

1. Summary and Purpose of Paper

This paper presents the Health, Safety and Wellbeing (HSW) Annual Report for 2025/26, fulfilling the management review requirement of ISO 45001. The standard provides a structured framework for managing risk, improving wellbeing outcomes, and ensuring compliance with statutory and regulatory obligations. A core requirement is that top management reviews system performance and effectiveness, which is achieved through quarterly Executive Team reporting and this annual review. The report was presented to the Executive Team on 28/04/2026, where the recommendations were accepted, and subsequently to the People Committee on 07/05/2026, with approval to be sought from the Board.

Overall, the report provides strong assurance that NHSBT's HSW management system remains effective, mature and compliant, with sustained certification to ISO 45001 confirmed through successful recertification in February 2026.

Accident and near-miss performance remains strong across most directorates, with extremely low harm rates in Clinical Services, Plasma, OTDT and Donor Experience. Blood Supply (BS) did not meet its stretch harm reduction target; however, this reflects increased reporting of superficial harm rather than a deterioration in safety performance. The report therefore recommends resetting the BS harm reduction target to ensure continued improvement without discouraging reporting.

Wellbeing indicators show clear improvement, particularly in workload manageability, stress management and perceived line-manager support, despite additional pressures during amber alert. However, the lack of improvement in perceptions of senior leadership commitment to wellbeing highlights an area requiring further Executive focus and visible leadership action.

Audit outcomes, regulatory engagement with the HSE, and violence prevention data provide further assurance that risks are being appropriately identified, managed and addressed. Where weaknesses have been identified, such as incident categorisation and mental health training uptake, proportionate actions are in place to improve effectiveness.

2. Background

2.1 Status of actions from 2025/6 Q3 report

Update on actions from the last quarterly report:

- **Work-related mental health training for managers:** Delivery of this training has continued; however, uptake of the 400 available licences has remained below expectations, with only 61 used to date. A review identified several contributory factors to the low uptake, including the training not being mandatory, perceived workload pressures on managers, and the online delivery format. In response, the training offer will be refreshed to provide on-demand, face-to-face sessions delivered by the HSW Department. **Closed.**
- **Neurodiverse (ND) workplace needs assessment trial:** The impact of the trial is currently under review, supported by additional evidence on sickness absence. The outcome will be presented to the Executive Team in Q1 2026/27 report. **Ongoing.**
- **Executive-led communications:** Consistent Executive support for organisational communications has been particularly effective in the Flu Vaccination Campaign. A mental health campaign is planned to align with Mental Health Awareness Week in May. **Ongoing.**

3. Detail of report

3.1 HSW Performance

Harm Targets (Appendix 1)

While the organisation's ambition remains zero harm, the nature of our operations means that accident indicators are monitored to demonstrate continuous improvement and to identify areas requiring further focus. The target for harm incidents for 2025/26 represents a further 7.5% reduction year on year from the 2023/24 baseline, comprising a 10% reduction target for Blood Supply and 5% for all other directorates.

Good progress has been achieved across most areas, with all directorates meeting their targets except Group Services and Blood Supply. Overall accident numbers remain extremely low in Clinical Services, OTDT, Plasma and Donor Experience, with these areas collectively reporting an average of only seven accidents per month. Group Services represents a very small percentage equating to fewer than one accident per month.

Blood Supply has not met its target of 10.1 harm incidents, recording an actual rate of 12.8. However, this represents an improvement on the 2024/25 position of 13.1. Review of the data suggests that an increase in the reporting of superficial harm has occurred, driven by management efforts to encourage more consistent reporting within teams. While this reflects a positive shift in reporting culture, maintaining a higher reduction target of 10% risks may inadvertently discourage incident reporting.

It is therefore recommended, with the support of Blood Supply, that the harm target is reset to a 5% reduction based on the 2025/26 actual position, supported by a targeted action plan to deliver further improvement.

Near Miss Targets (Appendix 2)

Near miss incidents reported are meeting target, with a very strong performance in Blood Supply, OTDT and Group services. Clinical services increased their near miss reporting this year and just missed the target.

Causes of Incidents (Appendix 3)

The top five accident causes show a significant decrease in Musculoskeletal injuries with 8%, due mainly to the introduction of mechanical tugs on BD sessions. Injury by sharp objects has also decreased with the other top three causes remaining static.

Safety Programme Performance

Good progress continues to be made in the delivery of our safety programme, with projects monitored on each of the Promote, Prevent and Protect Strategy areas. This marks the third consecutive year of strong performance, with 28 projects currently tracked. Of these, 21 are rated green, five projects are behind schedule and two are rated red. The red-rated projects are Hospital Services personal alarms project, which has not yet commenced, and the manual handling training programme, which had not been completed and now planned for end of May 2026.

Violence Prevention Reduction (VPR)

During 2025/26 period, 34 incidents of aggressive behaviour and 9 physical assault incidents were recorded.

The majority of aggressive behaviour incidents occurred in frontline donation settings.

- 24 incidents (71%) occurred within Blood Donation, 15 in venues, 9 in donor centres, including 3 at Poole Donor Centre and 2 within the Horsham team.

Physical Assault

- 6 incidents in Blood Supply – Blood Donation
- 1 in Blood Supply – Logistics
- 1 in Blood Supply – Operations
- 1 in Clinical Services (unintentional).

Review of the data identified inconsistent categorisation of security-related incidents, particularly between verbal abuse, aggressive behaviour, and physical assault, limiting the reliability of trend analysis. HSW Advisors now check incident categorisations for all VPR reports. HSW will review and simplify Datix categories using clearer, commonly understood terminology. An awareness campaign to support colleague understanding of this area is planned for Summer 2026.

Audit

BSI confirmed our continued compliance with ISO 45001 following recertification in February 2026. This marked the end of the latest three-year cycle and demonstrates that the health, safety and wellbeing management system is meeting its objectives of promoting HSW, preventing ill health and injury, and protecting our people. This is our tenth consecutive year of certification to the standard, with managers, staff and safety representatives making a strong and consistent contribution.

During 2025/2026 a total of 56 audits were completed by BSI and the HSW department. These identified 38 minor non-conformances, achieving our target of fewer than one non-conformance per audit. The majority related to risk assessment reviews, communication arrangements, and inspection processes.

HSW Policy and Union Consultation

Effective partnership working is a core requirement of ISO 45001, and this has been demonstrated through joint work on the HSW policy, monitoring arrangements and accident investigations. The Safety Representative Conference held in September was well received and successfully delivered using a hybrid format, combining online attendance with an in-person event at Filton.

Engagement with the Health and Safety Executive (HSE) regarding concerns raised by union colleagues on fatigue and workload within Collection teams has now been closed from a HSE perspective. A comprehensive response was submitted on 24 March 2024, with further detailed responses provided to follow-up queries in September and December. We received notification that HSE had closed this case but would expect us to be monitoring closely.

The HSE also contacted us in February regarding queries relating to clinical waste transfers from sessions to Tooting. A full response was provided, which identified no issues, and the HSE has confirmed that no further action will be taken.

Following the reporting of a potentially dangerous occurrence involving the X-ray irradiator, the HSE carried out an investigation and issued a Notification of Contravention, requesting that we reapply for RADAN consent. Michelle Ray, Projects and Operational Support Lead, led the response, resulting in the contravention being closed. The safety assessment has passed its initial HSE review, and two subsequent inspections were successfully completed in Liverpool and Manchester.

Future Strategy and Plan

To align the HSW strategy more closely with the People Plan, it was agreed to bring forward the review of the strategy so that a revised version is in place by April 2027. This commitment is embedded within the People Directorate business plan.

During the last three months, initial groundwork has been completed, including confirmation of governance arrangements, agreement of scope, and early engagement with key stakeholders to

shape priorities. Work has begun to identify best practice and capture feedback to inform the development of the refreshed strategy. This will support continued improvement in health, safety and wellbeing performance and ensure ongoing compliance with the continual improvement requirements of the ISO 45001 standard.

Wellbeing

The 2025 Our Voice survey shows improvements across all wellbeing measures except perceptions that senior managers demonstrate wellbeing as a priority, indicating a need for stronger visible leadership. It may also be representative of the sustained Amber alert position and difficult operational decision that needed to be taken to prioritise collection of blood. Positive gains were seen in managing stress 62% (from 60%), wellbeing as an NHSBT priority 53% (from 46%), workload manageability 63% (from 50%), and perceived line-manager care 83% (from 77%).

These improvements are encouraging given amber alert pressures in Blood Supply, although Blood Donation continues to report the lowest scores. Actions to better align donor volumes with team capacity are supporting colleagues to finish on time, and joint work with unions on fatigue and an ageing workforce is underway. HSW will increase engagement with Blood Donation teams through wellbeing roadshows.

Wellbeing scores are higher for Black and Asian colleagues but remain significantly lower for disabled colleagues. Workplace Adjustment diagnostic recommendations are being implemented through a centralised HR Single Point of Contact, supported by improved coding to enable better tracking of spend and reduce local budget barriers. Lower scores at Colindale, Southampton and Tooting remain a focus for management action.

3.3 Mental Health Awareness

Mental health training for managers to support staff has been considered vital to help people in work with their mental health. Delivery of this training has continued; however, uptake of the 400 available licences has remained below expectations, with only 61 used to date. HSW Advisors have contacted managers directly to promote completion of the 90-minute e-learning course, but this has not resulted in a significant increase in participation. The training materials will remain available until May 2026. A review identified several contributory factors to the low uptake, including the training not being mandatory, perceived workload pressures on managers, and the online delivery format. In response, the training offer will be refreshed to provide on-demand, face-to-face sessions delivered by the HSW Department.

The stress reporting trial was completed and implemented in Datix in March, with individuals able to report work-related stress. This means that individuals can be supported earlier before sickness absence. Levels of reported anxiety, stress and psychiatric illness remain low, in February 2026 this represented 1.61%, and of these 112 cases only 25 were reported as work related stress with 497 days lost. It is expected that over the coming year the number of cases of lost time will go up as more are identified correctly but the level of lost time days will come down per case as more support is provided earlier. This will be monitored in the monthly HSW scorecard to Executive team.

3.4 Flu Vaccination Programme

As reported in the Q3 we have exceeded our target of achieving 40% vaccination uptake among frontline staff, reaching 40.8%. Uptake across all staff also increased to 41.7%, compared to 34.4% in the previous campaign, demonstrating clear progress and improved engagement. The expansion of vaccination sessions, alongside targeted webinars to support managers in understanding and promoting vaccination, has contributed positively to this improvement. While uptake has not yet returned to the exceptionally high levels seen during the pandemic, the upward trend is encouraging and provides a strong foundation on which to build. Increasing frontline vaccination rates to 50% will be an ambitious stretch target, more campaigning in London and South-East trying to build more demand in Colindale and Tooting will be done in partnership with Infection, Prevention and Control.

3.5 Occupational Health

The Occupational Health (OH) provider, People Asset Management (PAM), has been acquired by Optima Health. Integration activity has not yet commenced. The OH contract expires in February 2027, with retendering underway to test the market, particularly given previously identified service issues under Optima and missing immunisation records following the earlier transfer.

Overall OH service delivery has improved compared to previous providers, particularly for management referrals. Prior-sight reporting for nurse-led appointments has been implemented, and a full review of patient-facing staff immunity status against Green Book requirements has been completed. Where records are missing, follow-up information or OH appointments are being arranged.

Progress on the immunisation portal has been slower than planned and is now delayed beyond January 2026; this is being actively managed with PAM. Increased costs associated with non-attendance and late cancellations have been identified, with additional appointment reminders introduced to improve attendance.

Missing immunisation records linked to the Optima transfer have been partially reviewed, with procurement seeking funding from Optima to complete a full data review. A review of in-house immunisation provision concluded that NHSBT will continue internal support within Blood Donation and external provision elsewhere, as further internal expansion would not currently deliver sufficient productivity benefit.

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. See Appendix 4.

3.7 Resources

Resources in terms of HSW budget has been good, with an increase in OH costs being added to reflect an increase in psychological support to staff. Vacancies have been filled at HSW advisor level, representing a change from the previous year when this was more difficult.

Datix is reaching its end of contract next year, work is being done to review options. An issue has been raised in that our method of risk assessment may not be supported in new versions of the system. This creates a significant risk of additional work for assessors and needs to be mitigated with a data migration process.

3.8 Training

Mandatory training compliance continues to meet the target of 95% an area of focus is now on manual handling delivery, which is provided by manual handling trainers in the different directorates.

4. Recommendations

The Executive Team agreed the following:

1. Review and approve the Health, Safety and Wellbeing Annual Report for submission to the People Committee and Board
2. To reset the BS harm reduction target to a 5% reduction, supported by a targeted improvement plan
3. Note the areas requiring continued Executive leadership attention, particularly senior leadership visibility on wellbeing and mental health capability building.

The People Committee is asked to review the report and approve it for board.

Appendix 1

The table below shows the health and safety incidents by directorate, as an incidence rate per 1,000 employees:

	Blood Supply	Plasma for Medicines	Clinical Services	OTDT	Group Services	Donor Experience	Grand Total
Apr	52	0	1	3	1	0	57
May	48	1	2	1	0	0	52
Jun	41	2	1	3	2	0	49
Jul	60	2	6	3	1	0	72
Aug	50	1	7	1	1	1	61
Sep	47	1	3	2	1	0	54
Oct	57	0	4	2	3	0	66
Nov	40	1	3	2	2	0	48
Dec	48	0	2	6	1	0	57
Jan	44	0	3	3	1	0	51
Feb	50	0	3	2	1	0	56
Mar	41	0	4	2	1	0	48
2025-26 Incidence Rate	12.8	4.0	2.1	3.3	1.2	0.5	7.3
2025-26 Target	10.1	10.4	3.0	4.8	0.7	0.5	7.1
2024-25 Incidence Rate	13.1	8.2	3.6	4.6	1.2	0.4	8.0

Appendix 2

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Tot
Incident rate 2025/26	12.0	13.6	17.9	26.6	19.3	16.5	21.7	14.1	15.0	17.7	17.3	19.3	17.6
Incident rate 2024/25	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	14.7												

Appendix 3 Causes of Accidents

Harm Top 5	BS	Plasma	CS	OTDT	GS	Total	25/26	
Musculoskeletal	103	4	4	4	0	115	125	8%
Hit by Object	99	0	3	3	0	105	102	3%
Slip, Trip or Fall on a Level	58	1	2	3	3	67	64	5%
Injury from Sharp Object	53	0	5	2	4	64	72	11%
Trapping	56	0	3	0	1	60	62	3%

Appendix 4 GMO minutes

Annual Report on the activities of the NHSBT Genetic Modification Safety Committee (GMSC).

Reporting period 1st April 2025 to 31st March 2026

1. The Committee comprises the following:

Chair (Dr Gary Mallinson)

Biological Safety Officer/BSO (Dr Piers Walser)

Management representative (Dr Nicole Thornton)

BITS/IBGRL Health and Safety (H&S) co-ordinators (Dr Tosti Mankelow and Dr Christopher Parker)

NHSBT H&S and W representatives (Mr Philip Tanner and Mr Graeme Newton)

Risk Lead – Clinical Services (Dr Kirstin Finning)

Project Leads (Dr Allison Blair, Dr Nicola Cogen, Dr Victoria Day, Dr Gurman Kaur, Dr Paul Lloyd-Evans, Dr Mbithe Mutunga, Dr Belinda Singleton, Dr Piers Walser, Dr Rachael Wyre)

Laboratory staff representatives (Ms Laura Barry, Mr Antony Wright)

2. During the period of reporting, the NHSBT GMSC met once, on 31st March 2026 (GMSC46).
3. Annual review of GM risk assessments (GMRA) was undertaken by project leads.
4. At the GMSC meeting 46 (31/03/2026) the following items were discussed:

GM waste management

Discussed the need to document inactivation of GM waste. It was decided that there was currently no requirement for a controlled document as the purpose of it would be to support HSE audits only. BSO will circulate the document CBC use to parties undertaking GM work, and they can use as is or modify if wanted. The completed forms are to be retained. It was discussed that these are to be scanned and the BSO will retain digital copies in central repository in GM database.

GM database updates

Location of GM database – CBC SharePoint

Succession planning for chair of GMSC

Dr Gary Mallinson was thanked for his long-standing contribution to the GMSC, as active member and as chair. Dr Mallinson will retire this April and the succession was discussed. In terms of succession, a member of the GMSC who is familiar with the ongoing GM work but sufficiently distanced to provide impartial judgment and expertise is to be sought. BSO will circulate a letter to the GMSC members seeking volunteers for this role. This may be sought for either a temporary or permanent appointment.

Dr Mallinson further raised the topic of local GMSC as this would give better oversight of any new activities being started across the organisation given the de-centralised nature of the work. Historically and currently, all GM “wet work” is still

restricted to the Filton and Barnsley sites, while the other CMT centres (Southampton, Oxford) merely provide cold chain logistics for GM cell therapies in cryo (receiving from third parties and re-issuing to NHS Trusts). It was decided to keep the *status quo* of a national GMSC given the limited activities on other sites. The BSO will provide assistance for Barnsley as and when required for audit purposes until further decision is made.

BSO to seek succession planning for new BSO

BSO is seeking succession for the role but will continue to provide this role in the interim.

Update on BSO activities outside of NHSBT GMSC

University Hospitals Bristol & Weston (UHBW) NHS Foundation Trust ATMP group: BSO consultancy contract renewed

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST: new consultant BSO role is now active

5. Outside of the GMSC meetings, the BSO continued to circulate information regarding GM work as required to people undertaking this type of activity.
6. This annual report was sent to Phil Tanner, Assistant Director Health and Safety NHSBT.
7. Further meeting of the GMSC is scheduled for September 2026.

Piers Walser (BSO)
10/04/2026