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|  <p>GIG CYMRU NHS WALES   Iechyd Cyhoeddus Cymru Public Health Wales</p> | <b>Name of Meeting</b>                  |
|   | Board                                   |
|   | <b>Date of Meeting</b><br>26 March 2026 |
| <b>Agenda item:</b><br>4.4  |   |

| <b>Sexual Health Test and Post Incident Management Update</b> |  |
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| <b>Executive lead:</b>  | Professor Khaw Fu Meng, National Director Health Protection and Screening Services |
| <b>Author:</b>  | Dr Christopher Johnson, Deputy Director of Health Protection                       |

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| <b>Approval/Scrutiny route:</b> | Public Health Wales Sexual Health Incident Management Team |
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| <b>Purpose</b>  |
| The purpose of this paper is to provide assurance to Public Health Wales (PHW) Board members in relation to the Sexual Health Incident, our response to the issues identified, and an initial outline of the longer-term approach and actions |

|  |                                      |                                       |                                   |  |
|--|--------------------------------------|---------------------------------------|-----------------------------------|--|
| <b>Recommendation:</b>   |                                      |                                       |                                   |  |
| APPROVE<br><input type="checkbox"/>  | CONSIDER<br><input type="checkbox"/> | RECOMMEND<br><input type="checkbox"/> | ADOPT<br><input type="checkbox"/> | ASSURANCE<br><input checked="" type="checkbox"/> |
| The Board is asked to:   |                                      |                                       |                                   |  |
| <ul style="list-style-type: none"> <li>• <b>Receive assurance</b> in relation to the development and progress of the management of the sexual health incident</li> <li>• <b>Receive assurance</b> in relation to the actions to review and improve service delivery</li> </ul> |                                      |                                       |                                   |  |



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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

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| Strategic Priority/Well-being Objective | 4 - Delivering Excellent Public Health Services |
| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives  |
| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives  |

**Summary impact analysis**

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| Equality and Health Impact Assessment                       | No decision is requested from the board. Therefore no Equality of Health Impact Assessment is required.   |
| Risk and Assurance  | This is being managed as an enhanced incident. The risks posed by the incident is recorded on the appropriate risk register.  |
| Health and Social Care (Quality and Engagement) (Wales) Act | This report sets out a number of issues where the Duty of Quality and Duty of Candor are relevant. Public Health Wales has made proactive press statements in relation to this incident and is committed to transparency with impacted service users. |
| Financial implications                                      | There are no direct financial implications of the report. Financial implications of the response to the incident are not covered in this review.  |
| People implications   | There are no direct people implications of the report. People implications of the response to the incident are not covered in this review.  |

## 1 Introduction

The Sexual Health Test and Post service was launched nationally in May 2020, following a pilot in the Hywel Dda Health Board area in 2018. The service, delivered by Public Health Wales (PHW), provides access to STI testing through an accessible alternative to visiting a sexual health clinic.

In January 2024 the service was expanded to include collection of testing kits from community venues to provide an accessible route to testing for those who could not access the on-line portal, or who could not have the test kit delivered by post. This provides vital access to sexual health testing for those who may be subject to domestic violence, or whose sexual activity is hidden, where delivery of a kit in the post presents a risk, or for those who are digitally excluded.

During November 2025, a series of issues and incidents were identified affecting the sexual health services delivered by PHW, including the Test and Post service.

In December 2025 an incident management team (IMT) was established to support the response to a number of incidents identified within the service.

These incidents included:

- Safeguarding processes for people using the online and community test-and-post sexual health service which were not effective and did not meet required legislative standards. This meant that Public Health Wales reported safeguarding information to health boards, rather than to local authorities as we should have.
- Some data handling processes, involving personal data, which were not effective and did not meet required standards.
- Over reliance on complex manual processes and work arounds which increase the risk of errors

In March 2026 the incident was escalated to an enhanced incident and additional strategic oversight was added to support the response.

This report sets out issues identified within the online Test and Post (TAP) service and the mitigations required to ensure that safe services can be delivered in the immediate term, and service quality can be improved in line with the PHW's strategic priority to deliver Excellent Public Health Services.

## 2 Background

The Sexual Health Test and Post (TaP) service was introduced as an additional option for testing nationwide in Wales in 2020 partly in response to the COVID-19 pandemic, supporting sexual health testing from home. The national service was rolled out following a pilot in the Hywel Dda Health Board area in 2018.

The activity levels and outcomes of testing are summarised in Appendix 1.

## 3 Assessment

### 3.1 Child and Adult Safeguarding

PHW as a relevant partner has a legal duty to safeguard children and adults at risk by having procedures to report concerns of abuse or neglect to local authorities, ensuring staff understand their roles, and promoting well-being through prevention and multi-agency work, with a focus on confidentiality and person-centred care. The Wales Safeguarding Procedures provide a framework to support all practitioners in applying legislation and delivering effective safeguarding practice.

Meeting this statutory obligation requires the sexual health TaP service to have robust processes in place to identify children and adults who may be at risk and report concerns to the appropriate local authority.

For children using the online service and self-declaring as being aged under 16 there is no access to the online service and sub-optimal signposting to other services. For young people self-declaring being aged 16 or 17 and accessing services through the online portal, information is gathered using parts of a structured multi-agency screening and risk assessment tool used in Wales to help practitioners identify, assess and respond to potential concerns about child sexual exploitation and child sexual abuse. However, this tool is not validated for use online.

If risk information was disclosed this was shared, by prior agreement, with Health Board sexual health teams. No further action was being taken by Public Health Wales and no assurance was being sought that action had been taken by partners.

### 3.1.1 Issues identified

The following key issues were identified as part of the review

- Passing information to health boards without assurance that it was acted on rather than assessing risk and reporting to local authorities is in breach of our legal duty to report safeguarding concerns
- Screening tools used were not designed or validated for this purpose and therefore may not effectively identify risks that may be experienced.
- Screening tools could be avoided by self-declaring that they were over 18 without providing a date of birth
- The service has no process for identifying adults at risk and reporting to appropriate services.

### 3.1.2 Response

The following actions have been taken to date:

- Follow up by Public Health Wales of children and young people making declarations has been strengthened
- Changes have been made to the online platform to prevent screening questions being circumvented by under 18s
- Data on all orders by individuals aged under 18 from August 2022 have been shared with Health Boards for validation to assess whether risk assessments have been carried out and where appropriate, reported to the local authority. Priority is given to follow-up on those that remain under 18 years of age. Any individuals requiring assessment will be followed-up through a multidisciplinary team following an agreed protocol. This work is scheduled to be completed by 18 April 2026
- Data on orders made before 2022 are being processed

## 3.2 Patient safety concerns

Errors leading to patient safety incidents have been identified.

Test results are returned by the contracted third-party laboratory to PHW. Negative test results are texted automatically to online service users. Texts for positive, equivocal and failed tests are manually triggered to online service users by the sexual health team.

There are instances whereby positive test results have been communicated with service users who have already received negative test results from the laboratory. These are effectively false positive results.

### 3.2.1 Response

The following actions have been taken to date

- Systematic audit has been conducted to provide assurance on positive referrals to local services
- Review of algorithms to prevent missing test information and to reduce complexity
- Changes to data processing to reduce the manual processes
- Design of new business process to reduce manual processing of data

### 3.3 Information governance

Public Health Wales has a legal duty to ensure that personal information is processed fairly, transparently and in accordance with the law. The organisation has adopted an Information Governance Policy, which outlines the legislative framework and expected actions for staff.

There are a number of points in the pathway where sensitive information is processed and transferred between partners in the service.

#### 3.3.1 Risks / Issues identified

A review of the activities of the service has identified a range of incidents, issues and risks. The following incidents have been logged with regards to information governance.

- Personal Identifiable Information being emailed to the wrong health board for treatment
- Several instances of incorrect patient data being sent to health boards including data for more than 1 patient being contained in the referral letter

These incidents are primarily related to the use of extensive and complex manual processes. Incomplete and insufficiently detailed Data Processing Impact Assessments (DPIAs) for this service have also led to weaknesses not being exposed. Furthermore, review of has identified significant

weaknesses in the practices and processes which demonstrate poor historical compliance.

### 3.3.2 Response

The following mitigations have been implemented

- Information Governance Review has been conducted with recommendations provided for improving the service
- Incidents have been reported to the Information Commissioners Office
- Review of business processes to develop robust automated processes for creating and transferring referral letters

## 4 Incident Governance and Oversight

An Incident Management Team (IMT) was established in December 2025 to investigate and respond to the incident with representation from all appropriate supporting services. The IMT was chaired by the Deputy Director of Health Protection

As a result of the complexity and protracted nature of the issues identified the incident was escalated in March 2026 to enhanced status and a Strategic Response Group (SRG) has been established chaired by the Chief Executive Officer. Two tactical response groups (TRGs) have been established

- **Incident Management Team (IMT)** to manage the response to historical issues identified, chaired by the Executive Medical Director
- **Sexual Health Improvement Group (SHIG)** to oversee the immediate improvements to the service. This is jointly chaired by the Executive Director of Nursing and the Director of Knowledge and Research.

Public Health Wales is commissioning an independent external review which will look at the factors that caused the issues identified and support lessons learned. An expert group will also be set up to advise the SHIG on best practice for online sexual health services.



## 5 Communications

In accordance with the Duty of Candour, PHW conducted confidential stakeholder briefings prior to a pro-active media release on 24 February 2026.

## 6 Risk Assessment

The Incident Management Team continues to review the risk assessment for the service to support decision making by the Strategic Response Group.

As of 20 March 2026, the agreed assessment is that the benefits associated with suspending or stopping the service whilst issues are resolved, are outweighed by the harm that would be caused to vulnerable service users.

This recommendation is made on the following assumptions

- No serious risks are identified which cannot be mitigated appropriately
- Intended mitigations can be delivered in a timely way and deliver the intended risk reductions.
- Sufficient wrap around capacity is available to deliver on required actions whilst maintaining a safe service

## 7 Recommendations

The Board/Committee is asked to:

- **Receive assurance** in relation to the development and progress of the management of the sexual health incident
- **Receive assurance** in relation to the actions to review and improve service delivery

## Appendix 1

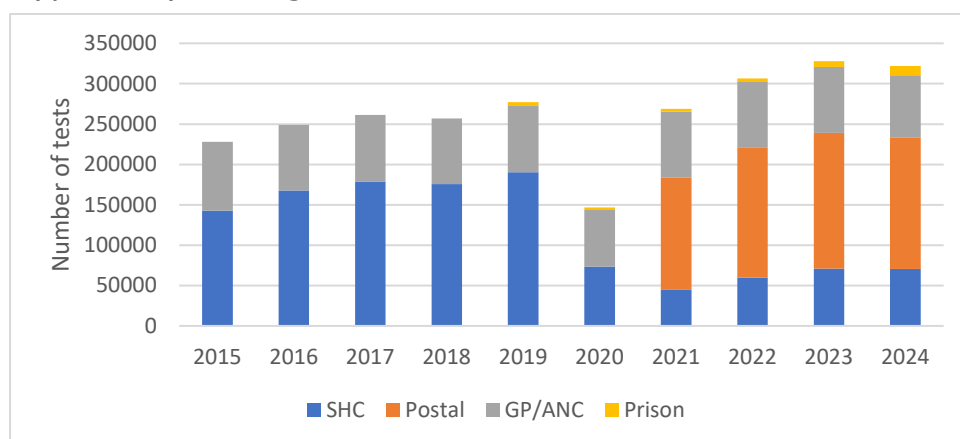
### Sexual Health TaP Service: Summary of activity and outcomes

#### 1 Testing activity

The impact of the service was significant from the outset, increasing the accessibility to sexual health testing, and supporting the continued growth in service use. The Public Health Wales Test and Post service now provides over 50% of all tests for Chlamydia, Syphilis and Gonorrhoea in Wales, providing over 120,000 tests per year. Followed by 24% from GP/ANC services and 21% at Clinic based Sexual Health Services.

In Wales, testing for Sexually Transmitted Infections (STI) through the NHS can be accessed in sexual health clinics (SHCs), via the postal Test and Post (TaP) service, at General Practice (GP) and antenatal clinics (ANCs), and within prisons. Testing has increased substantially over the last 10 years with testing increased by approximately 20% between 2015 and 2019, and after a dip during the pandemic (2020-2021) testing activity increased again from 2022 (Figure 1). The largest increase has been seen in testing for Gonorrhoea which has increased 36% since the pandemic.

**Figure 1:** Number of tests undertaken for Chlamydia, Gonorrhoea and Syphilis by testing service between 2015-2024





The move from testing in clinics to testing online has been the largest shift in behaviour. The number of overall individuals testing has increased, especially for Gonorrhoea and Syphilis, over the period, indicating that there has been an increase in the number of people who take part in STI testing. The introduction of online access to testing has transferred a large proportion of individuals to the PHW TaP service from sexual health clinics (Figure 2).

Whilst GP and antenatal testing saw a change in the number of individuals testing for Chlamydia, Gonorrhoea and Syphilis between 2019 and 2024 (-25%, +66% and -19% respectively), Sexual Health Clinics have seen very large reductions (-65%, -65% and -55% respectively) for the same infections across the same period, with the testing moving to the online platform (Figure 2).

The Test and Post service also provides testing for HIV, Hepatitis B and Hepatitis C.

## 2 Delivery model

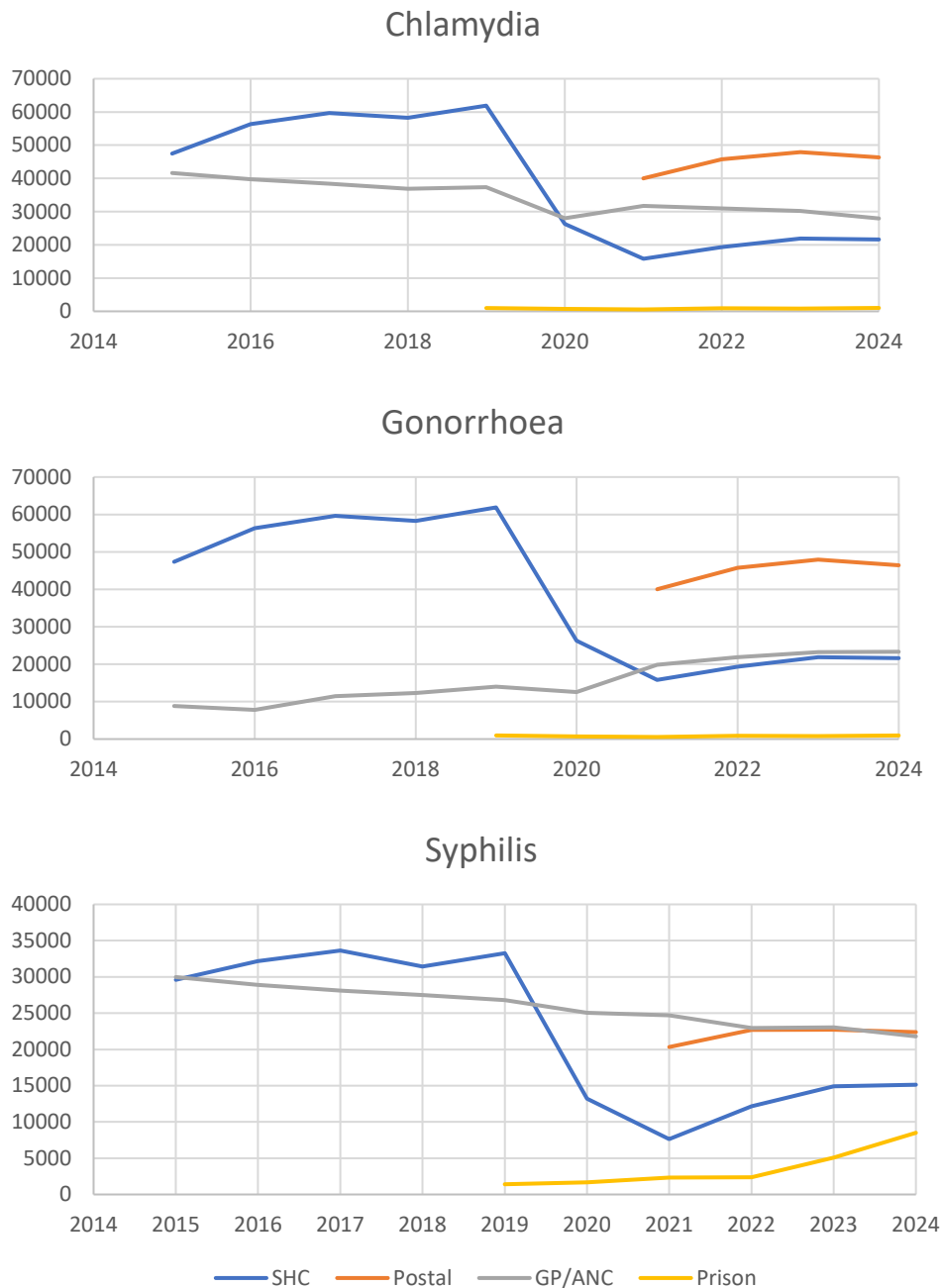
The test and post service has two delivery arms (online access and community access).

The online delivery provides kits direct by post to users who order via an online portal. In the 6 months between June and November 2025, the service received 47,978 requests for testing kits through the online portal (average 8040 per month) with kit returns over the same period of 34,479 (5747 per month) (~72% return rate).

In the community, kits are supplied to community venues for onward distribution to service users whose details are available when the test requests are returned. In June – November 2025, 13,480 test kits (average 2,247 per month) were dispatched to community venues, with 1,415 (average 236 per month) kits being returned (~10% return rate). Test kits have a shelf life of 3-12 months so that a significant number of unreturned kits require disposal. The community TaP service represents only 4% of test kits returned to the service for testing.



**Figure 2:** Number of individuals accessing tests for Chlamydia, Gonorrhoea and Syphilis by service type between 2014 and 2024.



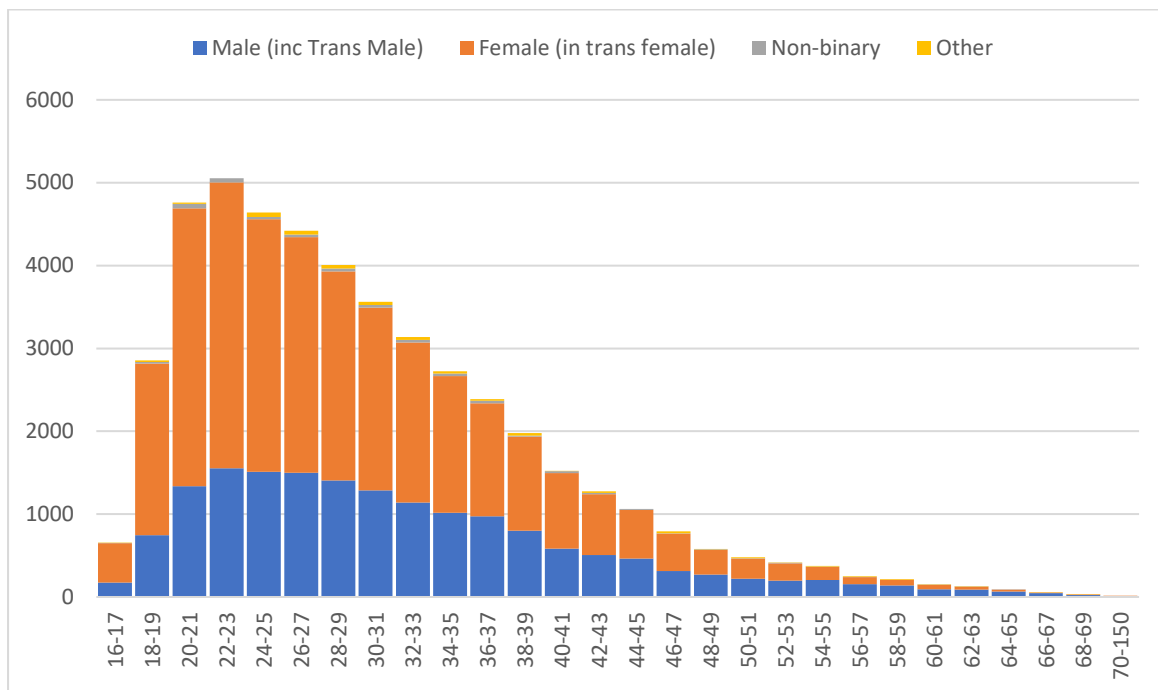
### 3 Service user demographics

The Sexual Health TaP online service is offered to adults and children aged over 16. Users access the service through the TaP portal which has

questions to screen out service users who self-declare being under 16, and collect additional data on those who self-declare as a child aged 16 or 17. Date of Birth data is collected and users are unable to enter a date of birth suggesting they were under 16, however there is no mechanism to verify the age of service users, or to compare whether the date of birth provided matches their declared age.

Between June and November 2025 there were 47,618 records in the test and post scheme with a credible date of birth. The median age of users ordering kits was 28 and 654 orders (1.4% of all orders) were requests from users aged 16-17. 64% of orders were by people identifying as Female (Figure 3).

**Figure 3:** Age distribution of individuals ordering and returning kits via the online system between June-November 2025

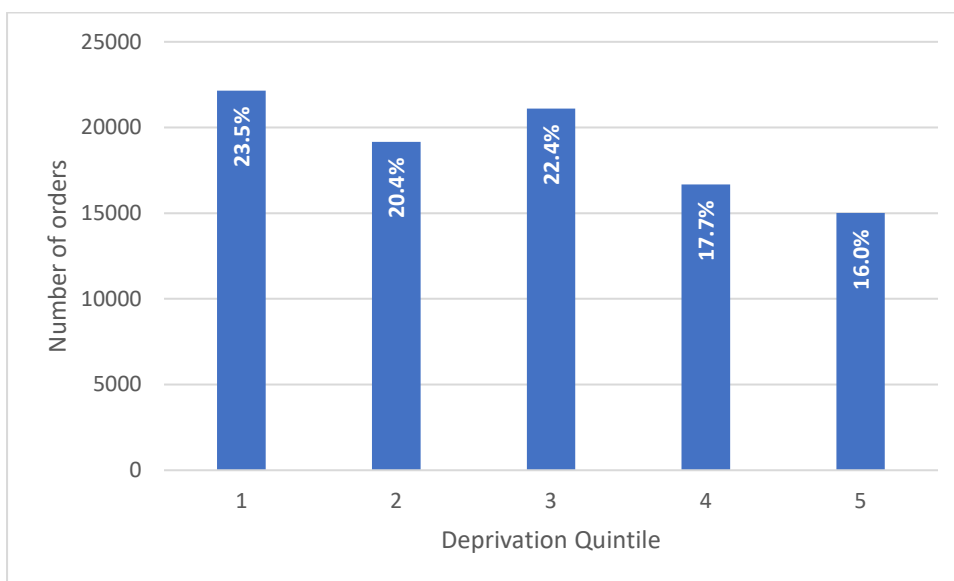


Users accessing the testing through the community venues are not necessarily subject to the same restrictions. Between June and November 2025 20 kits from 18 individuals were submitted through the community route with credible dates of birth suggesting the user was under the age of 16. The community testing route appears to have a much larger proportion of user in the 18-22 age group than the online group.

In 2025 over 94,000 orders were submitted to the online arm of TAP. Of these 99.75% could be linked to postcodes in the published tables of the Welsh Index of Multiple Deprivation 2019 (WIMD).

Nearly 1 in every 4 samples (23.5%) were ordered from addresses in the lowest deprivation quintile (Figure 4).

**Figure 4:** – Number and proportion of tests ordered in 2025 via the online portal by deprivation quintile (5 – least deprived)



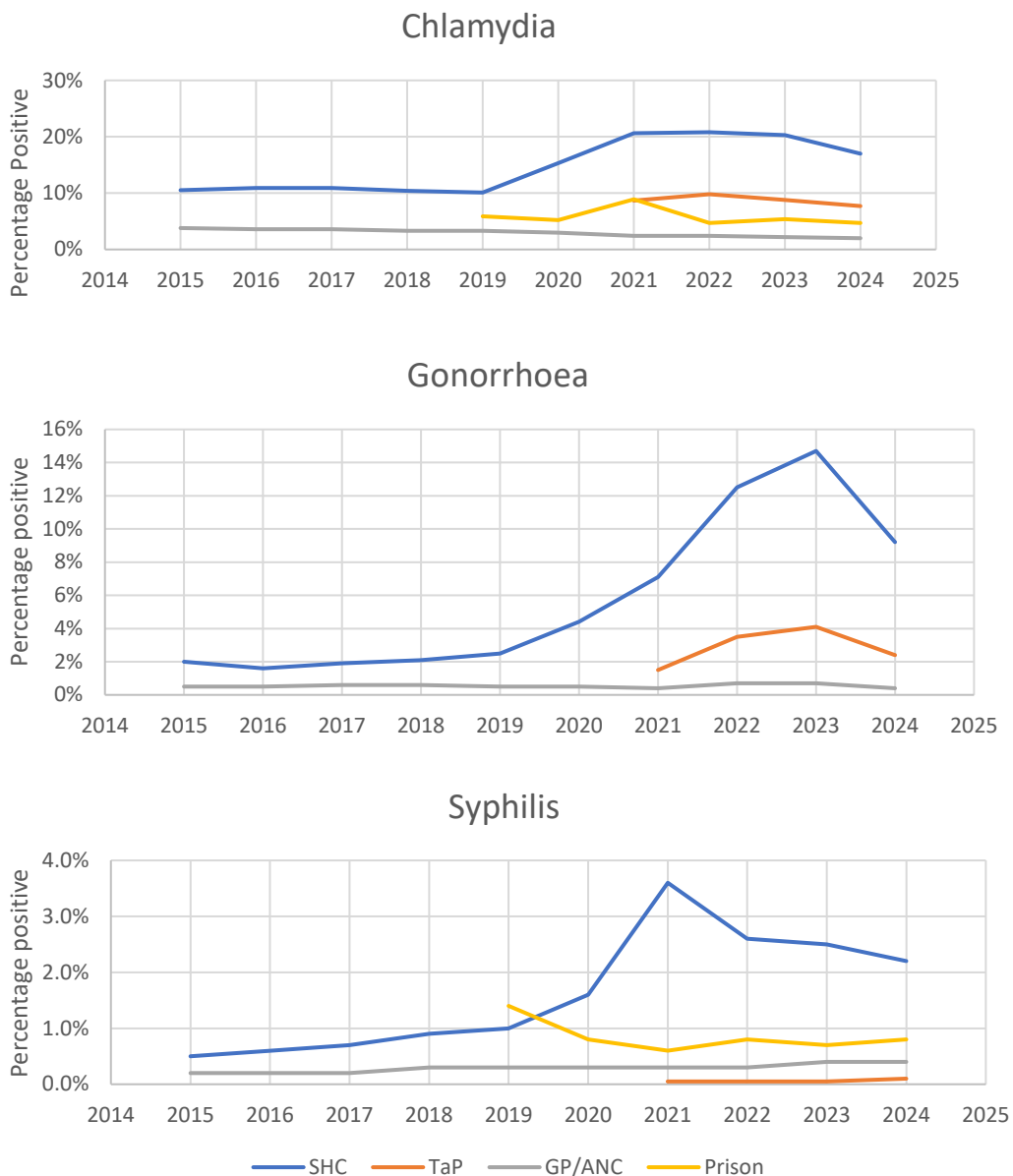
#### 4 Test positivity by testing setting

Prior to the introduction of TaP, the positivity rate in sexual health clinics was lower. Since 2020, individuals attending sexual health clinics are more likely to test positive for an STI compared to those using TaP, attending



GP/Antenatal service or through prison. By inference, individuals who moved from using sexual health services to TaP have a lower risk.

**Figure 6:** Test positivity rates for Chlamydia, Gonorrhoea and Syphilis by testing service between 2014-2024





## 5 Sample rejection rates

The service experiences high sample failure rates, especially for rectal swabs and blood tests. For kits returned to the laboratory (HSL/TDL) between 5-10% of rectal swabs fail each month due to no sample being received, and this is increasing over time. The failure rate for blood tests is higher ~22-25% with users required to fill a small sample tube with blood after pricking their finger with a lancet and insufficient sample being the most common cause of failure. The lab is UKAS accredited using appropriately regulated medical devices for the sampling, making user error the most likely cause.