

**Unconfirmed Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
10 September 2026, 10:00 – 12:35
Held in Capital Quarter 2 and via Microsoft Teams**

Present:		
Clare Jenkins	(CJ)	Chair of Committee, Vice-Chair of Board and Non-Executive Director
Huw David	(HD)	Non-Executive Director (Local Authority)
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
Angela Cook	(AC)	Assistant Director of Nursing, and Quality
Lauranne Cullen	(LC)	Llais representative (Observing)
Karen Fitzgibbon	(KF)	Head of People and OD Operations (for Item 5.2)
Tom Fowler	(TF)	Deputy Director of Health Protection and Screening Services (from 11:30)
Sophie Fuller	(SF)	Assistant Director Corporate Governance and Business Support, NHS Performance and Improvement (for Item 7)
Wayne Jepson	(WJ)	Head of Quality, Engagement and Collaboration (for Item 3.2)
Ilona Johnson	(IJ)	Consultant in Public Health, Health Improvement (for Item 4)
Louise Mann	(LM)	Director of Safeguarding (for Item 5.3)
Jim McManus	(JM)	National Director of Health and Wellbeing (left at 11:30)
Zoe Pietrzak	(ZP)	Executive Director of Strategy, Finance and Performance
Alexander Rees	(AR)	Board Support Officer
Reanne Reffell	(RR)	Board Governance and Policy Manager
Stuart Silcox	(SS)	Assistant Director of Integrated Governance
Sikha de Souza	(SdS)	Consultant in Public Health Screening
Emily van de Venter	(EvdV)	Consultant in Health Improvement (for Item 4)
Apologies		
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
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
Meng Khaw	(MK)	National Director of Health Protection and Screening Services, Executive Medical Director
Jo Kondra	(JK)	Trade Union representative

Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
<i>The meeting commenced at 10:00</i>		

Part A	
QSiC 2026.09.10/1	Welcome, Introductions and Apologies
The Chair welcomed all to the public session of the Quality, Safety and Improvement Committee meeting. The apologies for absence were noted. In noting the apologies, CJ reminded the Committee that this would have been SG’s final Committee meeting. Although the Committee was unable to thank SG in person, CJ expressed her own thanks and those of the Committee for the contribution and experience SG had brought to the Committee over many years.	
QSiC 2026.09.10/2	Declaration of Interest
There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.	
QSiC 2026.09.10/3	Items for approval
QSiC 2026.09.10/3.1	Minutes and action log
The Committee considered and approved the minutes of the meeting held on 4 June 2026 as an accurate record of the meeting. The Committee approved the closure of four completed actions on the action log.	
QSiC 2026.09.10/3.2	Duty of Quality Annual Report 2025-26
AC introduced the annual Duty of Quality Report, explaining that it had been produced to meet statutory requirements under the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and was intended primarily for a public audience. WJ outlined the changes made following feedback in previous years. The use of Microsoft Sway had significantly reduced the Report’s length, the number of case studies had also been reduced, and the Report had a stronger focus on accessibility and public engagement. Feedback from a Time to Talk survey and benchmarking against other NHS Wales organisations had informed the revised approach, and the majority of respondents had expressed a preference for the shorter Report supplemented by digital content. WJ also noted plans to further enhance the Report through the inclusion of additional digital and video elements in subsequent years. The Committee welcomed the revised format and the evidence-based approach taken in response to public feedback. They suggested greater consistency in the length and presentation of case studies to provide a more balanced emphasis across topics and improve readability. Members highlighted the importance of retaining alternative formats alongside the Sway version to ensure accessibility for people with visual or hearing impairments and those who were digitally excluded. They also asked that	

future reports clearly identify where feedback had been received and improvements were in progress, demonstrating that concerns had been acknowledged and were being addressed.

The Committee also welcomed the potential use of links within the Sway report to provide further information without increasing its overall length and recommended that future engagement activity seek feedback on the accessibility and effectiveness of the format.

The Committee:

- **Commented** on and **approved** the draft Annual Quality Report 2025-2026 (for publication in line with the requirements of the Duty of Quality).
- **Noted** the onward progress of the report to the November Board meeting via the Committee Chairs Report to Board.

QSIC 2026.09.10/3.3

Policies and Procedures for approval

AC presented the Prevent Policy, noting that it had been reviewed, consulted upon and strengthened to support Public Health Wales in meeting its statutory responsibilities under the Counter-Terrorism and Security Act. AC advised that the Policy had been considered by the Safeguarding Group and would be supported by a national Prevent training programme to support its implementation in practice.

The Committee discussed the Policy and raised no concerns regarding its content. However, members reiterated broader concerns about the presentation of, and distinction between, policies and procedures within Committee papers, noting that the accompanying documentation appeared to focus more on procedural content than policy.

LB explained that the accompanying Equality Health Impact Assessment covered both the Policy and the associated procedure, although only the Policy required Committee approval. She noted that work was ongoing to review and streamline organisational templates and guidance.

The Committee **approved** the Prevent Policy.

QSIC 2026.09.10/4

Population Health Programmes Update

JM presented an update on the review of Public Health Wales' population health improvement programmes. The review had assessed whether the programmes were designed and delivered to maximise their impact on population health, prevention and health inequalities. It had developed into a wider improvement and change process, identifying scope across all programmes to strengthen design, governance, partnership working, evaluation and equity.

No programme had been identified for cessation; however, several required significant redesign. These included aligning healthy weight programmes with the £8 million Innovate UK-funded digital obesity pathway, broadening the support provided through Healthy Working Wales, and improving tobacco control programmes, where

evidence demonstrated strong outcomes across different population groups and levels of deprivation.

JM also advised that work was underway to develop an impact and value framework to demonstrate more clearly how programme activity contributed to outcomes for the people of Wales.

The Committee:

- Welcomed the report as a positive first step in strengthening assurance around population health programmes and sought clarification on the criteria used to determine whether a programme should continue or cease. JM explained that programmes were assessed against population need, evidence of effectiveness, alignment with current evidence and strategic priorities, and whether alternative approaches could deliver better outcomes.
- Emphasised the importance of demonstrating programme impact beyond activity measures and welcomed the development of a value chain framework linking programme inputs, outputs, system changes and population outcomes. They supported further work to evidence programmes' contribution to longer-term outcomes.
- Highlighted the value of co-production, external peer review and partnership working, and encouraged the consistent sharing of learning across programmes. Members suggested that future reports provide greater visibility of programme theories of change and the measures used to assess progress and impact.
- Noted that the review process had prompted consideration of programme governance, organisational learning and cross-directorate collaboration. In discussing evaluation, members received assurance that collaboration with Research and Development colleagues had been strengthened to support programme evaluation and continuous improvement.

The Committee:

- Took **assurance** that the 2025 commitment to review and improve major health improvement programmes had translated into material programme and system change;
- **Noted** the emerging contribution-based approach to demonstrating impact and value; and
- **Endorsed** the proposed rolling, proportionate review programme and next priorities.
- **Agreed** to have a further report on Tackling Diabetes Together learning.

QSIC 2026.09.10/5	Items for Assurance
QSIC 2026.09.10/5.1	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:	
<u>Listening to People (LtP), Q1</u>	
AC summarised the LtP section, which covered the incidents, complaints and concerns reported and acted upon during Quarter 1. AC noted the new name to the section, in	

line with the new 'Listening to People' regulations which began on 1 April 2026 and highlighted:

- 513 incidents reported in Quarter 1.
- There were no Nationally Reportable Incidents and no Early Warning Reports. There was 1 Duty of Candour case.
- There were 2 moderate harm incidents reported.
- Incident closure performance had improved in Quarter 1; there were 27 overdue incidents beyond the 30-working-day target.

SdS informed the Committee that extensive work within the Directorate had focused on improving reporting timelines, contributing to the improved figures reported. Further work had been undertaken to complete actions, capture learning, and enhance the quality of incident reporting.

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

AC highlighted:

- Nineteen early resolutions were recorded, with concern themes including communications, test results, staff attitude and behaviour. All but one were resolved within the required timeframe: acknowledgement within five working days and response within 10 working days.
- 8 formal complaints were received, most of which originated from screening services. Complaints management performance remained good overall.
- 133 compliments were received, most commonly thanking staff.
- SMS experience surveys had achieved a 28.5% response rate, equating to 5,476 responses. Breast Test Wales joined Diabetic Eye Screening Wales and Abdominal Aortic Aneurysm Screening Wales in using this system at the end of August.
- Twenty-nine safety alerts were received, of which six were applicable for information only.

The Committee:

- Asked whether future reports could map compliments alongside complaints to show the relative levels and themes of feedback received by services and help identify areas for improvement. AC agreed to explore the feasibility of including this analysis in future reports.
- Sought assurance that improved timeliness had not compromised quality. It was advised that further work on incident management and reporting was ongoing to support continuous improvement and effective action tracking.
- Asked how feedback was obtained from patients unable to access digital services. AC and SdS advised that bespoke and printed surveys were available in some clinics, while some services provided tablets to support survey completion.

The work of the Corporate Safeguarding Group, Q1

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

- 40 safeguarding enquiries for advice & support were reported during Quarter 1, representing a slight reduction from Quarter 4. The Committee noted ongoing

work within Sexual Health Wales to strengthen staff confidence and capability in identifying and responding to safeguarding concerns.

- 7 Duty to Report (DTR) referrals were submitted to Local Authorities.
- Level 3 safeguarding training compliance had improved from 64% to 82%; however, compliance with Group 2 Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) training remained below target.
- Three divisional safeguarding risks remained unchanged.

SdS advised that work had been undertaken to ensure staff were assigned the appropriate level of safeguarding training and provided assurance that a clear training compliance framework was in place.

The Committee:

- Sought assurance that the increase in safeguarding enquiries within Sexual Health Wales reflected improved identification and reporting of safeguarding concerns rather than an increase in safeguarding incidents. AC advised that all concerns were recorded and monitored through the Datix safeguarding module, supported by corporate safeguarding oversight, daily safeguarding huddles with the SHS team and additional safeguarding resource within the corporate safeguarding service.
- Questioned whether arrangements were in place to identify staff who repeatedly failed to complete mandatory training. AC advised that training compliance was monitored through governance processes, managerial oversight, appraisal arrangements and pay progression requirements, providing assurance that persistent non-compliance was identified and managed appropriately.

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:

- 15 IPC-related incidents had been reported during Quarter 1.
- No IPC incidents resulting in moderate harm or above had been reported.
- 10 incidents related to contact with, or exposure to, hazardous substances within Infection Services; all were assessed as low- or no-harm incidents.
- Six IPC risks remained on the risk register, including risks relating to estate infrastructure, decontamination facilities, workforce capacity and cleaning standards.
- Decontamination facilities at the Glan Clwyd Endoscopy Unit remained an ongoing risk for Bowel Screening Wales, and work continued with Betsi Cadwaladr University Health Board and partners to support improvements.

The Committee:

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

QSIC 2026.09.10/5.2	Staff Flu Vaccination Campaign Annual Report 2025/26 and Forward Look 2026/27
KF presented the Staff Flu Vaccination Campaign Annual Report and forward look, highlighting: • Staff flu vaccination uptake had improved compared with the previous year; however, performance remained below both the All-Wales average and previous organisational levels. • Key challenges had been identified with one of the five occupational health providers (Welsh Ambulance Services NHS Trust), including limited clinic availability, inflexible scheduling and data quality issues. • The Flu voucher scheme had been well utilised, with approximately 14% of staff accessing vaccination through this route, demonstrating the importance of convenient and accessible vaccination options. • A programme of improvement actions had been agreed, including enhanced occupational health arrangements, expanded voucher provision, improved staff engagement and communications, strengthened reporting arrangements, and exploration of alternative delivery models for future campaigns. The Committee: • Sought assurance regarding the continued effectiveness of the current delivery model and noted that challenges remained despite some improvements. KF advised that alternative delivery models were being explored for next year and noted that accessibility remained a key factor influencing uptake. • Expressed concern that the current provider had not consistently delivered the required level of service in previous years and requested that its concerns be escalated to the Board in advance of planning for the 2027/28 Staff Flu Vaccination Campaign. Action: CJ • Discussed the impact of vaccine hesitancy and the importance of obtaining more detailed vaccination uptake data to support targeted improvement activity, particularly amongst frontline staff. • Welcomed the planned actions for the forthcoming campaign and noted the ongoing work to improve vaccination uptake, service delivery and monitoring arrangements. The Committee: • Took assurance from the review of the 2025/26 staff flu vaccination campaign; • Noted the actions approved by the Business Executive Team in May 2026; and • Noted the proposed delivery plan for the 2026/27 campaign.	
QSIC 2026.09.10/5.3	National Safeguarding Service Annual Report 2025-26 and Forward Look 2026-27
LM presented the National Safeguarding Service Annual Report and highlighted: • The continued development of the safeguarding network from a community of practice into a stronger assurance, performance and improvement function.	

- The completion of the NHS Wales Safeguarding Framework, providing enhanced national oversight and real-time safeguarding assurance arrangements.
- The increasing complexity of safeguarding issues and the work undertaken to strengthen governance, learning and assurance arrangements across Wales.
- Key developments including safeguarding quality standards, metrics, assurance tools and guidance, with priorities for 2026/27 focused on implementing the safeguarding framework, rolling out the Datix safeguarding module and further strengthening national assurance arrangements.

The Committee:

- Noted the breadth of work undertaken and the increasing prominence of safeguarding within the wider quality agenda.
- Asked about safeguarding priorities for the coming year. LM advised that closer collaboration between the National Safeguarding Service and Public Health Wales Corporate Safeguarding Team was strengthening organisational resilience, expertise and support arrangements.
- Discussed how learning from safeguarding reviews translated into frontline practice. LM acknowledged that approaches varied across organisations and advised that further work was underway through training, learning and quality frameworks to improve the identification, dissemination and evaluation of learning arising from reviews, incidents and professional concerns.
- Noted that while national frameworks and guidance could support consistency, individual organisations remained responsible for embedding learning and improvement locally.
- Noted examples of safeguarding improvement within Public Health Wales, including strengthening routine enquiry within screening services and adoption of the Datix safeguarding module. AC acknowledged the significant contribution of the National Safeguarding Service in supporting corporate safeguarding arrangements, retrospective reviews and wider organisational learning.
- Noted the ongoing development of national safeguarding data and reporting arrangements, which were expected to strengthen oversight of safeguarding activity, identify emerging trends and support future quality improvement across NHS Wales.

The Committee:

- Took assurance that system leadership of the National Safeguarding Service was working across the Organisation as detailed in this report.

Break

QSIC 2026.09.10/5.4	Health and Safety
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This Item was deferred to the November meeting of the Committee.

QSIC 2026.09.10/5.5	Winter Planning / Seasonal Planning
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TF provided a verbal update on organisational winter preparedness arrangements, highlighting:

- Following a review of the previous year's approach, the cross-organisational winter planning group had been retained to coordinate activity across Public Health Wales and ensure visibility and alignment of winter-related work. He noted that some programmes, including frailty-related work, had become embedded within routine business and therefore no longer required regular attendance at the planning group, although arrangements remained in place to escalate issues if required.
- That Public Health Wales had recently submitted an update to Welsh Government regarding its preparedness for winter pressures. He noted that the organisation's responsibilities included both maintaining the continuity of services delivered directly by Public Health Wales and providing system leadership in areas such as public health advice, vaccination programmes and winter communications. He reported that assurances provided to Welsh Government reflected confidence in the organisation's current state of preparedness.
- That planning for winter immunisation communications was underway and that opportunities were being explored to align vaccination messaging with wider behavioural and preventative health campaigns. He further noted that Public Health Wales had incorporated Welsh Government winter escalation and response arrangements into its planning processes to support consistent communication and advice across the wider system.
- That the effectiveness of the revised approach would continue to be reviewed, including consideration of more objective measures of impact. He noted that further updates on implementation and lessons learned were scheduled through the Committee work programme.

The Committee sought assurance that winter planning remained an active focus despite the summer period. In response, TF confirmed that planning activity was ongoing and reiterated that the aim was to ensure the organisation was prepared in advance of winter pressures rather than responding reactively during the winter period.

The Committee received **assurance** on the winter/seasonal planning activities.

QSIC 2026.09.10/5.6

Risk Assurance

QSIC 2026.09.10/5.6.1

Strategic Risk Register

SS presented an update on Strategic Risk 3, which focused on the current status of the risk and a detailed review of the controls and mitigations in place within Screening Services.

SS highlighted:

- That the review had been undertaken following a previous Committee request to provide greater assurance regarding the appropriateness, proportionality and effectiveness of existing controls. The work had involved discussions with lead consultants across Screening Services and a review of supporting documentation.

- Whilst the risk score for SR3 remained at 16, slightly above the Organisation's risk tolerance of 15, SS advised that continued progress against the action plan was expected to reduce the residual risk over time.
- That the review had demonstrated that appropriate control mechanisms were in place and provided a strong basis for further refreshing and strengthening controls as part of the forthcoming organisational changes bringing Screening Services and Quality, Nursing and Improvement functions together.
- That the review had focused solely on the Screening Services elements of Strategic Risk 3 and that further work would be required to review operational controls across the wider organisation.

The Committee:

- Noted the detailed review of controls and mitigating actions and considered that it provided greater visibility of how Strategic Risk 3 was being managed.
- Discussed whether the current action plan and controls would deliver the reduction required to achieve the target risk score of 6 and noted the significant gap between the current score of 16 and the target score.
- Suggested that future reports should include the risk score prior to the escalation associated with the screening incident to enable progress to be assessed over time.
- Discussed the importance of demonstrating that controls and mitigating actions were directly contributing to the intended reduction in risk and achievement of planned outcomes.

The Committee took **assurance** that SR3 was being managed appropriately and effectively.

QSIC 2026.09.10/5.6.2 Corporate Risk Register

SS presented the Corporate Risk Register, noting that it had been reviewed by Leadership Team (LT) on 20 August 2026, which had commenced a programme of Risk Deep Dives to strengthen scrutiny of controls, governance arrangements and areas requiring improvement and noted the discussions were productive and provided greater insight into the management of the Organisation's Corporate Risks.

The Committee:

- Discussed Risk 1946 relating to the Datix replacement programme. Members raised concern that, whilst the risk remained scored at 16, the report indicated that LT had taken assurance from the current arrangements. The Committee questioned whether the level of assurance being reported was consistent with the high residual risk score and sought clarification regarding the rationale for this assessment. SS explained that the assurance related to confidence that all available mitigating actions were being progressed, rather than assurance that the underlying risk had been resolved.
- Noted the significance of the risk and the ongoing concerns regarding delivery of the replacement Datix system and the implications for organisational governance and reporting processes. SS agreed to provide further clarification regarding the assessment and presentation of this risk.

Action: SS

- Discussed risks which had remained open for extended periods and asked how cumulative exposure and potential impact on service users were assessed where target dates continued to be extended. SS advised that LT Risk Deep Dives would challenge these risks, review the effectiveness of action plans and ensure that residual risks remained visible. He further noted that future reporting could provide greater clarity regarding residual exposure and the implications of risks that remained unresolved over extended periods.

Action: SS

The Committee took **assurance** that the Corporate Risk Register was being appropriately scrutinised.

QSIC 2026.09.10/6	Items to Note
QSIC 2026.09.10/6.1	Audit

The Committee **noted**:

- The Audit Recommendations Tracker update and considered any impact on the Committee's workplans/areas of focus.
- Final Internal Audit Reports:
 - Outbreaks and Patient Pathways (Diabetic Eye Screening Wales and Abdominal Aortic Aneurysm programmes) - (Reasonable Assurance)
 - Alerting of Health Protection of incidents and Outbreaks - (Reasonable Assurance)

The Committee **noted** the closure of several long-standing actions that had been regularly reported to the Committee and acknowledged the considerable work undertaken to strengthen oversight of audit recommendations. The Committee further noted that the Audit Recommendation Tracker had improved visibility of progress and supported more effective monitoring of outstanding actions.

The Committee **noted** that several recommendations had taken a considerable time to close, with some actions exceeding their original target dates by more than two years and one taking almost four years to complete. Whilst acknowledging the progress made, the Committee emphasised the importance of learning from these delays and ensuring the timely implementation and closure of future audit actions.

The Committee **noted** the two Internal Audit reports and associated Tracker showing actions relevant to the Committee's remit.

QSIC 2026.09.10/6.2	Committee Workplan
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The Committee **noted** the Committee Workplan and the highlighted changes which were shown in red.

Part B	NHS Performance and Improvement Business
QSIC 2026.09.10/7	Declaration of Interest

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

QSIC 2026.09.10/8	NHS Wales Performance and Improvement (P and I) Quarterly Governance Compliance Report (Q1)
SF presented the Quarterly Governance Compliance Report, highlighting: • That no significant areas of concern or elevated risks had been identified during the reporting period. It was further noted that the Annual Statement of Compliance had been submitted to the Responsible Officer and that assurance arrangements remained in place, including the provision of annual assurance from senior leadership. • That five Datix incidents had been recorded during the reporting period, all relating to health and safety matters. None had met the threshold for escalation under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), and all had been managed through the appropriate governance processes. One incident remained subject to final review to ensure a comprehensive investigation had been completed. • That statutory and mandatory training compliance remained at a satisfactory level and continued to be monitored routinely. The Committee sought clarification regarding safeguarding training compliance reporting and whether it included higher-level safeguarding requirements, particularly training relating to Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV). SF confirmed that compliance across safeguarding training modules was currently above the required standard and agreed that future reports would include additional detail on higher-level safeguarding training requirements. Action: SF SF further advised that a review of safeguarding arrangements and associated training requirements was underway following recent leadership appointments within Performance and Improvement. The Committee: Health and Safety • Took assurance that NHS Wales Performance and Improvement had appropriate measures in place to monitor compliance and address areas identified for improvement. National Reportable Incident Reporting compliance • Noted there had been no reportable incidents to report. Complaints (including PTR if applicable) compliance • Noted there had been no complaints received for this period to report to Committee. Claims reporting (staff and third-party claims) • Noted one claim received during the period and took assurance that claims within NHS Wales Performance and Improvement were being appropriately managed.	

DATIX compliance

- **Noted** five incidents reported on Datix for this period and took assurance that the appropriate process had been followed within NHS Wales Performance and Improvement to manage these incidents.

Safeguarding compliance

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

QSIC 2026.09.10/9	Closing Administration
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QSIC 2026.09.10/9.1	Close of Public Meeting
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The Chair closed the meeting.

The date of the next meeting:

24 November 2026

The open session closed at 12:35

Unconfirmed