

Minutes of the Children & Women's Clinical Board QSE (CWQSE) Committee
Held on Tuesday 23rd June 2026 at 8.30am
Via Microsoft Teams

Present:		Title
Andy Jones	AJONES	Director of Nursing, C&W Clinical Board (Chair)
Selyf Shapey	SS	Clinical Director, CHFW Directorate
Abigail Holmes	AH	Clinical Board Director/Director of Midwifery & Neonatal Services, C&W Clinical Board
Emma Bramley	EB	Quality & Safety Lead, CHFW Directorate
Becca Jô's	BJ	Director of Operations, C&W Clinical Board
Elizabeth Smith	ES	Clinical Governance & Risk Lead Nurse, Neonatal Services
Leeanne Provis	LP	Clinical Nurse Specialist, Infection Prevention & Control
Sarah Wright	SW	Associate Clinical Nurse Specialist, Infection Prevention & Control
Paula Davies	PD	Clinical Governance & Risk Lead Nurse, CYPFHS Directorate
Becci Ingram	BI	General Manager, CYPFHS Directorate
Karenza Moulton	KM	Lead Nurse, CHFW Directorate
Victoria Titshall	VT	Clinical Governance & Risk Lead Midwife, O&G Directorate
Rhodri John	RJ	Directorate Manager, O&G Directorate
Alison James	AJ	Lead Nurse, CYPFHS Directorate
Ceri Phillips	CP	General Manager, CHFW Directorate
Chloe Laws	CL	Safeguarding Midwife/Safeguarding Advisor
Carla Blackshaw	CB	Senior Nurse for Safeguarding
Tirion Pryce	TP	Health & Safety Advisor
Mallinath Chakraborty	MC	Clinical Director for Neonatal Services
In Attendance		
Kirsty Hook	KH	Risk, Governance & Patient Experience Facilitator
Evie James	EJ	Neonatal Safety Support Programme Implementation Network Local Neonatal Improvement Specialist
Lucie Lewis	LL	Lead Advanced Neonatal Nurse Practitioner
Apologies		
Alison Lewis	AL	Patient Safety Facilitator
Alan Pateman	AP	Clinical Director, Children's Hospital for Wales

Item No	Agenda Item	Action
CWQSE/ 2026/102	Welcome & Introduction The chair welcomed everyone to the meeting.	
CWQSE/ 2026/103	Apologies for Absence The apologies for absence were noted The CWQSE resolved: a) The apologies were noted	
CWQSE/ 2026/104	Minutes of the previous Q&S Meeting held on 26th May 2026 The minutes of the meeting held on 26 th May 2026 were agreed to be an accurate record.	

	The CWQSE resolved: a) The minutes were noted and agreed	
CWQSE/ 2026/105	1.4 To note and update the latest action log (from AMaT System) The action log is now available via AMAT for live updates to be provided. Outstanding actions will be followed up outside of the meeting for completeness. Requests were made for the action log to be updated via the AMaT system following the meeting. The CWQSE resolved: a) Further update to be provided on any key outstanding actions at the next meeting. b) Action log to be updated via the AMaT system following the meeting.	
CWQSE/ 2026/106	Presentation of NEWTT 2 SOP The group received a presentation from Evie James and Lucie Lewis on the implementation of the Newborn Early Warning Track and Trigger Tool (NEWTT2) and the associated Standard Operating Procedure (SOP). The presentation outlined how NEWTT2 has been introduced to standardise the recognition and escalation of deterioration in newborn babies across acute and community services. Key Points NEWTT2 is a nationally recognised neonatal early warning system and forms part of the Welsh Health Circular requirement to standardise early warning scores across Wales. Cardiff and Vale successfully implemented NEWTT2 in acute settings in December 2024, with rollout later extended to community services. The aims of NEWTT2 are to: • Improve early recognition of newborn deterioration. • Standardise escalation processes. • Improve communication between teams. • Incorporate parental concerns into the escalation pathway. Governance and Assurance • A mandatory ESR training package was developed to support implementation and safe use of the tool. • Monthly audits are undertaken by the neonatal senior team and reviewed through Quality & Safety governance routes. • The move to a digital BadgerNet platform has strengthened oversight by enabling improved monitoring of: ○ Escalation actions. ○ Staff responses. ○ Timing of escalations and reviews The team acknowledged that the SOP requires updating to reflect the recent transition from paper records to the digital BadgerNet system. A recent audit identified a system issue relating to recording very low neonatal temperatures, which prompted further review and liaison with the BadgerNet provider.	

	Compliance reporting for the ESR training package has historically been difficult due to combined reporting with other modules, but revised arrangements are expected to provide more accurate compliance data. Members commended the neonatal team for leading this work and recognised it as a positive patient safety initiative that strengthens the early identification and management of deteriorating newborns. The CWQSE resolved: a) Update noted.	
GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY		
CWQSE/ 2026/107	Health & Care Standards Directorate QSE Exception Reporting The Directorates were asked to provide updates on specific areas of escalation and noting. CYPFHS Directorate Report • Subject Access requests are increasing, which is having a significant impact on admin and clinical/management staff. • Historical Datix incidents are being reviewed with a view to closure. • EWMH and ND waiting times – lack of a pathway/process for joint working of these cases. This is being reviewed as part of the ongoing service review work being undertaken. • Biggest risks relate to ND and ICCNS. It is anticipated that the ICCNS risk rating will reduce due to ongoing recruitment, however acknowledged that the service remains under significant pressure. • Melatonin is the highest spend drug that is used. Further discussions are ongoing with regards to the alternative available and the challenge of balancing the continued use of unlicensed medicine against a more costly licensed alternative. • Accommodation issues remain across several services which are impacting on clinical capacity etc. • H&S audit completed within EWMH with several actions identified. • Fire Safety 87.2%. VBA compliance 79.06% for non-medical staff. • Service review with EWMH including team engagement, in person sessions etc. • Working with ECOD to explore career and development pathways for Band 3 and Band 4 staff within EWMH services. • Established Clinical Audit Leads across services. Begun work to strengthen oversight and coordination of clinical audit activity. • 5 formal concerns open which are being progressed. • Southport Enquiry Recommendations have been shared, and a task and finish group is being established. • Work is underway with Maternity and Neonatal colleagues to develop a CDM pathway relating to the identification and documentation of birthmarks in newborn babies. • Ty Cwtch in escalating concerns process. Pathway was implemented to support children coming in regarding the MDT process, however further concerns have since been raised and are being reviewed by Local Authority. Currently none of the children are Cardiff and Vale patients. • Freedom of Information request received relating to services for children and young people with chronic long-term conditions up to 25 years of age. The request is being managed through the Directorate's governance processes.	

	• HPV Uptake is at 75% which is a significant improvement. Increased engagement and further offer of holiday catch up sessions are being explored. • Risk Assessment – Autumn Flu.... • Potential ceasing of RIF Funding which will have a significant impact on CALDS, Gouledy and Enfys services and will be a significant risk across the Directorate. • Sickness reported at 7.5% for May. • Ongoing recruitment process across a number of services within the Directorate is being progressed. • HV industrial action in CTM Health Board is being monitored. • Implementation of the Healthy Child Wales Programme (HCWP) remains a significant challenge and is currently subject to wider review and discussion at Health Board level. Discussion ensued with regards to delayed discharges into the community from the CHFV and queries were raised with regards to the reasoning for these delays. It was agreed that further discussions would take place outside of the meeting to understand and explore options. Timely access • ND Waiting times – over 5000 children on the waiting list with 200 children waiting over 3 years. Further discussions are ongoing with regards to substantive recruitment. Number of concerns to be shared to acknowledge the complexity and impact that this is having on the management of these concerns. • Learning Disabilities Waiting list is growing. For psychology and nursing, the waiting times are circa 2yrs. Ongoing recruitment within psychology. • Continence waiting times have increased from 100 to 160 in the last year. Longest wait is 51 weeks. The CWQSE resolved: a) The report provided was noted for information and key highlights recorded.	
CWQSE/ 2026/108	CHFV Directorate Report • X1 open NRI – Wrong Route Administration Never Event. Final draft PSLR has been shared. • 53 new incidents awaiting management review, 63 in management review make it safe. Reminders have been sent to staff, to ensure reviews are undertaken in a timely manner. • No changes to highest risks being held to include Endoscopy Waits, Sleep Service Waits and Psychology Support within PICU. • X9 medication errors reported in month. ePMA has been rolled out across the CHFV and very positive feedback has been received. • X1 RIDDOR reported in month. Serious incident review meeting has been held and no further escalation or concerns following this discussion. Incident has now been closed. • Issues raised from PICU regarding the new Creo cots delivered. Representative is coming to review with the PICU team for resolution. Solo Lux bed of choice for Paediatrics is not suitable to use with the Dolphin mattresses. Further discussions are taking place with Medstrom to review resolution. • X10 tissue damage incidents reported in month, all have been reported as low or no harm and no themes identified. • Several active research studies open within the Children's Hospital. A forthcoming study is currently recruiting children with newly diagnosed diabetes and aims to investigate interventions to help preserve beta-cell function. This was noted as a positive example of ongoing research activity within the Directorate.	

	• Tendable scores at 96% with compliance at 100%. Work ongoing with regards to ongoing work to strengthen HCID preparedness across the Children's Hospital. Actions include increased FFP3 fit-testing, enhanced PPE training through Jungle, and continued collaboration with the Infection Prevention & Control team to ensure organisational readiness. • X10 formal concerns open at present, with a number of these being generated by AI which is significantly impacting on the response times. Early resolution's themes are largely related to access to care and communication. Also, the meeting requests are increasing, which is having a significant impact. It was noted that the Health Board has seen an 80% increase in concerns in April following the Listening to People regulations being implemented. Concerns were raised with regard to the number of concerns that are coming back and requiring further formal responses. It was agreed that further discussions will take place outside of the meeting as to how this can be managed. • Ongoing complex safeguarding-related Ombudsman concern within the Children's Hospital. A response had been completed and was awaiting final issue to the family through the appropriate governance process. • Health Promotion work being explored with the Dental Team for implementation. • Update provided on preparation for Martyn's Law following a preliminary security assessment of the Children's Hospital. Initial findings identified the hospital as a highly accessible environment and highlighted several areas requiring further consideration. Detailed recommendations are awaited from the Strategic Planning Team to support future compliance and strengthen site security arrangements • VBA compliance 79%. • C Diff improvement work completed across the CHFW and has been submitted for NHS awards. Discussion ensued regarding targeted work for Fire Safety across the Health Board. Staff were asked to raise awareness, specifically in relation to the medical staffing uptake. Timely access • Paediatric Surgery – x2 patients waiting over 52 weeks, both have dates in June 2026. For June x4 children waiting, all have dates allocated however x3 will be waiting over 52 weeks at the end of June 2026. • No children waiting over 52 weeks for a new outpatient appointment. X12 children waiting over 36 weeks. Ongoing work being undertaken regarding outpatient clinic utilisations ensuring they are at 95% across all services. All outpatient (internal) referrals are being received via e-referral system. • Endoscopy waiting list – 177 children on the waiting list. 155 are over 8 weeks. Longest waiter is 85 weeks. Weekly scheduling meeting with the Endoscopy team to ensure patients are being treated in turn. Plans in place to ensure 85% compliance going forward. • Sleep Studies will increase from July 2026 with the position anticipated to be completing 15 sleep studies per week. The CWQSE resolved: a) Update noted.	
CWQSE/ 2026/109	Neonatal Services Report Report noted for information. • X1 new NRI reported regarding a Delay in Antibiotics, this is being progressed. • Increase in medication errors being reported. Focus on awareness training for all	

	staff. • Work ongoing regarding the implementation of a Perinatal Directorate. Governance structure is being developed with a view for implementation in September 2026. It was agreed that the governance structure will be shared in August 2026. The CWQSE resolved: a) Update noted.	
CWQSE/ 2026/110	O&G Directorate Report • Targeted work is ongoing with the closure of Datix incidents. • X11 NRI's open within Obstetrics, x7 NRI's open within Gynaecology. Two new Gynaecology NRIs reported that delays in follow-up contributed to subsequent cancer diagnoses. This is an emerging theme, and a detailed review is being undertaken within the directorate to review this. Members also noted wider Health Board work being led to examine loss-to-follow-up processes and associated risks. X14 LRI's are ongoing for Obstetrics and x6 LRI's all of which are progressing. • Two risks rated 20 on the risk register, both relating to Gynaecology services: (1) lengthy outpatient waiting lists and (2) lengthy delays in outpatient hysteroscopy pathways. The Directorate continues to review mitigating actions and monitor performance against these risks. • Two low-harm medicines incidents were reported during the period: a missing epidural bag, which was subsequently accounted for following stock checks, and an incorrect prescription of IV antibiotics for a PPROM induction. A safety briefing was issued regarding stock management, and the Directorate noted the successful implementation of EPMA within the unit. • Ongoing concerns regarding high temperatures within the Obstetrics & Gynaecology unit. The Directorate reported that mitigation measures and alternative arrangements were being implemented to support staff and maintain safe working conditions • There have been several lift breakdowns within the Directorate. One incident involved a woman in established pre-term labour becoming trapped in a lift and delivering shortly after being released. The incident was escalated as an Early Warning to Welsh Government and highlights the patient safety risks associated with estates infrastructure failures. • Level 1 mandatory training compliance was performing well; however, further improvement is required in Level 2 training, particularly Moving and Handling and Violence and Aggression compliance. • active recruitment to several maternity and gynaecology research studies. The Directorate also reported successful progression to Stage 2 of an HCRW Integrated Care Research application for the MAP Sepsis project and ongoing engagement with external research funding opportunities. • Low uptake with the Civica surveys at present. • Safeguarding supervision for hospital midwives has been added to the mandatory study day. Community midwives will still need to attend a 1:1 session. • Recruitment is ongoing across several areas. Discussion ensued with regards to the implementation of the roster co-ordinators and it was noted that this has been a significant improvement which has had a very positive impact on maternity services. An MDT roster team is being explored. It was agreed that further discussions would take place to determine if this can be implemented in other areas across the Clinical Board. Timely Access Update	

	Shared for information. The CWQSE resolved: a) The update was noted for information and key highlights recorded.	
CWQSE/ 2026/111	Exception Reporting / New Risks to be considered for the Clinical Board Risk Register Risk Assessment Adult Learning Disability Services Governance Arrangements Risk assessment was shared which highlighted significant governance, assurance and oversight risks associated with Adult Learning Disability Continuing Healthcare packages. Concerns were raised regarding limited visibility of package reviews, quality assurance, incidents and financial governance. Existing controls include a newly established Quality Assurance Panel and establishing a Complex Care Board to strengthen internal governance processes. Discussion ensued and it was agreed that an urgent meeting will be convened to prioritise high-risk cases and agree immediate mitigating actions. The CWQSE resolved: a) The update was noted for information. b) Further discussion to take place outside of the meeting regarding the requirements of current position regarding the care packages.	AJames
CWQSE. 2026/112	Sustainability in Healthcare Members noted ongoing Health Board sustainability work. A Children & Women's Clinical Board Green Group is being established to support environmentally sustainable and cost-effective service improvements. Staff across all directorates will be invited to participate and share improvement ideas, with learning to be drawn from successful initiatives across the UHB. The CWQSE resolved: a) The update was noted for information.	
SAFE CARE		
CWQSE/ 2026/113	NRI's/PSLR's/BIT for noting/exception reporting Final PSLR & Improvement Plan – NG (IN92726) The final PSLR and improvement plan was shared for information. There were no specific exceptions to note for the meeting. The improvement plan will be progressed and monitored through the AMAT system by the Directorate team. The CWQSE resolved: a) Update noted.	
CWQSE/ 2026/114	Learning from Events for noting/exception reporting Learning from Events (LFE) – RM (CN/UHW/DCIQ2152)	

	Case overview • A pregnant woman presented with reduced fetal movements and query rupture of membranes. On attendance, during routine observations patient was noted to have: ○ Raised blood pressure ○ Proteinuria • Clinical focus was diverted toward assessing preterm labour rather than the significance of hypertension, and proteinuria was not fully acted upon • Patient presented a second time reporting reduced fetal movements, and query rupture of membranes. At this time, she also reported headache and blurred vision. Pre-eclampsia bloods and a PCR urine sample were sent to the laboratory for testing. • Laboratory reporting meant a critically abnormal urine PCR result was misunderstood (the result was out of range to report on and therefore possibly interpreted as being low amount rather than high). • The patient was discharged and later: ○ Re-presented unwell ○ Experienced an eclamptic seizure ○ Required emergency caesarean section Key contributing factors & issues identified: Clinical decision-making • Failure to prioritise pre-eclampsia risk indicators over competing diagnoses (preterm labour). • Failure to identify pre-eclampsia due to misinterpretation of lab results Systems and digital design • Lab reporting system did not clearly flag critical abnormal values, increasing risk of misinterpretation. Repeated missed opportunities • The same clinical cues were present at two separate attendances Actions and Improvements Reported • Changes made to the Welsh Clinical Portal reporting system: ○ Abnormal results now clearly flagged/highlighted • Introduction/plans for: ○ Mandatory senior (ST6+) review of high risk women • Learning embedded through: ○ Vignette published on maternity risk & governance page ○ Ongoing access for staff education and reflection ○ Learning has been shared across relevant teams The CWQSE resolved: Update noted.	
CWQSE/ 2026/115	Infection Prevention Control Update Report A significant reduction in <i>Clostridioides difficile</i> (C. diff) cases was reported, with only two cases recorded since April compared to much higher numbers during the same period last year. This was recognised as a positive outcome of the improvement work undertaken specifically across Acute Child Health. There were:	

	• Two Klebsiella bacteraemia cases (one associated with an intravascular device). • Three E. coli bacteraemia cases, two within Acute Child Health and one within Maternity. Root Cause Analyses (RCAs) have been requested, and teams were reminded to ensure completed RCAs were submitted to the IP&C team. The IP&C team advised that several routine infection control audits had slipped behind schedule, but a recovery plan was in place, and increased audit activity would be visible across Women and Children's services over the coming months. Additional assurance was provided regarding: • Ongoing work to improve fit testing compliance. • Preparations for High Consequence Infectious Diseases (HCID). • Continued staff guidance regarding appropriate PPE requirements, including clarification around chickenpox precautions. • Reinforcement of regular water flushing requirements. The CWQSE resolved: a) Update noted.	
CWQSE/ 2026/116	Safeguarding/Mental Capacity Act (MCA) Verbal Updated provided: Activity and Performance • A significant number of safeguarding referrals relating to unborn babies were reported across April and May, including Multi-Agency Safeguarding Hub (MASH) referrals, strategy discussions and attendance at Initial Child Protection Conferences. • Specialist safeguarding midwifery teams were reported as managing a high level of activity. Current safeguarding training compliance was reported as: • Level 1 Safeguarding Adults and Children – 85.3% • Level 2 Safeguarding – 83.3% • Level 3 Safeguarding – 49% • Violence Against Women, Domestic Abuse and Sexual Violence (Group 1) – 74% • Violence Against Women, Domestic Abuse and Sexual Violence (Group 2) – 15% (noted for further validation). Additional Level 3 safeguarding training capacity has been introduced, and it is anticipated that compliance should improve over coming months. Discussion ensued regarding the introduction of Hope Boxes, secured through external funding by maternity staff. These provide a trauma-informed approach for families whose babies are removed or separated at birth because of safeguarding concerns. The initiative was highlighted as an example of compassionate care. The group was reminded of safeguarding responsibilities under the Prevent agenda and the Counter-Terrorism and Security Act, with a request for learning materials and newsletters to be shared more widely across services. A discussion took place regarding supervision arrangements for babies subject to	

	safeguarding plans. Key concerns included: Ward staff continue to be asked to supervise babies when Local Authority arrangements are not in place. This remains an unresolved issue from previous HIW action plans. Services reported that these situations frequently occur out of hours and at weekends, creating staffing and patient safety pressures. Safeguarding colleagues confirmed that Children's Services had agreed that hospital staff should not routinely provide supervision and that a formal policy is being developed to clarify responsibilities. It was noted that there have been ongoing conversations with Social Services for provision of supervision. It was agreed that this would be escalated further as this is an impact across the Clinical Board. All were requested that where these issues happen, a Datix incident should be completed to flag to the safeguarding team. The CWQSE resolved: a) Update noted. b) Supervision policy to be shared with KM for comment.	
CWQSE/ 2026/117	Patient Safety Alerts (internal/external)/Welsh Health Circulars • ISN 2026 001: ChloroPrep Applicator Recall – Updates Required All alerts have been circulated for onward sharing and action as necessary. It was noted that actions remain outstanding in relation to the PSA020 alert. The group were asked to review and provide necessary updates for the compliance statement to be completed. The CWQSE resolved: a) Alerts noted. b) All to review and provide necessary update for the compliance statements for both ISN 2026 001 and PSA020 Alert	
CWQSE/ 2026/118	Clinical Audit Latest Guidance Dashboard Position (overdue & in progress status) The group were asked to review and provide updates to the Clinical Audit Team. No specific issues to note for this meeting. The CWQSE resolved: a) Update noted. b) Review guidance status and provide updates as appropriate via Clinical Audit	ALL
CWQSE/ 2026/119	Medicines Safety Executive Update No update to note for this meeting.	
TIMELY CARE		
CWQSE/ 2026/120	Directorate concerns & assurance update Discussed as part of the directorate reports. The CWQSE resolved: a) Update noted.	

CWQSE/ 2026/121	Patient Feedback The Latest CIVICA Summary Report Children and Women's report was shared for information. The CWQSE resolved: a) Update noted.	
ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE		
CWQSE/ 2026/122	SARC Update The SARC Q&S update was shared for information The CWQSE resolved: a) Update noted.	
ANY OTHER BUSINESS		
CWQSE/ 2026/123	Date and Time of Next Meeting Tuesday 28 th July 2026 (H&S Focus) , 8.30am, Microsoft Teams	ALL to note