

# Basic Health Observation Governance for Managers

## Hertfordshire Care Providers Association (HCPA)



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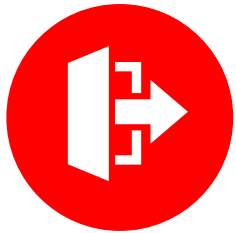


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# Housekeeping



**FIRE  
ESCAPES**



**COMFORT  
BREAKS**



**FACILITIES**



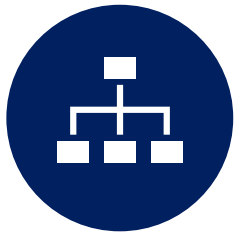
**SMOKE-FREE  
ZONE**



**COVID-19  
SAFETY**



**GREEN  
POLICY**



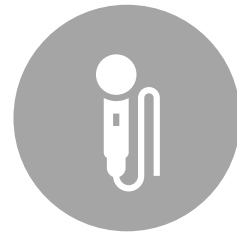
**COURSE  
STRUCTURE &  
EXPECTATIONS**



**QUESTIONS,  
RESPECT &  
COURTESY**



**CONFIDENTIALITY**



**MICS OFF  
CAMERA ON!**



**TIMEKEEPING  
& DEADLINES**



**KEEP  
LEARNING**

# Introductions!



# Session structure

What is Restore2?

Soft signs recap

NEWS 2 and observations recap

SBARD and Herts Escalation Tool

Health observations governance

# Session aim

To upskill managers and leaders within a care organisation on the governance processes of basic health observations in order to embed and sustain the outcomes of the session. To offer education in basic health observations based on Restore 2 to improve knowledge and skills for care managers and leaders. This will enable Care Homes to identify early identification of deterioration which will enable them to maintain good outcomes for their residents, work with their MDT and where applicable to make appropriate clinical decisions and improve appropriate hospital admissions.

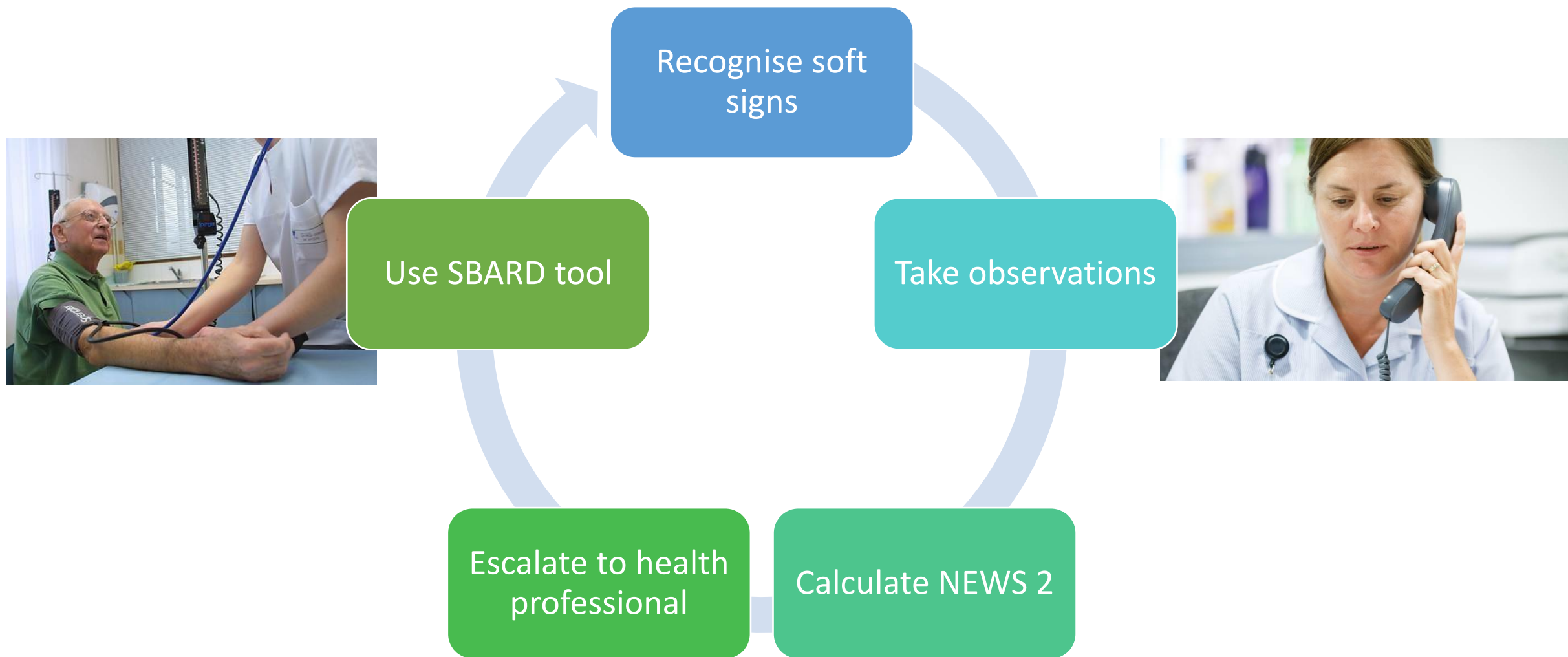
# Learning objectives

- To be confident and proficient using the Restore 2 tool
- To be able to cascade basic knowledge about health observations to other care professionals using the governance toolkit
- To use the knowledge gained in this session to improve relationships with healthcare professionals and integrate as part of a wider MDT
- To understand the governance processes of Basic Health Observations including policies, processes, auditing and staff competence checks

# Where are you now?



# What is Restore 2?







# Evidence for using Restore 2

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British Geriatrics Society Recommendation

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LeDeR programme recommendation

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Patient safety award winner 2020



## Prevention of admission

- Early detection of deterioration enables swift intervention
- Prevents unnecessary hospital admissions
- Better outcome for the individual

# Roles and responsibilities



# Restore 2 and palliative care

- Restore 2 can be helpful in identifying individuals that are coming to the end of their life
  - Once an individual is identified as receiving end of life care, the Restore 2 tool and observation taking should be ceased
- Care professionals can support discussions
- Care professionals need to know where documents are and their individual's wishes



# Restore 2 and palliative care

## Treatment escalation plans (TEPs)

NOT a legal document – more a guidance

Completed by a registered health care professional

“Surprise” question

No TEP = assume for full treatment

Hertfordshire Community NHS Trust

Name: ..... NHS No: ..... DOB: .....

### Treatment Escalation Plan (TEP)

**This form is for clinical guidance it does not replace clinical judgement**

A TEP describes the interventions that would be considered in the event of a clinical deterioration.  
*Review TEP whenever clinically appropriate.*

**LIFE EXPECTANCY**  
Would you be surprised if this patient died within the next 12 months?

If No → Complete TEP form and document patient to be added to the Gold Standard Framework (GSF). If the patient is thought to be in the last days/hours of life, start Last Day of Life Care Plan.

**MENTAL CAPACITY**  
Do you have any reason to doubt the capacity of the individual to be involved in making these decisions?

If Yes → Complete the Stage 2 Mental Capacity Assessment on SystemOne.

	Yes	No
Is the patient for Cardiopulmonary resuscitation (CPR)? If YES – For full escalation of care If NO – Complete HERTS DNACPR form and complete all sections of TEP below		
In the event of a sudden deterioration should the patient be transferred to an acute hospital?		
Would invasive ventilation be appropriate?		
Would intravenous fluids be appropriate?		
Would artificial nutrition support be appropriate?		
Would intravenous antibiotics be appropriate?		
Would oral antibiotics be appropriate?		
Would blood products be appropriate?		
Would oxygen therapy be appropriate?		
Would subcutaneous fluids be appropriate?		
Would the patient accept urinary catheterisation?		
Does the patient have an advanced decision to refuse treatment? If so, where is it kept?		
Does the patient have a lasting power of attorney for health? Name: ..... Relationship: .....		
Contact number: .....		
Have you seen a copy of the LPA?		
Is there anything else to consider?		
Summary of discussion with patient and those that are important to the patient: (if not discussed, document reason) or summary of discussion with NOK/relative/carers if patient lacks capacity.		
Has a discussion with other members of the multi-disciplinary team occurred and documented on system one?		
Has an Advance Care Plan been discussed with patient / NOK? YES NO		<b>ENSURE DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) form is completed and with patient</b>
<b>Clinician completing TEP</b>		
Name: .....	Role: .....	Date: .....
Signature: .....		Time: .....
<b>Review and endorsement by responsible Senior Clinician</b>		
Name: .....	Role: .....	Date: .....
Signature: .....		Time: .....

# Restore 2 and palliative care

## Do not attempt cardiopulmonary resuscitation (DNARs)

Must be the original document

Completed by a GP/hospital doctor

Does not mean no treatment

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION	
Adults aged 16 years and over <span style="float: right;">DNACPRadult.1(2015)</span>	
Name _____ Address _____ Date of birth _____ NHS number _____	Date of DNACPR decision: / /  <div style="border: 1px solid black; padding: 2px; text-align: center; color: red; font-weight: bold;">DO NOT PHOTOCOPY</div>
In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.	
<b>1</b> Does the patient have capacity to make and communicate decisions about CPR? If "YES" go to box 2 <span style="float: right;"><input type="checkbox"/> YES / <input type="checkbox"/> NO</span>  If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition? If "YES" go to box 6 <span style="float: right;"><input type="checkbox"/> YES / <input type="checkbox"/> NO</span>  If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. <span style="float: right;"><input type="checkbox"/> YES / <input type="checkbox"/> NO</span>  All other decisions must be made in the patient's best interests and comply with current law. Go to box 2	
<b>2</b> Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:	
<b>3</b> Summary of communication with patient (or Welfare Attorney), if this decision has not been discussed with the patient or Welfare Attorney state the reason why:	
<b>4</b> Summary of communication with patient's relatives or friends:	
<b>5</b> Names of members of multidisciplinary team contributing to this decision:	
<b>6</b> Healthcare professional recording this DNACPR decision: Name _____ Position _____ Signature _____ Date _____ Time _____	
<b>7</b> Review and endorsement by most senior health professional: Signature _____ Name _____ Date _____ <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: x-small;">Review date (if appropriate):</div> Signature _____ Name _____ Date _____ Signature _____ Name _____ Date _____	

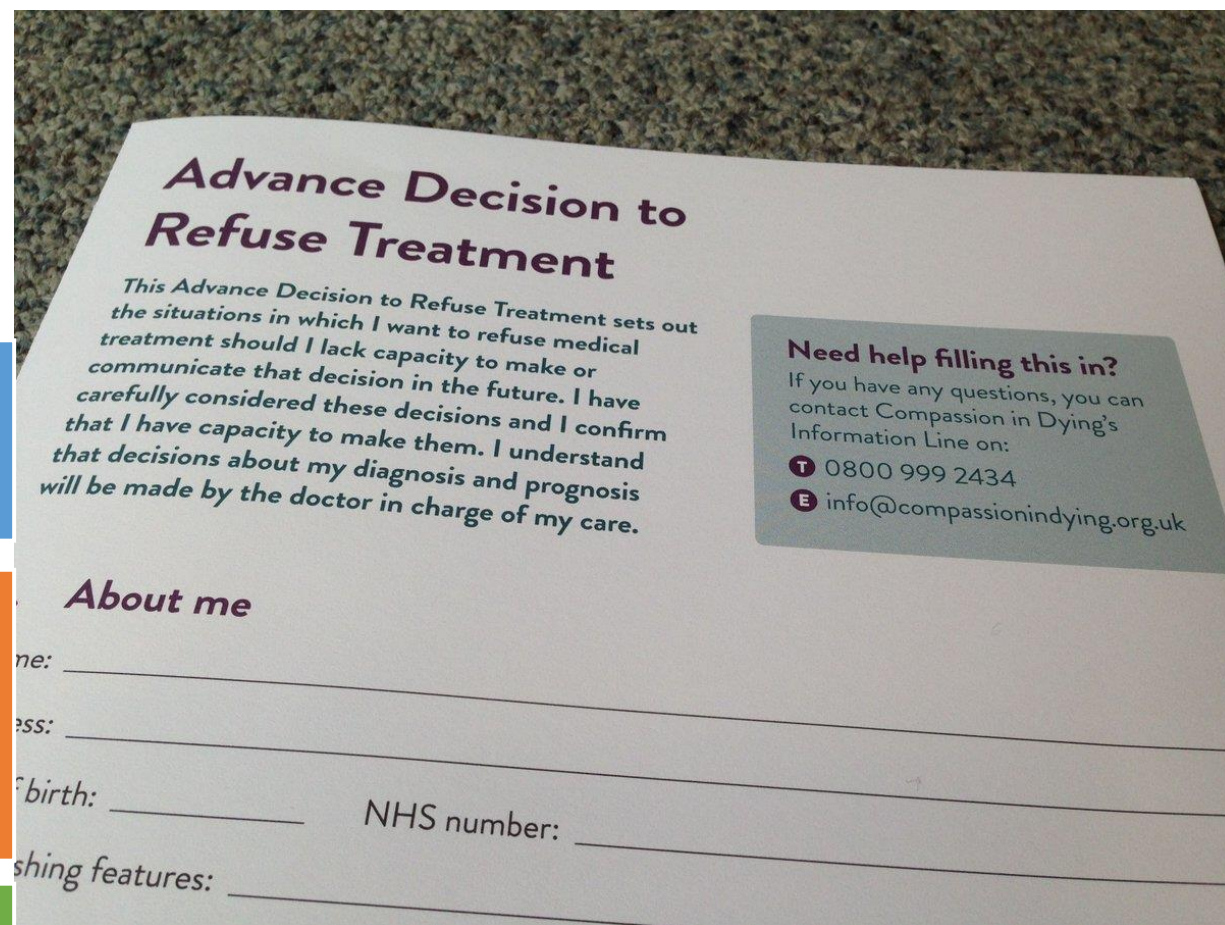
# Restore 2 and palliative care

## Advanced Decision to Refuse Treatment

A legal document – should be kept with the individual

Can be individualised – the individual can refuse some treatment but not others

Need to be made by the individual when they have capacity



**Advance Decision to Refuse Treatment**

*This Advance Decision to Refuse Treatment sets out the situations in which I want to refuse medical treatment should I lack capacity to make or communicate that decision in the future. I have carefully considered these decisions and I confirm that I have capacity to make them. I understand that decisions about my diagnosis and prognosis will be made by the doctor in charge of my care.*

**Need help filling this in?**  
 If you have any questions, you can contact Compassion in Dying's Information Line on:  
 T 0800 999 2434  
 E [info@compassionindying.org.uk](mailto:info@compassionindying.org.uk)

**About me**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ NHS number: \_\_\_\_\_  
 Distinguishing features: \_\_\_\_\_

# Soft signs – stage 1

“How are you feeling today?”

Know your  
service user!





# Soft signs

Soft signs are subtle things you can pick up on that might tell you someone is becoming unwell.



# Stroke Signs:

Act **FAST** and call 999.



**Facial**  
weakness



**Arm**  
weakness



**Speech**  
problems



**Time**  
to call 999



## Heart Attack Signs:

- Chest pain
- Weakness/feeling lightheaded or dizzy
- Sweating
- Shortness of breath
- Overwhelming sense of anxiety

# Sepsis

SEPSIS IS A SERIOUS CONDITION THAT CAN INITIALLY LOOK LIKE FLU, GASTROENTERITIS OR A CHEST INFECTION.

SEEK MEDICAL HELP URGENTLY IF YOU DEVELOP ANY ONE OF THE FOLLOWING:

**S** LURRED SPEECH

**E** XTREME SHIVERING OR MUSCLE PAIN

**P** ASSING NO URINE (IN A DAY)

**S** EVERE BREATHLESSNESS

**"I** FEEL LIKE I MIGHT DIE"

**S** KIN MOTTLED OR DISCOLOURED



THE UK  
SEPSIS  
TRUST

EMAIL: [INFO@SEPSISTRUST.ORG](mailto:INFO@SEPSISTRUST.ORG) FOR MORE INFORMATION

# Soft signs – stage 1

Mr M

55 year old man with Down's Syndrome

What soft signs might you expect in Mr M?

**RESTORE2**  
Recognise Early Soft Signs, Take Observations, Respond, Escalate

**Adult Physiological Observation & Escalation Chart**

Full Name:   
NHS No.   
DOB:  Room No.

**Does Your Resident Have Soft Signs of Possible Deterioration**

**NEW ONSET OF:**  
Stroke (facial / arm weakness, speech problems)  
Central Chest Pain / Heart Attack / Cardiac arrest  
**CALL 999 IMMEDIATELY**

Worsening shortness of breath (can't talk in sentences), chestiness or fast breathing, cough/sputum

New or increasing oxygen requirement

Cold hands/feet or worsening skin colour or puffiness, mottling or rash

Observations significantly different from normal, including blood sugars

Increased or new onset pain

Worse than normal lethargy or withdrawal or anxiety/agitation/apprehension or not themselves

Increasing (or new onset) confusion or less alert than normal

Shivery, fever or feels very hot, cold or clammy

Any concern from the resident, family or carers that the person is not as well as normal

Extreme tiredness or dizziness

Off food, reduced appetite, reduced fluid intake

New offensive/smelly urine or can't pee/reduced catheter output

Diarrhoea, vomiting or dehydration (dry lips, mouth, sunken eyes, decreased skin tone)

Resident specific soft-signs

Can't walk or 'off legs', less mobile/co-ordinated or muscle pain

**If you answer YES to any of these triggers, your resident is at risk of deterioration. If purple signs are present, think possible COVID-19**

RECOGNISE SOFT SIGNS OF POSSIBLE DETERIORATION → TAKE COMPLETE SET OF OBSERVATIONS AND CALCULATE NEWS → ESCALATE USING ESCALATION TOOL AND SBARD COMMUNICATION

Page 1 of 6 - All pages must be present when printing

Mrs D

89 year old lady with COPD and dementia

What soft signs might you expect in Mrs D?

# Comfort break

Your session will resume shortly...



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# Non-compliance with observations

Your individual refuses to have their observations taken due to their confusion.  
What actions would you take in this instance?



How many times do you think we breathe  
in a minute?







## RESPIRATORY RATE

- A normal range is between 12-20 breaths per minute
- What can cause an abnormal respiratory rate reading?
- What can we do about it?



## Measuring respiratory rate

---

- Can you think of some troubleshooting tips?
- Count the number of breaths for one minute by counting how many times the chest rises
- Make sure you have a watch or timer
- Split into groups and practice!





# TEMPERATURE

- The range for a normal body temperature can range from 36.1-38°C for a healthy adult.
- What can cause an abnormal temperature reading?
- What can we do about it?

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## Temperature: Ear thermometers

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- Can you think of some troubleshooting tips?
- Place a clean cap on thermometer
- Place the ear probe snugly in the ear canal direct towards opposite temple
- Take measurement and then dispose of used hygiene cap.
- Wear correct PPE for close contact





## BLOOD PRESSURE

- A normal reading is between 90/60 or 120/80
- Blood pressure is a measure of the force that your heart uses to pump bloody around the body
- Orthostatic hypotension (postural drop)
- What might cause an abnormal BP reading?
- What can we do about it?



## Blood Pressure machine

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- Can you think of some troubleshooting tips?
- Place the cuff on your upper arm with the wire running down the middle
- While taking the measurement, make sure the individual rests their arm, keeps still, and avoids talking

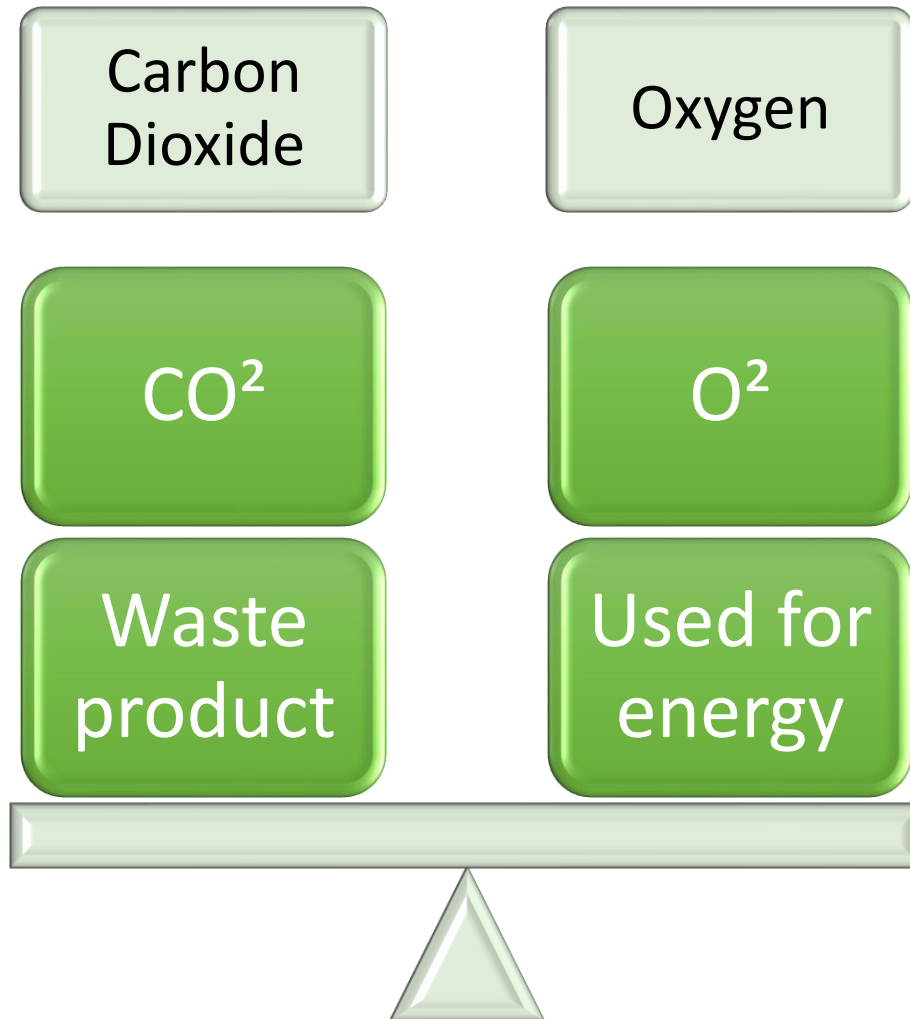




## OXYGEN SATURATIONS

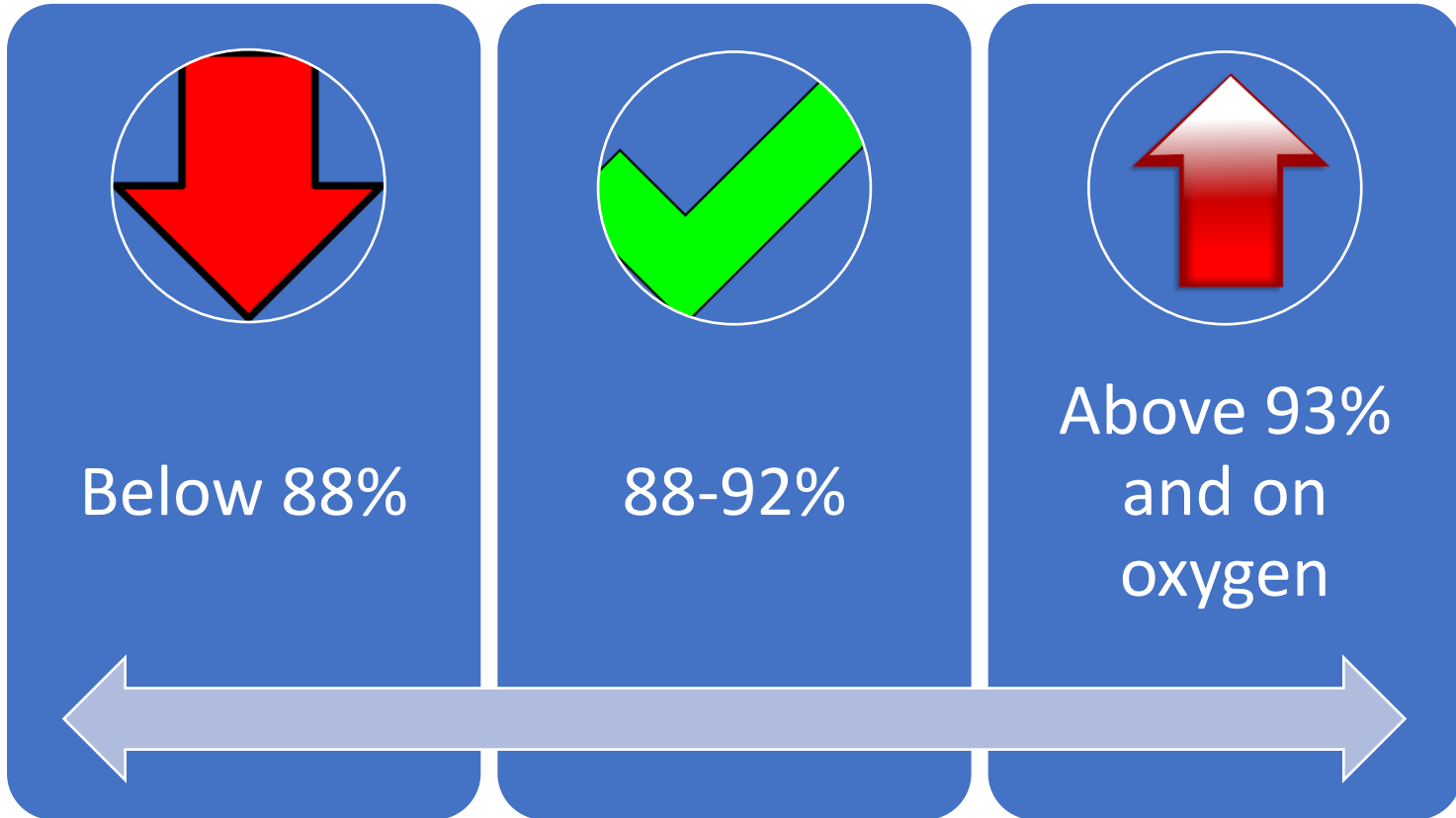
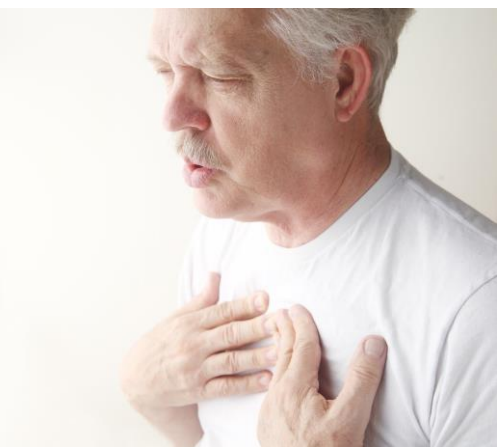
- SCALE 1: 96% above  
SCALE 2: 88-92%
- Oxygen saturations show how efficiently blood is carrying oxygen
- The human body requires a very precise balance of oxygen in the blood.
- What can cause abnormal oxygen reading?
- What can we do about it?

# Scale 2





# Scale 2





## HEART RATE

- A normal resting heart rate ranges from 51-90 BPM
- Heart rate is expressed as beats per minute (BPM)
- Some athletes may have a lower resting heart rate around 40 BPM
- Heart rate will be measured when taking BP and using the pulse oximeter
- What can cause an abnormal reading?
- What can affect the accuracy of the test?

# ACVPU



**A = ALERT**



**C = CONFUSION**



**V = VERBAL**



**P = PAIN**



**U = UNRESPONSIVE**

Know your individual!

Stage 2

# Comfort break

Your session will resume shortly...



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# Calculating the NEWS 2

If someone is on scale 2, it should be signed here by a doctor

Cross through the oxygen scale not being used

Always sign the document, record when next reading due and whether there is an escalation of care

Make sure individual's name and NHS number is always on the document

The NEWS2 should be printed in colour

The image shows a NEWS 2 form with several annotations:

- A red box highlights the 'Full Name' and 'NHS No.' fields at the top.
- A blue callout points to the 'Authorising clinician' box, which is circled in red.
- A grey callout points to the 'SpO<sub>2</sub> Scale 1' section, which is crossed out with a red line.
- A green callout points to the 'NEWS TOTAL' box at the bottom, which is also circled in red.

Photocopy this page if admitting/transferring resident or upload to ambulance EPR

# Stage 3

# Calculating the NEWS 2 – stage 3

Based on the observations supplied, in your groups calculate the NEWS2 score for Mrs D and Mr M

## Mrs D



Respiration rate: 20 breaths per minute



Oxygen saturation: 88% on air (no oxygen supplied)



Blood pressure: 93/54

Remember Mrs D is on scale 2!



Pulse: 115 beats per minute



Consciousness: Mrs D is responsive only to voice



Temperature: 38.6 degrees

## Mr M



Respiration rate: 24 breaths per minute



Oxygen saturation: 92% on air (no oxygen supplied)



Blood pressure: 112/74



Pulse: 96 beats per minute



Consciousness: Mr M is alert



Temperature: 36.6 degrees

# Hertfordshire Escalation Tool – Stage 4



Based upon the NEWS score for each case study, identify the most appropriate course of action

RESTORE2 ESCALATION TOOL

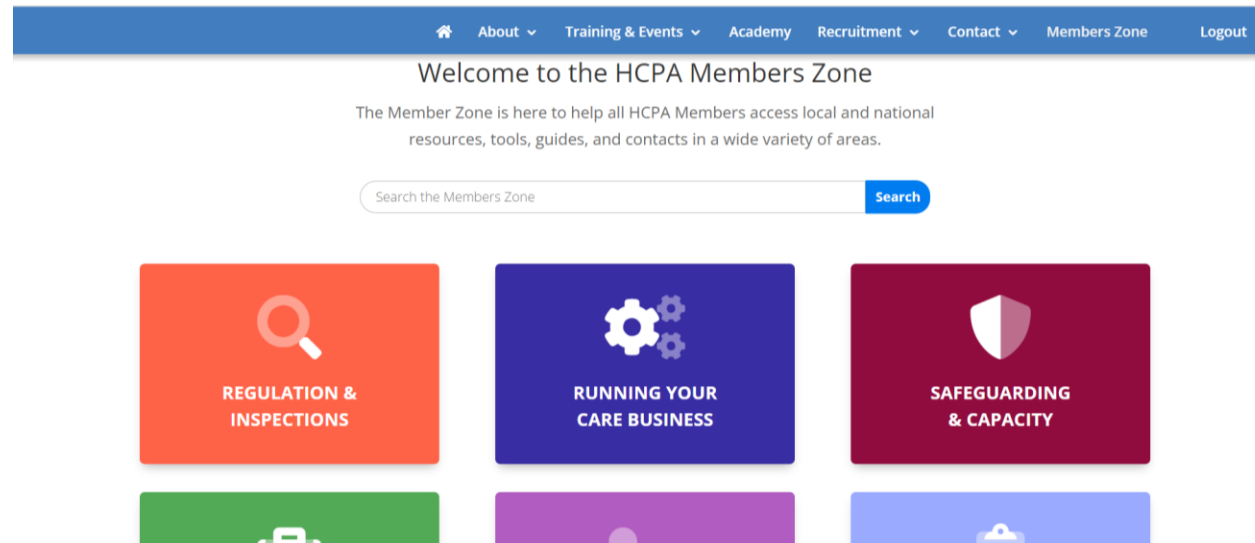
Risk category	Observation frequency	ACTIONS (Normal Operating Hours Mon-Fri 8am-6.30pm): Always consider the resident's total NEWS 2 in relation to their total reference score and other soft signs of deterioration (NOTE: Use this process during NORMAL OPERATING HOURS between Mon-Fri, 8am-6.30pm. For anything outside of these hours please see next column – OUT OF HOURS)	ACTIONS FOR OUT OF HOURS ESCALATION PROCESS (NOTE: Use this process for anything outside of normal operating hours – PLEASE SEE BELOW FOR FULL DETAILS & WHO TO CONTACT)
Low risk Total/aggregated NEWS score of 1-2	Repeat every 12 hours	<ul style="list-style-type: none"> <li>Complete routine observations. If resident's NEWS score remains consistent and they are not showing soft signs of deterioration continue to monitor and arrange for clinical review by most appropriate health care professional</li> <li>If there is a new concern or change in resident's health/soft signs continue to monitor and arrange for more urgent clinical review by most appropriate health care professional</li> <li>Consider contacting other services for further guidance and support e.g. Care Home Practitioners/Frailty Nurses, HPFT, hospices, ICRS if resident is known to the service</li> </ul>	<ul style="list-style-type: none"> <li>Monday-Sunday, 6.30pm-8am call <b>111 option 6</b> for further support</li> <li>Over weekends between 8am-8pm call the HCT POA service on <b>0300 123 7571 option 2</b> for further support.</li> </ul>
Low to medium risk Total/aggregated NEWS score of 2-4 Or a single score of 3 in any NEWS observation	Repeat every hour	<ul style="list-style-type: none"> <li>Complete observations and look out for early warning signs/soft signs of deterioration</li> <li>If there is a new concern or change in resident's health, follow treatment Escalation and Advanced Care Plan</li> <li>Contact GP</li> <li>Consider contacting other services for further guidance and support e.g. Care Home Practitioners, Frailty Nurses, HPFT, hospices, ICRS if resident is known to the service</li> <li>If there is no improvement, observations remain elevated with no obvious cause or NEWS score is +3 or more for any observation seek urgent telephone assessment with POA on <b>0300 123 7571 option 2</b></li> </ul>	<ul style="list-style-type: none"> <li>Monday-Sunday, 6.30pm-8am call <b>111 option 6</b> for further support</li> <li>Between 8am-8pm, 7 days a week call the HCT POA service on <b>0300 123 7571 option 2</b> for further support.</li> </ul>
High risk Total/Aggregated NEWS score 5-6	Repeat every 15 minutes	<ul style="list-style-type: none"> <li>If they want to go to hospital call <b>999</b> and follow guidance of call handler</li> <li>If resident is scoring 5 and 6 with deteriorating signs (with first 15 minutes) seek urgent telephone assessment with POA on <b>0300 123 7571 option 2</b>. If POA unable to respond within appropriate timescale they will call 999</li> </ul>	<ul style="list-style-type: none"> <li>If they want to go to hospital call <b>999</b> and follow guidance of call handler</li> <li>Monday-Sunday, 6.30pm-8am call <b>111 option 6</b> for further support</li> <li>Between 8am-8pm, 7 days a week call the HCT POA service on <b>0300 123 7571 option 2</b> for further support. If POA unable to respond within appropriate timescale they will call 999.</li> </ul>
Emergency Total/Aggregated NEWS score 7	Continuous monitoring and observations until transfer or further intervention from other professionals	<ul style="list-style-type: none"> <li>If they want to go to hospital call <b>999</b> and follow guidance of call handler</li> <li>If resident or family has expressed wishes to remain in home and not go to hospital, contact the patients GP in the first instance. They can organise palliative care and can make onward referrals to other services such as POA who can organise JIC medication, palliative care or make a clinical decision on further treatment/intervention for the resident</li> <li>If you cannot contact the GP please contact the POA on <b>0300 123 7571 option 2</b>. If POA unable to respond within appropriate timescale they will call 999</li> </ul>	<ul style="list-style-type: none"> <li>If they want to go to hospital call <b>999</b> and follow guidance of call handler</li> <li>Monday-Sunday, 6.30pm-8am call <b>111 option 6</b> for further support</li> <li>Between 8am-8pm, 7 days a week call the HCT POA service on <b>0300 123 7571 option 2</b> for further support. If POA unable to respond within appropriate timescale they will call 999.</li> </ul>

Prevention of admission for East and North

Herts:

0300 123 7571

# Other health contacts

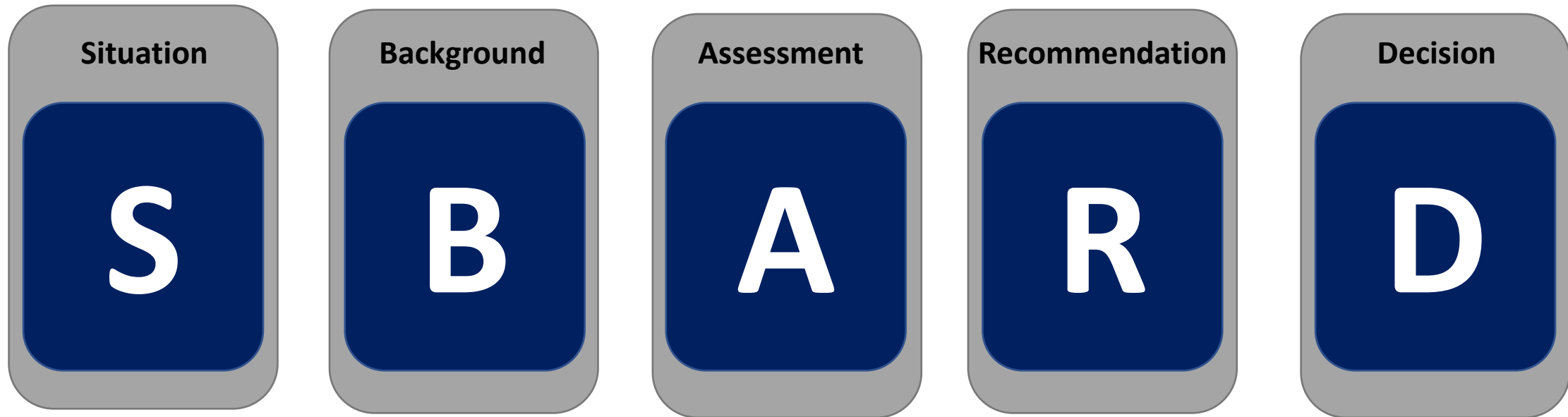


Non-emergency contact sheets for local health services can be found in the member's zone



# SBARD reporting tool – stage 5

*SBARD is a reporting tool and action tracker to get your message across effectively. Being able to communicate effectively is critical for everyone working with individuals.*



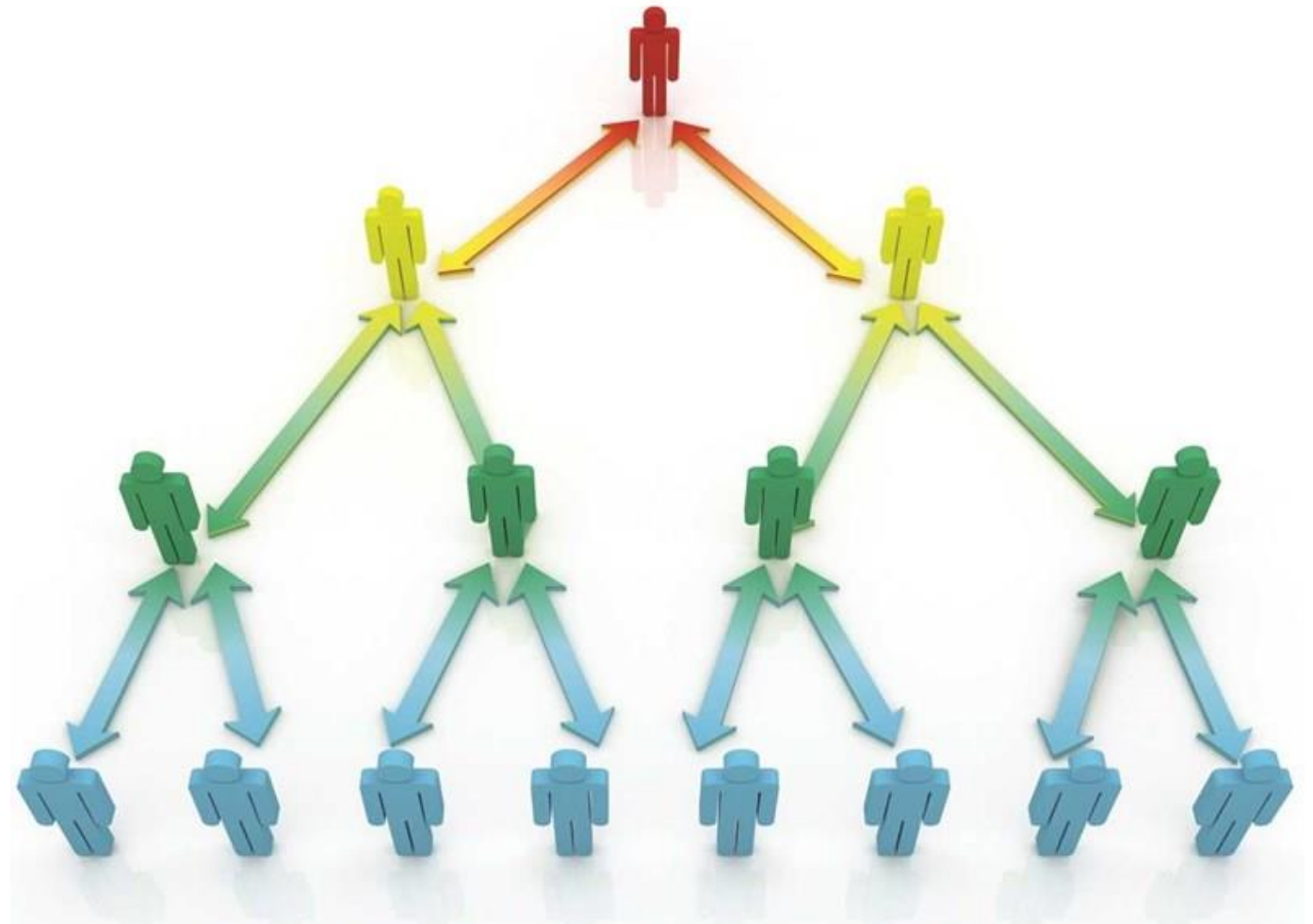
# Governance of health observations

Social care governance is the process by which organisations ensure good service delivery and promote good outcomes for people who use services.  
- Social care institute for excellence



# Staff management

- Regular supervision and mentoring
- Competencies
- Development of staff
- Support for staff



# Effectiveness

- Evidence based approaches
  - Follow guidelines
- Policies and processes in place



## Information

- Patient information should be up to date and correct
- Information should be stored correctly
- Correct management of data



# Risk management

- Risk assessments
- Learning from previous incidents
- Reporting of incidents and near misses



# Education and training

- Attend appropriate training
- Keep a record of training
- Refresher training




# Audit

- Monitor quality of care
- Measured against set guidelines
- Identify deviances and improve
- Repeat audits








# Governance resources

1


## Basic Health Observations Governance Toolkit

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### Basic Health Observations (BHO)

Topic	Statements	Indicators	Original Rating	Evidence	Actions
<b>Leadership and culture</b>	Evidence of strong, visible leadership on basic health observations and exemplary role modelling from managers and team leaders. This fosters an open and transparent culture that empowers staff to speak up.	Nominated BHO Lead in place (registered provider/registered manager or another with knowledge base)	Satisfied		
		Lead is visible, leads by example and communicates with staff in a supportive way and does not miss an opportunity to promote good practice Escalation pathways in place so that if staff are unsure they can speak to senior colleagues All staff are made aware of and understand individual responsibilities and accountability for BHO Annual statement is made which includes no. of episodes of care, audits undertaken and actions completed, training uptake for staff and programme in place; review and update of policies, procedures and guidance so they remain in date according to national guidance Systems are in place to address poor BHO practice promptly and engage with staff to ensure appropriate BHO practices are adhered to The nominated individual for the care provider is regularly supervising the BHO lead and ensuring that quality care is implemented Restore 2 workbook or user guide is available in all units and easily accessible to staff Team meetings include BHO on the agenda and evidence of shared learning from incidents	Assured		
<b>Training</b>	Staff training, practices and deployment show the provider provides staff with the necessary awareness to detect early deterioration and facilitate appropriate hospital admissions	Registered care managers or nominated individual has attended basic health observation governance for care managers training Nominated staff (recommend 2 per unit if applicable) have had training in BHO and Restore 2 tool Care workers are aware of and discharge their responsibilities in the process of monitoring BHO Manager maintains a record of training uptake and promotes attendance of training within their organisation	Assured		
<b>Audit &amp; Surveillance</b>	Audit plan in place with minimum monthly audit of BHO, this includes safe and appropriate use of BHO equipment, utilisation of the Restore 2 tool and following the guidance of the Hertfordshire Escalation tool.	Manager has evidence of audit plan in place against key policies Evidence is available on sustained improvements in BHO practices - what changes have been made following the most recent audit? Do you have a process in place to record and report untoward incidents in relation to monitoring BHO? Manager has an awareness and engages in local incident investigation or post serious incident reviews to enable shared learning BHO relevant policies are available with date issued and review date on document	Assured		
		List of policies (not exhaustive) Supervision and maintaining high standards of care	Assured		

# Where are you now?



# Learning objectives

- To be confident and proficient using the Restore 2 tool
- To be able to cascade basic knowledge about health observations to other care professionals using the governance toolkit
- To use the knowledge gained in this session to improve relationships with healthcare professionals and integrate as part of a wider MDT
- To understand the governance processes of Basic Health Observations including policies, processes, auditing and staff competence checks

# Thank you for joining us

Please remember to leave feedback



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