

Health Protection – Alerting of Incidents and Outbreaks

Final Internal Audit Report

2025/26

Public Health Wales NHS Trust



Contents

Executive Summary	1
Findings & Agreed Action Plan	3
Appendix A	7

Review Reference

PHW 25-26 10

Fieldwork

April 2026

Executive Sign Off

May 2026

Audit Committee

September 2026

Executive Lead

Meng Khaw, National Director of Health Protection and Screening Services and Executive Medical Director

Audit Team

Paul Dalton, Head of Internal Audit

Emma Samways, Deputy Head of Internal Audit



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Executive Summary

Purpose

Our audit of Health Protection – Alerting of incidents and outbreaks was completed as part of our 2025/26 Internal Audit plan for Public Health Wales NHS Trust (PHW or the 'Trust').

Overview

The Trust operates a 24/7 health protection service responsible for managing notifiable communicable diseases in line with Welsh legislation. Notifications are received through statutory routes, primarily from laboratories (via electronic laboratory reporting systems) and clinicians (including GPs and hospital services). Notifications, actions and decisions are recorded in Tarion, the Trust's central case, incident, and outbreak management system, providing a time stamped audit trail.

Where single cases develop into clusters, unusual patterns, or setting based concerns, staff can create an incident record to support early investigation and coordination. Incidents are escalated proportionately, informed by risk assessment, epidemiology, and professional judgement rather than by the number of cases alone. Where there is evidence of ongoing transmission, significant public health risk, cross border implications, or the need for enhanced resources or powers, an Incident Management Team (IMT) is convened. If an outbreak is formally declared, an Outbreak Control Team (OCT) is established to provide strategic, tactical and operational oversight with multi agency representation.

Alerting and escalation are supported through multi-channel mechanisms, including AWARe (the Trust's alerting and coordination hub), telephone, and secure email. Senior clinicians and, where appropriate, the Trust's executives, Welsh Government, health boards, local authorities and UKHSA are informed in line with the assessed level of risk. Emergency Preparedness, Resilience and Response (EPRR) networks are used for higher risk incidents to ensure continuity of response outside normal working hours.

Following resolution of an incident or outbreak, the Trust undertakes formal debriefs and outbreak reports, typically within defined timescales. These debriefs are used to capture epidemiological findings, actions taken and lessons learned to ensure continual improvement to communicable disease management and alerting arrangements.

We have concluded substantial assurance on this area. One matter requiring management attention:

- Establish a documented and centralised repository for lessons learnt, with defined arrangements to ensure lessons learnt are communicated and can be accessed by the relevant staff.

Full detail of the matter arising is detailed within the Findings & Agreed Action Plan below. The following opportunity for enhancement has been identified that does not impact the overall opinion and is highlighted for management information:

- Health Protection division should consider developing an SOP that operationalises the arrangements for alerting, escalation, decision-making governance, and roles for communicating notifiable diseases and outbreaks,

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Related Findings

Assurance

	Objectives	Related Findings	Assurance
1	Evaluate the effectiveness of the Trust's controls in place for alerting of incidents and outbreaks, including timeliness, escalation, and categorization.	-	Substantial
2	Review the governance, risk management, decision-making, and compliance processes across Health Protection teams and how learning from previous incidents is used to inform and improve these processes.	1	Reasonable
3	Examine whether supporting systems enable clear audit trails and reliable records of alerting decisions, focusing on accuracy, completeness and accountability.	-	Substantial
4	Assess how the Trust ensures effective coordination with multiple health system stakeholders to alert the right individuals at the right time.	-	Substantial

Management Actions



High Priority



Medium Priority

Themes



■ Lesson Learnt

Risk Types

Quality or Safety Issues

Choose an item.

Findings & Agreed Action Plan

Objective 1: Evaluate the effectiveness of the Trust's controls in place for alerting of incidents and outbreaks, including timeliness, escalation, and categorization.

Substantial

Overview / Summary of Observations

The Trust has a well-established process for the alerting and management of communicable disease incidents and outbreaks. Notifications are received through statutory laboratory and clinical routes and recorded centrally in the Tarion system, which provides an audit trail.

Escalation of notifications is risk-based and with formal governance structures such as the Incident Management Team (IMT) and Outbreak Control Team (OCT), which are convened as required rather than being triggered by a certain number of cases. Out-of-hours continuity is supported through AWARe, multi-channel communications, between relevant bodies, senior clinical input and, where appropriate, EPRR escalation.

The notification and escalation process is underpinned by the Communicable Disease Outbreak Control Plan for Wales (the 'Plan'), notification timeliness guidance, and specific procedures such as the incident management procedure.

Performance reporting relating to alerts is reported to the Board through the Performance and Insight report. We note that in March 2026 the AWARe response times were fully compliant against the performance standard for the three priority categories (<4 hours, <24 hours and <48 hours). According to the 'Plan', incidents that have been classed as medium are considered to be 'moderate' risk to public health, requiring a clear decision on whether IMT/OCT are needed. Urgent priority is classed as 'high or very high' risk to public health, needing immediate notification, and requiring the need for IMT/OCT to be convened as soon as possible. Our testing confirmed that Tarion system uses four categorisation options for when evaluating priority of incident/outbreak, these were defined as 1 – urgent within four hours; 2 – high within 12 hours; 3 – medium, by next working day and 4 – low within seven days.

Whilst the Trust has a range of documentation to support the reporting of incidents and communicable diseases, these are not currently held within a single, centralised repository. This low-rated operational finding was discussed with leads during the audit. Management has confirmed that a transition to a SharePoint-based document structure is underway.

Overview / Summary of Observations

The Trust has established governance, risk management, decision-making, and compliance arrangements for Health Protection teams, underpinned by the emergency response framework, which is aligned to the Civil Contingencies Act (2004). While the Board retains responsibility, this is delegated to the National Director of Health Protection and Screening Services. Organisational oversight is provided by the EPRR group, which reviews risks, assures preparedness, and oversees plans and learning.

Incident management operates through a nationally recognised strategic, tactical, and operational tiered model, supporting proportionate and transparent decision-making. Our review of a sample of ten incidents demonstrated that governance and escalation arrangements were consistent and appropriate.

For lessons learnt, the Plan mandates constructive debriefs, formal lessons-identified processes and completion of outbreak reports within defined timescales, with onward sharing through national governance structures to support system-wide learning. The core reporting and documentation requirements section of the plan reinforce this by specifying mandatory documentation, ownership, timescales and evidence of dissemination and follow-up, ensuring that learning is tracked and monitored rather than recorded in isolation. This is supported by the Incident and Outbreak Management end-to-end process flow document, which embeds learning within the closure, reporting and performance-monitoring stages of incident management. While we have seen lessons learnt identified within the Tarion case management notes, which are linked to specific outbreaks or incidents, we did not see evidence that the learning actions had been shared with relevant staff and other bodies.

Decision-making is structured and risk-based, supported by formal procedures including the Putting Things Right (PTR), the incident management process and the Plan. Escalation routes to senior clinicians and executives are clearly defined, supported by effective out-of-hours arrangements and multi-agency collaboration. Our testing of a sample of incidents confirmed their timely escalation, senior oversight, and consistent application of standard operating procedures.

Key Findings	Risk & Impact	Management Action
<p>1 We tested a sample of ten case notes to confirm that they appropriately followed the alerts process. We identified seven instances where we could not confirm that lessons learned had been recorded, documented and communicated to staff.</p> <p>Theme: Lessons Learnt</p>	<p>Root causes remain unaddressed, leading to an ineffective/inefficient Health Protection service.</p> <p>Medium Priority</p> <p>Control Operation</p>	<p>Agreed Action:</p> <p><i>To have a documented incorporate a formal repository of lessons learnt and that these have been communicated to staff have been made aware.</i></p> <p>Expected Evidence of Implementation:</p> <p><i>This will form part of the central SOP and that a designated repository of lessons learnt.</i></p> <p>Officer: Eric Maljian – Head of Operations (Health Protection Team)</p> <p>Target Implementation Date: 30 November 2026</p>

Objective 3: Examine whether supporting systems enable clear audit trails and reliable records of alerting decisions, focusing on accuracy, completeness and accountability.

Substantial

Overview / Summary of Observations.

The supporting systems provide a framework for maintaining audit trails and records of alerting decisions, with controls supporting accuracy, completeness and accountability. Our testing of the end-to-end incident and outbreak management process confirmed that notifications were formally captured on receipt, clinically assessed, categorised and recorded centrally in Tarion, the case management system. Tarion records contained time-stamped entries, risk assessments, decision rationales and supporting evidence. Governance and accountability were recorded through documentation, with key decisions, such as categorisation, IMT/OCT activation, escalation actions, stakeholder communications and closure, recorded within case notes.

The alerting and incident management system is complemented by the SharePoint Outbreak Tracker, which provides visibility of current and historic outbreaks, supports performance monitoring and tracks reporting deadlines. This integrated approach links detailed operational case records with management-level monitoring and assurance processes.

The inclusion of incident classifications, response actions, IMT/OCT activity, closure dates and supporting evidence (such as minutes and reports) demonstrates that the systems can capture end-to-end information and supporting traceability from initial alert through to resolution.

Our testing confirmed that objectives of assessing whether supporting systems enable clear audit trails and reliable records of alerting decisions. It provides strong evidence that Tarion supports accuracy, and accountability through time-stamped records, defined response-time thresholds, documented clinical assessments and named decision-makers.

Objective 4: Assess how the Trust ensures effective coordination with multiple health system stakeholders to alert the right individuals at the right time.

Substantial

Overview / Summary of Observations.






The Trust has well-defined and robust procedural arrangements that support coordinated alerting across a complex health system. Key governance documents collectively provide a framework that defines who should be alerted, when alerts should occur, and which roles or functions are responsible, based on incident type, severity and escalation thresholds.

The plan establishes a single, all-Wales framework for outbreak recognition, declaration, escalation and communication. It articulates roles and responsibilities across the Trust, health boards, local authorities, Welsh Government, UKHSA and regulators, and mandates timely communication to relevant partners at key decision points, including outbreak declaration, OCT convening and escalation to regional or national coordination. The Trust's health protection alerting procedure complements this by translating national requirements into operational controls for health protection teams, reinforcing role-based alerting, escalation triggers and structured communication routes, including clear in-hours and out-of-hours arrangements.

Effective coordination is further strengthened by governance controls requiring that external notifications are managed corporately through designated teams and roles, rather than individual staff, providing clarity, accountability and consistency. For major incidents and emergencies, structured multi-agency escalation arrangements, including Strategic, Tactical and Operational command structures and multi-channel communication methods, support timely and resilient alerting. Overall, our testing of evidence confirmed that the Trust has a framework to coordinate with multiple health system stakeholders and to alert the right individuals at the right time.

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Public Health Wales NHS Trust, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Public Health Wales NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

