested that the escalation chain needs to be communicated to the investigators, and incidents of excessive breach should be escalated to this group. so that lessons can be learned.

AK informed the group that there are also an increase in incidents where equipment bags are worn out and faulty, including some where the bags were held together with cable ties and safety pins. CT remarked it is often impossible to find a replacement bag: resources will not let staff off the road to replace it, and there are no bags on the shelves. It was also remarked that this should be the job of Vehicle Prep; as staff do not have time in their 10 minute VDI to replace this, it should be included in the prep. AH remarked that there has been an increase of events where the prep sheet mentions equipment faulty, yet it was not removed and replaced. SA emphasised the Trust-wide "Speak up" campaign, where staff are to have zero-tolerance to things such as this and to tell someone, without having to wait for it to be mentioned in passing at a meeting. SG and BR also added that flexible fleet is making it difficult to solve the problem, as when a station will purchase kit from their own budget, it gets whisked away on a vehicle to a different area, resulting in the station being reluctant to pay for a replacement.

CT also expressed frustration that this group is not involved in procurement of equipment, as the prime driver of specifications appears to be cost with no consideration of safety and welfare, a sentiment shared around the group.

KM explained that there are extreme difficulties with getting staff on the road, but that work is being done around the conditions for vehicles going out-of-service.

CT asked if AK could provide a more detailed breakdown on assaults for the South **AK + CT**

East sector. AK and CT to liaise outside of the meeting.

Security Incidents

MNi informed the group that there have been 66 reported incidents of damage, theft, loss etc. There were 447 incidents of violence against staff reported to NHS Protect, which is still and upward trend. Discussions are taking place with QGAMs to form local project groups around abuse, assault, security risks etc. From December security incidents will be reported to NHS Protect via their Security Incident Reporting System (SIRS).

KM asked if the increase in incidents of violence against staff was related to the increasing amount of patient attendances. MN replied that he didn't have the data for that at the meeting, but would look into it and is happy to take suggestions about metrics.

Serious Incidents

PN updated the group that there were 21 serious incidents in Q2 compared to 16 in Q1. In addition, there were 5 in October and 5 in November to date. Notably the Trust had its first declared serious incident relating to a staff assault, where there were mental health issues. This is still under investigation.

At the time of the meeting there were 7 investigations overdue (>60 days), although the average investigation duration is 13 days. Whilst there has been a reduction in the number of long overdue investigations, these are still sitting at an average of 75 days. The causes for this are issues around standdown time to complete the first draft.

PN informed the group of plans to redesign the investigator training to make it more interactive and collaborative from January 2017. So far there are 15 people booked on the new course.

PN also informed the group than a redesigned SI report should be ready by the end of November 2016. This new report has a focus on frontline staff, as previously it was heavily focussed on management investigation actions.

AC asked if there should be mandatory union representation on investigations. PN replied that there would be confidentiality issues around this, but there needs to be thought as to how suitable consultation takes place, perhaps by the FLO.

Claims

A summary of our incidents was presented by Rachel Kneale, Weightmans' London Healthcare Claims Lead

(see meeting paper 2016-11-14 CHSG - Item 7 - Legal Claims (Weightmans Presentation))

RK explained that the Trust's contributions to the LAS's contribution to the NHS Litigation Authority (NHSLA) is increasing year on year, both in terms of Clinical Negligence *(called CNST in the meeting paper)* but also in all other claims *(called RPST – "Risk Pooling Scheme for Trusts" in the meeting paper)*, for example the LAS paid £340k to the NHSLA with regards to RPST, compared to £670k paid out by the NHSLA itself to claimants, court costs etc. This is the reason for the NHSLA contributions rising year on year.

Of note is the fact that for all NHS trusts, CNST tends to dominate RPST, however in the LAS the opposite is true: we receive almost four time more RPST claims than CNST, however this is similar to a sample of other Ambulance Trusts.

In terms of causes of RPST claims, manual handling comprises the largest cause. When combined with 80% of all RPST claims involving orthopaedic injuries, the need

for a focus on musculoskeletal injuries and manual handling is apparent. Two case studies are presented in the related meeting paper around this topic.

RIDDOR

Due to the meeting running over schedule this was not discussed, but AK invited members to read the meeting paper for information as to why the process was changed, what the pros and cons of the new system are, and the way forward.

(see meeting paper 2016-11-14 CHSG - Item 7 - RIDDOR Update)

08	Policy Review and Approval	ACTION

Due to the meeting running over schedule this was not discussed, however MNi informed the group the Health, Safety and Security policies and procedures are being reviewed urgently for the CQC inspection. Any future amendments will be brought to this group for review.

09	Any Other Business	ACTION

SA asked that for the Q3 meeting, someone from vehicle preparation is to be invited. **AK**

SA asked that staff assaults and conflict resolution training information is to be presented at the next meeting. **MNi**

SA requested that all provide feedback on what they would like to see in future meetings to help provide direction for the group. **ALL**

IL asked if there was an update around private property insurance. SA responded that they may have a solution but it is too early to provide information now as there is more work to do, but that she will liaise outside the meeting with work to date. **SA**

The next meeting is on the 25th January 2016, 1400-1700 Waterloo HQ Conference Room.