

**IS-BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Clinical Care Group Quality Report – Public Health Directorate
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Bethan Lewis, Assistant Director of Public Health Strategic Business & Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report details the quality governance arrangements within the Public Health Directorate in relation to quality, safety and patient experience. It sets out achievements, progress and planned actions to meet our Duty of Quality, and is presented to the Quality, Safety and Experience Committee to provide assurance on the arrangements in place.

Cefndir / Background

The Public Health Directorate delivers and supports a range of operational services designed to protect health, prevent harm and improve wellbeing. These include statutory and core functions in health protection and communicable disease control, delivery and oversight of immunisation programmes, work to prevent and manage diseases of elimination, and prevention/intervention services including smoking cessation and health coaching. These services collectively support the Directorate's wider prevention, equity and population health agenda.

The aim of the Public Health Directorate in summary is to:

- Ensure there is a process in place to continually monitor and review its risk register, acting to mitigate quality and safety risks on an ongoing basis;
- Maintain an open culture of improving quality, safety and patient experience across all teams and all staff;
- Promote a positive culture of staff engagement, development and understanding of everyone's responsibility for safe, quality care and
- Foster a culture of psychological safety within Public Health Directorate in order to promote collaboration, trust, innovation and personal growth.

Meeting the Duty of Quality is the highest priority for the Directorate and its governance structures and oversight has developed significantly. The Assistant Director of Public Health and Head of Nursing lead the agenda, which is aligned to the six domains of quality as defined by the Duty of Quality Statutory Guidance 2023. This report is set out under each of these domains.



Asesiad / Assessment

Quality Assurance

The Public Health Directorate has established governance arrangements to oversee quality, safety and patient experience across its operational services and wider function. Oversight is provided through Directorate governance structures, including routine review of risks, incidents, service performance, complaints/concerns, workforce issues and improvement actions. This enables triangulation of intelligence across services and supports escalation where there are emerging concerns relating to capacity, access, safety or quality.

The Public Health Directorate Governance meetings are planned every month, and are well represented by senior and operational leads, as well as other multi-disciplinary colleagues from across the Health Board, all of which take an active part in the meetings and shape the overall agenda. Operational leads for Health Protection, Immunisation, Smoking Cessation and Health Coaching contribute to regular performance and quality discussions, with matters escalated through Directorate governance structures as required. Where services are delivered in partnership or with external interfaces, governance arrangements include attention to interdependencies, referral pathways and system coordination. The Group Terms of Reference and Work Plan are reviewed annually and has recently undergone a review to align to the Clinical Care Group (CCG) Integrated Governance approach. Due to the size of the Directorate, there are no large service sub-groups, instead Incident Scrutiny meetings meet monthly which provide report updates.

Safe Care

Although the Directorate's operational services are primarily preventative, there are clear safety implications associated with underperformance, delay or inconsistency. Within Health Protection, including diseases of elimination, safe care is linked to effective surveillance, timely response to incidents and outbreaks, robust case/contact management, and appropriate escalation where public health risks are identified. For immunisation services, safety includes safe vaccine delivery, cold chain assurance, incident reporting, workforce competence, and rapid action where uptake gaps may increase vulnerability to vaccine-preventable disease. For smoking cessation and health coaching, safety includes ensuring that interventions are delivered by appropriately trained staff, that clinical and safeguarding concerns are recognised and escalated, and that referral processes are safe and reliable.

Incident Reporting

The directorate currently has 11 incidents, of which 2 were recently closed. A monthly incident scrutiny meeting has been established led by the Head of Nursing, supported by the Senior Nurse for Health Protection & Immunisation Services, which ensures all incidents have timely management and enables focused discussion around opportunities for learning and the ability to focus on analysis of incident themes and drive improvement.

An Incident Management Review has taken place alongside Quality Assurance Team, Redress and Legal representatives with the advice to remain open as we awaiting information from follow up investigations to enable us to manage the incident appropriately. The Duty of Candour process has been completed for this incident.

Safeguarding

There are no current safeguarding cases relating to the directorate operational teams. Within the monthly Governance meetings Child Practice Reviews are shared to ensure key recommendations are shared to influence current practices across corporate functions of the directorate.

Infection Prevention and Control

Care homes across the Hywel Dda region experienced multiple outbreaks since late winter 2025, as outlined in table 3 below. These outbreaks highlighted challenges relating to ownership within care home settings, as well as difficulties in prescribing of antiviral medication and treatment of contacts in scabies incidents. The Directorate supported Incident Management Teams (IMT) for care homes outbreaks. Through these, epidemiology information was established, Infection, Protection and Control (IPC) guidance (including detailed audit reports follow face to face visits) was reinforced and treatment pathways were developed. This included access to treatment from the Out of Hours service, particularly where there was a reluctance from GP's to prescribe for contacts of residents and where secondary infections required escalation of treatment.

Table 3: Number of incidents reported in Hywel Dda UHB in 2026, by Local Authorities, setting and month

	Jan	Feb	Mar	^Apr	Total
Carmarthenshire	5	2	1	1	9
Care home	5	1			6
Hospital			1		1
Nursery		1			1
School				1	1
Ceredigion	1	1			2
Residential home	1	1			2
Pembrokeshire	12	3	3	1	19
Care home	4		1		5
Nursery	3	2	1		6
Restaurant/hotel/pub/take-away	1				1
School	4	1	1	1	7
Total	18	6	4	2	30

^ Incomplete month as of 20/04/2026

The Health Protection Team undertakes debriefs following outbreak incidents. Where challenges are identified, 'lessons learnt' reports are produced available to the Health Protection Operational Delivery Group.

A Scabies Quality Improvement Task & Finish Group has met recently to discuss ongoing issues with diagnosis and treatment pathways within the Health Board and initial action agreed to strengthen current provision as the group works towards a robust and effective pathway.

Mortality Reviews

The Directorate are not involved in mortality review however do ensure within its Governance meetings that key learning is shared from Drug and Alcohol related Death panels led by our Prevention & Population Health Improvement Manager. Key areas to note:

Harm Reduction and Overdose Prevention:

Significant progress has been made in harm reduction initiatives:

- Naloxone programme: 1,600 police staff trained, with 25 lives saved in the last year through overdose reversal.
- Innovative outreach models such as Spike on a Bike enhance rapid engagement with hard-to-reach populations.

Strategic Response and Intelligence:

- The Cocaine Summit has driven multi-agency collaboration and informed a subsequent market segmentation exercise, improving targeting of interventions.
- Work to embed routine alcohol screening in emergency departments and dentistry is progressing rapidly. This need is based on the findings of the Alcohol Death Review Group, one of only 2 that exist across the Welsh health boards.
- Excellent data systems now enable improved real-time surveillance, trend analysis, and targeted responses across the system.

Timely

Timeliness is a critical quality issue across all the services covered in this report. In Health Protection, timeliness affects outbreak management, contact tracing, risk communication and implementation of control measures. In immunisation, timeliness determines whether people are protected when they need to be, including infants, children, vulnerable adults and eligible groups during seasonal campaigns. In smoking cessation and health coaching, timely access to support is important because motivation to change health behaviours can be time-sensitive, and delays may reduce engagement or worsen outcomes.

The Directorate continues to monitor timeliness in relation to:

- access to immunisation appointments and follow-up of non-attenders
- responsiveness to communicable disease notifications and incidents
- referral-to-contact times for smoking cessation and health coaching services
- pathway responsiveness for people requiring more targeted or intensive support
- escalation where staffing or demand pressures affect service responsiveness.

Improvement actions remain focused on reducing avoidable delay, improving data visibility, and ensuring operational capacity is aligned to demand. Consideration is given to whether certain population groups experience disproportionate barriers to timely access, including rural communities, deprived communities, digitally excluded individuals, or those requiring outreach and tailored engagement.

Effective

The Directorate's operational services contribute to effectiveness by delivering interventions known to reduce morbidity, mortality and long-term demand on health services. Effectiveness is supported through:

- use of recognised pathways, models and national guidance
- quality improvement activity aimed at improving uptake, engagement and pathway performance
- targeted work to reach underserved groups
- multidisciplinary collaboration to strengthen referral and escalation routes
- service review to identify what is working well and where outcomes can be improved.

An internal audit in 2025 of the Immunisation Service identified areas for strengthening governance, data quality and equity of uptake. A structured action plan has been implemented and is being monitored through Directorate governance arrangements. Key actions taken include a refresh of the vaccine equity plan, key delivery plans across all immunisation programmes, and the involvement of Primary Care on each of the vaccine subgroups with Assistant Director level membership at the oversight level.

The Directorate has completed a Smoking Cessation Audit over the past 2 years as part of the Health Board audit cycle. There is a plan to re-audit in 2026 with a start date to be confirmed.

Evidence based

The Directorate's operational model is grounded in established public health evidence and national expectations. Immunisation delivery, communicable disease management, disease elimination work, smoking cessation and behaviour change interventions all require adherence to current guidance, standard operating procedures and evidence-informed practice. The Directorate therefore places importance on aligning services with national policy, recommended pathways and recognised models of good practice.

Areas of evidence-based assurance include:

- alignment of immunisation delivery with national programme requirements
- health protection practice informed by current communicable disease guidance and escalation arrangements
- smoking cessation interventions delivered using evidence-based approaches
- health coaching practice informed by recognised behaviour change methodologies and professional competencies
- review of service design and targeting in light of available evidence on what improves uptake, engagement and outcomes.

Equitable

Equity is central to the quality of Public Health operational services. Those at greatest risk of poor outcomes are often the least likely to access preventative interventions without proactive outreach and tailored approaches. This is relevant across immunisation, where uptake can vary by deprivation, geography or community group; in diseases of elimination, where vulnerable populations may face barriers to prevention or follow-up; and in smoking cessation and health coaching, where people with the highest need may face structural, cultural, practical or psychological barriers to engagement.

The Directorate continues to focus on equitable delivery through:

- targeted approaches to populations with lower uptake or higher risk
- partnership working to improve reach and acceptability
- consideration of rurality, deprivation and inclusion health needs in service delivery
- accessible communication and, where possible, tailored support models
- monitoring of whether service models unintentionally disadvantage particular groups.

Person Centred

Although a number of public health services operate at population scale, person-centredness remains essential. For immunisation, this includes clear information, informed choice, respectful contact and support for people who are hesitant or anxious. In smoking cessation and health coaching, person-centred care is fundamental to engagement, trust and sustained behaviour change. In health protection, person-centred practice includes clear communication, culturally appropriate advice, support for those affected by incidents or outbreaks, and sensitive handling of confidential or anxiety-provoking situations.

The Directorate's person-centred quality considerations include:

- the quality and accessibility of communication with patients and the public
- patient experience and feedback where available
- responsiveness to concerns, complaints and learning from lived experience
- ensuring interventions are tailored to individual circumstances and readiness to engage
- maintaining dignity, respect and compassion in all interactions.

Further strengthening of patient voice in operational services is a key focus within the Directorate to ensure all operational patient-facing services are capturing patient feedback through CIVICA with the Smoking Cessation team leading this approach.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to RECEIVE ASSURANCE on the quality governance arrangements in place within the Public Health Directorate in relation to quality, safety and patient experience.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.10 Provide assurance to the Board in relation to its responsibilities for the quality and safety of mental health, primary and community care, public health, health promotion, prevention and health protection activities and interventions in line with the Health Board's strategies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities

Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Our Performance Dashboard
Rhestr Termiau: Glossary of Terms:	As noted within body of report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Public Health Senior Leadership Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The services covered in this report are integral to the delivery of prevention, protection and early intervention. Effective delivery reduces avoidable demand associated with infectious disease, smoking-related harm and preventable deterioration.
Ansawdd / Gofal Claf: Quality / Patient Care:	This report is directly related to patient care, population outcomes and effective delivery of operational services. Effective delivery of these operational services improves protection from infectious disease, supports healthier behaviours, reduces avoidable harm and contributes to a better patient experience.
Gweithlu: Workforce:	The delivery of safe and effective services depends on a skilled and resilient workforce.
Risg: Risk:	Key risks are detailed in report and are aligned to the Directorate risk register with ongoing monitoring and mitigation through Directorate governance arrangements.
Cyfreithiol: Legal:	Some services covered in this report operate within statutory or nationally mandated frameworks, particularly in relation to communicable disease control and immunisation programme delivery.

Enw Da: Reputational:	<p>Any failure in immunisation delivery, outbreak management, or equitable access to prevention services may attract public, partner or regulatory concern. Strong governance and transparent improvement action help mitigate this risk.</p>
Gyfrinachedd: Privacy:	<p>Public health operational services involve the use of confidential patient and population information. Information governance requirements are applied to ensure safe handling, sharing and storage of data.</p>
Cydraddoldeb: Equality:	<p>The services in this report have significant equality and health equity implications. Positive impact is achieved where services proactively reduce barriers and improve access for underserved populations.</p>