

**APPROVED MINUTES OF THE HEALTH & SAFETY COMMITTEE  
COFNODION CYMERADWYO O PWYLLGOR IECHYD A DIOGELWCH**

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| <b>Date and Time of Meeting:</b> | 9.30 a.m., 13 <sup>th</sup> September 2021                         |
| <b>Venue:</b>                    | Boardroom, Ystwyth Building, St. David's Park, Carmarthen/MS Teams |

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| <b>Present:</b>       | Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair)<br>Ms Ann Murphy, Independent Member (Committee Vice-Chair) (VC)<br>Mr Paul Newman, Independent Member (VC)<br>Mrs Delyth Raynsford, Independent Member (VC)<br>Mr Winston Weir, Independent Member (VC)  |
| <b>In Attendance:</b> | Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience<br>Mrs Joanne Wilson, Board Secretary (VC)<br>Mr Steve Morgan, Deputy Director of Workforce and OD (VC)<br>Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC)<br>Mr Tim Harrison, Head of Health, Safety and Security (VC)<br>Ms Ann Taylor-Griffiths, RCN/ Joint Chair HDdUHB Staff Partnership Forum/<br>Chair of Ceredigion County Partnership Forum (VC)<br>Mrs Claire Williams, Committee Services Officer (Secretariat) |

|                   | <b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>   | <b>Action</b> |
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| <b>HSC (21)55</b> | The Chair, Mrs Judith Hardisty, welcomed all to the meeting.<br><br>Apologies for absence were received from Mr Andrew Carruthers, Director of Operations. <i>Post meeting note - apologies were received from Mr John Evans, Assistant Medical Director, after commencement of the meeting.</i> |               |
| <b>HSC (21)56</b> | <b>DECLARATIONS OF INTERESTS</b><br><br>No declarations of interests were made.  |               |
| <b>HSC (21)57</b> | <b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 6<sup>th</sup> JULY 2021</b><br><br><b>RESOLVED</b> - that the minutes of the meeting of the Health & Safety Assurance Committee (HSAC) held on 6 <sup>th</sup> July 2021 be approved as a correct record.                               |               |

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| HSC<br>(21)58 | <b>TABLE OF ACTIONS FROM THE MEETING HELD ON 6<sup>th</sup> JULY 2021</b>  |  |
|               | <p>An update was provided on the Table of Actions from the meeting held on 6<sup>th</sup> July 2021, with confirmation received that all actions had been completed or were being progressed.</p> <p>Updates were provided by Mr Tim Harrison in relation to the following actions:</p> <ul style="list-style-type: none"> <li>• HSAC(21)28 Health and Safety Regulations (<i>To check that risks relating to the Health and Safety legislative requirements are fully reflected in the CRR</i>) – Mr Harrison informed Members that following the most recent meeting with the Health &amp; Safety Executive (HSE), a review of the risks involved had been undertaken and an update would be presented to the HSE in early October 2021. It was therefore agreed to close the action.</li> <li>• HSAC(21)42 HSAC Self Assessment 2020/21 (<i>To share details regarding site visits with Members in the Committee meeting on 13th September 2021</i>) – Mrs Mandy Rayani informed Members that dates for visits have not yet been agreed due to the latest surge in COVID-19 cases. Discussion was held on 10<sup>th</sup> September 2021 on the safest way of undertaking visits to avoid too many people visiting sites unnecessarily. It is anticipated that pre-arranged dates for these site visits would be determined by 17<sup>th</sup> September 2021.</li> </ul> |  |

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| HSC<br>(21)59 | <b>TERMS OF REFERENCE</b>  |           |
|               | <p>Members were presented with the Health &amp; Safety Committee (HSC) Terms of Reference (ToR) for information following their approval at the July 2021 Public Board.</p> <p>Mr Paul Newman enquired whether the Planning Objectives (PO's) allocated to the HSC are included within the work plan, and in response, Mrs Rayani confirmed that emergency planning would be incorporated.</p> <p>In response to Mr Winston Weir's enquiry on which Committee Occupational Health (OH) reports to, Mrs Joanne Wilson confirmed that OH forms part of Mrs Lisa Gostling's, Director of Workforce &amp; Organisational Development, POs which report to the People, Organisational Development &amp; Culture Committee (PODCC). Mrs Hardisty emphasised that matters such as needle stick injuries, however, would continue to be reported to the HSC.</p> | <b>MR</b> |
|               | <p>The Committee <b>NOTED</b> the HSC Terms of Reference following their approval at the July 2021 Public Board.</p>   |           |

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| HSC<br>(21)60 | <b>HEALTH AND SAFETY UPDATE</b>  |  |
|               | <p>Members received the Health and Safety Update report, together with the Social Distancing Compliance Audit Report, providing an update on the activities of the Health and Safety Team for the period July to September 2021, encompassing a variety of health and safety topics. Mrs Rayani stressed that health and safety matters remain demanding, particularly</p> |  |

relating to audits, etc. in order to ensure compliance with the “here and now” associated with COVID-19. Attention was drawn to page one of the report, highlighting concerns associated with the loss of the training facility for manual handling provided by Aberystwyth University. Whilst sourcing of alternative community premises has been undertaken, this has proved unsuccessful to date and therefore classroom based manual handling has been temporarily suspended for Ceredigion staff. The overarching Accommodation Group is, however, pursuing accommodation requirements for both operational and corporate teams. Mr Harrison assured Members that manual handling training continues to be provided in the other two counties, however within Ceredigion, this is limited and is causing a major issue, despite the approaches made to both Aberystwyth University and Ceredigion County Council with regard to additional space. Mr Steve Morgan informed Members that a new Head of Workforce from the Ceredigion area had recently been appointed and undertook to establish whether she is aware of any suitable venues which could be utilised for manual handling training. Members further noted that an agile working report would be presented to Public Board on 30<sup>th</sup> September 2021.

**SM**

Referring to the violence and aggression data within Accident & Emergency (A&E) contained within the report, Mrs Ann Murphy queried the higher number of incidents in Worthybush General Hospital (WGH) whereas none have been reported in Prince Phillip Hospital (PPH) and Glangwili General Hospital (GGH). In response, Mr Harrison assured Members that all acute hospital sites are providing reports/data, however during the particular period July and August 2021, GGH and PPH A&Es were fortunate not to have any incidents.

Mr Newman enquired whether future reports could include trend data for incidents of violence and aggression, and in response, Mrs Rayani suggested that data from 2018/19 be used as the baseline year, utilising data from the previous two quarters onwards, to determine whether there has been a trend over the summer period. Mr Harrison undertook to ensure a report is presented at the November 2021 HSC meeting.

**TH**

Mrs Delyth Raynsford, suggested that the Llanbadern Campus, Coleg Ceredigion, may be worth pursuing as a suitable manual handling training venue, given that it provides such training for sheltered accommodation provision.

Mr Winston Weir welcomed such audits as the social distancing audits undertaken, and enquired how relevant these had become, considering the latest guidance from Welsh Government (WG). In response, Mr Harrison advised that he had recently prepared a report for Executive Team regarding the changes to WG guidance and referred to correspondence received from the Deputy Chief Medical Officer and Chief Nurse Officer, WG, indicating that whilst there is a need to remain cautious, the possibility of reducing social distancing to one-metre could be considered in low risk areas. However, managers are eager to maintain the two-metre distance where possible within patient areas. Discussions are also being undertaken with regard to increasing the number of staff based within office space. Mr Weir welcomed the approach of maintaining the two-metre distancing within patient areas and Mrs Rayani emphasised that the maintaining of space around beds is non-negotiable, however recognised

that some beds previously removed may need to be reinstated to manage the “front door system” in terms of managing overall risks. Members were assured that regular risk assessments are being undertaken and that the distancing between beds would not change without considered risk assessment in extenuating circumstances.

Whilst welcoming the approach on behalf of staff to maintain the two-metre distance, Ms Ann Taylor-Griffiths apprised Members of challenges and low levels of violence and aggression towards staff during the summer period from holidaymakers not complying with the mask wearing rule whilst in hospital settings. Mrs Rayani confirmed that posters and signage, etc. are being refreshed to attract people’s attention. Mr Steve Morgan referred to a recent meeting with trade union representatives where a request had been made for communications to be distributed reminding staff and visitors of the social distancing rules and to reiterate the importance of hand washing.

In response to the latest position relating to the usage of fans, Mrs Rayani confirmed that within clinical areas, the use of fans is discouraged, however if required, e.g. during extremely warm weather, a risk assessment is undertaken. Referring to the limited ventilation, which is only available via open windows across many of the sites, it was noted that this is being reviewed imminently in readiness for the winter period.

Referring to the disappointing activity usage of the Peoplesafe lone working devices referred to within the report, Mr Newman enquired whether there is any underlying reason for the reluctance of staff to use them. Mr Harrison advised that he had recently met with representatives of Peoplesafe who have committed to assisting colleagues in regard to reinvigorating the usage of the devices, with monthly meetings having been arranged. Staff have also been reminded that they have a legal responsibility under the Health & Safety at Work Act to utilise the device. Mrs Hardisty requested that a breakdown of where the devices have been issued together with their usage, be presented at the November 2021 HSC meeting. Members noted that the devices are also in use within Cardiff & Vale UHB and extensively across NHS Trusts in England.

Members gained assurance from the report provided and welcomed further updates relating to specific matters at the next meeting.

The Committee gained **ASSURANCE** from the report that work has progressed, and improvements have been made in relation to the various health and safety themes as detailed within the report.

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| HSC<br>(21)61 | <b>HEALTH AND SAFETY EXECUTIVE (HSE) ENFORCEMENT ACTIONS UPDATE</b>   |    |
|               | <p>Members received the HSE Enforcement Action Update report, providing an update on the continuing work towards compliance following the four enforcement notices served against HDdUHB by the HSE in October 2019, and providing an update with regard to developments following previous reports presented to the HSC since October 2019. Members noted that the HSE correspondence focused on four key areas for improvement, including leadership, monitoring, competence and audit, and Mrs Rayani clarified that operational services had been targeted. Following the concerns raised by the HSE in relation to leadership at BGH, Members were pleased to note that work has progressed and is being monitored.</p> <p>Mr Harrison advised that outstanding actions relating to each of the four notices have now been combined and shared with operational service leads and general managers. The HSE would be returning on 7<sup>th</sup> and 8<sup>th</sup> October 2021 and would be visiting WGH and South Pembrokeshire Hospital (SPH), and visiting GGH and Amman Valley Hospital on 13<sup>th</sup> and 14<sup>th</sup> October 2021. Mr Harrison expressed his confidence that sufficient work had been undertaken concerning sharps safety in order to provide proof of compliance.</p> |    |
|               | <p>Referring to IN7 - manual handling in theatres, BGH, Mrs Hardisty enquired whether the matter of ensuring that medical staff attend manual handling training is a concern solely in BGH or throughout HDdUHB. In response, Mr Harrison confirmed that it is a concern across HDdUHB, informing Members that a training session had been arranged at BGH w/c 6<sup>th</sup> September 2021 for surgeons and anaesthetists. Mrs Hardisty expressed some concern relating to the non-attendance of Associate Medical Director representation at today's HSC meeting and the previous meeting. Mrs Rayani undertook to discuss this with Dr Philip Kloer, Medical Director.</p>  | MR |
|               | <p>Members gained assurance from the report and were satisfied that areas of concern are being dealt with and escalated. It was agreed to ensure that the BGH situation is highlighted within the Committee Update Report to Board.</p>   | CW |
|               | <p>The Committee gained <b>ASSURANCE</b> from the HSE Enforcement Action Update Report that the necessary work is being undertaken towards compliance with the Notices served against HDdUHB by the Health and Safety Executive.</p>  |    |

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| HSC<br>(21)62 | <b>HEALTH AND SAFETY REGULATIONS</b>   |  |
|               | <p>Members received the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 (the Sharps Regulations) report. Mrs Rayani informed Members that this report is being presented to the HSC in light of matters raised by the HSE and in line with regulations. Mr Harrison expressed a level of confidence that HDdUHB is compliant with the legislation, emphasising that during the previous few months, all clinical areas had been visited to</p> |  |

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|  | <p>remove any non-safety sharps devices in use, with arrangements in place to cease the ordering of certain inappropriate devices. Referring to the amber rated Regulation 5(1)(c) – <i>Prevent the recapping of needles contained within the report</i>, it was noted that a review had been undertaken and prior to the COVID-19 vaccination programme, there had been full compliance against this regulation. However, a number of incidents have since occurred in the vaccination centres due to re-sheathing of needles. A specific risk assessment has been produced for this current risk, which is reliant upon how the vaccination is delivered and administered. Members recognised the challenges in place when utilising three types of vaccination (Pfizer, Oxford AstraZeneca and Moderna) within the COVID-19 vaccination centres. Members were reassured to note that needle stick injuries within the vaccination centres involve clean needles.</p> <p>Mrs Delyth Raynsford drew Members attention to the increasing number of needle stick injuries both in GGH and PPH and Mr Harrison explained that a report had been prepared following a review of such injuries and undertook to forward a copy to Mrs Raynsford and Ms Murphy. Mrs Rayani undertook to ensure that a sharps update is included within the H&amp;S update report to be presented at the November 2021 HSC meeting, which would include trend data including a breakdown of occupational groups.</p> <p>Members gained assurance from the report and welcomed a further update associated with sharps injuries at the next meeting.</p> <p>The Committee gained <b>ASSURANCE</b> from the report that the fundamental elements of the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 (the Sharps Regulations) are being complied with.</p> | <p>TH</p> <p>TH</p> |
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| <p>HSC<br/>(21)63</p> | <p><b>FIRE SAFETY UPDATE REPORT</b></p> <p>Members received the Update on Fire Safety Management report, providing an update regarding progress in managing the following areas of fire safety:</p> <ul style="list-style-type: none"> <li>• Fire Enforcement Notices (FEN)/Letters of Fire Safety Matters (LoFSM).</li> <li>• Fire Safety Management.</li> <li>• Fire Safety Governance.</li> </ul> <p>Mr Rob Elliott informed Members of changes since the publication of the report. With reference to the WGH advanced works and the significant supply chain delivery issues in regard to fire doors which had resulted in a requirement to re-programme the work for a completion date of 22<sup>nd</sup> September 2021, Members noted that additional asbestos behind door linings had been discovered following the removal of the linings which had therefore delayed the completion date to 12<sup>th</sup> October 2021. The Mid &amp; West Wales Fire and Rescue Service (MWWFRS) have been informed and are supportive in terms of the reasons for the delay.</p> <p>Referring to the decant arrangements to support Phase 2 works, Mr Elliott confirmed that assurance had been received from WG that the documentation submitted supported the necessary capital required for the business justification case (BJC) stage of the demountable ward solution</p> |  |
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and had been confirmed with NHS Wales Shared Services Partnership (NWSSP) with full agreement on the level of fee support required for this project. WG has since requested further justification information, and it is anticipated that a positive response would follow.

Referring to the “Phase 1 – All remaining horizontal escape routes at GGH (FEN KS/890/08)” complex scheme with a Capital Outturn of £16.5m, Mr Elliott advised that the BJC had received approval at the Strategic Development and Operational Delivery Committee (SDODC) prior to early submission to WG for formal scrutiny. It is anticipated that a decision would be made within a fortnight.

Members noted that substantial infrastructure to the estate would need to be undertaken during the forthcoming 12 months and that funding had been secured to deliver on the fire enforcements works across GGH and WGH.

Members were pleased to note the slight improvement in terms of fire training level 2 compliance and Mr Elliott and Mr Harrison both expressed confidence that these figures would continue to improve. Mr Elliott undertook to provide a further update to the Committee, once received.

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However, Members noted that recruitment to the post of Head of Fire Safety has proved challenging as none of the applicants had been able to fully demonstrate all of the essential requirements for the post on the second occasion of external recruitment. The job description has now been reviewed and will be re-advertised as a development role and include specific competencies to be developed over the initial 24 months of employment.

Referring to the decant arrangements to support Phase 2 works, Mrs Hardisty sought assurance on whether other sites had been considered for this facility, including SPH. In response, Mr Elliott confirmed that discussions had been held with Mr Andrew Carruthers, Director of Operations, and Ms Janice Cole-Williams, General Manager at WGH, and understood that SPH had been considered, however undertook to determine the evidence base behind the decision.

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In response to Mr Weir’s enquiry relating to whether the decant ward of 24 beds would represent a new build, Mr Elliott confirmed that it would be a demountable type build, expected to last approximately 30 years, which could be retained for any future pressures within HDdUHB. The option of a demountable type build is swifter and more economical in comparison to a traditional build, whereby the business case costs are circa £460k and delivery/out-turn costs are in the region of £5.5 – 6 million.

Mr Weir further enquired as to the speciality the decant ward would accommodate, with it noted that the option of relocating a specific lower acuity ward is being considered, with further discussions to be held with Ms Cole-Williams and the Operational Team. On this basis, Mrs Hardisty reiterated the importance of considering SPH and Mr Elliott undertook to ensure that the consideration of alternative options/sites is included within the appendices submitted to WG. Mr Harrison emphasised that without a decant facility, considerable challenges would be presented, specifically

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|  | <p>whilst contractors are undertaking works within the WGH site, particularly in ward entrances.</p> <p>Referring to the approval by the MWWFRS concerning revised plans referenced within the report, Mrs Hardisty enquired whether written confirmation had been received. In response, Mr Elliot advised that although MWWFRS do not tend to confirm in writing, regular meetings are held between HDdUHB and MWWFRS colleagues and that written confirmation of agreements are forwarded to MWWFRS, to ensure an appropriate audit trail is in place.</p> <p>Drawing Members attention to reference within the report concerning the remaining works required at residential blocks, Mr Weir enquired as to the level of work required and whether any complaints had been received from staff, etc. In response, Mr Elliott confirmed that the residential blocks involved are situated at BGH and the remaining works are associated with fire doors and fire alarm systems. It was noted that cladding within the main BGH building is an issue, which has been included within the infrastructure investment programme, and has been discussed with MWWFRS who are content that a render cover is maintained. Members were assured that it is regularly inspected.</p> <p>Referring to any revenue implications/deficit associated with the decant facility if it is to be utilised on a longer-term basis, Mr Newman suggested that this would need to be considered by the Sustainable Resources Committee.</p> <p>Mrs Hardisty enquired whether any further MWWFRS visits are scheduled, and in response, it was noted that a potential visit would be undertaken late September/October 2021 at PPH.</p> <p>Mrs Hardisty commended the detail within the report.</p> |  |
|  | <p>The Committee <b>NOTED</b> the content of the report, <b>ACKNOWLEDGED</b> the work achieved to strengthen fire safety compliance, and <b>NOTED</b> that further updates would be presented at future HSC meetings.</p>  |  |

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| <p><b>HSC<br/>(21)64</b></p> | <p><b>FIRE SAFETY AUDIT REPORT</b></p> <p>Members were presented with the Fire Safety Audit System Report April 2020 to March 2021, noting that an NHS Wales Shared Services Partnership - Specialist Estates Services fire audit is undertaken on an annual basis, with the latest audit report submitted to WG on 26<sup>th</sup> May 2021. Whilst a response from WG is anticipated imminently, it is understood that this may be delayed due to staff home working, etc.</p> <p>Mr Elliott undertook to follow up WG's response and to ensure that an update is presented at the November 2021 HSC meeting.</p> | <p><b>RE</b></p> |
|                              | <p>The Committee <b>NOTED</b> the update regarding the Fire Safety Audit System Report 2020/21.</p>   |                  |

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| <p><b>HSC<br/>(21)65</b></p> | <p><b>DEEP DIVE: OPERATIONAL RISKS REVIEW</b></p>   |  |
|                              | <p>Members received a Management of Violence and Aggression (V&amp;A) (including Lone Workers) presentation. Mr Harrison apprised Members that a Welsh Health Circular (WHC/2021/012) implementing the agreed approach to preventing violence and aggression towards NHS staff in Wales had been issued in April 2021. Members were assured that all actions required of HDdUHB are being complied with. It was noted that an NHS Anti-Violence Collaborative had been established in 2017, with Mrs Rayani and Mr Harrison representing HDdUHB.</p> <p>Members were pleased to note the positive level of engagement and dialogue across the partnership agencies, including Dyfed Powys Police. The importance of representation within the Collaborative was noted, in order that HDdUHB receives early indication of any changes/developments and is able to influence any decisions undertaken.</p> <p>Members noted the number of notices issued to those involved with violence and aggression towards staff, some of which had led to successful convictions.</p> <p>Members noted the Management of V&amp;A (including Lone Workers) presentation.</p> |  |
|                              | <p>The Committee <b>NOTED</b> the Management of Violence and Aggression (V&amp;A) (including Lone Workers) presentation.</p>  |  |

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| <p><b>HSC<br/>(21)66</b></p> | <p><b>WELSH HEALTH CIRCULARS (WHC) ASSURANCE REPORT</b></p>  |  |
|                              | <p>Members received the Welsh Health Circulars Assurance report, including an update on progress in relation to the implementation of WHCs which come under the HSC's remit. Members were pleased to note there are no red or amber status WHCs under the remit of the HSC, and only one WHC ascribed to HSC "012-21 Implementing the agreed approach to preventing Violence and Aggression towards NHS Staff in Wales" which is currently rated green status. Mr Harrison drew Members attention to the commitment made by HDdUHB to the protection of staff by increasing resources, including a dedicated violence and aggression case manager. Members further noted that a total of 58 first stage letters had been issued to individuals involved with violence and aggression towards staff.</p> <p>Mrs Hardisty enquired whether there is a system in place for collaboration between the Primary Care sector and HDdUHB to ensure that any patients "barred" from contractor profession premises are known across the Health Board. In response, Mr Harrison advised that Primary Care has had a violent patient marker system in place for some time which appears to be working well. The Welsh Ambulance Service NHS Trust has also been contacted in order to improve links.</p> <p>Members noted the update provided and received assurance from the report.</p> |  |

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|               | The Committee gained <b>ASSURANCE</b> from the report that the assigned Welsh Health Circulars are implemented and agreed closure.  |            |
| HSC<br>(21)67 | <b>POLICIES FOR APPROVAL</b>  |            |
|               | Members were presented with Policy 010 – Health & Safety Policy (Version 4), requesting the HSC’s approval. Mr Harrison confirmed that the updated policy is within the required three-year review date. Referring to the policy statement contained within the document, Members were informed that the HSE has suggested that HDdUHB has a separate H&S vision, signed by the Chief Executive Officer. Discussion took place on the requirement for a separate vision and whilst it was felt this was not required, Members were invited to offer any further views to Mrs Hardisty or Mrs Rayani. Mr Newman emphasised that the HDdUHB vision should fit with the culture and values of HDdUHB and encompass health and safety alongside all other issues. Mr Harrison added that whilst the HSE Inspector had been supportive and that there is no legislative reason to have a separate H&S vision, it is understood that the HSE wishes HDdUHB to be a “centre of excellence”. This matter would be discussed further with the HSE during the October 2021 scheduled visit. | <b>All</b> |
|               | Members approved Policy 010 – Health & Safety Policy, subject to the following amendments being made: <ul style="list-style-type: none"> <li>• Page 1 – To amend the owning committee to “Health &amp; Safety Committee”.</li> <li>• Page 3 – To amend 2.3 within the index to “Director of Nursing, Quality &amp; Patient Experience”.</li> </ul> Mrs Williams undertook to ensure that the amendments are undertaken by the Policy Co-ordinator.  | <b>CW</b>  |
|               | The Committee <b>APPROVED</b> Policy 010 – Health & Safety Policy.  |            |
| HSC<br>(21)68 | <b>HSC WORKPLAN 2021/22</b>   |            |
|               | The Committee received the Health and Safety Committee work plan for 2021/22 for information, noting that it would be discussed further by Mrs Hardisty and Mrs Rayani and updated accordingly.   | <b>MR</b>  |
|               | The Committee <b>NOTED</b> the Health and Safety Committee work plan for 2021/22.   |            |
| HSC<br>(21)69 | <b>ANY OTHER BUSINESS</b>   |            |
|               | Ms Taylor-Griffiths expressed some concerns relating to pregnant workers, following receipt of a number of anxieties from staff relating to non-compliance of the advice from the Royal College of Obstetricians and Gynaecologists (RCAG). RCAG advise that pregnant workers should not be front line working from 28 weeks onwards and should be working from home or office based. However, some staff have been told they can   |            |

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|  | <p>continue front line working as long as their work is within a “green” area. This, however, conflicts with RCAG advice.</p> <p>Ms Taylor –Griffiths also referred to the use of ultra violet lighting for cleaning, and informed Members that this matter had been discussed at the Staff Side pre-meeting, however had not been pursued further.</p> <p>It was suggested that both the maternity and ultra violet lighting matters be raised at the H&amp;S Trade Union Group and, if not resolved, that the matters be escalated to the HSC.</p> | <b>ATG</b> |
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| <b>HSC<br/>(21)70</b> | <b>MATTERS FOR ESCALATION TO BOARD</b>  |  |
|                       | <p>The following matters were agreed for escalation to Board:</p> <ul style="list-style-type: none"> <li>• <b>Health &amp; Safety Update</b> - the challenges impacting upon manual handling training associated with a lack of accommodation space within Ceredigion, resulting in the suspension of classroom based manual handling training for Ceredigion staff.</li> <li>• <b>HSE Enforcement Action Update</b> - concerns raised by the HSE associated with leadership in Bronglais General Hospital, which is being monitored as work progresses.</li> </ul> |  |

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| <b>HSC<br/>(21)71</b> | <b>DATE &amp; TIME OF NEXT MEETING</b>     |  |
|                       | 15th November 2021, 9.30 a.m. – 11.30 a.m. |  |