

Safety Improvement Plan
(Sign up to Safety) August 2017

What are the areas we could make the most difference?	What does success look like? What is your goal statement?	Measures	What do we need to do for that success to be realised?	Update July 2017
Reduce the number of avoidable falls that result in harm in our inpatient services	Reduce the number of avoidable falls causing moderate or greater harm by a third by the end of March 2018	<p>Assess the number of avoidable falls with harm via Datix reporting</p> <p>Assess compliance via monthly falls audit</p>	<p>Observations</p> <p>Increase the frequency of observations for patients at risk</p> <p>Follow post falls protocol</p> <p>Nurse patients unlikely to comply with falls prevention advice in higher visibility areas</p> <p>Undertake daily risk assessment for high risk patients</p> <p>Amend falls report to reflect avoidable falls statistics and trends</p> <p>Commence the use of 'Tag You're It' initiative (1:1 and cohort staff wearing badges)</p>	<p>Patients all re-assessed daily for observation level required.</p> <p>Monthly falls audit began in July 2017 and assesses all criteria</p> <p>Falls report amended</p> <p>'Tag You're It' initiative introduced during Falls Prevention week 26th June 2017, all wards visited, official launch presented and badges distributed across all wards</p>
		<p>Review the use of equipment via Matron audits and falls RCAs</p>	<p>Equipment/Aids</p> <p>Encourage the wearing of glasses and hearing aids and appropriate footwear</p> <p>Purchase low profile beds and trolleys</p> <p>Use crash mats</p> <p>Provide grab bags in toilets on C3</p> <p>Provide suitable chairs</p> <p>Introduce red and green identification of walking aids</p>	<p>20 high/low beds on site, 30 more on order.</p> <p>Crash mats in place on C3, on order for C8</p> <p>Grab bags available Trust wide</p> <p>Chairs on order</p> <p>Red and green labelling of walking aids launched in falls prevention week.</p>

What are the areas we could make the most difference?	What does success look like? What is your goal statement?	Measures	What do we need to do for that success to be realised?	Update July 2017
			Equipment/Aids...cont	Falls awareness signs in place at every patient bedside to encourage patients to ask for assistance
		Assess the number of avoidable falls with harm via Datix reporting Assess compliance via monthly falls audit Obtain feedback from Falls Champions	Communication Improve the quality of handover of patients from ED/EAU and all ward transfers Include the risk and incidence of falls with the MDT Implement monthly falls audit Support Falls Champions	Every ward has a graph to show incident trends for their areas for previous 12 months given out as part of falls prevention week. Falls audits in place Falls champion meetings relaunched
		Assess compliance via monthly falls audit Review compliance as part of the monthly Matron audit Assess compliance with dementia training	Education and training Encourage all staff to risk assess for falls Embed 'Don't leave me in bed' campaign Lead nurse and Falls Champions to promote Falls Safe Challenge. Review roles of staff providing 1:1 care and cohorted bay care Ensure staff receive dementia training Ensure falls training and manual handling training is completed by ward based staff Provide feedback on lessons learned	Falls prevention week 26 th June completed Due to be implemented over the summer with appointment of new Falls Lead 1:1 staff now wear badges to ID role ('Tag You're It' initiative) Falls on line training reviewed and due for launch 31 st July 2017 Training records for staff are monitored Lessons learned included in falls reports Specific staff engagement during Falls prevention week – June 2017 including presentations and engagement with staff in clinical areas.
		Assess patient/carer involvement from feedback including NHS choices comments, complaints and PALS comments	Patient and carer engagement Encourage visitors to return chairs after use and not leave belongings on the floor –e.g bags Implement 'Take the Time' for patients at risk of falls due to cognitive problems	Patient welcome booklet updated to include housekeeping advice re belongings and visitors chairs. Take the time relaunched w/c 26 th June

What are the areas we could make the most difference?	What does success look like? What is your goal statement?	Measures	What do we need to do for that success to be realised?	Update July 2017
			<p>Patient and carer engagement cont... Use feedback to improve processes and engage with staff Develop joint patient/carers and staff forums to share ideas</p> <p>Publish progress on the HUB</p>	<p>Patient who fell at home completed patient story video for use in Trust. Falls prevention week – relatives and public requested information on falls prevention at home – links provided to Dudley Council and Dudley Rehabilitation Service via phone and on line. Falls information boards in most clinical areas</p> <p>Tweets and Trust Facebook page updated with falls progress.</p>
<p>Identify all invasive procedures requiring NatSSIPs and provide assurance of compliance with the standards with the use of LocSSIPs by March 2018</p>		<p>Assess the availability of LocSSIP checklists against the identified list of invasive procedures</p>	<p>Communication Raise the profile of the need for LocSSIPs using posters, team brief and Trust Intranet reminders etc Engage with teams where invasive procedures are undertaken and support the development of invasive procedure checklists Provide feedback on good practice Provide shared access to LocSSIP checklists. Identify the procedures still requiring LocSSIP check lists</p>	<p>Posters have been circulated and the item added to raise the awareness of the need for LocSSIP checklists. Meetings held with key individuals to confirm what LocSSIPs are in place and what are required. Support provided. LocSSIP checklists and SOP uploaded to the HUB to share Working through the list of procedures to confirm what is still outstanding</p>
		<p>Assess compliance with audit of LocSSIP checklists</p>	<p>Observations Check compliance with LocSSIP checklists</p>	<p>Several areas already have their own audit process in place. A Trust wide audit process is still required to confirm compliance</p>
		<p>Assess patient/carers involvement from feedback including NHS choices comments, complaints and PALS comments</p>	<p>Patient and carer engagement Improve the information available to patients /carers having invasive procedures on the LocSSIP checklist process</p>	<p>Sign up to Safety pledges and information to be added to Trust website. Information is available to patients as part of the LocSSIP checklist</p>

What are the areas we could make the most difference?	What does success look like? What is your goal statement?	Measures	What do we need to do for that success to be realised?	Update July 2017
		Monitor the development of LocSSIP checklists, audits and SOP	<p>Education and training Monitor the compliance with implementation of LocSSIP checklist procedures</p> <p>Develop Standard Operating Procedures (SOP) for all LocSSIPs</p>	<p>A LocSSIP register has been developed to record LocSSIP activity and monitor compliance</p> <p>A standard Trust SOP has been developed and is available to staff on the HUB. Specialised SOP are being developed as necessary</p>
Reduce the number of omitted medication errors by 50% by March 2018		Monitor compliance with medication management Undertake audit	Observations Monitor the administration of medications	<p>Identified lead Matron to liaise with Matron group and attend pharmacy working group. Audit completed May 2017. Action plan to be completed by August 2017. Datix used to monitor incidents and trends. Working with Allscripts to develop electronic prescribing in April 2018</p>
		Monitor how good practice is shared	Communication Share good practice from wards where the level of medication omissions is low	The next link nurse newsletter will be published in September. Information and actions to be publicised in the newsletter for dissemination to all registered staff.
		Monitor the efficacy of medicine forums	Education and training Strengthen the medication forum to support Champions and develop ideas for reducing medication omissions	Medicines link nurse training being reviewed to increase focus on medication omissions. Identified Matron working in partnership with senior pharmacists.
		Secure patient feedback from NHS choices comments, complaints and PALS comments	Patient and carer engagement Improve information for patients on the importance of receiving their medication as prescribed.	Complaints and comments made by patients re missed medication doses are recorded by Patient Experience group and Quality and Governance group. Developing improved liaison with the newly appointed Head of Patient Experience and Head of Communications to share learning from these comments/complaints and improve services.