

Reporting to:	Trust Board
Title	Falls Update & Action Plan
Sponsoring Director	Sarah Bloomfield - Acting Director of Nursing and Quality
Author(s)	Jo Banks - Associate Director of Patient Safety
Previously considered by	Falls Prevention Task Group/Q&S Committee
Executive Summary	This report is an overview of the falls within Shrewsbury and Telford Hospital and includes assurance to the Board that the Trust is reviewing falls across the Trust on a monthly basis via the Falls Prevention Task Group and measures are being implemented to prevent falls via a planned approach. The report provides data and comparative data on falls performance within the Trust.
Strategic Priorities <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	Operational Objectives QS1 - Reduce avoidable deaths QS5 - Reduce the number of RIDDOR reportable falls.
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Appoint Board members in a timely way or may impact on the governance of the Trust <input type="checkbox"/> Achieve a Financial Risk Rating of 3 to be authorised as an FT
Care Quality Commission (CQC) Domains <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well led	Outcomes 4. Care and welfare of people who use services - People should get safe and appropriate care that meets their needs and supports their rights.
Recommendation	The Board is asked to: <input type="checkbox"/> Receive <input checked="" type="checkbox"/> Note <input checked="" type="checkbox"/> Review <input type="checkbox"/> Approve

1.0 Introduction

Recently, the Trust and external agencies such as the Health and Safety Executive (HSE) has shown significant interest in the number of patient falls within the Shrewsbury & Telford Hospital. This follows the NICE Guidance released in June 2013 whereby it is described that inpatient falls within Hospital settings is an increasingly national concern. Studies are currently being carried out in order to offer Trusts more guidance on prevention measures to be considered and implemented.

This report is an overview of the falls within Shrewsbury and Telford Hospital and includes assurance to the Board that the Trust is reviewing falls across the Trust on a monthly basis via the Falls Prevention Task Group and that measures are being implemented to prevent falls via a planned approach (Appendix One). The purpose of the task group is to look at preventative measures which could be introduced to further enhance and improve the current interventions available to staff to reduce the severity of harm caused to patients when they fall. For information the group has reviewed all falls for 2012/13 and audited all RIDDOR reported falls in the last 4 months of 2013/14 to look at themes, trends and learning in order to ensure that lessons are learned and changes being implemented. An internal audit of falls within the Trust is also being undertaken by Deloitte's during September 2013.

2.0 Background

Older people make up a large and increasing percentage of the population. As people grow older they are increasingly at risk of falling and suffering consequent injuries. The prevention of falls is of major importance as they engender considerable mortality, morbidity and suffering for older people and their families and incurs social costs due to hospital and nursing home admissions.

Approximately 30% of people over 65 fall each year, and for those over 75 the rates are higher. Between 20% and 30% of those who fall suffer injuries that reduce mobility and independence and increase the risk of premature death. Fall rates among institution residents (hospitals) are much higher than among those older people within the community. Likewise, falls in hospitals are common, resulting in injury and anxiety to patients, and large costs to NHS organisations. More than half of all in-patient falls in acute care settings occur at the bedside, during transfers or whilst getting up to go to the toilet (WHO 2004).

3.0 Falls – The Trust Context

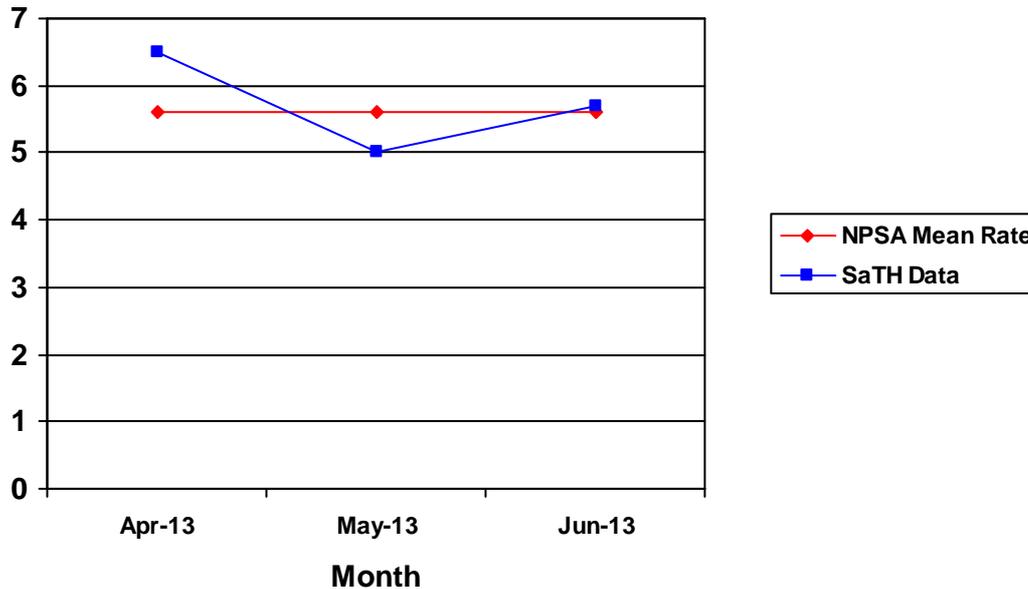
Comparative data on falls performance is difficult to establish between Trusts with a number of potential variables in reporting and more importantly a lack of disclosure due to the sensitive nature of the data request. The HSE produce annual statistics however; this does not include information relating to non employed persons. There is no other data in relation to RIDDOR reportable falls which can be obtained.

A request has been sent to other Trusts within the West Midlands through the West Midlands Health and Safety Group to seek their willingness to release figures. However, as described any data will need validation prior to comparisons being made whilst other Trusts have different thresholds for reporting and the information received may not give accurate statistical evidence. Through research into benchmarking data, it has been identified that the NPSA use a mean rate for all falls in relation to bed days. This mean rate is described as **5.6 falls per 1000 bed days**.

Table One below shows the Trusts comparison against the mean rate for Q1 by month in 2013/2014. The graph shows that Month 2 and 3 show improvement on the mean rate for falls since Month 1. This information will be collected and compared going forward in order to develop a benchmarked performance position for falls within the Trust. July's data is currently being validated however, currently the mean rate for the Trust for July appears to be 5.4 falls per 1000 bed days; bringing the Trust below the national mean rate.

Table One

Falls per 1000 bed days



The following information presented highlights that whilst the Trust appears to have a high number of inpatient falls; over the past three years the total number of falls has reduced across a three year period with the number of RIDDOR reports fluctuating:

- 2010 – 2011 26 Reports
- 2011 – 2012 30 Reports
- 2012 – 2013 21 Reports

As at 12th August 2013 there have been 12 reports notified to the HSE since 1st April 2013.

The main theme being identified through route cause analysis is the lack of thorough documentation and completed risk assessments relating to falls within records. The risk assessment is the legal documentation to which the HSE will refer to in order to determine assurance of care planning. If this is incomplete or the actions taken in relation to the assessment have not been highlighted then this will reflect poor evidence of care planning. The purpose of any risk assessment is to identify the hazards and foreseeable risk, then implement measures to reduce the risk to the person(s) who are exposed, failure to do the initial assessment fails to identify the hazards in which in turn prevents accurate control measures.

Table Two below provides a breakdown of the number of RIDDOR reported falls since 2009 and the associated number of fatalities.

Table Two

Year	Reported falls	Fatalities
2009/10	34	2
2010/11	26	3
2011/12	30	4
2012/13	21	4
2013 to date	10	1
Total	123	14

4.0 Conclusions

The review and audit of nursing documentation will be an ongoing priority in order to embed the need and thoroughness of robust risk assessment and record keeping in relation to falls. Likewise, the training and education of staff regarding falls will continue to form part of mitigating actions against falls. In order to support thorough record keeping in relation to falls, there have been a number of changes to the nursing documentation to assist the nursing staff and these changes have been reviewed and overseen by Corporate Nursing, Health and Safety services and Legal services. The review and improvement of falls within the Trust will continue to be overseen by the task group and reported to the Clinical Governance Executive and Quality & Safety Committee.

Associate Director of Patient Safety

September 2013

Trust Action Plan relating to Falls Prevention

For information: This action plan is reviewed monthly by the Fall’s Task Force Group. This is a sub-group of the Clinical Governance Executive Committee.

**Progress - Rag Rating:
Red = Not complete
Amber = In Progress
Green = Complete**

Recommendation	Action	Responsibility	Deadline	Progress & RAG Rating
Principles & Accountability				
The Trust needs to adopt a “zero tolerance” approach to falls and staff will be held to account where care is found to be sub-optimal and harm caused.	To advise staff of the Trusts approach to falls. To inform staff of their accountability requirements.	Assoc Dir Patient Safety/Deputy Chief Nurse	August 2013	RAG = Green - Complete Principles of priority for falls across the Trust tabled and discussed at NMF/Band 7 and Matron’s meeting during August and September to embed practice across the Trust. Accountability letter from Deputy Chief Nurse sent to all Band 7s during August 2013. Falls prevention a standing item at all senior nurse forums.
Training & Education				
To improve staff knowledge, understanding and awareness of the content of bedrails and falls risk assessments.	To refine the “vulnerable patients” symbol system and roll-out across the Trust in order to ensure that staff are aware of and are able to easily identify patients who are at risk of falling.	Deputy Chief Nurse/Associate Director of Patient Safety	June 2013	RAG = Green - Complete Dec 2012 - Band 7s meeting; symbol for “vulnerable patients” rejected in favour of an alternative that uses the same symbols as the PSAG boards. Feb 2013 - the format for the boards has been agreed, and materials for the boards are currently being sourced. New “back of bed boards” that includes the agreed falls symbol being trialled on 8 wards commenced mid July. Ongoing discussion of falls progress at all NMF and Band 7 meetings. Standing agenda item.

<p>To improve staff knowledge and understanding of the risks and benefits of using bedrails.</p>	<p>To train ward staff in the correct application of the bedrails risk assessment, and best practice in the use of bedrails as part of the revised nursing documentation rolled out across the Trust.</p>	<p>Clinical Practice Educators/Mary Beale/Associate Director of Patient Safety</p>	<p>July 2013</p>	<p>RAG = Green - Complete Training to be included in CPE - facilitated extra statutory and mandatory training sessions for nursing staff, planned for early 2013. Programme of training now in place for the rest of year. Staff booking onto training programme.</p> <p>Fundamentals of care study day commenced in July 2013. Twice monthly study day that includes fall's training.</p> <p>New nursing documentation updated to include correct risk assessment in the use of bedrails.</p>
<p>To improve staff knowledge and understanding of the falls risk assessment documentation.</p>	<p>New documentation will include the correct use of the falls risk assessment and an action plan, including selection of standard or high/ low beds for named patients.</p>	<p>Deputy Chief Nurse/Associate Director of Patient Safety</p>	<p>July 2013</p>	<p>RAG = Amber</p> <p>New nursing documentation updated to include correct risk assessment in the use of bedrails. Nursing documentation finalised and pending printing.</p>
<p>To test and respond to recent researched evidence regarding numerical scoring systems in falls risk assessments. Current evidence suggests that they may not be as effective in falls reduction programmes as previously thought.</p>	<p>To trial an alternative risk assessment (based on the Fall Safe programme report). This is aimed at promoting more individualised care planning for patients at risk of falling.</p>	<p>Falls Group H&S Team Manager Patient Safety Team Manager Ward Manager, PRH Ward 16</p>	<p>March 2013</p>	<p>RAG = Amber</p> <p>January 2013 - Ward 16 staff completed Fall Safe e-learning programme. Four-week trial began on Friday 8 February 2013, findings to be reported to CGE in July 2013. Paper sent to CGE in July.</p> <p>July 2013 - Project plan in progress to implement training Trust wide. Plan to target those wards with increased numbers of falls.</p>
<p>To ensure Trust nursing staff benefit from education in falls reduction measures.</p>	<p>To consider including the national Fall Safe e-learning programme in mandatory education and training programmes for nursing staff.</p>	<p>Associate Director of Patient Safety/Head of Education</p>	<p>June 2013</p>	<p>RAG = Amber</p> <p>Fall Safe E-learning programme "Preventing Falls in Hospitals" is available via the Trust's Learning Zone, free of charge.</p> <p>Patient Safety Team Manager has committed to deliver a falls prevention session to newly qualified nursing staff from</p>

	To consider including falls risk education to nursing staff within induction programmes, most likely by means of inductions arranged for specific staff groups (such as newly-qualified staff) or within local induction frameworks.			<p>March 2013.</p> <p>August 2013 - JB to discuss with MB – e-learning package, fundamentals of care training.</p> <p>Sept 2013 – E-learning package reviewed to improve system performance.</p>
To promote falls prevention work within the Trust.	For the Trust to consider recruiting a Specialist Falls Nurse/ Matron/ team, with a remit for staff education and clinical work with patients who have fallen in hospital or who are thought to be at high risk of doing so.	Deputy Chief Nurse	June 2013	<p>RAG = Green</p> <p>Proposal currently under consideration. A proposal for resources will be going to Executive Directors in July 2013. Recruitment in progress.</p> <p>Recruitment for Fall's practitioner in progress August 2013. Interviews on 23rd September 2013.</p>
To develop a professional standards framework for nursing staff working in the Trust.	To develop a specific set of standards for falls prevention.	Deputy Chief Nurse, Assoc Dir Patient Safety, Patient Safety Team Manager Health and Safety Team Manager	Dec 2013	<p>RAG = Amber</p> <p>Meeting planned for July 2013 Staff information – RGN expectations – assessments. Sept 2013 - Work in progress regarding standards expected.</p>
Recommendation	Action	Responsibility	Deadline	Progress & RAG Rating
Audit and Policy Development				
The Trust Board needs to understand the themes and trends relating to falls within SATH in order to consider further solutions for prevention. A paper is	An audit of all aspects of falls to be undertaken in August 2013. To include: Retrospective and prospective audits of falls.	Assoc Dir of Patient Safety	September 2013	<p>RAG = Amber</p> <p>Retrospective Audit of Q1 and M2 for 2013/14 completed. Report being compiled by audit team. Sept – Report received by falls task group.</p>

<p>to be presented to the September Trust Board.</p>	<p>A full high level case review of falls in Q1 2013/14 to Month 1 of Q1.</p> <p>Full review of all RIDDOR reported falls for 2012/13.</p> <p>Audit of handover and nursing record keeping – transfer forms</p> <p>Deloitte internal audit review during September 2013.</p>			<p>A full high level case review of falls in Q1 2013/14 to Month 1 of Q1 completed.</p> <p>Full review of all RIDDOR reported falls for 2012/13 completed and report completed.</p> <p>Audit of handover and nursing record keeping – transfer forms to commence week beginning 27th August 2013.</p> <p>Deloitte internal audit review during September 2013. TOR agreed and signed off.</p>
<p>To reinforce and support the work of the Trust's existing Falls Group and to promote engagement among ward staff.</p>	<p>For the meeting to be chaired by the incoming Associate Director of Patient Safety on a monthly basis and to be held on alternate sites each month.</p>	<p>Chief Nurse/ Director of Quality and Safety</p>	<p>June 2013</p>	<p>RAG = Green</p> <p>May 2013 Falls Group agreed TOR, reflecting role of newly appointed Associate Director for Patient Safety.</p> <p>February & May 2013 - Nursing and Midwifery forum included an instruction to prioritise attendance at the Falls Group. The group will also benefit from specific representation from Matron level or above from the Emergency and Critical Care and Medicine Centres.</p> <p>Associate Director to re-iterate at NMF and Band 7 meeting the importance of attendance at the meeting.</p> <p>Further information regarding falls actions to be tabled at NMF/Band 7 and Matron's meeting during August and September to embed practice across the Trust.</p>
<p>To ensure that the nursing documentation is fully embedded into Trust practice.</p>	<p>To audit the use of risk assessments, bed rails assessments and linked care plans within the</p>	<p>Associate Director Patient Safety Fall's Group.</p>	<p>July 2013</p>	<p>RAG = Amber</p> <p>To be audited after the revised documentation is in place.</p>

	<p>documentation, focusing specifically on the falls and bedrails assessments.</p> <p>Audit with ward managers, baseline and re-audit 1-2 weeks later.</p> <p>To audit the use of the newly introduced handover document between AMUs and the Wards.</p>			<p>Reminder letter about to be sent to nursing staff, as at 21 February 2013. Audit will take place on a date to be confirmed.</p> <p>Audit to review use of fall's documentation to commence August 2013.</p> <p>Deferred to September 2013.</p>
<p>To ensure that nursing staff are aware of their responsibility to adequately supervise agency staff.</p>	<p>This will be addressed in the revised Trust policy on e-rostering, which will define the duties and responsibilities of the nurse in charge of the shift.</p> <p>The revised policy on rostering will be discussed with ward managers during development and following approval.</p>	<p>Deputy Chief Nurse/Associate Director of Patient Safety</p>	<p>August 2013</p>	<p>RAG = Amber</p> <p>February 2013 - Band 7s/Matron's and NMF - included consultation with ward managers concerning roles and responsibilities. These will then be reflected in the policy, to follow. Rostering policy in draft pending final sign off in August.</p> <p>Further support regarding competency of temporary staff regarding fall's in progress via increasing bank staff capacity and competency pool.</p> <p>Induction check list needs to be checked regarding local induction to ensure that fall's are covered. JB checked August 2013 = Patient Safety Brief incorporating Falls Risk, Infection Control and vulnerable patients.</p>
<p>To ensure that the Trust responds to developments in best practice in falls prevention, including the adoption of new technology.</p>	<p>To support a trial of bed and chair sensor mats across selected wards.</p> <p>To support a trial of one-way slide sheets (intended to reduce the risk of patients slipping from chairs) across selected wards.</p>	<p>Assoc Dir Pt Safety Patient Safety Team Manager Falls Group</p>	<p>Sept 2013</p>	<p>RAG = Green</p> <p>Costing for sensors and associated equipment obtained, trial equipment hire likely to cost c£2200 per site. Funding to be identified.</p> <p>Costing for single-use slide sheets obtained trial likely to cost c£2500.</p> <p>Funding to be identified. JB to discuss with SB.</p>

	To generate options for future trials, with costing which can be considered at budget setting.			Research regarding sensors not supportive in falls reduction. Therefore action no longer required. Plan to embed fallsafe initially and then review the need for sensors.
To ensure that the Trust's guidance on the provision of Enhanced Patient Support (EPS) for confused/ agitated patients at high risk of falling can be implemented outside of the standard working day.	To consider ways to increase the availability of HCAs to staff EPS shifts at short notice, particularly when the patient's need is identified on late and/ or night shifts.	Deputy Chief Nurse Workforce Director Temporary Staffing Department Manager	June 2013	RAG = Green Meeting took place to discuss this action with Workforce Director and Temporary Staffing Department. Plan in progress to complete action. Written to clinical site managers re; EPS.
To assess the effectiveness of current arrangements for staffing enhanced patient support (EPS) shifts within the Trust.	To audit the process for obtaining staff to cover EPS shifts, particularly at short notice.	Deputy Chief Nurse	June 2013	RAG = Amber Letter covering Trust's EPS procedure to sent to ward managers. Audit dates to be determined.
To introduce a procedure for ensuring that RCA investigations conducted by ward managers and matrons, when addressing a patient fall incident resulting in death, are scrutinised by a Corporate Nursing RCA review meeting prior to leaving the Trust.	To introduce a procedure for identifying and carrying out the Corporate Nursing level RCA reviews	Deputy Chief Nurse	2013	RAG = Green Complete. Review of SI policy and RCA guidance planned for May 2013.
To ensure that root cause analyses investigations conducted by ward managers and matrons are effective.	To hold a workshop on root cause analysis and accountability within the April NMF meeting.	Deputy Chief Nurse Patient Safety Team Manager Health and Safety Team Manager	April 2013	RAG = Green Complete. Review of SI policy and RCA guidance planned for May 2013. All fall's RCAs now presented to the fall's task group.
To ensure that the current bed stock and mattresses do not increase the risk of	Review of current bed stock, appropriateness of mattresses and to ensure	Assoc Dir Patient Safety, Patient Safety Team	July 2013	RAG = Green Associate Director Patient Safety taking a briefing and risk assessment paper to August Operational Risk Group.

falls.	that H&S standards are met.	Manager Health and Safety Team Manager		August 2013 – Paper deferred to September ORG.
Recommendation	Action	Responsibility	Deadline	Progress & RAG Rating
Staff & Patient Information				
To produce a leaflet on the risks and benefits of using bedrails for staff, carers and relatives.	To review the current version and distribute the patient information leaflet concerning the risks and benefits of using bedrails in a hospital environment.	Falls Group subgroup	July 2013	RAG = Green Nov 2012 & Jan 2013 - Leaflets rewritten by Falls Group. February 2013 - currently awaiting final approval on content and format. Completed June 2013. Leaflets being shared with patients in order to inform final content. Being reviewed by PEIP in August 2013. Reviewed by PIP leaflets to be circulated.
To devise a leaflet for staff highlighting their role in preventing falls – staff will sign off co-ordinated by ward manager.	To review the current version and distribute the patient information leaflet concerning the risks and benefits of using bedrails in a hospital environment.			
To introduce posters addressing falls risk to the Trust, as developed by the local health economy's falls prevention task and finish group.	To introduce the posters to the Trust on a trial basis.	Associate Director of Nursing (Quality and Patient Experience) Ward Manager PRH Ward 16	June 2013	RAG = Amber In progress Episode of care posters applied to falls. Poster being developed with a plan for introduction in September 2013.