

1. Summary and Purpose of Paper

The purpose of this paper is to provide an annual Health Safety and Wellbeing Report for NHSBT, enabling us to meet the management review requirement of the International Standards Organisation ISO45001 quality standard for Occupational Health Safety and Wellbeing (HSW). The standard provides a best practice approach to the implementation of a Safety Management System (SMS), allowing the organisation to set its own aims, which are to reduce accidents, increase wellbeing and meet regulatory requirements. We seek to continually improve our SMS, meaning what is good this year, is ok next year and may be improved thereafter. The standard sets a requirement to undertake a top management review, which we comply with by the Executive team receiving a quarterly report, with quarter 4 being the annual report. From a governance perspective this has been shared with the People Committee in August for oversight and approval recommended to provide to Board in September.

There has been good HSW progress through the management system, as shown by HSW related projects tracked as part of our safety programme. Whilst we did not achieve our stretch HS&W harm targets for a reduction we did achieve a planned increase in near miss reporting. The near miss indicator is a leading indicator, showing the performance of the management system and we met the target by increasing management awareness of this goal. This should feed into a reduction in harm incidents, as near misses are investigated and corrections made in the system to avoid future harm.

To note, this report also references the annual flu vaccination report, which shows a reduction in vaccination rates across most areas, plans have been established to increase take up this year. A board assurance framework for flu vaccination has been shared with Executive Team and reviewed by the People Committee on 13th August 2025.

The Board are asked to review this report for assurance on HSW performance.

2. Background

2.1 Status of actions from 2024/5 Q3 report

There were an agreed set of deliverables as part of the HSW programme of work, below provides an update on the status of these activities at a high level. Further detail regarding the actions and outcomes associated with these actions can be found detailed in the paper.

- The Datix system was updated to provide a process for reporting work-related stress, and trial commenced in Barnsley. The recommendation of this report is to expand the trial to all centres as business as usual, over an implementation period of 6 months. This will allow early reporting, early management intervention with the aims to reduce cases that cause harm and positively impact productivity. **Ongoing.**
- Wellbeing Action Plans are being trialled in BD across a range of trial teams. **Ongoing.**
- Neurodiverse (ND) workplace needs assessment trial was launched for a four-month trial in May 2025. **Ongoing.**
- Embedding near miss reporting, has been addressed by providing further monthly insight to managers, which has shown an increase in near miss reporting. Directors have also begun safety tours in sites facilitated by HSW. There is further work to do to embed this into our safety culture. **Closed.**
- ET confirmed, at third quarter HSW report, that the HSE management system is good and meets its aims of reducing serious injuries, increasing wellbeing and meeting regulatory requirements. The emphasis remains on continual improvement and does not at this stage require a more generative approach. **Closed.**

- The safety continuum profile work has started at National HSW committee, with reviews completed by HSW and unions. Further profiles have begun by HSW co-ordinators in operational areas and with the nursing team due to participate. **Closed.**

3. Detail of report

3.1 HSW Performance

Harm Targets

Whilst our aspiration is of course to have zero harm in the organisation, given the nature of our business we track specific safety indicators to demonstrate improvement and areas for further attention. The target for harm incidents has reduced from the 2024/25 base line by a further 7.5%, with 10% reduction in Blood Supply and 5% in all other areas. Good progress has been seen in Plasma, OTDT, Donor Experience and Nursing, with harm incidents trending down to target. Clinical Services at 3.6, Group services at 1.2 are above target but this is on low numbers of reported accidents. Blood Supply have an increasing trend from a target of 11.2 and an actual of 13.1, which is tracking slightly above last year's total of 12.6.

Trends in Blood Supply show that there has been an increase of 14 harm incidents over the course of the year. All 14 incident increases were minor incidents with the largest increase in Blood donation being 13 Musculoskeletal (MSK) injuries occurring between October and January. This timeframe coincides with the implementation of the Mechanical mover or Tug on the teams. The injuries occurred as colleagues got used to the new equipment and were associated with bending and twisting to link cages together and the Tug moving unexpectedly causing twists and strains to wrists, arms and shoulders. MSK injuries have started to reduce as colleagues get used to the equipment. Blood supply also shows a reduction in HSE reportable and Lost time incidents. There is a slight increase in Serious incidents linked to new starters having blood splash and dirty needlestick incidents.

Clinical services have seen an increase in harm. Most Clinical Services incidents are made up of minor incidents. The increase in reporting is attributed to improved reporting of minor incidents where there is an impact from an object but the injuries are insignificant. Many involve being hit by doors as colleagues use them, or items falling out of cupboards, or shelves. Dirty sharps and contact with cold substances have decreased in the same period.

The harm target is more of a backward-looking indicator and has been affected by the implementation of the mechanical tug project. The rates rose with implementation of the project as people got used to the new process for handling cages and in the last two months the rate has gone down to lower than seen before. This is an early sign that the project has been worthwhile on a purely number of harm reports. In addition, to the positive responses from team members and an increase in staff, who are on restrictions, being able to take part in loading and unloading the vehicles. Spreading the effort more widely across the team and reducing potential harm.

Work in BD to reduce over runs that allows teams to go home on time are improving. The focus on HSW in this last quarter has seen a positive shift to BD safety culture, showing genuine improvement against the Safety Maturity Model indicators. The safety continuum profile work, approved at last quarter HSW report, has started at National HSW committee, with reviews completed by HSW and unions. Further profiles have begun to be reviewed by HSW co-ordinators in operational areas and with the nursing team due to participate. This detailed approach will identify gaps in the management system and facilitate targeted interventions to improve our approach.

	Blood Supply	Plasma	Clinical Services	Organ and Tissue Donation and Transplant	Group Services	Donor Experience	Nursing	Total
April	54	0	3	5	1	0	2	63
May	45	1	6	4	0	0	0	56
June	32	0	9	5	1	0	0	47
July	44	5	10	5	2	0	0	66
August	45	2	0	2	2	1	0	52
September	43	0	6	2	3	0	0	54
October	53	1	8	4	1	0	0	67
November	47	0	4	7	1	0	0	59
December	47	1	1	0	3	0	1	Total
January	64	2	5	1	2	0	2	63
February	54	2	6	1	0	0	0	56
March	40	0	6	2	1	0	0	47
	568	14	64	38	17	1	5	66
2024 - 25 Incidence Rate	13.1	8.2	3.6	4.6	1.2	0.4	2.5	52
2024 - 25 Target	11.2	11.0	3.2	5.0	0.8	0.5	N/A	54
2023 - 24 Incidence Rate	12.6	10.3	3.2	4.5	1.4	0.7	N/A	67
2022 - 23 Incidence rate	14.1	11.4	3.5	4.2	1.9	1.6	N/A	59

see appendix 1 for information on the breakdown on all harm incidents including donors.

Near Miss Targets

Near miss incidents reported are meeting target, after escalating the importance of this to management teams.

Table 2 Near Miss Incidence Rate April to March 2025 per 1000 employees													
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Tot
Incident rate	12.0	15.2	10.8	14.0	11.2	12.0	14.1	19.0	14.6	19.3	18.9	14.1	14.4
Target	13.7												

The figure for the year was 14.4, with an increasing trend from Q3 onwards, possibly linked to added focus by management on near miss reporting, as asked for in the Q3 HSW report. The near miss indicator is more of a leading indicator, showing the performance of safety management. This should feed into a reduction in harm incidents as near misses are investigated and corrections made in the system to avoid future harm. The trend needs to be monitored closely to ensure that this behaviour has been fully embedded. This year the board performance report has accepted a metric on near miss reporting as well as harm, which should maintain the importance of this target.

Causes of Incidents

Causes of accidents are reviewed monthly and feedback provided to directorates regarding possible mitigation. Top 3 causes are MSK (+59), Impact against object (+23) and contact with Blood (+20) with progress made in the following areas manual handling injury (-31), trapping (-13) and dirty Sharps (-12). MSK increase is mainly due to re-categorising Manual handling injuries to MSK and the mentioned increase in Blood donation for MSK and Blood exposures.

Safety Programme Performance

There has been good progress with HSW project delivery, with the safety programme continuing to monitor this against our Promote, Prevent and Protect Strategy and the 10 objectives (see Appendix 2 for the break down). This is the second year of good progress and is notable for delivery of 18 projects, with a further 38 projects rated green. Only 9 projects are behind schedule and 3 are rated red. Two of these are related to lone worker alarm projects for Hospital Services and HSW dept that cannot start until the OTDT contract is established, which is imminent. The third is for Manual Handling Training contract to be updated, this contract has expired and procurement have been unable to resource this against their other competing priorities. We are mitigating by using the existing suppliers terms and conditions on a course-by-course basis.

Best Practice Reviews

We continue to work with the ABO on collections benchmarking, which is retrospective in nature and has recently been published for 2023/24 year, showing good performance against participating organisations. We have worked with Lotus cars, Leeds Mental Health Trust and RNLI to identify best practice on our HSW management systems and audit processes.

Audit

The internal and external auditing programme has provided assurance throughout the year on our conformance with ISO45001, with 12 external BSI audits completed showing no major non-conformances, 18 BSI minor non-conformance and 9 BSI opportunities for improvement identified. This is the international quality standard we use to measure our compliance with HSW. This year will see work on preparing to renew our certification through BSI audit. The trend for minor non-conformances was related to hazards and risk assessments linked to overdue risk assessments and incorrect documentation.

The Top Management audit has been completed, with the outcome that there is good evidence of director involvement in HSW management and visible leadership. The only challenge across most areas is participation in safety tours in centres, which are being organised now with local HSW advisors. A further opportunity for improvement was found to be increased director training, which was also a requirement of the RAAC lessons learned report. See appendix 3 audit report.

HSW Policy and Union Consultation

Successful working in partnership is required by ISO45001 and we have 100% compliance with the Quality Management System. We work together on HSW policy, monitoring processes and accident investigation. The safety rep conference in September was well received and identified best practice from Lotus cars and Health Assured.

Teams have been working under the pressure of amber alert for a number of months and unions have raised the impact of this in a letter of concern. The Health and Safety Executive contacted the Chief Executive's Office regarding issues raised by our union colleagues. A comprehensive response was provided on 24th March 2024, no further contact has been received. We continue proactive discussions with the unions regarding how we can mitigate risk in this space. The safety profile work, approved by Exec at last quarterly HSW report, has been completed and discussed at the last national HSW meeting. This has identified differences in the perception of unions and HSW dept regarding our safety management system for example staffside score us low on a blame culture, whereas HSW dept score this high, with an improving freedom to speak up culture. We are undertaking a further review with management side HSW co-ordinators and nursing to establish more information on this. Then we will seek to understand the differences and agree actions against any significant gaps. Bearing in mind that we do have a certified system to ISO45001, backed by third party independent audit that confirms annually our compliance.

Future Strategy and Plan

To align the HSW strategy with the People plan it has been agreed to bring forward the review of our strategy to be in place for April 2027. This is part of our People Directorate business plan, which will mean establishing best practice, seeking feedback from key stakeholders and developing a further strategy to progress the continual improvement in HSW, which is required by our certification to the ISO45001 standard.

3.2 Safety Culture

The Executive team agreed at Q3 report that the HSE management system is good and meets its aims of reducing serious injuries, increasing wellbeing and meeting regulatory requirements. The emphasis remains on a continual improvement approach rather than a more generative approach. As outlined, we are undertaking work on the safety continuum across a number of teams.

Wellbeing

The 2024 our voice survey shows that all wellbeing scores increased, recognising that given the challenging operational backdrop scores for this year may be affected. This is mitigated by the focus by BD management on wellbeing on teams to reduce late over runs and facilitate teams getting home on time.

There is opportunity here for us to improve this score by ensuring collective accountability and improved role modelling for health safety and wellbeing across the SLT community.

The Neurodiverse workplace needs assessment trial has been actioned, with a four-month trial starting in May. Wellbeing action plans are being trialled in Blood Donation through the test and learn teams, with success criteria measured by positive responses to a post-trial questionnaire from those taking part.

3.3 Mental Health Awareness

Mental health training from St Johns Ambulance (SJA) has been reviewed and discontinued due to the quality of the product. Following a short review we are looking to contract with Mental Health First Aid England to use their manager training package for 12-months. A further tender will then be used to provide a new long-term partner.

The stress reporting trial was completed in Barnsley during quarter 4. Four requests for help were recorded on the tool, with conversations undertaken by managers, actions agreed and transformed into individual stress risk assessments. This puts colleagues at the heart of the process and empowers both individuals and managers with oversight from HS&W. This approach not only supports recovery, enabling colleagues to remain in work, it also helps destigmatise mental health. It provides, with little investment, cost savings and improved legal compliance for the organisation. The trial report recommends that the process is rolled out nationally, with a targeted communications plan to embed this change, impact will be monitored as part of total worker health metrics. The Health and Safety executive estimate that in healthcare, stress rates are particularly high, with 3,240 cases per 100,000 workers. We do not see that level with 100 reported work-related cases in 2024/25 and rate of 1,538. There is potentially a lot of underreporting at NHSBT, which we have acknowledged in the Exec HSW scorecard by setting an increasing monthly target. The recommendation of this report is to expand the trial to all centres as business as usual, over a period of 6 months. This will allow early reporting, early management intervention and reduce cases that causes harm and positively impact productivity. See Appendix 4 for details of the project evaluation.

3.4 Flu Vaccination Programme

We did not meet our targets for the year and saw a reduction from the previous year. The annual report can be found in Appendix 5. The main recommendation is to engage front line colleagues early this year with the expectation that they will be vaccinated according to their professional requirements.

A Flu Vax board performance report has been approved at ET and reviewed by the People Committee on 13th August 2025 and accepted. This shows how the planning for this year's campaign is progressing to provide assurances here.

3.5 Occupational Health

Occupational Health continue to provide an improved service for overall management referrals than has been experienced under previous suppliers. Work is continuing on driver medicals, prior sight reporting for nurse led appointments and our Hep B vaccination programme, as reported at Q3 report stage. A review of all patient facing staff for their immunity status according to the green book requirements has been completed by PAM. This shows missing records, we are working with Procurement to bring this to the attention of the previous provider Optima. This happened on the previous transfer of records from another provider, this time we audited the records ourselves in July last year by the IPC team. This found records missing and led to the review of all patient facing records. Our experience of outside providers means we are closely monitoring PAM and this is showing concerns in their record keeping, which they have promised a solution to, with a new database in Q2 of 2025. The risk is identified in the risk system by IPC as high (major and possible) ref IPC-01 Occupational Health Service. Further action is underway to build a business case for completing immunisations in-house rather than just in Blood Donation. This will ensure control of records but does rely on the business case stacking up, in terms of cost, as well the benefits of being able to assure the process.

3.6 Genetically Modified Organism (GMO) Committee

There is a statutory requirement for an organisation to provide details of the safety arrangements for any projects involving GMO material and is provided by Piers Walser our Biological Safety Officer (BSO). The committee has met and considered the risk to be acceptable.

Committee Composition

The GM Safety Committee includes a Chair, Biological Safety Officer (BSO), management and health & safety representatives, project leads, and laboratory staff representatives.

Meetings

- The committee met once during the reporting period.

Key Activities and Updates

- **GM Risk Assessments (GMRAs):** Annual reviews were conducted by project leads. Transition to the Datix system is ongoing.
- **New GMRA:** GMRA74 (Transport of GM materials) was introduced and approved.
- **Waste Management:** NHSBT Barnsley contracted Mitie for CL2 waste removal; Filton plans similar action for CL1/2.
- **GM Database:** Agreed to host on CBC SharePoint.
- **BSO Updates:**
 - Consultancy contract renewed with UHBW NHS Foundation Trust.
 - New contract in preparation for Gloucestershire Hospitals NHS Foundation Trust.

Succession planning for BSO role initiated. Full report is appendix 6.

3.7 Resources

Resources in terms of HSW budget has been good, with an increase in OH charges being absorbed by the overall HSW budget. Vacancies have been difficult to fill with two cases of individuals verbally being offered posts but subsequently withdrawing. This combined with sickness absence in the Health and Wellbeing area has meant that during the last six months of 2024/25 we have been operating with 3 long-term sick cases and 1.5 WTE vacancies out of budget of 16 WTE. This has caused increasing workload issues for the team but has not affected core department delivery. Construction programmes HSW work in Colindale and Southampton have also been met this past year, and both programme business cases have been asked to build in appropriately qualified additional support to keep this work going forward efficiently and effectively.

3.8 Training

The success of the mandatory training steering group raising the profile of compliance with the target of 95% has meant that HSW training also meets this target with 96%. The main area of focus is now on manual handling delivery, which is provided by trained manual handling experts in the different directorates. HSW are reviewing the numbers in this area, to ensure that we train the right amount of people to deliver these courses. The contract for training has decreased the number of training days from 4 to 3, which is a reduction in our resources needed but the price of the training has remained the same. Procurement have been involved in this and are working on a process to gain control of this increase in price and value for money.

4. Recommendations

Recommendation:

- Board Assurance and sign off September 2025.