

DIWEDDARIAD ANSAWDD

5^{ed} Rhifyn, Hydref 2023



Dyma'r 5ed 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

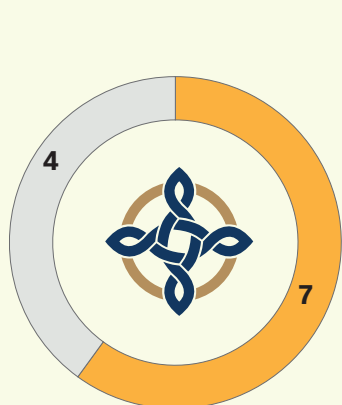
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Adrodd

Dydy PGIAC ddim 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 a mis Mehefin 2023, cofnodwyd **7** Digwyddiad Diogelwch Cleifion a **4** Hysbysiad Rhybudd Cynnar.



4



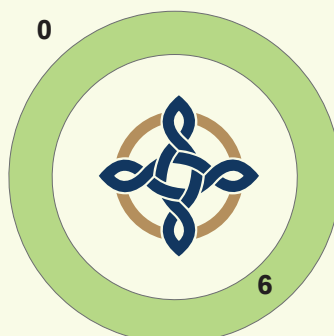
Rhybudd Cynnar
Hysbysiadau

7



Digwyddiadau

Rhwng y cyfnodau o fis Ionawr a mis Mehefin 2023, cofnodwyd **6** Digwyddiad Diogelwch Cleifion a **0** Hysbysiad Rhybudd Cynnar.



0



Rhybudd Cynnar
Hysbysiadau

6



Digwyddiadau



Pryderon



Digwyddiadau

Gall pryderon a godir gyda PGIAC gynnwys ymateb uniongyrchol gan y sefydliad neu gynnwys ymateb ar y cyd â'r Bwrdd Iechyd sy'n comisiynu neu efallai y bydd angen i PGIAC ofyn i'r Bwrdd Iechyd ymateb yn uniongyrchol.



Gweithio i
Wella

Cwysion



GIG
CYMRU
NHS
WALES



GIG
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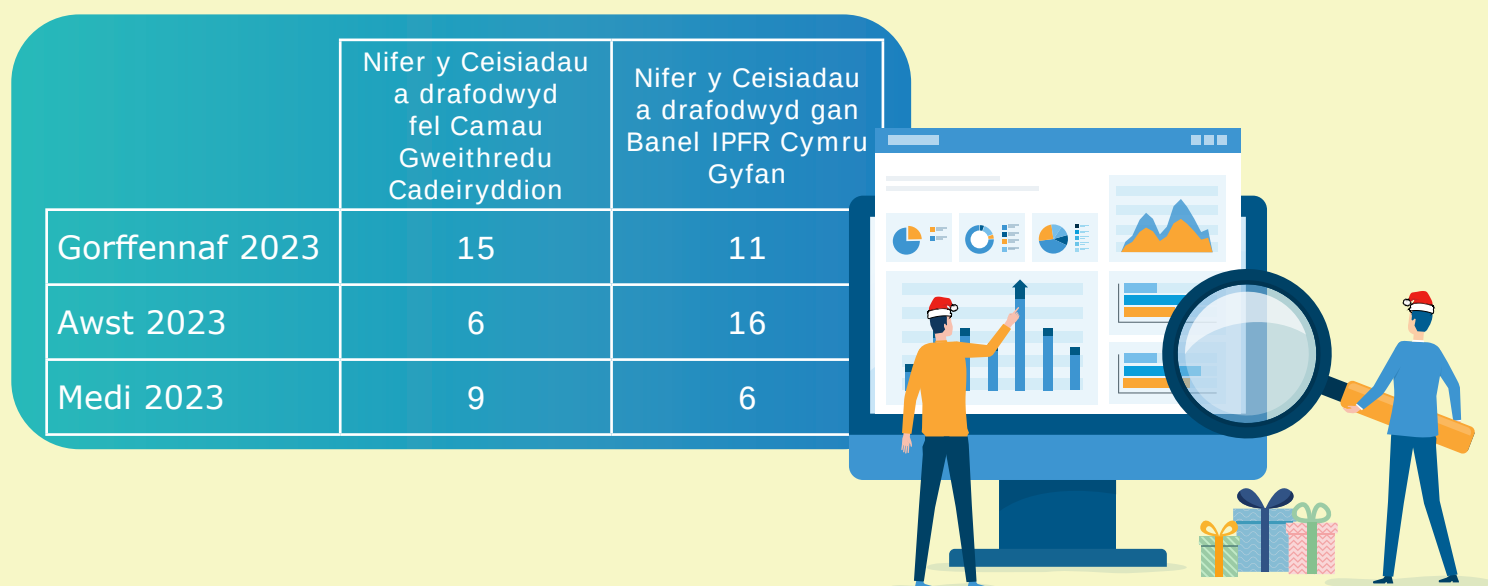
Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

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 2 2023-24:



Arweinyddiaeth Wleidyddol



Mynychodd Vicki Dawson-John, Arweinydd Diogelwch Cleifion o Safon ar gyfer PGIAC y Rhaglen Arweinyddiaeth Wleidyddol. Mae'r rhaglen yn archwilio sut mae'r amgylchedd gwleidyddol yn gosod y cyd-destun ar gyfer yr ymarferwr a'r sefydliad unigol. Mae'n ehangu eich gwybodaeth am sut mae polisi iechyd a chymdeithasol yn cael eu llunio yng Nghymru. Roedd yn annog cyfranogwyr i ymgysylltu â pholisi strategol ac yn darparu'r offer ar gyfer ymgysylltu o'r fath ac ar gyfer dylanwadu ar yr agenda ehangach. Clywodd y cyfranogwyr gan amrywiaeth o siaradwyr gwadd dylanwadol o fyd gwleidyddiaeth ac arweinwyr nyrsio. Roedd yn hwyluso dull dysgu cyfunol, gan gynnwys trafodaeth ryngweithiol a gweithdai ymarferol.



“

“Cwrs hynod rymusol ac addysgiadol. Helpodd fi i chwalu'r rhwystrau a oedd yn bodoli eisoes, o ran y dylanwad gwleidyddol ac anogodd fy ymgysylltiad â'r agenda gwleidyddol ehangach.”

Vicki Dawson-John

Cynhadledd Grŵp Osgo a Symudedd 2023



Cafodd Cynhadledd Grŵp Osgo a Symudedd 2023 ei gynnal ar 10-12 Gorffennaf 2023 yn Telford. Dywedodd Dr Lorna Tasker, Gwyddonydd Clinigol Ymgynghorol gyda Phennaeth Peirianeg Adsefydlu ym Mae Abertawe:

“Cafwyd cyfraniad rhagorol gan Gymru, gan ddangos amrywiaeth o weithgarwch datblygu gwasanaethau ac archwilio.” Mae'r cipluniau canlynol wedi'u llunio o:

- ❁ Defnyddio swyddogaeth gogwyddo a chynhalydd cefn ar gyfer hyfywedd meinwe mewn defnyddwyr cadeiriau olwyn: adolygiad ar sail tystiolaeth. Amie James, Ffisiotherapydd, Caerdydd
- ❁ Adolygiad o weithgynhyrchu dyfeisiau meddygol mewnol ym Mheirianeg Adsefydlu Abertawe - Jacob Redwood-Thomas, Gwyddonydd Clinigol, Abertawe
- ❁ Asesiad Meintiol o Seddi Siâp y Corff Personol: Oes modd defnyddio modelu cyfrifiannol i hysbysu a yw siapiau sedd siâp y corff terfynol yn cwrdd â'r nodau osgo gwreiddiol a fwriadwyd? Ella Mencil, Gwyddonydd Clinigol dan Hyfforddiant, Gwasanaeth Osgo a Symudedd Gogledd Cymru
- ❁ Datblygu Partneriaeth rhwng Iechyd a Chwaraeon - Stephen Jones a Catherine Chin, Gwasanaeth Osgo a Symudedd Gogledd Cymru
- ❁ Gyrru Newid Gwasanaeth i Bweru Annibyniaeth – John Green a Phil Jackson, Gwasanaeth Osgo a Symudedd Gogledd Cymru.” Diolch yn fawr iawn i Ellen a'i theulu am ganiatáu i ni ddefnyddio ei stori yma!

MAINTAINING SKIN INTEGRITY AMONG WHEELCHAIR USERS

SUMMARY: Pressure ulcers are reported to be the leading cause of patient harm in Wales.¹ Immobility is a key contributory factor leading to pressure ulcer development.² Best practice guidelines recommend individualised repositioning schedules for those identified at risk of pressure ulcers,³ yet research has shown poor awareness of pressure ulcer prevention amongst wheelchair users,⁴ and wheelchair positioning advice given by healthcare professionals is predominantly based upon clinical experience.⁵

In 2021, an evidence-based review was conducted to examine the current evidence base for the effectiveness of wheelchair tilt-in-space and backrest recline for tissue viability. Key findings to inform wheelchair prescription and optimise the application of wheelchair repositioning for the prevention and management of pressure ulcers are summarised below. This work was undertaken as part of an MSc programme in Wound Healing and Tissue Repair at Cardiff University.

THE EVIDENCE:

Magnitude
Wheelchair users predominantly used repositioning for function and comfort reasons⁶ and most frequently used 2°-15° tilt and 95°-100° backrest recline.⁷ 25° tilt with 120° recline improved both skin and muscle perfusion under the ischial tuberosities.⁸ Tilt greater than 30° reduced interface pressure at both ischial tuberosities and sacrum.^{9,10}

Frequency
Only 25.8% of wheelchair users conducted wheelchair repositioning for pressure relief every hour.¹¹

Duration
3 minutes offloading led to improved skin perfusion under the ischial tuberosities.¹²

No conclusive evidence to link interface pressure with pressure ulcer development.¹³

High variation amongst individual's tolerance to seated loading.¹⁴

REMEMBER.....

Interface pressures, shear forces and sliding distances are greatest during backrest recline in wheelchair users with abnormal muscle tone and impaired postural control, especially hypertonia.^{14,15} Consider prescribing accessories such as positioning belts to increase postural stability around the pelvis and assess for appropriate pressure distributing cushion.

Increased shear forces at seat and backrest occur during all phases of backrest recline, especially when returning to upright position.¹⁶ This increases when legs are elevated.¹⁷ Consider sequencing. Always tilt wheelchair first, then recline backrest with leg-rests positioned down. Reverse sequence when returning to upright position.¹⁸

Wheelchair users tend to underestimate tilt and recline magnitudes.⁹ Ensure they understand the importance of weight shifting and can accurately demonstrate the required magnitude, frequency, and duration of weight shifts for pressure relief. Problem solve any potential barriers and threats to implementation.

Mechanisms which provide feedback have been shown to improve pressure redistributing behaviour.¹⁹ Discuss how wheelchair repositioning can be incorporated into wheelchair users' daily lives. Encourage the use of prompts to facilitate long-term health behaviour change.

References:

1. All Wales Safeguarding Network Task and Finish Group (2018)	6. Titus Miller and Polgar (2018)	12. Jan et al (2013b)	18. Liu et al (2014)
2. National Institute of Health and Care Excellence (2014)	7. Ding et al (2008)	13. Gough et al (2015)	19. Hubli et al (2021)
3. Jan et al (2013a)	8. Jan et al (2013a)	14. Hobson (1992)	
4. European Pressure Ulcer Advisory Panel et al (2019a)	9. Giesbrecht et al (2011)	15. Huang et al (2013)	
5. Dewey et al (2004)	10. Sonnenblum (2010)	16. Kobara et al (2013b)	
11. Marumoto et al (2018)	11. Arfas et al (2016)	17. Kobara et al (2013a)	

Amie James
MCSP SRP, BSc (Hons), MSc

Asesiad Meintiol o Seddi Siâp y Corff Personol: Oes modd defnyddio modelu cyfrifiannol i hysbysu a yw siapiau sedd siâp y corff terfynol yn cwrdd â'r nodau osgo gwreiddiol a fwriadwyd? - Ella Mencil, Gwyddonydd Clinigol dan Hyfforddiant, Gwasanaeth Osgo a Symudedd Gogledd Cymru:

A Review of In-House Medical Device Manufacturing at Swansea Rehabilitation Engineering



Authors: Jacob Redwood-Thomas, Dr Mark Bowtell, Dr Lorna Tasker

Rehabilitation Engineering Unit, Medical Physics & Clinical Engineering, Swansea Bay University Health Board, Morriston Hospital



GIG
Swansea Bay University Health Board

Aims and Background: The in-house manufacturing workshop within Swansea's Rehabilitation Engineering Unit (REU) manufactures bespoke medical devices for the Specialist Seating Service and the Pressure Ulcer Prevention & Intervention Service (PUPIS). It is estimated that the workshop manufactures 600 medical devices per year (including modifications/repairs). The team comprises of engineers and technicians who cover all aspects of manufacturing ranging from machining to upholstery. With the new MDR being introduced, the department implemented a Quality Management System (QMS) and sought ISO 13485 accreditation, which it was successful in obtaining in 2021. This has led to:

- Increased structure and formality to processes relating to the in-house manufacture of custom devices
- Traceability of devices
- Up-to-date records of custom devices
- Assurances to our service users of quality and safety

Furthermore, to ensure safe workshop practice, the team developed a set of training competencies for each piece of machinery to enable non-workshop staff to use the workshop, where appropriate.

Within the workshop structure, there are two sub divisions, manufacturing and upholstery. Activity from both sub divisions are audited, with a target of two weeks from the clinician requesting a custom device to the manufacture of that device being complete. This audit data has led to the development of key performance indicators, which the department are monitoring regularly. These are subsequently reported to senior management.

Workshop Activity:

The overall number of custom medical devices manufactured in-house has increased from 491 in 2019 to 588 in 2022. This data has enabled the department to justify additional staff resource to keep up with demand and allow custom equipment to be delivered to service users in a timely manner.

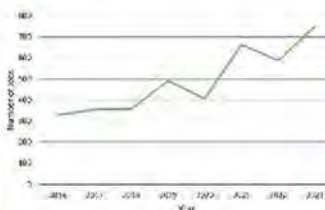


Figure 1: Number of jobs completed per year from 2016-2023. 2023 data includes projected data based on current trending

As shown in figure 1 above, the projected number of jobs that will be completed in 2023 is approximately 750. This is an increase of 49% and 28% when compared to total jobs completed in 2019 and 2022, respectively.



Audit Results:

An audit of custom moulded seat provision has revealed a 63% increase in demand of custom moulded seating when comparing pre (2019) and post (2022) COVID-19 pandemic periods, as shown below in figure 2.



Figure 2: Number of custom moulded seats provided each year from 2014 to 2022

Our target is to reduce the number of custom manufactured devices waiting over two weeks from request to manufacture to 1 in every 5 jobs (20%).

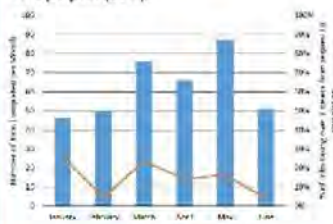


Figure 3: Number of jobs completed per month and the percentage of jobs taking over two weeks from request to completion in 2023

This two week target is a reflection of when a clinician requests the device and is impacted by increases in demand. Figure 3 above shows the demand for workshop jobs against how many of those jobs take two weeks from being requested to completion.

Workshop Resource Allocation:

The two production streams of upholstery and manufacturing total 2.3 whole time equivalent (WTE). Production of custom equipment is primarily for the Specialist Seating Service, as shown in figure 4 (right). A review of workshop skill mix has allowed for more efficient allocation of work that has assisted with decreased lead times in the workshop. Having both production streams in-house benefits the department in a number of ways, including cost savings and turn around times. Figure 4 below shows the split between upholstery and manufacturing job requests and their respective WTE.

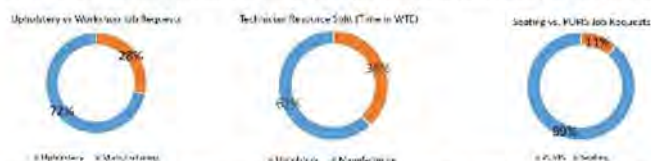


Figure 4: A comparison of time resources in WTE between upholstery and manufacturing (left), percentage of jobs requesting upholstery or manufacturing input (centre) and percentage of jobs requested by Specialist Seating or PUPIS (right). Jan-June 2023 data

Discussion: Audit data has provided an insight into the impact that the COVID-19 pandemic had on services. Custom moulded system data is suggesting that there is an increase in the complexity of our service users post pandemic. Reduced access to services may have contributed to this.

Regulation changes have had an overall positive impact on in-house manufacturing within REU. This has indirectly improved the service user's experience because the department now has robust processes, which provide assurances to service users that devices are made to a set of standards, whilst retaining the innovation required to meet the individual needs of our service users. Projects on sustainability and green practice as well as the refinement of manufacturing techniques to improve the aesthetics of custom equipment are a few examples of on-going workshop innovation. Expansion and manufacturing opportunities are being considered.



Acknowledgements: Dr. Rebecca Nix - Regulatory and Compliance Manager
All staff within the Swansea Rehabilitation Engineering Unit



Datblygu Partneriaeth rhwng Iechyd a Chwaraeon - Stephen Jones a Catherine Chin, Gwasanaeth Osgo a Symudedd Gogledd Cymru:



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Quantitative Assessment of Custom Contoured Seating: *Can computational modelling be used to inform whether final custom contoured seat shapes meet the original intended postural goals?*

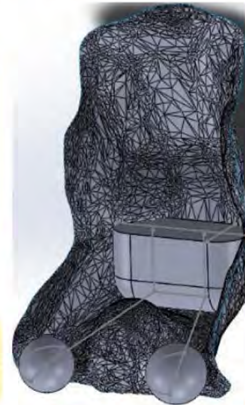
By Ella Mencil (Trainee Clinical Scientist, North Wales Posture & Mobility Service)

Need

The finished shape of the sitting surface is understood to be largely informed by the postural assessment, and yet the results of the postural assessment are not commonly re-considered after casting is complete. As a result, whilst there is plenty of anecdotal evidence for how to design a seat for a given posture, there is limited quantitative evidence to support this opinion. Hence, the motivation for this work was to develop a method to measure how a seat shape considered clinically appropriate by the clinician reflects the postural assessment, if at all.

Aim

"To develop a method to measure and quantitatively assess custom contoured seat shapes, to better understand the casting process and the shapes relationship to the postural assessment."



Model Development:

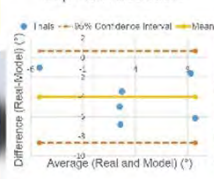
- Model developed using Artex 9 and Solidworks.
- Biomechanical model built from simple cylindrical shapes to represent the knee and pelvis.
- Knee and hip joint centres approximated using understanding of anatomy and Seidel's regressions equations (Seidel, 1995).
- Model made unique to each seat shape based on measurements taken from the seat scan such as hip width and leg length.
- Angles of hip ab/adduction and hip flexion measured in degrees.

Verification

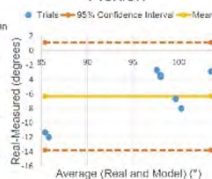
Four different modular seat cushion shapes were measured by hand and then the computational method was completed. The results were compared.



Bland Altman for Hip Ab/Adduction



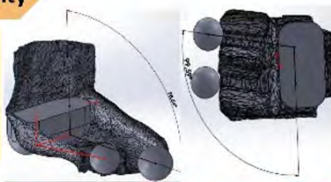
Bland Altman for Hip Flexion



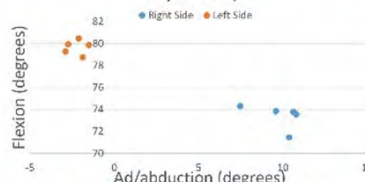
- 'Good' correlation for hip ab/adduction measurements and 'Fair' correlation for hip flexion measurements.
- Mean errors of 4° and 6.3° for hip ab/adduction and hip flexion respectively – with consistent over abduction and over flexion of the model in comparison to the real measurements.
- Errors within visual estimation errors (Parker, no date).
- No bias or proportional error observed.
- **Conclusion:** The model was able to measure seat shape with an output that provides an indication of both hip flexion and hip ab/adduction.

Repeatability

The same seat shape was scanned five times and the results were compared.



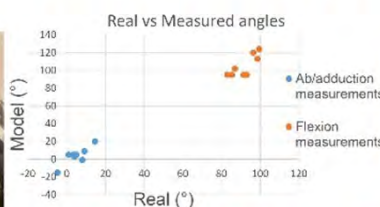
Repeatability



- Two factor without replication ANNOVA demonstrated that there was no significant difference in results between trials.
- Precision is 3.2°
- 'Excellent' intra-rater agreement.
- **Conclusion:** For the same user, implementing the model is a repeatable process.

Validation

Healthy volunteer cast four times in different seated positions, joint angles measured with a goniometer and compared to the computational model.



- A statistically significant positive linear relationship observed between the model output and real biomechanical measurements.
- Consistent over-adduction and over-flexion of the model in comparison to the real biomechanical measurements.

Limitations

- Model developed from typical anatomy and may not represent the typical patient population.
- Model consistent regardless of sex, weight, age.
- No soft tissue included.
- No inter-rater tests completed.
- Difficult to apply if pelvic well cannot be visualised in the seat shape.
- Possible confirmation bias present during model development.

Conclusion

There is evidence to suggest it is possible to use computational modelling to quantitatively assess custom contoured seat shapes. This could have applications for monitoring changes to seat shape, as a training tool, and as a method to check if the intended postural goals have been met. Future work may include model automation, increased model complexity, and using regression analysis to assess the relationship between postural assessments and cast shapes.

References

Seidel, G.K., Marchinda, D.M., Dijkers, M. and Soutas-Little, R.W., 1995. Hip joint center location from palpable bony landmarks – a cadaver study. *Journal of biomechanics*, 28(8), pp.995-998.

Parker, K. No Date. Reliability of visual estimation of angles relating to joint ranges of motion in rehabilitation. (Poster). Posture and Mobility Group. [Online]. Accessed: 10/08/2022. Available from: <https://www.pmgk.co.uk/Site/Assets/Files/17/08/2020/Files/pmgk20poster1620in.pdf>



SCAN ME

Contact: ella.mencil@wales.nhs.uk



Developing a Partnership between Health and Sport

- Transform the relationship between Health and disability sport in Wales: create a strong and sustainable partnership, raising disabled people's awareness of, and engagement in, physical activity and sport opportunities through contact with health professionals
- Support health professional to promote physical activity and sport to disabled people as part of their core practice
- Improve the health and well-being of disabled people through increased physical activity

- Sport Wales Calls for Action Grant-funded pilot (2013-16)
- Physiotherapist appointed to the role of Health Disability Sport Officer to lead the partnership
- 3-tiered project steering group structure (Delivery, Operational and Executive) with representation of all key stakeholders (BCUHB, DSW, SW and Public Health Wales (PHW))
- Pathway co-produced to enable health professionals to signpost disabled people towards physical activity, including sport, via the support of the Local Authority Sport Development teams (or equivalent team)

- Disability Sport Officer working directly in waiting areas
- Every Contact Counts principle, all interactions with the service involves a discussion about sport and physical activity.
- Information resources areas.
- Promotion of events and opportunities.



560 disabled people have been signposted from Health to physical activity (including sport) opportunities.


1190
1190 health care professionals have attended up-skilling sessions.



4 talented athletes
have been identified
representing Wales in
their chosen sports.

 **+21%**

The number of disabled people participating in physical activity (including sport) North Wales has risen from 6,207 to 7,531.

£1 investment = £124 social value



Alex Wilson: Wales U15 Wheelchair Basketball
 "I used to get bullied a lot in school, but this has stopped the bullies from coming, because I play for Wales. I want to keep training to be at captain level".



Matthew Kennedy: Cricket

"My mum received an email saying I had been selected to play for the Welsh cricket team in a match against England at Old Trafford Cricket Club. We lost this match but I enjoyed the game. I have also played a match as part of North and South Wales against Midlands Counties in Luctonians cricket ground. This time we won."

- Simple Referral process
- Increased confidence of clients
- Partnerships with local clubs and promotion of events
- Development client skills
- Active discussion about suitable equipment to meet the individuals needs.
- Development of partnership for wheelchair skills progression
- Promotion of other opportunities within the area, wheelchair tennis, ice skating, football.

- All Wales Model
- Funded by WAG
- Roll out 2022-2023
- Health Disability Activity Practitioner in each Health Board (BS 0.5 WTE)
- National Team Leader (BCUHB)
- Pathway across all 22 Local Authorities

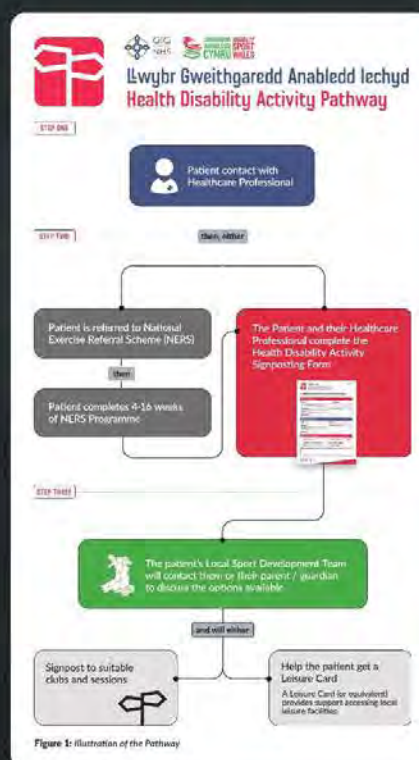


Figure 1: Illustration of the Pathway

Improved Health and Wellbeing

- Spending more, making new friends:** Spending more time with friends and family is associated with better health and wellbeing.
- Increases confidence:** Social connections can boost self-esteem and confidence.
- Gives people a sense of belonging:** Feeling part of a community or group can improve mental health.
- Family members monitor their physical and mental health and wellbeing:** Family members can provide support and encouragement.
- Improved physical health, supporting self-medication:** Social connections can encourage healthy behaviors and support self-medication.
- Increased mental health, increased self-esteem, feeling supported, reduced depression:** Social connections can improve mental health, self-esteem, and provide support, reducing depression.
- Reduced bullying in children:** Social connections can help children feel supported and reduce the risk of bullying.
- Better management of illness (specifically, which leads to a reduction in appointment rates, avoidant coping and health care costs):** Social connections can help people better manage their illness, leading to fewer appointments, less avoidant coping, and lower health care costs.

Figure 2: Patient reported outcome






Chwaraeon i bawb / Sport for everybody

If you are aged 16 and over, a Welsh-speaker, Cymrydd Chwaraeon, Bwrddeth a'r hysurffell ffordd
If you would like to speak to a Sport Development Officer, please fill in your details below

Name	Area of Birth
Home Address (House/Flat, Street name, House or Apartment Number, Town or Village, Postcode)	Postcode
Phone Number	Email Address

What is a Bawb (what is a Welsh word) / Nature of equipment required (if any)

☐ Softball bat ☐ Softball glove ☐ Softball baseball cap ☐ Softball baseball glove ☐ Softball baseball cap ☐ Softball baseball glove ☐ Softball baseball cap ☐ Softball baseball glove	☐ Softball bat ☐ Softball glove ☐ Softball baseball cap ☐ Softball baseball glove ☐ Softball baseball cap ☐ Softball baseball glove ☐ Softball baseball cap ☐ Softball baseball glove
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Specialty sports (if any)

☐ Softball bat ☐ Softball glove ☐ Softball baseball cap ☐ Softball baseball glove ☐ Softball baseball cap ☐ Softball baseball glove ☐ Softball baseball cap ☐ Softball baseball glove	☐ Softball bat ☐ Softball glove ☐ Softball baseball cap ☐ Softball baseball glove ☐ Softball baseball cap ☐ Softball baseball glove ☐ Softball baseball cap ☐ Softball baseball glove
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Comments (if any)

Figure 3: Symposist Card



Find signposting forms, contact details, and more information about the Health Disability Activity Pathway at:



hdapathway.co.uk



insport Series events provide inclusive sporting opportunities for disabled adults and young people across Wales.



insportseries.co.uk

Gyrru Newid Gwasanaeth i Bweru Annibyniaeth – John Green a Phil Jackson, Gwasanaeth Osgo a Symudedd Gogledd Cymru:



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Gwasanaeth Ymddaliad & Symudedd Gogledd Cymru
North Wales Posture & Mobility Service

DRIVING SERVICE CHANGE TO POWER INDEPENDENCE

From "Unseatable" to "Independent": Ellen's 7 year journey through the service - the rises, falls, and the changes we made to our service from reflecting on her patient experience.

An award-winning poster** by John Green (Principal Clinical Scientist) & Phil Jackson (Clinical Specialist)



- Attends mainstream school. Bilingual
- Repeated requests for powered mobility
- Significant tonal problems
- Progressive windsweeping & scoliosis
- Predominant ATNR & dyskinesia
- Need for handcuffs
- Problematic head position (vision, engagement)
- No prior experience of independent movement
- Current seating not meeting her needs

- Shifted our prescribing emphasis from foam carve to ABS shell (MSI)
- Conducted in-house study (2019) — can we link ABS shells to tone reduction?

- Concerns our routine foam carves wouldn't manage her tone, but no access to other materials
- Worried about potential pressure areas from ABS due to tone, repetitive movement & direct pressure



- Started by getting posture sorted
- Cast for moulded seating— redesigned ABS
- Her tone relaxed more than expected—why?
- Now she's sat—what about access method?

- Special controls champions
- Special controls pathway
- Switch and alternative input devices stock

- Only basic switches held in stock
- She'd never driven / moved independently before
- Previous switch use had IT focus
- Fear that equipment trial would lead to failure
- Need consistency on switch before powered trial

- Ruled out—joystick, head controls, chin controls, sip & puff, sound switch, hand/ finger/ upper limb switch (touch or proximity)
- SALT using eye-gaze but limited success.
- Repeatable PF of right foot, but this increased her tone++
- Mum suggested bite switch



- We had no switch training information or hardware
- Are teaching switch skills even part of our Service remit?
- Who has the skills to teach this?

Switch skills had to be broken down into core skills for driving, not IT

Needed to be practised at home to build skills and exercise tolerance



<https://www.shinylearning.co.uk/freegames/>

- Drivedeck Platform for Assessment



Equipment trial— how to do this for someone so complex without making a very complex chair???



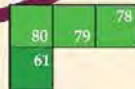
Solving one problem makes new problems:

- Marking/ bruising from outside of MSI shell
- Arms getting stuck in doorways (please strap my arms down again)



- Learning standardised ways to mount MSI for people who hit solid things & special controls

Padding to outside of MSI and a giant tray (but at least it kept her arms in)



- (Power wheelchair training pathway, + pack for schools/ carers - separate project)
- Ellen using bite switch for access to IT and education
- Links with SALT & agreement to joint-purchase switches
- EMG switch driving trial— didn't work for Ellen, but might work for others



Current development project plans to:

- Reduce the force on Ellen's teeth
- Increase the durability of the switch
- Eliminate need for modifying switch
- Reduce costs of replacement components



We're presenting this, but it's been a huge effort by the whole team at PAMS North Wales, Ellen, and her family. Thanks to everyone who's been a part in this.

Ellen would like you to think about her the next time you meet someone who'll "never be able to drive".



- Now using bite switch for driving, communication aid, and IT access at school, but....
- Bite switch needs replacing frequently due to daily heavy use
- Each switch has to be manually modified from "stereo always open" to "mono always closed"

** Winner of the prestigious "Best Poster" written by John and Phil in June 2023 Award.

Cangen Cymru Cymdeithas Rheolaeth Ariannol Gofal Iechyd (HFMA) - Gwobr Arloesedd, Digidol a Data



Amlygodd y tîm sut y canfuwyd mai amddifadedd oedd y prif yrrwr ar gyfer yr amrywiad cost ac mae'r tîm yn edrych ymhellach ar gydberthynas rhwng rheolaeth ragweithiol ar gyflyrau, dosbarthiad daearyddol cleifion cost uchel ac amddifadedd.

Mae'r wobwr yn cydnabod y cyfraniad y mae unigolyn neu dîm wedi'i wneud yn ystod y deuddeg mis diwethaf o ran defnyddio a/ neu ymgysylltu ag eraill yn y gofod digidol, dadansoddol ac arloesi. Nod y wobwr hon yw cydnabod darparu gwasanaeth y tu hwnt i fusnes fel arfer ac mae'n gyrru strategaeth, twf ac effeithlonrwydd busnes. Rhaid i geisiadau ddangos sut y bu iddynt gyflwyno arloesedd, ychwanegu gwerth at y busnes a gwell ymgysylltiad â chydweithwyr Clinigol/Gweithredol. Rhaid iddo hefyd fod yn flaengar, yn cynhyrchu gwelliannau a datblygiadau newydd o fewn cyllid a'r busnes ehangach.



Sandra Tallon, Pennaeth Gwybodaeth yn PGIAC a James Leaves, Cyfarwyddwr Cynorthwyol Cyllid PGIAC, oedd enillwyr Gwobr Gweithredu ar gyfer Mynd i'r Afael ag Anghydraddoldebau Iechyd drwy'r GIG drwy'r HFMA. Defnyddiodd y tîm ddata cleifion cysylltiedig i fabwysiadu dull seiliedig ar werthoedd i ddadansoddi gweithgarwch a chostau ar draws llwybr cyfan, ac mae eu prosiect parhaus yn dangos sut y gallai buddsoddi'n gynt mewn llwybr claf leihau costau derbyn a gwella tegwch.



Yn dilyn y wobwr, cynhaliwyd sesiwn 'Cinio a Dysgu' gan Gangen Cymru HFMA er mwyn i gydweithwyr yn y GIG glywed am y gwaith arobryn hwn yn uniongyrchol. Llongyfarchiadau enfawr i Sandra a James ar y gamp wych hon!



Dyletswydd Ansawdd

Cynhaliodd Pwyllgor Ansawdd a Diogelwch Cleifion PGIAC fore Datblygu Ansawdd a Diogelwch Cleifion ar 23 Hydref 2023. Cafwyd cyflwyniad rhagorol gan Catherine Bridges, Cyfarwyddwr Rhaglen Gweithrediaeth GIG Cymru, yn amlinellu gwaith a gydlynwyd drwy Raglen Ansawdd a Diogelwch GIG Cymru sy'n cefnogi'r GIG i ymgorffori'r Ddyletswydd Ansawdd:



Safonau Ansawdd Iechyd a Gofal



- Fframwaith i'n helpu i gynllunio, darparu a monitro gwasanaethau gofal iechyd yng Nghymru
- Maent yn berthnasol i bob un ohonom, ar lefel polisi cenedlaethol ac ym mhob lleoliad clinigol ac anghlinigol
- Maent yn cynnwys chwe pharth ansawdd a chwe galluogwr ansawdd
- Maent yn disodli'r Safonau Iechyd a Gofal (2015)



Health and Care Quality Standards		Quality Management Systems	
Completed: - Definitions in Statutory Guidance - Downloadable poster and graphics NHS Executive webpage		Completed: - Core principles of a Quality Management System - Compendium of Quality Management System theories and awards	
To do: Further work to embed Health and Care Quality Standards as foundations to build on		To do: Explore options to support national and local organisations to develop Quality Management Systems (working with Improvement Cymru)	
Quality-driven decision-making		Quality Reporting	
Completed: Quality-driven decision-making toolkit (beta version template, process map and supporting information)		Completed: Discovery work exploring potential information sources and connecting with relevant programmes of work	
To do: Incorporate feedback from beta version into final version and guidance document		To do: 'Always On' quality reporting workshop planned for October 2023 - Annual narrative report guidance	

Cefnogi'r GIG i wreiddio Dyletswydd o Ansawdd

General support

Support through:

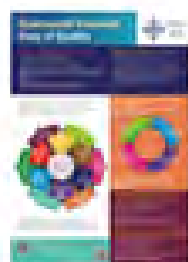
- Dedicated Duty of Quality Implementation Lead
- Duty of Quality Reference Group
- Duty of Quality [SharePoint site](#)



Communication and raising awareness

Completed:

- Duty of Quality awareness video
- Duty of Quality "on a page" poster



To do:

- e-learning support for all staff will be available shortly

Education and training

Completed:

- Training session for CDOs, EDOs and MDs (Feb 2023)
- Training session for Independent Board Members (Mar 2023)
- Slide-deck shared for use by NHS organisations



Rhwydwaith Arennau Cymru

Archwiliad Arennol Cenedlaethol 2023

Cynhaliodd Rhwydwaith Arennau Cymru (WKN) ei 13eg digwyddiad archwiliad arenol cenedlaethol yng ngwesty'r Metropole ar 29 a 30 Medi. Mynychwyd y digwyddiad gan dros 100 o gydweithwyr arbenigol arenol o ystod o ddisgyblaethau ledled Cymru. Roedd cyfanswm o 20 o gyflwyniadau yn ystod y digwyddiad a chafwyd sgrysiâu gan arenegwyr ymgynghorol, nyrsys, seicolegwyr, llawfeddygon trawsblaniadau a gweithwyr cymdeithasol – a chafodd pob un ohonynt eu ffrydio dros Microsoft Teams ar gyfer y cydweithwyr hynny nad oeddent yn gallu bod yn bresennol. Bydd pob un o'r cyflwyniadau unigol ar gael ar-lein yn yr wythnosau nesaf.



Rhwydwaith Arennau Cymru
Welsh Kidney Network

Yn ystod y ddau ddiwrnod, dyfarnwyd gwobr fawreddog 'Rhagoriaeth mewn Nyrsio Arennol' Liz Baker 2023 i Melanie Helen Jones - chwaer hŷn yn Ysbyty Treforys, cyn nifer o enwebiadau eraill a ystyriwyd gan y panel o feirniaid. Diolch yn fawr iawn i'r talentog Richard Davies a Judy Schofield o PGIAC a weinyddodd y digwyddiad yn llwyddiannus ac yn rhagorol - dim tasg hawdd!

Roedd Rhwydwaith Arennau Cymru yn ddiolchgar i dderbyn cyfraniad sylweddol gan ein noddwyr fferyllol yn ogystal â chyfraniad bach gan PGIAC a wnaeth y digwyddiad yn bosibl ac yn gallu rhedeg heb fawr o gwtogi ar niferoedd.

Adolygiad Cymheiriaid Cenedlaethol o Uned Hemodialysis 2023

Ym mis Ionawr 2023, lansiodd Rhwydwaith Arennau Cymru ei brosiect adolygu gan gymheiriaid mwyaf uchelgeisiol hyd yma – adolygiad llawn o'r holl Unedau Dialysis yng Nghymru. Roedd hyn yn golygu bod timau arolygu adolygiadau gan gymheiriaid yn ymweld ag 19 o unedau dialysis, gan gyfweld â staff a chleifion ar y safle ac asesiad o'r amgylchedd cyffredinol. Roedd hwn yn ddarn arwyddocaol o waith, yn enwedig gan y rhai a ysgrifennodd yr adroddiadau wedyn. O ganlyniad i'r adolygiad, mae'r tair prif ganolfan, y De-ddwyrain, y De-orllewin a'r Gogledd, yn gallu defnyddio adroddiadau Rhwydwaith Arennau Cymru a chynlluniau gweithredu fel mecanwaith ychwanegol i ddylanwadu ar newidiadau cadarnhaol i'w cleifion, o safbwynt ansawdd a diogelwch cleifion. Bydd yr arolygiaeth genedlaethol hefyd yn galluogi Rhwydwaith Arennau Cymru i dynnu'r themâu allweddol sy'n deillio o'r adolygiad cyfan.

Mae adolygiadau cymheiriaid eraill y mae Rhwydwaith Arennau Cymru wedi'u cynnal yn y blyneddoddi diwethaf yn cynnwys adolygiadau cenedlaethol o wasanaethau Mynediad Fasgwlaidd a Therapiau Cartref.



Cyfeillion Cymdeithas Clefyd y Crymangelloedd a Thalasaemia

Trefnwyd Diwrnod Ymwybyddiaeth ac Addysg Cymunedol fel rhan o Fis Rhyngwladol Hanes Pobl Ddu gan Gyfeillion Cymru Clefyd y Crymangelloedd a Thalasaemia CIC ac fe'i cynhaliwyd ar 7 Hydref 2023. Yn y llun mae Dr Sian Lewis, Rheolwr Gyfarwyddwr PGIAC gyda Rhanddeiliaid eraill o'r digwyddiad:



Cyngres Ryngwladol Coleg Brenhinol y Seiciatryddion 2023



ROYAL COLLEGE OF PSYCHIATRISTS
International Congress 2023
Liverpool 10-13 July



Megan Davies-Kabir, a former trainee at Ty Lliard, presented a PREMs and PROMs poster at the Royal College of Psychiatrists International Congress 2023. Megan collaborated with Dr Ceri Price, Consultant Psychiatrist for CAMHS to produce the poster:



QI INPATIENT CAMHS



Improving Outcome Measurement and Experience in an Adolescent Inpatient Unit Through Patient-reported Measures

M. DAVIES-KABIR¹, C. PRICE²

1. CAMHS ST6, Ty Lliard Hospital, Bridgend, Wales
2. CAMHS Consultant, Ty Lliard Hospital, Bridgend, Wales



1 Introduction

We wanted to address Quality Network for Inpatient CAMHS standards:

1. Outcome measurement tools are completed from the perspective of young people.
2. The ward team use quality improvement methods to work on service improvements.

2 Aim

A Quality Improvement project was conducted in Ty Lliard, a 15-bed adolescent unit in South Wales, over a three-month period to introduce and embed outcome measurement from the perspective of young people (YP) admitted to the unit. Through use of these measures we hoped to give the YP a stronger voice in the multidisciplinary ward round (MDT-WR) and to improve their experience of attending it.

3 Method

A validated patient-rated outcome measure (PROM) and experience measure (PREM) were chosen and adapted in co-production with the YP on the ward. The measures were selected on the basis of being quickly and easily understood and completed. The PREM provided useful ratings in key areas ("school", "home", "family", "me") and the PREM measured how patients experienced attending the MDT-WR. Outcomes and completion rate of these measures were audited weekly for three months, and several Plan-Do-Study-Act (PDSA) cycles were completed to increase their usage and to improve the YP's experience of attending their MDT-WR.

5 Conclusions

We were successful in introducing and then increasing the completion rate of patient rated measures. Through use of the PREM we were able to make changes to the ward round and demonstrate the subsequent improvements to the experience of the patients attending. We have demonstrated that outcome measurement from the perspective of YP can contribute usefully to the MDT-WR and can improve YP's experience of the service. Use of these measures will continue as standard practice on our unit and could contribute usefully in future service evaluation projects.

6 Acknowledgements

With thanks to the staff and patients of Ty Lliard Adolescent Unit, Bridgend.

7 Contact information

megan.davies-kabir@wales.nhs.uk

4 Results

From an initial baseline of 0% we achieved a maximum of 50% of YP on the ward completing a PROM each week, and a maximum of 100% of YP who attended MDT-WR completing a PREM (chart 1). Three PDSA cycles improved our completion rate. PROM ratings were used as part of the clinical discussion in MDT-WR each week. Not all YP were well enough to complete it, but for those who were its clinical usefulness (and especially comparing scores in consecutive weeks) was reported in clinician feedback. PREM scores were presented and discussed a number of times in ward improvement meetings and management meetings and four PDSA cycles completed which incrementally increased the PREM average weekly scores (chart 2).



5 GREATix Received

Quarter 1 2023/2024

Colleague displayed excellent communication skills, co-ordinating the care of a patient to ensure timely follow plans put in place, in order to facilitate patient discharge directly home from the MTC. Colleague went above and beyond for this patient, allowing me to contact her on her personal phone when she had finished work for the day. Not something that we should have to do, but in doing so Thursday enabled a timely discharge from the MTC, with the patient assured she would have the necessary follow up in place.



Patient and family very keen to take patient home who was emerging from post-traumatic amnesia. The family were really emotional and wanting to discharge the patient. Colleague and Senior lead nurse who was on a non-working day, coordinated for the patient to have an assessment. After the end of their shift senior discharge nurse and colleagues arranged to come to the Ward to do a Mental Capacity Assessment which resulted in the patient being assessed to have mental capacity and he was able to be discharged home. This was a wonderful and compassionate choice for these staff members to undertake in their own time. This also allowed a bed to be free.

TEAMWORK GREATix

Creating an excellent discharge handbook for paediatric patients that have sustained a blunt abdominal injury

LEADERSHIP GREATix

Preventing falls initiative – Beywatch bays. Beywatch initiative has seen dedicated members of staff monitor patients deemed at high risk of a fall.



SUPPORT GREATix

Communication and advocating for the patient in preparation for repatriation of a patient coming back to POW. Met with challenging attitudes from senior clinicians from within her own health board but remained professional throughout, a real credit to her service, and the SWTN.

Image by iStock.com

Achub bywydau

Gwybll canlyniadau
Gwneud gwahaniaeth



Saving lives

Improving outcomes
Making a difference



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Tîm Ansawdd PGIAC yn ymweld ag Ysbytai St Thomas a Great Ormond Street

Cynhaliodd cydweithwyr Tîm Ansawdd PGIAC ddau ymweliad clinigol ym mis Awst 2023 i gwrdd â Ruth Liley, Cyfarwyddwr Ansawdd a Sicrwydd yr Ymddiriedolaeth a Nicholas Barrett, Ymgynghorydd Gofal Critigol ac Arweinydd Clinigol ar gyfer y gwasanaeth Ocsigeni drwy Bilen Allgorfforol (ECMO) yn ysbyty St Thomas a Jatinder Olk, Pennaeth Ansawdd yn Ysbyty Great Ormond Street.



O'r chwith i'r dde: Vicki Dawson-John, Adele Roberts, Kirsty John



Nicholas Barrett, Ymgynghorydd Gofal Critigol ac Arweinydd Clinigol ECMO yn Ysbyty St Thomas



O'r chwith i'r dde: Jatinder Olk – Pennaeth Ansawdd Ysbyty Great Ormond Street, Adele Roberts, Vicki Dawson-John, Kirsty John

Celfyddydau a Lles yn Nhŷ Llywelyn

Cafwyd cyflwyniad gan Ingrid Unsworth, Therapydd Galwedigaethol Arbenigol yn Nhŷ Llywelyn yn y Senedd ym mis Gorffennaf 2023. Roedd ei chyflwyniad yn canolbwyntio ar 'Arts and Minds', prosiect a ariannwyd gan Sefydliad Baring i ddod ag artistiaid preswyl i'r uned dan glo canolig i gyflwyno sesiynau gyda chleifion ac roedd yn cynnwys cerddoriaeth cleifion ac animeiddio digidol.



Bardd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

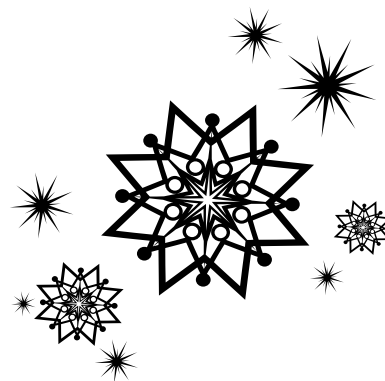


Arts and Minds:

An interim report on creative activity in a secure men's mental health unit

Ingrid Unsworth
Specialist Occupational Therapist

The Baring
Foundation



Project Overview:

- Project emerged from scoping arts sessions by the Arts in Health and Wellbeing Project Coordinator, delivering drawing and painting sessions in the unit to assess interest
- A successful application was made for £28'440 to Arts Council Wales and The Baring Foundation for creative activities with male prisoners in a secure mental health unit
- An independent evaluation is being undertaken by Millstone Tweed
- Intention to become a multi-year programme and long-term goal to embed creative activities within the unit

Highlights:

- On-ward celebration event held for end of first residency
- Several single/EP albums made including cover and reverse art, as well as music
- Several tracks sent to Koestler Awards



Celfyddydau a Lles yn Nhŷ Llywelyn

Roedd Ingrid hefyd yn siaradwr gwadd mewn cynhadledd ar-lein ar gyfer dros 200 o weithwyr proffesiynol eraill yr un mis a oedd yn canolbwyntio ar fuddion therapiwtig cadarnhaol rhyngweithio anifeiliaid ar adferiad cleifion, gan arddangos y prosiect 'K9 Club' pwrpasol rhagorol a lansiwyd gan y Tîm Therapi Galwedigaethol yn Nhŷ Llywelyn yn 2022 ac wedi'i ariannu gan Grant Awyr Las.



Diwrnod Rhyngwladol Diogelwch Cleifion



Creodd Timau Gofal ac Ansawdd Cleifion WHSSC arddangosfa i ddathlu Diwrnod Diogelwch Cleifion Rhyngwladol. Diolch yn fawr iawn i Kirsty John o'r Tîm Ansawdd am bobi'r cacennau!.



Newyddion Cyflym o'r Timau Comisiynu



Grwpiau Iechyd Meddwl ac Agored i Niwed

9 ymweliad ansawdd
a gynhaliwyd hyd yn
hyn yn 2023 ar draws 6
gwasanaeth



Merched a Phlant

6 ymweliad ansawdd
a gynhaliwyd hyd yn
hyn yn 2023 ar draws 6
gwasanaeth



Niwrowyddorau a chyflyrau hirdymor

6 ymweliad ansawdd
a gynhaliwyd hyd yn
hyn yn 2023 ar draws 5
gwasanaeth



Canser a Gwaed

4 ymweliad ansawdd
a gynhaliwyd hyd yn
hyn yn 2023 ar draws 4
gwasanaeth



Gwasanaethau Cardiaidd

6 ymweliad ansawdd
a gynhaliwyd hyd yn
hyn yn 2023 ar draws 3
gwasanaeth



Methiant y Coluddyn

1 ymweliad ansawdd
wedi'i gynnal hyd yn hyn
yn 2023

Diwrnod Gwella ac Arloesi
Gwasanaethau Imiwnoleg
wedi'i gynllunio ar gyfer
23/01/2024



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Pwyllgor Gwasanaethau
Iechyd Arbenigol Cymru
Welsh Health Specialised
Services Committee

Cydnabod Digwyddiadau Sylweddol a Diolchiadau

Anfonwyd yr isod at Lloyd Griffiths, Pennaeth Nyrsio CAMHS BIPCTM a Julie Denley, Cyfarwyddwr Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl BIPCTM:

“

“Helo,

Mae'r Dirprwy Weinidog newydd gwrdd â'r Comisiynydd Plant ac fe adroddodd y Comisiynydd yn ôl ar ei hymweliad â Thŷ Llidiard. Dywedodd ei bod wedi gwneud argraff fawr arni a'i bod yn teimlo ei fod yn ymweliad cadarnhaol iawn. Cafodd ei sicrhau hefyd o siarad â phobl ifanc yn yr uned am ansawdd y gofal a bod pobl ifanc yn cael eu clywed. Sylwadau cadarnhaol iawn am yr holl staff y cyfarfu'r Comisiynydd â nhw hefyd

Diolch

Matt”

Matt Downton, Pennaeth Iechyd Meddwl a Grwpiau Agored i Niwed, Llywodraeth Cymru

Dolenni defnyddiol

Cylchlythyr Clefyd Cynhenid y Galon Oedolion (ACHD)

Mae fersiwn yr Haf o Gylchlythyr ACHD ar gael yma:



Cliciwch ar y PDF i
agor y ddogfen.

Cylchlythyr Rhwydwaith Iechyd Meddwl Amenedigol

Mae cylchlythyr Rhwydwaith Iechyd
Meddwl Amenedigol Ebrill Gorffennaf
gael yma:



Sganiwch y cod QR /
cliciwch arno i
ddarllen y
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
ddarllen y
cylchlythyr.

Comisiynu Gwasanaethau Iechyd
Arbenigol Cymru

DIWEDDARIAD ANSAWDD



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Iechyd Arbenigol Cymru
Welsh Health Specialised
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*Sganiwch y cod QR/ cliciwch arno i ddarllen y
cylchlythyr.*



Hydref 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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Partneriaeth
Cydwasaethau
Shared Services
Partnership