

Chief Nurse Directorate

FALLS PREVENTION POLICY

Reference:	DCP269
Version:	2.3
This version issued:	21/02/17
Result of last review:	Minor changes
Date approved by owner (if applicable):	N/A
Date approved:	03/02/17
Approving body:	Nursing & Midwifery Advisory Forum
Date for review:	February, 2020
Owner:	Tara Filby, Chief Nurse
Document type:	Policy
Number of pages:	22 (including front sheet)
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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

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1.0 Background & Introduction

- 1.1** The Trust has a responsibility under Health & Safety legislation to ensure that a programme of preventative work is undertaken in order to reduce the risks associated with slips, trips and falls and, in turn, ensure the provision and maintenance of a safe environment for patients, staff and visitors, volunteers and contractors.
- 1.2** This policy, which outlines the arrangements in place within the Trust for discharging its responsibilities in relation to slips, trips and falls, is the product of extensive work, audit and consultation by the Northern Lincolnshire & Goole NHS Foundation Trust, through its Falls Group, a sub-group of the Health & Safety Committee(s). The Falls Group is responsible for the development and implementation of the Trust's Falls Prevention Programme and Falls Action Plan and the development and approval of associated policies/procedures and guidance.
- 1.3** Northern Lincolnshire & Goole NHS Foundation Trust aims to reduce the number of slips, trips and falls but particularly those that result in injury and ensure effective treatment and co-ordinated rehabilitation for those who have fallen. Whilst these types of incidents are unlikely to be eliminated, the Trust is committed to a year on year reduction in slips, trips and falls incidents. Key performance indicators – targeting specific risk areas – will be agreed annually.
- 1.4** The National Patient Safety Agency (NPSA) issued a National Safety Alert in January 2011 - NPSA/2011/RRR001 Essential Care After an Inpatient Fall which was issued by the NPSA following analysis of patient safety incidents reported to the National Reporting and Learning System (in the 12 months prior to 25 March 2010) which indicates that around 200 patients with fractures or intracranial injury after a fall in hospital experienced some failure of aftercare. This RRR Alert aims to ensure that local protocols and systems help staff to consistently achieve this. The Trust is compliant with all actions within this alert.

2.0 Purpose & Aims of the Policy

- 2.1** To outline the arrangements in place and the responsibilities of staff for reducing the risks associated with and therefore the number of slips, trips and falls involving patients, staff, visitors, volunteers and contractors.
- 2.2** To raise staff awareness of the potential for slips, trips and falls.
- 2.3** To improve and standardise the management of slips, trips and falls.
- 2.4** To enable the Trust to ensure that it provides a safe working environment free from slips and hazards so far as is reasonably practicable.
- 2.5** To address the responsibilities outlined in key national legislation, policy and best practice guidance related to slips, trips and falls where is reasonably possible/practicable.
- 2.6** To ensure all in-patients are assessed for their risk of falling on admission, and ongoing throughout their episode of care and to ensure effective treatment and better co-ordinated rehabilitation to those who have fallen.

- 2.7 To reduce the burden of slips trips and falls to patients in terms of subsequent injury, length of stay and well-being.

3.0 Area

- 3.1 This Policy applies to all employees, including contract staff employed by the NHS Foundation Trust. All staff and contractors are required to adhere to this policy and any associated policies and procedures.
- 3.2 The policy also applies to all patients, visitors and volunteers who have reason to be on the property of and/or under the care of Northern Lincolnshire & Goole NHS Foundation Trust.

4.0 Legal Requirements for Preventing Slips, Trips and Falls

- 4.1 The Trust has an equal statutory duty to patients, staff, visitors, volunteers and contractors to reduce the risk of slips, trips and falls as far as is reasonably practicable under **Sections 2 and 3 of the Health & Safety at Work Act 1974¹**. Specifically, **Section 3 of the Management of Health & Safety at Work Regulations²** requires a suitable and sufficient assessment of the risks (in this case, slips, trips and falls) to be carried out.
- 4.2 The **Health and Safety Executive (HSE)**, under the **Management of Health and Safety at Work Regulations 1999³** specifies the five steps required for effective risk control arrangements and employee duties.
- 4.3 The **Corporate Manslaughter and Corporate Homicide Act 2007** creates the statutory offence in England, Wales and Northern Ireland of "corporate manslaughter", and in Scotland of "corporate homicide". A company will be guilty of the offence if the way in which its activities are managed or organised, by its senior management, amount to a gross breach of the duty of care it owes to its employees, the public or other individual and those failings caused the person's death. The Act came into force on 6 April 2008. Companies and government bodies face prosecution if they are found to have caused a person's death due to their corporate health and safety failings.
- 4.4 The **HSE Workplace (Health, Safety & Welfare) Regulations 1992⁴** and associated **Approved Code of Practice** requires suitable flooring materials are used to reduce the risk of slips, trips and falls within the area. This is an absolute requirement as well as to maintain the condition of the floor surface. Floor surfaces are also required to be clear and clean (as far as is reasonably practicable) and free from contamination that may contribute to the risk of slips, trips and falls as far as is reasonably practicable.
- 4.5 The **HSE Working at Height Regulations 2005** apply to all work at height where there is a risk of a fall.

¹ Health & Safety At Work Act 1974. HMSO. 1974

² Management of Health & Safety At Work Regulations 1999. SI 3242

³ The Management of Health and Safety At Work Regulations 1999. Health & Safety Executive. SI 3242

⁴ The Workplace (Health, Safety & Welfare) Regulations 1992. Health & Safety Executive.

4.6 The **Department of Health, Health Technical Memorandum for flooring (HTM 61)**⁵ provides guidance on the technical design and output specification for flooring. It is applicable to new building work and renewal in existing buildings. Failure to use this information is likely to be used as evidence of failing to comply with HSE Workplace Regulations.

5.0 Duties

5.1 The **Chief Executive** has overall accountability for ensuring that arrangements are in place for the development and implementation of this policy and associated documentation and discharges this responsibility to the **Director of Clinical and Quality Assurance & Trust Secretary** as follows.

5.2 The **Director of Clinical and Quality Assurance & Trust Secretary** is accountable for ensuring implementation of Falls Prevention Strategies, ensuring that Policy documents are in place and adequate guidance for staff is provided.

5.3 Head of Risk Management:

- Is responsible for co-ordinating the development and implementation of the Trust falls prevention programme and associated policies and action plans
- Is responsible for ensuring the falls policy, prevention action plans and associated documentation is implemented Trustwide
- Will ensure that the responsibilities of all relevant staff are clearly outlined in this and other relevant policies and that these are communicated as appropriate
- Will ensure that incidents of slips, trips and falls are analysed and monitored in order to identify contributory factors, trends and ensure that relevant action plans are updated to address highlighted risks
- Will ensure that arrangements are in place for the development of an audit programme for Slips, Trips and Falls
- Will ensure that arrangements are in place for audit results and associated action plans to be made available to the Trust Falls Group and to the Health & Safety Committee(s), Governance Liaison Group and Trust Governance and Assurance Committee, as appropriate
- Will ensure a programme of training and awareness in the prevention of slips, trips and falls is developed and implemented

⁵ Health Technical Memorandum (HTM) 61. Flooring. Department of Health. 2006

5.4 Health & Safety Manager:

- Is responsible for working with Directorates to ensure that a scheduled programme of risk assessments is developed and maintained
- Is responsible through the health & safety sub-committees and associated risk forums (e.g. falls group) for reviewing and monitoring incidents/accidents including slips, trips and falls and for recommending remedial actions as necessary
- Is responsible for undertaking Slips Assessments in accordance with HSE guidance using the HSE Slips Assessment Tool (SAT) and making recommendations for changes in practice/resources etc
- Will provide advice and support to staff in managing risks associated with slips, trips and falls
- The Health & Safety Manager will liaise with the Health & Safety Executive (HSE) in respect of the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR). In relation to any injury resulting in a serious fall or where an employee has been absent from work for a three-day period as a result of a slip, trip or fall

5.5 The Chief Nurse:

- Will ensure that reference is made to the Trust Falls Prevention Policy and associated Procedures in all relevant nursing policies/guidelines and training
- Will ensure that nursing and midwifery staff are adequately informed of this policy and will ensure that associated documents are implemented into practice
- Will ensure that responsibilities of nursing and midwifery staff are clearly outlined in this policy and that these are communicated as appropriate

5.6 Director of People & Organisational Effectiveness:

- Will ensure Slips, Trips and Falls training is part of the organisation wide Mandatory Training Policy (HRP021), Training Needs Analysis and Annual Training Prospectus, the 'Learning Directory'
- Will ensure regular staff sickness absence data related to slips, trips and falls incidents is available for review by the Trust Health & Safety Committee and the Trust Falls Group
- Will ensure regular activity reports of attendance levels at training are provided to the Quarterly Trust Falls Group and Governance Liaison Group

5.7 Director of Estates & Facilities:

- Will ensure environmental risk assessments are undertaken in accordance with statutory requirements to ensure compliance can be demonstrated
- Will ensure environmental risk factors are identified, and that these are included on the Trust risk register, including action plans aimed at reducing risk are implemented and monitored
- Will ensure that premises owned or leased by the Trust are safe so far as it is reasonably practicable, and do not present a hazard to employees and others using them for approved uses, including assessment of falls from height
- Will ensure the Trust roads and pedestrian areas are suitably maintained and ensure they are treated during adverse weather conditions e.g. snow, ice
- Will ensure that good practice will be followed in the introduction of new or refurbished flooring. The type of floor material should meet the standards developed by the HSE & NHS Estates in order that it minimises risks of slips, trips and falls, and will liaise with the Trust's Health & Safety Manager for professional advice
- Will ensure contractors and sub-contractors are effectively monitored in order to reduce slips, trips and falls hazards which they create, including falls from height
- Will have in place an effective planned maintenance programme for road surfaces in order to reduce the risk of slips, trips and falls
- Will be responsible for ensuring that cleaning contracts/regimes are developed for all areas in line with recommended health & Safety practices and include a detailed program of the activities to be undertaken for each specific area

5.8 Directors, and Senior Managers:

- Will ensure this policy and associated procedures are disseminated and implemented throughout their respective Directorate
- Will consider and address any resource implications necessary to control the risks associated with slips, trips and falls within their areas of responsibilities

5.9 Quality Matrons:

- Will support Assistant Director of Nursing/Head of Quality and work with Operational Matrons and Ward Managers to ensure Trust delivers on local quality/performance indicators of slips, trips and falls
- Be responsible/lead for clinical leadership to promote patient safety
- Will lead to ensure both environmental and clinical risk assessments are undertaken on all patients
- Be responsible for identifying trends, themes on trying to reduce falls and work with the Operational Matrons and Ward Sisters/Charge Nurses to reduce/minimize risk

- Will attend and offer Clinical Leadership at the Trust Falls Group
- Will support Assistant Director of Nursing/Head of Quality and work with Operational Matrons to ensure this Policy and Falls Care Pathway are embedded into practice
- Will ensure a Root Cause Analysis (RCA) is undertaken for all repeat fallers and all falls resulting in moderate or severe harm (See Falls Root Cause Analysis (RCA) Pro-Forma - WQN 461)

5.10 Operational Matrons:

- Will review and monitor all falls incidents within their areas of responsibility
- Will ensure a Root Cause Analysis (RCA) is undertaken for all repeat fallers and all falls resulting in moderate or severe harm (See Falls Root Cause Analysis (RCA) Pro-Forma - WQN 461)

5.11 Ward & Departmental Sisters/Charge Nurses:

- Will be responsible for ensuring that their staff are adequately trained in relation to risk assessment and fall prevention techniques
- Will be responsible for ensuring that their ward/department environment is conducive to preventing falls
- Will identify and nominate link trainers in order to cascade training to all staff within the areas of their responsibility
- Will ensure that both environmental and clinical risk assessments are undertaken within their areas of responsibility, as appropriate, and ensure corrective action is undertaken
- Will ensure all incidents/accidents are reported fully investigated in order to prevent recurrence of slips, trips and falls in line with the Trust Incident Reporting Policy
- Will escalate to the Operational or Quality Matron all repeat fallers in line with the requirements within the Falls Care Pathway (WQK 026)
- Will undertake a Root Cause Analysis (RCA) for all repeat fallers and all falls resulting in moderate or severe harm (See Falls Root Cause Analysis (RCA) Pro-Forma - WQN 461)
- Will ensure review of audit data/results regarding slips, trips and falls and use these as a tool for service improvement and feed this into Ward Sisters/Charge Nurses/Team Meetings
- Will ensure recommendations are implemented following the review of incident data
- Will ensure the implementation of the recommendations arising from the review results of audits, as advised by the Trust Falls Group

- Will ensure adequate training and awareness programs are provided in respect of slips, trips and falls and that all relevant staff are released to attend these. This also applies to staff such as domestics
- Will monitor attendance/non-attendance and follow up of non-attendance of Falls Awareness/Training

5.12 All Registered healthcare professionals:

- In line with professional regulation will ensure all practical measures are taken to reduce the likelihood of harm to patients by ensuring that relevant Falls Risk Assessments are undertaken and monitored for every patient
- Will follow the Falls Pathway (**Appendices A, B and C**) and all associated documents
- Will report any environmental hazards relevant to their working areas
- Will ensure referrals are sent to the appropriate professional group as necessary
- Will ensure that if a patient is transferred from one clinical area to another that the handover includes all necessary falls risk assessment plans

5.13 All Employees:

- Are personally responsible for ensuring they attend relevant training and awareness in respect of slips, trips and falls
- Are personally responsible for ensuring any slips trips and falls hazards they are aware of are reported to their line manager as a minimum requirement
- Will follow the procedure for reporting incidents and near misses in line with the Trust's Incident Reporting Policy and Trust Serious Untoward Incident Reporting Policy
- Will ensure that any spillages are cleared and ensuring the area is made as safe as possible and where appropriate secure the area and report the spillage to the relevant team for appropriate action
- Will ensure they wear suitable Personal Protective Equipment (i.e. footwear) for the task they are performing
- Will report any concerns regarding the environment to facilitate the completion of a risk assessment
- Will ensure they remain updated in respect of Policy changes, and comply with all relevant policies and guidelines

6.0 Risk Assessment

6.1 Introduction

6.1.1 Risk assessment is an integral part of the Trust's Risk Management Strategy and is key to the Trust's approach to the prevention of slips, trips and falls. Formal training in risk assessment is a requirement for all staff with nominated responsibilities for risk assessment.

6.1.2 The Trust has in place various risk assessment tools to be used for assessing the risks associated with slips, trips and falls including the Workplace Risk Assessment Tool (used for area assessments) and the Risk Assessment Tool (used for single task assessments).

6.1.3 Issues raised through the risk assessment process should be escalated within the management team and also recorded on the Risk Assessment Software (SHE). Significant risks and those that cannot be treated can be added to the Trust's Risk Register, as appropriate.

6.2 Environmental Risk Assessment

6.2.1 Generic **environmental risk assessments** will be carried out as a baseline requirement in all areas of the Trust, using the General Risk Assessment Procedure available on the Trust Intranet. The risk assessments must be reviewed every three years or sooner when there has been a change in the circumstances within that area. **Key areas included:**

- **Floors** – need to be free of cracks, holes and worn rugs/mats
- **Lighting** – should enable people to see obstructions and potentially slippery/hazardous areas. Broken lighting should be replaced and lighting should be cleaned to ensure levels are acceptable to work within. Broken lighting should be reported immediately to the Facilities Help Desk
- **Obstructions & Waste** – Obstructions should be immediately removed. All waste should be segregated into clinical and non-clinical and collected on a regular basis. Any failure in collection systems should be reported immediately

6.2.2 Training in respect of cleaning will be delivered to all domestic staff.

6.2.3 The Directorate of Facilities will ensure that the **cleaning** materials used for the floors are compatible for the floors and will not create a further slips/trip hazard.

6.2.4 The ongoing programme of **maintenance of the floors** within the Trust will be informed by the reporting of defects to the flooring. It is the responsibility of all staff to report immediately any defects to the flooring both within and outside the hospital buildings.

6.2.5 During a period of **bad weather conditions** the Facilities Directorate will grit both road and paving surfaces to provide safe means of access and egress to and from the Trust.

6.2.6 To assist with the identification of any environmental factors other assessment tools such as the **Health & Safety Executive (HSE) SAT (Slips Assessment Tool)**⁶ will be used to identify measures which will achieve a reduction in these types of incidents to staff, visitors, volunteers and contractors as well as patients.

6.3 Staff Risk Assessment

6.3.1 Slips, trips and falls are the largest cause of lost time for staff working within the healthcare sector and therefore impacts heavily on the Trust in terms of resources and being able to deliver services to the highest standards. The consequences of staff slips, trips and falls include: staff covering those who are off work; bank staff from unfamiliar area being used; imbalance in the skills mix being required; reduction in the quality of service; litigation issues diverting resources away from patient care; a requirement to investigate incidents impacting on service delivery; possible enforcement action from external authorities etc. The cost to the Trust can therefore be significant.

6.3.2 Where the potential for slips, trips and falls involving staff may be identified, including assessment of risk of falls from height, the risk should be assessed using the General Risk Assessment Procedure.

6.3.3 The Trust Dress Policy requires that staff wear suitable footwear in order they can undertake their duties safely, with specific requirements for staff undertaking clinical duties. The Policy incorporates a risk assessment for footwear. Please refer to the Trust's Dress Policy which can be found on the Trust Intranet.

6.4 Patient Risk Assessment

6.4.1 The Trust acknowledges that in relation to patient slips, trips and falls there are additional factors related to the patients' condition, treatment etc, which can be complex and difficult to assess. Falls per se are not a non-specific accompaniment of ageing.

6.4.2 All adult patients on admission will have their risk of falling assessed as part of the admission process, including assessment of risk of falls from height (see **Appendix A** describes the falls pathway following admission).

6.4.3 Where patients are identified as being at risk of falling, the full falls risk assessment must be undertaken & falls management plan commenced (using the Trust's Falls Care Pathway – document print code WQK 026).

6.4.4 The risk assessment should be reviewed if the patient's medical or physical condition changes, or on review / change to medication or following a fall (please refer to **Appendix A – falls flowchart**).

6.4.5 In the event of a patient falling, the **Guideline on the Essential Care after an Inpatient Fall (please refer to Appendix F)** must be followed.

6.4.6 **Appendix B** describes the falls pathway for patients presenting in Accident & Emergency following falls, collapse or injury resulting from a fall.

6.4.7 **Appendix C** describes the pathway for patients following a fall.

⁶ Slips Assessment Tool (SAT), Health & Safety Executive Version 1.0 October 2004. Version 1.1.0 December 2006

6.4.8 Appendix D describes the pathway for patients being cared for in the community.

6.4.9 Referral to appropriate services should be considered and documented as soon as possible. A falls assessment – proactive ward audit form (**Appendix C**) has been developed to enable periodical audits of ward environments. Results of the audits will be presented and reviewed by the Falls Group. Action plans and progress will be monitored by Trust Falls Group and the Health & Safety groups.

6.4.10 A monthly nursing documentation audit is undertaken by Ward Sisters/Charge Nurses where x2 sets of notes are audited which include all aspects of the Falls Care pathway

7.0 In the Event of a Patient Fall

7.1 Introduction

All patients who fall must be appropriately assessed and a falls care plan commenced or reviewed as appropriate. Staff should inform the relative or carer that the patient had fallen, in line with the Trusts policy on the communication of information relating to a patient's condition.

7.2 Reporting and training actions

7.2.1 An incident form must be completed and signed by senior member of staff in the ward/department where the fall occurred.

7.2.2 If the patient sustained a serious injury, death, or if a repeat fall, this must be immediately reported to the Matron for further investigation and the completion of a Root Cause Analysis.

7.2.3 The circumstances of falls should be described completely and enable analysis of each incident and remedial action where indicated.

7.2.4 Training should be supported at ward and department level to ensure improved safety and reporting e.g. through the Trust Falls training events.

8.0 Incident Reporting & Learning Lessons

8.1 Slips, trips and falls are the most commonly occurring reported incident within clinical environments. The National Patient Safety Agency (NPSA) data for 2005/2006 collected from NHS trusts evidences that the average 800 bedded NHS acute hospital trust reports an average of 25 slips, trips and falls per week. Northern Lincolnshire and Goole NHS Foundation Trust pro-rata report an average 26-27 per week. Not all falls can be prevented but reducing the incidence of inpatient slips, trips and falls is seen as a key priority for Northern Lincolnshire & Goole NHS Foundation Trust.

8.2 Trust incident data – Since 1 October 2004, the date the Trust connected to the National Patient Safety Agency (NPSA) National Reporting and Learning (NRLS) system, over 13,192 incidents of Slips, Trips and Falls have been reported (data to end of December 2011). Of these 13% were confirmed as falls from height, 15% were confirmed as slips, trips and falls on the same level, with the largest category being reported as 'suspected' fall (68%) (this indicates it was not known whether the person fell from height, or whether they slipped/fell on the same level. A number of the reported incidents relate to the same person/patient falling.

- 8.3** All staff must accept that the safety and management of risk is one of their statutory duties, and not simply a corporate responsibility. The majority of Slips, trips and falls type incidents in the main are avoidable incidents and details of any such incidents should be reported to allow the real (root) causes to be identified. All staff are required to report incidents of slips, trips and falls using the DATIXWEB Incident Reporting System, available via the Home Page of the Intranet or via the Trust Incident Report Form (WVA049) in line with the Trust's Incident Reporting Policy.
- 8.4** Where incident reporting mechanisms are adhered to, and repeated incidents in relation to slips, trips and falls are identified, this will enable staff to critically examine causation factors and implement robust risk control methods.
- 8.5** Incidents will be monitored by the Trust Falls Group in the form of quarterly analysis reports.
- 8.6** Reports from the National Reporting and Learning System (NRLS) are also used in order to inform local learning.

9.0 Falls Prevention Programme

The Trust aims to reduce the risk of slips, trips and falls through the implementation and ongoing development of a Falls Prevention Programme. Key actions within that programme of work (which are outlined in the Trust's Slips, Trips and Falls Action Plan) include:

- The introduction of a Quarterly multi-disciplinary Falls Group – to drive the development of the Falls Prevention Programme - see Falls Group Terms of Reference (MDT010)
- The development of a Falls Policy and associated Risk Assessment Tools and Falls Care Pathway to assist staff in identifying the risks of slips, trips and falls and ensuring the implementation of appropriate corrective actions The delivery of an appropriate and ongoing awareness/training programme for staff – see section 9.0 below
- The implementation of appropriate policies and procedures aimed at minimising the risks of slips, trips and falls and resultant injury (e.g. Dress Policy, Restraint Policy)
- The implementation of a range of preventative strategies aimed at reducing the risk of falls including:
 - cohorting of patients at risk of falling
 - nursing/sitters for patients who are at significant risk of or repeatedly fall
 - the provision of spare/appropriate footwear for patients admitted without any or with ill-fitting slippers
 - the use of movement sensors
 - hourly observations/checks
 - Integrated Falls Service, with local partner agencies

- The development and implementation of falls awareness information leaflets for staff, patients and relatives and the reporting and review of slips, trips and falls incidents to identify trends/areas for learning and change
- Routine environmental risk assessments aimed at ensuring risks are eliminated/minimised
- Implementation of Root Cause Analysis (RCA) for all repeat fallers and for all falls resulting in harm graded moderate or severe. Please refer to the Falls Root Cause Analysis (RCA) Pro-Forma (WQN461)
- Ensuring purchasing policies include assessment of health & safety risks in terms of reducing the risk of slips, trips and falls
- The development of quality indicators, monitored by the Trust Board via the monthly Quality Report

N.B. Where possible, the pooling of equipment will be arranged.

10.0 Training & Awareness

10.1 The aim of Falls training provided by the Trust is to:

- To assist staff in understanding and identifying the risks of slips, trips and falls
- To ensure staff are aware of the appropriate assessment of patients at risk of falling
- To ensure staff are aware of the appropriate management of patients following a fall

10.2 All staff are required to attend Slips, Trips and Falls training. For specific requirements in respect of slips, trips and falls training please refer to the Trust's Mandatory Training Policy and Mandatory Training - Training Needs Analysis):

- The development of an information leaflet to support this. The leaflet will provide detailed advice for patients and carers on how to reduce the risk of falling, and offer help and support to all involved

11.0 Monitoring Compliance and Effectiveness

- 11.1 The Trust 'Falls Group' has designated responsibility for leadership and implementing and monitoring the effectiveness of this policy. This will be undertaken by:
- Monitoring & reviewing incident data relating to falls from incident data held within the DATIX Incident Reporting System, to provide a measure of the effectiveness of the risk assessments and action plans through the review of Quarterly Incident Analysis Reports
 - Risks identified relating to slips trips and falls will be placed on the Trust's Risk Register and action/treatment plans developed and monitored by the Falls Group
 - The Trust's Health & Safety Committees will review and monitor Risk Assessments and subsequent actions to ensure these are as effective as possible
 - A program of audits has been established, including clinical and environmental across all wards and departments to determine Trustwide compliance with this policy and overall effectiveness. The results will be used to monitor the level of performance being achieved and targets will be set and will form part of the Trust Falls Prevention Action Plan, reviewed by the Trust Falls Group
 - Audit results and associated performance targets will be included in the Annual Health & Safety Report
 - Quality Indicators will be set each year and reported and monitored via the Monthly Quality Report to the Trust Board. The Falls Group will also receive and monitor this information
 - Providing highlight reports to the Governance Liaison Group
- 11.2 An annual audit has been developed, and incorporated into the annual clinical documentation audit, which audits compliance with the Falls Care Pathway (WQK026). The results of this audit are reviewed by the Falls Group, who have designated responsibility for the development of an action plan. The audit results report and associated action plans are reviewed and monitored by the Governance Liaison Group.
- 11.3 This document will be reviewed following changes to legislation, regulations and national guidance/directives.
- 11.4 Any changes to this Policy will be ratified through Trust consultation process in line with the Policy on the Development of Procedural Documents.

12.0 Associated Documents

There are a number of local policies and Guidelines/Procedures which complement this Policy and should be read, understood and adhered to by all Trust employees. These are:

- Risk Management Strategy
- Health and Safety Policy Statement
- Incident Reporting Policy/Procedure
- Serious Untoward Incident Reporting Policy
- General Risk Assessment Procedure
- Trust Infection Control Spillage Policy
- Discharge Policy
- Dress Policy for All Staff
- Dress Policy for Staff Undertaking Clinical Duties
- Restraint Policy
- Beds Rails Policy

13.0 References

- 13.1** A Safer Place to Work: Improving the Management of Health & Safety Risks to Staff in NHS Trusts. National Audit Office. HC623. 30 April 2003.
- 13.2** Guidelines for the Prevention of Falls in people aged over 65. Donavon S, Carter Y, 2000. BMJ Vol 321 pg1008-1011.
- 13.3** Building a Memory: Preventing harm, reducing risks and improving patient safety. Patient Safety Observatory report 1. National Patient Safety Agency. July 2005.
- 13.4** Building a Safer NHS for Patients. Department of Health 2001, London.
- 13.5** Clinical Practice Guidance for assessment and prevention of falls in older people. National Institute for Clinical Excellence (NICE). April 2004.
- 13.6** Guidelines for the prevention of falls in people over 65. British Medical Journal 321: 1007-1011. Feder G, et al 2000.
- 13.7** National Service Framework (NSF) for Older People. Department of Health 2001, London.
- 13.8** Reducing Slips and Trips Accidents From Floor Cleaning. HSE News Release. WM3036/06. 16 August 2006.

- 13.9** Reducing Slips and Trips in the Health Service. Health & Safety Executive. HSE 2005.
- 13.10** Service Implementation: Do Once and Share. Falls Action Team Final Report. Connecting for Health. March 2006.
- 13.11** Seven Steps to Patient Safety. National Patient Safety Agency. April 2004.
- 13.12** Slips and Trips in the Health Service. Health Service Information Sheet (HSIS) No2. HSE. September 2003.
- 13.13** Slips, Trips and Falls in Hospital. Patient Safety Report. Patient Safety Observatory, NPSA. (2007).
- 13.14** Slips and Trips: Topic Inspection Pack. Health & Safety Executive. August 2006.
- 13.15** Slips and Trips Workplace Newsletter for employees in the Health Service. Health & Safety Executive. December 2004.
- 13.16** Strategy to Develop an Integrated Falls and Fracture Service for Older People in Blackpool, Fylde and Wire. November 2004.
- 13.17** The Assessment and Prevention of falls in older people. Clinical Guideline 21. National Institute for Clinical Excellence (NICE). November 2004.
- 13.18** Which of your patients is heading for a fall? Easterling M, 1990. Rehabilitation Nursing 53, Pg56-59.
- 13.19** NPSA/2011/RRR001 – Essential Care After An In-Patient Fall, National Patient Safety Agency, January 2011.

14.0 Useful Contacts

- 14.1** Trust Health & Safety Manager, Ext 5438 SGH or Ext 3670 DPoWH.
- 14.2** Trust Risk Manager, Ext 1121 DPoWH or Ext 2333 SGH.

15.0 Definitions of Slips, Trips and Falls

Definitions (from the Oxford Concise Dictionary):

- **Slip** – to lose footing or balance or place; to slide unintentionally
- **Trip** – cause (person) to stumble by entangling or suddenly catching his feet
- **Fall** – to descend by the force of gravity from a higher to a lower place to drop suddenly from an erect position; to collapse to the ground

16.0 Consultation, Dissemination & Implementation

- 16.1** This Falls Policy, together with associated Policies and Procedures is owned by the Head of Governance and has been developed jointly with the Directorate of the Chief Nurse and the membership of the Trust Falls Group.
- 16.2** The Policy has been approved by the Trust Governance and Assurance Committee, who has delegated responsibilities from the Trust Board.
- 16.3** Changes to the Policy will be communicated to all staff via email.
- 16.4** In addition, this Policy will be launched via team communication through Ward/Departmental Sisters/Charge Nurses, Matrons and Governance Co-ordinators.
- 16.5** The Falls Policy will be included in Inductions and annual training/awareness updates for all staff throughout the Trust and following each Policy review.
- 16.6** This Policy will also be placed on the Trust's intranet to ensure it is available to all staff.

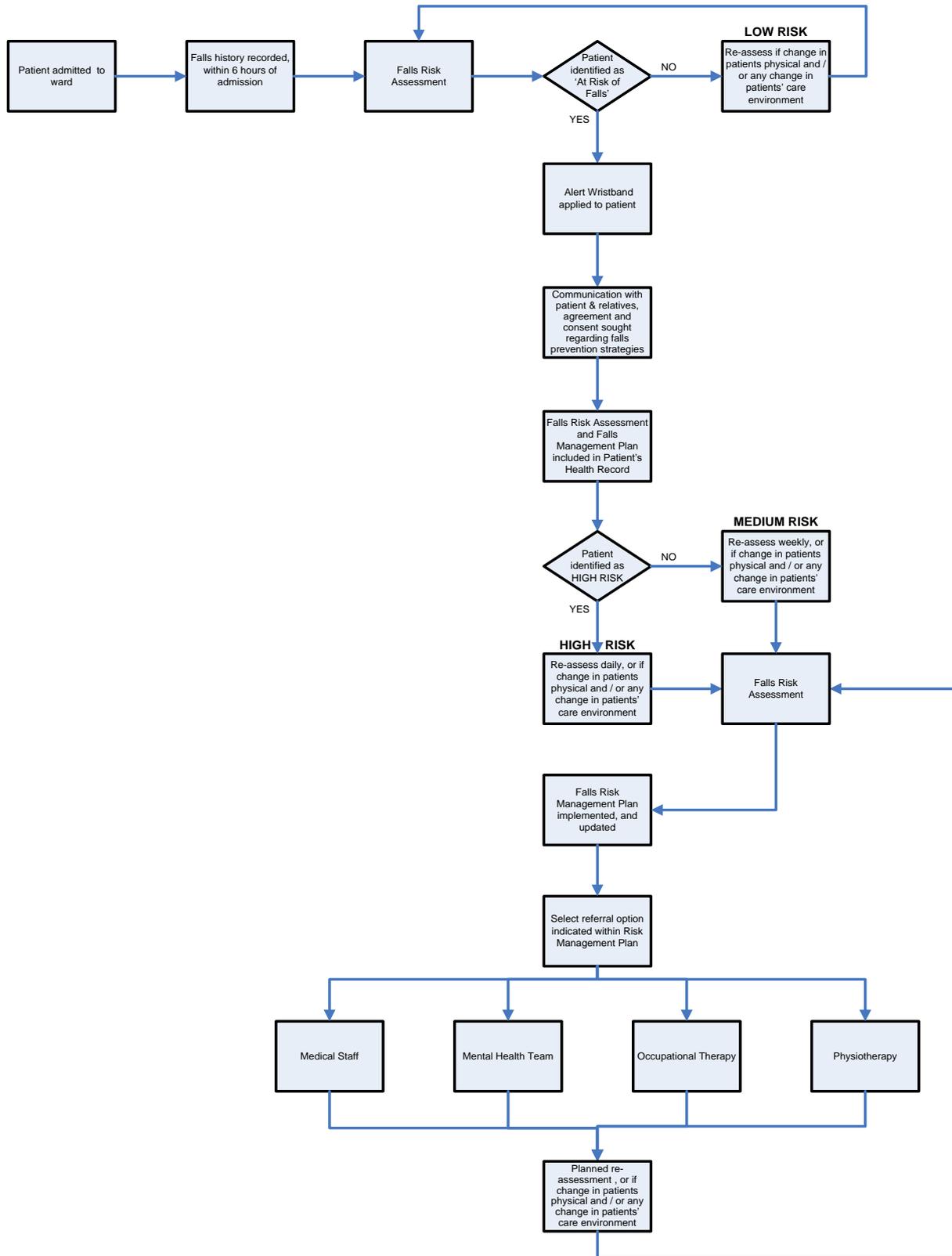
17.0 Equality Act (2010)

- 17.1** In accordance with the Equality Act (2010), the Trust will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Trust will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.
- 17.2** The Trust will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Trust's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

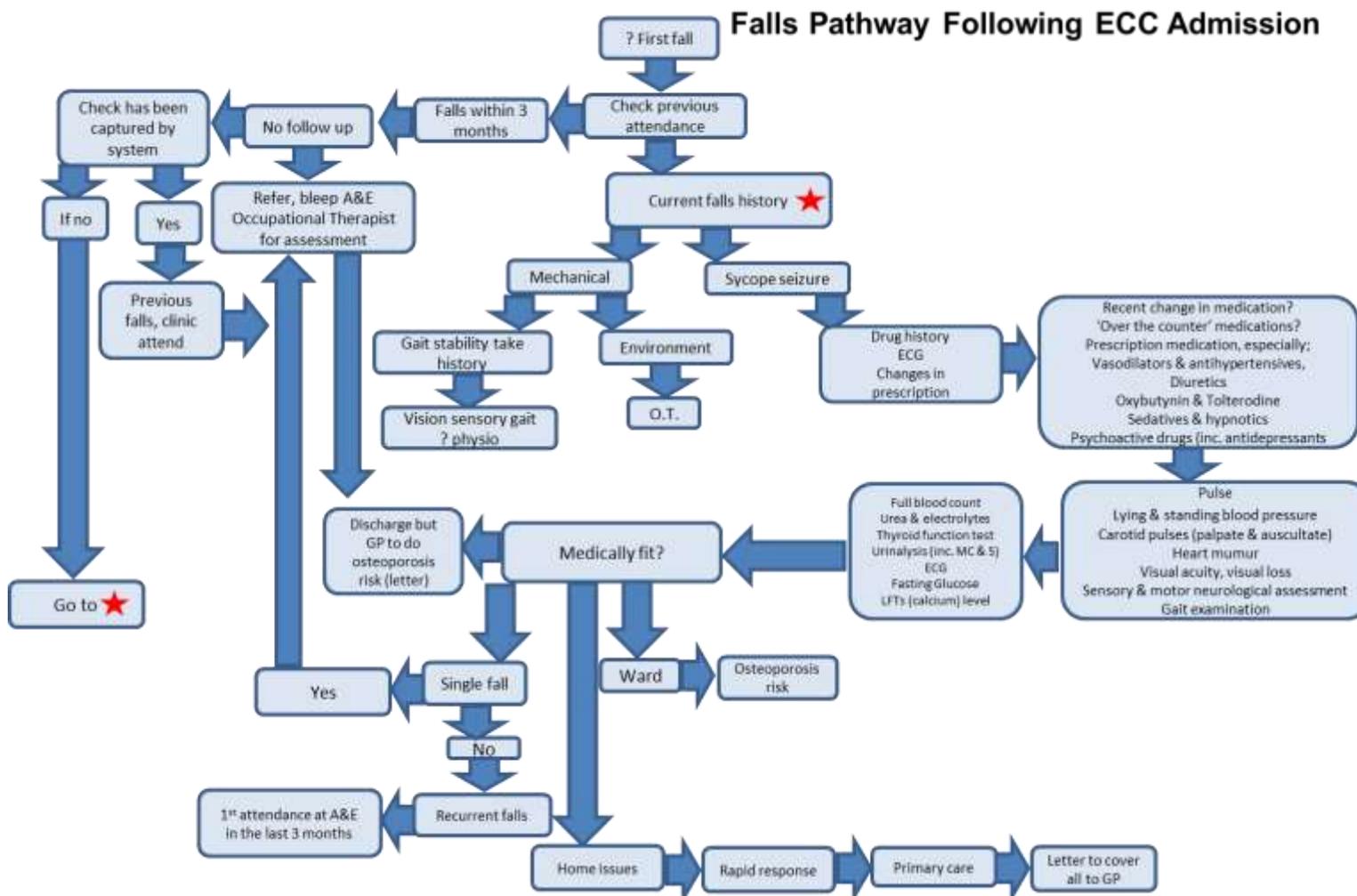
**The electronic master copy of this document is held by Document Control,
Directorate of Performance Assurance, NL&G NHS Foundation Trust.**

Appendix A

Falls Pathway following Ward Admission

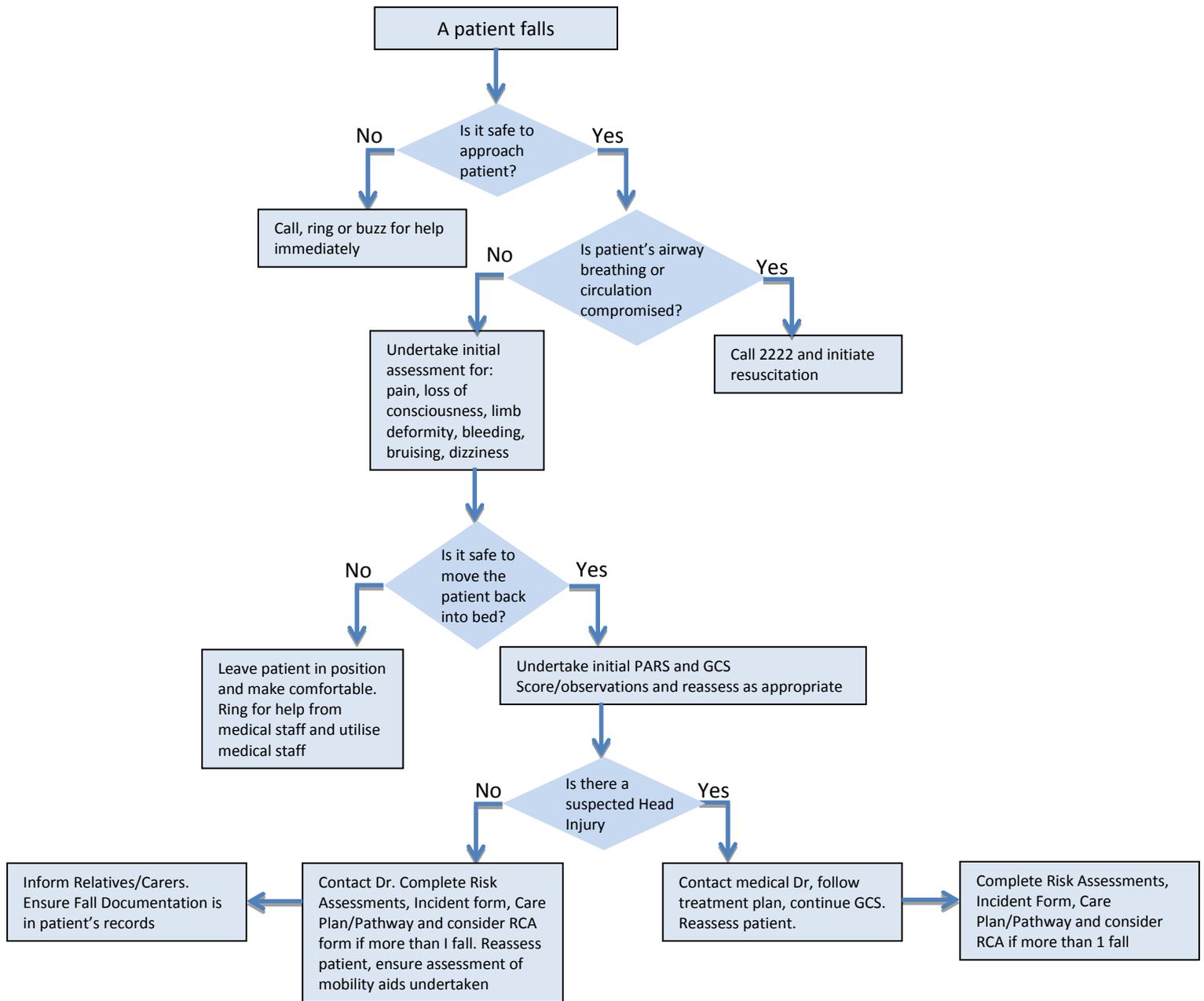


Appendix B



Appendix C

Patient Fall Protocol - Flowchart



Appendix D

Patient Fall Protocol - Flowchart (Community)

