

Boston Management Review - 2025

20th January 2026

BAKKAVOR

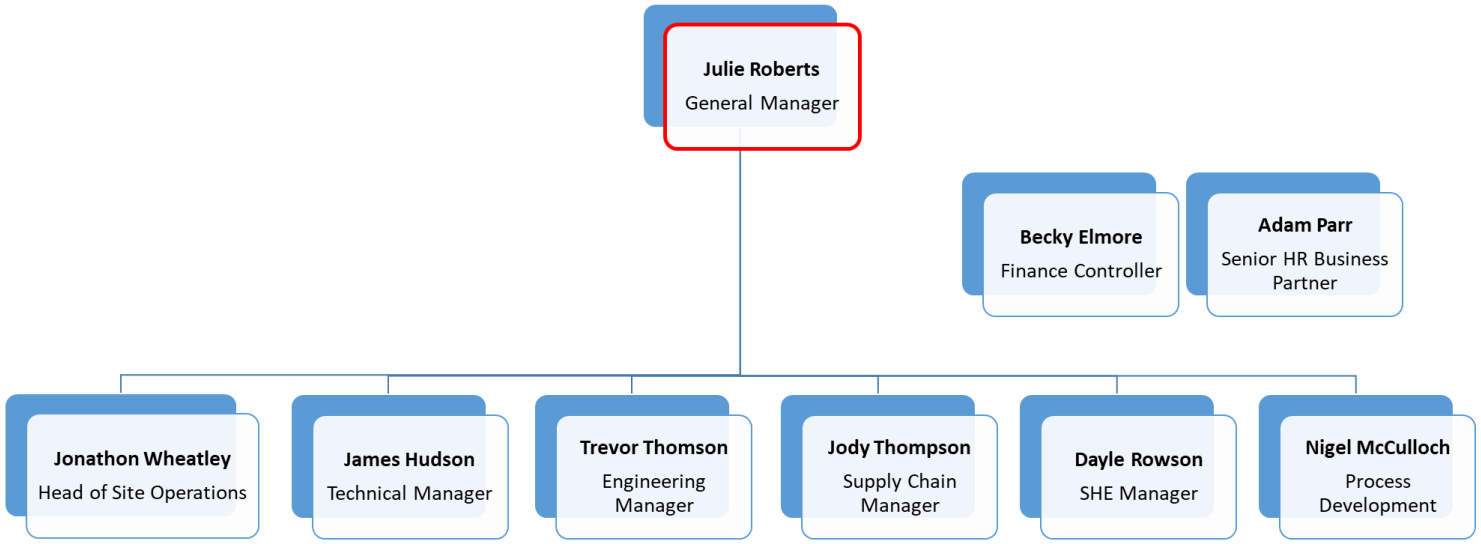
Management Review Attendees

DATE OF MEETING: 20th January 2026 – SLT Meeting
Confirmation of attendees - ##########

Senior Leadership Team (SLT) responsibility for signing off the outcome, as detailed in the organogram:

Scope:
To review BV Boston against the following;
- Site Safety KPIs
- Evaluation of Compliance
- Effectiveness of SHE management system

Purpose:
To take an overview of the SHE systems and consider the following;
- what has been achieved
- progress against objectives
- identification of targets and areas of improvement for the coming year.



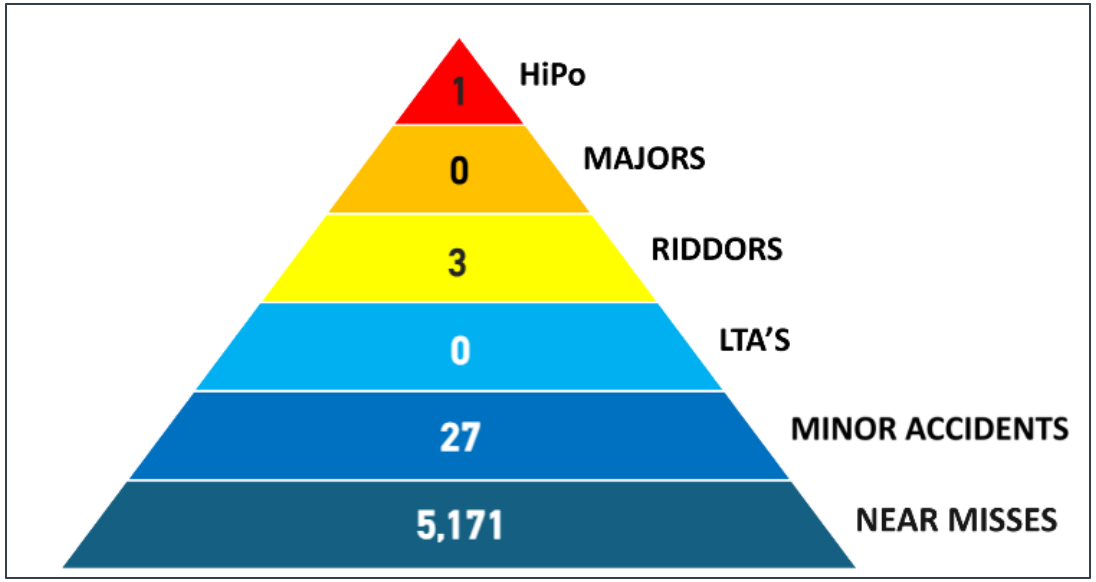
1 Site Key Performance Indicators 2025

Section for Review

HiPo – Target 0

RIDDORs – <4

Accidents – <26



Evidence:

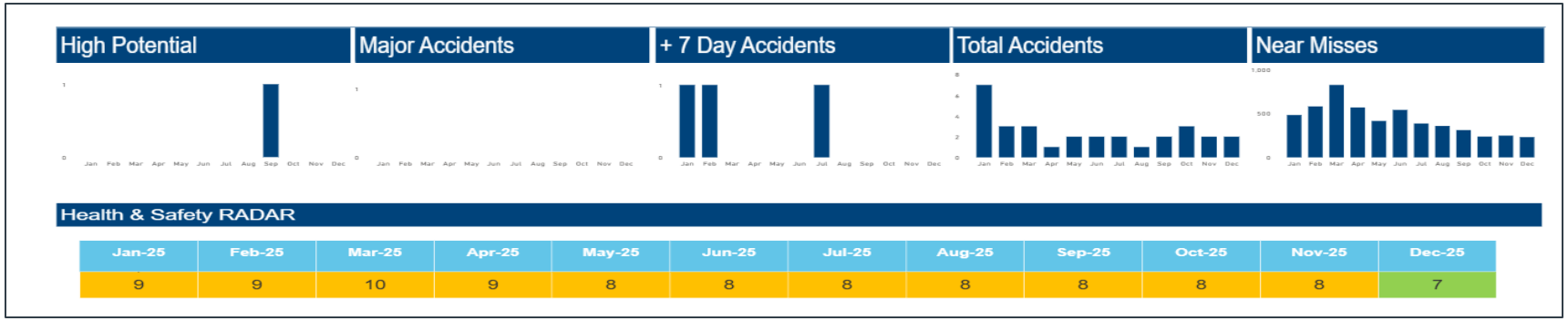
HiPo – Delivery driver tractor cab rolling forward

RIDDORs – Burn to arm, falling closing a door & tripping over dolly (LR)

Accidents – 15% reduction from 2024. Trend = Burns

Outcome:

- Improved KPI performance from 2024 with reduction of 5 overall actions and 2 RIDDORS



Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
9	9	10	9	8	8	8	8	8	8	8	7

2. Evaluation of Compliance

Section for Review:
Internal Audit schedule

Evidence:

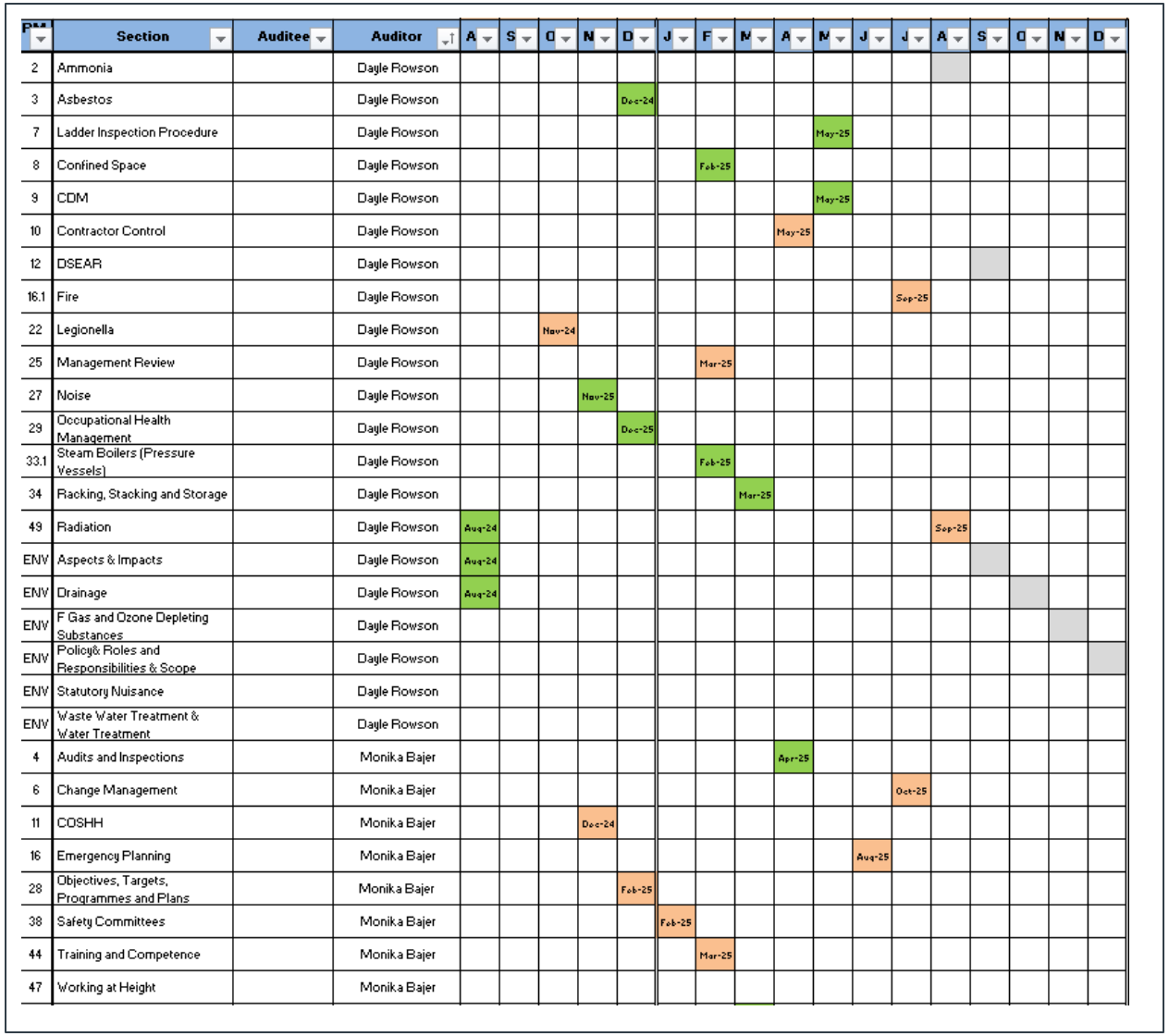
- 20 internal safety audits completed by SHE team in 2025
- 15 remain outstanding

Outcome:

- Behind schedule for internal audits
- Risk Review identified many sites are not completing internal inspections and process is under review

Actions:

- Look to catch up internal audits so all reviewed within 2 years by end of 2026
- Review potential of including other functions to audit SHE areas



RM	Section	Auditee	Auditor	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
2	Ammonia		Dayle Rowson																	
3	Asbestos		Dayle Rowson					Dec-24												
7	Ladder Inspection Procedure		Dayle Rowson										May-25							
8	Confined Space		Dayle Rowson							Feb-25										
9	CDM		Dayle Rowson										May-25							
10	Contractor Control		Dayle Rowson									May-25								
12	DSEAR		Dayle Rowson																	
16.1	Fire		Dayle Rowson												Sep-25					
22	Legionella		Dayle Rowson			Nov-24														
25	Management Review		Dayle Rowson							Mar-25										
27	Noise		Dayle Rowson				Nov-25													
29	Occupational Health Management		Dayle Rowson					Dec-25												
33.1	Steam Boilers (Pressure Vessels)		Dayle Rowson							Feb-25										
34	Racking, Stacking and Storage		Dayle Rowson								Mar-25									
49	Radiation		Dayle Rowson	Aug-24												Sep-25				
ENV	Aspects & Impacts		Dayle Rowson	Aug-24																
ENV	Drainage		Dayle Rowson	Aug-24																
ENV	F Gas and Ozone Depleting Substances		Dayle Rowson																	
ENV	Policy& Roles and Responsibilities & Scope		Dayle Rowson																	
ENV	Statutory Nuisance		Dayle Rowson																	
ENV	Waste Water Treatment & Water Treatment		Dayle Rowson																	
4	Audits and Inspections		Monika Bajer									Apr-25								
6	Change Management		Monika Bajer												Oct-25					
11	COSHH		Monika Bajer				Dec-24													
16	Emergency Planning		Monika Bajer											Aug-25						
28	Objectives, Targets, Programmes and Plans		Monika Bajer					Feb-25												
38	Safety Committees		Monika Bajer						Feb-25											
44	Training and Competence		Monika Bajer							Mar-25										
47	Working at Height		Monika Bajer																	

3. Evaluation of Compliance

Section for Review:
Central Risk Review status

Evidence:

1. Critical – **Pressure systems** identified as outstanding on Crimson insurance system
2. High – **Electrical Lighting Discharge test** not completed on annual basis
3. High – Achieve **WEL compliance** level within Low-Risk Spice Room
4. High – Closure of **outstanding C2s** from wiring inspection
5. Medium – Introduction of **daily Ph & TDS** testing for boilers
6. Medium – Improvement to **Legionella management system**
7. Medium – Establish **oven suppression** records and controls

Actions:

1. Main outstanding actions (GEA) had been completed, and Zurich closed all action on 19.01.2026. Complete
2. Electrical Discharge test completed on Christmas day
3. LEV system requires review. Current provider are not being helpful in providing support. Alternate provider potentially sought
4. Resource required for Fixed Wiring to undertake remedial work
5. New book options have been identified but no formal process has been introduced by engineering
6. Legionella management system has been reviewed with Hydro X and improvements introduced. System working
7. Contractor has completed service of ovens, but records are inconclusive. Clarification to be sought

4. Evaluation of Compliance

Section for Review:

Risk Assessment status

Status:

1. Risk assessments are all currently within the standard 3-year review window
2. Standard of risk assessment variable with most reviewed over a few days in 2023
3. Will be a need for a significant resource to review general, manual handling and PUWER risk assessment in 2026

Actions:

- Objectives to be set for SHE team to review and support reviews of risk assessments in 2026
- General risk assessment template and current standards to be reviewed
- Main area for consideration is PUWER as standards imply to be led from Engineering

5 Changes in circumstances inc, legislation, group and site requirements

Section for Review:

- Legislation, group and site requirements

Updates:

- **Legislation** – Minimal H&S legislation imminent. Central to provide update at next KIT session (if occurs)
- **Group** – New Work related and Non-work-related accident guidance implemented in January 2026. Aim to clarify what is and is not a work-related accident.
  - Conducted after review of accidents in 2025
  - No retrospective changes but new rules for 2026
- **Site** – Main changes in relation to site objectives for 2026

6. Effectiveness of the H&S management systems & any planned changes

CARE Status

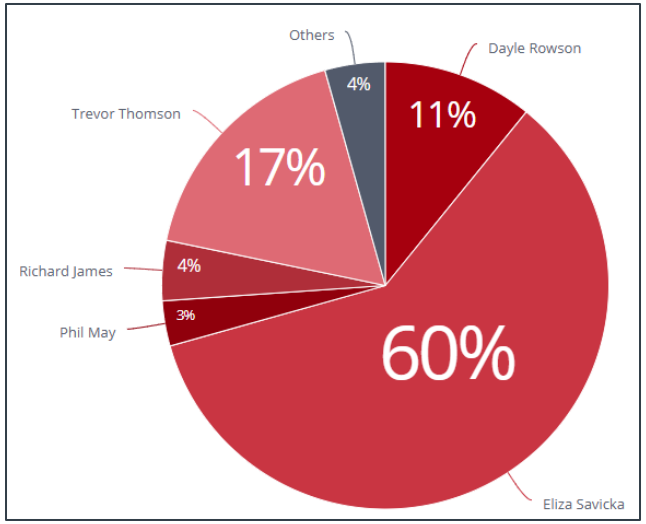
- CARE used to track SHE outstanding actions from accidents, near misses, internal actions and external actions
- Main outstanding actions are with Engineering to complete. Resource dependent and conflict with other platforms e.g. Redzone, lauditor

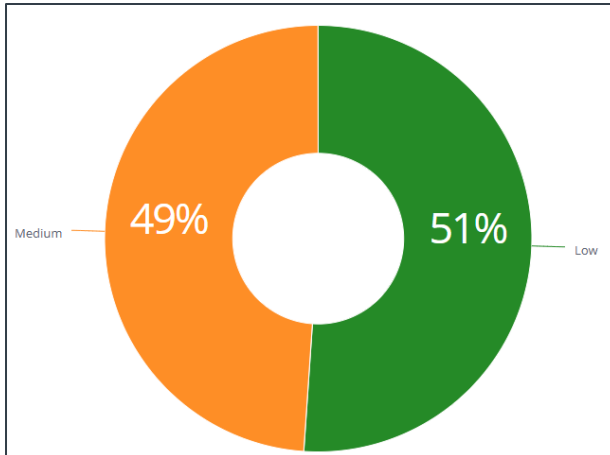
Planned changes 2026

- Redzone to be utilised for near miss, site-based actions. These are managed better by the site
- Accident actions will be recorded through CARE for traceability of actions
- Audit actions to be recorded through CARE

Note – Greencore use CARE

92
Outstanding Actions (16.01.2026)







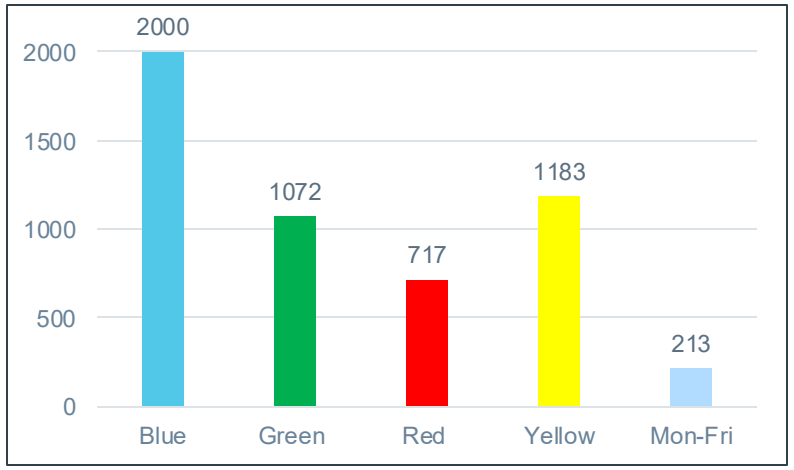
7. Effectiveness of participation & consultation

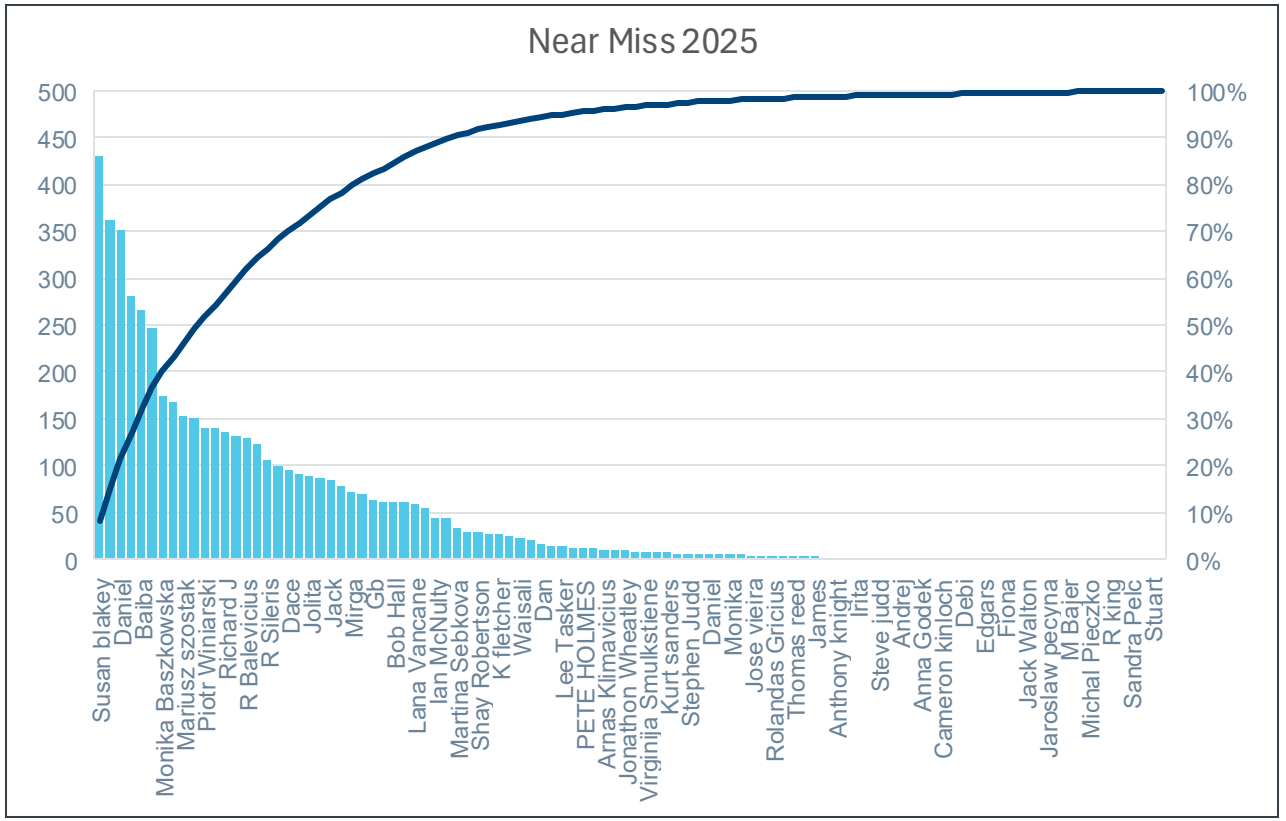
SHE Committees

10 SHE Committees completed in 2025.
- Action tracker demonstrated that SHE improvements did occur
- Participation generally poor with limited Safety Representation from shifts and day format limiting nights

2026
- Objective to introduce Shift SHE Committees
- Priorities and concerns to be escalated into main Site SHE Committee

Near Misses:





- 205 people raised a Near Miss
- 102 only raised one

8. 2026 Shift Safety Improvement Plan

Goal	Objective	Strategy	Tactics	Owner
Improve Safety Engagement	• Introduction of Shift SHE Committees	• **One Safety Committee per shift per month** • (Red, Blue, Green, Yellow, Logistics, Hygiene)	• Allocation of 30 – 45 minutes per month • Standardise template to be used	• Factory Manager
Improve Near Miss Process	• Greater awareness of risks and less focus on numbers • **5 Near Miss target per shift**	• KPI set and monitored • SHE Scorecard	• Coaching / encouraging individuals in near miss process	• Production Manager • SHE team
Safety Rep Recruitment	• Identify a **minimum of x5 Safety Reps per shift** (cross functional)	• Utilise SHE enthusiastic individuals	• Analyse of 1 to 1 meeting requests • Provide tasks i.e. SHE Committee, SHE Inspections	• Factory, Production, Maintenance, Hygiene Managers • SHE team
Safety Improvement Plan	• **Introduce Shift Safety Improvement Plans**	• Use SHE Committees to discuss priorities, allocate shift actions and escalate when support required	• Top five boards • Standardise template to document	• Factory, Production, Maintenance, Hygiene Managers
CARE Accountability	• **Improve Shift / Department CARE management (near misses and actions)** • Maintain 90% closure rate	• Ownership of CARE near misses raised to those who raise them • Increase near miss reporting from engineering, goods inwards and hygiene team	• Supervisory level employees to be set near miss objective • Coaching of near miss reporting process	• Production Manager • Section / Line Leaders • SHE team (support)

9. 2026 Safety Improvement Plan

Goal	Objective	Strategy	Tactics	Owner
Progressive KPIs	• **Reduce accidents** to below 27 PA • **Near miss** target (x5 per shift) - 3640 PA • **RIDDOR** - <4	• Implementation of 2026 Safety Plan	• Shift SHE Committees • Safety Rep Recruitment • SHE Inspections • Department / Shift Safety Plans (top 5)	• Site
Improve CARE Action management	• **Improve closure rates of CARE actions** • Maintain 'overdue actions' to below 20	• Improved focus of outstanding actions through improved visibility	• Engineering focus / resource	• SHE team • Engineering
Introduce SHE Inspections	• Introduce and complete cross **departmental SHE Inspections** • One per month for identified roles	• New Microsoft Forms format to improve ease of use and tracking	• QR Codes to be made available in each area • Managed schedule • SHE Scorecard	• Management • SHE team
Capital Project Completion	• **Complete allocated Wishlist projects**	• Achieve 100% of Wishlist spend for 2026 • Potential Chemical tank, chemical dosing, floor repairs	• Identify Project management for each Wishlist item approved	• SLT
SHE Calendar	• **Complete a minimum of 4 SHE campaigns in 2026**	• Work in parallel to Meals SHE teams to provide standard approach to key hazards • Slips / trips, burns, environmental	• Use notice boards, briefs and activities to focus on key improvement areas	• SHE team

10 Scorecard

Red Shift SHE Score Card												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SHE Inspections	1	3	1	1								
SHE Shift Committee	1	3	3	1								
Safety Near Misses	1	3	2	1								
Environmental Near Misses	1	3	2	1								
Accidents	3	3	1	1								
Accident investigation complete (48 Hrs of shift)	1	3	1	1								
Total	8	18	10	6	0	0	0	0	0	0	0	0

Scoring Criteria	1	2	3
SHE Inspections (Section Leaders)	>5		<5
SHE Shift Committee	1		0
Safety Near Misses	>69	60 to 69	<60
Environmental Near Misses	>14	10 to 13	<10
Accidents	0		>0
Accident investigation complete (48 Hrs of shift)	0		>0

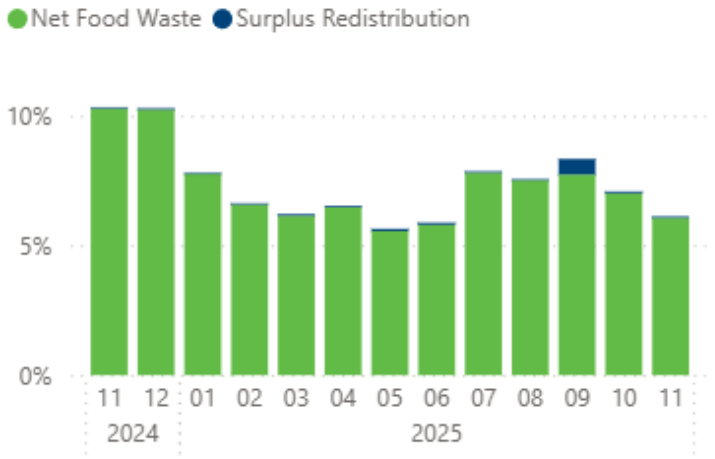
Green	≤6
Amber	7 to 10
Red	≥10

2026 Scorecard												
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Red Shift	8	0	0	0	0	0	0	0	0	0	0	0
Blue Shift	16	0	0	0	0	0	0	0	0	0	0	0
Green Shift	6	0	0	0	0	0	0	0	0	0	0	0
Yellow Shift	6	0	0	0	0	0	0	0	0	0	0	0
Goods In / Despatch	10	0	0	0	0	0	0	0	0	0	0	0
Hygiene	9	0	0	0	0	0	0	0	0	0	0	0

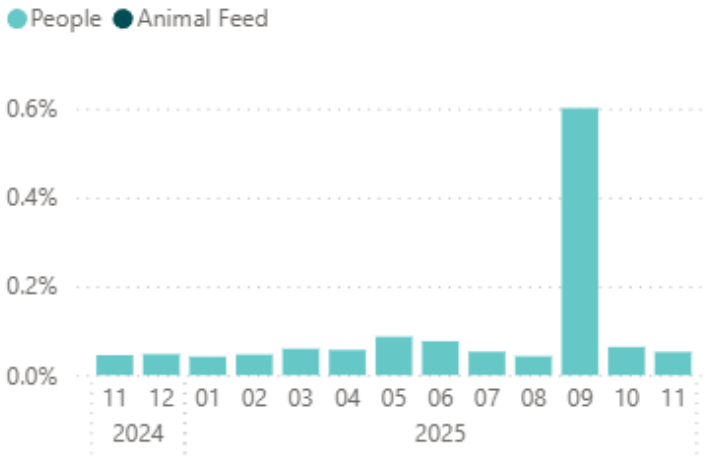
Key to Radar	
Green	≤6
Amber	7 to 10
Red	≥10

11 Environmental Performance

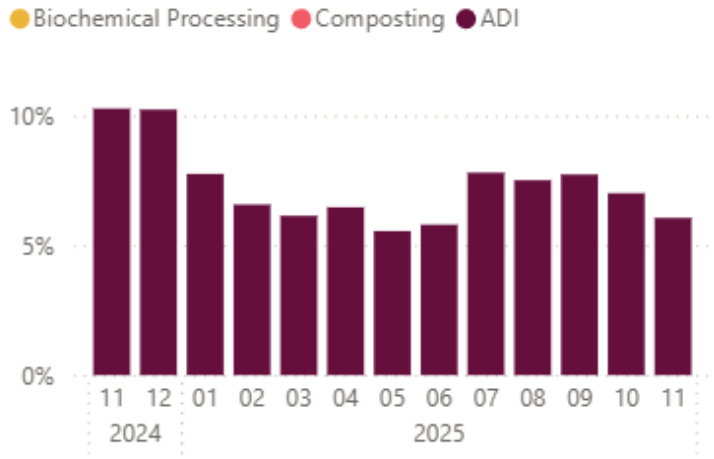
Gross Food Surplus - %



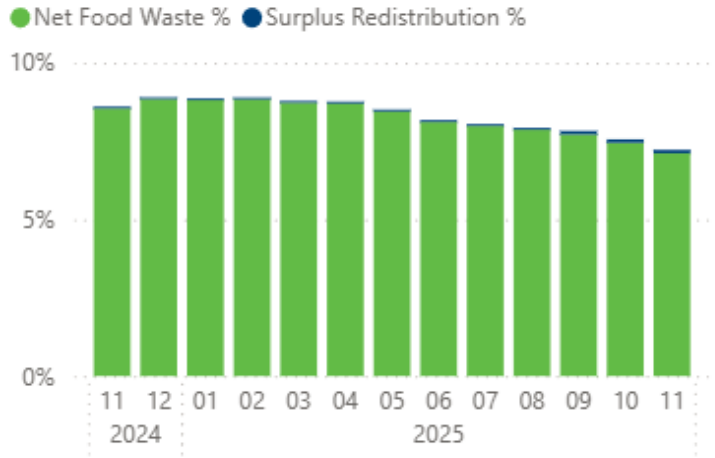
Surplus Redistribution - %



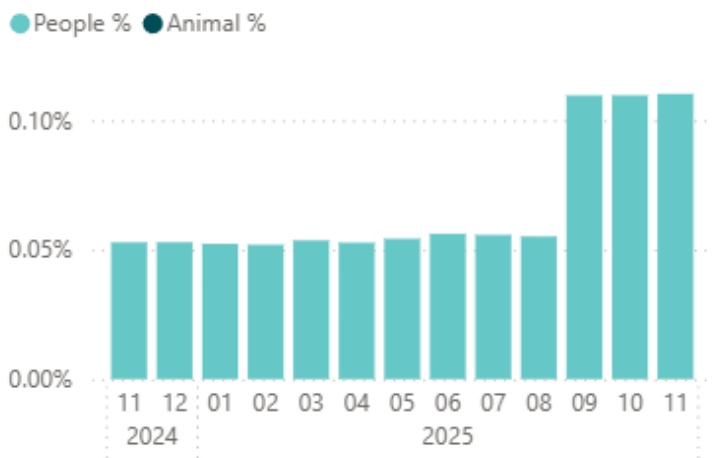
Net Food Waste - %



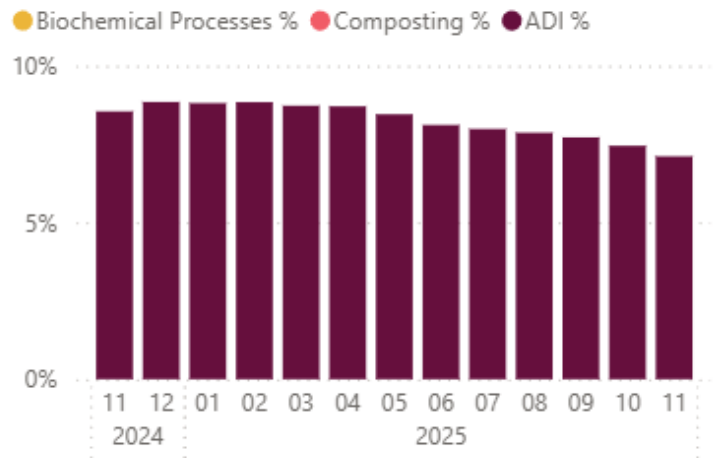
Gross Food Surplus - R12M %



Surplus Redistribution - R12M %

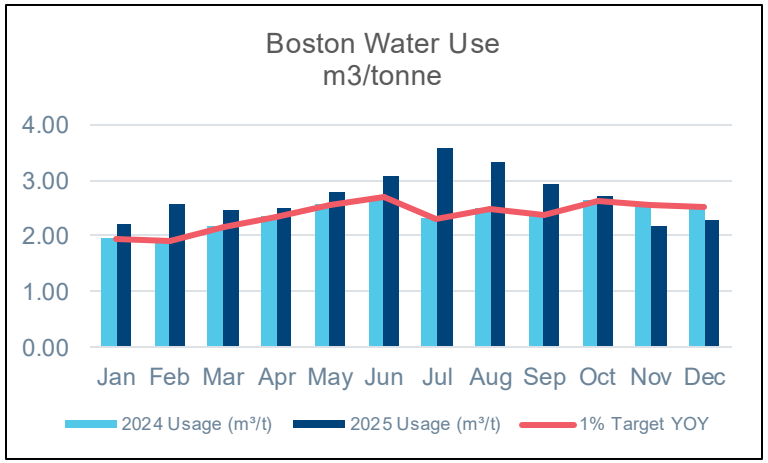


Net Food Waste - R12M %

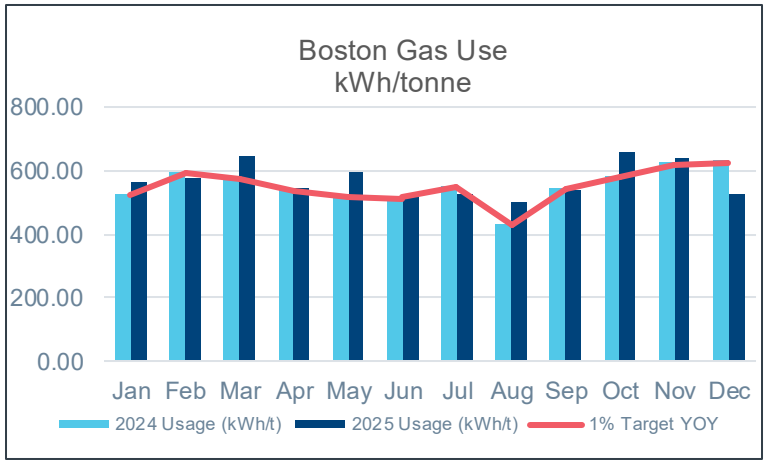


12. Utility Performance

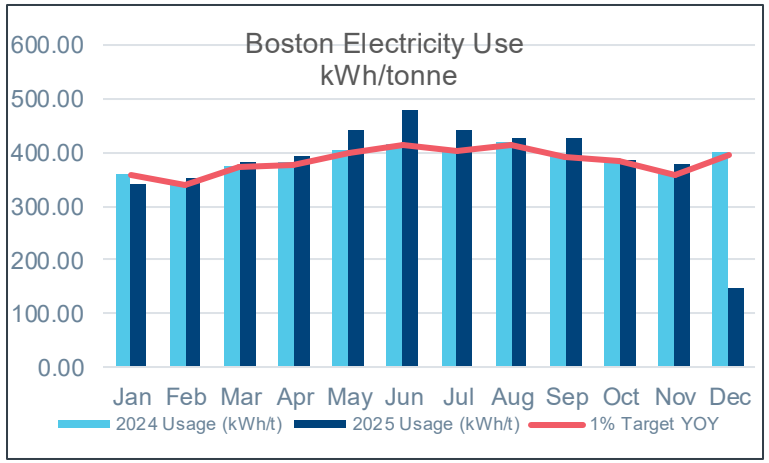
Water m3/tonne



Gas kWh/tonne

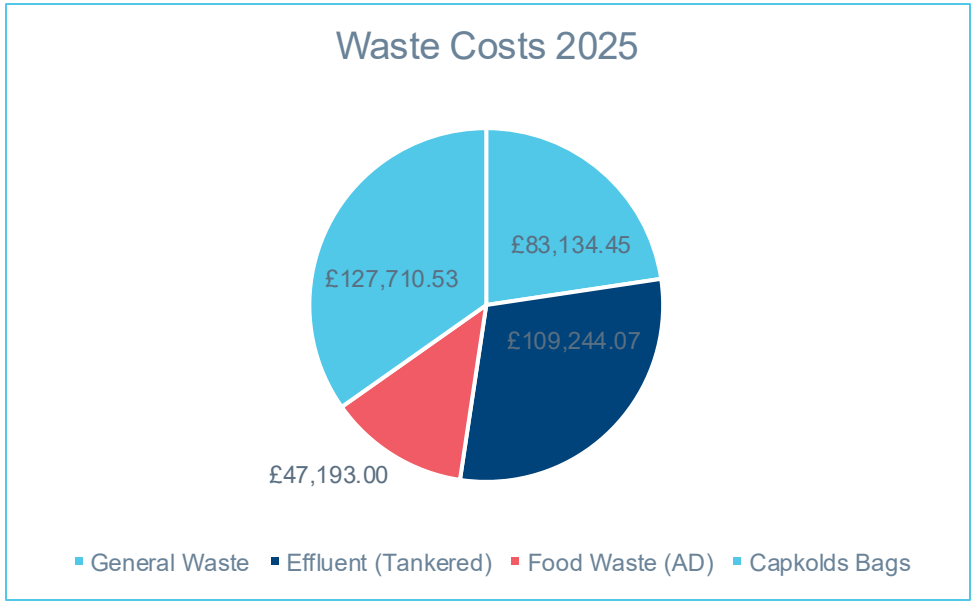


Electricity kWh/tonne



13. Waste Breakdown





- 2026 prioritisation will be to reduce utilities use (specific meeting set for SLT)
- Waste audits to be completed on site to identify good / poor behaviours
- Increase awareness of food distribution to charities (pasta and sausage meat in 2025)

11. Conclusion

1. **Compliance** need for 2026. Gaps identified in Risk Review
2. Risk Review likely be repeated later in 2026
3. Unannounced audits to occur 3 months before Unannounced
4. Risk Assessment reviews due in 2026 which need to include department specific experts
5. Prioritisation of utility performance for 2026

