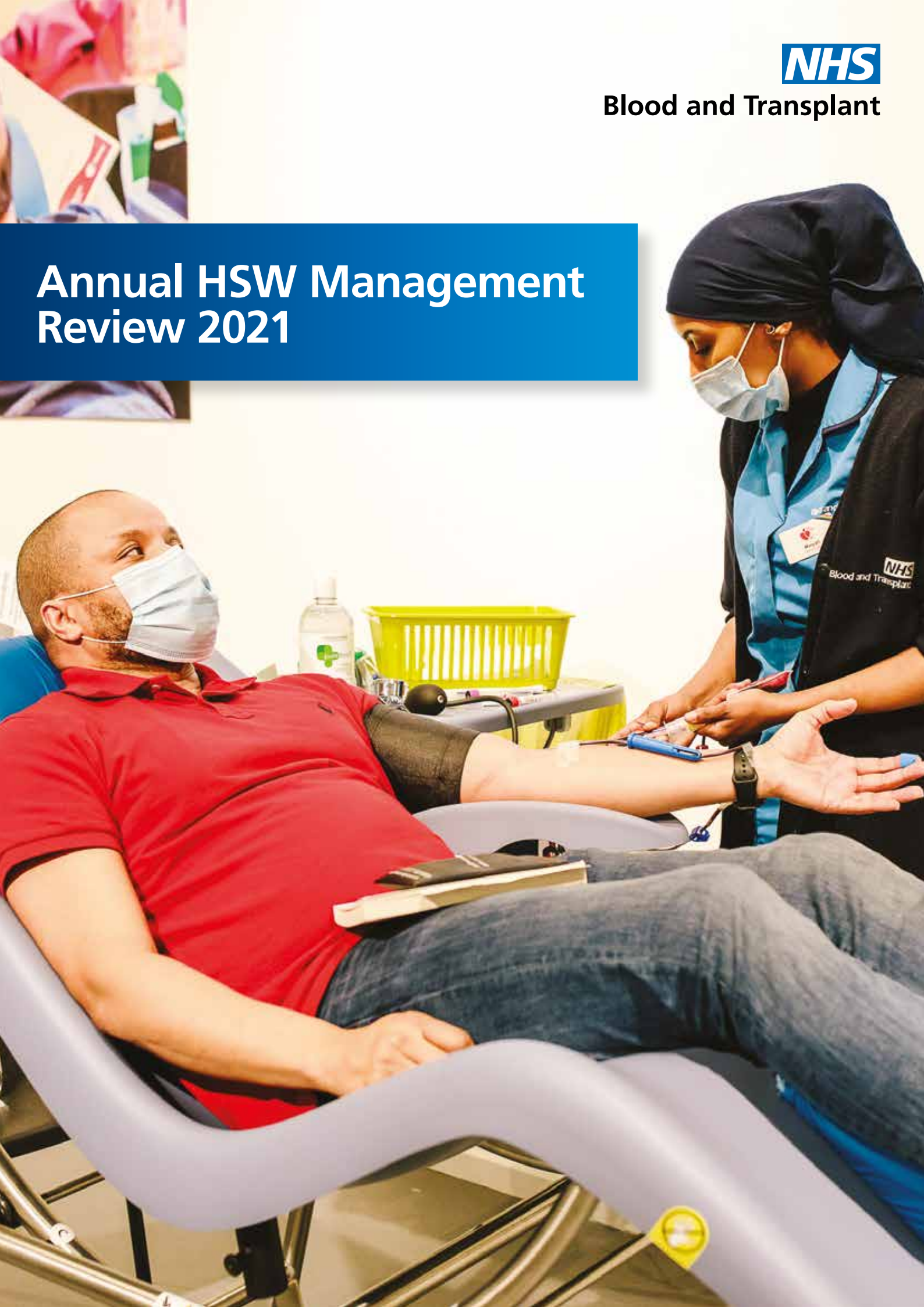


Annual HSW Management Review 2021



1. Summary and Purpose of Paper

The purpose of this paper is to meet the management review requirement of the International Standards Organisation ISO45001 quality standard for Occupational Health and Safety. The review by top management is to establish health, safety and wellbeing continual improvement, by the Executive Team and Audit Risk and Governance Committee (ARGC) before provision to the board for information. The year has shown a good performance with migration to ISO45001 certification achieved and good safety protocols for COVID-19 being maintained through the year. The Executive team reviewed the report on 16/06/2021 and ARGC on 09/07/2021, recognising the achievements in the past year and approving the report for issue to NHSBT board for information.

2. Action Requested

That the NHSBT board note the report for information.

3. Background

3.1 Status of actions

- Migration to ISO45001 was approved by our external auditor BSI in March 2021 as planned. [Closed](#).
- The HSW plan is revised to include the work as a result of findings in inequalities data. A health inequalities advisor joined us in May 2021 and is evaluating the accident data provided to the Executive Team in December 2020, with further work planned to identify causes for the inequality with further recommended action expected as a result. Executive review of this work is planned for September 2021. We have confirmed with EAP that a person with trauma through racism can request a counsellor with experience of working with communities and racism. [Closed](#).
- The Wellbeing Survey has been evaluated, with conclusions in this report (Section 4.3, page 3) and the recommendations form part of the NHS Charities together paper. [Closed](#).
- Accident intervention plans in London and SE for any area that has had a lost time accident has been implemented in Colindale and Tooting Hospital Services Depts, Blood donation (Brighton, Milton Keynes teams and West End Donor Centre) and a Transport Tooting plan is being agreed with managers. [Closed](#).
- The Executive HS&W scorecard has been updated with details of accident and near misses for directorates in line with the board performance report changes. [Closed](#).

4. Detail of report

4.1 Changes in External and Internal Issues

Through the COVID-19 pandemic our first priority has been the safety and wellbeing of our donors, patients and colleagues. The HSW team supports our response to COVID-19 providing advice and risk assessment support to frontline operations to ensure colleagues feel safe and supported. Ensuring that our vulnerable colleagues continue to work safely in COVID-19 secure premises. The focus on Black, Asian and Minority Ethnic (BAME) colleagues at greater risk of COVID-19 is met with a successful manager led risk approach to ensure support for their immediate safety and also long term wellbeing. Patient facing colleagues successfully supported the wider NHS during the first wave of the pandemic and have returned to other duties with appropriate ongoing critical incident debriefing and psychological support to help them cope with any potential trauma they have suffered. Our collections teams work incredibly hard to provide a safe working and donor environment in our donor centres and mobile sessions and not only keep to operational targets but successfully implemented a whole new product of convalescent plasma. Outbreaks on teams are well managed by our internal test and trace system with lessons learnt and implemented in other areas on breaks, touch point cleaning and travel to sessions. Laboratory services, aided by Estates and Facilities in shared areas, continue to meet COVID-19 secure status with only one large outbreak in CMT Birmingham (see appendix 1 for COVID-19 reported diseases at work).

Post Pandemic Working

A project is running to establish how to safely open sites to persons wishing to return to centres from homeworking, with a short term view to maintaining COVID-19 safety and to be able to feed into a longer term view to maintain flexibility and support great place to work in a hybrid model.



4.2 Health Safety and Wellbeing Policy and Objectives

The extent to which HSW policy and objectives are met is reviewed in our HSW plan 2018-23 by the HSW team, approved by the HSW Policy and Strategy Group (PSG) and discussed with trade unions on a quarterly basis. The plan is showing green for the three themes of prevention culture, wellbeing and communications and amber for leadership. Of the 81 actions 71 are green and 10 are amber. Amber actions are:

- Video clips for behavioural safety campaign;
- Videos of key Safe Systems of Work;
- Base line metrics for behavioural safety campaign
- Client reviews based on scorecards
- Personal health needs assessment
- Development of Mandatory training which is below 95%;
- Best practice identified by co-ordinators;
- Senior Management Team (SMT) member visits after HSE reported accidents;
- SMT member safety observations;
- Lost time accident in blood supply (over 3 days absence) target not reached but all lost time (one day or more) has decreased as an incidence rating as more people have been taken on in this area.

These activities have been affected by the coronavirus pandemic with operational directorates working on pandemic controls and leaders not being able to visit centres and teams under lockdown measures however it still represents a good performance against plan.

4.3 HSW Performance

Migration to ISO45001

This was approved by BSI, our external auditor, in March 2021 as planned. This followed a two and one-half year planned migration from a British standard of 18001. The audit confirmed positive evidence to verify; 'that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives' this is a significant achievement putting NHSBT as the first ABO member to attain certification and one of the first in the NHS.

Wellbeing Survey

Carried out to provide more information on concerns regarding burn out and stress and whether NHSBT have the appropriate wellbeing response, the survey was returned by all areas achieving a return rate of 27% (above target return rate of 20%). The results have been analysed (appendix 2) and form part of the NHS Charities Together paper.

The wellbeing survey analysis is provided appendix 2, the conclusions are:

- Response rate was good, from home workers and blood donation, with good levels in scores generally 8 out of 10;
- We had a good level of response on disability and long-term conditions of 20%, with ESR figures of 3% and UK adult population figure at 16%;
- The question My Manager Cares About My Wellbeing has gone up from 8 to 9 since last pulse survey in 2020;



- The working at NHSBT questions highlight good levels of resilience on stress and mental health and the majority of people feel they can have time off when unwell (but only 56% indicating issues with sickness presence);
- Senior leaders scores (anyone other than line manager) are lower but results not surprising considering not able to provide visible leadership through the pandemic;
- It highlights the importance of managers training and communications, as they are highest rated for source of information for colleagues;
- It shows a high level of impact of wellbeing webinars and workshops;
- There are some low levels of awareness of services e.g. physio and OH portals;
- There are high levels of positive effects for user of services e.g. physio 82%;
- The figures show the Internal Communications Link strategy worked well, with a greater emphasis and ease of access to wellbeing info meaning this scored well.

Incident Performance Against Targets (Appendix 3)

For the purposes of this annual report plasma for medicine colleagues have been included in blood supply figures to reflect the organisation structure in place at the start of the year. Colleagues working on plasma have had a very low lost time accident rate with only 1 lost time accident recorded possibly reflecting the success of the recruitment campaign. The number of HSE reported and Lost Time Accidents increased in blood supply in 2020/21 (appendix 3) but the incidence rate has decreased when all lost time of one day or more are taken into account (appendix 4a). Two Clinical Services lost time accidents occurred against a target of three or less.

The trend continues with proportionally more accidents in London and South-East, which contributed 21 out of 42 (8 in the North and 13 in the West). Local action plans are in place for: Colindale and Tooting Hospital Services Depts; Blood donation with the focus on Brighton and Milton Keynes teams and West End Donor Centre. A further plan is being agreed for Transport Tooting. The additional HSW advisor in L&SE, fixed term contract to March 2021, is introducing behavioural safety observations and coaching managers in this area. The extra resource and focus in L&SE is designed to ensure that all lost time accidents are understood and mitigated for the future.

The number of serious accidents is up in blood supply, with an increase in blood exposures and needlesticks. A deep dive in January 2021 found that in blood donation 42% of these injuries were for people with 12 months or less service reflecting the number of new people brought into service in the last 12 months. The number of needlesticks and blood exposures was 87 out of 104 serious incidents in blood supply, meaning that other causes are rare. This led to the decision to target all harm incidents rather than just lost time and serious, as the previous focus has reduced serious accidents to blood exposures and needlesticks and we now need to act on other types of injury, which were previously classified as minor. The other change is to provide in incidence rate to account for increases in numbers of colleagues (Appendix 4b).

Reporting of Minor and Near Misses recovered in blood supply from early lows, with reporting of COVID-19 near miss incidents against our infection, prevention and control guidance. Minor and near miss incidents in other areas is lower reflecting the decreased numbers of people in the workplace in these areas.

Benchmarking with the Alliance of Blood Operators (ABO) is available for 2019-20 (appendix 5) and shows an increase in cases of lost time but also shows a continued strong performance in blood collections on length of time off (severity rates). This means the number of cases is higher than the previous year but work to bring people back (through physiotherapy, Occupational Health, Counselling and management support) works well and is the lowest in the ABO. Slips, trips and falls have risen (which is a whole organisation metric not just collection colleagues) and needlesticks and manual handling are low.

A review of causes of accidents highlights the need for corrective action on blood exposures, manual handling and slips, trips and falls (see Appendix 6). This includes review of guards for heat sealing and pressing blood packs, with the latter planned implementation in July 2021.

Donor incidents remain in control with a decrease from 108 to 96 despite an increase in Convalescent Plasma donors. The reduction is due to a decrease in donor faints resulting in injury, with increases in other causes from low numbers (See Appendix 7).

Evaluation of Legal Requirements and Other Standards

Evaluation of legal requirements and other standards against our register shows we have maintained this appropriately through the year, as reviewed at PSG. Mandatory training compliance is as per Appendix 8, a 6-month grace period was agreed until October 2020 to help with COVID-19 workload pressures. The figures have increased from the level seen in November 2020 by one point and further action will be taken to support managers and encourage colleagues to achieve the 95% target level. The BS performance with the extra numbers of staff recruited in the year has been good.

Audit Results

The audit programme was restarted after the end of the first lock down and continues to support the organisation appropriately, with no major non-conformances raised. Third-party audits by BSI confirmed that we have achieved certification to ISO45001 and the extra standards on participation, wellbeing and top management commitment. (See appendix 9 for numbers of reports).

Consultation and Participation of Workers

The national HSW committee continues to work proactively and reviews HSW performance in partnership. A weekly call with trade unions to pick up COVID-19 issues and deal with them effectively has been carried out throughout the pandemic. Joint working on social distancing and COVID-19 secure premises has worked well and a joint management and trade union letter to all staff was issued in November.

Risk and Opportunities Including Continual Improvement

The risk and opportunities to the HSW management system are:

- HSW Advisor resource in the London and Southeast area to meet the increase in incidents and non-conformances raised here has been actioned with an extra HSW Advisor resource for 12 months
- Absence levels increased with COVID-19 in the first wave but the organisation continued to work well. Monitoring of absence levels is done weekly to ensure managers are supported with the possibility to return to redeployment should levels rise. Shielding resulted in 250 individuals working from home in the first wave and 89 are affected in the second wave. Sickness absence levels have gone back to target in March 2021 at 3.17%, with target of less than 4%
- COVID-19 secure workplaces have been maintained by identifying suitable controls and working with our Infection Prevention and Control lead. Outbreaks in centres and teams have remained low, with most cases caused by not following social distancing and when training staff. No staff transmission has taken place since February 2021 with the outbreak on Nottingham team
- Coronavirus routine asymptomatic testing has been implemented successfully and covax rates are high at 84% for first vaccine
- Our fire safety and evacuation procedure has been combined and agreed with trade unions, which will allow us to begin the identification and re-training of persons in charge for each of our centres. This will enhance our fire safety processes to ensure an appropriate emergency response whatever the issue.

4.4 Adequacy of Resources

The adequacy of resources is being tested by the coronavirus pandemic, with the following increases in resource as a response:

- two new fixed term HS&W advisors, one permanent Health and Wellbeing Advisor have been recruited and an Inequalities Advisor fixed term post have been recruited.

These are in addition to the team of 10 professional advisors.

4.5 Relevant Communications with Interested Parties

The Health and Safety Executive (HSE) has investigated three complaints, two from members of the public and one from a member of staff. These were investigated and closed appropriately by the HSE with no enforcement action. The HSE visited our plasma donation centre in Bexley Heath and contacted our Essex teams, with all enquiries answered and no action taken.

5. Recommendations

5.1 Mandatory training to be targeted by directorate SMTs to achieve 95% compliance.

5.2 Wellbeing recommendations are included in the NHS Charities Together paper.

6. Sign off

Author: Phil Tanner Assistant Director HS&W

Responsible Director: Patricia Grealish

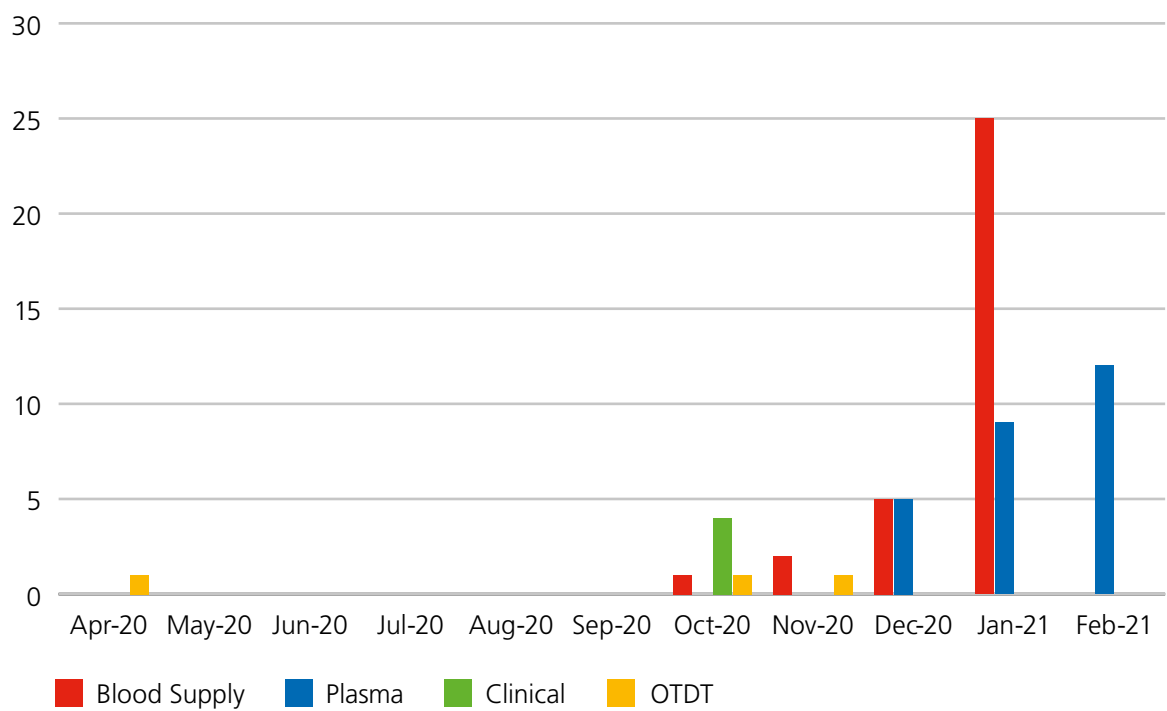
Approved by: Betsy Bassis

Date: 16/06/2021

ARGC Review: 09/07/21



Appendix 1 COVID-19 Reported Diseases at Work



Commentary in 4.1 and page 3



Appendix 2 Wellbeing Survey Recommendations

- Targeted comms approach for lower scoring services e.g. on physio, optimise and EAP portals
- For centres with lower engagement re-engage with connect to a region and directors on sites (senior leadership scores)
- Visits to teams and depts by HSW, HR and senior leaders (using experiential info/actively engage), produce road show package with stories
- Provide blogs, 2 minute films, wellbeing webinars workshops, wellbeing campaign, use engagement time on teams
- Provide easy to search on line resource about wellbeing
- Ask same questions in future surveys and benchmark against peakon database
- Do further analysis into data on health inequalities through review against demographics and provide data to directorates to review and take relevant action
- Comms Step 1 feedback on results, step 2 celebrate figures locally at centre partnership committees, reinforce local initiatives re wellbeing e.g. Birmingham done well due to strong engagement, step 3 involve Logistics, BS and Finance in trial visits and the development of the on line resource, also involve the good areas Quality, OTDT etc where working well.



Appendix 3 Accident and Near Miss Performance

	18/19				19/20				20/21			
Level	HSE Rep	Lost Time	Serious Accident	Minor/ Near Miss	HSE Rep	Lost time	Serious Accident	Minor/ Near Miss	HSE Rep	Lost time	Serious Accident	Minor/ Near Miss
Blood Supply	16	5	150	1,121	17	9	83	1,078	26	14	104	1,194
Clinical Services	1	0	15	71	1	2	10	75	1	1	8	71
OTDT	0	0	17	96	0	3	12	91	0	0	10	49
Donor Experience	0	1	0	8	0	0	0	1	0	0	0	0
Group Services	0	1	3	74	1	0	1	97	0	0	2	75
Total	17	7	185	1,370	19	14	106	1,342	27	15	124	1,389

HSE Rep – over 7 day lost time injuries or specified injuries reported to the Health and Safety Executive (HSE) e.g. fractures or injuries requiring an over 24 hours stay in hospital.

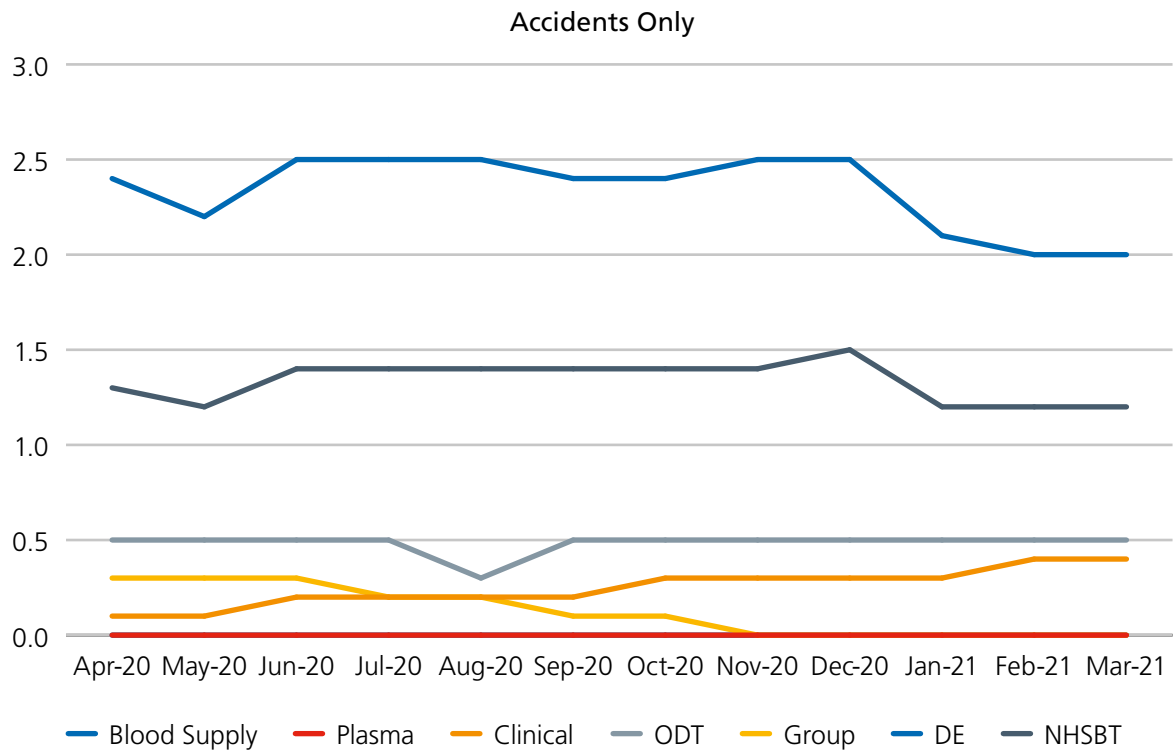
Lost Time – over 3 but less than 8 day lost time injuries.

Serious Accident – injuries or near miss incidents graded as serious by Health Safety & Wellbeing (HSW) Department based on their severity and likelihood of reoccurrence.

Minor/Near Miss – minor injuries or all other near miss incidents where no injury to staff.



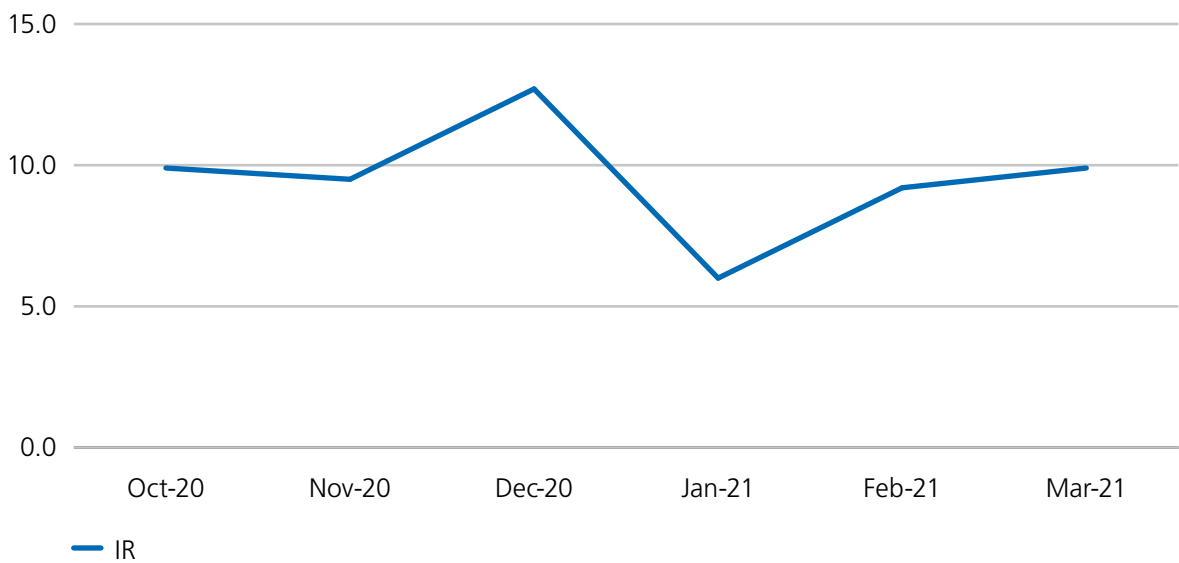
Appendix 4a Lost Time Accident Incidence Rate



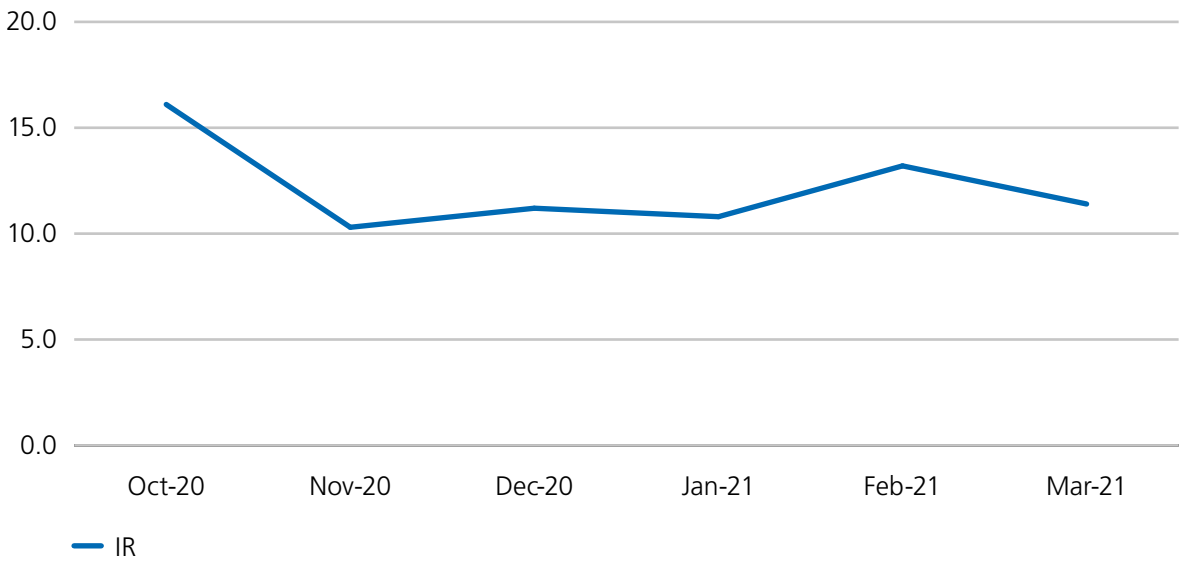
Number of lost time injuries of one day or more divided by headcount x by 1,000

Appendix 4b NHSBT Health Safety and Wellbeing Incident Rates

Harm

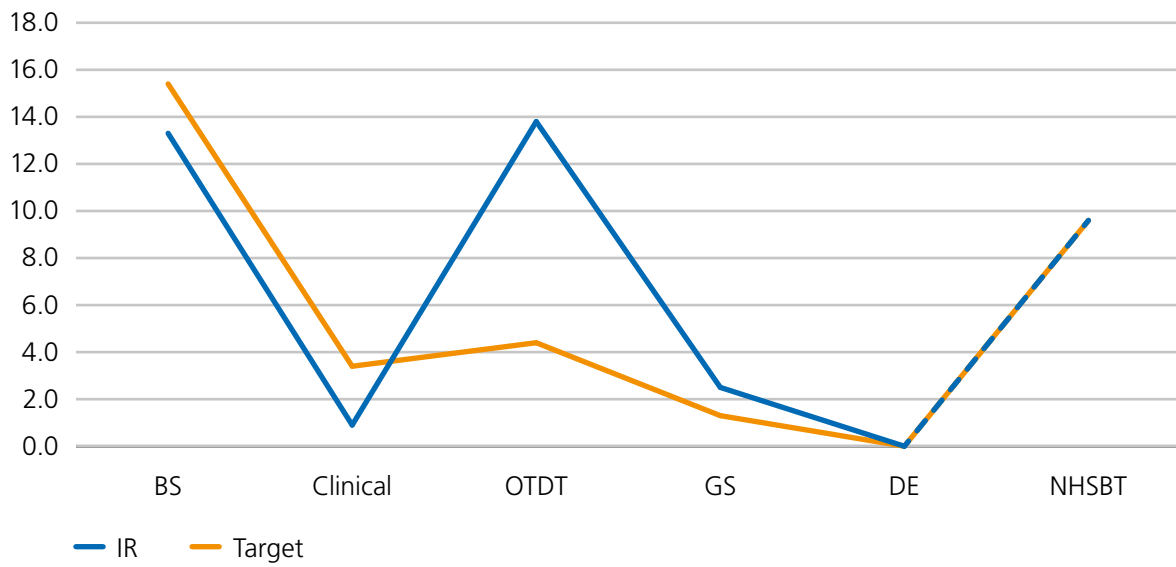


Near Misses

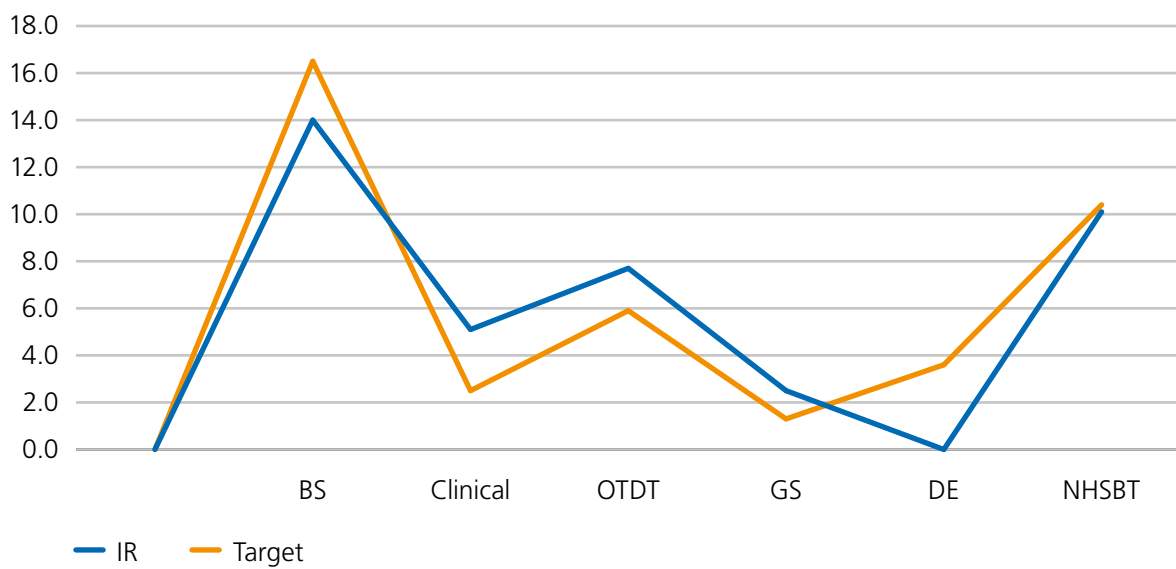


Harm Incidence Rate April 2021 (target 5% Decrease) Near Miss Incidence Rate April 2021 (target 5% Increase)

Incidence Rate by Directorate Harm



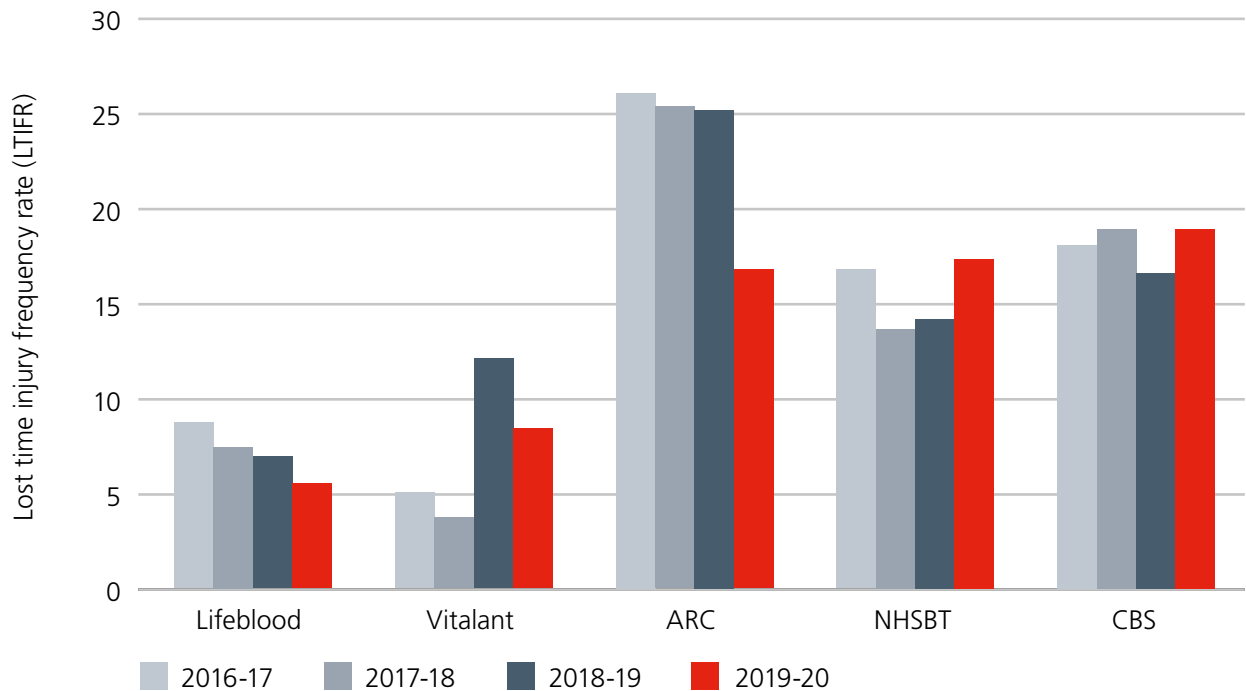
Near Miss Incidence Rate by Directorate



Appendix 5 ABO Benchmarking 2019-20

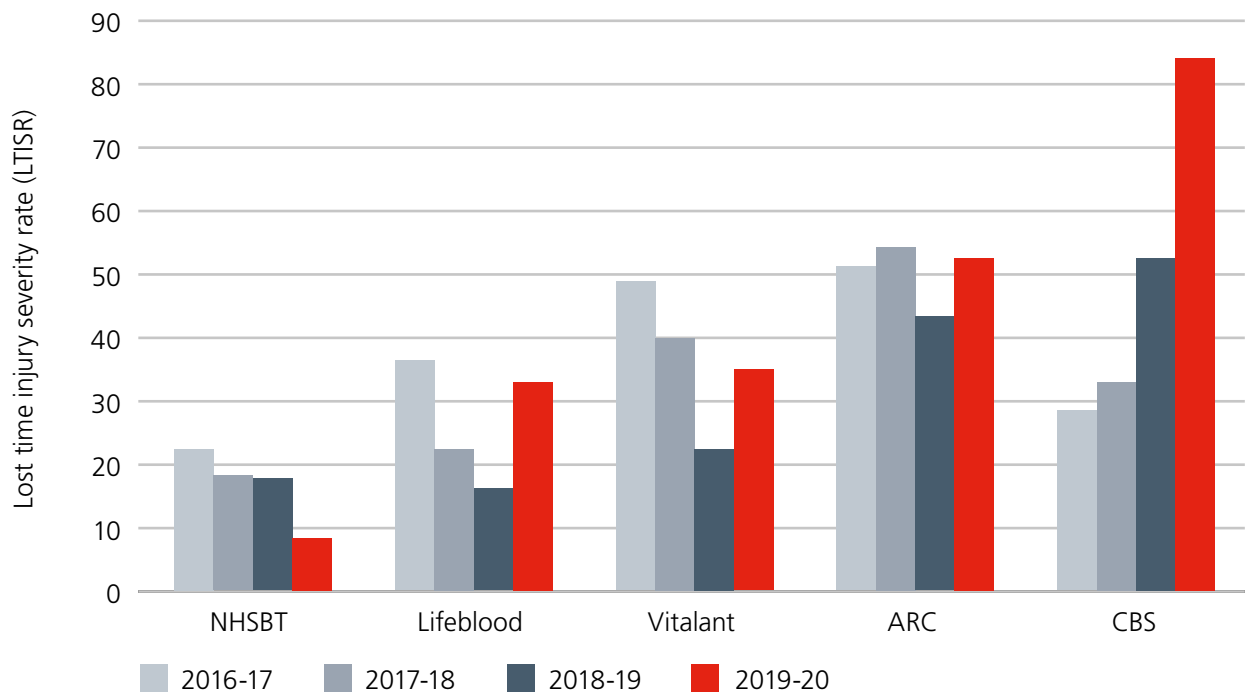
ABO Stats

Lost time injury frequency rate (LTIFR) in collection



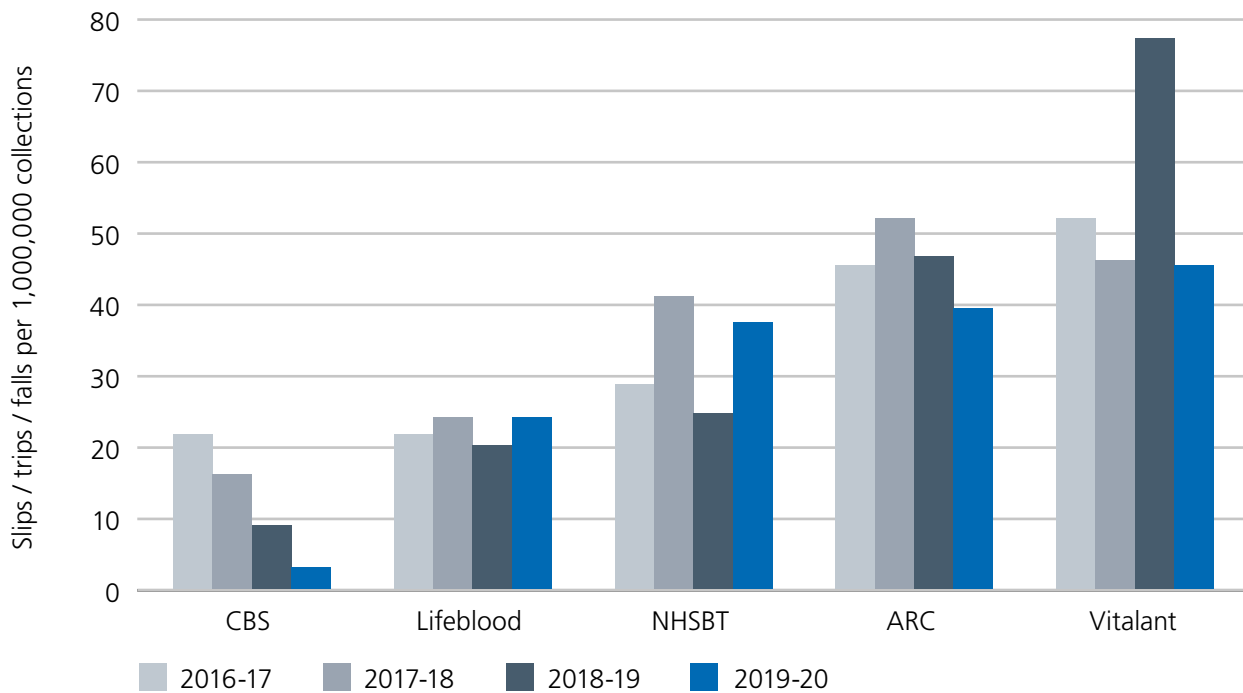
ABO Stats

Lost time injury severity rate (LTISR) in collection



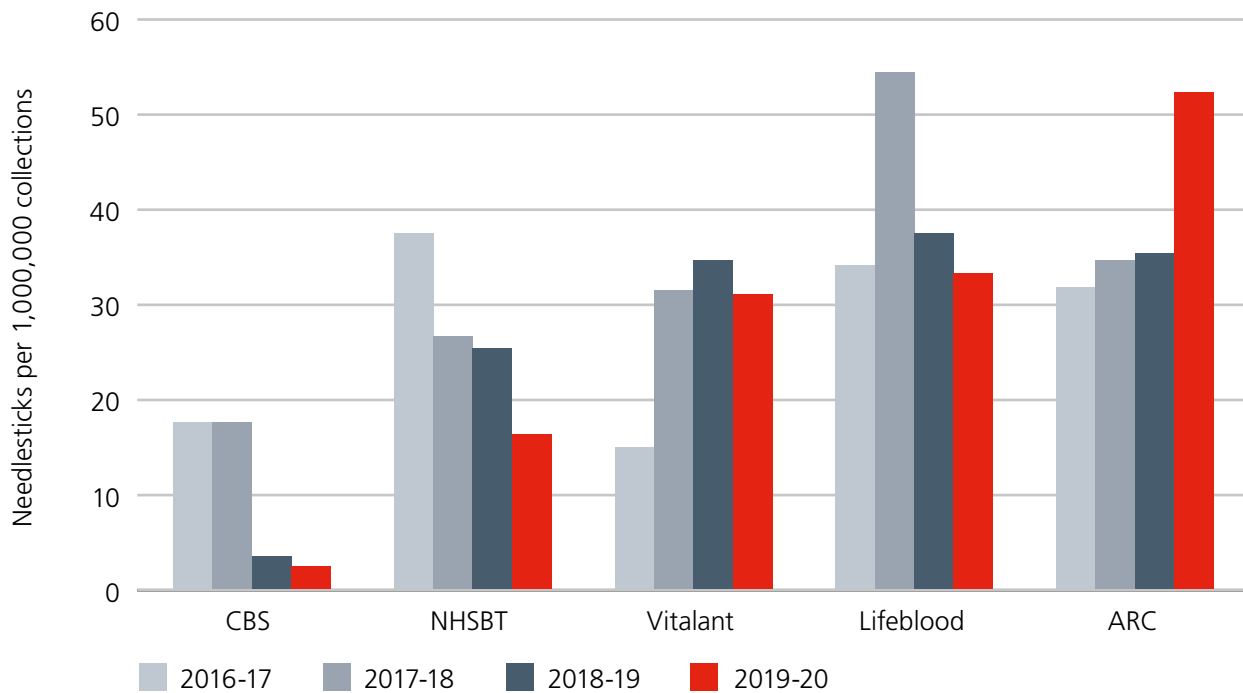
ABO Stats

Organisation wide Slips, Trips and falls per 1,000,000 collections



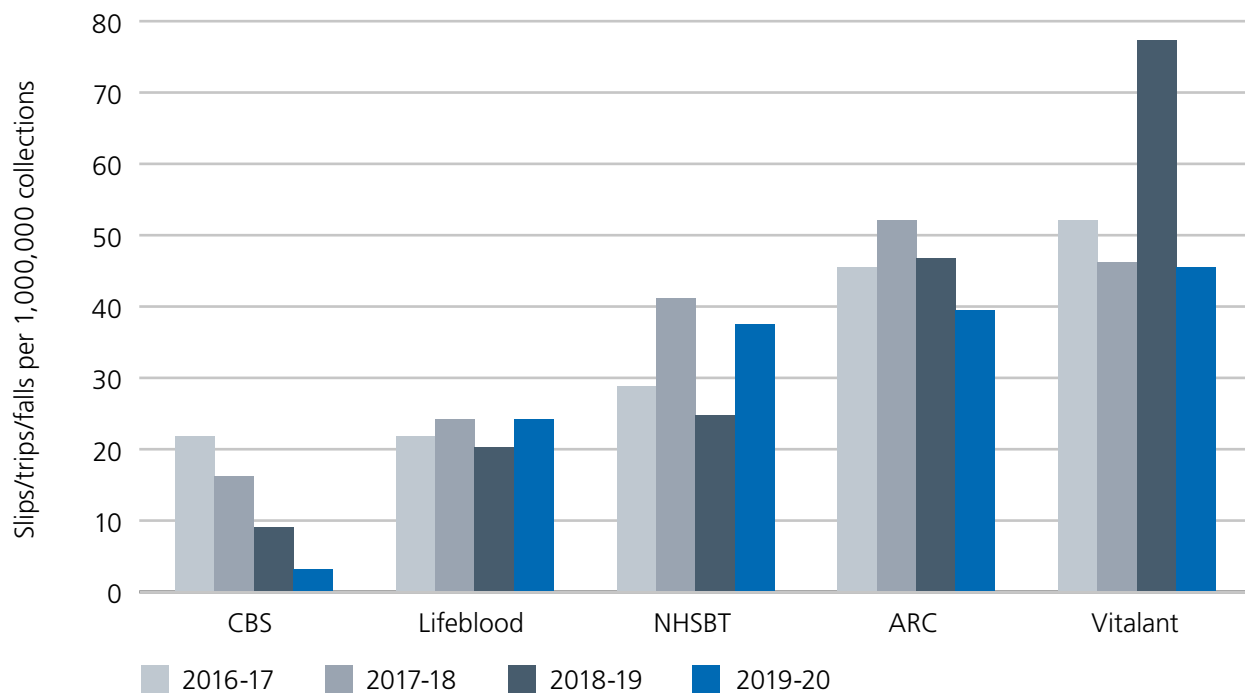
ABO Stats

Needle stick events per 1,000,000 collections



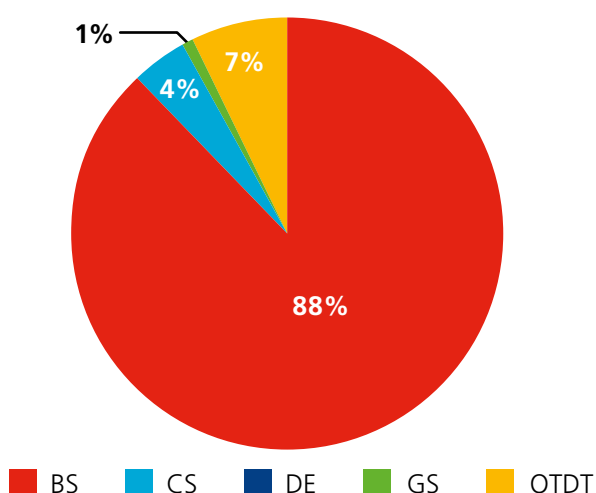
ABO Stats

Organisation wide manual handling injuries per 1,000,000 collections



Appendix 6 HSE Reported, Lost Time and Serious Accident Causes Trend Analysis 2019/2020

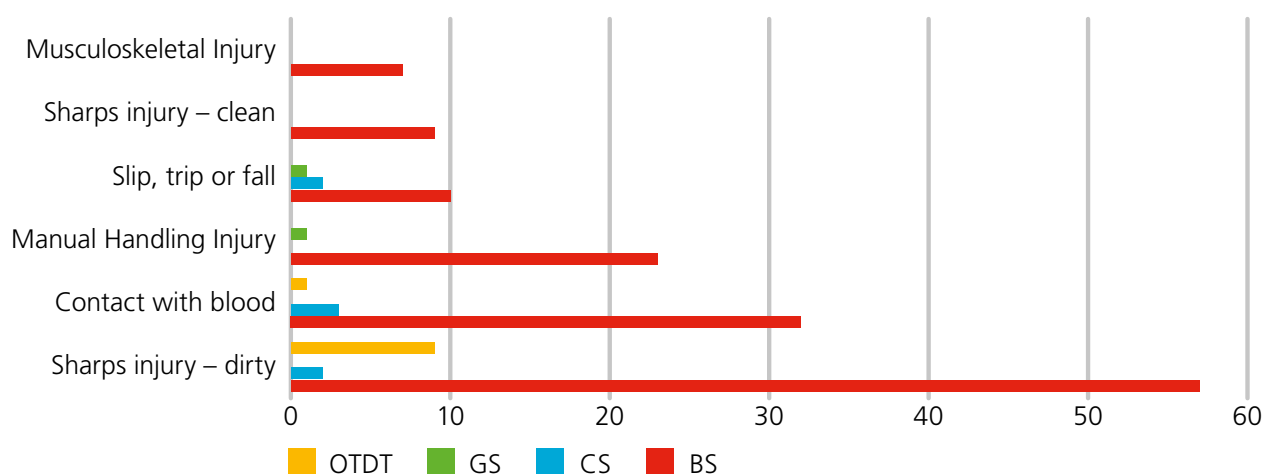
HSE reportable, Lost time and Serious incidents						
Directorates	BS	CS	DE	GS	OTDT	Total
Apr – Jan 19/20	105	13	0	2	18	138
Subcategory	BS	CS	DE	GS	OTDT	Total
Sharps injury – dirty	57	2			9	68
Contact with blood	32	3			1	36
Manual Handling Injury	23			1		24
Slip, trip or fall	10	2		1		13
Sharps injury – clean	9					9
Musculoskeletal Injury	7					7
Total	138	7	0	2	10	157
%	88	4	0	1	7	



Of the 157 incidents in 202/21, 104 have been blood exposure incidents. This is either a dirty sharps injury or blood exposure incident. This accounts for 66% of all the harm incidents nationally. This is marked increase.

Work to reduce blood exposures Consider use of eye protection at specific high risk points in the processes. E.g. when breaking the lines. Disposable eye protection is available on procurement.

HSW will be checking if the other recommendations made for the last 12 months have been implemented in an attempt to drive these figures down.



Appendix 7 Donor Accidents Causes 2014–2021

Donor Accidents	2019–2020	2020–2021
Dermatitis – Skin soreness, itching, etc	1	0
Donor Faint Resulting in Injury	61	43
Electric Shock	0	0
Equipment Fault/Failure	0	4
Exposure or Contact with Blood	1	1
Exposure or Contact with chemical	1	3
Exposure or Contact with Cold	3	0
Exposure or Contact with dust/fumes	0	0
Exposure to heat/hot surfaces	3	1
Fall from Height	4	8
Ill health, fit or faint	16	4
Impact against stationary object	3	8
Injury from Sharp Object	4	4
Hit by Moving object	0	4
RTA with stationary/or fixed object	0	1
Sharps injury from clean needle or scalpel	0	2
Sharps Injury from dirty needle/scalpel	1	1
Donor Accidents	2019–2020	2020–2021
Slip, trip or fall on level	10	12
Trapping	0	0
Total	108	96



Appendix 8 Health and Safety Mandatory Training Compliance

Directorate	Compliance % Nov 2020	Compliance % April 2021
Blood Supply	89	90
Clinical Services	92	92
DDTS	83	89
Donor Experience	81	82
Finance	89	92
OTDT	87	86
People	91	95
Quality	93	93
Strategy and Transformation	85	87
NHSBT MT Total	89	90

Appendix 9 Audit Performance

BSI surveillance audits conducted at:

- Lancaster in Jan 20 – 2 minor non-conformances, all closed
- Colindale in Jan 20 – 3 minor non-conformances, all closed
- Southampton in Feb 20 – 2 opportunities for improvement
- Filton in Feb 20 – nothing reported
- Manchester in Jul 20 – 1 minor non-conformance, closed
- Oxford in Jul 20 – nothing reported.
- Tooting in Jul 20 – 5 minor non-conformances, all closed
- Emerald Park Warehouse in Aug 20 – 3 opportunities for improvement
- ODT in Stoke Gifford in Oct 20 – nothing reported
- Liverpool in Jan 21 – nothing reported
- Colindale in Jan 21 – 2 minor non-conformances – all closed
- Filton in Jan 21 – Nothing reported

No major trends identified in the types of non-conformances.



NHS Blood and Transplant (NHSBT) saves and improves lives by providing a safe, reliable and efficient supply of blood and associated services to the NHS in England. We are the organ donor organisation for the UK and are responsible for matching and allocating donated organs. We rely on thousands of members of the public who voluntarily donate their blood, organs, tissues and stem cells.

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