GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Quality, Safety and Improvement Committee **Date of Meeting** 02 June 2025 **Agenda item:** *5.1*

Quality Governance Performance Report Quarter 4 (1st January 2025 – 31st March 2025)	
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Approval/Scrutiny route:	Business Executive Team 21.05.25

Purpose

The Quality Governance Report provides the Business Executive Team and Quality Safety & Improvement Committee (QSIC) with an overview of quality governance within Public Health Wales for the Quarter 4 period (1st January 2025 to 31st March 2025).

It incorporates the two domains of a quality management system: quality assurance and quality improvement. Quality control is provided within the Integrated Performance Report, which contains quality measures at organisational level. The report provides specific updates and assurance on:

- Putting Things Right Management
- Service User Experience
- Alerts Management
- Clinical Audit
- The work of the Safeguarding Group

- The work of the Infection Prevention Control Group

This report will also cover formal quarterly reporting for IPC, Safeguarding and Quality and Clinical Audit.

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Committee is asked to:

- **Receive** and **Consider** the Quality Governance Report.
- **Note** the performance standards being achieved and areas for improvement.
- **Receive assurance** that appropriate governance is in place to ensure safe, timely, effective, equitable, efficient, and person-centred services.

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:	
Strategic Priority/Well-being Objective	4 - Delivering excellent public health services
Strategic Priority/Well-being Objective	5 - Supporting a sustainable health and care system
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis	
Equality and Health Impact Assessment	No Equality and Health Impact Assessment is required. However, many of the areas that are identified through quality assurance and quality improvement activities directly or indirectly identify or address inequity or disparity
Risk and Assurance	The information and data presented in this report help understand the quality of services/ care being delivered, and our assurance and improvement activities to provide high quality and continuous improving services. The Governance structure is operating effectively with Safeguarding, and Infection Prevention Control included on the relevant group Risk Registers.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or takes into account the Health and Care Quality Standards for NHS Wales Quality Themes.
Financial implications	Much of our quality improvement activity helps support our financial position, through enabling more efficient, productive services or supporting cost avoidance.
People implications	The Quality Governance Report provides information related to experience and outcomes for service users and staff, and therefore the information is pertinent to Service Users, Carers, and Staff across PHW.

Executive Summary

The Quality Governance report is a quarterly report provided to the Quality Safety & Improvement Committee to review and take assurance on clinical quality and safety through the provision of data and summary highlights from Public Health Wales's assurance groups.

In line with the Duty of Quality this report covers the following key quality standards.

Do we deliver safe care and services?

By safe we mean that people who use are our services receive high quality, reliable care within a safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong.

Putting Things Rights -Incidents, complaints (p7).

- 528 incidents were reported during Quarter 4, investigated and remedial actions identified. Of these, 13 were initially reported as moderate harm or above.
- As of 31 March 2025, there are 64 incidents on Datix with an 'open' status of more than 30 working days.

Safeguarding of Adults & Children at risk (page 28)

Infection Prevention & Control (Page 32)

- There were 14 IP&C incidents reported in Quarter 4, the same number as reported in Quarter 3, and all were low or no harm incidents. There were no moderate harm incidents or above reported this quarter.
- Progress towards providing more robust assurance about the Decontamination of Medical Devices within Screening Services is progressing. All PHW Divisions are above the minimum required compliance level with IP&C Mandatory level 1 training.
- Breast Test Wales are being supported to improve compliance with Aseptic Non-Touch Technique (ANTT) practical competence assessments.

Are we providing timely care and services?
By timely we mean the people who use our services will have access to the high-quality services, advice, and guidance for public health interventions, at the right time and place to meet their needs.

Concerns and complaints (page 14)

- 22 Early Resolution complaints were received in Quarter 4 and 13 formal complaints.
- 73% of the early resolution complaints were resolved within 2 working days target. 92% of the formal complaints were acknowledged within the 5 working day target.

Do we provide effective care and services?
By effective, we mean that the people who use our services have access to screening, specialist advice, treatment and support that provides the best outcome for them.

Clinical Audit (page 26)

The Quality and Clinical Audit Team are meeting with Directorates and Divisions to evaluate the progress of Quarter 4 and establish the initial Quality and Clinical Audit Plan for 2025/26. Due to capacity within the team, we are unable to provide a complete overview for this report. An update is provided on the implementation of the digital audit management system.

Safety Alerts Management (Page 18)

A total of **26** alerts were received by Public Health Wales during the reporting period 1 January – 31 March 2025, **1** of which required action to be taken

Do we provide person centred services?
By person centred we mean our services meet the needs of the people we work with and for to ensure that their preferences, needs, and values are considered and guide decision-making.

Compliments (page 20)

BET and the Committee are asked to approve the Report as providing sufficient assurance on the actions being taken in relation to Quality and Patient Safety.

1. Purpose / situation

The purpose of this report is to provide information on quality performance during Quarter 4 2024-25 and provide updates from Public Health Wales governance subgroups to provide assurance for the following areas of work:

- Putting Things Right
- Claims Management
- Alerts Management
- Quality and Clinical Audit
- Safeguarding
- Infection Prevention Control

This report supports the achievement of quality through the following:

Safe: People who use are our services receive high quality, reliable care within a safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong.

Timely: People who use our services have access to the high-quality services, advice, and guidance for public health interventions, at the right time and place to meet their needs.

Effective: People who use our services have access to screening, specialist advice, treatment and support that provides the best outcome for them.

Efficient: We will make the most effective use of our resources, ensuring we build capacity and capability across the organisation to achieve best value healthcare in an efficient way.

Equitable: We will continually strive to ensure that people have every opportunity to live healthy and happy lives.

Person Centred: Our services will meet the needs of the people we work with and for to ensure that their preferences, needs, and values are considered and guide decision-making.

2. Putting Things Right

2.1 Nationally Reportable Incidents/Early Warnings/Never Events

Number in Quarter	Q1 Apr – Jun 24	Q2 Jul - Sep 24	Q3 Oct – Dec 24	Q4 Jan-March 25
Nationally Reportable Incidents reported to NHS Executive	1	1	1	0
Early Warning reports submitted to Welsh Government	2	1	0	3
Never Events	0	0	0	0

Three Early Warning reports have been submitted to Welsh Government: two Breast Test Wales and one Safeguarding case. Of the two Breast Test Wales Early Warning reports one pertains to identifying High-Risk women for screening post radiation therapy and one for diagnostic issues with newly introduced equipment. The Safeguarding cases remains confidential due to ongoing investigations.

2.2 Incident Management

Incidents

During Quarter 4, a total of 528 incidents were reported. This is a decrease from 591 reported in Quarter 3 2024/25.
The below table indicates the number of moderate harm or above incidents recorded during each quarter.

	Moderate – Initial Reported	Actual Harm	Severe	Catastrophic/ Death
Quarter 4 2024/25 (Jan-Mar)	**13** **(12 downgraded and 1 still under investigation)**	**1**	**1** **(downgraded to low)**	**0**
Quarter 3 2024/25 (Oct – Dec 24)	**15**	**2**	**2** **(1 downgraded to no harm & 1 to low harm)**	**0**
Quarter 2 2024/25 (Jul - Sep 24)	**16**	**1**	**0**	**0**
Quarter 1 2024/25 (Apr – Jun 24)	**23**	**1**	**1** (downgraded to no harm)	**0**

During previous year's when an incident was reported on the Datix system, the PTR team would review the initial level of harm assigned by the reporter as soon as it was submitted and amend this if appropriate based on the actual level of harm. This was completed ahead of the incident investigation concluding. However, from 1 April 2024 this practice has changed, and the level of harm initially reported is not altered and remains unchanged until the investigation is complete. This change enables more accurate initial reporting reviews and supports the PTR team to identify areas for further learning and ensures the appropriate levels of harm are reported by the organisation.

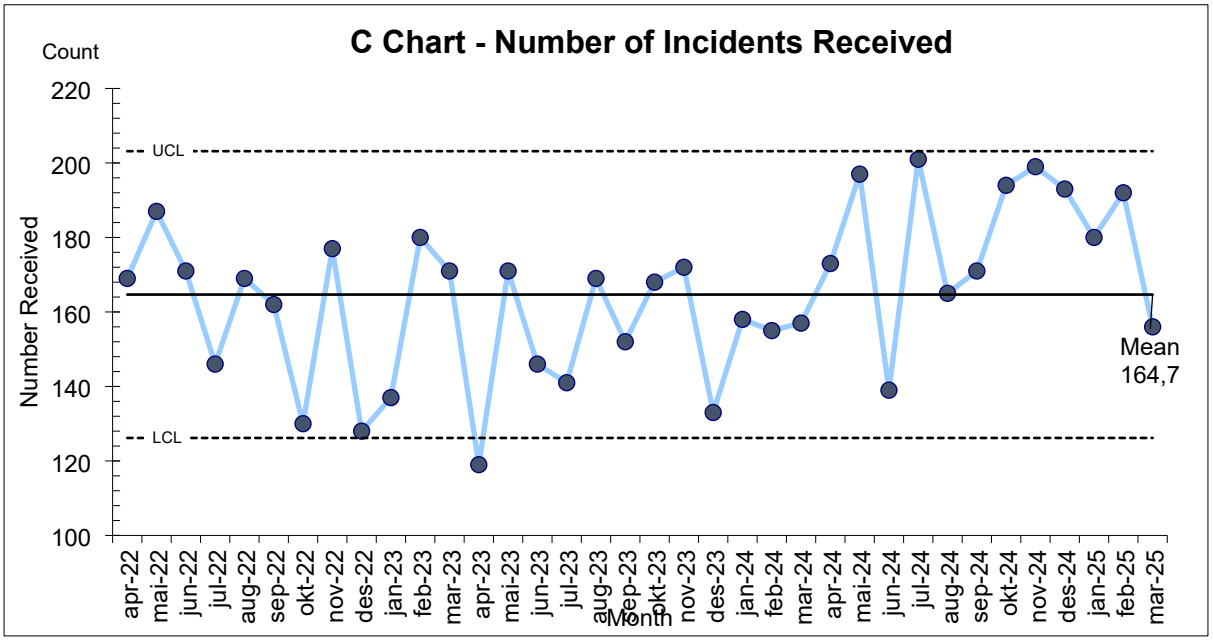
The moderate incident in Quarter 4 is currently under investigation and pertains to the potential theft of a confidential waste bin from Breast Test Wales Cathedral Road premises. This is also an Early Warning to Welsh Government.

Open Incidents

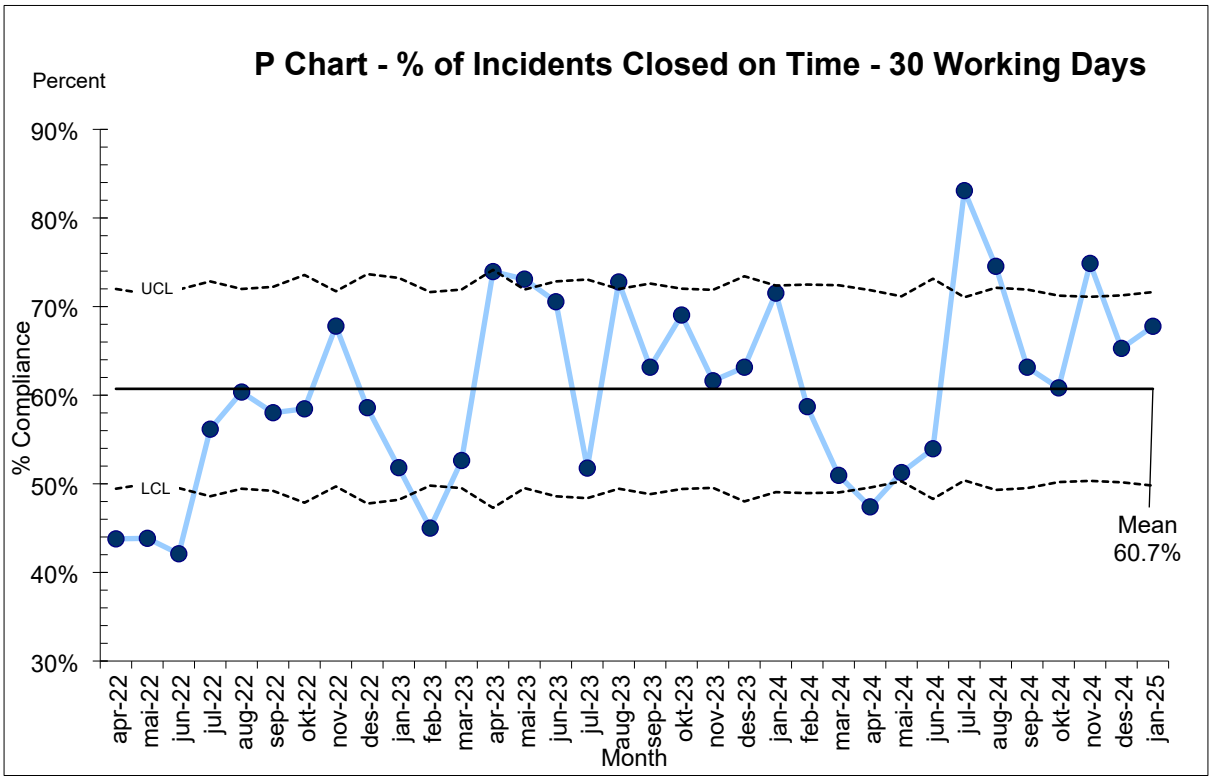
The below graph demonstrates the number of incidents reported between Quarter 3 and Quarter 4. The mean number of incidents compared to the same period last year has marginally increased by 23, from 157 incidents to 180 incidents.

It should be noted that Microbiology is the highest reporting area for Q4 followed by Cervical Screening Wales (CSW). There has also been an increase in reporting from Breast Test Wales (BTW) TW and Wales Abdominal Aortic Aneurysm Programme (WAAASP) and a decrease noted in Diabetic Eye Screening Wales (DESW).

A further review of incidents reported in Microbiology has highlighted that a new regional Quality lead in North Wales, has led to a more proactive engagement and ongoing management in the use of Datix for reporting along with a positive reporting culture.



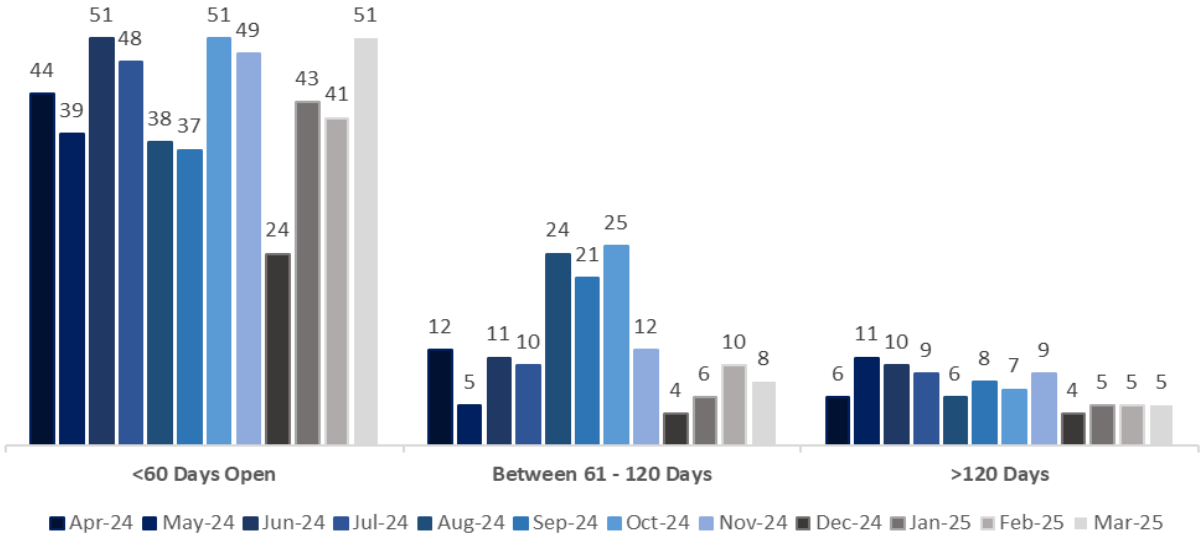
The below graph highlights that the overall performance against the 30-working day closure rate target shows improved performance since in Quarter 3.



A total of 511 incidents were closed in Quarter 4. There was a decline in closure rate performance between November and December however improvement is noted in January.

It is worth noting that due to the 30-working day timeframe, incidents reported in February and March 2025 do not currently appear in the Quarter 4 data at present. This data will feature in Quarter 1 2025/26.

As of 31 March, there are a total of 64 overdue incidents within Datix that have been open more than 30 working days. This is an overall decline in performance compared to 32 that were overdue in Quarter 3.



As of 1 April 2025, there are **204** open incidents including, the **64 with** an overdue status. The largest numbers of overdue incidents are within Diabetic Eye Screening Wales **(22)**, Cervical Screening Wales **(20)** and Microbiology **(12).**

Ongoing work to address the incident closure rate performance continues with a weekly review of overdue incident reports by the PTR team. This report details incidents that have been open for more than 30 working days along with incidents that have an open status at 20-29 working days. This incident data is then shared with the service's designated operational and clinical leads to review and assist with the ongoing management. Progress updates are requested to the service areas weekly, and support offered where barriers to achieving closure are identified. In addition, this is supplemented with monthly meetings with service areas to support incident management and closure.

Any complex overdue incidents identified are escalated to Nursing Quality and Integrated Governance (NQIG) senior managers and the office of the Medical Director for targeted support to enable closure where barriers have been identified.

Incident Classification

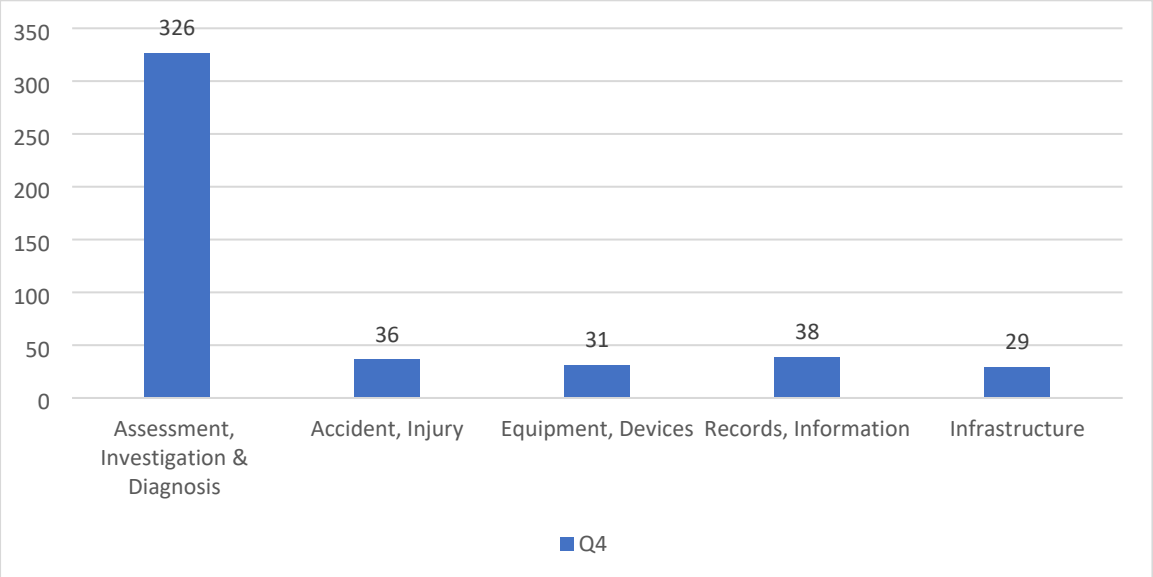


Chart 5. Top 5 incident classifications

Assessment, Investigation and Diagnosis remains the highest reporting incident classification with reporting figures comparable to Quarter 3 figures.

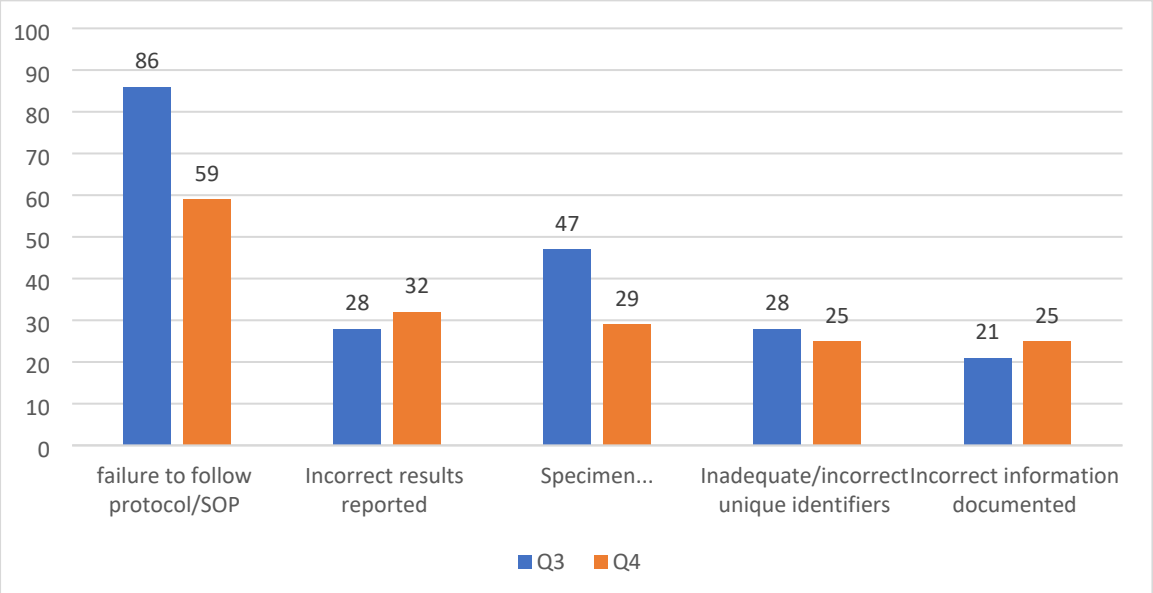


Chart 6. Top 5 sub-categories

There has been a 31% decrease in the reporting within the subcategory 'failure to follow protocol/SOP' compared to Quarter 3. This reduction has been seen across all reporting areas. Whilst the reduction has been seen across all areas, no specific approach has been identified for this reduction.

Improvements are noted in the reduction of 'Specimens that are mislabelled/unlabelled' from both Cervical Screening Wales and Microbiology. Each area is working with their respective stakeholders to reduce these incidents. It is to be highlighted that whilst the reporting of these incidents is done by PHW the incidents are by staff not employed by PHW.

Incident Reporting and Management Training

During this quarter, Level 1 Datix incident reporting training has been delivered to 84 members of staff equating to 43% of Public Health Wales have now completed this training. It should be noted that Datix training is not mandatory for PHW staff however all staff are encouraged to attend with new starters being specifically targeted. Monthly training sessions are available to all staff throughout the organisation along with bespoke sessions with individual teams and divisions arranged as required.

The ongoing promotion to increase uptake remains a priority. The PTR Team attend the quarterly PHW New Starter Networking Event to promote this training to all new starters. The current Level 1 training figures were also shared at the November Putting Things Right Superuser Network, where all superusers were asked to review the training figures for their specific areas and to identify any staff who have not yet attended and encourage enrolment onto a session. The PTR Team have also worked with the Communications team to ensure that all Level 1 training sessions are visible on the Staff Intranet Events section.

As training numbers increase and more staff become aware of the importance of reporting incidents in line with a good reporting culture, it is anticipated that incident reporting figures will continue to rise.

2.3 Redress Management

When investigating a concern which includes an allegation that harm has or may have been caused, Public Health Wales is required to consider whether there is a qualifying liability in tort. This means consideration must be given as to whether there has been a breach in our duty of care and whether that breach of duty is causative of any harm or loss to that person.

No new redress cases were received in Quarter 4. There are 6 ongoing redress cases, 3 in Breast Test Wales and 3 in Cervical Screening Wales.

2.4 Complaints Management

Early Resolution Complaints (Informal)

Public Health Wales endeavours to deal with any complaints received by way of early resolution wherever possible.

22 Early Resolution complaints were received during Quarter 4. This is an increase of 7 compared to the previous Quarter 73% (16) of these complaints were resolved within the designated Putting Things Right target of 2 working days. 27% (6) were resolved outside of the target, but all within ten working days.

Delays to achieving the 2 working day compliance rates were either because staff were unable to contact the complainant during the required timeframes or consent was not received in the required timeframe, or that the investigator required further information prior to contacting the complainant to proceed.

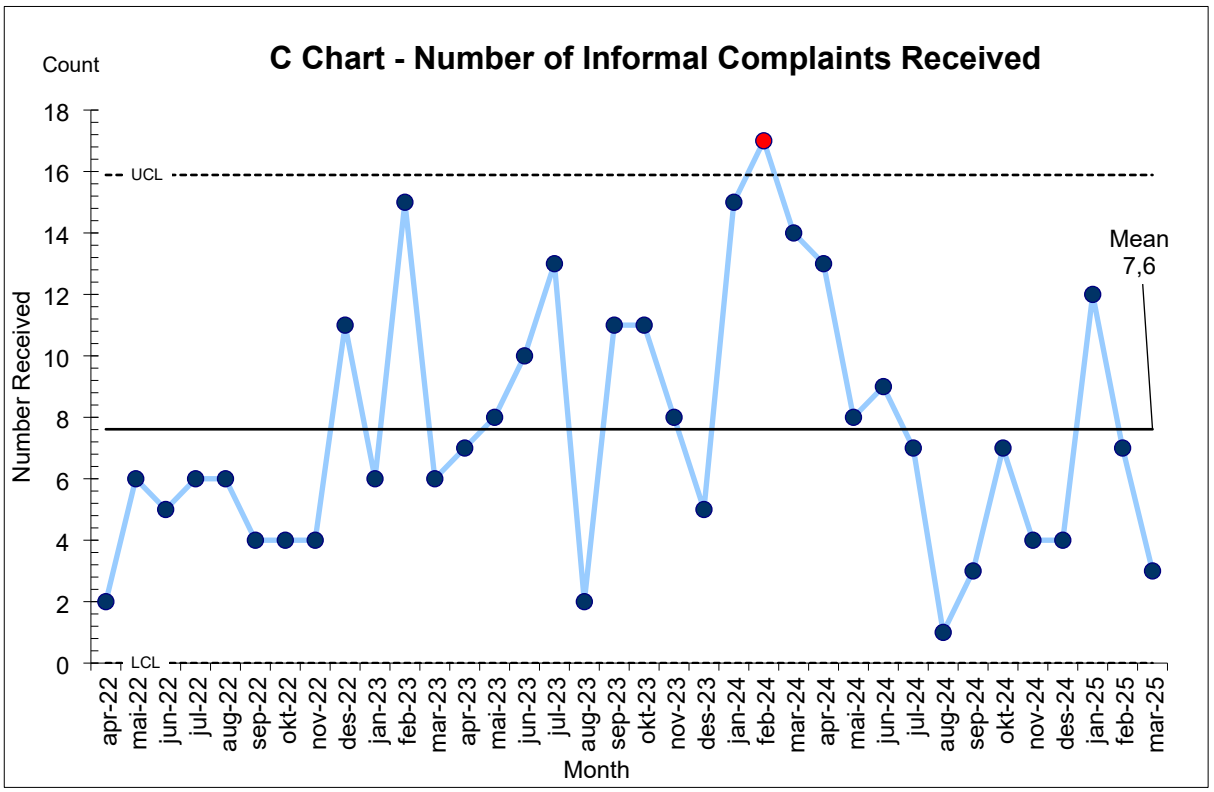
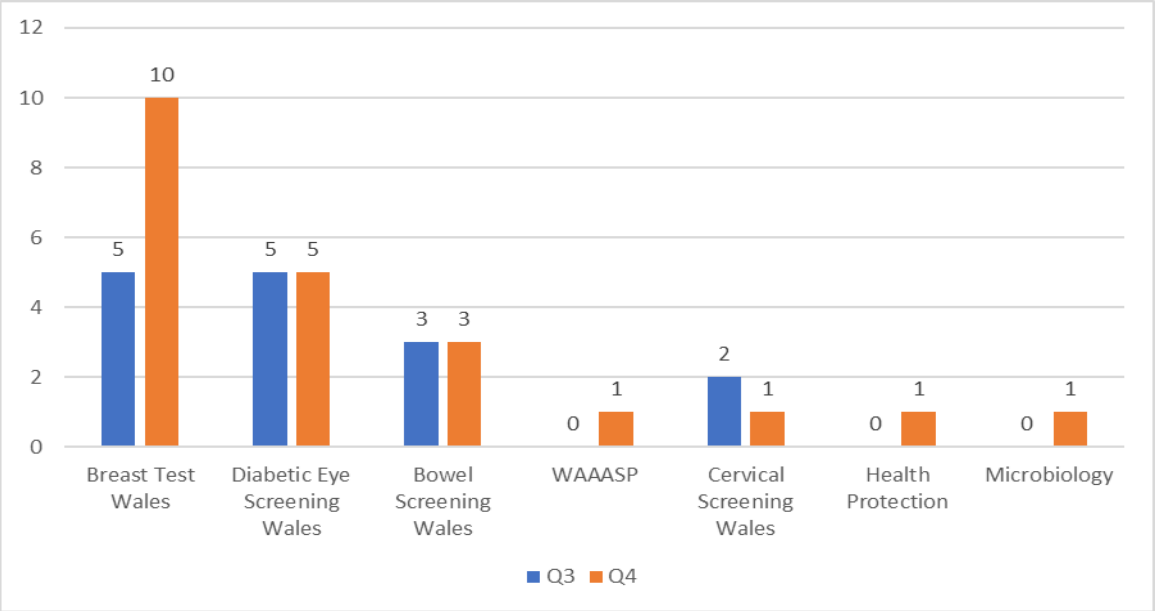


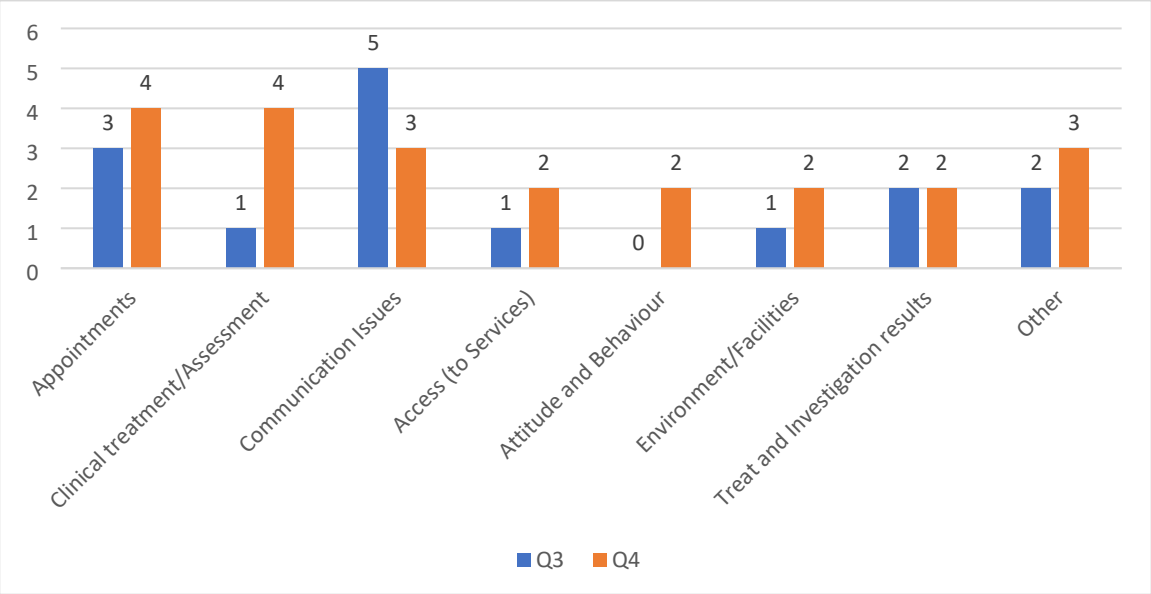
Chart 7. Informal complaints received per Month

The below chart details the service areas where Early Resolution complaints have been received during each Quarter and provides the previous quarters data for comparison.



Breast Test Wales continue to receive the highest volume of Early Resolution complaints with a 100% increase on the previous Quarter. Clinical Treatment/Assessment is the reason/subject for the increase in the number of informal complaints received by Breast Test Wales.

Further analysis of the recorded reasons/subject for these Early Resolution complaints reveals the following:



Formal Complaints

During Quarter 4, there were 13 formal complaints received, an increase of 6 compared to the 7 reported in the previous Quarter. The monthly average is 3 complaints.

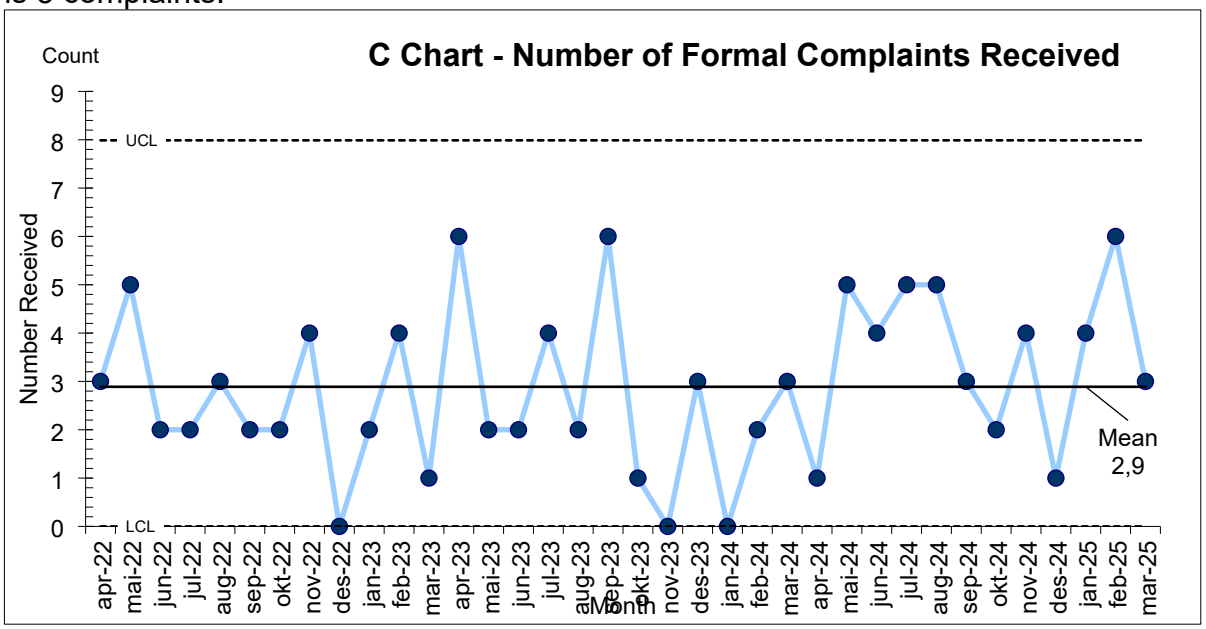
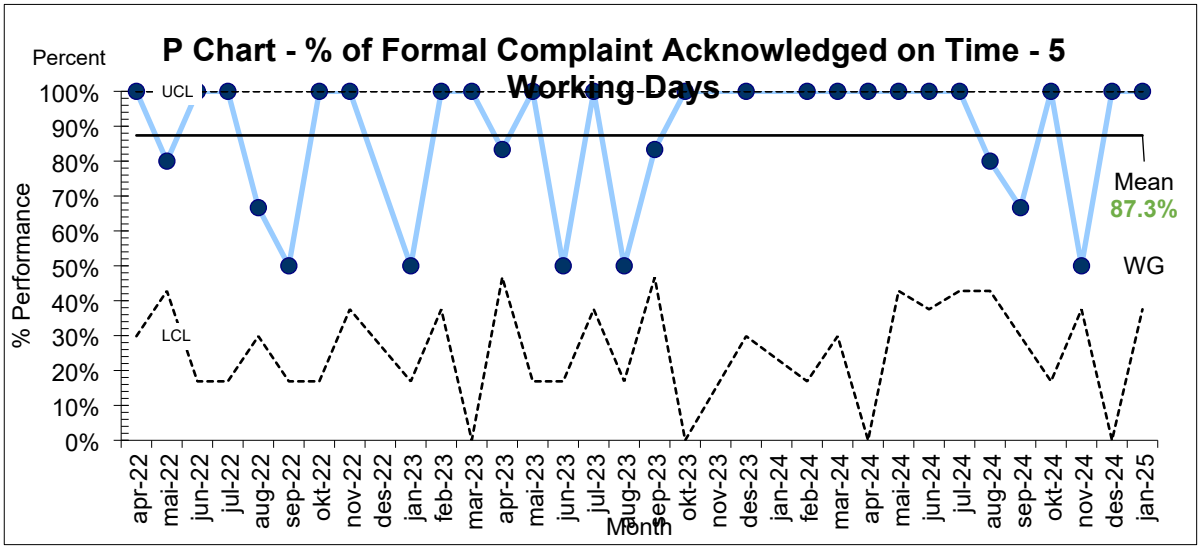
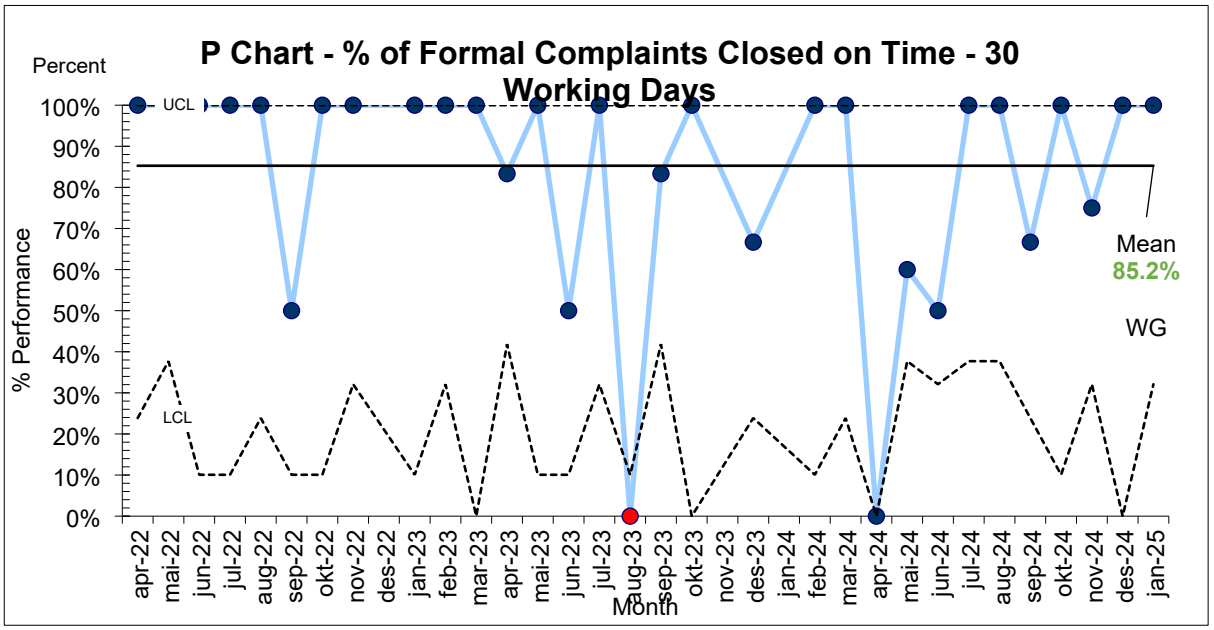


Chart 9. Formal complaints received per month

The below charts demonstrate overall performance in acknowledging and responding to formal complaints against a Welsh Government (WG) target of 75%. PHW is performing above the WG target with a mean of 87% in acknowledging complaints and mean of 85% in responding with 30 working days against the 75% target.





The complaints received in March 2025 are not due for their final response yet and are currently progressing through the investigation and quality assurance processes.

Formal complaints received during Quarter 4 pertained to the following areas:

- Breast Test Wales **(6)**
- Diabetic Eye Screening Wales **(5)**
- Bowel Screening Wales **(2)**

The themes from these formal complaints were recorded as follows:

- Clinical Treatment/Assessment **(6)**
- Appointments **(3)**
- Communication Issues (including Language) **(2)**
- Access (to Services) **(1)**
- Confidentiality **(1)**

A review of the themes surrounding the 6 Clinical Treatment/Assessment complaints found that all 6 complaints were regarding interval cancer reviews within Breast Test Wales.

Learning from confidentiality complaint

A complaint was received from a participant who received their results letter via post, however, the address on the letter had slipped within the envelope and some of their personal information was visible. Following this, refresher training has been given to all administrative staff on the folding of letters, as well as a poster displayed within the post room with the correct technique. The range of envelopes is also being reviewed to establish if a different envelope would prevent this happening again.

2.6 Duty of Candour

Duty of Candour (DoC) regulations have been in effect in Wales since April 2023. There have been no new DOC incidents reported in Quarter 4.

2.7 PTR Regulations Proposed Revision

It is worth noting the PTR regulations are currently under review by Welsh Government with proposed revisions aimed at placing patients at the centre of the process, improving the PTR process itself so it is more compassionate and inclusive along with refreshing the arrangements for legal advice, expert reports and the financial thresholds for redress.

These proposed changes will have resource implications for Public Health Wales and other NHS Wales organisations both in terms of the changes to redress management and the proposed enhanced response to concerns along with staff training to support this revised approach.

The PTR team are part of the various national groups involved in these revisions and will be scoping the resource implications for PHW once finalised and published. The publication of these revised regulations is expected to be February 2026.

2.8 Safety Alerts and Notices Management

This section provides assurance that Public Health Wales has an effective management system for the distribution, management, monitoring and appropriate record keeping of Safety alerts / safety notices received by the organisation. Reporting of Alerts is by exception.

A total of **26** alerts were received by Public Health Wales during the reporting period 1 January – 31 March 2025, **1** of which required action to be taken.

Most alerts received were in relation to medicine shortages for medicines not prescribed by Public Health Wales colleagues.

The only applicable alert was a public health alert in relation to Clade I Mpox.

Table 1. Total Alerts received

Type of Alert	Number received	Number requiring action (Covid 19)	Number requiring action (other)	Subject Matter	Date Received and Actioned	Action taken
Pharmaceutical Alert	11	0	0			
Medicine Shortages	14	0	0			
Public Health Alert	1	0	1	**Clade I Mpox**	Received 21/03/2025 Actioned 25/03/2025	Shared with Health Protection & Office of the Medical Director.
Totals	**26**	**0**	**1**			

Table 2. Alerts by Division

Type of Alert	Number received	Number requiring action (Covid 19)	Number requiring action (other)	Subject Matte	Date Received and Actioned	Action Taken
Micro/Health Protection	1	0	1	**Clade I Mpox**	Received 21/03/2025 Actioned 25/03/2025	Shared with Health Protection & Office of the Medical Director.
Not Applicable	25	0	0			
Totals	**26**	**0**	**1**			

3. Compliments and Service User Experience

This quarter 139 compliments were recorded on the Civica system. In addition, 36 compliments were left directly by members of the public using the compliments form available on the Public Health Wales website. However, only 23 of these related to Public Health Wales services, with the others directed towards a mixture of Health Board provision and Primary Care services.

Work with the Improvement and Innovate (I&I) Hub is underway to analyse both staff and public reported compliments and to develop a single proposal for the capture of compliments. This work is expected to progress during Quarter 1 of 2025/26 and will report back into the PHW People's Experience Learning Panel before being shared up through the usual governance route.

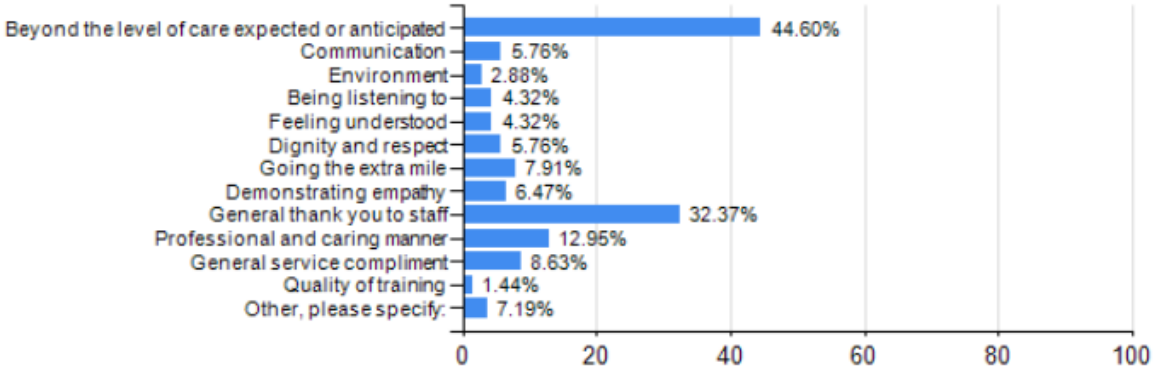
The table below provides a further breakdown of staff-recorded compliment

Division	Number of Survey Responses
Abdominal Aortic Aneurysm Screening	54
Bowel Screening	3
Breast Test Wales	43
Cervical Screening Wales	1
Diabetic Eye Screening Wales	14
Estates and Health & Safety	2
Health Protection	1
Microbiology	17
Newborn Bloodspot Screening Wales	4

The table below provides a breakdown of direct public compliments (Other option captures compliments for Health Boards and Primary care)

Service Group	Number of Survey Responses
Abdominal Aortic Aneurysm Screening (All Wales)	11
Antenatal Screening Wales	2
Bowel Screening (All Wales)	2
Diabetic Eye Screening (All Wales)	3
Newborn Hearing Screening (All Wales)	4
Other	13
Sexual Health Wales (SHWales)	1

Using the functionality available within the Civica system and the compliment themes selected by staff, the 120 compliments can be aligned to the following categories:



Experience Surveys

The following section is broken into two parts, with data presented accordingly

- Local Experience surveys (Pathway specific questions)
- Organisational SMS survey (a single set of consistent questions)

Local Experience Surveys

Local screening surveys have now been developed for use across all PHW Screening programmes. This medium of providing feedback has been promoted through posters, flyers, and business cards along with the provision of 30 digital tablets that are available within the Screening Services. Additionally, kiosk stands are also available to increase accessibility at PHW operated Screening venues, which will enable contemporaneous feedback at the time of appointments.

The Lead for Service User Experience continues to advocate for the integration of feedback methods to be included in all results letters, reinforcing our commitment to hearing the voice of our service users and continuous improvement.

The image below is an example of the Business card developed.

The promotion of local surveys is reliant on the individual programmes and staff within these areas. The below chart of local survey responses details current responses rates and highlights where further attention is required to promote survey use.

Screening Programme	Survey	Number of responses Q4
Abdominal Aortic Aneurysm (AAA) Screening	Single local pathway survey	4
Diabetic Eye Screening	Single local pathway survey	12
Bowel Screening	No further tests needed	33
	Blood found in bowel screening test survey	0
	I had further tests	221
	Bowel Screening Wales Experience Survey (OLD)	425
Breast Screening Wales	I have been for my breast screening appointment	27
	I was called back for further tests	4
Cervical Screening Wales	CSW telephone support	1
	I have been for my smear test	0
Maternal and Child Screening	Antenatal Screening Wales People's Experience	0
	Newborn Bloodspot Screening Wales People's Experience	0
	Newborn Hearing Screening Wales People's Experieance	5

It should be noted that the AAA screening local Experience survey is being introduced via business cards, which will be handed to each participant following an appointment in Q1 2025/26. As the AAA pre-printed results letters approach a new print run, a feedback request will be incorporated into all their results letters.

The operational delivery model of Antenatal and Bloodspot screening poses particular challenges with capturing experience and feedback. Work is underway to explore data sharing via the single Maternity pathway survey.

Bowel screening Wales is more advanced than other programmes in terms of experience data, and is currently in a transition period, moving from their old survey to new pathway surveys. Both the 'Bowel Screening Wales Experience Survey (old)'; and the 'I had further tests' survey capture the experiences of people post colonoscopy. The excellent relationship between hospital clinical departments and Bowel Screening Wales is a major contributing factor to the overall feedback rates.

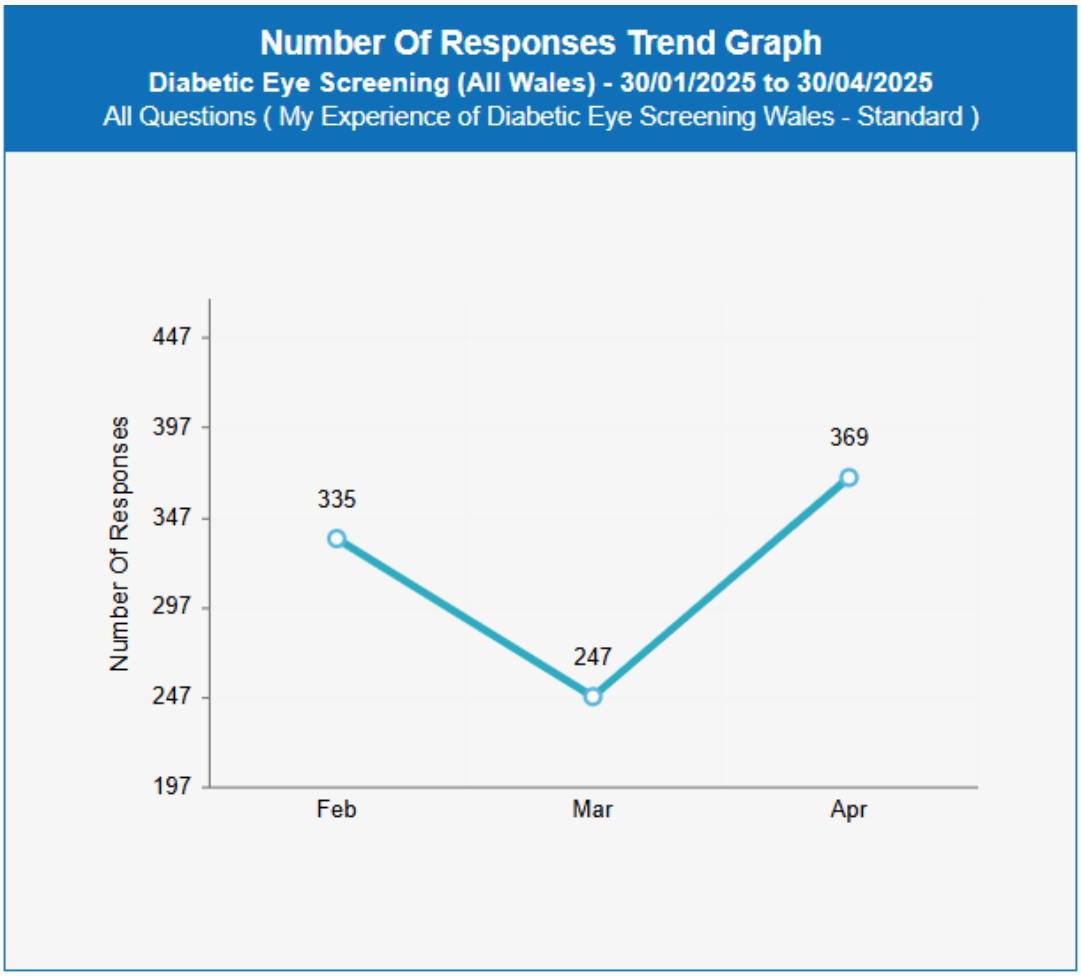
As programmes increase and promote the availability of local surveys and most include in results letters, it is anticipated that the feedback rates will increase. Furthermore, with the recent publication of the Welsh Government People's Experience Framework, work will begin to ensure question consistency which in turn will allow for a standardised approach with benchmarking across all local surveys within PHW.

Organisational SMS survey

The pilot for the use of an SMS organisational survey commenced on 17 February, in 8 clinics within Diabetic Eye Screening Wales. The SMS approach falls within the 'active' request for feedback aligned to the People's Experience Framework. Organisations striving for good service user experience practice should utilise both passive and active feedback methodologies.

The SMS project is set up to ensure participants receive an active invitation to leave feedback between 24 – 72 hours after their appointment. Since the start of the project up to 31 March 2025, a total of 2729 people were sent SMS requests, leading to approximately 583 responses, which provides a response rate of 21.36%. This is 4.36% higher than the NHS Wales average (17%) and 7.36% higher than the project goal of 14%.

The graph below provides a month-on-month response trend for the SMS pilot. February numbers reflect a delayed start whereas March was impacted by technical issues experienced with SMS across UK, which prevented SMS from being distributed.



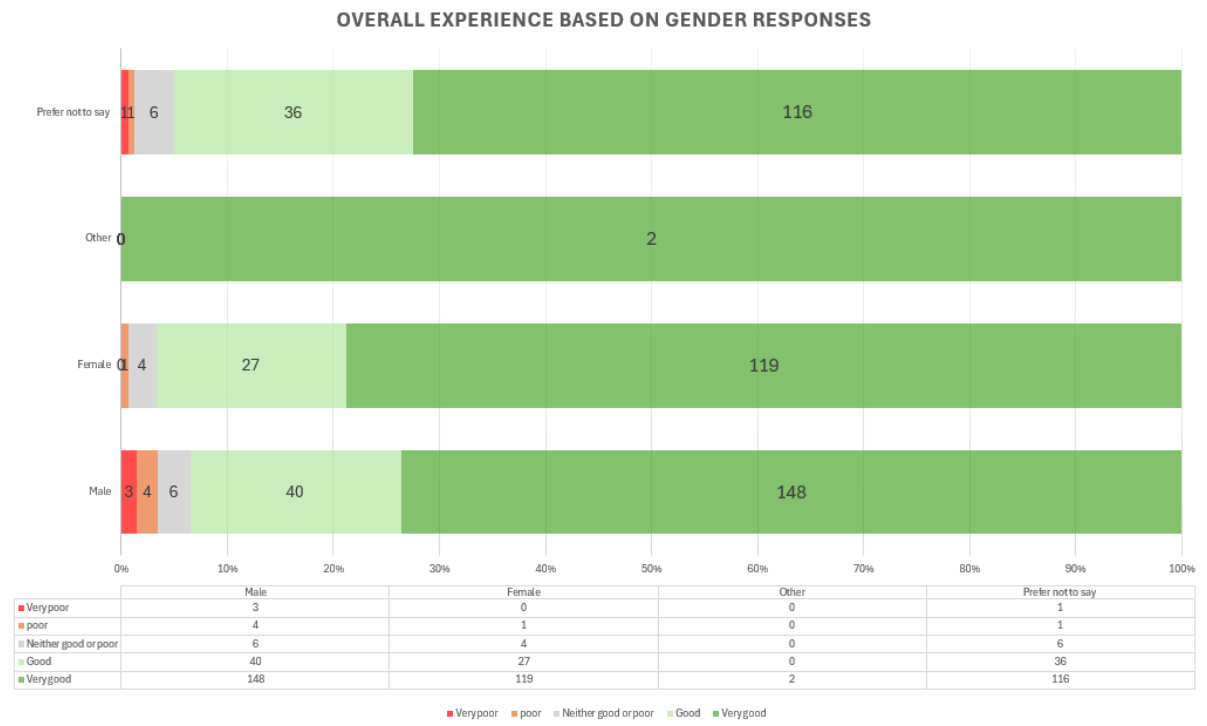
The overall experience rating for the SMS project indicates 488 (94.94%) of participants rate their overall experience as ‘Good’ or ‘Very Good’ compared to 10 (1.19%) participants shared their experiences were ‘Poor’ or ‘Very Poor’.

The early results from the feedback received is beginning to show that the clinic location and facilities play a significant part in determining a person's overall experience. Poor clinic location, poor parking and inadequate waiting facilities seems to be an emerging theme so far. This is demonstrated with 90 people rating parking as either Poor or Very Poor with a particular reference to North Wales clinics.

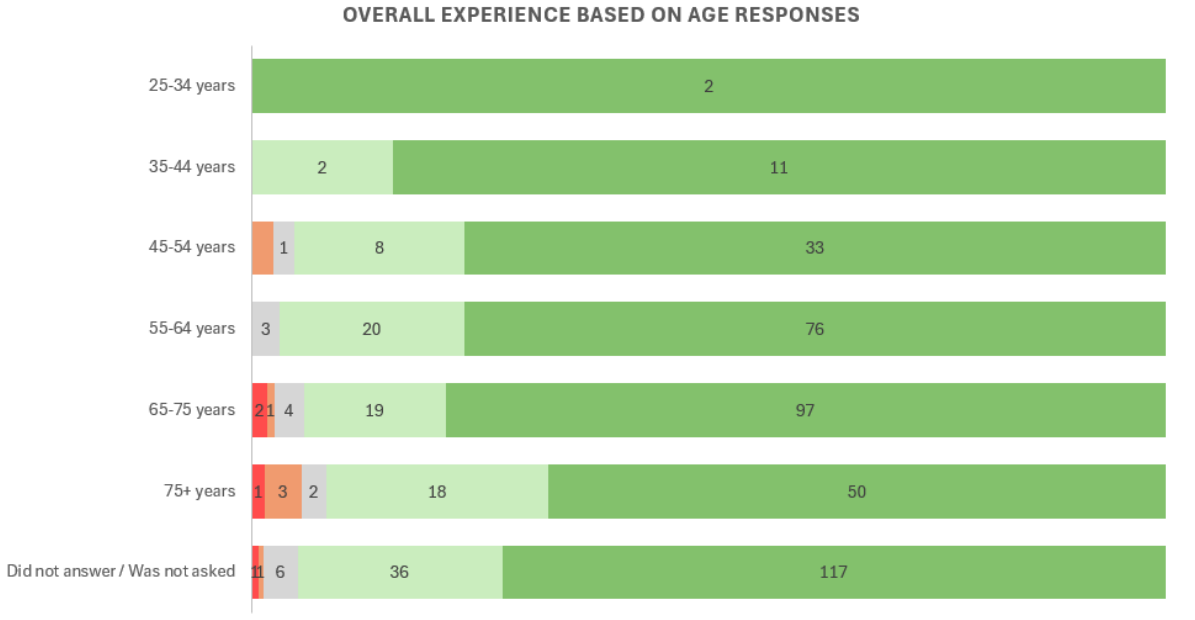
The word cloud below is a sample of the comment analysis taken from the Civica system and left via the SMS project.

With the recent release of the national People's Experience Framework work, the plan is to introduce a single set of equality questions within all local screening surveys.

During the piloting of the SMS survey these questions were introduced. The data below is a sample of the information obtained and demonstrates the equality (gender and age) breakdown for the overall experience of DESW participants.



	Male	Female	Other	Prefer not to say
Very poor	3	0	0	1
poor	4	1	0	1
Neither good or poor	6	4	0	6
Good	40	27	0	36
Very good	148	119	2	116



	Did not answer / Was not asked	75+ years	65-75 years	55-64 years	45-54 years	35-44 years	25-34 years
Very poor	1	1	2	0	0	0	0
Poor	1	3	1	0	1	0	0
Neither good or poor	6	2	4	3	1	0	0
Good	36	18	19	20	8	2	0
Very good	117	50	97	76	33	11	2

71.18% (363) of people who completed the SMS survey also choose to complete the equality questions, with the reaming 28.82% (147) opting not to complete and moving to the end of the survey.

At present diversity details of attendees to screening appointments is not captured so the SMS data cannot be compared to further understand those under-represented communities to enable more targeted engagement work.

4.0 Quality and Clinical Audit

Public Health Wales (PHW) has a prioritised audit programme that relates to both local and national priorities, with the overall aim of improving patient/service user outcomes. The priorities reflect a combination of both local and national audits which are listed in the table below:

Type of Audit	Number
National Audits	7
Audits identified as a result of risks	12

National Institute of Clinical Excellence (NICE)Guidance (including Technology Appraisals, Interventional Procedures and Guidelines)	0
Local Policy Audits Care Pathways/Local Guidelines Audits	60

Quality and Clinical audit are an essential tool for quality improvement in healthcare, allowing for benchmarking against national standards, identifying and prioritising specific local areas of concern and driving sustained improvements. This is a key requirement for the Duty of Quality.

4.1 Quarter 4 Update.

The 2024-25 Plan initially included 7 external audits and 51 internal audits and was approved in July 2024. During Quarters 1 – 4, a further 9 audits were added to the plan, with 3 added during Quarter 3, bringing the total number of internal audits to 60.

There is a reporting delay for Quality & Clinical Audit Plan as meetings with Directorate representatives are continuing to finalise the Quarter 4 position. The final summary of audit activity will be presented at the next Quality Safety and Improvement Committee within the annual report.

4.2 Digital Audit Platform

During Quarter 4, the Quality and Clinical Audit Team have been working on the initial phase for the implementation of the Audit Management and Tracking (AMaT) system which includes preparatory activities to ensure system readiness. In addition, initial testing of Environmental Audits within DESW has taken place working closely with the lead nurse for Corporate IPC. The plan is for Infection Prevention and Control Audits to “go live” in June 2025. The system will continue to be developed for use across PHW throughout 2025/26 with many more features becoming available as part of the overall implementation plan.

The Implementation Plan for AMaT is currently on track

4.3. Audit Training

Clinical Audit Masterclass Training was delivered to 16 Public Health Wales Staff in January 2025. Nursing, Quality and Integrated Governance Directorate funded and facilitated Clinical Audit Masterclass Training in February 2025 for 13 staff from the NHS Executive.

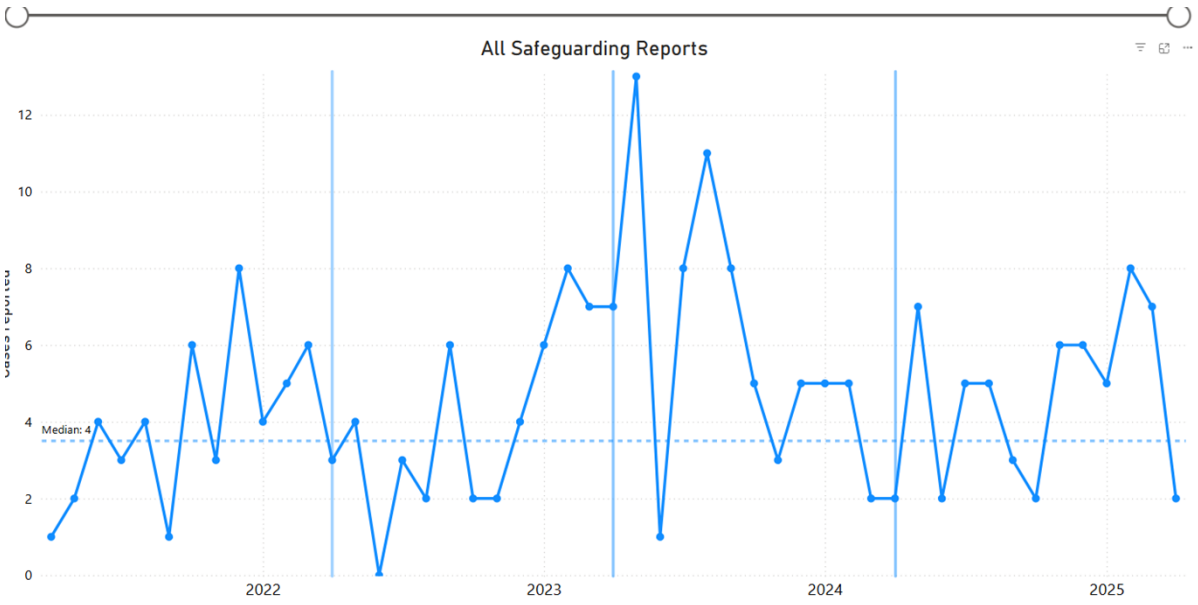
5. Safeguarding Group Report

This section provides an update on safeguarding related activity and improvement during Quarter 4, 2024-25

The Safeguarding group met on 16th April 2025 with representation from PHW directorates. Directorates reported safeguarding activity and safeguarding training compliance with action plans for improvement identified where training compliance was low.
With the introduction and implementation of the 'Once for Wales' Safeguarding module in January 2025, directorates now have oversight of Safeguarding queries for advice and support, referrals to the local authority and safeguarding incidents. This ensures that all safeguarding activity is being recorded in one central point within Public Health Wales strengthening safeguarding record keeping.

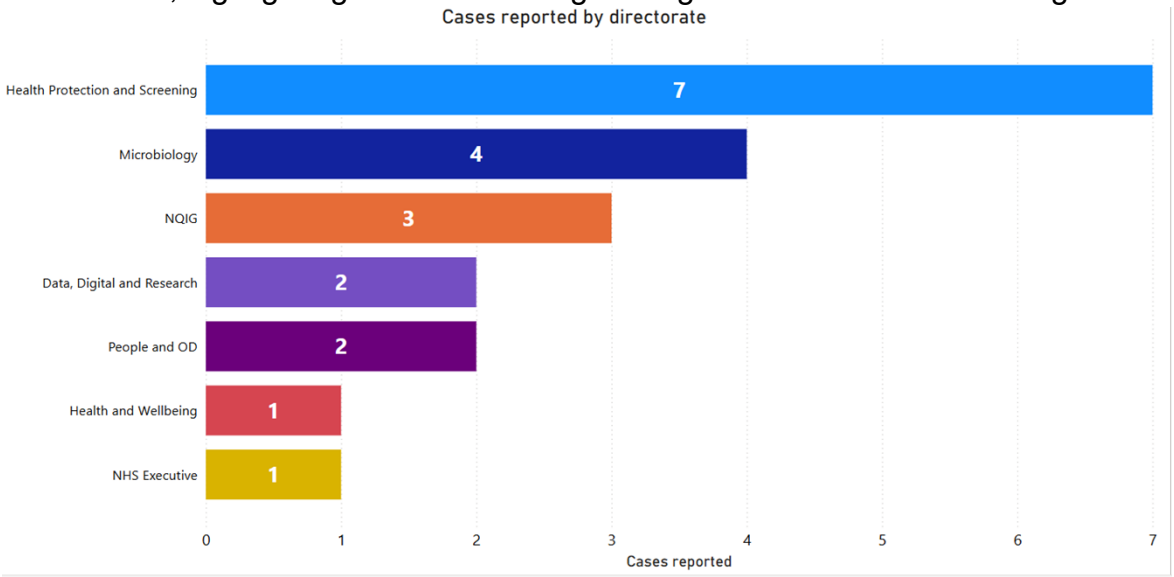
5.1 Safeguarding Incidents

During quarter 4, 20 Safeguarding queries for advice and support were recorded. This is an increase in this type of request and is an upward trend which has been sustained over the last year demonstrating increased safeguarding awareness across the organisation. The graph below highlights the previous 4 years data. The median for monthly safeguarding advice and support queries is 4.



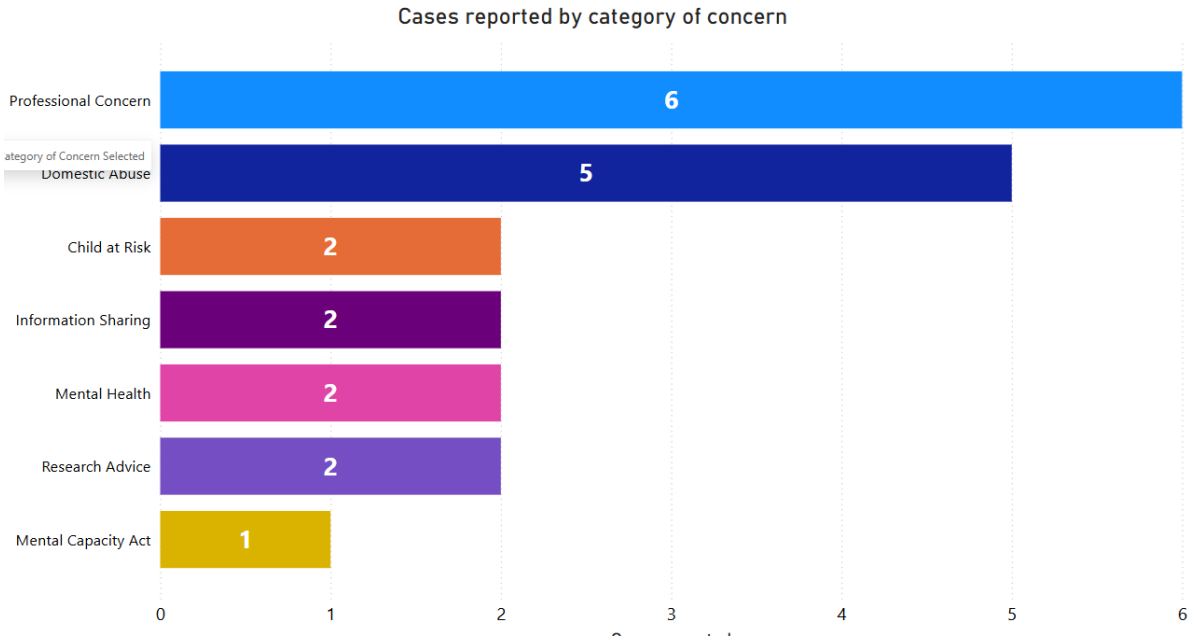
As the largest public facing directorate, Health Protection and Screening divisions continue to report the most safeguarding concerns/incidents which is to be expected.

However, more safeguarding advice and support is now being sought by other directorates, highlighting increased Safeguarding awareness across the organisation.



'Professional concerns' continue to be the most frequent safeguarding request for advice and support.
Although 6 requests were for advice and support this quarter and related to professional concerns, they pertain to 2 employee cases where there remains an ongoing need for advice and support due to the complex nature of the concerns. The case management includes meetings with key parties to ensure triangulation of all the evidence and support information sharing so that any risks are being managed and the employee's wellbeing is taken in to account and they are supported.

2 of the Safeguarding queries progressed to local authority Multi-Agency Child Safeguarding Reports for neglect and sexual abuse. Subsequently one did not progress further, and the remaining one was already an open case with a local social worker and PHW information was shared with that social worker.



5.2 Safeguarding Training

All PHW staff are required to complete level 1 safeguarding training and specific staff groups are required to complete a higher level of training dependent on their roles.

Overall organizational compliance for quarter 4 against a Welsh Government target of 85% is as follows:

- Level 1 Safeguarding Adult training is at 92.80%
- Level 2 Safeguarding Adult training is at 92.08%
- Level 1 Safeguarding Children training is at 92.61%
- Level 2 Safeguarding Children training is at 90.63
- Level 3 Safeguarding People training is at 62.18%
- Group 1 Violence Against Women, Domestic Abuse and Sexual Violence 90.43%
- Group 2 Violence Against Women, Domestic Abuse and Sexual Violence 82.57%

5 sessions of the Group 2 Ask and Act, Violence Against Women, Domestic Abuse and Sexual Violence training have been delivered with a total of 31 employees attending. This has led to the overall compliance rate improving.

Bookings for Level 3 Safeguarding training have been suboptimal this quarter resulting in training sessions being cancelled. To address this and improve attendance, monthly training sessions are being made available to employees requiring this competency and information shared with managers so that employees can book onto the available sessions.

5.3 Key Safeguarding Risks & Issues

There are currently 2 safeguarding risks which committee should note and are recorded on the corporate risk register.

- Risk 1656 - DBS (Disclosure and Barring Service) checks
- Risk 1503 - Single Safeguarding post holder

5.4 Safeguarding Improvements

Datix Safeguarding Module
The National Safeguarding Service are leading an all-Wales improvement project which aims to improve multiagency partnership and the development of an All-Wales Safeguarding reporting form. PHW is an early adopter for this, and significant work has been undertaken to implement the Once for Wales Safeguarding module within the organisation since January 2025.

DBS Project
Work to address the risk associated with the DBS check is progressing. To date the following actions have been taken or have started:

- Trade Union partners have been advised regarding the intention to develop and update PHW's DBS policy to support the move to the DBS Update subscription service.

- A policy development workshop with key staff and Trade union representatives was held in January 2025. Further meetings are scheduled for the next quarter. Following this a draft policy will go out to all staff for Consultation for 28 days, and staff engagement will continue to through Trade Unions and staff networks.

- Work is progressing across the organisation to ensure the DBS levels on all active ESR position numbers is correct, and this is due to be completed by 30th May 2025. This date has been revised due to staff absences.

From April/May 2025, new DBS checks will be undertaken on all eligible roles to enable colleagues to subscribe to the DBS Update service. This work should take approximately 5 months to complete.

6.0 Infection Prevention and Control (IPAC) Update

This section provides an update on Infection Prevention and Control activities, incidents, risks and training compliance during Quarter 4 2025. The IP&C group met on 23rd April 2025 to review quarter 4 data.

6.1 IPC-related incidents

There were 14 incidents reported in Quarter 4, the same as the previous quarter. Of the 14 incidents reported this quarter, none were reported as moderate harm or above, comparable to the previous quarter.

Category	Number of Incidents	Division where it occurred	Harm / Risk Level	Approval Status
Cleanliness	2	Screening – WAAASP, DESW	No Harm	1 closed, 1 under management review
Contact with needles or medical sharps	3	Microbiology Screening BTW	1 No Harm 2 Low Harm	Closed
Contact with or exposure to hazardous substance	5	Microbiology	4 No Harm 1 Low Harm	Closed
Environmental cleaning (process and procedures)	2	Screening – WAAASP	No Harm	Closed
Incorrect infection test result / report	2	Microbiology	1 No Harm 1 Low Harm	Closed

6.2 IPC Mandatory Training Compliance

All PHW staff are required to complete level 1 IPC training with some staff in patient facing roles required to complete level 2. In addition, staff who undertake invasive procedures with patients are required to complete Aseptic Non-Touch Technique (ANTT) e-learning (once only) and a competency assessment 3-yearly. Currently, this is only undertaken by Breast Test Wales.

The tables below demonstrate current compliance with mandatory training requirements and trends compared to the previous quarter. It is expected that all Divisions/Directorates will achieve at least 85% compliance with these training requirements.

IPC Level 1

Directorate/Division	Q4 Compliance	Increase/Decrease compared to Q3
028 L3 Corporate Directorate	85.71%	–
028 L3 Research, Data and Digital Directorate	94.16%	↑
028 L4 Health Protection Division	91.90%	↑
028 L3 Health & Wellbeing Directorate	90.12%	↓
028 L4 Infection Division	91.12%	↑
028 L3 Operations and Finance Directorate	88.89%	↓
028 L3 People & OD Directorate	96.08%	↑
028 L3 Nursing, Quality and Integrated Governance Directorate	94.55%	↓
028 L4 Screening Division	93.53%	↑
028 L3 SPRs Directorate	92.86%	↑
028 L3 Policy and International Health Directorate	97.67%	↑

IPC Level 2

Directorate/Division	Q4 Compliance	Increase/Decrease compared to Q3
028 L4 Health Protection Division	100.00%	↑
028 L4 Screening Division	100.00%	↑
028 L3 Quality Nursing & Allied Profs Directorate	88.76%	↑

ANTT (Breast Test Wales Only)

Training	Q4 Compliance	Increase/Decrease compared to Q3
ANTT e-learning	97.85%	↑
ANTT Assessment	70.21%	↓

Breast Test Wales ANTT assessment compliance has fallen because of their IPC Link Practitioner moving to a different role. A new Link Practitioner has been nominated to attend the training later this year and in the interim, the service will cross-cover to ensure training requirements are met.

6.3 IPC Risk Register

The Risk Register is noted to have 11 risks listed, 2 of which are to be tolerated and 9 to be treated. All risk scores are less than 12. 8of the risks listed relate to laboratories and specifically to equipment which is reaching or beyond end of life and environmental conditions which could impact service provision. These risks were discussed during the meeting, along with ongoing mitigation.**6.4 IPC Policies and Procedures**

The Screening services Standard Operating Procedure for the Decontamination of Ultrasound Probes in Breast Test Wales and the Audit plan for Screening services 2025-26 were discussed and approved at the IP&C Group meeting on 23rd April 2025.

6.5 Key Risks and Issues Identified

IP&C environmental audits have been loaded into the Audit Management and Tracking (AMaT) system and were piloted by staff from Diabetic Eye Screening Wales (DESW) during March this year. Training dates for the system are booked for Quarter 1 2025-26 with the aim of rolling this out throughout Screening Services by the end of the quarter.

As a result of previously reported concerns relating to the decontamination of medical devices within Screening Services, a new Health and Safety Lead with responsibility for Decontamination has been appointed. In addition, a new Corporate IPC lead Nurse also started in this last quarter. Both these post holders have undertaken addition training to support improved decontamination practice in PHW. In March, the IPC lead nurse attended a nationally accredited Decontamination course at Eastwood Park training facility and the Health and Safety lead has also attended a different Decontamination course at the same venue.
A decontamination audit has included in the recently approved audit plan for Screening Services. The new audit will be rolled out with the introduction of AMaT in Quarter 1 2025-26. This will provide assurance of compliance with the Standard Operating Procedure for the decontamination of ultrasound probes within Breast Test Wales which was approved at the Quarter 4 IP&C group meeting. Work has also commenced to replicate the document for use within the Wales Abdominal Aortic Aneurysm Screening programme.

There remain concerns relating to decontamination practices in Ysbyty Glan Clwyd however, a programme of work to relocate the facility has commenced and this is expected to be operational by August 2025. Regular meetings between Public Health Wales and Betsi Cadwaladr University Health Board (BCUHB) continue and the risk score within the PHW risk register has been revised to match that of BCUHB based on the mitigations which are in place.

7.0 Well-being of Future Generations (Wales) Act 2015

The Quality report seeks to provide the Board and relevant Board Committees with assurance that the organisation is meeting its responsibilities in relation to the management of Concerns, Safeguarding and infection prevention and control to ensure the long-term viability and effectiveness of the organisation.

Where possible Public Health Wales seeks to prevent the occurrence of concerns by taking a proactive approach to learning and quality improvement to ensure high quality safe services are provided to the users of our services.

Quality Governance work is designed to meet key performance standards and identify opportunities for improvement for the benefit the people we work with and for.

Public Health Wales is committed to dealing with incidents and concerns in an open and transparent manner. The report offers insight into how various teams are working together with Public Health Wales NHS Trust to provide the best outcomes.

This Quality report is an important aspect of the organisation's governance arrangements, and, as such, helps the organisation to improve the quality and safeguard the high standards of the services provided by Public Health Wales

Recommendation

The Committee is asked to:

- **Receive** and **Consider** the Quality Assurance Report.
- **Note** the performance standards being achieved and areas for improvement.
- **Receive assurance** that appropriate governance is in place to ensure safe, timely, effective, equitable, efficient, and person-centred services.