

To read the full version of the guidance document, visit: <http://safersalford.org/wp-content/uploads/2017/09/Dashboard-Guidance-v.1-19.7.17.pdf>

## Falls

### 1. Admissions to SRFT as a result of harm from fall

This chart provides historical data since January 2015 for the *rate per 100,000 population*. Using rules for interpreting SPC charts ([see main guidance document](#)), the upper and lower control limits portray the common cause variation observed within the system, by extending these lines into the future, we can have an idea of the falls rate we can expect to see, if we make no further changes to the system.

#### Caveats

- This only includes the most severe harm from falls (i.e. those requiring an admission to secondary care), therefore we recommend further investigation at a local level to understand more about the frequency of falls with and without harm
- The data does not include falls taking place when already in SRFT
- Admissions to SRFT are used as a proxy for all admissions due to falls. Residents living on the outskirts of the city could be admitted to neighbouring hospitals for which data is not included in this dashboard.

#### Further information / sources to investigate

NHS 'Classic' Safety Thermometer is collected at SRFT and in some care homes, providing data over time on rates of falls and falls with harm.

Can admissions data for Salford residents be sought from neighbouring hospitals to give a more complete picture?

The safeguarding team at SRFT collects information on falls for all residents that are safeguarded.

ONS captures mortality figures from which falls can be extracted.

### 2. Where falls are occurring

This map shows the rate of falls by neighbourhood (minus residents living within a care home), the more red a neighbourhood, the higher the rate of admissions. This information can provide helpful signals as to where resources to prevent falls could be targeted when viewed alongside "sensitivity to operations" measures.

The data used in this map could be interrogated further alongside other data to understand a relationship between two factors, such as location and indices of deprivation.

#### Caveats

- Data displayed geographically will not capture data from patients who are *resident* within Salford, but admitted to secondary care *outside* Salford, e.g. Bolton

- The data does not include falls taking place when already in SRFT

### **Further information / sources to investigate**

NHS 'Classic' Safety Thermometer is collected at SRFT and in some care homes, providing data over time on rates of falls and falls with harm in these settings.

At a local level, further investigation could be taken into understanding the specific location of falls – in the home or in the street, where in the home, etc.

### **3. Number of referrals to Falls Service**

This chart provides historical data since January 2015 for the number of referrals made to the community rehab service. This service estimates that upwards of 80% of referrals are falls related. These falls related referrals are dealt by the multidisciplinary Falls Team. These data can help answer a number of questions relating to our theory of change:

*Are falls risks assessments taking place?*

*Will health and care professionals refer patients at risk of a fall to a dedicated pathway?*

*Will use of a specialist falls pathway / service reduce the number of falls with severe harm (when viewed alongside the admissions measure)?*

We can use this data to understand whether we are improving over time by applying the rules for interpreting SPC charts.

### **Caveats**

- The number of referrals made to a service may be impacted by other factors, such as awareness of the service
- The total number of referrals also includes referrals for other community rehab services, any change in those numbers will have an impact on this data.

### **Further information / sources to investigate**

Compliance data looking at % of and time to complete follow up actions after a referral has been made. Further analysis could identify the demographics of patients being recorded and their health care needs.

Linking the number of referrals to the falls service with where do falls happen, helps to see if the intervention efforts are paying off and if the residents who ended up in hospital because of a fall did have a proper intervention

NICE guidance, Falls in Older People (QS86)<sup>1</sup> recommends as process measures the “proportion of older people asked about falls during routine assessments and reviews with primary care services/community health services/presenting at hospital.” This data is not currently captured in Salford,

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<sup>1</sup> <https://www.nice.org.uk/guidance/qs86>

One of the main preventative programmes for falls in Salford is Postural Stability and Step up training. Data are available from Salford Active Leisure showing who has signed up for/received Postural Stability and Step up classes.

#### 4. Who is most at risk?

This chart provides an analysis of the proportion of residents in each neighbourhood who fall into high risk groups. In Salford, being over 80 years of age and having a diagnosis of dementia are considered to be two of the main risk factors for falls<sup>2</sup>. By identifying the proportion of residents in each neighbourhood who carry both risks, we can predict that we would expect to see a higher number of falls in these areas. This information can provide helpful signals as to where resources to prevent falls could be targeted when viewed alongside “resilient operations” measures.

#### Caveats

- Using the number of people diagnosed with dementia as a source for this measure would be problematic because it is acknowledged that dementia is underdiagnosed<sup>3</sup>. The number of people on the dementia register has therefore been selected as proxy for this

#### Further information / sources to investigate

Other factors which could be viewed to identify “at risk” population include alcohol-related conditions and setting (i.e. people living alone).

Could these data be used together to target at-risk groups?

#### Version control

This document should be reviewed every 6 months.

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<sup>2</sup> Salford Falls Prevention Review, 2016, Strategic Director of Public Health, Salford City Council

<sup>3</sup> Public Health England and NHS England. NHS Atlas of Variation 2015, Available from [http://www.rightcare.nhs.uk/atlas/2015\\_IAb/atlas.html](http://www.rightcare.nhs.uk/atlas/2015_IAb/atlas.html).