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University Health Board



Cardiff and Vale University Health Board Falls Framework: **Reducing risk and harm**



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1. Introduction

Falls and falls-related injuries are a major public health concern, being a common and serious problem for older people. People who have a fall can experience an impact on both their physical and mental wellbeing. Physically people can suffer broken bones, bruising and cuts, but just as damaging can be the psychological impact and a fear of falling again that can lead to isolation and loneliness.

Over a third of people aged over 65, and a half of those over 85, will fall every year¹. Although most falls do not result in serious injury, some falls can lead to a hospital admission. In Cardiff and the Vale of Glamorgan every year there are approximately 500 hip fracture admissions and 8,000 ambulance calls as a result of a fall (approximately half of which are conveyed to hospital). 80% of the patients seen by physiotherapists in the Emergency Department at the University Hospital of Wales (UHW) have had a fall, whilst 50% of referrals to the Community Resource Teams (CRTs) relate to patients who have had a fall or are identified as being at risk of a fall. Over 500 people aged 65 plus attend the Emergency Department in UHW every month due to a fall.

These figures are a conservative estimate however, as there are many people who have a fall and do not report it to anyone or seek any medical treatment as they have no major injury. Others may seek treatment for injury or advice from a General Practitioner (GP) or pharmacist. Having a history of falls is one of the biggest risk factors for having another², and if people continue to fall they can become much more likely to suffer a more serious injury.

There is a huge financial impact of falls on health and social care. The cost of falls to the NHS in the UK is approximately £2.3 billion every year. Falls can lead to older people requiring social care, and their families or carers may also feel the impact of a fall.

Falling is not an inevitable part of ageing, as there are many interventions which can substantially reduce the risk of having a fall. Research has shown that interventions can reduce the rate and risk of falls by as much as 30%, and also provide cost-effectiveness and a return on investment³, particularly interventions which focus on physical activity and strength and balance exercise⁴. As falls are often multi-factorial and can be a sign of underlying health issues such as frailty, there is a need to consider interventions which are responsive to need, and address key risk factors.

This framework will outline the approach for falls prevention in Cardiff and the Vale of Glamorgan, highlighting evidence-based interventions, learning from good practice, National Institute for Health and Care Excellence (NICE) guidance and will be set within the national and local strategic context.

Work to reduce falls and their impact cannot be the sole responsibility of one organisation, and key stakeholders make up the Falls Delivery Group which ensures that input, action and a committed response is taken from a range of organisations (public and third sector).

This framework includes the system wide approach to prevention of falls, and for the purpose of this framework, older people are defined as being aged 65 and over. The focus on prevention aligns with the Welsh Government strategic direction '*A Healthier Wales*', the strategy for Cardiff and Vale University Health Board '*Shaping Our Future Wellbeing*', and our Regional Partnership Board strategy '*Me, My Home, My Community*'.

2. Strategic Context

2.1 National Context

A Healthier Wales 2018⁵ sets out the vision for a whole system approach to health and social care, focusing on good health and wellbeing and the prevention of illness. It is the Welsh Government's plan for integrated working and driving transformational change with an emphasis on prevention. The vision includes that older people will receive the support from services to live healthily and independently and have services designed for their needs, with a particular emphasis on people being able to access services close to their home within their local communities. The plan is shaped around the Quadruple Aim:-

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care;
- A motivated and sustainable health and social care workforce.

The Well-Being of Future Generations (Wales) Act 2015⁶ places a duty upon public bodies to consider the impact of actions they are taking now upon people who will be living in Wales in the future. The Act established the Public Services Boards (PSB) for each local authority area in Wales, and each PSB has to develop a well-being plan for their area with the aim of improving the economic, social, cultural and environmental well-being of its community.

The Social Services and Well-being (Wales) Act 2014⁷ places a strong emphasis on prevention and promoting well-being. It places a statutory duty on local authorities and health to work closely together in order to develop and deliver services.

Ageing Well in Wales is a programme led by the Older People's Commissioner for Wales. Falls prevention is a key element of the work under this programme, including the development and roll out of the 'Steady on Stay Safe' awareness campaign. The Ageing Well programme focuses on early intervention for those older people who are at risk of falling for the first time.

A Task Force, supported by 1000 Lives/Public Health Wales, is working on the development and implementation of a range of initiatives across Wales. Partners on the group include all 7 Health Boards, South Wales Fire and Rescue, Welsh Ambulance Service NHS Trust, third sector providers and the Chartered Society of Physiotherapy. Work of the task force includes the roll out of the *Steady on Stay Safe* campaign, *Falls Brief Intervention* training, and advice around evidence based strength and balance exercise options to reduce falls risks.

The work of the Task Force has been focusing on primary prevention as a priority, working across a range of settings and sectors:

- *Steady on Stay Safe* campaign – this falls prevention awareness campaign was developed to focus on three 'pillars' following a consultation with falls specialists who identified them as being the key areas of falls prevention around which to raise awareness.

- 1) Telling someone if you have a fall
- 2) Making sure your home environment is free from trip and slip hazards
- 3) Ensuring you undertake strength and balance exercise

Steady on...
Stay SAFE



Strength



And Balance



Falls History



Environment

- *Falls Brief Intervention* training – this training is being delivered across Wales, aiming to raise awareness of falls risks and how to address them amongst a wide range of practitioners working with older people. It focuses on a wide range of risks and highlights local services, as well as providing information on how best to approach a conversation about falls with older people.

- *Falls Prevention Fuel Tank* video – this animation provides key information on reducing multifactorial falls risks. It has been produced in an accessible format to enable it to be used in a variety of settings and as a public information tool as well as for brief intervention training.

Guidance for recommending exercise for older people to reduce falls risk document – this provides clear information about why physical activity is important, why people are at risk of a fall, and how to identify appropriate physical activity/exercise opportunities for older people which can help to reduce falls risks.

The Taskforce is soon to launch its *Integrated Falls Deployment Framework*, covering the 5 domains of Community Resilience, Prevention, Assessment, Action and Avoiding Further Harm. These are the same five domains as featured in the Welsh Ambulance Service NHS Trust's falls framework.

The *Cardiff and Vale University Health Board Falls Framework: Reducing risk and harm* incorporates these domains into its approaches.

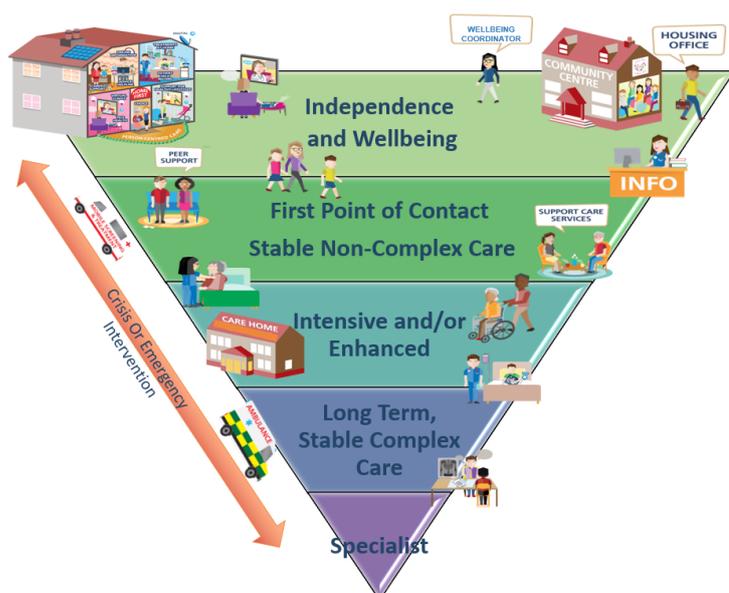
2.2 Local Context

Cardiff and Vale Regional Partnership Board (RPB) – ‘Me, My home, My community’

The RPB includes membership from Cardiff and Vale University Health Board, the City of Cardiff Council, Vale of Glamorgan Council and the third sector. It is driving forward local change guided by the Parliamentary Review and working towards the integration of health and social care across the region. The RPB’s vision for delivering seamless care is underpinned by 4 design principles:-

- What matters to me – listening and working with people in need of care and support to joint find solutions to their needs
- Sustainable and prudent use of resources – promoting prevention and early intervention, and developing quality outcomes and value for money solutions which meet care and support needs
- Home first – enabling people to live at home, or as close to home as possible, in accommodation appropriate to their needs and where they can live well, thrive and remain independent
- Avoiding harm, waste and variation – to ensure high quality care across services

The RPB will be delivering its vision under the following Integrated Service Model, which is structured in five tiers (see Fig.1).



Tier 1 - Services promote prevention, health and wellbeing, independence and empowerment, recognising that a wide range of social and health needs may have an impact on a persons wellbeing.

Tier 2 - Services provide a first point of contact, they screen and assess, providing early intervention and sign posting. Where a persons needs are stable and not complex, services provide routine on-going support.

Tier 3 - Services provide a flexible and coordinated response to a persons rising unstable need. They either provide, an intensive reablement service or an ambulatory care intervention. Both prevent inappropriate long term care and avoid hospital admissions.

Tier 4 - Services provide for people whose needs are not necessarily low but are stable, additional support may be needed to meet daily living needs. Rising complexity can mean care planning by specialist multi-disciplinary teams to avoid unstable acute hospital admission.

Tier 5 - Services provide for people whose needs are highly unstable and/or for highly specialist assessment and care. Integrated discharge planning supports timely discharge.

** NB some services will fall under more than one tier of intervention*

Fig. 1 - The Regional Partnership Board's integrated service model

Cardiff and Vale of Glamorgan Market Position Statement and Commissioning Strategy: Care and support services for older people 2017-2022⁸

The Regional Partnership Board (RPB) set out its plans to delivering an approach to improving the health and wellbeing of older people, to enable them to live independently and lead fulfilling lives. The statement sets out the commitment of all RPB partners to achieving these aims.

The statement highlights some key information about the RPB priorities and upcoming opportunities within the context of demographic changes. Over the next 20 years the population of Cardiff is projected to grow faster than all other major British cities apart from London. The Vale of Glamorgan is expected to experience a 130% increase (88% increase in Cardiff) in the number of residents aged 85 years and above over the next 20 years.

Due to the predicted rise in the numbers of older people, a rise in the number of people experiencing frailty is also expected. The demand for frailty services is expected to increase by up to 31% between 2014 and 2024. The predicted increase in frailty is not inevitable however, as this strategy outlines interventions and lifestyle behaviour changes which can reduce frailty and also falls risk. The predicted population change for Cardiff and Vale is a key driver for falls prevention intervention.

Cardiff and Vale University Health Board Shaping our Future Wellbeing Strategy 2015-2025⁹

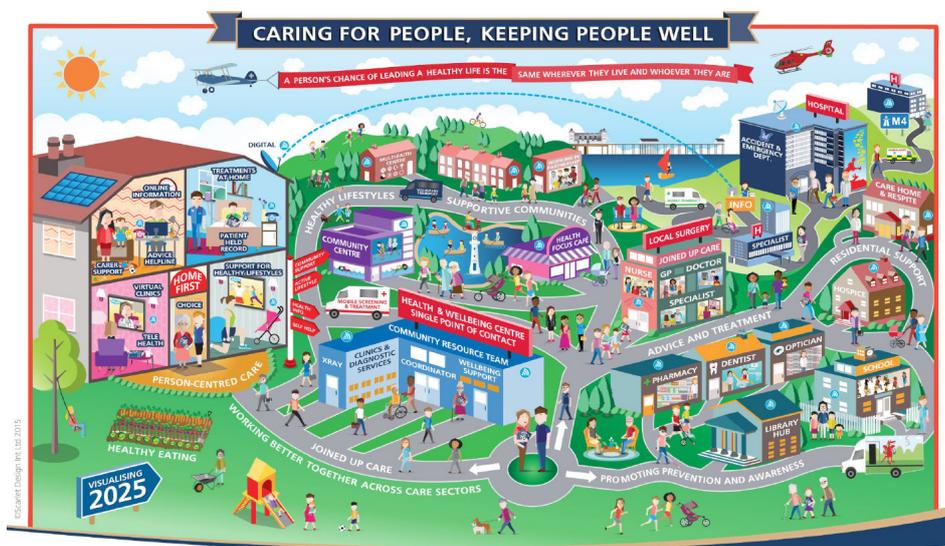
The Shaping our Future Wellbeing Strategy sets out how the University Health Board intends to deliver its strategic objectives over this ten year period, responding to the needs of the population and designing and providing services with the objectives of keeping people well. One of the actions in the strategy is to agree and deliver an implementation plan to integrate priority service areas across health and social care for older people in the community, with falls being one of the priorities.

Cardiff and Vale University Health Board Integrated Medium Term Plan 2019-2022¹⁰

The Integrated Medium Term Plan for 2018-2021 for Cardiff and Vale University Health Board includes falls prevention as a delivery priority. Actions within the plan include the delivery of falls brief intervention training to staff, and working to improve falls pathways, enhance community level falls prevention interventions and improve screening of older people at risk of falling.

A number of other local strategies and needs assessment documents should also be considered in relation to this framework:

- Cardiff and Vale Population Needs Assessment 2016
- Cardiff Wellbeing Plan 2018-2023
- Vale of Glamorgan Wellbeing Plan 2018-2023
- Cardiff and Vale of Glamorgan Area Plan for Care and Support Needs 2018-2023



Cardiff and Vale University Health Board
Shaping Our Future Wellbeing Strategy
 2015 - 2025



3. Our Vision

To create a preventative, pro-active partnership approach to ensure that a person's chance of a healthy, independent life free of avoidable harm from falls is the same wherever they live and whoever they are.

4. Current Situation

4.1 Profile of falls and related injuries in Cardiff and Vale University Health Board:

In 2018 there were **5,717** patients aged **65+** recorded as attending the Emergency Department due to falls

29% of these were admitted to hospital



64% were recorded as having had the fall at home.

Between 1st April 2017 and 31st March 2018 the Welsh Ambulance Service NHS Trust attended

5670 falls incidents



Over half of these (**67%**) were conveyed to hospital as a result.



5041

referrals with an identified falls risk were received by the Community Resource Teams between 1st April 2017 and 31st March 2018.

→ **60%** of these were referred from hospital
22% were referred by GP surgeries.

In 2018, there were **3649** inpatient falls incidents reported via Datix.



52 of these were reported as Serious Incidents to Welsh Government.

There are **70-90 falls-related attendances** at the Emergency Department in Cardiff and Vale UHB each week by people aged 75 years and over.



40-50 of which will re-attend the Emergency Department at a later date with a subsequent longer length of stay on average than those admitted when they first attend.

10 year data from the Public Health Wales Observatory for 2007-2017 shows a European age standardised rate of **567 hip fractures per 100,000 population** for people aged 65+

80% of falls-related referrals received by the Community Resource Teams have had previous referrals to the Community Resource Teams



In 2018 there were **483** patients admitted to the University Hospital of Wales with a **fractured hip**

This data demonstrates the scale of the problem facing Cardiff and Vale University Health Board regarding falls and the consequences they create. It is clear that there is an issue with people at risk not receiving preventative actions or early intervention when they initially present, leading to subsequent attendance and greater input requirements once they have deteriorated further.

4.2 Analysis of current infrastructure

In summer 2018 the *Cardiff and Vale University Health Board Falls report* was completed, which collated the key points from the relevant guidelines and evidence base and compared where Cardiff and Vale University Health Board is in regards to these. Information was collected from relevant staff members and services, related audits, the Falls Delivery Group, Datix and Paris. All data available in relation to falls in Cardiff and the Vale was featured, along with any recent, current or planned projects linked to falls prevention.

The University Health Board has also conducted two Falls Health Pathways workshops with key stakeholders and service providers from Cardiff and the Vale, to identify current gaps in service, duplications and potential areas for improvement.

Based on the outcomes of these reports and workshops, it is evident that although a number of services were in place to assist people at risk of falls, these were often in operation in isolation with fragmented pathways and lack of awareness of available services.



Initial falls alliance workshops in action, with staff encouraged to 'leave their professional baggage' at the door

A SWOT Analysis was completed based on the outcomes of the report and workshops:

Strengths

- Comprehensive service support for people identified as having had a fall or a falls risk in the community through Community Resource Teams, Day Hospitals
- Inpatient procedures in place to assess falls risk and post-fall management.
- Multi-agency Falls Delivery Group in place, led by Cardiff and Vale University Health Board
- Some community provision for falls risk reduction being provided by 3rd sector, with good links to some health professionals

Weaknesses

- Fragmented service provision, particularly around early intervention, and geographical inequalities of access
- Gaps in service provision, such as rapid response services and community clinics
- Lack of knowledge and skills within some staff to be able to provide falls risk reduction advice and signpost appropriately at an early stage for people with a falls risk
- Delay in response to community falls referrals

Opportunities

- Falls pathway to be developed as an exemplar for the University Health Board's Health Pathways initiative
- University Health Board Board support for development of a Falls Framework
- Potential for Alliance working with interested parties
- Falls Delivery Group includes range of organisations contributing to falls prevention in Cardiff and the Vale of Glamorgan
- Links with National Taskforce will enable learning and good practice from other areas in Wales
- Learning from Canterbury model in New Zealand can be utilised

Threats

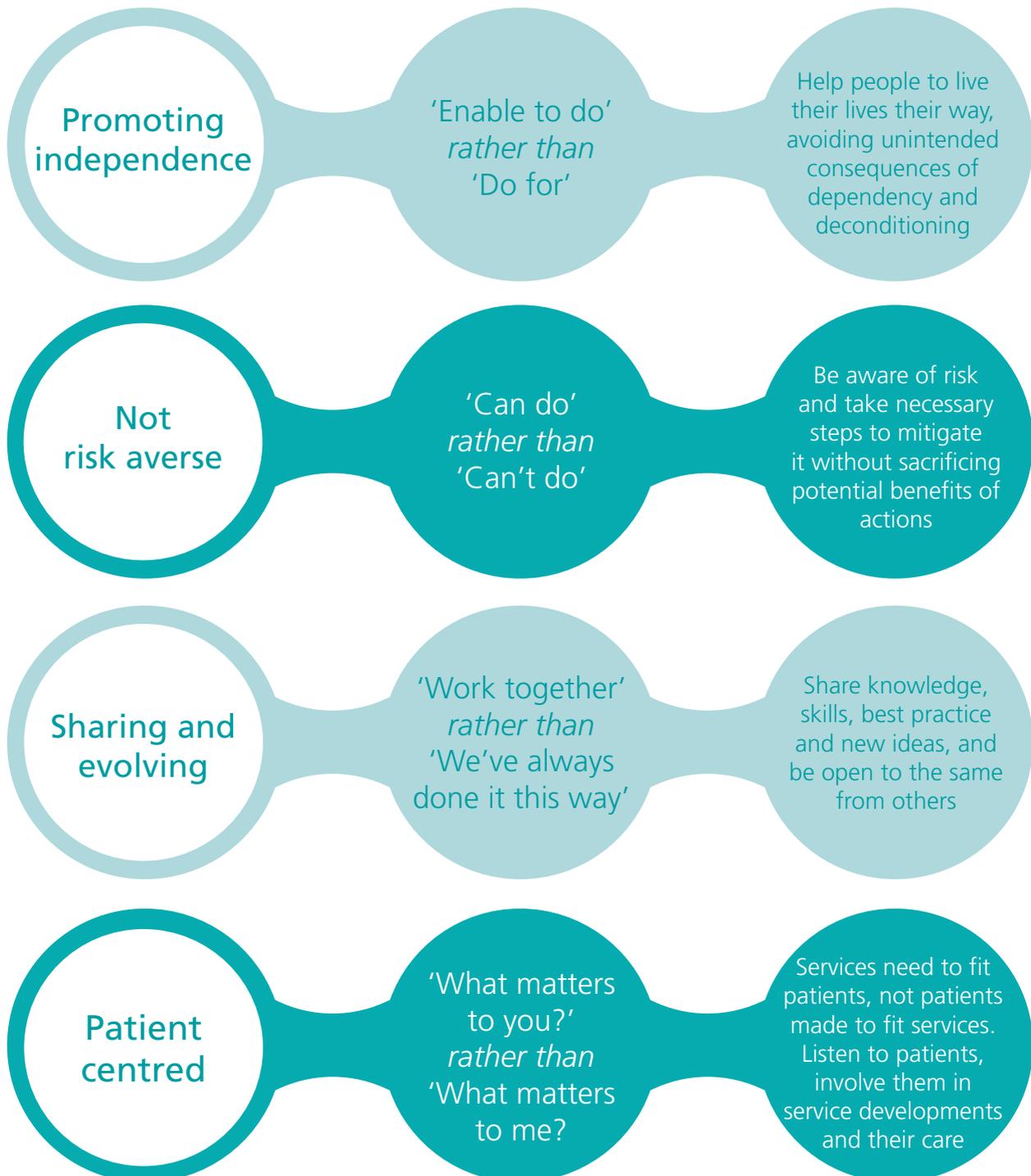
- Ageing population, potential to lead to increases in frailty and falls
- Disparity between Cardiff and the Vale of Glamorgan services and access to them for residents
- Information governance issues
- Resource constraints to invest in early intervention initiatives

5. Our Purpose

The purpose of this framework is to transform the way we reduce the risk and harm from falls through reorienting the Health Board's services towards early intervention and prevention across services.

6. Philosophies

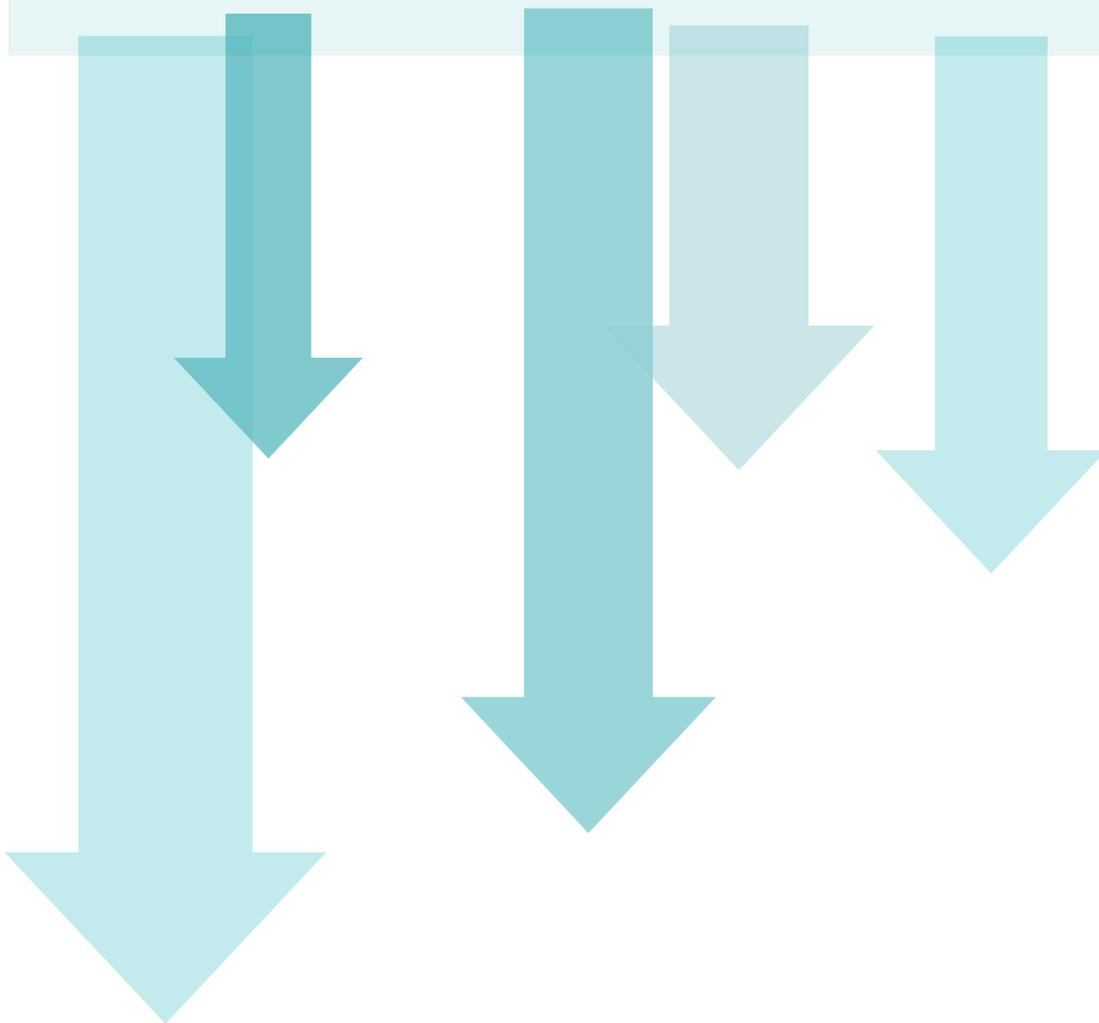
There are four philosophies that will need to underpin Cardiff and Vale University Health Board behaviours in order to achieve the purpose of the framework. The illustration below shows these philosophies along with the thought processes and behaviours that they encompass:



7. Objectives

The objectives of this framework are to:

- Reduce the number of:
 - avoidable community falls
 - avoidable inpatient falls
 - hospital admissions following a fall
 - hip fractures due to falls
- Reduce length of stay of people admitted to hospital following a fall
- Promote activity and independence in hospital and in the community
- Reduce harm, improve outcomes and quality of life for people who sustain a fall
- Increase uptake of strength and balance activities



8. Approaches

The *Cardiff and Vale University Health Board Falls Framework: Reducing risk and harm* will take a triple track approach to Regional Partnership falls prevention and management, incorporating the five Regional Partnership Board tiers under the following three approaches:



1. Primary prevention and healthy ageing (*incorporating RPB Tier 1*)

Healthy ageing messages are a key public health approach to encourage people to remain active and look after their health and wellbeing throughout their lives. As we age, we can start to experience deterioration in muscle strength and balance. By being active throughout life and into older age the rate of deterioration can be slowed, and the risk of falls reduced. The responsibility for advocating these messages lies with everyone, from health and social care professionals to family members.

It is vital to build community resilience in order to create a network of support around people at current or future risk of falls. This requires not just the alliancing of health and social care professionals, 3rd sector staff and families, but going beyond that to incorporate the design of our communities, considering aspects such as building designs, street lighting and safe pavements for people to use, therefore making it safer for people to access their communities and reduce the fear of falling from walking in an unsafe environment. An individual's environment stretches beyond their front door to wherever

they wish to go; we've made progress in improving the safety of home environments, but now need to also look at the wider community infrastructure to enable people to live their lives how they wish to live them.

Cardiff and Vale clinical and public health staff are well represented on the National task force and have been significant contributors to the development of national resources in this area. It is recommended that the University Health Board adopts the same approach with relation to primary falls prevention and promotion of healthy ageing being advocated by the National Taskforce. This will include (but is not limited to) the following recommended actions:

- *Steady on Stay Safe* campaign – to be promoted throughout Cardiff and Vale University Health Board and by all partners of the Falls Delivery Group.
- *Falls Brief Intervention (FBI)* training – key health and social care, and third sector, professionals undertake FBI training, in order that they can deliver key messages around falls risk reduction. Brief interventions can be delivered at any opportune moment, and can be particularly powerful in changing behaviour when delivered by a healthcare professional.
- *Falls Prevention Fuel Tank* video – to be shared throughout Cardiff and Vale University Health Board and by all partners of the Falls Delivery Group, including waiting area screen displays and awareness training.
- *Staying Steady Schools* – this project is a 2019 Bevan Exemplar. It involves Cardiff University students leading intergenerational falls awareness sessions at primary schools with the children giving an assembly on the 'Steady on Stay SAFE' campaign to older people that they invite to attend, followed by social interaction for completing questionnaires and talking about falls. It is recommended to be implemented on an annual basis and offered to all schools across Cardiff and the Vale of Glamorgan.
- *Guidance for recommending exercise for older people to reduce falls risk* document – To be promoted to professionals working with or supporting older people living in the community. It should be used to help professionals give consideration to how best to advise older people around exercise and healthy ageing.

2. Community services: prevention and management *(incorporating RPB Tier 2)*

It has been recognised that resilience of the whole system is dependent on a clear and robust pathway to community services that enables easy access and early intervention when and where it is needed.

It is recommended that there are two routes of access within Cardiff and the Vale of Glamorgan depending on the urgency of intervention required:

2.1 Hot referral pathway: All people referred from Welsh Ambulance Service NHS Trust (WAST), Emergency Department/Medical Emergency Assessment Unit/General Practitioners requiring direct access to the Community Resource Teams

Just under 2000 falls occurrences attended by WAST in 2017-18 were not conveyed to hospital, but will have required some form of assessment and intervention. Many of the non-injurious falls are identified as low priority for attendance, which are at high risk of long ambulance delays. The consequence of this is that patients who remain on the floor can suffer harm leading to hospital admission.

In response to this WAST have recently launched their national falls framework. It is proposed that those people previously identified as low priority for attendance will be automatically referred to the Community Resource Teams for rapid assessment and appropriate intervention. This would reduce the number of conveyances to hospital and the number of hospital admissions due to falls. It would also reduce the secondary consequences of a fall for the individual, leading to a greater potential for recovery and independence rather than a potential long-term reliance on health and social care services.

In addition those people who attend the Emergency Department and are subsequently discharged, will automatically be referred to a Community Resource Team or Day Hospital, or signposted to a Stay Steady clinic.

2.2 Cold referral pathway: Non-urgent / elective referrals

Single point of access hosted by Independent Living Service (ILS) for non-emergency low-medium risk of falling from; primary care, self-referral, partners e.g. Minor Injuries Unit, Fire & Rescue, Care and repair, ILS, Community partners such as hairdressers etc. Risk of falling is identified through a simple three-question screening tool, or through conversations with ILS phone handlers, or through self-identification. People attending the clinic may be pre-fallers but have identified risks, as well those who have experienced a fall.

The Primary, Community and Intermediate Care board are currently delivering a pacesetter project which includes a single point of access hosted by ILS and community falls clinics called Stay Steady clinics. There is an opportunity to open up access to these clinics for those patients identified by other agencies.

3. Inpatient services: prevention and management *(incorporating RPB Tiers 3,4 and 5)*

There are a number of admission avoidance services already in place such as the Elderly Community Assessment Service, Frail Older People's Assessment and Liaison Service and therapies in the Assessment Unit. There is a need to clarify the falls referral pathway for these patients and it is proposed that they would enter the falls pathway via hot referral route to the Community Resource Teams.



Promoting independence and preventing deconditioning is one of the single most effective way of reducing length of stay and discharging back to usual place of residence. The *Get up, Get dressed, Get moving* campaign continues to be rolled out across inpatient areas.

Multi-factorial risk assessment tools and management are in place but the burden of completion on nursing staff is considerable which has an impact on compliance with the assessment tools. The development of falls risk assessment tools as part of nursing e-documentation will help reduce this and enable staff to focus on the interventions required to address the risk factors.

Education and training:

- Falls Simulation Training is now available and is recommended for uptake by all wards.
- *Falls Brief Intervention* training should be available for all staff.
- All Wales falls e-learning package is currently in development.

A discharge pathway to the Community Resource Teams for falls prevention needs to be reinforced.

The action planning and implementation of these three approaches will require multi-service partnership working to deliver a 'best for patient' service. This will require the setting up of two alliances to facilitate and drive developments:

- A Community Falls Prevention Alliance to drive conversations about falls, screening, and multi-agency network of support for people at risk of falls.
- An Inpatient Falls Prevention Alliance to drive conversations about falls, screening, and multi-professional network of support for people at risk of falls.

The **Community services prevention and management** approach will come under the Community Falls Prevention Alliance. The **Inpatient services prevention and management** approach will come under the Inpatient Falls Prevention Alliance. The **Primary prevention and healthy ageing** approach will come under both alliances.



Falls Simulation Training in action with ward A4

9. Principles

Following a review of the evidence and best practice guidelines for reducing the risk of falls, and workshops with University Health Board staff and partner organisations, seven principles have been identified to provide a focus for achieving the framework aims. It is important that these are delivered in unison for each to function properly. The main driving factor in the development and delivery of the framework will be the alliance of services, which will span all three aspects of service provision and work seamlessly to meet the needs of our service users.

The 7A principles are:

- Raise **awareness** of falls risks
- **Ask** people about falls risks
- Have timely **access** to appropriate services for individuals' different needs
- **Assess** people for multifactorial falls risks in line with evidence base
- **Act** on those assessments to treat people with multifactorial interventions in line with the evidence base
- Regular **analysis** of what we're doing, how we're doing, and impacts of changes we make
- Work together with other services and the individuals to produce the above through **alliancing**



9.1 Awareness

Raise awareness of relevant services, information and resources for reducing the risk of falls and following a fall.

Aims:

- Staff to be aware of Cardiff and Vale University Health Board policies and procedures regarding falls
- Staff to be aware of multifactorial falls risk factors
- Relevant staff to be made aware of Cardiff and Vale University Health Board audit and service evaluation outcomes based around falls
- Relevant staff to be made aware of results of investigations into falls incidents and serious incidents
- Raise service user awareness of the risk factors and preventative nature of falls
- Raise service user awareness of what to do if a fall occurs
- Raise service user awareness of available services that can assist in the reduction of falls risk

9.2 Ask

Create a culture in hospitals and the community of having conversations about falls to identify risk.

Aims:

- Ensure a simple tool for service users to ask themselves (self-assess), or for someone else to ask them, about a falls risk, as a basis for identification of a need for further assessment /intervention

9.3 Access

Provide timely access to relevant services, information and resources for reducing the risk of falls and following a fall.

Aims:

- Staff to have easy access to Cardiff and Vale University Health Board policies and procedures

- Staff to have access to resources to aid the reduction of risk of falls
- Have clear agreed referral pathways in place for staff to utilise when encountering a service user who is at risk of falls
- Implement Stay Steady Clinics in the community across Cardiff and the Vale of Glamorgan
- Service users to have access to information about falls
- Service users to have access to services that are available for assessment and intervention
- Service users to have access to methods to summon help following a fall

9.4 Assess

Utilise multifactorial assessments for risk of falls on a regular basis in line with guidelines and Cardiff and Vale University Health Board procedures.

Aims:

- Have in place a falls multifactorial assessment to identify individual risk factors for falls in accordance with NICE guidelines (see Appendix 4), considering the multifactorial nature of falls risks (see Appendix 5).
- All inpatient, Day Hospital, Elderly Community Assessment Service, and Community Resource Team service users aged 65 and over, or those judged to be at higher risk of falling due to an underlying condition, to receive a multifactorial risk assessment
- All service users attending the Emergency Department aged 65 and over, or those under 65 judged to be at higher risk of falling due to an underlying condition, to be screened for falls risk using an agreed tool (see Ask section)
- Conduct an assessment post-fall of when and how to move someone, in accordance with guidelines
- All inpatients who fall to have appropriate neurological observations initiated if indicated (for all actual and suspected head injuries, including unwitnessed falls)
- All inpatient falls to have a Post-fall assessment and Action Log completed
- All adult inpatients to have a bedrail assessment completed

9.5 Act

Offer evidence-based multifactorial interventions with timely signposting/referrals to relevant services based on individual needs.

Aims:

- Ensure plans are discussed and agreed with service users to create an action plan following a multifactorial assessment for falls risk
 - Provide evidence-based multifactorial interventions (MFIs) to service users at risk of falls
 - Offer all service users with an identified strength and/or balance deficit to participate in a strength and balance exercise programme. If provided by the UHB, this should be the individualised strength and balance programme (ISBP), with seamless continuation of this from the inpatient to the community setting.
 - Appropriately signpost service users to required services for further assessment or intervention
 - Complete a Datix form following all falls
-

9.6 Analysis

Complete robust investigations following falls, evaluate performance of services and listen to user feedback.

Aims:

- Conduct regular audits to ensure compliance with Cardiff and Vale University Health Board procedures and evidence-based practice
- Evaluate service outcomes regularly to aid service improvements
- Complete an investigation following an inpatient fall
- All Serious Incidents involving a fall to be investigated and submitted to Welsh Government
- Collect, collate, analyse and review data available related to falls to monitor service supply and demand and guide improvement

9.7 Alliance

All relevant services and stakeholders working together.

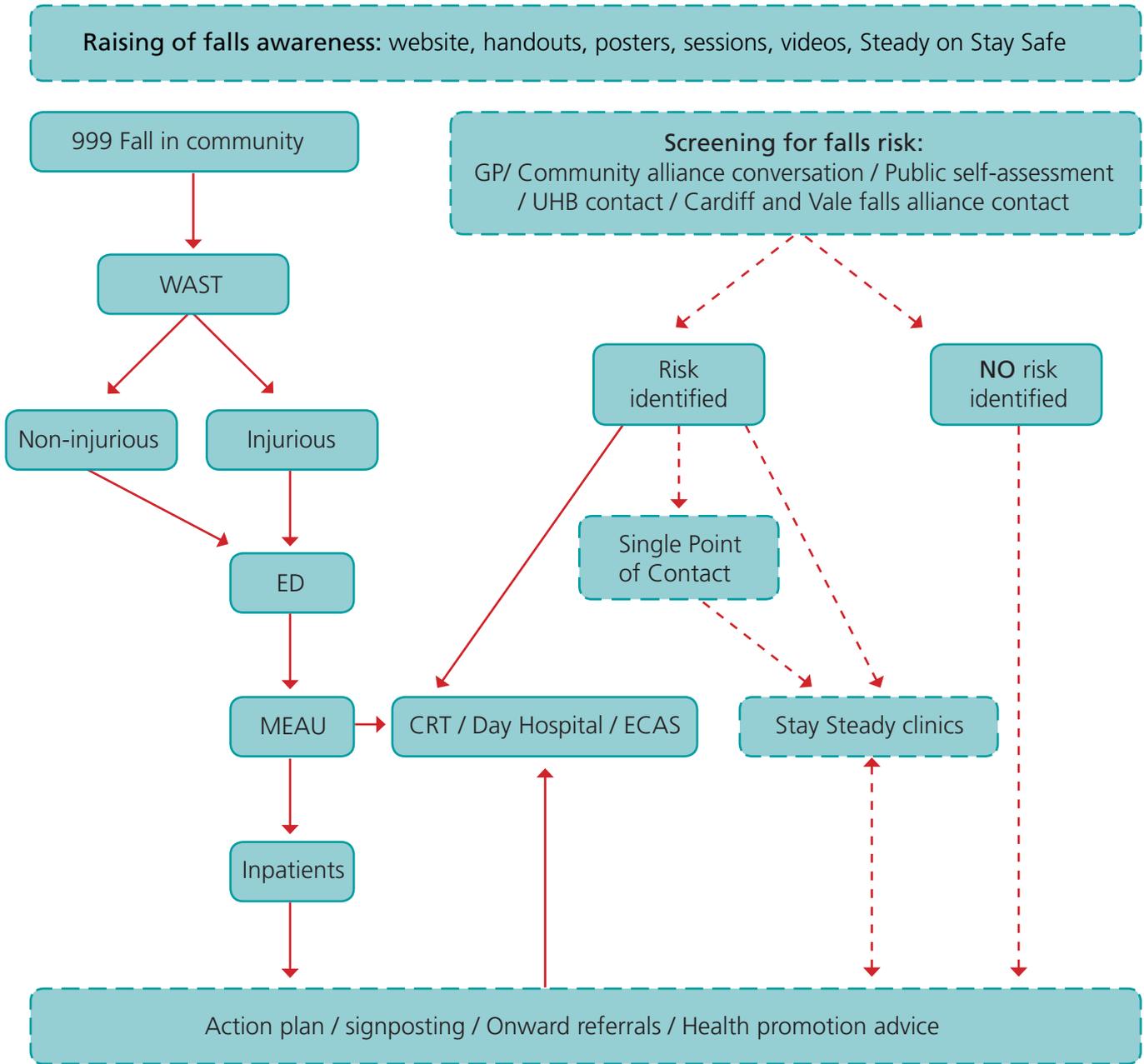
Aims:

- Create an alliance between relevant services and providers to drive conversations about falls, screening, and a multi-agency network of support for people at risk of falls, both in the community and inpatient settings.
-

10. Falls Pathways Map

10.1 Current Falls Pathways Map

The following pathway map sets out the current baseline of Cardiff and Vale University Health Board, showing services and signposting/referral pathways in place. This framework will drive the development of new service aspects and pathways with a 'best for patient' approach, and ensure that those services/pathways already in place are accessible to all who need them, when they need them.

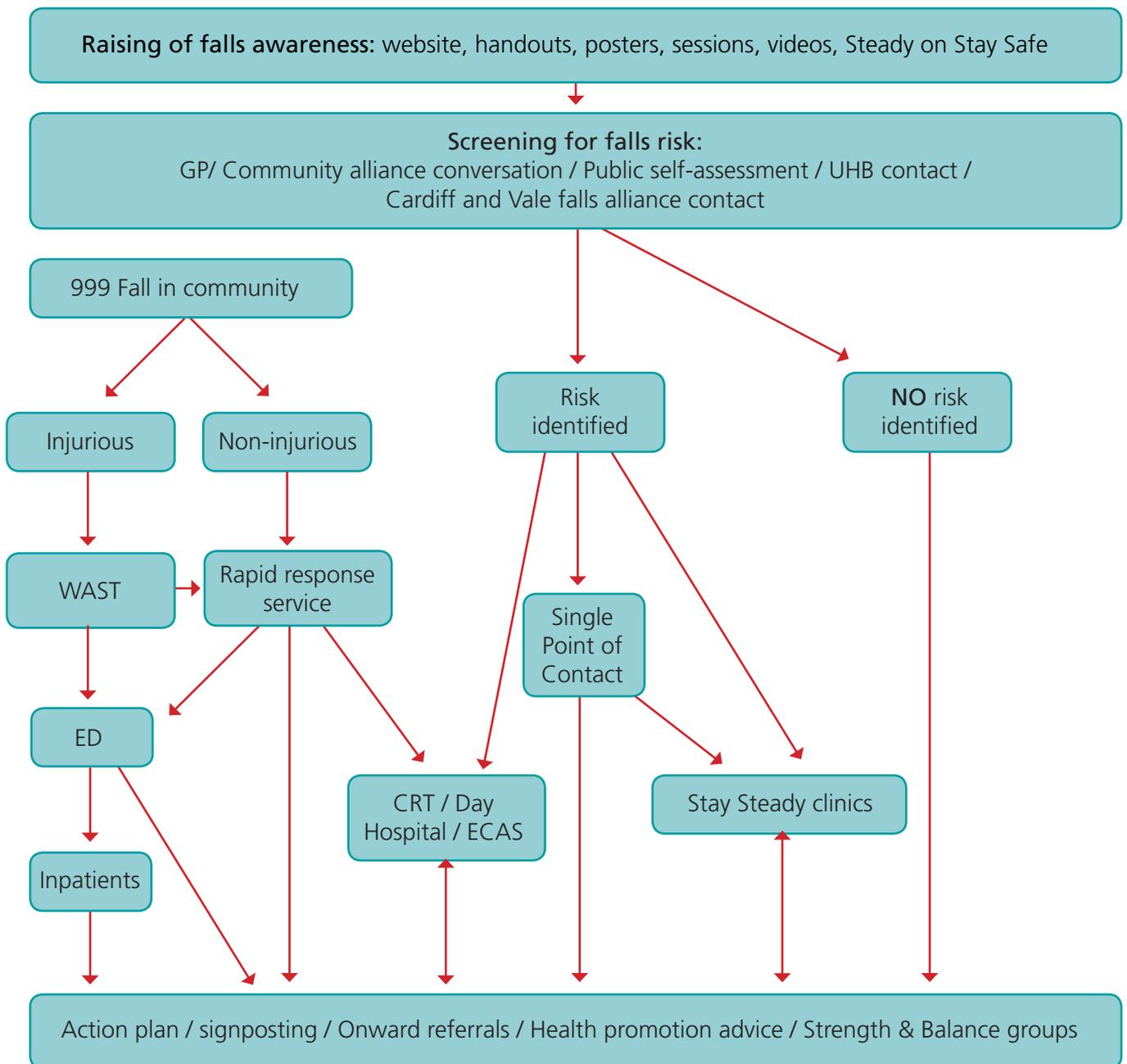


Note. Dashed red lines = partially set up/utilised pathways; Dashed blue boxes = partially set up/utilised service elements (i.e. not provided across all areas of Cardiff and the Vale of Glamorgan). WAST = Welsh Ambulance Service NHS Trust; ED = Emergency Department; MEAU = Medical Emergency Assessment Unit; CRT = Community Resource Teams; ECAS = Elderly Community Assessment Service

10.2 Proposed Falls Pathway Map

The following is the proposed map of pathways and services for people at risk of falls through Cardiff and the Vale of Glamorgan, updated from the baseline featured in 9.1 above. Key elements of development are:

- Setting up of a Community Falls Prevention Alliance to drive conversations about falls, screening, and multi-agency network of support for people at risk of falls.
- Setting up of an Inpatient Falls Prevention Alliance to drive conversations about falls, screening, and multi-professional network of support for people at risk of falls.
- Spread of a Single Point of Contact and Stay Steady Clinics to the whole area of Cardiff and the Vale of Glamorgan.
- Resourcing of a Rapid Response Service element to the Community Resource Teams to create a pathway for non-injured fallers in the community (currently only funded for winter pressures).
- Development of close links between Cardiff and Vale University Health Board services and strength and balance exercise group opportunities provided by 3rd sector or independent providers.



Note. WAST = Welsh Ambulance Service NHS Trust; ED = Emergency Department; MEAU = Medical Emergency Assessment Unit; CRT = Community Resource Teams; ECAS = Elderly Community Assessment Service

11. Implementation and Monitoring

The framework implementation will be overseen by the Cardiff and Vale University Health Board (UHB) Falls Delivery Group (*Terms of Reference* featured in appendices), which will co-ordinate and support actions and monitor progress against the aims of this document via collection, collation and analysis of data collected from across the UHB and partner services.

Central to the implementation programme will be the development of the Cardiff and Vale of Glamorgan Community Falls Alliance (CAVCFA) and the Cardiff and Vale of Glamorgan Inpatient Falls Prevention Alliance (CAVIFA). These will adopt the 'alliancing' methodology which is part of the UHB's transformation programme and will create the action plans for the three approaches of the framework. The CAVCFA will report jointly to the Falls Delivery Group and the Transformation Board.

The **Community services prevention and management** approach will come under the CAVCFA. The **Inpatient services prevention and management** approach will come under the CAVIFA. The **Primary prevention and healthy ageing** approach will come under both alliances.

Information on progress will also be reported to the Executive Director with responsibility for falls, and provide a regular report to the Quality, Safety and Experience Committee.

12. Branding

It is important that it is clear to service users how falls interventions in Cardiff and the Vale of Glamorgan are interlinked, so that they feel assured that their care is connected across services and they are able to recognise products they can trust as being approved by the Falls Prevention Alliances. In order to achieve this it is recommended that branding is implemented by means of a logo that can be made visible on any products or services in Cardiff and the Vale of Glamorgan that are involved in our falls prevention work (see Fig.2).

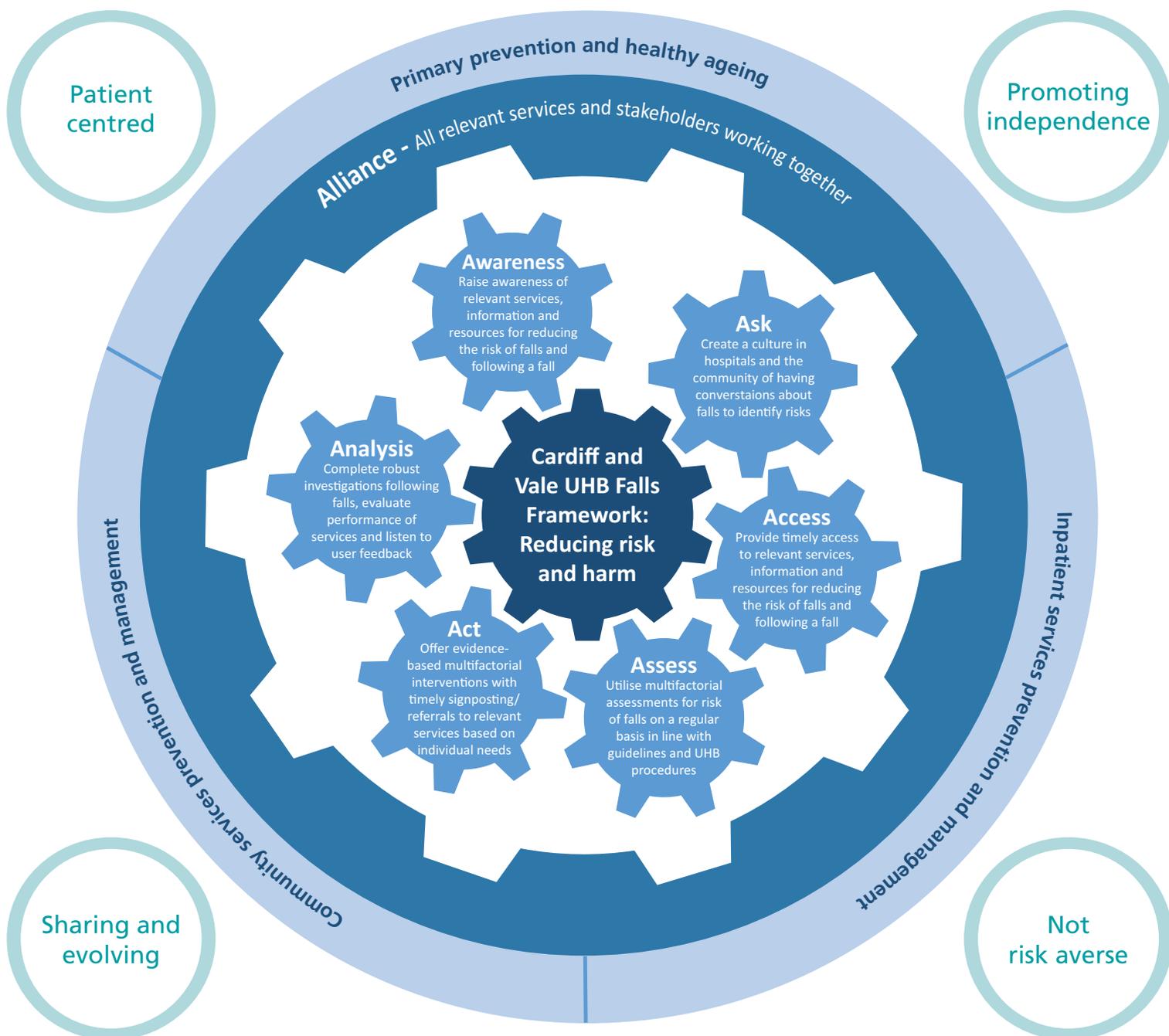
The Cardiff and Vale Falls Delivery Group will have control of the branding, with any services or products wishing to use it seeking approval from the group prior to its use.



Fig 2. Logo branding for use with approved products and services

13. Falls Framework on a Page

This Falls Framework will reduce risk and harm by taking three approaches, each facilitated by the delivery of the 7A principles and underpinned by 4 philosophies.



Our Vision

To create a preventative, pro-active partnership approach to ensure that a person's chance of a healthy, independent life free of avoidable harm from falls is the same wherever they live and whoever they are.

Our Purpose

The purpose of this framework is to transform the way we reduce the risk and harm from falls through reorienting the Health Board's services towards early intervention and prevention across services.

14. References

- 1 Chartered Society of Physiotherapy. Physiotherapy Works: Falls and Frailty.
<https://www.csp.org.uk/publications/physiotherapy-works-falls-and-frailty>
- 2 Public Health England (2017) Falls and Fracture Consensus Statement: Supporting commissioning for prevention.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586382/falls_and_fractures_consensus_statement.pdf
- 3 Public Health England (2018) A Structured Literature Review to Identify cost-effective interventions to prevent falls in older people living in the community.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679885/Structured_literature_review_report_falls_prevention.pdf
- 4 Bangor University (2018) Living Well for Longer: the economic argument for investing in the health and wellbeing of older people in Wales.
<http://cheme.bangor.ac.uk/documents/livingwell2018.pdf>
- 5 Welsh Government (2018) A Healthier Wales: our plan for Health and Social Care.
<https://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf>
- 6 Welsh Government (2015) Well-being of Future Generations (Wales) Act
<https://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>
- 7 Welsh Government (2014) Social Services and Well-being (Wales) Act 2014.
<https://gov.wales/topics/health/socialcare/act/?lang=en>
- 8 Cardiff & Vale Integrated Health & Social Care Partnership (2017) Cardiff and Vale of Glamorgan Market Position Statement and Commissioning Strategy: Care and support services for older people 2017-2022.
http://www.cvihsc.co.uk/wp-content/uploads/2017/12/MPS_English-051217-Final.pdf
- 9 Cardiff & Vale UHB (2015) Shaping our Future Wellbeing Strategy 2015-2025.
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/10%20-%20UHB%20Shaping%20Our%20Future%20Wellbeing%20Strategy%20Final.pdf>
- 10 Cardiff & Vale UHB (2018) Integrated Medium Term Plan 2019-2022.
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale%20UHB%20IMTP%202019%20to%202022.pdf>

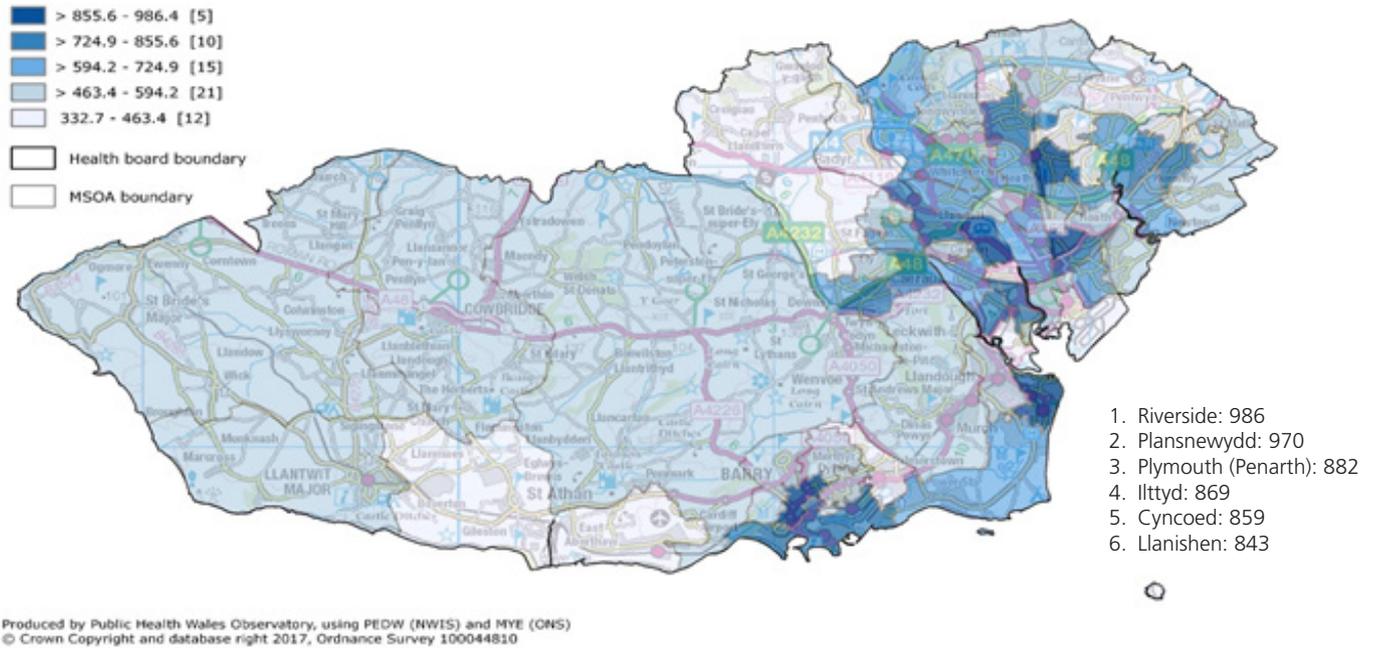
15. Appendices

1. Public Health Wales Observatory hip fracture data
2. Cardiff and Vale Falls Delivery Group Terms of Reference
3. Falls-related guidelines and documents that featured in falls review
4. NICE Guidelines regarding Multifactorial falls risk assessment
5. '*Stop – think falls*' poster highlighting multifactorial nature of falls risks to consider

Appendix 1: Public Health Wales Observatory hip fracture data

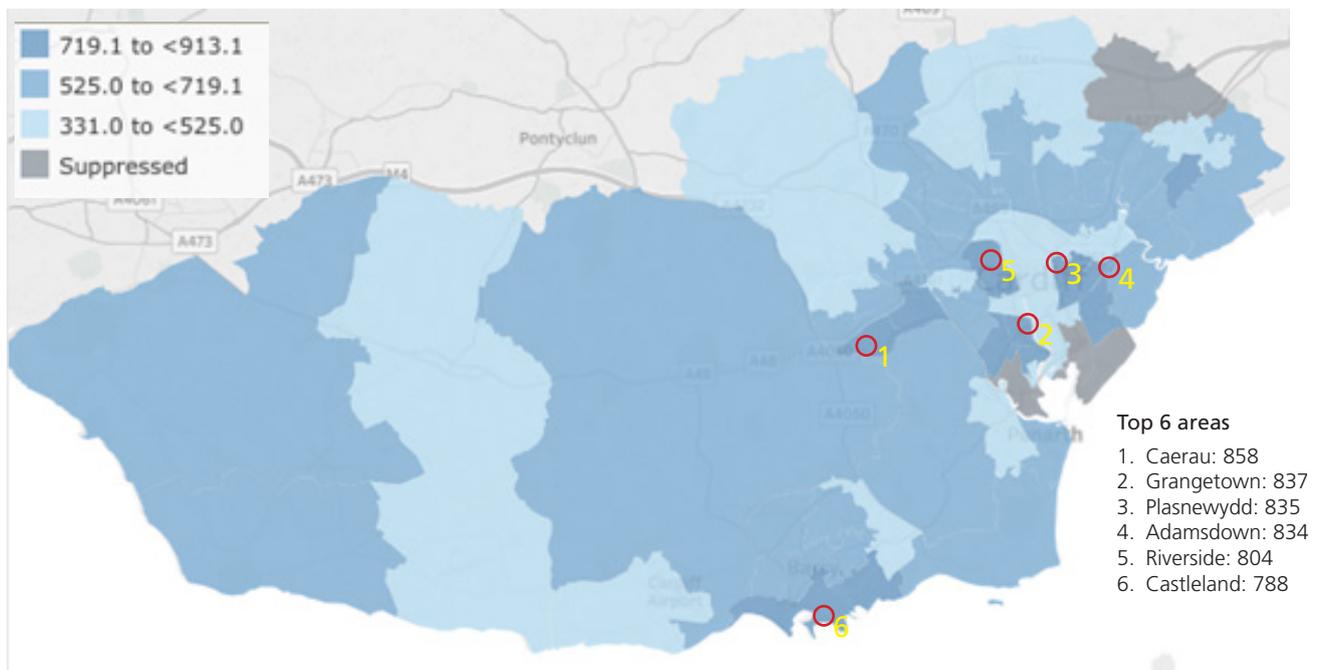
a) Hip fracture crude rate for Cardiff and Vale, age 65+, 2007-2017

Hip fractures among older people, all persons 65 and over, Cardiff and Vale UHB, 2007 to 2017
MSOA, Crude rate per 100,000



This map shows the crude rate for those who are 65+. This rate has not been standardised to account for any risk factors that may affect the rate of hip fractures (e.g age). Riverside has the highest rate of hip fractures in C&V with nearly 1 in 100 people age 65+ being admitted.

b) Hip fracture age-standardised rate. Age 65+, 2007/08 – 2016/17



This map allows comparison of rates across different populations while taking account of the different age structures of those populations as it is age-standardised. 5 of the key hotspots are in Cardiff, but the Vale as a whole has higher rates than Cardiff (594 and 556 per 100,000 respectively in 2016/17).



Falls Delivery Group Cardiff and Vale University Health Board Terms of Reference

INTRODUCTION

The group will work with key external stakeholders and partners to provide expertise, review and monitor practice and promote the prevention and management of falls and fractures across the Health community of Cardiff and Vale of Glamorgan. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

PURPOSE

The purpose of the Delivery Group is to:

- Oversee the implementation of the NICE Guidelines for Falls, 1000 lives collaborative for community falls, inpatient falls initiative and Welsh Health Circular WHC (2016) 022 by developing the Falls and Bone Health Action Plan.
- Monitor the implementation of the plan across the whole system.
- Lead on the development of a communication strategy supported by the UHB Communications team.
- Monitor compliance with the Health and Care standards for falls (2.3) and planning care to promote independence (6.1) and make recommendations to Clinical Boards.
- Monitor and review falls data across the Health system to understand the incidence of falls, trends and associated harm and recommend any actions required.
- Review the findings from inquests and serious incident investigations into serious harmful falls to ensure that learning and recommendations are disseminated widely throughout the organisation via Clinical Boards and Directorates QSE meetings.
- Review significant policy/research findings and agree implementation.
- Evaluate the findings of National Audit reports related to falls and identify gaps and any necessary improvements
- Ensure the work programme adheres to the national framework and indicators for adult inpatient falls.
- Oversee the implementation of a standardised education programme for falls prevention and management

December 2019

FREQUENCY OF MEETINGS

- The group will meet every 2 months.

MEMBERSHIP

Executive Lead: Director of Therapies and Health Sciences

Chair: Assistant Director of Therapies and Health Sciences.

Vice Chair: Consultant Nurse for Older Vulnerable Adults, Cardiff and Vale.

Core members:

- Consultant Geriatrician, lead clinician for Falls UHB.
- Falls and Bone Health lead/ co-ordinator.
- Senior falls lead from each Clinical Board.
- Assistant Director of Patient Safety.
- Therapies Lead.
- Clinical Governance Facilitator.
- Health & Safety (RD).
- Public Health Lead.

Expert External Stakeholders:

- WAST.
- Fire and Rescue.
- Local Authority.
- 3rd Sector – Care and repair.

Co-opting: The Chair may co-opt others where appropriate.

Stakeholder Groups

The Vulnerable Adults Risk Management Group (VARMG) will act as the expert reference group.

REPORTING AND ASSURANCE ARRANGEMENTS

The Group will:

- Report to the Executive Director with responsibility for falls.
- Provide a regular report to the Quality, Safety and Experience Committee.

REVIEW

These terms of reference and operating arrangements shall be reviewed by the Group annually.

Appendix 3: Falls-related guidelines and documents that featured in falls review

A number of relevant guidelines, reports and documents exist with regards to reducing the risk of falls.

Featured guidelines and reports:

- 1) NICE Guideline 'Falls in older people: assessing risk and prevention (2013)
- 2) NICE Quality Standard 'Falls in older people' (2015, updated 2017)
- 3) Health and Care Standard 2.3 – Falls Prevention (updated 03.02.2016)
- 4) Welsh Health Circular 22 – Principles, Framework and National Indicators: Adult In-Patient Falls (06.04.2016)
- 5) 1000 Lives How to guide 9: Reducing harm from falls (2010)
- 6) Public Health Wales – Falls: Preventing falls in older people living in the community (2011)
- 7) Older People's Commissioner for Wales: A place to call home – a review into the quality of life and care of older people living in care homes in Wales (2014)
- 8) Older People's Commissioner for Wales: A place to call home: impact and analysis – Assessing progress to improve the quality of life and care of older people living in care homes in Wales (2018)
- 9) Department of Health: Falls and fractures – effective interventions in health and social care (2009)
- 10) Falls in older people – A review of evidence for prevention from the UK focal point for violence and injury prevention
- 11) RCP Fallsafe project
- 12) National Patient Safety Agency: Slips, trips and falls in hospital (2007)
- 13) Patient Safety First: The 'how to' guide for reducing harm from falls (2009)
- 14) National Patient Safety Agency: Rapid Response Report – Essential care after an inpatient fall (2011)
- 15) RCP: Older people's experiences of therapeutic exercise as part of a falls prevention service – patient and public involvement (2012)
- 16) Falls and Fragility Fracture Audit Programme (FFFAP)
- 17) Falls: Applying All Our Health – Public Health England (2018)

Details of the key points of each document can be found in the related document '*Cardiff and Vale UHB Falls Report – July 2018*'.

Appendix 4: NICE Guidelines regarding multifactorial falls risk assessment

Taken from NICE Guidelines 'Falls in older people: assessing risk and prevention (2013)':

1.1.2.2 Ensure that any multifactorial assessment identifies the patient's individual risk factors for falling in hospital that can be treated, improved or managed during their expected stay. These may include:

- cognitive impairment
- assessment of gait, balance and mobility, and muscle weakness
- assessment of osteoporosis risk
- assessment of home hazards
- continence problems
- falls history, including causes and consequences
- assessment of older person's perceived functional ability and fear relating to falling
- footwear that is unsuitable or missing
- health problems that may increase their risk of falling
- cardiovascular examination and medication review
- postural instability, mobility problems and/or balance problems
- syncope syndrome
- visual impairment



Think Falls!



R	Review medication	Some medication, or combinations of medication, can cause side-effects of dizziness or lethargy. Having a medication review by a Doctor or Pharmacist can limit these risks.
E	Eyesight checks	Vision is important for balance and safety. Get it checked regularly, especially if any changes occur.
D	Decrease fear of falling	Confidence plays an important part in function and independence. Having a fall can reduce this, leading to inactivity and anxiety. Occupational Therapy and Physiotherapy can practice activities to build confidence, and teach coping strategies and relaxation techniques to help.
U	UTIs and other infections	Infections can affect behaviour and function if left untreated. Urinary Tract Infections can cause dehydration and affect balance. Be aware of increased frequency of urine, cloudy and strong smelling urine, pain when passing urine, and acute onset of confusion.
C	Check blood pressure	Low blood pressure can cause light-headedness and dizziness. Sometimes blood pressure can drop when standing from sitting, causing dizziness. Get it checked if this is happening. Take time when getting out of bed or standing up, don't rush.
I	Incontinence management	Incontinence can lead to infection, dehydration, loss of confidence, and taking risks by rushing to get to the toilet. Contact the Community Continence Service if incontinence is a problem.
N	Nutrition/hydration	Ensure adequate intake of food and fluid to provide energy and maintain optimal function. Weight loss, decreased appetite and poor intake can lead to weakness, lethargy and dizziness. Speak to a Dietitian for advice.
G	Get active	Use it or lose it! Remaining active through exercise, mobilising and taking part in activities will maintain and improve strength and balance. Periods of prolonged inactivity can lead to weakness, stiffness and decreased balance.
F	Feet / Footwear check	Avoid overgrown toenails and check feet regularly for problems. Make sure shoes and slippers fit correctly. Avoid loose or damaged footwear. Heels and open-backed footwear can create instability.
A	Aids/equipment	Walking aids can help with mobility. Rails, chair raisers and other equipment can make things easier and safer at home. Physiotherapy and Occupational Therapy can assess for these. Check the condition of aids and equipment regularly, replacing damaged parts straight away. Replace rubber ferrules on walking aids if the grip has worn down.
L	Let people know	Don't keep falls a secret: let the GP know. Any new signs and symptoms should be checked, don't leave things to get worse by ignoring them. Diagnosing the cause of problems early often leads to better outcomes. Keep a record of any falls, including when, where and how they happened. This helps to identify patterns and causes.
L	Limit unnecessary risks	Avoid unsafe activities that put you at risk, such as going out in bad weather or doing things you've been advised not to. Accepting limitations can be frustrating, but safety should always come first.
S	Safe environment	Remove any trip hazards, such as clutter and rugs. Ensure good lighting to assist vision. A home hazard check can be completed by Occupational Therapy or Care and Repair. Chairs need to be of correct height, width and depth for individuals. Chairs with arms are easier to stand from.