B/03/038

Template: Priority Programme Plans and quarterly reports

Priority programme	Health Services priority programme	Progress first quarter	Progress second Quarter	Progress third quarter	End of year progress report
Programme targets	**Outcomes**: The following targets have been set by the NHS itself. HSC/E (Strategic Plan 2001/02) agreed to support their delivery as a substantive contribution to the RHS targets: • NHS Scotland - 25% reduction in all accident/injuries by 2006; • NHS England - 30% reductions in accidents, violence and sickness absence by 2003/4. DoH have indicated that these targets may be changed to reflect RHS 2010 targets. (NB: NAO report of May 03 considered the original internal targets are now unachievable as they relate to all incidents, the reporting of which has increased. However, the "hard" RIDDOR data indicates a 20% reduction in reportable accidents over the last 5 years); • NHS Wales - the RHS targets. Private sector: • Baseline data and targets for the private sector will be set during 2003/4. Fatal accidents to workers in health care are rare; the main outcomes are reductions in major injuries and ill health. An overall average 30% reduction in the key targets by 2010 is realistic. **Baselines**: (healthcare employs approx 1.2 m in the NHS and 0.7m in the independent sector) The fatal/major injury incidence baseline for health services in 1999/2000 was 84.1 per 100,000 employees (corresponding to 1,350 accidents reported under RIDDOR). The total for all reported accidents in health services in 1999/2000 was 12,120, of which approximately half were caused by lifting / handling. Some healthcare staff, eg nurses and ambulance crews, have high	N/A	N/A	N/A	N/A

	sickness absence and ill health rates from: manual handling (mainly of patients), slips and trips, violence, and stress. While more detailed baselines for occupational ill-health are being developed (by HSE corporately), the RIDDOR rate for manual handling injuries provides a useful proxy measure of the main cause of work related ill health. In 1999/2000 there were 5,881 M/H accidents reported under RIDDOR.				
Contributions to achieving the PSA targets	The Programme aims to achieve all the RHS targets in health services by 2010. The MSD, violence and slips / trips elements of the programme are aimed at meeting PSA target 1; stress, MSD and sensitisers elements of the programme are aimed at meeting PSA target 2 & 3. A 30% reduction in major injuries would deliver a fall of 405. Days lost from work-related injury/ill health are approx. 2.2m (SWI and LFS 1995). A 30% reduction would give fall of 654,000 days. Incidence rates for ill health are being developed (see baselines above)	N/A	N/A	N/A	N/A
Strategy	1) Engaging stakeholders in healthcare, where possible via the new Health Services Advisory Committee, particularly: • The 3 National Health Services (via existing initiatives for HR, self insurance and corporate governance); • Agencies with inspection/audit functions in relation to patient safety, staff H&S or service efficiency; • Organisations engaged in PFIs and in the NHS supply chain and procurement processes; • Other intermediaries, including employer representatives. 2) Concentrating on risks that cause the most injury, ill health and time lost, i.e. MSD, stress, violence, slips/trips, and asthmagens e.g. latex. 3) Developing and promoting the business case - evidence of best practice, and the cost effectiveness of controls and rehabilitation.	N/A	N/A	N/A	N/A

	4) Increasing the competence of HSE inspectors and healthcare staff in managing the key risks. 5) Sponsoring research, and producing/promoting sector specific guidance on key risks. 6) Targeted FOD safety management inspections of poor performing or high-risk NHS trusts, and large private hospitals. 7) Resource efficient interventions with SMEs (care homes and primary care) via FOD Workplace Contact Officers, and joint visits with other agencies.				
Key work streams Strategic Point 1: Stakeholder engagement	**Health Services Advisory Committee** Milestones and outputs: a) Re-constitution and terms of reference agreed by May 2003; b) First meeting to be held by July 2003; c) New workplan for SR 04 to be drafted by December 2003; d) Real evidence of inter-agency cooperation demonstrated through agreements, initiatives undertaken, etc by April 04; e) Open meeting to be held in early Summer 2004. **HSAC Open Meeting** Milestones and outputs: a) Prepare and hold an open meeting to be attended by key health sector stakeholders in 2004/05: - Quarter 1: Identify invitees, prepare detailed project plan (including evaluation criteria), identify venue; - Quarter 2 - 4: Plan and commission work to deliver open meeting programme and associated publicity; - Quarter 1 (2004/5): Hold conference and undertake initial evaluation. b) Open meeting to be attended by approximately 100 key health sector stakeholders; c) Undertake full evaluation and produce report within 3 months of open meeting. Commence planning cycle for 2005/6 open meeting.				

	Work with stakeholders: Central initiatives Milestones and outputs: a) Assist DoH phase 2 "back in work" campaign – make contact with DoH lead and agree HSE input by September 2003; b) Develop new OHS Strategies with the NHS in England and Wales by Q4 2003/4; c) Establish Contacts and programmes with new NHS bodies (Health Authorities, Workforce Development Confederations) by Q3 2003/4; d) Agree Concordat with NHS Estates on safety by design by Q2 2003/4; and commence joint initiatives in Q3 2003/4; e) Establish links with new Healthcare Regulatory Body (CHAI), to ensure consistency and manage responsibility for patient safety by Q42003/4; f) Persuade independent sector to collect baseline data and set targets by Q2 2003/4.				
Key work streams Strategic Point 2: Concentration on key risks	**Concentration on key risks** Milestones and outputs: a) HSE's inspection/intervention plan for 2003/04 focussed on key risks published by April 2003: and review of Divisional implementation arrangements conducted by end Q1 2003/4. b) Develop and Promote Guidance on managing stress in healthcare – by end 2003/4; c) Publish and promote Sector Information Sheet on slips and trips in healthcare – by Q2 2003/4; d) Review progress against targets using HSC Annual Statistics Report 2002/3 – November 2003 (see "programme targets"). Use statistical data to review targeting of inspection activity for 2004/5 in Q3 2003/4.				
Key work streams Strategic Point 3: Promotion of	**Promotion of the business case to highlight the cost of ill health** Milestones and outputs: a) Develop and promote joint HSE/NAO conference September 2003;				

the business case	b) Gain agreement from NHS Litigation Authority to work with HSE on costs of accidents, violence and ill health in the NHS; c) Make good-practice material available on NAO, HSE and Health Services websites – progress report Q3 2003/4; d) Deliver presentations at key Stakeholder Conferences: RCN, NHS Confederation, NHS Human Resources, NHS Wales and Scotland: progress report each quarter.				
Key work streams Strategic Point 4: Increasing the competence of HSE inspectors and healthcare staff	**Increasing the competence of HSE inspectors and healthcare staff** Milestones and outputs: a) Deliver 6 workshops and seminars on risk management for English NHS trusts, with NHS risk pooling schemes – June 2003; b) Deliver Health Services Training Course to HSE inspectors – October 2003; c) Ensure adequate H&S content of NHS Induction Training via links with the new NHS University by Q4 2003/4.				
Key work streams Strategic Point 5: Sponsoring research	**Sponsoring research** Milestones and outputs: a) In line with research strategy, commission 3 research projects by August 2003; b) Review research strategy and forward look at research needs for 2004/5 and beyond – by November 2003.				
Key work streams Strategic Point 6: Targeted inspection programme	**Targeted inspection of NHS employers and private hospitals** Milestones and outputs: a) Targeted inspections of trusts or major private hospitals to assess risk management systems for MSD (40 visits), violence (40 visits), and where appropriate, slips/ trips, stress, and asthmagens – by 31/3/03. Monitor emerging outputs during Q3 2003/4.				
Key work streams Strategic Point 7: Interventions	**Interventions with SMEs** Milestones and outputs:				

with SMEs or intermediaries	a) Inspections to assess risk management systems for MSD, violence, slips/ trips, stress, glutaraldehyde & latex (in conjunction with National Care Standards Commission) - 150 care homes, and 50 clinics or small hospitals – by 31/3/03. Monitor emerging outputs during Q3 2003/4; b) Head Office contacts with all new Primary Care Trusts (300) – by 31/3/03. Monitor emerging outputs during Q3 2003/4.				
Third party involvement **Evaluation**	**Third party involvement** The central initiatives identified in Key Work Stream 1 above have identified a range of activities aimed at engaging third party involvement. The re-constitution of the Health Services Advisory Committee will be the major route for third party involvement. **Evaluation** Evaluation will be carried out on both the process implementaton/outputs and the outcomes (impact). Evaluation of the plan will consist of evaluation of some of the key component parts, as described in the Evaluation Strategy. The evaluation will have two main thrusts: firstly by statistical analysis of impact of RIDDOR, DoH accident and ill-health data; LFS and SWI (experimental technique) and secondly from stakeholders engaged in Operational interventions (cross-sectional comparison). <u>Milestones and outputs</u> a) Undertake the 4 evaluation streams identified in the evaluation strategy for 2002/3 and produce reports in Q2 2003/4; b) Develop evaluation techniques for slips and trips interventions – by Q4 2003/4.				
	Methodology for Progress management: The health care sector has a high rate of RIDDOR under-reporting, and high rates of ill health as opposed to injuries Four sources of data will be used to				

	measure progress. 1. The Labour Force Survey (LFS). The major injury incidence rate for 1999/2000 was 84.1 without correction for under-reporting. The all injury incidence rate was 755.4 (RIDDOR), 1,450 (LFS). Days lost from injuries were 840,200. 2. The Self Reported work-related illness (SWI) survey gave a figure of 2.2 million days, for health care. Nursing was amongst the occupations with the highest reported rate of MSD: approx 5.8% compared to an average of 2.5%. 3. RIDDOR – all accident total for 1999/2000 was 12,120. Major causes are MSD, slips and trips, and violence, so RIDDOR will provide a reliable measure of major injuries and a proxy measure for most sickness absence. Additional measures are needed for stress. 4. Data collected by the three health services (e.g. violent incidents, sickness absence) is being made available to HSE as additional baselines and progress measures.				
Input assumptions	HSE has allocated 40 staff years operational resource to the Health Services Priority Programme, which equates to 7% of the total resources allocated to all Priority Programmes. Not all resources can contribute directly to achieving programme outcomes: eg reactive incident investigation work, enforcement and patient/public safety demands need to be accommodated. Maximising contribution to delivering programme outcomes will be achieved by rigorous prioritisation.				
Key assumptions	Risks to delivery include failure to resource the sector and FOD interventions and delivery quality failure. Elements of the strategy may founder if NHS reform, particularly in England, continues to divert the available management effort. Risk management focuses on good programme management to Identify and rectify deficiencies early together with close monitoring of change in the sector.	N/A	N/A	N/A	N/A

The cells marked out in blue will be published on the Internet.