The Newcastle upon Tyne Hospitals NHS Foundation Trust

Management and Prevention of Adult Patient Slips, Trips and Falls

Policy

<table>
<thead>
<tr>
<th>Version No.</th>
<th>4.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From</td>
<td>18 April 2018</td>
</tr>
<tr>
<td>Expiry Date</td>
<td>02 November 2019</td>
</tr>
<tr>
<td>Date Ratified</td>
<td>26 March 2018</td>
</tr>
<tr>
<td>Ratified By</td>
<td>Falls Taskforce Group</td>
</tr>
</tbody>
</table>

1 Introduction

1.1 This policy provides guidance for staff employed by The Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) on:

- Assessing patients’ risk of falls
- Ensuring appropriate mechanisms are put in place to prevent falls
- Managing falls if they occur
- Monitoring and learning from incidents of patients falling.

This policy does not relate to slips, trips or falls relating to staff or visitors. This can be found in the Strategy for the Prevention of Slips, Trips and Falls.

1.2 A fall in hospital can be devastating. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and increased morbidity and mortality. Falling also affects the family members and carers of people who fall, and has an impact on quality of life, health and social care costs. Falls represent significant cost to trusts and the wider healthcare system, with annual total costs to the NHS alone from falls among older people estimated by the National Institute for Health and Care Excellence (NICE) in 2015 at £2.3 billion (NHSI, 2017).

Inpatient falls remain the most frequently reported patient safety incident reported to the National Reporting and Learning System (NRLS) with over 250,000 falls being reported across England and Wales each year. Furthermore, over 1000 falls per year in hospital result in serious injury such as fractures or head injury.

The causes of falls are complex. Hospital patients are particularly likely to be vulnerable to falling due to medical conditions including delirium, cardiac, neurological or musculoskeletal conditions, and side effects from medication or problems with balance, strength or mobility. Poor eyesight or poor memory can create a greater risk of falls when the patient is out of their normal environment on a hospital ward. Communication difficulties can also pose a potential risk to the patient and these should be addressed to ensure the patient’s needs are met. For example, patients with hearing
difficulties may not hear advice given to reduce their risk of falling.

NICE guidelines (June 2013) extended recommendations from NICE guidelines published in 2004 to include hospital in-patients. This policy identifies how The Trust is committed to reducing the incidence of falls for patients in line with these recommendations.

Furthermore, the NICE quality standard 86 (2017) gives recommendations on the safe management of patients following a fall. This policy also identifies how The Trust is committed to reducing patient harm if a fall does occur.

2 Policy Scope

This policy applies to all healthcare professionals working across acute and community services within NuTH. This includes medical staff, nurses, allied health professionals, students and temporary clinical staff working in the Trust or those working in the Trust from other organisations.

3 Aim of the policy

The aim of this policy is to support the safety of patients and promote a culture of falls prevention assessment and intervention being all staff’s responsibility. The document aims to work alongside existing policies and strategies within the organisation.

The aim of this policy is to:

- Inform staff of their responsibilities in relation to the prevention and management of patient falls
- Minimise the risk of falls and harm to patients
- Set out the Trust’s responsibilities for monitoring and acting on Trust wide learning from patient falls.

4 Duties – roles and responsibilities

Trust Board: are responsible for ensuring the appropriate Health and Safety and risk management arrangements are in place throughout the Trust.

Directorate Managers, Clinical Directors and Heads of Department: are responsible for supporting staff in complying with the policy, including ensuring that the necessary systems, processes and equipment are in place to facilitate adherence to the policy. Managers should encourage incident reporting, monitor incidents, and implement findings from investigations of serious incidents.

Ward Sister/Charge Nurse/Department Lead: are responsible for ensuring compliance with the policy, the completion of individual patient risk assessments and the implementation of identified falls (and fracture)
prevention measures. They must ensure that all staff have the appropriate knowledge and skills to deliver care in accordance with the policy. They are responsible for ensuring the local environment under their responsibility is managed in respect to clutter, wet conditions and maintenance risks.

They should also ensure that all patient falls are recorded on the Trust’s incident reporting system and that any incident graded moderate or above is reported directly to The Falls Prevention Coordinator and/or Clinical Governance and Risk Department (CGARD), so that a Root Cause Analysis (RCA) investigation can be undertaken.

If a fall occurs where as a result the patient suffers injury graded moderate or above it is their responsibility to react within the guidelines of the Being Open Policy and the following must be completed:

1. The patient or their family/carer must be offered a verbal explanation/apology and this should be documented in the Patients Health Care Records. An offer of written information/explanation should also be given (and if required Matron to be informed to action).
2. The above explanation/apology should be included in the RCA investigation indicating the date of the conversation and who led the conversation with the patient/relative.

All staff: who provide care to patients must be fully aware of, and act within the confines of the policy at all times, ensuring that all patients have a risk assessment completed and that falls (and fracture) prevention measures are implemented. All staff have a duty to report any incident of patients falling and report any non-adherence with the policy to their line manager. All staff must take a proactive approach to preventing slips, trips and falls. If a fall occurs a Post Fall Assessment Checklist should be carried out. This is 2-part; Form A is required to be completed by the staff member responsible for that patient’s care at the time of the fall, assisted by any witnesses or responders to the fall, to ensure as much factual information is recorded. Form B is to be completed by the doctor or nurse practitioner who is called to review the patient post fall.

5 Definitions

Slip: To slide accidentally causing the person to lose their balance. This is either corrected or causes the person to fall.

Trip: To stumble accidentally, often over an obstacle causing the person to lose their balance. This is either corrected or causes the person to fall.

Fall: A fall is defined as an unintentional/unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level.

Controlled/assisted fall: For example when a staff member attempts to minimize the impact of the fall by easing the patient’s descent to the floor.
or by breaking the patient’s fall. These events may still result in injury to the patient.

**Fall from height:** Any level above floor level must be considered a ‘height’, which should the patient fall from, could result in serious injury. Examples would include, a patient falling out of bed/from a trolley, climbing out of a window, falling over a barrier.

**Bedrail:** Also known as cot sides or bedside rails. These rails are integrated onto The Trust standard bed. These are a device designed to prevent patients falling out of bed.

6 **Risk Assessment and management of patients at risk of falls**

6.1 **Risk assessment and management of adult in-patients**

On admission all adult inpatients should be treated as being ‘at risk’ of falls and the relevant Falls Care Bundle document should be completed within 12 hours of admission, except where there is an exemption in place (Maternity Services, day-case patients and critical care).

The three different Falls Care Bundle documents are:

1. Falls Care Bundle (for all patients aged less than 65 years)
2. Falls Care Bundle (for all patients aged over 65 years)
3. Falls Care Bundle: Neurosciences

All of the Falls Care Bundle documents contain the minimum level of falls prevention interventions that should be done for all adult inpatients, these are:

- educate on the use of call bell
- check and advise on appropriate footwear
- complete moving and handling assessment
- bedrails risk assessment: record of decisions

The Falls Care Bundle (for all patients aged over 65 years) and the Falls Care Bundle: Neurosciences are evidence based, multifactorial assessment and intervention plans. NICE (2013) recommends that all patients aged 65 years and over are at higher risk of falls and therefore require a more comprehensive assessment of risk and a tailored intervention plan. All in-patients within Neurosciences are classed as higher risk regardless of age and therefore all patients receive a comprehensive assessment and intervention plan based on the specialist needs within this directorate.

NICE (2013) also recommends a comprehensive level of assessment and intervention with patients under 65 who have comorbidities which would make them at higher risk of falls, these include:

- fall(s) in the last 12 months/fear of falls
- conditions which affect balance, dizziness or cognitive ability e.g. stroke, Parkinson’s disease, dementia
The Falls Care Bundle (for all patients aged over 65 years) should also be used with patients that meet these criteria who are under 65 years of age. There is clear guidance on the documentation to indicate this.

All of the Falls Care Bundles should be completed on admission (within 12 hours), weekly as a minimum and post fall or on change of condition (this can include transfer to another ward if the patient’s condition has changed).

Within the Falls Care Bundle (for all patients aged over 65 years) the modifiable risk factors included are those which research shows have a high correlation with increased falls risk (NICE, 2013). Common osteoporosis risk factors are also included (under Fracture Risk Assessment). Osteoporosis is not a cause of falls, but including it within this document complies with NICE Guidance 146 (2012): Osteoporosis: assessing the risk of fragility fracture, and is also in keeping with advice from the National Patient Safety Agency (2007).

Within all of the Falls Care Bundles there is a prompt for staff to consider if the use of specialist equipment is appropriate, such as, low level beds and/or bed/chair sensors.

With those patients who are at risk of falling from a chair, the use of a chair sensor alarm should be considered. Guidance from The National Patient Safety Agency (NPSA, 2007) recommends a chair sensor alarm would not be appropriate for a patient with very poor mobility but should be considered for those patients where staff could react in time to the alarm prior to the patient falling (i.e. can mobilise short distances unaided but need assistance for longer distances or more high risk activities such as toileting). They are also not designed for patients who, although at high risk of falls, move around frequently.

Bedrails are intended to reduce the risk of patients accidently falling out of bed. However, if used inappropriately bedrails could pose a greater risk to the patient. Further guidance is available in The Safe and Effective Use of Bedrails Policy.

Patients at risk of falling may require additional supervision to maintain their safety whilst in hospital. The Safe Supervision Level of Care guidance should be used to assess individual patients and help with the decision making process of how much supervision they require.

Behavioural problems may not always be a result of memory problems, but can also arise from an underlying, treatable physical cause. If a patient has confusion or an altered mental state ‘THINK DELIRIUM’. Even if the patient has a diagnosis of dementia, delirium may still be present. The Delirium Assessment and Management Guideline, provides guidance on recognising and treating delirium.
The management of behavioural and psychological symptoms in dementia is different to the management of delirium. Non-pharmacological approaches to management should be considered in the first instance. Further guidance should be sought from the Managing Behavioural Problems and Agitation in Dementia Guideline.

Falls Prevention interventions should always be at the patient’s consent. Where it is suspected that a patient does not have mental capacity, further guidance should be sought from the Mental Capacity Act 2005 policy. Where a patient is deemed to not have mental capacity, the Deprivation of Liberty process should be considered. Further guidance is available in the Deprivation of Liberty Safeguards Policy.

6.2 Risk assessment of patients in a community setting

A falls risk assessment accompanied by appropriate action to prevent falls must be carried out as part of the initial assessment process for all new referrals. Every time a patient falls (or is found on the floor and a fall is suspected) or the patient’s condition changes, the risk assessment and action plan should be re-evaluated to ensure that the intervention plan remains appropriate. Any additional risk factors and actions identified as a result of this re-evaluation should be addressed. This should be documented in the patient’s care plan.

6.3 Management of patients post fall

6.3.1 Inpatients

Following an inpatient fall, the Trust Inpatient Post Fall Protocol should be adhered to (site dependent), see below. Staff working in inpatient facilities on the Campus for Ageing and Vitality (CAV) will need to call for the assistance of emergency services post fall if required.

Inpatient Post Falls Protocol (excluding CAV)
Inpatient Post Fall Protocol (Campus for Ageing and Vitality Site)

The Post Fall Assessment Checklist should be completed by Nursing and Medical Staff attending to the patient following a fall. This should then be filed in the patient’s medical notes.

6.3.2 Outpatients / Community

Following a fall in an outpatient / community setting, the Outpatient Post Fall Protocol should be adhered to (site dependent), see below.

Outpatient Post Fall Protocol (FH / RVI) Outpatient Post Fall Protocol (CAV / Community)

Certain incidents may be reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences
7 Training

Falls Prevention is part of Trust mandatory training and requirements for each staff group are detailed in the Mandatory Training Policy.

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 with the policy

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring of the compliance of Trust guidelines for falls risk assessment including completion of the Falls Care Bundle, bedrails assessment (to monitor compliance with NHSLA standards of assessment of falls from height) and FOCUS Chart.</td>
<td>Monitoring of completion and implementation at ward level will be undertaken via the Clinical Assurance Tool Kit</td>
<td>Ward Sister</td>
<td>Falls Task Force Group</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
| Monitoring of the actual number of falls incidences, falls/1000 bed days and severity. Investigation of serious incidents and learning from these incidents:  
  - Data graphically represented in the Falls Dashboard monthly  
  - Monthly monitoring of falls included in Quality Account  
  - Root Cause Analysis of falls graded moderate or above | Falls Dashboard Quality Account  
  - RCA investigation process following any fall graded moderate, major or catastrophic  
  - 6 monthly report of analysis of RCA | Clinical Informatics and CGARD  
  - CGARD  
  - Deputy Director of Nursing (Freeman Hospital) / Falls Prevention Co-ordinator  
  - Deputy Director of | Falls Task Force Group  
  - Board  
  - Board | Monthly  
  | Monthly  
  | 6 monthly    |

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10 Consultation and Review

This policy will be reviewed every two years. Comments, queries and suggested amendments should be addressed to the Falls Task Force Steering Group Chair.

11 Policy Implementation

A synopsis of any changes to the policy will be made available to staff via the Trust Policy Newsletter.

12 References

- NHS Improvement (2017) The incidence and cost of inpatient falls in hospital
- NPSA Slips, trips and falls in hospital – The third report from the Patient Safety Observatory 2007
13 Associated Documentation

The policy should be read in conjunction with the following related polices, strategies and protocols:

- Being Open Policy
- Delirium Assessment and Management Guideline
- Deprivation of Liberty Safeguards Policy
- Inpatient Post Fall Protocol (CAV Site)
- Inpatient Post Fall Protocol (excluding CAV)
- Management and Reporting of Accidents and Incidents Policy
- Managing Behavioural Problems and Agitation in Dementia Guideline
- Mental Capacity Act 2005 (including the Deprivation of Liberty Amendment 2009) Policy
- Outpatient Post Fall Protocol (CAV / Community)
- Outpatient Post Fall Protocol (FH / RVI)
- Reporting and Management of Serious Incidents Policy
- Restraint Policy
- Safe and Effective Use of Bedrails Policy
- Strategy for the Prevention of Slips, Trips and Falls
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:** 16/04/2018

2. **Name of policy / strategy / service development/investment plan/Business Plan/Board Paper**
   - Management and Prevention of Adult Patient Slips, Trips and Falls Policy

3. **Name and designation of Author:**
   - Rachel Carter

4. **Names & Designations of those involved in the impact analysis screening process:**
   - Falls Task Force Group

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

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

   **Who is affected:**
   - Employees [ ] 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)**
   - The main aim of this policy is to support the safety of patients and promote a culture of falls management and prevention being all staff’s responsibility.

   The aim of this policy is to:
   - Inform staff of their responsibilities in relation to the prevention and management of patient falls
   - Minimise the risk of falls and harm to patients
   - Set out the Trust’s responsibilities for monitoring and acting on Trust wide learning from patient falls.
7. Does this policy, strategy, or service have any equality implications?  No

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:

<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 related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)</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 equal 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. Ethnicity to be added to the root cause analysis form and communication support for people whose first language is not English added to 1.2</td>
<td>No</td>
</tr>
</tbody>
</table>
| Sex (male/ female) | Mandatory EDHR Training  
Sex is part of the root cause analysis audit and reviewed in relation to falls strategies | No |  |
| Religion and Belief | Mandatory EDHR Training | No | No |

The policy promotes the safety of all adult patients within the Trust. The policy does not discriminate against the protected characteristics.

8. Summary of evidence related to protected characteristics
<table>
<thead>
<tr>
<th>Sexual orientation including lesbian, gay and bisexual people</th>
<th>Mandatory EDHR Training</th>
<th>No</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>The policy outlines the management for adult patients within the Trust Trust work in relation to Dementia Care Mandatory EDHR Training Age is part of the root cause analysis process and reviewed in relation to falls strategies</td>
<td>There is evidence to suggest that patients over the age of 65 are more likely to fall. Consideration of this is incorporated into the policy.</td>
<td>No</td>
</tr>
<tr>
<td><strong>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</strong></td>
<td>Provision of BSL Signers and Deaf Blind Guides LD Liaison Nurse, flagging of learning disability and patient passport. Psychological and Mental Health support services Mandatory EDHR Training</td>
<td>The policy highlights that sensory impairments, communication difficulties, physical difficulties and cognitive impairments can increase a person’s risk of falls.</td>
<td>No</td>
</tr>
<tr>
<td><strong>Gender Re-assignment</strong></td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Marriage and Civil Partnership</strong></td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Maternity / Pregnancy</strong></td>
<td>Mandatory EDHR Training</td>
<td>Maternity Services are exempt from completing the Falls Risk</td>
<td>No</td>
</tr>
</tbody>
</table>
Assessment Screening Tool due to the nature of the patients being admitted to the service being at lower risk of falls.

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  
   No

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

**PART 2**

**Signature of Author**

Rachel Carter

**Print name**

Rachel Carter

**Date of completion**

16/04/2018

(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.)