



Health and Safety Authority
Five Year Plan for the Healthcare Sector | 2010–2014



Working to create a National Culture of Excellence in Workplace Safety, Health and Welfare for Ireland

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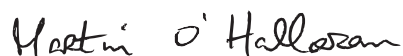
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Foreword

The Health and Safety Authority (HSA) is pleased to introduce this five-year plan for the healthcare sector. The overall aim of the plan is to work with the sector in developing a culture of safety and in reducing injuries and illness among its workforce. This aim will be achieved through both initiating and supporting strategies and related actions which will enhance employee safety and wellbeing throughout the sector.

Good standards of workplace health and safety have the potential to improve the overall health and wellbeing of people in our society and there is evidence that businesses that embrace workplace health and safety are more competitive and more productive, which are critical attributes in the current economic climate.

The role of the HSA is to promote and foster best practice in the workplace but we cannot achieve this alone. We look forward to working with our partners in the healthcare sector – employers, employees, self-employed persons and key organisations – to improve safety, health and welfare throughout the sector.



Martin O'Halloran
Chief Executive Officer

Introduction

The HSA commissioned a review of health and safety in the healthcare sector, which was carried out between December 2008 and April 2009¹. The purpose of the review was to enable the development of a five-year plan setting out the Authority's objectives and actions with regard to the healthcare sector. The review included a wide-ranging consultation process with key stakeholders.

Following the review, a five-year plan was developed setting out recommended objectives and priority actions to be taken by the HSA, acting alone or in conjunction with other agencies. The plan is set out below. The timeframe for the implementation of the plan is 2010 to 2014. In addition to ongoing evaluations, there will be a review of progress at the end of 2011. Critical success factors are the cooperation of key stakeholders and the availability of resources.

Context

The European Strategy on Safety and Health at Work 2007–2012 states:

'Health and safety at work is now one of the most important and most highly developed aspects of EU policy on employment and social affairs.'²

The strategy refers to the importance of staff health and safety for economic growth:

'Under the Lisbon strategy, the Member States have acknowledged the major contribution that guaranteeing quality and productivity at work can play in promoting economic growth and employment. Indeed, the lack of effective protection to ensure health and safety at work can result in

absenteeism, in the wake of workplace accidents and occupational illnesses, and can lead to permanent occupational disability. This not only has a considerable human dimension but also has a major negative impact on the economy. The enormous economic costs of problems associated with health and safety at work inhibits economic growth and affects the competitiveness of businesses in the EU.'

The period 2002 to 2006 saw a significant fall in the total incidence rate of accidents at work and the current European Commission strategy seeks to reduce the rate by a further 25 per cent during the period 2007 to 2012.

¹ Review by Leigh-Doyle and Associates and CMA Advice Ltd.

² Policy based on Article 137 of the EC Treaty. European Strategy on Safety and Health at Work 2007-2012, European Commission, 2009.

The HSA's Strategy Statement 2007–2009 identifies the Authority's vision:

'A national culture of excellence in workplace safety, health and welfare, where all employees, employers and organisations will commit to the active prevention of accidents, injuries and work-related ill health on a long-term, permanent and sustainable basis.'

The HSA strategy is in keeping with the European strategy.

The healthcare sector in Ireland is a significant employment sector, accounting for 10 per cent of all employed persons in 2007. Indicative data on the numbers employed in the sector can be gleaned from the Central Statistics Office (CSO) Quarterly National Household Survey (QNHS). QNHS

data for the third quarter (Q3) of 2008 indicate that 226,600 persons were employed in health and social work: 153,900 (68%) were employed full time and 72,700 (32%) were employed part time (see Table 1).

There has been substantial growth in healthcare employment, with an increase of 44 per cent between 2001 and 2007. Nurses are the main occupational group, representing one-quarter (56,400) of all employees in the sector (CSO QNHS 2007–2008). The public health service, with 111,024 whole-time equivalent employees at the end of 2008, accounts for 72 per cent of all those employed in the sector (Health Service Executive Health Service Personnel Census HSE HSPC).

Table 1: All persons in employment in the health and social work sector, Q3, 2008

	Full time		Part time		Total	
	No.	%	No.	%	No.	%
Employees	153 900	67.9	72 700	32.0	226 600	100.0

Source: CSO QNHS. These are sample surveys and accordingly the data are estimates and liable to sampling error.

The healthcare sector accounts for over 10 per cent of all workplace injuries reported to the HSA each year. Reported data from employers in 2008 indicate three main accident triggers in the healthcare sector: manual handling; slips, trips and falls; and shock, fright and violence (see Table 2).

Available statistics indicate that there have been relatively high rates of illnesses amongst workers in the healthcare sector (see Table 3).

Table 2: Incidents in the healthcare sector (NACE Code Q³) reported to the HSA, 2008

Type	No.	%
Manual handling*	378	36.6
Fall of person	224	21.7
Shock, fright, violence	144	13.9
Other triggers not listed	93	9.0
Body movement no physical stress	72	7.0
Loss of control of an item	63	6.1
Break, fall or collapse of material	28	2.7
Overflow, leak, emission	26	2.5
Electrical problem, explosion, fire	6	0.6
Total	1034	100.0

* Physical strain to musculoskeletal system, due to lifting/carrying; pushing/pulling; twisting/turning.

³ NACE Revised classification 2008 – Code Q=Human and Social Work Activities

Table 3: Number and rate of total illnesses in the health and social work sector, 2003-2007 (CSO QNHS: These are sample surveys and accordingly the data are estimates and liable to sampling error)

	2003		2004		2005		2006		2007	
	No. illnesses	Rate per 1000	No. illnesses	Rate per 1000	No. illnesses	Rate per 1000	No. illnesses	Rate per 1000	No. illnesses	Rate per 1000
Health and social work	5 200	29.3	9 500	51.2	7 600	38.7	12 800	60.3	8 560	38.2
All sectors	48 100	26.2	58 700	30.8	63 900	32.0	71 400	34.4	59 273	27.8

Source: HSA Summary of Workplace Injury, Illness and Fatality Statistics 2006–2007 and 2007–2008.

Key Messages from the Review

The consultations with key stakeholders indicated a generally positive view of the HSA in the healthcare sector. However, the HSA is perceived as having quite limited involvement in the sector to date. There is perceived to be a need for the HSA to clarify and prioritise its policy and approach to the sector. Key issues identified by stakeholders in respect of the HSA five-year plan for the sector include the need for: a strategic focus; having a partnership approach; consideration of standards; improving sector compliance; greater awareness raising; prevention initiatives; and support, training, education and monitoring.

Overall the review found that the HSA can play an important role in fostering a culture of safety within the sector, through the development and implementation of interventions in key areas to increase awareness, to reduce risks and to improve occupational health, in partnership with sector stakeholders. In planning its actions in the sector for the next five years, the HSA needs to address the health and safety issues affecting staff in the full range of healthcare establishments, including hospitals, residential settings, community and domiciliary health and social care services, and private practices.

Given the increasing complexity of the healthcare sector, a strategic and multi-pronged approach to achieve improvements in workforce health and safety performance is required. This will involve a range of actions and interventions by the HSA focused on both prevention and compliance across the sector. Increased engagement is needed between key stakeholders, particularly the Health Service Executive (HSE) as the largest employer in the sector, and the HSA. The HSA plan for the sector must also take into consideration the roles of other regulatory agencies, and its capacity to 'add value' in ensuring adherence to health and safety standards.

Aim and Objectives of the HSA Plan for the Healthcare Sector

Aim

The aim of the HSA plan for the healthcare sector is:

To work with the healthcare sector in developing a culture of safety, and in reducing injuries and illness among its workforce, through both initiating and supporting strategies and related actions which will enhance employee safety and wellbeing throughout the sector.

Objectives

To achieve this aim, the HSA plan for the healthcare sector has six key objectives:

1. To engage with key stakeholders to ensure a complementary, coordinated and consistent approach to occupational safety, health and welfare at work in the healthcare sector.
2. To ensure continued improvements in safety, health and welfare in the healthcare sector through the provision of targeted inspections, investigations and enforcement action, as appropriate.
3. To influence the content and uptake of education and training in relation to safety, health and welfare both within the healthcare sector and in education courses which prepare entrants to the sector.
4. To produce guidance and implement appropriate intervention tools to assist in assessing and controlling risk associated with the healthcare sector.
5. To improve the quality of information and intelligence available on workforce safety, health and welfare in the healthcare sector to ensure effective interventions and the most appropriate use of resources.
6. To raise awareness of occupational hazards, legal obligations and the importance of occupational safety, health and welfare in increasing productivity and reducing lost time at work.

Actions to Achieve Objectives

The following recommended actions will be implemented to address each of the six priority objectives effectively.

Objective 1

Engagement: To engage with key stakeholders to ensure a complementary, coordinated and consistent approach to occupational safety, health and welfare at work in the healthcare sector.

Recommended actions	HSA comment	Timeframe
1.1 Liaise with key regulatory agencies (e.g. Health Information and Quality Authority (HIQA), Mental Health Commission, Irish Medicines Board, Food Safety Authority) to agree how such organisations can best work together to ensure that the health and safety of staff, patients and the general public are optimised (e.g. development of complementary standards around staff health and safety).	Agreed. In liaising with key regulatory agencies, the aim will be to ensure a complementary and coordinated approach, taking account of the different statutory obligations of the various regulators.	Years 1–2
1.2 Establish formal channels of communication with the HSE, as a key stakeholder in the sector. Gain HSE commitment to a programme which reduces days lost through work-related injury and illness. Work with the HSE in development of clear criteria to ensure that risk assessment systems fully take into account staff safety, health and welfare issues.	Agreed. The HSA will consult with the HSE with regard to the actions recommended.	Years 1–2
1.3 Explore ways of engaging with existing national and partnership structures in the healthcare sector (e.g. Health Service National Partnership Forum, National Healthcare Risk Managers Forum, Dublin Hospitals Group Risk Management Forum and HSE National Health and Safety Advisors' Group) to ensure that they are aware of the staff health and safety priorities being pursued by the HSA.	Agreed. The HSA is currently represented on the HSE National Health and Safety Advisors' Group.	Years 1–2

Objective 1, continued

Recommended actions	HSA comment	Timeframe
<p>1.4 Ensure that the HSA is effectively represented on all relevant fora (e.g. the Health and Social Care Regulatory Forum and HSE National Health and Safety Advisors' Group).</p>	<p>Agreed. The HSA are represented at the Health and Social Care Regulatory Forum and the HSE National Health and Safety Advisors' Group. The HSA will examine the potential to participate in other relevant fora.</p>	<p>Years 1-2</p>
<p>1.5 Work with cross-border and international bodies to share learning on international best practice in the area of health and safety of healthcare staff.</p>	<p>Agreed. The HSA will work with related agencies in England and Northern Ireland (including Health and Safety Executive, England and Health and Safety Executive, Northern Ireland) and attend relevant European Union meetings (including EU Advisory Committee on Safety and Health at Work) to share learning and contribute to international best practice in the area of health and safety in healthcare.</p>	<p>Years 1-5</p>
<p>1.6 Explore ways to support health and safety staff and managers in the sector in developing preventive strategies that minimise risks to staff, taking into account the realities of different healthcare settings and building on identified priority risk areas.</p>	<p>Agreed. Through interaction with the sector and as a function of the proposed Healthcare Health and Safety Technical Group opportunities to support those developing health and safety interventions in healthcare will be explored.</p>	<p>Years 1-2</p>
<p>1.7 Liaise with relevant organisations, including professional organisations, to share information and to brief representatives on relevant developments affecting the health and safety of healthcare staff.</p>	<p>Agreed. Liaison will include organisations representing professional groups in healthcare. The aim will be to share information, provide sector-specific information and promote health and safety.</p>	<p>Years 1-5</p>

Objective 2

Compliance: To ensure continued improvements in safety, health and welfare in the healthcare sector through the provision of targeted inspections, investigations and enforcement action, as appropriate.

Recommended actions	HSA comment	Timeframe
2.1 Provide sector-specific information and training to inspectors in healthcare to support in assessing compliance with legislation and best practice.	Agreed. This is part of an ongoing process which has been expanded with regard to healthcare in 2009 and will continue in the work programme for 2010.	Year 1
2.2 Ensure access to a range of healthcare specialists to provide expert back-up support to HSA inspectors and to assist them in carrying out inspections in larger, more complex healthcare settings or risk areas. The potential to develop a teamwork approach with specialist inspectors in other healthcare regulatory bodies should also be explored.	Agreed. The potential to expand the range of specialist healthcare expertise available will be explored with a view to providing additional support and information to inspectors. Liaison with other healthcare regulators will facilitate a review of the potential for a teamwork approach to inspections.	Years 1–2
2.3 Increase the number and range of inspections annually. Agree a work programme for inspectors in the healthcare sector, for 2010-2011, based on identified prioritised risk areas and aimed at ensuring an appropriate balance between the needs and requirements of different sub-sectors and healthcare settings as well as taking into account agreed relationships and understandings with other regulators, especially HIQA. This should include deciding on the target number and type of inspections required in and across the sector.	Agreed. A programme of work for inspectors for 2010-2011 will be agreed, including a review of the number and focus of inspections carried out. Available information will be reviewed to identify priority areas for inspection. Where agreed understandings with other regulators impact on this work, they will be taken into account.	Year 1
2.4 Agree key hazards and risks to be focused on by inspectors that take into account the full range of healthcare settings and consider the pros and cons of developing a standards based approach to such work.	Agreed. Available information will be reviewed to identify priority areas for inspection. The potential for the development of standards with regard to the control of specific hazards in healthcare will be reviewed.	Year 1

Objective 3

Education and training: To influence the content and uptake of education and training in relation to safety, health and welfare both within the healthcare sector and in education courses which prepare entrants to the sector.

Recommended actions	HSA comment	Timeframe
3.1 Work with relevant educational and training organisations to promote the inclusion of staff health and safety training into undergraduate and pre-entry level courses and programmes that feed into the healthcare sector.	Agreed. In the first instance this will be explored with the sector and the relevant educational establishments with a view to identifying key stakeholders and developing a plan of action.	Years 1-5
3.2 Support the development of training programmes for those with responsibilities for safety, health and welfare in healthcare.	Agreed. To support the sector in this regard the HSA will provide information and advice as appropriate.	Years 1-5
3.3 Support the development of education and training tools that raise awareness of the importance of staff health and safety in the healthcare sector.	Agreed. In consultation with the sector, different intervention types will be explored with a view to developing and piloting interventions to raise awareness of health and safety.	Years 1-5
3.4 Work with employers across the sector to ensure that line managers, both clinical and non-clinical, are fully trained in relation to their responsibilities for staff health and safety and on the implications of the Safety, Health and Welfare at Work Act 2005; and to ensure that mandatory health and safety training is carried out and is implemented on the job.	Agreed. While the responsibility for the provision of training for managers is with the employer, the HSA will support this by providing information and advice as appropriate. The HSA will continue to raise awareness of the implications of the 2005 Act and related legislation through seminars, workshops, provision of information and through communications with the sector. Compliance with mandatory training requirements will be promoted and assessed, as appropriate, through the inspection process.	Years 1-2
3.5 Work with relevant professional organisations to increase understanding of the specific needs and requirements of different healthcare settings from a staff health and safety perspective (e.g. Engineers Ireland, Institute of Architects).	Agreed. Where requested and within our remit, the HSA will provide advice to professional organisations with regard to safety, health and welfare legal requirements as they relate to the healthcare setting.	Years 1-5
3.6 Work with employers to ensure that continuous training and development and follow-up support are available for staff, supervisors and managers, especially those working in high-risk areas.	Agreed. While the provision of staff training and follow-up support is the responsibility of the employer, the HSA will support this by providing information and advice with regard to the requirements of the legislation relating to health and safety training and by promoting the importance of this requirement through the inspection process.	Years 1-2
3.7 Work with the sector to identify interventions that will encourage and facilitate improved compliance with training requirements (e.g. e-learning, and training passport system).	Agreed. Support will be given to the sector in identifying initiatives/interventions that will improve compliance with training requirements.	Years 1-5

Objective 4

Guidance and intervention tools: To produce guidance and implement appropriate intervention tools to assist in assessing and controlling risk associated with the healthcare sector.

Recommended actions	HSA comment	Timeframe
<p>4.1 Develop guidance and intervention tools focused on reducing injury and illness in known key risk areas for staff in the sector. These should address the risks that arise throughout the sector (such as manual handling; slips, trips and falls; and violence and aggression) and should take account of the specific settings in which they arise.</p>	<p>Agreed. Information sheets, guidance documents and intervention tools will be developed and made available with regard to sector-specific hazards.</p>	<p>Year 1–2</p>
<p>4.2 Develop good practice case-study initiatives focused on reduction of key risk areas for staff, in cooperation with existing structures. Pilot interventions within a limited number of specific sites. Based on the outcome of pilot interventions, consider setting targets and developing and implementing related action plans for such reductions, in cooperation with other stakeholders.</p>	<p>Agreed. Best-practice initiatives will be piloted in specific sites in cooperation with the healthcare sector. The outcomes will be reviewed to determine the best use of the information arising from the intervention.</p>	<p>Years 1–2</p>
<p>4.3 Produce guidance on developing and implementing a safety management system targeted specifically at supporting the smaller-sized healthcare providers/ establishments (e.g. customise the Healthcare Safety and Audit Tool and implementation guidelines for healthcare organisations with fifty or less employees).</p>	<p>Agreed. Guidance for the smaller healthcare provider with regard to safety management systems will be developed in consultation with the various sectors.</p>	<p>Years 1–2</p>
<p>4.4 Establish a Healthcare Health and Safety Technical Group (comprising of internal and external stakeholders) to provide expertise and support in the development and implementation of guidance for priority areas of intervention by the HSA in the sector.</p>	<p>Agreed. The HSA will establish a Healthcare Health and Safety Technical Group with internal and external stakeholders; the initial focus of the group will be to identify and support the implementation of best-practice initiatives in pilot sites.</p>	<p>Year 1</p>

Objective 5

Enhanced information and intelligence: To improve the quality of information and intelligence available on workforce safety, health and welfare in the healthcare sector to ensure effective interventions and the most appropriate use of resources.

Recommended actions	HSA comment	Timeframe
<p>5.1 Review the existing data collection systems in the HSA to identify what changes can be made to improve the quality and usefulness of the data received. Make greater use of this data, both internally and externally, to identify key risk areas and to monitor the impact of actions taken to reduce such risks.</p>	<p>Agreed. Data collection with regard to the sector will be reviewed to determine how best the provision of useful information to the HSA and to the sector can be facilitated.</p>	<p>Years 1–2</p>
<p>5.2 Discuss and agree with the HSE and other relevant organisations in the sector how best to analyse and feedback relevant information collected across the sector (e.g. on risk registers and through inspections).</p>	<p>Agreed. Discussions in this regard to be undertaken initially with the HSE with a view to supporting the actions listed in 5.1.</p>	<p>Years 1–2</p>
<p>5.3 Monitor trends in the sector with regard to service provision and their safety, health and welfare implications to inform the ongoing work of the HSA.</p>	<p>Agreed. Trends in service provision that impact on the work of the HSA will be kept under continuous review by considering information from the HSE, related healthcare organisations and professional bodies – national and international. The feasibility of undertaking a formal review of trends nationally and internationally will be considered at the end of 2011.</p>	<p>Years 1–5</p>
<p>5.4 Begin to build a profile of new and emerging sub-sectors in the healthcare sector and on trends in the roles and responsibilities of key occupations in the sector and on occupational injuries and illnesses.</p>	<p>Agreed. Trends will be addressed as referred to in 5.3 above. With regard to occupational injuries and illnesses, trends in the sector will continue to be reviewed using the information available. The HSA has reviewed data collection systems with regard to occupational illnesses and will work with other key stakeholders towards improvements in this area.</p>	<p>Years 1–5</p>

Objective 6

Awareness raising: To raise awareness of occupational hazards, legal obligations and the importance of occupational safety, health and welfare in increasing productivity and reducing lost time at work.

Recommended actions	HSA comment	Timeframe
6.1 Promote the implementation of a system of ongoing auditing as part of the safety and health management in healthcare (e.g. HSA audit tool or other appropriate audit tool) through the inspection process and through communications with key stakeholders.	Agreed. The implementation of a safety management system, including auditing (the HSA audit tool is the audit tool of choice for the HSE), will be supported by the HSA through the inspection process, in communications with the sector and by making available further guidance in this regard for the smaller healthcare provider.	Years 1–2
6.2 Consider the potential for further development of ongoing HSA initiatives in the area of occupational health within the sector (e.g. Work Positive Pilot Project).	Agreed. Following on from the Work Positive Pilot Project, hazard identification, prevention and reduction strategies will be identified and made available to the healthcare sector.	Years 1–2
6.3 Promote the mandatory reporting of incidents to the HSA to improve compliance by all healthcare areas, through the inspection process and in communications with the sector.	Agreed. An ongoing review of incidents reported to the HSA indicates that there is a need to promote mandatory reporting in the sector. This will be addressed through the inspection process and through communications with the sector.	Years 1–2
6.4 Monitor trends in staff illness across the sector, explore the reasons behind such trends and agree actions aimed at addressing these concerns in cooperation with other stakeholders, in recognition of the significantly high rate of illness in this sector.	Agreed. The HSA has reviewed data collection systems with regard to occupational illness and will work with other key stakeholders towards improvements in this area. In consultation with the sector the available data will continue to be monitored with a view to targeting interventions.	Years 1–5
6.5 Develop the HSA website with regard to sector-specific information.	Agreed. Information sheets, guidance, research etc. developed for the sector will be placed on the HSA website.	Years 1–2
6.6 In conjunction with other related agencies hold workshops and other information events on key risk areas for healthcare staff and other sector specific safety, health and welfare topics (e.g. Institution of Occupational Safety and Health Healthcare Section, Federation of Voluntary Bodies, Nursing Homes Ireland).	Agreed. Information events will be held in conjunction with other related agencies to raise awareness and provide information on healthcare-specific health and safety topics.	Years 1–5

*Working to
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of
Excellence
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for Ireland*

**HEALTH AND SAFETY
AUTHORITY**

Tel. 1890 289 389

International
Callers

00353 1 6147000

Fax. (01) 6147020

www.hsa.ie



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