

**Confirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
24 February 2026, 10:00 – 12:55
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 (Data and Digital)
In Attendance:		
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Paul Brocklehurst	(PB)	Consultant in Dental Health (for item 5.3)
Angela Cook	(AC)	Assistant Director of Nursing, and Quality and Integrated Governance
Neil Desmond	(ND)	Head of Estates and Health & Safety (for items 3.2 and 5.5)
Danielle Gething	(DG)	Head of Risk Management (for item 5.2)
Sharon Hillier	(SH)	Director of Screening (for item 3.2 and 6)
Junaid Iqbal	(JI)	Lead for service user experience (observing)
Martin Jones	(MJ)	Health Protection and Screening Services Head of Directorate Business Operations
Anup Karki	(AK)	Consultant in Dental Public Health (for item 5.3)
Kimberley Meringolo	(KM)	Assistant Director of Planning, P&I Unit (for item 9)
Camille Roberts	(CR)	Paediatric registrar doctor in Wales (Observing)
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit (part of the meeting)
Zoe Wallace	(ZW)	Director of Primary Care
Mary Wilson	(MW)	Consultant in Public Health (for item 5.3)
Apologies		
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Pippa Britton	(PB)	Chair of Board
Tracey Cooper	(TC)	Chief Executive
Sophie Fuller	(SF)	Assistant Director Corporate Governance and Business Support, NHS Performance and Improvement

Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Jo Kondra	(JK)	Trade Union representative
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Jim McManus	(JM)	National Director of Health and Wellbeing
Angela Williams	(AW)	Interim Executive Director of Operations and Finance
<i>The meeting commenced at 10:00</i>		

Part A	
QSIC 2026.02.24/1	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>	
QSIC 2026.02.24/2	Declaration of Interest
<p>There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.</p>	
QSIC 2026.02.24/3	Items for approval
QSIC 2026.02.24/3.1	Minutes and action log
<p>The Committee considered and approved the minutes of the meeting held on 25th November 2025 as an accurate record of the meeting.</p> <p>The Committee approved the closure of completed actions on the action log.</p>	
QSIC 2025.11.25/3.2	Policies and Procedures for approval
<p>ND presented the revised Health and Safety Policy, highlighting the addition of a new section on risk management and updates to monitoring and reporting structures.</p> <p>ND presented the Mobile Phone Policy, redrafted following Committee members feedback to be more enabling and less restrictive, with clarifications on business use, device sharing, and eSIMs.</p> <p>MJ presented the revised Medicines Management policy which had incorporated feedback on roles, alert handling, storage standards, and current systems.</p> <p>SH presented the revised Radiation Policy, explaining minor updates and clarifications regarding statutory duties and employer procedures. Reflecting on the Leadership Teams query on whether the policy should be an All Wales version, SH clarified the need for Organisation specific governance.</p>	

The Committee noted that all four policies had been available for staff consultation and endorsed by the Leadership Team and **approved** the:

- Health and Safety Policy
- Mobile Phone Policy
- Medicines Management Policy
- Radiation Policy

QSIC 2026.02.24/4	Recommendation to Board
QSIC 2026.02.24/4.1	Combined Committee Annual Report 2025/26 and Committee Effectiveness Review

LB presented the annual report, which summarised the Committee's work over the year and the discussion at the Committee's Effectiveness workshop. LB went on to highlight that there were no proposed changes to the Committee's Terms of Reference.

The Committee:

- **Noted** that the draft report would be updated to reflect the Committee's meeting in February and agreed for the final version to be agreed with the Chair of the Committee prior to submission to Board.
- **Considered** the summary of the review of Committee Effectiveness incorporated into the annual report
- **Recommended** the report (subject to the amendments agreed with the Chair) to the Board to provide assurance that the Quality, Safety and Improvement Committee is fit for purpose and operating effectively in fulfilling its terms of reference.
- **Noted** that the Cross Committee Chairs Group would review progress with the implementation of the actions and next steps during 2026/27.
- **Noted** that there were no proposed changes to the Standard Committee Terms of Reference and operating procedures.
- **Noted** that the Committee workplan for 2026/27 and Committee Terms of Reference would be circulated to the Committee in March.

QSIC 2026.02.24/5	Items for Assurance
QSIC 2026.02.24/5.1	Quality Governance Performance Report Q3 and Engagement Update

AC provided an overview of the Quality Governance Performance Report for Quarter 3, drawing the Committee's attention to specific areas for consideration:

Putting Things Right (PTR), Q3

AC summarised the PTR section, which covered the incidents, complaints and concerns reported and acted upon during Quarter 3:

- 581 incidents were reported, one incident was classified as moderate harm after investigation.
- There were no duty of candour cases or Nationally Reportable Incidents. There was one early warning related to sexual health.
- Two incident management teams were active: one for Breast Test Wales Gateway Review and one for water safety (the latter had now been closed).

- Retrospective audits were undertaken in Cervical Screening Wales, related to unsatisfactory outcomes and delays in the C-SWAC process. The cases were assessed for harm to affected women and service improvements had been implemented to prevent future delays.
- Education sessions were underway in primary care to address the increase in cervical screening incidents related to out of date consumables.
- Awareness sessions would be provided during March to address the new Putting Things Right (newly named Listening to People) regulations from 1st April. AC noted that there would be an impact on relevant policies and the Datix system.

The Committee:

- Noted that AC had provided a verbal update on the learning from AAA and highlighted the need to include this in the written reports. NE emphasised the need for Public Health Wales to facilitate good care and accessibility.
- Recognised the training being implemented to address staff attitude and queried whether the Organisation was looking into the potential triggers around working environment that may contribute to the behaviour. AC provided assurance that any potential themes had been looked into as part of the review.

Patient/Service User Experience and Safety Alerts and Notices Management, Q3

AC highlighted:

- 40 early resolution complaints and 10 formal complaints. Common themes recorded related to communication, access and staff attitude. Breast Test Wales had the highest number of complains related to staff attitude and behaviour and communication training had been commissioned to address this.
- 157 Compliments received, common themes were general thank you to staff and staff going beyond the level of expected care.
- 5 out of 30 alerts were applicable to the Organisation and disseminated for information.

The work of the Corporate Safeguarding Group, Q3

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

- There was a significant increase in safeguarding activity in December due to concerns in the sexual health service, leading to an incident management team for safeguarding, patient safety, and information governance. The corporate safeguarding lead and the National Safeguarding team provided daily support. Key stakeholders were informed, and an early warning was submitted to Welsh Government.
- Level 1 safeguarding training compliance was above target (90%), but higher-level training was below target, with 25 staff overdue. All areas were asked to focus on improving compliance.
- The risk related to a single corporate post holder was closed but would be reopened due to sexual health service issues.

The Committee:

- Thanked AC for the update on sexual health and noted the commitment to provide a further update on the learning outcomes in the next report.

The Work of the Corporate Infection, Prevention and Control (IPC) Group, Q3

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

- 16 IPC related incidents, all of which were low or no harm.
- Level 1 IPC training compliance was above target, but level 2 compliance was below target and declining. Targeted actions were underway to improve compliance, especially in infection division, corporate services, and health protection.
- The risk score for the Glen Clwyd decontamination unit increased from 12 to 16 due to project delays; Public Health Wales was working with Betsi Cadwaladr to ensure completion. The IPC nurse was now part of the project group.
- The cleaning contract remained a concern following the end of the all-Wales contract and short notice for procurement; the current provider was extended to allow time for proper specification and selection.

The Committee:

- Highlighted concerns about low compliance rates for IPC level 2 training, noting its importance for infection control. AC confirmed targeted actions were underway and explained that audits had identified issues with bare below the elbow, glove use, and sanitizer use, which were being addressed by IPC nurses and champions
- Asked if the increased risk at Glen Clwyd had practical implications for service users or staff and why the risk score had increased given the long standing nature of the issue. AC explained the risk related to decontamination standards at the site, which was old and not fully fit for purpose, and that further delays could lead to reconsidering continued use of the site. AC went on to explain that the risk had been escalated to the corporate register due to lack of assurance and additional delays caused by funding shortages, but recent assurances indicated the project would be completed

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.

Engagement Update

AC provided an update on Engagement, Experience and User-Centred Design, primarily within the Nursing, Quality and Information Governance directorate, highlighting:

- The young ambassadors programme had been paused to review and improve governance, and a new model for engaging young people was being developed with input from grassroots organisations and a newly appointed young person's lead.

- Collaborative work with the Health and Wellbeing Directorate on the development of a partnership agreement between the Organisation and the Wales Council for Voluntary Action (WCVA) which aimed to strengthen joint working and ensure lived experience informs service redesign and improvement.
- The Research Digital and Data Directorate's efforts to incorporate user experience into digital projects, including the lung screening programme and SMS-based service user feedback pilots. The SMS pilot in diabetic eye screening had increased feedback rates from 1.6% to 28%. AC noted that negative feedback often related to parking and waiting rooms, while positive feedback focused on staff helpfulness.

The Committee:

- Commented on the clarity of feedback about parking and facilities, suggesting improved forward communications to set expectations. AC confirmed that appointment letters included this information and that Estates colleagues were working with local partners to address the limitations.
- Praised the SMS feedback initiative and asked the Organisation should consider engaging with service users via the NHS app, in line with Welsh Government strategy. AC would raise this with digital and screening colleagues and noted the app's potential for broader engagement.
- Commended the progress in using feedback for service improvement and asked about engagement with external stakeholders like Llais. AC confirmed that regular meetings with Llais were taking place and acknowledged Junaid Iqbal's role in advancing feedback both internally and at the All Wales level.

The Committee took **assurance** that this work supported the long term strategy.

QSIC 2026.02.24/5.2.1	Risk Assurance - Strategic Risk Register
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DG introduced the report, highlighted the transition from a risk management development plan to a maturity plan, aiming for a more advanced approach to risk management at all levels. A strategic vision document was being developed to guide risk management over the next five to seven years

The Committee:

- Recommended referencing oversight of the report by senior leadership or executive teams before reaching the Committee.
- Noted that the risk register referenced the sexual health incident but lacked a risk entry about testing for similar risks elsewhere in the Organisation. DG confirmed that the issue of testing for similar risks had been discussed as part of the incident management teams and offered verbal assurance that the organisation was cognisant of this need. NE emphasised the importance of capturing this in the risk register to avoid losing sight of it and to support ongoing governance improvements.

Action: DG

The Committee took **assurance** on the management of Strategic Risk within their remit.

QSIC 2026.02.24/5.2.2	Risk Assurance - Corporate Risk Register
<p>DG introduced the report, which presented the Corporate Risk position last approved by the Leadership Team.</p> <p>The Committee took assurance on the updated Corporate Risk Register within their remit.</p>	
QSIC 2026.02.24/5.3	Update on Oral Health Programme
<p>ZW introduced the team of people due to present the report which provided an update since the Committee considered a deep dive into Oral Health in September 2024.</p> <p>AK presented the report, explaining that Public Health Wales held national leadership and coordination roles for dental public health programmes, but funding and delivery were the responsibility of health boards. AK highlighted ongoing challenges, particularly financial issues affecting the Designed to Smile programme, and noted the team's strong research activity and commitment to quality improvement.</p> <p>PB provided specifics on oral health intelligence, reporting a significant reduction in dental decay among five-year-olds. PB noted that while severity had decreased, inequalities remained unchanged. PB described progress in using dental activity data, and ongoing efforts to resolve legal and data controller issues with Welsh Government to enable linkage with patient identifiable data and noted the push for passive consent to address declining participation rates in epidemiological programmes.</p> <p>MW explained that while overall rates of dental decay had improved, reaching the remaining 27% of children with disease was challenging. MW reiterated the importance of evolving the programme and highlighted Welsh Government's consideration of passive consent to improve health inclusion.</p> <p>ZW concluded the update by highlighting the Public Health Wales remit letter and mandate for 2026-27 included three specific requirements linked to dental public health.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Praised the progress in reducing dental decay and asked whether pseudonymisation of SAIL data would be of benefit. PB responded that while pseudonymisation was considered, recent positive developments in Welsh Government's new contract might allow for patient identifiable data linkage, resolving previous data controller uncertainties. If progress stalled, pseudonymisation would be revisited. • Queried the ring-fenced funding for dental programmes, asking whether the restriction was due to Public Health Wales or Health Boards. MW clarified that Welsh Government provided ring-fenced funding directly to Health Boards, but while the general dental budget was uplifted, programme-specific uplifts were not always passed on. She advocated for Health Boards to allocate uplifts appropriately and noted some success in only certain boards. 	

- Asked about the impact of screen time and child development on supervised toothbrushing, wondering if gamification could help. MW explained that dental advice recommended parental supervision up to age seven, but the screen time issue was broader affecting school readiness and developmental milestones.

The Committee thanked the team for the update and:

- Took **assurance** that the dental public health team were working effectively delivering its national strategic leadership role for population oral health improvement, oral health intelligence and other dental public health functions as outlined on the Welsh Health Circular.
- **Considered** the current challenges affecting the dental public health programmes.
- **Noted** the approach for legal clarification of the consent process for the Dental Epidemiology Programme and Designed to Smile programme and whether passive consent (Opt-out) was possible.
- **Noted** the approach to determine the Data Controller for the dental services data held by the NHS Business Services Authority data to create a Data Sharing Agreement and facilitate data linkage with the SAIL databank.

QSIC 2026.02.24/5.5

Health and Safety Quarter 3 2025-26

ND presented the Health and Safety report, highlighting:

- Four new Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) had been reported and were being managed.
- All health and safety alerts had been processed in a timely manner.
- Five new risks were reported, relating to water quality, infection services, car park safety and staff exposure to traumatic public feedback. ND detailed mitigation actions, including water philtres, gas manifold compliance, autoclave repairs, car park resurfacing, and support for staff exposed to trauma.
- Statutory and Mandatory training compliance was above Welsh Government and Public Health Wales targets. ND noted concern on the level of compliance for resus training for paediatrics and adults in Health Protection and Screening Services, and would be addressed with screening colleagues.
- Updated on the cleaning contract, explaining that due to delays in the all-Wales tender, Public Health Wales would extend the current contract until October and then move to a locally managed contract with higher specifications. ND also described progress on water management arrangements for Breast Test Wales mobile units, with a new contractor to provide consistency and assurance.

The Committee:

- Referenced the differing compliance figures for adult and paediatric resus training which was typically a combined offering and suggested reviewing the compliance rates with the provider.
- Asked about the status of the waste management policy. ND agreed that this was a priority area and expected the review to be undertaken by end of March.
- Asked whether the new cleaning contract would cover sites hosted by other organisations or only PHW-dedicated premises, and whether moving from an

all-Wales contract to a local contract would create additional management burden or complexity. ND explained the contract would include some hosted sites, depending on arrangements, and clarified that managing locally would actually be easier and more robust than the previous national contract, allowing for better audit and quality performance control.

The Committee took **assurance** that appropriate measures are in place to monitor compliance and to address areas identified for improvement.

QSIC 2026.02.24/5.6	Winter Planning / Seasonal Planning
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MJ presented the end of cycle update on the Organisation's winter/ seasonal planning preparations, following previous reports on early planning and in season delivery. MJ highlighted:

- The central aim remained to provide coordinated organisational oversight, reduce duplication, ensure clear lines of communication, and strengthen alignment with national winter priorities.
- Improved organisational coordination, earlier planning cycles, and system-wide learning for 2025-26 and shaping preparations for 2026-27.
- Key lessons included benefits of a centralised model, clearer communications and improvement in partnership working, and the need for even earlier planning next year.

The Committee acknowledged ongoing improvements in winter planning, noting increased cross-partnership working and thanked the team for the involvement of the Committee throughout.

The Committee:

- Took **assurance** that lessons-learnt activity had been undertaken and that insights—both system-wide and programme-specific—were being incorporated into planning for the 2026/27 winter season.
- **Noted** that, in response to positive feedback, Public Health Wales was enhancing its collaborative approach, with workstreams jointly planning future winter activity and adopting improved information-sharing mechanisms.

QSIC 2026.02.24/6	Deep Dive- Screening Services
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SH presented the screening services deep dive, which outlined performance, challenges risks and improvement actions across Bowel Screening Wales, Breast Test Wales and Diabetic Eye Screening Wales, noting that screening continued to deliver significant early detection benefits, with strong activity across all programmes.

SH provided an update on Bowel Screening Wales:

- Bowel Screening Wales had completed its optimisation programme, which had detected increased numbers of cancers and polyps, however screening colonoscopy waits delivered by Health Boards remained significantly above the four-week standard. Endoscopy capacity constraints, accreditation delays and inconsistent delivery of commissioned colonoscopy lists continued to impede performance. A national Colonoscopy Improvement Collaborative had been established to support health boards in addressing these barriers.

The Committee:

- Sought clarification on the clinical risk associated with bowel screening delays. SH confirmed that the published evidence related to a risk of later-stage diagnosis after 26 weeks, with the measure referring to time to diagnosis rather than treatment.
- Questioned the significant variation in colonoscopist capacity across health boards. SH explained that although some cross-border working existed, no health board currently had surplus capacity to absorb additional screening lists.
- Asked about the post-colonoscopy pathway. SH confirmed that treatment waits varied by health board and were monitored through cancer performance datasets.
- Queried whether the Organisation might consider pausing the youngest age cohort in bowel screening to reduce demand. SH advised that this would be clinically problematic given the cancers and polyps already detected in this group.
- Raised concerns about the robustness of Health Board plans, questioning whether the Organisation received clarity on which commissioned lists would be delivered. SH confirmed that the Organisation monitored list delivery closely and had escalated shortfalls to chief executives.
- Queried the accreditation timelines. SH clarified that the Organisation was not altering JAG standards but was seeking to streamline Wales-specific processes to shorten the time new colonoscopists took to gain approval.

SH provided an update on Breast Test Wales (BTW), highlighting:

- Performance against the three-week standard for assessment following screening mammography varied significantly by region, South and West Wales performance was close to standard, with improvement seen following recent workforce stabilisation. However, North Wales experienced significant and persistent delays, with waits of 7–11 weeks and a backlog of approximately 160 women awaiting assessment. This was due to workforce shortages and dependence on single-clinician models. This issue had been escalated to senior leadership within Betsi Cadwaladr University Health Board (UHB) to secure operational changes.

The Committee:

- Explored whether existing establishment levels were sufficient. SH confirmed that both vacancies and the overall size of clinical teams contributed to delays and recognised the need to review establishment levels.
- Questioned the two-week reading period and the potential for benchmarking. SH explained that significant manual workflows, including the lack of digital connectivity from mobile units, constrained further reduction and noted that complex workflows would be reviewed and noted a pilot on mobile unit connectivity.
- Raised concerns about clinical practice variation in North Wales, where surgeons' availability prevented radiology-led clinics. SH confirmed this was not

acceptable and had been escalated at Executive level within Betsi Cadwaladr University Health Board.

SH provided an update on Diabetic Eye Screening Wales (DESW) highlighting:

- The main performance challenge within DESW remained the 12 month recall interval, driven by increasing diabetes prevalence and manual processes, though improvements were underway through new recall pathways, drop-in clinics and an upcoming staged-mydriasis pilot.

The Committee:

- Queried the pace of adoption of innovations such as staged mydriasis. SH confirmed that the clinics were planned for April with evaluation support the research team.
- Sought assurance on efforts to address grading backlogs and their impact on high-risk cases. SH confirmed that recent recruitment had improved grading timeliness and that urgent clinical findings continued to be prioritised.
- Queried the impact of did not attend (DNA) rates. SH advised that clinic utilisation and rebooking of clinic slots was key, along with the use of an automatic booking system.

The Committee thanked SH for the presentation and recognised the significant achievements across all the programmes. The Committee acknowledged that the Organisation had maximised the levers within its control and would highlight the need for Board level oversight regarding colonoscopy capacity and North Wales breast assessment with the Board.

Action: CJ/LB

The Committee **noted** the current performance position and areas requiring improvement and supported the improvement plan and associated actions in place.

QSIC 2026.02.24/7

Items to Note

QSIC 2026.02.24/7.1

Audit

The Committee **noted**:

- The Audit Recommendations Tracker update and considered any impact on the Committee's workplans / areas of focus
- Final Internal Audit Report on Corporate Effectiveness

Part B

NHS Performance and Improvement Business

QSIC 2026.02.24/8

Declaration of Interest

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

QSIC 2026.02.24/9

NHS Wales Performance and Improvement (P&I) Quarterly Governance Compliance Report (Q3)

KM presented the NHS Performance and Improvement Unit update, highlighting one complaint and six health and safety incidents reported on Datix, related to fire safety,

slips trips and falls and security of the premises and actions taken to address all incidents.

The Committee queried whether any of the P&I staff should complete level 2 safeguarding training and if so required, recommended including this compliance in future reports.

Action: KM/SF

The Committee:

Health and Safety

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

National Reportable Incident Reporting compliance

- **Noted** there have been no reportable incidents to report.

Complaints (including PTR if applicable) compliance

- **Noted** there has been one complaint received regarding the NHS Wales Performance and Improvement for this period to report to Committee.

Claims reporting (staff and third-party claims)

- Took **assurance** that Claims within the NHS Wales Performance and Improvement are being appropriate managed.

DATIX compliance

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

Safeguarding compliance

- **Noted** there have been no safeguarding issues reported for this period to report to Committee.

QSIC 2026.02.24/10	Closing Administration
QSIC 2026.02.24/10.1	Close of Public Meeting
The Chair closed the meeting.	
<i>The open session closed at 12:55</i>	