Inspection of the management of risk from Violence and Aggression and Musculoskeletal Disorders in Healthcare 2021-2022 (incorporating assessment of measures to control COVID-19 risks)

Open Government status: Open

Audience: FOD Inspectors, Visiting Officers, Occupational Health Inspectors

Contents

Inspection of the management of risk from Violence and Aggression and Musculoskeletal Disorders in Healthcare 2021-2022 (incorporating assessment of measures to control COVID-19 risks) 1
Open Government status: Open 1
Inspection programme 1
1.1 What are we inspecting and why? 1
1.2 What is the extent of the problem? 2
1.3 What must be covered at the inspections? 3
1.4 When are we inspecting? 5
1.5 Application of the Enforcement Management Model (EMM) 6
2. Support and guidance 6
3. Recording of inspections 9
4. Health and Safety 11

Inspection programme

1.1 What are we inspecting and why?

Twenty inspections are planned nationally over quarters 2 and 3 of the FOD 2021-22 work year to examine the management arrangements for violence and aggression (V&A) and musculoskeletal disorders (MSDs) at NHS Trusts and Boards. The available evidence indicates that assaults on staff and incidence of MSDs continue to be prevalent within this sector.

They replace the inspections that were postponed from the 2020-2021 work year due to the COVID pandemic. This is the last year of the three-year inspection program and follows previous NHS inspections on the same issues in 2018-19 and 2019-20.

The findings from all three years' worth of visits will be used to gain a fuller understanding of the successes and challenges faced by the NHS in managing these risks. The information will be also be used to influence the NHS and the wider healthcare sector to assist in reducing days lost.

In accordance with other inspections and FOD Guidance, it is incumbent that we, through all our regulatory contacts, take opportunities to check, where appropriate, that the risk of exposure to employees from COVID-19 in respect of workplace activities is adequately controlled. These inspections will therefore include an assessment of the controls in place to ensure work-related risks to staff from COVID-19 are adequately managed in both clinical and non-clinical areas.

1.2 What is the extent of the problem?

Violence and Aggression:

The latest figures from the Crime Survey for England and Wales (CSEW), for year end March 2020, indicate that there were an estimated 688,000 incidents of violence at work in 2019/20 HSE Violence at Work Statistics Report 2020 This represents an average risk rate of assaults and threats at work across all occupations of 1.4%.

This risk is heightened for health and social care staff. Compared to the all occupation risk rate of 1.4%, health and social care associate professionals and health professional staff are calculated to have a rate of 3.9% and 3.3% respectively. The NHS Staff Survey for 2020 indicates that 14.5% of NHS Staff have claimed to have been the recipient of at least one incident of violence from patients/service users, their relatives or other members of the public over the preceding 12 months.

Physical harm is not the only consequence of violence and aggression; the anticipation of, as well as the actual exposure to, violence and aggression can have a significant impact on mental health, leading to work-related stress, anxiety and depression. Most incidents of work-related third-party violence and aggression result in no or minor injury, are not reported to the police and do not meet the criteria for reporting under RIDDOR. It is therefore likely that the risk is more prevalent than the available statistics show.

Manual Handling / MSDs:

Manual handling in healthcare includes patient handling, static postures, repetitive movements and any non-clinical manual handling.

In 2019/20 there were an estimated 480,000 workers affected by work-related musculoskeletal disorders (MSDs). This represents 1,420 per 100,000 workers and results in an estimated 8.9 million working days lost. In 2019/20 work-related MSDs accounted for 30% of all work-related ill health and 27% of all days lost due to work-related ill-health. Work related musculoskeletal disorder statistics (WRMSDs) in Great Britain, 2020 (hse.gov.uk)

Where the national average incidence rate of MSDs for all occupations stands at 1.1%, for those working in human health and social work activities the risk rate is statistically significantly higher at 1.4%. Around a third of all ill health in the healthcare sector is reported as an MSD (Human health and social work activities statistics 2019 (hse.gov.uk))

Compliance and strategies:

The material breach rate (i.e. where at least one material breach for either MSDs and/or V&A was identified) for the first year of inspections was 65%. This increased in the second year with a material breach rate of 75%.

In England, one stated aim of the NHS Long-Term Plan is to tackle violence, while the wider aims to improve staff health and reduce absence would necessarily also incorporate MSDs.

MSDs and work-related stress (a consequence of V&A) form two of the three priorities in the HSE Health Priority Plan. This work is therefore consistent with HSE's Strategy.

COVID-19 Assessment and Compliance

COVID-19 spot checks were carried out in 17 hospitals by Inspectors and OHIs between November 2020 and January 2021. Seven areas were assessed: risk assessment; management arrangements; social distancing; hygiene and cleaning; ventilation; management of cases/ suspected cases; PPE.

Five hospitals were highly compliant; four were given advice; and eight required letters to be sent formally requiring remedial action to be taken, representing a material breach rate of 47%. For details please see Summary of findings - Hospital COVID inspections Nov 2020-Jan 2021.

The material breach rate, coupled with the breadth of issues, support the need to continue to assess COVID-19 controls by NHS Trusts / Boards.

1.3 What must be covered at the inspections?

Violence & Aggression / MSDs

The purpose of the visits is to assess how effectively NHS Trusts and Boards are managing the risk to their employees from third-party V&A and MSDs.

Healthcare is a complex sector, and there will be variations of type, organisational structure and in nature of risk between different NHS Trusts / Boards. It is for the inspection team, using the support and guidance provided (see section 2), to judge if the NHS Trust / Board have effective systems in place to manage the risks.

FOD Inspectors leading on these visits should, where possible, have good experience in carrying out management inspections of large organisations and ideally will have regulated within public services previously.

Occupational health inspector (OHI) support for FOD Inspectors has been allocated for these visits. OHI's can assist with all aspects of inspections from planning, reviewing policies, helping to identify areas to visit, undertaking inspections and interviewing staff, through to interpretation and the application of standards.

A management inspection approach following the Plan, Do, Check, Act principles is envisaged. FOD Inspectors should obtain the NHS Trust's / Board's local statistics initially to identify target areas. Once you have identified the target clinical areas, you should then obtain the relevant policies, risk assessments, training records etc. in advance of the site visit. Consider what other information may assist, such as recent investigations and actions taken. You should also contact local trades union representatives who may offer information to assist targeting.

Where COVID-19 controls allow, you should choose to focus on up to two clinical areas where violence and aggression is a significant issue. Separately, choose up to two clinical areas with the highest MSD rates. It is possible some clinical areas may be duplicated for both topics. Where Accident and Emergency is part of the undertaking this should, if possible, be included, as intelligence indicates that it is a problem area for both topics. **However, you must follow the** Health and safety - visits to health and social care premises - supplementary guidance - version 2 - 8 January 2021. **Under no circumstances should any Red COVID-19 areas be selected for visit – even if it is Accident and Emergency.**

You may find the following guide Practical management inspection for MSDs and V&A in healthcare useful advice for planning and carrying out the inspections. Guidance on an Overview of the Healthcare sector is also provided, which helps describe not only the various NHS structures in England, Scotland and Wales but also provides examples of NHS Trust / Board structures and roles within which you will also find useful.

COVID-19

The purpose is to assess how effectively the NHS Trust / Board is controlling the workplace risk to their employees from exposure to COVID-19 transmission.

The COVID-19 assessment should follow the COVID-19 acute hospital spot check inspections carried out between November 2020 and January 2021.

The guidance produced to support these spot checks is at Hospitals Spot Inspections supporting material - Version 1 - Published - 10 November 2020 and, in respect of fit testing, Hospital and care home Spot Checks- Fit testing aide memoire - 5 November 2020

NB It is possible Government COVID-19 guidelines may change prior to the inspections. Please make sure you are aware of the latest position prior to your inspection. If in doubt, please contact HSCSU.

Time allocation

Approximately one day has been planned to read the documentation. You should identify the relevant people to see and the areas to go to. Aim for a hierarchical approach, starting at a senior level. The Trust/Board should be asked to draw up a timetable in advance so that everyone you wish to speak to is available and the site visit runs efficiently. Confirmation by phone or email will be time well spent.

The site visit itself should take approximately three days, (two days for management of MSDs and V&A, one for assessment of COVID-19 controls), allowing time to speak to relevant members of staff and to view clinical areas where appropriate. It is for you to decide how the site time is split in order to assess compliance. Prior to finalising the dates for your inspection, you should liaise with the appropriate healthcare regulator ensure that inspections do not clash:

- England - Contact details for Care Quality Commission (NB Please telephone and ask to speak to the relevant Inspector. Do not use any email or online contact forms as this will take too long.)
- Scotland - Contact details for Healthcare Improvement Scotland
- Wales - Contact details for Healthcare Inspectorate Wales

Once your site visit is completed, you can discuss with HSCSU any action proposed if you wish. Where significant breaches are found, the expectation is that feedback should be given face to face to the chief executive and/or appropriate board members. Up to half a day has been allocated for this. You should liaise as appropriate with other healthcare regulators if required.

Up to two days (for all MSDs, V&A and COVID-19 matters) is planned for the administrative elements to be completed following the inspection i.e. COIN recording and writing up any Notification of Contraventions (NoCs) and Notices.

Conduct during inspection

The opportunity to prepare and carry out management inspections is a development opportunity for all involved. While a number of Inspectors, of varying experience, may participate, this should be balanced with a consideration for any COVID-19 controls in place at the time of your visit(s). For example, hygiene and social distancing guidelines must be observed in all areas, both clinical and non-clinical. and a certain number of people visiting an area may be beyond what is appropriate. This should be discussed with OHI input and be guided by hospital management (please refer to section 4 on Health and Safety below).

It is anticipated that FOD will lead the inspection team, with OHI support. It is envisaged that OHIs may take the lead and write up the COVID-19 assessment element of the inspection. However, this should be agreed between the inspection team during the planning process for the intervention.

1.4 When are we inspecting?

Inspections are scheduled in the FOD Work Plan to take place over quarters two and three of the HSE 2021-22 FOD work year – that is between July 1st and December 31st, 2021. It is for the Inspection teams to decide when to visit – but all visits must be completed by end of Q3.

1.5 Application of the Enforcement Management Model (EMM)
Violence and Aggression/MSD

Healthcare covers a vast diversity of services treating different profiles of patients in different ways, sometimes in very fluid situations where dynamic judgements need to be made. Furthermore, innovation is actively encouraged to achieve better outcomes. Therefore, benchmarks are presented in broad terms. Inspectors are encouraged to carefully consider the types of services visited and adjust benchmarks accordingly if appropriate. You should contact HSCSU for further advice if you are unsure.

In most cases, for violence and aggression, the benchmark should be a remote risk of serious personal injury. The authority of the appropriate standard is likely to be interpretive.

If the risks from manual handling /moving and handling cannot be prevented or adequately controlled, there may be a possible risk of serious personal health effect. However, in some situations, it may not always be possible to eliminate all risks. With the exception of LOLER (which is a defined standard), most of the standards are industry based and will therefore fall into the established criteria.

COVID – 19

HSE have recently published a Review of enforcement during the coronavirus (COVID-19) pandemic (hse.gov.uk) which considers the application of the EMM for COVID-19 purposes. This indicates, in most circumstances, that the health effect for workplace transmission is Significant. It also provides that relevant guidance may be categorised as Established (although some guidance areas e.g. ventilation may still be considered Interpretive).

Please read the review for more detail. Please also ensure you keep up to date with the most recent position. If unsure, please discuss with your Principal Inspector or contact HSCSU
To clarify, unless specifically stated, the application of the EMM should be consistent across all sectors i.e. there is not a separate application for health and care settings.

2. Support and guidance
Briefing session

All FOD Inspectors, OHIs and Visiting Officers involved in these inspections are invited / have been invited to attend an online Teams briefing session on **Thursday 3rd June 9.30am – 2.30pm**. This session will provide more detailed guidance, support, advice on what to be looking for and how to carry out these inspections in the most efficient way. We will also go through the support material available. It will be an opportunity to engage with other colleagues involved and to ask questions. Further details will be sent directly by email.

Alternative arrangements for those Inspectors unable to attend this session will be made.

MSDs and V&A

Links to relevant guidance for MSDs and V&A have been provided and listed below. Please read and familiarise yourselves as appropriate.

Management approach

The following resource material is not mandatory to follow but has been used in previous interventions to facilitate management inspections at NHS Trusts and health boards.

- Inspector prompts for NHS healthcare inspections on MSDs

- Inspector prompts for NHS healthcare inspections on V&A

- Historic proformas linked to these question prompts are also available (NHS Healthcare Inspections MSDs Proforma and NHS Healthcare Inspections V&A Proforma) as may be useful to you, but are not required to be completed.

COVID-19

The areas to be assessed are the same as for those visits discussed in section 1.2 above. The support material produced for those visits should be followed:

Hospitals Spot Inspections supporting material - Version 1 - Published - 10 November 2020 and, for fit testing, Hospital and care home Spot Checks- Fit testing aide memoire - 5 November 2020

Important Guidance to familiarise yourself with

General resources

HSE Health and Social care microsite

HSE website: Managing for health and safety

Plan, Do, Check, Act - INDG 275

Overview of the Healthcare sector

Practical management inspection for MSDs and V&A in healthcare

Violence and aggression resources

HSE Website: Violence in health and social care microsite

Inspector prompts for NHS healthcare management inspections on V&A

NHS Healthcare Inspections management V&A Proforma

MSD resources

HSE website: Moving and handling in health and social care

HSE website: Musculoskeletal disorders

Inspector prompts for NHS healthcare inspections on MSDs

NHS Healthcare Inspections MSDs Proforma

External information on moving and handling, equipment and training:

Manual handling - RoSPA

Patient safety alert – Risk of death and serious harm by falling from hoists

National Back Exchange is a non-profit membership association whose goal is to develop, disseminate and promote evidence-based best practice in all aspects of moving and handling and musculoskeletal health. Their website provides some useful free information advice and resources.

COVID-19 resources

Official COVID-19 infection prevention and control guidance for health and care settings

Coronavirus: latest information and advice - HSE news

Hospitals Spot Inspections supporting material - Version 1 - Published - 10 November 2020

Hospital and care home Spot Checks- Fit testing aide memoir - 5 November 2020

Health and safety - visits to health and social care premises - supplementary guidance - version 2 - 8 January 2021

Pandemic scenarios or events - Staying Healthy Safe and Well during our Regulatory Work Activities.

Hospital and care home spot checks COIN notes template - 24 November 2020

Review of enforcement during the coronavirus (COVID-19) pandemic

Specialist Support type	**Relevant specialist**
Application of control measures	Occupational Health Inspectors – **Lucia Holmes** (although all visits will have OHI support)
Industry standards & enforcement	Health and Social Care Sector:
	Shuna Rank – Violence and Aggression
	Martin McMahon – Musculoskeletal disorders and COVID-19 controls

3. Recording of inspections

To better reflect the in-depth nature and the time involved for these interventions, each NHS Trust / Board inspection should have three inspection cases raised on COIN:

1 case to record the MSD part of the intervention (via DO-IT)
1 case to record the V&A part of the intervention (via DO-IT)
1 case to record the COVID-19 part of the intervention (using template – see below)

All 3 cases are to be related. For both MSD and V&A elements, only the one DO-IT requires to be completed. As the DO-IT form does not have a suitable category for COVID-19, the COVID-19 element is to be recorded using the template referred to below.

Admin colleagues will raise and allocate the cases on COIN following guidance from FOD DST and via the Targeting and Intelligence site.

While it is ultimately for each inspection team to consider, it is suggested that the lead FOD Inspector be allocated and complete the MSDs / V&A cases and the supporting OHI be allocated and complete the COVID-19 case (using the template). Inspectors /OHIs should record all follow up in relation to each area on the relevant case.

Notification of Contravention: Where a material breach is identified as part of the inspection and a letter is produced this should be coordinated by the lead FOD inspector and cover all matters relating to the inspection of all areas (i.e. V&A, MSD, COVID-19, as appropriate). The letter should be attached to one of the related cases – judgement can be used to determine the most appropriate case.

Notices: where enforcement notices are served these should be attached to the inspection relevant to the risk area covered, e.g. notice for poor management of MSD's would be attached on the MSD inspection

Attachments: Any correspondence or other material generated by the inspection should be attached to the relevant case. If this material covers several areas, then, similarly to the instruction for letters, judgement should be exercised as to what case to attach this material to.

Supplementary Guidance for Inspectors on Fee for Intervention explains the cost recovery elements.

Violence & Aggression and MSDs

Answers to each of the following six questions **must be recorded separately for both MSDs and V&A,** in the text area of the appropriate 'risk area' under DO IT. Answers should be kept short and succinct but include sufficient information to give a clear understanding of the issues and action taken. It is important that as much useful additional information is provided to that set out in any NoCs or notices to ensure we can effectively analyse the inspection outcomes and impact.

Questions

1. What clinical areas were visited for MSDs / V&A (delete as appropriate) respectively?
2. Were the control measures used, checked, and maintained?
3. What were the specific control failings?
4. Were there any management failings such as training, instruction etc.?
5. Were there any notable findings which may be of further use when influencing the wider sector?
6. Was there a Material Breach(es) or Enforcement action taken?

The following structure should be used (including the question number):
Q1: [answer]
Q2: [answer]

Q3: [answer]
Q4: [answer]
Q5: [answer]
Q6: [answer]

The answers for the MSD element should be recorded in the notes section on the MSD case, and the answers for the V&A element should be recorded in the notes section of the V&A case.

COVID-19

The COVID-19 COIN case should be raised in accordance with the instructions for 'Targeted Inspections' in Inspector recording instructions - 2021-22 work year

The recording of the assessment of COVID-19 controls should be made in the notes section of the COVID-19 COIN case. It involves an assessment of the seven areas identified earlier, namely: risk assessment; management arrangements; social distancing; cleaning and hygiene; ventilation; dealing with suspected cases; PPE (including fit testing). (with reference to guidance at Hospitals Spot Inspections supporting material - Version 1 - Published - 10 November 2020 and Hospital and care home Spot Checks- Fit testing aide memoire - 5 November 2020

To ensure consistency of response it should involve completion of the Hospital and care home spot checks COIN notes template - 24 November 2020 (which covers these seven areas) and then copied onto the COIN case note.

4. Health and Safety

You should follow the Health and safety - visits to health and social care premises - supplementary guidance - version 2 - 8 January 2021 alongside general visiting guidance on the intranet at Pandemic scenarios or events - Staying Healthy Safe and Well during our Regulatory Work Activities.

As this could be revised and updated, particularly in light of changing COVID-19 guidelines, it should be consulted immediately prior to any inspection. If unsure, please discuss with your Principal Inspector

In addition, the general requirement for inspectors to always be accompanied by an employee of the Trust / Board in clinical areas should be followed along with their visitor health and safety policy, as advised.

Similarly, there may be ongoing clinical situations which may mean that you are unable to visit an area at short notice. You should follow the advice given to you at the time and postpone that part of the visit, if necessary.