







| Vision | Primary drivers | S | Secondary drivers | | Action/changes |
|-----------------------------------|--|----------|--|---|--|
| in-patient 18 | Ensure all patients are assessed for their risk of falls as appropriate | → | Using Trust data identify 1. highest risk category of patient 2. areas of highest risk | • | Nurse highest risk patient in identified areas in wards Develop daily risk assessment checks Improve support and observation for high risk patients Review medication for patients at risk of falling Review all falls with harm using an MDT |
| : in-p 018 | |] [| | | approach to identify shortfalls in care and learning |
| of avoidable in- by March 2018 | Improve the safety of the environment where patients at high risk of falls are nursed | • | Review the availability of equipment in high risk areas Ensure patients have appropriate footwear | • | Invest in low beds, crash mats, Ensure the provision of falls prevention aids |
| e number m by 1/3 | Promote a project to inspire and support staff to make a difference and reduce the number of falls with harm | → | Engage MDT to prioritise falls prevention and training Raise awareness of falls Support collaboration with other organisations | - | Support fall champions in key wards Provide feedback on good practice and learning opportunities |
| To reduce the falls with har | Develop a patient/family engagement strategy to involve patients in prioritising the prevention of falls | • | Actively encourage patient and families participation Encourage family visiting Actively seek feedback | • | Use feedback to improve processes and engage staff Develop joint forums to share ideas Publish progress on Trust website |





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| with 018 | Identify all procedures requiring LocSSIPs | Engage teams where invasive procedures are undertaken and support the development of a plan to implement checklists | Provide support to develop the SOPs → |
| ssurance of compliance with standards by March 2018 | Engage with staff to improve awareness of the NatSSIPs requirements | Support the implementation of LocSSIPs across the organisation Support the development of LocSSIPs and SOP | Develop a communication project using posters Trust intranet etc ► Encourage sharing across organisation Provide feedback on good practice |
| ssurance of standards | Raise awareness with patients and the public about the need for checklists for invasive procedures | Improve the information available to patients who are having invasive procedures so that they expect a checking process | ➡ Provide patient information Publish information on the Trust website Secure patient feedback |
| To provide a the NatSSIPs | Audit compliance with the use of checklists for invasive procedures | ➡ Monitor the development of SOP for LocSSIPs | → Develop an audit programme for testing the effectiveness of LocSSIPs Provide feedback to staff |





| Share good practice from wards where medication omissions are low Encourage ideas from staff teams for reducing medicine omission errors |] → | Develop a forum for the discussion and management of medication omission errors Develop a forum for the discussion and management of medication omission |
|---|-------------------------------------|--|
| ➡ from staff teams for reducing medicine | • | the discussion and management of medication omission |
| | | errors |
| Provide patient information on the importance of providing patients with their correct medication Secure patient feedback on | • | Develop a method of obtaining patient feedback on medication administration |
| Provide feedback to wards, identify areas of good | → | Develop an on-going audit tool to capture information on administration of medication and omissions |
| | Provide feedback to wards, identify | → Provide feedback to wards, identify areas of good |