

 <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> 25 November 2024</p> <p><b>Agenda item:</b> 7</p>
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<p align="center"><b>Quality, Safety and Improvement Committee (QSIC)</b> <b>Quarterly Assurance Report</b> <b>NHS Wales Executive - For the period 1 July 2024 to 30 September 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 Planning</p>
<p><b>Report Author:</b></p>	<p>Rosemary Fletcher, NHS Exec Project Team</p>
<p><b>Approval/Scrutiny route:</b></p>	<p>Approval/scrutiny for the NHS Executive is via the Senior Leadership Team (SLT). The draft report was received and approved at SLT Business Meeting on 10<sup>th</sup> October 2024</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 July 2024 to 30 September 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>

<p><b>Recommendation:</b></p>				
<p align="center">APPROVE</p>	<p align="center">CONSIDER</p>	<p align="center">RECOMMEND</p>	<p align="center">ADOPT</p>	<p align="center">ASSURANCE</p>

<p><b>Date:</b> 30 October 2024</p>	<p><b>Version:</b> FINAL 1.0</p>	<p><b>Page:</b> 1 of 6</p>
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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 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 five incidents were reported on Datix for this period and take assurance that the appropriate process has been followed within the NHS Executive to manage these incidents.

**Safeguarding compliance**

- **Note** that there have been no safeguarding matters reported in this period to 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 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 relevant policy and procedures within the NHS 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 Map.

This report covers the period 1 July 2024 to 30 September 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 transfer into the NHS Executive or on induction for new recruits. During the reporting period, the TEC Cymru team transferred into the NHS Executive (and PHW as the host/employing organisation), effective from 1 September 2024, and the hosting relationship was explained in the welcome pack and through welcome/engagement events. 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 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.

During the reporting period, five health and safety matters were recorded as incidents via Datix. These relate to a trip hazard, a fall by a visitor, out of hours office access, office security and water ingress/damage. All incidents have been reviewed by a senior manager, four have been closed and one remains open (water ingress/damage).

There were no health and safety premises inspection audits during the reporting period. A review is underway to confirm a timetable for the remainder of 2024/25 and advice has been sought from the PHW Head of Estates and Health & Safety.

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 **7 October 2024**, compliance for health and safety and related themes was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Fire Safety - 2 Years	453	453	403	88.96%
Health, Safety and Welfare - 3 Years	453	453	430	94.92%
Moving and Handling - Level 1 - 2 Years	453	453	404	89.18%

In addition to the health and safety modules accessed via ESR and reported via the monthly POD report (as above), arrangements are being made with the PHW Head of Estates and Health & Safety to provide access for staff to the 'Working Safely from Home' training module (provided by specialist training provider, iHASCO).

In respect of notifications and alerts, Patient Safety Alerts and Notices are shared by the Quality, Nursing and AHPs (QNAHPs) Directorate with the NHS Executive via named contacts and the generic corporate services email address.

During the reporting period, and arising from the work on the corporate services review, recruitment commenced to a new and permanent post of Assistant Director, Corporate Governance and Business Support. The postholder will provide leadership for all issues relating to corporate governance, business management and compliance, including health and safety, and will work closely with the SLT, the RO, and PHW.

### **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**

During the reporting period, five incidents were reported via Datix. These all related to health and safety/office-related matters (this was also noted in section 2 of this report).

The themes of the incidents related to a trip hazard, a fall by a visitor, out of hours office access, office security and water ingress/damage. All incidents have been reviewed by the relevant senior manager, four have been closed and one remains open (water ingress/damage).

### **7. Safeguarding compliance**

The reporting arrangements outlined in section 2 apply.

The previous report to QSIC (July 2024) noted that advice was being sought from PHW safeguarding and POD colleagues on a matter. As reported verbally to Committee at its meeting on 24 July, following advice from and in agreement with safeguarding colleagues the case was closed. The status of the matter was recorded via Datix.

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 **7 October 2024**, compliance for Safeguarding was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Safeguarding Adults - Level 1 - 3 Years	453	453	412	90.95%
Safeguarding Children - Level 1 - 3 Years	453	453	406	89.62%

## 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.

## 8. 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)

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

### DATIX compliance

- **Note** that five incidents were reported on Datix for this period and take assurance that the appropriate process has been followed within the NHS Executive to manage these incidents.

### Safeguarding compliance

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