

# **QUALITY IMPROVEMENT PLAN (QIP) TARGETS QUARTERLY TRUST BOARD REPORT**

***FALLS***

***7 February 2019***

## PROGRESS TO DATE

While falls continue to be the top incident reported, work continues to raise awareness of falls prevention across all care settings of the Trust.

A Trust Falls Co-Ordinator has been appointed. Anne Marie Conlon took up post on 9th April 2018. Her role will be to operate within the context of an integrated service model for Falls Prevention and Intervention. This will consist of the following key elements:

- Single Point of referral for Falls and Falls Risk;
- Multidisciplinary (stratified) Falls Clinic as a stream of the Frail Elderly Integrated Care Pathway and related Outpatients Reform;
- Reviewing and supporting of development of multilevel training programmes to encompass primary and secondary care;
- Building of capacity for first line prevention;
- Information and exchange across the system as to available interventions at all levels;
- Falls Prevention Networking (networking of existing committees and /or the Western Area which focus on Falls).  
This service model will be required to develop and streamline interfaces.

A falls learning collaborative has been set up in September 2018 for those inpatient areas with highest incidence of falls. Ward managers from nine Inpatient wards across the Trust have identified key nursing staff to attend. The aim of the collaborative is to allow staff time out to explore, learn and interact with other health care professionals to identify, causes, risks and ways forward in their own wards/ departments. The collaborative will allow staff to access multidisciplinary support and expertise that will allow them to test changes in their wards that may reduce falls or the risk of moderate and above harm.

Work continues to report the learning from falls that result in a moderate or above injury to the Public Health Agency (PHA) and also to support and encourage appropriate spread of learning. A falls review group with Lead Nurses and the Corporate Risk Manager meets monthly to review the learning input onto Datix is appropriate and to encourage accurate investigation and action planning.

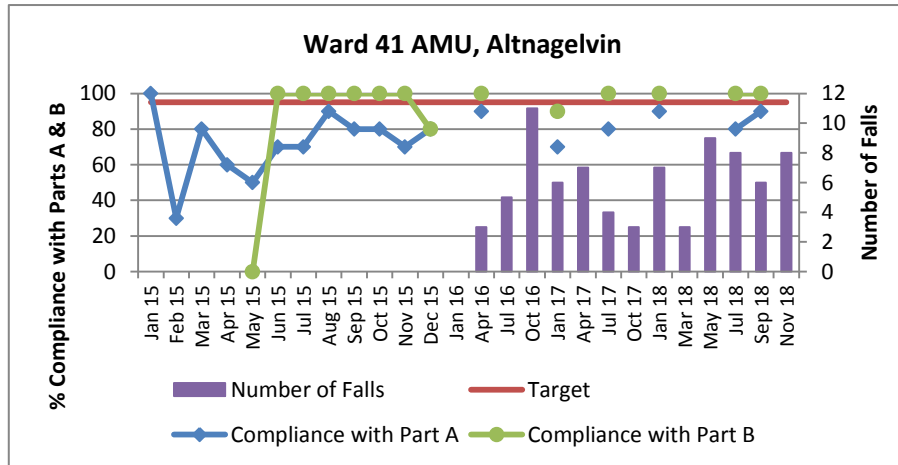
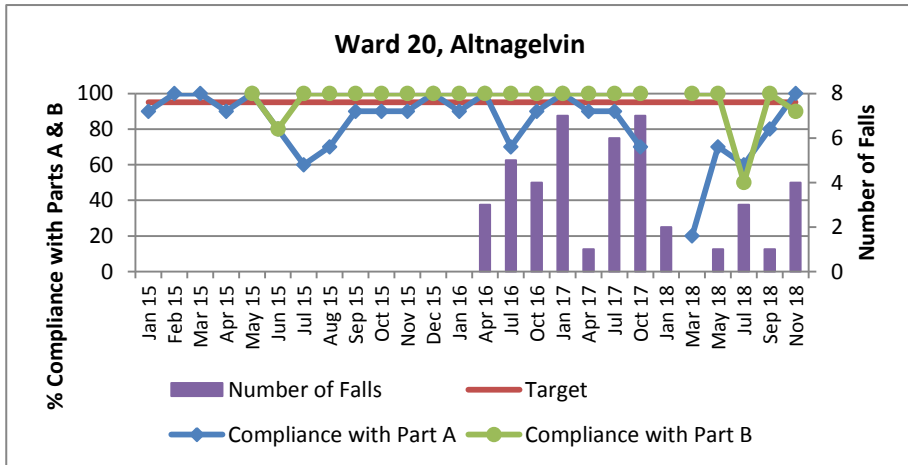
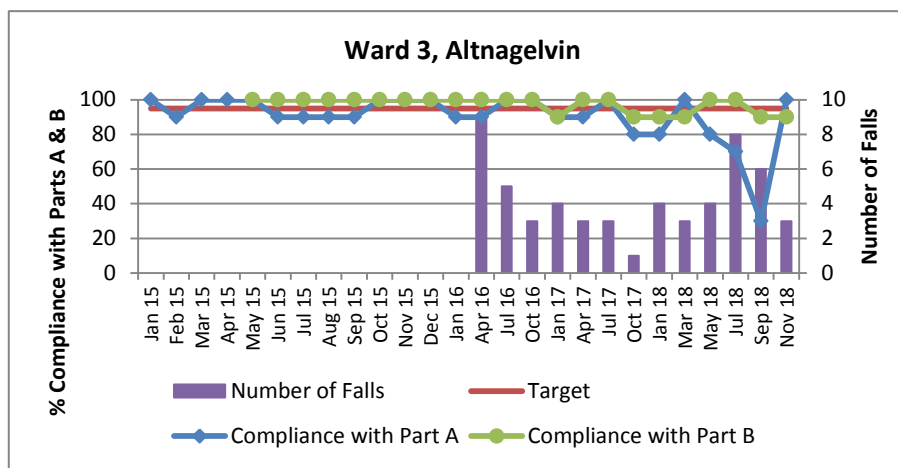
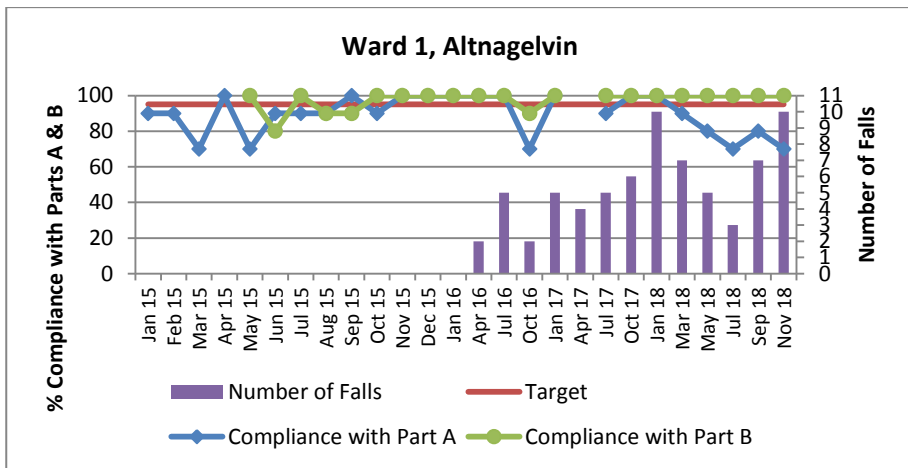
The table below demonstrates the Falls Rate per 1,000 bed days and the rate for falls resulting in harm (moderate, major or catastrophic) which is reported quarterly to the PHA via a SharePoint site.

Quarter	Rate per 1,000 bed days for No. of Falls	Rate per 1,000 bed days for No. of Falls resulting in harm (Moderate Major or Catastrophic)
Quarter 3 2017/18	6.3	0.16
Quarter 4 2017/18	5.9	0.08
Quarter 1 2018/19	5.99	0.16
Quarter 2 2018/19	4.40	0.04

The overall Trust compliance with the Fallsafe Bundle for November 2018 was 95% for Part A and 99% for Part B. Compliance for each adult inpatient ward is demonstrated in the graphs below.

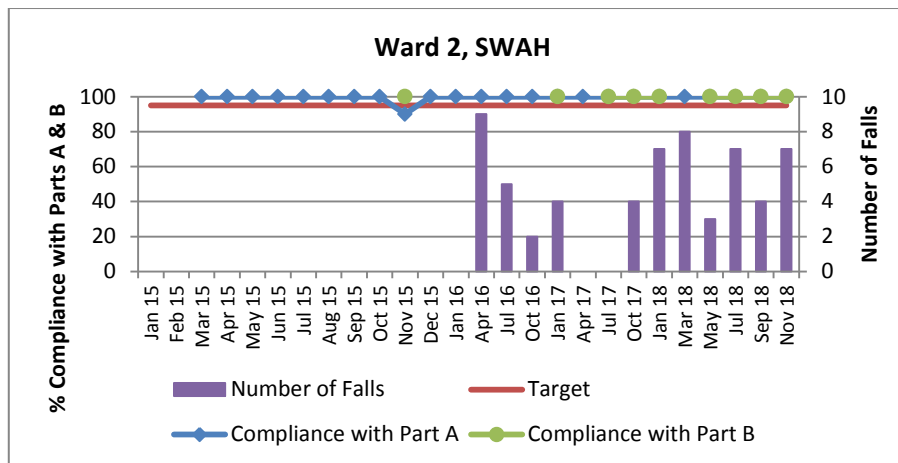
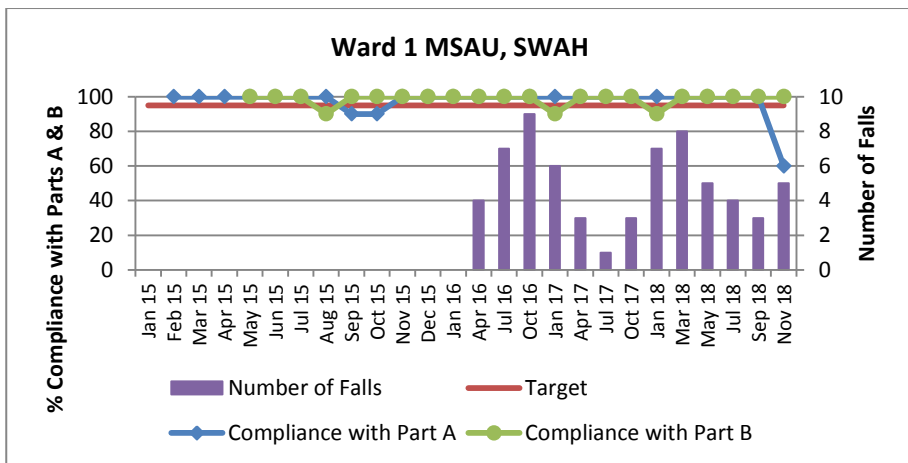
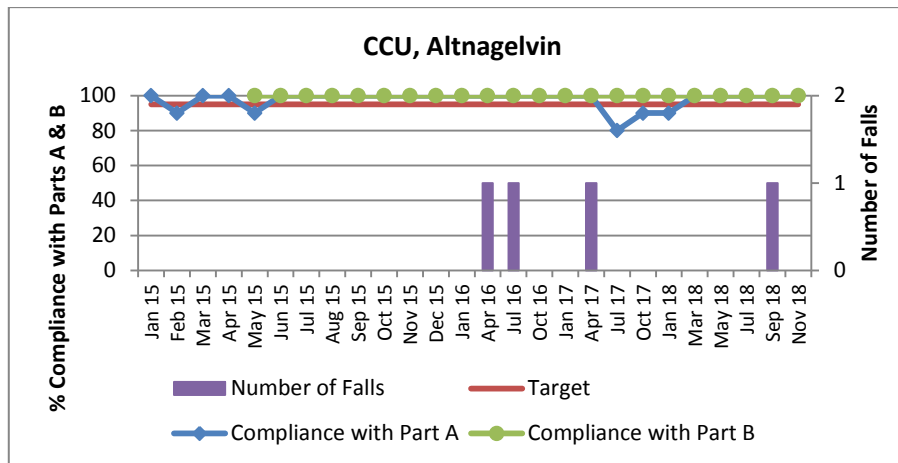
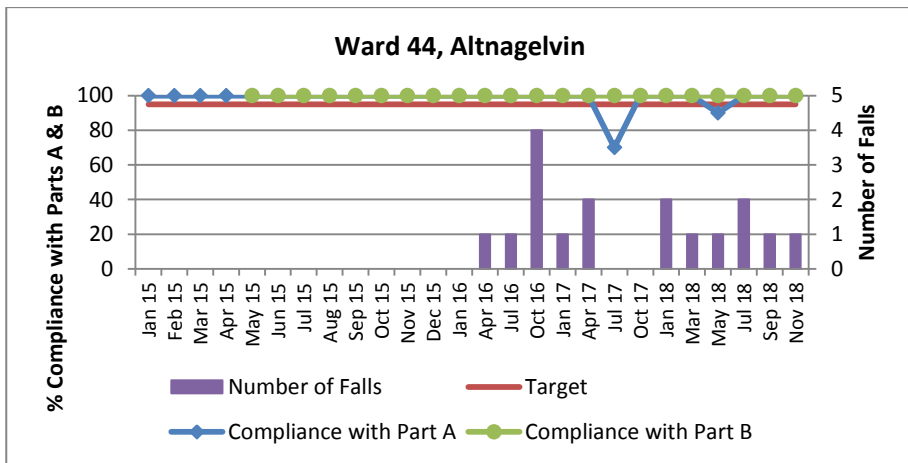
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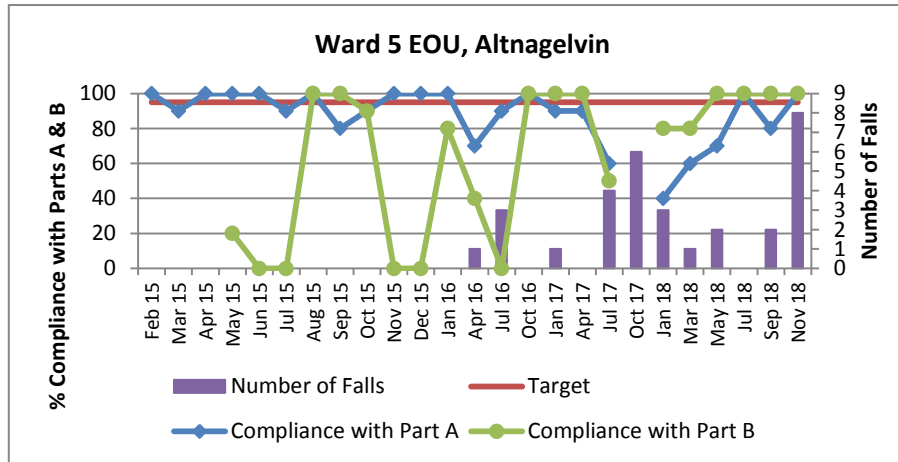
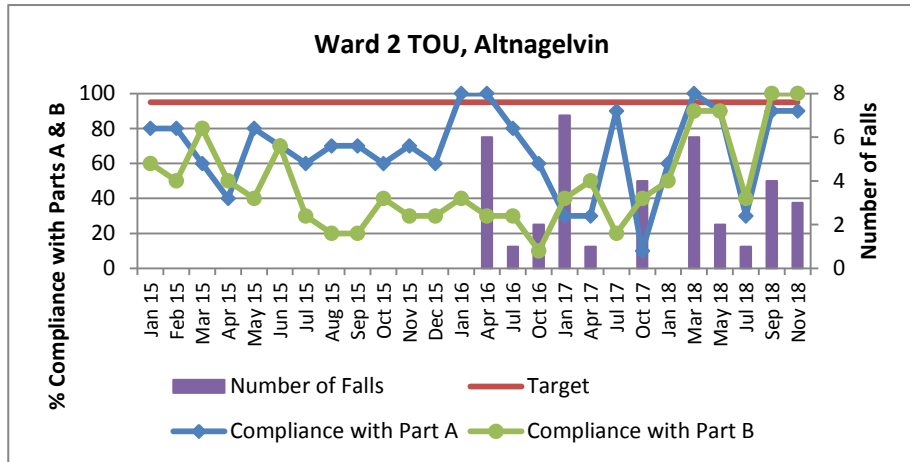
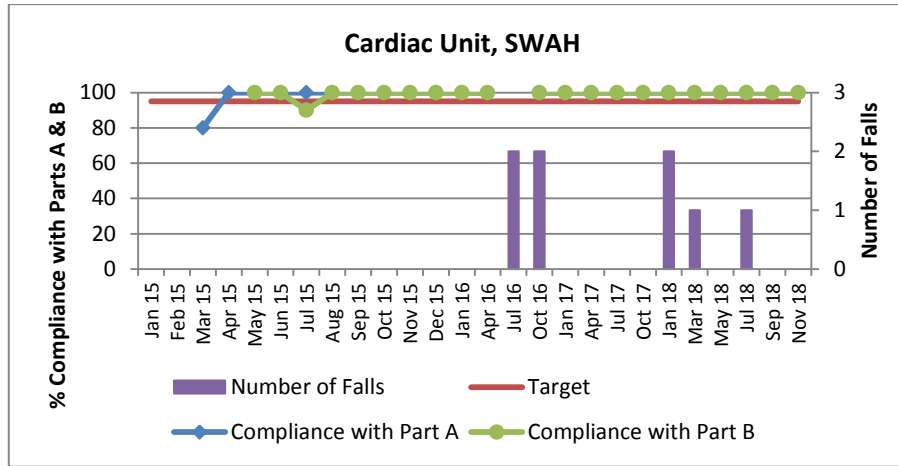
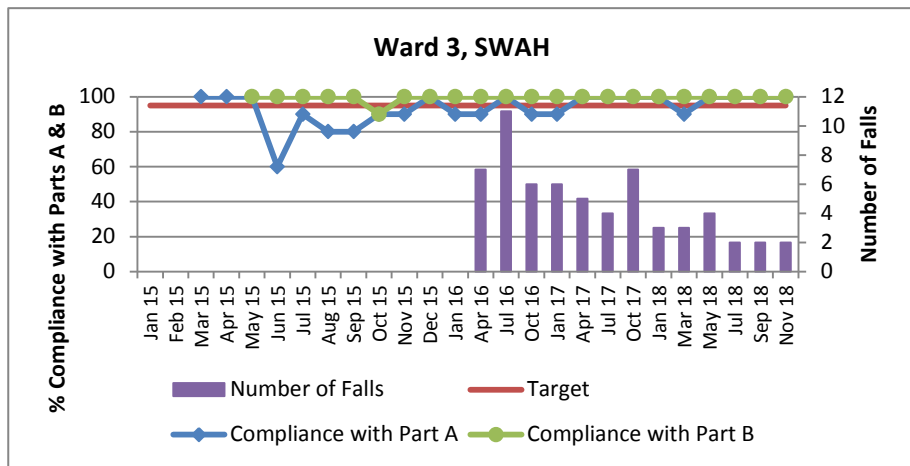
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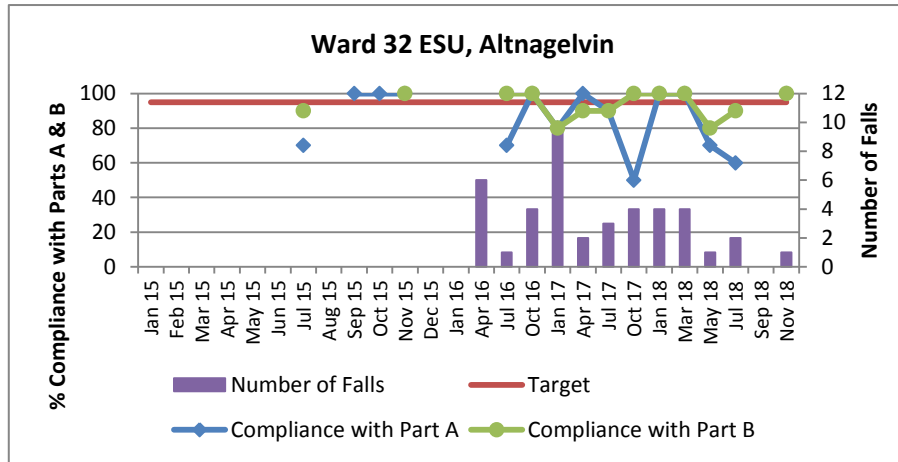
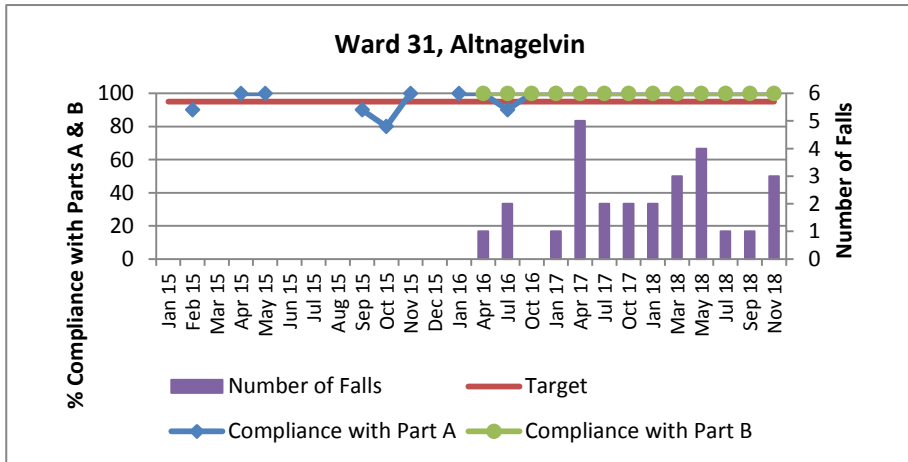
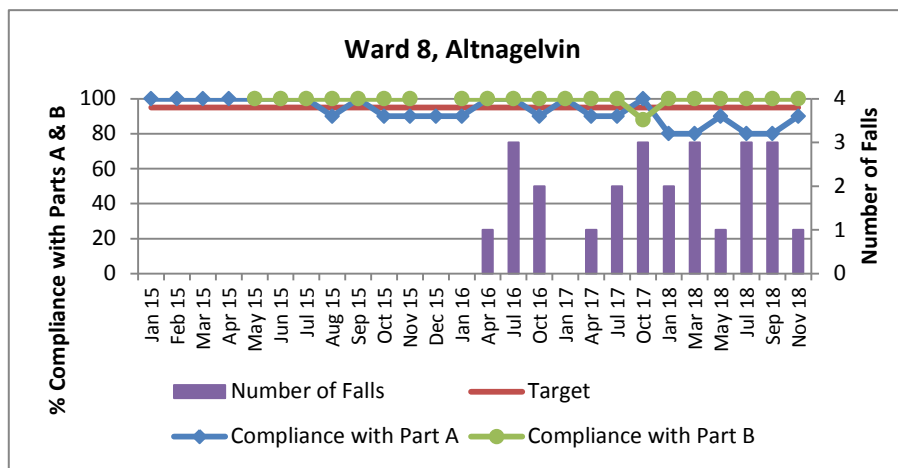
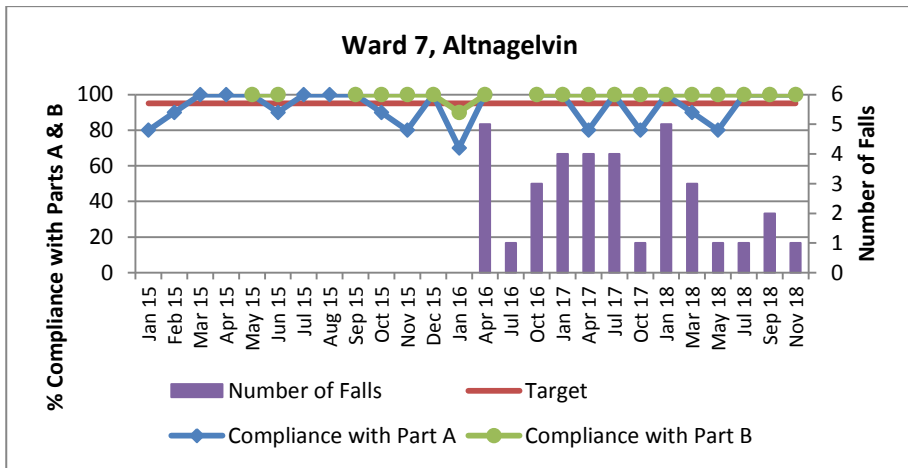
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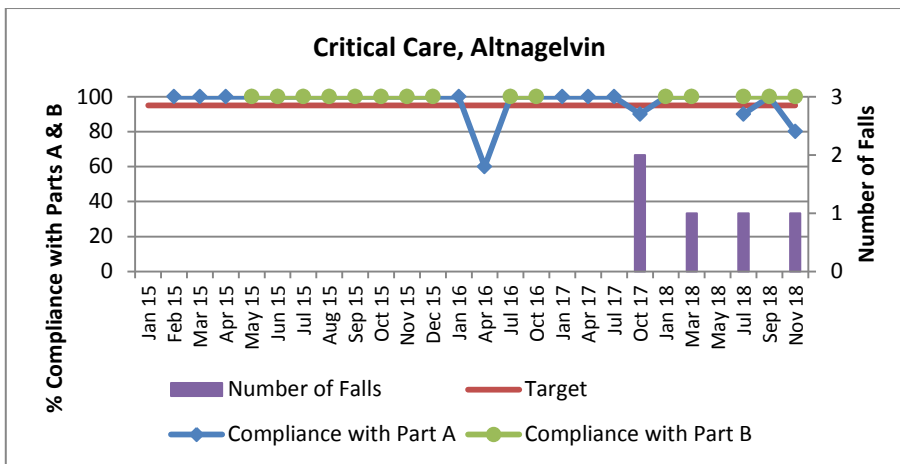
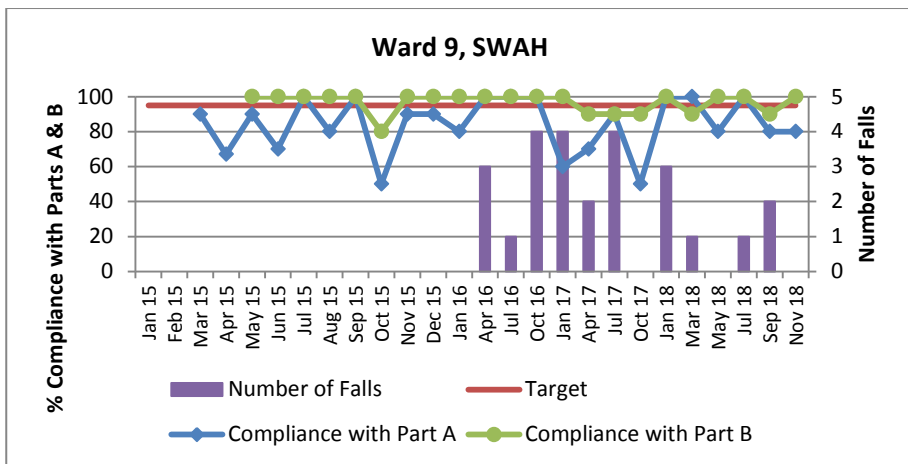
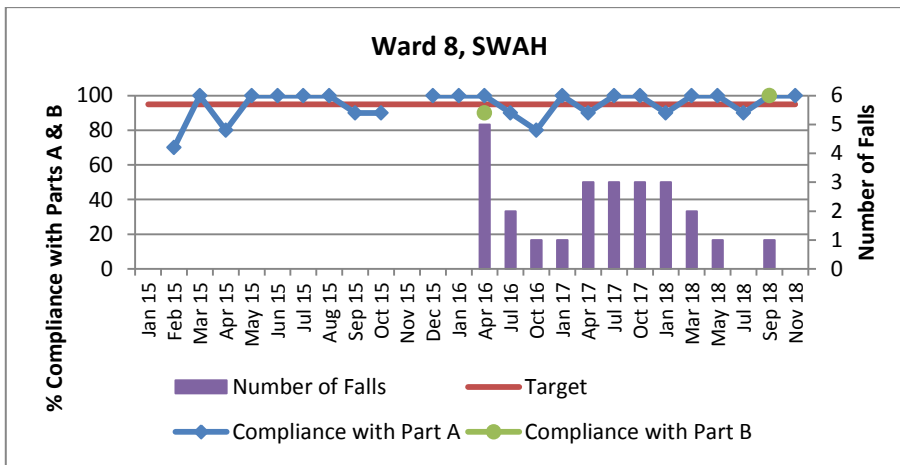
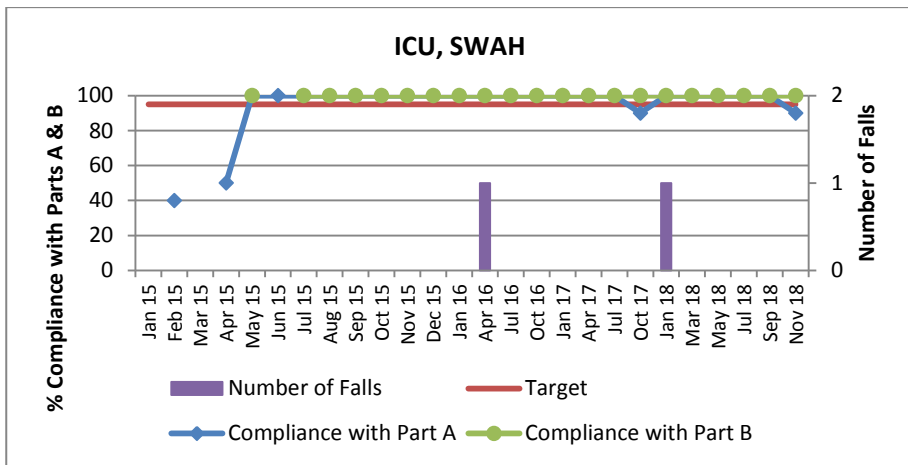
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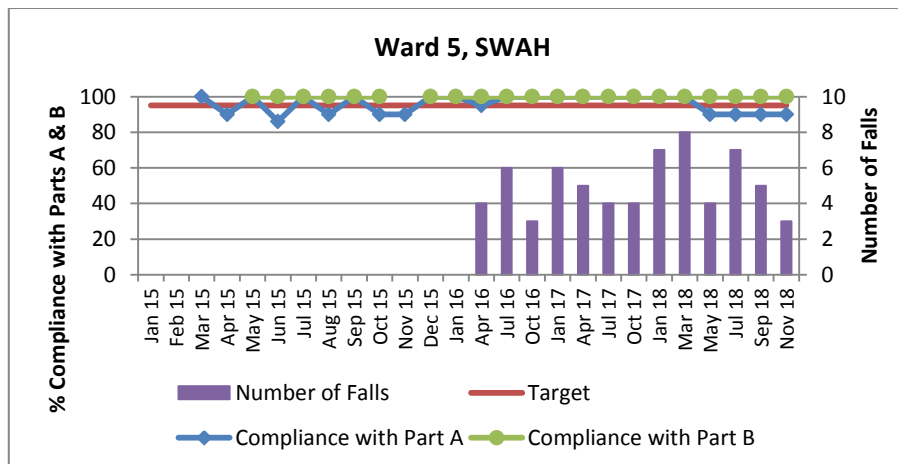
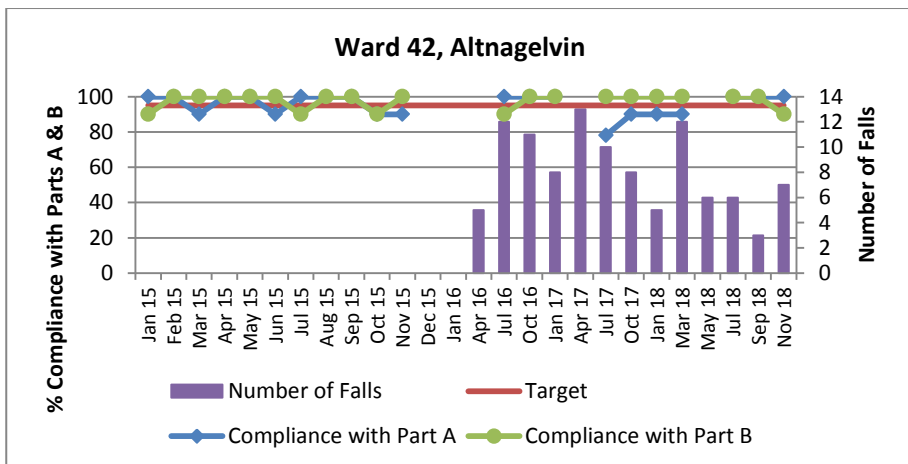
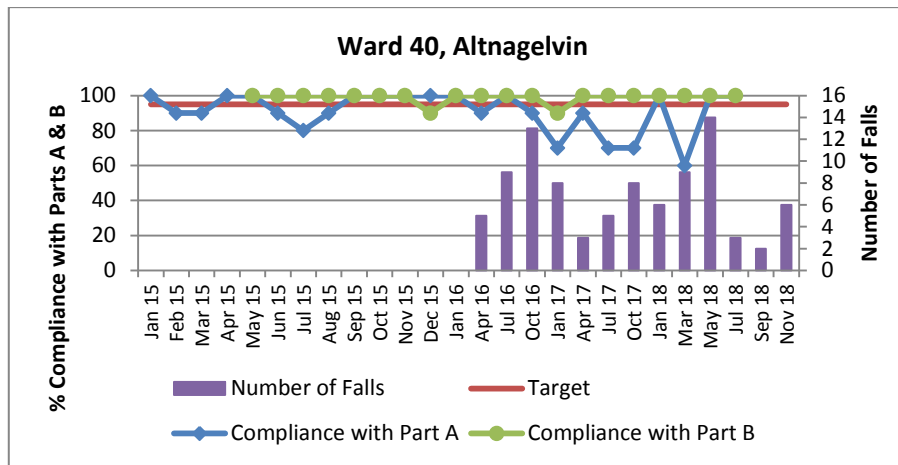
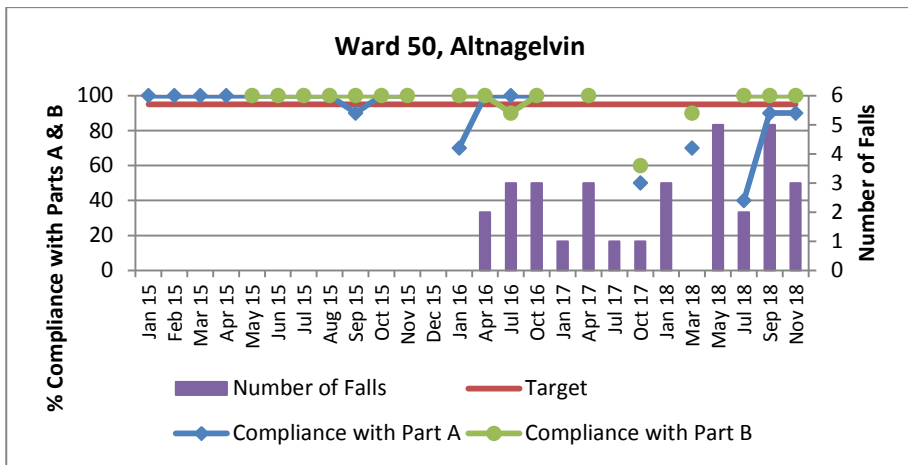
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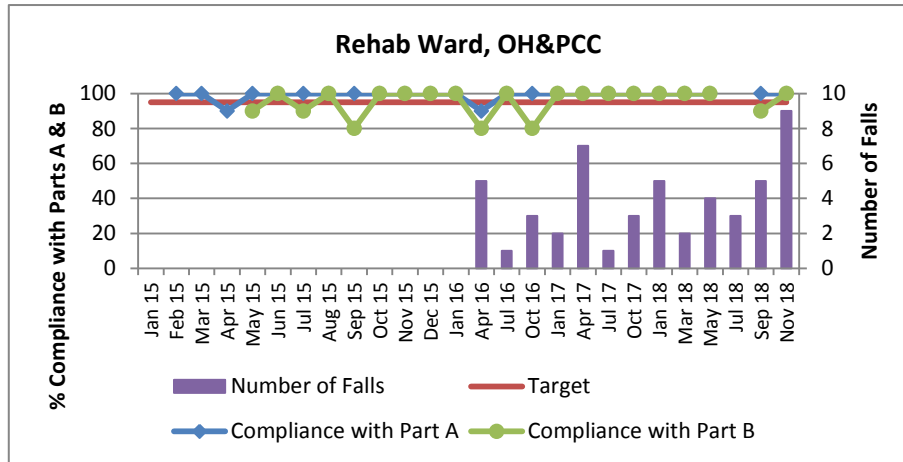
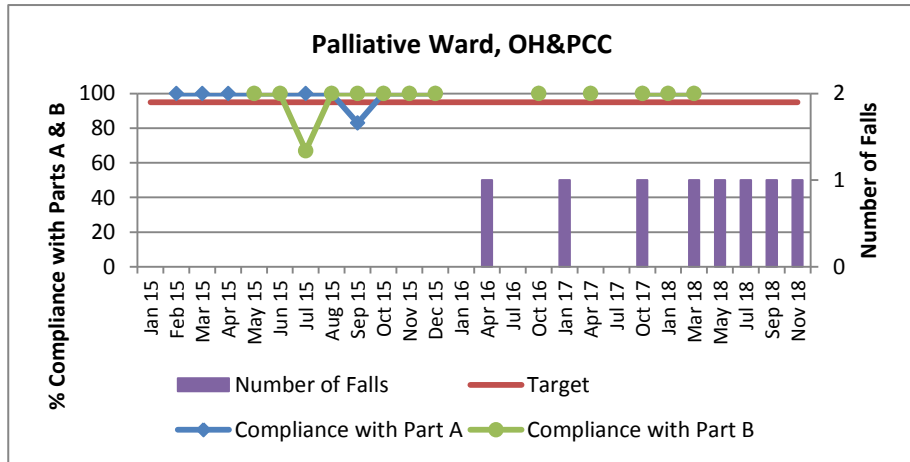
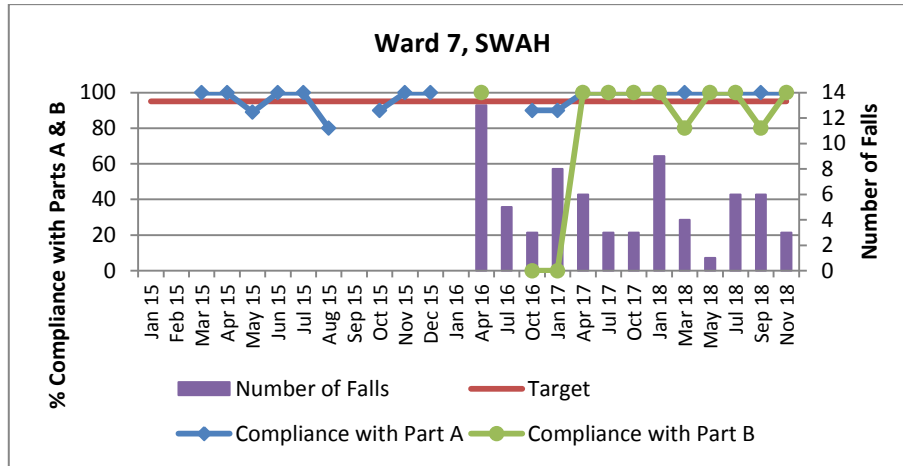
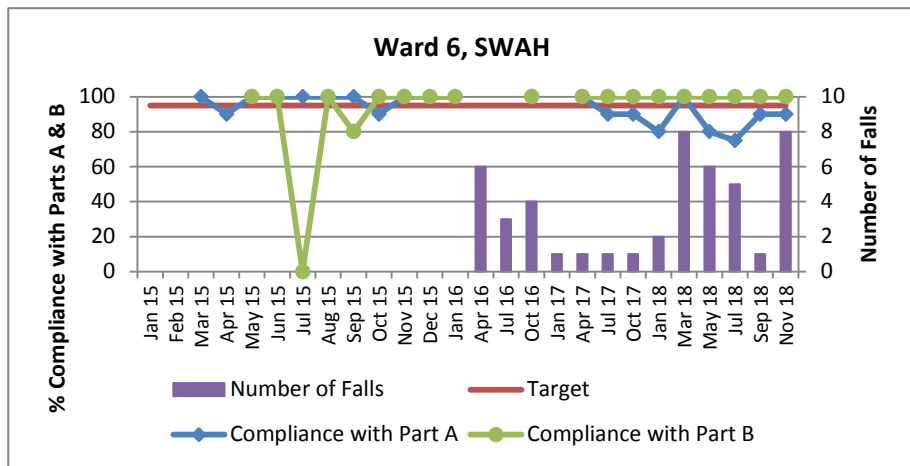
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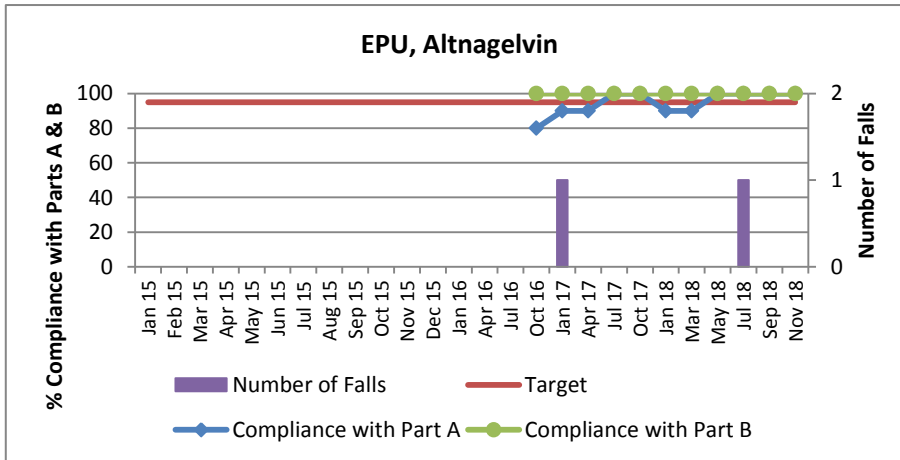
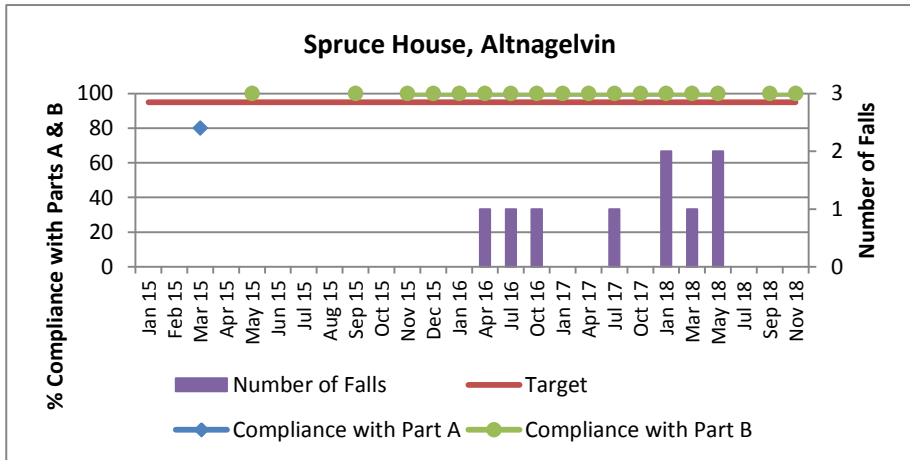
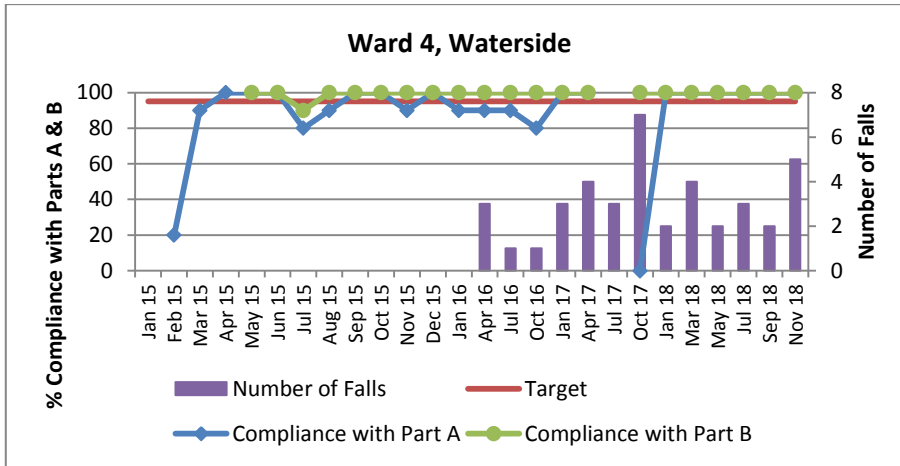
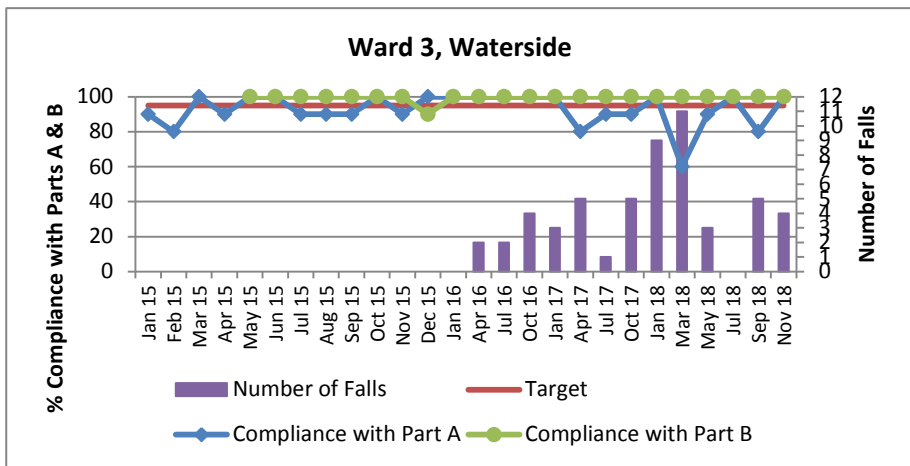
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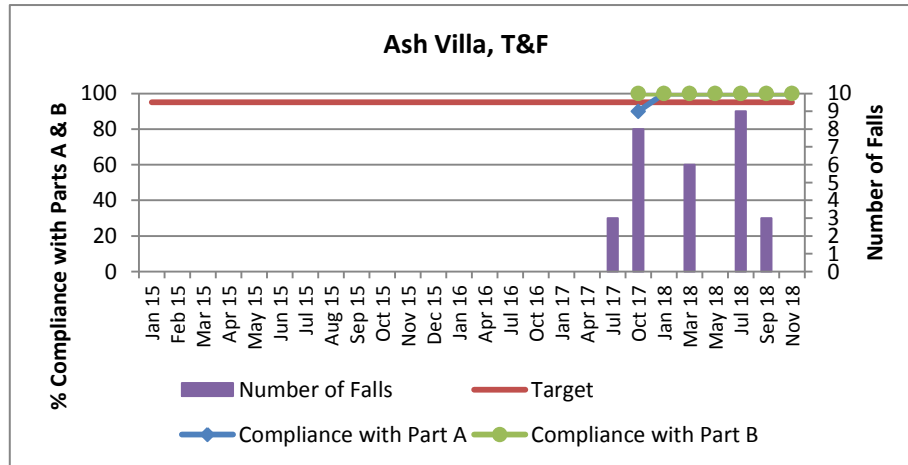
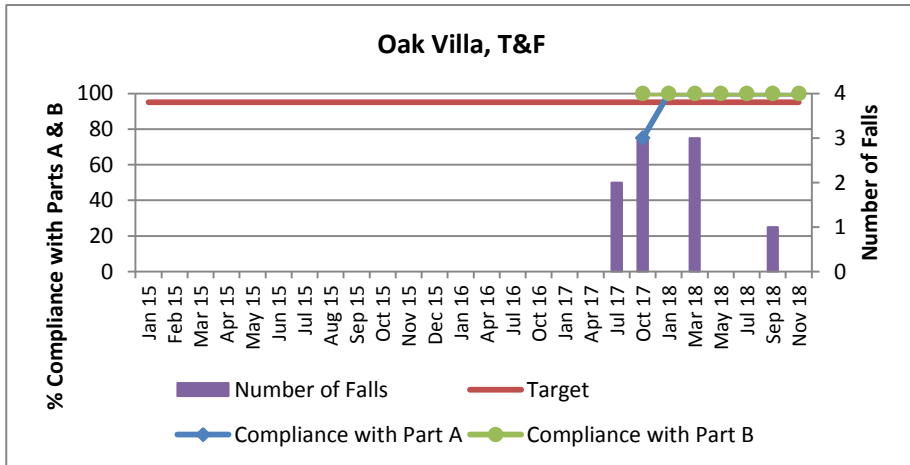
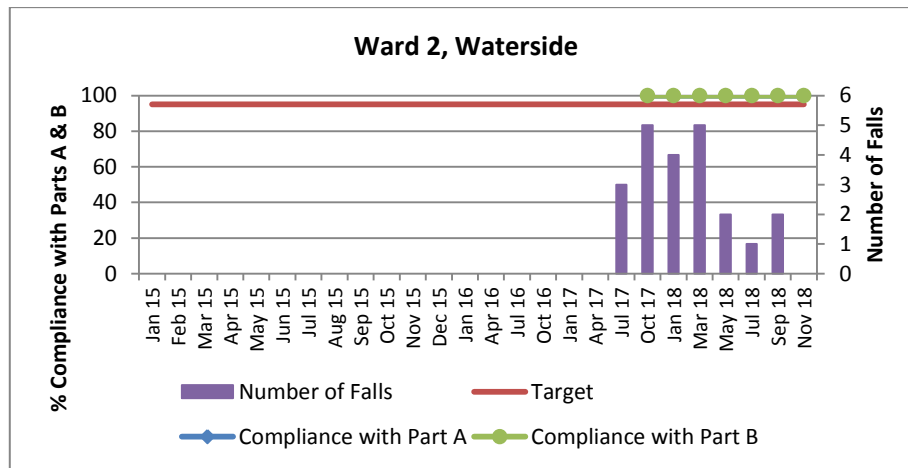
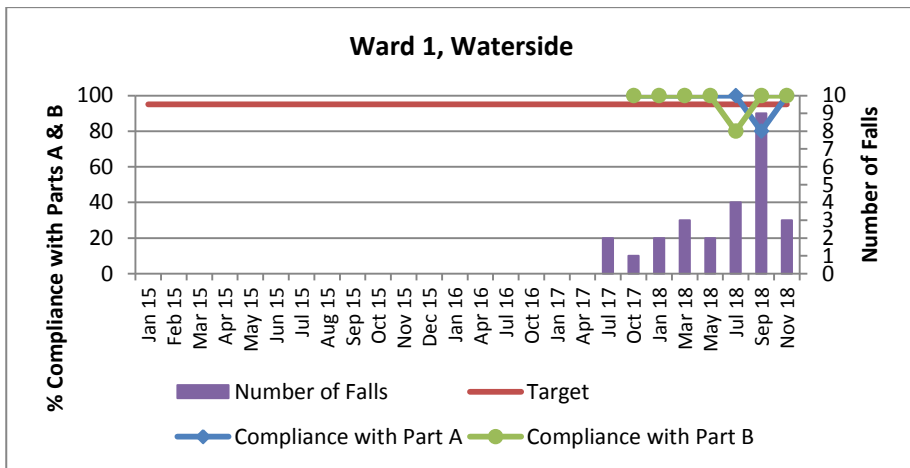
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