HEALTH AND SAFETY COMMITTEE

Minutes of Meeting held between 14.00 pm and 15.00 pm

on 4th June 2026

Present:

(AR) Alex Rudkin	Quality and Governance, Chair	(HD) Heather Dolling	Clinical Lead, IPU
(JC) Jonathan Cope	Audit support & Mins	(GT) Ginny Toubal	Volunteers
(SM) Sara Mosalam	Infection Control	(KM-A) Kathy Mardle-Aylett	Clinical Director
(PM) Peter Morris	Facilities	(MF) Maura Flint	Practice Education
(JG) John Groom	Dir. Of Operations	(BM) Bernard Marley	Board Trustee

Apologies for Absence:

(RT) Becca Trower	CEO	(GT-R) Dr Gaby Tamura-Rose	Consultant in Palliative Medicine, Medical rep
(PH) Philomena Hutchinson	H&S Link (IPU Nights)	(CW) Caroline Worley	Retail
(KLG) Kerrie Le Gray	H&S Link IPU	(KW) Kerrie Weare	Housekeeping Manager

Venue: St Bede's

1. Apologies & Welcome	Action
Apologies as listed above. Welcome extended to KM-A attending her first H&S meeting.	
2. Minutes of the meeting held on 5th February 2026	**Action**
These were accepted as an accurate record.	
3. Matters Arising	**Action**
Matter arising : a) Retail drivers manual handling training	
AR requested that it there were any staff or volunteers that required the industrial manual handling training owing to manual handling being a major part of their role then their names, roles and email addresses should be sent on to him for links to the on-line training provided via Hettle (Assured Partners) to be sent. AR has received no updates from CW. MF has also received no updates for adding to Bluestream. JG to follow up with CW.	CW JG

Matter arising : b) High Pressure taps on the IPU	
PM informed the meeting that the high pressure taps were serviced by the contractor on 14th and 15th April to ensure that all the taps have equal pressure. There are no issues.	

4. Health & Safety Management Update	**Action**
External Fire RAs will be carried out by Assured Partners(Hettle) in September/October 2026 (dates tba) and refreshed every year internally by PM once he has completed a Fire Risk Assessment course that is scheduled for November 2026. Future undertakings of external Fire RA assessments will be considered on a 4 yearly basis. Fire risk assessment actions hanging over from 2024's round of assessments have been incorporated into a Fire/H&S checklist that PM is undertaking when visiting retail premises and delivering Fire induction to the Shop Managers. PM will work closely with the external provider which will help inform his own practice. PM informed the meeting that he has carried out Fire/H&S checklists in the Cheam and Banstead shops. In Banstead, an issue with a couple of the floor tiles has been identified that will affect the works approach due to asbestos presence. PM is in liaison with Russell Cawberry Ltd for required actions. PM is scheduled to inspect the Stonecot shop next week.	PM PM
The project of fire door replacement has completed its second phase. Twelve doors on the IPU were replaced. There are doors elsewhere on site that can be replaced and will be considered in 2026/27's budget. JG informed the meeting that he will go through the report with PM and that they will ascertain what still needs to be done.	PM/JG
AR had requested that SJH/CW sends on to him the completed actions update following the Internal H&S checklist report from 2025. Nil received to date. JG to follow up with CW. 2026's re-audit should be an undertaking completed before the external audit, so that areas for improvement in the 2026 audit can be highlighted and acted on in time. The Health & Safety Checklist Audit on the main site reassessments have been delayed due to time and staff availability. Regarding the Internal H&S checklist being extended to the main site, AR queried if the checklist audits could be delegated to HODs. PM and AR will discuss the practicalities of devolving the responsibility to HODs. PM advised that about 30 minutes to complete. BM commended the idea of involving the HODs.	JG/CW JG/CW PM/AR
Retail Visits – Facilities continue routine visits to the shops. Facilities set a goal of each shop receiving a visit every two weeks. Mervin is currently giving Joe, our new Facilities Operative, training in how to carry out this service. Using a Facilities' car, Mervin is typically able to carry out three shop visits from 09.00 AM to 12.30 PM on a day..	

5. Fire Update	**Action**
PM updated the meeting regarding Fire Response Team training. PM liaised with HD about a good time for nurses with regards to a dedicated training session. HD told the meeting that nurses can be trained during the 11 AM to 3 PM time slot. HD said she could arrange four such sessions in a week and would like to carry out all the nurse training before 24th June. She advised	PM/HD

that nurse availability was still an issue and that each session had to be between twenty minutes and half an hour. MF asked how the nurse training compares to training for staff that is carried out in reception. PM advised that the nurses still need to be shown the panel.	
PM plans to carry out a fire drill on 24th June for the Hospice. He will liaise with the Wellbeing Team and Compassionate Neighbours regarding a St Bede's fire drill. PM plans to complete fire drills for 759 and St Bede's before the end of August.	PM/HD PM
PM is undertaking the Fire Training ftf refresh in Retail when undertaking the Fire/H&S Checklist for each Shop. Taking opportunity, he will update the Asbestos register marking checks against the asbestos status in 2026..	PM
Fire Alarm call point test records in Retail will be part of shop manager's training. A necessary part of it is evidential test recording, with the inclusion of signature, time and location of device tested. Facilities carry out fire drills when they carry out routine shop visits. Mervin visits the shops every other week to implement this. GT suggested that the call point training be included as part of the induction package. AR highlighted the value of evident local induction that documents content and sign off by staff. JG stated that the entire Hospice induction package needs review. SM suggested including Fit testing as part of induction week for clinical staff. KM-A agreed that it can be included in induction week for IPU and CPCT staff. Induction – prescription of what should be covered at local and corporate will be included as an agenda item for Exec.	CW KM-A/JG

6. Moving & Handling	**Action**
MF advised that the Admission Sore Sheet amendments were complete. Link staff, Carley Lightfoot (IPU HCA) and Helen Agboola (IPU RGN) on the ward are delivering ongoing MH training. There will be an update for clinical staff in July, and there will be training for OTs and physiotherapists later this month. The Bluestream rate of completion is acceptable for the clinical staff. But for face to face training, there has been a drop off in compliance. IPU and CPCT training have similarities, but there is a difference in that IPU training involves the use of hoists and other special equipment. IPU training usually takes place in an unoccupied room on the IPU.	

7. Facilities Update	**Action**
PM advised the meeting that the work on the mortuary is complete. The multifaith room still requires soft furnishings; the lock mechanism on the Clean Supply doors has been replaced and the office moves are complete for the time being. PM added that the light in Clean Supply does not always work and will need attention. The new pathway project is complete and has received positive comments. **New works** : - The Occupational Therapy store cupboard will become a wet room to wash equipment that has been used in the community. - The Hospice also needs its own oxygen supply should the arrangement with Spire St Anthony's cease. Following analysis of billed usage, future supply via 12 oxygen cylinders has been assessed as the way forward should the piped supply cease but it was unclear on timeline.	PM PM PM JG

Asbestos checks are ongoing. There have been two instances where asbestos has been removed from buildings. Asbestos checks must be undertaken annually as a minimum and record made on the asbestos register to evidence the requirement for annual checking. PM reported that there is work required regarding asbestos at the Banstead shop. PM has contacted Russell Cawberry and awaits feedback.	PM PM

8. Water Safety	Action
PM informed the meeting that there was an incident of low legionella readings in the Galley Kitchen and IPU kitchen in April 2026. All required actions were taken. A chemical foot valve has been installed since then, which should facilitate the water flow. The chemical used will be changed from Ultralox to silver peroxide.	
The next external Water Risk Assessment will be scheduled in 2027 and these take place on a five yearly basis. Facilities have been undertaking extra flushing in the galley kitchen and housekeeping flush the cold taps regularly. The taps were changed on one sink which was losing its chrome plating. Two calorifiers will be descaled next week. There have been no new legionella reports since April.	PM/AR
Chlorine dioxide levels remain regularly tested.	

9. Infection Control	Action
SM informed the meeting that she and KM-A met with the OT team to review the OT cleaning audit to provide assurance and monitoring of cleaning equipment. C. difficile guidelines are in development and will be published shortly. .	SM

10. Risk Assessments/ Risk Register	Action
The Hospice's H&S Risk Assessment Register which logs the risk assessments in place across all departments is available for all to view at S:\Hospice Hub\Health & Safety\Risk Assessments\Risk Assessment Register.	
RAs are a responsibility of departmental heads to maintain and update as significant change occurs / an incident dictates or if they are no longer valid. Whilst there is no fixed statutory interval for reviewing workplace risk assessments, workplace RAs should show evidence of review every year in accordance with the Hospice's policy. Any and all updates to risk assessments should be saved within the respective folder structure at S:\Hospice Hub\Health & Safety\Risk Assessments\Risk Assessment Register and email notification sent to AR in order that the register provides an up to date picture.	All HoDs
General RAs facilitate the recording of hazards and control measures in place across a number of set criteria then can be added to if required or complemented by bespoke RAs that are task related. General risk assessments cover standard hazard types but should still be tailored to control the hazards relevant to individual departments. General RA criteria include:- Fire (sign-posting to the RA) Employer's Liability display	

Information security Accidents/Incidents Slips/Trips/Falls Manual Handling Electrical Equipment DSE Emergencies/ Loss of electricity / heating Theft/robbery/burglary Violence and Threatening Behaviour Exposure to hazardous substance Inadequate instruction / information on safe working practices Working at height Persons at additional risk Worker well being Lone working Hot weather Receipt and sorting of goods All departments are advised that their General Risk Assessment should show evidence of review within the previous 1 year period. AR informed the meeting that Fire RAs training will take place on 17th June. Expected attendance is 19. AR will follow up with the trainer to ensure proceeding as planned and will circulate reminders to delegates.	All HoDs AR

12. Health & Safety Policy	Action
H&S Policy Update February - April 2026 **OP16 Health & Safety Policy** OP16 Health & Safety Policy.pdf v3.0 issued 16/02/2026 **(links and staff references updated)** **CLIN08 Infection Control Policy** CLIN08 Infection Control Policy.pdf v6.4 issued 06/02/2026 **(4.5 Membership change with removal of Consultant Microbiologist, Clinical Director to be Chair & Head of Quality & Governance as deputy; removal of Consultant Microbiologist role and responsibilities and incorporation into responsibilities of IPC Lead and Clinical Director;4.14 Facilities Manager to liaise with the Water Treatment Company for interpretation of irregular positive water testing results and required actions; 9.1, 9.2 & 9.3 expanded re Hand Hygiene ;9.9 inserted; 9.12-9.14 re Skin Care inserted; ; links updated)**	

13. Accidents/ Incidents	Action
Jan-April 2026 : The figures are very much in line with last years recorded numbers both on the main site and in retail.	

RISK MANAGEMENT

NON-CLINICAL RISK MANAGEMENT DATA

Distribution of Accidents (Injurious) and Incidents (Non-injurious)

2026 Month	Staff		Visitor/ Customer		Volunteer		Contractor		Not App		2026 Total	2025 Total	2024 Total	2023 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc				
Jan	2(1)			2(2)		(1)				2(2)	7(6)	1	15(10)	3(2)
Feb				1		(1)					2(1)	4(2)	9(8)	7(4)
Mar				2(2)						1	3(2)	2(1)	2(1)	8(6)
Apr		(1)		7(4)						1	9(5)	9(8)	7(5)	7(4)
May												8(5)	1(1)	11(9)
Jun												2(2)	4(2)	7(3)
Jul												6(6)	5(4)	8(5)
Aug												4(3)	1(1)	5(4)
Sep												10(7)	3(2)	13(9)
Oct												5(3)	5(4)	5(1)
Nov												5(3)	1	6(3)
Dec												4(2)	4(3)	1(1)
2026	2(1)	(1)		12(8)		2(2)				4(2)	21(14)			
2025	4(3)	13(7)	2	14(11)	2(1)	7(6)	0	0	0	18(14)		60(42)		
2024	4(3)	15(9)	0	16(15)	7(5)	5(4)	0	0	0	11(5)			57(41)	
2023	4(2)	11(5)	1(1)	27(24)	3(2)	9(9)	0	0	0	26(8)				81(51)

Notes : In 2026, there have been no non-clinical incident/ accidents that have required RIDDOR report. All incidents classified as either Minor/No Harm/Low Harm.

Breakdown of Accidents (injurious) & Incident (non-injurious)

Accidents	Staff	Visitor	Vol	Contractor	Not App	2026	2025	2024	2023
Manual Handling								0	0
Impact/Bump							4(4)	0	0
Burn/Scald								1	0
Allergic Reaction								0	0
Other								0	0
Cut							2	5(5)	5(4)
Slip/Trip/Fall	2(1)					2(1)	2	5(3)	2(1)
2026 Total	2(1)					2(1)			
2025 Total	4(3)	2	2(1)				8(4)		
2024 Total	4(3)	0	7(5)	0	0			11(8)	
2023 Total	4(2)	1(1)	2(2)	0	0				7(5)

[Figures in brackets show the Fundraising/Retail reported incidents]

Incidents (non-injurious)	**Staff**	**Visitors / Customers**	**Vols**	**Contractor**	**N/A**	**2026**	2025	2024	2023
Lost Property	**(1)**					**(1)**	0	0	0
Legionella / Bacteria Reading					**1**	**1**	0	2	2
Driving / Car Park			**(1)**			**(1)**	2(2)	1	5(4)
Environment Issue / Damage		**(1)**				**(1)**	9(9)	3(3)	5(4)
Equipment							1(1)	1(1)	2(1)
Fire Alarm					**1**	**1**	1(1)	4(2)	3(2)
Fire							1		
Health Problem							3	2	4(3)
Lone Worker Device False Alarm							0	0	1
Information Incident		**(1)**				**(1)**	3(2)	0	5(1)
Major Incident – Suspicious Package							1		
Retail Customer Service Incident							2(2)	0	0
Other		**(1)**				**(1)**	5(3)	2(1)	0
Power Cut							1	2(1)	9
Security / Theft / Fraud / Burglary		**6(3)**			**(1)**	**7(4)**	11(10)	15(13)	19(14)
Slip/Trip/Fall/Faint			**(1)**			**(1)**	3	4(2)	3(3)
Slip/Trip/Fall/Faint Nr Miss							1		
Impact/Bump							0	2(2)	1
Policy non-compliance							0	1(1)	0
Unplanned Shop Closure							2(2)	1(1)	0
Verbal/ Physical Violence / Behaviour		**4(3)**				**4(3)**	6(6)	6(6)	15(14)
2026 Total	**(1)**	**13(9)**	**(2)**		**3(1)**	**19(13)**			
2025 Total	13(7)	14(11)	8(7)		17(14))		52(38)		
2024 Total	11(6)	16(14)	5(5)	0	14(8)			46(33)	
2023 Total	12(5)	27(24)	10(10)	0	25(7)				74(46)

[Figures in brackets show the Fundraising/Retail reported incidents]

2026 Breakdown of Incidents by month

Type	**Lost Property**	**Legionella / Bacteria**	**Power cut**	**Slip/TripFall/Faint**	**Slip/TripFall/Faint : Man Hand**	**Health problem**	**Verbal/ Physical Violence / Behaviour**	**Enviro Issue / Damage**	**Impact Bump**	**Lone Worker Device False Alarm**	**Info Inc**	**Major Incident – Unplanned Shop Shut**	**Policy non-compliance**	**Retail Customer Service**	**Fire**	**Fire Alarm**	**Security / Theft / Fraud / Burglary**	**Driving / Car Park**	**Other**	**Equipment**	**2026**	2025	2024	2023
Jan				(1)				(1)									3 (3)				**5(5)**	0	12(7)	3(2)
Feb																	1	(1)			**2(1)**	4(2)	5(4)	7(4)
Ma											(1)				1		(1)				**3(2)**	2(1)	1(1)	8(5)
Apr	(1	1					4(3)										2		(1)		**9(5)**	7(6)	6(5)	6(3)
Ma																						7(5)	1(1)	11(9)
Jun																						2(2)	2(1)	7(3)
Jul																						6(6)	5(4)	7(4)
Au																						2(1)	1(1)	4(3)
Sep																						10(7	3(2)	11(8)
Oct																						4(3)	5(4)	4(1)
No																						4(3)	1	5(3)
De																						4(2)	4(3)	1(1)
202	(1	1		(1)			4(3)	(1)			(1)				1		7(4)	(1)	(1)		**19(1**			
202			1	3	1	3	(6)	(9)			3(2)	1	(2)		(2)	1	(1)	11(10)	(2)	5(3)	(1)		52(38)		
2024		2	2(1)	4(2)		2	6(6)	3(3)	2(2)				1(1)	1(1			4(2)	15(13)	1	2(1)	1(1)			46(33)	
2023		2	9	3(3)		4(3)	15(14	5(5)	1	1	5(1)						3(2)	20(14)	4(3)		2(1)				74(46)

[Figures in brackets show the Fundraising/Retail reported incidents]

Non-clinical accident & incident update for H&S Minutes

NON-CLINICAL INCIDENTS	2026 Jan	2026 Feb	2026 Mar	2026 Apr	2026 May	2026 Jun	2026 Jul	2026 Aug	2026 Sep	2026 Oct	2026 Nov	2026 Dec	2026 Totals		2025 Totals		2024 Totals			
													0	**0**						
SLIP/TRIP/FALL	**3**												3	**3**	5	**5**	0	0	9	**9**
SLIP/TRIP/FALL NR MISS													0	**0**	1	**1**				
IMPACT/BUMP/CUT													0	**0**	5	**5**	0	0	7	**7**
BURN/SCALD													0	**0**	0	**0**	0	0	1	**1**
SHARPS													0	**0**	1	**1**	0	0	0	**0**
MAJOR INCIDENT - SUSPICIOUS PACKAGE													0	**0**	1	**1**				
ENVIRONMENT DAMAGE or ISSUE	**1**												1	**1**	9	**9**	0	0	3	**3**
INFORMATION INCIDENT			**1**										1	**1**	3	**3**	0	0	0	**0**
LONE WORKER DEVICE ISSUE													0	**0**	0	**0**	0	0	0	**0**
MOBILE PHONE / PROPERTY LOST				**1**									1	**1**	0	**0**	0	0	0	**0**
MANUAL HANDLING													0	**0**	0	**0**	0	0	0	**0**
DRIVING INCIDENT/CAR PARK		**1**											1	**1**	2	**2**	0	0	1	**1**
ADVERSE REACTION													0	**0**	0	**0**	0	0	0	**0**
UNEXPECTEDLY TAKEN ILL													0	**0**	3	**3**	0	0	2	**2**
POWER CUT / LOSS OF SUPPLY													0	**0**	1	**1**	0	0	2	**2**
VERBAL OR PHYSICAL VIOLENCE / UNUSUAL BEHAVIOUR				**4**									4	**4**	6	**6**	0	0	6	**6**
EQUIPMENT													0	**0**	0	**0**	0	0	1	**1**
FIRE ALARM TRIGGERED			**1**										1	**1**	2	**2**	0	0	4	**4**
WATER / LEGIONELLA / INFECTION CONTROL				**1**									1	**1**	0	**0**	0	0	2	**2**
RETAIL CUSTOMER SERVICE / BEHAVIOUR													0	**0**	1	**1**	0	0	0	**0**
POLICY COMPLIANCE													0	**0**	0	**0**	0	0	1	**1**
UNPLANNED SHOP CLOSURE													0	**0**	1	**1**	0	0	1	**1**
OTHER				**1**									1	**1**	7	**7**	0	0	2	**2**
SECURITY / THEFT / FRAUD	**3**	**1**	**1**	**2**									7	**7**	12	**12**	0	0	15	**15**
RETAIL/FUNDRAISING/CAPITOL HOUSE INCIDENTS	**6**	**1**	**2**	**5**									14	**14**	44	**44**			41	**41**
TOTAL NON-CLINICAL INCIDENTS	**7**	**2**	**3**	**9**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	21	**21**	60	**60**			57	**57**

Jan - Apr 2026: Accidents/Incidents are low or no harm. No incidents have required RIDDOR report.

Summary of non-clinical incidents and accidents between Jan - Apr 2026

There were 19 incidents and 2 accidents reported between January and April 2026; 13 of the incidents were reported by Retail and 6 by the main site. Both accidents resulted in low harm due to a staff member tripping in a patient's home and staff member misplacing her feet whilst using an elephant stool at the Sutton Clearance store. Incidents of abuse or threatening behaviour (n=4) do have impact upon staff and volunteers that often require additional support delivered by the management team. Security and theft incidents (n=7) prevailed as the dominant type in this period.

Outcomes from incidents in this period include:-

1. Reviews of risk assessment.
2. Attention to required policy for communicating incidents in Retail.
3. Handled in accordance with policy when encountering verbal abuse.
4. Sign in sheet developed in Retail for handling Rag cash.
5. Poster developed for treating staff with respect on display to customers
6. Reminder for wearing lone worker device in Retail
7. Increased flushing regime for Main Hospice taps and temperature check records created.
8. Heightened care and attention when reversing
9. Increased awareness of bogus callers re card payment machine
10. Reaffirmed signage about awareness of pick pockets in Retail

14. CAS Alerts
Nothing new to report.

15. Safety Representatives/ Managers/ Any Other Business	Action
Nothing new to report	

16. AOB	
GT informed the meeting that there is periodically a health and safety risk in the volunteer cloakroom because of donations. Sue Grey comes and monitors the cloakroom for fragile and heavy items. The reception trolley is in there now and GT has asked Chris and David if they are available for an hour to help clear the cloakroom. If the problem is not suitably controlled GT is advised to escalate to the Director of Operations. BM informed the meeting that the Fire Safety inductions should include the location of the emergency door and that Bluestream should include key items, such as PPE equipment rules. MF agreed that individualising Bluestream to the hospice requirements is a matter for further consideration.	MF

17. Date of Next Meeting	
TBC	ALL