

## PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 March 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health and Safety Committee (HSC) Self-Assessment Outcome Report 2023/24
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Ann Murphy, HSC Chair Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Jo Wilson, Director of Corporate Governance/Board Secretary

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

The purpose of this report is to present to the Health and Safety Committee (HSC) the outcome of the HSC Self-Assessment 2023/24 process.

##### Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. For HSC, this involved:

- Short digital form which requested feedback on the following areas:
  - Governance and administration
  - Committee's inputs
  - Conduct of Committee meetings
  - Interface with other Committees, including the Board.
  - Committee's impact
  - Individual role of the Committee

The feedback from this form was considered alongside other information, such as

- Matters escalated to the Board.
- IM Reflective sessions.
- Auditor/Regulator feedback.

The HSC Chair and Lead Executive met to consider the Committee's effectiveness to date, based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has shone a light on, and the areas where it could have done better.

### Asesiad / Assessment

The HSC Chair and Lead Director met to consider the responses from the digital form completed by Committee members, along with feedback from auditors/regulators and other intelligence on how the Committee currently operates, to ascertain where it has made an impact and what it has shone a light on, and the areas where it could have done better.

### **Look back at Committee's effectiveness over previous 12 months...**

The below analysis was based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

#### **We are very good at the following:**

- Governance and administration of Committee.
- Good support from Executive Directors (EDs)/Deputies.
- Good understanding of risks, concise papers.
- Effective chairing.
- Conducive to open, transparent and productive debate with constructive challenge from Independent Members (IMs).
- IMs effectively manage boundary between scrutiny and operational involvement.
- Providing the Board with clear, concise information and gaps in assurance.
- Private meetings being used appropriately.
- Making an impact in last 12 months on fire safety and RAAC.

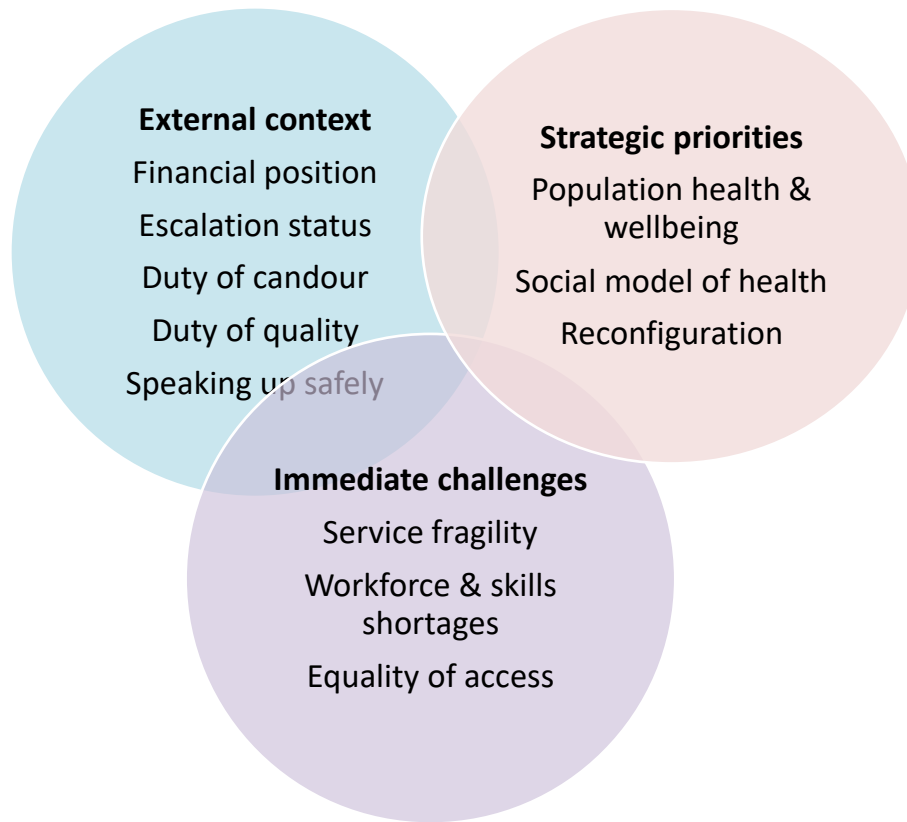
#### **We are less good at the following:**

<b>Matters raised</b>	<b>Responses</b>
<ul style="list-style-type: none"> <li>• More focus is needed on areas such as health surveillance, staff welfare, and updates from trade unions</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the development of a health and safety dashboard with key performance indicators which would enable the Committee to focus on areas of concern.</li> <li>• Strengthen Committee membership to include representation from occupational health.</li> <li>• Trade Union update should be included as part of the Health and Safety Report Update to the Committee.</li> </ul>
<ul style="list-style-type: none"> <li>• Executive Director, Occupational Health and multidisciplinary clinical workforce attendance (where appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss increasing the Executive Membership of the Committee with the Director of Corporate Governance, as this will be dependent on Executive capacity. Inviting a Clinical Executive would improve clinical workforce representation at the Committee.</li> </ul>

	<ul style="list-style-type: none"> <li>• Discuss occupational health representation with the Director of Workforce and OD.</li> </ul>
<ul style="list-style-type: none"> <li>• More succinct presenting of papers at meeting and only highlighting pertinent areas.</li> </ul>	<ul style="list-style-type: none"> <li>• These are common themes arising from the Committee self-assessments undertaken to date.</li> <li>• Work is underway to review the current reporting template which will be supported by guidance materials on how to write and present reports for Committees.</li> <li>• A Health and Safety Committee Handbook to be developed to support new Members.</li> </ul>
<ul style="list-style-type: none"> <li>• Clarification of whether reports are providing an update on a matter or assurance</li> </ul>	<ul style="list-style-type: none"> <li>• As above. Improved templates and guidance for report authors will provide clarity to the Committee for onward reporting to Board.</li> </ul>
<ul style="list-style-type: none"> <li>• Hearing the voice of the patient and their experience of being treated in a safe environment</li> </ul>	<ul style="list-style-type: none"> <li>• Explore whether the Civica system can be utilised to provide the Committee with patient experience feedback on the safety of the environment they are treated in.</li> <li>• Include staff/patient stories on agendas going forward.</li> </ul>
<ul style="list-style-type: none"> <li>• Clarification of reporting to HSC and other Committees on specific topics which may cross several Committees to reduce duplication, e.g., RAAC, and Board scrutiny and challenge to the Committee and feedback where appropriate, on areas that are raised to the Board's attention.</li> </ul>	<ul style="list-style-type: none"> <li>• Where it is identified that reports relating to the same issue are being reported to more than one Committee during the agenda setting process, the Committee Services Officer (CSO) will provide clarity on the content and structure of the report to the report authors and Executive Leads to ensure that the specific focus of the report is tailored to requirements and remit of each Committee. The CSO will also identify any issues with the report's content and structure during the quality assuring process prior to papers being issued.</li> <li>• Health and Safety related Internal Audit Reports to be shared with the Committee following presentation at the Audit and Risk Committee.</li> <li>• Work is also underway to review the Committee update report to ensure reports to Board are more focussed on the key matters to it wishes to advise, assure and alert the Board to.</li> </ul>
<ul style="list-style-type: none"> <li>• Areas where HSC has been unable to provide assurance and provide areas of focus for next year – compliance in relation to training, RAAC, security/violence issues, COSHH, Work at Height, and hand/arm vibration</li> </ul>	<ul style="list-style-type: none"> <li>• These areas are to be included in the Committee Workplan for 2024/25.</li> </ul>

## Current context and challenges...

In order to set priorities for the next 12 months, it is important to understand the current challenges and what is being asked of the Health Board. These are set out below:



## Actions to be taken forward:

The following actions will be taken forward by the Committee Lead Director and the Director of Corporate Governance/Board Secretary (DoCG):

Action	By whom	By when
Explore the development of a health and safety dashboard with key performance indicators with the Performance Department (to include areas such as sharps, RIDDOR, violence and aggression initially, with continuous development). Timescales on delivery will be dependent on capacity.	Lead Director	TBC
Ensure a Trade Union update is included as part of the Health and Safety Report Update to the Committee.	Lead Director	Mar-24
Consider increasing the Executive Membership of the Committee with the Director of Corporate Governance, as this will be dependent on Executive capacity.	Lead Director	Mar-24
Discuss occupational health representation with the Director of Workforce and OD.	DoCG	Mar-24
Review report template to simplify reporting and strengthen focus on delivery, impacts and outcomes.	DoCG	Apr-24
Update report writing guidance for authors to reflect the need to focus less on process and more on delivery, impacts and outcomes	DoCG	Apr-24

Develop a Health and Safety Committee Handbook to support new Members.	DoCG	Apr-24
Explore whether the Civica system can be utilised to provide the Committee with patient experience feedback on the safety of the environment they are treated in.	Lead Director	Apr-24
Include staff/patient stories on agendas going forward.	DoCG (via CSO)	Apr-24
Where it is identified that reports relating to the same issue are being reported to more than one Committee during the agenda setting process, clarity on the content and structure of the report will be provided to the report authors and Executive Leads, via the CSO, to ensure that the specific focus of the report is tailored to requirements and remit of each Committee. The CSO will also identify any issues with the report's content and structure during the quality assuring process prior to papers being issued.	DoCG (via CSO)	Mar-24
Include Health and Safety related Internal Audit Reports on Committee agendas following presentation at the Audit and Risk Committee.	DoCG (via CSO)	Apr-24
Review the Committee Update Report to strengthen reporting to the Board on the key discussion points of the meeting, and the areas it needs to advise, assure and escalate to the Board.	DoCG	Apr-24
Committee workplan for 2024/25 to include suggested areas from digital form – compliance in relation to training, RAAC, security/violence issues, COSHH, Work at Height, and hand/arm vibration	DoCG (via CSO)	Mar-24

### Argymhelliad / Recommendation

The Committee is asked to:

- **Consider** the outputs from the Committee Self-Assessment process, and to **agree** the actions to be taken to improve its effectiveness.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Galluogwyr Ansawdd: Enablers of Quality:	Not Applicable

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	HSC Terms of Reference HSC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment and Internal Audit reports
Rhestr Termau: Glossary of Terms:	Included within report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	HSC Chair Director of Nursing, Quality and Patient Experience Director of Corporate Governance/Board Secretary

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts.
<b>Gweithlu: Workforce:</b>	No direct impacts.
<b>Risg: Risk:</b>	No direct impacts.
<b>Cyfreithiol: Legal:</b>	No direct impacts.
<b>Enw Da: Reputational:</b>	No direct impacts.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts.

**Cydraddoldeb:  
Equality:**

No direct impacts.

# Health and Safety Committee Effectiveness Outcome 2022/23

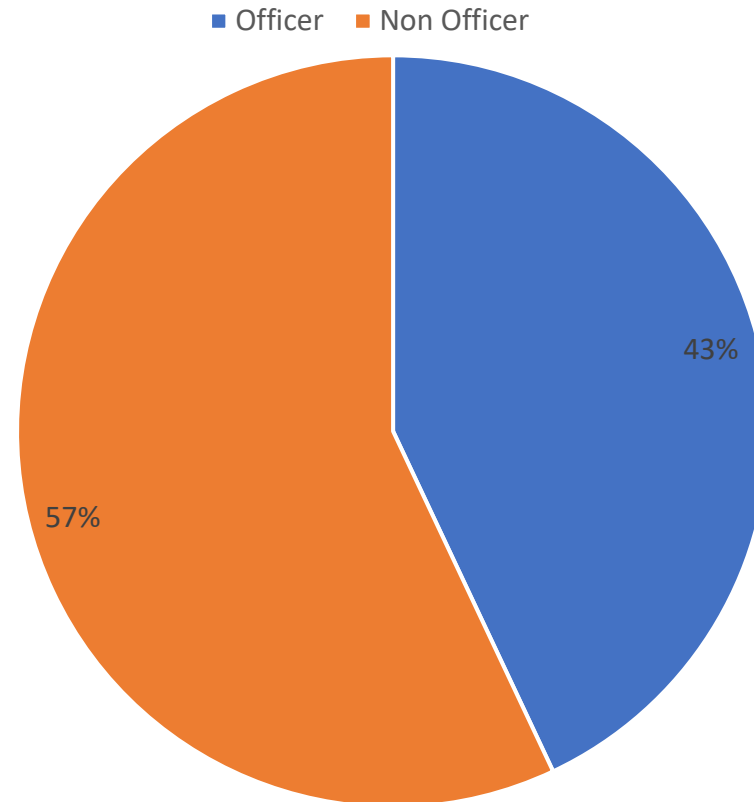




- To review Committee's effectiveness over preceding 12 months taking into account the key themes from
  - Digital survey responses
  - Matters escalated to the Board
  - IM Reflective sessions
  - Changes to risks and outcome measures aligned to the Committee
  - Auditor/Regulator feedback
- Develop an improvement plan and work that it can take forward with other Committees
- Produce an outcome report identifying
  - 4 areas where the Committee has added value
  - Areas that it could have done better
  - Actions to be taken forward by the Committee for next 12 months

## Section 1

1. What is your role within the Committee?



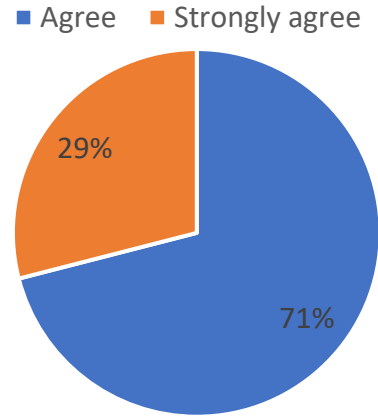
# Section 2 – About the Committee’s governance and administration



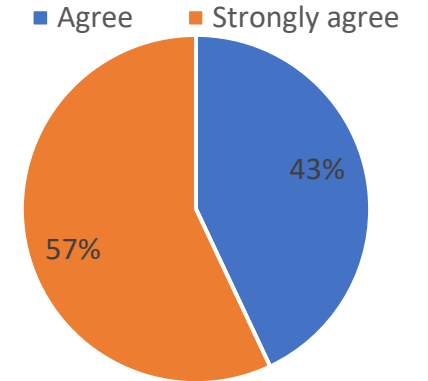
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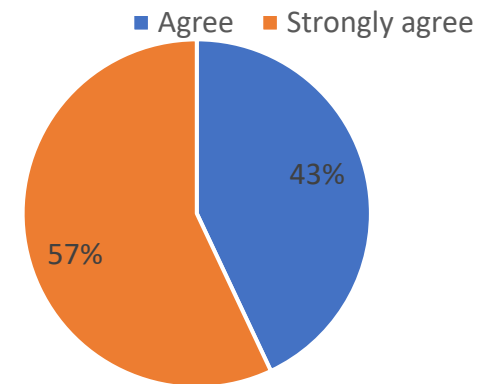
2. The Committee’s cycle of business is comprehensive and well balanced, paying attention to both short term priorities and longer-term needs, and aligned to HDdUHB’s strategic objectives



3. The Committee terms of reference clearly, adequately and realistically set out the Committee's role, nature and scope of its responsibilities in accordance with guidance and have been approved by the Committee and the full Board.



4. The Committee meetings are well organised, efficient and effective. They occur often enough and are of appropriate length to allow discussion of planned matters and emerging issues consistent with the Committee’s responsibilities.



## Section 2 - About the Committee's governance and administration (cont)



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4. Please share any further information you think is relevant to the Committee's governance and administration.

*"The Governance arrangements for H&S has improved significantly since the inaugural meeting and restructuring of Executive portfolios. Improvements could be made with contributions from Occupational Health and Workforce Welfare possibly. The regular contributors are Estates/Facilities and Health and Safety/Security Teams so this is one area in which other topics could and perhaps should be covered. e.g. Health surveillance, staff welfare also regular updates from the Trade Unions."*

*"Well chaired and important the Board has a focus on H&S."*

*"I am new to this committee and at first glance the Committee appears to fulfil its terms of reference, but I am not sure of its place & position in the myriad of committees for Hywel Dda."*

*"Excellent administrative support enables the committee to function effectively and efficiently"*

*"Clear governance. Administration is timely and presented well"*

*"Good concise papers usually presented in Health and Safety Committee."*

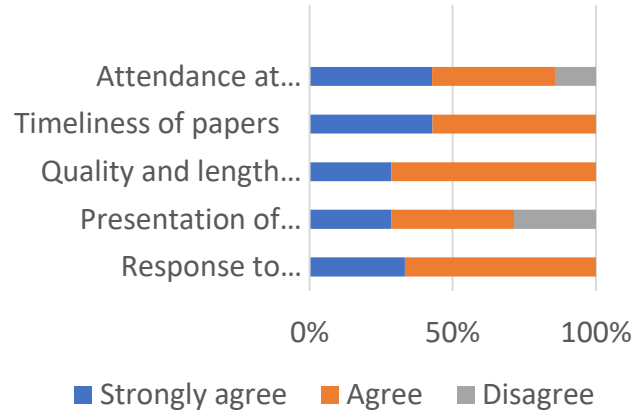
# Section 3 – About the Committee’s inputs



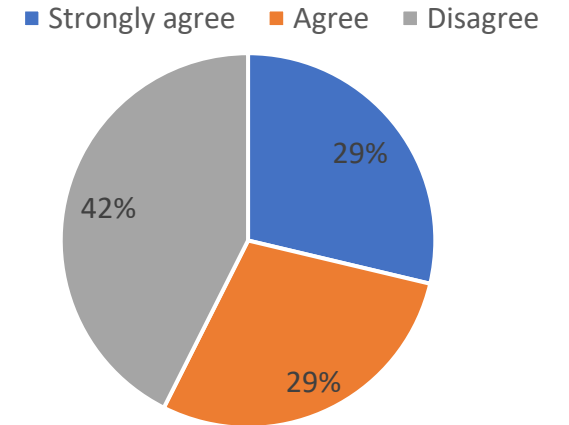
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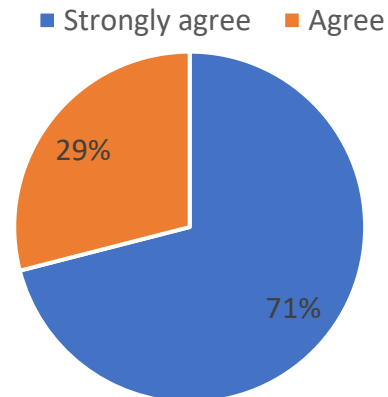
6. The Committee is adequately supported by Executive Directors (and/or deputies/representatives) in terms of the following:



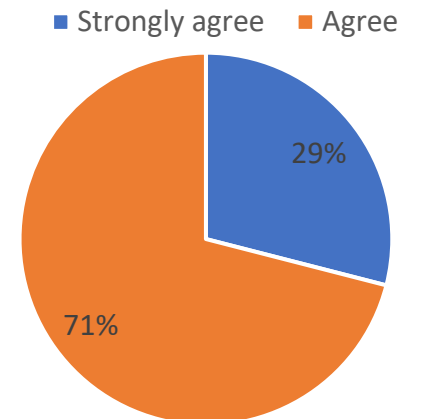
7. Attendance and contribution are suitably representative of the multi-disciplinary clinical workforce.



8. The papers provide the Committee with a clear and succinct understanding of the risks facing the Health Board and how they are being managed/mitigated and improved over time.



9. The papers enable Members to focus in on the most significant matters of assurance, rather than get lost in the operational detail.



## Section 3 – About the Committee’s inputs (cont)



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10. Please share any further information you think is relevant to the Committee’s inputs:

*“Officer members need to present more succinctly calling out the pertinent areas attendance by Execs is variable.”*

*“My first attendance at this Committee & I was very happy with the discussions that took place though I feel I need to be reassured of its importance within the current Hywel Dda structure”*

*“I feel we need to consider some of the papers as updates rather than to take assurance from as they are long-term example (MAWWFS fire)”*

*“Regarding question 9. I think the Committee covers this well compared to previous committee arrangements. Whilst I feel the Trade Unions should provide a regular update this needs to be balanced against the risk of getting into discussions around operational detail. However, I think the Chair and others would be able to manage this, plus the papers are well scrutinised before distribution”*

# Section 4 – About the conduct of Committee meetings

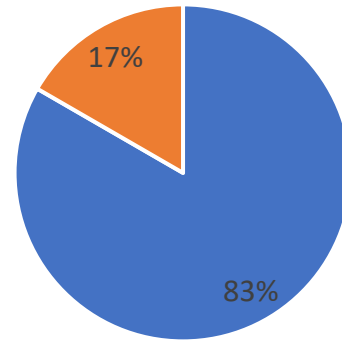


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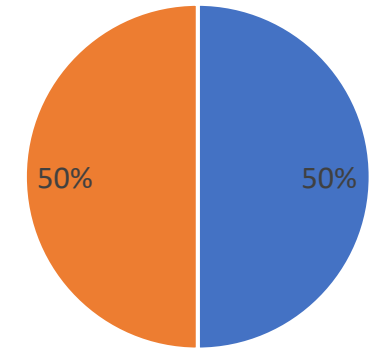
11. The Committee meetings are chaired effectively and with clarity of purpose and outcome.

Strongly agree Agree



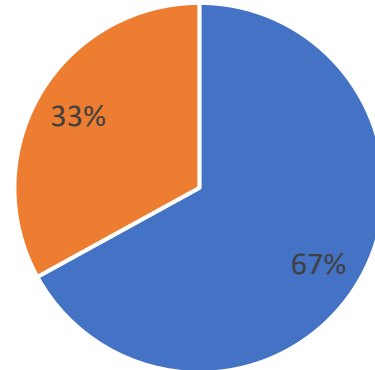
12. The atmosphere at the meetings is conducive to open and productive debate and the behaviour of all Members/attendees is courteous and professional.

Strongly agree Agree



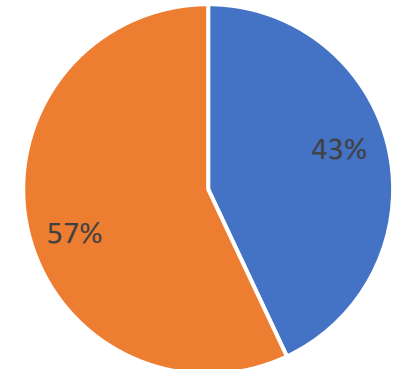
13. Independent Members contribute equally and constructively challenge Executive Directors and presenters, ensuring there is appropriate scrutiny of agenda items.

Strongly agree Agree



14. Independent Members manage their boundary between scrutiny and operational involvement/detail effectively.

Strongly agree Agree



## Section 4 – About the conduct of Committee meetings (cont)



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16. Please share any further information you think is relevant to the conduct of Committee meetings.

*“The meeting was conducted in a transparent manner with executive members being very open about the challenges.”*

*“Keep up the good work - particularly the excellent work generated by the Health, Safety and Security Team who are simply amazing!”*

*“Occasionally step into operational details”*

*“We could do more to hear the voice of the patient in the context of their experience of Health & Safety/Environmental impact on feeling safe within the environment of care however this will be challenging to collect ”*

*“When the new format for the health and safety committee was established, it was set up with good terms of reference and balance of attendees”*

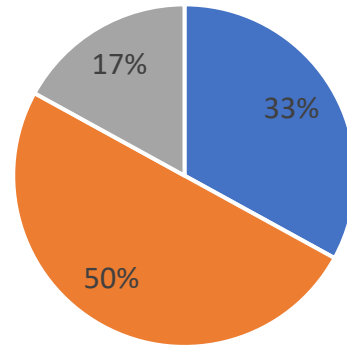


# Section 5 – About the interface with other Committees including the Board



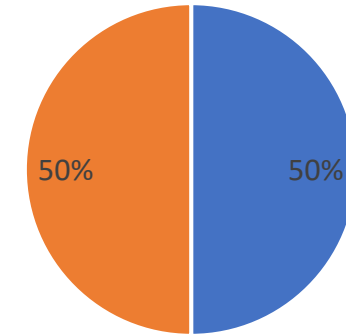
17. The boundaries between this Committee and other Committees are clearly defined with adequate cross-referral/collaborative working, where appropriate.

■ Strongly agree ■ Agree ■ Disagree



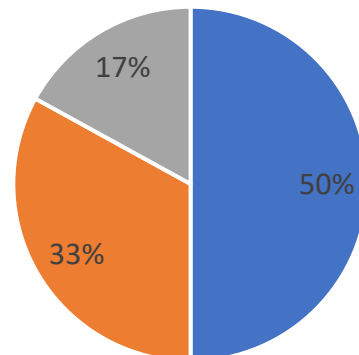
18. The Committee Chair provides clear and concise information to the Board on the activities of the Committee and the implication of all identified gaps in assurance and/or control.

■ Strongly agree ■ Agree



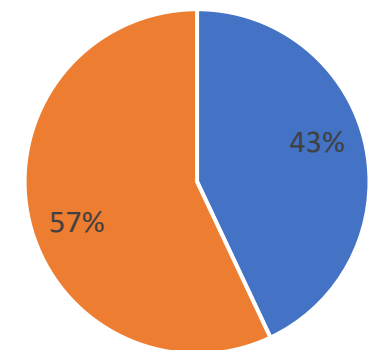
19. The Board provides sufficient scrutiny and challenge to the Committee and provides feedback where appropriate on areas that raised to the Board's attention.

■ Strongly agree ■ Agree



20. Private meetings of the Committee have been used appropriately – i.e. only for items that should not be discussed in the public domain (i.e. commercially sensitive, identifiable information).

■ Strongly agree ■ Agree



## Section 5 – About the interface with other Committees including the Board (cont.)



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21. Please share any further information you think is relevant to the interface with other Committees including Board.

*“At times I am asked to issue updates on specific topics which also form part of agenda for other Committees . To be consistent these updates are regularly duplicated . Would be helpful if this could be streamlined”*

*“Where an incident occurs which crosses several committees, I think the brief papers are appropriate for example RAAC as I feel this covers health and safety/ PODCC/QSEC and set out appropriate to each committee”*

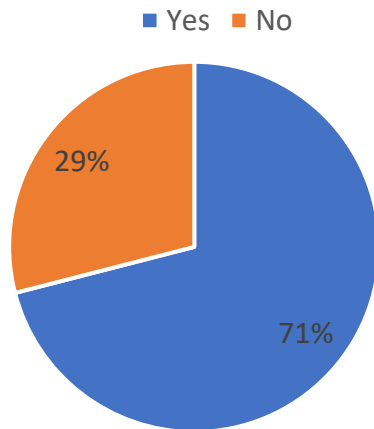
# Section 6 – About the Committee’s impact



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22. Are there any areas where the Committee has been unable to provide assurance to the Board or has deteriorated whilst being monitored by the Committee.



23. If yes, please provide examples:

*"The work done by estates department on the notices we were working with the Fire Brigade has improved exponentially this year. This is partly to do with RAAC as it's allowed access to closed wards"*

*"Training, RAAC and Security/Violence Issues"*

*"Security action plan is receiving increased scrutiny and attention. Estates response to Fire Safety provided increased assurance"*

*"Focus on security management, COSHH and Fire compliance"*

"

*"Fire Safety enforcement compliance, Security Management and Work at Height and Hand Arm Vibration compliance"*

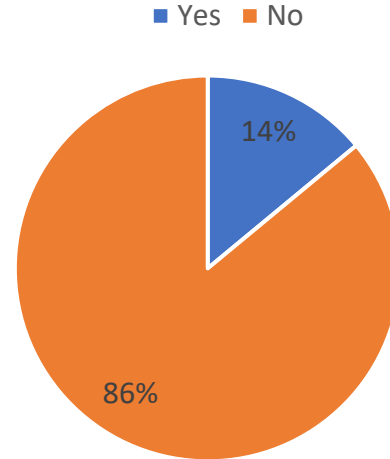
# Section 7 – About your role



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26. Do you need any additional training to fulfil your role as a Member (or attendee of a Committee)?



27. If yes, please specify:

*“Need a handbook for new members”*

28. What do you think should be the focus of the Committee's attention in the coming year?

*“Work at Height and Hand Arm Vibration compliance”*

*“Training”*      *“RAAC”*      *“Security/Violence Issues”*

*“Fire Safety enforcement compliance Security Management”*

*“ Security action plan is receiving increased scrutiny and attention. Estates response to Fire Safety provided increased assurance”*

*“Focus on security management, COSHH and Fire compliance”*

*“The work done by estates department on the notices we were working with the Fire Brigade has improved exponentially this year. This is partly to do with RAAC as it’s allowed access to closed wards”*

## Section 8 – Any other comments



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29. Any other comments

*“Very concise assessment form much easier to fill-in online.”*

# Matters escalated to the Board



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- The rising number of violent/aggressive assaults on healthcare staff (Jan23) – **noted by Board**
- The trajectories relating to key Health and Safety actions (Jan23) – **noted by Board**
- Section 136 suites and the Gorwelion Community Health Centre premises not being fit for purpose (Mar23) – **noted by Board**
- Public messaging to be taken forward to reduce violence and aggression towards staff, and also issue reminders to staff of customer care duties (Mar23) – **noted by Board**
- Traffic management and access concerns raised across the three acute hospital sites (Mar23) – **noted by Board**
- Issues relating to storage solutions associated with patient files at the new facility at Tregaron Hospital (May 23) – **noted by Board**
- The financial impact and impact on patients from the disruption of RAAC survey and remedial works at WGH. (Jul23) – **noted by Board**
- Security and CCTV provision at HDdUHB hospitals(Jul23) – **Board requested dates for CCTV installation**
- Training facility provision within Hywel Dda (Jul23) – **noted by Board**
- Health and Safety implications of RAAC (Sep23) – **noted by Board**
- Concerns that actions within the security action plan were not progressing sufficiently (Sep23) – **noted by Board**



## What went well?

- Well-chaired and kept to time (Oct23)
- Time spent on right items (Oct23)

## Not so well?

- Continuing concern regarding the lack of site security at hospital sites (Mar23, May23)
- Impact of the fire precaution works on each site (Mar23)
- Concerns regarding RAAC at WGH and the potential impact on the DCP (May23)
- Board will need to use risk and make some difficult choices as time progresses (May23)
- Not all reports provide assurance, some are updates on specific matters to be noted (Oct23)
- Ability to step back and see strategic picture (Oct23)

# Committee Chair's Meeting – 17 July 2023

## (General reflections post AW Review of BCU)



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- Standard / lateness of papers
- Too much reassurance, not enough assurance
- Duplicating items across committees
- A lot of narrative and analysis rather than delivery and outcomes
- Different committees need different approaches
- Balance of workload in committees
- Balance of committee time - do we really spend the right time on the right issues?
- Risks and how these are discussed
- Using Committees to ask for funding/pleading cases/own agendas and risk
- Finance/Budgets - Not all things equal across organisation
- Lack of visibility from clinical leads
- Too much on the agenda
- Executive membership – more committees and executives can't be at everything
- Executives not always active in discussions or in the room
- Contributions from IMs variable particularly when on screen (cameras off)
- Need to add more challenge to the debate – IMs more on empathy side than scrutiny
- Reminder of each of the respective role of IM/ED
- Empathy vs Holding to account
- Presenting skills - Long presentations, no time for questions, not prepared
- Need to reprioritise the plan (would need appropriate governance)
- Need to reduce number of priorities and POs
- Need headspace and time to deliver





## RISKS

- 813 (Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure) remained at 3x5=15 throughout year. This risk will remain at 15 until further progress is made on the fire safety improvement works
- 1433 (Risk to the ability to maintain routine and emergency services in the event of a severe pandemic) remained at 3x4=12 throughout year
- 1382 (Risk of harm to patients and staff at WGH due to remedial work relating to RAAC) escalated in Jun23 to HSC at 4x5=20 and was de-escalated Directorate level in Oct23 as reached TRS of 1x5=5 reflecting the measures that have been taken at WGH site
- 1328 (Risk of harm to staff, patients and critical assets due to insufficient physical security measures) has increased in level of risk from 4x3=12 to 5x4=20 in year due to insufficient investment
- 1745 (Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board) added to CRR in Oct23 scoring 3x5=15

## Outcomes

- V&A incidents show steady increase from 259 (Q1) to 294 (Q3)
- RIDDOR increased to 32 (in 1<sup>st</sup> 6 months of 2023/24 from 27 in 1<sup>st</sup> 6 months in 2022/23)
- 8 Prevent referrals reported for Q2
- Fire training compliance decreasing for level 2 (Level 1 stable at c84%, level 3 improved to 76%)



- **Structured Assessment 2023** – Committee was observed however no specific mention in report
- **Internal Audits** – no specific internal audits related to health and safety reported to Committee, however
  - Estates Condition (Limited Assurance) – links to risk 1745 which is aligned to the Committee (reported to Dec23 ARAC)
  - GGH Fire Enforcement Phase 1 Capital Project - links to corporate risk 813 (due to be reported to Apr24 ARAC)
- **Mid and West Wales Fire and Rescue Service Enforcement Notices (EN) and Letter of Fire Safety Matters (LoFSM)**
  - 20 NEW LOFSM IN 2023 (8 GGH, 10 PPH, 1x WGH and 1 Managed Practice)
  - 1 EN CLOSED in 2023 (Awaiting confirmation from MWWFRS for closure of 1 EN and 11 LOFSM) – *leaving 3 ENs and 28 LOFSMs outstanding*

# Key themes – what is being done well?



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- Good response rate to digital survey
- The governance and administration of Committee
- Good support from Executive Directors/Deputies, good understanding of risks, concise papers
- Effective chairing, conducive to open, transparent and productive debate with constructive challenge from IMs, IMs effectively manage boundary between scrutiny and operational involvement
- Provides the Board with clear, concise information and gaps in assurance
- Private meetings used appropriately
- Number of areas identified where Committee has made an impact in last 12 months- Fire safety and RAAC

# Key themes – Areas of improvement for next 12 months



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## Areas of improvement

- More focus on topics such as health surveillance, staff welfare, and updates from trade unions
- Executive Director and Occupational Health attendance and multidisciplinary clinical workforce (where appropriate)
- More succinct presenting of papers at meeting and only highlighting pertinent areas.
- Clarification of whether reports are providing an update on a matter or assurance
- Hearing the voice of the patient and their experience of being treated in a safe environment
- Clarification of reporting to HSC and other committees on specific topics which may cross several committees to reduce duplication, eg RAAC, and Board scrutiny and challenge to the Committee and feedback where appropriate on areas that raised to the Board's attention
- Areas where HSC has been unable to provide assurance and provide areas of focus for next year – compliance in relation to training, RAAC, security/violence issues, COSHH, Work at Height, and hand/arm vibration



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



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