

**ANNUAL SELF ASSESSMENT
HEALTH AND CARE STANDARDS**

<p align="center">S Situation</p>	<p>2.3 Falls prevention</p>
<p align="center">B Background</p>	<p>Please Confirm the rating from the following definitions</p> <p>Getting there</p>
<p align="center">A Assessment</p>	<p>Provide 250 words (<u>maximum</u>) to give necessary contextual narrative</p> <p>People are assessed for risks to their own safety and the safety of others. A plan for managing risk is agreed between the person being cared for and those caring for them.</p> <p>Community falls assessments undertaken by the CRTs incorporate a multi factorial risk assessment, however there is significant variation in referral pathways into community falls services at present. The falls strategy which is currently under development will standardise these processes and leading to a more effective risk assessment process.</p> <p>Within secondary care the falls risk assessment is embedded in the generic nursing assessment booklet and is used for all adult admissions. Compliance with this risk assessment is reviewed as part of the internal inspection programme and is also audited as part of the fundamental of care audit. In 2017 94% of inpatients were recorded as having documented evidence that their risk of falling had been assessed. And the audit demonstrated that 90% of patients identified as being at risk of falls were recorded as having an up to date care plan being implemented and evaluated and 87% of care plans had been reviewed and were up to date.</p> <p>A national bedside vision assessment is being piloted by 1 Clinical Board and lanyards cards with lying and standing blood pressure guidance are being used in Specialist Clinical Board.</p> <p>Investigations following all injurious falls review the risk assessments and care plans for the individual patient.</p>

Falls prevention was launched as a priority in the Nursing and Midwifery framework launched in October 2017.

A Falls pathway mapping exercise demonstrated that there was variation in the assessment and management of patients at risk of falls dependant on where they presented. With referral pathways in existence from EU and Barry Minor injury unit but not UHL assessment unit.

Pathways and manual handling training is in place to support staff in using specialist lifting and manual handling equipment, however provision of hover jack lifting equipment is not UHB and there is currently no UHB training procedure in place for this equipment.

There is a UHB procedure in place to manage patients following a falls

Staff receive appropriate information, training and supervision to ensure that people and their carers are safe

Current provision of falls training across the UHB is limited. All staff are able to access an e-learning modules available around falls. The module is not mandated and uptake is poor and isn't well evaluated.

The Mental Health Clinical Board have developed a falls training programme that is provided to Mental Health staff, which is currently a run over 1day and consists of classroom and scenario work, with a focus on areas relevant specifically to the Mental Health setting. 140 staff have been trained in the first 8 months with an initial reduction in falls demonstrated in the 6 months after the training was implemented.

There is information on some wards about falls, and there are falls awareness posters in outpatient clinic waiting areas, however there is significant variation.

All care homes in the Vale of Glamorgan have been offered falls awareness training while in Cardiff the Care Home Integrated Support team has been developed to offer support and education to care homes with the highest falls occurrence.

People are encouraged to develop or maintain the level of independence they wish, striking a responsible balance between risk and safety.

Strength and balance training is well provided in the UHB, particularly in Day Hospital and CRT settings, where the

	<p>Individual Strength and Balance Programme (ISBP) is used. Inpatients have very recently started implementing the ISBP on the wards, with the plan that this will flow into the community setting to create a more seamless transition of care, but no standardised pathways are in place yet. There is provision of falls specific National exercise referral scheme in the Vale but not in Cardiff.</p> <p>People are encouraged to develop or maintain the level of independence they wish, striking a responsible balance between risk and safety.</p> <p>There is standardised information provided for patients at risk of falls. Secondary care patients are given an Inpatient Falls Information leaflet, and in the community Staying Steady and Get Up and Go booklet is provided in community settings.</p> <p>Home hazards assessments are completed by CRTs and Day Hospitals, and also by partner services such as Care and Repair and Fire and Rescue Service. However, there is a lack of joined up approach to this and awareness of what input other services have already had.</p> <p>Referrals on for vision assessments are not routinely completed, due to lack of a pathway for those patients identified as having a deficit.</p> <p>People are able to summon help easily at all times, using a telephone, bell or other convenient means. If unable to do so their needs will be checked regularly.</p> <p>The National Audit of Inpatient Falls demonstrated that in UHW 79% of patients had a call bell to hand while in UHL only 56% of patient were able to access their call bell. The findings of the national audit were presented in NMB and a follow up audit will be undertaken in summer 2018.</p>
<p>R Recommendation</p>	<p>The following improvement actions have been identified as key deliverables for 16/17</p> <ul style="list-style-type: none"> • The Falls pathway has been identified as a priority for the Health Pathways programme of work associated with Canterbury the Cardiff and Vale way. • The Falls Delivery Group will form the basis for the development of a falls alliance for Cardiff and The Vale of Glamorgan. • Implementation of the Pace setter funded model for the Community. • Implementation of simulation suit training

	<ul style="list-style-type: none">• Implementation of Falls strategy aligned to the work on Pathway transformation and development of an Alliance approach• Follow up audit of call bells• Provision of Hover jack equipment and training• Standardisation of advice around lying and standing BP recording• Agreement on vision assessment tool.• Revision of the ambulatory care pathway
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