



## MINUTES OF THE MEETING OF THE OPERATIONAL PARTNERSHIP FORUM

**MONDAY 23 NOVEMBER 2009**  
**1400-1600 HRS**  
**CONFERENCE ROOM, HQ**

Attendees:	Caron Hitchen (CH)	Director, HR
	Tony Crabtree (TC)	Assistant Director, HR
	Phil Flower (PF)	Assistant Director, Operations
	Mark Lione (ML)	Unison
	Gary Edwards (GE)	Unison
	Mick Butler (MB)	GMB
	Dave Smith (DS)	Unison
	Eddie Brand (EB)	Unison (S/S chair)
	Eric Roberts (ER)	Unison (S/S secretary)
	Tim Stephens (TS)	Unison
	Samad Billoo (SB)	EOC (Control Services)
	Pete Hannell (PH)	Unison
	David Lamey (DL)	Unison
	Jason Killens (JK)	Deputy Director, Operations
	Steve Sale (SS)	Head of Operational Workforce Modernisation

In attendance: Sam Williams (SW) PA to Director, HR (minutes)

Apologies: Richard Webber  
John Hopson  
Lizzie Bovill  
Peter McKenna

CH welcomed Phil Flower, ADO for Control. Katy Millard, a new ADO, will be invited to future meetings.

ITEM	NOTES	ACTION
15/09	Matters arising	
	a) AfC matching/evaluation training	

EB

EB said that they had about 16 names altogether for the evaluation training. He said he would get a final list together in the next couple of weeks. It was agreed the training should take place in February.

SS reported that a small working group had been set up to look at the FRU and Active Area Cover Agreement which they had agreed in principle. He said the issue around the wording of the staff safety element was still unresolved.

JK said they were seeking to provide a set of arrangements as applies for ambulances and to include FRUs in those terms. He was keen to provide wording that provided one set of rules for both ambulances and FRUs.

ML said they would take the Agreement to the full review and incorporate urgent care into it as well. ML confirmed there is still confusion about night cover with concerns around lone working at night time.

EB went on to say that staff were concerned that hospitals were not safe environments for single staff at nights,.

JK said he would need to check the figures but believed that if there were incidents, they were low in number and severity.

TS said it was the perception that staff felt unsafe sat outside hospital as disgruntled people are coming out of waiting areas and into the paths of their staff.

CH reminded the Forum that one of the key principles of Active Area Cover was that staff should undertake a dynamic risk assessment. If they felt that it was unsafe to remain stationary at any given point they had the choice to move elsewhere or to "rove" CH asked the group for suggestions about what they could do to help.

TS wondered if there was a problem with response times of FRUs going from stations to jobs.

JK said that he did not have the data in front of him but that what he could say was that mobilisation at night for ambulances and cars did not broadly differ. The car had delivered significantly improved Cat A performance, however. JK repeated his request that one set of rules be agreed for ambulances and for FRUs so that there can be consistency in Active Area Cover.

ER reminded the Forum that initially it had been intended that the agreement did include FRUs, but it had not been felt necessary to specify this when consulting on the arrangements.

CH said the matter needed to be resolved and invited other views from the table.

DS said that staff did not want to be at A&E in the middle of the night.

JK asked that if they did not sit at A&E, was there an opportunity for some other location, such as police stations?

PH said that it was mainly females working on FRUs who felt unsafe when they were driving around at night time. People also felt unsafe entering houses where alcohol was involved, particularly if it was a delayed response to the call. Staff hold these fears, perceived or otherwise, and feel that the risks are being increased by being asked to drive around which they feel is an unnecessary risk. They do not want to be by a street corner nor at an A&E with a bad reputation.

SS said FRUs already operate throughout the night and 24/7, and on Active Area Cover for periods within this. He suggested, therefore, that the most appropriate approach, may be to revisit the lone working risk assessment in the first instance. This would enable the group to check that the Trust is mitigating the perceived or actual risks.

PH said he thought that what SS was saying was fundamentally right, that they give staff a set of policies that gives them confidence to work at night.

CH referred everyone to the guide for improving safety for lone workers, recently published by NHS Employers, suggesting that this may assist in resolving the issue. She suggested reconvening the smaller working group to do take forward the discussion, recognising that a broader review of active cover arrangements would be required in due course. ER agreed that this would be a good idea.

TC added that the review might include Martin Nicholas, whose role included promoting safety of staff in the organisation and advice on such issues.

SS said he would propose some dates.

#### **b) Working alternative duties and locations**

JK referred to the previous meeting, when he had tabled a draft of the document titled "On-Day Dynamic Resourcing Procedure". JK and EB had met twice to agree a certain paragraph and a final draft had now been agreed and published.

16/09

#### **Rest break agreement review**

#### **Active area cover agreement review**

#### **Annual leave agreement review**

SS proposed a review of the current annual leave agreement.

SS

EB sought clarification as to the issues and the need for this review. TC replied that the current version was dated 2003, there had been no review since that time and that the staffing figures and even the annual leave entitlements were now out of date, as they do not reflect Agenda for Change entitlements for example.

CH added that it was good practice to review policies every three years so it was time to do so.

MB said that the current 10% and 15% allocation was not being adhered to.

CH said that it was resource centres that allocated annual leave. If the stated arrangements were not being applied appropriately that that was another aspect that should be reviewed. She pointed out, however, that the 10% and 15% "caps" were also often exceeded.

In the meantime, JK said he would ensure Resource Centres are clear about the 10% and 15% allocations within the current arrangements.

It was agreed that a sub-group would be set up to review the annual leave policy.

#### **17/09 Rota review project (incl flexible working)**

JK said the rota reviews were ongoing and that 12 rotas had already changed. The rota review project group continues to meet and there are ongoing discussions at a number of other stations. There is an intention to include protected training time on a case by case basis. It is also intended that every rota will be reviewed and changes made, where necessary, by the middle of next year. JK circulated data on a model of what cover is needed and what is actually being put out.

#### **18/09 Hospital turnaround/new closure arrangements**

JK talked about the new NHS London policy arrangement for hospitals that deals with diverts and closures and how hospitals will deal with capacity issues. If staff experience delays at a hospital which breaches the agreed thresholds resulting in significant delays in admitting patients then agreed steps to escalate the situation would be applied. Where delays exceeded an hour the hospital must declare a serious untoward incident (SUI). JK had sent a bulletin to Operational staff, pointing them to the SHA policy and the manager's guidance note which is their interpretation of that policy.

JK further explained that on patient handover times the new NHS London policy has three times noted within it: 15, 30 and 60 minutes. An SUI is required to be declared by the Acute Trust if a patient is not handed over within 60 minutes. JK said there is also the capability to send patients to other A&E departments if they if a hospital is experiencing handover delays in excess of 30 minutes.

JK said that last week he had sent out an operations update covering eight issues including PRF data. He asked the group whether they thought the data and the update itself were useful to distribute on a regular basis and this was agreed around the table. JK said that he would work out how frequently to produce the update and in which format. MB thought the data should be specific to the area to which it was sent. EB went further to suggest the data could be broken down London-wide and by area. JK

#### **19/09 ECA**

ER asked whether the Service was planning to recruit ECAs and/or was the Service planning to put people on vehicles with a Band 4 Technician?

CH replied that there is further work to do in terms of workforce planning, to look at developing the new FRU role, which was the current focus. CH confirmed that this work would need to look at what skills are needed overall in terms the workforce as a whole and assessing the impact of any new FRU role. This tied in also with the workforce planning requirement for Foundation Trust, and would need to take into account the future financial environment. CH said there may not be any income growth in the future.

CH agreed the issue could be further debated at the next Joint Secretaries meeting. CH/ER

In terms of the FRU role, SS confirmed that it is intended to establish a formal project to manage the feasibility, design and evaluation of this role. A draft project initiation document defining what the role might be and how they might introduce it is being prepared. This needed to be approved at a project board and SS hoped after the initial work and scoping then to be able to approach EB for volunteers to become involved.

CH asked if reps had heard any initial views from staff in terms of the new FRU role.

EB expressed the view that most staff preferred not to work alone, and this would impact upon recruitment to such a role.

PH said the ECPs in his area felt a little concerned about the impact of any such development. There were concerns about what would happen if that if the PCTs fell stopped supporting the ECP role.

CH acknowledged the anxiety felt by the ECPs, but said that ECPs would still have a role as defined which would be different to the initial responder. ECPs would be trained to assess at a higher level and then be able to determine treatment.

#### **20/09 Stepdown/whitework**

PH reported that there appeared to be a number of vacant Stepdown lines in the Service. When work was done to complete a comprehensive Stepdown policy the Trust did not, at that time, hold the view that Stepdown lines would remain vacant for a considerable time, or even lost. PH asked could the Service give a reassurance that it was committed to Stepdown and would fill the vacancies with the appropriate staff as soon as possible.

JK said that he would write to PH with a response. JK

#### **21/09 Electronic driver license checks**

TC said that it was being proposed to replace the process of paper checking licenses with electronic software that obtains the information direct from the DVLA. He said may be issues with data protection which needed to be clarified, All

but invited initial comments and feedback on the proposed system of driver license checking.

**22/09 AOB**

JK invited feedback or thoughts on Airwave. The Trust had committed to review how it operated so JK said he was interested to hear about people's experiences.

TS said that the availability of handsets at Brixton was an issue (people are sometimes accidentally taking them home).

SB had concerns around Airwaves talk groups being open.

Date of next meeting: 25 January 2010