

**Board Meeting**  
27/07/17

**Health, Safety and Wellbeing Senior Management Review 2016/17**

**1. Status – Public**

**2. Executive Summary**

This has been an excellent year for H&S performance with all corporate accident and near miss targets exceeded and the number of accidents decreasing to the lowest ever recorded. This has been achieved by greater engagement with senior leaders through the safety culture change workshops and implementation of a behavioural safety approach, resulting in risk reduction throughout the organisation. In addition, Health and Wellbeing initiatives continue to be well received, such as the Global Corporate Challenge (GCC) and positive employee responses have been provided to the Your Voice Be Heard survey. Participation in Britain's Healthiest Workplace award survey will identify further areas for improvement. Where we have experienced challenges during the year, for example, Occupational Health performance, positive and robust action has brought it back to service level requirements. The incomplete file transfer from Capita to OH Assist has been reviewed and a project to replace these records is planned for this financial year.

**3. Action Requested**

The Board is asked to receive the report for information. The Governance and Audit Committee reviewed the report on 23/06/17, commended the work on accident reduction and endorsed the priorities for the year.

**4. Purpose of the Paper**

This report sets out the position regarding health, safety and wellbeing across NHSBT for 2016/17. It presents an analysis of accident and incident data for each main area of operation as well as providing information on current developments and this year's priorities.

**5. Background**

- 5.1 The Executive team reviewed the HS&W performance for 2016/17 on 06/06/17 and commended the excellent work being done to reduce accidents and increase near miss reporting. They also agreed to:
- Support the new mental health and wellbeing campaign;
  - Support the immunisation project work to ensure colleagues have up to date records and act on unnecessary late cancellations and non-attends;

- Agreed new headline targets of 1.8 or less for the total lost time accident incidence rate and 20% increase in near miss reporting.
- 5.2 The ET asked for assurance that the Occupational Health hepatitis B booster work had had been completed and this was confirmed.
- 5.3 A late report to the Health and Safety Executive was also noted which has now been reflected in the table in appendix 1, but not in NHSBT's annual report.

## 6. Proposal

### 6.1 Accidents Against Target

The number of lost time accidents (levels 1 and 2) has reduced to 24 below the target of 33 or less, with all Directorates contributing to this performance (see appendix 1). This is the lowest level recorded since national reporting started 15 years ago. The total lost time incidence rate has also fallen from 2.1 to 1.9, this is a wider measure of lost time using hours worked. The recommended new target for 2017-18 is based on the incidence rate and is 1.8 or less. The total number of level 1 to 3 incidents has decreased by 30% from 366 to 258, which is also the best accident performance recorded.

The reporting of level 4 incidents (near miss and minor incidents) has increased by 46% beating the 10% increase target due to the successful implementation of near miss postcards but it is an area where more can be done. A 20% increase target is recommended so that we can learn from these incidents and correct more root causes.

These results have been delivered by managers, employees and safety representatives engaging in good H&S practice, such as risk reduction and implementing a behavioural safety approach, both supported by the safety culture change workshops.

### 6.2 Benchmarking

The Health and Safety Executive (HSE) reported injury rate per 1000 employees is 3 for NHSBT and compares favourably with other NHS organisations (see appendix 2) but is considerably lower at BAE Systems with a figure of 0.6, where we have established benchmarking links. BAE does have more and greater hazards to control but do not need to deal with the public. The areas of difference on their H&S maturity matrix are that they have more behavioural safety schemes for front line employees plus a rigorous approach to risk reduction and assessment. Sainsbury's corporate H&S system has also been reviewed and here they have a central support team for frontline calls very like HR Direct, improvement ideas here are how we can capture incidents direct from colleagues by telephone reporting. This would speed up reporting and make it easier for employees to quickly report low level incidents for learning purposes.

### 6.3 H&S Plans and Developments

The safety culture change workshop has been successfully delivered to 88% of leaders, all outstanding individuals have been chased, with 21

booked on courses and awaiting 10 responses. Further behavioural safety awareness will be targeted to areas based on need identified by risk assessments and incidents. In this way future H&S for leaders training will not be mandatory across all areas, but will be provided where necessary. H&S for Directors and H&S for employees will continue to be mandatory training, whilst H&S for managers and supervisors will be mandatory role specific.

We are making good progress in the directorates with their H&S plans delivering reductions in risk assessments, increases in their quality, and delivering improvements in the quality of session venues.

- 6.4 **Audit and Evaluation of Legal Compliance**  
Accreditation to the Occupational H&S Assessment Series (OHSAS) 18001 has been maintained throughout the three year cycle and BSI commented: "It is clear that given the number of sites sampled (16) and variation in location/activities/risks/behaviours, that performance has been very good and a very open/positive and supportive health and safety culture exists within the organisation, for which deserves commendation." There has been one major non-conformance in the system this year regarding a recurring minor non-conformance in Facilities that has now been resolved.
- 6.5 **Policy Development and Consultation**  
Consultation is effective with partnering of HS&W at the national H&S Committee and sub groups. The joint project looking at the H&S representatives' structure has been completed and identifies ways to encourage greater engagement in reducing incidents, to involve more local reps and enhance our partnership working with this group. In addition, staff side are working with managers on three projects regarding shift working, encouraging new local reps and analysis of the Your Voice results regarding wellbeing. The Genetic Modification Safety Committees in Bristol and Cambridge continue to work well with no issues reported.
- 6.6 **Relevant Communications from External Interested Parties**  
The Health and Safety Executive carried out no inspections in 2015-16, we did contact the HSE for guidance on the irradiator licence issue that confirmed the view of our Radiation Protection Advisor and the licence issue is now resolved.
- 6.7 **Competencies and Resources**  
H&S mandatory training (see appendix 3) is above the 90% target at 94% and has increased in most areas, showing a good response to the action plan put in place by OWD and BD. ODT have dealt with some fire awareness and manual handling training non-compliance and are working on getting this information from host trusts.

Resources remain good with HS&W budget 6.8% under spent for 2016-17 and the budget was 5% lower than 2015-16. The £38,000

from Capita to complete the file transfer review and £5,000 service credits from OH Assist have been recovered this financial year. Further compensation from Capita will now be sought to complete the immunisation records for staff.

#### 6.8 Health and Wellbeing

The focus on Health and Wellbeing continues with the Global Corporate Challenge (GCC) being a success with 532 employees signing up to the activity challenge, with NHSBT finishing second out of 40 NHS organisations in the average number of steps per person. The replacement for this challenge is enabled by developing our Wellbeing Zone, provided by OH Assist, which currently has 25% of colleagues signed up to it. This will allow us to run activity challenges ourselves and link to step counter wearables.

The Your Voice Be Heard survey results were positive for wellbeing at 55% but did not reflect the success of individual initiatives such as the Lighten up Campaign in ODT, the Wellbeing Zone participation, the GCC take up and local H&W initiatives now being run in each centre e.g. participation in NHS NW Games. The Britain's Healthiest Workplace award survey will help us look at wellbeing holistically and will add to the new HS&W strategy map plan for 2018-22, which is currently being developed. The survey has now closed with over 600 responses, with the report and awards available in September 2017. A priority for this year is a campaign on mental health awareness as anxiety, stress and depression is the highest reason for management referral to OH in 2016/17 and has started with mental health awareness week in May 2017. A trial of mental health first aiders is also being investigated.

The flu vaccination target for 2017 remains at 50%, with last year's result at 45% up by 1 point. An electronic appointment system is being investigated to make it easier for colleagues to book an appointment, also the provision of more vouchers is being considered for Blood Donation, which did beat the 50% target in 2016 with 53%.

#### 6.9 Occupational Health

Occupational Health did not meet their key performance indicators for management referrals between July 2016 and January 2017, owing to an IT problem with their new referral system, a £5,000 service credit for the delays has been agreed with OH Assist. Robust and proactive management of the supplier meant the contract was brought back to service level as soon as possible. The delays did not significantly affect sickness absence performance, with managers coping well and urgent cases being fast tracked through the system. Assurances have been received that further work planned in June will not affect referrals. A new OH Provider contract is required in October 2017.

Action on Did Not Attend and Short Notice Cancellation of appointments has been taken, but they are still too high. Managers are

challenged by HS&W to explain non-attendance by employees, and monthly reports are being provided to SMTs in M&L and BD. A Quarterly report has been provided to Finance to raise with SMTs for the period January to March 2017. This showed total cost of £11,587 (BD £1,532, DTS £2,754, M&L £5,566, ODT £1,395, GS £340).

The reconciliation of our immunisation records, paid for by Capita (£38,000), found 2,145 incomplete records out of 3,030. The project to replace these records is being planned with Clinical, HS&W and OH Assist for completion this financial year, and Capita will be approached to fund this work.

#### 6.10 Donor incidents

Donor Incidents remain low, see appendix 4, increases in sharp object injuries were due to increased reports of scratches from the chloro prep wand, with 14 incidents out of 22, with 5 reported in Birmingham Teams. The increase to 9 incidents regarding hot substances were all spills from coffee or tea, with no repeat incidents on the same team.

#### 6.11 HS&W Priorities for 2017/18

The HS&W priorities for 2017/18 are as follows:

- Continue with the human factors approach to behavioural safety and further develop our safety prevention culture to reduce accidents and learn from incidents, with targets to:
  - reduce total level 1-3 accidents by 10% and the total lost time incidence rate to 1.8 or less;
  - increase near miss reporting by 20%;
- Carry out a review of the accident and risk system to decide on whether to replace Datix;
- Maintain the accreditation of the H&S System to OHSAS18001 and move to ISO45001 when it is available;
- Provide new wellbeing initiatives such as an activity challenge through the wellbeing zone and a mental health campaign;
- Identify further wellbeing improvements from the results of Britain's Healthiest Workplace award survey;
- Complete the immunisation programme record check and reach a flu vaccination target of 50%;
- Undertake a training needs analysis to measure the contribution of management development to H&S competencies;
- Complete the consultation on the next HS&W corporate plan due in 2018.

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Appendix 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.

The following table identifies NHSBT accident performance by Directorate from 01/04/14 to 31/03/17

Level*	14/15				15/16				16/17			
	1	2	3	4	1	2	3	4	1	2	3	4
<b>Blood Donation</b>	22	7	236	559	12	12	240	436	11	6	154	508
<b>Blood Manu &amp; Logistics</b>	8	6	64	153	7	2	46	134	5	1	41	212
<b>DTS</b>	0	1	33	56	0	1	32	47	1	0	35	141
<b>ODT</b>	0	1	4	7	0	0	8	3	0	0	1	13
<b>Group Services</b>	0	0	3	18	0	0	6	20	0	0	4	60
<b>Total</b>	30	15	340	793	19	15	332	640	17	7	235	934

Appendix 2 Benchmarking Table

<b>HSE Reported Injuries 2016</b>			
Trust	Staff	Total	Incident Rate per 1000
<b>1</b>	4028	8	2.0
<b>2</b>	5096	33	6.5
<b>3</b>	7817	38	4.9
<b>4</b>	10480	40	3.8
<b>BAE Systems</b>	21000	13	0.6
<b>Sainsbury's</b>			4.9
<b>NHSBT 2017</b>	5601	16	2.8

Appendix 3 Competencies

Directorate	% Compliance 3 <sup>rd</sup> Quarter	% Compliance Feb 2017	% Compliance May 2017
Blood Donation	85	87	93
Blood M&L	89	92	97
DTS	92	92	95
ODT	87	81	87
Clinical	86	87	91
Communications	91	87	88
QA	92	93	97
Finance	91	93	94
ICT	86	86	87
Workforce	91	93	98
<b>Total</b>	<b>88</b>	<b>89</b>	<b>94</b>

Appendix 4 Top Five Donor Incidents 2013-17

<b>Donor Accidents</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
Ill health, fit or faint / Donor Faint Resulting in Injury	123	117	103	104
Injury from Sharp Object	25	12	12	22
Exposure to heat / hot substance	2	5	5	9
Slip, trip or fall on level	11	5	15	10
Trapping	9	0	2	6
<b>Total</b>	<b>170</b>	<b>139</b>	<b>137</b>	<b>151</b>

Appendix 5 Near Misses and Minor Incidents

<b>Period</b>	<b>Level 4 Near Miss and Minor Incidents</b>			
	2015-16		2016-17	
	Minor	Near Miss	Minor	Near Miss
<b>Blood donation</b>	352	84	376	132
<b>Blood M&amp;L</b>	62	72	99	114
<b>DTS</b>	25	22	60	81
<b>ODT</b>	2	1	6	7
<b>Group Services</b>	11	9	15	45
<b>Total</b>	<b>452</b>	<b>188</b>	<b>556</b>	<b>379</b>