



 <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> 2 June 2025</p> <p><b>Agenda item:</b> 9</p>
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<p align="center"><b>Quality, Safety and Improvement Committee (QSIC) Quarterly Assurance Report (4) NHS Wales Executive - For period 1 January 2025 to 31 March 2025</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>Sophie Fuller, Assistant Director Corporate Governance &amp; Business Support 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 NHS Wales Executive Business Meeting on 10 April 2025. PHW Business Executive Team</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 January 2025 to 31 March 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>
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<p><b>Date:</b> 10 April 2025</p>	<p><b>Version:</b> FINAL</p>	<p><b>Page:</b> 1 of 7</p>
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**Recommendation:**

APPROVE	CONSIDER	RECOMMEN	ADOPT	ASSURANCE
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The Committee is asked to:

**Health and Safety**

- **Take assurance** that the NHS Wales 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 has been one complaint received by the NHS Wales Executive for this period which is under review.

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

- **Note** there is one claim ongoing, first reported in Quarter 3.

**DATIX compliance**

- **Note** that five health and safety related incidents were reported via Datix during the reporting 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.

**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 January 2023 and took effect from the launch of the NHS Wales Executive on 1 April 2023. To take account of variations to the Agreement from 1 April 2024, an Addendum was approved by the PHW Board on 28 March 2024. A revised Agreement has been prepared for 2025/26, which is subject to approval.

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 this report.

**Risk and Assurance**

This report provides assurance on implementation of 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 Wales Executive Assurance Schedule.

This report covers the period 1 January 2025 to 31 March 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 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.

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 were five health and safety matters recorded as incidents via Datix. Four of the incidents related to slips, trips and falls at office premises and for which no further action is required. The other incident was related to office maintenance/security and remedial action is in hand.

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 verbally to Committee at its meeting on 4 February 2025, as an update to the Quarter 3 report, a Fire Risk Assessment was conducted at Bocam Park, Pencoed, on 26 January 2025. This was satisfactory and with minor actions, all of which have been completed.

During the reporting period, a new tenant has opened a business on the ground floor at River House. The NHS Wales Executive occupies the first floor. Advice is being sought from the PHW Head of Estates & Facilities on health and safety matters due to operational and structural changes at the premises.

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 March 2025**, compliance for health and safety and related themes was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Fire Safety - 2 Years	477	477	438	91.82%
Health, Safety and Welfare - 3 Years	477	477	451	94.55%
Moving and Handling - Level 1 - 2 Years	477	477	436	91.40%

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. Awareness has also been raised with staff via a POD update distributed in January 2025.

In respect of notifications and alerts, and as reported to Committee at its meeting on 4 February 2025, arrangements for the distribution and receipt of notifications

and alerts are being reviewed 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 has been one complaint received regarding the NHS Wales Executive for this reporting period. This related to payments for individuals with lived experience who contribute to service developments, and which is under review.

### 5. Claims reporting

The reporting arrangements outlined in section 2 apply.

There was one claim reported in the QSIC Quarter 3 report, which is employment related and is ongoing. This 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 were five health and safety matters recorded as incidents via Datix. Four of these related to slips, trips and falls, and the other related to building maintenance/security (this detail was also recorded 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 March 2025**, compliance for Safeguarding was:

Competence Name	Assignment Count	Required	Achieved	Compliance %
Safeguarding Adults - Level 1 - 3 Years	477	477	434	90.99%
Safeguarding Children - Level 1 - 3 Years	477	477	434	90.99%



## 8. Conclusion

This report provides assurance to the Committee that the NHS Wales 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 has been one complaint received regarding the NHS Wales Executive received for this period which is under review.

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

- **Note** that there is one claim ongoing, first reported in Quarter 3.

### DATIX compliance

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

### Safeguarding compliance

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