

**ANNUAL SELF ASSESSMENT  
HEALTH AND CARE STANDARDS**

<p><b>S</b> <b>Situation</b></p>	<p><b>Corporate Assessment</b></p> <p><b>Standard: 6.1 Planning to Promote Independence</b></p> <p>Care provision must respect people’s choices in how they care for themselves as maintaining independence improves quality of life &amp; maximises physical &amp; emotional wellbeing</p>																
<p><b>B</b> <b>Background</b></p>	<p><b>Please Confirm the rating from the following definitions:</b></p> <table border="1" data-bbox="568 842 1407 1149"> <tr> <td>Children and Women</td> <td>Meeting the Standard</td> </tr> <tr> <td>CD&amp;T</td> <td>Leading the Way</td> </tr> <tr> <td>Dental</td> <td>Meeting the Standard</td> </tr> <tr> <td>Medicine</td> <td>Meeting the Standard</td> </tr> <tr> <td>Mental health</td> <td>Leading the Way</td> </tr> <tr> <td>PCIC</td> <td>Meeting the Standard</td> </tr> <tr> <td>Specialist</td> <td>Meeting the Standard</td> </tr> <tr> <td>Surgery</td> <td>Meeting the Standard</td> </tr> </table> <p>A number of the clinical boards have assessed themselves as meeting the standard. A review of the evidence submitted by Clinical Boards provided within the self-assessments demonstrates that there has been significant progress implementing schemes and models to promote a person’s independence and wellbeing. This supports an overall corporate rating of <b>Meeting the Standard with some Clinical Boards Leading the Way.</b></p>	Children and Women	Meeting the Standard	CD&T	Leading the Way	Dental	Meeting the Standard	Medicine	Meeting the Standard	Mental health	Leading the Way	PCIC	Meeting the Standard	Specialist	Meeting the Standard	Surgery	Meeting the Standard
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<p><b>A</b> <b>Assessment</b></p>	<p>There are some excellent examples of individualised care planning where patients are involved in planning of their care. The examples set out below is a sample of the evidence submitted;</p> <ul style="list-style-type: none"> <li>• In Children and Women Clinical Board Maternity Support workers are involved with Public health of women</li> <li>• Drop in breast feeding support sessions throughout Cardiff and Vale communities available for women</li> <li>• Providing children/carers with choice and control</li> <li>• Supporting the new and expanding concept of co-production and uphold principles of family centred</li> </ul>																

	<p>care</p> <ul style="list-style-type: none"> <li>• Using the patient feedback and experience and to help redesign of pathways around the child, rather than diseases.</li> <li>• In CD&amp;T Clinical Board Therapists make alliances with service users and carers to plan and implement treatment programmes that reflect the occupations and activities with which service users need to and/or wish to undertake in their daily life.</li> <li>• Therapists have been leading the training programmes for Get me home delivering multidisciplinary sessions across sites promoting the message of Get up Get Dressed and Get Moving, supporting culture change across all inpatient settings</li> <li>• Sensory loss initiatives have been rolled out across the Dental Clinical Board and the Clinical Board have been awarded the Action on Hearing Loss Louder than Words Accreditation.</li> <li>• The 1000 lives and care home training encourages Dental staff to make adaptations to resources to encourage clients to continue to be able to self-care.</li> <li>• In Medicine Clinical Board de-conditioning exercise groups run by physiotherapists to promote patient mobility and independence whilst maintaining safety in line with risk assessments with the aim of preventing patient de-conditioning during their hospital stay.</li> <li>• Successful pilot project of the Model ward for Nutrition and Hydration on two wards within MCB in 17/18 promoting improved nutrition and hydration, protected meal times and better outcomes for patients such as social engagement and minimising deconditioning during a stay in hospital</li> <li>• John's campaign piloted over 3 hospital sites in the UHB, implementing improvements with carers involved in care for patients with dementia.</li> <li>• Clinical areas routinely undertake Board Rounds, patient and family care clinics to support care planning and patient independence. Safety briefings are embedded within all clinical areas.</li> <li>• Mental Health Clinical Board supports the provision of care in the least restrictive environment – a complex case forum supports clinicians with risk management.</li> <li>• Service users participate in the co-production of their CTPs whenever possible – this is monitored via a monthly CTP audit.</li> </ul>
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	<ul style="list-style-type: none"> <li>• The Recovery Star is used across all rehabilitation and recovery areas.</li> <li>• A Recovery College has commenced for the CB</li> <li>• The Partnership Board is chaired by service users and has an annual action plan.</li> <li>• The PCIC board promotes the 'choose wisely strategy' and promote shared decision making training for GP's through Cardiff University.</li> <li>• Within the CRT's and District Nursing services, patients have hand held records and staff work with patients to agree the plan of care with the patients and the family. Formal audits are in place to review documentation within the Paris system that CRT's and District Nursing services use.</li> <li>• DOSH and CHAP also work directly with service users to agree plans of care and undertake regular review.</li> <li>• Within Specialist Services Clinical Board there is evidence of individualised planning of care to promote independence following neuro and spinal rehabilitation (Rookwood Hospital) this is evidenced in individualised goal planning meetings and MDT discharge planning.</li> <li>• Evidence of planning care to promote independence within the day services provided by Haematology, Nephrology and Transplant and Neurosciences. All fostering patient independence and reducing reliance on inpatient hospital admission</li> <li>• N&amp;T have started discussing patient choices at the first encounter with them and continue to do so throughout. This includes providing options that fit in with the individual's choice of treatment, time and place of treatment and life choices. Dialysis units are open in the evening in order for patients to attend after work.</li> <li>• The Thoracic MDT are developing a pre-rehabilitation programme for patients to maximise their rehabilitation this will be progressed within the new T1 outpatient facility</li> <li>• Early rehabilitation is built into the care of Critical Care patients especially those that will become long term patients.</li> <li>• To aid rehabilitation and promote independence there is evidence of close working with charities that support services and promote independence e.g. Headway Day Centre, Spinal Injuries Association, MS Society, TCT</li> <li>• In Surgery Clinical Board daily MDT board runs are carried out on all surgical inpatient wards answer the question "what do we have to do today to get</li> </ul>
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	<p>this patient home”.</p> <ul style="list-style-type: none"> <li>• West 4, UHL, is an acute trauma ward, providing post-operative care and continuing rehabilitation until the patient is ready for discharge. From day 1 on the ward, patients are treated as individuals. This includes encouraging them to get dressed and sit out in chairs, helping to orientate them and, as much as possible, create awareness of routines that are normal for them.</li> <li>• ERAS (enhanced recovery after surgery) continues and is being rolled out in other specialities such as Orthopaedics and Upper GI</li> <li>• The role out of self-administer of clexane has expanded to the Hepatobiliary service.</li> </ul>
<p style="text-align: center;"><b>R</b></p> <p><b>Recommendation</b></p>	<p><b>The following improvement actions have been identified as key deliverables for 18/19</b></p> <ul style="list-style-type: none"> <li>• Move from a position of service improvement to service transformation in promoting independence, focusing on Primary care and Community.</li> <li>• Strengthening of transition between children and adult services</li> <li>• Develop further opportunities for alliance work with all sectors with a focus on Falls prevention pathway</li> <li>• Review opportunities for rehab assistants within the workforce</li> <li>• Further opportunities to involve patients with planning care and discharge planning</li> <li>• Continue to promote and roll out the ‘Get Me Home’ campaign strengthening linkage between HCS 6.1 Promoting independence and 2.1 Falls Prevention.</li> <li>• Continue to develop de-conditioning groups to promote independence for a wider range of patients throughout the health board.</li> <li>• Further roll out of John’s campaign to more clinical areas within the health board.</li> <li>•</li> </ul>