

**UNAPPROVED MINUTES OF THE HEALTH & SAFETY ASSURANCE COMMITTEE
COFNODION HEB EU CYMERADWYO O PWYLLGOR ANSAWDD IECHYD A DIOGELWCH**

Date and Time of Meeting:	12.30pm, 6 th July 2021
Venue:	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/ MS Teams

Present:	Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) Ms Ann Murphy, Independent Member (Committee Vice-Chair) (VC) Mr Iwan Thomas, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) Mr Paul Newman, Independent Member (VC) Mr Winston Weir, Independent Member
In Attendance:	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Mr Andrew Carruthers, Director of Operations (VC) <i>part</i> Mrs Joanne Wilson, Board Secretary (VC) Mr Steve Morgan, Deputy Director of Workforce and OD (VC) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) <i>part</i> Mr Tim Harrison, Head of Health, Safety and Security (VC) Mr John Evans, Assistant Medical Director (VC) Ms Sonja Wright, Committee Services Officer (Minutes)

	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
HSAC (21)38	The Chair, Mrs Judith Hardisty, welcomed all to the meeting, particularly Mr Winston Weir and Mr Paul Newman, joining as new Members of the Health & Safety Assurance Committee.	
	Apologies for absence were received from: <ul style="list-style-type: none"> Ms Ann Taylor-Griffiths, RCN/ Joint Chair HDdUHB Staff Partnership Forum/ Chair of Ceredigion County Partnership Forum 	

HSAC (21)39	DECLARATIONS OF INTERESTS	
	No declarations of interests were made.	

HSAC (21)40	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 10th MAY 2021	
	RESOLVED - that the minutes of the meeting of the Health & Safety Assurance Committee (HSAC) held on 10 th May 2021 be approved as a correct record.	

**HSAC
(21)41**

TABLE OF ACTIONS FROM THE MEETING HELD ON 10th MAY 2021

An update was provided on the Table of Actions from the meeting held on 10th May 2021, with confirmation received that all actions had been completed or were being progressed.

Updates were provided by Mr Tim Harrison in relation to the following actions:

HSAC(21)28: *To discuss the application of Management of Health and Safety at Work Regulations (MHSWR) to home working environments at the next HSAC meeting.* Members were advised that, as agreed with the Director of Nursing, Quality & Patient Experience, the Health and Safety Regulations report would focus upon each of the 6 key regulations, and that the home working environment would be covered under future reports relating to display screen equipment, provision and use of work equipment and workplace health, safety and welfare, which would be scheduled in the Committee's work programme.

With regard to action HSAC(21)25: *To seek assurance that all requirements of non-smoking legislation are being complied with,* Mrs Delyth Raynsford commended the staff guidance brief regarding approaches to be taken and support offered to smokers on hospital sites. Mrs Mandy Rayani informed Members that a paper relating to the implementation of non-smoking legislation would be presented to Executive Directors for review by the Director of Public Health.

**HSAC
(21)42**

HSAC SELF ASSESSMENT 2020/21 – OUTCOMES AND ANALYSIS

Members received the outcomes from the Health and Safety Assurance Committee's (HSAC) annual self-assessment exercise for 2020/21, together with suggested actions and any proposals relating to further improvements that could be made.

Mrs Hardisty thanked all Members who had taken part in the exercise, and further thanked the Board Secretary and the Committee Services Team, who had facilitated discussion and provided analysis of the responses received. Members were advised that the recommendations included in the analysis would be taken forward by the Committee. Mrs Rayani added that it had proved useful to receive detailed commentary in relation to the responses, which recognised the relatively new status of the Committee and the planned further direction of travel, which will be reflected in the development of a 2-to 3-year work programme, to be regularly reviewed and modified, as required.

Members were advised that work will be undertaken with the Director of Operations to embed Health and Safety work streams within operational teams, who will in turn report to HSAC.

Mr Paul Newman queried whether it would be possible to combine future Committee meetings with site visits when circumstances allow in order to observe any health and safety issues at first hand, and to seek assurance regarding work being undertaken to improve any issues identified. Mrs Rayani confirmed that details regarding site visits would be shared with Members in the Committee meeting on 13th September 2021, adding that

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	<p>challenges relating to the logistical organisation of site visits are currently being worked through, and sites identified in terms of their usefulness to Members in providing a representative picture of issues (for example patient and staff complaints, and health and safety-related incidents). Mrs Rayani confirmed that sites identified for visits would include community facilities, including managed GP practices.</p> <p>In arranging site visits for Members, Mr Newman highlighted the need to balance opportunities for Members to seek assurance with the need to avoid these visits taking the form of a further layer of inspection, emphasising that the exercise should not be overly bureaucratic, and acknowledging geographical challenges which may impact upon Members' ability to attend sites.</p> <p>Mrs Rayani highlighted the need to support Members when visiting sites in terms of providing details of appropriate points of escalation in the event that any issues of concern are identified.</p> <p>Mrs Joanne Wilson undertook to follow up the issue of site visits with the HB Chair, following further reflective discussions between Members at the end of the meeting.</p>	JW
<p>The Health and Safety Assurance Committee REVIEWED the outcomes from the annual self-assessment exercise for 2020/21, noting suggested actions and proposals relating to further improvements that could be made.</p>		

HSAC (21)43	<p>HEALTH AND SAFETY REPORT</p> <p><i>Mr Andrew Carruthers joined the Committee meeting.</i></p> <p>Members received the Health and Safety Report, providing an update on the activities of the Health and Safety Team for the period May - July 2021.</p> <p>Noting that information provided in the report relating to reduced availability of accommodation to deliver Manual Handling training might suggest a reduction in staff training levels, Mrs Rayani assured Members that work is being undertaken at Executive level to ensure all accommodation requirements, including training facilities, are being considered and coordinated. Members were informed that an Accommodation Group would be established to focus upon clinical administration and training capacity requirements on each site across the HB, and that an update in relation to the work of the group, together with solutions identified, would be shared with Members at a future HSAC meeting.</p> <p>Mr Iwan Thomas suggested that the use of community buildings should be considered in identifying suitable sites to deliver training, such as Manual Handling training. Mrs Hardisty concurred, adding that this suggestion would be included in broader discussions relating to the use of community facilities which would be raised with the Executive Team.</p> <p>Welcoming the analysis of incidents of violence and aggression (V&A) directed at staff members which had been included in the report, Mrs Raynsford noted lower numbers reported for June 2021, and queried whether any seasonal trends in the number of V&A incidents had been</p>	TH
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	<p>identified, and whether reporting mechanisms are in place for staff experiencing low-grade albeit consistent verbal abuse and aggression which, while distressing for staff, could also deter patients from attending hospital departments. Mr Harrison responded that the relatively low incident numbers recorded in recent months could be ascribed to the fact that staff are still being trained in the use of the new <i>Datix</i> system, and in relation to the second element of Mrs Raynsford's query, assured Members that staff are reporting verbal abuse, and that all such incidents are followed up by the V&A Case Manager. Mr Harrison further confirmed that verbal abuse is treated equally as seriously as physical assault in terms of impact upon staff, and informed Members that warning letters formally signed by the Director of Operations are issued to patients and visitors who are identified as perpetrating incidents of V&A. Mr Harrison undertook to provide detail relating to the numbers of warning letters issued in the report to the next HSAC meeting on 13th September 2021.</p> <p>Mrs Hardisty commended the inclusion of incidents of V&A in patients' homes within the data shown in the report, recognising challenges in gathering this data, and queried whether any correlation of data relating to incidents occurring across different services (such as GP practices and ambulance services) is undertaken to identify individuals responsible for repeat incidents. Mr Harrison explained that V&A alert processes within GP practice systems enable notifications to be fed into patient medical records, and undertook to investigate means of linking with Welsh Ambulance Services Trust incident reporting processes.</p> <p>Responding to a query from Mr Steve Morgan as to whether any initial feedback had been received from a HB-wide audit of social distancing compliance which is being undertaken as a joint exercise between the Health and Safety Team and the Quality, Assurance and Safety Team, Mr Harrison advised that feedback received to date had been mainly positive, notwithstanding compliance challenges arising from an increase in patient admissions and visits to sites as elective services recover. Members were informed that each site visit made by the teams generates feedback, and an action plan (if required), progress against which is followed up in ad hoc repeat visits.</p> <p>The Health and Safety Assurance Committee DISCUSSED the updates provided in the Health and Safety Report for the period May - July 2021.</p>	<p>TH</p> <p>TH</p>
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<p>HSAC (21)44</p>	<p>HEALTH AND SAFETY EXECUTIVE (HSE) ENFORCEMENT ACTION UPDATE</p> <p>Members received the HSE Enforcement Action Update report, detailing the continuing work towards compliance with the enforcement notices served against the HB by the HSE in October 2019, and summarising developments since the previous Committee meeting held on 10th May 2021.</p> <p>Members were advised that feedback had been received following visits by HSE Inspectors to both Prince Philip Hospital (PPH) - to review progress against Improvement Notice (IN) 2 which relates to the management of Manual Handling, and Bronglais General Hospital (BGH) - to review</p>	
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	<p>progress against IN 7 which relates to Manual Handling in Theatres. Mrs Rayani informed Members that while HSE feedback relating to findings from the visit to PPH had been positive, the BGH visit had identified further work to be undertaken with regard to outstanding actions.</p> <p>Expressing a level of disappointment in relation to progress towards compliance with the notices served against the Heath Board, Mrs Rayani assured Members that targeted meetings have been arranged with key staff members to ensure that the necessary work is undertaken, and that this is to ensure that there are no remaining issues which might jeopardise the closure of the IN relating to the management of Sharps. Mr Harrison provided further reassurance, advising Members that issues identified by HSE in the most recent visits are relatively minor, particularly those relating to Manual Handling, and may be addressed without too much difficulty. Members were further advised that HSE had agreed to extend the compliance dates for the INs relating to Manual Handling to the end of September 2021.</p> <p>In terms of additional work undertaken to ensure compliance with the outstanding INs, Mr Harrison explained that a standards checklist - the Workplace Manual Handling Monitoring Form - has been devised for all managers to self-monitor their performance against their responsibilities, as outlined in the Management Standards. Members were further informed that a Sharps Injury Investigation Checklist has been devised which is to be used following all sharps injuries acquired, and which will be embedded within the <i>Datix</i> system.</p> <p>Responding to a query from Mrs Raynsford as to whether the Health and Safety Team would seek to pre-empt the potential identification of similar issues to those reported in BGH theatres within other HB hospital theatres, Mrs Rayani advised that the same standards and checks would be used for all sites, adding that there had been very specific issues involved for BGH. Mr Harrison informed Members that the BGH Theatres Manager would share good practice and lessons learned with other site managers.</p> <p>Summarising discussions, Mrs Hardisty noted that overall, good progress had been made to achieve compliance with outstanding INs.</p>	
	<p>The Health and Safety Assurance Committee NOTED updates regarding progress against actions to achieve compliance with outstanding Improvement Notices and were ASSURED that the necessary work is being undertaken.</p>	

<p>HSAC (21)45</p>	<p>HEALTH AND SAFETY REGULATIONS</p> <p>Members received the Health and Safety Regulations: Management of Health and Safety at Work Regulations (MHSWR) report, providing information relating to the HB's compliance with the Personal Protective Equipment (PPE) Regulations 1992.</p> <p>Members were pleased to note a high level of compliance against employer duties which are included within the regulations, which provided the necessary reassurance to the organisation to enable it to pass assurances to staff regarding the effectiveness of PPE equipment issued, and the</p>	
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	robustness of processes in place to manage the maintenance and checking of equipment.	
	The Health and Safety Assurance Committee RECEIVED ASSURANCE regarding the HB's compliance with the Personal Protective Equipment (PPE) Regulations 1992.	

HSAC (21)46	HEALTH AND SAFETY ENVIRONMENTAL AUDIT	
	<p>Members received the Health and Safety Environmental Audit Report, forming one of a series of reports to HSAC which provide assurance that proactive health and safety audits are being carried out in compliance with the Management of Health and Safety at Work Regulations (MHSWR) 1999.</p> <p>Members were advised that while, historically, the HB has been unable to undertake a suitable and sufficient review of every workplace due to a historic under-resourcing of the Health, Safety and Security team, since March 2020 the team has experienced an uplift in resourcing, allowing for the development and implementation of the Workplace Built Environment Audit programme.</p> <p>Further to confirmation by Mr Harrison that details of progress against action plans submitted with audit reports to department managers would be provided for assurance in future Health and Safety Audit reports to HSAC, Mrs Hardisty queried whether a system is in place to track outstanding issues identified through audit and to monitor progress against the relevant action plans, which would provide assurance to the Board. Mrs Wilson advised Mr Harrison to link with the Audit and Risk Team, who would be able to provide advice in relation to the development of a tracker to monitor outstanding issues and actions identified by health and safety audits.</p> <p><i>Mr John Evans left the Committee meeting.</i></p>	TH
	The Health and Safety Assurance Committee NOTED findings from the Health and Safety Environmental Audit, and a request that the Committee seeks future assurance from the Operations Directorate that the actions identified are being managed.	

HSAC (21)47	FIRE SAFETY UPDATE REPORT	
	<p><i>Mr Rob Elliot joined the Committee meeting.</i></p> <p>Members received a report providing updates in respect of Fire Enforcement Notices (FENs) and Letters of Fire Safety, Fire Safety management and Fire Safety governance, being advised of agreement between the Director of Operations and the Director of Nursing, Quality and Patient Experience that these areas, which had previously been separately reported to HSAC, would now be combined as a single report.</p> <p>With regard to the FEN relating to advanced works and priority work at Worthybush General Hospital (WGH), Mr Rob Elliot expressed disappointment in the identification by the Mid and West Wales Fire Rescue</p>	

Service (MWWFRS) of nine fire doors which were noted as being of sub-standard installation, as a result of which, MWWFRS was unable to lift the notice and issued a further notice requiring action to address its concerns. Members were advised that corrective works will be completed by 20th August 2021, and were assured that prevention measures are now in place to mitigate against the procurement of sub-standard doors and other estates fittings. Referencing reports made by HSE in its visit to BGH of ward and department doors impeding the movement of portering staff, Mr Harrison requested that practical considerations are included in the selection of new doors. Mr Elliot confirmed that where auto hold-open for doors is not in place, slow-closing mechanisms can be installed.

Mr Elliot informed Members that the Business Justification Case (BJC) for advanced works at Glangwili General Hospital (GGH) is currently programmed to be completed in July 2021, and will then progress through the HB's governance arrangements before being submitted to WG. Members were advised that progress of the BJC is slightly behind programme due to additional complexity in confirming the costs and programme for the scheme, and that the programme completion date within the BJC is currently December 2022, which is circa 4 months behind the FEN deadline. Members were informed that, given these timelines, MWWFRS has agreed to visit the site before the FEN deadline date in order to confirm compliance of work which is underway, and were assured that MWWFRS fully recognises the complexity of the scheme.

Members were informed that 4 site visits have been made by MWWFRS to BGH, with a letter being received by the HB on 26th June 2021 relating to residential areas on the site, although not to acute areas. Members were advised that assurance has been received from MWWFRS that no FENs will be issued, and is awaiting receipt of formal correspondence confirming this.

Members were informed that the BJC for Phase 1 works in WGH has now been formally approved by WG, and that Phase 2 remains on programme to be completed by April 2025. Members noted, however, that in light of confirmation provided by the HB that it will not be possible to allocate any existing ward or clinical space to support Phase 2, work has been progressing to identify opportunities for appropriately-sized ward decant accommodation to be provided at WGH in the form of a demountable solution.

Mrs Hardisty queried whether the risk relating to Phase 2 works arising from potential challenges in identifying appropriate patient decant facilities had only recently been identified. Mr Elliot explained that separate meetings are being held with WG as part of a scoping exercise for the capital cost and programme arrangements for works (including the demountable solution) required to support Phase 2, and informed Members that an update would be provided at the next HSAC meeting on 13th September 2021.

In response to a query from Mr Newman relating to plans in the event that no WG funding would be provided for decant accommodation, Mr Elliot informed Members that without WG funding (of between £5m - £5.5m), Phase 2 would be unable to proceed, however provided assurance that there is no indication that WG would not fund the work required. Mr

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Carruthers further assured Members that conversations held with WG to date in regard to the works relate more to the timings of costs incurred rather than to whether funding would be provided, and added that WG are aware of the significance of decant facilities as a key element of works to comply with enforcement notice requirements. Mr Carruthers further advised members that while other options exist in regard to providing decant accommodation, it would be challenging to provide assurance that these would be in place to enable the progression of the scheme.

In the context of WGH Phase 2 works, Mrs Hardisty sought clarity regarding what is involved in 'Enhanced Fire Safety Walkabouts' which are being held with key HB clients to ensure all risks are assessed and managed in the intervening period. Mr Elliot explained that this refers to focused tours of inspection held with the Fire Safety Team, General Managers and Operational Managers in order to view identified issues first hand.

In regard to Fire Safety management, Mr Elliot informed Members that as at 8th June 2021, the number of outstanding Fire Risk Assessments (FRAs) has been reduced to 7, adding that benchmarking this data with that of other Welsh Health Boards shows the HB to be in a relatively good position in terms of the numbers of FRAs outstanding.

Being informed that new Level 2 Fire Safety training is due to start in August 2021, Members were advised of challenges in setting targets for compliance given the impact of COVID-19, as the achievement of a realistic target of 65% compliance depends very much upon staff attendance on site. Mr Elliot assured Members that the Fire Safety Team is working with General Managers to improve attendance for face-to-face training.

With regard to Fire Safety governance, Members were informed that following a meeting with the Head of Quality & Governance, all items on the Fire Safety Governance Review Action Plan can be confirmed as completed, with the exception of action 1.6: *To undertake an audit against the Fire Safety Policy to ascertain the UHB's compliance against it.* Members were assured that an update would be provided in relation to this action following recruitment to the post of Head of Fire Safety Management.

Mr Rob Elliot left the Committee meeting.

The Health and Safety Assurance Committee **NOTED:**

- The current progress in achieving recommendations of the Fire Safety Governance Review;
- The current progress against the Fire Enforcement Notices and Letters of Fire Safety Matters issued by MWWFRS.

HSAC (21)48	CORPORATE RISKS ASSIGNED TO HSAC	
	<p>Members reviewed corporate-level risks which are included in the Board Assurance Framework/ Corporate Risk Register and which have been assigned to HSAC, as the potential impacts of these risks relate to the health and safety of patients, staff and visitors:</p> <ul style="list-style-type: none"> • Risk 1016 - Increased COVID-19 infections from poor adherence to Social Distancing; • Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005. <p>Referencing Risk 1016, Mrs Rayani advised Members that the Head of Health, Safety and Security would review this risk, given the increase in staff and patient numbers within hospitals since the start of the COVID-19 recovery, and that the need to review risk assessments relating to the utilisation of socially distanced beds to manage capacity and to support services recovery had been discussed with the Director of Operations. Members were informed that risk 1016 would be updated to reflect these risk assessments.</p>	
	The Health and Safety Assurance Committee NOTED the corporate risks assigned to the Committee.	

HSAC (21)49	DEEP DIVE - OPERATIONAL RISKS ASSIGNED TO HSAC	
	<p>Members received slides presenting outcomes of reviews of the following areas of operational risk which are included in the Board Assurance Framework/ Corporate Risk Register and which have been assigned to HSAC as the potential impacts of these risks relate to the health and safety of patients, staff and visitors:</p> <ul style="list-style-type: none"> • Needle Stick Injuries • Environmental Risk - Possible Exposure to Radiation/ Chemicals to HSDU staff at GGH. <p>Needle Stick Injuries Review</p> <p>Members were advised of concerns relating to the high number of reported incidents involving ‘sharps’, with significantly higher numbers of incidents occurring in patients’ homes, and the majority of these involving insulin pen injuries. Mr Harrison explained that a review of safety engineered devices is currently taking place, with a number of safer alternatives having been identified for at least 9 products, and that a Sharps Investigation checklist has been circulated, with each sharps incident being followed up by the Health and Safety Team.</p> <p>Responding to a query from Mr Newman as to whether any themes underlying sharps incidents had been identified, Mr Harrison explained that incidents mainly occur in general practice, and can in the main be attributed to poor practice and failure to follow safe disposal practices. Members</p>	

were assured, however, that there is no evidence of any harm having arisen from reported sharps incidents.

Members were further informed that sharps training is provided by the Infection Prevention and Control Team, and that the use of the Sharps Investigation checklist is being promoted via staff induction training.

Environmental Risk – HSDU

Introducing this deep-dive review, Mrs Rayani provided background information, informing Members that following concerns raised by the Hospital Sterile Disinfection Unit (HSDU) Service Manager relating to the safety of staff working in the unit, and, specifically, to the integrity of the floor slab separating the Radiology department and HSDU following recent construction work, a deep dive review of potential risks has been undertaken.

Members were assured that initial concerns relating to ionising radiation exposure arising from the Radiology department had been allayed following investigation and expert advice provided to the HSDU management team by Radiation Protection Advisors. Mr Harrison provided further assurance that current processes relating to the control of hazardous substances in the HB's HSDUs are robust, and informed Members that historical reviews of these processes are being undertaken, which will concentrate on disinfectants such as Glutaraldehyde that may have been used in the past.

Finally, Members were assured that the number of HB staff reporting health issues which may relate to exposure to radiation or to other hazardous substances is extremely low, and that these issues have not demonstrably been linked with workplace exposure. Mr Harrison informed Members that any concerns would be reported back to HSAC.

In response to a query from Mrs Hardisty regarding potential claims upon the HB made by individual staff members which relate to injury from exposure to hazardous substances, Mr Harrison explained that one of the purposes of undertaking deep dive reviews into environmental risk is to identify any issues and to pre-empt potential claims.

Mrs Rayani explained that while the slides present information in 'snapshot' form, the data actually relates to lengthy time periods, and in some cases would not reflect the changes in the way that substances are managed, and improved processes to mitigate against any environmental hazards.

Mr Newman queried whether similar concerns relating to the risk of radiation exposure were likely to arise in any other HB sites. Mr Harrison explained that the Manager concerned had raised concerns in the light of specific types of illness reported in the case of some members of staff within the HSDU, and that no similar issues had been reported for other HB hospital sites. Members were assured that work undertaken in line with *Control of Substances Hazardous to Health* requirements would ensure that any future issues would be rapidly identified and reported.

The Health and Safety Assurance Committee **NOTED** the findings and recommendations arising from deep-dive reviews of Needle Stick Injuries and Environmental Risk.

HSAC (21)50	POLICIES FOR APPROVAL AND EXTENSION TO REVIEW DATES OF CORPORATE WRITTEN CONTROL DOCUMENTATION	
	Members reviewed a schedule of the following written control documentation which has exceeded the review date and requires an extension in order to allow time for a full review to be undertaken: <ul style="list-style-type: none"> • Business Continuity Policy • Lone Worker Policy Being advised of the reasons for the extensions, Members approved the request to extend the review dates to 31.12.2021. Members also reviewed and approved the following policy: <ul style="list-style-type: none"> • Policy 145 – Electrical Safety Policy 	
	The Committee APPROVED a request to extend the review dates of the Business Continuity policy and the Lone Worker policy, and approved Policy 145 – Electrical Safety Policy.	
HSAC (21)51	HSAC WORKPLAN 2021/22	
	The Committee received the Health and Safety Assurance Committee work plan for 2021/22 for information, and noted that this would be revised to reflect the development of a 2-to 3-year work programme, which would be regularly reviewed and modified as required. The Committee NOTED the Health and Safety Assurance Committee work plan for 2021/22.	
HSAC (21)52	ANY OTHER BUSINESS	
	No other business was discussed.	
HSAC (21)53	REFLECTIVE SUMMARY	
	Mrs Rayani highlighted the following key points discussed at the meeting: <ul style="list-style-type: none"> • Recognition of the development of a work programme which would be focused upon a 2-3-year period; • Progress made in relation to compliance with HSE enforcement notices, notwithstanding some disappointment in relation to further work to be undertaken with regard to outstanding actions relating to BGH. • A helpful combination of previous Fire Safety reports received by HSAC within a single report; while some challenges were noted in relation to funding requirements for the completion of Phase 2 works, WGH assurance can be taken from the completion of a number of actions in compliance with FEN requirements. 	

	<ul style="list-style-type: none"> Mitigations and actions to address risks relating to needle stick injuries and environmental risk, noting that any issues identified would be brought to HSAC. 	
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HSAC (21)54	DATE & TIME OF NEXT MEETING	
	13th September 2021 9.30 – 11.30am	