

**Unconfirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
29 September 2025, 10:00 – 13:00
Held in Capital Quarter 2 and via Microsoft Teams**

Present:		
Clare Jenkins	(CJ)	Chair of Committee, Vice-Chair of Board and Non-Executive Director
Nick Elliott	(NE)	Non-Executive Director
In Attendance:		
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Annette Blackstock	(AB)	Interim Assistant Director, National Safeguarding Service (for item 4.2)
Bethan Bowden	(BB)	Consultant in Public Health, Screening (for item 4.5)
Steve Court	(SC)	Head of Bowel Screening Wales (for item 4.5)
Neil Desmond	(ND)	Head of Estates and Health & Safety (for items 4.6 and 5)
Sikha de Souza,	(Sds)	Consultant in Public Health, Screening (for item 4.5)
Sophie Fuller	(SF)	Assistant Director Corporate Governance and Business Support, NHS Executive (for item 8)
Danielle Gething	(DG)	Head of Risk Management (for items 4.4)
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Jim McManus	(JM)	National Director of Health and Wellbeing
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Angela Williams	(AW)	Interim Executive Director of Operations and Finance
Apologies		
Pippa Britton	(PB)	Chair of Board
Tracey Cooper	(TC)	Chief Executive
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Olusola Okhiria	(OO)	Trade Union representative
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
<i>The meeting commenced at 10:00</i>		

Part A	
QSIK 2025.09.29/1	Welcome, Introductions and Apologies
<p>The Chair welcomed all to the public session of the Quality, Safety and Improvement Committee meeting.</p> <p>The apologies for absence were noted.</p>	
QSIK 2025.09.29/2	Declaration of Interest
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
QSIK 2025.06.02/3	Items for Approval
QSIK 2025.09.29/3.1	Minutes and Action Log
<p>The Committee considered and approved the minutes of the meeting held on 02 June 2025 and 26 August 2025 as an accurate record of the meeting.</p> <p>The Committee considered the action log update, noting that one item was on track for delivery by the next Committee meeting.</p>	
QSIK 2025.09.29/3.2	Policies and Procedures
<p>LB introduced the draft Mobile Phone Policy for approval, highlighting that it had been through the appropriate consultation process and endorsed by the Leadership Team.</p> <p>The Committee discussed:</p> <ul style="list-style-type: none"> • Fundamental concerns about the policy's focus on restriction rather than enabling staff, highlighting that modern mobile phone policies should support users in their work and that the current approach felt outdated and overly punitive. • Specific issues such as the lack of provision for protective cases, inconsistencies regarding device sharing, and the policy's business-use-only stance, suggesting these elements were not aligned with current best practice. • Concerns about restrictions on E-SIMs for staff using personal devices, advocating for a more flexible approach that would not penalise staff for using their own equipment unless it incurred additional costs, and expanding the use of e-sims for tablets and ipads. • NE welcome the opportunity to meet with AW outside of the meeting to provide detailed feedback. <p>The Committee recommended that the policy author work with the Leadership Team to redraft and reconsider the policy in light of the feedback given.</p> <p>Action: AW</p>	
QSIK 2025.09.29/3.3	Quality and Clinical Audit Annual Report 2024-25 and Plan for 2025-26
<p>AC provided an overview of the Quality and Clinical Audit Annual Report for 2024-2025, and the plan for 2025 – 26, highlighting:</p>	

- 60 internal audits and 7 national audits on the plan. 12 internal audits were risk-based, and no audits were conducted against NICE guidance.
- There were additional audits undertaken outside the clinical audit team, such as those in infection services and health and safety.
- The Audit Management Training (AMaT) system was now live for IPC and clinical audit modules. It was anticipated that the introduction of AMaT as a clinical audit reporting system would help to improve the oversight and monitoring of audits and tracking across all areas of the Organisation.

The Committee commended AC for the detailed report and the increased number of audits. The Committee discussed:

- The use of “no risk” in Table 3, suggesting that “no material risk” or “no substantial risk” would be more appropriate for formal public reports.
- The distinction between internal audits led by teams within Public Health Wales and the Internal Audit programme agreed with shared services, suggesting clarification in terminology.
- AC agreed to reflect these suggestions and include audit start dates in future iterations of the report.

Action: AC

- Concern regarding the imbalance of audit activity across screening programmes, potential mechanisms to encourage more NICE-related audits and the suggestion that audits be selected based on the risk register.
- AC confirmed that NICE Guidelines would be considered monthly for application with the introduction of the new module, which would also include Alerts and Welsh Health Circulars. AC also highlighted the intention to improve scrutiny, consider shared learning from audit outcomes and rebalance the coverage of audits following a clinical governance meeting.

The Committee:

- Took **assurance** on the progress made against the Quality and Clinical Audit Plan for 2024-25.
- **Approved** the Quality and Clinical Audit Plan for 2025-26.

QSIC 2025.09.29/4	Items for Assurance
QSIC 2025.09.29/4.1	Quality Governance Performance Report Q1

AC provided an overview of the Quality Governance Performance Report for quarter 1, drawing the Committee’s attention to specific areas for consideration:

Putting Things Right (PTR), Q1

AC summarised the PTR section, which covered the incidents, complaints and concerns reported and acted upon during quarter 1:

- 536 incidents were reported, with 81% closure rate. Eight incidents required investigation, with one moderate harm case reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for a repetitive strain injury.
- The main incident category was failure to follow SOPs; a new incident type (out-of-date consumables) led to stock management and process improvements.
- 193 open incidents, 39 were overdue; CSW had the longest open cases.



- One redress case (Breast Test Wales).
- Non-mandatory Level 1 Datix training completed by 46% of staff, contributing to increased reporting.

The Committee discussed:

- The number of open incidents which had previously been discussed at Board, and the need to explore ways to effectively and efficiently improve closure rates.
- Delays in closing Cervical Screening Wales incidents: AC explained delays were due to reliance on a single post holder and some incidents originating outside the team (e.g., lab issues). Work was ongoing to improve processes and resilience and there was a focus on shared learning.
- Whether there was a targeted group for mandatory incident management training and potential oversight of this in future. AC confirmed Level 2 training was targeted to new managers and incident managers, Level 1 for general awareness.
- Whether incident training impacted behaviour and whether it should be mandatory. AC supported making it mandatory but noted constraints to the NHS Wales mandatory training framework due to the implementation of Duty of Quality/Candour new pieces of mandatory training being added. AC agreed to provide more detailed data on incident training in future reports.

Action: AC

- Asked about actions / considerations of ways or working following the repetitive strain injury RIDDOR. AC confirmed regular reviews of working practices and noted ND would address this further in the Health and Safety report.

Patient/Service User Experience and Safety Alerts and Notices Management, Q1

AC highlighted:

- 25 early resolution complaints were received; 76% were resolved within the 2 day working day. Main themes were staff attitude/behaviour and appointment issues, with no recurring staff or area.
- 9 formal complaints were received. Learning from complaints led to improved translation quality assurance for sexual health materials.
- No duty of candour incidents were reported this quarter.
- 113 compliments were logged, mainly via email and website, with Breast Test Wales and AAA receiving the most. Feedback was generally positive about staff and the level of care.
- Local survey responses increased, especially in screening programs. A pilot using SMS for real-time feedback in diabetic eye screening clinics provided rich data, highlighting both positive staff feedback and negative comments about facilities, which were being addressed.

- 64 alerts were received, mostly informational, with main themes around COVID and antiviral prescribing. Action were tracked and would be managed through the AMaT system in the future.

The Committee discussed:

- A possible discrepancy in survey data reporting on page 24 of the report; AC agreed to review and correct it.
- Quality assurance for Welsh language translation and whether there was an organisational position on the use of North/South Wales dialect. AC agreed to follow this up with the Welsh Language team.

Action: AC

- The value of SMS feedback and potential to integrate into the NHS app for a unified approach, noting the need to not overwhelm users with multiple surveys
- The richness of real-time feedback and the importance of using it to improve services, while being mindful of the impact on staff and the potential to roll out SMS feedback across other services over the next 12 months.

The work of the Corporate Safeguarding Group, Q1

AC provided an update on the work of the Safeguarding Group, highlighting:

- 9 safeguarding incidents, the highest reported category was Child at Risk and Professional Concern.
- Adult and Child Safeguarding training was at 90% or above.
- A work plan was in place to address Disclosure and Barring Service checks.

The Committee noted the update.

The Work of the Corporate Infection, Prevention and Control (IPC) Group, Q1

AC provided an update on the work of the Corporate IPC group, highlighting:

- 19 IPC incidents in quarter 1, resulting in low or no harm. A standout theme was for "contact with, or hazardous substances exposure," but further analysis showed the coding in Datix was not nuanced enough. Work was underway to improve Datix subcategories for more accurate reporting.
- IPC Level 1 and Level 2 training compliance is above target, except for Health Protection, which could not report this quarter due to ESR role competency realignment. This was expected to be resolved for the next quarter.
- The IPC risk register was reviewed: there were 12 risks, mostly related to laboratory equipment and environmental issues. Ten risks were being treated, and two tolerated. The Glan Clwyd decontamination unit remained a key ongoing risk, with concerns about project timeline delays; mitigation was being managed by the IPC nurse and project team.

The Committee:

- Sought clarification on the number of staff required to complete IPC Level 2 training in each division including the infection division training level requirement. AC explained that a training needs analysis was being completed but the Corporate IPC lead nurse and numbers were being reviewed, especially for Health Protection.

- Suggested future reports include actual staff numbers alongside percentages for IPC training compliance. AC agreed to take this forward in future iterations of the report.

Action: AC

The Committee:

- **Noted** the performance standards being achieved and areas for improvement.
- Took **assurance** that appropriate governance was in place to ensure safe, timely, effective, equitable, efficient, and person-centred services.

QSIC 2025.09.29/4.2

NHS Wales Safeguarding Network Annual Report 2024/25

AB introduced the NHS Safeguarding Network for Wales Annual Report which highlighted the progress, shared commitments, and future priorities in strengthening safeguarding across NHS Wales.

AB highlighted:

- The networks progress, including publication of “Was Not Brought/no access gained” guidance, developed in response to rapid reviews and safeguarding matrix work.
- Successful multi-agency spotlight events on professional curiosity and safeguarding adults, supported by Public Health Wales, and the development of training videos using scenario-based learning and continued work on restorative safeguarding supervision.
- Priorities for the coming year included implementing recommendations from the Chief Nursing Officer’s review, strengthening learning frameworks, and enhancing regional collaboration.

The Committee:

- Praised the report’s breadth, informative nature and emphasis on professional curiosity.
- Discussed the importance of tangible learning and the use of AMaT to assess the effectiveness of the network’s guidance and supervision, and ongoing work to ensure tangible learning from child and adult practice reviews is disseminated and acted upon.

The Committee took **assurance** that the system leadership of the National Safeguarding Service was working across the Organisation.

QSIC 2025.09.29/4.3

Staff Flu Vaccination

AC provided an overview of the Staff Flu Vaccination Annual Report for 2024/25 and Forward plan for 2025/26, highlighting:

- Last year’s campaign targeted frontline staff only, achieving only 26% uptake (approximately 400 staff), with ongoing data collection issues due to occupational health reporting systems and identification of PHW staff. The overall All Wales position was 34%, showing a decline overall in uptake.

- Safety concerns regarding vaccine type, consent and record keeping had been addressed and incorporated into the 2025-26 delivery plan.
- Improvements planned for this year's campaign included drop-in clinics, digital flu vouchers, and 35 flu champions enlisted to promote uptake and signposting.
- The Welsh Immunisation System (WIS) would be used for data collection, and the WAST occupational health contract was under review for future improvements.

The Committee:

- Hailed the campaigns approach to mitigate challenges around record keeping.
- Acknowledged that Friday clinics were suboptimal due to low attendance in the office and efforts to improve presence.

The Committee:

- Took **assurance** from the Internal Influenza Vaccine Campaign end of year report for 2024-25.
- Took **assurance** on the approach for the Internal Staff Influenza Vaccination Programme for 2025 -26.

QSIC 2025.09.29/4.4

Risk Assurance - Strategic & Corporate Risk Register

CB introduced the Strategic Risk and Corporate Register papers.

DG presented the update on Strategic Risk 3, highlighting that the risk score increased from 9 to 12 due to ongoing challenges, however continued to be managed within its agreed risk tolerance and appetite levels.

MK expanded on the rationale for the change in risk score, highlighting breast and bowel screening regarding wait times, external reviews and operational pressures that impacted the Organisation's ability to provide excellent public health services.

MK provided an update on Exercise Pegasus highlighting that demand on Public Health Wales was higher than anticipated, and future incident response may require prioritisation if real threats arise during exercises.

Reflecting that the Committee had held detailed discussion on Strategic Risk at its Board meeting on the 25 September 2025, the Committee:

- Took **assurance** on the management of Strategic Risk within their remit.
- Took **assurance** on the updated Corporate Risk Register within their remit.

QSIC 2025.09.29/4.5

Screening Services Update

SC presented the Screening Service Update report, and focused on bowel screening colonoscopy programme waiting times, and themes from recent Joint Executive meetings at Health Board Chief Executive level on the matter. In particular, SC highlighted:

- Demand for colonoscopies tripled due to programme optimisation and age expansion.
- Total wait time was 10 weeks against a 4 week standard with significant variation across health boards.

- Challenges included insufficient core screening capacity, and insufficient accredited colonoscopists (especially nurse endoscopists), an aging workforce, lack of training lists, and reliance on short-term solutions like insourcing.
- Actions included monthly meetings with endoscopy teams and health boards to monitor capacity and performance, efforts to increase accreditation of colonoscopists, and escalation to NHS leadership Group and Cabinet Secretary, alongside the NHS Performance and Improvement Unit with plans to present findings and seek system-wide solutions.

The Committee:

- Questioned the sustainability of age expansion given workforce and capacity issues and the need for careful balance between age reduction and workforce modelling; SC emphasised the benefits of early detection and the need for more clinical nurse endoscopists.
- Asked about monitoring harm from long waits; SC noted work was ongoing to track post-colonoscopy cancer rates which give some indication on cancers coming through. MK confirmed ongoing work with the data team to understand cancer stage at diagnosis and the end to end pathway and the role of screening in early detection, as one of the commitments made to Welsh Government
- Raised using the private sector to clear backlogs; SC noted that health boards use insourcing, but Public Health Wales' role was mainly as commissioner. MK highlighted changes to the policy which now allowed requests for colonoscopies performed in the private sector to be recognized as part of the screening program within the confines of safety, demonstrating flexibility.
- Expanding on modelling concerns, the Committee queried whether improved uptake rates would worsen the position; SC confirmed the modelling used a 65% uptake rate and was regularly refreshed, but noted a recent increase in people declining or not attending colonoscopy, especially in younger age groups. Work was ongoing to understand and address this.
- MK concluded the update by highlighting the importance understanding why those with a positive fit test declined further use of the service, and highlighted the need to understand demand, capacity, and the impact of increased uptake on service delivery across all screening programmes, as well as ongoing work to track harm and outcomes. MK advised that Public Health Wales must communicate the impact of demand to health boards for service planning, while also working to mitigate demand by improving early detection and prevention through screening.

The Committee:

- Took **assurance** that there was a focus on working to deliver quality screening programmes in line with delivery of excellent public health services to the population in Wales.

QSIC 2025.09.29/4.6

Health and Safety Quarter 1 2024-25

ND introduced the Health and Safety Report, highlighting:

- Full compliance across the estate for statutory and regulatory requirements after resolving water risk assessment delays at two sites (Kimberly House and Indian House).

- Three RIDDOR incidents occurred: one led to a formal letter from the Health and Safety Executive (no further action), one was a contractor slip/trip due to missing signage, and one was a staff fall with a head injury; all individuals have recovered.
- Incident rates for slips and trips were slightly down compared to previous periods, with ongoing monitoring and case-by-case follow-up.
- Mandatory training compliance was above 85%, but below the 95% Public Health Wales target for three areas. Efforts to improve compliance in these areas was underway.
- Updated Health and Safety Group Terms of Reference, which were approved by the Business Executive Team.

The Committee thanked ND for the update and suggested that the AMaT tool may be a useful tool to record automatic defibrillator (AED) checks. ND confirmed that a new system was underway in screening and would consider the use of AMaT.

The Committee :

- **Noted** the approved Health and Safety Group Terms of Reference and
- Took **assurance** that appropriate measures were in place to monitor compliance and to address areas identified for improvement.

QSIC 2025.09.29/5

Deep Dive Health and Safety

ND presented an overview of the Organisation's health and safety arrangements, emphasising statutory duties and regulatory changes, safe environments for staff/visitors, contractor management and internal governance and accountability arrangements.

ND highlighted:

- The division managed health and safety across 16 main buildings, mobile units, and staff in other organisations' premises, with formal and informal liaison across directorates.
- Training compliance, incident reporting, and estate condition were closely monitored; most incidents occurred in the Health Protection and Screening Services directorate due to high activity levels and the team focused on shared learning to reduce risks and incidents.
- The estate was diverse in age and condition, requiring ongoing upgrades and risk assessments, with particular focus on high activity areas like screening and infection services.
- Areas of good practice included collaboration with various groups (e.g., IPC, safeguarding, decontamination), support to hosted organisations with health and safety advice, learning from RIDDORs and incidents which resulted in changes to processes and targeted staff training, audits and the launch of the new health and safety culture survey to gather staff feedback.

The Committee:

- Thanked ND for leading the work and highlighted improved relationships and coordination between facilities, IPC, and quality teams, noting ongoing progress with water safety and decontamination work to reduce gaps.
- Considered the potential to benchmark the number of incidents reported in infection services (429 over four years) against other organisations as a future avenue of analysis.

The Committee thanked ND for the presentation and took **assurance** on the health and safety management and delivery arrangements.

QSIC 2025.09.29/6

Items to Note

QSIC 2025.09.29/6.1

Winter Planning / Seasonal Planning

The Committee **noted** and took assurance that initial activity around winter planning has been initiated in several areas of the organisation, an approach to coordination has been agreed and a programme to oversee this work is under development.

QSIC 2025.09.29/6.2

Audit

The Committee **noted** the Internal Audit Recommendation Tracker.

QSIC 2025.09.29/6.3

Committee Workplan

The Committee **noted** the Committee Workplan.

Part B

NHS Performance and Improvement Business

QSIC 2025.09.29/7

Declaration of Interest

There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.

QSIC 2025.09.29/8

NHS Wales Performance and Improvement (P&I) Quarterly Governance Compliance Report (Q1)

SF presented the NHS Wales Performance and Improvement (P&I) update, highlighting:

- Submission of the annual Statement of Compliance to the Audit and Corporate Governance Committee.
- Satisfactory statutory/mandatory training levels.
- Seven Datix incidents were reported, three related to health and safety, one incident required a RIDDOR referral.
- A significant fire alarm issue at River House (due to a new tenant) was resolved and the building was back in use.

The Committee:

Health and Safety

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

National Reportable Incident Reporting compliance

- **Noted** there was 1 reportable incident.

Complaints (including PTR if applicable) compliance

- There were no complaints received for this period.

Claims reporting (staff and third-party claims)

- **Noted** 1 claim received this period and took assurance that Claims within the NHS P&I were being appropriately managed.

DATIX compliance

- **Noted** seven incidents reported on Datix for this period and took assurance that the appropriate process had been followed within NHS P&I to manage these incidents.

Safeguarding compliance

- **Noted** that there were no safeguarding issues reported for this period.

QSIC 2025.09.29/9	Closing Administration
QSIC 2025.09.29/9.1	Close of Public Meeting
The Chair closed the meeting.	
<i>The open session closed at 12:55</i>	