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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



## Service Groups' Highlight Report for Health and Safety Committee

<b>Meeting Date:</b>	Tuesday October 4 <sup>th</sup> 2022
<b>Service Group:</b>	Mental Health & Learning Disabilities
<b>Author:</b>	Ricky Morgan, Assistant Head of Operations, MH&LD
<b>Sponsor:</b>	Janet Williams, Service Director, MH&LD
<b>Presenter:</b>	Janet Williams, Service Director, MH&LD

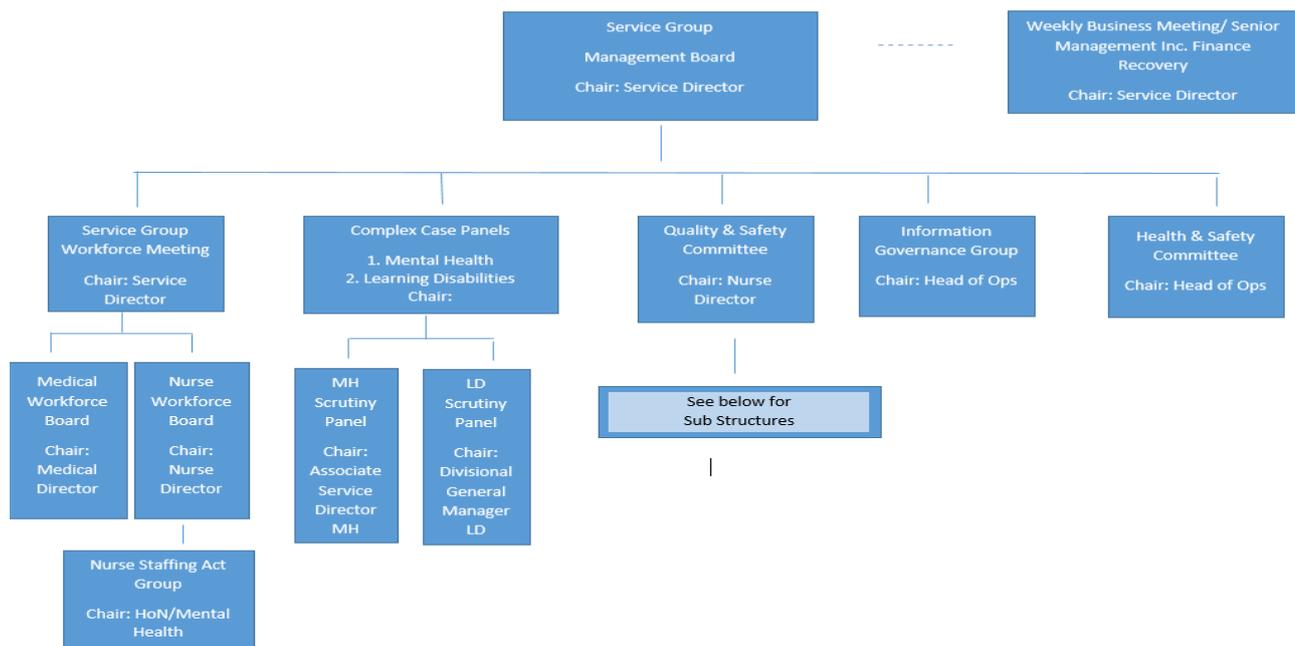
### Summary of Health and Safety key issues since last report to the Committee (Reporting period: April 2021 to August 2022)

This report is to provide the Health and Safety Committee with an overview of the Mental Health and Learning Disabilities (MH & LD) 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 2021 – 31<sup>st</sup> August 2022.

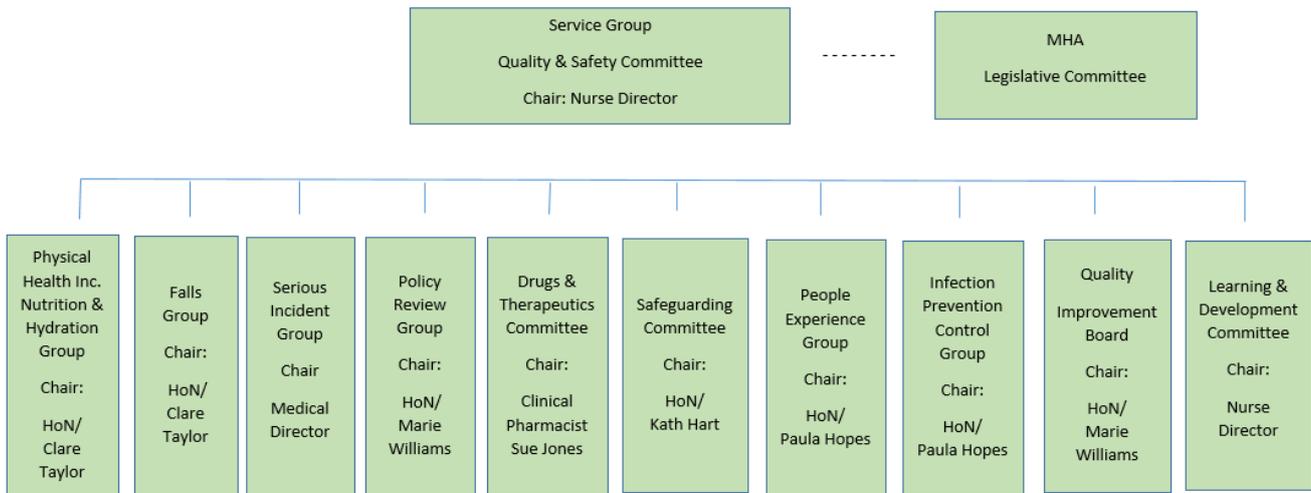
The Service Group (SG) Health & Safety group supports the delivery of a safe and secure working environment across healthcare settings managed by the MH & LD Service Group and the wider Swansea Bay University Health Board in line with current HB Health and Safety Strategy. The SG Health & Safety Group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



Mental Health and Learning Disabilities Service Group Governance Structure.



Mental Health and Learning Disabilities Service Group Governance Structure.



Themes of the Service Group H&S meeting include:-

- RIDDOR
- HSE Inspection Reports
- Violence & Aggression
- Manual Handling
- Environmental Risk Assessments
- Ligature Risk Assessments
- Fire Risk Assessments
- Food Hygiene & Food Handling
- Falls
- Safety Alerts
- EPRR
- Policy Review
- Infection Control and Prevention
- Flu Vaccination
- Risk Register
- Environmental Issues

**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. Public engagement about the adult inpatient re-provision has now concluded and the next stage is to progress the Outline Business Case to submit to Welsh Government. The Adult MH Inpatient Re-Provision Board will restart at the end of September and will be the overarching project board.

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 UHB 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.

3. **Cefn Coed Site Security** - The modernisation of mental health services over the past decade has led to a reduction in the number of in-patient beds required, with greater emphasis on outpatient service provision and community models of care. As part of this modernisation agenda, the main body of the Cefn Coed Hospital site was closed down approximately 5 years ago. With the exception of Clyne and Fendrod Wards, general administrative office, pharmacy services, hotel services and staff canteen this building is redundant and unoccupied. In latter months, there has been an increasing incidence of trespassing and unlawful access to the building with criminal damage to the premises. The Operational team have responded to this risk by:
- working with Estates to both repair and secure areas that have been accessed
  - working with the Crime Reduction Tactical Advisor, South Wales Police who has provided a report on the actions required to enhance security on site
  - catalogued all incidents and created DATIX reports accordingly
  - reporting incidents where forced entry is evident to South Wales Police
  - bolstered the current CCTV provision and looking into options of the siting of new cameras
  - increased the security presence by night and on the weekends and will review after an 8 week period of two security guards being present at these times.

### **Challenges, Risks, Mitigation and Action being taken relating to Health and Safety issues noted above (what, by when, by who and expected impact)**

#### **Service Group Health and Safety Risks**

There are currently 9 risks relating to Health and Safety on the SG risk register and 5 risks over 16, these are monitored through quarterly review meetings and submitted to the SG Quality & Safety Committee.

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

## 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. The Service Group also took part in a Business Continuity Exercise in March 2022.

## Assurance systems

- Bi-monthly 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)
- Nurse Director Unannounced Visits (one ward / team per month)
- Senior Team walkabouts / spot checks
- External reviews e.g. HIW, CHC, RCPsych, QAIS
- Serious Incident Group

**Performance Progress to include: Statutory and Mandatory Training; PADR compliance; Serious Incidents; Staffing and Sickness Levels;**

## Mandatory training compliance @ July 2022

<b>MANDATORY TRAINING (All Staff- ESR)</b>	
Equality, Diversity and Human Rights - 3 Years	89.6%
Fire Safety - 2 Years	85.8%
Health, Safety and Welfare - 3 Years	86.6%
Infection Prevention and Control - Level 1 - 3 Years	86.5%
Information Governance (Wales) - 2 Years	88.0%
Moving and Handling - Level 1 - 2 Years	84.9%
Resuscitation - Level 1 - No Specified Renewal	81.8%
Safeguarding Adults - Level 1 - 3 Years	86.4%
Safeguarding Children - Level 1 - 3 Years	86.3%
Violence and Aggression (Wales) - Module A	93.4%
Dementia Awareness - No Renewal	93.3%
Social Services and Well Being Act Wales Awareness (2014)	92.2%
Violence Against Women, Domestic Abuse and Sexual	82.8%
<b>% compliance for all completed Level 1 competencies within the Core Skills and Training Framework</b>	<b>86.9%</b>
<b>% compliance for all completed Level 1 competencies within the Core Skills and Training Framework + 3 additional mandatory training</b>	<b>87.5%</b>

<b>MANDATORY TRAINING (NURSING STAFF ONLY- CARE METRICS)</b>	
% staff received Fire Safety training	<b>92.73%</b>
% staff received Violence & Aggression training	<b>91.16%</b>
% staff received manual handling training	<b>93.86%</b>
% staff received hand hygiene training in last 12 month	<b>92.71%</b>
% staff received Standard precaution infection control	<b>95.64%</b>
% staff received appropriate level of Safeguarding children	<b>100.00%</b>
% staff received POVA training in last 3 years	<b>95.07%</b>
% staff trained in MCA/ DOLS	<b>87.64%</b>
% of staff received Dementia Training (Level 1)	<b>98.26%</b>

There are an ongoing series of MCA virtual sessions available for staff to further enhance understanding and application of essential statute law, case law and policy documents that inform mental capacity assessments.

### **PADR Compliance (12<sup>th</sup> September 2022)**

<b>Staff Group</b>	<b>Assignment Count</b>	<b>Reviews Completed</b>	<b>Reviews Completed %</b>
Add Prof Scientific and Technic	81	59	<b>72.84</b>
Additional Clinical Services	543	420	<b>77.35</b>
Administrative and Clerical	197	101	<b>51.27</b>
Allied Health Professionals	5	4	<b>80.00</b>
Estates and Ancillary	18	17	<b>94.44</b>
Nursing and Midwifery Registered	659	460	<b>69.80</b>
<b>Grand Total</b>	<b>1,503</b>	<b>1,061</b>	<b>70.59</b>

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 regular reporting from ESR and monthly reminders sent out to areas in the red.

### **Sickness Levels**

	2022 / 01	2022 / 02	2022 / 03	2022 / 04	2022 / 05	2022 / 06	Absence FTE %
130 MH & LD Service Group - Dir Total	10.06%	8.86%	9.83%	9.76%	8.26%	8.44%	8.96%

The SG is focusing on the issues of staff being off sick with anxiety recorded as the main reason. The SG will utilise the staff counsellor to target areas which have high levels of anxiety recorded.

## **Governance and Risk Issues to include risks relating to Health and Safety on the risk register**

### **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.

## **Anti-Ligature Work**

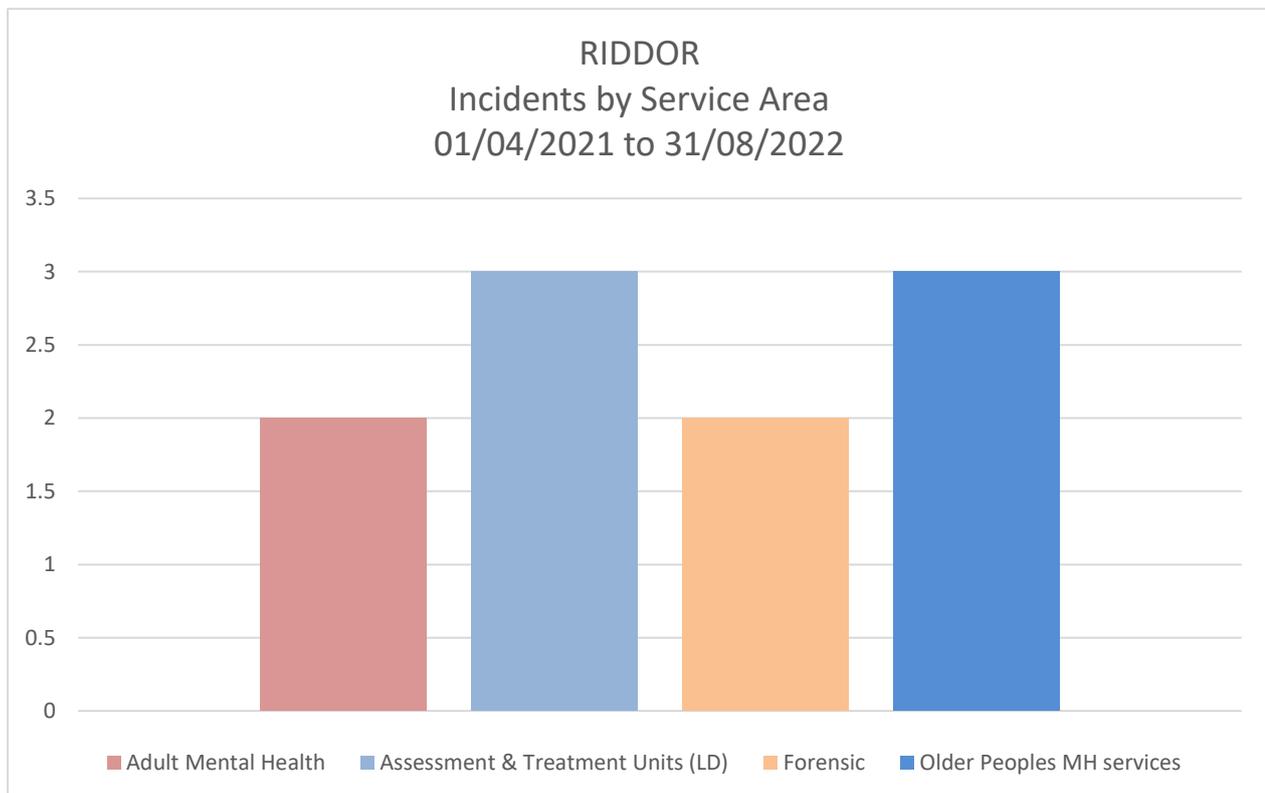
The anti-ligature work is now in its final stages, work on Ward F/Calon Lan, started on 22<sup>nd</sup> June and will continue until beginning of October, as work is progressing well and as planned.

There is 100% ligature risk assessment compliance across all inpatient areas of MH&LD services as of August 2022.

## **RIDDOR Incidents**

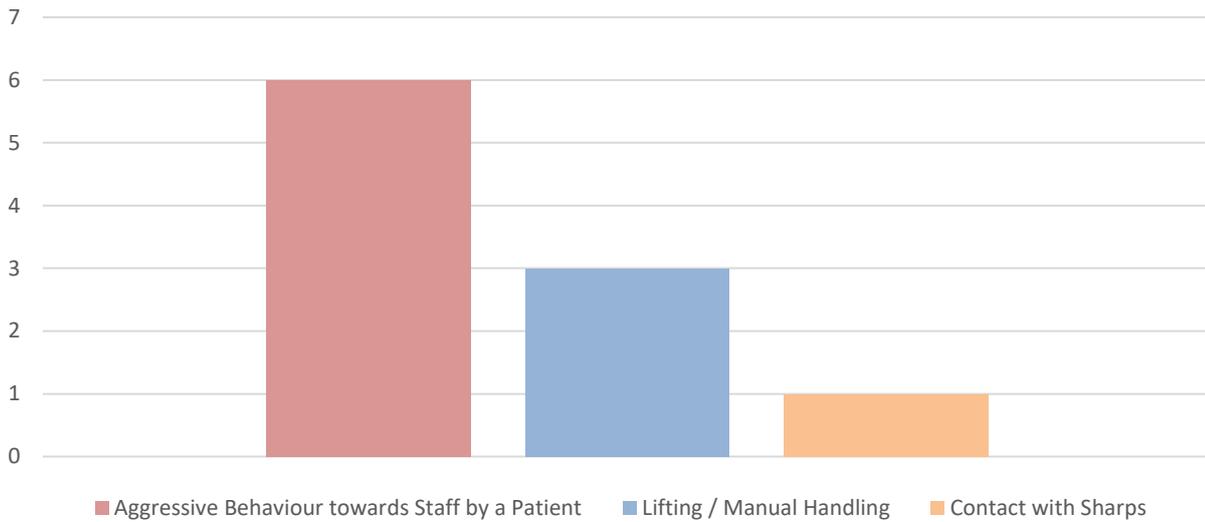
In the reporting period there were ten RIDDOR incidents reported. The highest number was three in Learning Disabilities AATU's & Older Peoples Mental Health Services.

<b>Service</b>	<b>Riddor incidents</b>
Adult Mental Health	2
Assessment & Treatment Units (LD)	3
Forensic	2
Older Peoples MH services	3



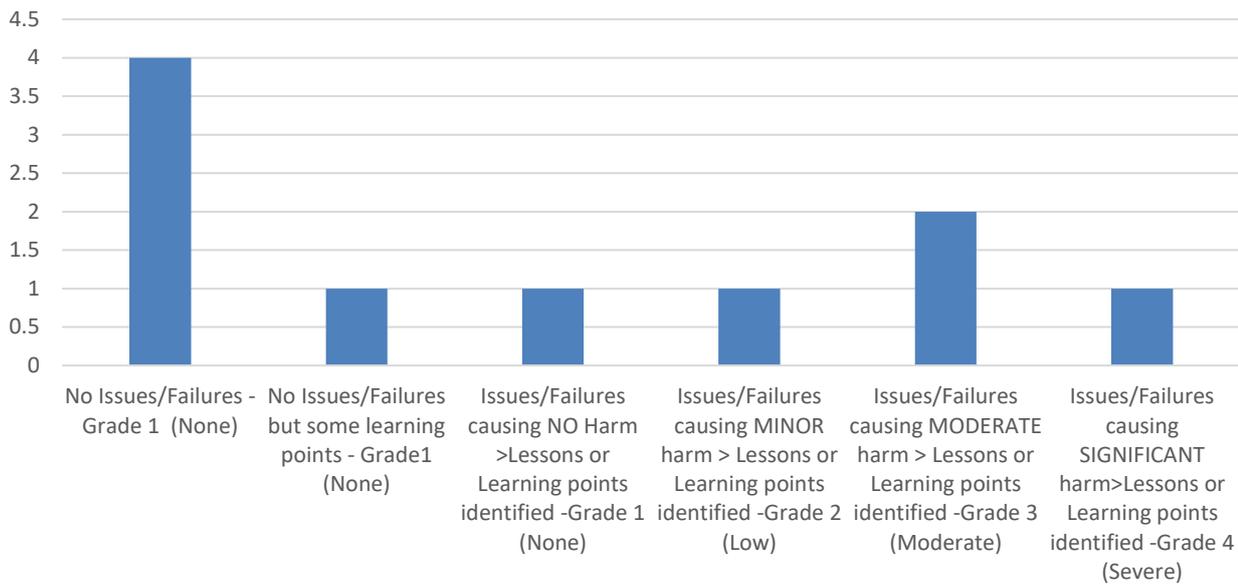
<b>Cause</b>	<b>Riddor Incidents</b>
Aggressive Behaviour towards Staff by a Patient	6
Lifting / Manual Handling	3
Contact with Sharps	1

Riddor  
Incidents by Cause  
01/04/2021 to 31/08/2022



Learning	Riddor incidents
No Issues/Failures - Grade 1 (None)	4
No Issues/Failures but some learning points - Grade1 (None)	1
Issues/Failures causing NO Harm >Lessons or Learning points identified - Grade 1 (None)	1
Issues/Failures causing MINOR harm > Lessons or Learning points identified - Grade 2 (Low)	1
Issues/Failures causing MODERATE harm > Lessons or Learning points identified -Grade 3 (Moderate)	2
Issues/Failures causing SIGNIFICANT harm>Lessons or Learning points identified -Grade 4 (Severe)	1

**RIDDOR**  
**Incidents by Outcome of Investigation**  
**01/04/2021 to 31/08/2022**



**Incidents of Violence & Aggression April 1<sup>st</sup> 2021 – August 31<sup>st</sup> 2022**

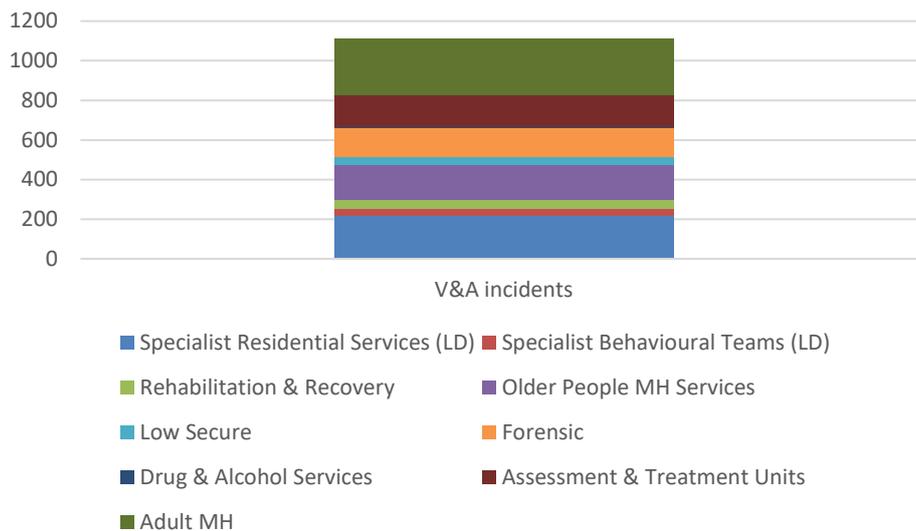
**Staff**

There were 1,114 incidents of V&A reported against Staff, for the reporting period, April 2021 to August 2022.

No Harm	Low	Moderate	Severe
758	321	33	2

Service	V&A incidents towards staff
Specialist Residential Services (LD)	216
Specialist Behavioural Teams (LD)	37
Rehabilitation & Recovery	47
Older People MH Services	174
Low Secure	40
Forensic	148
Drug & Alcohol Services	4
Assessment & Treatment Units	163
Adult MH	283

### V&A Incidents by Area on Staff



### COVID-19 Health and Safety Issues (PPE, social distancing, visiting)

The COVID-19 admission conditions have remained in place during the reporting period. These measures are to reduce the risk of transmitting infection through Single Points of Admission, created for each service area whereby patients remain on the admission ward for 14 days where possible, before transferring to treatment wards. However, there has been a change in learning Disabilities inpatient services.

- Adult Services – all new admissions admitted to Ward F, NPT
- Older Peoples Mental Health Services – all new admissions admitted to Celyn Ward (was Onnen Ward), Ysbryd Y Coed, Cefn Coed Hospital
- Learning Disabilities – Single Points of Admission was removed in May and admissions have resumed in Llwyneryr and Rowan House.

### Current issues for 2021-2022 for the Attention of the Committee

- Cefn Coed Site Security and lack of funding to maintain increased level of security guard resource overnight
- CAMHS Inpatient Bed.
- Ward F flooding incident (took place outside of the reporting period stated for report as was September 2022).
- Access to Estates for LD and Forensic services.

### Recommendations

Members are asked to: **NOTE** the report