

## HEALTH & SAFETY COMMITTEE PWYLLGOR IECHYD A DIOGELWCH

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 January 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Management Regulations - Deep Dive into Violence & Aggression
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality and Patient Experience
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**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) under the standing agenda item to provide assurance against a number of key Health and Safety regulations. The report concerns the management of violence and aggression within Hywel Dda University Health Board (HDdUHB), which although does not specifically have its own regulations, is covered by both the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

##### Cefndir / Background

Health and Safety law applies to risks from work-related violence and aggression, just as it does to other risks from work. The main pieces of relevant legislation are outlined below.

##### **Health and Safety at Work etc Act 1974 (HSW Act)**

Employers have a legal duty under this Act to ensure, so far as it is reasonably practicable, the health, safety and welfare at work of their employees, thus is applicable to work-related violence and personal safety. To achieve this, HDdUHB needs to provide adequate training, instruction, information and supervision.

##### **Management of Health and Safety at Work Regulations 1999 (MHSWR)**

Employers must consider the risks to employees (including the risk of reasonably foreseeable violence); decide how significant these risks are; decide what to do to prevent or control the risks; and develop a clear management plan to achieve this. HDdUHB must assess the risks to employees and make arrangements for their health and safety through effective planning, organising, control, monitoring and review.

##### **Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR)**

It should also be noted that employers are required to report certain incidents and injuries to the Health and Safety Executive under RIDDOR. This includes any act of non-consensual physical violence inflicted on a person at work (and meets the criteria of being reportable). In HDdUHB these RIDDOR notifications are always compiled and submitted via the Health, Safety and Security Department, to ensure that essential criteria are met.

## Asesiad / Assessment

### What is the scale of violence and aggression in HDdUHB?

Firstly, it should be noted that 60%+ of all staff/contractor incidents reported via the Health Board's Datix incident reporting system are violence and/or aggression related. Whilst this figure is concerning, it also helps us to understand the scale of the problem.

Figures for violence and aggression incidents are compiled quarterly. The table below shows a breakdown of all reported violence and aggression incidents by site for the previous three quarters i.e. 01/01/2022 - 30/09/2022. (Note: Acute hospital site figures include Mental Health and Learning Disability (MHL) figures where applicable).

	Q4 2021-22	Q1 2022-23	Q2 2022-23	Total
<b>All</b>	276	204	219	699
<b>Withybush Hospital</b>	65	30	24	119
<b>Prince Philip Hospital</b>	57	42	47	146
<b>Glangwili Hospital</b>	40	37	48	125
<b>Bronglais Hospital</b>	24	12	23	59
<b>Cwm Seren (MH)</b>	28	35	45	108
<b>Bro Cerwyn (MH)</b>	17	10	11	38
<b>All other MH/LD</b>	20	7	3	30
<b>Tregaron Hospital</b>	4	0	4	8
<b>South Pembrokeshire Hospital</b>	4	6	0	10
<b>Llandovery Hospital</b>	1	3	0	4
<b>Amman Valley Hospital</b>	0	2	2	4
<b>Patient's Home</b>	6	10	10	26
<b>Vaccination Centres</b>	6	3	2	11
<b>Others</b>	4	7	0	11

The table below then breaks down the acute hospital site figures to identify the top six 'hotspot' areas for site for the period 01/01/2022 - 30/09/2022.

Withybush Hospital	No.	Prince Philip Hospital	No.	Glangwili Hospital	No.	Bronglais Hospital	No.
A&E	33	Bryngofal (MH)	42	Morlais (MH)	32	Enlli Ward (MH)	31
Ward 12	20	Bryngolau (MH)	29	A&E	15	Dyfi Ward	11
Ward 3	11	Ward 3	16	Towy Ward	15	EUCC	6
Ward 1	10	Ward 9	13	Padarn Ward	11	Ystwyth	4
Ward 7	8	Ward 1	8	Cadog Ward	8	ACDU	2
ACDU	8	Ward 5	8	Steffan Ward	7	Others	<2

Where MHL services are located on the acute hospital sites, these are usually the highest reported areas. However, it is interesting to note just how many incidents occur outside of the MHL environment, not just in Accident and Emergency Departments (and equivalent), but on acute wards across the regions also.

## What resources to we have to help manage the risk from violence and aggression?

Within the Health, Safety and Security Department there are two distinct resources which assist the Health Board to meet its legal duties under the HSW Act and the MHSWR. They are:

1. The Violence and Aggression Case Manager (VACM).
2. The Reducing Restrictive Practice Team (RRPT).

The role that each of the above plays in the management of violence and aggression risk within HDdUHB will be considered below.

## How does the Violence and Aggression Case Manager (VACM) help manage the risk?

The VACM interacts with every incident of violence and aggression reported through the Datix system, contacting both victims and relevant managers on a daily basis in response to incidents that have occurred. The VACM is able to offer support and advice to all parties involved and is also able to progress actions against perpetrators where applicable. The VACM also ensures that managers review and evidence their Violence and Aggression Risk Assessments in response to any incidents that occur in their workplace, thus ensuring compliance with our statutory responsibility to manage the risk. This is a key action and one which the Health and Safety Executive (HSE) praised during their intervention work of 2019-21.

The VACM enters every reported incident onto a database where information can be captured and categorised to allow analysis. Every incident is checked for content and the classification codes are checked/corrected to ensure accuracy, consistency and assurance. The tables below illustrate examples of the potential outputs of the system, including the profile of incident severity by actual level of harm, the profile of incidents by type and the top 9 identifiable contributory factors for each Datix reported (in the period 01/01/2022 - 30/09/2022). The data helps us recognise trends and assists the identification of areas to target proactive risk management.

<b>Profile of Incident Severity by Actual Level of Harm</b>				
	<b>NONE</b>	<b>LOW</b>	<b>MODERATE</b>	<b>SEVERE</b>
<b>Totals</b>	284	312	96	7

<b>Profile by Incident Type (Some Multiple)</b>	
Physical Assault	329
Aggressive/Threatening behaviour	231
Weapons Intelligence	72
Verbal Abuse	69
Sexual assault/offence	20
Damage to property	16
Hate content	14
Psychological abuse/Harassment etc	8
Anti-Social Behaviour (ASB)	7

<b>Top 9 Identifiable Contributory Factors</b>	
Older Adult Mental Health	137
Medical confusion	109
Mental Health	88
Waiting times/Stress/Needs not met	42
Learning Disability	24
Alcohol	19
Illicit drugs	18
Covid measures and vaccination	9
Pain	6

In terms of case management of incidents, the table at the top of the next page indicates the number of interventions that have taken place within HDdUHB during the period of 01/01/2022 - 30/09/2022.

Police calls* (on Datix)	92
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The VACM will always provide support regarding internal sanctions against perpetrators, injunctions, warning makers, Anti-Social Behaviour (ASB) submissions etc.

The VACM also works collaboratively with a range of stakeholders including Dyfed Powys Police, the Courts and the Crown Prosecution Service and provides feedback/outcomes to victims. Where required, personal visits have also been conducted and direct challenges to abusive behaviour carried out with aggressive or violent patients.

Arrests	18
Security calls* (on Datix)	59
Inpatient discussions	25
Stage 1 letters	22
Stage 2 letters	3
ASB Submissions	3
Warning markers applied	3

In terms of training, the VACM delivers a session on the Management of Violence and Aggression as part of the Manager's Health and Safety Induction course, which almost 500 managers within the Health Board have attended since October 2019. Additionally, at present the VACM is also rolling out Conversation Management and 4-Step Appeal training throughout the entire Health Board where requested.

\*More calls in reality, however not all are captured by the Datix system

### **How do the Reducing Restrictive Practice Team (RRPT) help manage the risk?**

The RRPT consist of 1 WTE Lead and 2.8 WTE specialist trainers. The RRPT have two main functions in the prevention and management of violence and aggression which is training and specialist advice, each of which will be discussed separately below.

The RRPT offer a variety of training courses including:

- All-Wales Violence and Aggression Passport (Modules A, B & C).
  - i.e. A&E, MIU or Staff who lone work in the community.
- Restraint Reduction - Full course (Module D).
  - i.e. Adult inpatient mental health services staff and portering staff.
- Restraint Reduction - Children and Young People- under review (Module D).
  - i.e. Specialist Child and Adolescent Mental Health (SCAMHS) Crisis and Treatment Team (CATT) and also SCAMHS in inpatient paediatrics.
- Restraint Reduction in Older Adult Care (Module D).
  - i.e. Older Adult Mental Health inpatient care. General staff working on wards where there are older adults that may present with behaviours that challenge.
- Positive Behaviour Management (PBM).
  - i.e. Learning Disabilities services (inpatient, residential and community).
- Update Courses for each of the above.
- Reducing Restrictive Practice Care Planning and Liberty Protection Safeguards (RRPCP & LPS) - online MS Teams session.
- Bespoke person-specific training.

By providing adequate training, instruction and information to those staff that require it, as determined by a thorough risk assessment and training needs analysis, the RRPT helps HDdUHB achieve compliance with the requirement of the HSW Act to ensure the health, safety and welfare of their employees at work.

The table at the top of the following page shows the number of staff trained by the RRPT so far in 2022. Attendance figures for the Restraint Reduction in Older Adult course are now beginning to match the numbers that the RRPT trained pre-COVID, which shows a positive

**Staff trained 01/01/2022-29/11/2022**

All courses	540
Restraint Reduction in Older Adult	70
All Wales Violence and Aggression Passport	76
RRPCP & LPS	120

trend in uptake. Also, uptake on the All-Wales Violence and Aggression Passport has similarly improved in comparison to pre-COVID years.

In terms of specialist advice and consultation, since January 2022 the team has consulted on approximately 60 (potentially more) individual cases within the Health Board. This ranges from advice around supporting children, through to older adult care, and is a key element of the service provision.

The team has supported staff in the completion of transition plans for the Court of Protection and attended High Court in an expert witness capacity. The team has co-produced a written procedure on naso-gastric feeding under restraint and forms part of a specialist team that support wards where this is required. The team has also supported in clinical holding for medical procedures where there is a high level of complexity.

The team supports wards in the completion of person-specific Restrictive Physical Intervention plans where adaptations need to be made, i.e. muscular-skeletal injury, trauma or physical compromise. They support Multi-Disciplinary Teams (MDTs) through decision making processes around the use of restrictive practices and have supported teams to keep people in their home environments by making reasonable adjustments to their care.

The team is held in high regard by Improvement Cymru and have been invited to speak at the Restraint Reduction Network conference in 2023. They have recently been supported by the Health Board to take HDdUHB's training model through the accreditation process. HDdUHB have been recognised as the first Health Board in Wales to have a Health Board wide policy on Reducing Restrictive Practice in line with the Welsh Government Framework. This significant piece of work was undertaken by the RRPT.

### **What are the challenges?**

Despite significant effort by the VACM in raising awareness via Quality and Safety (Governance) Meetings and the Health & Safety 7 Minute Briefings, 42.5% of all reported incidents of violence and aggression are reported without details of the perpetrator(s). This can present challenges for the VACM, both in providing timely assistance and also in identifying repeat offenders to target with proactive risk management. The Health and Safety Team will continue to raise awareness via all available avenues.

As detailed earlier in the report, the VACM enters every reported incident onto a database. It is hoped that, in the long term, the new Datix system will capture all of the necessary information to remove the need for a separate database; however, at present, the new system is not able to fulfil this need. This issue has been raised by the VACM to the Once for Wales Concerns Management System team which manages development of the new Datix system.

In terms of RRPT training courses, as with all courses for Nursing and Health Care Support Staff, there are ongoing issues regarding the release of staff to a two day training course, as this is a significant commitment; however, the course cannot be shorted without compromising its content.

Finally, during the compliance work for the HSE intervention of 2019-21, the Health Board agreed that the RRPT would be expanded by an additional x3 WTE Band 4 associate trainers. This commitment has not been fulfilled to date; however, further discussions will be progressed within the Executive Team, given the resource implications. Enhancing the team resource would have a significant positive impact on the amount of training deliverable by

the RRPT and also a positive impact on both patient and staff safety across the Health Board.

### Argymhelliad / Recommendation

The Health and Safety Committee is requested to receive assurance from the progress made to date to reach compliance against the violence and aggression requirements of the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	RRPT Training Risk Register Entry in development.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety 2.4 Infection Prevention and Control (IPC) and Decontamination
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply Protect Patients From Avoidable Harm From Care Reduce Duplication and Eliminate Waste
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
Rhestr Termau:	Contained within the body of the report.

Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	No consultation to date but will be shared with Quality and Safety/Governance meetings as well as County Partnership Forums.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	There may be financial implications if the issues identified require monetary rectification.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	There is a positive impact on staff safety, health and wellbeing through compliance with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.
<b>Gweithlu: Workforce:</b>	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety.
<b>Risg: Risk:</b>	Risk to health and safety management.
<b>Cyfreithiol: Legal:</b>	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
<b>Enw Da: Reputational:</b>	Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	No evidence gathered to indicate a negative impact on any protected group/s.  Evidence gathered indicates a positive impact on the protected characteristics of human rights and pregnancy / maternity by providing a safer workplace.