Grant Thornton

NHS Lothian

# NHS Lothian
# Internal Audit Report 2021/22
# Violence and Aggression

## Assurance Rating: Limited Assurance

## Date November 2021

## Final Report

# Contents

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## Timetable

- Date closing meeting held:  Client responded directly to draft report
- Date draft report issued: 21 September 2021
- Date management comments received: 11 October 2021
- Date Final report issued: 11 November 2021
- Date presented to Audit and Risk Committee: 22 November 2021

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service.  No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

# Executive Summary

## Introduction

NHS Lothian has undertaken significant work to protect its employees from violence and aggression, in particular focusing on lone worker arrangements. There is a policy in place which includes setting out how staff can protect themselves, including what training is required.

Areas of work have been assessed for risk, with appropriate controls established over higher risk areas, for example lone workers and tracking devices/alarms issued. Detailed action plans are in existence which have been subject to scrutiny at the Staff Governance Committee. Staff Governance have sought appropriate assurances from management on how staff are protected at work, focused in particular on lone workers and whether they have devises, they are used and tracked, and how these devices work in practice to keep employees safe.

## Scope

Our review focused on the design and operating effectiveness of the controls in place to protect staff from violence and aggression, including how the Violence and Aggression and Lone Working policies in place are applied and assurance achieved over the controls. We mapped, using the policies and other documented procedures, the end to end controls in place to protect employees and validated the operation of these controls, including the sources of assurances, which exist throughout the control environment.

## Approach

Through our planning work we identified the following risks which formed the basis of the audit work undertaken.

- There is insufficient training on the policies leading to non-compliance;
- The policies are incomplete and/or have gaps which reduce the effectiveness of them;
- The policies are not used by employees and/or followed consistently;
- Risk assessments are outdated, not comprehensive and/or incomplete (e.g. Do not cover all areas of activity and all staff) exposing NHS Lothian to unforeseen risks;
- Risk mitigation plans and outputs from risk assessments are not implemented;
- Risk assessments and appropriate mitigation action plans are not communicated effectively;
- The Risk assessments are not routinely reviewed, and new/changed risks identified with action taken to mitigate those risks;
- Training programmes are not in place resulting in additional risk to NHS Lothian of non-compliance with policy;
- Training programmes are incomplete;
- Training does not capture new employees and/or refresher training for current employees;
- Training is not driven by the completed risk assessments;
- Training completion is not evidence or monitored or followed up;
- Management assurances are not based on accurate, timely data, resulting in gaps and/or false assurances;
- Operational effectiveness of the controls set out in the policies is not measured and reported through management channels;
- Reporting is incomplete/inaccurate to Staff Governance Committee resulting in limitations in assurance;
- Early warning mechanisms of non-compliance are not in place or ineffective; and
- Levels of assurance are not routinely reviewed at the level of review determined (management and then Staff Governance Committee) and action taken where appropriate.

A complete list of staff involved in the audit and documents reviewed can be seen at Appendix 1.

## Acknowledgments

We would like to thank all staff consulted during this review for their assistance and cooperation

## Limitations in Scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks that exist in this process are out with the scope of this review and therefore our conclusion has not considered these risks. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

This report does not constitute an assurance engagement as set out under ISAE 3000.

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# Executive Summary

## Summary of Findings

We have concluded that the design and operating effectiveness of the controls in place to protect staff from violence and aggression provides **LIMITED ASSURANCE**.

The table below provides a summary of the findings. The ratings assigned are based on the agreed internal audit rating scale (**Appendix 3**).

Detailed findings, recommendations and agreed management actions are found in Section 2 of this report.

**LIMITED assurance with improvement required**

| HIGH | MEDIUM | LOW | ADVISORY |
|---|---|---|---|
| 3 | 3 | 1 | - |

| Ref | Issue | H | M | L | A |
|---|---|---|---|---|---|
| 2.1 | The use of lone working devices does not adhere to policy | 1 | - | - | - |
| 2.2 | Completion of risk assessment and reduction documentation is inconsistent | 1 | - | - | - |
| 2.3 | Training is out of date or incomplete | 1 | - | - | - |
| 2.4 | There is limited assurance over the policy communication and understanding | - | 1 | - | - |
| 2.5 | Staff are not adequately supported in the completion of Purple Packs and actions are not managed effectively | - | 1 | - | - |
| 2.6 | Local Health and Safety Committees can provide only limited assurance with some evidence-based returns outstanding | - | 1 | - | - |
| 2.7 | Polices are out of date and require review | - | - | 1 | - |
| **TOTAL** | | **3** | **3** | **1** | **-** |

## Conclusion

Overall, there is a reasonable framework of control around the Board's management of violence and aggression . Policies are in place to direct staff on their individual roles and responsibilities, which if followed should minimise the possibility of staff exposure to incidents of violence and aggression. However, some issues on the application of the controls have been noted.

## Main Findings

The NHS Lothian Management of Violence and Aggression Policy and Lone Working Policy are both accessible to staff through the Health and Safety intranet pages. The Health and Safety Management System requires that a record of understanding of policies and procedures is provided as part of the annual violence and aggression assurance reporting exercise.

The NHS Lothian Violence and Aggression Policy advises that all service/department managers should complete the violence and aggression risk assessment tool (Purple Pack) to the appropriate stage.

Training around the adherence the policies is provided through a mix of online courses delivered through LearnPro and practical training delivered by the NHS Lothian Management of Aggression Team.

The Health and Safety Management System has in place a schedule of quarterly reporting providing evidence-based assurance on the implementation of the Violence and Aggression and Lone Working Policies.

The Management of Aggression team will also monitor incidents reported through DATIX to identify instances where policy had not been followed, taking action to support and educate staff where necessary.

Personal safety devices are available for individuals to use who are considered lone workers and therefore subject to an increased risk of incidents.

However, we have noted some areas of non-compliance with the policies in relation to the accurate completion of risk assessments, the completion of required training and the use, or otherwise, lone-working devices.

These findings are discussed in full within our Management Action Plan below.

## Follow Up

The follow-up process is aligned with the meetings of the Board's Audit and Risk Committee. Audit Sponsors will be contacted on a quarterly basis with a request to provide the necessary evidence for those management actions that are likely to fall due before the next meeting of the Audit and Risk Committee.


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# Management Action Plan

| Finding 2.1 – The use of lone working devices does not adhere to policy | High |
| --- | --- |

All staff who are engaged in lone working activities must have a means of contacting others. Category 1 lone workers must adhere to their department's safe and well procedures and have access to a lone working device. The lone worker protection product 'Identicom' is a mobile communications device deliberately designed as an identity card holder allowing easy wear and discreet operation by the user should they feel their safety could potentially be compromised or if they are suffering verbal abuse or attack.

Each month, the supplier of the lone working devices, Reliance, provide analysis of the devices and their use. This includes:

- The different service areas and the number of devices held.
- Number of devices held at a departmental level and whether they are meeting the monthly operational testing target of 20 amber alerts stipulated by the supplier.
- Outstanding e-learning training on the use of the devices.
- Spare devices with whereabouts unknown.

Personal safety devices should be used as part of the working day, with an amber alert test completed at every new location to ensure the ongoing operational effectiveness of the devices. However, analysis of the May 2021 report from Reliance has indicated a number of instances of non-compliance with the benchmark requirement of 20 amber alert tests per month per device across the HSCPs, REAS, Facilities, Corporate Services, and Womens and Childrens. For example, the ELHSCP SE City are reported as having 13 devices, with an average amber alert of 3.08 tests per device.

It was also reported in May that there were 363 members of staff at that time who had not completed the e-learning module on the use of the devices, which is more than half of all category 1 lone workers. The completion of training on the use of the devices has been frequently reported as an issue.

Where safety equipment such as Identicom devices are supplied to staff they must be subject to regular testing to ensure their operational effectiveness. Training is also essential for staff to use them appropriately. Unless the policy is followed on the distribution and use of the lone working devices, there is a risk that staff are at an increased risk of injury from incidents of violence and aggression.

## Recommendation

Personal safety devices are an essential tool in ensuring the safety and wellbeing of staff when working remotely. Management should raise the use of personal safety devices at a departmental level, reminding staff of their importance and the requirements on their use as laid out in the Lone Working Policy and local safe and well procedures. Staff should also be encouraged to complete the Learnpro training on the use of the devices.

A wider review on the distribution and use of the devices is also recommended, including the appropriateness of the frequency of testing for each device used, in addition to considering the effectiveness of the Lone Working Policy in directing staff on the use of the devices.

## Management Response

NHS Lothian Health and Safety representatives are working with the supplier of the identicom lone working devices (Reliance) to identify the local Health and Safety Committees where the use of the devices is most prevalent, identifying single points of contact for each Committee

Thereafter individual contracts will be created between NHS Lothian and Reliance to introduce an increased level of control by assigning devices to individuals instead of departments. This will ensure:

- Individual responsibility for the device.
- Effective tracking of the devices.
- Targeted training on the use of the devices.
- More appropriate devices testing performance indicators.

It should be noted in this report that the identification of category 1 lone workers and their requirement for a device should be through the completion of the Purple Pack risk assessment.


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# Management Action Plan

| Finding 2.1 – Continued | |
|---|---|
| **Management Action** | |
| Conclude review with Reliance and introduce new contracts for the use of the devices, including appropriate monitoring arrangements for each.<br>Once done, the a tracker spreadsheet will be developed recording who has been issued with a device and where they are based. | |
| **Responsibility**<br><br>**Local Health and Safety Committee Chairs** | **Target Date**<br><br>**31 August 2022** |


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# Management Action Plan

| Finding 2.2 – Completion of risk assessment and reduction documentation is inconsistent | High |
|---|---|

The NHS Lothian Violence and Aggression Policy requires that all service/department managers should complete the violence and aggression risk assessment tool (Purple Pack) to the appropriate stage. Completion of the Purple Pack is a key control in the identification and assessment of risks associated with violence and aggression at a ward or departmental level. The are also essential tool in the assessment of the training needs of staff.

Risk identification is informed by analysis of violence and aggression incidents recorded in DATIX in the previous 12 months, in addition to the completion of staff perspectives questionnaires to understand how well equipped they feel in dealing with incidents of violence and aggression.

All wards and departments are expected to complete the NHS Lothian General Violence and Aggression risk assessment regardless of the level of contact with patients or service users. Where high or medium risk is indicated from the assessment a full risk assessment should be completed in addition to risk reduction and training identification. The risk assessment and risk reduction process should be continual. A formal review should be carried out at least annually but can be done more frequently if required.

Through DATIX, we identified a sample of 24 wards and sites (in line with our internal audit methodology) where at least one incident of violence and aggression had been recorded between 31 May 2020 and 1 June 2021. The list of locations identified for testing is provided at Appendix 2, along with whether a Purple Pack had been provided in time for review.

In total, 15 Purple Packs were provided upon request (it is estimated by the Management of Aggression Team that approximately 1,000 completed packs should be held across all NHS Lothian wards and departments). Review of these noted a number of issues and these are listed below:

- 2 Packs had been reviewed and updated more than 12 months from the date of internal audit review, where these are expected to be reviewed annually.
- 3 Packs had been updated in June/July 2021, possibly in response to audit request submitted in early June and therefore, it is unclear if they were being kept up-to-date prior to the audit request.
- 2 Purple Packs related to areas within the new Department of Clinical Neurosciences had been completed in June 2020. These were initial assessments following the move from the WGH site and a second 6 monthly review had been scheduled for December 2020, which had not occurred.
- for 10, there was no evidence on the front of the packs to indicate that the completed risk assessment had been reviewed by the CNM/service Manager. This is a requirement on completion of the assessment and should ensure the complete and accurate recording of risks.
- Generally, the risk identification, risk assessment and analysis appears to follow the conditions of the Pack. However, some issues have been noted. Five locations had completed stage 3 - risk analysis when these areas are more likely to be low risk and therefore only the record of general risk assessment should be completed. This may be due to a misunderstanding of the requirement of the Pack and inefficient use of time in completing them.
- One location (RIE Ward 108) had completed the risk evaluation, however nothing had been recorded in the risk reduction action plan, despite several areas requiring urgent action.
- 3 locations had not completed the risk reduction review, reassessing all the risks previously identified.
- 2 locations had not fully completed the output from the Staff Perspective Questionnaires.

Its important to note that these are the findings from the 15 packs submitted from the sample selected. We cannot provide comment on the completeness or otherwise of the remaining 9 which were not returned as part of the internal audit request.

It was also noted from review of the action plans that actions are being recorded with a target date of ‘ongoing’. Which does not support the effective review of their completion. Despite a number of actions requiring action to be taken promptly.


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# Management Action Plan

## Finding 2.2 – Continued

Also, all completed Purple Packs should be sent to the Management of Aggression Team for information and independent review. As at 15 July 2021, 28 Purple Packs had been submitted. Of those 28, 2 were included in this review (SJH Emergency Department and Orchard Clinic – Hawthorn). Also, all Packs were according to the database awaiting review by the Management of Aggression Team. A significant number of Purple Packs could be in existence that are incomplete or have not adequately addressed all of the perceived risks. Without review by the Management of Aggression Team, there is the additional risks that errors or gaps in their completion are not being identified.

## Recommendation

Sites and services should be reminded of the importance of the accurate and timely review and completion of the Purple Packs, and their relevance in the identification and management of risks associated with violence and aggression. Correctly used, the Purple Pack also directs staff on the review of violence and Aggression incidents reported through DATIX, in addition to the opinions of staff on their ward or department's preparedness in dealing with violence and aggression in the workplace.

All risks that have been identified as requiring action to be taken should be entered in the risk reduction action plans and an accurate date for completion recorded. A schedule of review should then be agreed locally.

All Purple Packs, once completed should be signed off by the CNM/department manager and forwarded on to the Management of Aggression team for review and recording.

## Management Response

Following the HSE improvement notice issued to NHS Lothian in 2013 all services were asked to submit their Purple Packs for review. However this was unsustainable as too time consuming, with insufficient resource to carry out this task.

A recent service review of the Management of Aggression Team has been completed under the SBAR criteria, which has concluded that increased resource within the Management of Aggression Team should support audit and improvement around the completion of Purple Packs, in addition to providing the support and infrastructure necessary for managers in relation to risk assessment.

While management accept the need to undertake this action we are unable to do so at this time. It has been highlighted previously in 2014/15 and again in 2020 that there is a resourcing issue which is under active consideration as part of the Board's Financial Plan. Actions cannot take place without this resource.

## Management Action

A programme of Purple Pack reviews will be scheduled by the Management of Aggression Team in line with future resourcing.

To support the completion of Purple Packs at a service level, this report and its findings and recommendations will be presented to the next meeting of the NSH Lothian Health and Safety Committee.

| Responsibility | Target Date |
|---|---|
| **Chief Nurse for Clinical Education and Training** | **31 August 2022** |


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# Management Action Plan

| Finding 2.3 – Training is out of date or incomplete | High |
|---|---|

The Purple Pack also requires the completion of a training analysis in order to get a baseline of current training levels for members of staff and support the local risk reduction strategies.

According to the pack, site-based staff are required, where necessary, to complete a number of other E-learning modules, including core skills, E-learning restraint, Theory and Breakaway, low level restraint and high level restraint. Lone workers should complete E-learning core skills, lone worker theory and breakaway. Completion rates for each of the LearnPro modules are listed below:

Core skills clinical – 8,375
Restraint – 3,482
Lone worker – 3,438

However, as there are no means of effectively monitoring the completion rates of the LearnPro modules, it cannot be reported whether this is a reasonable number or not.

A lone worker safety awareness module was introduced in January as an interim module for those staff who currently cannot access face to face training. This has been completed by 678 members of staff.

Where training is not provided through LearnPro, practical training is delivered by NHS Lothian's Management of Aggression Team. The Team will also provide support and guidance to areas on request or as a result of incidents of violence and aggression reported through DATIX. The Management of Aggression Team is notified of Violence and Aggression adverse events that are categorised in DATIX as moderate and above. These are reviewed and followed-up with the area and service specific training provided as necessary. For example, in April 2021 the Management of Aggression Team reviewed the seven moderate or major incidents reported in March 2021, providing advice to the wards/departments where necessary.

While it is noted that all bookable NHS Lothian Management of Aggression training had been suspended for a number of months during the pandemic, the local Health and Safety committee reports have reported a number of training sessions, where approval has been given by the Corporate COVID-19 Committee to resume face-to-face training in specific clinical settings (for example REAS), where there is an increased level of risk. Consequently Management of Aggression Team were able to deliver 424 face-to-face courses between June 2020 and August 2021. All training during that time was arranged only following a completed SBAR.

Review of the Purple Packs for 11 of the 15 provided noted a number of staff where either training had lapsed and refresher training was required, or there was no record of staff having received the necessary LearnPro and practical training. Although we are comfortable that the correct level of training has been identified according to the clinical area and individual roles and responsibilities (lone working etc.).

Also, some locations have reported difficulties in arranging practical training with the Management of Aggression Team. For example SJH Ward 1 (IPCU) highlighted that due to shortage of staff and work pressures only 19% of their nursing team have been unable to attend restraint training since taking post and are therefore unable to participate in the planned or emergency management of patients requiring physical interventions. However the Management of Aggression Team have recognised that there have been difficulties in booking training during the last 12 months, particularly as they are a relatively small team and working at times to capacity under the current restrictions.

Cashiers should complete the practical restraint course but the Cashiering Team Leader has not been able to book staff onto it for a number of years. It is a half day course and trying to get staff booked is challenging as they cannot shut services to allow staff to attend.


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# Management Action Plan

**Finding 2.3 - Continued**

**Recommendation**

The provision of training should be reviewed and a strategy identified to deliver training to those areas where practical training has lased and is out of date.

Local management should remind staff of the importance of completing the LearnPro training.

Elsewhere, the Management of Aggression Team should schedule a review of the training packages to ensure that the provision of training is assured in the longer term and clear to services what is mandated and relevant to certain staff groups.

**Management Response**

NHS Lothians Management of Aggression Team are still working to a reduced training programme, in accordance with the agreed SBAR. This includes focusing training on areas of higher risk and supported by the agreed extension of refresher criteria.

Training packages are regularly reviewed by the Management of Aggression Team but delivery is limited due to capacity. There will be a significant number of staff with lapsed training as regular refresher training has not been available to book and only offered to areas covered by SBAR.

Currently, NHS Lothian does not have the training resource to meet the training demand in NHSL particularly if the team are to develop a strategy from completed and submitted Purple Packs, in addition to complying with COVID 19 guidelines for training.

However, it is noted that training requirements are only identified by services where the Purple Pack has been completed.

While management accept the need to undertake this action we are unable to do so. It has been highlighted previously in 2014/15 and again in 2020 that there is a resourcing issue which is under active consideration as part of the Board's Financial Plan. Actions cannot take place without this resource.

**Management Action**

The management of Aggression Team will continue to deliver training to areas of higher risk and where training requirements have been identified. This assessment will utilise the DATIX incident management system in identifying those areas where a higher incidence of violence and aggression incidents have occurred.

Thereafter, and once resources allow, a training strategy will be developed from completed and submitted Purple Packs.

| Responsibility | Target Date |
|---|---|
| Chief Nurse for Clinical Education and Training | 31 August 2022 |

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# Management Action Plan

| Finding 2.4 – There is limited assurance over the policy communication and understanding | Medium |
|---|---|

The Health and Safety Management System requires that a record of understanding of policies and procedures is provided as part of the annual violence and aggression assurance reporting exercise. This includes both the Violence and Aggression and Lone Working Policies, in addition to those relevant to the wider Health and Safety Control Framework. This is the main control for providing assurance that policies and procedures are understood by staff at an organisational level.

Senior staff are required to record this for all staff in a record of understanding spreadsheet/document, and report this as part of the local Health and Safety Committee quarterly reporting schedule. The record of understanding template is available through the intranet for staff to utilise and features as part of the evidence based compliance/assurance information.

Review of the returns provided by the 13 local Health and Safety Groups has noted an inconsistency around how this particular information is provided and the relevant assurances obtained locally. For example, from reviewing a sample of four returns from the 13 provided in August 2020, the REAS Health and Safety Group report the percentage of staff that have signed the record of understanding (91%). Whereas the Edinburgh HandSCP Group reported only that the policies had been shared with staff and a record of understanding obtained. Elsewhere, other groups (i.e. WGH and Children's Services) have reported that the policies had been communicated, with no reference made to the record of understanding.

Without a agreed method for the monitoring and reporting of signed records of understanding. There is a risk that management are unable to adequately identify those locations where the number of staff signing them are below acceptable limits. There is also the added risk that some staff are not adequately aware of the Policies and there responsibilities contained therein.

**Recommendation**

It is recommended that local Health and Safety Groups advise directorates/services to utilise fully the record of understanding for the two policies. The collation and reporting if the number of staff completing the document is an area of good practice and should be encouraged when completing the quarterly return, which would allow the local Health and Safety Groups to identify areas of non compliance, and ensure that staff have an understanding of their content and individual responsibilities. As well as encouraging line managers to make sure that their staff have an understanding of the policies.

**Management Response**

Agreed, although it should be noted that the responsibility for this rests with the local Health and safety Committees, with the Management of Aggression Team in an advisory role only.

**Management Action**

An extensive Health and Safety Service review will shortly be undertaken to identify the required suitable resource levels that will be evaluated to meet NHS Lothian's needs and will include the ongoing 13x local HandS Committees support needs, including all necessary training requirements etc

Local Health and Safety Committee Chairs will be reminded of the assurance reporting exercise and the relevance of complete and accurate reporting information. With examples of good practice highlighted.

The provision of training, virtual or otherwise around assurance evidence will also be developed and distributed to the Local Health and Safety Committees.

| Responsibility | Target Date |
|---|---|
| **Chair of NHS Lothian Health and Safety Committee** | **31 August 2022** |

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# Management Action Plan

| Finding 2.5 – Staff are not adequately supported in the completion of Purple Packs and actions are not managed effectively | Medium |
| --- | --- |

Using the sample of Purple Packs reviewed, we contacted the individuals responsible for their completion in order to identify gaps, uncertainty or areas for improvement in the use of the Purple Packs. Staff were asked the following questions:

- How prepared are you in completing the Purple Pack? Have you received training?
- Do you feel that you are able to determine the level of risk identified through completion of section 2 of the Pack accurately? Recording Low Risk, or Medium/High/Very High (where completion of stage 3 is necessary)
- Do you feel that you are able to use the Risk Calculator effectively in the completion of the Individual Risk Analysis?
- Do you feel that you are able to complete the Action Plan in section 4 easily? Are you aware of any ongoing monitoring of the action plan, providing updates and closing off actions where necessary?
- How often do you complete the risk reduction review (annually or more frequently?)
- Do you know if the Packs are revisited during the year following update?
- Staff were also asked to provide any more information around their experience of completing the Pack

Responses were received from 15 members of staff. While some staff reported that they felt comfortable in using the packs, seven responders had indicated that training would have been appreciated by way of assuring themselves that they are completing the Packs appropriately. Particularly relating to risk identification and calculation.

It was also noted that the action plans are not being routinely reviewed and actions updated/closed-off. Staff are only likely to revisit the pack following an incident, which for some locations can be quite infrequent. Review of the Purple Packs has supported this finding in that there is no evidence of review and update of the actions occurring during the year.

The NHS Lothian Risk Assessment and Risk Reductions System is essential in the management of risks relating to violence and aggression and lone working, as such there is a risk that without full engagement by staff that this becomes an annual box-ticking exercise and does not ensure that risks are being managed effectively, resulting in a reactive rather than proactive approach to the management of risk.

**Recommendation**

It is recommended that the Management of Aggression Team carry out an exercise to identify those areas when completion of the Purple Pack has been challenging or the relevance to a non-clinical area uncertain. Appropriate training or advice should then be provided where necessary.

Staff should be reminded of the importance of using specific time-limited dates in their action plans. These should be revisited and reviewed/updated at a frequency relevant to the level of risk.

The Management of Aggression Team should also schedule a review of the purpose and Content of the Purple packs, which should consider the overall relevance of the packs for use in clinical and non-clinical areas. Going forward it might be more beneficial if the packs were tailored to better suit the ward o department completing them

**Management Response**

Following the HSE improvement notice issued to NHS Lothian in 2013 all services were asked to submit their Purple Packs for review. However this was unsustainable as too time consuming, with insufficient resource to carry out this task.

A recent service review of the Management of Aggression Team has been completed under the SBAR criteria, which has concluded that increased resource within the Management of Aggression Team should support audit and improvement around the completion of Purple Packs, in addition to providing the support and infrastructure necessary for managers in relation to risk assessment.

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# Management Action Plan

**Finding 2.5 - Continued**

**Recommendation**

It is recommended that the Management of Aggression Team carry out an exercise to identify those areas when completion of the Purple Pack has been challenging or the relevance to a non-clinical area uncertain. Appropriate training or advice should then be provided where necessary.

Staff should be reminded of the importance of using specific time-limited dates in their action plans. These should be revisited and reviewed/updated at a frequency relevant to the level of risk.

The Management of Aggression Team should also schedule a review of the purpose and Content of the Purple packs, which should consider the overall relevance of the packs for use in clinical and non-clinical areas. Going forward it might be more beneficial if the packs were tailored to better suit the ward o department completing them

**Management Response**

Following the HSE improvement notice issued to NHS Lothian in 2013 a schedule of targeted audits had been carried out for the Management of Aggression Team to review a sample of Purple Pack held by services. However this was unsustainable as too time consuming, with insufficient resource to carry out this task.

A recent service review of the Management of Aggression Team has been completed under the SBAR criteria, which has concluded that increased resource within the Management of Aggression Team should support audit and improvement around the completion of Purple Packs, in addition to providing the support and infrastructure necessary for managers in relation to risk assessment.

While management accept the need to undertake this action we are unable to do so at this time. It has been highlighted previously in 2014/15 and again in 2020 that there is a resourcing issue which is under active consideration as part of the Board's Financial Plan. Actions cannot take place without this resource.

**Management Action**

A programme of Purple Pack reviews will be Scheduled by the Management of Aggression Team in line with future resourcing.

To support the completion of Purple Packs at a service level, this report and its findings and recommendations will be presented to the next meeting of the NSH Lothian Health and Safety Committee.

| Responsibility | Target Date |
|---|---|
| Chief Nurse for Clinical Education and Training | 31 August 2022 |


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# Management Action Plan

| Finding 2.6 – Local Health and Safety Committees can provide only limited assurance with some evidence-based returns outstanding | Medium |
|---|---|

The Health and Safety Management System has in place a schedule of quarterly reporting providing evidence-based assurance.

The Staff Governance Committee has requested a level of assurance in the 12 key risk areas, one of which is the Management of Violence and Aggression. NHS Lothian's 13 Local Health and Safety Committees are required to submit to the Health and Safety Committee four quarterly reports , covering 3 topics each time. Violence and Aggression is reported as part of the quarter one return process, which is presented to the Health and Safety Committee in August of each year.

Documented information evidence is gathered at a ward/department level through the charge nurse/equivalent reports and fed through the reporting system to the Local Health and Safety Committees. The Management of Aggression intranet site provides a comprehensive list of all accepted assurance evidence, this can include:

- Policy communication and implementation.
- Up-to-date risk assessments in place and for medium/high risk wards/departments a completed Purple Pack.
- Training up-to-date as much as possible.
- Up-to-date lone working and alarm procedures.
- All adverse events are fully investigated per policy.

On 18 August 2020 it was reported to the NHS Lothian Health and Safety committee that from information contained within the reports submitted there were concerns relating to the completion of the Purple Pack, delays with violence and aggression training and the effectiveness of any safe and well procedures. While these concerns were in the main due to the impact of COVID19 (such as the suspension of bookable training). The Committee agreed for this time period that there was only limited assurance over the Board's management violence and aggression across the organisation.

Assurance is provided throughout the year through the submission of quarterly Violence and Aggression reports by the various local Health and Safety Committees. Information around the provision of training is reported in addition to the number of adverse events occurring across the directorate.

Analysis was carried out on the 13 local health and safety committee reports submitted in August 2020, with the following issues noted:

- The reports from the Midlothian HandSCP and Outpatient and Associated Services were dated 28 May 2019 and 10 February 2020 respectively. All other reports had been prepared during July/August of last year.
- 11 local committees reports recorded the number of reports required from wards and departments under their area of responsibility, compared with the number actually received. The two groups not reporting this information were West Lothian HandSCP and Facilities. Therefore it could not be determined how many reports had been provided for review that year for the two directorates and what information had been used to base the assurance report on.
- From the analysis possible, it was noted that 84% of all evidence based assurance reports required had been provided, areas with the lowest return rates were – Edinburgh HandSCP (72%), Midlothian HandSCP (67%), SJH (48%) and Corporate Services (87%).
- The format and layout of the local reports are inconsistent across the groups, with a greater level of detail and evidence reported by some group compared to others. For example, REAS report compliance levels against each of the evidence requirements, whereas facilities provide only a summarised report with no analysis or supporting data.

Without the submission and review of evidence-based assurance reports, there is a risk that arrangements for managing and controlling the risks associated with violence and aggression and lone working at a ward and department level are not being effectively controlled, and that the NHS Lothian Health and Safety committee has received insufficient assurance or otherwise over this.

Also, following the Committee agreement of limited assurance in 2020, it is unclear what improvement actions had been agreed to support the 2021 submission and the local Health and Safety Committees in obtaining and assessing the assurance evidence provided prior to the 2021 annual return.


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# Management Action Plan

**Finding 2.6 - Continued**

**Recommendation**

While it is likely that COVID-19, as well as departmental pressures and workloads have prevented the provision of ward and department evidence, all sites and staff should be reminded of the requirement to submit this information to their local Health and Safety Committee timeously.

A standard reporting format should be agreed and communicated to the chairs of the local health and safety committees with specific guidance on the information that is expected to be reported for review and assessment.

Furthermore, management, along with the Management of Aggression Team, should consider how the local Health and Safety Committees can be supported throughout the year in ensuring that the annual assurance exercise is effective and provides an accurate picture of the Board's exposure to the violence and aggression risks.

**Management Response**

Agreed

**Management Action**

The local Health and Safety committees will be supported by the Health and Safety Advisors to report against an agreed standard template that adds detail to the levels of assurance template that already exists. The local committees will be asked to report instances of harm as well as reported incidents.

| Responsibility | Target Date |
|---|---|
| Medical Director | 31 March 2022 |

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# Management Action Plan

| Finding 2.7 – Polices are out of date and require review | Low |
|---|---|

The NHS Lothian Management of Violence and Aggression Policy and Lone Working Policy are both accessible to staff through the Health and Safety intranet pages.

According to the Violence and Aggression Policy, this should be subject to a corporate compliance check using the NHS Violence and Aggression Performance Standard as a base line measure. The Policy should also be reviewed and revised by NHS Lothian's Health and Safety Committee every three years or as a result in any changes in legislation. Elsewhere, the Lone Working Policy should be reviewed within 2 years of its publication by the Lothian Partnership Forum.

The Violence and Aggression Policy was subject to a technical update in April 2018. This was authorised by the Health and Safety Committee in May 2018 and added to the intranet in August 2018.

The Policy should haven been subject to a review exercise during May 2021, although this has not yet been carried out.

The NHS Lone working policy was authorised by the Lothian Partnership Forum in September 2015, with a review date of July 2017. The Policy was subject to a technical update in May 2018 and should have had a further review in May 2020. This has also not been completed.

Furthermore, while the policy has recorded that it is the responsibility of ward and departmental managers to uundertake violence and aggression risk assessment using the Violence and Aggression Risk Assessment/Risk Reduction Tool (Purple Pack). However, there in no mention within the policy that the completed packs should be forwarded to the Management of Aggression Team for information.

**Recommendation**

It is advised that the Violence and Aggression and Lone Working Policies should be reviewed and, where necessary, updated. Update to the Violence and Aggression Policy should include the instruction for ward and departmental managers to forward completed Purple Pack risk assessment to the Management of Aggression Team

**Management Response**

Lone Worker policy was subject to technical update in May 2021. While it is noted that the Violence and Aggression Policy has passed its review date, this is on hold until the Scottish Government has issued its Once for Scotland Policies, likely to be in 2023.

**Management Action**

A technical review/update will be scheduled for the Violence and Aggression Policy.

| Responsibility | Target Date |
|---|---|
| Head of Health and Safety | 31 March 2022 |


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# Appendices

# Appendix 1 – Staff Involved and Documents Reviewed

## Staff Involved

- Community Mental Health Charge Nurse
- Head of SMART
- Charge Nurses
- Deputy Charge Nurses
- Senior Charge Nurses
- Clinical Nurse Managers
- Deputy Staff Nurses
- Clinical Educator
- Community Psychiatric Nurse
- MSK Physiotherapy Outpatient Service Lead
- Cashiering Team Leader
- Head of Health and Safety
- Associate Chief Nurse for Clinical Education and Training
- Violence and Aggression Lead Practitioner
- Lead Health and Safety Adviser
- Health and Safety Consultant

## Documents Reviewed

- Management of Violence and Aggression and Lone Working Policies
- Local Health and Safety Committee Chair Reports
- Assurance reporting guidance and templates
- NHS Lothian Health and Safety Committee Minutes
- Training Modules and Manuals
- NHS Lothian Risk Assessment and Risk Reduction System for Violence and Aggression and Lone Working (Purple Packs)
- Management of Aggression Team  Operational Procedure Manual.
- Violence and Aggression Assurance Evidence
- Violence and Aggression Incidents recorded on DATIX.

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# Appendix 2 – Wards and Locations Tested

| Location | Number of DATIX Incidents | Purple Pack provided |
|---|---|---|
| 5LP NE SMS | 6 | Yes |
| AAH Smart Building - Orthotics | 3 | Yes |
| CAM Inpatient Unit | 46 | **No** |
| CCF Maple Villa | 58 | **No** |
| ELCH Ward 3 | 4 | **No** |
| MCH Edenview | 6 | Yes |
| MCH Rossbank Unit – Rose Lane (Assessment) | 30 | Yes |
| ORC Hawthorn Ward | 12 | Yes |
| REH Rapid Response Team | 4 | Yes |
| RHSC Ward 07 | 6 | **No** |
| RIE Minor Injuries Unit | 4 | **No** |
| RIE Ward 108 | 5 | Yes |
| StJ AandE | 16 | Yes |
| StJ Ward 08 | 36 | **No** |
| WGH Ward 11 | 3 | Yes |
| WGH Ward 33 (DCN 3) - Now RIE Ward 231 | 8 | Yes |
| StJ Ward 01 (IPCU) | 42 | Yes |
| STMH St Michael's Hospital | 4 | Yes |
| AH Allander House | 2 | **No** |
| HC Penicuik Health Centre | 2 | **No** |
| DCN Outpatient OPD 7 | 1 | Yes |
| Pennywell All Care Centre (PACC) | 2 | Yes |
| Finance - Cashiers Office | 3 | Yes |
| WGH Ward 27 | 3 | **No** |


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# Appendix 3 – Our IA Report assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

| Rating | Definition | When Internal Audit will award this level |
|---|---|---|
| **Significant assurance** | The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.<br>There may be an insignificant amount of residual risk or none at all. | There is little evidence of system failure and the system appears to be robust and sustainable.<br>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings) |
| **Moderate Assurance** | The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied.<br><br>There remains a moderate amount of residual risk. | In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".<br>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings) |
| **Limited Assurance** | The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken. | This may be used when:<br>▪ There are known material weaknesses in key control areas.<br>▪ It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.<br>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings) |
| **No assurance** | The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk. | The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk(for instance one Critical finding or a number of High findings) |

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# Appendix 2 - Continued

The table below describes how we grade our audit recommendations based on risks

| Rating | Description | Possible features |
|---|---|---|
| **High** | Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management | ▪ Key activity or control not designed or operating effectively<br>▪ Potential for fraud identified<br>▪ Non-compliance with key procedures / standards<br>▪ Non-compliance with regulation |
| **Medium** | Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management | ▪ Important activity or control not designed or operating effectively<br>▪ Impact is contained within the department and compensating controls would detect errors<br>▪ Possibility for fraud exists<br>▪ Control failures identified but not in key controls<br>▪ Non-compliance with procedures / standards (but not resulting in key control failure) |
| **Low** | Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area. | ▪ Minor control design or operational weakness<br>▪ Minor non-compliance with procedures / standards |
| **Advisory** | Items requiring no action but which may be of interest to management or which represent best practice advice | ▪ Information for management<br>▪ Control operating but not necessarily in accordance with best practice |

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