



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



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|---|--|-------------------|--------------------|-----------------|
| Meeting Date | 3rd June 2019 | | Agenda Item | 4.2 |
| Report Title | Mental Health & Learning Disabilities Delivery Unit Health and Safety Committee Report | | | |
| Report Author | Janet Williams, Head of Operations | | | |
| Report Sponsor | Dai Roberts, Unit Service Director | | | |
| Presented by | Dai Roberts, Unit Service Director | | | |
| Freedom of Information | Open | | | |
| Purpose of the Report | To provide the Health and safety Committee with an overview of the Delivery Unit's systems for managing health and safety and to provide a summary of key issues, risks and plans to address them. | | | |
| Key Issues | <p>Mental Health & Learning Disabilities Delivery Unit comprises of a mixture of community and in patient services across all Health Board sites, therefore the management of Health and Safety poses a series of unique challenges.</p> <p>The Unit has in place, an established Health and Safety Group. The group is chaired by the Head of Operations and reports directly to the Unit Quality & Safety Committee.</p> | | | |
| Specific Action Required <i>(please ✓ one only)</i> | Information | Discussion | Assurance | Approval |
| | | | ✓ | |
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report | | | |

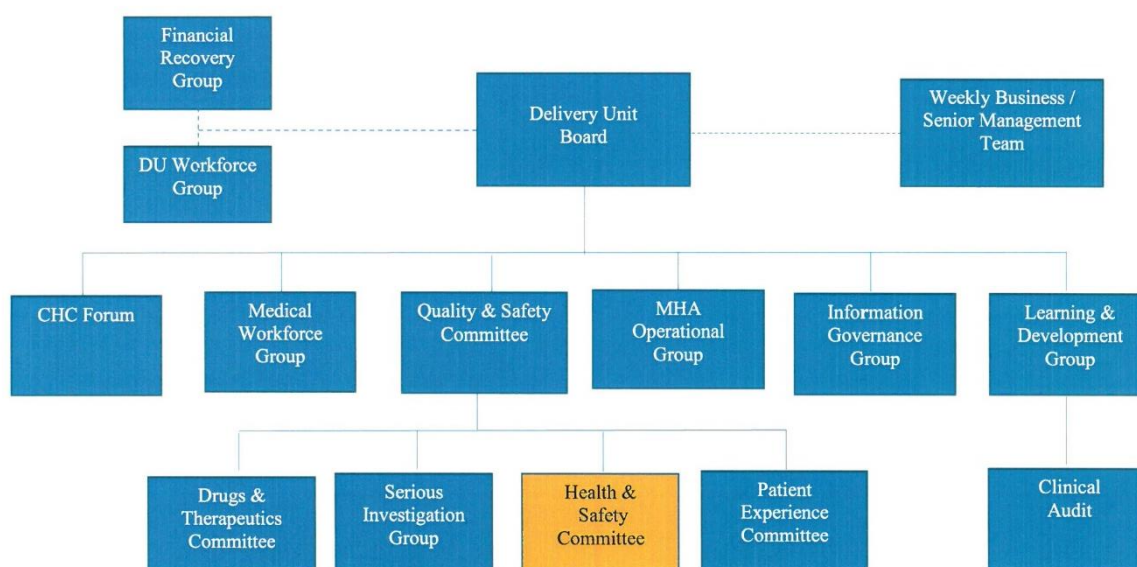
MENTAL HEALTH AND LEARNING DISABILITIES DELIVERY UNIT HEALTH AND SAFETY ASSURANCE REPORT

1. INTRODUCTION

This report is to provide the Health and Safety Committee with an overview of the Mental Health and Learning Disabilities Delivery Unit's systems for managing health and safety and to offer assurance of our compliance with health and safety matters affecting staff, patients and visitors using our services.

2. BACKGROUND AND ASSURANCE

The Delivery Unit Health & Safety group supports the delivery of a safe and secure working environment across healthcare settings managed by the MH & LD Delivery Unit and the wider Swansea Bay University Health Board in line with current HB Health and Safety Strategy. The Delivery Unit (DU) Health & Safety Group provides assurance to the Delivery Unit Quality & Safety Committee that the Delivery Unit is meeting the requirements set out by all current and relevant health and safety legislation and regulations.



3. ANNUAL WORK PLAN

Mental Health & Learning Disabilities DU has an annual Health and Safety work plan that incorporates the key elements of Health and Safety management and feeds into the Delivery Unit Health and Safety meetings.

Themes include:-

- RIDDOR
- HSE Inspection Reports
- Violence & Aggression
- Manual Handling
- Fire Risk Assessments

- Food Hygiene & Food Handling
- Falls
- Safety Alerts
- EPRR
- Policy Review
- Infection Control and Prevention
- Flu Vaccination
- Risk Register
- Environmental Issues

4. PERFORMANCE 2018/19

- **Mandatory training compliance @ April 2019**

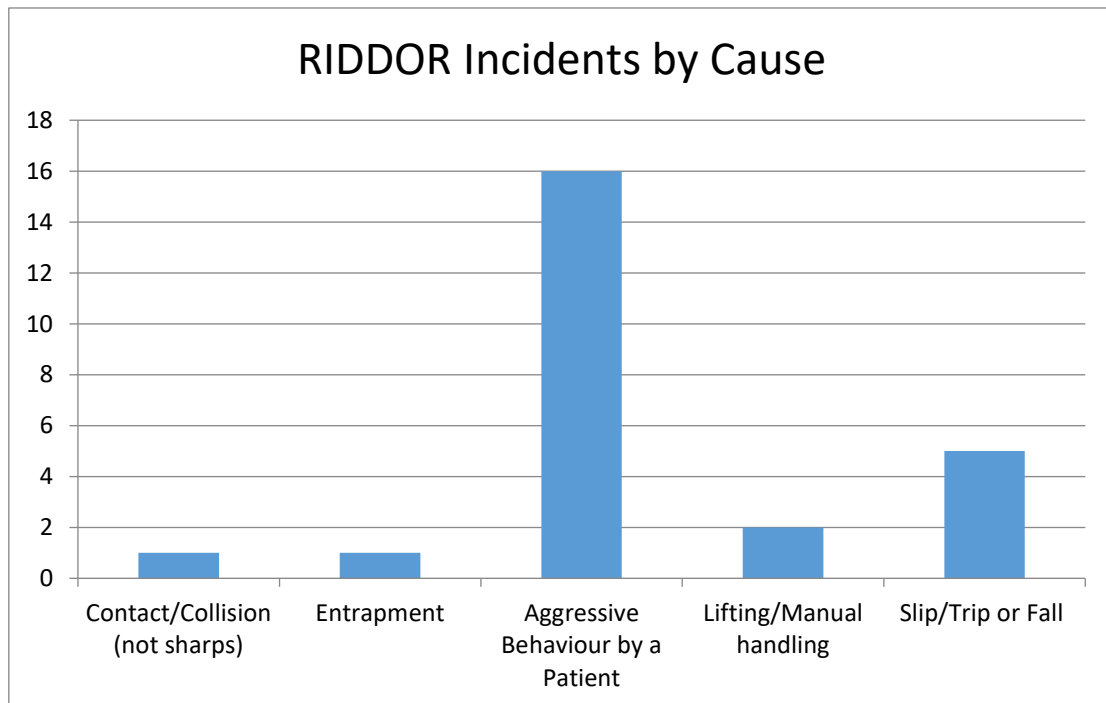
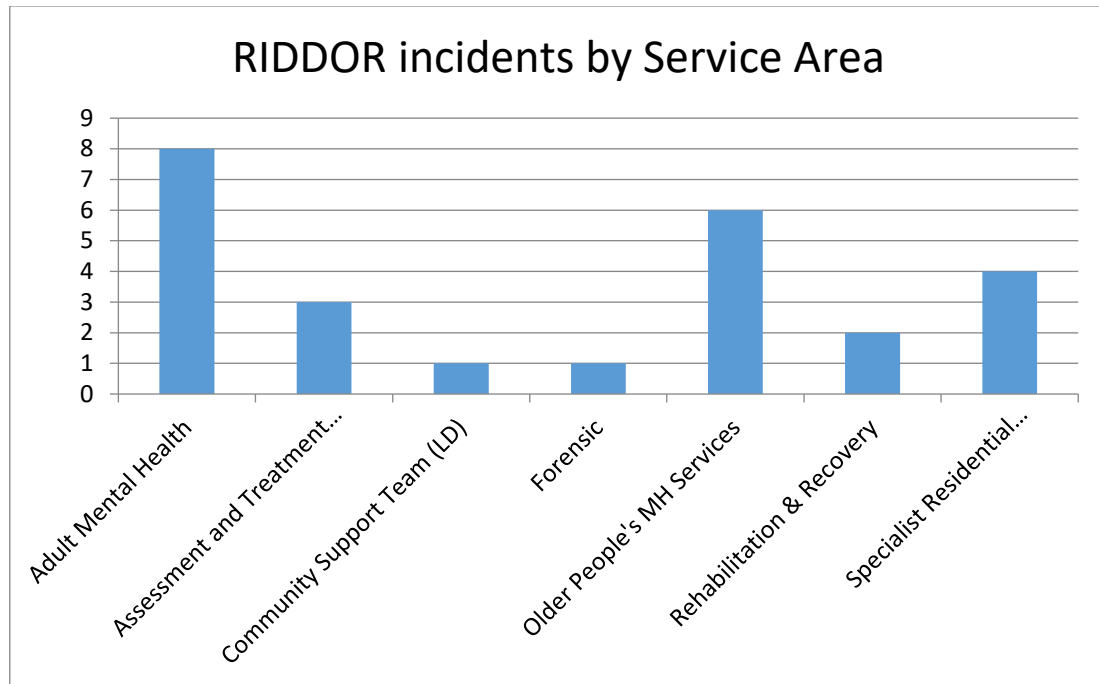
Targeted work will be undertaken by Professional Leads, Localities, and Departments, in order to improve our overall mandatory and statutory compliance. This is being monitored via Locality Performance Reviews.

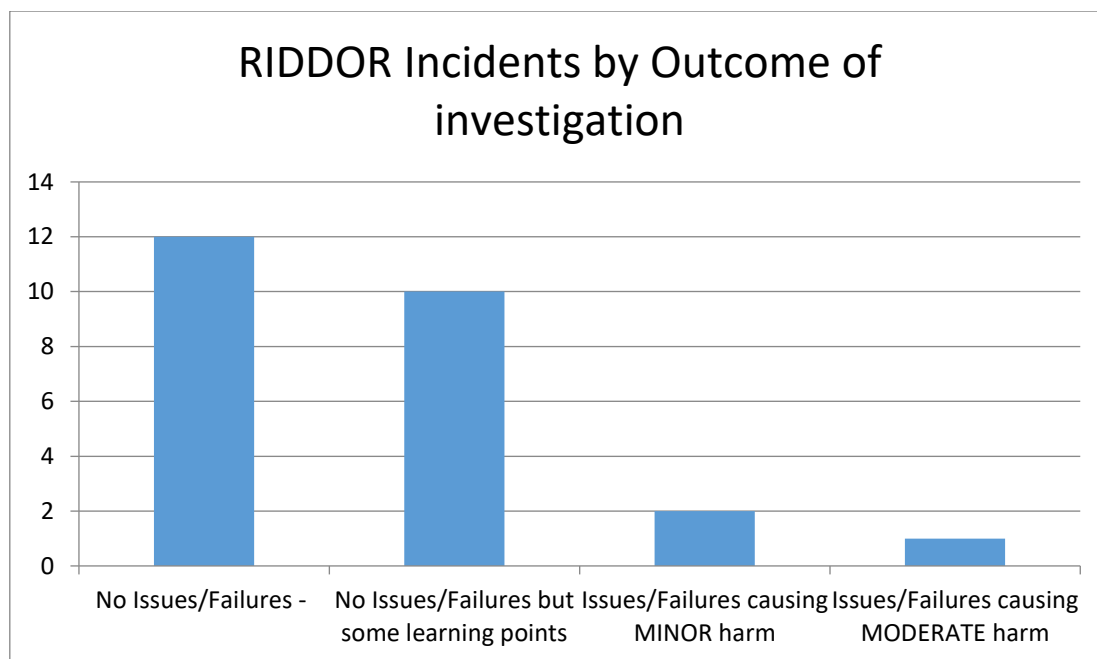
| MANDATORY TRAINING (All Staff- ESR) | |
|--|--------------|
| Equality, Diversity and Human Rights - 3 Years | 79.2% |
| Fire Safety - 2 Years | 87.9% |
| Health, Safety and Welfare - 3 Years | 79.0% |
| Infection Prevention and Control - Level 1 - 3 Years | 79.6% |
| Information Governance (Wales) - 2 Years | 91.7% |
| Moving and Handling - Level 1 - 2 Years | 72.0% |
| Resuscitation - Level 1 - No Specified Renewal | 80.9% |
| Safeguarding Adults - Level 1 - 3 Years | 76.2% |
| Safeguarding Children - Level 1 - 3 Years | 74.4% |
| Violence and Aggression (Wales) - Module A | 86.3% |
| Dementia Awareness - No Renewal | 83.4% |
| Social Services and Well Being Act Wales Awareness (2 | 93.9% |
| Violence Against Women, Domestic Abuse and Sexual | 73.3% |
| % compliance for all completed Level 1 competencies within the Core Skills and Training Framework | 80.7% |
| % compliance for all completed Level 1 competencies within the Core Skills and Training Framework + 3 additional mandatory training | 81.4% |

| MANDATORY TRAINING (NURSING STAFF ONLY- CARE METRICS) | |
|--|--------|
| % staff received Fire Safety training | 92.61% |
| % staff received Violence & Aggression training | 93.55% |
| % staff received manual handling training | 92.47% |
| % staff received hand hygiene training in last 12 month | 95.02% |
| % staff received Standard precaution infection control | 93.94% |
| % staff received appropriate level of Safeguarding children | 98.04% |
| % staff received POVA training in last 3 years | 96.58% |
| % staff trained in MCA/ DOLS | 92.61% |
| % of staff received Dementia Training (Level 1) | 98.02% |

- **RIDDOR reportable incidents**

In 2018/19 there were 25 RIDDOR incidents reported. The highest number was 8 in Adult Mental Health. All incidents had a severity of moderate harm. 16 RIDDOR incidents related to aggressive behaviour by a patient.





• HSE Inspection Report

HSE inspection carried out in November 2018, Tonna and Cefn Coed Hospitals (CCH) were visited in relation to V&A and Musculo-Skeletal Disorders.

- Action CCH – to review systems to ensure mandatory training programmes are provided for all new starters immediately. Service Managers to ensure that all new starters receive required training.
- Action CCH – to review arrangements were in place for visitors and non-clinical staff to ensure appropriate control measures were in place. Audit undertaken of alarm system on Tawe Clinic.
- Action CCH – Derwen Ward - Review of existing manual handling arrangements and monitor and review availability of coaches. Training data submitted for information and work continues to ensure all staff members are up to date.
- Action Tonna – Transport risk assessment to be carried out regarding Tonna Site. Risk assessment carried out by Service Manager.
- Action Tonna – response required regarding a historic RIDDOR that could not be traced by Unit Management. Incident investigated, incident was pre-DATIX however a thorough investigation was undertaken and findings together with action plan was submitted. V&A improvements were made as a result.
- Action Tonna – review of monitoring and auditing of moving and handling arrangements in Tonna in relation to movement of Health Records across the site. Service Manager working with Transport manager with regards to improving transport of health records across sites.

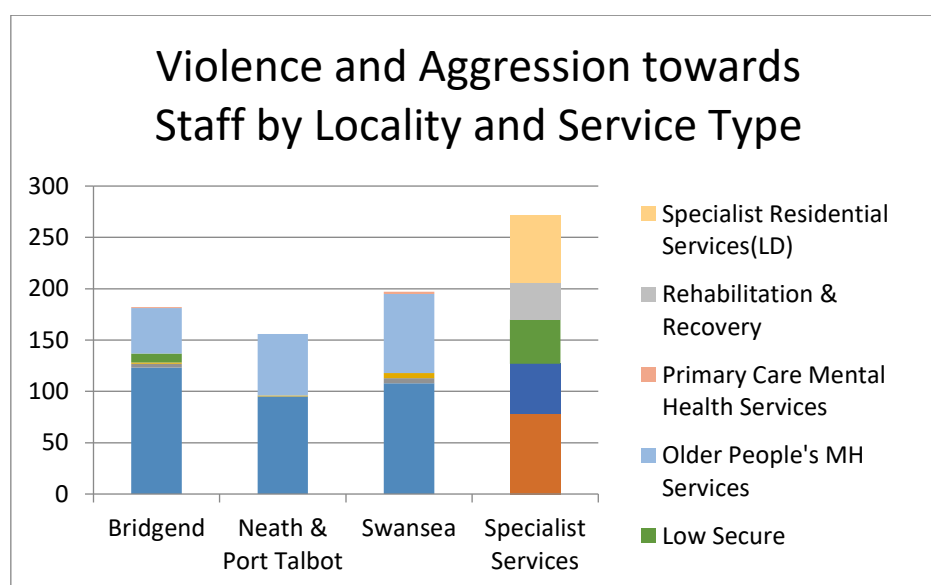
Some actions and responses have been submitted and work is ongoing to complete all actions by 1st September 2019. Formal written responses are required by 10th September 2019.

- **Violence and Aggression including Lone Working**

Staff

There were 824 incidents of V&A reported against Staff between April 18 to March 19.

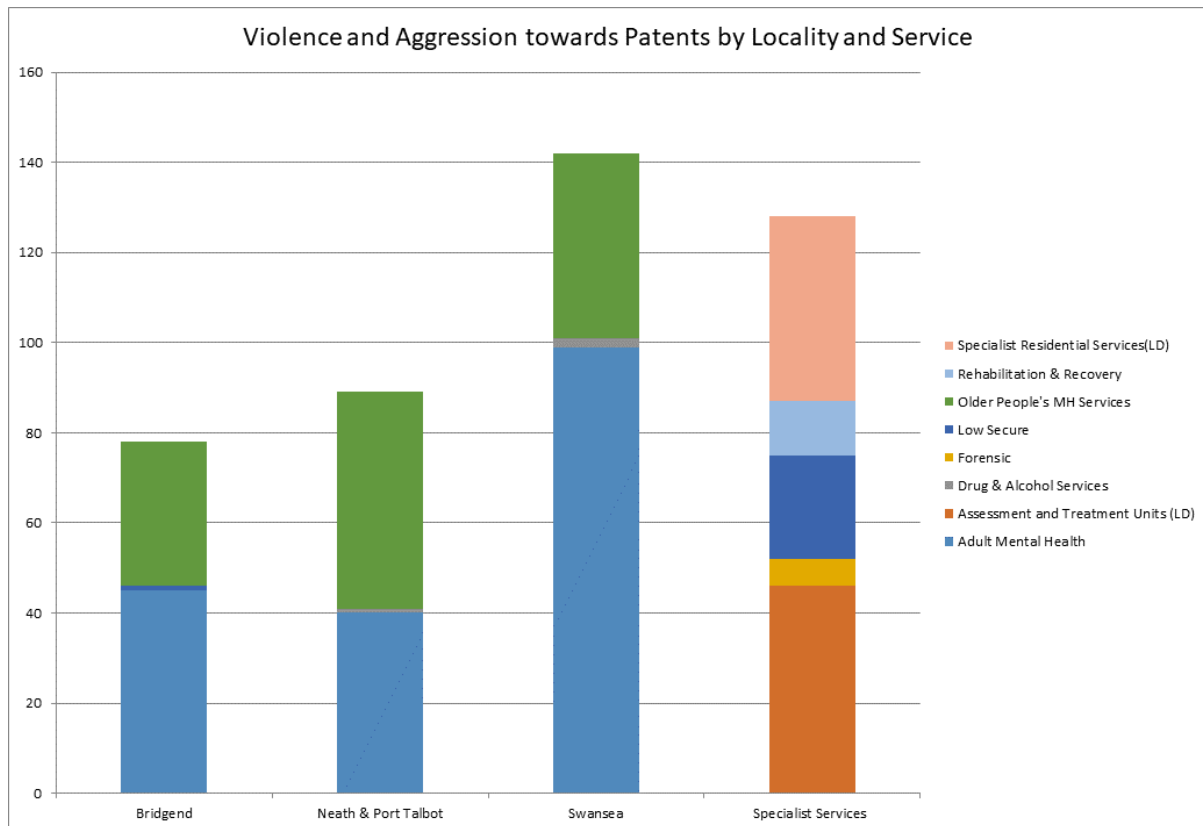
| No Harm | Negligible | Low | Moderate | Severe |
|---------|------------|-----|----------|--------|
| 575 | 109 | 112 | 26 | 2 |



Patients

There were 438 incidents of V&A reported against patients between April 18 to March 19.

| No Harm | Negligible | Low | Moderate |
|---------|------------|-----|----------|
| 335 | 52 | 46 | 5 |



There have been no reported incidents relating to lone working within the DU.

• **Reducing Restrictive Practices**

The Delivery Unit has developed a governance structure in relation to the reducing restrictive practices agenda. The DU has developed a reducing restrictive practices steering group that reports directly to the DU Quality & Safety committee and also reports into PEG (Patient Experience Group) and also PRRICE (Proactive Reduction of Restrictive Practice Clinical Effectiveness) Group.

The steering group's focus is to operationalise the overarching strategic framework for Reducing Restrictive Practices March 2019. Specific pieces of work generated by this group will be allocated to each sub group that reports directly to it. These groups are:-

- Health & Safety
- V&A Steering Group
- DATIX Group
- RPI (Restrictive Physical Interventions Forensic Model) Group
- Policies Group
- PBM (Positive Behaviour Management) ABMU (Learning Disabilities Model) hosted by Swansea University Health Board
- PBS (Positive Behavioural Support) steering group.

- **Manual Handling**

There were 9 manual handling incidents reported between April 18 and March 19. The 3 moderate incidents were reported via RIDDOR and no issues or failures reported, however training was reviewed and staff reminded of their duty to only undertake work within their capabilities and to use appropriate techniques.

| Moderate | Low | No Harm |
|----------|-----|---------|
| 3 | 4 | 2 |

- **Fire Risk Assessments**

An audit of all fire risk assessments has been undertaken and work ongoing to update any assessments currently outstanding. The DU H&S group will review this audit work.

- **Food Hygiene & Food Handling**

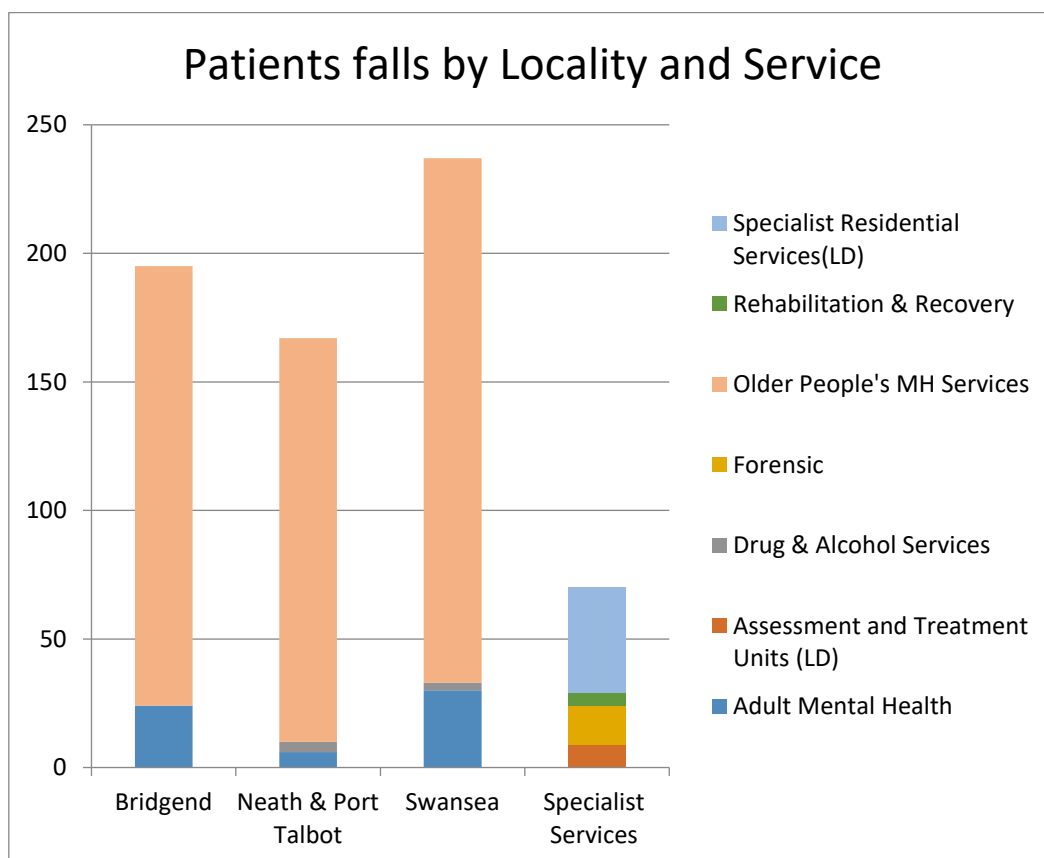
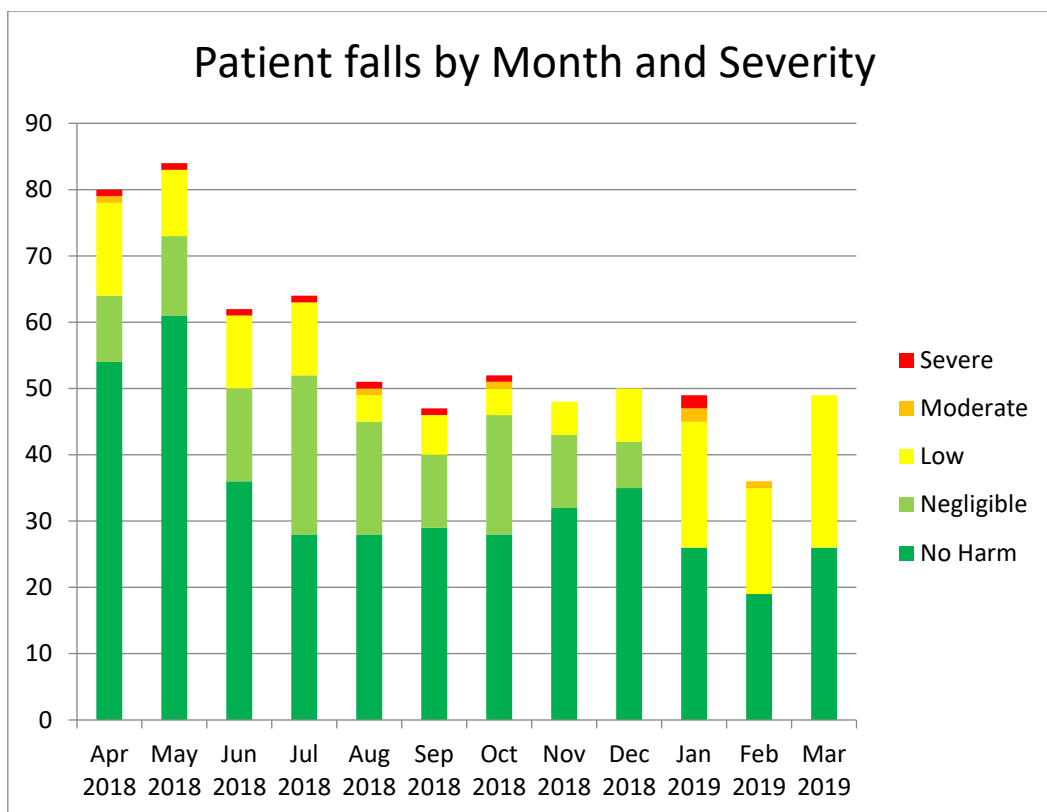
Direct care training has been secured to all staff via Gower College as in interim measure. The long term aim is to train up trainers at Level 3 Food Hygiene and to train and refresher train the rest of the staff. Funding has been secured via charitable funds to train 20 staff for Level 3 training and a further bid for additional train the trainer course has been submitted.

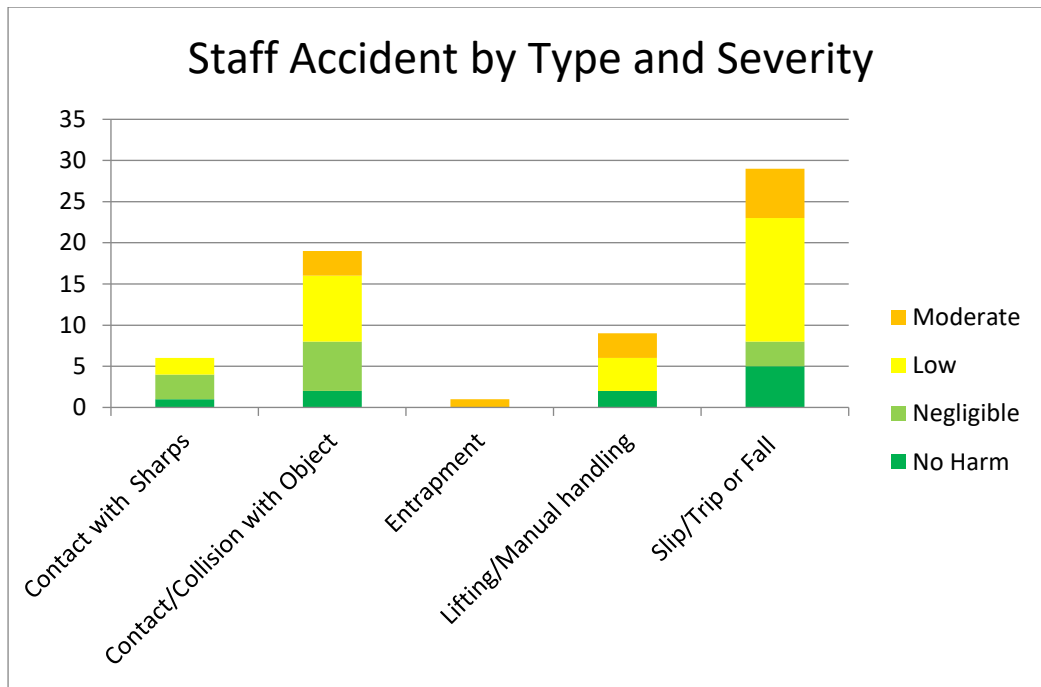
- **Falls**

There was a significant reduction in the number of inpatient falls as highlighted below. All falls are managed by the patient falls group.

| No Harm | Negligible | Low | Moderate | Severe |
|---------|------------|-----|----------|--------|
| 402 | 124 | 131 | 6 | 9 |

All falls causing severe harm including fractured NOF have all had RCA falls investigations signed off by the falls group.





- **Safety Alerts**

The Delivery Unit has developed a policy for cascading safety alerts via email to the Service Managers for circulation in their own areas. Safety alerts are also a standard agenda item on the H&S Group. This year the main focus has been on Valproate prescribing.

- **EPRR**

The DU is represented at the HB EPRR group and business continuity plans have been developed for all inpatient and community areas. The DU Business Continuity Lead has also attended the workshop on Testing the HB Pandemic Flu Tactical Plan and Brexit Meetings.

- **Policy Review**

All Health & Safety policies are reviewed via the H&S Group and ratified at the DU Board meetings.

- **HCAI End of Year Position**

2 cases were reported overall for C.Difficile. Both cases were in Bridgend 1 in April 18 and 1 May 18.

0 cases of MSSA SA bacteraemia were reported this year.

0 cases of MRSA SA bacteraemia were reported this year.

3 cases of E.Coli SA bacteraemia were reported. 2 cases in Ward G NPT 1 in April 18, 1 in May 18, and 1 case in Angelton in Sept 18.

- **Flu Vaccination**

Uptake of influenza vaccinations had reduced to 46.8% in March 19 compared with 53.5% in March 2018, despite a rigorous flu campaign across the DU with Flu Champions in each Locality.

- **Unit Health and Safety Risks**

There are currently 3 risks relating to Health and Safety on the unit risk register and 0 risks over 16, these are monitored through quarterly review meetings and submitted to the DU Quality & Safety Committee.

- Environmental Risks NPT Hospital MH Unit – PFI (6)
- Fire and security in the MH Estate (CCH only) (9)
- Fire on Wards – Risks of patients setting fires on adult acute wards (9)

5. MENTAL HEALTH & LEARNING DISABILITIES HEALTH AND SAFETY PRIORITIES FOR 2019/20

Areas of Greatest Concern

1. **Acute Adult Wards Cefn Coed Hospital** – the adult acute wards & assessment suite for the Swansea population remain in part of the old hospital building and the environment is unsuitable for a modern mental health inpatient service. The wards have been refurbished but communal space and sanitary accommodation is inadequate. A formal Capital Project Board has now been established to take forward the Business Case for the re-provision of accommodation for the Acute Adult Inpatient service.
2. **Rowan House Admission & Assessment Unit (Learning Disabilities)** – Rowan House is a residential unit based in Cardiff providing an admission & assessment facility for the Cardiff population but operated by Swansea Bay Health Board. The physical maintenance of the unit and its grounds is shared between the Estates Departments of Cardiff & Vale HB and Cwm Taf Health Board. The Unit is physically isolated since the closure of the neighbouring Park View Health Centre and it is increasingly difficult to agree improvement works within the building and its grounds. Non recurring monies were used in 2018/19 to purchase furniture and new beds for the Unit and the resolution of works required in the unit are currently being escalated. A recent change has been made to the management arrangements with Service Managers now being organised into geographical hubs. This will increase management presence and visibility in MH & LD Units.
3. **CAMHS Bed Ward F NPT Hospital** – Due to a gap in service provision for inpatient CAMHs all Health Boards are required to provide an emergency inpatient bed for a CAMHs patient aged 16-18 years. The designated bed in Swansea Bay HB is in Ward F NPT Hospital which is an acute adult mental health ward. This is considered an unsuitable environment for patients in this age group.

In order to mitigate safeguarding risks any CAMHS patient admitted is nursed on a 1:1 basis but this is restrictive and can cause distress. A meeting is planned with partners to discuss CAMHS pathway.

Areas of Good Practice

- The level of reporting from all areas of the DU on no and low harm incidents. This provides assurance that the staff in the DU are happy to report incidents and raise concerns with the management team.
- The implementation of the falls group in the DU to scrutinise all falls and share learning across the DU.
- The setting up of a working group to review the systems in place for the Reduction of Restrictive Practices as this will support staff to reduce levels of violence and aggression and improve the management of incidents.
- **Assurance systems**
 - Bimonthly Delivery Unit Health and Safety Group
 - Attendance at the Health Board Health and Safety Committee
 - H&S report to DU Quality and Safety Committee.
 - Risk register review
 - Quality Assurance Reviews (What Good Looks Like) conducted by Service Managers
 - 15 Step Reviews (annual)
 - Senior Team walkabouts / spot checks
 - External reviews e.g. HIW, CHC, RCPsych, QAIS
 - Serious Incident Group

6. RECOMMENDATION

Members are asked to:

- **NOTE** the report