### ANNUAL SELF ASSESSMENT HEALTH AND CARE STANDARDS

Situation	of the people served and der learn from feedback. Corporate Assessment This report is intended to pro Nursing and the Lead Indepe	nd their families, must be experiences to those who is a clear understanding of at is not, and they must response. haped by and meet the needs monstrate that they act on and
Background		ards. ted their self assessment gainst compliance with the Clinical Board Clinical Diagnostics and Therapies Specialist Surgery, Mental Health Dental, PCIC Medicine Children and Women

	The self assessments completed, and the evidence	
	provided by the Clinical Boards gives sufficient assurance or evidence that they are progressing towards or compliant with the standard.	
Kasessment	Examples have been put forward which confirm that progress is being made. A selection of these examples are:	
	<ul> <li>Children and Women Clinical Board <ul> <li>CAV Parent Voices – project identified to improve pathways for women undergoing induction of labour, learning from women's experiences</li> <li>Pulse Surveys, coffee, cake and catch up sessions used to gain staff feedback and share 'you said we did'</li> <li>All RCAs taken through CB Quality and Safety meeting and all learning shared</li> <li>CCH and PCIC teams have met to develop a pathway for transition of young people from the CCNS. This work was initiated following a family and young person whose experience of transition was negative.</li> </ul> </li> <li>CCH has commissioned development of a UHB /LA joint agreement document for Children with Continuing Care following disputes in relation to the Children's Guidance</li> </ul>	
	<b>Clinical Diagnostics and Therapies Clinical Board</b> The theme around the lack of visible hand washing has been recurrently seen. The Podiatry team has been trailing the 'SMILE' initiative. Their most recent data collection showed a patient satisfaction rate of 98% rated at 8/10 or greater (94% scored 9 or more). It is planned to roll this out further across the Clinical Board in the coming year.	
Patient feedback has been collected in Radiology and OF utilising some of the technology available (e.g. touch points, interactive kiosks). Dental Clinical Board		
Medicine Clinical Board		
	Medical students provide feedback following their clinical placements as a means of sharing experiences Patient Experience Groups and Carers clinics are established across the Board.	

### **Mental Health Clinical Board**

The CB holds a Lesson Learned bi-monthly meeting for all grades of staff within the MDT. This focuses on learning from SUIs, concerns and PSOW reports. Patient stories are discussed in detail.

Regular meetings are held with stakeholders – consultation events with partners, patients, carers, public, community health council, staff side etc

# **PCIC Clinical Board**

An engagement committee has been developed and services are at different stages of delivery against the PPE framework, some work has been implemented to ensure that all services within the Clinical Board have commenced their individual engagement plans

# Specialist

Action plans developed from health and care Standards audit on a directorate level and fed into Specialist Nursing Board.

Haematology have conducted workshops to gain service users perspectives of the Ambulatory Care service. Actions have been taken to improve practice.

# Surgery

Twice a year Medical students as part of their training interview patients to hear their stories. Patient story telling was undertaken as part of the RCN Clinical Leadership Programme and it is this methodology the students use. Once the interviews are carried out the student submits their report to the ward sister/charge nurse and action plans if required are developed from this information.

#### Medicine

Ward meetings and operational Band 6 and 7 away days are held to ensure that staff views are heard and that they can advocate for patient experience in their areas. Staff feedback is also gained through utilising tools such as "day in the life" forms.

Patient Experience Groups and Carers clinics are established across the Board.

	Model ward Nutrition & Hydration implemented to 2 wards soon to be 4 has demonstrated excellent results improving nutrition & hydration for patients. Feedback from patients, relatives and staff has been very positive and has enabled the board to demonstrate a model of care that has listened to patient feedback in improving the quality and availability of food, drinks and snacks. This model of care has been shortlisted for National Patient Safety award.	
	The East 8 model of care, which is an activities and therapy focussed philosophy of care. which maintains and promotes independence to prevent deconditioning of the older person in an acute Care of the elderly ward. Early results are demonstrating good patient and relative feedback.	
	C7 are working with third sector and volunteers to provide a more stimulated activity focussed environment of care for the older person waiting for long term care placement.	
	The following improvement actions have been	
	identified as key deliverables for 18/19	
	<ul> <li>Surgery-Display patient feedback on "you said we did" boards</li> </ul>	
	<ul> <li>Mental Health-A thematic review of SUIs will be completed annually to identify trends/themes. The CB is working on the thematic review of suicides for this year</li> </ul>	
R	<ul> <li>Dental- To support and develop staff in delivering</li> </ul>	
Recommendation	<ul> <li>patient stories</li> <li>C, D &amp; T Further development of the 'Patient Experience and Engagement Framework' especially with respect to the creation of mutually beneficial partnerships between patients and those delivering health care; and the measurement of patient recorded outcome measures.</li> <li>Children and Women- An agreed HV Pathway for health of the free on the care of t</li></ul>	
	Looked after & Newly Adopted Children.	