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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	1st September 2020	Agenda Item	3.2
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. This report covers the period of the financial year 2019/20 (April 2019-March 2020)		
Key Issues	<p>The 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 Associate Service Director/Head of Operations and reports directly to the Unit Quality & Safety Committee.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the report 		

MENTAL HEALTH AND LEARNING DISABILITIES DELIVERY UNIT

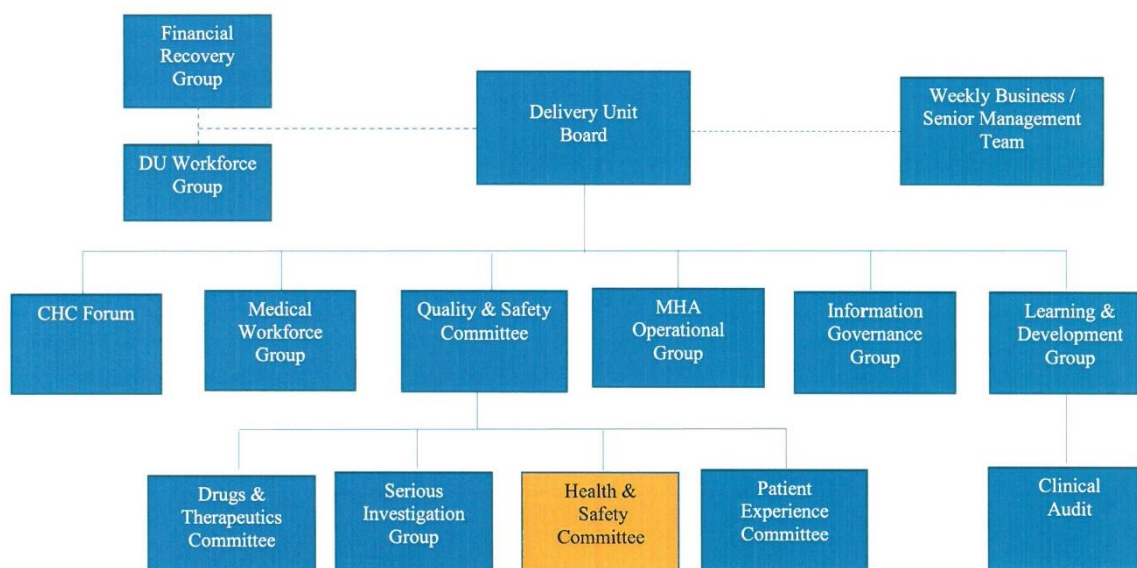
HEALTH AND SAFETY ASSURANCE REPORT

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 for the period 1st April 2019 – 31st March 2020

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 2019/20

- **Mandatory training compliance @ March 2020**

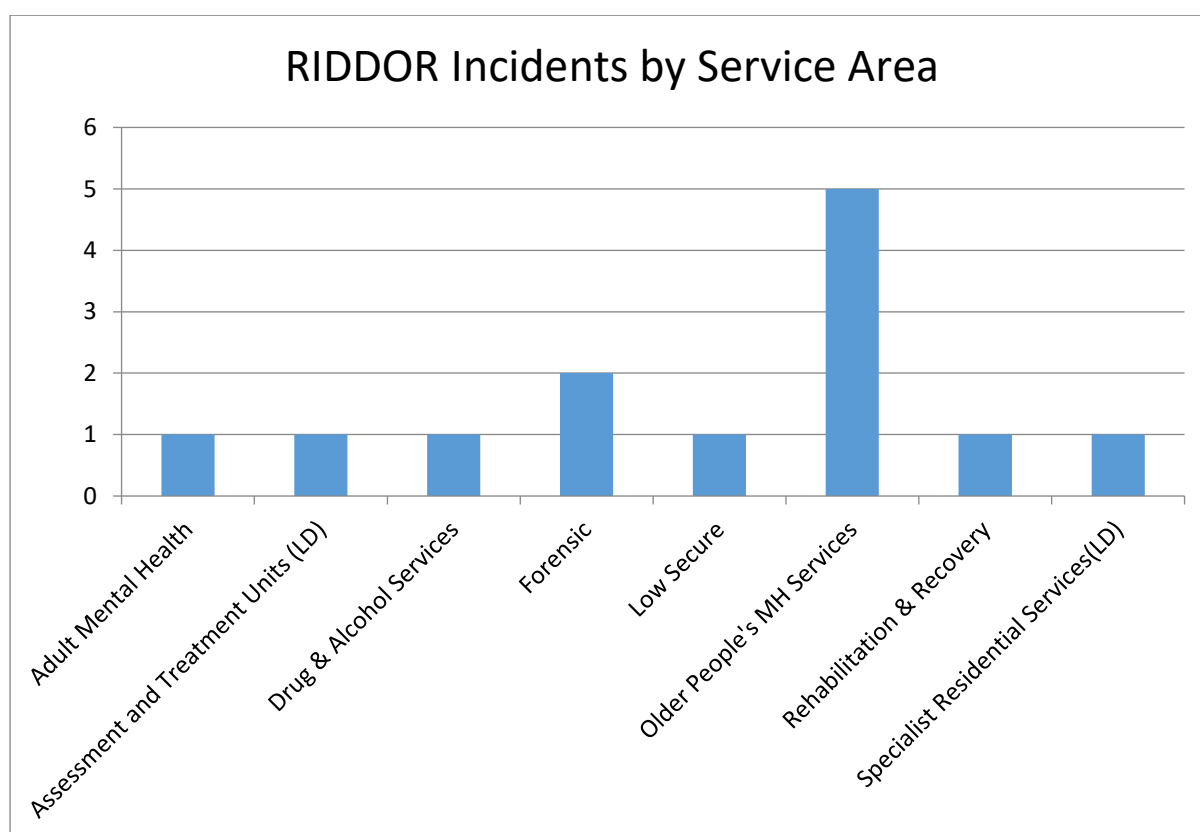
Targeted work will be undertaken by Professional Leads, Localities, and Departments, in order to improve our overall mandatory and statutory compliance. This is being monitored via Locality Performance Reviews.

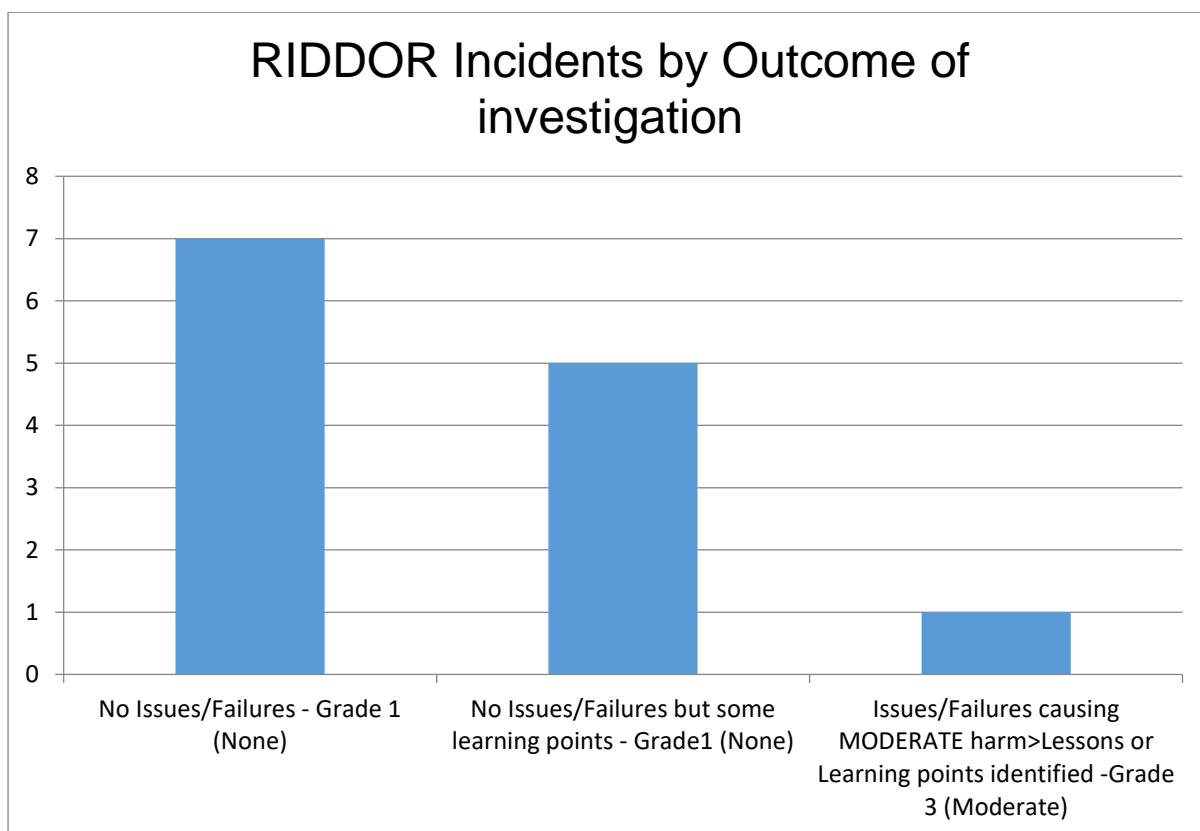
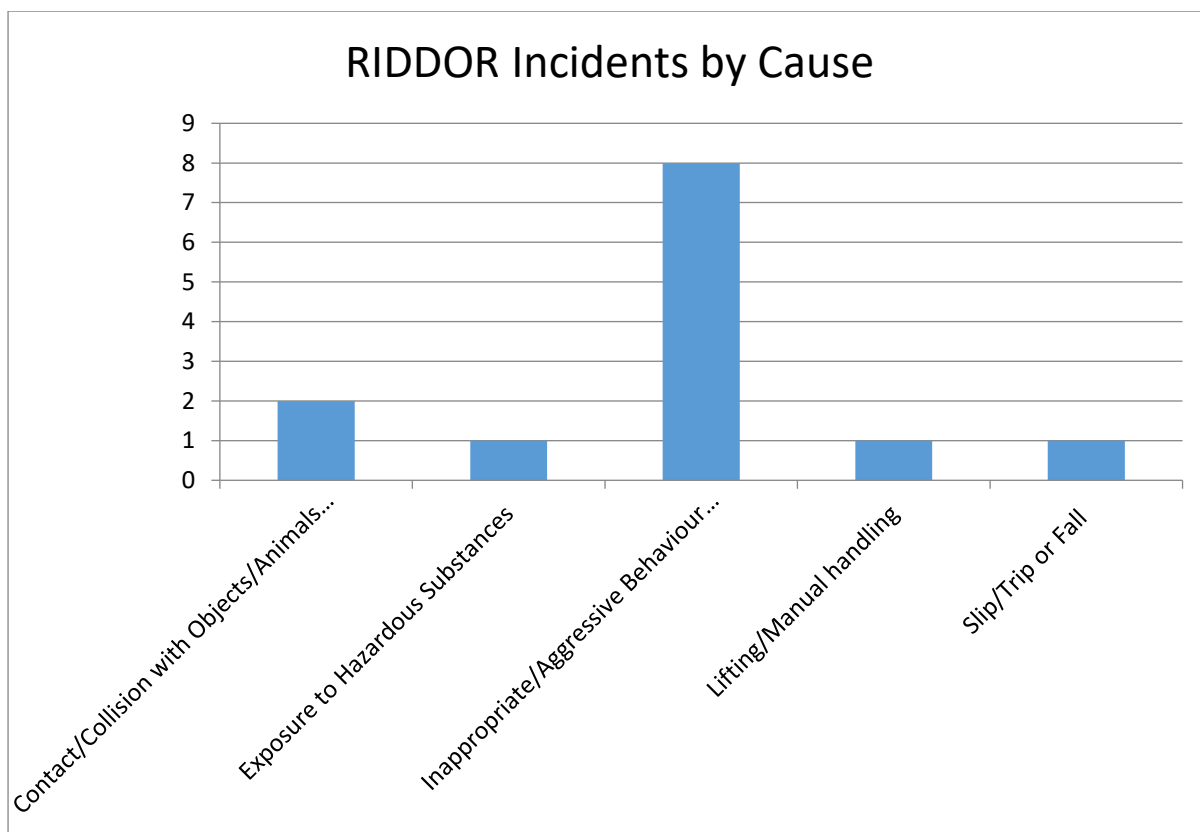
MANDATORY TRAINING (All Staff- ESR)	
Equality, Diversity and Human Rights - 3 Years	88.3%
Fire Safety - 2 Years	83.3%
Health, Safety and Welfare - 3 Years	87.7%
Infection Prevention and Control - Level 1 - 3 Years	88.1%
Information Governance (Wales) - 2 Years	87.9%
Moving and Handling - Level 1 - 2 Years	75.7%
Resuscitation - Level 1 - No Specified Renewal	83.8%
Safeguarding Adults - Level 1 - 3 Years	86.5%
Safeguarding Children - Level 1 - 3 Years	84.3%
Violence and Aggression (Wales) - Module A	90.2%
Dementia Awareness - No Renewal	89.4%
Social Services and Well Being Act Wales Awareness (2014)	92.9%
Violence Against Women, Domestic Abuse and Sexual	84.9%
% compliance for all completed Level 1 competencies within the Core Skills and Training Framework	85.58%
% compliance for all completed Level 1 competencies within the Core Skills and Training Framework + 3 additional mandatory training	86.39%

MANDATORY TRAINING (NURSING STAFF ONLY- CARE METRICS)	
% staff received Fire Safety training	89.87%
% staff received Violence & Aggression training	96.12%
% staff received manual handling training	91.57%
% staff received hand hygiene training in last 12 month	95.97%
% staff received Standard precaution infection control	95.39%
% staff received appropriate level of Safeguarding children	98.45%
% staff received POVA training in last 3 years	94.61%
% staff trained in MCA/ DOLS	89.13%
% of staff received Dementia Training (Level 1)	99.56%

- **RIDDOR reportable incidents**

In 2019/20 there were 13 RIDDOR incidents reported. The highest number was 5 in Older Persons Mental Health. 7 incidents had a severity of moderate harm, 4 incidents had a severity of Low and 2 incidents had a severity of No Harm.





- **HSE Inspections**

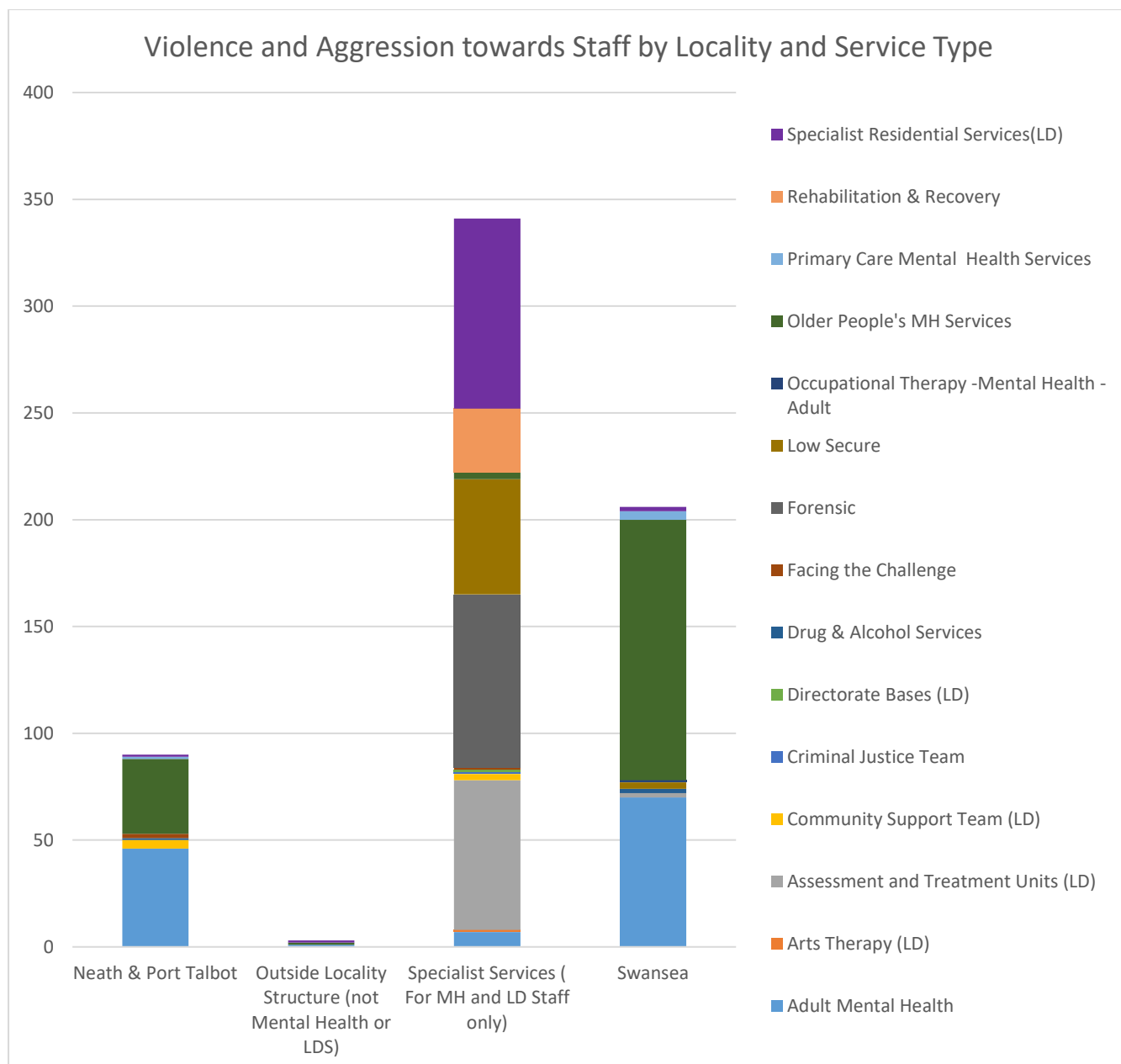
During this period there was a follow up visit to Tonna Hospital by the Health & Safety Executive and it was confirmed that previous concerns relating to pedestrian access, mortuary access and notes storage have now been addressed.

- **Violence and Aggression including Lone Working**

Staff

There were 640 incidents of V&A reported against Staff between April 2019 to March 2020.

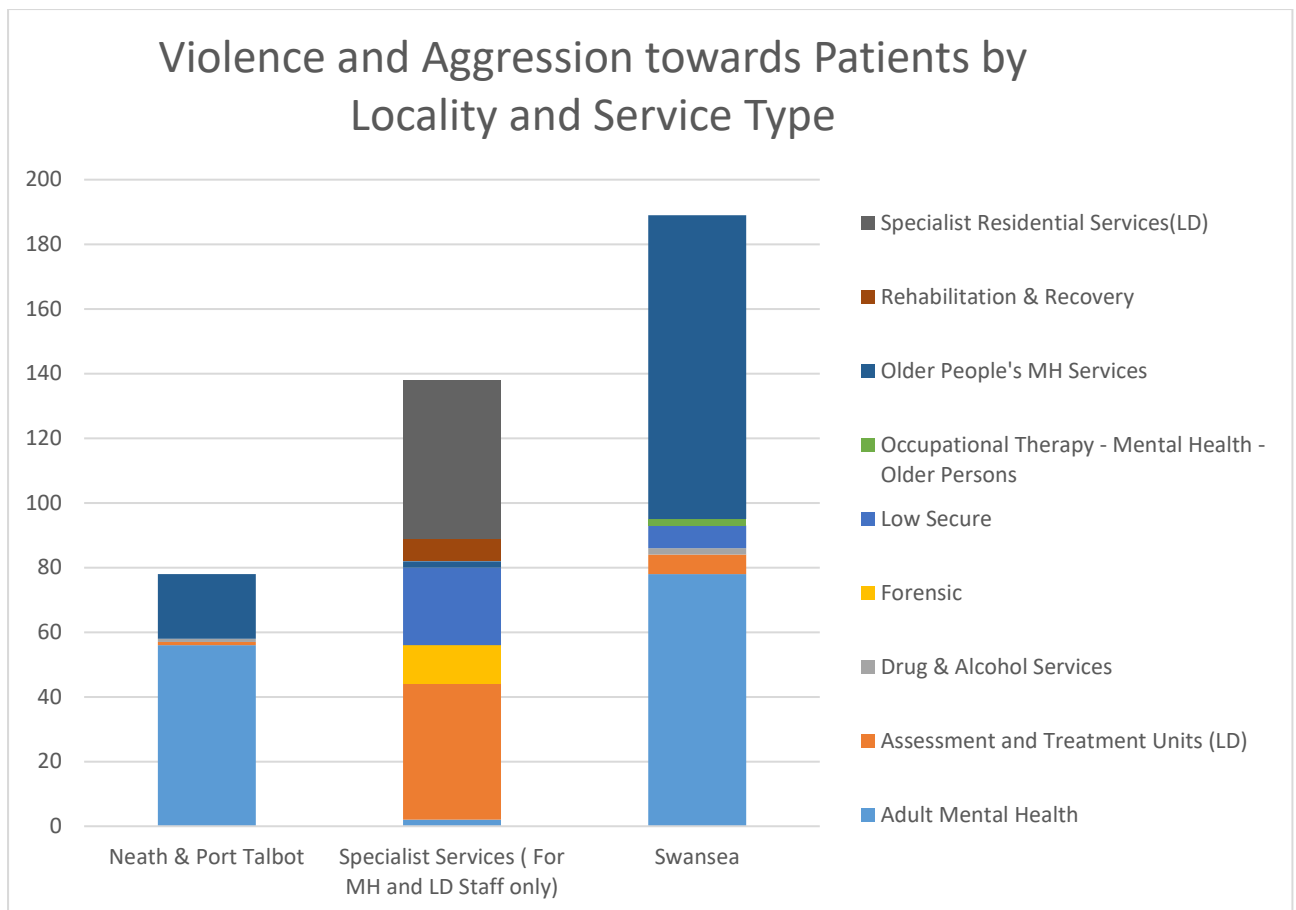
No Harm	Low	Moderate	Severe
423	200	16	1



Patients

There were 405 incidents of V&A reported against patients between April 2019 to March 2020.

No Harm	Low	Moderate
315	83	7



- 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 was 1 manual handling incidents reported between April 2019 and March 2020. The incident was recorded as 'No Harm'.

- **Fire Risk Assessments**

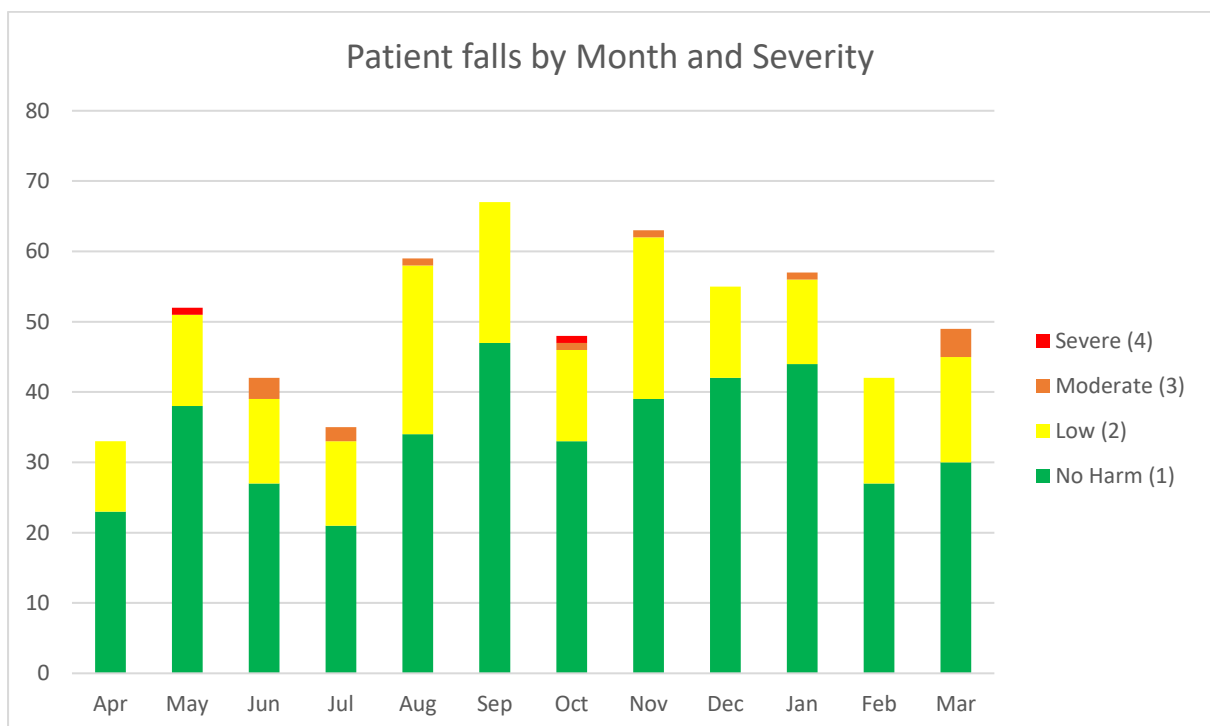
An audit of all fire risk assessments has been undertaken and work ongoing to update any assessments currently outstanding. The DU H&S group will review this audit work.

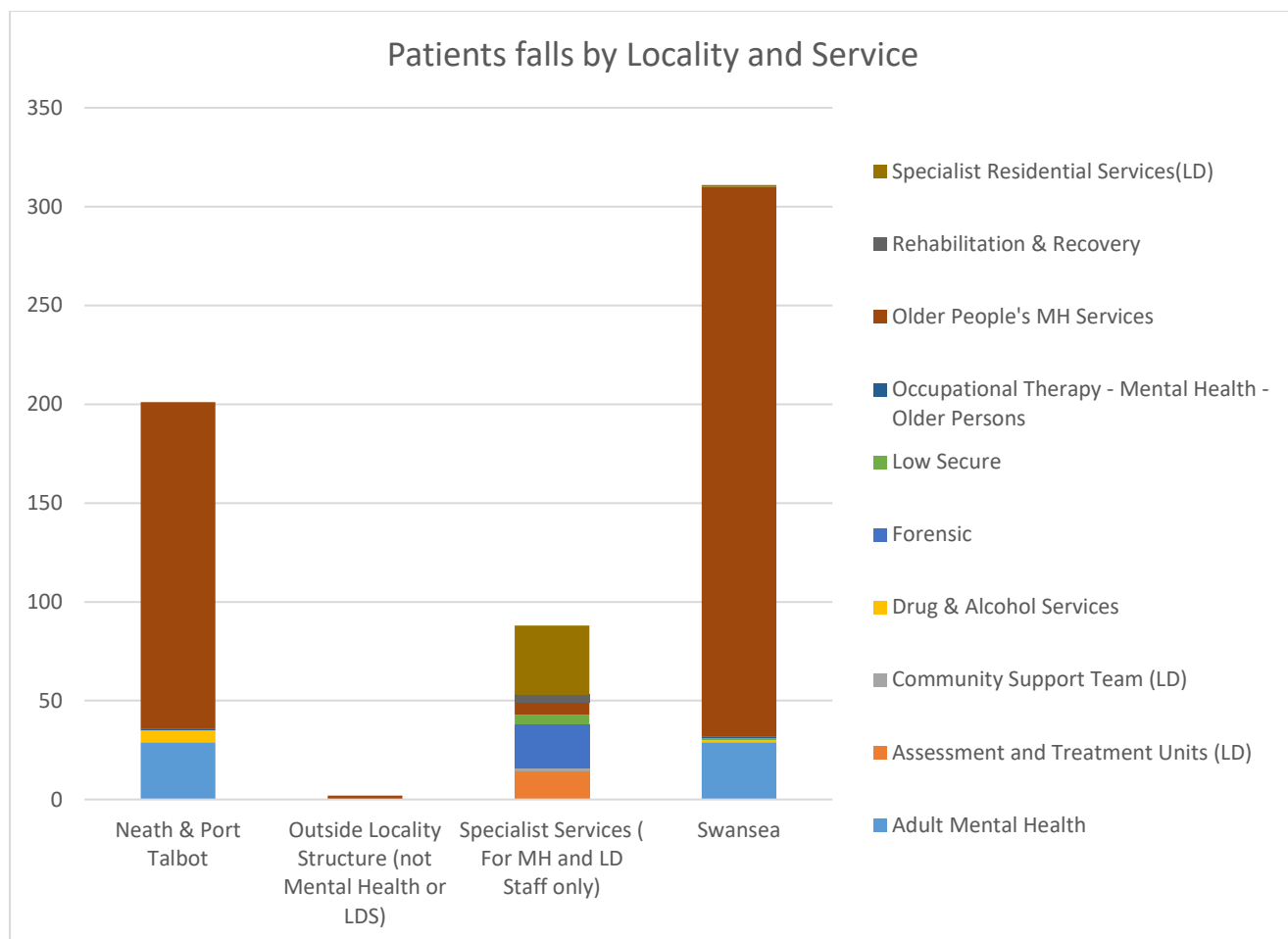
- **Falls**

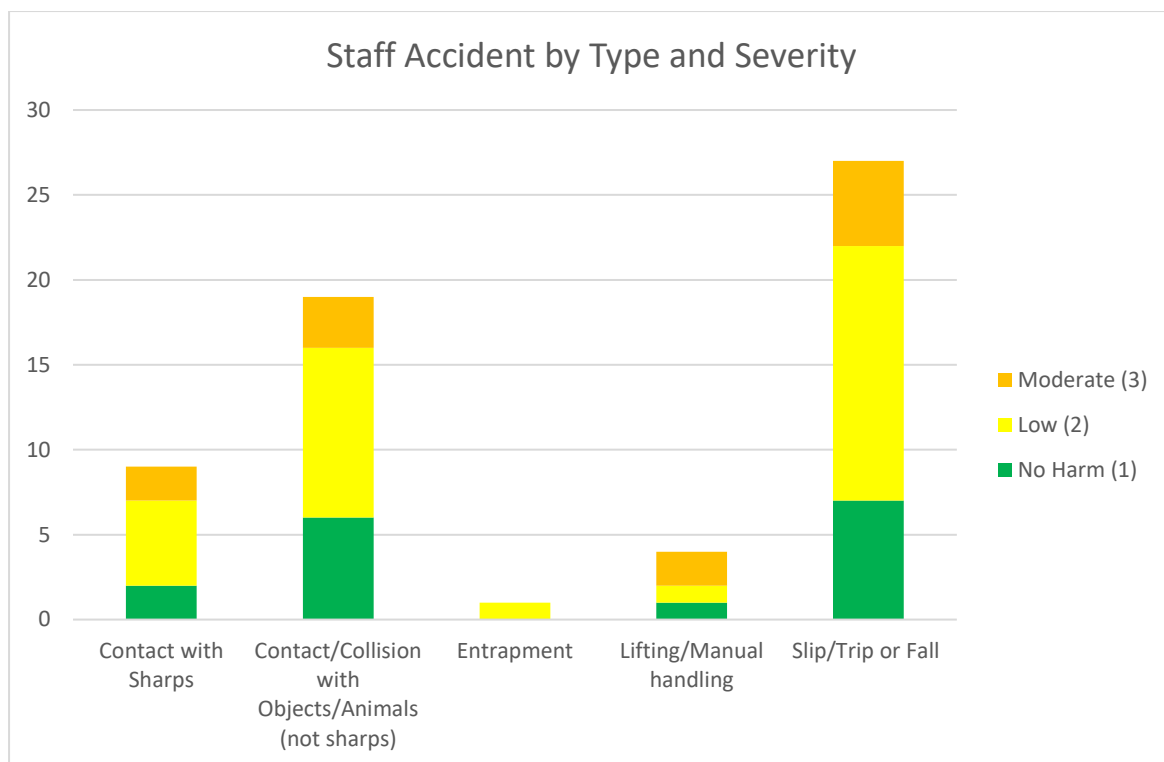
All falls are managed by the patient falls group.

No Harm	Low	Moderate	Severe
405	182	13	2

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.

- **EPRR**

The DU 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 DU Board meetings.

- **HCAI End of Year Position**

Nothing to note.

- **Flu Vaccination**

Uptake of influenza vaccinations had increased to 50.6% in March 2020 compared with 46.8% in March 2019, with a rigorous flu campaign, taking place across the DU with Flu Champions in each Locality.

- **Unit Health and Safety Risks**

Health and Safety Committee – Tuesday September 1st 2020

There are currently 4 risks relating to Health and Safety on the unit risk register and two risks over 16, these are monitored though 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) (16)
- Fire on Wards – Risks of patients setting fires on adult acute wards (6)
- Estates Responsibilities for LD Sites (16)

5. 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 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.

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 Mangers
 - 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