

**Minutes of the Children & Women's Clinical Board QSE (CWQSE) Committee
Held on Tuesday 24th March 2026 at 8.30am
Via Microsoft Teams**

Present:		Title
Andy Jones	AJONES	Director of Nursing, C&W Clinical Board
Emma Bramley	EB	Q&S Lead, CHFWD Directorate
Elizabeth Smith	ES	Clinical Governance & Risk Lead Nurse, Neonatal Services
Natalie Vanderlinden	NV	Designated Education Clinical Lead Officer (DECLLO)
Alison James	AJ	Lead Nurse, CYPFHS Directorate
Becci Ingram	BI	General Manager, CYPFHS Directorate
Karenza Moulton	KM	Deputy Director of Nursing / Lead Nurse, CHFWD Directorate
Siwan Jones	SJ	Clinical Nurse Specialist, Infection Prevention & Control
Sarah Davies	SD	Senior Midwifery Manager, Outpatients, O&G Directorate
Ceri Phillips	CP	Interim General Manager, CHFWD Directorate
Victoria Titshall	VT	Clinical Governance & Risk Lead Midwife, O&G Directorate
Tirion Pryce	TP	Health and Safety Advisor
In Attendance		
Vicky Stuart	VS	Head of Concerns and Redress
Apologies		
Kirsty Hook	KH	Risk, Governance & Patient Experience Facilitator
Abigail Holmes	AH	Director of Midwifery / Interim Director of Operations

Item No	Agenda Item	Action
CWQSE/ 2026/027	Welcome & Introduction The chair welcomed everyone to the meeting.	
CWQSE/ 2026/028	Apologies for Absence The apologies for absence were noted The CWQSE resolved: a) The apologies were noted	
CWQSE/ 2026/029	Minutes of the previous Q&S Meeting held on 27th January 2026 The minutes of the meeting held on 27 th January 2026 were agreed to be an accurate record. The CWQSE resolved: a) The minutes were noted and agreed	
CWQSE/ 2026/030	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. NLS and Paediatric Resuscitation Practitioner Update AJ to follow up outside of the meeting Right Person, Right Place Policy Implications AJ to follow up outside of the meeting	AJ AJ

	<p>COSSH Activity Directorates to review and update on any actions outside of the meeting for completion. ACTION CLOSED BY EXCEPTION</p> <p>Medication Error Themes It was agreed that the learning & themes for Medication Errors would be presented at the next meeting.</p> <p>Transition to Adult Services SBAR on the agenda for discussion. ACTION CLOSED BY EXCEPTION</p> <p>Healthy Child Wales Programme Briefing paper to be provided at the next meeting regarding an update</p> <p>Use of AI within the Clinical Board KM to review and provide a verbal update at the next meeting regarding the Heidi Trial.</p> <p>The CWQSE resolved:</p> <ol style="list-style-type: none"> Action log to be updated via the AMaT system following the meeting. Any outstanding updates to be reviewed and actioned following the meeting. Update to be provided on Use of AI at the next meeting Briefing Paper to be shared regarding Healthy Child Wales Programme Medication Error Themes to be presented at the next meeting. 	<p>KM AJ EB</p>
GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY		
<p>CWQSE/ 2026/031</p>	<p>Presentation on Changes to Putting Things Right Process Vicky Stuart presented an overview of the new Listening to People regulations (effective 1 April 2026). Key changes discussed:</p> <ul style="list-style-type: none"> Mandatory offer of a listening meeting (including face-to-face). Early Resolution timeframe extended to 10 working days. Reviewing options for the types of concerns that can be reviewed through early resolution. Redress limit increased from £25,000 to £50,000. Stronger emphasis on agreed terms of reference, communication frequency and learning. Continued 30-day performance monitoring for formal complaints. Any extensions to the 30 day compliance will need to be agreed with the complainant at the start of the process i.e. for those complex complaints that will require responses from several areas/external comments etc. More emphasis on vexatious complainants' process. Introduction of an appendix approach to explain breach/no breach decisions more clearly. <p>Awaiting final ratified guidance to be received prior to this being shared widely throughout the Health Board. It was noted that there will be formal communications shared. Leaflets have been ordered and delivery is awaited.</p> <p>Concerns were raised around capacity, workforce pressure, consistency of messaging, and the impact of AI-generated complaints with multiple or duplicated</p>	

	<p>questions. Discussion ensued with regards to accompanying clinic letters where the questions have been answered previously. It was agreed that if it is summarised within the response, the clinic letter can also be shared. VS agreed that if a training session is required, the team would be happy to support.</p> <p>The CWQSE resolved:</p> <ul style="list-style-type: none"> a) VS to share example complaint responses (with and without breach) for cascade. b) VS to share a simple flowchart outlining revised timescales when available. c) DMT's to reinforce expectations with clinicians regarding proportionate responses and use of meetings to reduce duplication. 	<p>VS</p> <p>VS</p> <p>DMT's</p>
<p>CWQSE/ 2026/032</p>	<p>Health & Care Standards Directorate QSE Exception Reporting</p> <p>The Directorates were asked to provide updates on specific areas of escalation and noting.</p> <p>CYPFHS Directorate Report</p> <ul style="list-style-type: none"> • Risks linked to Adult Learning Disability Service transition. Biggest concerns relating to the governance process, specifically in relation to the SLA and contract with Swansea Bay. Work ongoing regarding this and the implementation of direct payments from 1st April 2026. • X2 providers in escalating concerns at present. Meetings taking place with the Local Authority to understand the key risks and working with the providers on improvement plans. • GJ Tube risks raised via Radiology regarding the process and key responsibilities. It was agreed that a clear pathway is needed to outline key responsibilities and requirements. Work is progressing regarding this pathway and training is being arranged regarding changing of tubes skills within the CHFV. KM agreed to share the dates with CYPFHS for inclusion in the training days. • Bed assessment risks have been highlighted following OT review. Number of children have not received the right equipment/beds etc. Work is progressing and further updates will be provided. • X2 escalation targets have been received regarding Immunisations targets. Meetings being arranged to review options for improving uptake and compliance. Joint improvement plan being developed with Public Health. • Growth in Special Schools gap analysis is being completed to review the demand and impact on teams. • EWMH Service undertaking a service structure review. • Development of a new disputed care panel which will review cross-team allocation disputes for C&YP specifically for children who don't have a diagnosis, to work through these concerns and ensure that there is a focus for needs led services as opposed to diagnostic led service. • Concerns raised with regard to lack of appropriate equipment for staff specifically in relation to Dyslexia software. A Health Board directive is required on the way forward for this. AJ agreed to follow up on progress. • Impact assessment completed on the RIF funded posts, and further update is awaited on the outcome of this assessment. BI agreed to follow up with the Regional Partnership Board for an update. • X1 PSLR is in progress and almost completed. • There is a significant increase in complexity of concerns being received, and the impact this is having on the teams. <p>Timely access</p>	

	<ul style="list-style-type: none"> All children waiting over three years for ND Service will have an appointment scheduled by the end of March 2026. Current capacity gap is around 900 children waiting and work is ongoing on the pathways to reduce as much duplication from the process as possible. Concerns raised regarding the inability to manage the demand. Additional impact on capacity was noted with regards to the growth in ADHD follow-up, and the lack of shared care prescribing. <p>The CWQSE resolved:</p> <p>a) The report provided was noted for information and key highlights recorded.</p>	
<p>CWQSE/ 2026/033</p>	<p>CHFV Directorate Report</p> <ul style="list-style-type: none"> X1 new NRI which was a Never Event wrong route medication and this is being progressed. X1 LRI which is progressing. X1 NRI closed related to an Endocrine misdiagnosis and x1 LRI relating to an unnecessary MRI has been completed and shared with the family. X1 LRI relating to a high gentamicin level has been completed and a letter is being drafted for sharing with the family. X6 open formal concerns, x2 of which are outside of timescale. X1 of the overdue concerns is almost completed and will be shared for approval. Historical surgical error case discussed as part of learning from events process. No new risks added to the risk register. Risks over 16 include waits for diagnostic endoscopy, lack of resources within the sleep study team and cease of funding for clinical psychologist role within PICU. There are mitigations in place for each of these risks and monitoring continues. Review of medications of IV medications that are given orally. There are approximately 7 medications that only come in this format. Pharmacy is reviewing options for alternatives to reduce the risk, however at present for those where there are no alternatives, SOP's will need to be completed, and this risk will also be added to the risk register. It was noted that this is a wider health board issue as some of these medications are used widely across the UHB. Updates have been added to ward safety briefings and extra vigilance and raised awareness across the CHFV. No open RIDDORS in month Bed training continues in earnest, with the first scheduled for later this week. X1 long term patient currently residing in the CHFV who has displayed extremely violent behaviours towards staff. Work is continuing to monitor this situation and appropriate actions and mitigations in place to manage. X4 tissue damage incidents in month, no scrutiny panels were required as all were low/no harm and unavoidable. Research studies continue within the CHFV. Ratification of Paediatric Inpatient Viral Wheeze and Asthma discharge checklist, Sip to Send Process has been launched (patients able to sip water until point of theatre – set amount dependent on weight), Nurse Led Discharge in SDEC has been launched following ratification of guidance. X7 outstanding bacteremia's which are being progressed. Overall tendable score for CHFV was 91%. ANTT compliance within Nursing Staff currently at 70% VBA rate is currently at 71%, Mandatory training level 1 81% and level 2 62%. Sickness rate for February was 5.8%. <p>Neonatal Services</p>	

	<ul style="list-style-type: none"> • X1 NRI which is being progressed following completion of a mortuary review. X3 LRI's being progressed. • X3 outstanding concerns which are being managed jointly with maternity services. • Risks over 16 include commissioned cot numbers, consistently operating above BAPM/JCC recommended cot occupancy levels and lack of timely RAP screening and intervention. Both risks have mitigations in place to manage the risks and monitoring continues. • Medication errors have decreased throughout the year. Of the errors reported, there was a clear theme identified regarding checking prescriptions. Work is ongoing with back-to-basics checks being completed. • No MRSA cases reported since November 2025 • Tendable scores currently reported at 78.7% with the main area of improvements relating to decluttering of clinical areas and hand hygiene after leaving the bedspace. • ANTT compliance reported at 90% • Sickness at 6.9% and maternity leave at 9% <p>Timely Access</p> <p>The CWQSE resolved:</p> <p>a) Update noted.</p>	
<p>CWQSE/ 2026/034</p>	<p>O&G Directorate Report</p> <ul style="list-style-type: none"> • Datix incidents – currently obstetrics has 572 open incidents, Gynae 62 open incidents and 17 perinatal open incidents. • 16 new concerns reported in month, with 20 concerns closed in month. • X7 open NRI's in Obstetrics, x12 LRI's and x4 BIT. X5 open NRI's in Gynaecology with x4 open LRI's all are being progressed. • No new risks reported for the Risk Register, work continues to migrate all risks to the AMAT system. • X2 medication errors reported in month both of which were reported as low/no harm. • Fire safety level 1 is currently reported at 74%, moving and handling at 58%, violence and aggression module C at 60%. • X2 pressure damage reported in February, both of which are low harm. • Research studies continue across the Directorate. • Staff Voices will cease, with staff being encouraged to use the Speaking Up Safely tool. Representatives from the Speaking Up Safely team are attending the unit to educate staff on the use of the tool and to encourage use. • Civility Saves Lives Study Days completed with positive feedback received. • Diverse Cymru Study Day held. • Capacity issues within antenatal clinic were noted, currently out of areas transfers have been stopped to support antenatal clinic capacity. If patients are midwife led at 36weeks, they are able to transfer, but any consultant led patients out of area are currently on hold and are not being accepted unless there are exceptions i.e. rainbow patients. • Awaiting a decision from Welsh Government regarding upcoming streamlining for new qualified midwives. <p>Timely Access Update</p> <p>No update to note.</p>	

	<p>The CWQSE resolved:</p> <p>a) The update was noted for information and key highlights recorded.</p>	
<p>CWQSE/ 2026/035</p>	<p>Exception Reporting / New Risks to be considered for the Clinical Board Risk Register</p> <p>Details noted as part of the Directorate report updates.</p> <p>The CWQSE resolved:</p> <p>a) The update was noted for information.</p>	
<p>CWQSE/ 2026/036</p>	<p>Presentation on Internal Audit of ALNET Act</p> <p>NV presented the findings of the Internal Audit of the Health Board’s compliance with the Additional Learning Needs and Education Tribunal (Wales) Act. The audit provided a rating of reasonable assurance, identifying a number of areas where controls are in place but require strengthening to ensure consistent compliance and system-wide assurance.</p> <p>The audit assessed seven objectives, focusing on governance, workforce capability, multi-agency working, activity and demand, compliance monitoring and organisational ownership. Key themes and areas of concern were discussed as follows:</p> <p>Objective 1 Governance and Accountability</p> <p>The audit identified the absence of an overarching ALN governance framework within the Health Board. While statutory duties are understood and individual processes are in place, there is currently no single governance document clearly defining roles, responsibilities, escalation routes, and mechanisms for providing assurance to the Board that statutory obligations under the ALN Act are being met consistently. This was recognised as limiting the Health Board’s ability to demonstrate clear oversight of ALN activity across services.</p> <p>Objective 2 Training, Workforce Awareness and Capability</p> <p>It was noted that ALN-related training is delivered but not consistently recorded or monitored across services. As a result, the organisation is unable to demonstrate assurance that staff are appropriately trained in relation to their responsibilities under the ALN Act. There was also inconsistency in understanding and expectations of the ALN “champion” role across services, with a lack of clarity regarding purpose, responsibility and accountability. The importance of embedding ALN awareness into routine workforce processes, including appraisal and training needs analysis, was emphasised.</p> <p>Objective 3 Multi-Agency Working</p> <p>The audit highlighted variable Health Board attendance and engagement at the Regional ALN Strategic Group (RASG), resulting in reduced influence and occasional meetings being inquorate. It was recognised that more effective engagement at this forum is essential to support system-wide planning, particularly in relation to changes in education provision (e.g. expansion of special schools and resource bases) and the downstream impact on health services. The need for clearer strategic alignment between Health, Education and Regional Partnership Board arrangements was noted.</p> <p>Objective 4 ALN related Activity</p>	

The audit concluded that the Health Board is currently unable to fully quantify future ALN demand and associated resource requirements. While statutory activity such as Section 20 and Section 65 requests and attendance at Person Centred Planning meetings continues to increase, this has not yet been translated into a comprehensive demand and capacity assessment across all services. It was noted that increasing demand, combined with evolving legislation and operational expectations, presents a growing risk to sustainability without improved system-wide planning.

Objective 5 Compliance Recording, Monitoring and Assurance

Variable use and interpretation of ALN “nudge” reports and inconsistent engagement with Statutory Duty Monitoring (SDM) meetings were identified. Although work is ongoing to develop PARIS dashboards and KPIs at an all-Wales level, the absence of consistent, timely compliance data currently limits the Health Board’s ability to monitor performance and intervene early where statutory timescales are at risk. Strengthening routine monitoring arrangements and standardising reporting was highlighted as a priority.

Objective 6 Complaints & Appeals

No actions required.

Objective 7 Organisational Ownership

Attendance at the ALN Implementation Group (ALNIG) was noted as inconsistent, with a number of services not regularly represented. This was recognised as a risk to shared ownership and collective accountability for ALN compliance. The audit emphasised the role of senior leaders in reinforcing expectations, addressing persistent non-attendance, and embedding ALN responsibilities into routine operational management.

The meeting acknowledged that the findings reflect system pressures rather than isolated failures and align with known challenges across Wales. Members highlighted the importance of strengthening governance, improving visibility of demand and capacity, and ensuring workforce confidence and capability in order to maintain safe, timely and person-centred ALN processes. The development of a clear governance framework was supported as a key step in improving assurance and oversight.

The CWQSE resolved:

- a) **DECLO** to develop and implement an overarching ALN Governance Policy/Written Control Document, including defined roles, escalation routes and assurance mechanisms.
- b) **All Services** to complete ALN demand and capacity assessments to inform future workforce and service planning.
- c) **DECLO / PARIS Team** to progress development of standardised ALN KPIs and monthly compliance dashboards.
- d) **Service Leads** to strengthen attendance and engagement at ALNIG and RASG to support improved multi-agency working.
- e) **DECLO** to present the audit findings and action plan to Children, Young People & Family Health Services CMT for oversight and assurance.

<p>CWQSE/ 2026/037</p>	<p>SBAR – Impact of Waiting Times on Transition for Young People 17-21years</p> <p>A detailed risk assessment was shared relating to the proposal to introduce Band 4 Assistant Practitioners within Community Children’s Nursing Services (CCNS), including delegation of medication administration via gastrostomy, NG and similar enteral routes.</p> <p>It was noted that this proposal forms part of the CCNS workforce redesign and sustainability plan, aimed at addressing increasing demand, statutory pressures linked to Continuing Health Care (CHC), and challenges in maintaining a safe and resilient service model using registered staff alone.</p> <p>The clinical risk associated with delegation of medicines administration was acknowledged, particularly given that approximately 80% of children supported by CCNS require enteral medication as part of routine care. The initial risk score was recorded as 12 (moderate) prior to mitigation.</p> <p>The group was assured that a comprehensive set of controls and safeguards had been developed and embedded into the model. The risk assessment was accepted, and the delegation model supported, subject to continued monitoring via existing governance structures.</p> <p>The CWQSE resolved:</p> <ul style="list-style-type: none"> a) The update was noted for information. b) Further detailed discussion to be held at Directorate Performance Review meeting with the Clinical Board 	
<p>CWQSE/ 2026/038</p>	<p>NRI’s/PSLR’s for noting/exception reporting</p> <ul style="list-style-type: none"> • Final PSLR & Improvement Plan – LD (IN85546) • Final PSLR & Improvement Plan – CR (IN87558) <p>Both reports have been discussed and approved through the formal NRI process and actions are being progressed through local governance processes. There were no specific exceptions to note for this meeting, the reports were shared for information and noting.</p> <p>The CWQSE resolved:</p> <ul style="list-style-type: none"> a) Updates noted 	
<p>CWQSE/ 2026/039</p>	<p>Infection Prevention Control Update Report</p> <p>SJ provided a detailed Infection Prevention & Control update for the Children & Women’s Clinical Board, including performance against Welsh Government reduction expectations, themes emerging from infection data, assurance processes and current areas of concern.</p> <p>Reduction Expectations and Surveillance Data</p> <p>It was reported that, for the current financial year, the Clinical Board has not met any of the Welsh Government reduction expectations. Organism-specific updates were discussed in detail:</p> <ul style="list-style-type: none"> • C. diff: One additional case was allocated in March, bringing the total to 24 cases for the financial year, representing a 33% increase compared to the previous year. It was clarified that an initially reported case had been excluded following 	

review, as the patient was under two years of age and should not have been tested.

Of the total cases:

- The majority were allocated to Rainbow Ward, with smaller numbers on Owl and Ireland wards.
 - A key concern was the high level of recurrence, with several children experiencing multiple episodes over the financial year, including one child with four episodes.
 - Reassurance was provided that no transmission events had been identified, with all samples typed and no evidence of ward-based spread.
 - Ongoing improvement work was noted, including meetings focused on recurrence, sampling criteria, environmental cleaning and bed space management. A further multidisciplinary meeting had been scheduled to continue this work.
- **MRSA:**
Two reported bacteraemias related to a single neonatal patient, known to be MRSA positive on transfer from another hospital. No local system failings were identified.
 - **MSSA:**
Five cases were reported for the year, representing a 29% reduction compared to the previous year. However, four of the five cases were intravascular device related, highlighting ANTT compliance and device care as key learning themes.
 - **E. coli:** Nine cases reported (29% increase year on year), predominantly affecting NICU. No cases have occurred since January.
 - **Pseudomonas:** Two cases reported (50% reduction).
 - **Klebsiella:** Six cases reported, a 100% increase compared to the previous year, largely linked to gut translocation in neonates.

Root Cause Analysis (RCA) Assurance

The overall RCA return rate had improved to 82%, representing a significant improvement in assurance and learning capture. Seven RCAs remained outstanding, primarily concentrated within Child Health Directorates. The importance of copying the central governance function to support tracking was reinforced.

Audit, Compliance and Training

Environmental audit data demonstrated variable performance, with challenges noted around:

- CRO screening compliance, reported at approximately 30%, described as a Health Board-wide issue rather than isolated to Children & Women's services.
- Ongoing difficulties in ensuring screening is completed consistently, particularly where admission pathways are complex or urgent.

ANTT compliance within nursing teams was described as improving; however, concerns were raised regarding limited visibility of ANTT training and assurance for medical staff and wider MDT groups, particularly within maternity and gynaecology services.

	<p>Operational Updates and Emerging Risks</p> <ul style="list-style-type: none"> • Norovirus: Active outbreaks across the wider Health Board were noted, with reassurance that no wards within the Children & Women’s Clinical Board were currently affected. • HPV Decontamination Room: An update was given on the development of a dedicated HPV decontamination facility, expected to open shortly. This would support more efficient and standardised equipment decontamination, particularly benefiting NICU and areas with high turnover of specialist equipment. • Measles (travel-related case): One confirmed case had been reported earlier in the year, with no onward transmission. This prompted renewed emphasis on FFP3 mask availability and fit-testing, particularly given broader risks such as TB, chickenpox and respiratory viral illnesses. <p>The group acknowledged the complexity of the infection profile and the national challenges associated with C. diff and antimicrobial resistance. Members welcomed reassurance regarding the absence of transmission events but noted that the recurrence pattern and device-related infections require sustained focus on fundamentals of care, training and compliance monitoring.</p> <p>The need for improved MDT-wide assurance for ANTT and CRO screening, rather than reliance on nursing compliance alone, was emphasised.</p> <p>The CWQSE resolved:</p> <ol style="list-style-type: none"> a) IPC Team to share learning from C. diff recurrence reviews and outcomes with the Clinical Board once available. b) All Directorates to strengthen oversight of MDT ANTT training compliance, including medical staff, and report progress via AMAT. c) Directorate Leads to reinforce CRO screening requirements locally and support improved compliance. d) Directorates to ensure adequate FFP3 stock and fit-testing compliance, with local assurance maintained. 	<p>IP&C</p> <p>DMT’s</p> <p>DMT’s</p> <p>DMT’s</p>
<p>CWQSE/ 2026/040</p>	<p>Safeguarding/Mental Capacity Act (MCA)</p> <p>No specific updates to note for this meeting.</p> <p>The CWQSE resolved:</p> <ol style="list-style-type: none"> a) Update noted. 	
<p>CWQSE/ 2026/041</p>	<p>Patient Safety Alerts (internal/external)/Welsh Health Circulars</p> <ul style="list-style-type: none"> • Safety Memo – Phosphate Polyfusor Shortage • Safety Memo - Co-trimoxazole oral suspension shortage • Safety Memo - Fondaparinux defect • MHRA Safety Roundup – February 2026 <p>These alerts have been circulated for onward sharing and action as necessary. There were no specific exceptions to note.</p> <p>The CWQSE resolved:</p> <ol style="list-style-type: none"> a) Alerts noted. b) Directorates to ensure local dissemination and compliance. 	<p>DMT’s</p>

<p>CWQSE/ 2026/042</p>	<p>Clinical Audit</p> <p>Overdue Guidance Summary Update The update was noted. The group were asked to review all outstanding guidance and provide update to the Clinical Audit team on position against compliance.</p> <p>The CWQSE resolved: a) Update noted.</p>	
<p>CWQSE/ 2026/043</p>	<p>Medicines Safety Executive Update No specific update to note for this meeting.</p>	
<p>TIMELY CARE</p>		
<p>CWQSE/ 2026/044</p>	<p>Directorate concerns & assurance update Discussed as part of the directorate reports.</p> <p>Positive feedback trends were acknowledged alongside the increasing complexity and volume of concerns.</p> <p>The CWQSE resolved: a) Update noted.</p>	
<p>CWQSE/ 2026/045</p>	<p>Patient Feedback The Latest CIVICA Summary Report Children and Women's report was shared for information.</p> <p>The CWQSE resolved: a) Update noted.</p>	
<p>ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE</p>		
<p>ANY OTHER BUSINESS</p>		
<p>CWQSE/ 2026/046</p>	<p>CCNS Workforce Redesign A risk assessment has been shared alongside the papers as part of the CCNS workforce redesign, which aims to support service sustainability and ensure compliance with statutory continuing healthcare requirements.</p> <p>The proposal includes introducing Band 4 assistant practitioners, with a key element being delegated administration of medication via gastrostomy, NG and similar routes, which applies to around 80% of the children supported by the service. While the risks associated with delegation are acknowledged, a range of controls are in place, including adherence to the All Wales Assistant Practitioner Governance Framework, mandatory completion of the UHB medicines administration education programme, and formal assessment of competence by the Practice Education Team. Ongoing supervision, audit, recorded task delegation on PARIS in line with the NMC Code and HEIW guidance, and an agreed SOP provide further assurance. With these controls, the risk score reduces from 12 to 8.</p> <p>The team is keen to progress this work and continues to consider how assistant practitioners would transition to an associate practitioner role as this model is</p>	

	<p>adopted in Wales.</p> <p>Any comments to be provided outside of the meeting.</p> <p>The CWQSE resolved:</p> <p>a) Update noted.</p>	
CWQSE/ 2026/047	<p>Date and Time of Next Meeting</p> <p>Tuesday 28th April 2026, 8.30am, Microsoft Teams.</p>	ALL to note