100 Conversations:
London Ambulance Service NHS Trust

The HR team at London Ambulance Service NHS Trust is passionate about protecting its people. It has already reduced formal employee investigations by 50% over the past three years through its Resolution Hub, which is based on restorative justice principles.

Now, they have used the HPMA's *When we do harm* discussion paper to scope their exciting – and sizeable – next steps in avoiding harm. Among others, these include considering how they take best care of their HR professionals. This will culminate in looking at how they can create a more human-centred approach to collating and reporting their employee relations (ER) data.

Damian McGuinness, Chief People Officer (CPO) and Simon Steward, Deputy CPO at the Trust, explained how they used the paper to identify clear areas of focus:

"Our hub has been successful in embedding the idea that a formal process is not always necessary, and therefore reducing the number of formal processes that we run.

"However, the HPMA's *When we do harm* paper focused our minds on how that's not enough. While we're fairly satisfied with the informal element, we do need to look at the processes that support the formal route. We asked ourselves if we were satisfied that we're not causing harm? And no, we're not. So that triggered the use of the discussion paper to work on it as a team."

The *When we do harm* paper was circulated to all their HR advisory team, who were asked to join a meeting to discuss it, an invitation was also issued to the wider team for anyone who may be interested in attending. The paper was used to prepare questions to guide an organic conversation where required.

"I am extremely fortunate that I have a brilliant people team. They are really positive and all focused on driving our employee support and wellbeing agenda forward, so I feel we started the conversation from a good position," said Damian.

"Our team represents the local population, which supports our ability to have mature conversations on the challenges within the NHS workforce in general. Everyone is very open and feels safe to share their views and lived experiences and tackle the big issues head-on."

100 Conversations – What the team said:

"Why don't we say sorry?"

"What's the process of repair? That part of the process is missing."

"The check-in process with our employees under investigation is quite robotic – it lacks humanity."

"We need to allow some healing time and then talk to people who have been under investigation to ask how it was for them – we don't do that."

In fact, the meeting began with two of the group sharing their own experiences of dealing with investigations in their professional capacity, while also being profoundly and personally affected by some of the issues involved. We discussed how drawing the boundary between your professional and personal self is increasingly challenging for our profession."

Outcomes of the meeting

Simon said that the *When we do harm* paper allowed them to view investigations through an employee harm lens – just as care delivery is routinely seen through a patient harm lens.

"The paper gave us the structure for a natural discussion. Consensus emerged very quickly around the fact that, where we have investigations, we still have those unintended consequences - in other words, harm happens," he said.

"So, one outcome of the meeting was that our team resolved to look at our formal investigations with completely fresh thinking. We may involve our mediation and conciliation service more prominently – they currently have a 90% success rate and people report feeling heard and supported when they are part of the solution."

Simon explained that another area of focus will be on looking after our HR professionals who deal with employee relations matters that are really distressing.

"As HR professionals, investigations can mean we are routinely exposed to graphic detail about behaviours that are quite shocking, often relating to racism or sexual safety which you may have lived experience of yourself," he said.

"And then you are also the shoulder for, or the confidante of, the commissioning manager, the witnesses and the accused. That raises questions about both skillset and emotional load.

"One of our team expressed it as having to wear a coat of armour to work and that's really stuck with us. So, while we have some psychological support in place, we clearly need to look at that whole area far more closely."

Top Tip: "Invite other, non-HR professionals in early. Our data guy came along to our first meeting and he said: 'I need to change my data! I'm hearing the problem, I'm part of the solution. Let me be part of the solution and make it better for everyone'. You don't get better than that!" **Damian McGuinness**

Damian said the team is now going to look at how they can take a human-first approach to ER reporting. "By the end of the 90-minute discussion, we had some amazing, strategic clarity, too – it now feels that we could transform our entire ER approach to view it through an avoiding harm lens," he said.

"At the moment, that sits under the radar. For example, we monitor how long a process will take and know that longer investigations contribute to harm.

Thermometer of harm

"So, while we currently monitor numerically, we want to look at people and how they are affected, with KPIs that create a sort of 'thermometer of harm'. That way we'll have a system that lets us know about the harm when it's happening, so we can flag it, bring it to the attention of the organisation, and address it."

Both agree that everyone can benefit from opening up the conversation about avoidable employee harm.

"Every organisation can get a lot out of using these HPMA tools as a conversation starter and they will all learn something – what that is, will depend on the stage they are at," said Damian.

"I'm very lucky that in this team we have very open conversations, where people share their vulnerabilities and talk about how they feel, how they maintain professionalism and what support they need to do that. So, we're in an excellent place for people to think differently and bring ideas from their own perspective – and what's really pleasing about this, is how excited they are to do that."

"I believe we could see a lot of genuine innovation and quite radical transformation coming out of it. This could be a real game-changer!"

You too can take part in '100 Conversations'

We are encouraging HPMA members to start a conversation in their organisations using the *When we do harm* discussion paper. Let us know who you had the conversation with (board, executive team, HR colleagues), how it went and what steps you are taking to improve employee investigations where you work?

When you've had your conversation, use this online form to let us know how it's gone **https://www.surveymonkey.com/r/6TRZY3R** and we'll send you further resources to support your ongoing work in this area.

To download your copy of the *When we do harm paper,* visit: **www.hpma.org.uk/avoiding-harm** today

London Ambulance Service NHS Trust – the outcome of their conversation

At their meeting to discuss HPMA's *When we do harm* paper, the HR team the London Ambulance Service NHS Trust's identified the following areas that they are now considering:

1. Transforming how they report their ER data in a more human, rather than numerical way;
2. Involving their mediation and conciliation service more prominently in the complaint resolution process;
3. Reviewing how formal investigations are undertaken;
4. Exploring how the complaint-raising process is framed and managing expectations around investigations;
5. Increasing support for HR professionals dealing with emotionally challenging cases;
6. Adopting a 'harm quality lens' in HR processes, similar to how patient harm is viewed in healthcare.