

 <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  <b>Date of Meeting</b>        25/11/2025  <b>Agenda item:</b>        8     </p>
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<b>NHS Wales Performance and Improvement – Quality, Safety and Improvement Committee (QSIC) Quarterly Assurance Report (2)</b>	
<b>Report Sponsors:</b>	Claire Green, National Director of Financial Planning & Delivery and Responsible Officer Iain Hardcastle, National Director of Networks and Planning
<b>Report Author:</b>	Sophie Fuller, Assistant Director of Corporate Governance
<b>Approval/Scrutiny route:</b>	Approval/scrutiny for NHS Wales Performance and Improvement is via the Senior Leadership Team (SLT). This report was approved at the Monthly Business Meeting on 09 October 2025. Business Executive Team – 05.11.25

<b>Purpose</b>
<p>The purpose of this report is to provide a quarterly assurance report to the Quality, Safety and Improvement Committee, on the relevant governance compliance areas as outlined in the NHS Wales Performance and Improvement Assurance Schedule 2025-26.</p> <p>This report covers the period 1 July 2025 to 30 September 2025 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>

**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 P&I has appropriate measures are in place to monitor compliance and to address areas identified for improvement.

**National Reportable Incident Reporting compliance**

- **Note** there have been no reportable incidents to report.

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

- **Note** there have been no complaints received regarding the NHS Wales Performance and Improvement for this period to report to Committee.

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

- **Note** there have been no claims received this period and **take assurance** that Claims within the NHS Wales Performance and Improvement are being appropriate managed.

**DATIX compliance**

- **Note** three incidents reported on Datix for this period and **take assurance** that the appropriate process has been followed within NHS P&I to manage these incidents.

**Safeguarding compliance**

- **Note** there have been no safeguarding issues reported for this period to report to Committee.

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

Public Health Wales is the Host Organisation for the NHS Wales Performance and Improvement ('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 NHS Wales Performance and Improvement 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.

<b>Summary impact analysis</b>	
<b>Equality and Health Impact Assessment</b>	A specific Equality and Health Impact Assessment (EHIA) is not required to support of this report.
<b>Risk and Assurance</b>	This report provides assurance on the implementation of the relevant policy and Procedures within the NHS Wales P&I, 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 Audit and Corporate Governance Committee, on the relevant governance compliance areas as outlined in the NHS P&I Assurance Map.

This report covers the period 1 July 2025 to 30 September 2025 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 current status for the areas listed above.

## 2. Health and Safety

As a Hosted Unit, NHS Wales Performance and Improvement (NHS P&I) 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 Wales Performance and Improvement 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.

Work is underway to standardise the induction across NHS P&I with the launch planned for the end of Q3, this will include an overview of the requirements to

work within relevant PHW policies, statutory and mandatory training and the health and safety for homeworkers training.

During the reporting period there were two health and safety matters recorded as incidents on Datix. One related to environmental hazard and one related to security of premise and action has been taken for both.

There were no health and safety premises inspection audits during the reporting period. Advice has been sought from the PHW Head of Estates and Health & Safety on the timetable for the remainder of 2025/26.

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 **30 September**, compliance for health and safety and related themes was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Fire Safety - 2 Years	465	465	445	90.75%
Health, Safety and Welfare - 3 Years	465	465	459	95.48%
Moving and Handling - Level 1 - 2 Years	465	465	445	88.82%

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 managed with individual divisions to validate staff details and to monitor compliance.

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

The reporting arrangements outlined in Section 2, apply.

There have been no Nationally reportable incidents reported for this period.

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

The reporting arrangements outlined in Section 2, apply.

There have been no complaints reported for this period.

### **5. Claims reporting**

The reporting arrangements outlined in Section 2, apply. There have been no claims submitted during this period to an Employment Tribunal.

### **6. DATIX compliance**

The reporting arrangements outlined in Section 2 apply.

There were three incidents reported through Datix during this period.

Two were related to Health and Safety as detailed in Section 2, one was related to a breach of confidentiality which did not require reporting to the Information Commissioners Office and was managed via the PHW Information Governance team.

## 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 **30 September 2025**, compliance for Safeguarding was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Safeguarding Adults - Level 1 - 3 Years	465	465	444	92.69%
Safeguarding Children - Level 1 - 3 Years	465	465	442	92.26%

## 8. Conclusion

The report provides assurance to the Committee that the NHS P&I is meeting the requirements for each of the areas within the report.

There are no concerns to bring to the attention of the Committee relevant to the areas listed.

## 9. Recommendation

The Quality, Safety and Improvement Committee is asked to:

### Health and Safety

- **Take assurance** that the NHS P&I has appropriate measures that are in place to monitor compliance and to address areas identified for improvement.

### National Reportable Incident Reporting compliance

- **Note there** have been no reportable incidents to report.

### Complaints (including PTR if applicable) compliance

- **Note** there have been no complaints received for this period to report to Committee.

### **Claims reporting**

- **Note** there have been no claims received this period and **take assurance** that Claims within the NHS P&I are being appropriate managed.

### **DATIX compliance**

- **Note 3 Incidents** reported on Datix for this period and **take assurance** that the appropriate process has been followed within the NHS P&I, to manage these incidents.

### **Safeguarding compliance**

- **Note** there have been no safeguarding issues reported for this period to report to Committee.