

HEALTH AND SAFETY COMMITTEE

Minutes of Meeting held between 1.30 pm and 15.00 pm

on 8th October 2025

Present:

(AR) Alex Rudkin	Quality and Governance, Chair	(BM) Bernard Marley	Board Trustee
(JC) Jonathan Cope	Audit support & Mins	(JG) John Groom	IT & Estates
(SM) Sara Mosalam	Infection Control Lead	(FQ) Francis Quinon	Clinical Lead, IPU
(PM) Peter Morris	Facilities	(GT) Ginny Toubal	Volunteers

Apologies for Absence:

(RT) Becca Trower	Joint CEO and Clinical Director, Psycho-social, Wellbeing, Medical Rep	(GT-R) Dr Gaby Tamura-Rose	Consultant in Palliative Medicine
(PH) Philomena Hutchinson	H&S Link (IPU Nights)	(NS) Nick Stevens	Joint CEO and Finance Director
(KLG) Kerrie Le Gray	H&S Link IPU	(MF) Maura Flint	Practice Education
(SJH) Sara Jane Harris	Commercial Director		

Venue: St Bede's

1. Apologies & Welcome	Action
Apologies as listed above.	
2. Minutes of the meeting held on 18th June 2025	Action
GT pointed out a typo on page nine. 'Occupation' should read 'Occupational.' Otherwise these were accepted as an accurate record.	JC
3. Matters Arising	Action
Matter arising : a) Retail drivers manual handling training	
SJH not present. Item deferred.	

Matter arising : b) High Pressure taps on the IPU	
PM informed the meeting that the high pressure taps do require adjusting by the contractor. He will be in touch with FQ with regards to arranging this. PM has been concerned that the flushing regimen has been using too much water, so the flushing schedule has been re-worked so that Housekeeping now flush each tap once a week instead of multiple times a week.	PM/FQ

4. Health & Safety Management Update	Action
PM and AR are liaising about required actions following Fire RAs. All Fire RAs will be individually reviewed on Facilities Manager visits to Shops over coming weeks. PM will visit each shop to pick up on their RAs and this will involve running through a checklist of expectations.	PM
The project of fire door replacement is in its second phase. Twelve doors on the IPU will be replaced. PM informed the meeting that this project will start any week now.	PM
The Internal H&S checklist annual report on 2025 data has been circulated. The audit is for honest reflection. BM commended the 92.29% overall compliance (an improvement compared to the previous audit's overall compliance of 88.62%). GT commended the progress that has been made with promoting Health and Safety over the past ten years. AR agreed that there has been great success in integrating the shops and the hospice, in great part due to the work of both facilities and retail management. 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.	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. 45 staff members took part in the training and he has sent the attendance list to MF and KC for the education files. The nurses will require a dedicated training session.	PM
PM is liaising with FW 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/FQ PM
PM will organise and deliver the Fire Training ftf refresh in Retail.	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.	SJH

6. Moving & Handling	Action
<p>Apologies from MF who cannot attend this meeting.</p> <p>MF has advised that there are no new points to note.</p>	

7. Facilities Update	Action
<p>There has been an ongoing issue with the old works MS Access db management system. It is cumbersome to use. PM tried to run a report on it last night and it failed. It has been posing severe challenges for a staff member who is less IT literate. JG told the meeting that there have been conversations with AR about replacing Datix with Vantage and that the old works management system could be replaced with Vantage as well. PM informed the meeting that currently work requests are being communicated by word of mouth and emails. AR asked if JC could help with inputting and PM replied that there would still be the requirement to collect details about each specific job and the system is awkward to use and has a lot of superfluous fields and outdated names of rooms. JG suggested that a web based browser system would be a suitable replacement. AR suggested that it was sub-optimal directing administrative time on a system that is not fit for purpose or its user and exploration of a bespoke system (Vantage?) may be a viable alternative given the required review of DATIX's future that will begin early next year the hospice could source a bespoke system. St Christopher's Hospice has been using Vantage for a number of modules including incident management for about 7 years and will provide a useful information point for appraising the system if it uses the Facilities module.</p> <p>PM informed the meeting that the new door access system is up and running and the project of updating every staff member's access card is ongoing. As far as replacing the lock mechanisms on doors, just the Clean Supply and Multifith room doors are still to be done. Works still to be carried out include installing air conditioning in rooms seven and eight and the completion of the replacement of the windows and doors in patient rooms and putting white rock on the walls in the rooms. After the works in the patient rooms are completed, the works on the Mortuary will begin. Works are planned to be complete by the end of the 2025. Air conditioning units taken from the patient rooms will be installed in 759. This means that next week there will be a lot of drilling in 759. Since the psychosocial team use the ground floor, PM has informed them that there will be a lot of noise from the drilling next week. NS and the finance department have moved to the first floor of 759 and the move of Supporter Care to the Fundraising office in tegh main Hospice will be postponed either until after KB-W returns or until after Christmas. GT added that while there is work being carried out on the sluice, volunteers will need to use the sinks in either the Galley Kitchen or the TOBIT kitchen. SM commended JG, PM and FQ for their good work and emphasised the importance of a rigorous flushing regime for the taps with regards to infection control. FQ advised that the temporary relocation of Clean Supply is working well and a RA had been completed.</p>	<p>PM</p> <p>AR/JG</p>

8. Water Safety	Action
No incidents of legionella reported. There is a flushing program in place and frequency has been reduced proportional to need. SM reported that currently each tap is flushed once a week for five minutes using hot and cold water which keeps disinfecting chemicals flowing through the system. PM agreed that this is the best system to rule out legionella outbreaks with minimal water wastage. PM reported that the storage tank is scheduled to be disinfected and descaled.	PM
Chlorine dioxide levels remain regularly tested.	

9. Infection Control	Action
Recent audit has highlighted individual nurses and HCAs not being compliant with hand hygiene rules, which SM has acted upon since there are two IPU patients with UTIs. AR commended SM for her diligence. GT appreciated the reminder email SM sent out recently concerning the current COVID rules. It provides a useful refresher for staff and volunteers.	

10. Occupational Health	Action
The hospice has had a contract with Maitland Medical for a number of years that covers the provision of Occupational Health. AR has liaised with Natalie and there are no issues. Occupational Health lies in the domain of HR and is not an item for this Committee.	

11. 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	

<p>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</p> <p>All departments are advised that their General Risk Assessment should show evidence of review within the previous 2 year period. New managers have been instated and Risk Assessment training will be arranged with external facilitators in late 2025 or early 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.</p>	<p>All HoDs</p>
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12. Health & Safety Policy	Action
<p>H&S related policies reviewed / revised since the last meeting include:-</p> <p>No revisions nor updates published. Policy currently under review includes:- OP38 Violence At Work NEW - Major Incident (including Suspicious Package & Bomb Threat Procedure) OP35 Security OP01 Incidents OP15 Fire OP07 Contractors</p>	

13. Accidents/ Incidents	Action
<p>Jan-September 2025 : The figures are very much in line with last years recorded numbers both on the main site and in retail. BM commended the low number of accidents.</p>	

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	Ac	Inc				
Jan			1								1	15(10)	3(2)	6(4)
Feb		1		2(2)						1	4(2)	9(8)	7(4)	8(6)
Mar				1		1(1)					2(1)	2(1)	8(6)	12(10)
Apr		4(3)		3(3)	1(1)					1(1)	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												5(4)	5(1)	3(2)
Nov												1	6(3)	5(3)
Dec												4(3)	1(1)	8(4)
2025	3(2)	16(10)	1	8(7)	1(1)	6(5)	0	0	0	11(9)	46(34)			
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	2(2)		1(1)			3(3)	0	0	3
Burn/Scald							1	0	1(1)
Allergic Reaction							0	0	0
Other							0	0	0
Cut	1					1	5(5)	5(4)	3(3)
Slip/Trip/Fall		1				1	5(3)	2(1)	7(6)
2025 Total	3(2)	1	1(1)			5(3)			
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					(6)	6(6)	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	1		1			2	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(1)	0	0	2(2)
Other	2(1)		(2)			4(3)	2(1)	0	7(4)
Power Cut							2(1)	9	3(2)
Security / Theft / Burglary Incident	(1)	6(6)			2(1)	9(8)	15(13)	19(14)	17(17)
Slip/Trip/Fall/Faint	2	1				3	4(2)	3(3)	4(2)
Impact/Bump	(1)		(1)			2(2)	2(2)	1	1(1)
Policy non-compliance							1(1)	0	0
Unplanned Shop Closure	1(1)					1(1)	1(1)	0	0
Verbal/ Physical Violence / Behaviour	2(2)	2(2)				4(4)	6(6)	15(14)	4(4)
2025 Total	12(7)	9(8)	7(6)		13(10)	41(31)			
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/Trip/Fall/Faint	Slip/Trip/Fall/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				1																			1	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					(1)	(3)				8(7)	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																	2(1)	1(1)	4(3)	6(5)
Sep						1	(2)		(1)			2(1)										(1)	9(7)	3(2)	11(8)	8(7)
Oct																								5(4)	4(1)	3(2)
Nov																								1	5(3)	5(3)
Dec																								4(3)	1(1)	8(4)
202				1	1	2	(4)		(8)	(2)		3(2)	1	(1)		(1)	3(2)	(1)	9(8)	(2)	4(3)	(1)	41(3)			
202	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)		
202	2	9	3(3)	4	15(1)	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

	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025		2024				2023				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Totals		Totals				Totals				
NON-CLINICAL INCIDENTS																				
SLIP/TRIP/FALL	1		1							1	3	3	0	0	9	9	0	0	6	6
SLIP/TRIP/FALL NR MISS								1			1	1								
IMPACT/BUMP/CUT				2						2	4	4	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	1			1	8	8	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	2	2	0	0	2	2	0	0	3	3
POWER CUT / LOSS OF SUPPLY											0	0	0	0	2	2	0	0	11	11
VERBAL OR PHYSICAL VIOLENCE / UNUSUAL BEHAVIOUR					1					2	3	3	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	4	4	0	0	2	2	0	0	3	3
SECURITY / THEFT		3		3	1	1		1		1	10	10	0	0	15	15	0	0	19	19
RETAIL/FUNDRAISING/CAPITOL HOUSE INCIDENTS	0	2	1	8	5	2	6	3	7	7	34	34			41	41			48	48
TOTAL NON-CLINICAL INCIDENTS	1	4	2	9	8	2	6	4	10	10	46	46			57	57			83	83

June - September 2025 : Accidents/Incidents are low or no harm.

Summary of non-clinical incidents and accidents between June and September 2025

There were 20 incidents and 2 accidents reported between June and September 2025; 16 of the incidents were reported by Retail and 4 by the main site. All incidents resulted in no actual harm although incidents of abuse or threatening behaviour 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. Affirmation of correct customer service
2. Increased awareness of potential for knock on effects following UPS battery replacement
3. Shop security check process highlighted
4. Affirmation of correct staff response to alarm raised. Highlighted learning on the TCC alert system's room identification numbering and production of reference sheet by IT.
5. Re-enforcement of loan working safety messaging
6. Highlighted importance of professional relationships with customers.
7. Highlighted local filming request and potential for undesirable SRH association with piece of logo included in footage.
8. Affirmed current security measures sufficient. Shop locks replaced.
9. Hazard tape applied to air conditioning unit to increase awareness
10. Manual vehicle incident report form introduced for retail.
11. OP01 to be updated with actions to be followed following vehicle incident section
12. Social media management (Instagram) - line managers now have access to posts with the ability to remove posts. Increased training for Retail from Comms and a reminder of expected standards. Noting Comms are also available out of hours.
13. Accepting donation training re-delivered to new team member
14. Appropriate contact made with Facilities to effect pest extermination call out.
15. Reaffirmed Retail management contact procedure OOH.

2025 Overview to end September 2025

Reported incidents and accidents at 46 (34 in retail) is in line with last year for the same 9 month period and similarly less than reported numbers in 2023 and 2022 – 47 (34) in 2024; 69(46) in 2023; 63(49) in 2022 : 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) remains low at 5.

There have been no required reports to RIDDOR up to the end of September 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**

BM informed the meeting that he has been on a training course for trustees that was provided via Zoom. There were key things highlighted during the course. One concerns the hospice's top level governance document – its Articles of Association. It is currently out of date and has details that pertain to the time before the hospice separated from the Daughters of the Cross. It is an item the Board will address.

GT commended everyone involved in resolving the recent incident where a staff member was taken ill. Everyone was so cohesive and the staff member is grateful.

AR advised that any date for RA training has yet to be set but will likely be in the New Year.

BM

16. Date of Next Meeting

TBC

ALL