

 <p> <b>GIG</b>      CYMRU  <b>NHS</b>      WALES   </p> <p>     Iechyd Cyhoeddus      Cymru      Public Health      Wales   </p>	<p><b>Name of Meeting</b> Quality, Safety and Improvement Committee</p> <p><b>Date of Meeting</b> 4 February 2025</p> <p><b>Agenda item:</b> 8</p>
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<p><b>Quality, Safety and Improvement Committee (QSIC) Quarterly Assurance Report (3)</b></p> <p><b>NHS Wales Executive - For period 1 October 2024 to 31 December 2024</b></p>	
<p><b>Report Sponsors:</b></p>	<p>Claire Green, National Director of Financial Planning &amp; Delivery and Responsible Officer Iain Hardcastle, Acting National Director of Networks and Planning</p>
<p><b>Report Author:</b></p>	<p>Rosemary Fletcher, NHS Wales Executive</p>
<p><b>Approval/Scrutiny route:</b></p>	<p>Approval/scrutiny for the NHS Executive is via the Senior Leadership Team (SLT). This report was approved at the SLT Business Meeting on 9 January 2025.</p>

<p><b>Purpose</b></p> <p>The purpose of this report is to provide a quarterly assurance report to the Quality, Safety and Improvement Committee (QSIC), on the relevant governance compliance areas as outlined in the NHS Executive Assurance Schedule.</p> <p>This report covers the period 1 October 2024 to 31 December 2024 and provides assurance on the following areas.</p> <ul style="list-style-type: none"> <li>• Health and Safety compliance</li> <li>• National Reportable Incident Reporting compliance</li> <li>• Complaints (including PTR if applicable) compliance</li> <li>• Claims reporting</li> <li>• DATIX compliance</li> <li>• Safeguarding compliance</li> </ul>
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**Recommendation:**

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Committee is asked to:

**Health and Safety**

- **Take assurance** that the NHS Executive has appropriate measures to monitor compliance and to address areas identified for improvement.

**National Reportable Incident Reporting compliance**

- **Note** there have been no reportable incidents for the reporting period.

**Complaints (including PTR if applicable) compliance**

- **Note** there have been no complaints received regarding the NHS Wales Executive for this period. Through its core national role, the NHS Wales Executive has been asked to respond to a complaint regarding incident reporting and this will be addressed in the coming weeks.

**Claims reporting (staff and third-party claims)**

- **Note** there has been one claim received for this period.

**DATIX compliance**

- **Note** that one health and safety related incident was reported via Datix during the reporting period and take assurance that the appropriate process has been followed within the NHS Executive to manage this incident.

**Safeguarding compliance**

- **Note** that there have been no safeguarding matters reported in this period.

**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales is the Host Organisation for the NHS Wales Executive ('the Hosted Unit'). The *Hosting Agreement ('the Agreement') between Public Health Wales (PHW) NHS Trust and The Welsh Ministers* was approved by the PHW Board on 26<sup>th</sup> January 2023 and took effect from the launch of the NHS Wales Executive on 1<sup>st</sup> April 2023.

The Agreement remains extant and, to take account of variations to the Agreement, an Addendum was approved by the PHW Board on 28<sup>th</sup> March 2024.

Public Health Wales is not responsible or accountable for setting the direction for, or the work programme of, the Hosted Unit or for the delivery/quality or management of work undertaken by the Hosted Unit on behalf of Welsh Government.

**Summary impact analysis**

<b>Equality and Health Impact Assessment</b>	A specific Equality and Health Impact Assessment (EHIA) is not required to support this report.
<b>Risk and Assurance</b>	This report provides assurance on implementation of

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	relevant policy and procedures within the NHS Wales Executive, ensuring good governance is maintained.
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	This paper supports the Quality themes.
<b>Financial implications</b>	There are no financial implications as a result of this report.
<b>People implications</b>	There are no people implications as a result of this report.

## **1. Purpose / situation**

The purpose of this report is to provide a quarterly assurance report to the Quality, Safety and Improvement Committee (QSIC), on the relevant governance compliance areas as outlined in the NHS Executive Assurance Schedule.

This report covers the period 1 October 2024 to 31 December 2024 and provides assurance on the following areas.

- Health and Safety compliance
- National Reportable Incident Reporting compliance
- Complaints (including PTR if applicable) compliance
- Claims reporting
- DATIX compliance
- Safeguarding compliance

The sections below provide a summary of the status for the areas listed above.

## 2. Health and Safety

As a Hosted Unit, the NHS Executive operates within appropriate policies established by PHW in support of legislative compliance, and this includes legislation relating to health and safety. An annual statement of compliance is completed by the Responsible Officer (RO) for the NHS Executive and, in support of the RO, all other SLT Directors complete individual compliance statements for their respective areas. Also, all SLT Directors receive an annual accountability letter from the Deputy Chief Executive NHS Wales, which includes the requirement to discharge respective responsibilities under the hosting agreement.

Staff are made aware of the hosting relationship on induction and as required for operational purposes. All staff are advised that they are required to work within relevant PHW policies and are also made aware of the importance of completing and maintaining statutory and mandatory training.

The NHS Executive SLT holds monthly business meetings, and the cycle of business includes provision for corporate governance matters, including health & safety and risk review/escalation, to be reported monthly, as required.

During the reporting period, there was one health and safety matter recorded as an incident via Datix. This related to facilities at River House and the incident has been closed.

A review has been undertaken to assess compliance with statutory and regulatory premises inspections for those premises leased by PHW on behalf of the NHS Wales Executive. As reported to Committee at its meeting on 25<sup>th</sup> November 2024, as an amendment to the Quarter 2 report, a Fire Risk Assessment was conducted at River House in October 2024. This was satisfactory and with one action identified relating to signage which has been completed. In liaison with PHW, arrangements are being made for a Fire Risk Assessment to be undertaken at Bocam Park, Bridgend.

Compliance with statutory and mandatory training is reported monthly to the SLT, within a broader People and OD Report provided by PHW POD colleagues. As of **4 December 2024**, compliance for health and safety and related themes was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Fire Safety - 2 Years	483	483	436	90.27%
Health, Safety and Welfare - 3 Years	483	483	452	93.58%
Moving and Handling - Level 1 - 2 Years	483	483	434	89.86%

In addition to the health and safety modules accessed via ESR and reported via the monthly POD report (as above), arrangements have been made to provide access for staff to the '*Health and Safety for Homeworkers*' training module. With the support of the PHW Health & Safety Advisor, this is being actively managed with individual divisions to validate staff details and to monitor compliance. Awareness has also been raised with staff via a POD update distributed on 7 January 2025.

In respect of notifications and alerts, following a triage process by PHW, Patient Safety

Alerts and Notices are shared by the Quality, Nursing and Integrated Governance Directorate with the NHS Wales Executive via named contacts and it has been requested that these are also sent to the generic corporate services email address for the NHS Wales Executive. The arrangements for the distribution and receipt of notifications and alerts will be reviewed further in the coming quarter, in liaison with Welsh Government and PHW, to ensure all relevant communications are being received by the NHS Wales Executive.

### **3. National Reportable Incident Reporting compliance**

The reporting arrangements outlined in section 2 apply.

There have been no nationally reportable incidents reported by the NHS Wales Executive for this period.

### **4. Complaints (including PTR if applicable) compliance**

The reporting arrangements outlined in section 2 apply.

There have been no complaints received regarding the NHS Wales Executive for this reporting period. Through the core work of the NHS Wales Executive, however, the Patient Safety Team has been asked to respond to a complaint regarding incident reporting and this will be addressed in the coming weeks and in liaison with PHW (Nursing, Quality and Integrated Governance Directorate) as required.

### **5. Claims reporting**

The reporting arrangements outlined in section 2 apply.

There has been one claim reported for this period. This is employment related and is being managed by respective leads from the NHS Wales Executive and POD team, and in line with PHW policy.

### **6. DATIX compliance**

During the reporting period, there was one health and safety matter recorded as an incident via Datix. This related to facilities at River House and the incident has been closed (this was also noted in section 2 of this report).

### **7. Safeguarding compliance**

The reporting arrangements outlined in section 2 apply.

There have been no safeguarding matters reported for this period

Compliance with statutory and mandatory training is reported monthly to the SLT, within a broader People and OD Report provided by PHW POD colleagues. As of **4 December 2024**, compliance for Safeguarding was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Safeguarding Adults - Level 1 - 3 Years	483	483	440	91.10%
Safeguarding Children - Level 1 - 3 Years	483	483	435	90.06%

## 8. Conclusion

This report provides assurance to the Committee that the NHS Executive is meeting the requirements and also taking action where identified and required, and as detailed in this report.

## 9. Recommendation

The Quality, Safety and Improvement Committee is asked to:

### Health and Safety

- **Take assurance** that the NHS Executive has appropriate measures to monitor compliance and to address areas identified for improvement.

### National Reportable Incident Reporting compliance

- **Note** there have been no reportable incidents for the reporting period.

### Complaints (including PTR if applicable) compliance

- **Note** there have been no complaints received regarding the NHS Wales Executive for this period. Through its core national role, the NHS Wales Executive has been asked to respond to a complaint regarding incident reporting and this will be addressed in the coming weeks.

### Claims reporting (staff and third-party claims)

- **Note** that one claim has been reported for this period.

### DATIX compliance

- **Note** that there was one health and safety related incident reported on Datix for this period and take assurance that the appropriate process has been followed within the NHS Wales Executive to manage this incident.

### Safeguarding compliance

- **Note** that there have been no safeguarding matters reported in this period to report to Committee.