

RU Having your say?
RU Hearing what's happening?
RU Happy to be involved?



Royal United Hospitals Bath
NHS Foundation Trust

Meet your RUH Governors

Chris Callow & Jacek
Kownacki,
Public Governors



Today's Meeting



Time	Subject	Presenter
14:00	Welcome and Introductions Your Governors and You	Chris Callow & Jacek Kownacki, Public Governors
14:10	RUH Update	Fiona Bird, Head of Business Development
14:40	Audience participation: Questions and answers	All
15:00	Falls and Fractures	Dr Chris Dyer, Consultant Geriatrician
15:25	Audience participation: Questions and answers	All
15:45	Feedback	All
16:00	Close	

Introductions



**Jacek Kownacki,
Public Governor
North Wiltshire**



**Chris Callow,
Public Governor
North Wiltshire**



**Fiona Bird,
Head of Business
Development**



News from the RUH

2018

Autumn 2018 at the RUH



Making the RUH fit for the future



New modular ward



Improved CQC rating



Award-winning teams at the RUH



Frailty Flying Squad



Get up, get dressed, get moving!

Happy birthday RUH



NHS 70th Birthday

Going smokefree in 2019



Fighting Flu!



Please do not visit
the ward if you
have symptoms
of flu or feel
unwell

Some of our patients
could become seriously
ill if they catch flu.

Help protect your relative
or friend by getting your
free flu vaccine if you
are eligible.

Ask at your GP surgery
or local pharmacy.



Flu mmunisation
Helping to protect everyone at every age

#FluVaccine @ NHS.uk



Any questions?

Improving Together

RUH Strategy 2018 - 2021

Everyone
Working Matters
Together
Making a
Difference

2012

RUH 80th Birthday

Ward Comfort Rounds

2013

£3 million extra for nursing

New Emergency Surgery Ambulatory Clinic

2014

Maternity services back with RUH

Foundation Trust agreed

2015

RUH a founding partner in Wiltshire Health and Care

Pioneering Flow Coaching introduced

Pharmacy building begins

Acquisition of RNHRD

2016

Dementia-friendly activities increase

Pilot site for Nursing Associates

£1.2 million PET-CT scanner opened

2017

New Trust values launched

CQC Inspection: Requires Improvement

New Pharmacy & Car Park

Home First: helping people return home

Hearing from you

Workshops with:

- 140 public members and volunteers
- 300 members of staff
- 30 representatives from partner organisations

Survey responses:

- 200+ participants



Hearing from you

Workshops with:

- 140 public members and volunteers
- 300 members of staff
- 30 representatives from partner organisations

Survey responses:

- 200+ participants

Enough clinical staff to meet patient needs promptly, safely and with dignity

I know the limitations of my body best

Healthcare is not a constant, and no single day is perfect.

Quality targets should be shared with patients so they and their families and carers have a clear understanding about what the Trust is striving to achieve and what part they can play in realising those goals.

Our vision

To provide the highest quality of care;
delivered by an outstanding team who all live by our values.

Our goals

Recognised as a listening organisation; **patient** centred and compassionate.

Be an outstanding place to work where **staff** can flourish

Quality improvement and innovation each and every day.

Work together with our **partners** to strengthen our community

Be a **sustainable** organisation that is fit for the future

Our values

Working
Together

Everyone
Matters

Making a
Difference

Improving Together

The RUH organisational
development programme

Everyone
Working Matters
Together
Making a
Difference



Organisational development





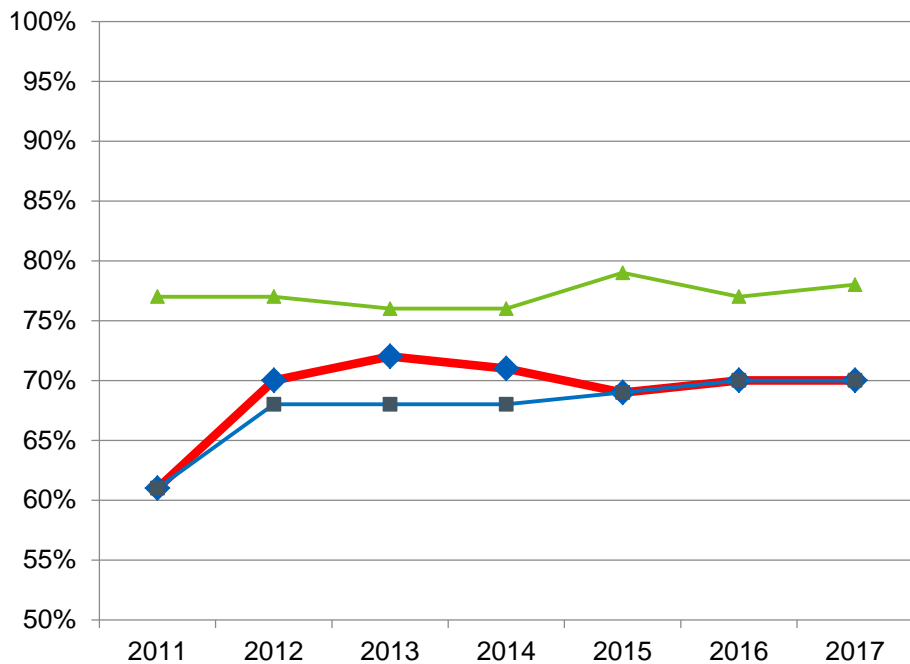
Organisational development



Improving Together



NHS Staff Survey - contributing to improvement at work



- ◆ RUH
- National average
- ▲ National best

% agreeing / strongly agreeing with the following statements:

Q4a - There are frequent opportunities for me to show initiative in my role

Q4b - I am able to make suggestions to improve the work of my team / department

Q4d - I am able to make improvements happen in my area of work

Improving Together

February 2017 visit to Western Sussex



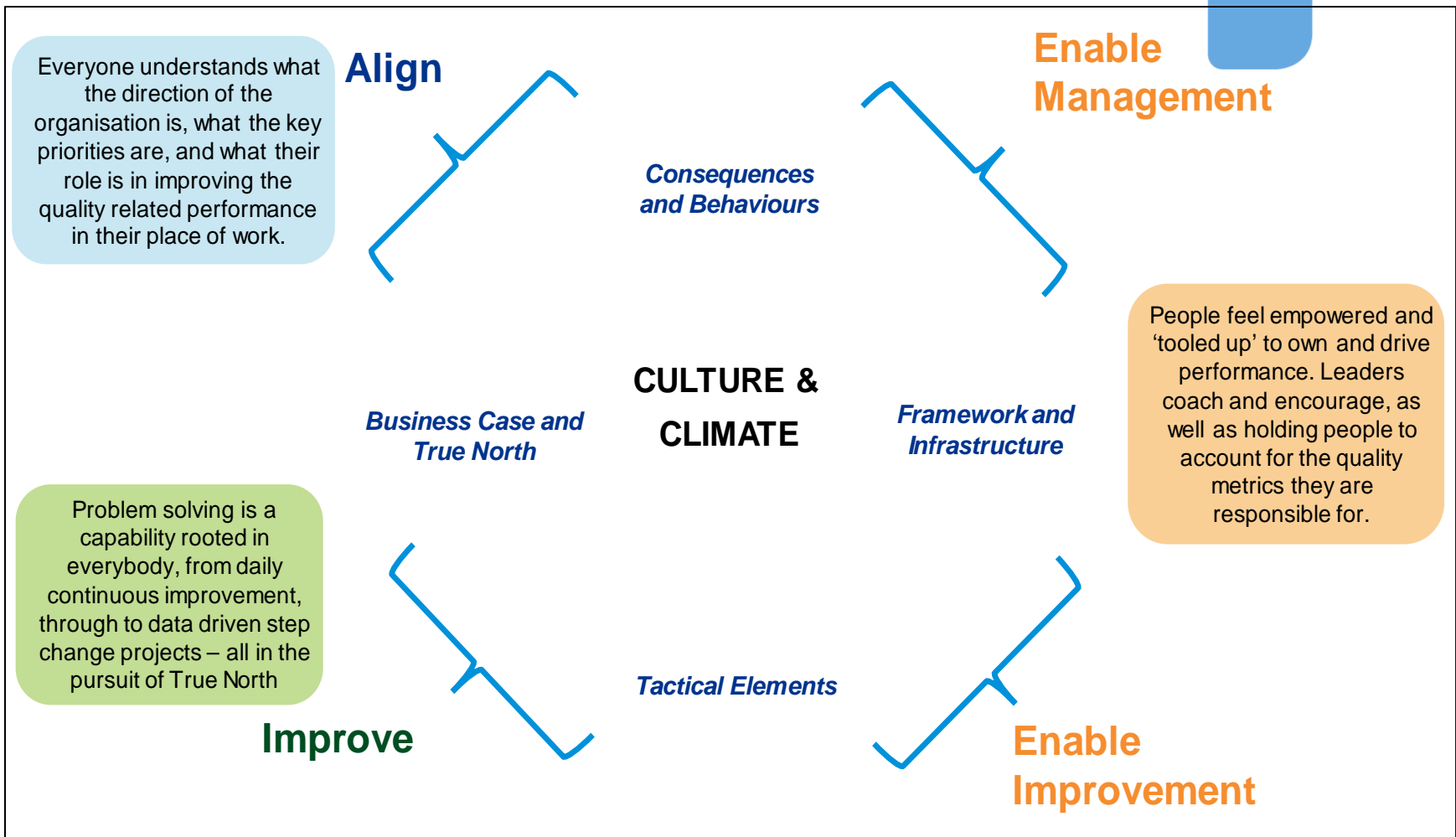
Royal United Hospitals Bath **NHS**
NHS Foundation Trust

Visit to Western Sussex NHS FT

Reflections



Improving Together



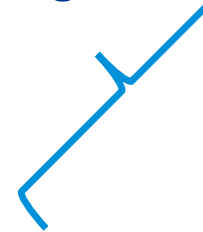
Improving Together

Improving Together programme:

- 4 year programme
- Fresh approach to managing our organisation
- Adopting proven best practice
- Work together to achieve our vision

Everyone understands what the direction of the organisation is, what the key priorities are, and what their role is in improving the quality related performance in their place of work.

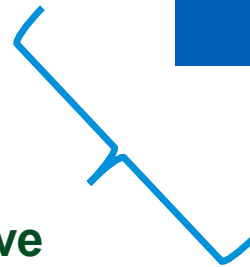
Align



*Business Case
True North*

Problem solving is a capability rooted in everybody, from daily continuous improvement, through to data driven step change projects – all in the pursuit of True North

Improve



Tactical Elements

**Enable
Improvement**



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Our values

Working
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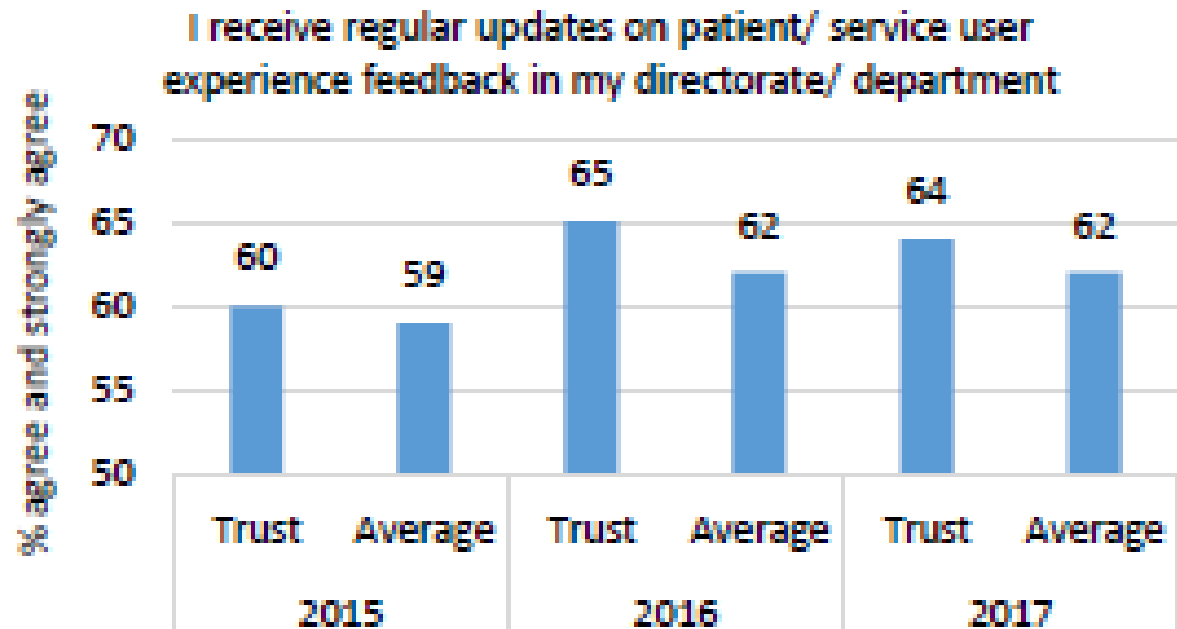
Improving Together in action



Recognised as a
listening
organisation;
patient centred
and
compassionate.

Improving Together in action

Recognised as a listening organisation; patient centred and compassionate.



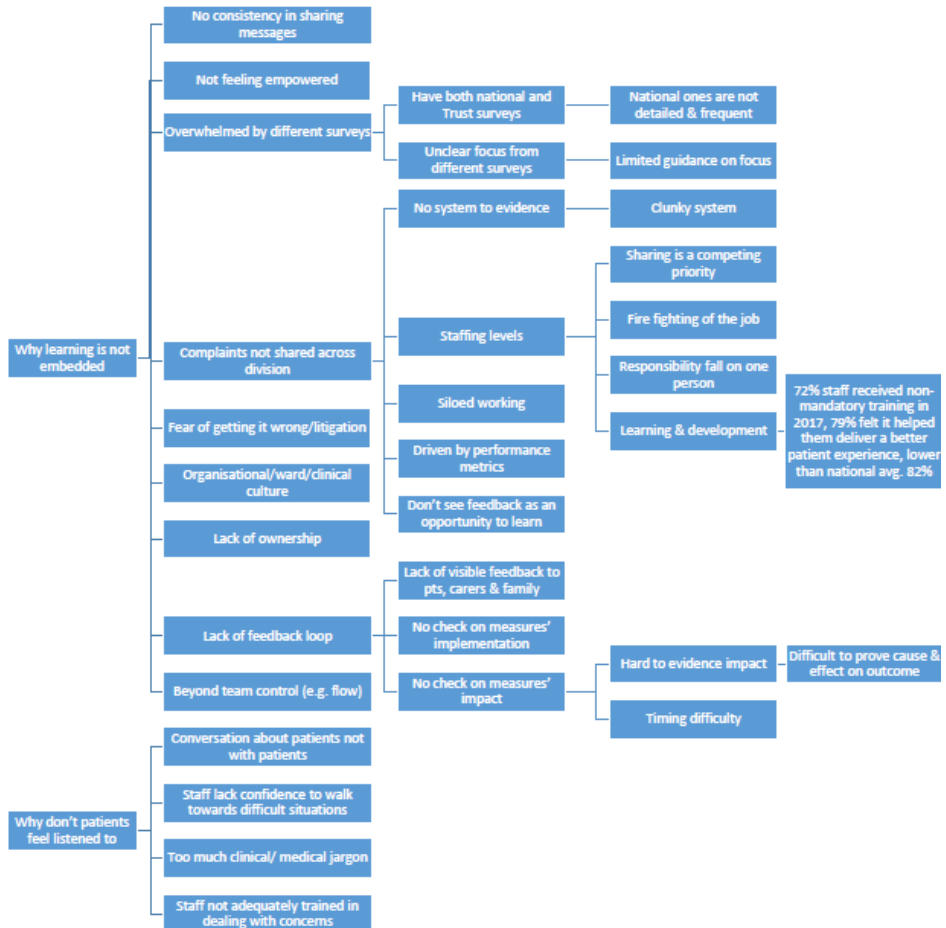
Improving Together in action

Recognised as a listening organisation; patient centred and compassionate.

	2016	2017
Inpatient Survey		
Did you find someone on the hospital staff to talk to about your worries and fears?	6.2/10	6.0/10
Maternity Survey		
If you raised a concern during labour and birth, did you feel that it was taken seriously?		8.1/10

Improving Together in action

Recognised as a listening organisation; patient centred and compassionate.



Improving Together in action



Recognised as a
listening
organisation;
patient centred
and
compassionate.

Goals:

1. We will be in the top 20% of Trusts for measures of patient experience
2. An increase in the number of patient-led improvements each month in each ward
3. Reduction in complaints/PALS queries

Improving Together in action

Recognised as a
listening
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and
compassionate.



Insulin self-administration pilot:

- Patients managing their own care
- 50% reduction in insulin administration errors

Improving Together in action



Recognised as a
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and
compassionate.

Next steps:

1. 'This matters to you, it matters to us' campaign
2. Embed ways to share learning – newsletters, display boards
3. Staff training – customer care, communication

Annual Members Meeting



Recognised as a
listening
organisation;
patient centred
and
compassionate.

Annual Members Meeting



Recognised as a
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and
compassionate.

What would you suggest we focus on over the next 12 months which would make the most difference to realising this goal?

RUH Annual General Meeting

26 September 2018



If you **did attend** the
Annual General Meeting:

Did you find it informative?

Is there anything we could do
differently in future to improve
it?

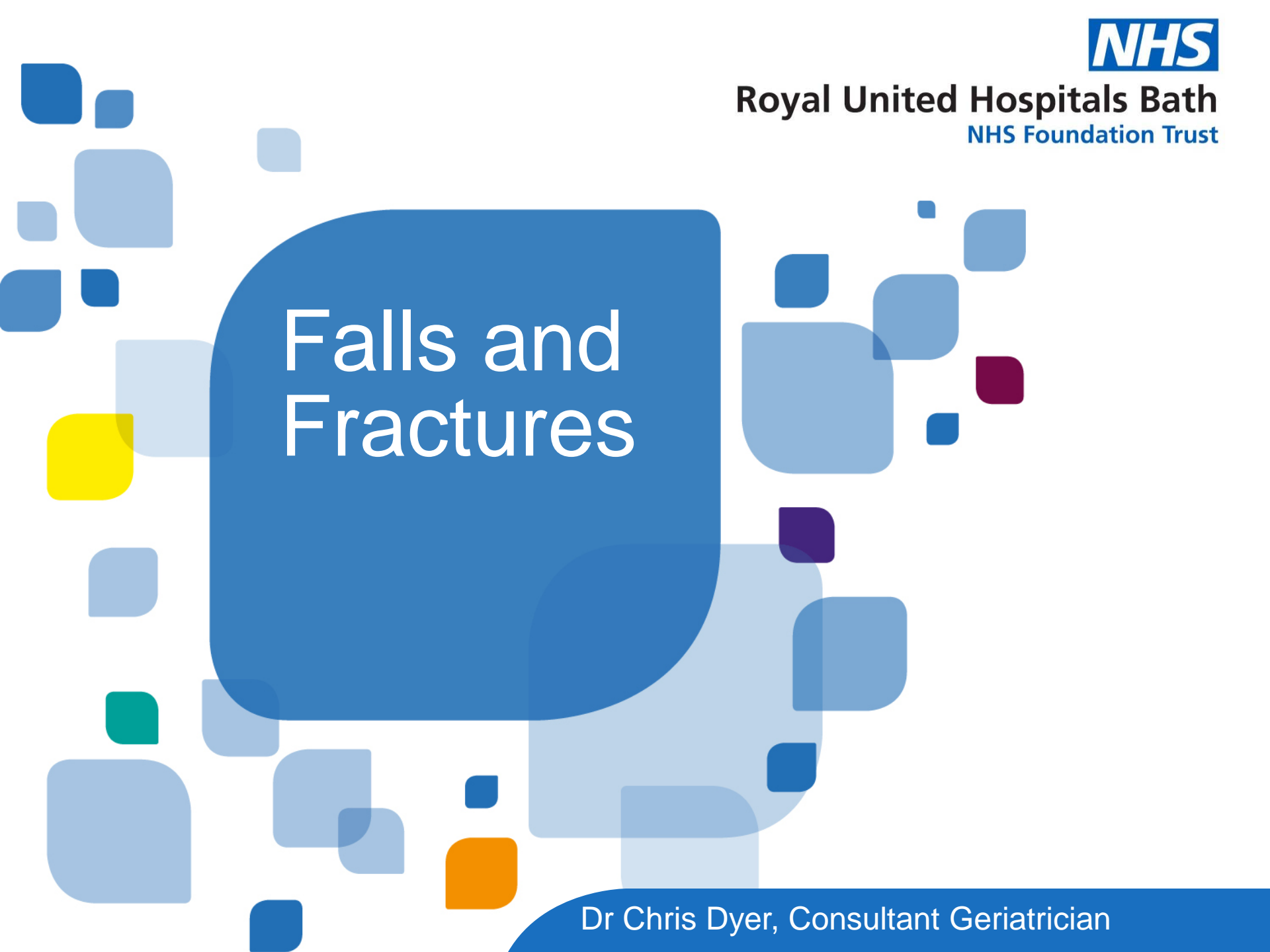
If you **didn't attend** the
Annual General Meeting:

Is there anything we could do in
future to interest you in
coming?



Thank you

Any questions?

The background features a collection of overlapping squares in various shades of blue, yellow, orange, and purple, creating a modern, abstract design.

Falls and Fractures

Falls - their importance

30% of older people fall each year

8% attend A&E - half admitted

5-15% of falls result in significant physical injury

■ 5% fracture rate

■ 2% hip fracture

Hip fractures result in 30% 1 year mortality



Wiltshire Statistics



Over 3000 admissions as a result of a fall per 100,000 people aged 65+,

Over 500 people suffer hip fracture

An estimated 20,000 post-menopausal women in Wiltshire have osteoporosis

What services are there?

Primary care

Ambulance service

Community / leisure services/ the Council

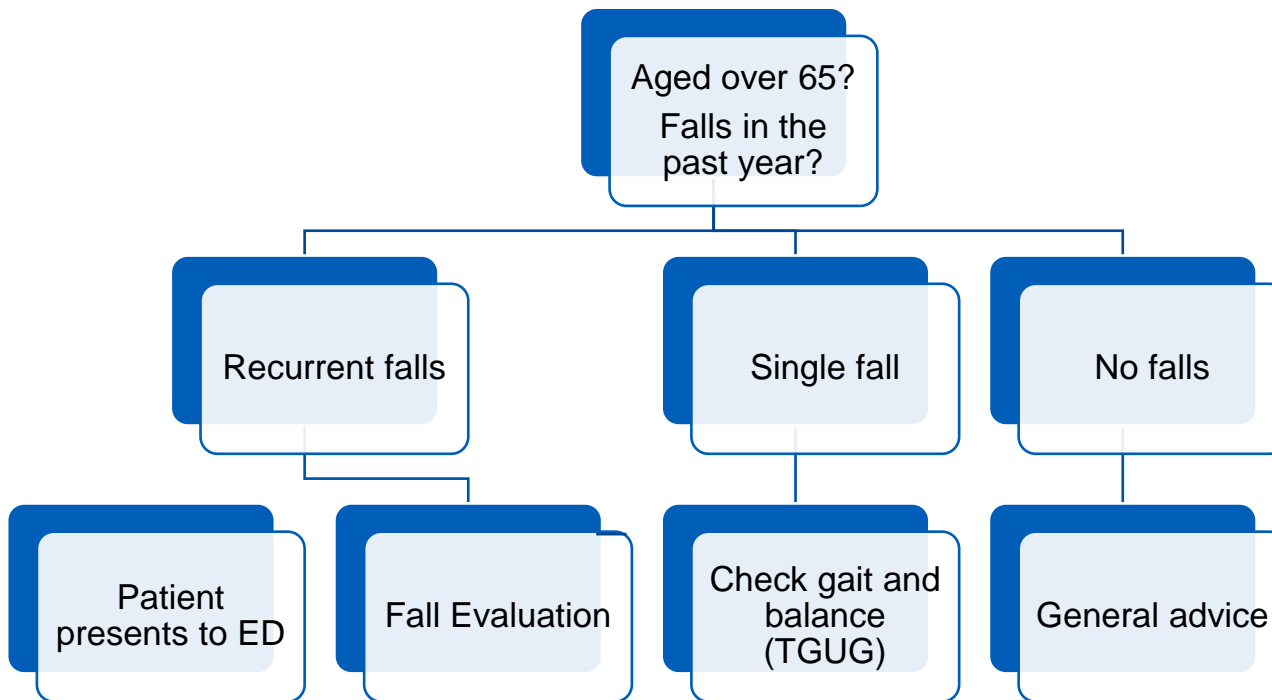
Community teams – falls services

Medical falls clinics

Bone health and DEXA scanning



Falls prevention outline



(Adapted from AGS/ BGS falls prevention guidelines 2010)

Risk Factors

Strength and balance

Medication

Alcohol

Poor foot health and foot pain

Poor vision (acuity, contrast, depth perception)

Multiple medical problems (esp. Stroke, Parkinsons, dementia)

Cardiovascular conditions e.g. low blood pressure

Environment



Interventions

Medication change

Environmental hazard reduction

Gait and balance training

Cardiovascular interventions – BP/ pacing

Vision correction

Footwear



Medical Falls Clinic



Interventions in the community



THE COCHRANE
COLLABORATION®

Conclusions:

Group & home-based **exercise programmes**, & **home safety interventions** delivered by an occupational therapist reduce **rate of falls and risk of falling**.

Multi-factorial assessment & **intervention** programmes reduce **rate of falls** but not risk of falling;

Tai Chi reduces **risk of falling**.

Slide courtesy of D Skelton



159 trials with
79,193 participants

most common
interventions tested

- exercise as a single intervention (59 trials)
- Multi-factorial programmes (40 trials)

Gillespie et al. Interventions for preventing falls in older people living in the community. Cochrane Library 2012

Vision



An intervention to treat vision problems resulted in a significant **increase** in the rate of falls

Regular wearers of multifocal glasses given single lens glasses, **all falls and outside falls were significantly reduced** in the subgroup that regularly took part in outside activities.

Medication Withdrawal



What makes the difference?

Greatest effects of exercise on fall rates from interventions including:

- Highly challenging balance training
- High dose (50+ hours)
- No walking program



These 3 factors explained 68% of difference

Fractures

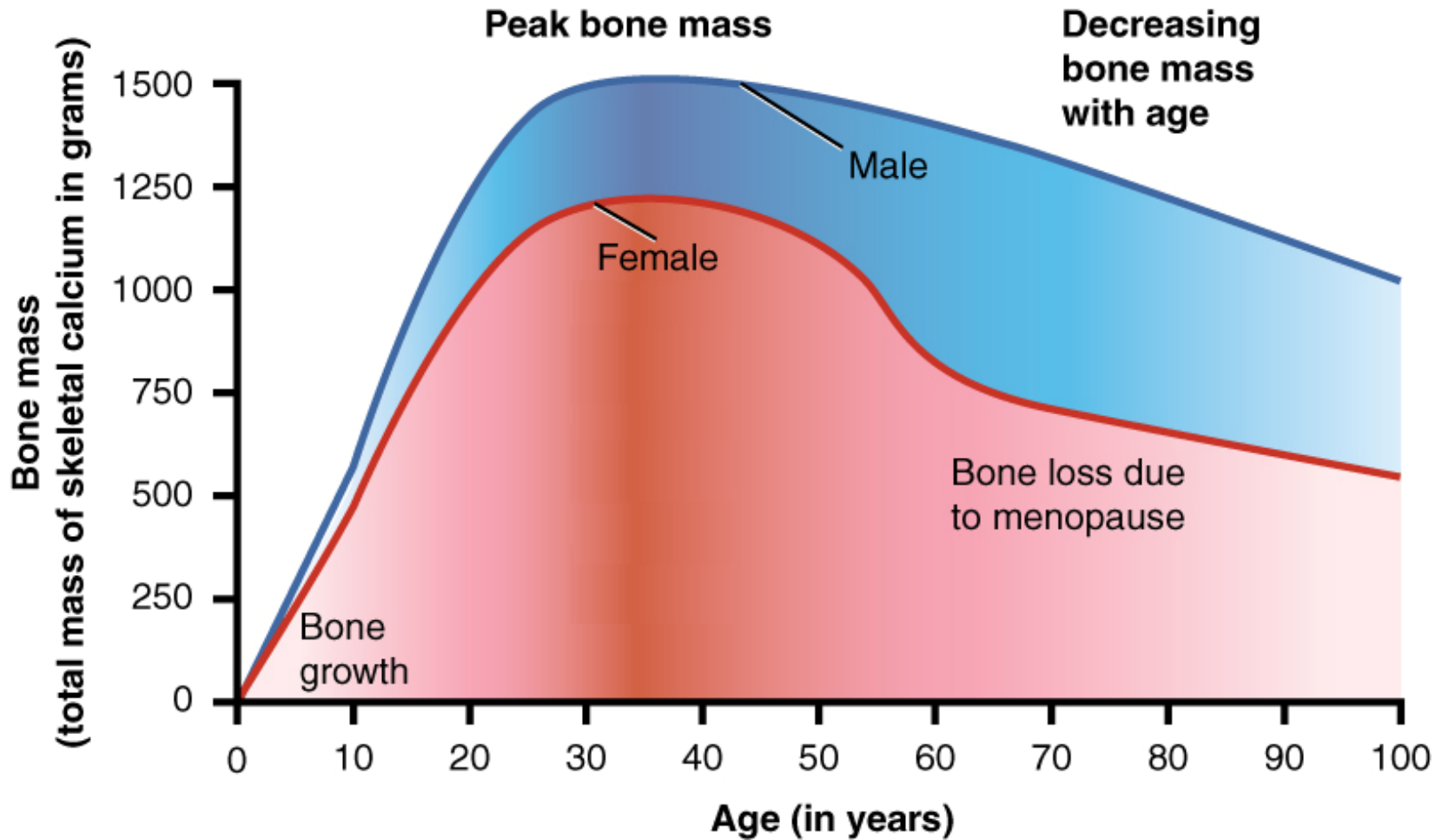


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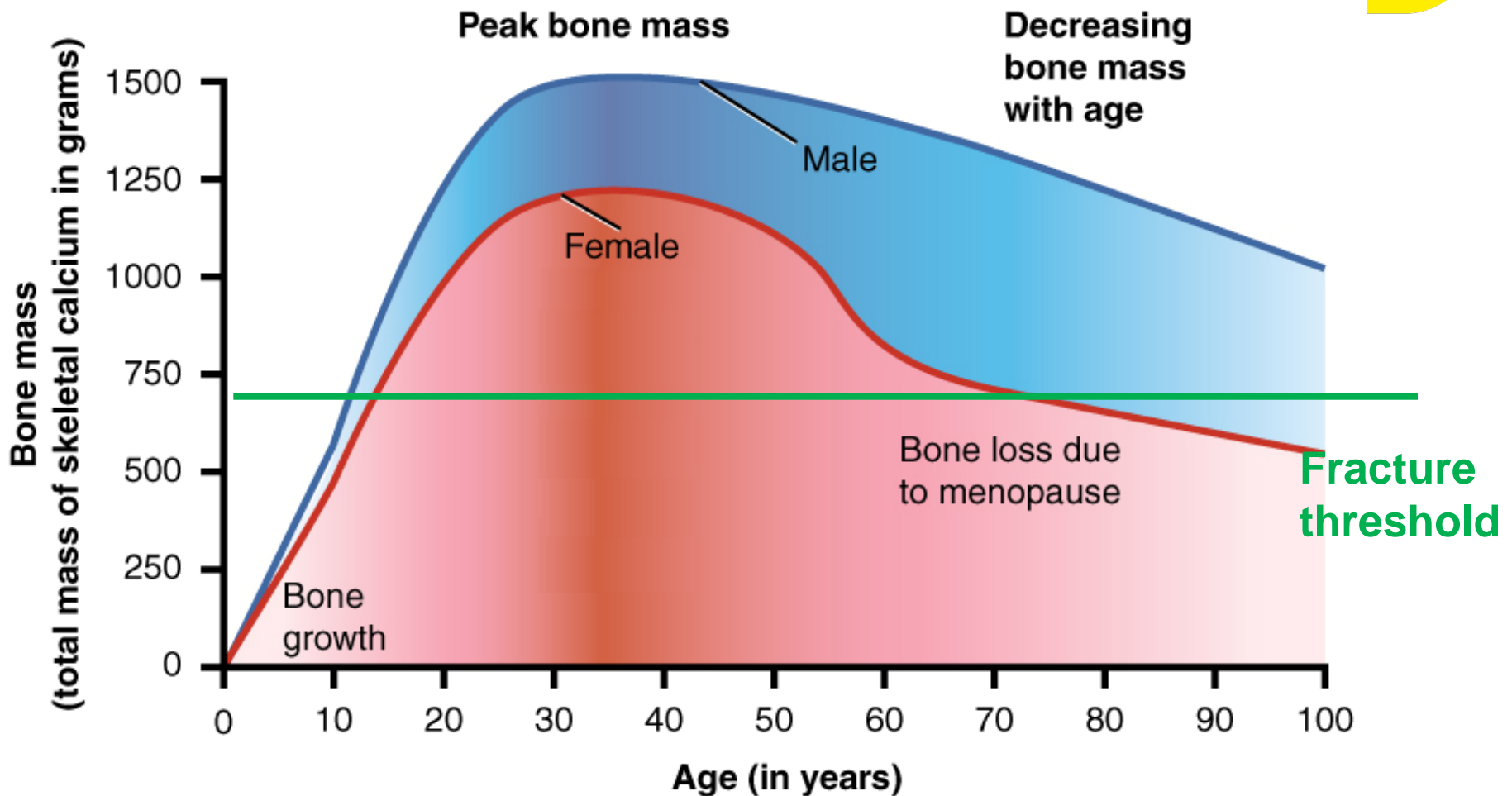


B

Bone Mineral Density: BMD



Osteoporosis

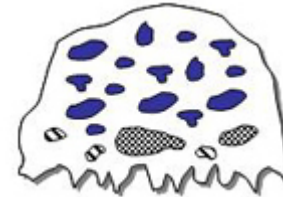


Bone is continually being remodelled

**Cells which
make new
bone**



**Cells which
breakdown old
bone**



REMODELLING

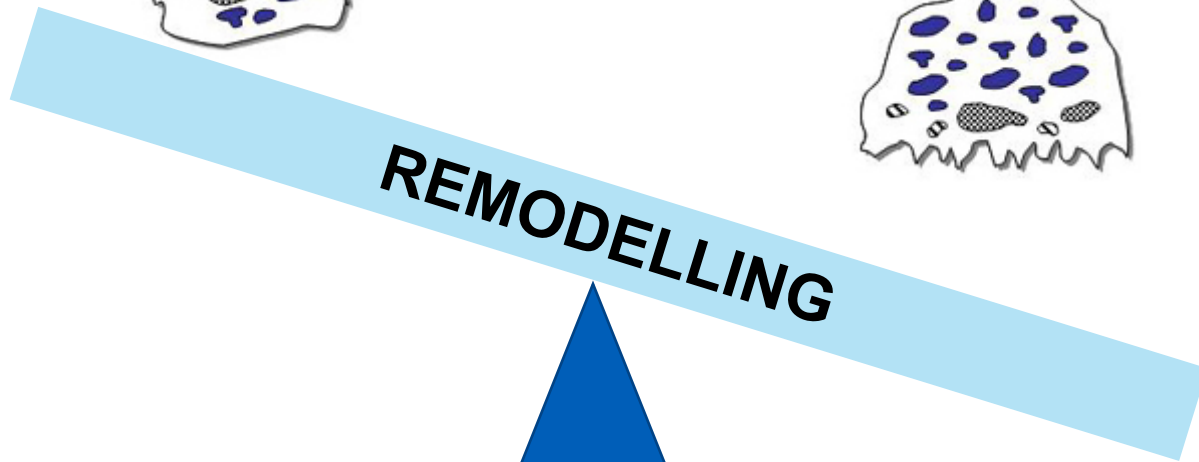
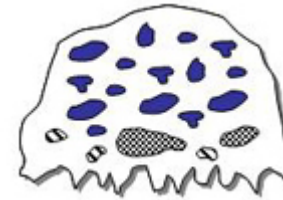
Bone is
maintained

Bone is continually being remodelled

**Cells which
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bone**

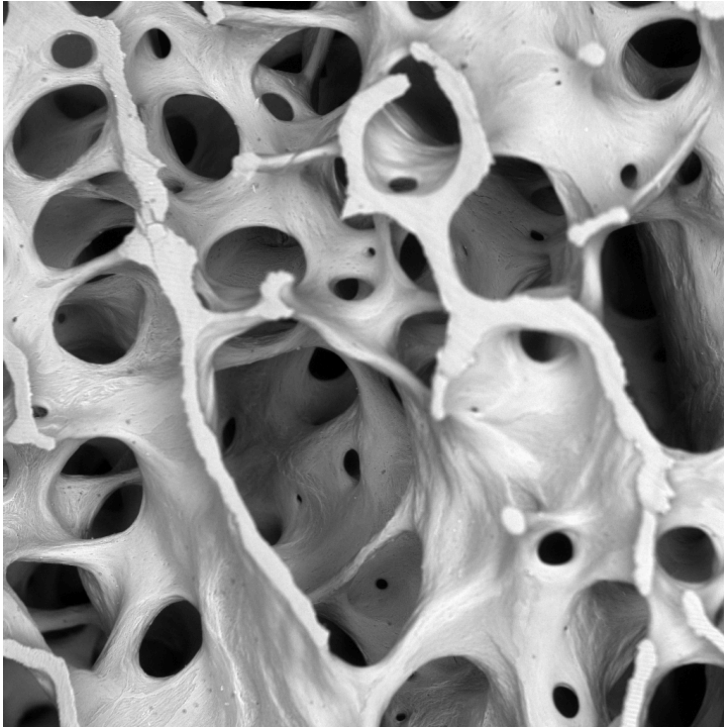


**Cells which
breakdown old
bone**

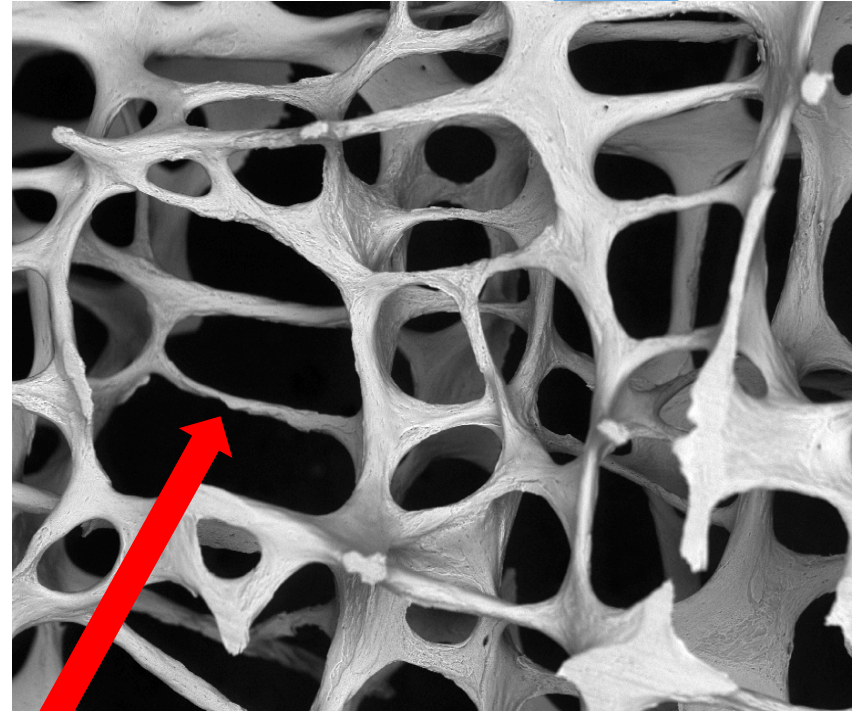


Bone is lost

Excessive bone breakdown makes normal bone osteoporotic



Normal



Osteoporosis

Bone is continually being remodelled

**Cells which
make new
bone**



**Cells which
breakdown old
bone**



REMODELLING

Bone is lost

Osteoporosis treatments

Bisphosphonates

Alendronic acid (Fosamax[®])

Risedronate sodium
(Actonel[®])

Ibandronic acid (Bonviva[®])

Zoledronic acid (Aclasta[®])

Others

Denosumab
(Prolia[®])

Osteoporosis treatments

Bisphosphonates

Alendronic acid (Fosamax[®])

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By mouth

Others

Denosumab
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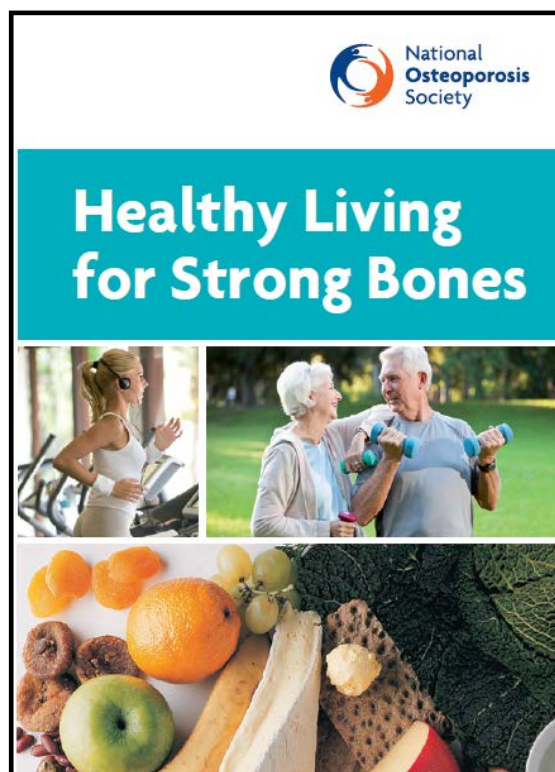
By
mouth

Others

Denosumab
(Prolia[®])

Injected

Adequate Calcium and Vitamin D should accompany ALL osteoporosis medicines



How much Calcium?

700-1000mg/day

How much Vitamin D?

800 units/day (maintenance)

e.g. Calceos, one tablet twice a day

Each tablet: 500 calcium/400 Vitamin D

Fracture risk assessment



50% women and 20% of men aged over 50 will break a bone in their lifetime

Osteoporosis usually has no symptoms until you fracture

Never broken a bone before what's your fracture risk?

Imagine a 72 year old woman



Lives independently with her husband, drives a car, walks their dog regularly, has never fractured, but:

- She smokes 15/day
- Her mother broke her hip
- Early menopause aged 40 yrs
- 164cm (5'4) & 68 kgs (BMI 25)

What is the chance she will have a major osteoporotic fracture within the next 10 years?

Calculation Tool

Please answer the questions below to calculate the ten year probability of fracture with BMD.



Country: **UK** Name/ID: [About the risk factors](#)

Questionnaire:

1. Age (between 40-90 years) or Date of birth
Age: Date of birth: Y: M: D:

2. Sex Male Female

3. Weight (kg)

4. Height (cm)

5. Previous fracture No Yes

6. Parent fractured hip No Yes

7. Current smoking No Yes

8. Glucocorticoids No Yes

9. Rheumatoid arthritis No Yes

10. Secondary osteoporosis No Yes

11. Alcohol 3 or more units per day No Yes

12. Femoral neck BMD (g/cm²)

Select DXA

Clear

Calculate

Weight Conversion

Pounds kg

Height Conversion

Inches cm

00381068
Individuals with fracture risk assessed since 1st June 2011

www.nos.org.uk



Having trouble with the FRAX tool?

If you experience any problems with the FRAX tool please upgrade your version of Adobe Flash. [Click here to upgrade.](#)



Risk factors

For the clinical risk factors a yes or no response is asked for. If the field is left blank, then a "no" response is assumed. See also notes on risk factors.

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 Pounds kg

Height Conversion
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Risk factors

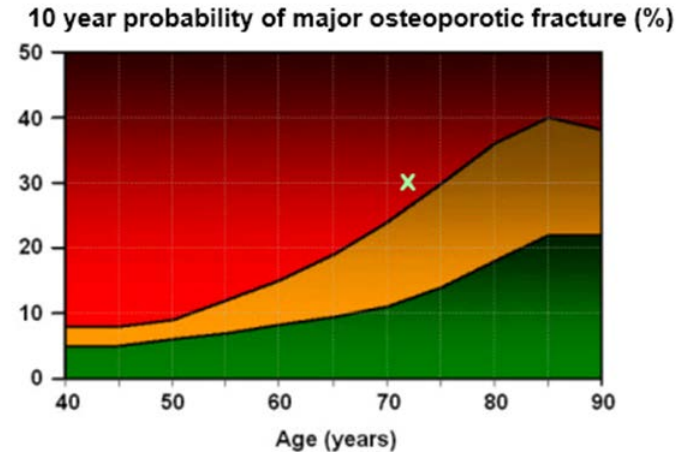
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30%

Impact of osteoporosis treatments

How long to they take to work?

■ Usually between 6-12 months

How much to they reduce my fracture risk?

■ Usually by around 50%



Conclusions

Falls are preventable in many cases

Bone health is an important part of package

Think exercise/ activity

Think medication

Our challenge now is to encourage frailer older people to uptake and adhere to interventions and all older adults to be as active as possible





Any questions?