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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>05 October 2021</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Mental Health &amp; Learning Disabilities Service Group Health and Safety Committee Report</b>		
<b>Report Author</b>	<b>Ricky Morgan, Assistant Head of Operations MH&amp;LD and Alisha Ramji, Graduate Trainee Manager, SBUHB</b>		
<b>Report Sponsor</b>	<b>David Roberts, Service Group Director, MH&amp;LD</b>		
<b>Presented by</b>	<b>David Roberts, Service Group Director MH&amp;LD and Stephen Jones, Service Group Nurse Director MH&amp;LD</b>		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide the Health and Safety Committee with an overview of the Service Group's systems for managing health and safety and to provide a summary of key issues, risks and plans to address them. This report covers the period of the financial year 2020/21 (1 <sup>st</sup> April 2020-31 <sup>st</sup> March 2021)		
<b>Key Issues</b>	<p>The Mental Health &amp; Learning Disabilities Service Group 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 Service Group has in place, an established Health and Safety Group. The group is chaired by the Associate Service Director/Head of Operations and reports directly to the Service Group's Quality &amp; Safety Committee.</p>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the report</li> </ul>		

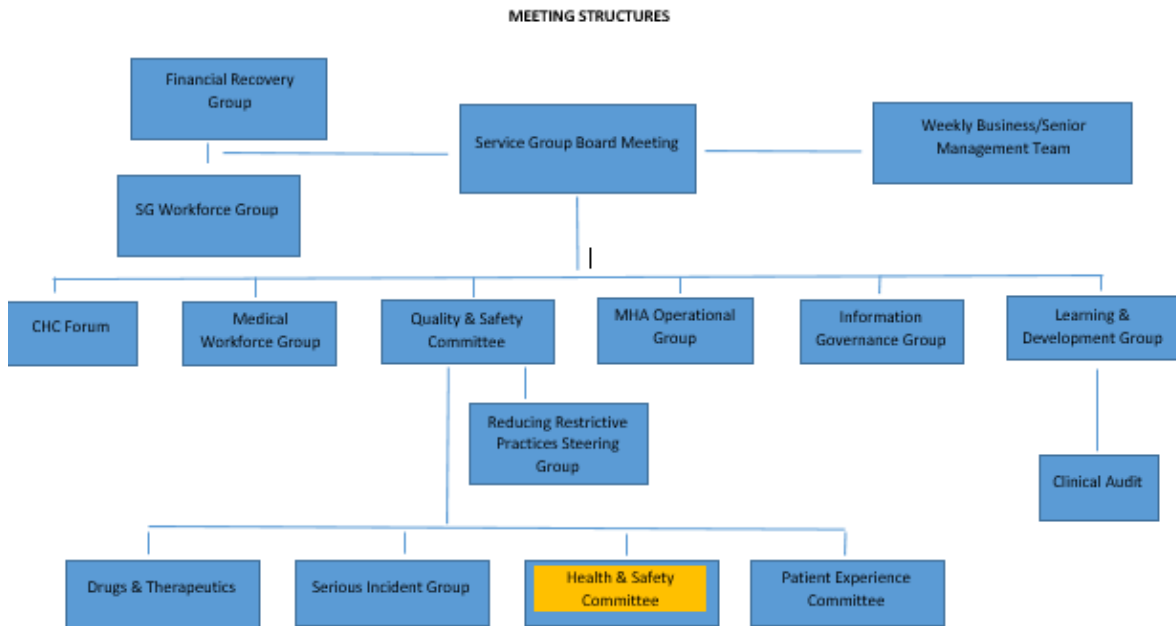
# MENTAL HEALTH AND LEARNING DISABILITIES SERVICE GROUP HEALTH AND SAFETY ASSURANCE REPORT

## 1. INTRODUCTION

This report is to provide the Health and Safety Committee with an overview of the Mental Health and Learning Disabilities Service Group’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 for the period 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021.

## 2. BACKGROUND

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



## 3. GOVERNANCE AND RISK ISSUES

### ANNUAL WORK PLAN

Mental Health & Learning Disabilities SG has an annual Health and Safety work plan that incorporates the key elements of Health and Safety management and feeds into the Service Group Health and Safety meetings.

Themes include:-

Health and Safety Committee – Wednesday, 5<sup>th</sup> October 2021

- 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

## PERFORMANCE 2019/20

- **Mandatory training compliance @ March 2021**

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

<b>MANDATORY TRAINING (All Staff- ESR)</b>	
Equality, Diversity and Human Rights - 3 Years	87.5%
Fire Safety - 2 Years	80.0%
Health, Safety and Welfare - 3 Years	88.8%
Infection Prevention and Control - Level 1 - 3 Years	86.6%
Information Governance (Wales) - 2 Years	85.6%
Moving and Handling - Level 1 - 2 Years	78.8%
Resuscitation - Level 1 - No Specified Renewal	84.3%
Safeguarding Adults - Level 1 - 3 Years	84.8%
Safeguarding Children - Level 1 - 3 Years	83.8%
Violence and Aggression (Wales) - Module A	91.2%
Dementia Awareness - No Renewal	91.5%
Social Services and Well Being Act Wales Awareness (2014)	91.2%
Violence Against Women, Domestic Abuse and Sexual	77.7%
<b>% compliance for all completed Level 1 competencies within the Core Skills and Training Framework</b>	<b>85.14%</b>
<b>% compliance for all completed Level 1 competencies within the Core Skills and Training Framework + 3 additional mandatory training</b>	<b>85.52%</b>

<b>MANDATORY TRAINING (NURSING STAFF ONLY- CARE METRICS)</b>	
% staff received Fire Safety training	87.52%
% staff received Violence & Aggression training	84.52%
% staff received manual handling training	88.90%
% staff received hand hygiene training in last 12 month	92.55%
% staff received Standard precaution infection control	91.72%
% staff received appropriate level of Safeguarding children	98.62%
% staff received POVA training in last 3 years	92.55%
% staff trained in MCA/ DOLS	91.72%
% of staff received Dementia Training (Level 1)	95.69%

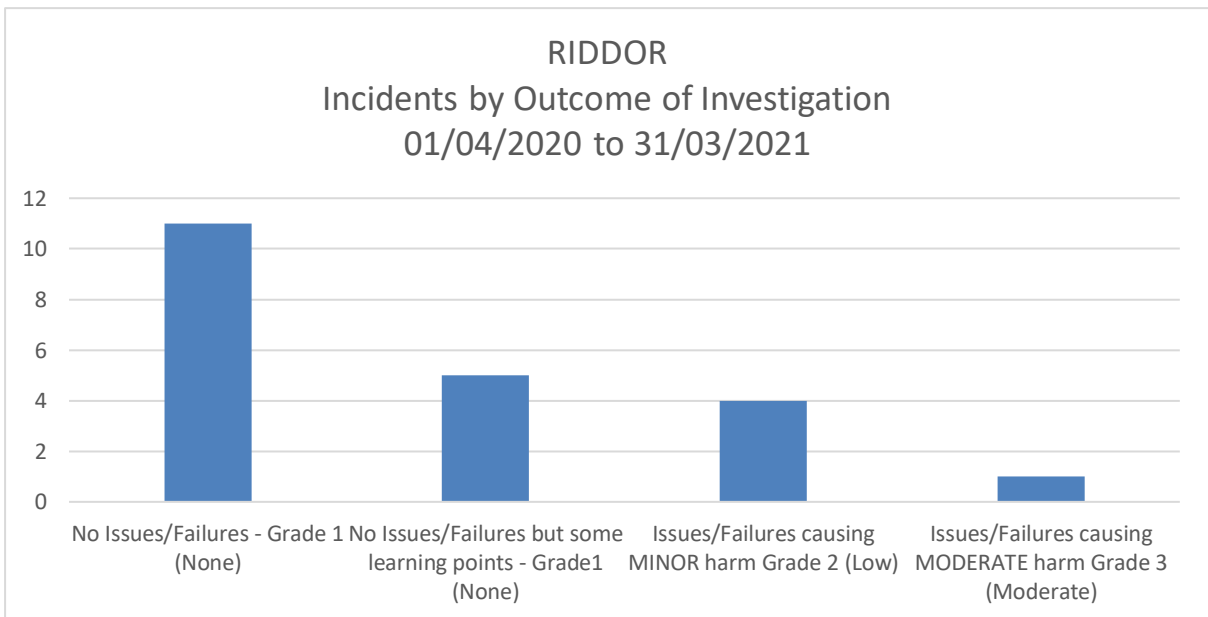
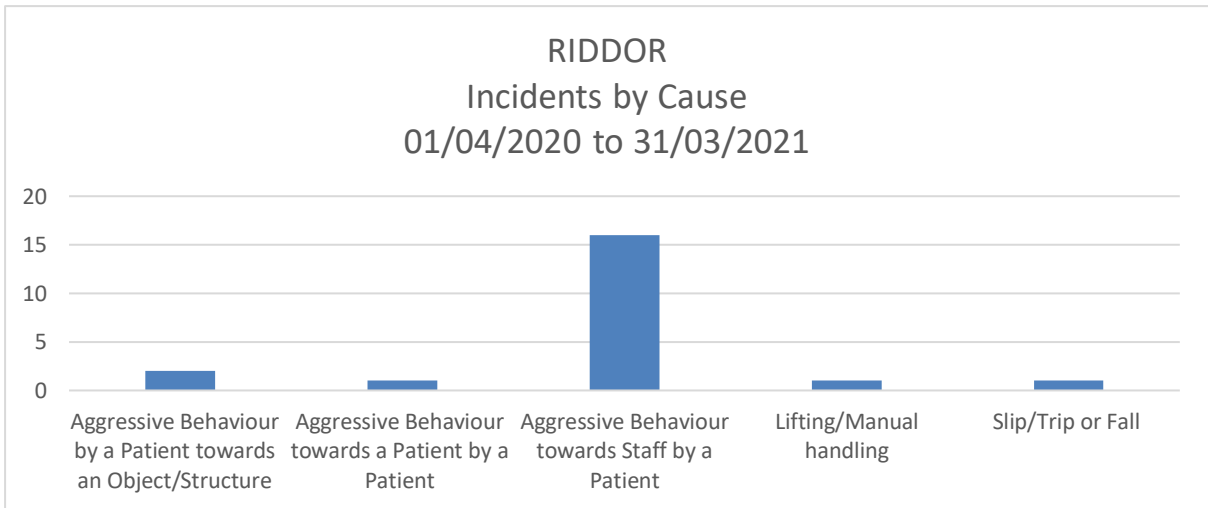
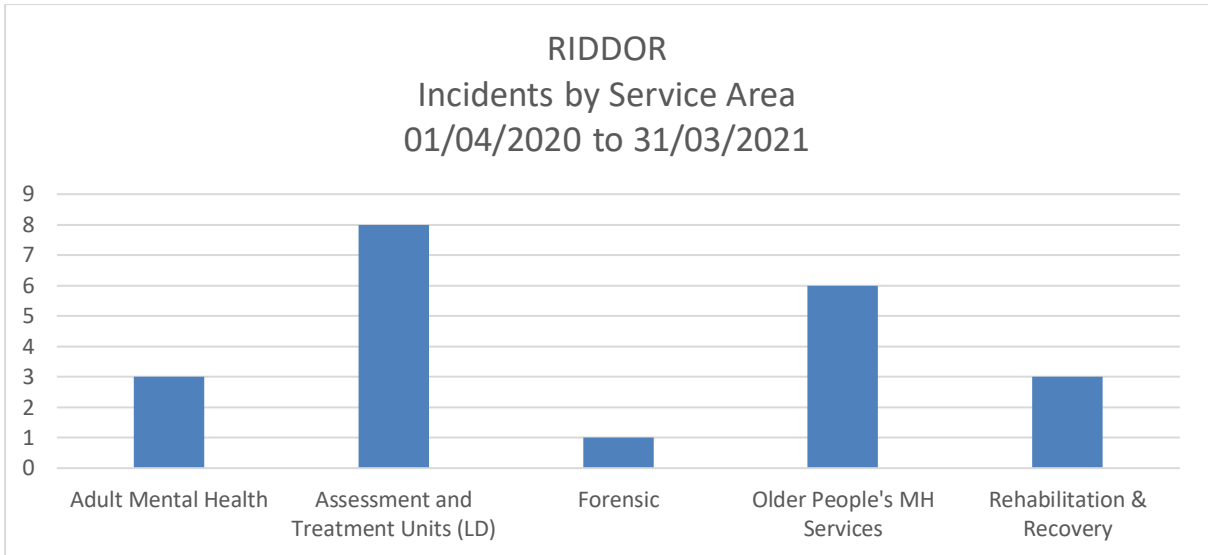
- **RIDDOR reportable incidents**

In 2020/21 there were 21 RIDDOR incidents reported. The highest number was 8 in Learning Disabilities AATU's. 1 incident had a severity of moderate harm, 4 incidents had a severity of minor harm, 5 incidents had a severity of no issues or failings but some learning points could be obtained and 11 incidents had a severity of no issues or failings.

A full list of RIDDOR incidents that had lessons learned is embedded below, common lessons learned included ward staff offering reassurance to patients and the implementation of suitable safe distraction techniques to minimise their level of confusion, suitable staffing levels to be adhered to, at all times and management plans of patients to be followed as stated.



RIDDOR MH&LD  
2020-21.docx



- **HSE Inspections**

No HSE inspections took place during 2020/21 due to the ongoing COVID-19 pandemic. The last formal inspection conducted by HSE was November 2018.

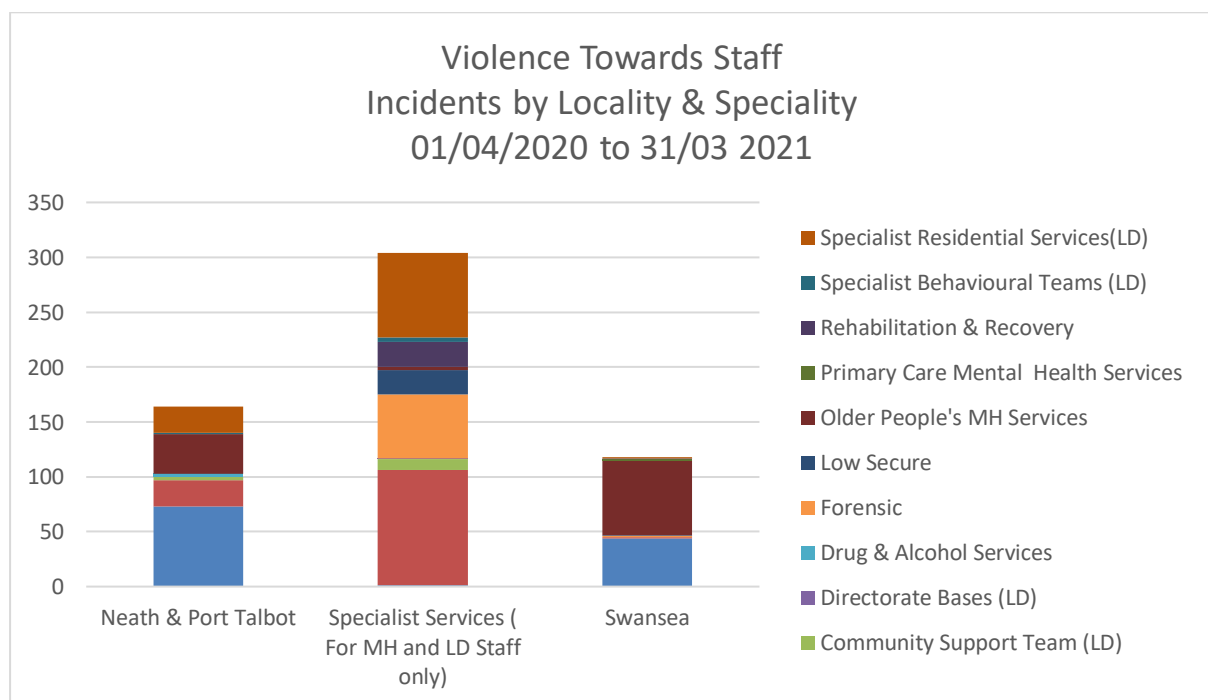
- **Violence and Aggression including Lone Working**

To note, the MH&LD Service Group went from using a locality based (Swansea, Neath Port Talbot & Specialist Services) structure to a divisional (Mental Health, Learning Disabilities & Forensic) structure in January 2021 but this will not be reflected by the DATIX system, which is being upgraded and restructured until the 1<sup>st</sup> of October 2021.

Staff

There were 586 incidents of V&A reported against Staff, for the reporting period, April 2020 to March 2021.

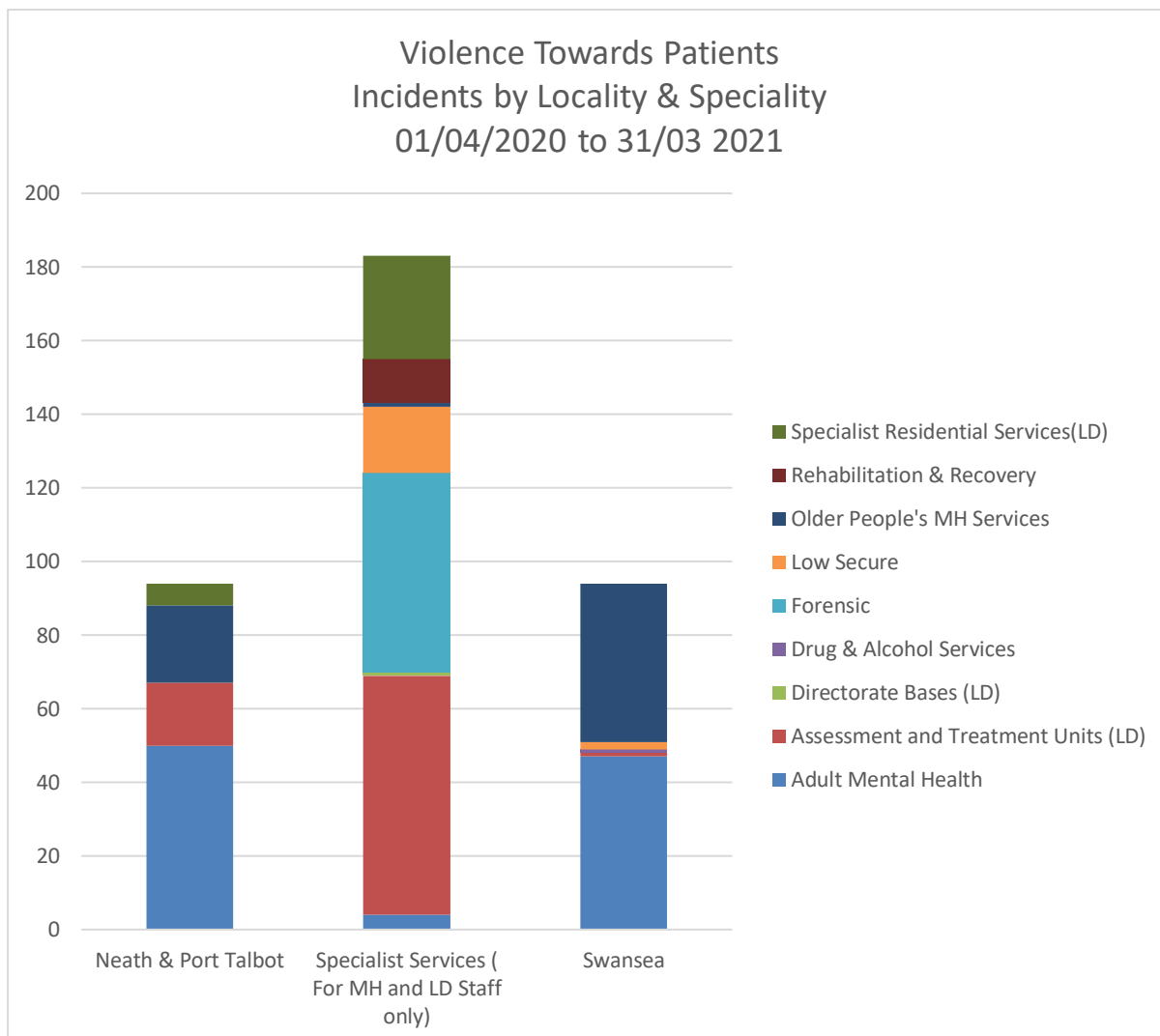
No Harm	Low	Moderate	Severe
385	194	6	1



## Patients

There were 405 incidents of V&A reported against patients, for the reporting period, April 2020 to March 2021.

No Harm	Low	Moderate
315	83	7



For V&A incidents, involving staff and patients, a list of those that involved lessons learned or learning points are embedded below. Common themes included the need to improve communication, working in a more multi-disciplinary way in wards and units, the reviewing of personal behaviour management techniques and appropriate staffing levels to be maintained at all times.



V&A MH&LD  
2020-21.docx

- **Reducing Restrictive Practices**

The Service has developed a governance structure in relation to the reducing restrictive practices agenda. The SG has developed a reducing restrictive practices steering group that reports directly to the SG 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. The work is ongoing across the steering group and is being well received across all areas.

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.

The WG consultation document has now been replaced by the WG Framework and as a group we continue to develop a HB policy in line with this framework.

- **Manual Handling**

There was 1 manual handling incident reported between April 2020 and March 2021. The incident was recorded as 'Low' in the severity scale.

- **Fire Risk Assessments**

An audit of all fire risk assessments has been undertaken and work ongoing to update any assessments currently outstanding. The SG H&S group will review this audit work. There are currently no inpatient/sleeping areas outstanding for a fire risk assessment. Whenever a fire risk assessment is completed, it is brought to the SG H&S group for consideration.

- **Falls**

All falls are managed by the patient falls group.

No Harm	Low	Moderate	Severe
340	144	8	5



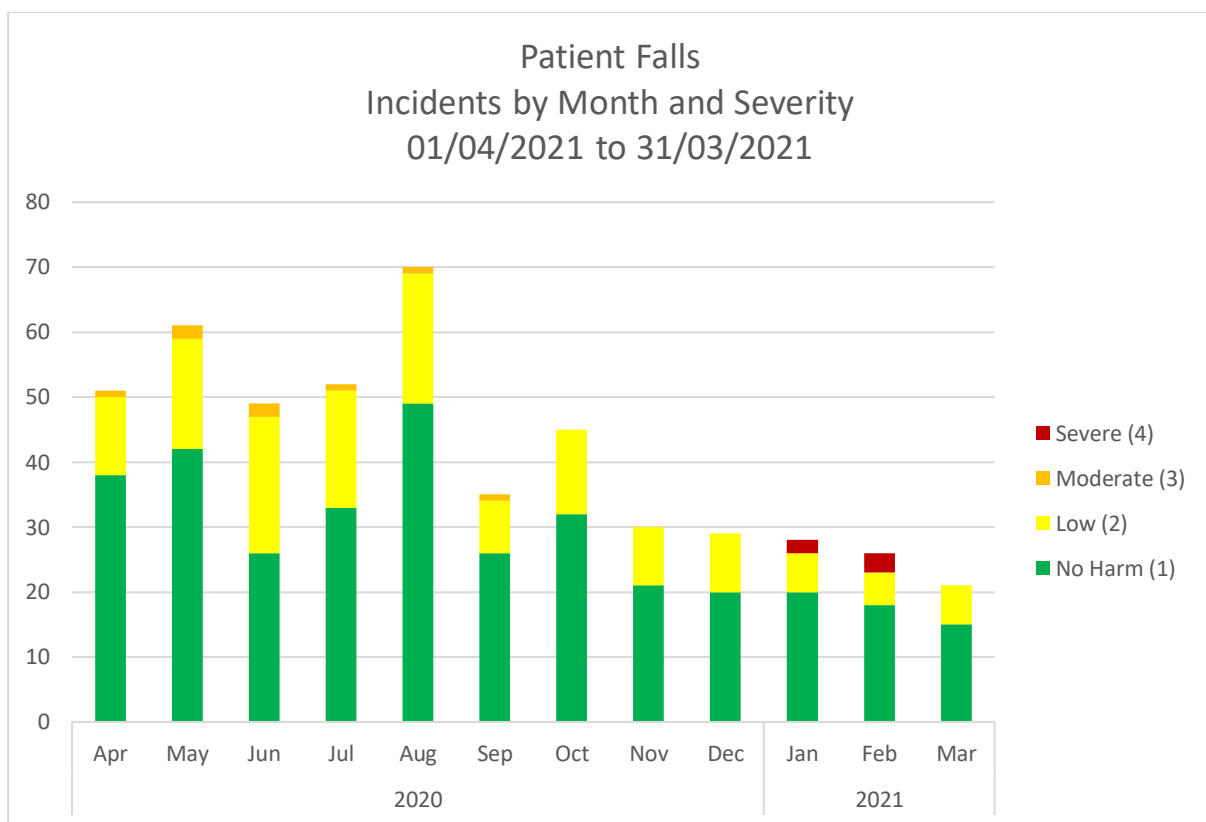
All falls causing severe harm including fractured NOF have all had RCA falls investigations signed off by the falls group.

Learning points and actions taken around falls that have occurred across the Service Group, include liaising with Physiotherapy around falls prevention measures, the falls care plan and associated policies being adhered to at all times and the monitoring and maintaining of appropriate staffing levels for individual patients.

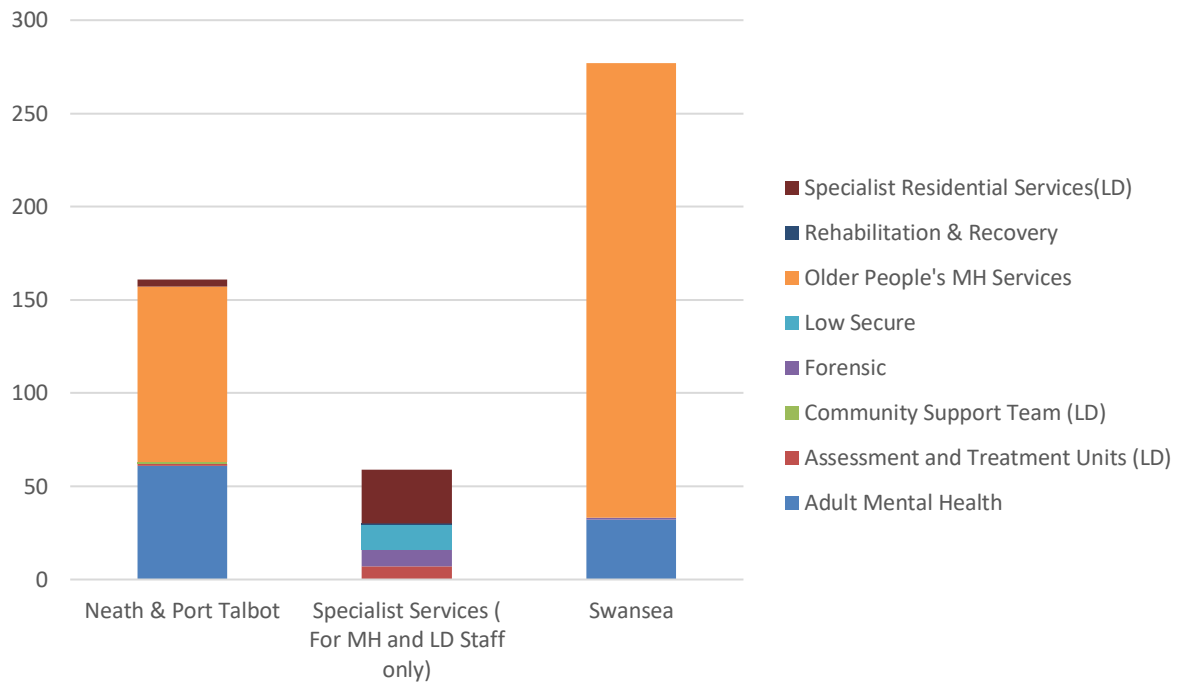
The full list of falls where there were found to be lessons learned and actions taken is embedded below.

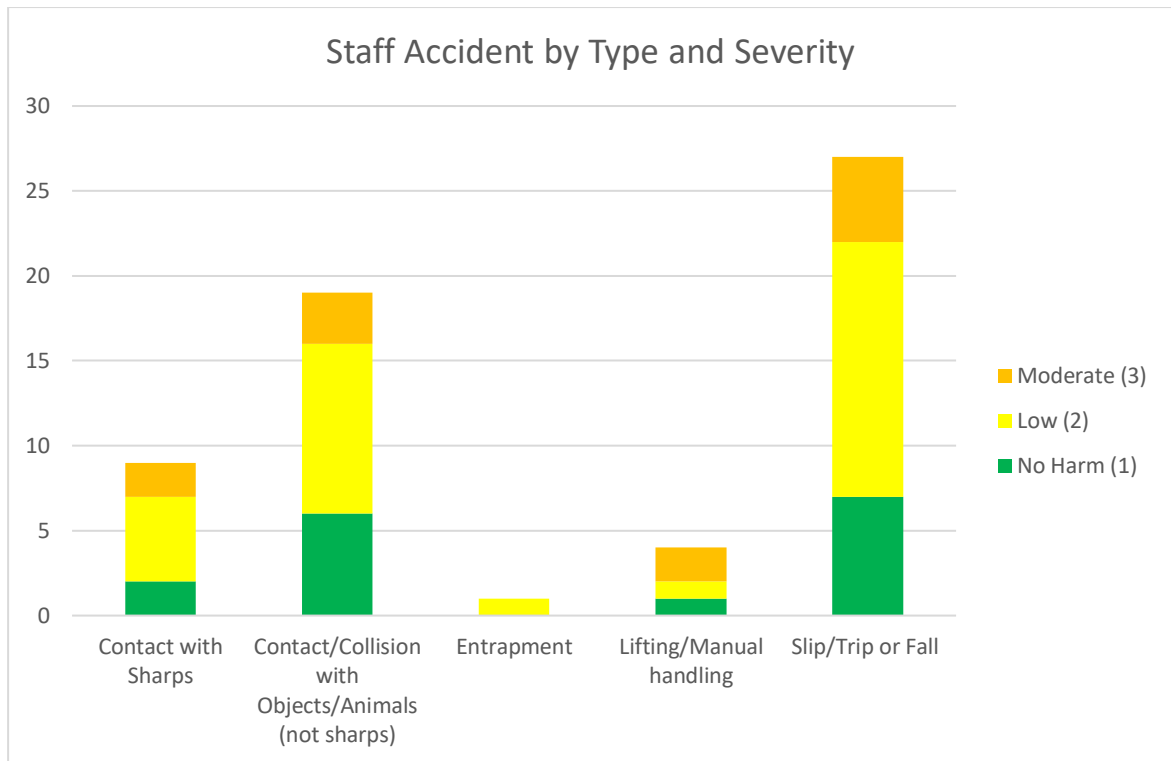


FALLS 2020-21  
MH&LD.docx



### Patient Falls Incidents by Locality & Speciality 01/04/2020 to 31/03 2021





- **Safety Alerts**

The Service Group 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.

- **EPRR**

The SG is represented at the HB EPRR group and business continuity plans have been developed for all inpatient and community areas.

- **Policy Review**

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

- **HCAI End of Year Position**

Aside from the ongoing COVID pandemic the Service Group recorded was one case of Clostridium Difficile recorded in the service group in the reporting period. The incident was managed appropriately and a reminder given around the Service Group action plan around C-Dif.

- **Flu Vaccination**

Uptake of influenza vaccinations had increased to 65.4% in March 2021 compared with 50.6% in March 2020, with a rigorous flu campaign, taking place across the SG with Flu Champions in each Division.

- **Service Group Health and Safety Risks**

There are currently 9 risks relating to Health and Safety on the SG risk register and five risks over 16, these are monitored though quarterly review meetings and submitted to the SG Quality & Safety Committee.

- Food Hygiene Compliance – SG Wide (9)
- Fire and security in the MH Estate (16)
- Fire on Wards – Risks of patients setting fires on adult acute wards (6)
- Ligature Risk for Patients (16)
- Caswell Clinic Security Risks (20)
- Slip, Trips & Falls (16)
- Violence & Aggression from Patients (12)
- Child Bearing Staff Members (12)
- Adolescents being admitted to Mental Health wards (20)

Full detail around these risks can be seen in the attached PDF document.



RR 2021-22 H&S  
RISKS .pdf

## **MENTAL HEALTH & LEARNING DISABILITIES HEALTH AND SAFETY PRIORITIES FOR 2020/21**

### **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 is well established to take forward the Business Case for the re-provision of accommodation for the Acute Adult Inpatient service. This is now, pleasingly, at the Outline Business Case stage and support will be required to progress this further.
2. **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.

### **Areas of Good Practice**

- The level of reporting from all areas of the SG on no and low harm incidents. This provides assurance that the staff in the SG are happy to report incidents and raise concerns with the management team.
- The implementation of the falls group in the SG to scrutinise all falls and share learning across the SG.
- The working group that robustly reviews 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 Service Group Health and Safety Group
  - Attendance at the Health Board Health and Safety Committee
  - H&S report to SG Quality and Safety Committee.
  - Risk register review
  - Quality Assurance Reviews (What Good Looks Like) conducted by Directorate Managers & Nurses.
  - 15 Step Reviews (annual)
  - Senior Team walkabouts / spot checks
  - External reviews e.g. HIW, CHC, RCPsych, QAIS
  - Serious Incident Group

### **4. RECOMMENDATION**

Members are asked to:

- **NOTE** the report

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
Not applicable to this paper, as it provides an overview of the current situation within the Service Group, whilst asking members to note the report, nothing further is proposed at this time.		
<b>Financial Implications</b>		
Not applicable to this paper, as it provides an overview of the current situation within the Service Group, whilst asking members to note the report, nothing further is proposed at this time.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Not applicable to this paper, as it provides an overview of the current situation within the Service Group, whilst asking members to note the report, nothing further is proposed at this time.		
<b>Staffing Implications</b>		
Not applicable to this paper, as it provides an overview of the current situation within the Service Group, whilst asking members to note the report, nothing further is proposed at this time.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Not applicable to this paper, as it provides an overview of the current situation within the Service Group, whilst asking members to note the report, nothing further is proposed at this time.		
<b>Report History</b>	Version 1	
<b>Appendices</b>	Embedded into the main document.	