



Middlesbrough Local Involvement Network (LINK)

Falls Working Group Report

March 2011



Middlesbrough LINK is supported by
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Middlesbrough LINK Report

Purpose of Report

Falls in the Community, Hospitals and Care Homes were identified in the Middlesbrough LINK Work Plan as a key area for further investigation during 2009-2010 and a Falls Working Group was established in January 2010. This report brings together the information found and makes recommendations LINK members feel may improve the services and reduce the risk and number of falls.

Falls Working Group Remit

- To understand the incidence of falls in the Borough
- Identify which groups of people are most at risk
- Highlight what actions are being taken to prevent falls or reduce their effect
- To make recommendations to help prevent / reduce the number of falls in Middlesbrough

Falls Working Group Members

The Falls Working Group was made up of a number of interested people, some already LINK members or part of the LINK core group and others with an interest in the subject. (Appendix 1 for members of the group)

Information Gathered and Meetings Held

General information

'Falls represent over half of hospital admissions for accidental injury. Half of those with hip fractures never regain their former level of function and one in five dies within 3 months' (Don't mention the F word - Help the Aged 2005).

It is predicted that the number of older people admitted to A and E as the result of a fall will rise from 2.2 million to 2.5 million by 2015 (POPPI data 1999).

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Following an initial meeting held on 21st January 2010, the group agreed on a course of action to gather and analyse information and draw out initial findings to identify the group's objectives. This was based around prioritising tasks in the following areas:

Area	Responsibility
Hospitals/Community	Falls Service Middlesbrough Redcar and Cleveland Community Services (MRCCS)/South Tees Hospitals NHS Foundation Trust (STHNFT)
Osteoporosis	Falls Service (MRCCS)/STHNFT
Grit/Grit Bins	Middlesbrough Council
Care Homes	Middlesbrough Council/Parent Organisation

The group recognised that primary and secondary care services had recently undertaken initiatives to reduce the incidence of falls, and the group wanted to try and assess the impact of this. Julie Irwin (Clinical Lead, Falls Service MRCCS) was invited to attend the meetings.

The group looked at a wide range of information including:

The National Drivers including National Service Framework for older people (2001) and NICE Falls Clinical Guideline (2004) are the key influences on the development of Middlesbrough Redcar and Cleveland Falls Strategy. The Falls Strategy includes a pathway of care, risk assessment tools and information provision. The Group were also aware of the MRCCS/STHNFT Falls Management Policy.

Julie Irwin attended the meeting on 2nd March and provided the group with information and resources on the current falls and osteoporosis strategy and pathway including achievements to date. Julie continued to attend meetings to provide specialist knowledge on falls and osteoporosis when required and to keep members up to date with what was happening in Middlesbrough.

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Falls Team MRCCS – Hospitals/Community

The Falls Team consists of a Clinical Lead/Falls Coordinator, two physiotherapists, one occupational therapist and three generic assistants; an additional osteoporosis nurse was currently being recruited.

Covering a population of 300,000, the Falls Team undertake falls assessments on people aged 65 years and over who attend Accident and Emergency due to a fall and implement an individual plan of intervention which is agreed with the patient. A large part of the teams work is also training and supporting other health and social care staff to utilise the risk assessment tools and pathway.

Osteoporosis

As part of the Middlesbrough Redcar and Cleveland Falls Strategy there has been a development of an Osteoporosis Service integrated with the Falls Team. The aim of the service is to identify people who have suffered a fragility fracture (a fracture due to a fall) and assess their osteoporosis risk, make recommendations regarding treatment and provide education and advice on bone health.

There are two diagnostic tools that will be utilised by the service to assist in the diagnosis of osteoporosis:

- The DXA Scan, the Gold Standard for measuring bone density in the diagnosis of Osteoporosis.
- The internet based 'FRAX Tool' which has been developed by the World Health Organisation to measure 10 year probability of hip/major osteoporosis fracture.

Following the information received the group agreed to focus their work on the over 65's age group.

The Group did look at the area of Podiatry waiting lists however, after receiving further information decided not to pursue this area of work.

South Tees Hospital Trust

The Falls Group has also received information from South Tees Hospital Trust – Trust Wide Governance and Quality Exception Report, Quarter 1, April 2010 – June 2010. This

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gives information on data collected by the Trust including an Exception Report on Patient Falls. See Appendix 5.

Middlesbrough Council Gritting Policy

The Group were very concerned that Middlesbrough Council had removed a number of grit bins prior to the extreme weather during the winter 2009/10, particularly those removed from older persons sheltered homes and agreed to contact the Council asking for clarification of this decision.

Ian Busby (Design & Infrastructure Service Manager, Middlesbrough Council) attended a meeting (18th May 2010) and discussed the Council's Gritting Policy. As a result of this discussion and having analysed the Council's Grit Bin Assessment form (Appendix 4a), Middlesbrough LINK wrote to Middlesbrough Council (See Appendix 4b, 4c, 4d).

The Group were concerned that the assessment placed considerable importance on road conditions with pedestrians left with very little chance of obtaining the required number of points to qualify for grit bins. The danger of this policy has been particularly highlighted over the winter 2009/10 when many elderly residents were unable to leave their homes for fear of falling. This could leave many elderly feeling vulnerable and isolated. Whilst the group recognised this had been a particularly hard winter, it was imperative that people were not left isolated and at risk.

The Environment Scrutiny Committee was due to review the criteria during 2010. To date (latest November 2010) we have not heard whether this has been completed although we were informed that this was likely to happen.

The criteria forms part of the 'Winter Maintenance Plan 2009/2010 and is available for public viewing on the Council's website. A copy of the relevant section can be seen in this document Appendix 4a.

Compensation claims to the council due to falls were also discussed and the following information obtained:

Year	Claims	Budget allocation
2007/08	120 claims	£600,000
2008/09	126 claims	£500,000
2009/10	146 claims	£500,000
2010/11		£470,000

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Care Homes

The Falls Team work closely with Care Homes to ensure residents falls risk is minimised through falls risk assessment and interventions as part of their plan of care. The Falls Team provides training and resources to help Care Homes to achieve this. Work is ongoing to develop this pathway however the Falls Team acknowledge that further investment will be required to enable full implementation.

A motion has been put forward to Julie Irwin to further develop integrated partnership working between the Falls Team and the Care Home Sector.

A member of the Falls Group has been invited to attend the Falls and Osteoporosis Strategic Group meetings in the future (first meeting attended on 27th September).

Middlesbrough LINK Open Event – 29th July 2010 (Appendix 3)

Middlesbrough LINK held an open event at the Middlesbrough Teaching and Learning Centre where South Tees Hospitals NHS Foundation Trust gave presentations followed by a question and answer session covering:

- Cancelled Operations
- Discharge procedure
- Reducing Falls and Injuries

Members of both North Yorkshire and Redcar and Cleveland LINKs were invited to attend this event as the South Tees NHS Hospital Trust also covers these areas.

A copy of the presentation 'Falls in Hospitals' can be found in Appendix 3a with information about the feedback received is in Appendix 3b.

Conclusion

It can be quite difficult to make wide recommendations given the scope of the work, much of which was a learning curve for the group; this is compounded also with the scale of the recent cut backs and the current levels of funding uncertainty.

It is worth saying that Middlesbrough Redcar and Cleveland appears to offer a comprehensive and responsive service for falls prevention. The ongoing challenges for the Falls Service include balancing capacity with the demand posed by an aging population and the potential increasing incidence of falls and fractures. Training of Health and Social Care staff has been seen as a crucial part of the Falls Strategy however the increase in clinical demand and recent pressures due to organisational restructure will impact on the capacity of the team to continue to deliver the current level of training.

Grit Bins

The Council's presentation regarding grit again was good, but until a response is provided from the Scrutiny Committee, sheltered housing estates will have no alternative but to provide their own gritting resources for a service previously provided by the Council. This can be frustrating, as initially we were informed this would be ready by the 1st October and are still waiting a response. The communication of Council services can therefore be sometimes poor, justification is provided with complicated website matrices which often serves only to further confuse people.

Recommendations

Middlesbrough LINK Falls Working Group makes the following recommendations:

- That the gritting policy review currently underway by Middlesbrough Council resolves to amend the criteria to allow gritting bins near to sheltered housing complexes. Furthermore that dispensation is granted to sheltered communities, regardless to location in regard to the assessment of Salt/Grit bin requests.
- In addition, that the criteria be changed so that pedestrians are treated the same as road users with ready access to grit during bad weather.
- That the Council need to be seen to be more transparent in communicating its procedures to its community partners. That it recognises to carry out changes without dialogue generates uncertainty that may work to undermine community well being.
- That the Council website should be more 'user friendly' with easier to use navigation tools and easy read sections readily available.
- Falls training should be acknowledged as a priority in order to ensure the spread of best practice and continue the excellent work that has been achieved in the community, hospitals and Care Homes.
- The integrated partnership that exists between the Falls Team and the Care Home Sector should be developed further in order to ensure that communication and best practice is shared across all agencies working in this area.

Falls Report Summary

The group was impressed with the scale of progress that had been made on falls and osteoporosis, it is reassuring to note that Middlesbrough Redcar and Cleveland has a flag ship service and excellent resources in this field. Falls prevention information and resources are available via the internet for the public and professionals. The Falls & Osteoporosis Strategic Group provides a periodic opportunity for professionals to implement new developments and share best practice.

Appendices

Appendix 1	List of Members (Falls Working Group)
Appendix 2a	Notes from meeting January 21st 2010
Appendix 2b	Notes from meeting March 2nd 2010
Appendix 2c	Notes from meeting May 18th 2010
Appendix 2d	Notes from meeting September 19th 2010
Appendix 3	Open Event July 29th 2010 Presentation - Reducing Falls and Injuries Feedback from event
Appendix 4	Information from and correspondence with Middlesbrough Council
Appendix 5	South Tees Hospital Trust Exception Report

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Appendix 1

Middlesbrough LINK Falls Working group members

- Kevin McConnell
- Jenny Shepherd
- Eric Chambers
- Marie Chambers
- Sheila Puttick
- Pat Davies
- Julie Irwin

Appendix 2a

**Middlesbrough LINK Working Group – Falls Working Group
21st January 2010**

Purpose of investigation: To understand the incidence of falls in the Borough, which groups of people are most at risk and what action is being taken to prevent falls or reduce their effect? To make recommendations to help prevent / reduce the number of falls in Middlesbrough.

Background: Middlesbrough LINK members wished to look at the incidence of falls because of the devastating effects they can have on individual lives. A fall which results in a fracture to an older person can permanently reduce their quality of life and result in loss of independence in the form of care home admission. The group is aware that primary and secondary health care organisations have recently undertaken initiatives to reduce falls and would like to know what these were and what impact they have had. The group would also like to investigate Middlesbrough Council's view of falls prevention and what action they take to reduce these. The group is also aware that other organisations are interested in this topic and would like to work together with them.

Working Group members -

Kevin McConnell, Eric Chambers, Marie Chambers, Jenny Shepherd, Sheila Puttick

Action	By whom	When/Date
<p>1. To undertake a scoping exercise to try and find out what other organisations are currently, or have recently, looked into this area.</p> <ul style="list-style-type: none"> a. Hambleton & Richmondshire (North Yorkshire LINK) b. Senior Citizens Forum c. Help the Aged d. Health & Safety Executive e. Council f. PCT g. Hospitals 	<ul style="list-style-type: none"> a. Host b. Eric C? c. ? d. Host e. Host f. Host g. Host 	
<p>2. Identify the incidence of falls</p> <ul style="list-style-type: none"> a. Which groups of the population are most at risk? b. Where and when falls occur c. What is the cost to the NHS and to individuals? <p>How - Request information from PCT</p>		
Action	By whom	When/Date
<p>3. Identify what has been done to date to reduce the incidence of falls and what effectiveness it has had.</p>		

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<p>How – Request information from PCT Request information from South Tees Trust Request information from Middlesbrough Council</p>		
<p>4. Middlesbrough Council and Middlesbrough NHS (PCT) to be invited to next Falls Working Group meeting to inform, support and progress the work</p>	Host	
<p>5. Complete report on findings and make some recommendations</p>		
<p>6. Hold meeting to inform of findings and recommendations.</p>		

Appendix 2b

Middlesbrough LINK – Falls working group meeting 2nd March 2010.

- Present** Kevin McConnell, Pat Davies, Marie Chambers, Eric Chambers, Jenny Shepherd, Julie Irwin (Clinical Lead Falls Service)
Anne Frizell (Host Staff).
- Apologies** Sheila Puttick

Purpose of investigation: To understand the incidence of falls in the Borough, which groups of people are most at risk and what action is being taken to prevent falls or reduce their effect?

Discussion

Julie Irwin attended and explained what is happening in Middlesbrough to support people who fall and also to prevent falls. She is the clinical lead for the Falls Service which covers South Tees. She is contracted by the PCT and as falls co-ordinator leads a team of 2 physiotherapists, 1 occupational therapist and 3 assistants. They cover a population of 300,000 so their work is primarily training and supporting other health staff in falls prevention. They work with people over 65 because falls in this age group are more frequent and long term effects can be serious. In addition the team itself undertakes assessment of people referred to them via A and E, Ambulance service and Minor injuries unit. The purpose of this assessment is to prevent people who have had minor falls going on to have a significant injury such as a broken hip. Following assessment an individual plan is set up in agreement with the patient. Julie said that the team started in 2004 as a response to the National Service Framework for older people standard 6. An osteoporosis nurse is joining the team – being recruited at present. She will be part of the team but work with JCUH to identify people with osteoporosis and so a higher risk of fractures from falls. A third strand of the team's work is health promotion and give talks to groups about prevention of falls particularly encouraging older people who have not fallen keep up physical activity to increase strength. There are many causes of falls – the design of homes and the furniture within them; clothing or shoes that cause trips; medicines that cause dizziness; postural hypotension; vision and hearing loss; foot problems and osteoporosis. Falls were often multifactor and when the problems are identified an action plan is agreed – such as getting a scan to identify osteoporosis, asking for a medication review, advising on how to reduce risks in the home or referring for cardiac examination.

Julie provided the group with a health promotion leaflet and said the team was reviewing this in the immediate future so if there were suggestions they needed to be made ASAP. Julie also extended an invitation to anyone interested to the osteoporosis support group who have quarterly public meetings with speaker.

She gave some statistics that 1/3 of people over 65 will fall at least once a year and ½ over 85 will do so. She said that focussing on falls had meant some increase in numbers reported so it was difficult to evidence the effectiveness of her team. The group asked about waits for podiatry and OT assessments. We were advised to ask for PCT/ Council statistics. The group asked about getting dementia patients to care for themselves and the use of hip protectors. These are less often recommended because patients do not like using them especially in bed and many falls occur when people get up in the night. The challenge in acute hospitals is to get people to use the assessment tool and then to manage the risk. The tool is effective if it is used as an individual assessment – scoring is not effective. Pat reported that three friends of hers had fallen after discharge from hospital and one had died one gone into nursing care – should their risk not have been spotted in hospital?

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Julie said that the team's immediate objectives were to get the osteoporosis nurse in post and established, getting the message into schools and targeting exercise on prescription at appropriate groups. She was also investigating the possibility of a self assessment checklist for people to use on themselves. (There already is a home safety checklist available)

Actions agreed by the group

Action	By whom	Date
Through Anne Sutcliffe, ask Glynis Peat/ Sam Weaver or another to attend the next meeting to give more information on the work being done at JCUH.	Host	
Request South Tees Trust Falls Strategy from Anne Sutcliffe	Host	
Ask for PCT information on the waiting list for podiatry	Host	
Invite a member of Help the Aged / Age Concern to join the group or at least give an update on their campaigns		
Ask for a representative from the council to attend the group to explain the gritting policy Questions for this representative to be drafted ahead of the meeting. – suggestions given were who gets grit boxes, what is the criteria, how much money is retained by the council for claims from falls and how many times have claims been made against them	Host Kevin	
All group members to look at the tabled research information so that decisions can be made as to the future direction of work	All Working Group members	
The group to focus on over 65s because this is the group that are most badly affected by falls. It was recognised that younger people had falls and that some people were at greater risk because of illnesses such as MS and Parkinson's disease.	All Working Group members	

Appendix 2c

Middlesbrough LINK – Falls Working Group
18th May 2010.

Present Pat Davies, Marie Chambers, Eric Chambers, Jenny Shepherd,
Julie Irwin – (Clinical Lead Falls Service)
Ian Busby – (Design & Infrastructure Services Manager, Middlesbrough Council)
Anne Frizell (Host Staff).

Apologies Kevin McConnell

Purpose of investigation: To understand the incidence of falls in the Borough, which groups of people are most at risk and what action is being taken to prevent falls or reduce their effect?

Actions from the previous meeting (2nd March 2010)

Attendance of hospital representative. Julie explained that she worked across primary and secondary care on falls and although Glynis Peat was the hospital lead this was only part of her responsibilities whereas Julie's role was the falls lead across Middlesbrough Redcar and Cleveland.

South Tees Trust Falls Strategy. AF had downloaded the Falls Management Policy for the Trust which had been written (with others) by Glynis Peat and Julie Irwin. This was available for the group – copy in office.

Podiatry waiting list. Jenny reported from a presentation given to the Middlesbrough and Redcar and Cleveland Reference Group on podiatry. They had been told that the service could be accessed only following a GP referral for assessment. The service is provided to patients both in JCUH and in the community and they have 38,000 contacts per year. High risk patients are seen within 3/6 weeks. The target is 6 weeks. Referrals have been increasing dramatically since January 2010. This was at first thought to be a result of the backlog caused by the bad weather but it has continued and although the assessments are undertaken within the target time, recall clinics are saturated. Currently they are reviewing the way they work in order to tackle this.

Another problem the service is aware of is that of contact - patients are advised to avoid calling on Mondays or Tuesdays because this is the busiest time for phone calls. Email and texting (for cancellations) are also being used.

A member of Age Concern to be invited to join the group or at least give an update on their campaigns – no news

Middlesbrough Council Gritting Policy

Discussion

Ian Busby came and gave the group a comprehensive and very interesting description of the situation. The council's policy is based on their duties to meet the requirements of the Highways Act 1980.

If the authority fails in their duty in respect of this they are liable should anyone make a claim against them. To ensure that they have a defence Middlesbrough Council employs highways inspectors who regularly check roads and pavements and identify defects that need rectification. There is a set time for inspections of different routes – the higher the risk the more frequent the inspection. However in addition to routine inspections the council welcomes reports from members of the public through the usual channels. All such reports are responded to and action taken according to the risk. Larger pieces of work will require a procurement exercise but small works are done straight away. The average cost of small works is £50/ £60.

Winter Maintenance

Winter maintenance takes place between October and April. Usually February is the worst month. However this year December / January was exceptionally bad. Usually problems only occur in 3/4 days periods when gritting is needed but this time there were 31 days of continuous gritting activity. The council has 2 shifts and a reserve shift of gritters. This year the teams spent twice as much as the total budget in December and January. Following this there was significant damage to the highway with potholes. Usually repairs can be undertaken during the winter as it occurs but this time the extent of the damage was such that a bid was made to Central Government and some help was awarded. A bid for corporate borrowing has also been made by Transport and Design services to the Council to tackle the backlog in highways maintenance (estimated as £28m) and agreement has been made for £6m.

Winter Maintenance Policy

This is available on the council web site. (Copy also available in Host office) It is updated annually although the core is similar. Changes reflect lessons learnt in the year.

There is no problem about getting salt which comes from Boulby mine through Middlesbrough to the rest of the country. Gritting routes are planned on priority with main through routes being highest priority and estate roads the lowest. Gritting is predicted by temperature and weather conditions and the met office gives specific advice as to when to grit. There were several days in December / January when three gritting episodes were undertaken in 24 hours but mostly it was twice.

Footpaths

The clearing of footpaths is only undertaken as a lowest priority activity. The policy states '*Removal of snow from footways shall only be undertaken by labour employed on the highway in their day to day activities but only when conditions are such that they cannot undertake their normal duties.*'

Gritting bins

Ian said that the criteria could be reviewed by Environment Scrutiny committee and it was likely that it would be changed.

- **Who gets grit boxes?**

Areas previously agreed by the Council which are thought to be of greatest need/benefit. Grit boxes had been removed from any area not on 'list' last December and those areas had then been reassessed. If they no longer met the criteria, grit boxes were not replaced. Requests for new bins can be made by anyone but again the criteria will be applied.

Refilling of the bins can be requested by anyone who sees they are empty and in normal years this will be undertaken as they are reported.

- **What is the criteria?**

This is set down in the policy document, based on a scoring system (available for members). The criteria give greater weighting to the site of the bin – gradient, bends, and junctions, than to the populations served.

Following the last winter it was reported that this would be an area to be reviewed by OSC.

Members were concerned that this did not reflect the importance for pedestrians in particular or for those at greatest risk ie elderly or infirm residents. Julie said she was very concerned about older people in such accommodation who were housebound for the winter because of this. The group agreed that this restricted people's ability to get exercise and was very depressing.

Agreed to write to OSC (Environment) giving concerns of group and suggesting ways in which this could be improved.

- **How much money is retained by the council for claims from falls and how many times have claims been made against them?**

Over the past few years, companies have set p encouraging people to claim, which unsurprisingly has resulted in more claims. However, the Council are improving their defence to claims and the amount allocated for claims are decreasing despite the number of claims continuing to rise.

Year	Claims	Budget allocation
2007/08	120 claims	£600,000
2008/09	126 claims	£500,000
2009/10	146 claims	£500,000
2010/11		£470,000

Any other issues

- The planned Open Themed Event is to be held in July to take forward the issues raised during the Quality Accounts discussion – this will include actions to prevent falls in hospital. Date to be agreed.
- National Falls Awareness Week – 23rd June

Actions agreed by the group

Action	By whom	Date
Write to Overview and Scrutiny Committee (Environment) requesting the criteria for gritting bins to be reviewed so that greater weight be made for vulnerable groups rather than road conditions.	Jenny Shepherd	
All members of the group to publicise the council's welcoming of reports of problems	All members	Ongoing
Ask PCT for information on the waiting list for podiatry	Host to chase up	
Invite a member of Age Concern to join the group or at least give an update on their campaigns	Host	
Ask for a representative from the council to attend the group to explain the gritting policy	Host	Completed
All group members to look at the tabled research information so that decisions can be made as to the future direction of work	All Working Group members	
The group to focus on over 65s because this is the group that are most badly affected by falls. It was recognised that younger people had falls and that some people were at greater risk because of illnesses such as MS and Parkinson's disease.	All Working Group members	

Appendix 2d

Middlesbrough LINK – Falls Working Group
13th September 2010.

Present Eric Chambers, Jenny Shepherd, Kevin McConnell, Julie Irwin
Anne Frizell (Host Staff).

Apologies

Purpose of investigation: To understand the incidence of falls in the Borough, which groups of people are most at risk and what action is being taken to prevent falls or reduce their effect?

Actions from the previous meeting (18th May 2010)

Letter to Environmental Overview and Scrutiny Committee (OSC). Letter had been sent and a reply received (circulated) OSC had replied they were reviewing policy and would pass on the LINK comments. **Action:** Host to find out if changes had been made.

Podiatry waiting list. Information received was circulated. The group decided not to pursue this area of work.

Age UK had been contacted but was not able to attend this meeting. The Host is hoping to meet with them in the near future.

The group felt that they had taken this work as far as they were able at the moment and agreed to draft a report outlining the they had gathered to date for circulation and to suspend the group. Kevin McConnell report some work he was doing as part of a college course and will speak with Julie Irwin on taking this forward.

Julie Irwin invited a member of this group to attend the Falls & Osteoporosis Strategic Group – **agreed** that Kevin McConnell would attend and report back to the Core Group via the Host office.

Actions agreed by the group

Action	By whom	Date
To follow up if gritting criteria had been changed. **(Information received after meeting that the Scrutiny Panel have yet to finalise their review of the policy)	Host	
Falls & Osteoporosis Strategic Group	Kevin McConnell	
Draft report on work undertaken and information gathered by the Falls Group to be collated	Kevin McConnell	
Falls Group to be suspended		

Appendix 3a

Middlesbrough LINK Open Event 29th July
Presentation – South Tees Hospital Trust

South Tees Hospitals NHS
NHS Foundation Trust

Healthcare Governance

Reducing falls and injuries.

Sam Weaver
Patient Safety Educator

Healthcare Governance

Falls that resulted in injury 2008/2009

46 Total

25 fractures to hip

21 other injuries ranging from minor fracture of fingers to major head injury (blood clots to brain).

South Tees Hospitals NHS
NHS Foundation Trust

Healthcare Governance

Since Jan 2009

- Formal and Clinical education implemented for falls awareness.
- Falls risk assessment tool has been improved.
- Purchase of Ultra lo beds.
- Root Cause analysis investigation – learning lessons.

South Tees Hospitals NHS
NHS Foundation Trust

Healthcare Governance

Root Cause analysis investigation themes

- Footwear
- Clothes
- Medication

South Tees Hospitals NHS
NHS Foundation Trust

Healthcare Governance

Falls that resulted in injury 2009/2010

25 Total

14 fractures to hip

11 other injuries ranging from fracture eye socket to fracture wrist

44% reduction in injury from falls.

South Tees Hospitals NHS
NHS Foundation Trust

Healthcare Governance

Focus on reducing falls continues nationally.

Implementing other tools and strategies to reduce falls.

Target for 2010/2011 is no more than 10 fractured neck of femurs and 9 other injuries.

South Tees Hospitals NHS
NHS Foundation Trust

Appendix 3b

Feedback from Open Event 29th July
Middlesbrough Teaching & Learning Centre

Of the 20 people that attended the event, 12 Feedback forms were completed.

	Excellent / Good ☺	OK / Enjoyed event ☺	Poor / Did not enjoy event ☹
Overall what did you think about the event?	4	7	1
Presentations	4	7	1
Questions	4	5	2
Was there enough time to answer the questions?	3	4	3
How well did you feel your question was answered?	3	4	2

Feedback comments received:

“Excellent event and very well organised. Good ongoing knowledge gained on what is happening within our Health & Well Being Care. Excellent and enjoyed.”

“Lots of managers need more nursing staff.”

“Would love full information, not part.”

“Worth doing again. Could we have working party on QA including Redcar & Cleveland and North Yorkshire?”

“Needed longer for the whole event. The subjects are very big and to do them justice and open a proper discussion needed more time. A day long event would have done it more justice.”

“Event didn’t develop as it should have due to poor sound system. The question session was excellent.”

“Speakers didn’t keep to time. Some interesting points raised.”

The presentations were “boring” and “repetitive.”

One person is awaiting an answer for their question.

Appendix 4a

New Grit Bin/Salt Pile Request Location Assessment
<p>ORIGINATOR:</p> <p>Name</p> <p>Address</p> <p>Tel. No</p> <p>LOCATION OF REQUEST</p> <p>Date</p>
<ul style="list-style-type: none"> • Is there another bin within (m)? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> >250 <input type="checkbox"/> (3) 100-250 <input type="checkbox"/> (2) 50-100 <input type="checkbox"/> (1) 0-50 <input type="checkbox"/> (0) </div> • How many properties will the bin benefit? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> >100 <input type="checkbox"/> (3) 50-100 <input type="checkbox"/> (2) 10-50 <input type="checkbox"/> (1) <10 <input type="checkbox"/> (0) </div> • Is the site on a gradient? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Severe <input type="checkbox"/> (3) Steep <input type="checkbox"/> (2) Slight <input type="checkbox"/> (1) No <input type="checkbox"/> (0) </div> • Is the site on a bend? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Sharp <input type="checkbox"/> (3) Average <input type="checkbox"/> (2) Slight <input type="checkbox"/> (1) No <input type="checkbox"/> (0) </div> • Is the site at a junction? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Major <input type="checkbox"/> (3) Minor (busy) <input type="checkbox"/> (2) Slight <input type="checkbox"/> (1) No <input type="checkbox"/> (0) </div> • Is there adjacent water run off? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (0) </div> • During the winter is the site in the shade? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (0) </div>
<ul style="list-style-type: none"> • Is there a suitable location for the bin/pile (consider footpath width, adjacent vegetation/property)? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Yes <input type="checkbox"/> (1) No <input type="checkbox"/> (0) </div>

Middlesbrough Local Involvement Network (LINK)

- **Would a bin assist the wider community (school, sheltered accommodation, provision of council services)?**

Yes (1) No (0)

- **Is the location off a gritting route?**

Yes (1) No (0)

Request score >12 will be considered in their merits

POINTS TOTAL

Request score <12 will not be considered

Request: Approved Denied

Comments:

Signed

Date

Appendix 4b

Councillor Bob Kerr
Chair Environment Scrutiny Panel
Middlesbrough Council
Town Hall
Middlesbrough
TS1 2QQ

9th June 2010

Dear Councillor Kerr,

Middlesbrough Council Gritting Bins Policy

As one of its work streams Middlesbrough LINK has been undertaking an investigation into falls. The purpose of this investigation is to understand the incidences of falls in the Borough, which groups of people are most at risk and what action is being , or can be taken to prevent falls or reduce their effect. Once the investigation is completed the group will then make recommendations to the appropriate body as a result of its findings.

We have had a presentation from NHS Falls Service lead, Julie Irwin, who, with her team works to reduce the effect of falls in the over 65s. One strand of the team's work is health promotion and they give talks to groups about prevention of falls particularly encouraging older people who have not fallen keep up physical activity to increase strength.

From our research we have found that falls represent over half of hospital admissions for accidental injury. Half of those with hip fractures never regain their former level of function and one in five dies within 3 months (Help the Aged 2005).

At the last meeting of the Falls Working Group we had a very interesting and informative presentation from Ian Busby Design & Infrastructure Services Manager at Middlesbrough Council. He explained the responsibility of the Council and the policy for gritting and for the provision of gritting bins.

We were concerned about the policy for gritting bins as it appears weighted towards the condition of the road and not to the people who use it. The higher weighting for gradient, bends and junctions mean that sheltered accommodation (which is unlikely to have been built on a steep gradient, a sharp bend or a major junction) will never achieve the number of points necessary to entitle it to a grit bin. The consequence of this is that people in such accommodation are trapped in their homes. This winter for example, people were completely house bound for several weeks. The consequence of this is that they become depressed and

Middlesbrough Local Involvement Network (LINK)

as importantly are not able to get the exercise they need to maintain strength should they fall in the future.

Middlesbrough LINK would therefore like to recommend that the grit bin criteria is reviewed and amended to ensure that vulnerable older people have access to gritting bins and are able to get out safely in bad weather.

It may be helpful for you to have a little background information about our Middlesbrough LINK. It is an independent network made up of a mixture of both local individuals and organisations. We have a responsibility for finding out what people want from their health and care services and are also responsible for monitoring the care that services provide and reporting our findings. All areas of England have a LINK as it is the government's intention to give people a stronger voice in how their local health and social care services are planned and delivered. To help each LINK do its job, legislation has given them certain powers such as being able to make visits to health and social care services and also ask for information from health and social care commissioners and providers and receive a response within 20 working days.

We would be grateful if you would let us know the outcome of our recommendation.

Yours sincerely

Catherine Haigh
Chair Middlesbrough LINK

Cc: Chris Walker – Performance and Planning
Ian Busby – Design & Infrastructure Services Manager
Jon Ord - Scrutiny Support Officer
Falls Working Group

Appendix 4c

Middlesbrough Council

www.middlesbrough.gov.uk

Members' Office

PO Box 99A, Town Hall, Middlesbrough TS1 2QQ



C Haigh
Chair of Middlesbrough LINK
302/3 Vanguard Suite
Broadcasting House
Newport Road
Middlesbrough
TS1 5JA

Code Number	
Date Received	
14 JUN 2010	
Signature	
Print Name	

Direct Line: (01642) 729708

Switchboard (01642) 245432

Fax: (01642) 729882

Our Ref:

Your Ref:

When telephoning please ask for:

P Clark

Dear Catherine

Middlesbrough Council Gritting Bins Policy

Your letter to Councillor Kerr of 9th June regarding the above has been forwarded to me.

The reason for this is primarily that the Councils Overview and Scrutiny Board is about to commence a Scrutiny examination into Winter Maintenance. The Board is expected to hold their initial meeting within the next few weeks and the draft Terms of Reference presently include

- 'To assess the placement of Grit Bins in neighbourhoods'.

However, a further item within the draft ToF R is

- 'To assess the Councils policies for the maintenance of side roads/pavements'.

However, I must emphasise that at present these are just part and provisional ToF R although the indications are that the Board will establish their focus on these lines.

Consequently, it would appear that the areas you have indicated concern over are within the parameters of this enquiry.

I will ensure your letter and the details within are conveyed to the Chair of the Board in advance of the meeting into Winter Maintenance.

Yours faithfully

Peter Clark

Members Office - Letterhead

Appendix 4d

Peter Clarke
Middlesbrough Council
Members Office
PO Box 99A
Town Hall
Middlesbrough
TS1 2QQ

24th June 2010

Dear Peter

Thank you for your prompt response to our letter of 9th June 2010 with regard to the Gritting Bins Policy.

If you could please keep us informed of any progress or decisions made following the Scrutiny examination it would be greatly appreciated.

Yours sincerely



Catherine Haigh
Chair Middlesbrough LINK

Appendix 5

Extract from:

SOUTH TEES HOSPITALS NHS FOUNDATION TRUST

Trust Wide Governance and Quality Exception Report

Quarter 1

April 2010 – June 2010

Prepared by:

Ruth James, Deputy Director of Healthcare Governance and Quality

Pat Coats, Clinical Governance Manager

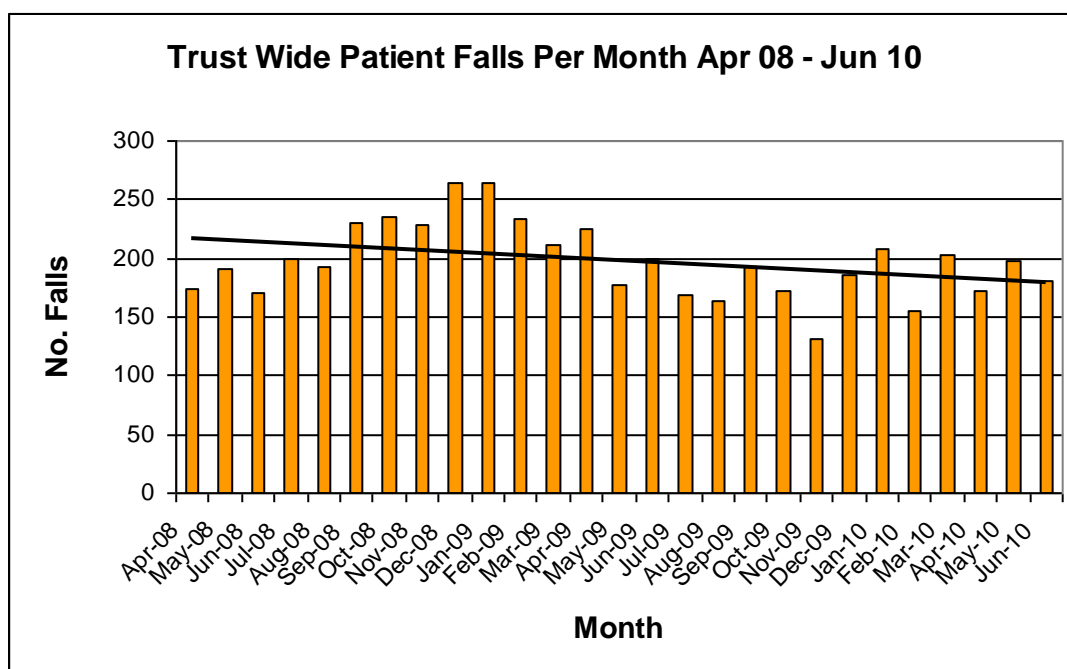
Joanne Raine, Data Analyst, Governance Support

2.2 PATIENT FALLS

Patient falls are the highest volume patient safety incident reported in hospital trusts (NPSA; 2007). Falls present a huge problem for the health and independence of older people. The associated morbidity and mortality from a fall is high with individual consequences ranging from distress, pain, physical injury and loss of confidence to complete loss of independence which impacts on relatives and carers. Research from the NPSA has found that even a fall (or falls related incident) that results in minor injury is responsible for an extended patient stay of 1-2 days.

The Trust has made significant investment in hi-lo beds to reduce the impact of falls.

Reduction in falls and injury resulting from a fall is part of the Trust's CQUIN scheme and is one of the High Impact Action areas for Nursing and Midwifery.



	2008/09	2009/10	2009/10 Q1	2010/11 Q1
Falls per 1000 bed days	6.88	6.24	6.78	5.86

The number of falls reported in the Trust shows a steady decline however performance is rated as red as we are not currently achieving the target for a 25% reduction required by the divisional patient safety action plans.

There has been a significant reduction in serious harm resulting from a fall, in 2009/10 there were 14 patients who sustained a fractured neck of femur as the result of a fall compared to 24

Middlesbrough Local Involvement Network (LINK)

in the previous year. There have been 4 patients sustaining a fractured neck of femur as the result of a fall in the first quarter of 2010/11, comparable to the same period last year.

ACTIONS

- Formal and informal awareness and training continues across both sites of the trust in risk assessing patients for falls.
- SHA continue to implement strategies to improve the recording of falls and fractures in emergency departments and risk assess attendees to minimise re-attendance.
- LEAN methodology is used continuously to provide visual track and trending of falls incidences that resulted in moderate major or catastrophic injury.
- Falls link forum continues to promote best practice for falls across the trust.
- A pilot for an observation tool to reduce falls has been performed on ward 31 – feedback has been very positive and we are looking to roll the tool out across the trust.
- Patient Safety Educator is part of Local Improvement Network meeting to discuss falls and injuries from falls with community representatives.

Appendix 6

Reply received to draft report



Middlesbrough Council
www.middlesbrough.gov.uk

Department of Social Care

PO Box 505, Civic Centre, Middlesbrough, TS1 9FZ

Tel: (01642) 245432

Contracts and Commissioning Unit

2nd February 2010

Telephone: 01642 729327 Fax: 01642 729991
Email: kim_brodie@middlesbrough.gov.uk

Dear Catherine

RE: Protocols for The Prevention and Management of Falls In Care Homes (Middlesbrough)

I have been working with the Falls Team for the past few months looking at producing some new protocols and how they can be implemented into care homes for older people in the Middlesbrough area.

Once they have been agreed by the Falls Team they will need to be approved by the Departmental Management Team (Adult Social Care & Environment) and ratified by the Excellence in Practice (Middlesbrough, Redcar and Cleveland Community Services). We are currently exploring funding options to train staff in care homes and once this is obtained we will be rolling the new protocols out.

It is also our intention to include the protocols when we review and revise our contracts with care homes. We have also agreed with the Falls Team that when Contract Review Officers carry out service reviews in care homes they will report any concerns to the Falls Team.

Should you require any further information I can be contacted at the above number.

Yours Sincerely

A handwritten signature in black ink that reads "K. Brodie".

Kim Brodie
Commissioning & Development Officer

Contact Details

Middlesbrough LINK

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Newport Road
Middlesbrough
TS1 5JA

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FREEPOST
MIDDLESBROUGH LINK

www.middlesbroughlink.org.uk

Middlesbrough LINK is also on Facebook and Twitter
www.facebook.com search for Middlesbrough LINK
www.twitter.com/borolink