

Borders NHS Board



BOARD CLINICAL GOVERNANCE & QUALITY UPDATE – NOVEMBER 2018

Aim

This report aims to provide the Board with an overview of Clinical Governance & Quality activity since the last report in September with a focus on:

- Patient Safety
- Clinical Effectiveness
- Person Centred Health and Care
- Patient Flow

Background

The Board receives regular reports across a breadth of services supported by the Clinical Governance and Quality department. This update encompasses a range of work being undertaken to support services to deliver high quality, safe, effective and person centred care.

Summary

Pertinent points included in this update are:

Patient safety

- Scottish Patient Safety Programme (SPSP)
- Adverse Events

Clinical Effectiveness

- Research Governance
- Update on management of clinical policies
- Quality of Care Approach – Healthcare Improvement Scotland (HIS)

Person centred Health and Care

- Feedback and Complaints
- SPSO update
- Person centred coaching tool
- Volunteering

Patient Flow

- National Day of Care Audit (DoCA) 23rd-25th October
- Winter planning

Recommendation

The Board is asked to **note** this update

| | |
|--|--|
| Policy/Strategy Implications | The NHS Scotland Healthcare Quality Strategy (2010) and NHS Borders Corporate Objectives guide this report |
| Consultation | The content is reported to Clinical Boards and Clinical Board Governance Groups, the Clinical Executive operational Group and to the Board Clinical and Public Governance Committees |
| Consultation with Professional Committees | As above |
| Risk Assessment | In compliance as required |
| Compliance with Board Policy requirements on Equality and Diversity | Yes |
| Resource/Staffing Implications | Services and activities provided within agreed resource and staffing parameters |

Approved by

| Name | Designation | Name | Designation |
|-------------|--------------------|---------------|---|
| Cliff Sharp | Medical Director | Claire Pearce | Director of Nursing, Midwifery & Acute Services |

Author(s)

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| Elaine Cockburn | Head of Clinical Governance & Quality | | |

Patient Safety

We continue to work with HIS around our SPSP work locally as we try to align our other improvement work and reduce duplication of data collection. Our Back to Basics Programme and the national Excellence in Care Programme both focus on quality improvement and avoiding harm therefore streamlining our data collection and reporting are key to releasing time to have relentless focus to make the necessary improvements in patient care and outcomes.

Deteriorating Patient

We are developing a new dashboard to populate which will host the key data in relation to the recognition and management of the deteriorating patient. Work is ongoing to develop a suitable structured judgement review tool to assist with mortality reviews. Reviews carried out this year have not identified key themes or learning hence we are testing changes to the documentation. We have been using 3 different tools in an endeavour to develop one which combines the best elements of all 3 that will give us the most information and learning.

The roll out of the National Early Warning Score (NEWS) across mental health and care homes is complete and the project funding will be coming to an end. An exit strategy should be completed in November. Feedback from care homes and the Borders Emergency Care Service (BECS) has been positive as the use of NEWS has given a support to decision making which aids structured communication in relation to recognition of the deteriorating patient. It ensures better communication between residents/ patients, families, GPs and BECS and aims to prevent unnecessary intervention or transfers to hospital. It also standardises a clear escalation pathway for staff to follow in each care setting. A presentation was recently given to the GP sub-committee.



Venous Thromboembolism (VTE)

We are currently reviewing data collection for this measure. There is no longer a requirement to report nationally although it is still part of SPSP. Discussions are taking place with our Medical Director, Director of Nursing, Midwifery and Acute Services and clinicians as to the value of continuing with the current process given the lack of sustained improvement in the VTE measures collected.

Catheter Acquired Urinary Tract Infection (CAUTI)

The infection prevention and control team (IPCT) have been using weekly data collected to monitor compliance in relation to catheter documentation. Compliance with the use of the catheter insertion bundle, maintenance bundle and catheter passport are variable and in recent audits have only been between 54% and 77%. New catheter passports are currently being rolled out across the organisation and clinical practice facilitators are providing support to clinical areas to ensure education and knowledge of staff is increased to improve completion of the documentation. Each of the divisions within BGH have agreed to share the results of these audits at their local clinical governance meetings to improve patient care and compliance.

Mental Health

This workstream has a number of key aims:-

- To improve observation practice
- Identify the deteriorating patient
- Increase therapeutic activity
- Involve patient and carers

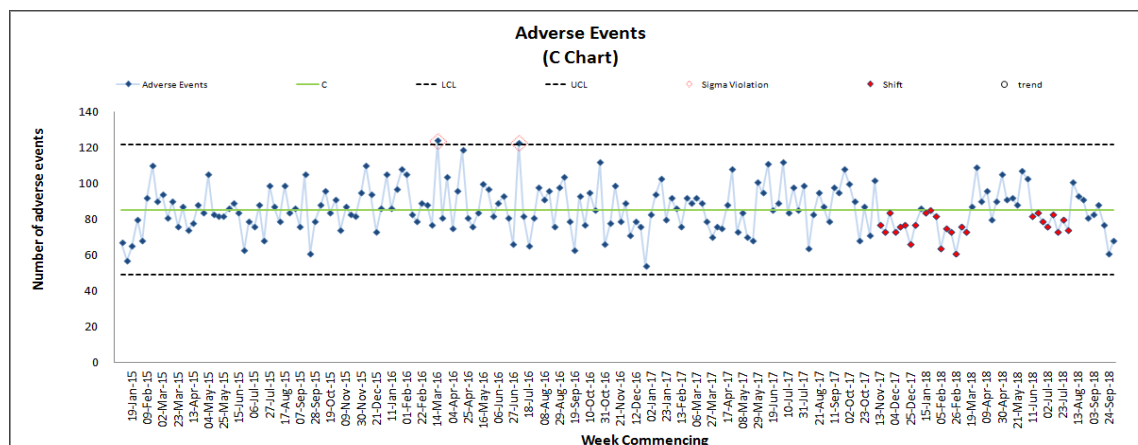
A number of test of change are underway with a plan to spread to all inpatient wards. The inpatient huddle continues as does the testing of Band 4 support for improvement work and all wards are now reporting data. Electronic record keeping commenced in January 2018 and a slight reduction in compliance with care plans had been noted. An audit of the quality of record keeping and safety care plans has been commenced to see whether there is improvement or deterioration in this position. All wards are now identifying their deteriorating patients and reporting this.

Recruitment

We have successfully recruited to the Quality Improvement Facilitator role for Patient Safety. This post will ensure an overview of all elements of the patient safety programme and provide clinical leadership in driving forward improvement. This Band 7 post has been vacant for a year therefore it will be really positive having the post filled from early December.

Adverse Events

We are currently completing a process map of our current process for instigating reviews and are engaging with key stakeholders to review what requires to be done in order to streamline and clarify what types of review need to be undertaken. Currently, there are a few reviews which are complete but do not have final reports signed off. These have been highlighted to services for completion in November. Delays in concluding reviews not only impact on the ability to feedback to patients and families, but also impact on the opportunity for organisational learning.



Back to Basics

The aim of the Back to Basics Programme is to refocus clinical teams on delivering excellence in care for every patient, every time. Senior Charge Nurses attended a learning session in October focusing on the Back to Basics workstreams.

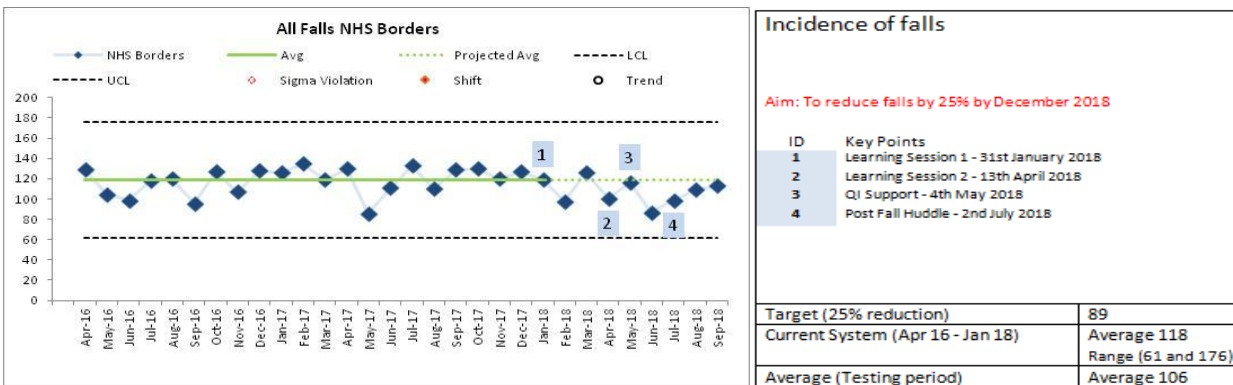
The four workstreams are:

- Falls
- Tissue Viability
- Communication with patients and families
- Nutritional Care

Falls:

Aim: To reduce falls by 25% by December 2018.

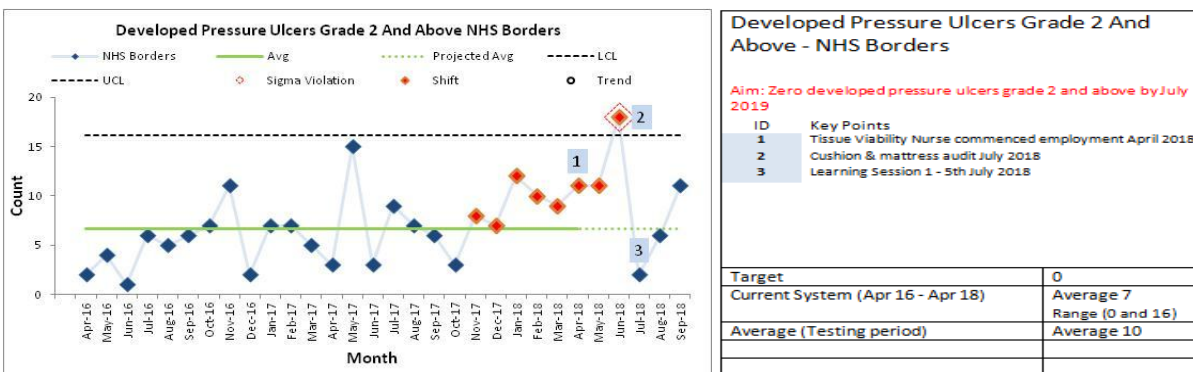
There have been two learning sessions on falls looking at environmental assessments, post fall bundles and testing Quality Improvement expertise within the clinical environment. Currently, work is focused on reducing all falls and reviewing the documentation that is in place as well as identifying link nurses and educational needs. A new falls review tool is currently being tested for use with falls where harm has occurred to encourage prompt completion of an initial assessment. These actions aim to raise awareness and improve the focus on reducing falls across NHS Borders. A draft 'Slips, Trips and Falls' policy is currently out for consultation across NHS Borders and the first meeting has been held to draft a 'Falls Strategy' which includes consulting with all of NHS Borders' partners. Our average falls are reducing as can be seen in the table below but further improvement is needed to reach our target by December 2018.



Tissue Viability:

Aim: Zero developed pressure ulcers grade 2 and above by July 2018

The second learning session was held on the 1st October which received very positive feedback from those who attended. Throughout October there are learning sessions for registered nurses on how to use the Waterlow score correctly to prevent pressure ulcers developing as well as how to identify patients at risk. Pressure ulcer grading and documentation are also covered in these sessions. There are 4 events being held over 2 days in October to deliver training supporting Healthcare Support Workers (HCSWs) to be a 'Zero Hero' where they are champions for having zero pressure ulcers in their areas. Plans are in place to agree what the care bundle of documentation should be to support improvement of prevention, identification and management of pressure ulcers. Work is underway to celebrate the 'World Stop the Pressure' Day on the 15th November 2018.



Communication with Patients and Families:

Aim: 125 days between complaints relating to attitude and behaviour by February 2019 & 205 days between complaints and communication (oral) by April 2019.

Currently there is individual work being undertaken at Kelso Community Hospital, the Borders Stroke Unit and Ward 9 to complement the earlier work done to improve communication at ward level. Charts linked to nursing complaints around attitude and behaviour are included in the feedback and complaints section of this report on P11.

Nutritional Care:

The monthly Food, Fluid and Nutrition Steering Group continue to meet. The Food, Fluid and Nutritional Policy and Food, Fluid and Nutritional Care Standards have been updated.

Link Nurse training is complete and ongoing sessions are in place to cascade to wards. Training in the use of the Malnutrition Universal Screening Tool (MUST) continues.

Next Steps:

- Senior Charge Nurse/Charge Nurse and Clinical Nurse Managers have a Back to Basics Learning Session on the 21st November.
- We will be presenting Back to Basics to Public Reference Group meeting on the 19th November.
- 15th November is 'World Stop the Pressure' Day and we are looking to launch the 'Zero Hero' campaign.

Clinical Effectiveness

Research Governance

As a result of the three months vacancy in respect of the Research Governance Coordinator post, study data has not been kept up to date. Since the new taking up post the new incumbent has some begun working on addressing this to ensure the data on the Scottish Research and Development database (SReDA) is accurate and current. This data cleansing coincides with the NHS Research Scotland Central Management Team (NRS-CMT) annual data cut which commenced on 1 October 2018. This exercise will inform the calculation of the Chief Scientist Office (CSO) funding for 2019/20, so it is important that the data is as up to date as possible.

The previous Research Governance Coordinator post holder on attaining trainer status for Good Clinical Practice (GCP), introduced this training locally. Although now in the employ of another board they are continuing to deliver this training. All researchers are required to keep their GCP training updated every two years, having this available locally makes this easier for them to do this.

Earlier this year dwindling membership of the Research Governance Committee was causing some concern. Following an invitation, from the Chair, being extended to all clinical professions for notes of interest in joining the committee, this situation has been turned around with four new members having been welcomed in the past month.

Quality of Care Approach (QoCA)

HIS published a suite of documents in September 2018 which outline its quality of care approach. QoCA is how HIS are now designing their inspection and review frameworks to provide external assurance of the quality of healthcare provided across NHSScotland. This new approach is designed to deliver quality assurance activity that drives improvement rather than focusing on scrutiny.

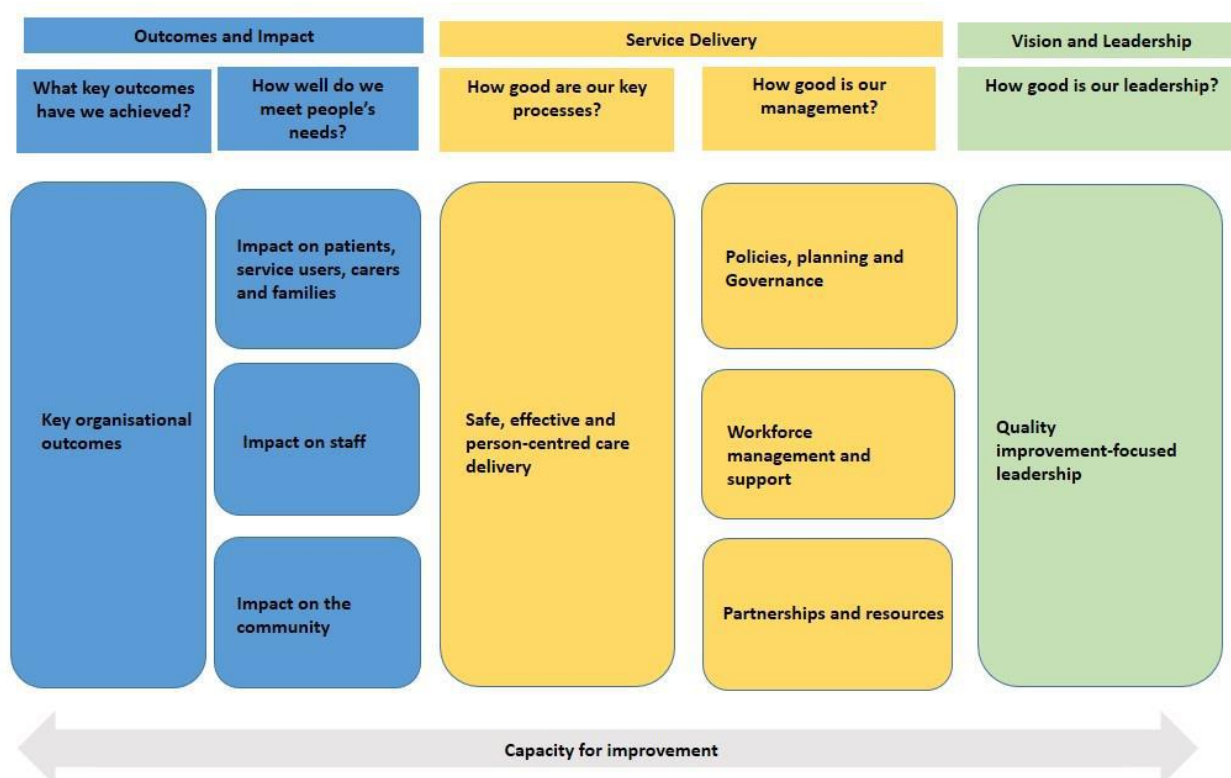
There is an organisational review self-evaluation tool which includes themes and questions for each of the nine domains with space for a descriptive narrative which enables organisations to 'tell a story' about where they perceive themselves to be against the entirety of the domain. The practical guide to self-evaluation provides advice on how to undertake self-evaluation and complete the self-evaluation tool.

The nine domains are:

1. Key organisational outcomes
2. Impact on people experiencing care
3. Impact on staff

4. Impact on community
5. Delivery of safe, effective, compassionate and person-centred care
6. Policies, planning and governance
7. Workforce management and support
8. Partnerships and resources
9. Quality improvement-focused leadership

QUALITY FRAMEWORK (OVERVIEW)



Further tests of organisational/ thematic reviews are being undertaken during 2018-19 to continue to test the quality of care approach, quality framework, self-evaluation tool and supporting guidance, before formal roll-out. QoCA has been developed to align with the Health and Social Care Standards.

Clinical Document Management in NHS Borders

A paper summarising the current position and what needs to be addressed to ensure our clinical policies remain up to date was discussed and actions agreed at CEOps on the 25th October 2018.

Key issues with the current system are:-

- lack of compliance with policy and failure to follow process
- inconsistent support of policy implementation
- inconsistencies in the application of governance mechanisms and systems to assure compliance with process
- absence of controls in respect of what may be uploaded to the NHS Borders microsite

Improving our governance of clinical document management was an outstanding recommendation from the CG&Q Pricewaterhouse Coopers (PwC) action plan to improve

on document management and governance around process for existing and new policies to provide a streamlined process for having policies placed on the clinical area of the Intranet.

The further outstanding action from the PwC action plan is having a Clinical Governance & Quality Strategy. A draft of this is currently with the Medical Director, Director of Nursing & Acute Services, Associate Medical Directors and Associate Nurse Directors and Lead Nurse for Primary & Community Services for review and comment before circulating widely for consultation.

Person Centred Health and Care

Feedback and complaints

Following a request at the Board meeting in August we have looked at the numbers of complaints upheld in relation to staff attitude and behaviour:

- over the past 18 months there have been 247 complaints received relating to attitude and behaviour of which 43% were about medical staff and 34% nursing staff
- in this time period, 69 were fully or partly upheld and 33% were relating to medical staff with 36% nursing staff

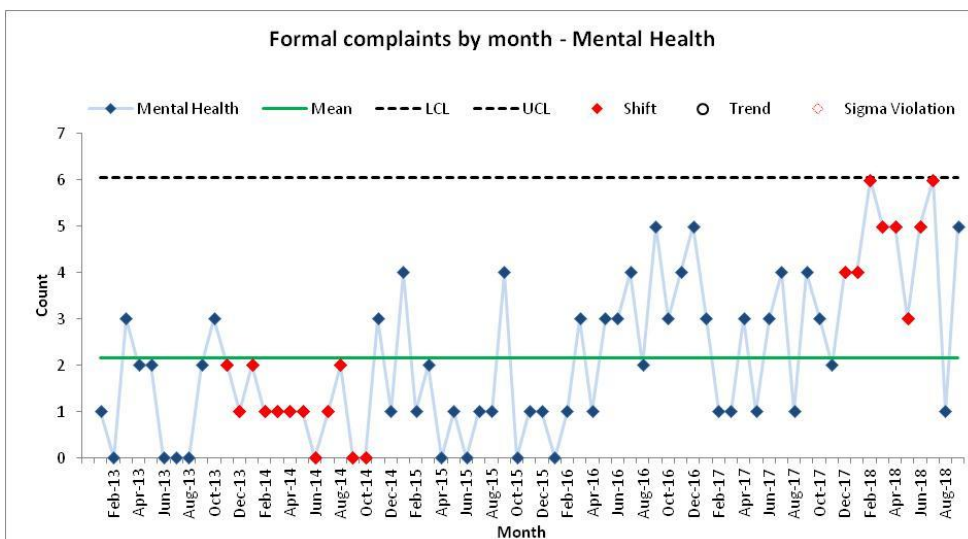
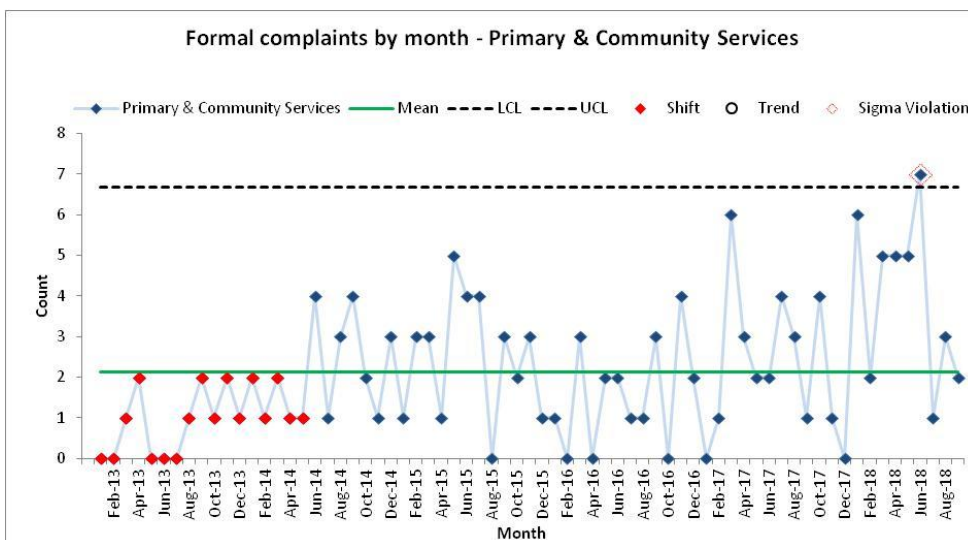
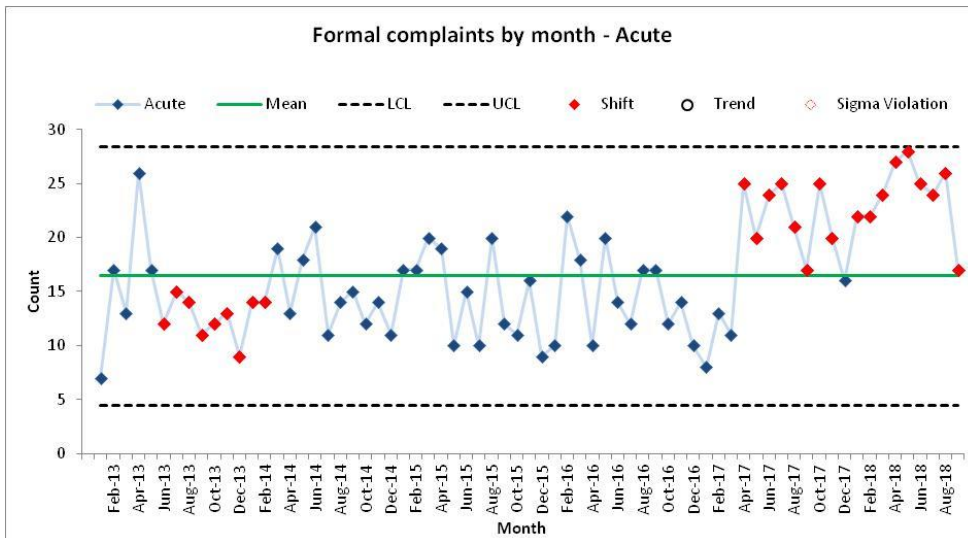
As some complaints have several strands of which one element may be attitude or behaviour, it is not always easy to identify all complaints which reference these themes. Likewise, we have looked to see if there are high numbers of complaints from a particular professional group or ward but the numbers are too small to identify any trends.

We currently do not collate themes in relation to commendations submitted as these are generally collected by wards through thank you cards and notes. Anecdotally it would seem that most commendations are in relation to thanking staff for caring for them and/ or relatives during a hospital admission.

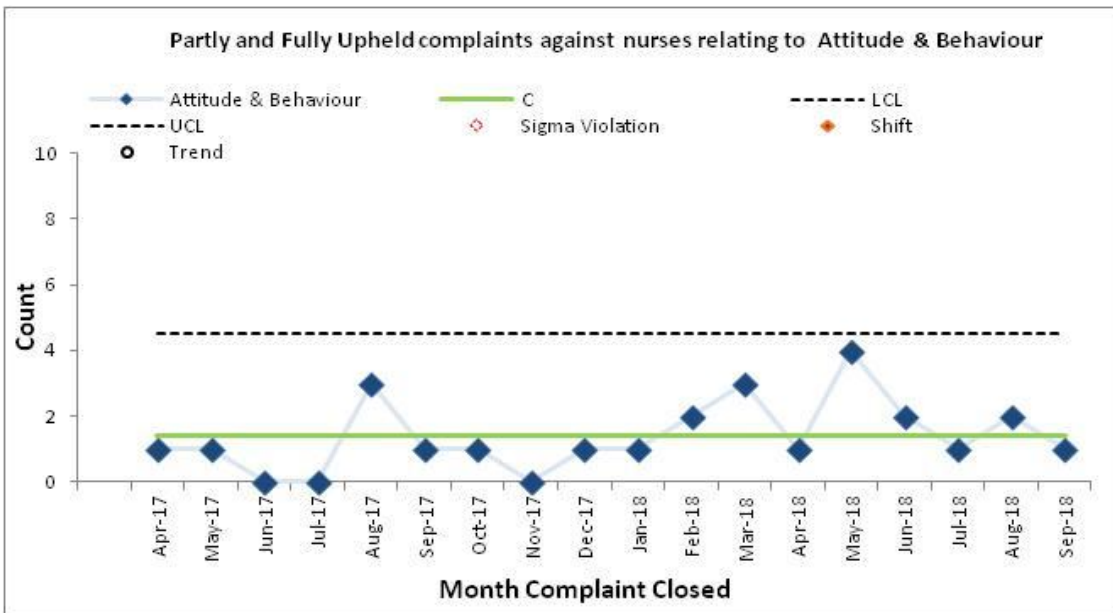
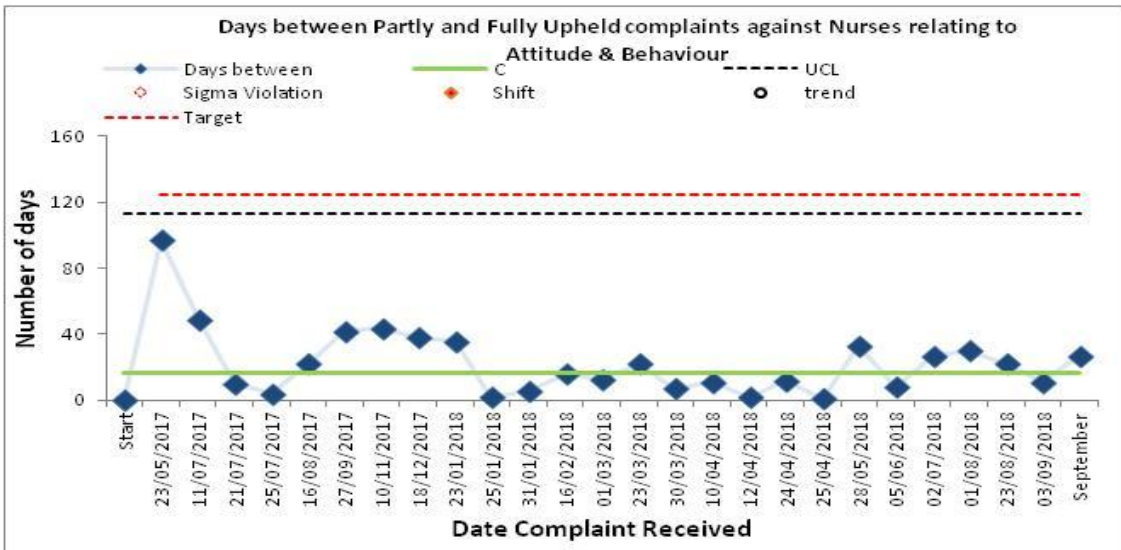
Work is ongoing with the communication workstream of the Back to Basics programme to ensure a 'welcome' to wards and department. The person centred team have also met with the Clinical Directors to discuss complaints handling and responses in order to improve communication. Clinicians are now being sent complaint response letters before the final version is sent to complainants. This should ensure accuracy and a true reflection of the information gathered. This will hopefully also improve clinical ownership of the complaints and issues raised.



In October, a patient story was heard by the Strategy & Performance Committee that was a timely reminder of how kind words at a distressing time for patients and families can go a long way to alleviating anxiety and stress. Mrs B asked if her husband could be seen after admission to Ward X as she was concerned at his distress due to pain and felt dismissed by the member of staff she approached. The lack of compassion described by Mrs B added to the family distress. Committee members reflected on how they would remember the impact of hearing this. Care, compassion and human kindness cost nothing and people do not forget those who provide that in their time of need.



Complaints relating to poor nursing care are all now being shared with the Director of Nursing, Midwifery and Acute Services and the Associate Directors of Nursing.



Nursing Complaints relating to Attitude & Behaviour

Aim: 125 days between complaints relating to Attitude & Behaviour by February 2019

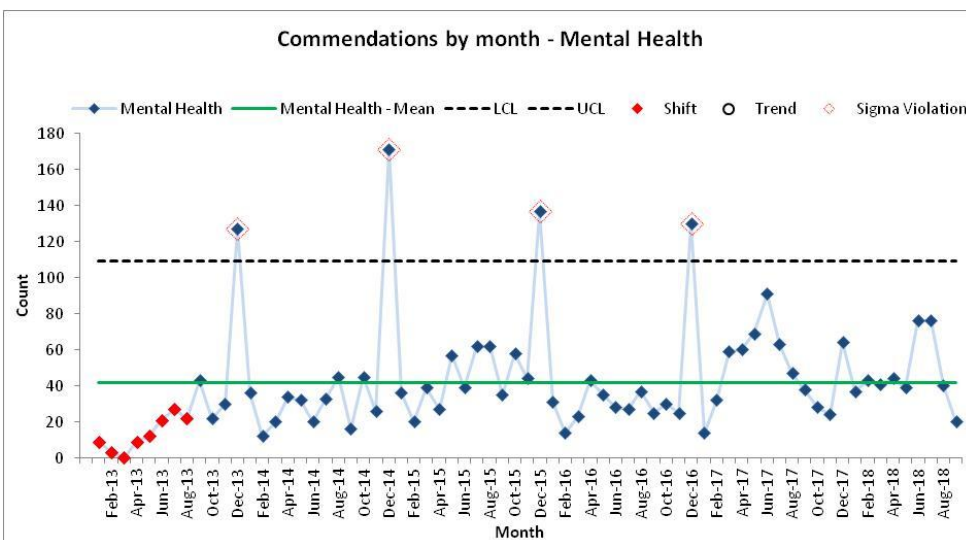
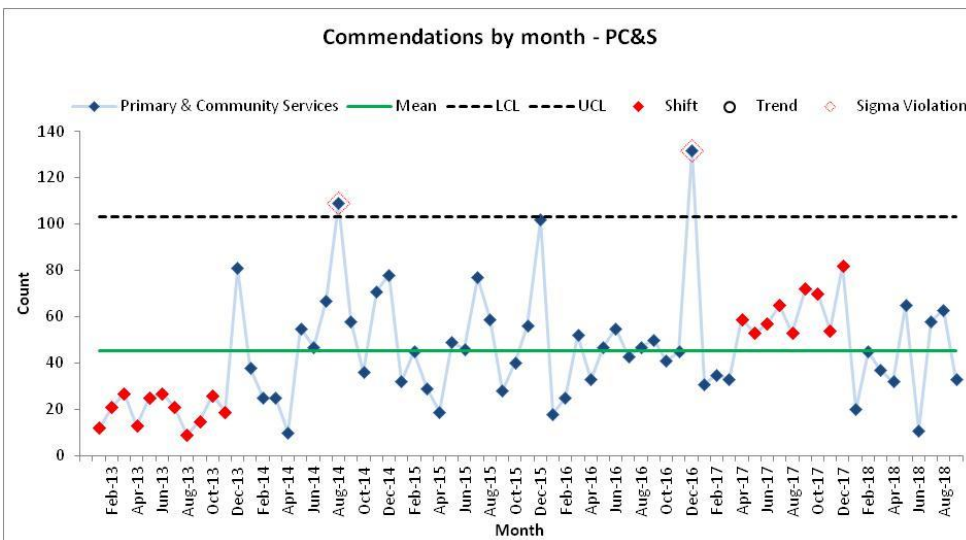
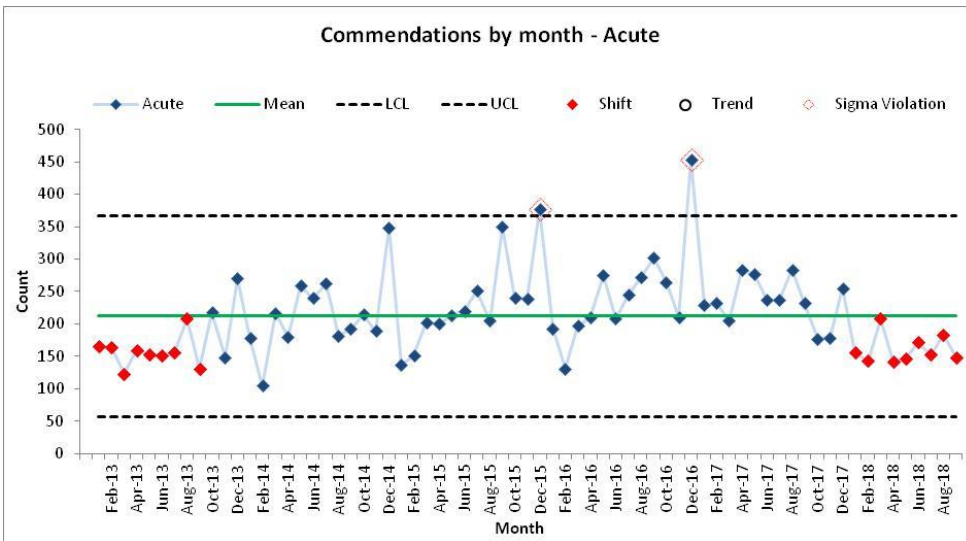
| | |
|-------------------|--------------------|
| Target (125 days) | 125 |
| Average | Average 17 |
| Latest Position | Latest Position 27 |

Both of the above charts are from the Back to Basics Scorecard

Reporting within Women and Children’s Services has changed. Women’s Services now sit within Planned Care & Commissioning and Children’ Services have moved across to Primacy & Community Services. This is generating a significant amount of reworking in relation to reporting across the system and will take some time to address. It may also have an impact on historical data and trends.

At present, we do not have a robust enough process in place across the system to ensure that learning is shared across divisions. Each of the divisional clinical governance groups are working to improve and align what they do in order to have a more robust process for

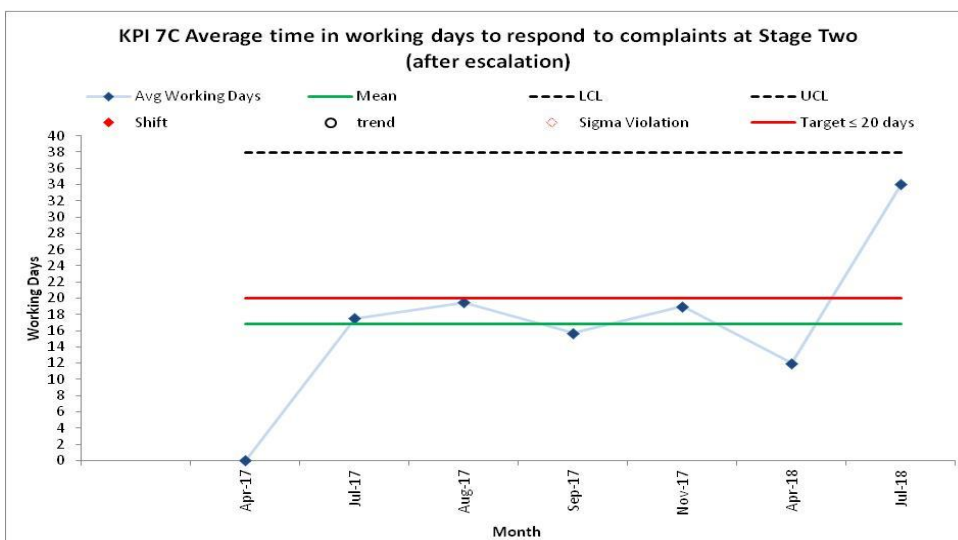
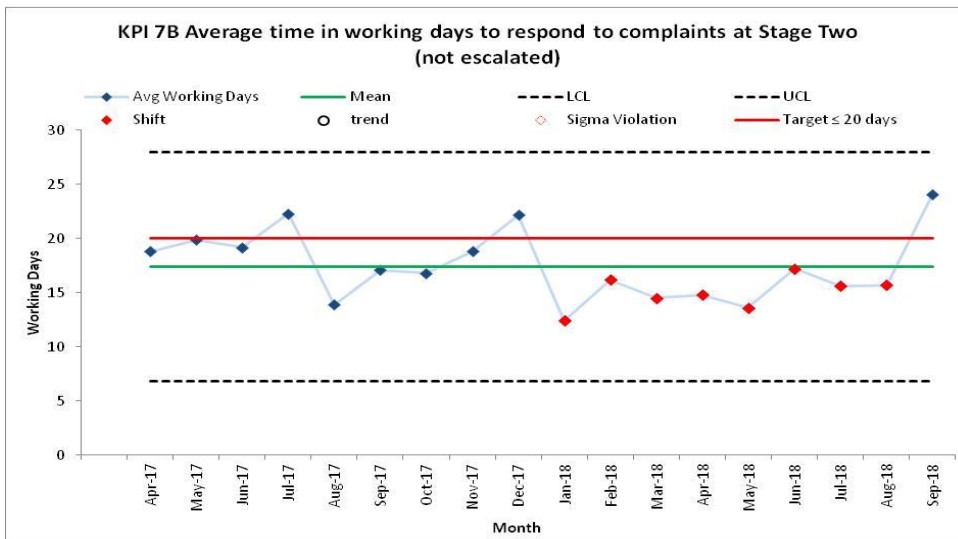
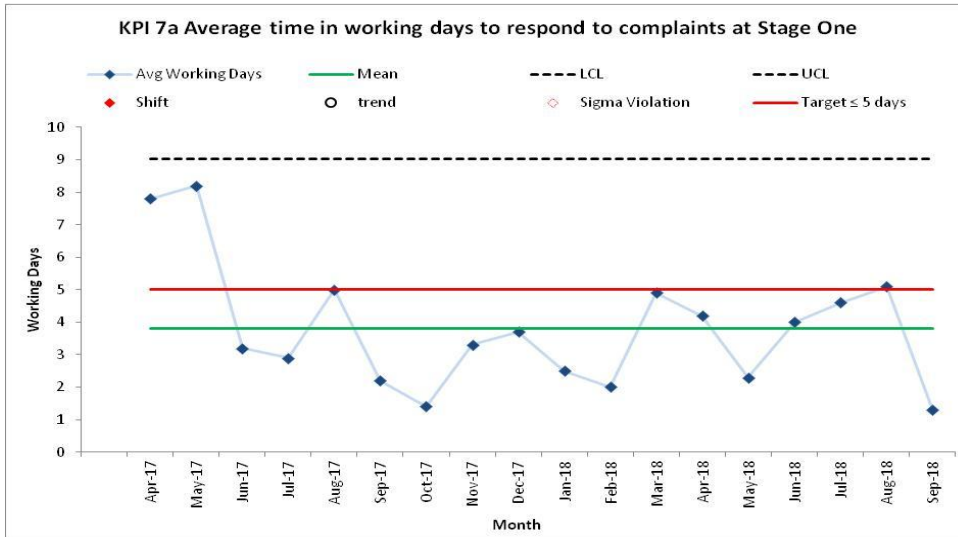
reporting in to each Clinical Board Clinical Governance Group and the Clinical Governance Committee.



The charts below demonstrate the response time to stage 2 complaints has risen beyond 20 days in September. This is due to ongoing absence within the team compounded with annual leave in spite of utilising others in the wider team to undertake call triage and

process complaints. CG&Q staff who do not usually deal with feedback and complaints ultimately take longer as it is not their day to day role and the complaints process has changed since some of the team have dealt with the complaints process previously.

We are endeavouring to build capacity within the team in order to recover our previous response times to ensure patients and families are responded to timeously.



As individual services are responsible for owning their individual complaints action plans, CG&Q do not hold information on these as they are continually being updated. Divisional clinical governance groups discuss progress with the action plans at their regular meetings and feed in to the relevant clinical board clinical governance meeting.

General Practice (GP) Complaints

Last month the Board had requested a change to how GP complaints are reported here but given the small number of complaints, it was not possible to give numbers per 100 patients per practice.

In Q2 of 2018 there were 33 complaints received, 30 were acknowledged within 3 working days and 29 were responded to within 20 working days.

The themes from the complaints were:-

- Staff attitude 5
- Waiting times/ Access 3
- Patient confidentiality 1
- Quality of advice/ treatment 8
- Communications 8
- Other 4

Issues raised included how patients were spoken to by receptionists and GPs, the attitude of a receptionist, unhappy with the protocol to speak with GP, delay in treatment and refusal of a home visit.

Actions taken included writing letters of apology and the offer of a meeting with the GP, a significant event review and discussions with individuals and teams around the importance of giving accurate information to patients. One issue was also used for further training and learning within the practice.

Scottish Public Service Ombudsman (SPSO)


It has been 14 days since a complaint has been referred to the SPSO. Two conclusions have been received recently:

| SPSO Case 201703851 | Progress |
|--|---|
| Apologise for the failing to consider further investigations despite the persistence of pain. | Apology letter issued and meeting held with complainant. |
| Confirmation that clinical staff involved in this case have considered it as part of their next reflective learning discussion in their next annual appraisal. | Action plan in development which will require submission to the SPSO by 13 December 2018. |
| Evidence that the case has been reviewed in the next Morbidity and Mortality meeting. | |

| SPSO Case 201706740 | Progress |
|---|--|
| Apologise for not fully assessing patient or following guidance which led to a delay in being screened for sepsis. The apology should also address the communication failures identified by the SPSO. | Apology letter issued and meeting being arranged with complainant. |
| Patients whose NEWS score triggers action should be appropriate assessed including screening for sepsis and | Action plan in development which will |

| | |
|--|--|
| delirium. | require submission to the SPSO by 6 December 2018. |
| Patients and/or their carers should receive appropriate information about their condition in a way that suits their communication needs. | |
| Provide evidence of action already taken (shared learning, review of patient's management and communication). | |

Care Opinion

| | |
|---|--|
| <p>52 stories shared about NHS Borders between July and September 2018 compared with 32 between April and June</p> <p>77% of those stories shared are positive compared with 75% in previous quarter</p> <p>These stories have been viewed 6,110 times compared with 5,188 in the previous quarter</p> |  |
| <p>NHS Borders now have 152 staff listening to stories shared in Care Opinion</p> | |

'Looked after him as if he was their own'

Posted by **Grateful 71** as a relative 3 weeks ago

My father in law was admitted to the Borders General becoming frailer with advanced cancer after very quickly being assessed in AAU it was apparent that his disease was progressing. The compassion and care shown to him, my mother in law and my husband by the medical and nursing staff was exemplary despite the extremely busy environment. The bed manager Jane very promptly had us all transferred to the Margaret Kerr Unit, for which we were so...

'My Son'

Posted by **Scottishjanie** as a parent/guardian 2 months ago

My son was discharged at 3 days old as a happy, healthy newborn.

At 10 days old he went floppy (still responsive), pale and wouldn't feed. We called NHS24 who called an ambulance.

The staff in A&E sent us to Paediatrics and we had possibly the worst night of our life listening to our son screaming as they struggled to put an IV line in. We were comforted heavily by the wonderful staff and assured it was for our sons best interests and...

What is good in NHS Borders – Friendly
Staff
Care
Communication
Manner
Attitude

Volunteering

Mealtime Volunteers Programme


The Voluntary Services Manager together with Mealtime Volunteer attended the Food, Fluid and Nutrition meeting chaired by Nicky Berry, Associate Director of Nursing / Head of Midwifery informing the group of the mealtime programme. The Mealtime Volunteer has been invited to attend this meeting on a regular basis as a public member. A case study was produced to evaluate feedback from the wards that support mealtime volunteers and inform other acute wards of this programme.

Mealtime Volunteer Programme - August 2018

Main duties of the role:

- Prepare area for meal arrival
- Encourage patients to wash hands
- Make sure appropriate cutlery/ cups available
- Assist members of staff in serving and collation of meal trays
- Assist members of staff supporting completion of menu cards
- Assist in opening condiments, containers
- Socialising with patients
- Completion of food chart (trained by Clinical Improvement Facilitator)

The mealtime volunteer programme was piloted in Ward 14, Department of Medicine for the Elderly (DME) in March 2018. There are now 4 volunteers one of which is going through the recruitment process volunteering for approximately 2 hours per week located in Ward 14 and Ward 9.



Feedback from Ward 14 and Ward 9 Staff:

100% of staff agreed it was helpful to have mealtime volunteers assisting during mealtimes and agreed the role benefitted the ward.

goodhelp
beneficial
veryhelpful
bigbonus
MealtimeVolunteer
gratification
socialaspect
cherry
concerns

Feedback from Acute wards who do not have Mealtime Volunteers:

33% of staff are aware of mealtime volunteers
100% of staff agree the mealtime volunteer role will benefit the wards
100% of staff agree they have capacity to support mealtime volunteers

After explaining the mealtime volunteering role staff quoted the following:

- "This would be beneficial to patients"
- "All in favour of mealtime volunteers"
- "Teatimes are busier this would be a great help"
- "This would help make mealtimes more of a social occasion"
- "How could you not want this type of volunteer"

Quotes from Staff regarding mealtime volunteers:

- "One big bonus"
- "Absolutely great role"
- "Extra bit of attention that nurses may not always have time to give"
- "Patients enjoy the company as volunteers have time to sit and socialise more with the patients"
- "Wish we could have mealtime volunteers every mealtime"

Improving the mealtime volunteering programme:

- Communal areas where patients can dine and socialise
- Recruiting more mealtime volunteers
- If programme is implemented in Ward 14 volunteers to be aware of sensitive issues occurring in the ward

Volunteer Driver Programme – Dialysis Unit

After researching the excessive travel expenses occurring in the Dialysis Unit who use a local taxi firm to transport patients to and from their home to the unit 3 times per week we are piloting a volunteer driver programme. We have worked closely with the Health & Safety and Training department devising risk assessments and safe systems at work processes to ensure the safety of the volunteers and patients.

Informal Peer Support Meeting

We hosted an informal peer support meeting for volunteers and their leads in September, A project officer for volunteering from HIS attended as our guest speaker informing the group of volunteer programmes within other NHS Boards.

Celebrating 30 Years of Hospital Radio

Our Borders Hospital Radio Station celebrated 30 years airtime on the 1st October the Hospital Radio volunteers supported the organisation of a celebratory event including Radio Borders DJ's broadcasting from the BGH.

Person Centred Coaching Tool (PCCT)

The PCCT was created and introduced at the end of 2017 to allow ward staff to complete it independently while at the same time using the tool as a coaching and mentoring aid to improve documentation. Any issues identified can then be remedied by bringing the problems to the notice of staff and reiterating the importance of the documentation and how it affects the patient and indeed the staff involved in patients care. It also allows us to monitor if compliance with standards is being achieved by the organisation as the tool is aligned to the SPSP, Care of Older People and HEI.



DME Effect 'PJ Paralysis'

A decision has been made to reignite this improvement into the wards which encourages patients to get up out of bed into their day clothes benefiting physical and mental wellbeing as well as minimising harm from prolonged immobility. This has progressed exceptionally well over the last month with a bed being removed from Ward 14 and being replaced with a table and chairs to encourage patients to get up and interact with one another.



Cambridge University Hospitals Foundation Trust is using posters featuring Lego characters with the slogan 'Get dressed- Get Moving'

Patient Flow

Day of Care Survey

A second national Day of Care Survey overseen by the Scottish Government's Unscheduled Care/6 Essential Actions team will take place across Scotland during the

period 23 to 25 October 2018. NHS Borders will again be participating in the survey which it is planned to carry out in the adult acute wards within BGH on Wednesday 24 October and in the four community hospitals over between Wednesday 24 October and Thursday 25 October.

The survey will involve a range of clinical staff from both acute and primary and community services in identifying inpatients that no longer require a hospital bed, the most appropriate alternative place and the reasons why discharge has not occurred. The Clinical Effectiveness team will be collating the data gathered and produce an over view report for return to Scottish Government.

Hospital to Home (H2H)

This is an integrated model led by District Nurses which is transforming care for our older people as they transition home after a period of illness. Two pilot sites have demonstrated a positive impact on a reduction in occupied bed days (OBD), 14 admissions prevented and a 40% reduction in care packages for those patients in the pilot on discharge.

Through facilitating reablement work at home, and providing more accurate assessments of need whilst at home, will improve the quality and accuracy of those assessments whilst continuing with the patient's recuperation. Both aspects will help patients get back to their normal lives quicker.

It is hoped that the pilot will now be rolled out across all five localities and put an enhanced model in place in the Central Locality, therefore targeting all four Community Hospitals and older people within the Borders General Hospital (BGH).

Winter Plan

Last winter became a challenging period extending across 20 weeks with poor patient and staff experience. It also resulted in a large number of delayed discharges and cancellations of both elective inpatients and day case surgery. There were a high number of patients boarded outwith their speciality as well as overnight transfers given the 15% increase in length of stay within BGH. This occurred in spite of opening surge beds across BGH, Community Hospitals and Craw Wood as a discharge to assess facility.

Objectives within this year's winter plan aim to achieve the following:-

Weekend discharges will be increased to smooth flow across the seven days
 Capacity will be increased across Health & Social Care to meet increased demand
 Patient flow will be improved throughout the system
 Fewer patients will be delayed
 Services will be safer
 Staff wellbeing will improve

by taking the following actions:-

- Increased staffing at weekends and during festive period
- Increased medical staffing for senior decision making and looking after patients boarding
- Daily Dynamic Discharge
 - A framework to ensure patient discharges are planned, safe and as delay-free as possible.
- Pathway improvement -a new meaningful escalation process.
- Criteria Led Discharge

- DME Effect
- Hospital at Weekend
- Increased use of the Discharge Lounge

A number of plans are in place with our Communications Team to publicise relevant information in advance of winter to encourage the public to:

- **'play #yourpart'**
- seek the right treatment in the right place by the right experts in your community
- attend ED only in an emergency
- support discharge plans for relatives to ensure a smooth discharge as early as possible
- cancel appointments that are no longer needed
- seasonal flu campaign

Promoting staff wellbeing programmes such as targeted wellbeing activities, the staff flu campaign and winter star awards are also part of the winter plan to support staff at work during what is usually a challenging time of year.