

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

<b>Date and Time of Meeting:</b>	1.50pm, 7 <sup>th</sup> September 2020
<b>Venue:</b>	Boardroom, Ystwyth Building, St. David's Park, Carmarthen/ MS Teams

<b>Present:</b>	Mrs Judith Hardisty, HDdUHB Vice Chair (Committee Chair) (VC) Ms Ann Murphy, Committee Vice-Chair, Independent Member (VC) Mr Mike Lewis, Independent Member (VC) Mrs Delyth Raynsford, Independent Member (VC) Mr Owen Burt, Independent Member (VC) Mr Simon Hancock, Independent Member (VC)
<b>In Attendance:</b>	Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) Mrs Joanne Wilson, Board Secretary (VC) Ms Ann Taylor-Griffiths, RCN/Joint Chair HDdUHB Staff Partnership Forum/Chair of Ceredigion County Partnership Forum (VC) (part) Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) (part) Mr Tim Harrison, Head of Health, Safety and Security Ms Karen Richardson, Corporate & Partnership Governance Officer (Minutes)

	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	<b>Action</b>
<b>HSAC (20)27</b>	The Chair, Mrs Judith Hardisty welcomed all to the meeting.	
	Apologies for absence were received from. <ul style="list-style-type: none"> <li>Mr Andrew Carruthers, Director of Operations</li> </ul>	

<b>HSAC (20)28</b>	<b>DECLARATIONS OF INTERESTS</b>	
	No declarations of interests were made.	

<b>HSAC (20)29</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 22<sup>ND</sup> JUNE 2020</b>	
	<b>RESOLVED</b> - that the minutes of the meeting of the Health & Safety Assurance Committee (HSAC) held on 22 <sup>nd</sup> June 2020 be approved as a correct record.	

<b>HSAC (20)30</b>	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 22<sup>ND</sup> JUNE 2020</b>	
	An update was provided on the Table of Actions from the meeting held on 22 <sup>nd</sup> June 2020, with confirmation received that all actions were complete, and the following noted:	

	<ul style="list-style-type: none"> <li>• <b>HSAC (20)19 HSE Action Update:</b> <ul style="list-style-type: none"> <li>➤ Mrs Mandy Rayani confirmed that a draft report has been prepared and discussions taken place with the Director of Finance in relation to a revised (interim hybrid) model for PAMOVA training, with an option to consider a 'hybrid' training approach. However further narrative is required prior to presentation to the Executive Team for consideration.</li> <li>➤ In response to a query from Mrs Hardisty relating to a date for a further meeting with the Health &amp; Safety Executive (HSE), Mr Tim Harrison confirmed that the details are included with the Health and Safety Executive Enforcement Action Update report to be presented later in the meeting.</li> </ul> </li> <li>• <b>Fire Action Update (Including Notices And Action Plans)</b> – in response to a further query from Mrs Hardisty on whether a response has been received from the Mid and West Wales Fire and Rescue Service (MWWFRS) to HDdUHB's correspondence of 24<sup>th</sup> June 2020, Mrs Rayani understood that the Director of Estates, Facilities and Capital Management has been in contact with them and would update Members later in the meeting.</li> </ul>	
HSAC (20)31	<b>CHAIRS ACTION FOR RATIFICATION - 814 FIT-TESTING FOR RESPIRATORY PROTECTIVE EQUIPMENT (RPE) PROCEDURE</b>	
	<p>Mrs Rayani advised that an update had been required to procedure 814 Fit-Testing For Respiratory Protective Equipment (RPE), and that in the absence of a Committee meeting, Chair's Action had been undertaken. Whilst not anticipating any issues regarding their usage, Mrs Rayani alerted Members to concerns regarding the limited availability of this equipment, with the next delivery not expected until a fortnight's time. However, for assurance purposes, alternative provision has been secured in the interim.</p> <p>Members were satisfied with the approach taken and ratified the Chair's Action relating to 814 Fit-Testing for Respiratory Protective Equipment (RPE) Procedure.</p> <p><i>Mr Rob Elliott and Ms Ann Taylor-Griffiths joined the Committee meeting.</i></p>	
	The Committee <b>RATIFIED</b> Chair's Action 814 Fit-Testing for Respiratory Protective Equipment (RPE) Procedure	
HSAC (20)32	<b>HEALTH AND SAFETY EXECUTIVE ENFORCEMENT ACTION UPDATE</b>	
	<p>Mr Harrison presented the Health and Safety Executive (HSE) Enforcement Action update report following the meeting held with the HSE on 25<sup>th</sup> June 2020. Mr Harrison advised that the report presented to HSAC on 22<sup>nd</sup> June 2020 was shared with the HSE, who subsequently requested a response to 12 specific follow-on questions, with the responses included within the report presented to today's meeting.</p> <p>Mrs Rayani advised that HSE feedback on the responses provided is still awaited, however the absence of any requests from them for further clarity is viewed as positive.</p>	

Mr Mike Lewis expressed concern regarding HSEs request for further evidence to the supplementary questions in relation to Improvement Notice (IN) 2. Mr Harrison confirmed that the HSE have advised that they misread the evidence initially supplied to them and following further discussions, it is anticipated that the HSE will support the actions taken, in order to close IN2.

Whilst accepting the progress made, given 40% of Material Breaches (MBs) and 30% of INs remain outstanding, Mr Owen Burt enquired as to the timescale for further progression to compliance. Mr Harrison responded that 7 MBs relate to lone working, and that once a lone working device has been trialled and implemented, these will be compliant. In terms of the INs in relation to Violence & Aggression (V&A) training, it was noted that an update on progress is included within a separate report to be presented later in the agenda.

For assurance, Mrs Rayani confirmed that the V&A Control Group, which includes Ms Ann Murphy and Ms Ann Taylor-Griffiths in the membership, discussed in detail the plans in place and the progress to reach compliance with all INs and MBs. However given the interdependences between the outstanding INs and MBs, it is acknowledged that additional funding is required in order to close a number of these actions.

Mrs Hardisty emphasised that the financial risk of noncompliance, should outweigh the funding required in order to comply.

Whilst noting that risk assessments have been undertaken for Mental Health services and Contractors in relation to lone working, Mrs Hardisty requested assurance that all areas of lone working would similarly be considered. Mrs Rayani confirmed that this would be the case, including for GP managed practices. For assurance in the interim, attack alarms for lone working staff are being progressed.

Whilst noting the update regarding Super Bariatric care within HDdUHB, Mrs Hardisty advised that in the absence of the author's attendance at the Operational Quality, Safety and Experience Sub-Committee (QQSESC) meeting on 3<sup>rd</sup> September 2020, the policy is still to be discussed by QQSESC. Ms Alison Shakeshaft advised that following confirmation of the author's availability to attend, a revised policy would be presented to the next QQSESC meeting in November 2020.

In summary, Mrs Hardisty welcomed the comprehensive report which provides an assurance to the Committee in relation to the work undertaken, whilst recognising that further progress is required. The Committee expects this trajectory to continue in order to reach full compliance against the notices served by the HSE.

The Committee **RECEIVED ASSURANCE** from the Health and Safety Executive Enforcement Action Update that the required work is being undertaken towards compliance with the notices served against the Heath Board by the Health and Safety Executive.

HSAC (20)33	VIOLENCE AND AGGRESSION UPDATE	
	<p>Mrs Rayani presented a report providing Members with the detail on the continuing work to comply with the INs issued by the HSE in relation to Violence and Aggression (V&amp;A) Management within the Health Board. Given this is the first report presented to HSAC, it only includes two months data to provide the Committee with an overview of the types of recorded violence and aggression related incidents.</p> <p>Referring to the 77 assaults recorded during the reporting period, Cllr. Simon Hancock suggested that the Police attendance at only 14 of these appeared low. Whilst not having the specific details of these incidents, Mr Harrison confirmed that the Health Board has a good relationship with the Police and that their attendance is predicated on the incident's severity.</p> <p>Mrs Rayani commented that following concerns raised that staff may be tolerating V&amp;A, accepting it as 'part of the job' a targeted approach had been launched to increase staff awareness of what constitutes such an incident, resulting in an increase of incidents reported on DATIX during July compared to June 2020.</p> <p>Following a number of queries from Members regarding the Police Community Support Officers (PCSO) across the Health Board, Mr Harrison advised that previously Prince Philip Hospital had a designated PCSO which has now been reinstated. For assurance, it has been agreed that the Police will undertake regular patrols of Health Board sites as part of their beat. Whilst it remains the aspiration to have a PCSO on all acute hospital sites, Mr Harrison agreed to provide an update on progress within the next report to HSAC.</p> <p>Following a number of queries from Members relating to staff repeatedly being subjected to V&amp;A, the following points were noted:</p> <ul style="list-style-type: none"> <li>• confirmation received that the support available for staff has significantly improved following the appointment of a V&amp;A Case Manager.</li> <li>• that the V&amp;A Case Manager is monitoring on a monthly basis whether there is a correlation between staff sickness and retention within areas more likely to be subject to V&amp;A, which will be aligned to ESR data.</li> <li>• the support provided by the V&amp;A Case Manager is being monitored, with positive feedback received from staff, which has contributed to a number of staff remaining in work.</li> <li>• confirmation received that the 6 members of staff who were repeatedly subjected to V&amp;A during July 2020 have all received support from their line managers.</li> <li>• a recognition that staff working in challenging areas across the Health Board, will more likely experiencing repeated V&amp;A incidents and that this may also occur from a small number of patients.</li> <li>• that the red flag marker on a patient's Welsh Patient Administrative System (WPAS) record to indicate challenging patients is shared with partner agencies including the Police. However, for assurance purposes, Mr Harrison agreed to establish whether this includes the Welsh Ambulance Service Trust (WAST), and whether this is reciprocal.</li> </ul>	TH

	<ul style="list-style-type: none"> <li>that there is an established process to contact the patients family where concerns are raised in regard to their challenging behaviour. This may result in establishing an appropriate management plan for the patient, which staff should follow.</li> </ul> <p>Ms Shakeshaft commented on the difficulty in interpreting the trajectory of incidents from the two months of data presented, and requested further reports to the Committee include extended trend data for comparison purposes.</p> <p>In response to a query from Mr Lewis regarding the expected timescales for improving V&amp;A training, Mrs Rayani advised that a meeting is taking place with the interim V&amp;A training lead week commencing 14.09.2020 to discuss the investment required, with a change to the structure of the team also being planned. If approved, the enhanced training should commence in January 2021, taking into consideration COVID-19 social distancing regulations at that point in time. In response to a query from Ms Taylor-Griffiths relating to the use of external trainers, Mrs Rayani advised that this has been included within the hybrid model proposal for consideration. However this does not appear to be a cost effective solution and given the limited number of external trainers available, may not be a viable option. A further option being considered is supporting staff to have the necessary skills to train other Health Board staff in order to provide in-house training.</p> <p>Mrs Hardisty enquired whether V&amp;A data is discussed in other Health Board forums. Mr Harrison advised that the DATIX data should be discussed at management team meetings, and also the Staff Partnership Forum.</p> <p>Following robust discussions, the Committee proposed that as only limited assurance had been received, and in order to receive further assurance, the next report to the Committee should include the following:</p> <ul style="list-style-type: none"> <li>trend data over an extended period for comparison;</li> <li>progress regarding the establishment of PCSOs on all Health Board sites;</li> <li>confirmation of where the data has been discussed without going into the detail of cases;</li> <li>an update on plans to improve V&amp;A training.</li> </ul> <p>The Committee <b>RECEIVED LIMITED ASSURANCE</b> that the required work is being undertaken towards improving:</p> <ul style="list-style-type: none"> <li>the support provided to staff involved and subjected to violence and aggression incidents.</li> <li>partnership arrangements following the appointment of the Health Boards Violence and Aggression Case Manager with Dyfed Powys Police.</li> </ul>	<p>TH</p>
<p>HSAC (20)34</p>	<p><b>DEVELOPMENT OF A TOOLKIT FOR THE REVIEW OF STAFF TESTING POSITIVE FOR COVID-19</b></p> <p>Mrs Rayani presented the Development of a Toolkit for the Review of Staff Testing Positive for COVID-19, which is being developed at an All-Wales level to ensure consistency of investigations. Members noted that the</p>	

	<p>Health Board has supported its development which will assist to influence further actions in relation to COVID-19.</p> <p>In response to a query from Ms Shakeshaft, Mrs Rayani confirmed that the toolkit has been designed by the Head of Patient Experience (HOPE) Network and will only be used to assist an investigation following the positive testing of a member of staff. Whilst the toolkit has been initiated in other Health Boards, to date, it has not been required in Hywel Dda.</p> <p>Ms Shakeshaft suggested that the Test Trace and Protect (TTP) Team could be involved in the development of the toolkit, and Mrs Rayani agreed to flag this to the national lead director for consideration.</p> <p>Mrs Hardisty expressed concern that an Equality Impact Assessment has not been completed. Mrs Rayani understood that this has been completed on an all Wales basis, however for assurance, agreed to confirm with the HOPE Network.</p>	<p>MR</p> <p>MR</p>
	<p>The Committee <b>NOTED</b> the development of the COVID-19 Staff Investigation Toolkit.</p>	

<p><b>HSAC (20)35</b></p>	<p><b>PROCESS FOR NEEDLE STICK INJURIES</b></p> <p>Mr Harrison presented the Process for Needle Stick Injuries report, following a concern raised by the HSE during their inspection in July 2019 where the absence of glove guidance was noted during a training session undertaken with staff; this guidance has now been revised, with staff mandated to use gloves. In order to comply with the subsequent IN served, the Health Board needs to demonstrate that robust systems are in place to manage and monitor needle stick injuries.</p> <p>Whilst welcoming the change of guidance relating to glove use, Ms Taylor-Griffiths enquired whether this is being enforced, especially for those staff who received training prior to the revised guidance. Mrs Rayani advised that prior to COVID-19, the Infection, Prevention and Control (IPC) team provided guidance to staff in relation to glove usage. Further training will be provided by the Clinical Skills Team to update staff, in addition to reiterating this guidance during the planned Health and Safety days in September and October 2020.</p> <p>In response to Members queries relating to the implementation of the process for Needle Stick Injuries, the following assurance was received:</p> <ul style="list-style-type: none"> <li>• that the process will be implemented in all Health Board facilities;</li> <li>• that staff undertaking antibody and antigen testing have received recent training and are therefore aware of the changes in policy;</li> <li>• that the process will be circulated to staff by Global email and also via a Health and Safety newsletter currently under development.</li> </ul> <p>Mrs Delyth Raynsford noted an error in the financial impact section of the report which Mr Harrison undertook to amend, prior to uploading onto the HDdUHB website.</p>	<p>TH</p>
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	Members welcomed the report and agreed that following implementation, it would be beneficial to include details relating to also trend data in future reports, outlining whether improvements have been identified.	TH
	The Committee <b>RECEIVED ASSURANCE</b> from the Process for Needle Stick Injuries report that the required work is being undertaken towards improving how sharps incidents are investigated, and that venepuncture training is delivered in line with HDdUHB's Infection Prevention & Control Policy.	

HSAC (20)36	<b>UPDATE ON FIRE ENFORCEMENT NOTICES AND LETTERS OF FIRE SAFETY AT WITBYBUSH GENERAL HOSPITAL (WGH) AND GLANGWILI GENERAL HOSPITAL (GGH)</b>	
	<p>Mr Rob Elliott presented an update on Fire Enforcement Notices and Letters of Fire Safety issued by the Mid and West Wales Fire Rescue Service (MWWFRS) on WGH and GGH. As requested at the previous HSAC meeting, this update includes a detailed breakdown of each notice issued to the Health Board. Members were informed that the appendices include a list of all notices issued outlining the work to date, and that future reports will only include outstanding actions for completion. Mr Elliott advised that since HSAC papers have been issued, the Health Board has received written confirmation from MWWFRS in support of the verbal agreements made to date.</p> <p>In relation to actions for WGH, whilst receiving formal agreement with Welsh Government (WG) and support from the MWWFRS relating to the Programme Business Case (PBC), Mr Elliott advised that the Health Board has been asked to proceed at risk for the advanced works programme involved totalling £350k. Following these advanced works, WG should be in a position to support funding for the additional work required. However, following a recent tendering process, no companies on the All-Wales Framework who are managed by National Health Service Wales Shared Services Partnership-Specialist Estates Services (NWSSP-SES), expressed an interest in tendering for the advanced works program, leading to a delay in the process. However, following negotiations undertaken by NWSSP-SES, one company has now expressed interest to participate, therefore given the delay, a circa 5 week extension for the delivery of the Business Justification Case (BJC) has been agreed.</p> <p>In relation to plans for GGH, Mr Elliot confirmed that the advanced work programme is currently on schedule, although survey work has been delayed due to COVID-19 restrictions. Once the PBC is submitted to WG, the Health Board suspects similar challenges to those experienced for WGH in relation to financial support from WG. Mr Elliott confirmed that a joint meeting with WG and MWWFRS has been scheduled for 2<sup>nd</sup> October 2020 to discuss the overall programme of delivery.</p> <p>Mr Elliott updated Members regarding the correspondence received from MWWFRS:</p> <ul style="list-style-type: none"> <li>• confirmation that the deadlines for WGH have been extended which align with the dates contained within the report;</li> </ul>	

	<ul style="list-style-type: none"> <li>• that any actions due for completion in 2022, will be reviewed by the MWWFRS closer to the deadline.</li> <li>• St Caradog's deadline has been extended to December 2021, which coincides with the completion of the first phase of their Business Case.</li> </ul> <p>In terms of the suppliers on the All-Wales Framework, Mrs Hardisty enquired whether NWSSP could increase the number of mandated companies to undertake this work. Mr Elliott confirmed that NWSSP are in the process of contacting those companies who initially declined the invitation to tender to establish whether they will re-consider, and agreed to provide an update to Members. However, it should be recognised that the process to become a mandated supplier takes on average 12 months to complete.</p> <p>Whilst accepting that the Health Board received the correspondence from the MWWFRS after HSAC papers had been issued, Mrs Joanne Wilson commented on the difficulty for Committee Members to assimilate the information contained within the verbal update and therefore be in a position to reach assurance. Given that the report does not include up to date information detailing the agreed deadlines from the MWWFRS, it was proposed that in order to receive assurance, the report be updated to include the revised timelines and then shared with Members. Members agreed to this approach, proposing that in order to assure the Board, additional narrative should be included within the HSAC update report to Board, confirming completion of this action.</p> <p>Cllr. Hancock enquired whether discussions from the meetings held between the MWWFRS and the Health Board are routinely documented. In response Mr Elliott confirmed that following the most recent meeting with the MWWFRS, correspondence was issued to the MWWFRS to reiterate the verbal agreements, commenting that it has been challenging to receive written confirmation from the MWWFRS in support of the verbal agreements made to date. Mrs Hardisty expressed frustration at the lack of correspondence received, and suggested the importance of this should be emphasised to the MWWFRS.</p> <p>The Committee directed that this concern be escalated to Board and proposed that correspondence be issued to the MWWFRS on behalf of the Chief Executive requesting written confirmation of the verbally agreed timescales for GGH to the Health Board, prior to the next HSAC meeting.</p> <p>The Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• the current progress against the Fire Enforcement Notices and Letters of Fire Safety outlined within this update report;</li> <li>• the further work necessary to fully evaluate any modifications to the established programme;</li> <li>• the urgent action being taken to receive written confirmation from MWWFRS in support of the verbal agreements made to date.</li> </ul>	<p>RE</p> <p>RE</p> <p>JH/KR</p> <p>JH/KR</p> <p>RE</p>
<p>HSAC (20)37</p>	<p><b>FIRE SAFETY AUDIT SYSTEM REPORT 2019/20</b></p> <p>Deferred until the next HSAC meeting</p>	



HSAC (20)38	<b>FIRE SAFETY GOVERNANCE UPDATE AND ACTION PLAN</b>	
	<p>Mr Elliott presented the Fire Safety Governance Update and Action Plan, including updates on progress made in achieving the recommendations targeted for delivery in July and August 2020. It was noted that the timeline for action 4a.4 relating to a review of the fire safety governance structure has now been extended until October 2020. Mr Elliott proposed a change of format for the next update to HSAC, suggesting that the actions are split into two groups; i.e. completed and outstanding actions. Mrs Hardisty suggested that the format of the report to HSAC should be discussed with the Lead Director.</p> <p>Whilst welcoming the progress made to date, Members raised concerns regarding the confusing colour coding within the action plan and requested that this is reviewed in order to provide an appropriate assurance to the Committee. Mrs Wilson proposed adopting the Red/Amber/Green (RAG) classifications within the action plan.</p>	<p>RE</p> <p>RE</p>
	<p>The Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>the current progress in achieving recommendations for July /August 2020;</li> <li>that update reports will continue to be presented to the Committee.</li> </ul>	
HSAC (20)39	<b>CORPORATE RISKS ASSIGNED TO HSAC</b>	
	<p>Mrs Rayani presented the Corporate Risks Assigned to HSAC report advising that Executive Directors have established a new process for reviewing risk registers during Executive Team (ET) meetings. Whilst there is no change in the risk score for <i>Risk 813 – Failure to fully comply with the requirements of the Regulatory Reform Order (Fire Safety) 2005 (RRO)</i>, Members would be aware of the significant work undertaken as evidenced within the Fire Safety Governance Update and Action Plan previously discussed.</p>	
	<p>The Committee <b>RECEIVED ASSURANCE</b> that:</p> <ul style="list-style-type: none"> <li>all identified controls are in place and working effectively;</li> <li>all planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</li> </ul>	
HSAC (20)40	<b>OPERATIONAL RISKS ASSIGNED TO HSAC</b>	
	<p>Mrs Rayani presented the Corporate Risks Assigned to HSAC, referencing in particular <i>Risk 652 Security on all four acute hospital sites</i>, acknowledging that whilst significant work has been undertaken during COVID-19, the risk score remains at 8 due to the additional work required. Mr Harrison apprised Members of the challenge in locking external doors quickly, given that currently this is only achievable by porters physically attending to lock the doors.</p> <p>Mrs Hardisty requested clarity on the tolerance scores for a number of the Operational Risks, for example <i>Risk 222, Exposure to Asbestos through contact with asbestos containing materials</i>, noting that this risk had last been reviewed in December 2019. For clarity, Mrs Wilson confirmed that</p>	

	<p>tolerance scores are agreed by Board. In response, Mrs Rayani confirmed that tolerance scores have also been discussed during risk discussions at ET and accepted that further discussions regarding the Health Board's risk appetite tolerance are required. However, it should be recognised that a number of risks require investment in order to reduce their score. Whilst in agreement, Mrs Wilson commented that for risks that are currently higher than the agreed tolerance level, in the absence of agreed funding, the Committee would need to seek assurance if all action possible had been taken to mitigate the risk and whether this should be accepted or raised to the Board's attention.</p> <p>For assurance purposes, Mr Elliott confirmed that there are robust systems in place for Risk 222 and that it is being monitored and managed appropriately.</p>	
	The Committee <b>DISCUSSED</b> the Operational Risks Allocated to HSAC Report and <b>RAISED</b> issues arising from its content.	
HSAC (20)41	<b>HSAC WORKPLAN 2020/21</b>	
	The Committee received the Health & Safety Assurance Committee work programme for 2020/21 for information.	
	The Committee <b>NOTED</b> the Health & Safety Assurance Committee work programme for 2020/21.	
HSAC (20)42	<b>ANY OTHER BUSINESS</b>	
	No other business was discussed.	
HSAC (20)43	<b>REFLECTIVE SUMMARY</b>	
	<p>Mrs Rayani highlighted the following from the meeting:</p> <ul style="list-style-type: none"> <li>• Members received a level of assurance from the reports presented to HSAC, and whilst this Committee is still progressing, further support may be required to guide report authors in the required content of reporting in order to provide assurance to HSAC.</li> <li>• Members recognised that work is progressing to comply with the enforcement notices issued.</li> <li>• Members agreed that in order to provide further assurance to the Board, an updated Fire Enforcement Notices and Letters of Fire Safety report including revised timelines, would be shared with Members.</li> <li>• Members agreed that confirmation will be requested from the HOPE Network that in the development of a Toolkit for the Review of Staff Testing Positive for COVID-19, an Equality Impact Assessment has been completed on an all Wales basis.</li> </ul>	
HSAC	<b>DATE &amp; TIME OF NEXT MEETING</b>	

**(20)44**

To be confirmed.