

Swansea Bay University Health Board

Unconfirmed

Minutes of the Meeting of the Health and Safety Committee 5th October 2021 via Microsoft Teams

Present

Maggie Berry	Independent Member (in the chair)
Jackie Davies	Independent Member (from minute 80/21)
Tom Crick	Independent Member

In Attendance

Julian Rhys Quirk	Assistant Director of Workforce and OD
Leah Joseph	Corporate Governance Officer
Mark Parsons	Assistant Director of Health and Safety
Gareth Howells	Interim Director of Nursing and Patient Experience
Des Keighan	Assistant Director of Operations - Estates
Joanne Jones	Head of Support Services
Hazel Lloyd	Head of Risk (minute 78/21)
Brian Owens	Service Director, Primary, Community and Therapies Services (from minute 81/21 to 82/21)
Stephen Jones	Nurse Director, Mental Health and Learning Disabilities (from minute 82/21 to minute 83/21)

Minute No.		Action
72/21	APOLOGIES	
	Apologies for absence were received from David Roberts, Service Director for Mental Health and Learning Disabilities.	
73/21	WELCOME / INTRODUCTORY REMARKS	
	The chair welcomed everyone to the meeting.	
74/21	DECLARATION OF INTERESTS	
	There were no declarations of interest.	
75/21	MINUTES OF THE PREVIOUS MEETING	

	<p>The minutes of the meetings held on 1st July 2021 were received and confirmed as a true and accurate record, except to note the following amendments:</p> <ul style="list-style-type: none"> i. <u>49/21 Cladding Project Details at Singleton Hospital</u> The sentence <i>'the first phase of the project is complete and therefore compliant with the new legislation'</i> to be changed to <i>'scaffolding for the first phase of the cladding project had been completed, with the removal and replacement works commencing in April 2021'</i>. ii. <u>50/21 COVID-19 Health and Safety Issues</u> Maggie Berry queried whether the changes had been made following the Health and Safety Executive (HSE) notice of <i>contravention</i> received in January 2021. 	
76/21	MATTERS ARISING	
	<ul style="list-style-type: none"> i. <u>99/20 and 46/21 Water and ice machines across sites</u> Des Keighan advised that a request for wound ice packs made via the water safety plan was approved at Neath Port Talbot Hospital's laser treatment ward. There was a review of water and ice machines at Morriston Hospital and a request was received for additional machines throughout the site. The machines have not yet been installed as the estates team awaits a decision as to where they should be installed. Mark Parsons advised that the water and ice machines are not detailed within the water policy, but are detailed within the water safety plan. ii. <u>50/21 Rapid Response team</u> Maggie Berry queried the position surrounding the rapid response team for the three tiered approach. Joanne Jones advised that the rapid response team have been utilised in light of the prevalence of COVID-19. The use of the service is not regular; however it does form a part of the enhanced cleaning that can be provided. A bank for domestic staff was created which has given the domestic team more resilience. iii. <u>57/21 Display Screen Equipment (DSE)</u> Maggie Berry queried the promotion of the DSE checklist within teams and whether it could be added to statutory and mandatory training. Mark Parsons advised that there was no update surrounding DSE checklists. Julian Rhys Quirk advised that although there is a home working policy available, the agile working policy had not yet been introduced. The policy required changes and needed to be piloted. He undertook to refer DSE checklist to Workforce and OD Committee to confirm the 	JRQ

	governance surrounding it. Maggie Berry noted that the DSE checklist needed to be brought to attention.	
77/21	ACTION LOG	
	<p>The action log was received.</p> <p>i. <u>132/19 Caswell Clinic camera and alarm system</u></p> <p>A capital bid is ongoing for the works required at Caswell Clinic. Action to remain on the log for a verbal update at January's meeting.</p> <p>ii. <u>24/21 Fire door compliance</u></p> <p>Maggie Berry requested a substantive update report in July 2022 as there is an expectation that the fire door works would be completed by the end of the 2021/22 financial year.</p> <p>i. <u>95/20 Morrison Hospital flooring</u></p> <p>Maggie Berry requested a substantive update report in January 2022 as there is an expectation that the flooring works would be completed by November 2021. She stated that it was good to see completion of flooring works at Cyril Evans Ward.</p> <p>ii. <u>14/20 Six facet review of backlog maintenance</u></p> <p>Des Keighan advised that the tender had gone to market for an expression of interest and there is an expectation that an appointment would be made within the next six weeks, which would include the full six facet review of backlog maintenance and the quality access review. Maggie Berry requested an interim report on progress in July 2022.</p> <p>iii. <u>22/21 Face-to-face training for Executives and Independent Members</u></p> <p>In light of the third wave of COVID-19, Mark Parsons advised that timescales were moved to the end of quarter one.</p> <p>iv. <u>18/21 Tender of water risk assessments</u></p> <p>Des Keighan advised that the tender was awarded to a company and the first meeting would take place within the next few weeks with completion expected at the end of the 2021/22 financial year. Maggie Berry requested an update report on completion in July 2022.</p> <p>v. <u>Health and Safety Committee unit highlight report template</u></p> <p>Committee members approved the unit highlight report. This will be completed by units from January 2022 onwards.</p>	<p>MP</p> <p>MP</p> <p>MP</p> <p>DK</p> <p>DK</p>

<p>Resolved:</p>	<ul style="list-style-type: none"> - The Health and Safety Committee unit highlight report was approved. - The action log was noted. 	
<p>78/21</p>	<p>HEALTH AND SAFETY RISK REGISTER</p>	
	<p>A report providing an update on the Health and Safety risk register was received.</p> <p>In introducing the report, Hazel Lloyd highlighted the following points:</p> <ul style="list-style-type: none"> - The risks currently assigned to the Health and Safety Committee are health and safety infrastructure; fire safety compliance; and environment of premises; - The Interim Director of Operations is reviewing the risk score for environment of premises which currently has a risk score of 12; - The current rating for health and safety infrastructure is 25 with a target rating of 12. Two fire safety officer posts are going to advert and the risk will be overseen by Interim Director of Nursing and Patient Experience; - The Director of Digital has reviewed risk 36, storage of paper records and this is being overseen by Audit Committee; - There are eight operational health and safety risks relating to environment. <p>In discussing the report, the following points were raised:</p> <p>Mark Parsons highlighted that risk appetite should relate to the quality and safety of staff as well as patients. Hazel Lloyd agreed and confirmed that the wording would be amended accordingly.</p> <p>Gareth Howells was pleased to see timescales to mitigate the fire safety risk score of 25. Hazel Lloyd advised that the Chief Executive requires all risks reviewed and actions detailed to mitigate those risks. She suggested a discussion outside of the meeting with Gareth Howells and Mark Parsons. Mark Parsons highlighted that if there was going to be a reduction in the risk score it would be slow and gradual.</p> <p>Maggie Berry queried fire safety compliance and whether there was any additional narrative surrounding the mental health and learning disabilities operational risk. Mark Parsons suggested that the risk is removed as the risk was previously complied with. Hazel Lloyd agreed with Mark Parsons' comments.</p>	

Resolved:	The updates to the Health Board Risk Register risks assigned to the Committee, and COVID-19 Gold Command risk register were noted .	
79/21	HEALTH AND SAFETY STRATEGIC ACTION PLAN	
	<p>A report on health and safety strategic action plan was received.</p> <p>In introducing the report, Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> – The title of the plan was changed to <i>health and safety strategic action plan 2021-2023</i> to ensure dates are realistic following the COVID-19 pandemic; – An audit template for external site audits had been agreed; – Structures and job descriptions were approved following review of health and safety resources; – Key performance indicators were developed and agreed by Units; – The action plan had been shared and will continue to be shared with Units; – The health and safety newsletter format was previously agreed. <p>In discussing the item, the following points were raised:</p> <p>Maggie Berry highlighted that having to move the dates in light of the pandemic was disappointing. She queried the position on face-to-face training for Executives and Independent Members following a recent Board away day. Mark Parsons agreed to discuss the position from a financial perspective with the Director of Finance. He added that face-to-face training would be more productive for staff than digital based. Gareth Howells supported face-to-face training and noted that a degree of expertise would be important.</p> <p>Maggie Berry queried whether institution of occupational safety and health (IOSH) could be delivered digitally. Mark Parsons advised that Hywel Dda University Health Board recently delivered a four-day training exercise to staff which Swansea Bay University Health Board (SBUHB) could adopt. Maggie commented that fast-track training would be good for staff members and requested a verbal update in January with a substantive report in April 2022.</p>	<p>MP</p> <p>MP</p>
Resolved:	<ul style="list-style-type: none"> – A discussion to take place with the Director of Finance surrounding financial availability for face-to-face training. – A verbal update on the delivery of digital training on institution of occupational safety and health (IOSH) to be received January 2022 with a substantive report in April 2022. 	<p>MP</p> <p>MP</p>

	<ul style="list-style-type: none"> – The health and safety strategic action plan was approved. – The report was noted. 	
80/21	COVID-19 HEALTH AND SAFETY ISSUES	
	<p>A verbal update on COVID-19 health and safety issues was received.</p> <p>In introducing the update, Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> – Personal protective equipment (PPE) levels are good; – The Health Board is now working through the third wave of COVID-19 and cases in the community are still high with numbers beginning to decrease in hospitals; – At the last partnership forum, concerns from trade unions were not raised in respect of PPE. <p>In discussing the item, the following points were raised:</p> <p>Gareth Howells advised that physical distancing in hospitals is gathering momentum and there is a need to reduce concerns. COVID-19 is prevalent in the community and there is an opportunity to raise communications surrounding physical distancing. There is flexibility in the current arrangements, but needs to be managed correctly if changes are made. Mark Parsons advised that new legislation was announced on 7th August 2021 and physical distancing is based on risk assessments. The consultation period for this legislation closes on 6th October 2021. The guidance was one metre distance in a clinical environment including the need for other control levels in place, natural and mechanical. A measured approach would be needed to ensure appropriate mitigations were in place. Maggie Berry suggested a written report on social distancing to be taken through January’s committee.</p>	MP
Resolved	<ul style="list-style-type: none"> – A written report on social distancing to be included in the next COVID-19 update in January 2022. – The update was noted. 	MP
81/21	RECENT INSPECTIONS AND AUDITS INCLUDING INTERNAL AUDIT WATER SAFETY ACTION PLAN AND PROGRESS REPORT	
	<p>A report on recent inspections and audits including Internal Audit Water Safety action plan and progress report was received.</p> <p>In introducing the report, Des Keighan highlighted the following points:</p>	

	<ul style="list-style-type: none"> – At the time of the internal audit review of safe water management there were twelve recommendations made; – Some of the recommendations have been addressed, however further work is ongoing to progress outstanding issues. <p>In discussing the item, the following points were raised:</p> <p>Jackie Davies highlighted that the risk scoring mechanism was different in estates and queried the reasons for not having a universal consistent approach. Des Keighan advised that the Health Board approach to scoring was separate to the industrial approach to scoring. The industry standards of scoring can be affected over a long-term period, however the Health Board scoring was often immediate.</p> <p>Jackie Davies queried why estates work can take long periods of time for completion. Des Keighan stated that the majority of issues need significant capital funding. SBUHB is one of seven Health Board’s bidding for portions of capital funds; however SBUHB has submitted more infrastructure bids this year. He noted that most engineering systems owned by SBUHB have a lifespan of 25 to 30 years, and most are near or past their recommended lifespan. There are also delays when trying to gain access to areas for maintenance due to clinical needs.</p> <p>Gareth Howells reflected that there could always be a cycle of trying to complete the works required, and as a Health Board there needs to be an understanding of what it means and whether the narrative could be explained differently. Des Keighan advised that the Chief Executive is chairing the Strategic Use of Estates Group with a view to obtaining decanting facilities, and Service Directors have been invited to those meetings.</p> <p>Mark Parsons advised that a holistic risk needs reviewing on a long-term basis to manage issues and implement a rolling programme. The clinical strategy needs to be understood to enable the estates strategy to be built around it. Joanne Jones highlighted an infrastructure risk to the catering department at Morriston Hospital, and although capital monies have been received to replace items, leaks in the roof remain. Recently, Morriston Hospital’s food hygiene received a score of three and this was due to the infrastructure. The risk can spread into other areas and requires escalation.</p> <p>Des Keighan advised that there was a plan to use Enfys Ward for decanting other wards, however this is on hold due to clinical needs.</p>	
Resolved:	The report was noted .	
82/21	PRIMARY, COMMUNITY AND THERAPIES SERVICES	

A report from the Primary, Community and Therapies Services from a health and safety perspective was **received**.

In introducing the report, Brian Owens highlighted the following points:

- The violence and aggression position is positive with an improving trend;
- There are concerns regarding sharps injuries and a high number are happening near a disposal point;
- The road traffic collisions trend is improving and it would be interesting to see how the trend develops as people go back to their normal lifestyles;
- Physical distancing is actively being monitored with messages being reinforced. The silver COVID-19 group was reformed due to the recent COVID-19 challenges, and he felt assured that staff were wearing masks whilst moving between buildings;
- There are ongoing discussions surrounding the site leadership as leaders are needed for all 32 properties;
- Estates primary care issues are being worked through as there are historic lease agreements in place. A review is being undertaken;
- Work is ongoing around the health and safety governance structure;
- The Bay Field Hospital is being relooked at to enable the use of its capacity. An extraordinary meeting was called and the Primary, Community and Therapies Services Medical Director is reviewing the change in environment. This had not yet been activated and remained under review.

In discussing the item, the following points were raised:

Jackie Davies highlighted that having identified people for site responsibility is important. She detailed that from personal experience the Bay Field Hospital was well used. She queried whether there is use for the property on a long term basis. Brian Owens stated that the property is well utilised and the mass vaccination centre has worked well. The phlebotomy department are reviewing alternative arrangements as the lease is due to expire in July 2022. The estate was never built as a permanent structure and would require a whole new roof if the intention was to use it on a long term basis.

Des Keighan advised that the Bay Field Hospital is being monitored by the Strategic Use of Estates Group. Gareth Howells advised that he was not aware of the fragility surrounding the Bay Field Hospital. He noted

that Cwm Taf Morgannwg University Health Board (CTMUHB) have never closed their field hospital to patients and Hywel Dda University Health Board used their field hospital as a pre-discharge hub. There could be an opportunity for SBUHB to use the space differently.

Brian Owens noted that clinically optimised patients are increasing and the model may have changed.

Jackie Davies queried the implementation of Trauma Risk Management (TRiM) training for staff from a Primary, Community and Therapies Services perspective. Brian Owens advised that Primary, Community and Therapies Services had struggled with the implementation of TRiM training and had previously flagged the lack of provision to the previous Interim Director of Workforce and OD. He stated that teams do not consistently work together and as such the module does not fit. He advised that there was not a reliable roll out plan and TRiM training lacked funding. Primary, Community and Therapies Services are currently not able to evidence how TRiM worked efficiently in secondary care.

Jackie Davies found Brian Owens' comments interesting as during the COVID-19 pandemic, half of the trade union calls were from community staff. She commented that SBUHB needed to focus on the TRiM roll out or provide an alternative to fill the gap. Brian Owens agreed the need to support colleagues, however he was unable to purchase the training without funding. Supervisory staff are not funded and the monetary element was missing. He noted that he had a statutory requirement to break even this financial year. He was concerned about the pressures staff are working under and if staff are not meeting together often, then it was not a workable environment for the implementation of TRiM training.

Julian Rhys Quirk advised that funding was not provided in a conventional sense to all other areas and the service has been valued with good feedback being received. Brian Owens advised that secondary staff are able to access TRiM training on sites when they come off duty, however it is the primary and community teams who were unable to access the TRiM training.

Julian Rhys Quirk queried the historical practicality discussions. Brian Owens advised that he met with the previous Interim Director of Workforce and OD, the Chief Executive and the Director of Finance. He raised his concerns and advised that he was unable to release staff even if back filling was available. He had been given no solution to date for TRiM training to work in a community setting. Julian Rhys Quirk undertook to review TRiM training in the Primary, Community and Therapies Services setting and to refer the matter to Workforce and OD Committee. Brian Owens stated that it was important to not affect the economic impact on any decision made as it could decrease clinical

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	<p>availability around the 32 properties.</p> <p>Mark Parsons queried the timescale to manage the inappropriate room for orthotics at Princess of Wales. Brian Owens advised that there had been no significant outcome and would be explored further with CTMUHB.</p> <p>Mark Parsons suggested that risk relating to Gorseinon Hospital's leaking roof should be removed as there had been no leaks in the past 10 months. Brian Owens stated that he would look to remove the risk from the Unit risk register.</p>	
Resolved:	<ul style="list-style-type: none"> - Trauma Risk Management (TRiM) to be referred to WOD Committee to review the lack of usage in the primary care setting. - The report be noted. 	JRQ
83/21	MENTAL HEALTH AND LEARNING DISABILITIES SERVICES	
	<p>A report from the Mental Health and Learning Disabilities (MHL) from a health and safety perspective was received.</p> <p>In introducing the report, Stephen Jones highlighted the following points:</p> <ul style="list-style-type: none"> - Statutory and mandatory training compliance rates are good and he commended the mental health teams for their performance; - In 2020/21 there were 21 reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) incidents. Staff work in challenging environments from a behavioural perspective; - There were 586 incidents of violence and aggression reported against staff between the reporting period of April 2020 and March 2021 which is demonstrative of the environment. There were 405 incidents of violence and aggression reported against patients for the same period; - The Unit developed a governance structure in relation to the reducing restrictive practices agenda. A reducing restrictive practices steering group was developed that reports directly to the Unit's quality and safety group, the patient experience group and also proactive reduction of restrictive practice clinical effectiveness group; - Sleep deprivation was a main theme in falls and the falls group would be taking this forward for key learning; - The acute adult ward environment at Cefn Coed Hospital 	

remained a concern for the Unit. The environment is unsuitable for a modern mental health inpatient service, and although the wards had been refurbished, the communal space and sanitary accommodation are inadequate. A formal capital project board was well established to take forward the business case for the re-provision of accommodation for the acute adult inpatient service. This was at the outline business case stage and support would be required to progress this further;

- The Children’s and Adolescent Mental Health Services (CAMHS) bed at Ward F in Neath Port Talbot Hospital remained a concern for the Unit. Due to a gap in service provision for inpatient CAMHS, all Health Boards are required to provide an emergency inpatient bed for a CAMHS patient aged 16 to 18 years. The designated bed in SBUHB is located in Ward F which is an acute adult mental health ward. This is considered an unsuitable environment for patients in this age group. In order to mitigate safeguarding risks, any CAMHS patient admitted is nursed on a one-to-one basis but this is restrictive and can cause distress.

In discussing the item, the following points were raised:

Jackie Davies was pleased to see the re-provision of accommodation for the acute adult inpatient service at Cefn Coed Hospital. She found the report good and comprehensive.

Jackie Davies queried the TRiM position from a MHL D perspective. Stephen Jones advised that the Unit has identified a TRiM trainer and is deciding where best to pilot it for effectiveness and will then roll out training across MHL D. He highlighted that many staff have headroom to attend forums as part of their training. There is work ongoing to place a psychiatric liaison team and a single point of access for adults at Neath Port Talbot Hospital.

Gareth Howells commented that the report was good and welcomed the business case for the acute adult inpatient service. He was keen for a programme on physical care and welcomed a discussion outside of the meeting with Stephen Jones to raise the profile of nursing in MHL D and to discuss CAMHS further. Stephen Jones welcomed a discussion on CAMHS and advised that following the COVID-19 pandemic the outbreaks in MHL D many lessons were learned and the Unit has considered setting up more physical care in MHL D.

Maggie Berry queried the health and safety security risk at Caswell Clinic. Stephen Jones stated that the risk is consistently on the agenda due to the patients in the type of environment. There is a need to measure the risk and then implement mitigating actions.

Maggie Berry queried the site leadership for the buildings managed by

	<p>MHLD. Stephen Jones highlighted that the site leadership was covered in a review of services in 2016, however he would review the current position as responsibility may have changed. Mark Parsons forwarded the site responsibility property list for MHLD to Stephen Jones to review outside of the meeting.</p>	
Resolved:	The report was noted .	
84/21	ESTATES HEALTH AND SAFETY REPORT	
	<p>A report from an Estates health and safety perspective was received. In introducing the report, Des Keighan highlighted the following points:</p> <ul style="list-style-type: none"> – A medical gas group has been developed and last met at the end of September 2021; – A number of staff have been registered to the authorised person (AP) courses; – A large piece of work surrounding fire risk assessments is ongoing and bids have been submitted for additional staff; – SBUHB has undertaken a review of critical clinical areas to ensure that fire dampers are in place; – The department are undertaking further work this year from discretionary capital to address asbestos issues identified at Singleton Hospital; – There is no specific policy for lifts, as such SBUHB are looking to appoint an AE for lifts, however to date there has been difficulty sourcing a company that can provide accreditation and shared services do not currently provide this service; – The introduction of the All Wales capital infrastructure fund has had a positive impact on the estates department and it had identified funding to complete the first phase of these changes, and has had permission to proceed in the next few months. <p>In discussing the item, the following points were raised:</p> <p>Maggie Berry queried the drawings of the estate at Morryston Hospital. Des Keighan advised that the physical drawings have been received, however there is work ongoing to transfer them to an electronic format;</p> <p>Maggie Berry queried the emergency lighting issues. Des Keighan stated that there is a refit scheme highlighted and designated discretionary capital is received each year, however emergency lighting is not to the</p>	

	<p>latest standard.</p> <p>Maggie Berry wondered if there was an overall Health Board policy for physical and wheelchair access to the whole of the Health Board estate. Des Keighan advised that access would be covered by the equality act and going forward access checks would be included in the six facet backlog survey.</p> <p>Maggie Berry queried the statutory and mandatory training levels for the estates department. Des Keighan commented that personal appraisal development review levels were poor, and the web based approach was not helpful for some estates staff as many do not use computers. There is a resource issue as secretaries often need to be on-hand to support staff to complete the forms. This has been discussed with human resources for objectives to increase the figures.</p>	
Resolved:	The report was noted .	
85/21	HEALTH AND SAFETY OPERATIONAL GROUP KEY ISSUES REPORT	
	<p>A key issues report on Health and Safety Operational Group was received.</p> <p>In introducing the report, Mark Parsons highlighted the following points:</p> <ul style="list-style-type: none"> – The Health and Safety Operational Group was well attended and the last meeting took place on 4th August 2021; – Following the inaugural meeting of the Neath Port Talbot Hospital and Singleton Service Group (NPTSSG) on 18th May 2021, some minor adjustments continue to fine tune the group to ensure inclusion across the various services. The new terms of reference and a standing agenda mirroring the Health and Safety Operational Group were approved by the NPTSSG Health & Safety Operational Group; – Staffing and COVID-19 are being continually monitored, with cladding being one of the main risks for Singleton Hospital; – Morriston Hospital have confirmed the renaming of the group to ‘Morriston Hospital Health and Safety and Environmental Group’ and the updated terms of reference have been approved; – In MHLD, a review of the Cefn Coed fire plan had taken place and was adopted and re-circulated for implementation; – Llynfi Training Centre at Glanrhyd Hospital was highlighted as an increasing risk, with no venue identified to provide the training as 	

	<p>the current venue needs to be vacated by 31st March 2022. This is being reviewed by the Health Board accommodation group to identify suitable accommodation to facilitate the training;</p> <ul style="list-style-type: none"> – Waste issues continue for Morriston Hospital and had been added to the risk register for monitoring; – The ventilation policy was submitted and no additional comments were received from the group. The policy was recommended to the Health and Safety Committee for approval; <p>In discussing the item, the following points were raised:</p> <p>Jackie Davies was pleased to see the development of the Health and Safety Operational Group which has provided assurance to committee members.</p> <p>Maggie Berry commented that it was good to see a score of 100% for overdue fire risk assessments at Singleton Hospital. She queried the arrangements in place to take account of the six standards of stress management outlined by the Health and Safety Executive. Mark Parsons advised that a policy is in place and is being monitored by the group.</p>	
Resolved:	<ul style="list-style-type: none"> – The report and the DSE guidance/procedure was noted. – The ventilation policy was approved. 	
86/21	SITE RESPONSIBILITY ALLOCATION	
	<p>Maggie Berry highlighted that this item had already been discussed throughout the meeting. She requested a visit with Mark Parsons to one of the properties that has a definite lead for responsibility within the next few weeks.</p>	MP
Resolved:	<p>Mark Parsons to confirm a date with Maggie Berry to visit a property that has an allocated responsible person.</p>	MP
87/21	HEALTH AND SAFETY NEWSLETTER	
	<p>A verbal update on the Health and Safety Newsletter was received. Mark Parsons advised that there was no draft version to date but welcomed the opportunity for external guidance. Maggie Berry suggested an update in January 2022.</p>	MP
Resolved:	<p>The verbal update was noted.</p>	
88/21	ITEMS TO REFER TO OTHER COMMITTEES	

Resolved:	Items to refer to Workforce and OD Committee have already been discussed at minutes 76/21 and 82/21.	
89/21	ANY OTHER BUSINESS	
Resolved:	<p>i. <u>First Cymru public transport</u></p> <p>Joanne Jones raised a local issue arising for bus routes to and from hospital sites due to retention and recruitment issues for First Cymru. Following a discussion with First Cymru, they are going to prioritise all Health Board routes. The biggest problem had been when services were cancelled with no warning. She would be writing to all managers to ask them to not penalise staff if buses have been cancelled with no notice.</p> <p>Julian Rhys Quirk suggested that communications surrounding the issue are reaffirmed and that a bulletin is circulated to inform staff members. He would discuss with Joanne Jones outside of the meeting.</p>	
90/21	DATE OF NEXT COMMITTEE MEETING	
	The next scheduled meeting is 11 th January 2022.	