

 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Quality, Safety and Improvement Committee Date of Meeting 24 July 2024 Agenda item: 8 </p>
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<p> Quality, Safety and Improvement Committee (QSIC) Quarterly Assurance Report NHS Wales Executive – For the period 1st April 2024 to 30th June 2024 </p>	
<p>NHS Exec Director Lead:</p>	<p>Claire Green, National Director of Financial Planning & Delivery and Responsible Officer Iain Hardcastle, Acting National Director of Planning</p>
<p>Author:</p>	<p>Rosemary Fletcher, NHS Exec Project Team Sue Browne, Interim Corporate Services Lead</p>
<p>Approval/Scrutiny route:</p>	<p>Approval/scrutiny route for the NHS Wales Executive has been via the Senior Leadership Team (SLT). Draft received and considered at SLT weekly meeting on 9th July 2024. Final draft reported and formally approved at the SLT Business Meeting on 11th July 2024.</p>

<p>Purpose</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 April 2024 to 30 June 2024 and provides assurance on the following areas.</p> <ul style="list-style-type: none"> • Health and Safety Compliance • National Reportable Incident Reporting compliance • Complaints (including PTR if applicable) compliance • Claims reporting • DATIX compliance • Safeguarding compliance

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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"/>

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 for this period to report to Committee.

Claims reporting (staff and third party claims)

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

DATIX compliance

- **Note** that work is in hand between PHW and the NHS Executive to establish the DATIX hierarchy and provide training so that this requirement can be met.

Safeguarding compliance

- **Note** that advice is being sought from PHW safeguarding and POD colleagues on a matter and, subject to which, this will be reported in the next assurance report to Committee.

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 26th January 2023 and took effect from the launch of the NHS Wales Executive on 1st April 2023.

The Agreement remains extant and, to take account of variations to the Agreement, an Addendum was approved by the PHW Board on 28th 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

Equality and Health Impact Assessment

A specific Equality and Health Impact Assessment (EHIA) is not required to support of this report.

Risk and Assurance

This report provides assurance on the implementation of the relevant policy and

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

This report covers the period 1 April 2024 to 30 June 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 current status for the areas listed above.

2. Health and Safety

As a Hosted Unit, the NHS Executive operates within appropriate policies established by Public Health Wales in support of legislative compliance, and this includes legislation relating to health and safety. In the reporting period (April/May/June 2024), the Responsible Officer (RO) for the NHS Executive confirmed compliance with this requirement for 2023/24 through completion of the annual statement of compliance. In support of the RO, all other SLT Directors completed individual compliance statements for their respective areas. In addition, 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 transfer into the NHS Executive (i.e. Phase 2 transfer effective from 1st April 2024) or on induction for new recruits. 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 its business meeting on a monthly basis and the cycle of business includes provision for corporate governance matters, including health & safety and risk review & escalation, to be reported monthly, as required. No health and safety incidents/matters were reported to the SLT business meetings in April, May and June 2024, nor were there any health and safety premises inspection audits during this reporting period.

It is acknowledged that, to expand the details of the Hosting Agreement, a set of service schedules has been developed. The draft service schedule for Estates, Facilities and Health & Safety was received by SLT at its business meeting in May and, also, in June 2024, alongside the other draft service schedules and draft assurance schedule. The draft schedule for Estates, Facilities and Health & Safety was approved but subject to being kept under review and within the context of the substantive review process for the overall Hosting Agreement to be conducted in 2024/25.

Through this period, work on the corporate services review continued, which has incorporated the requirements for hosting assurance. Further information will be provided in the next reporting 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 at 3rd June 2024, compliance for Health and Safety and related themes was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Fire Safety - 2 Years	410	410	365	89.02%
NHS CSTF Health, Safety and Welfare - 3 Years	410	410	382	93.17%

NHS CSTF Moving and Handling - Level 1 - 2 Years	410	410	367	89.51%
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In respect of notifications and alerts, the draft schedule for Quality, Nursing and AHPs (QNAHPs) refers to PHW sharing information with the NHS Executive to include Patient Safety Alerts and Notices and any relevant Welsh Health Circulars (WHCs). In preparing this assurance report, the process for information sharing has been confirmed with the PHW Interim Executive Director of Nursing, Quality and AHP. The NHS Executive will improve its internal resilience by adding a generic email address alongside the current named contacts.

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 reported for this period.

6. DATIX compliance

This is a requirement that is being addressed. For PHW to accurately build the DATIX hierarchy into systems, particularly for DATIX Web (for risks), a further breakdown of the teams within the NHS Executive (for levels/tiers 3 and 4) was requested and the details were submitted to PHW on 9th July. Liaison will continue between key leads in PHW and the NHS Executive to meet the essential information requirements. Training will be rolled out by PHW to the NHS Executive once the hierarchy is in place.

7. Safeguarding compliance

The reporting arrangements outlined in section 2 apply.

Advice is being sought from PHW safeguarding and POD colleagues on a matter and, subject to which, this will be reported in the next assurance report to Committee.

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 at 3rd June 2024, compliance for Safeguarding was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	410	410	374	91.22%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	410	410	374	91.22%

9. Conclusion

The report provides assurance to the Committee that the NHS Executive is meeting the requirements, where detailed in this report.

Exceptions to highlight to the Committee are:

- the requirements for DATIX are being addressed. For PHW to accurately build the DATIX hierarchy, a further breakdown of teams within the NHS Executive (for levels/tiers 3 and 4) was requested and the detail was submitted to PHW on 9th July. Training will be rolled out by PHW to the NHS Executive once the hierarchy is in place

10. 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 for this period to report to Committee.

Claims reporting (staff and third party claims)

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DATIX compliance

- **Note** that work is in hand between PHW and the NHS Executive to establish the DATIX hierarchy and provide training so that this requirement can be met.

Safeguarding compliance

- **Note** that advice is being sought from PHW safeguarding and POD colleagues on a matter and, subject to which, this will be reported in the next assurance report to Committee.