The Newcastle upon Tyne Hospitals NHS Foundation Trust

Policy for the Prevention of Non-Patient Related Slips Trips and Falls

Version No: 1.0
Effective From: 08 January 2019
Expiry Date: 08 January 2022
Date Ratified: 23 October 2018
Ratified By: Clinical Policy Group

1 Introduction

The Trust is committed to reducing the risk to patients, visitors and staff of slipping or falling in our hospitals and external community premises. Furthermore the Trust recognises the requirement to ensure that floors and traffic routes within our buildings are free from the risks of slips as required by the Workplace (Health, Safety and Welfare) Regulations 1992.

Every year thousands of workers are involved in slips, trips and falls incidents, many employees are left with injuries and although it is rare, in some instances falls can be fatal. Slips, trips and falls account for over a third of all specified injuries in the United Kingdom. Moreover patient falls are one of the most frequently reported patient incidents. Many of these accidents are preventable and the incidence can be dramatically reduced through risk assessment and pro-active management together with good housekeeping and control of wet or contaminated surfaces.

2 Scope

This policy is intended to be a document for all staff to utilise throughout the Trust, laying down a template for the reduction of slips, trips and falls to patients, visitors and staff. The action plan linked to this policy is intended to be a working document and will be reviewed on an annual basis and when ongoing and immediate changes are made to the management of slips, trips and falls within the Trust. To ensure that this is achieved, working with staff side representatives the Newcastle upon Tyne Hospitals NHS Foundation Trust will take all reasonably practicable measures to ensure that workplaces under its control are safe and without unnecessary risk. Recognising the importance of on-going risk assessment, both managers and employees are required to be familiar with this policy and understand their role and responsibilities.

3 Aims

The aim of this policy document is to provide a framework to highlight specific areas where action is necessary to adequately assess the risks of slips and falls associated with floors and flooring design. In addition it is intended to consider areas where intervention is required to control risks from slips and falls and to provide an up to date action plan which will be monitored and reviewed by the Trust Health and Safety Committee and the Falls Taskforce, in accordance with Regulation 5 of the Management of Health and Safety at Work Regulations 1999.
4  Duties (Roles and responsibilities)

4.1  The Trust Board

The Trust Board is ultimately responsible for fulfilling all Health and Safety duties as an employer, including all Statute Health and Safety Law requirements.

4.2  Executive Directors

The Chief Executive Officer has overall responsibility to the Trust Board for ensuring that appropriate and effective health and safety management systems are in place. The Chief Executive Officer delegates responsibility for health and safety to the Director of Quality and Effectiveness. In practice the Director of Quality and Effectiveness deals with matters of health and safety in close association with Executive Directors, Clinical Directors, Senior Managers and the Health and Safety Lead.

4.3  Clinical Directors and Heads of Services

Clinical Directors and Heads of Services are responsible for ensuring that the day-to-day activities of the Directorate/Department are conducted in a safe and suitable manner. That Trust Health & Safety Policies are effectively and correctly implemented within their own Directorate/Departments and that sufficient priority and management support is given to matters of health and safety to ensure effective action and to promote a safety culture among all staff.

4.4  Directorate/Department Managers

Directorate/Department managers have the ultimate responsibility for all health and safety issues within their directorate/department. They must ensure that there is a sound local health and safety function as well developed health and safety awareness and culture within their remit. They will ensure that risk assessments are undertaken and reviewed and there is a health and safety strategy to address identified issues, they must also enable effective communication links for the dissemination of health and safety information within their directorate/department; this extends to the risks of slips, trips and falls.

4.5  Health and Safety

The Health and Safety Lead will review the overall policy and ensure that the action plan is updated annually and/or as required. All changes to the action plan will be discussed and reviewed by interested parties involved who will be responsible for the implementation of any actions. All changes to the policy will be ratified through the Trust Health and Safety Committee and the Falls Task Force

4.6  General responsibilities
A number of specific responsibilities for individuals, teams and departments are listed in the Slips, Trips and Falls Action Plan reviewed annually by the Trust Health and Safety Committee.

5 Definitions

Risk assessment is simply a careful examination of what, in the workplace, could cause harm to people, and review to determine if sufficient precautions are in place or should more be done to prevent harm.

6 Risk assessment

6.1 Risk Assessment (environment)

6.1.1 The Health and Safety Operational Policy details management responsibility to ensure that a robust risk assessment process is in place. Risk assessors must be appointed, trained and given the opportunity and time to undertake risk assessments within the local directorates/departments. All Managers are responsible for ensuring that risk assessments are undertaken to reduce the risk of Slips, Trips and fall assessments for all areas within their Directorate/Department. and should include:

- Identification of types of hazard and how likely it is to occur
- Characteristics, quality and condition of the flooring and use
- Influence of the weather and other external elements
- Programmes for maintenance, renewal and cleaning procedures
- Timing and method of floor cleaning processes
- Work-place users
- Education and training provision
- Outcomes, suitable controls and monitoring effectiveness.
- Review date.

6.1.2 All managers are responsible for ensuring that slips trips and falls incidents have a thorough investigation carried out and that suitable proactive initiatives are put in place to reduce falls and where appropriate, including a review of the risk assessment.

6.1.3 All department risk assessors should be aware of the results of the Floor Review Programme in their locality; Floor testing information is available under health and safety toolkit information on the intranet.

6.1.4 Floor testing will be undertaken at least every two years by the Estates in areas identified by risk assessment and designated within the action plan.

Floor testing will also be undertaken as part of the investigation of incidents where requested by the Investigating Manager or Health and Safety Team.
6.1.5 Where floors are identified as being particularly slippery or a worn surface an action plan will be developed and implemented based on HSE Slip and Falls Guidance.

6.1.6 Floor testing information will be included on completion every two years within the standing Estates Report to the Health and Safety Committee and by exception where the results of testing indicates a particular issue or risk.

6.1.7 Walk off matting in public areas, external weather conditions and cleaning regimes will also be considered as part of the risk assessment process and HTM 61 should be followed.

6.1.8 Managers must ensure that regular environmental inspections are carried out and that any risks identified that pose a slip, trip or falls hazard have an appropriate risk assessment undertaken and action plans developed that identify processes to reduce this risk. Managers should ensure that all staff are involved in the risk assessment process and have an opportunity to identify hazards, potential risks or near miss events relating to the workplace.

6.1.9 The Estates Department will carry out monthly inspections; maintain records of those inspections as part of their regular monitoring of the external grounds, roads, pathways and walkways. They will identify any hazards that may cause a slip, trip or a fall and ensure that suitable maintenance/action takes place to eliminate the risk. Where a hazard has been reported directly to the Estates Department remedial inspection and intervention will take place as soon as is practicable to deal with the hazard.

6.1.10 Where there is inclement weather expected or ongoing, in particular snow / ice, the Estates Department will monitor and assess the conditions to ensure that areas are salted/gritted in a timely manner and that excessive snow/ice on footpaths and roads within the grounds is removed.

6.1.11 The risk assessment process for all wards and departments must take into consideration recommendations from the floor testing. Where the need for floor replacement has been identified this should be undertaken as soon as practically possible and as an interim additional controls should be put into place, such as:

- Alert notices and barriers
- Redirection and or reduction of volume and type of traffic including disabled pedestrians/patients
- Mop drying of floors
- Safety footwear for staff and patients.
6.1.12 Prior to floor replacement being considered and undertaken by the Estates Department due attention will be given to available guidance, standards and legislation including the following:

- Health and Safety Executive Guidance
- Technical Information Sheet: Assessing the Slip Resistance of Flooring (R Rating etc.)
- INDG 225 Preventing Slips, Trips and Falls at Work
- Health Care technical Memorandum HTM 61.
- CAIS6, Preventing slips and trips in kitchens and food service

6.1.13 Any larger scale flooring works that meet tender criteria should include the requirement for the type of flooring to be tested by Health and Safety Laboratories or other organisation nominated by the Trust at cost to those tendering.

6.1.14 The Health and Safety Team will provide advice and guidance for Managers and Risk Assessors on the prevention of slips, trips and falls, and assist in the procurement of finding safe solutions/outcomes.

6.1.15 Where a risk assessment has identified specific hazards/risks the risk assessors have responsibility to ensure that their direct line manager is informed of the outcome of the assessment, and the controls that are required to resolve/reduce the risk of slips, trips and falls. The risk assessor should ensure that there is a realistic review date included in the risk assessment, and that once the review is undertaken managers are aware of any further action that is required.

6.1.16 The manager must ensure that action is taken in accordance with the risk assessment outcomes to reduce/control the risk of slips trips and falls.

6.1.17 Slip resistant flooring can be an effective measure in reducing the risk of falls; consideration should be given to its use, in particular those areas where it may be difficult to maintain a dry surface. Consultation with Health and Safety and IP&C should be undertaken where slip resistant flooring is being considered.

6.2 Risk Assessment (patient)

6.2.1 The requirements for the management of patient related falls including risk assessment requirements is covered under the Management and Prevention of Patient Slips, Trips and Falls Policy

Please refer to the Management and Prevention of Patient Slips, Trips and Falls Policy.

6.3 Safety Footwear
6.3.1 Patients

The requirement for patient related footwear is drawn out as part of the Falls Care Bundle and FOCUS chart requirements and is addressed within the Management and Prevention of Patient Slips, Trips and Falls Policy

Please refer to the Management and Prevention of Patient Slips, Trips and Falls Policy

6.3.2 Staff

Where there is a risk of slipping which cannot be reduced to an acceptable level by any other means then slip resistant footwear will be provided to the staff exposed to the risk as part of the Personal Protective Equipment (PPE) Regulations, based on a risk assessment.

All footwear provided by the Trust will have a slip resistant sole and be the subject of a risk assessment to ensure that the most appropriate footwear is provided for the task and that the risk and subsequent outcomes and actions are fully documented.

Where safety footwear is not provided or required under the PPE Regulations, but staff wish to purchase non-slip footwear of their own volition, the Trust will provide information on slip resistant footwear providers.

The Service/Departmental risk assessment for slips, trips and falls for staff whose role requires them to undertake domiciliary visits should consider the need for slip on internal overshoes for entry to properties. Staff are not expected to remove footwear during domiciliary visits. Shoe grip devices for use during snow and ice conditions should be considered as part of the risk assessment process for those undertaking domiciliary visits.

6.4 General principle

As a general principle all staff should be aware of their obligation to be attired in suitable footwear for the working environment. Any member of staff wearing inappropriate footwear will be advised that they are in breach of the Trust Dress and Appearance Policy.

6.5 Floor Cleaning Process

6.5.1 Wherever reasonably practicable floor cleaning will take place at quieter times of the working day, however where this cannot be achieved, due care and attention will be given to the floor cleaning process ensuring suitable controls are in place to reduce the risk of falls.
6.5.2 The current system of cleaning with micro-fibre mops must be followed as outlined in the hotel services procedure and infection control national guidelines, however the following safety controls must be in place, during any floor washing process:

Safety barriers must be in place to ensure that there is no access to the wet floor and to warn staff, patients and visitors of any impending dangers.

- Hazard chains may be used in conjunction with warning signs and safety barriers so there is a clear demarcation of the floor area being cleaned.

- Where a dry lane or area is difficult to maintain for pedestrians, such as doorways, narrow passageways, nurses stations or where half and half cleaning is not possible the floor should be cleaned in sections, and dried taking into account the contact time requirement of the cleaning product being used.

- In all cases excessive moisture should be kept to a minimum during the floor cleaning process and micro-fibre mops will be used for drying the excess water

- Cleaning of the floor must not extend beyond the safety barriers/chains/cones

- Prior to removing the barriers/chains, hotel service staff must observe the cleaned area and ensure that it is dry for access

- Floor cleaning regimes should be planned wherever possible to coincide with quiet periods in departments.

- ITU/HDU areas have the floors dried following floor cleaning. This is carried out to reduce the risk of falls should a patient require immediate/emergency intervention.

- Theatre suites will continue to have the floor cleaned at night/out of hours as part of the overall theatre cleaning schedule.

7 Training

7.1 Training will be given to all Trust employees at induction on the prevention and dangers of slips and falls.

7.2 All Hotel Services Staff receive specific floor cleaning training and slips, trips and falls prevention training.

7.3 All managers must ensure that specific slips trips and falls prevention information is part of local induction for all employees within their directorate/department.
7.4 Where designated by the Mandatory Training Policy, staff should complete the patient falls prevention mandatory training package.

7.5 Slips, Trips and Falls are covered under the Health, Safety and Wellbeing Training Package available on ESR, which is completed 3 yearly by all staff.

7.6 An e-learning package on general aspects of Slips, Trips and Falls Prevention is available through ESR. The training package should be completed for those staff groups identified under risk assessment of requiring additional training to prevent slips, trips and falls.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring Compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Risk assessment completion</td>
<td>Action Plan Update and Review</td>
</tr>
<tr>
<td>Action plan completion</td>
<td>H&amp;S Compliance Audit of slips, trips and falls risk assessments</td>
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<tr>
<td>That all slips, trips and fall Incidents are reported.</td>
<td>Review of Incidents recorded on datix</td>
</tr>
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<td></td>
<td>Leadership Walkabouts</td>
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</tbody>
</table>

10 Consultation and Review

The policy has been circulated to:

- Trust Health and Safety Committee
- Trust Falls Task Force Group
- Estates Compliance and Risk Manager
- Head of Sustainability and Compliance
- Hotel Services Manager RVI
- Hotel Services Manager FH
- CPG

11 Implementation (including raising awareness)
A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the Health and Safety Team. Staff will be informed of slips trips and falls prevention information through regular Trust wide campaigns and any specific issues through the Communications meeting. This approach will include reminding staff of the need to report near miss events and those incidents which do not result in injury in addition to those where injury is incurred. Staff Side will have open access to the Trust Falls Task Force Group and the Trust Health and Safety Committee to raise concerns relating to identified hazards. In addition staff side representatives will be involved and consulted on the compliance with this policy and any subsequent reviews/updated of the policy through the Trust Health and Safety Committee. Where appropriate staff side will be involved with working projects to address slips, trips and falls issues at a local level.

12 References

- Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1992/1999
- Trust Intranet Health and Safety site
- Trust Learning Portal accessible through ESR.
- HSE Website

13 Associated documentation

- Health and Safety Operational Policy
- Management and Prevention of Patient Slips, Trips, Falls Policy
- Dress and Appearance Policy
- Mandatory Training Policy

Review: Health and Safety Lead
# Policy for the Prevention of Non-Patient Related Slips, Trips and Falls – Action Plan 2018 – 2019

<table>
<thead>
<tr>
<th>Subject</th>
<th>Key actions</th>
<th>How best to achieve</th>
<th>Person/Group Responsible</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environmental STF Risk Assessment</strong></td>
<td>As part of the ongoing risk assessment process managers must ensure that regular risk assessments are undertaken relating to the potential of slips, trips and falls and always following a serious incident or where hazards have been identified. Managers must ensure that they are aware of hazards/near miss events identified by staff.</td>
<td>All Directorate and Departmental managers will appoint suitably trained Risk Assessors and will ensure that risk assessments are undertaken to identify slips, trips and falls hazards including assessment of floor covering. Controls will be developed by the Risk Assessors to deal with the hazards. It is the Manager’s responsibility to ensure these controls are effectively implemented and regularly reviewed</td>
<td>Directorate/Departmental Managers, supported by risk assessors.</td>
<td>Health and Safety Team will conduct Risk Assessor training throughout the year and on demand. Monitoring of risk assessment compliance with be undertaken quarterly by the Health and safety Compliance Team.</td>
</tr>
</tbody>
</table>
| **Floor Testing** | To ensure that floor surfaces are tested for damage, slipperiness, roughness and suitability for the working environment. Managers should | The Estates Directorate will use pendulum testing on the following areas:  
- Tops of all stairwells  
- Main access and egress points. | Estates Manager Operations. Estates Managers Operations to ensure completion  
Health and Safety Team to review data and provide recommendations. | Bi-Annual floor testing programme is completed, reported to Falls Task Force Group and Health and Safety Committee |
<table>
<thead>
<tr>
<th>New/Replacement Flooring</th>
<th>Slip resistance qualities of new or replacement flooring to be established and considered.</th>
<th>Slip resistant flooring to be considered on refurbishments/replacement in consultation with IP&amp;C and the Health and Safety Team. Tenders to include provision of floor testing by HSL or other nominated body at cost to those tendering.</th>
<th>Estates Managers Operations and Directorate/Departmental Managers</th>
<th>On replacement or refurbishment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk off Matting</td>
<td>Suitable and appropriate walk off</td>
<td>All Entrances to conform to HTM 61 requirements.</td>
<td>Estates Managers Operations and including</td>
<td>Walk off matting at main access points</td>
</tr>
<tr>
<td>Inspection of External Grounds.</td>
<td>Where there is inclement weather expected or ongoing in particular snow/ice the Estates Department to monitor and assess the conditions to ensure that areas are salted/gritted in a timely manner and that excessive snow and ice on footpaths and roads is removed. Monthly inspections of the grounds will be carried out by the Estates Department to identify any Slips, Trips or falls hazards and ensure that suitable action takes place to eliminate the risk. (Inspection records maintained for a minimum of 3 years)</td>
<td>Estates arrangements for weather monitoring and action following identified hazards.</td>
<td>Estates Lead responsible for external grounds? Who is this</td>
<td>Inclement weather conditions.</td>
</tr>
<tr>
<td>Risk Assessment (patient)</td>
<td>Refer to the Management and Prevention of Patient Slips, Trips and Falls Policy</td>
<td>Review of policy monitoring requirements to be undertaken</td>
<td>Detailed in the Management and Prevention of Patient Slips, Trips and Falls Policy including monitoring section</td>
<td>Please refer to the Management and Prevention of Patient Slips, Trips and Falls Policy monitoring requirements</td>
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<tr>
<td>Safety Footwear</td>
<td>Any change in Trust supplied patient related footwear to be reviewed by the Falls Task Force Group. All footwear provided to staff by the Trust will be reviewed for suitability and slip resistance. Advice and guidance will be provided for all staff that are not part of any PPE requirements but wish to purchase slip resistant footwear. Theatres requirements anti-static to be incorporated. Provision of overshoes.</td>
<td>Refer to the Management and Prevention of Patient Slips, Trips and Falls Policy Evaluation outcomes will decide the most appropriate footwear to purchase. Risk assessments will determine if additional PPE footwear needs to be provided. General footwear requirements detailed in the Dress and Appearance Policy. Internally used overshoes and externally worn grippers to be considered.</td>
<td>Fall Task Force Group Supplies Falls Prevention Co-ordinator Department/Directorate Managers as part of risk assessment and PPE Policy requirements.</td>
<td>Non-slip safety slipper socks for patients will be provided. During changes or the introduction of PPE. As identified under the risk assessment development and review.</td>
</tr>
<tr>
<td>Floor Cleaning Process</td>
<td>The approved floor cleaning process will be reviewed. In HDU/ITUS the floor will be mop dried following cleaning rather than air dried. <strong>Contact time for substance to be observed.</strong> Where half and half cleaning or a dry lane is difficult to maintain, wet and dry machine and/or mop drying should be undertaken. In all cases excessive moisture should be kept to a minimum during the floor cleaning process and micro-fibre mops will be used for drying the excess water.</td>
<td>Domestic staff trained in use of micro fibre system. Hotel Services in association with microbiology to consider where a system for drying the floor as standard can be safely implemented. (These areas being in the main Critical Care and HDU, however other floor areas can be dried as part of local arrangements if there is risk of falls in emergencies) Areas that have been found to be slippery/shiny are being de-buffed. The buffing process will continue to remove surface dirt and grime only</td>
<td>Hotel Services Managers Infection Prevention and Control Committee. Review of floor cleaning process as a response to the outcome of risk assessments and/or Incident investigations.</td>
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<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Barrier Controls</td>
<td>Warning barriers supported by signage. Provide safety barriers/cones for wards,</td>
<td>Hotel Services Managers</td>
<td>Continued use to be monitored and</td>
<td></td>
</tr>
<tr>
<td>Training and Education</td>
<td>Use of cones, signage, and barriers to be covered during hotel services induction/training.</td>
<td>departments and circulation areas. Provide door barriers to restrict access into single use areas. Provide signage to support the use of barriers and direct away from areas being cleaned. Provide at hotel services induction and additional update training by supervisors.</td>
<td>Health and Safety advice, support and monitoring. reinforced. Controls reviewed under risk assessment and incident response arrangements.</td>
<td>Training and Education</td>
</tr>
</tbody>
</table>
At least annually and during local induction.

<table>
<thead>
<tr>
<th>Monitoring</th>
<th><strong>Falls Task Force</strong> will monitor all aspects of slips trips and falls prevention and management as outlined in the Policy.</th>
<th>Regular meetings will consider progress with all aspects of the action plan.</th>
<th>Falls Prevention Coordinator</th>
<th>Falls Statistics (Patient and Staff) to be reviewed at FTFG meetings.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Trust Health &amp; Safety Committee</strong> will have responsibility for monitoring compliance with this Policy and action plan through risk assessment compliance, Incidents reports, Floor testing programme results and specific verbal and written reports.</td>
<td>Annual review of the Policy action plan at Trust Health and Safety Committee Leadership walkabouts will support monitoring requirements. Risk assessment compliance monitored by H&amp;S Committee reporting.</td>
<td>Health and Safety Lead Director of Quality and Effectiveness</td>
<td>STF incidents and risk assessments to be included in quarterly Health and Safety Committee reports.</td>
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</tr>
</tbody>
</table>
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 16/08/2018

2. **Name of policy / strategy / service:** Strategy for the Prevention of Slips, Trips and Falls

3. **Name and designation of Author:** Tim White Health and Safety Lead

4. **Names & designations of those involved in the impact analysis screening process:** Tim White Health and Safety Lead

5. **Is this a:**
   - Policy [ ]
   - Strategy [x]  
   - Service [ ]

   **Is this:**
   - New [ ]  
   - Revised [x] 

   **Who is affected**
   - Employees [x]  
   - Service Users [x]  
   - Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** (These can be cut and pasted from your policy)

   This strategy is intended to be a working document for all staff to utilise throughout the Trust, laying down a template for the reduction of slips, trips and falls to patients, visitors and staff. The associated action plan of the strategy is intended to be a living document and will be reviewed at least on an annual basis or sooner where appropriate by the Trust Health and Safety Committee to ensure that this is achieved. The strategy lays down the arrangements that the Newcastle upon Tyne Hospitals NHS Foundation Trust will take to ensure that workplaces under its control are safe and without unnecessary risk. Recognising the importance of on-going risk assessment, both managers and employees are required to be familiar with this strategy and understand their role and responsibilities.

7. **Does this policy, strategy, or service have any equality implications?**
   - Yes [x]  
   - No [ ]

   These implications have been addresses in the final version of the policy.

   **If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**
### 8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Provision of Interprets Mandatory EDHR Training</td>
<td>We do not have any evidence to suggest there is a difference between different races and number of falls. We do not monitor this in our falls.</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Mandatory EDHR Training Religion, Belief and Cultural Practices Policy and Guidance</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>The strategy outlines the management for adult patients within the Trust Trust work in relation to Dementia Care Mandatory EDHR Training</td>
<td>There is evidence to suggest that patients over the age of 65 are more likely to fall. This is considered and monitored in the Slips, Trips and Falls Policy and associated training.</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Warning signs on the NVW escalators have been designed to meet accessible needs. Provision of BSL Signers and Deaf Blind Guides LD Liaison Nurse, flagging of learning disability and patient passport. Psychological, Mental Health and Dementia support services Mandatory EDHR Training</td>
<td>Sensory impairments, communication difficulties, physical difficulties and cognitive impairments can increase a person’s risk of falls. This is addressed in the Slips, Trips and Falls Policy and associated training.</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Maternity / Pregnancy

Mandatory EDHR Training
Health and Safety legislation places some restrictions on the risks that new and expectant mothers may be exposed to. All pregnant staff have an assessment of any risks they may be exposed to.

No

Include awareness of risks associated with pregnancy in the training

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes [ ] No [x]  

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No the policy aims to prevent injury or harm

PART 2

Name: Tim White

Date of completion: 16/08/2018

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)