

**ANNUAL SELF ASSESSMENT  
HEALTH AND CARE STANDARDS**

<b>S</b> Situation	<b>4.2 Patient Information</b>																
<b>B</b> Background	<b>Please Confirm the rating from the following</b>  <b>Getting There</b>																
<b>A</b> Assessment	<p><b>Provide 250 words (<u>maximum</u>) to give necessary contextual narrative</b></p> <p><b>The Clinical Boards undertook a self assessment against standard 4.2 Patient Information. There were many areas of excellent practice noted across all Clinical Boards</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>CD&amp;T</b></td> <td><b>Getting There</b></td> </tr> <tr> <td><b>Children and Women</b></td> <td><b>Getting There</b></td> </tr> <tr> <td><b>Dental</b></td> <td><b>Getting There</b></td> </tr> <tr> <td><b>Medicine</b></td> <td><b>Meeting the Standard</b></td> </tr> <tr> <td><b>Mental health</b></td> <td><b>Meeting the Standard</b></td> </tr> <tr> <td><b>PCIC</b></td> <td><b>Getting There</b></td> </tr> <tr> <td><b>Specialist</b></td> <td><b>Getting There</b></td> </tr> <tr> <td><b>Surgery</b></td> <td><b>Meeting the Standard</b></td> </tr> </table> <p><b>Time is taken to listen and actively respond to any questions and concerns that the individual or their relatives may have, treating their information confidentially.</b></p> <p>The Patient Experience framework 2017 -2020 was launched this year and sets out how all of the elements of patient experience will be used as a learning tool. Concerns managed through the Putting Things Right process with clinical Boards being performance managed against their response times and the proportion of concerns being managed informally. This year 72% of concerns were responded to within the timeframe.</p> <p>The Patient Advice and Liaison Services is now based in the Information and Support Centres, supporting patients</p>	<b>CD&amp;T</b>	<b>Getting There</b>	<b>Children and Women</b>	<b>Getting There</b>	<b>Dental</b>	<b>Getting There</b>	<b>Medicine</b>	<b>Meeting the Standard</b>	<b>Mental health</b>	<b>Meeting the Standard</b>	<b>PCIC</b>	<b>Getting There</b>	<b>Specialist</b>	<b>Getting There</b>	<b>Surgery</b>	<b>Meeting the Standard</b>
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by resolving concerns swiftly and effectively where possible and supporting people to raise a formal concern when necessary.

All areas display Putting Things Right information to inform patient on how to raise a concern and the majority of Clinical Boards have made reference to the efforts that are underway to respond to concerns within the appropriate timescale. PCIC have sent revised PTR information out to all GP Practices.

**Valid Consent is Obtained in Line with Best Practice Guidance and Assessing and Caring for People in Line with the Mental Capacity Act 2005 and when Appropriate the Deprivation of Liberty Safeguards 2009**

Mental Capacity Act training became mandated this year and the health board was 59.69% compliant at the end of March 2018. Compliance is reported through the Executive Performance Reviews and from April 2018 will be reported separately for Medical and Nursing and Allied Health Staff. The Mental Capacity Act and the Lasting Power of Attorney and Court Appointed Deputy Procedure have been updated in 2017/18. Targeted support is available throughout the health board as required around consent and mental capacity issues.

Mental Health Clinical Board ensure that all patients have a copy of "The Rights" if they are admitted formally under the Mental Health Act. Rights for informal patient's posters are displayed on every ward.

Mental Health Clinical Board are 100% compliant in ensuring that all patients have access to an Independent Mental Health Advocate to support them in obtaining information.

CD&T have completed a baseline audit of MCA compliance and PCIC have undertaken a similar audit within District Nursing and have developed and improvement plan as a result.

**People's rights and individual circumstances are respected so that they have a voice and control, empowering them to make decisions that affect their lives.**

Clinical Boards have demonstrated significant areas of excellent practice in providing patient information in a

	<p>flexible, accessible and targeted way. CD&amp;T are developing a patient portal to allow patients to access information regarding their care. Children and Women Clinical Board are holding drop in sessions for women in accessible community venues including supermarkets, and libraries. Dental Clinical Boards have developed theatre guidelines in larger font and coloured paper for patients who have dyslexia. Surgery Clinical Board are running patient education classes about stomas, orthopaedic pre assessment and vascular exercise classes. Specialist Clinical Board have developed information leaflets for specific clinical procedures. In Mental Health Clinical Board weekly mutual help sessions are held for inpatients.</p> <p>The identification of welsh speaking staff, bilingual patient information and signposting supports Welsh speaking patients however it is anticipated that there will be significant work to ensure that welsh speakers are able to fully participate as equal partners once the Welsh Language Standards are published.</p> <p>The provision of patient information in accessible formats varies across the health board and within Clinical Boards. All Clinical Boards have Sensory Loss Champions who work to promote accessible information</p>
<p><b>R</b> <b>Recommendation</b></p>	<p><b>The following improvement actions have been identified as key deliverables for 16/17</b></p> <ul style="list-style-type: none"> <li>• To revise the Consent Policy in line with revised Welsh Government guidance</li> <li>• To increase compliance with MCA training</li> <li>• To undertake a Gap analysis and develop an action plan in line with revised Welsh Language Standards</li> <li>• Revision of Patient Information Guidance</li> <li>• To continue the work around meeting the Welsh Government All Wales Standards for Accessible Communication and Information for People with Sensory Loss</li> </ul>