

*This Management Process Description replaces
MPD351/6*

Copy Number

Effective

05/11/18

Summary of Significant Changes

To reflect the new structure in Health, Safety and Wellbeing department and more detail added to the inspection section regarding Datix.

Policy

It is the policy of NHSBT to use active monitoring to measure health and safety performance and the extent of compliance with health and safety standards.

Purpose

The purpose of this procedure is to provide information and guidance on how NHSBT will use active monitoring to maintain and improve health and safety performance and to identify strengths and weaknesses.

Active monitoring reveals how effectively the health and safety management system is functioning and provides an opportunity to learn and improve.

Responsibilities

The Assistant Director H&S is responsible for:

- the H&S audit system;
- ensuring that a H&S audit programme is produced;
- ensuring that auditors are competent and have received specific training and are independent from the area being audited;
- training of Managers to inspect the workplace;
- providing information from active monitoring to NHSBT Board and Directors to allow Directorates to learn, improve and plan;
- ensuring that health and safety audits are available to staff side.

The Head of H&S Policy and Planning and has overall responsibility for the OHSAS 18001 audit system and can close any audits once all actions have been satisfactorily completed.

The Health and Safety Advisors/Business Partners are responsible for planning, managing, performing and logging OHSAS 18001 audits and Systems audits and assisting the Head of Centre with inspections. Health and Safety Advisors/Business Partners must attend the OHSAS18001 lead auditors training course and maintain approved auditor status.

Managers (as auditees) are responsible for:

- co-operating with the auditor and ensuring that resources are available to the auditor and all relevant staff informed about the audit, to ensure an efficient and effective audit;
- identifying corrective action for each non-compliance with a timescale, which is completed within the agreed timescale.

Managers are responsible for ensuring that staff and workplaces under their control are supervised and that regular inspections and records kept.

Quality Auditors are responsible for asking the health and safety questions at Quality GMP audits and reporting any non-compliance.

Definitions

Must. This is the minimum criterion that is to be met. Any standard below this is not acceptable.

Should. Where reasonably practicable this criterion is to be met.

Pro-active measurement. Gives NHSBT feedback on its performance before an accident, incident or ill health. Includes measuring achievement of specific plans and objectives, the operation of the health and safety management system and compliance with standards.

Health and Safety Audit. The structured process of collecting independent information of the efficiency, effectiveness and reliability of the health and safety management system and drawing up plans for corrective actions.

OHSAS18001. Occupational H&S Assessment Series standard 18001.

Systems audit. An audit of health and safety systems, for example the Risk Assessment Policy.

Inspections. Inspections of the workplace to ensure that preventative and protective measures are in place and effective.

Audit non-compliance. Failure to meet specified requirements.

Guidance. This is advice on steps to be taken to control a risk. Non-conformance to the guidance is not in itself a breach of this policy. However the responsible person must demonstrate how else this policy has been complied with.

Applicable Documents

The legislation applicable to audit is the Health and Safety at Work Act, and includes the following regulations, Approved Codes of Practice and guidance

- Management of Health and Safety at Work Regulations and Approved Code of Practice (ACOP) and Guidance L21, published by the Health and Safety Executive (HSE)
- Successful Health and Safety Management HS(G)65, published by the HSE

NHSBT Documents:

- Management Inspection Checklist – [FRM851](#)
- Blood Donation Management Inspection Checklist – [FRM1601](#)
- Donor Centre Management Inspection Checklist - [FRM4986](#)
- Safety Representative Inspection Report Form – [FRM1400](#)
- Accident Near Miss Reporting – [MPD319](#)
- Reporting Accidents or Near Misses – [SOP429](#)
- Transport Workplace Inspection Checklist – [FRM4090](#)
- Warehouse Euro Shelving and Pallet Racking Inspection Form - [FRM5858](#)
- Managing the H&S of agency workers following appointment - [MPD895](#)
- Short OHSAS 18001 checklist – [FRM5036](#)
- Full OHSAS 18001 checklist – [FRM5035](#)
- Internal Quality Audits [MPD716](#)

Health & Safety Auditing, Measuring and Reviewing Performance

Process Description

Auditing

Auditing provides managers with information on how effectively plans and the components of the health and safety management system are being implemented.

Auditing is an essential part of a health and safety management system and is a requirement of “Successful health and safety management” HS(G)65.

The aims of auditing is to establish that:

- appropriate management arrangements are in place;
- adequate risk control systems exist, are implemented and consistent with the hazard profile of NHSBT;
- appropriate workplace precautions are in place.

The Health and Safety Policy Group in consultation with the audit committee will agree the health and safety audit programme.

The Health and Safety Department will use existing NHSBT systems for all health and safety audits (OHSAS 18001 external and internal) including; arranging, logging, monitoring corrective actions and closing audits, see [MPD716](#) Internal Quality Audits.

The H&S audit programme must be followed.

Audit preparation

The auditor must agree a date to perform the audit with the department Manager in advance.

Health and Safety Adviser/Business Partner must review all applicable Health and Safety documents such as Health and Safety legislation and guidance or NHSBT documents, prior to the audit.

Opening meeting

The audit should begin with a short opening meeting between the auditor and the Manager to:

- explain the scope of the audit and the Health and Safety standards to be used
- explain how the audit will be conducted, reported and followed up
- invite questions

Non compliance

Non-compliance should be identified when activities do not meet the requirements of the applicable standards and documented.

Critical. Any deficiency in a processor system which directly affects the safety of employees or other people on premises under the control of NHSBT (i.e. visitors, including donors or contractors).

Major. A serious inadequacy in a system or process of compliance with required Health and Safety standards.

Other. An inadequacy in a system or process or compliance with required Health and Safety standards.

Observations. An inadequacy in a system or process that is not a failure to comply with Health and Safety standards.

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Closing meeting

The auditor must report non-compliance at the closing meeting to the Manager to allow clarification before the Manager identifies corrective action for each non-compliance with a timescale.

The auditor must document the agreed corrective actions and timescales.

Logging actions/Closing the audit

The H&S Adviser/Senior H&S Adviser must log all H&S audit findings onto Q-Pulse (including attaching the completed audit checklist, [FRM5305](#) or [FRM5036](#), on to Q-Pulse) and then check that any corrective or preventative actions have been completed and are effective and approve and close any individual actions. (Internal audits will be closed by the local H&S Advisor or Business Partner).

External audits The Head of H&S Policy and Planning will close any audits on Q-Pulse once all actions have been satisfactorily completed (The H&S Adviser/Senior H&S Adviser who attended each external audit will approve and close any individual actions).

Outstanding actions must be escalated to the Head of H&S Policy and Planning and for Directorate OHSAS 18001 audits escalated to the relevant Director.

Auditor Competency

H&S Auditors will be trained to the OHSAS18001 lead auditors course.

Strategy for Pro-active Health and Safety Measurement

The following pro-active health and safety measurements will be used by NHSBT to maintain and improve health and safety performance:

Internal OHSAS 18001 audits

The Health and Safety Advisor must plan, manage and perform the OHSAS 18001 audits in accordance with the audit programme to complete a short OHSAS 18001 audit checklist ([FRM5036](#)) for each centre based on risk but at least every 3 years.

The Senior H&S Adviser must complete a full OHSAS 18001 checklist ([FRM5035](#)) for areas in their Directorate as agreed in the annual H&S Plan, this should be based on risk but at least every 3 years.

The H&S Advisor reports findings to the Head of H&S Policy and Planning and makes them available to staffside at the national and local H&S committees, the Senior H&S Adviser also reports to the Director/SMT.

External OHSAS 18001 audits

An external OHSAS 18001 must be carried out every year by an independent auditor from Bsi, the report must be reviewed by NHSBT Governance Assurance Committee as part of the annual H&S Report and findings made available to staffside.

System Audits

System audits focus on Health and Safety systems in NHSBT such as:

- Risk Assessment
- Accident Reporting
- Clinical Waste

and follow the whole system through including sampling at different sites. Systems audits check compliance of systems to NHSBT policy and also to external Regulations.

The Health and Safety Advisers must plan, manage and perform systems audits according to the audit programme and report findings to the Head of Health and Safety, the Audit committee and H&S Policy group and make available to staff side.

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Factors to consider when carrying out a Systems audit:

All applicable Health & Safety and Environment legislation and guidance and NHSBT policies must be used to check for compliance for systems audits.

This will include Health & Safety and Environment legislation and any ACOP and guidance published applicable to the system to be audited must be used along with any NHSBT documents.

For example auditing the Accident reporting system, the following documents would be used:

- Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) and Guidance L73 HSE;
- Accident and Near Miss Reporting ([MPD319](#)).
- Reporting Accidents or Near Misses ([SOP429](#)).

The scope of the systems audit must be agreed before the audit including areas/departments to be examined.

The following must be included in the scope of a Systems audit:

- risk assessments;
- training;
- management accountability;
- review.

Supervision

The Supervision of H&S is a legal requirement and adds to the provision of information, training and instruction given to employees. Supervision ensures that control measures identified by risk assessment are followed and implemented correctly. Risk assessments can also identify the inspection regime for an activity or workplace.

Competency for supervisors and managers is described as part of the Key Skills Framework and development monitored through this process. Operational Managers and Supervisors must attend the approved H&S Department Managers and Supervisors course, and attend a refresher course every 3 years.

The level of supervision required will depend on an assessment of the following:

- severity of the risks in the workplace and competence of staff;
- any special needs required for by staff;
- requirements for new starters;
- the amount of on the job training;
- legal requirements;
- lone working;
- shift handovers;
- agency members of staff.

Team building and encouraging positive feedback from all staff on H&S issues helps to improve the H&S culture of a department or area, decreasing non conformances and possible incidence of uncontrolled risks.

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Guidance on Inspections

Formal inspections are no substitute for daily supervision and observation of the workplace and staff activities. Inspections do provide a formal opportunity to carry out a more in depth examination of a process or workplace. An inspection includes observations of staff activities and not just looking for building hazards. The inspection of documents can also be done with particular attention to risk assessments, training and maintenance records. An inspection is also a good way of showing that H&S is taken seriously so should be done visibly and by asking questions of staff. If there is a shift system it is important to ensure that these are also inspected.

Head of Centre Inspections

The local H&S Advisor should join the Head of Centre when they carry out the Responsible Persons Walk rounds with the local QA person for the site. Findings should be reported to the Manager and the Centre Partnership Committee (CPC or equivalent management group); Managers are responsible for corrective actions. The scope of the inspection should be agreed between the Head of Centre and the Health and Safety Adviser and QA before the inspection. Three inspections should be carried out per year.

Managers checklist

Workplace inspections must be carried out by competent Managers or Supervisors for their work area based upon risk, training in carrying out inspections is part of mandatory Health and Safety for Managers and Supervisors course.

The areas for inspection can be identified as a result of the findings of department risk assessments or in accordance with the Directorate's Health and Safety plan or local plan using the Management Inspection Checklist ([FRM851](#)), or the Blood Donation Management Inspection Checklist ([FRM1601](#)), Donor Centre Management Inspection Checklist ([FRM4986](#)) or Transport Workplace inspection Checklist ([FRM4090](#)) or Warehouse Euro Shelving and Pallet Racking Inspection Form ([FRM5858](#)) and reported at department staff meetings.

Managers are responsible for any corrective actions identified following inspections of their area and for inputting this information into Datix of the inspections.

Managers can enter any inspections onto Datix once at the end of every year by entering the year (i.e. 2018) the department and then scanning in the inspection checklists as attachments.

H&S Observations

H&S observations are part of the behavioural change program and should be carried out by managers depending on the risk within directorates/departments.

Statutory Inspections

Statutory inspections e.g. lifting equipment, pressure vessels, local exhaust ventilation systems will be carried out in compliance with the appropriate Regulations. Approved qualified contractors will only carry out these inspections.

H&S Representatives Inspections

Union accredited H&S reps should carry out regular inspections of their work area in accordance with any training provided by the Union. The findings of the inspections should be reported to the Manager of the work area and to the local H&S committee and a copy of the inspection report should be given to the Manager and to the local H&S Advisor. If the manager takes no action or it is considered by the safety representative to be inadequate the following escalation process must be used:

- raised again to the manager;
- if no action raised at the local H&S committee;
- if no action raised at the national H&S committee;
- reported to the Health and Safety Executive.

The report must be on the approved Safety Representative Inspection Report form ([FRM1400](#)).

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Scorecard

A scorecard that follows HS(G)65 model has been developed to support senior managers with their monitoring of implementation of the H&S management system. The scorecard is filled out by operational managers on a red, amber, green basis. Red equals at risk, Amber equals plan in place but at risk and Green equals plan in place no risk.

The information is provided on a quarterly basis to Directorate / Functional Senior Management Teams so that they can track progress and ensure that implementation proceeds to green. Each action point is supported by guidance agreed with the Planning and Policy H&S advisor for that Directorate and the Plan Holder.

The scorecard supports NHSBT business planning objectives and the guidance is reviewed by the Directorate H&S plan annually where changes maybe made to ensure continual improvements required by the overall management system are tracked. A Health and Safety Scorecard must be detailed in the Directorate's/Function's Health and Safety Plan.

Performance Review

Reviewing performance is the process of making judgements about the adequacy of performance of the health and safety management system and taking decisions about the nature and timing of the actions necessary to remedy deficiencies.

The main sources of information come from measuring activities and from audits of the risk control systems and workplace precautions. Feeding information on success and failure back into the system is an essential element in motivating employees to maintain and improve performance.

The following performance reviews should take place within NHSBT:

NHSBT Governance and Assurance Committee and Board Review

The NHSBT Governance and Assurance Committee (comprising Non Executive and Executive Directors) must review H&S performance on a six monthly basis through the review and endorsement of an Annual and half year H&S Report before it is provided to the Board. The review should include reactive monitoring e.g. accident data, and feedback from proactive audits and inspections. The objective should be to review performance with respect to risk, H&S policy and resources.

The senior management review of health and safety takes place with the Executive team twice a year. The results of which are forwarded to Governance and Audit Committee and Board for information. The senior management review considers:

- OH&S performance,
- OH&S Policy and objectives
- Evaluation of legal and other requirement compliance
- Recommendations for improvement and resources
- Communications from interested third parties and complaints
- Competency and training effectiveness
- Other elements of the OH&S management system as necessary

Outputs from the senior management review are minuted and actions tracked to conclusion.

Communication of the senior management review is through H&S Committee and H&S intranet page.

H&S Policy Group

The H&S Policy Group should review H&S performance every 6 months.

The review should include reactive monitoring, e.g. accident data, and feedback from proactive audits and inspections. The objective should be to review performance with respect to risk, organisational H&S plans, training and resources.

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Directorate Senior Management Team

The Directorate Senior Management Teams should review H&S performance every 6 months and be provided by the aligned H&S Business Partner for that Directorate. The review should include reactive monitoring e.g. accident data, and feedback from proactive audits, inspections, safety training completion and progress against the Directorate H&S plan. The objective should be to review performance with respect to risk, H&S policy and resources.

Centre Partnership Committee (CPC)

The CPC will be provided with a monthly report by the local H&S Advisor containing information on H&S progress to policy, plans, implementation, risk, safety training, and measuring performance. This information should then be used by managers to cascade H&S information to their staff.

Local Managers

Local managers should review H&S performance every 6 months.

The review should include reactive monitoring, e.g. accident data, and feedback from proactive audits and inspections. The objective should be to review performance with respect to risk and local implementation.

The key performance indicators to be used, as the basis for the annual performance review will include:

- Extent of compliance with H&S system requirements;
- Results of H&S audits;
- The identification of areas where H&S system is absent or inadequate (where further action is required);
- The extent of achievement of specific H&S objectives;
- An analysis of information from active monitoring;
- An analysis of accident and ill-health data to determine immediate and underlying causes and trends;
- Costs of accidents;
- Cost of preventative action;
- Cost of monitoring H&S performance e.g. inspections;
- The adequacy of resources applied to H&S compliance;
- Lessons learnt from actual emergencies or drills to test the emergency procedures.

Benchmarking

Assess H&S performance by comparing accident and incident frequency rates with the achievements of others.

Assess H&S performance by comparing management practices with achievements of others,

- Comparisons between departments or sites;
- Externally with others in same or similar industry, for example blood services;

H&S performance will be included in the NHSBT Annual Report, including injury incidence and frequency rates.

H&S Attitude and Behaviour Surveys

The annual Employee Survey will contain a section on Occupational Health and Safety performance.

Exclusions

None.