

Inspection of Violence and Aggression and Musculoskeletal Disorders in Healthcare 2019-2020

Open Government status: Open

Audience: FOD Inspectors, Visiting Officers, Occupational Health Inspectors and Ergonomists

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Inspection programme

1.1. What are we inspecting and why?

Nationally, twenty inspections are planned to examine management arrangements for violence and aggression and musculoskeletal disorders (MSDs) at care providers in the public sector. Available evidence indicates that assaults on staff and MSDs continue to be prevalent within this sector.

A list of care providers will be provided by Sector to FOD for these visits in advance of quarter one. If, for whatever reason, any of the care providers are no longer considered appropriate for inspection, you should contact Sector.

1.2. What is the extent of the problem?

In terms of violence and aggression, in the last 5 years, out of six fatal accidents in this sector, three of those were due to physical assault. Approximately 22% of non-fatal injuries reported under RIDDOR between 2015 – 2018 in health and social care were attributed to acts of violence, which is three times as high as in all industries. According to the Crime Survey for England and Wales 2015/16, health and associate care professionals and health and social care specialists had higher than average

risk rate at 2.5% and 6.1% respectively, compared to the average of 1.3%. These professions have consistently had higher than average risk rates over the last number of years. In England, data from NHS Protect has shown an assault rate of 21 per 1,000 staff in acute care and 191 per 1,000 staff in mental health care. The proportion of lone workers sustaining injury from a physical assault is approximately 9% higher than for non-lone workers.

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

According to HSE's 2018 statistics for the health and social care sector, lifting and handling accounted for 30% of over 7 day injuries (RIDDOR between 2015-18). The Labour Force Survey (LFS) also indicates that 30% of self-reported ill health was due to MSDs, often referred to as musculoskeletal (MSK) problems in healthcare. Nurses, care workers, nursing auxiliaries / assistants and home carers have a higher rate of MSDs/MSK than all other occupations.

In England, one aim of the [NHS Long Term Plan](#) is to tackle violence while the wider aims to support current staff may touch on MSDs.

1.3. What must be covered at the inspections?

There will be a mixture of acute and mental health care providers and the nature of the risk will be different in each. Healthcare is a complex sector. Inspectors leading on these visits should have good experience in carrying out management inspections of large organisations and ideally will have regulated within public services previously. Occupational health inspector (OHI) resource will be available for these visits. OHI's will be able to support 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. There may be a wish to have less experienced inspectors accompany as a development opportunity. While this won't be discouraged, you may visit clinical areas where numbers of people may not be appropriate.

Inspectors should obtain the care provider's local statistics initially to identify target areas. You should also contact local trade union representatives who may offer information to assist targeting. You should choose to focus on two or three clinical areas where violence and aggression is a significant issue. Separately, choose two or three clinical areas with the highest MSD rates. It is possible some clinical areas will be duplicated for both topics. Where Accident and Emergency is part of the care provider's undertaking, this should be included automatically as our intelligence indicates that it is a problem area for both topics

A management inspection approach is envisaged following the [Plan, Do, Check, Act](#) principles. 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. 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 senior level. The care provider should be asked to

draw up a timetable in advance so everyone you wish to speak to is available and the site visit runs efficiently. Confirmation by phone or email may be time well spent. The site visit should take approximately two days, allowing time to speak to relevant members of staff and to view clinical areas where appropriate. It is up to 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 to ensure inspections do not clash. Sector will provide contact details to you.

Once your site visit is completed, you can discuss with Sector on action proposed if you wish. You should be prepared to give face to face feedback as well as written correspondence. You should liaise as appropriate with other healthcare regulators if required. Approximately one day 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.

1.4. When are we inspecting?

Inspections will take place in quarters one and two. There will be an opportunity for inspectors to join an interactive Skype session with the Sector team so they are able to ask questions regarding the inspections. Some early findings from the 2018/19 inspections will be shared. You only need to attend one Skype session and it is optional whether you decide to do so. Skype sessions will take place on 2nd April and 8th May 2019. Further details will be sent directly by email.

1.5. Application of the Enforcement Management Model (EMM)

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. However, inspectors are encouraged to carefully consider the types of services visited and adjust benchmarks accordingly if appropriate. You should contact Sector 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, most of the standards are industry based and will therefore fall into the established criteria.

2. Support & Guidance Available

Where possible, hyperlinks have been provided in order to directly access guidance listed below. Sector will provide details on how to access remaining documents in due course.

Specialist Support type	Relevant specialist
Application of control measures	Occupational Health Inspectors Ergonomists - Tim Small, Chris Quarrie
Industry standards & enforcement	Health and Social Care Sector:
	Zameer Bhunnoo x 2986 – Violence and Aggression
	Elizabeth Warren x1582 – Musculoskeletal disorders

Important Guidance
<p>General resources</p> <p>HSE Health and Social care microsite</p> <p>HSE website: Managing for health and safety</p> <p>Violence and aggression resources</p> <p>HSE Website: Violence in health and social care microsite</p> <p>NHS Protect: Conflict resolution training: Implementing the learning aims and outcomes (July 2013)</p> <p>A guide for the better protection of lone workers in the NHS (March 2017)</p> <p>CQC brief guide: The use of blanket restrictions on mental health wards</p> <p>MSD resources</p> <p>HSE website: Moving and handling in health and social care</p> <p>HSE website: Musculoskeletal disorders</p> <p>External information on moving and handling, equipment and training:</p> <p>NBE/Backcare – The Guide to the Handling of People – hop6 guidance on safe lifting techniques, a systems approach</p> <p>NBE – Standards in Manual Handling – Sue Ruzala, Jacqui Hall and Pat Alexander</p>

[ROSPA Manual Handling of People](#)

[Patient safety alert – Risk of death and serious harm by falling from hoists](#)

3. Recording of inspections

There are two relevant guidance documents in relation to recording. The document [How to Record Multi Duty and Multi Site Interventions](#) explains the COIN requirements. [Supplementary Guidance for Inspectors on Fee for Intervention](#) explains the cost recovery elements.

Answers to the following six questions **must** be recorded 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.

Capturing this information is essential to enable us to effectively analyse the inspection outcomes and impact.

Questions

1. What clinical areas were visited for MSDs and V&A respectively? E.g. A & E
2. Are the control measures used, checked and maintained?
3. What are the specific control failings?
4. Are there any management failings such as training, instruction etc.?
5. Was there any OHI involvement?
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]

4. Health and Safety

During site visits, inspectors should be accompanied by an employee of the care provider at all times in clinical areas and follow 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.