

NHSBT Board Meeting
28th November 2019

Health, Safety and Wellbeing Annual Report

1. Status – Official

2. Executive Summary

This report sets out the health, safety and wellbeing performance across NHSBT for 2018/19. The first year of the health safety and wellbeing 5-year strategy has been completed with 39 measures green, 6 amber and 1 red. Accident performance has seen a small increase in level 1 to 3 incidents from the lowest level recorded the previous year. The American Occupational Safety and Health Administration (OSHA) measure of all lost time has continued to decrease. Wellbeing continues to be a focus with decreases in stress cases and has been shortlisted for a HR Excellence Award. Level 4 incidents have exceeded target helped by a national campaign in Autumn 2018. Audit compliance has been good and preparations to migrate to ISO45001 management standard are going well.

3. Action Requested

The Governance and Audit Committee (GAC) reviewed the Health, Safety and Wellbeing (HS&W) Annual Report on 11/06/19 and approved it for information to the Board. A further action was to ensure that the 2019/20 annual HS&W report comes to GAC with the Estates and Facilities Report so that all occupational HS&W matters can be reviewed together.

4. Purpose of the Paper

This report sets out the position with regard to health, safety and wellbeing across NHSBT for 2018/19. It presents an analysis of accident and incident data for each main area of operation.

5. Background

The Executive team approved the report on 29/05/19 and agreed a change to accident reporting categories, from level 1 to HSE reported, level 2 to 3-7 day lost time, level 3 to serious accident, level 4 to minor accident and a new category of near miss.

Progress on actions from the last quarterly HS&W report are:

- 5.1 The new HS&W performance scorecard is provided at Appendix 1.
- 5.2 The new flu vaccination target of 65% has been communicated.

*Health and Safety At Work Magazine 07/08/14 An Uncertain Ratio Bridget Leathley

6. Proposal

6.1 Accidents are classed as:

Level 1 incidents - over 7 day lost time injuries or specified injuries reported to the Health and Safety Executive e.g. fractures or injuries requiring an over 24 hour stay in hospital. **Level 2 incidents** - over 3 but less than 8 day lost time injuries. **Level 3 incidents** - injuries or near miss incidents graded as serious by Health, Safety and Wellbeing Department based on their severity and likelihood of reoccurrence. **Level 4 incidents** - minor injuries or all other near miss incidents where no injury to staff.

H&S incidents reported for the period 2015/16 to 2018/19 are as detailed in Appendix 2.

6.2 Accident Performance Against Targets

Level 1 and 2 accidents have increased back to the level seen 2 years ago, with 24 reported in 2018/19. The majority of lost time accidents occurred in London and South-East. In M&L 4 of the 5 level 1s were recorded in Colindale, an audit in that area meant that no new level 1s were recorded in Colindale after September 2018. In BD level 1 and 2 accidents also mainly occur in London and SE with 7 out of 14. An intervention plan is agreed that will implement human factors observations amongst team members. The teams will be trained in identifying good and bad manual handling at the unload and load. Also manual handling experts on each team will be trained in ergonomic observations for moving donors on the donation beds. Incidence rates for each directorate are provided in Appendix 3.

The American Occupational Safety and Health Administration (OSHA) incident rate of lost time incidents for NHSBT has reduced from 1.4 to 1.2, against a target of 1.3 see appendix 4.

Level 3 serious incidents have increased from 180 to 185, with all this increase coming in the last quarter (30% of level 3 incidents were reported in quarter 4 of 2018/19). This was due to an increase in the number of level 3 blood exposures in BD, DTS and Manufacturing. In Manufacturing processes have been identified where further control measures can be implemented and are being consulted on with union safety representatives. In BD techniques for avoiding blood exposures are to be highlighted at team brief before session start.

Level 4 incidents including near miss reporting has increased in BD and M&L, the level was slightly lower in DTS and ODT. In GS level 4 reporting was substantially lower due to lower reporting in Estates.

6.3 Accident Triangle

A review of our accident triangle, which is the ratio of major or over 3 day injury, to other injury accidents and to non-injury accidents has been completed. This provides the ratio of 1:34:31 for 2018/19, Heinrich's original ratio was 1:29:300, current thinking is that different injuries and different work sectors have different accident ratios* and the consensus is

that it is important to encourage near miss reporting as opportunities to learn root causes and put them right but a concentration on reducing minor injuries does not necessarily result in a reduction in lost time injuries. In addition, human factors and just culture principles emphasise that it is usually the prevailing culture, process, or job design that is most often the root cause of accidents, not the unsafe acts by individuals.

Minor injuries are included with near misses (level 4) with a target of a 10% increase per year, to encourage the reporting of these and learn lessons to improve the H&S management system. The accident triangle ratio does highlight that despite the increases in near miss reporting there is still a significant amount of under reporting, which is being targeted in our HS&W plans.

To simplify reporting it is recommended to replace the level 1 to 4 category titles to what they mean e.g. level 1 to HSE reported, level 2 to 3 - 7 day lost time, level 3 to serious accident, level 4 to minor accident and a new category of near miss. This will make it clearer for all and enable more focus on near miss reporting.

6.4 Near Misses

In October 2018 the near miss campaign was launched with a video telling the story of an accident and how this could have been avoided. This campaign was launched on yammer and team talk that helped to increase our near miss reporting to 751 in 2018/19, up from 568 the year before, a 24% increase (see appendix 5).

6.5 Benchmarking Alliance of Blood Operators (ABO) H&S Deep Dive

In March 2019 the ABO published a deep dive report on H&S in blood donation, which found that NHSBT had an accident frequency rate that was 3rd out of 5 and the lowest accident severity rate out of the 5 (Appendix 6). This means that BD has a medium level of lost time cases and are very successful in supporting people back to work, as the days lost per case is the lowest across the contributors. This reflects the availability of fast track physiotherapy and support by managers, Human Resources and Health, Safety and Wellbeing Advisors. The mid level of cases reflects that some ABOs use more fixed venues and one organisation uses a third party to do the set up and pack down of mobile venues. As 7 of the 14 over 3 day injuries in BD occurred during the unload / load at mobile sessions.

6.6 Causes of Accidents

The top ten causes of incidents (not including near misses) are Manual Handling & Musculoskeletal 197 up 17, Hit by Moving Object 108 up 23, Impact Against Stationary Object 90 no change, Injury from Sharp object 77 up 6, Blood Exposure 76 up 29, Slip, Trip or Fall 71 down by 18, Needlestick 52 up 1, Trapping 50 up 4, Dermatitis 47 up 12, Equipment Fault 37 up 15. The blood exposure increase is being targeted by BD and M&L as reported above. The dermatitis increase is a result of encouraging more reporting in this area. Other increases in causes are

due to increases in minor accident reporting and no trend as to site or department has been found. All incidents have been thoroughly investigated and appropriate actions have been taken to prevent recurrence.

6.7 Health and Wellbeing

The number of work-related stress cases has fallen from 74 to 53, with large decreases in BD, DTS and ODT (Appendix 7). This has occurred at the same time as the implementation of mental health and wellbeing champions, where we now have 109 spread across centres and teams, which will have raised awareness of the issue making this a genuine reduction in work-related stress. The ODT figures also reflect the good work they do with donor debriefs and the lighten up programme that helps nurses with resilience by identifying issues early, getting support to individuals through their manager and counselling if necessary.

Our voice employee feedback showed an increase of 7% in wellbeing scores. The implementation of mental health and wellbeing champions has been short listed for an HR Excellence Award.

Each centre, which includes associated teams, now have a health and wellbeing plan taking forward local initiatives such as activity challenges, walking clubs, on site Pilates, healthy eating and mental health events. A focus on wellbeing and individual's responsibility for it will continue in the coming year.

6.8 Immunisation Record Regeneration

Good progress has been maintained on the immunisation record regeneration project with 80% completed. Of the 1,061 individuals where we did not have information on their hep B immunity status 747 (70%) have now had a blood test and are accounted for. A total of 78 (7%) have not engaged in the process and their OH records will be amended to reflect this, 246 (23%) who have engaged in the process are being invited to attend clinics in their local centres. A further 121 individuals have been referred to OH to check their NHS clearances.

6.9 Health, Safety and Wellbeing Strategy 2018-23

The 2018-23 strategy plan shows that in the first year 39 measures were green having fully met the target, 6 were amber having partially met the target and only 1 was red. The red measure is for the number of level 1-3 accidents which is above target. The amber measures are: trending in wellbeing cases; observation card implementation; inequality characteristics for disabilities; local H&S committees, mandatory training and the accident system replacement is on hold.

6.10 Donor Accidents

The decrease in donor accidents has been maintained, see appendix 8. All main causes of injury are down and the number of donor faints resulting in injury has decreased again from the good result last year. The only area with a large increase is donors suffering ill health, a

review of these shows 5 were visitors who fainted, 9 were donor faints with no injury, 1 was a sharp injury and 2 were other ill health incidents.

6.11 **Employer, Public and Road Traffic Accident Litigation Claims**

Good performance on litigation claims has been continued. In 2017/18 we had a total of 19 claims split as 12 Employers Liability (EL) claims and 7 Road Traffic Accidents (RTA). In 2018/19 we had 11 claims, split as 6 EL, 2 Public Liability (PL) and 3 RTA.

In 2017/18 the EL spend (with NHS Resolution) was £139,305 with 43:57 damages to costs. In 2018/19 the EL/PL was £81,670 (split 50:50) so an improvement on the amount spent by £57,635. RTA spend in 2017/18 (no NHS Resolution funding available) was £49,800 with 60:40 damages to costs. In 2018/19 it was £21,430 (split 80:20) so an improvement on the amount spent (reduced £28,370).

Liability wise in 2017/18 we settled 9 of the EL claims (75%) and 6 of the RTA claims (85%) against 2018/19 of 5 settled EL claims (83%), 0 settled for PL and 2 for RTA (66%), the balance all being defended.

6.12 **Mandatory Training**

H&S training has almost met the 95% target at 94.4%, with more courses for managers being put in place now (See appendix 9).

6.13 **Audit**

Certification to the quality standard OHSAS18001 has been maintained. There were 42 surveillance audits in 2018/19, with 11 external and 31 internal audits, no major non-conformances were found, 17 minor non-conformances were raised, all previously raised non-conformances were closed. In addition, a planning audit by BSI for migration to ISO45001 in January stated "The organisation's leadership team have a high level of engagement with OH&S strategy and are integrating wellbeing alongside the existing OH&S systems. There is good alignment with overall strategy and resources are in place to support the management system."

Conclusion

The slight increase in level 1 to 3 incidents has been from the lowest ever recorded figures and swift intervention plans are in place to identify how these can be managed and reduced. There is a robust H&S culture evidenced by our auditing programme and BSI. The work on wellbeing and mental health is having a positive impact on colleagues. In the coming year we are working on more safety observations by team members to identify issues before they become accidents, initiatives to reduce blood exposure and delivering the corporate HS&W plan.

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29/05/19

Appendix 1 April H&S Exec Scorecard - Time Since Last HSE Reported Accident to end of April 2019

| Directorate | Department / team | Incident date | Sub category | Days since incident | Previous Best |
|----------------|-----------------------------|---------------|-----------------------------|---------------------|---------------|
| Blood Donation | Solihull | 19/03/2019 | Hit by moving object | 42 | 112 |
| M&L | Transport | 29/04/2019 | Slip, trip or fall on level | 1 | 155 |
| DTS | Birmingham SCI | 05/06/2018 | Manual Handling Injury | 329 | 369 |
| ODT | Northern Ireland SN-OD team | 14/09/2013 | Manual Handling Injury | 2126 | 1180 |
| Group Services | QA | 12/12/2017 | Slip, trip or fall on level | 504 | 476 |

Directorate Accident Performance to end of April 2019

| Directorate | Blood Donation | | | M&L | | | DTS | | | ODT | | | Group Services | | |
|-----------------------|----------------|-------------|--------|--------|-------------|--------|--------|-------------|--------|--------|-------------|--------|----------------|-------------|--------|
| | Apr 18 | Total 18/19 | Apr 19 | Apr 18 | Total 18/19 | Apr 19 | Apr 18 | Total 18/19 | Apr 19 | Apr 18 | Total 18/19 | Apr 19 | Apr 18 | Total 18/19 | Apr 19 |
| HSE reported | 1 | 11 | 0 | 1 | 5 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 to 7 days lost time | 0 | 3 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| Serious accident | 18 | 117 | 7 | 0 | 28 | 1 | 2 | 27 | 0 | 1 | 4 | 0 | 0 | 4 | 0 |
| Minor accident | 23 | 404 | 31 | 8 | 138 | 6 | 4 | 64 | 3 | 1 | 3 | 0 | 1 | 17 | 1 |
| Near Miss | 22 | 365 | 14 | 7 | 226 | 15 | 2 | 83 | 5 | 2 | 14 | 0 | 4 | 63 | 7 |

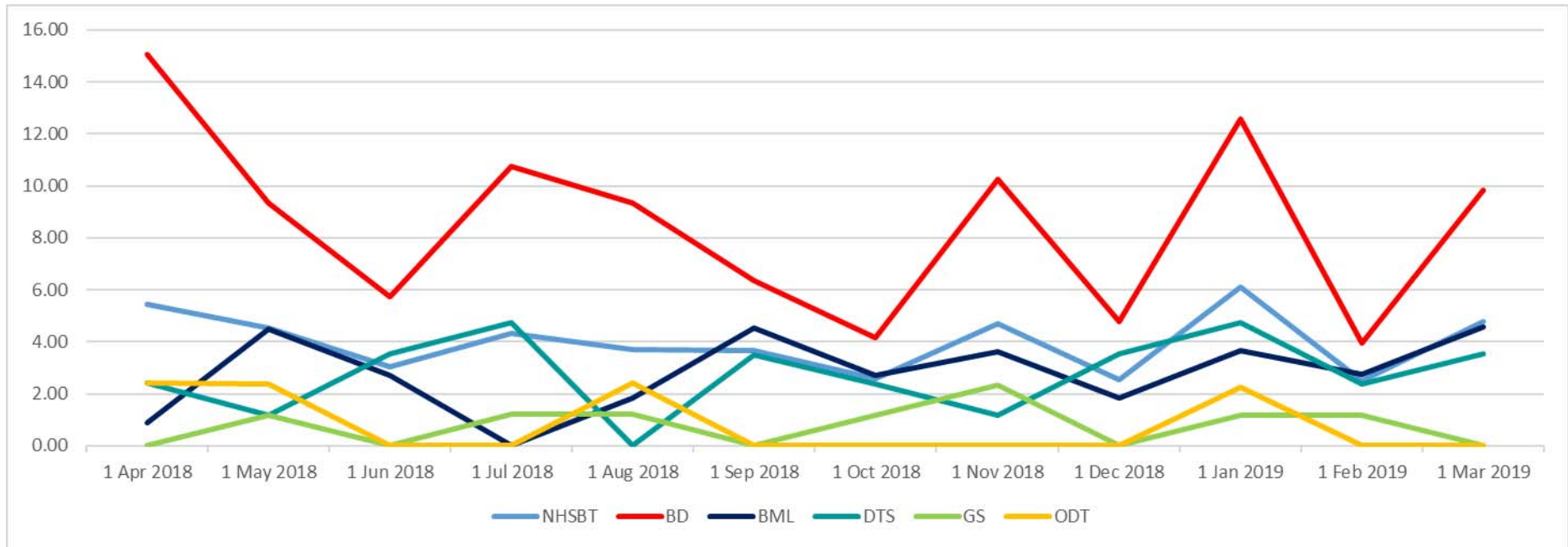
Detail of last level 1 and level 2 reports (April 2019)

| Centre | Directorate | Dept/Area | Incident date | Time | Sub category | Description |
|--------------------------------------|---|------------------------------|---------------|-------|-----------------------------|---|
| Colindale Centre (including Watford) | Diagnostic and Therapeutic Services (DTS) | SCDT - Cord Blood Bank (CBB) | 29/04/2019 | 06:00 | Manual Handling Injury | IP came into work on Monday 29th to start the shift and stock was delivered including Nomad Transport boxes. The stock (nomad boxes) were left out and IP came in to start the shift. IP reported having to move 4 of the nomad boxes in order to gain access into the room in order to work, the room is not a grand room and therefore IP reported that in this instance it was a trip hazard. It seems as if whilst moving the four nomad boxes IP, strained her back and having an existing back condition IP was in pain from this, IP had to be medicated and IP were not able to continue to work that shift, went home and has been off sick since. |
| Liverpool Centre | Blood Manufacturing and Logistics | Transport | 29/04/2019 | 16:00 | Slip, trip or fall on level | IP arrived at Session to collect session blood, he could not park at his normal loading location at rear of building, this due to work being carried out by external workers (costa cafe being built). When carrying blood boxes to vehicle he tripped on what he thinks was uneven ground as he felt the floor suddenly dip. |
| Tooting Centre | Blood Manufacturing and Logistics | Hospital Services | 12/04/2019 | 22:45 | Manual Handling Injury | A faulty session trolley was loaded with 9 bags but the weight was not distributed evenly caused injury to the IP's lower back and stomach muscles |

Appendix 2 Table of accident numbers by level 2015/16 to 2018/19

| | 15/16 | | | | 16/17 | | | | 17/18 | | | | 18/19 | | | |
|--------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Level | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Blood Donation | 12 | 12 | 240 | 436 | 11 | 6 | 151 | 506 | 9 | 4 | 108 | 656 | 11 | 3 | 120 | 766 |
| Manufacturing & Logistics | 7 | 2 | 46 | 134 | 4 | 1 | 41 | 211 | 2 | 2 | 34 | 269 | 5 | 2 | 30 | 362 |
| DTS | 0 | 1 | 32 | 47 | 1 | 0 | 34 | 128 | 1 | 0 | 26 | 155 | 1 | 0 | 27 | 147 |
| ODT | 0 | 0 | 8 | 3 | 0 | 0 | 1 | 12 | 0 | 0 | 7 | 18 | 0 | 0 | 4 | 17 |
| Group Services | 0 | 0 | 6 | 20 | 0 | 0 | 4 | 57 | 1 | 0 | 5 | 100 | 0 | 2 | 4 | 80 |
| Total | 19 | 15 | 332 | 640 | 16 | 7 | 231 | 914 | 13 | 6 | 180 | 1198 | 17 | 7 | 185 | 1372 |

Appendix 3 - Incidence Rate – number of level 1-3 incidents (harm incidents) per 1000 employees



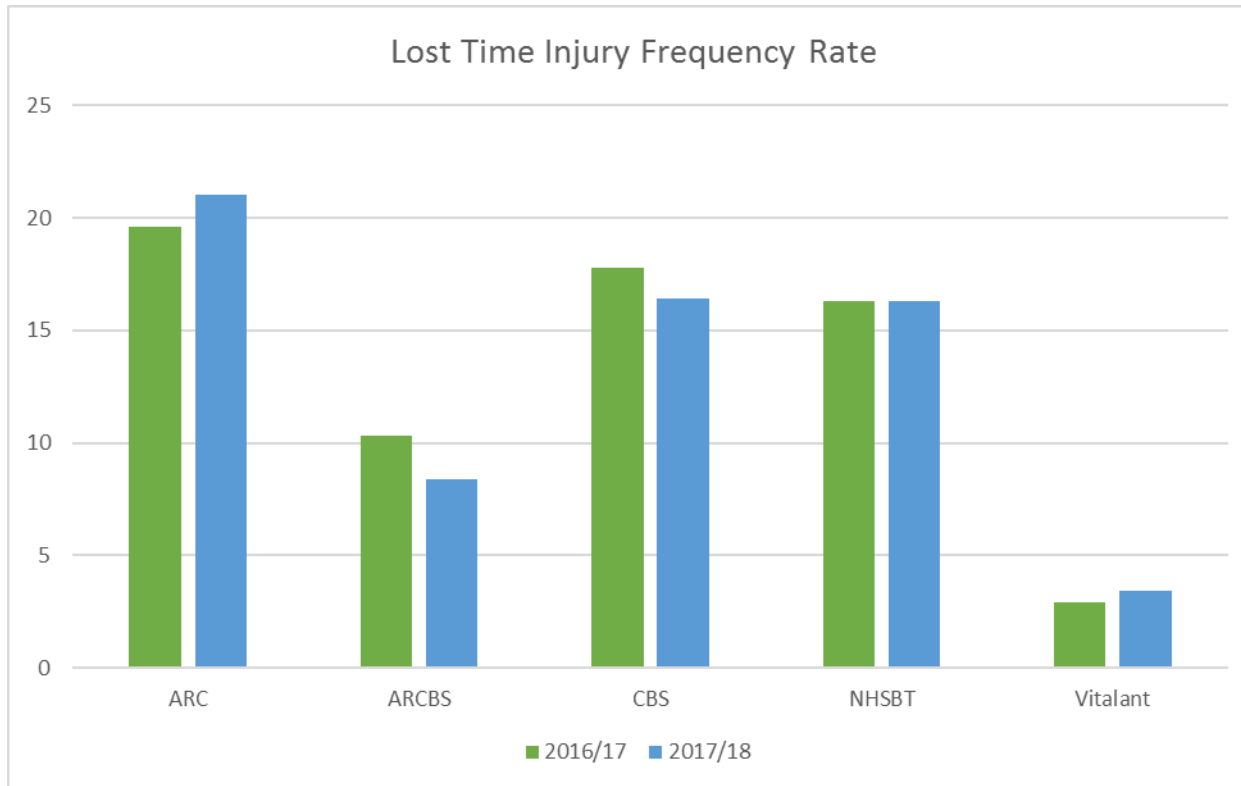
Appendix 4 OSHA Incident Rate Lost Time Accidents

| Directorate | Rate (Mar) |
|---------------------|-------------------|
| Blood Donation | 1.4 |
| Manufacturing | 1.6 |
| Logistics | 1.8 |
| DTS | 0.5 |
| ODT | 0.5 |
| Group Services (GS) | 0.4 |

Appendix 5 Near Miss Reports

| | |
|---------|------------|
| 2018/19 | 751 |
| 2017/18 | 568 |
| 2016/17 | 385 |
| 2015/16 | 203 |

Appendix 6 - ABO Deep Dive



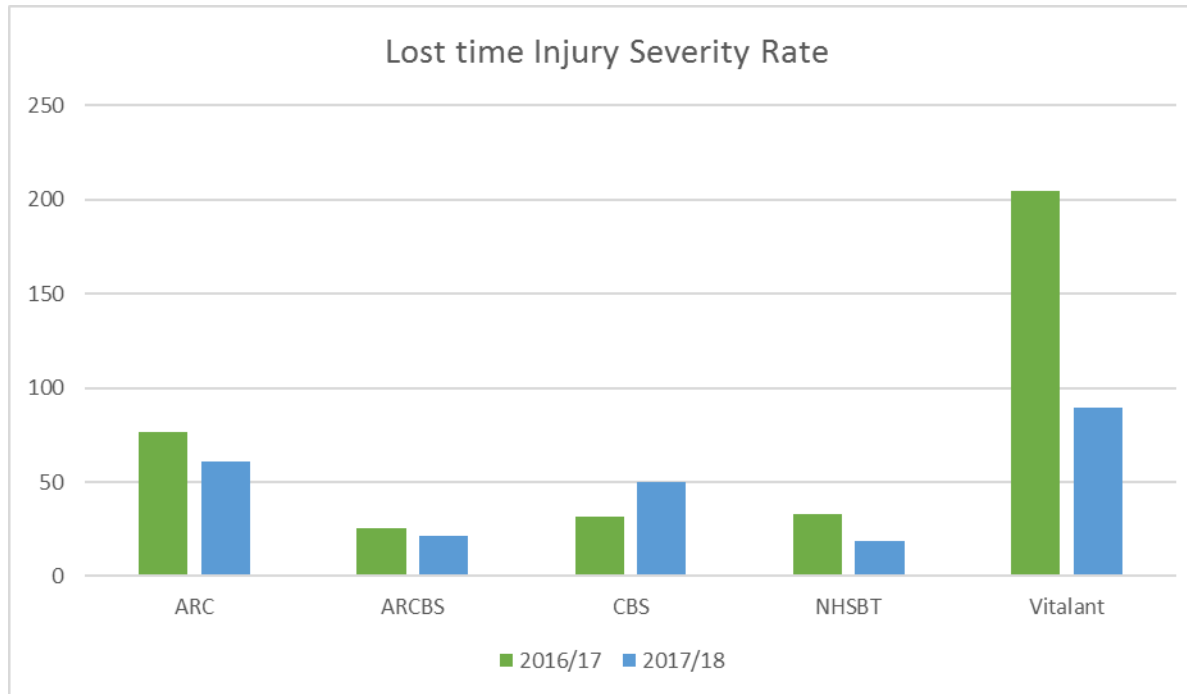
$$\text{Lost time injury frequency rate (LTIFR)} = \left(\frac{\# \text{ lost time events}}{\# \text{ total working hours}} \right) \times 1,000,000$$

ARC = American Red Cross

ARCBS = Australian Red Cross Blood Service

CBS = Canadian Blood Services

Vitalant = An American Blood Service



$$\text{Lost time injury severity rate (LTISVR)} = \left(\frac{\# \text{ lost days}}{\# \text{ lost time injuries}} \right)$$

Appendix 7 Mental Health Work- elated Stress Cases Reported to Health Safety and Wellbeing Department

| | 2017/18 | 2018/19 |
|----------|----------------|----------------|
| BD | 26 | 18 |
| M&L | 16 | 17 |
| Clinical | 1 | 2 |
| DTS | 20 | 11 |
| Finance | 1 | 0 |
| QA | 2 | 0 |
| ICT | 1 | 0 |
| ODT | 7 | 4 |
| M&Comms | 0 | 1 |
| Total | 74 | 53 |

Appendix 8 - Donor Accidents

| Donor Accidents | 2014 - 2015 | 2017 - 2018 | 2018 - 2019 |
|---|-------------|-------------|-------------|
| Dermatitis - Skin soreness, itching, etc | 6 | 1 | 1 |
| Donor Faint Resulting in Injury | 104 | 67 | 52 |
| Electric Shock | 1 | 0 | 0 |
| Equipment Fault / Failure | 4 | 4 | 3 |
| Exposure or Contact with Blood | 1 | 1 | 1 |
| Exposure or Contact with chemical | 7 | 0 | 0 |
| Exposure to heat / hot surfaces | 5 | 5 | 6 |
| Exposure or Contact with dust/fumes | 0 | 0 | 2 |
| Fall from Height | 8 | 2 | 9 |
| Ill health | 13 | 3 | 17 |
| Impact against stationary object | 11 | 5 | 6 |
| Injury from Sharp Object | 12 | 15 | 4 |
| Hit by Moving object | 3 | 2 | 3 |
| Level 1 - Legitimate Complaint / Angry | 6 | 1 | 0 |
| Level 2 - Non-Physical assault / aggression | 4 | 1 | 0 |
| Level 3 - Physical / threatening assault | 1 | 0 | 0 |
| Musculoskeletal Injury | 0 | 2 | 0 |
| Sharps injury from clean needle or scalpel | 2 | 4 | 4 |
| Sharps Injury from dirty needle / scalpel | 3 | 2 | 2 |
| Slip, trip or fall on level | 5 | 8 | 10 |
| Theft or vandalism of personal property | 1 | 0 | 0 |
| Trapping | 0 | 4 | 2 |
| Total | 197 | 127 | 122 |

Appendix 9 - Mandatory H&S Training

| Compliance Type | Non-Compliant | Total Users | Compliance % |
|---|---------------|--------------|--------------|
| (M) Blue Light Driver Training | 7 | 264 | 97 |
| (M) Display Screen Equipment User | 13 | 1404 | 99 |
| (M) Ergonomics | 0 | 9 | 100 |
| (M) Fire Awareness (Initial one-off training) | 165 | 5204 | 97 |
| (M) Fire Awareness - 1 Year | 275 | 5326 | 95 |
| (M) Fork Lift Truck Users (Fork Lift Truck Training) | 1 | 20 | 95 |
| (M) Health & Safety for Directors | 0 | 50 | 100 |
| (M) Health & Safety for Leaders | 22 | 247 | 91 |
| (M) Health & Safety for Supervisors | 28 | 697 | 96 |
| (M) Health and Safety for Managers | 67 | 478 | 86 |
| (M) Health, Safety and Wellbeing - General Awareness - 1 Year | 352 | 5324 | 93 |
| (M) Infection Prevention and Control - Level 1 - 1 Year | 346 | 5326 | 93 |
| (M) Infection Prevention and Control - Patient and Donor Facing | 126 | 2191 | 94 |
| (M) Manual Handling - Annual Refresher | 175 | 2042 | 91 |
| (M) Manual Handling - Three Year Refresher | 22 | 477 | 95 |
| (M) Manual Handling - Two Year Refresher | 136 | 1091 | 88 |
| (M) Manual Handling Awareness - 1 Year | 245 | 5324 | 95 |
| (M) Safe Use of Cryogenic Gases - Initial | 10 | 146 | 93 |
| (M) Safe Use of Cryogenic Gases - Refresher | 1 | 78 | 99 |
| NHSBT MT Total | 1991 | 35698 | 94 |