

WHSSC Joint Committee
19 September 2023
Agenda Item 4.8.5

Reporting Committee	Quality Patient Safety Committee (QPSC)
Chaired by	Kate Eden
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	16 August 2023
Summary of key matters considered by the Committee and any related decisions made	
<ul style="list-style-type: none"> • WHEELCAIR SERVICES DEEP DIVE PRESENTATION AND PATIENT STORY <p>A presentation outlining the functions of the Posture and Mobility service and the services it provides for children, young people and adults who require long term wheelchair use was received. Members noted the actions in place to reduce the current waiting times of over 52 weeks to zero by December 2023. The increased waiting times were a direct result of the COVID Pandemic and the backlog created due to the service being closed during that period.</p> <p>Members received an informative patient story about a young girl, Ellen, who presented to the service initially with extremely complex issues and no experience of independent movement having never rolled, crawled or operated a wheelchair by herself. Despite this, Ellen was insistent on trying a powered wheelchair to gain more independence in her everyday life. Members noted the challenges Ellen faced due to her presentation, posture and dyskinesia and how the services used innovative thinking to overcome the issues by adapting a wheelchair to suit her posture and using the Drive Deck Platform to assess the best way she could drive it independently.</p> <p>The presentation;</p> <ul style="list-style-type: none"> • Explored Referral to Treatment Time (RTT) between 2019/2022 and 2022/2023 and the first quarter of 2023/2024; and • Explained the actions that were being taken to help reduce waiting lists. <p>QPSC noted;</p> <ul style="list-style-type: none"> • The Welsh Government RTT performance measures, • Trajectories for 2023/2023, • Key Performance Indicators; and • Quality standards. <p>The challenges and achievements across the three centres were highlighted.</p>	



2.0 WELSH KIDNEY NETWORK (WKN) PRESENTATION

Members received a presentation outlining the impact of kidney disease and treatment options for patients with advanced kidney failure. Members noted the significant commitment required for patients undergoing Haemodialysis in the Dialysis Unit and the work that the WKN had undertaken to increase the uptake of home therapy using value based healthcare to improve access for patients as well as employing welfare benefits officers to assist patients in navigating the benefits system to access available financial assistance.

Members also noted the main role of the WKN as the commissioner for all adult kidney specialised services in Wales. The presentation explained the structure and role of WKN and highlighted the current commissioning responsibilities as;

- Haemodialysis (HD),
- Home HD,
- Peritoneal dialysis,
- Transplantation,
- Vascular access

3.0 WELSH KIDNEY NETWORK REPORT

Members received a report outlining the current Quality and Patient Safety issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales.

Members noted that the risk register for the WKN had been reviewed and discussed in the WKN QPS meeting on 5 July 2023 and WKN Board meeting on 3 August 2023. There were 11 items on the current WKN risk register. One risk related the pressure on the Transplant Follow up Service had been closed.

Members noted that the Network Manager post would be advertised shortly which should decrease the current staffing risk and the updates to the limited outpatient dialysis capacity risk in Swansea which should be resolved once the new units open.

The Patient Story attached as an appendix to the report provided an account of a renal patients experience with the services following two failed transplants and how the team supported them to carry out self-care dialysis at home despite initial anxieties.

4.0 COMMISSIONING TEAM AND NETWORK UPDATES

Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a



summary of the services in escalation is attached to this report. The key points for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.

- **Cancer & Blood**

The main issue to note was the improved traction on the performance issues within the All Wales Lymphoma Panel service. The Escalation meetings continue to monitor progress against the action plan. It is anticipated that during the next escalation meeting in September 2023 there will be a recommendation to reduce the level of escalation due to the good work being undertaken.

North Wales Plastic Surgery service remains an area of concern and WHSSC continue to work with the Welsh Government escalation arrangements. WHSSC continue to attend the Task and Finish Group as an advisor and members noted that the Harm review is progressing. Members noted that as part of the harm review patients had been categorised and prioritised and those categorised as urgent have already been seen.

South Wales Plastic Surgery - It was noted that Plastic Surgery waiting times continue to breach maximum waiting times for treatment at Swansea Bay UHB and this remained a concern for WHSSC. The service remains in escalation Level 2 with a delivery plan in place.

- **Neurosciences**

Members noted that two new risks scoring above 15, both relating to Deep Brain Stimulation commissioned from North Bristol NHS Trust, had been added since the last report. A progress meeting has been scheduled for 21 September 2023 and a further update will be provided at the next QPSC meeting.

- **Cardiac**

Members noted the updates against the two services which currently remained in escalation level 2; Cardiff and Vale UHB (CVUHB) Cardiac Surgery Service;

- The planned repatriation of Cardiothoracic Surgery to UHW, initially scheduled for September 2023, is likely to be delayed and the actions that had been paused pending the relocation have been discussed with the HB at the July Cardiac Service Risk, Recovery and Assurance meeting.
- A formal escalation review is scheduled to take place in October 2023 when the outstanding actions will be discussed.

Swansea Bay UHB (SBUHB) Cardiac Surgery Service;

- Escalation monitoring continues to take place via bi-monthly meetings,
- SBUHB continue to make excellent progress against the action plan and the team will be considering the potential for further de-escalation at the next meeting in October 2023 subject to the National Adult Cardiac Surgery Audit Report (NACSA 2023).



- **Women & Children**

Members noted the five service areas with risks scoring 15 and above;

- Paediatric Intensive Care,
 - Paediatric Surgery,
 - Neonatal,
 - Paediatric Cardiac Surgery; and
 - Wales Fertility Institute (WFI) – IVF.
- Mitigating actions are in place for each of the services with Paediatric Surgery, Paediatric Intensive Care and the Wales Fertility Institute all being managed through the WHSSC escalation process.

- **Fertility Service South Wales**

Members noted that a number of concerns had been raised following a relicensing inspection by the Human Fertilisation and Embryology Authority (HFEA) of the Women's Fertility Institute (WFI) in Neath Port Talbot Hospital, which was undertaken in January 2023. The first escalation meeting is due to be scheduled and further feedback will be shared subsequently.

- **Paediatric Surgery**

The service remains in Escalation Level 3 and the Risk remains on the CRAF. Members noted the issues in relation to the waiting list and the actions in place to improve the situation. It was noted that CVUHB have provided assurance that they will meet the contract volumes by December 2023 and they have provided a revised demand and capacity plan and waiting times trajectory and this is being monitored on a weekly basis. Members expressed their continued concern in relation to Paediatric Surgery waiting times and requested further assurance.

Overall waiting times have decreased to meet the Ministerial waiting time of 104 weeks. However, because this relates to children WHSSC have requested further significant reduction to 52 weeks over the next year. Outsourcing arrangements to NHS England and the private sector will remain in place to support this.

- **Paediatric Intensive Care Unit (PICU)**

The Paediatric Intensive Care service remains in escalation Level 2 due to concerns regarding capacity, staffing levels, quality and contract monitoring. In line with the WHSSC Escalation Framework clear objectives have been set for improvement and an action plan was received on 1 June 2023. Further investigations into pressure damage sustained on the unit are on-going. WHSSC have written to CVUHB requesting further assurance regarding the concerns raised into the pressure damage incidents. A response from the Executive Nurse Director (END) has been received advising that the Executive team in CVUHB had been sighted on the full report which is due to be presented to the HB Quality, Patient, Safety and Experience (QPSE) Committee on 26 September 2023. The full assurance report with relevant actions will then be shared with WHSSC and submitted to WHSSC QPSC in October 2023.

Health Inspectorate Wales has written to the Chief Executive Officer (CEO) of CVUHB after a whistle blowing letter outlining concerns relating to the Paediatric Critical Care Unit (PICCU). Members noted the response provided by the Executive Director of Nursing confirming that detailed analysis was being undertaken and highlighting the significant pressures the services are currently experiencing. Once that analysis has been completed the results will be shared with QPSC.

- **Mental Health & Vulnerable Groups**

Members noted that there was currently only one Mental Health service in escalation. Ty Llidiard has been de-escalated to Level 2 and FACTS has been de-escalated completely. Ty Llidiard in particular had made excellent progress over the last 12 months.

The committee received an update regarding the rise in Eating Disorder (ED) adult placements, many of them being placed out of area. A review with the Clinical Gate Keepers is taking place to understand the rationale for the significant increase over the last six months. A Deep Dive into ED services will be brought back to QPS for further discussion.

WHSSC continue to participate in the Children and Young People's Gender Identity Service transformation programme and NHS England (NHSE) have prepared letters to issue jointly from NHSE and NHS Wales to all those on the waiting list relevant by age. These will be available bilingually.

Members noted that the First Minister made a visit to the Mother and Baby Unit in Tonna in July which received positive feedback.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

Members noted the improved position concerning the risk related to sustainability and delivery of the IF service in CVUHB due to workforce issues. The HB remain committed to providing this services.

4.0 OTHER REPORTS RECEIVED

Members received reports on the following:

Services in Escalation Summary

Members noted the content of the report and the new format template. The new format of the report aims to provide an escalation trajectory to capture both the historical picture and movement within the escalation level. Members noted the three services in escalation level 3 and above and the updates:

- Ty Llidiard had been lowered to escalation level 2 in July 2023,
- Paediatric Surgery C&VUHB remains in escalation level 3 since March 2023,
- Wales Fertility Institute (WFI) – IVF has been escalated to Level 3.

Members provided very positive comments on the report and found it very helpful providing an overall snapshot with the narrative for the detail. A copy of each of the services in escalation is attached to the report at **Appendix 1**

4.2 CRAF Risk Assurance Framework

Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red.

4.3 Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update

A briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period June to July 2023 was presented to the committee.

4.4 Incident and Concerns Report

Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance. Members noted the 8 new incidents that had been reported since the last update and the actions taken in line with the governance process within the relevant HBs.

An in-depth review of the women and children's incidents was included. Members noted the additional detail following the Deep Dive into Women and Children's services outlined within the report, as requested by members during the last QPSC meeting for further assurance. No themes or issues were identified.

A public report has been issued from the Ombudsman looking at how complaints are handled and the recommendations will be considered at the QPSC Development Day to ensure it ties into the Duty of Candour and Quality going forward.

Members noted the content of the report.

4.5 Report from the WHSSC Policy Group

A report outlining the summary of activity of the Policy Group was received and members noted the 40 policies currently in development across the services. The Policy Group also reports this to Management Group for further assurance.

4.6 Quarterly Newsletter

The WHSSC Quarterly Newsletter in Welsh and English versions was received and members noted the work outlined within the paper. The newsletters are attached as **Appendix 2**.

4.0 ITEMS FOR INFORMATION:

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 18 July 2023,



- Welsh Health Circulars on Research Matters and Withdrawal of WHC Annual Quality Standards,
- QPSC Distribution List; and
- QPSC Forward Work Plan.

Key risks and issues/matters of concern and any mitigating actions

Key risks are highlighted in the narrative above. Members continued to express their concern over Paediatric Surgery waiting times and requested more information in relation to the waiting times trajectories. Further assurance was requested on pressure sores in CVUHB Paediatric Intensive Care Unit.

Members also wanted to highlight the inspiring patient story received and the comprehensive update received on the work of ALAC. In addition a very informative presentation from the WKN was provided.

Carolyn Donoghue new Independent Member (IM) for WHSSC has been appointed as the new WHSSC QPSC Chair.

Summary of services in Escalation

- Attached (**Appendix 1**)

Matters requiring Committee level consideration and/or approval

- Quality Newsletter English and Welsh (**Appendix 2 & 3**)

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting

24 October 2023 at 10.00hrs

Executive Director Lead: Nicola Johnson
Commissioning Lead: Luke Archard
Commissioning Team: Cancer and Blood

**Date of Escalation Meetings: 27/09/22,
01/12/2022, 03/03/2023, 03/05/2023**
**Date Last Reviewed by Quality & Patient Safety
Committee: 14/06/2023**

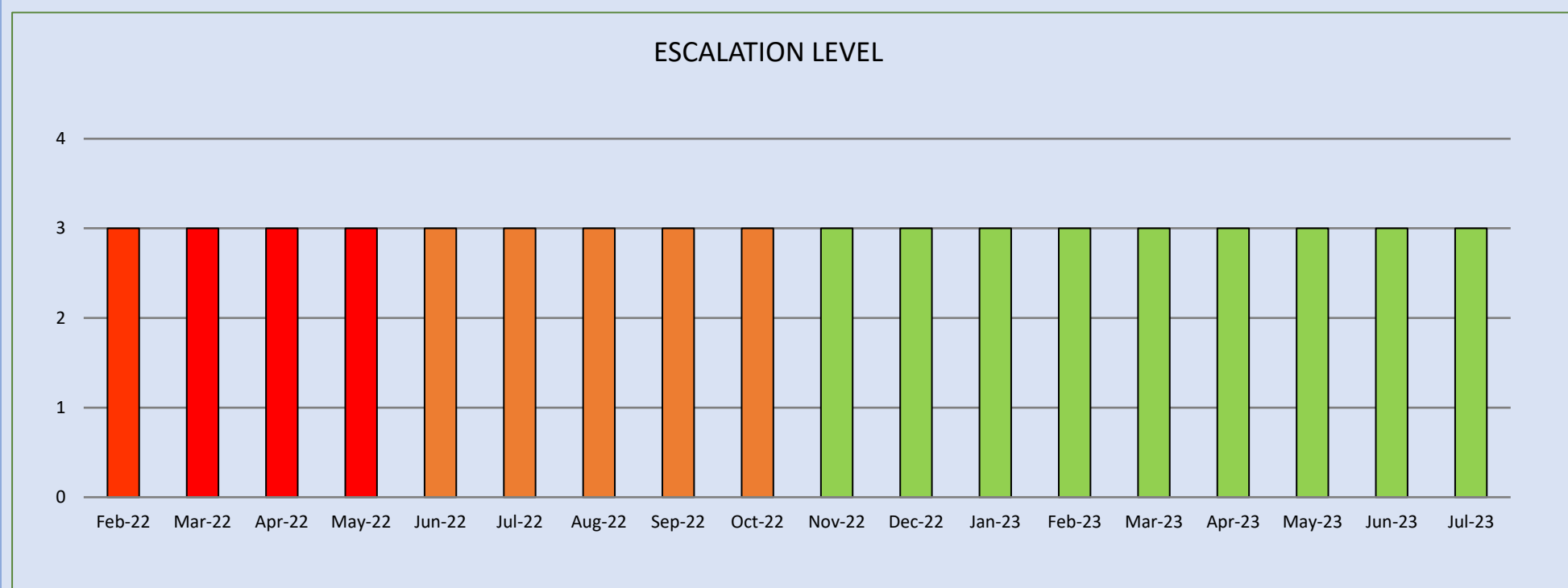
Service in Escalation: Burns

**Current
Escalation Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ July 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
November 2021 – South West Burns Network escalation	4
February 2022 – WHSSC escalation	3
August 2022 – WHSSC escalation	3
September 2022 – WHSSC escalation	3
December 2022 – WHSSC escalation	3

Rationale for Escalation Status :

Remains at level 3.

The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.

The capital case may be delayed to the initial intended timeline as the case goes through the scrutiny process.

Background Information:

At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model.

Actions:

Action	Lead	Action Due Date	Completion Date
To escalate and liaise with SBUHB at CEO and MD level with regard to the immediate actions needed to provide continued access to burns care for patients in Wales and the Network.	MD/ CEO		Completed
To work with NHS England south west commissioners and the SWW Burns Network to support clear pathways and ensure continued access to burns care for patients in Wales and the Network.	MD/Exec Lead WHSSC		Completed

	To monitor the SBUHB action plan through formal escalation meetings.	MD/ Exec Lead WHSSC		Ongoing
	The peer review report was received by WHSSC and discussed at the Burns Network meeting on the 16 th December 21. The interim mitigations are still in place at present.	Senior Planner		Completed
	SBUHB are to provide a plan based on the recent peer review by the end of January 22.	Senior Planner		Completed
	A series of monitoring meetings are being put in place and LA to ask SBUHB if they are confident as to whether 2 beds meets their requirements. The unit has reopened with reduced capacity, i.e. 2 ITU beds instead of 3. Full capacity will return in the longer term. WHSSC has responsibility for monitoring implementation rather than the burns network. It was agreed that the risk score could be reduced to 9 (3 x 3) and considered for further reduction when assurance as to whether the service considered the reduced capacity to be sufficient for their needs.	Senior Planner WHSSC/ Service Manager SBUHB		Completed
	Interim arrangements to sustain burns service are in place while the business case is developed to collocate burns intensive care with the general intensive care unit. Interim arrangements appear to have taken effect. Risk may be reduced once escalation meetings can be confirmed.	Senior Manager/ Senior Planner WHSSC	Ongoing	
	WHSSC to look at the business continuity plan in the event of potential loss of staff.	Senior Planner WHSSC	Ongoing	
	Since the last escalation meeting, there has been a degree of delay relating to the process of Welsh Government scrutiny of the case which went to their Investment in Infrastructure Board on 22 nd June; it had been hoped that the works would commence in May. There may, therefore, be a 2 month or so departure from original timelines. At the SLA with Swansea on 5 th June, it was confirmed that this message had been conveyed to the staff supporting the interim rota arrangements (one of the concerns has been to ensure the resilience of this rota which in turn is felt to depend in part on there being demonstrable progress with the business case so they can see the finish line).	Senior Team SBUHB/ Senior Planner WHSSC	Ongoing	
Issues/Risks: <ul style="list-style-type: none"> July 2023 The Welsh Government Infrastructure Investment Board considered the burns case on June 22 2023 the outcome is not confirmed as yet. There may be delay to the initial intended timeline as the case goes through the scrutiny process. Once the outcome of the WG process is known, the timeline can be confirmed. 				

Executive Director Lead: David Roberts
Commissioning Lead: Emma King
Commissioning Team: Mental Health & Vulnerable Groups

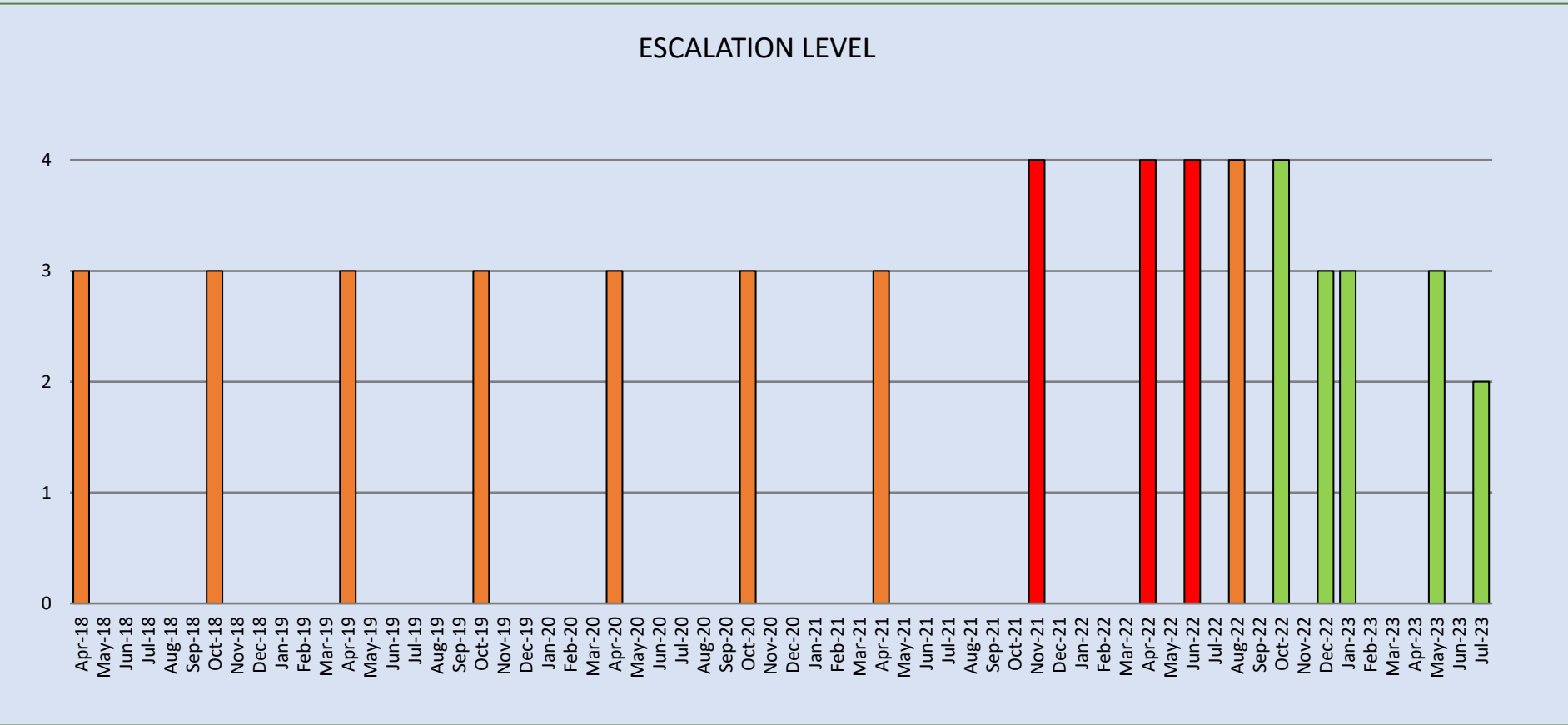
Date of Escalation Meetings: 12/07/21, 10/08/21, 14/09/21, 12/10/21, 09/11/21, 14/12/21, 11/01/22, 08/02/22, 08/03/22, 12/04/22, 03/05/22, 14/06/22, 20/07/22, 09/08/22, 13/09/22, 14/10/22, 05/12/22, 10/01/23, 12/06/23
Date Last Reviewed by Quality & Patient Safety Committee: 14/06/2023

Service in Escalation: Ty Lliardiard

Current
Escalation
Level 2

Escalation Trend Level		
Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ July 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
Mar 2018 – WHSSC escalation	3
Sept 2020 - WHSSC escalation	3
Nov 2021 - WHSSC escalation	Escalation level increased to level 4
December 2022 - WHSSC escalation	De-escalated to level 3
July 2023 - WHSSC escalation	De-escalated to level 2

Rationale for Escalation Status :
De-escalated to level 2.

Background Information: March 2018 - Unexpected Patient death and frequent SUI’s revealed patient safety concerns due to environmental shortfalls and poor governance. September 2020 - SUI reported to Welsh Government. September 2022 - Recruitment plan underway with all vacancies out to advert; interview dates arranged. December 2022 - This service has been de-escalated to Level 3 as agreed by CDGB on 14th December. July 2023 – The Service has been de-escalated to Level 2 in June 2023	Actions: <table><thead><tr><th>Action</th><th>Lead</th><th>Action Due Date</th><th>Completion Date</th></tr></thead><tbody><tr><td>Escalation meetings held monthly, however these have been escalated to Executive level discussions following the report on a visit from NCCU into the unit.</td><td>Senior Planner</td><td></td><td>Completed March 22</td></tr><tr><td>Service specification action plan agreed.</td><td>Senior Planner</td><td></td><td>Completed March 22</td></tr><tr><td>Implementation of Medical Emergency Response SOP by CTM took place on 03/05/22.</td><td>Senior Planner</td><td></td><td>Completed May 22</td></tr><tr><td>Recruitment of all staff to be in place.</td><td>Senior Planner / Service Leads</td><td></td><td>Completed</td></tr><tr><td>Estates issues being addressed and meeting to map these and plan a timeline.</td><td>Senior Planner / Service Manager</td><td>Ongoing</td><td></td></tr><tr><td>Executive lead for CTMUHB leading on the current escalation and development plan alongside WHSSC Executive lead with regular updates in between Escalation meetings.</td><td>Senior Planner</td><td>Ongoing</td><td></td></tr><tr><td>NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy.</td><td>Senior Planning Manager</td><td></td><td>Completed</td></tr><tr><td>Reviewed service specification.</td><td>Senior Planning Manager</td><td></td><td>Completed</td></tr><tr><td>Monitor training status of the staff by QAIS.</td><td>Shane Mills</td><td></td><td>Completed</td></tr><tr><td>Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.</td><td>Dr Krishna Menon</td><td></td><td>Completed</td></tr><tr><td>Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.</td><td>Director of Finance</td><td></td><td>Completed</td></tr><tr><td>Action plan developed following QAIS review conducted in March 2022 and managed under escalation process.</td><td>NCCU Director</td><td>March 2023</td><td>Actions outstanding to be completed by Sept 23</td></tr><tr><td>Review of patient referrals admissions refusals and outcomes from March 2022 being undertaken.</td><td>NCCU Director and Team</td><td>April 2023</td><td>Completed June 23</td></tr></tbody></table>	Action	Lead	Action Due Date	Completion Date	Escalation meetings held monthly, however these have been escalated to Executive level discussions following the report on a visit from NCCU into the unit.	Senior Planner		Completed March 22	Service specification action plan agreed.	Senior Planner		Completed March 22	Implementation of Medical Emergency Response SOP by CTM took place on 03/05/22.	Senior Planner		Completed May 22	Recruitment of all staff to be in place.	Senior Planner / Service Leads		Completed	Estates issues being addressed and meeting to map these and plan a timeline.	Senior Planner / Service Manager	Ongoing		Executive lead for CTMUHB leading on the current escalation and development plan alongside WHSSC Executive lead with regular updates in between Escalation meetings.	Senior Planner	Ongoing		NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy.	Senior Planning Manager		Completed	Reviewed service specification.	Senior Planning Manager		Completed	Monitor training status of the staff by QAIS.	Shane Mills		Completed	Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon		Completed	Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Director of Finance		Completed	Action plan developed following QAIS review conducted in March 2022 and managed under escalation process.	NCCU Director	March 2023	Actions outstanding to be completed by Sept 23	Review of patient referrals admissions refusals and outcomes from March 2022 being undertaken.	NCCU Director and Team	April 2023	Completed June 23
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Issues/Risks: This is a significant risk and is captured on WHSSC CRAF ref: MH/21/02 There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high April 22 – Score to remain as it is subject to impact of completed actions June 22 – Risk remains at current level as risk of absconding is still prevalent December 22 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments May 23 - There has been no change to the Ty Llidiard escalation status and no meetings have been held pending a report from NCCU next meeting planned for June 12 th . July 23 – Report received from NCCU and resulted in de-escalation Level 2 in June 2023. 6 Actions outstanding to be completed by September 2023. Further escalation meeting scheduled for 7th August 2023.																																																									

Executive Director Lead: Nicola Johnson
Commissioning Lead: Kimberley Meringolo
Commissioning Team: Women and Children

Date of Escalation Meetings: 26/04/23, 23/05/23,
20/06/2023 & 26/07/23
Date Last Reviewed by Quality & Patient Safety
Committee: 14/06/2023

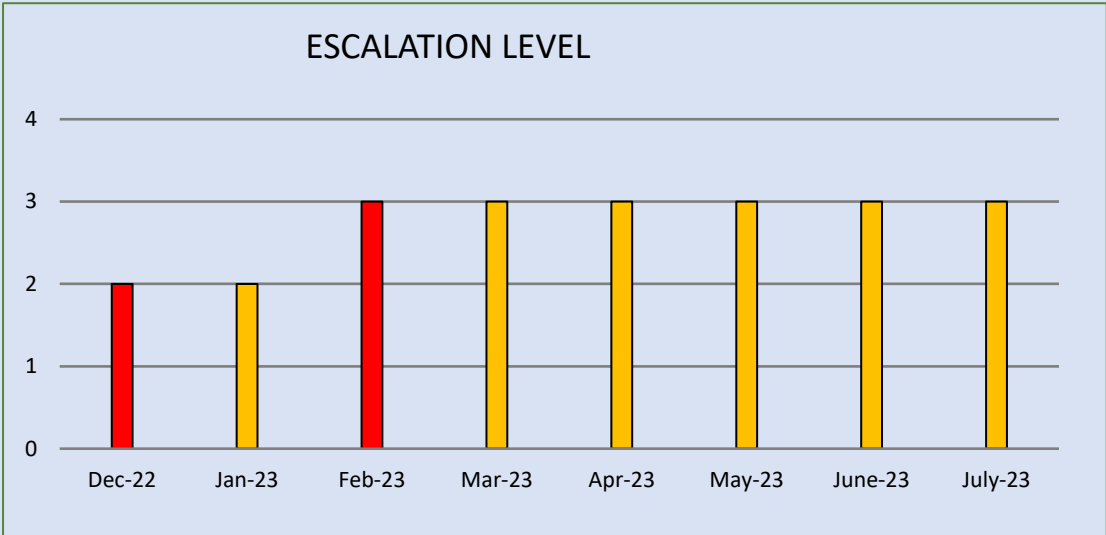
Service in Escalation: Paediatric Surgery

Current
Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ July 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
March 2023 – WHSSC escalation	3

Rationale for Escalation Status :

As a result of the service failing to engage fully with WHSSC regarding the weekly submission of contract delivery and waiting time profiles, it was agreed that the C&VUHB Paediatric Surgery service should be further escalated from Level 1 to Level 3 of the WHSSC Escalation Framework.

Background Information:

There is a risk that Paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.

- Original recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
- The original plan does not deliver contracted volume,
- Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

WHSSC assurance and confidence level in developments:

Medium – Action plan developed and positive progress made in implementing a number of new pilot schemes and securing additional capacity. Service is on-track to meet contracted volumes by December 2023. Reprofiting the waiting times projections is being undertaken by the HB for sharing in August.

Actions:

Action	WHSSC Lead	Action Due Date	Completion Date
Monthly escalation meetings with CVUHB to review progress against the improvement plan.	Senior Planning Manager	Monthly	
Action plan to be monitored through the monthly escalation meetings and when data shows improvement consideration will be given to de-escalation.	Senior Planning Manager	Monthly	
Requested revised trajectories to be issued to WHSSC by the end of June 2023.	Senior Planning Manager	30 June 2023	Completed 20/06/23
Further reprofiling of waiting times being undertaken by the HB in line with meeting contract volumes by December 2023.	Senior Planning Manager	August 2023	

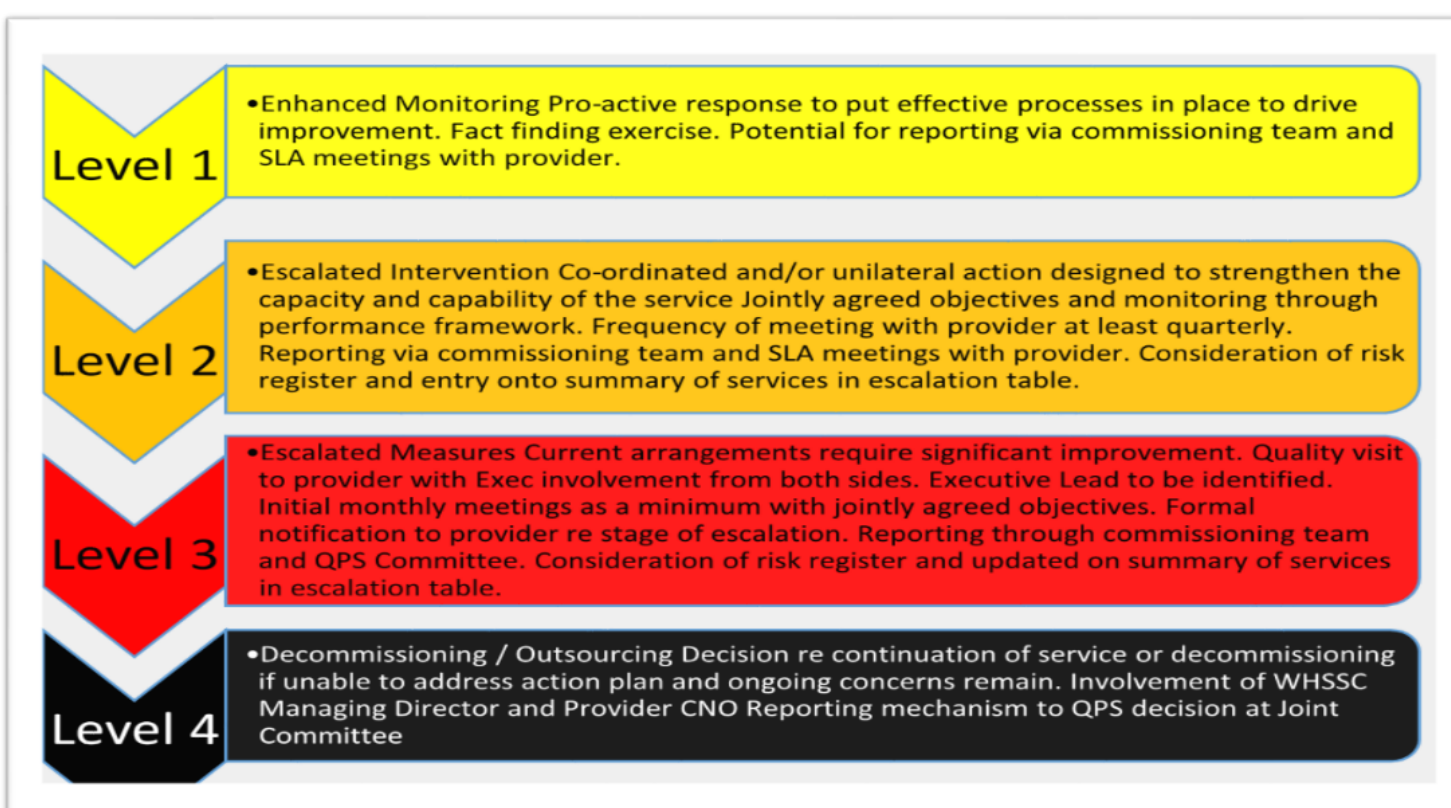
Issues/Risks:

April 2023 – Action plan presented by HB and actions agreed to progress in time for next meeting.
May 2023 – a number of actions within the action plan are in progress, action at meeting to update trajectories in time for the July meeting in order to allow measurement of improvement.

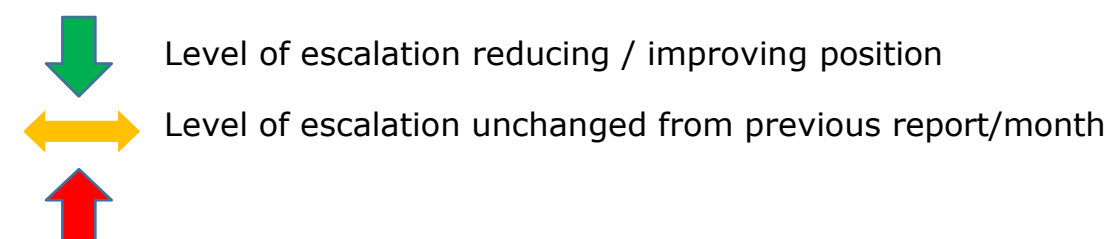
<div>Executive Director Lead: Nicola Johnson</div> <div>Commissioning Lead: Kimberley Meringolo</div> <div>Commissioning Team: Women and Children</div> <div>Date of Escalation Meetings:</div> <div>Date Last Reviewed by Quality & Patient Safety Committee:</div>		<div>Service in Escalation: Wales Fertility Institute</div> <div>Current Escalation Level 3</div>		<div>Escalation Trend Level</div> <table><tr><th>Trend</th><th>Rationale</th><th>Current Trend Level</th></tr><tr><td>↓</td><td>Escalation level lowered</td><td rowspan="3"></td></tr><tr><td>↔</td><td>Escalation remains the same</td></tr><tr><td>↑</td><td>Escalation level escalated</td></tr></table> <div>Escalation History:</div> <table><tr><th>Date</th><th>Escalation Level</th></tr><tr><td>July 2023 – WHSSC escalation</td><td>3</td></tr></table> <div>Rationale for Escalation Status : Concerns from a number of routes with regards to the service including the WHSSC contract monitoring data submission; adherence to WHSSC policies and HFEA performance outcomes below National average.</div>		Trend	Rationale	Current Trend Level	↓	Escalation level lowered		↔	Escalation remains the same	↑	Escalation level escalated	Date	Escalation Level	July 2023 – WHSSC escalation	3								
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<div>Escalation Trajectory:</div> <div><div>ESCALATION LEVEL</div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>4</div><div>3</div><div>2</div><div>1</div><div>0</div><div>Jul-23</div></div>				<div>Background Information:</div> <div>A number of concerns regarding the safety and quality of service had been raised through different routes, including HFEA re-inspection report January 2023, WHSSC quality and assurance meetings and WFI IPFR requests regarding Wales Fertility Institute leading to the escalation of the service.</div>		<div>Actions:</div> <table><tr><th>Action</th><th>Lead</th><th>Action Due Date</th><th>Completion Date</th></tr><tr><td>Initial escalation planning meeting Exec to exec</td><td>Assistant Specialised Planner</td><td>7th August 2023</td><td></td></tr><tr><td>Monthly escalation meeting</td><td>Assistant Specialised Planner</td><td>Monthly</td><td></td></tr><tr><td>Quality visit</td><td>Assistant Specialised Planner</td><td>September 2023</td><td></td></tr><tr><td>SMART Action plan from WFI, action plan has been requested in order that it can be agreed with WHSSC colleagues</td><td>Assistant Specialised Planner/ Service Manager</td><td>7th August 2023</td><td></td></tr></table>		Action	Lead	Action Due Date	Completion Date	Initial escalation planning meeting Exec to exec	Assistant Specialised Planner	7 th August 2023		Monthly escalation meeting	Assistant Specialised Planner	Monthly		Quality visit	Assistant Specialised Planner	September 2023		SMART Action plan from WFI, action plan has been requested in order that it can be agreed with WHSSC colleagues	Assistant Specialised Planner/ Service Manager	7 th August 2023	
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<div>Issues/Risks: There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.</div>																											

Level 1 ENHANCED MONITORING	<p>Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes:</p> <ul style="list-style-type: none"> • No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
Level 2 ESCALATED INTERVENTION	<p>Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include</p> <ul style="list-style-type: none"> • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans <p>A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes:</p> <ul style="list-style-type: none"> • Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. • If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures
Level 3 ESCALATED MEASURES	<p>Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives.</p> <p>Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> • Chair (WHSSC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • WHSSC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust <p>An agreed agenda should be shared prior to the meeting with a request for evidence as necessary.</p> <p>At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.</p>

Level 4 DECOMISSIONING/OUTSOURCING	<p>Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation.</p> <p>The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none"> 1. De-commissioning of the service 2. Outsourcing from an alternative provider. This may be permanent or temporary 3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. <p>Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.</p> <p>At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.</p>
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SERVICES IN ESCALATION



Welsh Health Specialised Services Commissioning NEWSLETTER

4th Edition, Spring/ Summer 2023



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Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee



This is the 4th edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be published on a quarterly basis to supplement reports and data already provided through different forums into Welsh Health Boards.

**This Newsletter is available
in Welsh on request.
Mae'r Cylchlythyr hwn ar
gael yn Gymraeg ar gais.**



This gives an overview of some of the work we are involved with, and presents some of the highlights from a commissioning perspective. The services commissioned from WHSSC are provided both in Wales and in England; this will only provide a snapshot of our work. Permission has been provided for the content included.



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Welsh Health Specialised
Services Committee

Contents

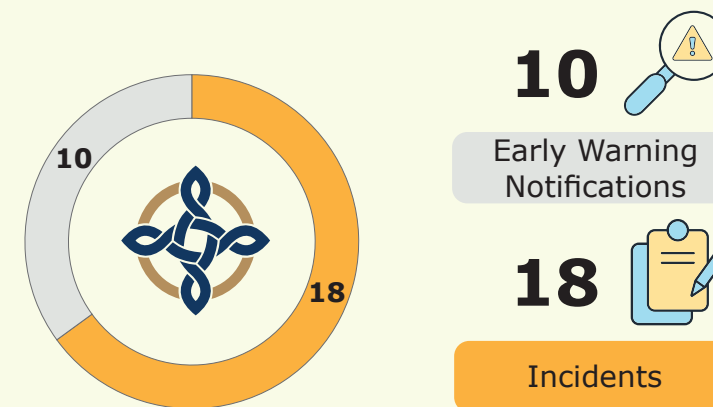
Reporting.....	3
Update from the Patient Care Team IPFR.....	4
Rare Disease Day.....	5
Medical Devices Swansea Bay's Rehabilitation Engineering Unit.....	5
QuicDNA.....	6
Living Donor Transplant.....	7
UK Kidney Conference.....	8
International Nurses Day and International Day of the Midwife.....	9
The Walton Centre.....	9
Duty of Quality.....	10
South Wales Blood and Marrow Transplant Programme.....	11
FAST Stroke Campaign.....	11
Thoracic Education Event.....	12
Patient Care and Quality Team Development Day.....	13
RCN Awards 2023.....	14
Quick Round up of Commissioning Teams.....	15
Recognition of Significant Events and Thank you's.....	16
Useful Links.....	17

Reporting

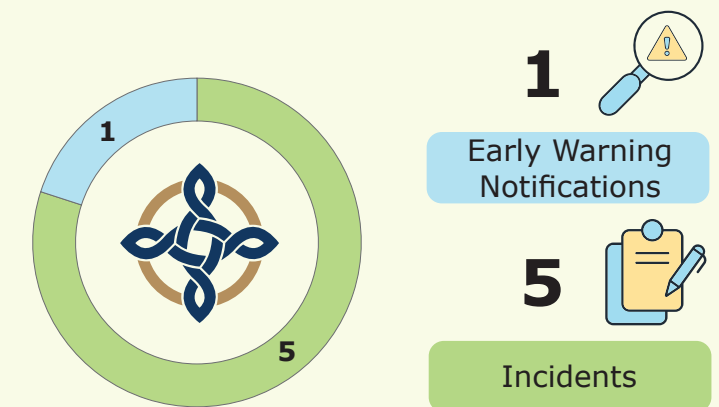
WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and ensure that trends or themes arising from concerns have actions plans which are completed and support learning. WHSSC facilitates the continued monitoring of commissioned services and work with providers when issues arise.



Between the periods of January to June 2023, there were **18** Patient Safety Incidents and **10** Early Warning Notifications logged.



Between the periods of January to June 2023, there were **5** Patient Safety Incidents and **1** Early Warning Notifications logged.



Update from the Patient Care Team IPFR (Individual Patient Funding Request)



The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

An overview of IPFRs processed in Quarter 4 2022-23 and Quarter 1 2023-24:

	Number of Requests discussed as Chairs Actions	Number of Requests discussed by All Wales IPRF Panel
January 2023	7	9
February 2023	2	12
March 2023	1	12
April 2023	0	14
May 2023	8	12
June 2023	7	11



Rare Disease Day - 28th February 2023

On Rare Disease Day, a new App was unveiled by Health and Social Services Minister Eluned Morgan. The Care and Respond app has been developed in Wales by Science & Engineering Applications Ltd, in collaboration with various patient groups and the NHS, with Welsh Government funding to support clinical decision making in cases of emergency and other time critical situations.

The Welsh Government is currently implementing the Wales Rare Diseases Action Plan, and funding the UK's first SWAN (Syndrome Without a Name) Clinic, based at the University Hospital of Wales, in Cardiff.



Click the picture to be taken to the Care and Respond website.



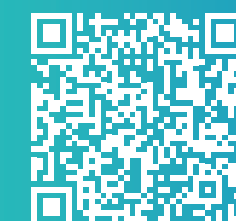
Scan the QR code/ click on it to be taken to the Wales Rare Diseases Action Plan 2022-2026.

Medical Devices Swansea Bay's Rehabilitation Engineering Unit (MPCE)/Artificial Limb and Appliance Service (ALAS)

Swansea Bay's Rehabilitation Engineering Unit (MPCE) recently had an article published in Scope, the member magazine of the Institute of Physics and Engineering in Medicine (IPEM).

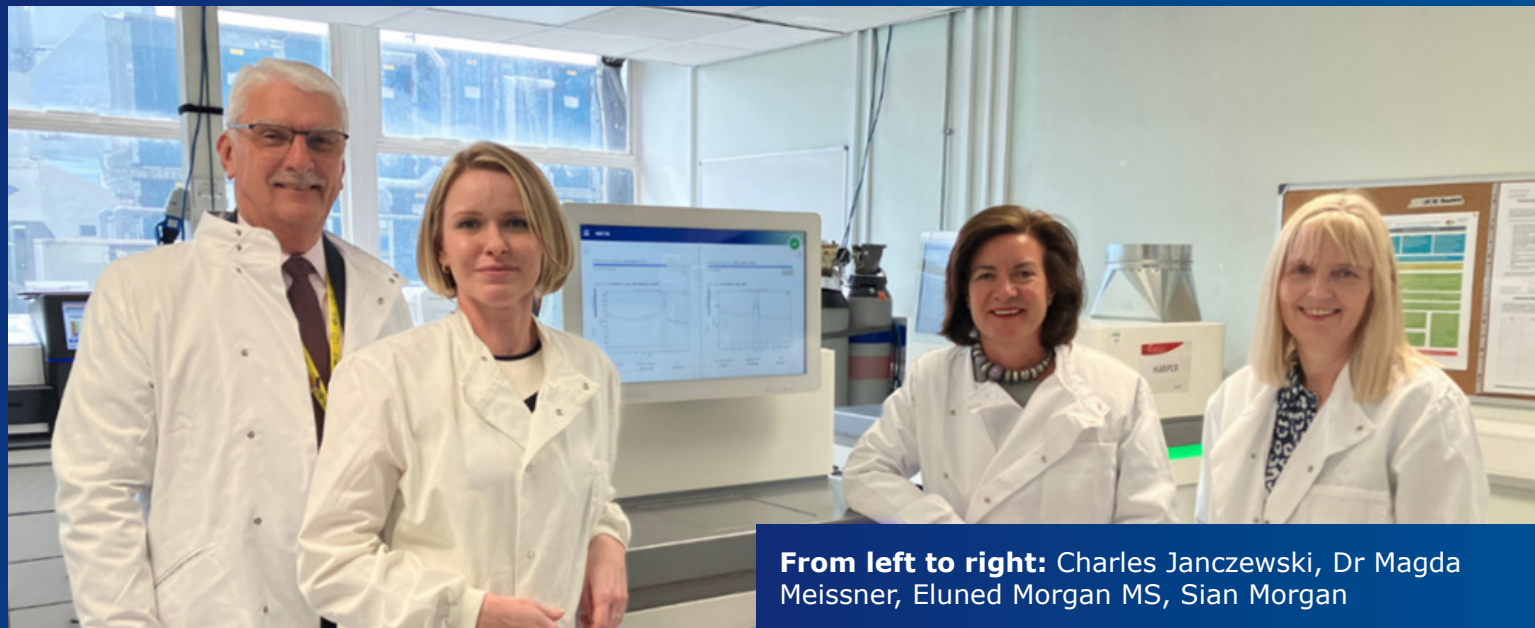
The article reflects the approach in Swansea to achieving Medical Devices Regulations compliance through implementation of quality management systems within individual services (including Swansea's Artificial Limb and Appliance Service), and direction and coordination through the Health Board wide 'MDR Assurance Group'.

The work of the Health Education and Improvement Wales (HEIW) MDR Group is also referenced, plus how Swansea has recently collaborated with BCUHB regarding 'MDR Preparedness' and the benefits of cross-Health Board collaboration (i.e. sharing of specialist knowledge, efficient ways of working, aligned approaches) to reduce the corporate and operational risks, including of commissioned services.



Scan the QR code/ click on it to be taken to the Summer edition of Scope which features this excellent article (page 32)!

QuicDNA



From left to right: Charles Janczewski, Dr Magda Meissner, Eluned Morgan MS, Sian Morgan

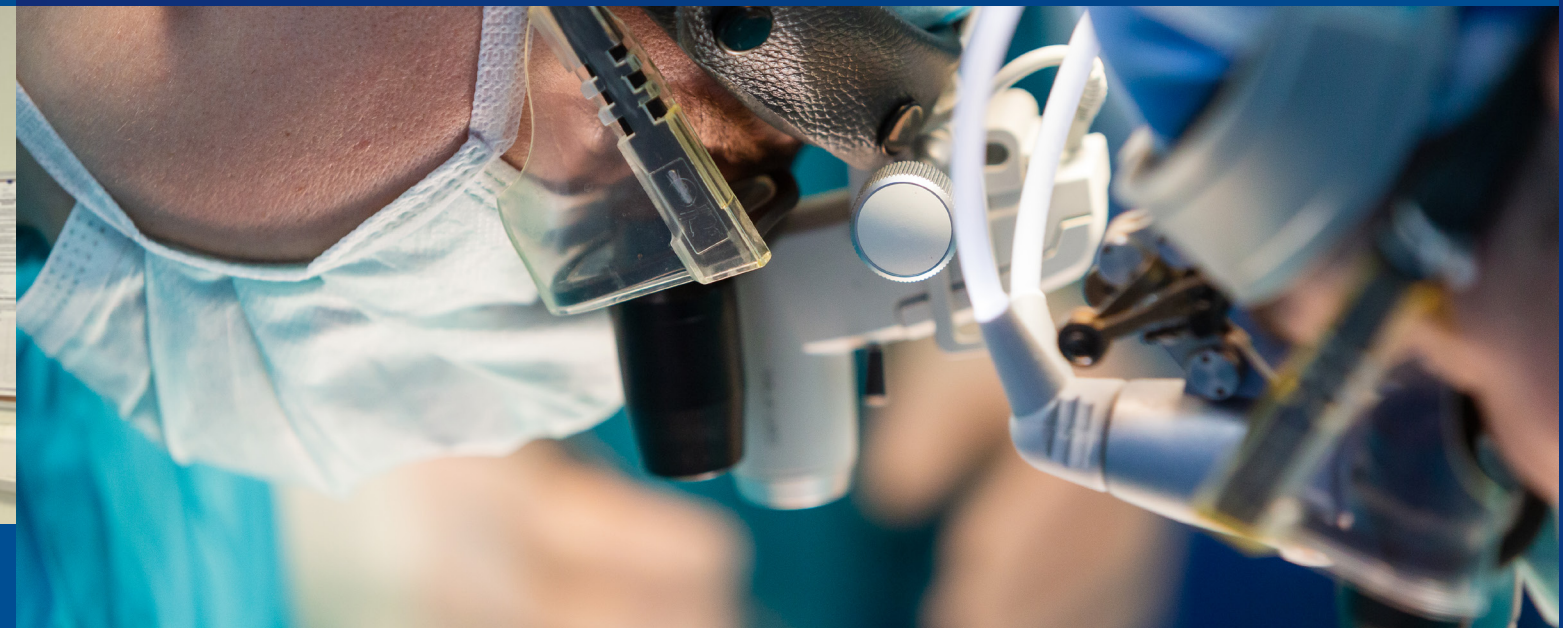
QuicDNA is a clinical trial that will evaluate the benefits of an innovative liquid biopsy test in people with suspected lung cancer. The trial will look at how the use of the liquid biopsy test earlier in the diagnostic process could improve and speed up diagnosis, reduce the time between diagnosis and treatment, and eventually inform how the technology can be used for other types of cancer.

The Minister for Health and Social Services Eluned Morgan MS visited the Institute of Medical Genetics at University Hospital of Wales to learn more about the launch of the QuicDNA clinical trial.

QuicDNA was presented by Sian Morgan at the Thoracic Education Event hosted by Wales Cancer Network on 19th May. In the future, QuicDNA has the potential to provide a simple, accessible and reliable means of investigating suspected cancer, screen asymptomatic cancer patients and less invasive monitoring for cancer recurrence.



Living Donor Transplant



Dr Doruk Elker, Clinical Lead for Transplantation has shared the fantastic success of the Living Kidney Donor (LKD) Transplant Program.

41 living kidney donor transplants were completed in the 2021/22 financial year and is the highest number of living donor transplants the team have done in Cardiff in a decade! In addition, 5 living donor nephrectomies were completed, of which four were non-directed altruistic donors. Two children were transplanted in Bristol after the donor and recipient work-ups were completed in Cardiff. The team are encouraged that this strong activity will continue as there are 14 LKD transplants already booked until mid-July with many more in the planning stages.



“Congratulations to the Live Donor team and the wider transplant team for their dedication and commitment to make this happen for the patients and their families.”

We also thank our Nephrology colleagues for educating CKD patients and their families about the benefits of living kidney donation and referring them in a timely fashion. This is reflected in the latest NHSBT report which demonstrates that Cardiff Transplant Unit has the highest rate of pre-emptive living donor kidney transplants in the UK.”

Dr Elker

An amazing achievement, we are sure you will agree!

UK Kidney Conference



The Welsh Kidney Network were one of the many exhibition stands represented at the UK Kidney Association's 'UK Kidney Week' (UKKW) event which is an annual occurrence and the largest UK Conference event for Kidney Professionals. 2023's event was hosted at the ICC Newport on the 5th-7th June.

This was the first time that this national event had been hosted in Wales and a number of the WKN's clinical leads were able to promote the excellent work going on across our nation, from Transplantation to Home Therapies, Digital infrastructure to Workforce audits. This, alongside the Welsh Minister for Health and Social Care services' Key Note speech in which the WKN were highly commended, led to a number of delegates visiting the Network's exhibition stand during the event.



From left to right: Sarah McMillan, AnnMarie Pritchard, Richard Davies, Jonathan Matthews, Jennifer Holmes

Our Kidney Network is built on quality, best practice, technology and innovation, placing patients at the heart of everything we do.



Rhwydwaith Arennau Cymru
Welsh Kidney Network

International Nurses Day and International Day of the Midwife

WHSSC Patient Care and Quality Teams displayed memorabilia to celebrate International Nurses Day and International Day of the Midwife collectively. A massive thank you to Theresa Williams of the Patient Care Team for baking cupcakes and Welsh cakes!



The Walton Centre

The Walton Centre have launched a six stage process The 'Six WALTON Steps' highlighting their vision of an excellent Patient and Family Journey. Through feedback, they have developed a shared vision for the ideal patient and family experience at The Walton Centre and included initiatives such as pet therapy across the trust, music sessions and Easter eggs delivered by the senior nursing team on Easter Sunday.



Duty of Quality



The Duty of Quality forms part of The Health and Social Care (Quality and Engagement) (Wales) Act 2020 and WHSSC demonstrate how they are meeting the Act:

Domains of Quality (STEEEP)
Framework to assess quality and guide improvement.

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person-centred



Evidencing the Duty of Quality

- Make use of existing performance, outcome and delivery indicators and measures where possible
- Patient and staff experience, information and stories
- Reports from inspectorate and licensing bodies
- Consideration of national clinical audits, reports, inquiries

Reporting to support Annual Quality Report

- Bimonthly QPS Chairs Report to Joint Committee
- Summary of Services in Escalation Trajectory
- Quarterly bilingual Quality newsletter
- Six monthly Innovation & Improvement Report
- QPS & WHSSC Annual Report
- Integrated Commissioning Plan (ICP)
- **Incorporate STEEEP into all reporting templates**
- **Quarterly report to QPS to monitor progress**



Scan the QR code/
click on it to be
taken to The Duty
of Quality Statutory
Guidance 2023 and
Quality Standards
2023.

South Wales Blood and Marrow Transplant (SWBMT) Programme

St David's Day 2023 marked the 40th anniversary of the first stem cell transplant performed in Wales on 1st March 1983.

A celebratory event was held on 24th June to honour Dr Jack Whittaker who started the transplant programme, as well as other key founding members.



FAST Stroke Campaign

Awareness campaign ran at the end of April and included TV, video on demand, radio and social media advertising, as well as coverage in the Welsh media. The campaign aimed to raise awareness of the signs of stroke and increase knowledge of stroke as a medical emergency.

Stroke is the fourth single leading cause of death in the UK and the single largest cause of complex disability. Increased awareness of the FAST acronym has been shown to lead to patients seeking prompt help for stroke symptoms. Early treatment not only saves lives but results in a greater chance of a better recovery.



Thoracic Education Event



The Wales Cancer Network held the Annual Welsh Thoracic Oncology Group Education Event on Friday 19th May and was attended by a wide range of MDT members. Among the topics presented were Lung Cancer Screening, Sublobar Resections, Robotics and Genomics.



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Wales Cancer
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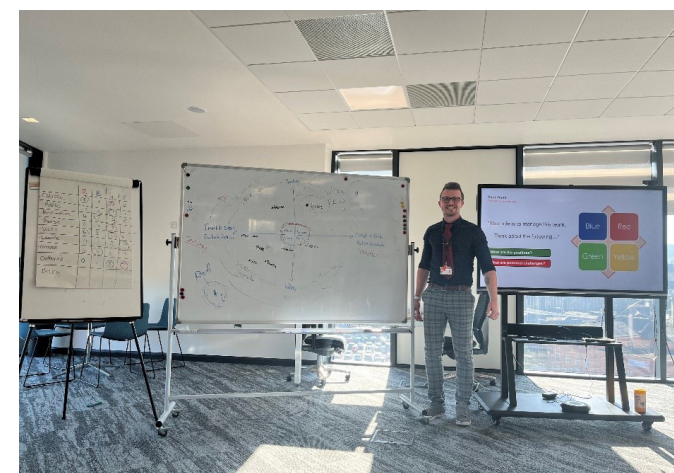
A big thank you to Rhiannon Parker, Events Manager for The Wales Cancer Network for providing the pictures!



Patient Care and Quality Team Development Day



WHSSC Patient Care and Quality Teams attended a Team Development Day in February in collaboration with Transport for Wales (TfW). Mark Hector, Training and Development Manager at TfW was an excellent Facilitator in the Jigsaw Discovery Tool and the Team look forward to future collaboration opportunities!



RCN Awards 2023



The annual Royal College of Nursing awards took place on 29th June at City Hall, Cardiff. WHSSC sponsors the Health Care Support Worker (HCSW) award and a number of WHSSC staff attend the award ceremony along with Kate Eden (Chair). The award is open to any Health Care Support Worker who is delegated work directly by a Registered Nurse, Midwife or Health Visitor in any setting, who has demonstrated commitment to providing high standards of nursing and midwifery care.

A huge congratulations to the winner, Heather Fleming, and also to the runner-up, Kelly Brown!



HEATHER FLEMING
Early Years Bladder and Bowel
Assistant Practitioner,
Cardiff and Vale University Health Board

Health Care Support Worker Award

Heather reduced the distress experienced by children and their parents and carers around childhood continence.

As the early years bladder and bowel assistant practitioner (EYBBAP) at Cardiff and Vale University Health Board, Heather gave appropriate care, advice, and support in the community. She worked tirelessly to develop the service and reach as many children and families as possible.

In giving preventative, early intervention care and support around toilet training and continence, Heather aimed to achieve equity of health outcomes. She gave education and training to early years settings in the community, such as children's centres, preschools and nurseries, ensuring continuity of care. She also gave one-to-one support in the home, building trusting professional relationships.

The contribution she made to overall health and wellbeing was pivotal at a time which can be extremely challenging and upsetting. Her support helped to reduce the waiting list for the paediatric continence service and helped to increase the number of fully toilet-trained children starting nursery or school. The panel saw numerous examples where Heather's work led to significant impact and improved outcomes for children, and it was clear that she continually strives for excellence.

Quick Round up of Commissioning Teams



Mental Health and Vulnerable Groups

5 year Mental health strategy ongoing. Review of current services and further development of these underway.



Women and Children's

IVF Service Improvement and Innovation Day currently being planned.



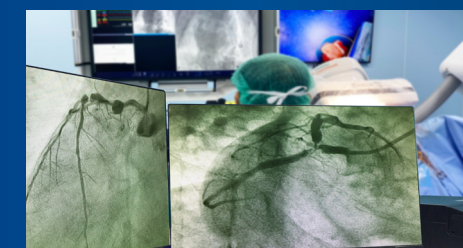
Neurosciences and long term condition

All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation is underway.



Cancer and Blood

Thoracic, Inherited Bleeding Disorder and Immunology Service Improvement and Innovation Days are currently being planned.



Cardiac

Evaluation and actions being taken forward from service developments such as dashboards for clinical practice reporting.



Intestinal Failure

Ongoing work being undertaken with the recently formed IF commissioning team and as a result of the IF review and Service Improvement and Innovation Day.



Specialised Services

Strategy is underway.



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Recognition of Significant Events and Thank you's

“

An excellent news story was published - The North Wales Adolescent Service (NWAS) has been awarded a Kitemark!

The National Participation Standards Kitemark, which is awarded by youngsters, is achievable for organisations who prove they are achieving against the National Standards.

Youngsters commend north Wales health board for its “commitment to improving patient experience”



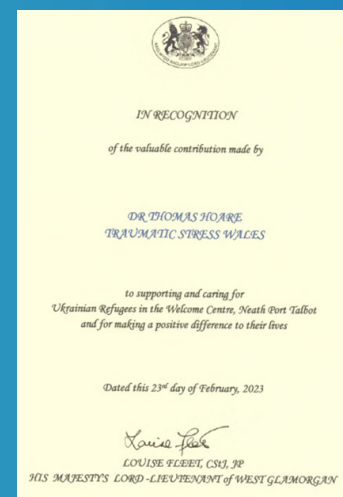
Scan the QR code/click on it to be taken to the news story!

“

Dr Thomas Hoare received recognition from the Lord Lieutenant of West Glamorgan and Penny Nurse, Project Manager for Traumatic Stress Wales said

“Congratulations Tom – this is well deserved and you should be VERY proud.”

The entire team here at WHSSC agree!



Useful Links

Adult Congenital Heart Disease (ACHD) Newsletter

The Winter and Spring versions of the ACHD Newsletter are available here:



Click the PDF to open the document.



HEIW Nursing Workforce Plan Newsletter

HEIW produce a quarterly Workforce Plan Newsletter and the Spring edition is now available.



Scan the QR code/ click on it to be taken to the newsletter.

Mesothelioma UK Magazine

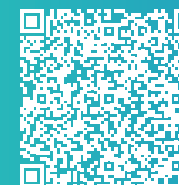
Mesothelioma UK are a support group who publish a quarterly magazine and the latest edition and archive can be accessed here:



Scan the QR code/ click on it to be taken to the newsletter.

Perinatal Mental Health Network Newsletter

The April Perinatal Mental Health Network Newsletter is available here:



Scan the QR code/ click on it to be taken to the newsletter.



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Cydwasaethau
Shared Services
Partnership

Welsh Health Services Specialised Commissioning **NEWSLETTER**



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Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

Whssc.nhs.wales

Spring/Summer 2023

For queries or detail on any aspect within this Newsletter, contact
Adele Roberts, Head of Patient Safety and Quality, or
Leanne Amos, Quality Administration Support Officer.

Email: Adele.Roberts@wales.nhs.uk / Leanne.Amos@wales.nhs.uk



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Designed by NHS Wales Shared Services
Partnership Communications

CYLCHLYTHYR

4^{ydd} Argraffia, Gwanwyn/ Haf 2023



Dyma'r 4ydd rhifyn o'r cylchlythyr Ansawdd gan dîm Gwasanaethau Iechyd Arbenigol Cymru yng Nghymru. Ein cynllun yw cyhoeddi'r rhain bob chwarter i ategu adroddiadau a data a ddarparwyd eisoes drwy wahanol fforymau i Fyrddau Iechyd Cymru.

Mae hwn yn rhoi trosolwg o rywfaint o'r gwaith yr ydym yn ymwneud ag ef, ac yn cyflwyno rhai o'r uchafbwyntiau o safbwynt comisiynu. Darperir gwasanaethau a gomisiynir gan PGIAC yng Nghymru ac yn Lloegr; bydd hwn yn rhoi cipolwg ar ein gwaith yn unig. Rhoddwyd caniatâd ar gyfer y cynnwys sydd wedi'i gynnwys.

**This Newsletter is available
in Welsh on request.
Mae'r Cylchlythyr hwn ar
gael yn Gymraeg ar gais.**

Cynnwys

Adrodd.....	3
Diweddariad gan y Tîm Gofal Cleifion Ceisiadau Cyllido Cleifion Unigol (IPFR).....	4
Diwrnod Clefydau Prin.....	5
Dyfeisiau Meddygol Uned Peirianeg Adsefydlu Bae Abertawe.....	5
QuicDNA.....	6
Trawsblaniad Rhoddwyr Byw.....	7
Cynhadledd UK Kidney.....	8
Diwrnod Rhyngwladol y Nyrsys a Diwrnod Rhyngwladol y Fydwaig.....	9
Canolfan Walton.....	9
Dyletswydd Ansawdd.....	10
Rhaglen Trawsblannu Gwaed a Môr Esgyrn De Cymru.....	11
Ymgyrch Strôc FAST.....	11
Digwyddiad Addysg Thorasig.....	12
Diwrnod Datblygu Tîm Gofal ac Ansawdd Cleifion.....	13
Gwobrau RCN 2023.....	14
Newyddion Cyflym o'r Timau Comisiynu.....	15
Cydnabod Digwyddiadau Sylweddol a Diolchiadau.....	16
Dolenni defnyddiol.....	17

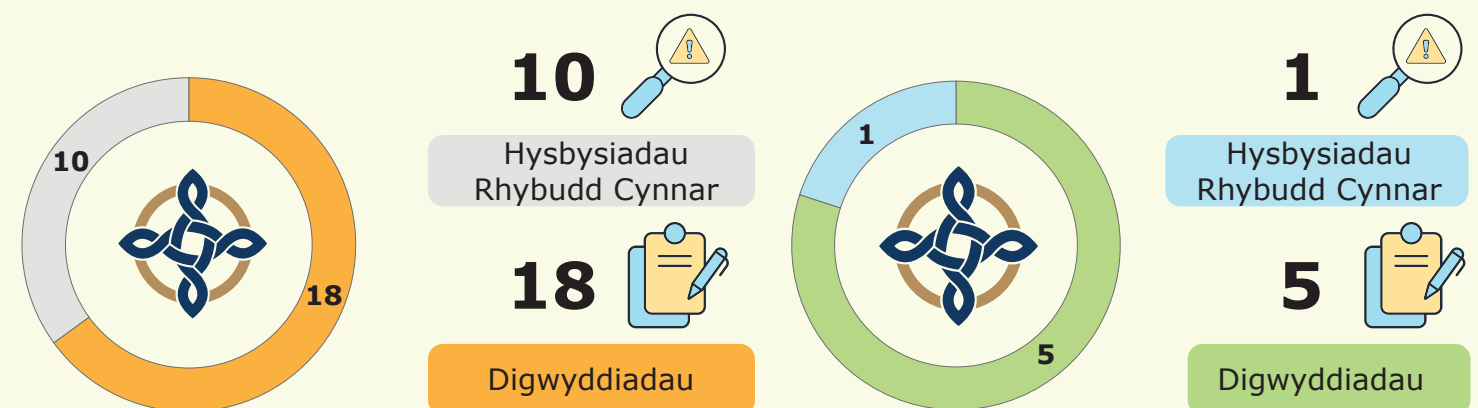
Adrodd

Nid yw PGIAC yn ymchwilio i ddigwyddiadau ond mae'n gyfrifol am gefnogi'r ymchwiliadau i'r rhain ochr yn ochr â monitro ac adrodd i'r Byrddau Iechyd. Mae PGIAC yn gyfrifol am sicrhau bod gwasanaethau diogel yn cael eu darparu a sicrhau bod gan dueddiadau neu themâu sy'n codi o bryderon gynlluniau gweithredu sy'n cael eu cwblhau ac sy'n cefnogi dysgu. Mae PGIAC yn hwyluso monitro parhaus gwasanaethau a gomisiynir ac yn gweithio gyda darparwyr pan fydd materion yn codi.



Rhwng y cyfnodau o fis Ionawr i fis Mehefin 2023, cofnodwyd **18** Digwyddiad Diogelwch Cleifion a **10** Hysbysiad Rhybudd Cynnar.

Rhwng y cyfnodau o fis Ionawr i fis Mehefin 2023, cofnodwyd **5** Digwyddiad Diogelwch Cleifion a **1** Hysbysiad Rhybudd Cynnar.



Diweddariad gan y Tîm Gofal Cleifion IPFR (Ceisiadau Cyllido Cleifion Unigol)



Mae'r Tîm Gofal Cleifion yn derbyn ac yn rheoli ceisiadau cyllido cleifion unigol am ofal iechyd sydd y tu allan i'r ystod gytunedig o wasanaethau.

Trosolwg o Geisiadau Cyllido Cleifion Unigol a broseswyd yn Chwarter 4 2022-23 a Chwarter 1 2023-24:

	Nifer y Ceisiadau a drafodwyd fel Camau Gweithredu Cadeiryddion	Nifer y Ceisiadau a drafodwyd gan Banel IPFR Cymru Gyfan
Ionawr 2023	7	9
Chwefror 2023	2	12
Mawrth 2023	1	12
Ebrill 2023	0	14
Mai 2023	8	12
Mehefin 2023	7	11



Diwrnod Clefydau Prin - 28ain Chwefror 2023

Ar Ddiwrnod Clefydau Prin, dadorchuddiwyd Ap newydd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Eluned Morgan. Datblygwyd yr ap Gofal ac Ymateb yng Nghymru gan Science & Engineering Applications Ltd, mewn cydweithrediad ag amrywiol grwpiau cleifion a'r GIG, gyda chyllid gan Lywodraeth Cymru i gefnogi'r broses o wneud penderfyniadau clinigol mewn achosion o argyfwng a sefyllfaoedd eraill sy'n hanfodol o ran amser.

Ar hyn o bryd mae Llywodraeth Cymru yn gweithredu Cynllun Gweithredu Clefydau Prin Cymru, ac yn ariannu Clinig SWAN (Syndrome Without a Name) cyntaf y DU, sydd wedi'i leoli yn Ysbyty Athrofaol Cymru, yng Nghaerdydd.



Cliciwch ar y llun i fynd â chi i wefan Care and Respond.



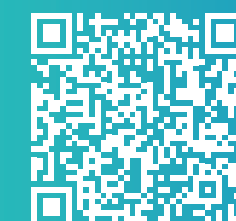
Sganiwch y cod QR/ cliciwch arno i fynd â chi i Gynllun Gweithredu Clefydau Prin Cymru 2022-2026.

Dyfeisiau Meddygol Uned Peirianeg Adsefydlu Bae Abertawe (MPCE)/ Gwasanaeth Aelodau Artiffisial a Chyfarpar (ALAS)

Yn ddiweddar, cyhoeddwyd erthygl yn Scope, sef cylchgrawn aelodau'r Sefydliad Ffiseg a Pheirianeg mewn Meddygaeth (IPEM) gan Uned Peirianeg Adsefydlu Bae Abertawe.

Mae'r erthygl yn adlewyrchu'r dull yn Abertawe o gyflawni cydymffurfiaeth Rheoliadau Dyfeisiau Meddygol (MDR) drwy weithredu systemau rheoli ansawdd o fewn gwasanaethau unigol (gan gynnwys Gwasanaeth Aelodau Artiffisial a Chyfarpar (ALAS), a chyfeiriad a chydlynw drwy 'Grŵp Sicrwydd MDR' ledled y Bwrdd Iechyd.

Cyfeirir hefyd at waith Grŵp MDR Addysg a Gwella Iechyd Cymru (AaGIC), yn ogystal â sut mae Abertawe wedi cydweithio'n ddiweddar â Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) ynghylch 'Parodrwydd ar gyfer MDR' a manteision cydweithredu ar draws Byrddau Iechyd (h.y. rhannu gwybodaeth arbenigol, ffyrdd effeithlon o weithio, dulliau cyd-alinio) i leihau'r risgiau corfforaethol a gweithredol, gan gynnwys gwasanaethau a gomisiynwyd.



Sganiwch y cod QR/ cliciwch arno i fynd â chi i rifyn yr Haf o Scope sy'n cynnwys yr erthygl ardderchog hon (tudalen 32)!

QuicDNA



O'r chwith i'r dde: Charles Janczewski, Dr Magda Meissner, Eluned Morgan MS, Sian Morgan

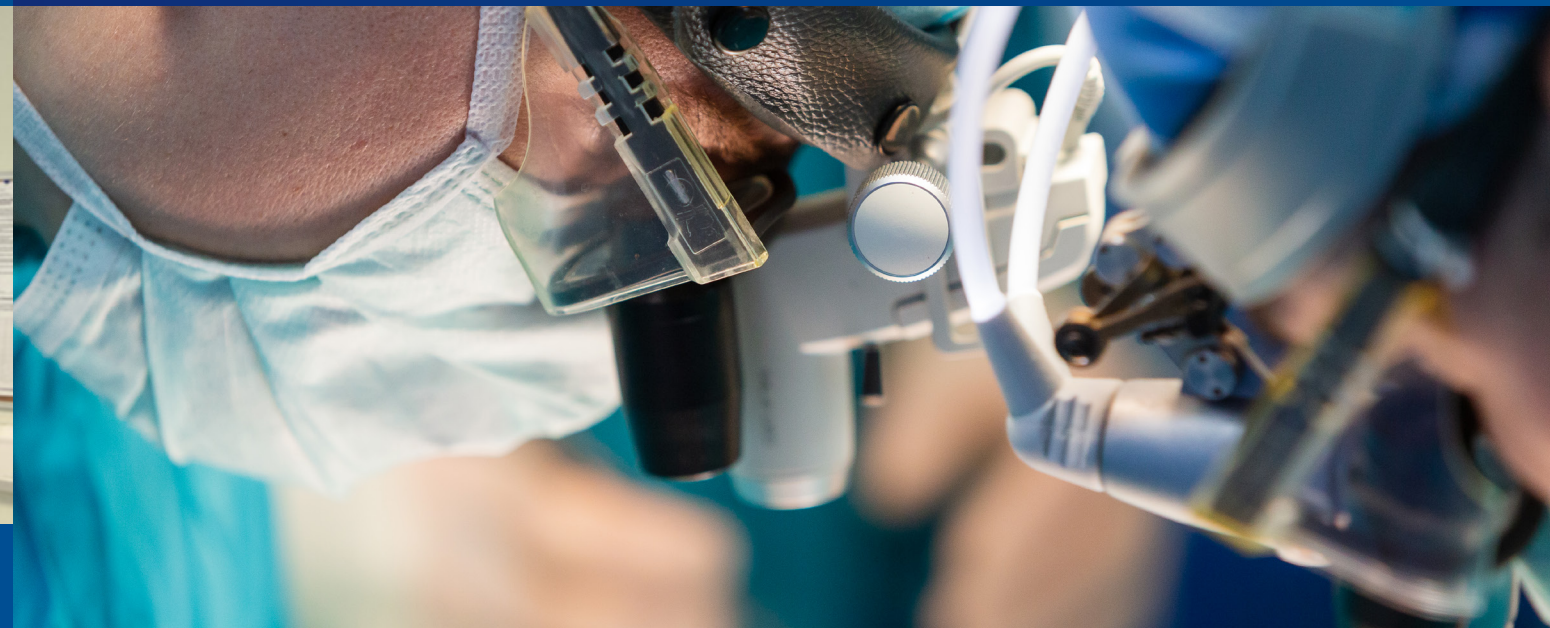
Mae QuicDNA yn dreial clinigol a fydd yn gwerthuso buddion prawf biopsi hylif arloesol mewn pobl sydd ag amheuaeth o ganser yr ysgyfaint. Bydd y treial yn edrych ar sut y gallai defnyddio'r prawf biopsi hylif yn gynharach yn y broses ddiagnostig wella a chyflymu'r diagnosis, lleihau'r amser rhwng diagnosis a thriniaeth, ac yn y pen draw hysbysu sut y gellir defnyddio'r dechnoleg ar gyfer mathau eraill o ganser.

Ymwelodd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Eluned Morgan AS, â'r Sefydliad Geneteg Feddygol yn Ysbyty Athrofaol Cymru i ddysgu mwy am lansiad treial clinigol QuicDNA.

Cyflwynwyd QuicDNA gan Sian Morgan yn y Digwyddiad Addysg Thorasig a gynhaliwyd gan Rwydwaith Cancer Cymru ar 19 Mai. Yn y dyfodol, mae gan QuicDNA y potensial i ddarparu dull syml, hygyrch a dibynadwy o ymchwilio i ganser a amheuir, sgrinio cleifion cancer asymptomatig a monitro llai ymledol ar gyfer dychweliad cancer.



Trawsblaniad Rhoddwyr Byw



Mae Dr Doruk Elker, Arweinydd Clinigol Trawsblannu wedi rhannu llwyddiant gwyh Rhaglen Trawsblannu Rhoddwyr Arennau Byw (LKD).

Cwblhawyd 41 trawsblaniad rhoddwyr arennau byw ym mlwyddyn ariannol 2021/22 a dyma'r nifer uchaf o drawsblaniadau rhoddwyr byw y mae'r tîm wedi'u gwneud yng Nghaerdydd mewn degawd! Yn ogystal, cwblhawyd 5 neffrectomi rhoddwr byw, ac roedd pedwar ohonynt yn rhoddwyr anhunanol heb eu cyfeirio. Cafodd dau o blant eu trawsblannu ym Mryste ar ôl i'r rhoddwyr a'r derbynnydd gael eu datblygu yng Nghaerdydd. Anogir y tîm y bydd y gweithgaredd cryf hwn yn parhau gan fod 14 trawsblaniad LKD eisoes wedi'u bwcio tan ganol mis Gorffennaf gyda llawer mwy yn y camau cynllunio.



"Llongyfarchiadau i'r tîm Rhoddwyr Byw a'r tîm trawsblannu ehangach am eu hymroddiad a'u hymrwymiad i wneud i hyn ddigwydd i'r cleifion a'u teuluoedd."

Rydym hefyd yn diolch i'n cydweithwyr Neffroleg am addysgu cleifion clefyd cronig yn yr arennau (CKD) a'u teuluoedd am fanteision rhoi arennau byw a'u cyfeirio mewn modd amserol. Adlewyrchir hyn yn adroddiad diweddaraf Gwaed a Thrawsblaniadau'r GIG (NHSBT) sy'n dangos mai Uned Trawsblannu Caerdydd sydd â'r gyfradd uchaf o drawsblaniadau arennau rhoddwyr byw rhagataliol yn y DU."

Dr Elker

Cyflawniad anhygoel, rydym yn siŵr y byddwch yn cytuno!

Cynhadledd UK Kidney



Roedd Rhwydwaith Arennau Cymru yn un o'r nifer o stondinau arddangos a gynrychiolir yn nigwyddiad 'UK Kidney Week' (UKKW) Cymdeithas Arennau'r DU sy'n ddigwyddiad blynyddol a'r digwyddiad Cynhadledd fwyaf yn y DU ar gyfer Gweithwyr Proffesiynol Arennau. Cynhaliwyd digwyddiad 2023 yn ICC Casnewydd ar 5 - 7 Mehefin.

Dyma'r tro cyntaf i'r digwyddiad cenedlaethol hwn gael ei gynnal yng Nghymru a gallodd nifer o arweinwyr clinigol y Rhwydwaith Arennau Cymru (WKN) hyrwyddo'r gwaith rhagorol sy'n digwydd ar draws ein cenedl, o Drawsblannu i Therapiau Cartref, Seilwaith Digidol i archwiliadau Gweithlu. Arweiniodd hyn, ochr yn ochr â Phrif araith Gweinidog Iechyd a Gofal Cymdeithasol Cymru, lle canmolwyd WKN yn fawr, at nifer o gynrychiolwyr yn ymweld â stondin arddangosfa'r Rhwydwaith yn ystod y digwyddiad.



O'r chwith i'r dde: Sarah McMillan, AnnMarie Pritchard, Richard Davies, Jonathan Matthews, Jennifer Holmes

Mae ein rhwydwaith arenau wedi'i adeiladu ar ansawdd, arfer gorau, technoleg ac arloesedd, gan osod cleifion wrth wraidd popeth a wneir gennym.



Diwrnod Rhyngwladol y Nyrsys a Diwrnod Rhyngwladol y Fydwraig

Roedd timau Gofal ac Ansawdd Cleifion PGIAC yn arddangos trugareddau o'r gorffennol i ddathlu Diwrnod Rhyngwladol y Nyrsys a Diwrnod Rhyngwladol y Fydwraig. Diolch yn fawr iawn i Theresa Williams o'r Tîm Gofal Cleifion am bobu cacennau bach a chacennau cri!



Canolfan Walton

Mae Canolfan Walton wedi lansio proses chwe cham, sef 'The Six WALTON Steps' sy'n tynnu sylw at eu gweledigaeth o Daith Cleifion a Theuluoedd rhagorol. Trwy adborth, maent wedi datblygu gweledigaeth ar y cyd ar gyfer y profiad delfrydol i gleifion a'u teuluoedd yng Nghanolfan Walton ac wedi cynnwys mentrau fel therapi anifeiliaid anwes ar draws yr Ymddiriedolaeth, sesiynau cerddoriaeth ac wyau Pasg a ddarperir gan yr uwch dîm nyrsio ar Sul y Pasg.



Dyletswydd Ansawdd



Mae'r Ddyletswydd Ansawdd yn rhan o Ddeddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 ac mae PGIAC yn dangos sut maent yn bodloni'r Ddeddf:

Domains of Quality (STEEEP)
Framework to assess quality and guide improvement.

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person-centred



Evidencing the Duty of Quality

- Make use of existing performance, outcome and delivery indicators and measures where possible
- Patient and staff experience, information and stories
- Reports from inspectorate and licensing bodies
- Consideration of national clinical audits, reports, inquiries

Reporting to support Annual Quality Report

- Bimonthly QPS Chairs Report to Joint Committee
- Summary of Services in Escalation Trajectory
- Quarterly bilingual Quality newsletter
- Six monthly Innovation & Improvement Report
- QPS & WHSSC Annual Report
- Integrated Commissioning Plan (ICP)
- **Incorporate STEEEP into all reporting templates**
- **Quarterly report to QPS to monitor progress**



Sganiwch y cod QR/ cliciwch arno i fynd â chi i Ganllawiau Statudol y Ddyletswydd Ansawdd 2023 a Safonau Ansawdd 2023.

Rhaglen Trawsblannu Gwaed a Môr Esgyrn De Cymru (SWBMT)

Roedd Dydd Gŵyl Dewi 2023 yn nodi 40 mlynedd ers y trawsblaniad bôn-gelloedd cyntaf a berfformiwyd yng Nghymru ar 1af Mawrth 1983.

Cynhaliwyd digwyddiad dathlu ar 24 Mehefin i anrhydeddu Dr Jack Whittaker a ddechreuodd y rhaglen drawsblannu, yn ogystal â sefydlwyr allweddol eraill.



Ymgyrch Strôc FAST

Cynhaliwyd ymgyrch ymwybyddiaeth ddiwedd mis Ebrill ac roedd yn cynnwys y teledu, fideo ar alw, hysbysebu ar y radio a chyfryngau cymdeithasol, yn ogystal â darllediadau yn y cyfryngau yng Nghymru. Nod yr ymgyrch oedd codi ymwybyddiaeth o arwyddion strôc a chynyddu gwybodaeth am strôc fel argyfwng meddygol.

Strôc yw'r pedwerydd prif achos marwolaeth yn y DU a'r achos unigol mwyaf o anabledd cymhleth. Dangoswyd bod mwy o ymwybyddiaeth o'r acronym FAST yn arwain at gleifion yn gofyn am gymorth prydlon ar gyfer symptomau strôc. Mae triniaeth gynnar nid yn unig yn achub bywydau ond yn arwain at fwy o siawns o wellhad.



Digwyddiad Addysg Thorasig



Cynhaliodd Rhwydwaith Cancer Cymru Ddigwyddiad Addysg Blynyddol Grŵp Oncoleg Thorasig Cymru ddydd Gwener 19 Mai a mynychodd ystod eang o aelodau'r tîm amlddisgyblaethol (MDT). Ymhlith y pynciau a gyflwynwyd oedd Sgrinio Cancer yr Ysgyfaint, Echdoriad Is-labeledol, Roboteg a Genomeg.



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Wales Cancer
Network

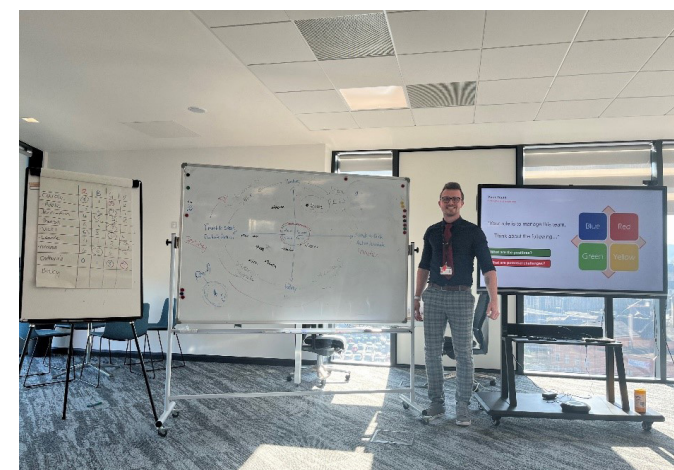
Diolch yn fawr iawn i Rhiannon Parker, Rheolwr Digwyddiadau Rhwydwaith Cancer Cymru am ddarparu'r lluniau!



Diwrnod Datblygu Tîm Gofal ac Ansawdd Cleifion



Mynychodd Timau Gofal Cleifion ac Ansawdd PGIAC Ddiwrnod Datblygu Tîm ym mis Chwefror mewn cydweithrediad â Thrafnidiaeth Cymru (TrC). Roedd Mark Hector, Rheolwr Hyfforddi a Datblygu TrC yn Hwylusydd ardderchog yn yr Offeryn Jigsaw Discovery ac mae'r Tîm yn edrych ymlaen at gyfleoedd i gydweithio yn y dyfodol!




Gwobrau RCN 2023



O'r Dde i'r Chwith: Krysta Hallewell, Emma King, Debra Davies, Kate Eden, Leanne Amos, Jason Mohammad, Vicki Dawson-John, Kirsty John

Cynhaliwyd gwobrau'r Coleg Nyrsio Brenhinol blynyddol ar 29 Mehefin yn Neuadd y Ddinas, Caerdydd. Mae PGIAC yn noddî'r wobwr Gweithiwr Cymorth Gofal Iechyd (HCSW) ac mae nifer o staff PGIAC yn mynychu'r seremoni wobrwyo ynghyd â Kate Eden (Cadeirydd). Mae'r wobwr yn agored i unrhyw Weithiwr Cymorth Gofal Iechyd sy'n cael gwaith wedi'i ddirprwyo'n uniongyrchol gan Nyrs Gofrestredig, Bydwraig neu Ymwelydd Iechyd mewn unrhyw leoliad, sydd wedi dangos ymrwymiad i ddarparu safonau uchel o ofal nyrsio a bydwreigiaeth.

Llongyfarchiadau mawr i'r enillydd, Heather Fleming, a hefyd i'r ail, Kéllý Brown!



Health Care Support Worker Award

Heather reduced the distress experienced by children and their parents and carers around childhood continence. As the early years bladder and bowel assistant practitioner (EYBBAP) at Cardiff and Vale University Health Board, Heather gave appropriate care, advice, and support in the community. She worked tirelessly to develop the service and reach as many children and families as possible. In giving preventative, early intervention care and support around toilet training and continence, Heather aimed to achieve equity of health outcomes. She gave education and training to early years settings in the community, such as children's centres, preschools and nurseries, ensuring continuity of care. She also gave one-to-one support in the home, building trusting professional relationships. The contribution she made to overall health and wellbeing was pivotal at a time which can be extremely challenging and upsetting. Her support helped to reduce the waiting list for the paediatric continence service and helped to increase the number of fully toilet-trained children starting nursery or school. The panel saw numerous examples where Heather's work led to significant impact and improved outcomes for children, and it was clear that she continually strives for excellence.

HEATHER FLEMING
Early Years Bladder and Bowel Assistant Practitioner,
Cardiff and Vale University Health Board

Newyddion Cyflym o'r Timau Comisiynu



Iechyd Meddwl a Grwpiau Agored i Niwed

Strategaeth iechyd meddwl 5 mlynedd parhaus. Adolygiad o'r gwasanaethau presennol a datblygiad pellach o'r rhain ar y gweill.



Menywod a Phlant

Diwrnod Gwella ac Arloesi'r Gwasanaeth IVF yn cael ei gynllunio ar hyn o bryd.



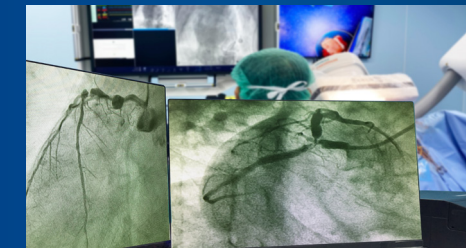
Niwrowyddorau a chyflyrau hirdymor

Strategaeth Cymru gyfan i wella canlyniadau a phrofiad cleifion sy'n cael adsefydlu arbenigol ar y gweill.



Canser a'r Gwaed

Diwrnodau Gwella ac Arloesi'r Gwasanaeth Thorasig, Anhwylder Gwaedu Etifeddol ac Imiwnoleg yn cael eu cynllunio ar hyn o bryd.



Cardiaidd

Gwerthusiad a chamau gweithredu yn cael eu datblygu o ddatblygiadau gwasanaeth fel dangosfyrddau ar gyfer adrodd ar ymarfer clinigol.



Methiant y Coluddyn

Gwaith parhaus yn cael ei wneud gyda'r tîm comisiynu Methiant y Coluddyn a ffurfiwyd yn ddiweddar ac o ganlyniad i'r adolygiad Methiant y Coluddyn a'r Diwrnod Gwella Gwasanaeth ac Arloesi.



Gwasanaethau Arbenigol

Strategaeth ar y gweill.



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Welsh Health Specialised Services Committee

Cydnabod Digwyddiadau Sylweddol a Diolchiadau

“

Cyhoeddwyd stori newyddion rhagorol – Mae Gwasanaeth Glasoed Gogledd Cymru (NWAS) wedi derbyn Nod Barcud!

Gellir cyflawni'r Nod Barcud Safonau Cyfranogiad Cenedlaethol, a ddyfernir gan bobl ifanc, ar gyfer sefydliadau sy'n profi eu bod yn cyflawni yn erbyn y Safonau Cenedlaethol.

Youngsters commend north Wales health board for its "commitment to improving patient experience"



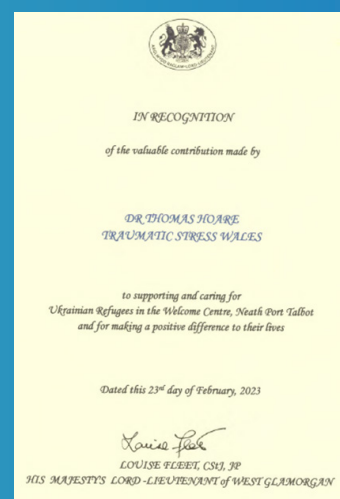
Sganiwch y cod QR/cliciwch arno i fynd â chi i'r stori newyddion!

“

Cafodd Dr Thomas Hoare gydnabyddiaeth gan yr Arglwydd Raglaw o Orllewin Morgannwg a Penny Nurse, Rheolwr Prosiect Straen Trawmatig Cymru.

“Llongyfarchiadau i Tom - mae hyn yn haeddiannol iawn a dylech fod yn falch IAWN.”

Mae'r holl dîm yma yn PGIAC yn cytuno!



Dolenni defnyddiol

Cylchlythyr Clefyd Cynhenid y Galon Oedolion (ACHD)

Mae fersiynau Gaeaf a Gwanwyn o'r Cylchlythyr ACHD ar gael yma:



Cliciwch ar y PDF i agor y ddogfen.



Cylchlythyr Cynllun Gweithlu Nyrsio AaGIC

Mae AaGIC yn cynhyrchu Cylchlythyr chwarterol Cynllun Gweithlu ac mae rhifyn y Gwanwyn bellach ar gael.



Sganiwch y cod QR/cliciwch arno i fynd â chi i'r cylchlythyr.

Cylchgrawn Mesothelioma UK

Mae Mesothelioma UK yn grŵp cymorth sy'n cyhoeddi cylchgrawn chwarterol ac mae modd cael mynediad i'r rhifyn a'r archif diweddaraf yma:



Sganiwch y cod QR/cliciwch arno i fynd â chi i'r cylchlythyr.

Cylchlythyr Rhwydwaith Iechyd Meddwl Amenedigol

Mae cylchlythyr Rhwydwaith Iechyd Meddwl Amenedigol Ebrill ar gael yma:



Sganiwch y cod QR/cliciwch arno i fynd â chi i'r cylchlythyr.



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Welsh Health Specialised
Services Committee

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Gwanwyn/Haf 2023

Ar gyfer ymholiadau neu fanylion am unrhyw agwedd o fewn y
Cylchlythyr hwn, cysylltwch ag **Adele Roberts**, Pennaeth Diogelwch
Cleifion ac Ansawdd neu **Leanne Amos**, Swyddog Cymorth
Gweinyddu Ansawdd.

E-bost: Adele.Roberts@wales.nhs.uk / Leanne.Amos@wales.nhs.uk



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Cydwasaethau
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Cynlluniwyd gan Gyfathrebu Partneriaeth
Cydwasaethau GIG Cymru