

In-Patient Falls Prevention, Reduction and Management Policy

Department / Service:	Clinical Governance
Originator:	Dr Ruma Dutta – Consultant Geriatrician Sarah Craister - Frailty Physiotherapist Sarah Pittaway - Frailty Pharmacist practitioner Alice Elderton - Safer Care Practitioner
Accountable Director:	Paula Gardner
Approved by:	Clinical Governance Group
Date of Approval:	1 st March 2022
Review Date:	20 th August 2025
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Trust Wide

Purpose of this Policy: To provide information and guidance on the prevention, reduction and management of inpatient falls within Worcestershire Acute Hospitals NHS Trust.

Key amendments to this Document:

Date	Amendment	By:
May 2021	Document creation	Alice Elderton, Dr Ruma Dutta, Sarah Craister and Sarah Pittaway
20 th February 2025	Document extended for 6 months whilst under review	Victoria Sturdy

Contents

Title	Page number
1.0 Introduction	3
2.0 Scope of the Policy	3
3.0 Aims and Objectives	3
4.0 Definitions	3
5.0 Governance	3
6.0 Prevention	4
7.0 Reduction	5
8.0 Management	6
9.0 Education and Training	7
10.0 Monitoring Compliance and Audit	8
11.0 Duties and Responsibilities	8
12.0 Associated Documents	9
13.0 References	9
14.0 Appendices	10
15.0 Equality Impact Assessment	11
16.0 Financial Risk Assessment	14
17.0 Dissemination of Key Documents	14
18.0 Policy Review	15

1.0 Introduction

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore falling has an impact on quality of life, health and healthcare costs.

Inpatient falls are the most frequently reported safety incident in NHS hospitals with 247000 falls recorded each year in England alone. 30 to 50% of falls result in some physical injury and fractures occur in 1 to 3%. No fall is harmless, with psychological sequelae leading to lost confidence, delays in functional recovery and prolonged hospitalisation. Not all falls are preventable but neither are they inevitable and there is evidence that a coordinated multidisciplinary clinical team approach can reduce their incidence. Identification of multiple underlying risk factors coupled with clear interventions to ameliorate the impact of each has been shown to reduce the incidence of inpatient falls by 20 to 30%.

2.0 Scope of the Policy

The policy covers all adults admitted to Worcestershire Acute Hospitals NHS Trust. It provides information and guidance for falls prevention, reduction and management including the use of bed rails. The policy is intended for use by all employees of the Trust.

3.0 Aims and Objectives

- To outline the processes and procedures in place at the Trust to prevent, reduce and manage falls
- To clarify the role and responsibilities of employees at the Trust within the processes and procedures
- To ensure the Trust complies with national and best practise guidance.

4.0 Definitions

Fall

A fall is an event which results in a person coming to rest unintentionally on the ground or other lower level, not as a result of a major intrinsic event (such as stroke) or overwhelming hazard.

Fall with Harm

A fall with harm is an event which results in a fracture, injury requiring surgery, significant head injury or death.

Serious Incident Fall

A serious incident fall is a fall with harm resulting in severe harm or death where omissions in care are identified that directly contributed to the incident/harm.

5.0 Governance

The falls work stream reports to the board via the Clinical Governance Group on a quarterly basis.

Falls sits within the remit of patient safety within the Trusts Quality Improvement Strategy. The Trust agrees yearly trajectories for falls and serious incident falls to reduce falls and benchmarks against the national trajectory provided by the Royal College of Physicians (RCP).

All processes, procedures and quality improvement is in line with:

- National Institute of Clinical Excellence (NICE) clinical guidance (CG161)
- NICE Quality standard (QS161)
- NHS England/Improvement (NHSE/I)
- RCP National Audit of Inpatient Falls (NAIF).

5.1 Working Groups

The Falls Steering Group oversees the creation, implementation and adherence to this policy, associated documents, training, audit and quality improvement work. It monitors falls and falls with harm in relation to prevalence, themes and trends, serious incidents and complaints.

6.0 Prevention

6.1 Falls Multifactorial Risk Assessment

- All adults admitted to the Trust must be assessed for their risk of falls.
- The 'Falls Prevention and Intervention Plan' (Xerox- WR5228) must be completed within 4 hours of admission and re-assessed weekly, or sooner if required e.g. on transfer, post fall and if a change in the patient's condition is identified.
- A lying and standing blood pressure must be completed on admission or at the earliest opportunity when the patient is able.
- All risks identified for the patient under the headings of age, falls, cognition, medication, mobility and footwear, vision and continence must be documented.
- The patient is identified to be at risk of falls if they have one or more risks identified
- A risk alert must be placed within the bed space for these patients (Xerox- Xerox061)
- For each risk identified an intervention is required to reduce/mitigate the risk and documented. Guidance on interventions to consider is provided.
- Risks may change and therefore interventions may also change. This must be documented on re-assessment.
- Falls risk must be communicated at handovers, safety huddles and on transfer/discharge.
- All patients identified at risk of falls must be provided with the: 'Falls Prevention in Hospital' (Xerox- WAHT-PI-0122) leaflet. Both verbal and written information should be considered.

6.2 Bed Rails Risk Assessment

- All adults admitted to the Trust must be assessed for the appropriate use of bed rails.
- The 'Bed Rails Assessment and Intervention Plan' (Xerox- WR5227) must be completed within 4 hours of admission and re-assessed weekly, or sooner if required e.g. on transfer, post fall and if a change in the patient's condition is identified.
- The bed rail statement most accurate to the patient at the time of assessment must be documented. Guidance on bed rail use is provided relating to each statement
- The decision for use or non-use of bed rails must be documented. Guidance on further considerations/actions required based on the decision is provided.
- Alternate options should also be considered such as level of observation and high low beds.

The assessment documents are integrated within the 'Combined Nursing Assessment' (Xerox-WR1707). Additional copies of each document are required if the patient has more than 2 re-assessments during their admission.

7.0 Reduction

7.1 Quality Improvement

The Trust acts on all recommendations published by NICE and NHSE/I and continuously seeks areas for improvement to reduce falls in hospital.

7.2 NICE CG161: Falls in older people: assessing risk and prevention

Recommendations to improve the quality of care provided and commissioned:

- Case/risk identification
- Multifactorial falls risk assessment
- Multifactorial interventions
- Strength and balance training
- Exercise in extended care settings
- Home hazard safety and intervention
- Psychotropic medications
- Cardiac pacing
- Encouraging the participation of older people in falls prevention programmes
- Education and information giving

Interventions that cannot be recommended because of insufficient evidence are documented in NICE CG161 for consideration.

Recommendations to improve the quality of care provided and commissioned in hospitals:

- Predicting patients' risk of falling in hospital
- Assessment and interventions
- Information and support

7.3 NICE QS86: Falls in Older People

Statements to improve the quality of care provided and commissioned in and out of hospital:

1. Identifying people at risk of falling
2. Multifactorial risk assessment for older people at risk of falling
3. Multifactorial intervention
4. Checks for injury after an inpatient fall
5. Safe manual handling after an inpatient fall
6. Medical examination after an inpatient fall
7. Multifactorial risk assessment for older people presenting for medical attention
8. Strength and balance training
9. Home hazard assessment and interventions

7.4 NAIF

The Trust has participated in all national audits facilitated by the RCP; 2015, 2017, 2020 and 2021.

Recommendations for trust boards and executive teams:

- To have a trust wide patient safety group which includes falls prevention in its remit and reports to the board
- Procedures are in place for rapid assessment of acutely ill older people to ensure that assessments are timely and matched to the major clinical risks including falls
- Ensure falls resulting in hip fracture are reported as severe
- Look into whether there is a gap between the number of reported falls and actual falls
- Review of dementia and delirium policies to embed the use of standardised tools and link assessments to related clinical issues such as falls
- Develop a working policy to ensure that all patients who need walking aids have access to the most appropriate type from the time of admission, 24/7

Recommendations for clinical teams:

- Implementation of a falls steering/multidisciplinary working group
- Discontinuation of falls risk prediction tools
- Audit against QS86 quality statements 4-6 which identify how trusts manage a patient following a fall
- Completion of lying and standing pressure using the RCP clinical practice tool to standardise practice
- Completion of medication reviews to ensure the reasons for changes are clearly recorded
- Review of multifactorial falls risk assessments
- Completion of visual assessments using the RCP clinical practice tool to standardise practice
- Regular audit of walking aid provision and whether they are within the patients reach if needed
- Ensure consideration and documentation of care in relation to continence symptoms such as frequency, urgency, nocturia or incontinence and its implication for falls risk
- Ensure easy access to call bells

7.5 NHSE/I Falls Collaborative

The Trust participated in the national falls collaborative in 2018. Interventions trialled and rolled out Trust wide:

- Stay in the bay
- Find your feet
- Kit where you sit

7.6 NHSE/I Falls CQUIN

The Trust participated in the national CQUIN in 2019/20 and achieved above the 80% compliance for:

- Lying and standing blood pressure recorded at least once
- No hypnotics or antipsychotics or anxiolytics given during stay OR rationale documented
- Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit

8.0 Management

8.1 Post Fall Assessment and Examination

- All adults admitted to the Trust who sustain a fall during their stay must be assessed and examined post fall.

- The 'Nursing/Therapy Post Fall Assessment and Intervention Plan' (Xerox- WR4436) must be completed immediately after a fall by a registered healthcare professional.
- The 'Medical Post Falls Assessment and Intervention Plan' (Xerox- WR4497) must be completed after a fall by a doctor or advanced clinical practitioner.
- All patients with a suspected spinal injury must not be moved until a scoop and blocks are available.
- If a fall is unwitnessed or the patient is witnessed to sustain a head injury neurological observations must be carried out as per national guidance: ½ hourly for the first 2 hours, hourly for the following 4 hours and 2 hourly thereafter. A neurological observation chart can be found on the reverse of the 'Nursing/Therapy Post Fall Assessment and Intervention Plan'.
- All patients with an altered level of consciousness or a suspected lower limb fracture must be recovered from the floor using a hover jack or scoop if this is not available.
- All other patients must be recovered with the correct manual handling e.g. independently, two chair technique, hoist, hover jack or scoop.
- The post fall paperwork is available as a pack (Xerox- WR5241).
- The 'Post Falls Medication Review' (Xerox-WR5495) must be completed after a fall by a doctor, advanced clinical practitioner or pharmacist. This can also be used for patients admitted to the Trust due to a fall.

8.2 Incident Reporting

- All falls that occur in hospital must be reported as an incident on datix.
- All incidents reported will require the exact location, category and subcategory when inputted.
- Ensure the description of the incident and actions taken are clearly documented.
- All incidents must report the severity relating to the level of harm: insignificant, minor, moderate, severe and catastrophic.
- All incidents must report the result relating to the incident itself: no harm, patient harmed, staff harmed, near miss, member of public harmed and death

8.3 Falls with Harm

- All falls with a severity of moderate, severe or catastrophic will alert the divisional governance and patient safety teams
- An Initial Case Review (ICR) will be requested
- The ICR will be presented to the divisional governance and if required; Serious Incident Review and Learning Group (SIRLG) for the level of investigation required to be agreed
- If a level 1 investigation is adequate the ICR with additional detail or the Trusts level 1 concise investigation template (internal/external) is adequate
- If a level 2 investigation is required the Trusts level 2 comprehensive investigation template (external) will be used
- All investigations will be presented to the divisional governance and SIRLG for sign off
- All incidents with a severity of severe or catastrophic will be reported externally as a serious incident. If no omissions in care are identified on completion of the investigation a request for downgrade will be supported.

9.0 Education and Training

All registered healthcare professionals must complete the essential to role e-learning on ESR every 3 years. Additional training on slips, trips and falls and the recovery of a patient from a falls is delivered via mandatory manual handling.

10.0 Monitoring Compliance and Audit

Falls and falls with harm incident rates, themes and trends are monitored via datix, SQuID and WREN dashboards. Ward/department prevalence is monitored via the Path to Platinum dashboard. Various aspects of documentation and falls prevention measures are audited via the Trusts quality audits

11.0 Duties and Responsibilities

Chief Executive

The Chief Executive has overall responsibility for patient safety and ensuring that there are effective risk management processes in place within the Trust.

Chief Nursing Officer and Chief Medical Officer

The Chief Nursing Officer and Chief Medical Officer are responsible for overseeing the implementation and adherence to this policy reporting to the Chief Executive with any issues relating.

Directors of Nursing, Clinical Directors, Directorate Managers, Matrons and Departmental and Ward Managers

Directors of Nursing, Clinical Directors, Directorate Managers, Matrons and Departmental and Ward Managers will ensure:

- This policy is fully implemented and adhered to by all employees
- The falls multifactorial and bed rail risk assessment and intervention plans are completed as per policy
- All processes and procedures to prevent and reduce falls are implemented
- The process and post falls assessment and intervention plans are completed as per policy
- All falls are reported as an incident on datix, investigated and closed as able
- Completion of investigations in a robust and timely manner
- 80% registered healthcare employee essential to role training compliance is maintained
- Compliance with quality audits
- Drive all local, Trust wide or national quality improvement

Nurses/Therapists

Nurses will ensure:

- All patients admitted to the Trust are assessed for their risk of falling
- All patients at risk have interventions in place to reduce/mitigate the risk/s identified
- All patients admitted to the Trust are assessed for the appropriate use of bed rails
- All patients at risk are discussed in handovers, safety huddles
- All patients transferred or discharged have their falls risk handed over

Nurses/Therapists will ensure:

- All patients that fall in hospital are assessed immediately as per policy and actions are implemented at the earliest opportunity to cease further risk
- All falls are reported as an incident on datix in a timely manner
- All registered healthcare employees complete their essential to role training
- Participation in all local, Trust wide or national quality improvement

Doctors/Advanced Clinical Practitioners

Doctors/Advanced Clinical Practitioners will ensure:

- All patients who fall in hospital are reviewed promptly for signs of injury and any causative factors that require investigation/treatment
- Cognitive assessments, medication reviews/reconciliation and visual assessments are completed when escalated by Nurses/Therapists
- Participation in all local, Trust wide or national quality improvement

All Other Healthcare Professionals

All other healthcare professionals will ensure:

- All falls and bed rails assessments are completed as per policy
- All falls and bed rails interventions are in place as documented
- Assist registered healthcare professionals when a patient falls in hospital
- All falls are reported as an incident on datix in a timely manner
- All registered healthcare employees complete their essential to role training
- Participation in all local, Trust wide or national quality improvement.

12.0 Associated Documents

- WAHT-NUR-085 In-patient Enhanced Observation Guideline- Adults
- WAHT-NUR-097 Postural (Orthostatic) Hypotension Policy and Guideline
- WAHT-MED-013 The Assessment of Ward Patients (Adults) who have Fallen and Sustained a Head Injury

13.0 References

National Institute for Health and Care Excellence (NICE). (2013). *Falls in Older People: Assessing Risk and Prevention* [CG161]. <https://www.nice.org.uk/guidance/cg161> (Accessed: 7th May 2021).

Rob Morris, Shelagh O’Riordan 17:360–362. doi: 10.7861/clinmedicine.17-4-360 (2017) 'Prevention of falls in hospital', *Clinical Medicine*, 17(4), pp. 360-362 [Online]. Available at: <https://www.rcpjournals.org/content/clinmedicine/17/4/360> (Accessed: 7th May 2021).

Royal College of Physicians. *National Audit of Inpatient Falls Interim Annual audit report Spring 2021*. London: RCP, 2021.

Royal College of Physicians. *National Audit of Inpatient Falls Audit report 2020*. London: RCP, 2020.

Royal College of Physicians. *National Audit of Inpatient Falls Audit report 2017*. London: RCP, 2017.

Royal College of Physicians. *National Audit of Inpatient Falls Audit report 2015*. London: RCP, 2015.

14.0 Appendices

In-Patient Falls Prevention, Reduction and Management Policy		
WAHT-CG-017	Page 9 of 15	Version 8.1

- a. Falls Prevention Assessment and Intervention Plan (WR5228)- within Combined Nursing Document WR1707



PF WR5228 Falls
Prevention Assessme

- b. Bedrails Assessment and Intervention Plan (WR5227)- within Combined Nursing Document WR1707



PF WR5227 Bedrails
Assessment And Impl

- c. Falls Prevention in Hospital Leaflet (WAHT-PI-0122)



WAHT-PI-0122 falls
prevention in hospital

- d. Nursing/Therapy Post Fall Assessment and Intervention Plan (WR4438)- within post falls pack WR5241



PF WR4438 POST
FALLS CARE PLAN - U

- e. Medical Post Fall Assessment and Intervention Plan (WR4497)- within Post Falls Pack WR5241



PF WR4497 Medical
Review Following an]

- f. Post Falls Medication Review (WR5495)- within post falls pack WR5241



PF WR5494 POST
FALLS MEDICATION F

- g. Falls Initial Case Review (ICR)



Falls ICR template v5
30 09 19.docx

- h. Serious Incident (SI) Level 1 Investigation Report



Level 1 Concise
Investigation Templat

- i. Serious Incident (SI) Level 2 Investigation Report



Level 2
Comprehensive Inves

15.0 Equality Impact Assessment

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Safer Care Practitioner
----------------------------------	--------------------------------

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Alice Elderton	Safer Care Practitioner	aliceelderton@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: In-patient Falls Prevention, Reduction and Management Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	To provide information and guidance on the prevention, reduction and management of inpatient falls within Worcestershire Acute Hospitals NHS Trust.			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____		
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources,	The policy follows NICE clinical guideline CG161, quality standard QS86 and RCP NAIF recommendations.			

eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Multidisciplinary members of the falls steering group: Consultant Geriatrician: Dr Ruma Dutta Clinical Lead Physiotherapist- Frailty: Sarah Craisters Pharmacy Frailty Practitioner: Sarah Pittaway
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		√		
Disability		√		
Gender Reassignment		√		
Marriage & Civil Partnerships		√		
Pregnancy & Maternity		√		
Race including Traveling Communities		√		
Religion & Belief		√		
Sex		√		
Sexual Orientation		√		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		√		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		√		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	N/A	N/A	N/A
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	When policy is reviewed			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Alice Elderton
Date signed	8 th February 2022
Comments:	
Signature of person the Leader Person for this activity	Alice Elderton
Date signed	8 th February 2022
Comments:	

16.0 Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		

17.0 Dissemination of Key Documents

To be completed by the key document author and attached to any document, which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	In-Patient Falls Prevention, Reduction and Management Policy		
Date finalised:	xxx	Dissemination lead:	Alice Elderton
Previous document already being used?	Yes	Print name and contact details	
If yes, in what format and where?	WAHT-CG-017 paper version in circulation and PDF version available on Trust intranet (Patient Slips, Trips and Falls Policy including the Use of Bed Rails)		
Proposed action to retrieve out-of-date copies of the document:	Clinical Governance/Key Documents to replace on intranet. Matrons and Ward/Department Managers will be contacted and asked to remove any old paper versions on ratification of policy.		
To be disseminated to:	How will it be disseminated, who will do it and when?	Paper/PDF	Comments
Trust wide	Alice Elderton- once policy approved	Communications and emails to senior leaders	

18.0 Policy Review

This policy will be reviewed every two years or sooner should new national best practice or guidance become available.

The following individuals/groups/committees have been involved in the review of this version of the policy:

Name	Designation
Dementia & Falls Steering Group	All members
Dee Johnson	Patient Safety Team
Neil Hodgkiss	Health and Safety Lead
All Divisions	DDN/Governance Lead
Kate Harris	Physiotherapy Lead
Charlotte Jack	Occupational Therapy Lead
Tania Carruthers	Pharmacy Lead
Susan Hannaby	Manual Handling