HEALTH AND SAFETY COMMITTEE

Minutes of Meeting held between 14.00 pm and 15.00 pm

on 5th February 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 Lead	(SJH) Sara Jane Harris	Commercial Director
(PM) Peter Morris	Facilities	(MF) Maura Flint	Practice Education
(CW) Caroline Worley	Retail		

Apologies for Absence:

(RT) Becca Trower	CEO and Clinical Director Psycho-social, Wellbeing Rep	(GT-R) Dr Gaby Tamura-Rose	Consultant in Palliative Medicine, Medical rep
(PH) Philomena Hutchinson	H&S Link (IPU Nights)	(JG) John Groom	IT & Estates
(KLG) Kerrie Le Gray	H&S Link IPU	(BM) Bernard Marley	Board Trustee
(KW) Kerrie Weare	Housekeeping Manager		

Venue: St Bede's

1. Apologies & Welcome	Action
Apologies as listed above. Welcome extended to HD attending her first H&S meeting.	
2. Minutes of the meeting held on 18th June 2025	**Action**
GT pointed out a typo on page two. 'FW' should read 'FQ.' Otherwise, these were accepted as an accurate record.	JC
3. Matters Arising	**Action**
Matter arising : a) Retail drivers manual handling training	
SJH informed the meeting that the manual handling training for the retail drivers is up to date. 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. If any staff or volunteers had difficulties in accessing the sent links then GT suggested liaising with herself to organise a volunteer to support the individuals to complete the training.	SJH/CW

Matter arising : b) High Pressure taps on the IPU	
PM informed the meeting that the high pressure taps do require adjusting by the contractor. The contractor will be coming in March or April to ensure that all the taps have equal pressure.	PM

4. Health & Safety Management Update	**Action**
External Fire RAs will be carried out by an external in 2026 and refreshed every two years internally by PM once he has completed a Fire Risk Assessment course. Future undertakings of external Fire RA assessments will be considered on a 4 yearly basis. Fire risk assessment actions hanging over form 2024's round of assessments have been incorporated in to a Fire/H&S checklist that PM is undertaking when visiting retail premises and delivering Fire induction to the Shop Managers.	PM PM
The project of fire door replacement has completed its second phase. Twelve doors on the IPU have been replaced. There are doors elsewhere on site that can be replaced and will be considered in 2026/27's budget.	PM
The Internal H&S checklist annual report on 2025 data has been circulated. AR requested that SJH/CW sends on to him the completed actions update. 2026's re-audit should be an undertaking completed before the end of June 2026. The Shop managers carry out their assessments with SJH and Caroline Worley supporting. The Health & Safety Checklist Audit on the main site reassessments have been delayed due to time and staff availability but are expected to be progressed and completed before the end of June 2026.	SJH/CW SJH/CW PM
Retail Visits – Facilities continue routine visits to the shops. AR commended the efforts of facilities. These visits are highly beneficial. 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 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 will liaise with HD about a good time for nurses with regards to a dedicated training session. PM also plans to carry out a night time fire drill. PM suggested the drills can be carried out in April. He had intended to conduct one before Christmas, but that turned out not to be workable. 45 staff members took part in the training and he has sent the attendance list to MF and KC for the education files. HODs can instruct staff on what to do as part of the induction process.	PM PM
PM is liaising with HD re fire drills on the IPU that will pick up both the day and night shifts. PM will schedule fire drills for St Bede's and for 759. The St Bede's fire drill will be scheduled before the Wellbeing users arrive.	PM/HD PM
PM will organise and deliver the Fire Training ftf refresh in Retail. PM will check on the training requirements for the personnel of each shop and undertake the annual check on the asbestos status in each shop as well.	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	SJH/CW

when they carry out routine shop visits. Mervin visits the shops every other week to implement this.	

6. Moving & Handling	Action
MF has advised that there are no new points to note. As link staff, Carley Lightfoot (IPU HCA) and Helen Agboola on the ward are delivering ongoing training.	
MF informed the meeting that there is a need to augment the admissions score sheet to make note of any special manual handling needs. Recently a bilateral amputee was admitted, and an alert was added to the EMIS scoresheet. There is a need to include special manual handling needs as a consideration for all admissions so that equipment can be ordered in advance. The best place for that record is via the Admissions score sheet.	MF

7. Facilities Update	Action
The works relating to putting white rock on the walls of the rooms, installing IPU air conditioning, replacing the lock mechanism on the Clean Supply doors, the Female Changing Room IPU refurbishment and 759 air conditioning are complete. Pathway work will continue. Office moves will continue over the next eighteen months. The Mortuary outside work is complete. Refurbishment of the old mortuary space and its transition into a muti-faith space is underway. Asbestos checks are ongoing. There have been two instances where asbestos has been removed from buildings. The aim is to carry out asbestos checks on the main site. There has been an ongoing issue with the old works MS Access db management system that has led to it not being used. Plans are in place to consider a Facilities suite of modules from the Vantage system that include a Facilities help desk, Asset management, Contractor management amongst other things. Demo sessions for the use of Vantage will be arranged. Should plans proceed with Vantage then it will be used for Accident and Incident reporting and replace the existing DATIX system. Vantage is already used in 119 other hospices nationally. GT and SJH praised the efforts of Facilities.	AR/JG

8. Water Safety	Action
PM informed the meeting that the water storage tank had been descaled and disinfected the previous Saturday. It was necessary to switch the water off in a number of areas in the hospice and it was necessary for staff to use hand gel instead while that was taking place. No new incidents of legionella have been reported. There is a flushing program in place and frequency has been reduced proportional to need. HSL do monthly checks. PM reported that there was an issue with the dosage pumps not working properly – a ball valve will be installed in the next two weeks to facilitate dosing.	PM
Chlorine dioxide levels remain regularly tested.	

9. Infection Control	Action
SM informed the meeting that she and HD will include Fit testing in staff induction week and will remind other staff do complete their Fit testing in March. Arranging time for staff Fit testing can be challenging. SM informed the meeting that a question has arisen as to whether staff should wash their hands with hand gel or with soap and water in certain scenarios. SM has added hand hygiene instructions to the communications board for staff to see and has also invited staff to contact both her and HD when in doubt. Compliance has lately been reduced regarding staff following expected hand hygiene when going to visit patients. HD informed the meeting that it does say on Bluestream that staff can use hand gel unless hands are visibly dirty. AR informed the meeting that Dr Jim Stevenson is retiring and this month he will attend the Infection Control meeting for the last time. AR commended SM for her industry and endeavour.	

10. Risk Assessments/ Risk Register	Action
The Hospice's H&S Risk Assessment Register is available for all to view.	
RAs are a responsibility of departmental heads to maintain and update as change or incident dictates. As a minimum, work place RAs should show evidence of review every two years. 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 RA criteria include:- COVID 19 Fire Employer's Liability 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 2 year period. Risk Assessment training is planned for 18 February through Pearson Webb H&S Risk Management Consultancy in 2026. AR has sent out an email regarding risk assessment and requested interest in receiving RA training. He will pick up the RA topic with specific departments with out of date RAs.	All HoDs

12. Health & Safety Policy	Action
H&S Policy Update October 2025 – January 2026 **OP21 No Smoking, Alcohol and Substance Abuse in the Workplace Policy** OP21 No Smoking, Alcohol and Substance Abuse in the Workplace Policy.pdf **v3.2 issued 17-09-2025 (date change only)** **OP37 Falls Policy** **OP37 Falls Policy.pdf v3.0 issued 15/09/2025 (sections 1 , 2 and 3 edited; section 5 re bed rails re-written; links updated)** **OP38 Violence at Work Policy** **OP38 Violence at Work Policy.pdf v3.0 issued 12/11/2025 (updated throughout)** **OP07 Contractors Policy** OP07 Contractors Policy.pdf **v3.0 issued 12/11/2025 (links and section 17 re vehicles updated) ; v4.0 issued 15/0/2026 (links, Managers' responsibilities updated)** **OP08 Dangerous Substances Policy** OP08 Dangerous Substances Policy.pdf **v2.0 issued 20/01/2026 (updated links)** **OP15 Fire Policy** OP15 Fire Policy.pdf **v3.9 issued 29/01/2026 (removal of reference to the Hospice Main Induction, links updated)** **OP15a Appendices to OP15 Fire Policy** OP15a Appendices to OP15 Fire Policy.pdf **v4.1 issued 29/01/2026 (amendments to ACC contact numbers once a fire has been confirmed on pg 3; update to First Responder duties in provision of HiVis jacket, Radio and Fire Marshal Instruction Card and HiVis jacket and Radio to the Meeting Point Controller on pg 7, contact numbers updated on pg 8 and inclusion of Facilities Manager mobile; Evac chair location updated as opposite rooms 4 and 15 on pg 14; note included that horizontal evac of patient beds will only fit out of the Reception doors and Ward Fire Exit, near room 15) on pg 14; Appendix C re Wellbeing, 2.4 updated pg 16; minor amends at Appendix D pg 17; Appendix E Facilities working hours updated to 07.30-17.00 on pg 19; RACI table at Appendix H updated)** **OP40 Waste Management Policy** OP40 Waste Management Policy.pdf **v4.0 issued 29/01/2026 (Amendments at 2.7 -2.10 & Appendix A noting cart colour changes and eligible items in category)** **OP45 Water Management Policy** OP45 Water Management Policy.pdf **v3.0 issued 29/01/2026 (minor amendments only)**	

13. Accidents/ Incidents	Action
Jan-December 2025 : 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)

2025 Month	Staff		Visitor/ Customer		Volunteer		Contractor		Not App		2025 Total	2024 Total	2023 Total	2022 Total
	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc	Acc	Inc				
Jan			1								1	15(10)	3(2)	6(4)
Feb				3(2)						1	4(2)	9(8)	7(4)	8(6)
Mar				1		1(1)					2(1)	2(1)	8(6)	12(10)
Apr	1(1)			3(3)	1(1)					4(3)	9(8)	7(5)	7(4)	2(2)
May	1	2(1)		1(1)		1				3(3)	8(5)	1(1)	11(9)	7(6)
Jun						1(1)				1(1)	2(2)	4(2)	7(3)	8(5)
Jul		3(3)				2(2)				1(1)	6(6)	5(4)	8(5)	5(4)
Aug	2(2)	1								1(1)	4(3)	1(1)	5(4)	7(5)
Sep		5(3)		1(1)		1(1)				3(2)	10(7)	3(2)	13(9)	8(7)
Oct		1	1	2(2)						1(1)	5(3)	5(4)	5(1)	3(2)
Nov				2(1)	1					2(2)	5(3)	1	6(3)	5(3)
Dec		1		1(1)		1(1)				1	4(2)	4(3)	1(1)	8(4)
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)	
2022	10(6)	19(10)	1(1)	24(23)	3(3)	3(3)	0	0	0	19(12)				79(58)
2021	11	9(2)	(1)	0	2(1)	2(1)	0	(1)	0	8(6)				

Notes : In 2025, there have been no non-clinical incident/ accidents that have required RIDDOR report. All incidents classified as either Minor/No Harm/Low Harm. One volunteer accident has had notification sent to our insurers for their information.

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

Accidents	Staff	Visitor	Vol	Contractor	Not App	2025	2024	2023	2022
Manual Handling							0	0	0
Impact/Bump	3(3)		1(1)			4(4)	0	0	3
Burn/Scald							1	0	1(1)
Allergic Reaction							0	0	0
Other							0	0	0
Cut	1					2	5(5)	5(4)	3(3)
Slip/Trip/Fall		2				2	5(3)	2(1)	7(6)
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)	
2022 Total	10(6)	1(1)	3(3)	0	0				14(10)
2021 Total	11	0	3(2)	0	0				

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

Incidents (non-injurious)	**Staff**	**Visitors / Customers**	**Vols**	**Contractor**	**N/A**	**2025**	2024	2023	2022
Lost Property							0	0	6(6)
Legionella / Bacteria Reading							2	2	2
Driving / Car Park			**(2)**			**2(2)**	1	5(4)	1
Environment Issue / Damage					**9(9)**	**9(9)**	3(3)	5(4)	3(3)
Equipment					**(1)**	**1(1)**	1(1)	2(1)	1(1)
Fire Alarm					**(1)**	**1(1)**	4(2)	3(2)	1
Fire	**1**					**1**	0	0	0
Health Problem	**2**		**1**			**3**	2	4(3)	2(2)
Lone Worker Device False Alarm							0	1	3(2)
Information Incident	**(1)**				**2(1)**	**3(2)**	0	5(1)	8(2)
Major Incident – Suspicious Package					**1**	**1**			
Retail Customer Service Incident		**(1)**	**(1)**			**2(2)**	0	0	2(2)
Other	**2(1)**	**1**	**(2)**			**5(3)**	2(1)	0	7(4)
Power Cut					**1**	**1**	2(1)	9	3(2)
Security / Theft / Burglary Incident	**(1)**	**6(6)**	**(1)**		**3(2)**	**11(10)**	15(13)	19(14)	17(17)
Slip/Trip/Fall/Faint	**2**	**1**				**3**	4(2)	3(3)	4(2)
Slip/Trip/Fall/Faint	**1**					**1**			
Impact/Bump							2(2)	1	1(1)
Policy non-compliance							1(1)	0	0
Unplanned Shop Closure	**1(1)**				**(1)**	**2(2)**	1(1)	0	0
Verbal/ Physical Violence / Behaviour	**2(2)**	**4(4)**				**6(6)**	6(6)	15(14)	4(4)
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)	
2022 Total	19(1	26(25)	2(2)	0	18(11)				65(48)
2021 Total	9(2)	0	2(1)	(1)	8(6)				

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

2025 Breakdown of Incidents by month

Type	**Lost Property**	**Legionella / Bacteria**	**Power cut**	**Slip/TripFall/Faint**	**Slip/TripFall/Faint : Health problem**	**Verbal/ Physical Violence / Behaviour**	**Man Hand**	**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 / Burglary**	**Driving / Car Park**	**Other**	**Equipment**	**2025**	2024	2023	2022
Jan																						12(7)	3(2)	5(3)
Feb															1		3(2)				**4(2)**	5(4)	7(4)	5(4)
Ma				1															(1)		**2(1)**	1(1)	8(5)	9(8)
Apr								(2)				1				(1)	(3)				**7(6)**	6(5)	6(3)	1(1)
Ma						1	(1)	(3)									1(1)		1		**7(5)**	1(1)	11(9)	6(6)
Jun								(1)											(1)		**2(2)**	2(1)	7(3)	6(3)
July								(1)			(1)		(1)	(1)				(1)	(1)		**6(6)**	5(4)	7(4)	3(2)
Aug					1												(1)				**2(1)**	1(1)	4(3)	6(5)
Sep				1		1	(2)	(1)			2(1)						(1)	(1)		(1)	**10(7)**	3(2)	11(8)	8(7)
Oct						1	(2)					(1)									**4(3)**	5(4)	4(1)	3(2)
Nov							(1)	(1)									(1)		1		**4(3)**	1	5(3)	5(3)
Dec			1	1										(1)			(1)				**4(2)**	4(3)	1(1)	8(4)
202			1	3	1	3	(6)	(9)			3(2)	1	(2)		(2)	1	(1)	11(10)	(2)	5(3)	(1)	**52(38)**			
202		2	2(1)	4(2)		2	6(6)	3(3	2(2)				1(1)	1(			4(2)	15(13)	1	2(1)	1(1)		46(33)		
202		2	9	3(3)		4(	15(	5(	1	1	5(1						3(2)	20(14	4(		2(1)			74(46)	
2022	(6)	1	3(2)	4(2)		(2)	(4)	(3)	(1)	(3)	8(2)				(2)		1	(17)	1	7(4)	(1)				65(48)
2021			(2)	1		(1)	(2)	(1)	2		3(1)							3(1)	2	3(2)					

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

Non-clinical accident & incident summary

NON-CLINICAL INCIDENTS	2025 Jan	2025 Feb	2025 Mar	2025 Apr	2025 May	2025 Jun	2025 Jul	2025 Aug	2025 Sep	2025 Oct	2025 Nov	2025 Dec	2025 Totals		2024 Totals				2023 Totals			
SLIP/TRIP/FALL	1		1						1	1		1	5	5	0	0	9	9	0	0	6	6
SLIP/TRIP/FALL NR MISS								1					1	1								
IMPACT/BUMP/CUT				2				2			1		5	5	0	0	7	7	0	0	4	4
BURN/SCALD													0	0	0	0	1	1	0	0	0	0
SHARPS					1								1	1	0	0	0	0	0	0	3	3
MAJOR INCIDENT - SUSPICIOUS PACKAGE				1									1	1								
ENVIRONMENT DAMAGE or ISSUE				2	3	1	2		1				9	9	0	0	3	3	0	0	6	6
INFORMATION INCIDENT							1		2				3	3	0	0	0	0	0	0	4	4
LONE WORKER DEVICE ISSUE													0	0	0	0	0	0	0	0	1	1
MOBILE PHONE / PROPERTY LOST													0	0	0	0	0	0	0	0	0	0
MANUAL HANDLING													0	0	0	0	0	0	0	0	0	0
DRIVING INCIDENT/CAR PARK							1		1				2	2	0	0	1	1	0	0	4	4
ADVERSE REACTION													0	0	0	0	0	0	0	0	0	0
UNEXPECTEDLY TAKEN ILL					1				1	1			3	3	0	0	2	2	0	0	3	3
POWER CUT / LOSS OF SUPPLY												1	1	1	0	0	2	2	0	0	11	11
VERBAL OR PHYSICAL VIOLENCE / UNUSUAL BEHAVIOUR					1				2	2	1		6	6	0	0	6	6	0	0	9	9
EQUIPMENT													0	0	0	0	1	1	0	0	1	1
FIRE ALARM TRIGGERED		1		1									2	2	0	0	4	4	0	0	3	3
WATER / LEGIONELLA / INFECTION CONTROL													0	0	0	0	2	2	0	0	2	2
RETAIL CUSTOMER SERVICE / BEHAVIOUR							1						1	1	0	0	0	0	0	0	4	4
POLICY COMPLIANCE													0	0	0	0	1	1				
UNPLANNED SHOP CLOSURE										1			1	1	0	0	1	1				
OTHER			1		1		1		1		2	1	7	7	0	0	2	2	0	0	3	3
SECURITY / THEFT		3		3	1	1		1	1		1	1	12	12	0	0	15	15	0	0	19	19
RETAIL/FUNDRAISING/CAPITOL HOUSE INCIDENTS	0	2	1	8	5	2	6	3	7	4	4	2	44	44			41	41			48	48
TOTAL NON-CLINICAL INCIDENTS	1	4	2	9	8	2	6	4	10	5	5	4	60	60			57	57			83	83

October - December 2025 : Accidents/Incidents are low or no harm.

Summary of non-clinical incidents and accidents between October and December 2025

There were 13 incidents and 1 accident reported between October and December 2025; 10 of the incidents were reported by Retail and 4 by the main site. One accident resulted in low harm due to a cut sustained by a volunteer on an index finger whilst chopping vegetables. Incidents of abuse or threatening behaviour (n=3) do have impact upon staff and volunteers that often require additional support delivered by the retail management team.

Outcomes from incidents in this period include:-

1. Enhanced vigilance of visitor to the IPU welfare.
2. Signage positioning when mopping floor on the IPU.
3. Affirmation of correct customer service.
4. Reminder regarding wearing of lone worker device.
5. Affirmation of correct first aid response and delivery.
6. Enforced insistent messaging to LAS should member of public present to the Hospice for response.
7. Affirmation of reporting and handling of volunteer theft incident.
8. Review of CCTV positioning to cover till and screen whilst avoiding the card reader.
9. Reminder that Facilities must be called following interruption to power on main site owing to a number of reset tasks required including the boilers.

2025 Overview

Reported incidents and accidents at 60 (44 in retail) is fractionally higher than in 2024 but similarly fewer than reported in 2023– 57 (41) in 2024; 83(48) in 2023: this is largely due to a maintained reduction in non-clinical incidents. Whilst this is encouraging, attention to policy and safe practice remains critical and is a consistent point of reminder for the teams.

The number of accidents that resulted in injury (in all cases these were low harm injuries) stands at 8 (in retail) which is lower than 2024's 11 (8) and similar to 2023's 7(5). Impact/bump was the highest category at 4, all in retail marking a variance to the falls and cuts that dominated accidents in 2024. All said, accident numbers are pleasingly low in number.

There have been no required reports to RIDDOR up in 2025.

The value of reporting accidents and incidents throughout the Hospice and its Shops and other premises remains well understood.

14. CAS Alerts
Nothing new to report.

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

16. AOB	
SJH advised that the paid and volunteer drivers complete a Driving Safety Awareness e-learning module. MF requested details of the training provider, associated costs and a list of those staff or volunteers with dates for those who have completed it. She can then add that information into the Bluestream accounts that supports the education profile for the Hospice.	SJH/CW

16. Date of Next Meeting	
TBC	ALL