Policy for the Prevention and Management of Patient Slips, Trips and Falls

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

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<tr>
<th>Purpose of Agreement</th>
<th>To ensure that Solent NHS Trust provides a safe place of work and a safe patient environment, in particular to prevent as far as is reasonably practicable any slip, trip or fall in accordance with the Health and Safety at Work etc. Act 1974 and the Workplace (Health, Safety and Welfare) Regulations 1992. To ensure that Solent NHS Trust demonstrates clinical excellence in its Falls Prevention Strategy to ensure that patients under its care who are at risk of falling are identified and receive timely evidence-based assessments and interventions to reduce or manage their risk of falling in accordance with the 'How to Guide Reducing Harm from Falls' 2009;1 ‘Slips, Trips and Falls in Hospital’ 20072 NICE Clinical Guideline CG21 The Assessment and Prevention of Falls in Older People 2004 3 and the AGS/BGS Clinical Practice Guideline. Prevention of Falls in Older Persons. 20104</th>
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*6 month extension to review date agreed under chairs actions, pending formal review of policy via Policy group.*
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1. Introduction and Purpose

1.1 Slips, trips and falls constitute a potential cause of injury for patients. The physical, psychological and financial costs associated with falls and their injuries make it a priority for Solent NHS Trust to reduce the risk of patients falling while under our care.

1.2 The purpose of this policy is to:

   - Raise awareness of slip, trip and fall injuries to predominantly adult patients in our care and this includes falls from heights e.g. beds, chairs, etc.
   - Promote clinical practices to reduce patient’s risk of falling that are centred around ensuring appropriate risk assessments are undertaken and acted upon
   - Outline the training the organisation will provide to its staff to enable them to meet their clinical responsibilities
   - Outline how the organisation will monitor compliance with the practices this policy outlines
   - Outline how the organisation plans to monitor the success of its falls prevention measures overall.

1.3 In addition to reducing the risk to patient’s of a Slip, Trip or Fall whilst on Solent NHS Trust premises or under our care, it is also a priority for Solent NHS Trust to have appropriate falls assessment and management procedures in place so that older people who have been referred to Solent NHS Trust following a fall or fall-related injury have their ongoing risk of falling reduced or appropriately managed.

1.4 This Policy must be read in conjunction with Solent NHS Trust’s Management of Slips Trips and Falls (Premises) Policy relating to reduction of risk of falls to staff and visitors. That policy outlines the responsibilities of staff in identifying and reporting environmental hazards which pose a risk of falls to any person on trust premises whether staff, visitor or patient and the responsibility of the estates department in maintaining safety internally and externally on trust premises.

1.5 This policy should also be read in conjunction with the Reporting of Incidents Policy, Investigation Policy and Moving and Handling Policy.

2. Scope and Definitions

2.1 This policy applies to all directly and indirectly employed staff and other persons working within Solent NHS Trust in line with Solent NHS Trust’s Equal Opportunities Policy.

2.2 Solent NHS Trust is committed to the principles of equality and diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and equal opportunities for users of services, carers and all staff groups.

2.3 This policy applies predominately to older people or adults with physical and mental health problems. However, the principles will also pertain appropriately to paediatrics and young people in terms of the need to complete falls risk assessments, document them and act on them. The nature of these risk assessments is the responsibility of those departments caring for children and younger people. These departments should work to ensure they have a
documented protocol in place where it can be foreseen that children or young people may be at risk of falling.

2.4 For the purpose of this document and for service level documents the following definitions apply:

**Slip:** A slip is to slide accidentally causing the person to lose their balance, this is either corrected or causes a person to fall. (adapted from COED 2000).

**Trip:** A trip is to stumble accidentally often over an obstacle causing the person to lose their balance, this is either corrected or causes the person to fall (adapted from COED 2000).

**Fall:** A fall is defined as an event whereby an individual unexpectedly comes to rest on the ground or another lower level without known loss of consciousness (AGS/BGS Clinical Practice Guideline 2010). This includes falls from height e.g. beds, chairs or other equipment being used in the course of routine patient care.

2.5 Abbreviations used within the policy are explained in the glossary preceding the appendices.

3. **Process / Requirements**

3.1 **Risk Assessment and Multifactorial Falls Assessment Procedures - Inpatients**

3.1.1 All inpatient and community hospital areas must ensure that staff seek to identify whether patients who are newly admitted/transferred are at high falls risk by completing an initial basic risk assessment which should include checking and documenting whether the patient:

- Was admitted due to falls
- Has fallen in the year prior to admission
- Has fallen during the current episode of inpatient care
- Has a fear of falling
- Demonstrates unsteady walking or problems with balance
- Is confused or agitated at a level that increases their risk of falling
- Is in need of frequent toileting or has continence problems causing an increased falls risk.

3.1.2 This would normally happen within the first 8 hours of admission.

3.1.3 If it is not possible to gain this history, within the agreed timeframe, then the reason for this must be recorded.

3.1.4 Where a patient has positive answer to any of the initial risk assessment prompts then an **Inpatient Falls Prevention Care Plan** must be completed soon after admission. This would normally be within 8 hours of admission. **The purpose of this care plan is to minimise the risk of the patient falling whilst an inpatient**. The minimum standards for elements to be included in the Inpatient Falls Prevention Care Plan are in appendix A.
3.1.5 There must be documented evidence that the actions identified in this care plan have been shared with all relevant staff caring for that patient. This might take the format of documented discussion at handover and/or Multidisciplinary Meetings.

3.1.6 Where it has been determined that a patient has fallen in the last year, whether during this admission or not, then a full history of the patient’s falls must be taken. Taking this history may not be possible within the 1st 8 hours after admission, but it must happen as soon as is clinically appropriate. The minimum standards for a full falls history is outlined in appendix B.

3.1.7 At the point of completing the Inpatient Falls Prevention Care Plan initially, an appropriate review interval must be decided on. If no falls occur then the Inpatient Falls Prevention Care Plan must be routinely reviewed at this agreed interval and there must be documentary evidence of this. The Inpatient Falls Prevention Care Plan must be reviewed each time the individual falls and there must be documentary evidence of this too.

3.1.8 Should the individual fall 3 or more times despite appropriate measures being taken to reduce their falls risk then the case must be escalated for further expert review of why that patient is falling. This may involve requesting the opinion of relevant expert therapist’s, nurses or medical staff attached to the unit or the Falls Coordinator as appropriate. The inpatient falls link for that area must be made aware and may take a lead role, in conjunction with the clinical manager of the unit, in ensuring that all possible measures have been taken.

3.1.9 If the patient has fallen in the year prior to admission, falls were a contributing factor to the admission or the patient has fallen during the admission then the patient must have an Inpatient Multifactorial Falls Assessment. The purpose of this is to:

- Identify the cause/s for any fall/s the patient has had
- Identify any other risk factor/s the patient has for falling
- Identify which causes and risk factors are able to be reduced.
- Modify those causes and risk factors that are able to be reduced
- Put in place management strategies for any causes or risk factors that which are not able to be reduced.
- Communicate, in a meaningful, appropriate way, the conclusions and action plans from this assessment process to the patient and, after seeking consent to share information under information governance policy, with the patient’s GP and any other relevant health and social care agencies at the point of discharge.

3.1.10 There must be documentary evidence of all of the above in the Inpatient Multifactorial Falls Assessment (which must be complete at the point of discharge). The minimum standards for elements to be included in the Inpatient Multifactorial Falls Assessment are in Appendix C.

3.1.11 It is recognised that across Solent NHS Trust there are a variety of inpatient falls assessment documentation systems in place. As part of the Solent NHS Trust Falls Strategy is planned to ensure uniform service level Standard Operating Procedures(SOP) which will incorporate standardised electronic (where possible) or paper based assessment, care planning and clinical intervention documentation. There will be SOPs for the following inpatient areas
acknowledging that whilst core elements as stated above must remain the same there may need to be some local differences due to the differing patient populations:

1. Palliative care / NHS continuing care facilities
2. Inpatient older persons rehabilitation facilities
3. Inpatient older persons mental health facilities
4. Adult mental health facilities

3.1.12 These SOPS must be completed and agreed by the end of quarter 3 2011/2012. There must be documentary evidence of their dissemination by the end of quarter 4 2011/2012. There must be audit evidence of their implementation by the end of quarter 2 2012/2013.

3.1.13 These assessment documents, once agreed, will be on the PCT intranet as appendices to this policy.

3.1.14 Due to variation across the organisation in assessment documentation current documentation in use in various areas is not therefore included in the appendices at this time.

3.1.15 Each inpatient ward area must identify a member of staff who will act as the Falls Link for that area. The responsibilities of this staff member are outlined in section 4. The training requirements for this staff member are outlined in section 5.

3.1.16 It is acknowledged that at times in inpatient areas there can be a conflict of interest between measures deemed appropriate to reduce falls risk as far as possible and an individual’s need to participate in appropriate therapeutic activity to improve their physical independence. Where this is the case a risk assessment must be completed and the conclusions as to whether its is advisable to allow an individual to pursue activity which may increase their falls risk as well as their independence on a risk / benefit analysis must be documented.

3.1.17 If the patient has fallen in the year prior to admission, falls were a contributing factor to the admission or the patient has fallen during the admission then the patient there must be documented evidence that the patient has been given information on falls prevention and promoting good bone health. It is recognised that across Solent NHS Trust there are a variety of patient information resources used. The SOPs for each inpatient area will clearly indicate which patient information resource must be used and this will be done in conjunction with Solent NHS Trust Policy on correct design of patient information resources. These patient information resources, once agreed, will be on the PCT intranet as appendices to this policy.

3.1.18 Bed rails have been used to prevent patients from injuring themselves through falling out of bed. However there have been a number of adverse incidents involving bed rails that have led to injury or death within the NHS. Patients should only use bed rails where a Bed Rails Assessment has been completed. Patients who are at high risk if they do use bed rails must have clearly visible sign in their bed space indicating that bed rails are not to be used. In addition it must be considered that bed rails must never be used as a form of restraint to deprive a person of their dignity or autonomy. Agreement will be reached across Solent as to what this sign must look like and a picture of this sign once agreed will appear in the policy.

3.2 Risk Assessment and Multifactorial Falls Assessment Procedures - Community Settings
3.2.1 Patients sustaining falls and fall-related injuries, who are referred to Solent NHS Trust services, must receive evidence based assessments and interventions which enable them to:

- Retain or regain their physical independence
- Receive appropriate health and social care support to remain in their home environment
- Have their risk factors for falling identified and modified.

3.2.2 The following process-based standards must apply across the organisation when managing patients who have sustained falls in outpatient or community settings:

Where teams are routinely recording their clinical intervention on an computerised health record then a commonly agreed ‘red flag’ or alert should be used clearly identifying that the patient has sustained fall/s. This need only be done where the computerised recording system has the facility to do this

Very urgent falls referrals must be responded to by integrated rehabilitation teams, health and social care teams or rapid response services within 1 hour. This might include some referrals from South Central Ambulance Service, the Emergency Department or the GP where the patient is in need of urgent assessment to prevent a health or social crisis, a serious deterioration in their health/physical condition or admission to hospital

Other falls referrals must be responded to as soon as is clinically possible by the appropriate team. During 2011/2023 Solent NHS Trust will define, through it Falls Strategy Group, an agreed maximum wait for all other falls referrals and will ensure that necessary infrastructure is in place to enable the agreed target to be met

Patients must receive a Community Interdisciplinary Falls Assessment (essential elements of which described in appendix D) and all the elements of this must be documented. If possible this documentation should be on the patient’s electronic record. If this is not possible then the electronic record should clearly state which team has completed a paper based assessment, contact details for that team and where the assessment is held

Any registered professional or associate practitioner who has received Solent NHS Trust Community Fall Assessment training may provide this initial assessment

Once the assessment has been completed then it should be reviewed by a Community Falls Lead Professional (within 72 hours of the initial assessment) who has had Community Falls Assessment and Prevention Training for Lead Clinicians. They will not see the patient, unless required, but will quality check the content of assessment, ensure that appropriate care planning has taken place and will monitor the case until discharged from the service to ensure all actions are taken and appropriate clinical conclusions have been reached. They will monitor care planning documentation and work following a lead professional model

The care planning documentation for patients must identify :-

- The cause/s for any fall/s the patient has had
- Any other risk factor/s the patient has for falling
- Which causes and risk factors are able to be reduced
- Detail interventions for causes or risk factors that can be reduced
- What management strategies have been put in place for any causes or risk factors that which are not able to be reduced
- To whom the outcomes of the falls assessment has been communicated. As a minimum this should included the patient and, after seeking consent to share information under information governance policy, the patient’s family and GP.

3.2.3 Patients who have had a Community Interdisciplinary Falls Assessment must be considered for referral on to Specialist Falls Prevention Services where indicated. This will usually be when an assessment is needed involving consultant medical intervention due to unexplained falls. It may also be where following assessment and intervention by the community team the risk of falling has not been reduced and more detailed investigations are required. A referral must only be made in this instance following documented discussion with the GP and only once the GP has assessed the patient 1st to eliminate unnecessary referrals where the patient’s fall risk could have been modified by their primary care physician.

3.2.4 Patients attending the Specialist Falls Clinics will receive an in-depth multi-professional assessment by members of the Falls Prevention Team and a Consultant-led medical assessment.

3.2.5 Patients who are referred for Physiotherapy Assessment as part of their falls assessment must be considered for onward referral to Falls Prevention Exercise. There must be documentary evidence of this and also of the reasons why a patient was not referred for exercise if that is not deemed appropriate.

3.2.6 It is recognised that across Solent NHS Trust there are a variety of community falls assessment documentation systems in place. As part of the Solent NHS Trust Falls Strategy it is planned to ensure a Community Standard Operating Procedure(SOP) which will incorporate standardised electronic (where possible) or paper based assessment, care planning and clinical intervention documentation.

3.2.7 There will be an interim SOP which fits with existing electronic recording systems in current use. This must be completed by the end of quarter 3 2011/2012 and a further SOP once there is uniformity of electronic recording systems across the local health and social care economies in Portsmouth and Southampton.

3.2.8 There must be documentary evidence of the dissemination of the initial SOP by the end of quarter 4 2011/2012. There must be audit evidence its implementation by the end of quarter 2 2012/2013.

3.2.9 Falls Prevention Exercise Programmes should be available within Solent NHS Trust that meet national standards of according to the agreed evidence base. This requires:

  Content to follow that prescribed in Otago or FaME (Falls Management with Exercise) programmes

  Duration of programmes to be 24 weeks or more for those meeting criteria for the full FaME programme
Shorter programmes for frailer patients to be 12 weeks or more in length with sessions twice per week with the main emphasis being on exercise rather than education.

All programmes to be supported by the patient receiving an individually tailored home exercise programme.

Wait times to enter classes from the time of referral ideally should be no more than 4 weeks.

3.2.10 These services are considered important because there is a strong evidence base supporting the use of Falls Prevention Exercise in reducing falls. Where services have capacity issues in providing this level of intervention then this must be highlighted to the Solent NHS Trust Falls Coordinator who must work with Solent NHS Trust senior managers and associate directors to agree business transformation schemes or to work with local commissioners to find funding to enable this level of service to be provided.

3.2.11 At present Solent NHS Trust has staff working within Emergency Department teams in Portsmouth and Southampton. Solent NHS Trust Falls Strategy group will work to define links between these teams and both intermediate care led falls assessment services and Specialist Falls Prevention services. Solent NHS Trust will work with its partner organisations to ensure appropriate care pathways are developed and worked to that reflect recent changes in intermediate care and emergency department organisational structures.

3.3 Immediate Management of Patients Who Have Just Fallen - Community and Inpatient Settings.

3.3.1 Post Fall Protocol

3.3.1.1 All inpatient or community staff within the organisation must follow the Solent post fall protocol once fully developed. This protocol will be complete by the end of June 2011 and will be circulated to all units. This protocol will include all elements included in NPSA RRR/2011/RRR001 (see Appendix E).

3.3.1.2 All inpatient units must have laminated copies of this post fall protocol displayed clearly at nursing stations once circulated.

3.3.1.3 A copy of this post fall protocol must be given to all clinical staff by their line manager at induction.

3.3.1.4 Prior to the completion and agreement of the Post Fall Protocol in June 2011, the following must be observed:

Staff must observe for signs and symptoms of fracture or potential for spinal injury before a patient is moved.

Safe moving and handling methods for patients with signs and symptoms of a fracture or potential for spinal injury must be used. Standard hoists must not be used. If staff suspect a lower limb fracture or spinal injury and do not have access to, or have had not had appropriate training in, the use of specialist equipment e.g. spinal boards, hoverjacks etc., then the patient must be made safe and comfortable on the floor and emergency assistance summoned via the ambulance service.
Patients who have sustained a head injury or other suspected serious injury, must be transferred to the emergency department for medical assessment.

Neurological observations must be commenced following any fall with a head injury or any unwitnessed fall. The frequency and duration of neurological observations for all patients must be based on the National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 56: Head Injury.

Staff must not attempt to get even an uninjured patient up from the floor unless they have had appropriate training and feel confident they can do so safely.

Staff in inpatient settings who have come across a fallen patient must seek help from appropriately trained colleagues if they do not feel confident themselves in handling any aspect of the situation.

Staff in inpatient settings must report the fall in accordance with Solent NHS Trust Reporting of Incidents Policy.

Following a patient falling nursing staff in inpatient settings must review why that patient has fallen involving all relevant multidisciplinary team members must take action to prevent the patient falling again. This process must be clearly documented.

Staff in community settings (e.g. a patient’s own home) who have come across a fallen patient must call the ambulance if injury is suspected and also if their risk assessment at the time indicates that the patient is unable to get up from the floor safely and with verbal prompting only.

Staff finding a patient on the floor in their own home must ensure that the patient’s GP is notified immediately of their fall in all circumstances, as soon as the immediate needs of the patient have been met and the patient is safe.

3.3.1.5 The organisation will work to ensure its moving and handling policies reflect the need for staff to have access to appropriate equipment to assist patients safely up from the floor and that moving and handling training content enables staff to get patients up from the floor safely. This will need to include the use of specialist equipment in areas where the organisation has deemed it appropriate to provide it.

3.4 Reporting and Responding to Falls Incidents

3.4.1 Service Level Reporting of Falls Incidents

3.4.1.1 All falls or near misses must be reported using the Solent Healthcare Incident reporting mechanisms as outlined in the Reporting of Incidents Policy.

3.4.1.2 Patient Safety Federation (PSF) Guidance on the minimum datasets to be used when reporting falls (see appendix f) will be used to develop guidance on how to record falls using the electronic adverse incident reporting process being rolled out across Solent NHS Trust. This will instruct staff where to include the information specified by PSF guidance on the electronic forms.

3.4.1.3 The Solent NHS Trust Falls Coordinator will work with the Solent NHS Trust Risk Team to audit samples of electronic risk event forms to assess the extent to which this guidance is being followed.
3.4.1.4 The Solent NHS Trust Falls Coordinator will feedback to Inpatient Falls Links and Community Falls Lead Professionals where there is evidence that reporting detail is suboptimal.

3.4.2 Higher Organisational Reporting of Falls Incidents.

3.4.2.1 The Risk Management Team will produce figures on the number of falls, the number of repeat falls and the severity of outcome of falls per clinical area. These figures will be presented both as actual numbers and presented as a rate per 1000 occupied bed days. These will be collated quarterly by the Solent NHS Trust Falls Coordinator who will provide narrative analysis of the figures to assist with interpretation. This will be presented to the Health and Safety Committee.

3.4.2.2 Falls resulting in moderate, major or catastrophic impact/outcomes according to the Solent NHS Trust adverse event forms will be reported on a dashboard which will be reviewed by the Integrated Governance and Performance Committee. Baseline Data will be gathered during 2010/2011 and then reductions in falls resulting in the level of injury will be expected in 2011/2012 as in section 7.1. Lessons learned following these incidents are to be cascaded throughout the organisation and this should be coordinated from the Health and Safety Committee.

3.4.3 Feedback On Falls Incidents to Inpatient Areas

3.4.3.1 Inpatient falls links will receive copies of the falls incidents for their area either electronically or on paper. They will be responsible for completing simple root cause analysis to identify any trends in falls incidents. This will be done initially with support from the Solent NHS Trust Falls Coordinator. Inpatient falls links are charged with providing a simple quarterly report on:

- Numbers of falls in each inpatient area per quarter
- Trends identified
- Action taken.

3.4.3.2 This report should be ready for presentation to senior management and / or the Solent NHS Trust Falls Coordinator on request.

3.5 Raising Awareness About Slips, Trips and Falls

3.5.1 Raising Patient Awareness of How They May Reduce Their Own Risk

3.5.1.1 As stated in 3.1.9, for inpatients, if the patient has fallen in the year prior to admission, falls were a contributing factor to the admission or the patient has fallen during the admission then the patient there must be documented evidence that the patient (or their carer / family where it is deemed clinically inappropriate to provide this information to the patient) has been given written information on falls prevention.

3.5.1.2 As stated in Appendix D, all patients in community settings who have had a Community Interdisciplinary Falls Assessment should also be provided with information on how they can reduce their own risk of falling.

3.5.2 Raising Staff Awareness About Slips, Trips and Falls.
3.5.2.1 Managers of staff working with adults in community or inpatient settings must raise awareness during local induction about this policy. They must ensure that new staff:

Understand how this policy relates to their clinical area

Are shown and understand local SOPS relating to Slips, Trips and Falls pertaining to their area of work

Attend the most appropriate level of Falls Training as outlined in section 5.

3.5.2.2 Managers of patient areas must ensure that this policy is highlighted to existing staff and that they understand it. Where the manager feels training needs exist with any given staff member to enable them to meet the requirements of the policy then they should ask that staff member to attend the most appropriate level of falls training as outlined in section 5.

3.5.3 Raising Public Awareness About Slips, Trips and Falls

3.5.3.1 Solent NHS Trust recognises it has some responsibility to make reasonable efforts to promote appropriate public health awareness messages around issues affecting the health of the local population which it serves.

3.5.3.2 The Solent NHS Trust falls coordinator will work with other local statutory and voluntary agencies to raise general public awareness about the importance of falls prevention for the older population through local falls awareness events and campaigns where possible.

4. Roles and Responsibilities

4.1 The Chief Executive Officer has overall responsibility for Health and Safety in Solent NHS Trust. The Chief Executive Officer has appointed the Director of Nursing and Quality to act on their behalf to ensure adequate structures are in place to ensure, so far as is reasonably practicable, the health, safety and welfare of staff, patients and others affected by the Solent NHS Trust’s undertakings. This will, in part, be achieved by ensuring this policy on slip trip and falls management is implemented in every operational area throughout Solent NHS Trust.

4.2 The ADs have a responsibility to and provide evidence to Trust Board that they ensure that within all Departments (medical and non medical), there is a sufficient number of suitably trained, qualified and competent staff to carry out Fall Risk Assessments and Multifactorial Falls Assessments.

4.3 Solent NHS Trust has a responsibility to:

Ensure care is delivered in a context of continuous quality improvement and that implementation of this policy is subject to regular feedback and audit

Provide all staff involved in the implementation of this policy and the care of patients, with appropriate education and training

Ensure staffing levels and skill mix reflect the needs of patients and priority should be given to the provision and allocation of resources for this.

4.4 The Risk Management Team has a responsibility to:

Input and analyse reported incidents relating to slips, trips and falls
Ensure appropriate preventative actions are implemented as a result of a falls incident resulting in significant harm or in significant volumes being raised

Provide the relevant Falls Link Group and Health Care Governance Group a regular report on patient falls.

4.5 **The Health and Safety team have a responsibility to:**

- Monitor, appropriately, incidents relating to slips/trips/and falls
- Investigate incidents as indicated by the Risk Management Team
- Ensure that when an incident is linked to moving and handling the Occupational Health Team will investigate the incident
- Enter outcomes of investigations are loaded onto the Risk Management Safeguard System and inform the Risk Management Team of any outcomes/action plans
- To raise Health and Safety Internal Bulletins as appropriate
- Report to external agencies if applicable.

4.6 **Local Heads of Service have the following responsibilities:**

- Ensure all relevant patients, (for example, inpatients and older adults in the community) are assessed for the risk of falling in accordance with local protocol
- Be aware of and comply with this policy
- Enable staff to attend the relevant training regarding slips and falls awareness training
- Monitoring the areas under their control for any incidents or near misses of slips trips and falls and ensuring that any falls are reported on the PCT Adverse Event Report (AER) form - also to the Trust Health & Safety Team, where deemed necessary i.e. In accordance with PCT Adverse Event reporting procedures
- Ensure that where staff are managing adults who are at risk of falling that there is documented evidence that this policy has been highlighted to those staff at induction, or for existing staff, immediately after policy introduction.

4.7 **Additionally, Managers of Patient Areas must:**

- Maintain safe staffing levels and adequate cover in ward/department at all times, especially at times of high risk of falling
- Ensure that the appropriate Falls Protocol is followed for patients admitted to the ward/service and support staff at ward level to facilitate the process
- Ensure that patient footwear is monitored & advice given to patients and / or relative with regard to any risks and how to reduce these.
4.8 **All Clinical Staff** with responsibility for treating adults as inpatients or in community settings must:

- Attend Falls Awareness Training which should include Incident Reporting Training
- Attend Falls Assessment Training if required to deliver clinical assessments of patients who fall
- Adhere to the processes set out in this policy that apply to their clinical area.

4.9 **All Solent NHS Trust employees (including Agency Staff, Volunteers and NHS professionals) have a responsibility to:**

- Attend relevant mandatory training
- Be aware of, and comply with this policy and local protocol regarding slips, trips and falls
- Staff are responsible for implementing safe systems of working and following Trust Health and Safety policies, procedures and guidance. They will be aware of the risk of slips, trips and falls to themselves, colleagues and any patients within their care
- Will report adverse events and near misses promptly in line with the Solent NHS Trust Incident Reporting Policy using the minimum detail described in Appendix B
- Undertake risk assessment appropriate to their area of responsibility

4.10 **All Falls Links and Community Falls Lead Professionals** must:

- Attend Inpatient Falls Assessment and Prevention Training for Clinicians or Community Falls Assessment and Prevention Training for Clinicians as appropriate
- Inpatient falls links must attend ‘Reviewer Training’ for electronic adverse incident reporting
- Inpatient falls links must check that staff within their clinical area have attended Falls Assessment Training as required
- Act as a link and a specialist resource for staff within their area in matters pertaining to falls prevention
- Community Falls Lead Professionals must demonstrate effective practice in case managing patients on their lead professional caseload
- Attend quarterly falls lead link support meetings for peer support and development led by the Solent Falls Coordinator.

4.11 **All staff conducting falls prevention training (primarily Solent NHS Falls Coordinators and falls leads) should:**

- Keep a record of who attends training
- Forward that record to Learning and Development to for recording and monitoring.
4.12 **Learning and Development have responsibility to:**

Ensure all falls training is recorded on Oracle Learning Management System

Reporting staff compliance with falls training to the Health and Safety Committee

Follow up on staff who are booked on training and do not attend as per the learning and development policy.

5. **Training**

5.1 Training regarding slips, trips and falls (Falls Awareness Training) is covered within Corporate Health and Safety Training and is also covered in the introductory Health and Safety session as part of Corporate Induction Training. All staff must receive this training once.

5.2 At local induction all clinical staff will receive information and guidance on completing the falls risk assessment and falls care pathways and processes appropriate to their area. This will be recorded on the local induction checklist which is audited bi-annually as per the Induction and Mandatory Training Policy. Incidences of non-compliance will be reported to the Health and Safety Committee and actioned.

5.3 All clinical staff working with older people on a regular basis either as inpatients or in community settings must attend Falls Assessment Training. This session covers key simple aspects of falls prevention, including taking a falls history from patients and providing information to patients to assist them in reducing their own falls risk. Staff need only attend this training once and refer to their local falls links for further advice and training if required.

5.4 All Inpatient Falls Link staff must attend Inpatient Falls Assessment and Prevention Training for Clinicians initially and then attend an update every two years. Inpatient Falls Assessment and Prevention Training will be include training on clinical assessment, interventions and decision making. It will cover training in how inpatient falls should be responded to in accordance with National Patient Safety Agency (NPSA) guidance ‘Essential Care After an Inpatient Fall.’ (2011, Rapid Response Report 001). It will also cover training in how to report falls in accordance with Patient Safety Federation guidance on reporting falls (2010) and local electronic reporting procedures. Should bi-annual inpatient falls audits, falls rates within a given inpatient area or the nature of incident reports received from a given clinical area give cause for concern then link staff may be requested to attend a refresher session sooner.

5.5 All Inpatient Falls Link staff must attend Reviewer Training on the electronic adverse incident reporting system because there is an expectation that they will review adverse incidents relating to falls that occur in their inpatient area, perform root cause analysis and develop and monitor action plans from this. Solent Healthcare Risk Management Team will develop simple guidance on root cause analysis for staff that will be appended to this policy once available.

5.6 All Community Falls Lead Professionals must attend Community Falls Assessment and Prevention Training for Clinicians initially and then attend an update every two years. Community Falls Assessment and Prevention Training will include training on clinical assessment, interventions and decision making. It will cover training in how falls occurring in community settings should be responded to and brief training in how to report falls in accordance with Patient Safety Federation guidance on reporting falls (2010) and local electronic reporting procedures.
5.7 Competences for staff relating to Falls Prevention will be developed and appended to this document once available. These should then be used in conjunction with existing staff performance management and personal development frameworks.

5.8 All training will be recorded via learning and development and monitored by OLM. There will be follow up on staff who are booked on training and do not attend as per the learning and development policy.

6. **Equality and Diversity and Mental Capacity Act**

6.1 Patients must be fully involved in assessments and interventions made relating to their falls risk unless a formal Mental Capacity Assessment in accordance with the Mental Capacity Act has taken place which indicates that they are not able to make decisions regarding interventions to modify their falls risk. In this circumstance this mental capacity assessment must be documented and actions taken in the patient’s best interest but without their explicit consent should be stated. At no stage should physical or chemical restraint be used to reduce an individual’s falls risk.

6.2 Where an individual has been advised that a given intervention is deemed necessary reduce their falls risk and they have declined to pursue this then this must be respected where it has been assessed that the individual has capacity to make that decision. This must be clearly documented.

6.3 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust’s Policy on Equality and Human Rights. The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, disability, gender, race, faith, or sexual orientation.

7. **Success Criteria / Monitoring the Effectiveness of the Document**

7.1 Solent NHS Trust is working with local commissioners to define targets for monitoring its success in preventing inpatient falls in 2011/2012 and 2012/2013. This target is still under discussion but may centre around aiming to reduce serious injury resulting from inpatient falls (that graded at moderate, severe or catastrophic) in 2011/2012 compared to the 2010 /2011 baseline and would not be less than a 10% reduction. Alternatively Solent NHS Trust will look to reduce it inpatient falls rate (calculated per 1000 occupied bed days) by 10%. This will be reported via dashboard monitoring to the Trust Board via the Integrated Governance and Performance Committee.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Process for monitoring compliance</th>
<th>Evidence required to support compliance</th>
<th>Frequency</th>
<th>Responsibility of</th>
<th>Designated Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 3 - Criterion 3: Slips, Trips &amp; Falls (Patients)</strong></td>
<td>The Policy will be reviewed to ensure the duties detailed within it are appropriate</td>
<td>Review and Minutes</td>
<td>2 yearly</td>
<td>Solent NHS Trust Falls Prevention Coordinator</td>
<td>IGAP</td>
</tr>
</tbody>
</table>

The organisation has an approved documented process for managing the risks associated with slips, trips and falls involving patients that is implemented and monitored.
requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from height) | An audit of falls reported as adverse events will be undertaken to ensure that appropriate risk assessments are being undertaken | Report and Minutes | Annually | Solent NHS Trust Falls Prevention Coordinator | IGAP
---|---|---|---|---|---
organisation's expectations in relation to staff training, as identified in the training needs analysis | Service Level reporting on total of number of staff trained (by grade) percentage of staff trained, number of DNAs any related issues/risks/actions | Report and minutes | Annually | Head of Learning and Development | IGAP
process for raising awareness about preventing and reducing the number of slips, trips and falls involving patients | An audit of records of training and document circulation which show that awareness raising has taken place across all areas | Report and Minutes | Annually | Solent NHS Trust Falls Prevention Coordinator | IGAP

7.2 Solent NHS Trust Risk Management will also produce monthly reports per inpatient ward/unit of the falls rate against occupied bed day, number of repeat fallers and number of falls resulting in serious injury.

7.3 Monthly reports as in 7.2 will be fed back to the Inpatient Falls Link staff for each inpatient area/unit and the manager overseeing that area. They will also be collated quarterly and fed back to the Falls Prevention Coordinator who will provide further analysis and put this in a report to the Solent NHS Trust Quality Improvement Group to be entered in the organisation’s quality report.

7.4 Audits will be completed of compliance against the inpatient section of this policy in quarter 2 and quarter 4. Each inpatient falls link will be expected to lead and analyse the results of the audit for their area. The audit will follow a set protocol to be agreed across Solent NHS Trust by the end of quarter 3 2011. Audits using existing procedures under previous falls policies will continue in quarter 2 of 2011 and audit against this policy will 1st occur in quarter 2 of 2012/2013 and thereafter twice a year.
7.5 New assessment documentation / systems must be agreed as per section 3.1.6 and 3.2.3 by the end of quarter 3 2011/2012.

7.6 Named Inpatient Falls Links must be in place by the end of quarter 4 2011. It is the responsibility of the manager of each inpatient ward / unit to nominate an appropriate registered professional to act in this role.

7.7 Named Falls Lead Professionals must be in place by the end of quarter 4 2011. It is the responsibility of the manager of each community team to nominate an appropriate number of registered professionals to act in this role.

7.8 Training for Inpatient Falls Links and Community Falls Lead Professionals and Basic Falls training must be in place and available by the start of quarter 3 2011/2012

7.9 Solent NHS Trust business intelligence will work with partner organisations to obtain the following data for 2011/2012:

- Monthly numbers of Emergency Department Attendances with a) falls and b) repeat fallers
- Monthly numbers of patients referred to South Central Ambulance with a) falls and b) repeat falls
- Number of patients admitted with hip fractures
- Number of patients attending hospital or minor injury units with other fragility fractures.

7.10 Solent NHS Trust Integrated Governance and Performance Committee will then set targets to reduce those figures in 7.9.1 and 7.9.2 following discussion about an appropriate target reduction.

7.11 Solent NHS Trust will participate in National Falls and Bone Health Audits and the Quality Improvement Group will take action to modify this policy where it appears that there are areas of deficiency following the results of those audits.

7.12 Solent NHS Trust must have an agreed Post Fall Protocol that is NPSA compliant by the end of June 2011.

7.13 Solent NHS Trust can provide records of training and document circulation which show that awareness raising has taken place across all areas around the Post Fall Protocol by the end of June 2011.

7.14 Solent NHS Trust can provide evidence of auditing the standard of electronic adverse event recording for falls before the end 2011/2012. After that it will provide feedback to clinical areas if deficiencies are found.

8. **Review**

8.1 This document is due for review in April 2012.

9. **References and Links to Other Documents**

2. Slips, Trips and Falls in Hospital, National Patient Safety Observatory 2007.
4. AGS/BGS Clinical Practice Guideline. Prevention of Falls in Older Persons. 2010
10. Solent NHS Trust Learning and Development Policy
11. Solent NHS Trust Induction and Mandatory Training Policy

**Glossary**

AGS American Geriatric Society  
BGS British Geriatric Society  
HSE Health & Safety Executive 
NHS LA National Health Service Litigation Authority  
NICE National Institute for Clinical Excellence  
NPSA National Patient Safety Agency 
NSF National Service Framework  
RRR Rapid Response Report  
SOP Standard Operating Procedure.
Appendix A - Inpatient Falls Prevention Care Plan Content

:- Minimum Standards

The Inpatient Falls Prevention Care Plan must contain the following elements and must indicate the problems identified and the action required:-

- Eyesight
- Other sensory deficits
- Foot Health
- Footwear
- Continence / toileting issues
- Cognition
- Psychological State
- Medication
- Presence / absence of orthostatic hypotension
- Mobility / balance
- Environmental risk (pertaining to inpatient environment not home environment)
- Ability to summon help (pertaining to inpatient environment not home environment)
Appendix B - Falls History Content :- Minimum Standards

The history must include:-

- Number of falls in last year.
- Date and time of last fall
- Activity at time of fall
- Preceding symptoms (chest pain, dizziness, palpitations)
- Whether the patient remembers falling
- Whether the patient remembers hitting the floor
- Whether the patient lost consciousness
- Injuries sustained
- Ability to get up from the floor
- Ability to summon help after the fall
- Any previous fractures including dates
- Fear of falling
- Details of any previous falls
Appendix C - Inpatient Multifactorial Falls Assessment - Minimum Standards

The Inpatient Multifactorial Falls Assessment must include the following elements:

**Falls History:** as stated in the Inpatient Falls Prevention Care Plan with specific reference to the presence or absence of syncope or unexplained falls.

**Cognition:** A standardised assessment of cognitive function such as the Abbreviated Mental Test Score (AMTS 10) or the Mini Mental State Examination (MMSE) or scored Clock Drawing Test must be documented. If these are not appropriate then this must be stated and a specific statement about cognitive ability made.

**Cardiovascular examination:** heart rate and rhythm, lying and standing blood pressure, presence or absence of cardiac murmurs. Performance and interpretation of an **ECG** where indicated or documented evidence of why an ECG was not indicated.

**Medication assessment:** including a list of current medication and consideration of whether the patient is taking psychotropic or night sedation medication. There must in all cases be documented evidence that a level 3 medication review has taken place, whether any changes were needed and what those changes were.

**Visual assessment:** This must usually include visual acuity testing using a Snellen chart and assessment of any visual field deficits.

**Continence:** including an assessment of urinary function which must include noting the presence of any long term urinary catheter, urgency, frequency and nocturia.

**Gait and balance:** using a standardised, nationally used assessment tool e.g., timed walk test, Berg Balance Scale

**Fear of falling:** using a standardised, nationally used assessment tool e.g. Falls Efficacy Scale

**Safety at home:** using a standardised nationally used assessment tool e.g. Homefast or Westmead in the patient’s usual home environment or the environment they are planning to return to as their permanent place of residence. If a home visit assessment has been completed which covers all of the elements of the Homefast or Westmead assessment then a Homefast or Westmead does not need to be completed in addition to the full Occupational Therapy Home Visit. Assessment of the level of and need for **social care support.**

**Lower limb muscle strength**
Ability to **get up after a fall** and **summon help** after a fall.
Appendix D - Community Interdisciplinary Falls Assessment - Minimum Standards

The must include the following:

**Falls History** :- as stated in section 3.1.3 with specific reference to the presence or absence of syncope or unexplained falls.

**Cognition:** A standardised assessment of cognitive function such as the Abbreviated Mental Test Score (AMTS 10) or the Mini Mental State Examination (MMSE) or scored Clock Drawing Test must be documented, or if not clinically possible, a specific statement of cognitive ability must be made.

**Cardiovascular examination**: as a minimum heart rate and rhythm and lying and standing blood pressure. Referral to GP for a more comprehensive cardiovascular assessment, including an ECG, must happen where:-
- Heart rate or lying and standing blood pressure readings are abnormal.
- The patient has had more than one fall in the last year
- The fall is unexplained.

**Medication assessment** :- including a list of current medication and consideration of whether the patient is taking psychotropic or night sedation medication. Referral to the GP for a level 3 medication review must be made where indicated. The outcome of that medication review and any changes to the patient’s medication must be documented.

**Visual assessment** :- This must usually include visual acuity testing using a Snellen chart and assessment of any visual field deficits.

**Assessment for other sensory deficits** e.g. peripheral neuropathy.

**Continence** :- including an assessment of urinary function which must include noting the presence of any long term urinary catheter, urgency, frequency and nocturia.

**Gait and balance** :- using a standardised nationally used assessment tool e.g. Timed Walk Test, Berg Balance Scale.

**Fear of falling** :- using a standardised nationally used assessment tool e.g. Falls Efficacy Scale.

**Safety at Home** :- using a standardised nationally used assessment tool e.g. Homefast or Westmead in the patient’s usual home environment or the environment they are planning to return to as their permanent place of residence. If a home visit assessment has been completed which covers all of the elements of the Homefast or Westmead assessment then a Homefast or Westmead does not need to be completed in addition to the full Occupational Therapy Home Visit.

**Assessment of the level of and need for social care**

**Lower limb muscle strength**

**Footwear**

**Foot health**

**Ability to get up after a fall and summon help** after a fall in the patient’s usual home environment.

There should be evidence following assessment that the patient has been given relevant written information relating how they may reduce their own risk of falling. Where it is deemed clinically inappropriate to provide this directly to the patient (e.g. where the patient has
significant cognitive impairment) then this information should be provided to their carer I family.
Appendix E

Rapid Response Report

From reporting to learning

Care after an inpatient fall

Issue
Each year around 283,000 patient falls are reported to the NPSA from hospitals and mental health units. A significant number of these falls result in death, severe or moderate injury including around 840 fractured hips, 550 other types of fracture, and 30 intracranial injuries.

Evidence of harm
Analysis of patient safety incidents reported to the National Reporting and Learning System (in the 12 months prior to 25 March 2010) indicates that around 200 patients with fractures or intracranial injury after a fall in hospital experienced some failure of aftercare. Problems included:

- delayed diagnosis of fractures, ranging from several hours to several days after the fall;
- neurological observations not recorded at all or recorded at inadequate intervals, resulting in delayed diagnosis of intracranial bleeding;
- sling hoists used to move patients despite signs or symptoms of limb fracture or spinal injury;
- delays in access to urgent investigations or surgery.

Reducing the risk of harm
When a serious injury occurs, safe manual handling and prompt assessment and treatment is critical to the patient’s chances of making a full recovery. This RRR aims to ensure that local protocols and systems help staff to consistently achieve this.

For IMMEDIATE ACTION by all NHS organisations that have inpatient beds. The deadline for ACTION COMPLETE is 14 July 2011.

NHS organisations with inpatient beds should ensure that:

1. Their post-fall protocol includes:
   a) checks by nursing staff for signs or symptoms of fracture or potential for spinal injury before the patient is moved;
   b) safe manual handling for patients with signs or symptoms of fracture or potential for spinal injury*;
   c) frequency and duration of neurological observations for all patients where head injury has occurred or cannot be excluded (e.g. unwitnessed falls) based on National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 56: Head Injury;
   d) timescales for medical examination following a fall (including fast track assessment for patients with signs of serious injury, or high vulnerability to injury, or who have been immobilised).
2. Their post-fall protocol is easily accessible (e.g. laminated versions at nursing stations).
3. Their staff have access to clear guidance and formats for recording neurological observations using a 15 point version of the Glasgow Coma Scale (GCS) and that changes in the GCS that should trigger
urgent medical review are highlighted.

4. Their staff have access at all times to special equipment (e.g. hard collars, flat-lifting equipment, scoops)* and colleagues with the expertise to use it, for patients with suspected fracture or potential for spinal injury.

5. Systems are in place allowing inpatients injured in a fall access to investigation and specialist treatment that is equal in speed and quality to that provided in emergency departments and conforms to NICE Clinical Guideline 56: Head Injury*.

* Community hospitals and mental health units may be able to achieve this in collaboration with emergency services

Further information
Supporting information on this Rapid Response Report is available at www.npsa.nhs.uk/rrr.
For further queries contact rrr@npsa.nhs.uk; Telephone 020 7927 9500

Gateway ref: xxxxx

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Appendix F

Introduction
These are guidelines to improve the capture and reporting of falls incidents within the Patient Safety Federation (PSF) of South Central SHA.

Objective of guidelines
To support an increase in the number of falls incidents reported and the quality of the reports as defined by the inclusion of specified dataset variables.

Process
All falls, including falls among patients who fall frequently should be reported. The following process should be incorporated into a trust’s ‘falls prevention’ integrated care pathway or equivalent.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fall occurs.</td>
</tr>
<tr>
<td>2</td>
<td>Follow care pathway for falls as per trust policy e.g. care for patient if any harm occurred during fall. <em>(Cross ref. policy)</em></td>
</tr>
<tr>
<td>3</td>
<td><strong>Report</strong> incident as soon as possible e.g. within 24 hours or as per trust policy.</td>
</tr>
<tr>
<td>4</td>
<td>Complete paper or web-based incident form using <strong>prompt sheets</strong> (attached) to encourage complete reporting. <strong>N.B.</strong> When entering directly to incident reporting system (e.g. Datix, Safeguard) or from paper form in risk department, the dataset elements F6 to F11 must be entered in the ‘detail of incident section’ to ensure this information is submitted to the NPSA. <strong>Include the following information as a minimum:</strong></td>
</tr>
</tbody>
</table>

Falls dataset

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>Patient information inc. NHS no.</td>
</tr>
<tr>
<td>F2</td>
<td>Site where incident occurred</td>
</tr>
<tr>
<td>F3</td>
<td>Department in which incident occurred</td>
</tr>
<tr>
<td>F4</td>
<td>Date on which the incident occurred</td>
</tr>
<tr>
<td>F5</td>
<td>Time the incident occurred</td>
</tr>
<tr>
<td>F6</td>
<td>Patient age or date of birth</td>
</tr>
<tr>
<td>F7</td>
<td>Was the incident witnessed?</td>
</tr>
<tr>
<td>F8</td>
<td>Where and why the patient fell? <em>(Be specific and use prompt sheet for specific inclusions)</em></td>
</tr>
<tr>
<td>F9</td>
<td>Is this a first fall?</td>
</tr>
<tr>
<td>F10</td>
<td>What happened next? <em>(Using post falls review)</em></td>
</tr>
<tr>
<td>F11</td>
<td>Is there any injury? <em>(Be specific)</em></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><strong>Submit</strong> incident form following trust policy (within 24 hrs if possible).</td>
</tr>
<tr>
<td>6</td>
<td>Manager to sign off and submit with any additional information within 24/48 as per trust policy.</td>
</tr>
<tr>
<td>7</td>
<td>Submit restricted dataset to NPSA as per requirements (daily is recommended with aim to reduce lag times).</td>
</tr>
</tbody>
</table>
Patient falls incident reporting checklist

Use this prompt sheet when reporting ALL incidents of patient slip, trip or fall.

**Section 1: Mandatory data**

<table>
<thead>
<tr>
<th>Detail</th>
<th>Response guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>The site where the incident occurred.</td>
<td>E.g. the name of the hospital in which the incident occurred.</td>
</tr>
<tr>
<td>The department in which the incident occurred.</td>
<td>Ward name, service name e.g. radiology, A&amp;E, car park</td>
</tr>
<tr>
<td>The date on which the incident occurred?</td>
<td></td>
</tr>
<tr>
<td>The time the incident occurred</td>
<td>Use 24 hour clock</td>
</tr>
<tr>
<td>The patient's age or date of birth</td>
<td></td>
</tr>
<tr>
<td>Type of incident</td>
<td>Slip, trip or fall</td>
</tr>
</tbody>
</table>

**Section 2: Description of event**

The following factors need to be considered and, using the highlighted words in **bold**, entered into the description section of the incident report form. You may enter more detail if you wish.

<table>
<thead>
<tr>
<th>Was the incident witnessed by anybody who can describe what happened?</th>
<th>The witness may not be the person completing the form. It may be a relative or another patient who saw what happened. If no-one witnessed the fall, state this.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where and why did the patient fall?</td>
<td><strong>Be specific and include the following factors as appropriate using the words highlighted.</strong></td>
</tr>
<tr>
<td></td>
<td>If they fell from a <strong>bed</strong> or <strong>trolley</strong> state the bed number or bay the trolley is located and the side of the bed they fell from (or were found near).</td>
</tr>
<tr>
<td></td>
<td>Was the nurse call <strong>bell</strong> in reach before they fell?</td>
</tr>
<tr>
<td></td>
<td>Were <strong>bed rails</strong> raised on the side where they fell?</td>
</tr>
<tr>
<td></td>
<td>If they fell from a <strong>chair</strong> where was the chair placed?</td>
</tr>
<tr>
<td></td>
<td>Was the nurse call <strong>bell</strong> in reach before they fell?</td>
</tr>
<tr>
<td></td>
<td>If they fell from a <strong>commode</strong> or toilet where was the commode?</td>
</tr>
<tr>
<td></td>
<td>Was the nurse call <strong>bell</strong> in reach before they fell?</td>
</tr>
<tr>
<td></td>
<td>If they fell whilst <strong>walking</strong> precisely where were they?</td>
</tr>
<tr>
<td></td>
<td>Were they using a <strong>walking stick</strong> or <strong>frame</strong>?</td>
</tr>
<tr>
<td></td>
<td>What <strong>footwear</strong> did they have on?</td>
</tr>
<tr>
<td></td>
<td>Was the floor <strong>wet</strong>?</td>
</tr>
<tr>
<td></td>
<td>If so, what caused the floor to be wet? Was it <strong>urine</strong> or another <strong>fluid</strong>?</td>
</tr>
<tr>
<td></td>
<td>Did the patient fall over a <strong>trip hazard</strong>? e.g. cables,</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Is this their first fall?</td>
<td>Has the patient <strong>fallen before during this hospital admission.?</strong></td>
</tr>
<tr>
<td>What happened next?</td>
<td>Include details of the <strong>post fall review</strong> e.g. medical, medicines,</td>
</tr>
<tr>
<td>Injury?</td>
<td><strong>Be specific</strong></td>
</tr>
<tr>
<td></td>
<td>Type of injury e.g. bruise, laceration, approximate size, and where on the body. If no injury apparent, state this.</td>
</tr>
</tbody>
</table>
## Appendix G Impact Assessment

<table>
<thead>
<tr>
<th>Step 1 Scoping: identify the policies aims</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the main aims and objectives of the document?</td>
<td>To reduce the risk of patients, staff and visitors falling whilst under Solent NHS Trust care.</td>
</tr>
<tr>
<td>Who will be affected by it?</td>
<td>Staff, patients and visitors</td>
</tr>
<tr>
<td>What are the existing performance indicators / measures for this? What outcomes do you want to achieve</td>
<td>As itemised in full in section 7 of the policy</td>
</tr>
<tr>
<td>What information do you already have on the equality impact of this document?</td>
<td>There should be no equality impact. All patients, visitors and staff groups are dealt with equally by the policy and specific clinical measures are stated for older people who are at additional risk.</td>
</tr>
<tr>
<td>Are there any demographic changes or trends locally to be considered?</td>
<td>As part of this document relates to the reduction of risk of older people falling then the rising numbers of older people will affect the resources required to ensure Solent NHS Trust implements this policy effectively.</td>
</tr>
<tr>
<td>What other information do you need?</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2 Assessing the impact: consider the data and research</th>
<th>Yes</th>
<th>No</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could the document be used unlawfully against any group</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can any group benefit or be excluded?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can any group be denied fair and equal access to or treatment as a result of this document?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can this actively be used to promote good relations with and between different groups</td>
<td>No</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Have you carried out consultation internally/externally with relevant individual</td>
<td>Yes</td>
<td></td>
<td>With inpatient and community senior managers in services with remits for older</td>
</tr>
<tr>
<td>groups?</td>
<td></td>
<td>people, with relevant members of the District Falls Strategy Group, with Falls Clinical Lead for Solent West, with risk team, with health and safety team, with appropriate ADs</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Have you used a variety of different methods of consultation / involvement?</td>
<td>Yes</td>
<td>Discussion are relevant meetings, face to face meetings with relevant individuals/ group; email</td>
<td></td>
</tr>
</tbody>
</table>

**Mental Capacity Act Implications**

| Will this document require a decision to be made by or about a service user? | Yes | As itemised in section 6 of the policy. |

Step 3 – 6 of impact assessment not included as no negative impact of this document is anticipated as per the 'Document for the Development and Implementation of Procedural Documents.
APPENDIX H

DIAGRAMATIC REPRESENTATION OF PROPOSED INPATIENT FALLS PATHWAY

Inpatient Falls Risk Assessment within 6 hours of admission to each new ward

Unsteady gait
Agitated and at risk
Frequent toileting
Fear of falling
Inpatient Fall
Adm due to falls
Falls in last year

Inpatient Falls Prevention Care Plan

Plan communicated to all staff

REVIEW AFTER ANY NEW FALL

Weekly review otherwise

Check community CRS² for red flag indicating community falls assessment +/- anticipatory care plan and interrogate for relevant information

The purpose of this is to:-
a) identify the cause/s
b) identify any other risk factor/s the patient has for falling
c) identify which from a + b are modifiable
d) modify those from a + b which are modifiable

Inpatient Multifactorial Falls Risk Assessment

Falls Assessment complete on D/C

Falls Risk Modified and at low risk of further falls

Patient remains at high risk of falls

Red Flag on CRS² indicating inpatient falls assessment has taken place + contact details of ward assessors

Red Flag on CRS² indicating inpatient falls assessment has taken place + contact details of ward assessors

Anticipatory Care Plan

Telehealth

Further Assessments Required

Refer on as required – GP / Falls Clinic as appropriate

If for Falls Clinic ensure GP informed and in agreement and send IP Falls Multifactorial Falls Assessment

D/C Summary to patient and GP summarising falls assessment / interventions

1 = Content in Solent Falls Policy
2 = CRS = Computerised Recording System
3 = Content in Solent Falls Policy
FALLER IN CRISIS

Rapid Assessment Geriatrician

FALLER NOT IN CRISIS

GP

Emergency Dept (ED)

Community ED team

SCAS (South Central Ambulance)

If needed for ED but for all SCAS

Falls Clinic Triage

1 hour Rapid Response (RR) Falls and Health Needs Assessment

Falls Case Manager R/V – 72 hrs

Falls modified

Anticipatory Care Plan and Red Flag on RIO

Pattern of Falls Changed.

Falls ISQ

Repeat SCAS / ED use

Cluster Teams Re-assessment + review anticipatory care plan

Falls responder service put in +/- telehealth

G P

GP and cluster / Health and Social Care C Team Assessment

Liaison re next steps (ED)

Falls not modified
Or Syncope
Or Falls unexplained
AFTER Liaison with GP

Falls Clinic Assessment if indicated
Appendix J : Standard Operating Procedures

To be added
Appendix K : Competences for Staff In Falls Prevention

To be added.