

Slips, Trips and Falls (Inpatients) Policy	
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Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

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		Infection Control	
NHSLA Risk Management Standards for Acute Trusts		3.5	
NHSLA CNST Maternity Clinical Risk Management Standards:			
Other (<i>please specify</i>):			
Note: This policy has been assessed for any equality, diversity or human rights implications			

Controlled document

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4.0	Aug 2014	Assistant Director of Nursing/Senior Nurse/Governance Managers	<i>Revised in response to NICE guidance CG161.</i> <ul style="list-style-type: none"> <i>V.4.0 updated May 2015 - Minor amendment – name of the Falls Care Plan changed, in response to staff feedback</i>

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Executive Lead Signature: <i>(Only applicable for Strategies & Policies)</i>	 Chief Nurse/Chief Operating Officer

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1. INTRODUCTION

- 1.1 Falls in hospital can result in injury and distress to patients and their families, staff and visitors.
- 1.2 Approximately 208,000 falls are reported in acute hospitals every year. A significant number of these falls result in death, major or moderate injury, including around 840 fractured hips, 550 other types of fracture and 30 intracranial injuries. The immediate healthcare cost of treating falls is over £15 million for England and Wales, and in an average acute hospital is estimated at £92,000.
- 1.3 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, 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.
- 1.4 This policy identifies how the Royal Devon and Exeter NHS Foundation Trust (hereafter referred to as “the Trust”) is committed to reducing the incidence of falls for patients in line with NICE (National Institute for Health and Care Excellence) guidance ([June 2013](#) and [January 2014](#)).
- 1.5 The following group of inpatients are considered at risk of falling in hospital:
 - All patients aged 65 years or older.
 - Patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition.
- 1.6 The policy includes targeted falls prevention strategies. The assessment tools within this policy are evidence-based and designed to assess patients at risk from a fall, support the reduction of risk of falling within the hospital environment and act as a marker for individual patients with regard to preventable causes.
- 1.7 **Failure to comply with this policy could result in disciplinary action.**

2. PURPOSE

- 2.1 The 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 document aims to work alongside existing policies and strategies within the organisation.
- 2.2 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 inpatient falls and harm to patients including those from any height.
 - Set out the Trust’s responsibilities for monitoring and acting on Trust wide learning from patient falls.

3. DEFINITIONS

- 3.1 **Slip:** To slide accidentally causing the person to lose their balance. This is either corrected or causes the person to fall.
- 3.2 **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.
- 3.3 **Fall:** An event which results in the person coming to rest inadvertently on the ground or other surface lower than the person, whether or not an injury is sustained.
- 3.4 **Controlled/assisted fall:** For example when a staff member attempts to minimise 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.
- 3.5 **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.
- 3.6 **Bedrail:** Known in the Trust as cot sides or bedside rails and are an integral component of the Trust standard bed. These are a device designed to prevent patients falling out of bed.
- 3.7 **Datix:** The Trust's risk management system (see [Incident Reporting, Analysing, Investigating and Learning Policy and Procedures.](#))
- 3.8 **Levels of Care:** There are three levels of care, level one is standard for all patients, levels two and three is based on clinical judgement. See [Appendix 2](#) for further details.
- 3.9 **MDT:** Multi-Disciplinary Team.
- 3.10 **RIDDOR:** [Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 1995](#) requires certain types of incidents to be reported to the Health and Safety Executive. This includes accidents which result in a person not at work (e.g. a patient, visitor) suffering an injury and being taken to a hospital, or if the accident happens at a hospital, suffering a major injury which would otherwise have required hospital treatment that is caused by work activity or failure of equipment. This does not include incidents caused by the clinical condition which were being managed appropriately as part of a risk assessment or care plan.
- 3.11 **Safety Thermometer:** A quality assurance tool which is completed on a monthly basis by inpatient wards providing a snapshot of any incidents resulting in harm to patients.
- 3.12 **SWARM:** A rapid MDT assessment post fall.

4. DUTIES AND RESPONSIBILITIES OF STAFF

- 4.1 The **Assistant Directors of Nursing** are responsible for:
- Ensuring that the processes outlined in this policy are implemented within their division.
- 4.2 The **Lead Nurse for Patient Safety and Risk in conjunction with the Safety and Risk Team** is responsible for:

- Ensuring there is a process for collecting prevalence data (safety thermometer) undertaken monthly on the designated day.
- Reviewing all relevant incident forms reported via Datix.
- Identifying when a Red/RIDDOR investigation is required and providing expert assistance to the local investigation team.

4.3 The **Senior Nurse** is responsible for:

- Completion of mandatory Falls, Slips and Trips training.
- Monitoring compliance with the policy.
- Utilising data to monitor the effectiveness of fall prevention strategies in areas under their management.
- Ensuring the competencies of staff in their area is maintained.
- Ensuring that Red, Amber and [RIDDOR](#) action plans are implemented and monitoring their outcomes.
- Ensuring staff are able to attend available education and training opportunities for falls prevention and management.
- Providing support and guidance to enable the Matron to deliver their responsibilities, as listed below.

4.4 The **Matron/Department lead** is responsible for:

- Completion of mandatory Falls, Slips and Trips training.
- Ensuring that [Level One standards](#) are in place for all patients.
- Undertaking Matrons round, checking the assessment, care plans and treatment regime are current, valid and evaluated.
- Undertaking a monthly falls compliance bundle as part of safety thermometer.
- Ensuring high risk patients are flagged and care is planned and discussed as part of the safety briefings.
- Ensuring that all their staff are trained to care for patients at risk of falls.
- Promote a culture of patient involvement in falls prevention and treatment care planning.
- Ensuring that all falls incident reports are investigated thoroughly and escalating any possible [RIDDOR](#) reportable incidents to the Safety and Risk Team.
- Ensuring appropriate equipment and resources are available to support the management of patients assessed as being at risk of falls including resources being allocated appropriately.
- Encouraging an open and honest culture including, if appropriate, displaying a safety cross with the number of falls reported in the month.
- Ensuring any incidents that occur which are linked with falling and/or falls management are reported and investigated using Datix. This can be supported through the application of the post falls SWARM.
- When a patient has fall that results in moderate harm or above offering a full and a complete apology on behalf of the Trust in accordance with the Duty of Candour.
- Undertake robust local investigation of all Amber investigations and implement action plans and monitor outcomes.
- Feed outcomes from actions back through relevant governance groups.

4.5 **Consultants and other medical staff** are responsible for:

- Those identified as requiring training, ensure completion of mandatory Falls, Slips and Trips training.
- Identifying the patient's fall history, including the causes and consequences on admission.
- Considering underlying medical conditions which may contribute to the patient's risk of falling.
- Ensuring all relevant information is clearly documented in the medical notes and shared with services in the community, as appropriate.

- Ensuring an [In Patient Post Falls Assessment](#) is completed in order to reduce the risk of further falls.
- 4.6 The **Registered Nurse (RN)** is responsible for:
- Completion of mandatory Falls, Slips and Trips training.
 - Ensuring that [Level One standards](#) are in place for all patients.
 - Providing patients at risk of falling and their carers' information, orally and in writing about falls assessment and prevention.
 - Listening to and acting upon any concerns raised by the patient and/or their carers.
 - Ensuring that the patient's risk of falls has been identified in order to support your clinical judgment of risk within 4 hours of the patient's admission (to include elective inpatient admissions). This information should be uploaded to the electronic whiteboard within 24 hours.
 - Initiating an individualised [Falls Risk Care Plan](#) for all patients found to be at risk.
 - Undertaking a [bedrail assessment](#) for any patient that has or requires bed rails in situ.
 - Evaluating and updating the [Falls Risk Care Plan](#) if/when the patient's condition changes and/or following a fall.
 - Escalating non concordance with prevention/treatment strategies to the Matron and Medical team responsible for patient care.
 - Ensuring all equipment is ordered and appropriate care is organised for the patient on discharge from hospital.
 - Ensuring that all falls are incident reported.
 - Ensuring an [In Patient Post Falls Assessment](#) is completed in order to reduce the risk of further falls.
- 4.7 The **Physiotherapy Team** is responsible for:
- Completion of mandatory Falls, Slips and Trips training.
 - Ensuring that [Level One standards](#) are in place for all patients.
 - Providing a general assessment of patients to include footwear, balance, gait, range of movement, strength, functional ability including transfers and the need for and provision of a walking aid. Once the patient has reached their physiotherapist goals, they may be discharged by the physiotherapist, but can be re-referred should the situation change.
 - Ensuring that patients that are identified at risk of falling are discussed at the MDT board round and appropriate referrals established.
 - Education of patients with regards to falls prevention.
 - Provide advice to other members of the MDT on the best methods of patient movement and mobility.
- 4.8 The **Occupational Therapy Team** is responsible for:
- Completion of mandatory Falls, Slips and Trips training.
 - Ensuring that [Level One standards](#) are in place for all patients.
 - Carrying out an assessment as required.
 - Ensuring that patients that are identified at risk of falling are discussed at the MDT board round and appropriate referrals established.
 - Where appropriate, assessment of home environment, identifying the daily activities which place the patient at risk of falls.
- 4.9 **Unregistered clinical staff** are responsible for:
- Completion of mandatory Falls, Slips and Trips training.
 - Ensuring that [Level One standards](#) are in place for all patients.
 - Implementing the [Falls Risk Care Plan](#) as delegated to them within the scope of their competence.
 - Documenting the care delivered as part of the [Falls Risk Care Plan](#).

- Informing the RN of any changes to the patient's condition immediately.
 - Ensuring that all falls are incident reported.
- 4.10 The **Board of Directors** is responsible for:
- An overarching approach for the Trust's zero tolerance to harm.
 - Ensuring that adequate resources are made available to: monitor incidence and prevalence of falls and associated harm, to provide education and training and to provide suitable and sufficient equipment.
 - Ensuring that there is a process in place for reporting and learning from Serious Incidents Requiring Investigation (SIRI).
- 4.11 The **Safety and Risk Committee** is responsible for:
- Providing assurance to the Board of Directors that processes are in place for reducing the risk of falls and that these are effective.
 - Ratifying relevant policies and procedures.
 - Considering risks presented by the Patient Safety Group for entry onto the corporate risk register.
- 4.12 The **Patient Safety Group** is responsible for:
- Approving a Falls Steering Group annual Work Plan and receiving regular reports on progress against the plan.
 - Reviewing falls incidence and related harm.
 - Supporting the Falls Steering Group to lead the improvement work required to achieve any agreed reductions in falls incidence rates.
 - Escalating risks to the Safety and Risk Committee.
- 4.13 The **Falls Steering Group** is responsible for:
- Developing policy and guidelines matched to international and national standards.
 - Monitoring compliance with the policy.
 - Producing and updating an annual Work Plan (available from the Chair).
 - Reviewing completed Red, Amber and [RIDDOR](#) investigation reports and action plans to guide practice and policy development.
 - Reviewing monthly 'ward to board' reports.
 - Agreeing and monitoring training needs for all levels of staff enabling them to reduce falls incidence.
 - Advising procurement and estates regarding the purchase and management of falls prevention equipment.
 - Link with other groups across the health and social care community associated with patient safety and in particular falls.

5. FALLS CARE PATHWAY

- 5.1 All patients' risk of falls should be identified within 4 hours of the patient's admission (to include elective inpatient admissions – excluding daycase). The initial assessment may take place on paper records within the Emergency Department (ED), Medical Triage Unit and the Surgical Triage and Assessment Unit. The assessment should be uploaded to the electronic whiteboard within 24 hours of admission.
- 5.2 For all patients, the following four questions should be answered:
- Are they over 65?
 - Have they ever fallen?
 - Do they have a cognitive impairment?

- Do you believe the patient is at risk of falls?

If you answer yes to any of these questions, the patient is considered to be at risk of falls and a [Falls Risk Care Plan](#) should be personalised and implemented. Level One is the standard for all patients, Level Two and Three will be determined by your clinical judgement.

- 5.3 Ensure comfort rounding is completed and that the patient has the most appropriate bed/chair to meet their needs.
- 5.4 Comfort rounding may not be appropriate for all patients at all periods due to promoting independence as part of their rehabilitation process on Mardon.
- 5.5 All staff need to follow the instructions outlined in the Falls Care Pathways flowchart (see [Appendix 2](#)) for the appropriate level of care.
- 5.6 The [Falls Risk Care Plan](#) will be easily available for staff to consult, such as in a care plan folder at the end of the patient's bed.
- 5.7 For any patient who has bedrails in situ, a [bed rail risk assessment](#) should be undertaken.
- 5.8 Patients classified at a risk of falling to be discussed at each ward safety briefing.
- 5.9 Patients at risk of falls will be highlighted, visually, through the electronic whiteboard, physical whiteboard and the board displayed over the patient's bed.
- 5.10 Where there are a number of patients on a ward that require Level Three care, every effort should be made to nurse them together in a high visibility cohort bay. This ensures that staffing resources are used most efficiently and enables better observation and vigilance of these patients' wellbeing and safety. The following procedures should be followed:
- 5.11 A member of staff should be in these bays at all times.
- 5.12 Where staff have to leave the bay for any reason or go behind curtains to deliver care, another member of staff must be brought in to maintain observation for the remaining patients i.e. bay tagging (see [Appendix 3](#)).
- 5.13 If a patient needs to use the commode or toilet, a member of staff must remain with them at all times. The principles of commode tagging should be adhered to (see [Appendix 3](#)). Care will need to be taken to ensure that the patient's privacy and dignity is respected and maintained, i.e. by facing the other way, or standing just outside the curtains.
- 5.14 Cohorting may not be appropriate for all patients e.g. patients with challenging behaviour, infection control precautions. In these circumstances the RN and Matron, with guidance from the Senior Nurse should agree on the most appropriate course of action. This should be clearly documented in the patient's Falls Risk Care Plan.
- 5.15 In the event of a fall, the [In Patient Post Falls Assessment](#) must be completed immediately, with actions taken as required.
- 5.16 There are a number of options for assisting/moving patients who have fallen to the floor (see [Appendix 4](#)).

7. PATIENT/CARER INFORMATION

- 7.1 There are a variety of posters available on [IaN](#), which should visibly displayed on each ward.
- 7.2 All patients who are considered to require Level Three care should be given the information leaflet, [Falls and your Inpatient Stay](#). The information should include:
- Explaining about the patient's individual risk factors for falling in hospital.
 - Showing the patient how to use the nurse call system and encouraging the patient to engage with them to use it when they need help.
 - Informing family members and carers about when and how to raise and lower bed rails.
 - Providing consistent messages about when a patient should ask for help before getting up and moving about.
 - Helping the patient to engage in any multi-disciplinary intervention aimed at addressing their individual risk factors.

8. STAFF EDUCATION

- 8.1 Staff training on falls awareness aims to increase knowledge with regard to the medical cause of falls, managing a safe environment, safety care practices, risk assessment, risk reduction including falls from any heights, communication, and patient/carer education.
- 8.2 Identification of staff groups that require training along with frequency of updates can be found on the Trust's electronic [Training Needs Analysis](#) (TNA) located on the Learning and Development Services (LDS) pages of IaN (the Trust Intranet, "Information and News").
- 8.3 The Trust has identified that all clinical staff working within inpatient and pre-assessment areas (excluding paediatrics) must undertake initial falls training and update every three years. This is classed as mandatory training for those identified staff groups on the TNA.
- 8.4 The Falls Steering Group, in conjunction with LDS, will be responsible for updating and disseminating training and education.
- 8.5 Falls training records will be recorded onto ESR and monitored by the Falls Steering Group.

9. ARCHIVING ARRANGEMENTS

The original of this policy will remain with the Assistant Director of Nursing, Medical Services. An electronic copy will be maintained on IaN, P – Policies – S – Slips, Trips and Falls. Archived copies will be stored on the Trust's "archived policies" shared drive, and will be held for 10 years.

10. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE POLICY

- 10.1 In order to monitor compliance with this policy, the auditable standards will be monitored as follows:

No	Minimum Requirements	Evidenced by
1.	All patients' risk of falls assessed within 4 hours of admission.	Falls risk compliance bundle, completed monthly as part of Safety Thermometer.
2.	At risk patients have a Falls Risk Care Plan in place.	Falls risk compliance bundle, completed monthly as part of Safety Thermometer.
3.	Patients who sustain, as a result of a fall, moderate harm or above require a formal investigation to be completed.	Datix incidents and investigation documentation.
4.	Completion of the Falls Steering Group annual Work Plan.	Bi-Monthly report to the Patient Safety Group.
5.	Compliance with falls training requirements.	ESR records.

10.2 Frequency

In each financial year, the Chair of the Falls Steering Group will consider these standards to ensure that this policy has been adhered to and a formal report will be written and presented at the Patient Safety Group.

10.3 Undertaken by

Chair of the Falls Steering Group.

10.4 Dissemination of Results

At the Falls Steering Group which is held bi monthly.

10.5 Recommendations/Action Plans

Implementation of the recommendations and action plan will be monitored by the Falls Steering Group.

10.6 Any barriers to implementation will be risk-assessed and added to the risk register.

10.7 Any changes in practice needed will be highlighted to Trust staff via the Governance Managers' cascade system.

11. REFERENCES

[National Institute for Health and Care Excellence \(2014\)](#). *NICE Pathway – Falls in Older People* (January 2014). Available at: <http://pathways.nice.org.uk/pathways/falls-in-older-people>

National Institute for Health and Care Excellence (2013). *NICE guidance (CG161) – Falls: assessment and prevention of falls in older people* (June 2013). Available at: <https://www.nice.org.uk/guidance/CG161>

Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 1995. (SI: 1995/3163) London: Stationery Office. Available at: <http://www.legislation.gov.uk/ukxi/1995/3163/contents/made>

12. ASSOCIATED TRUST POLICIES

[Incident Reporting, Analysing, Investigating and Learning Policy and Procedures](#)

[Patient Transfer Policy](#)

13. ASSOCIATED TRUST PROCEDURES/GUIDANCE

[Adult Inpatient Nursing Admission Documentation](#)

[Bedrail Guideline](#)

[Bedrail Risk Assessment](#)

[Comfort Rounding Checklist](#)

[In Patient Post Falls Assessment](#)

[Patient Information Leaflet](#)

[Patient Information Posters](#)

APPENDIX 1: FALLS ASSESSMENT

1.	Are they over 65?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have they ever fallen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Do they have a cognitive impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Do you believe the patient is at risk of falls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answer yes to any of these questions, the patient is considered to be at risk of falls and a [Falls Risk Care Plan](#) should be personalised and implemented.

APPENDIX 2: FLOWCHART: FALLS CARE PATHWAYS

ALL PATIENTS ADMITTED TO THE RD&E SHOULD HAVE A FALLS ASSESSMENT COMPLETED

(To be completed on all patients within 4 hours of admission)

Whether a patient requires Level Two and Three care is based on YOUR clinical judgement.

Level One (standard for all patient's)

- Ensure comfort rounding is being undertaken.
- Teach patient how to use nurse call bell.
- Ensure call bell is within patients reach.
- Under take moving and handling assessment.
- Use variable height bed and leave bed in position most suitable for individual patient.
- Use chair of appropriate height and design for patient.
- Maintain hazard free environment prevent slips and trips.
- Ensure toilet signs are clearly visible.
- Ensure patient has the appropriate footwear.
- In the event of a fall, ensure the post falls assessment is completed.

Level Two

- As Level One, PLUS:
- A Falls Risk Care Plan should be personalised and implemented.
- Place patient in the most visible space available. Escalate to Matron/Nurse in Charge if not possible.
- Ensure patient is discussed with the therapy team and mobility/balance assessment undertaken where appropriate.
- Ensure patient is discussed at ward safety briefings and MDT board rounds.
- Ensure patient's falls risk is highlighted, visually, through the electronic whiteboard, physical whiteboard and the board displayed over the patient's bed.
- Consider bay and commode/toilet tagging.
- Ensure that the patient's risk of falls is clearly communicated to them and their family/carers.

Level Three

- As Level Two, PLUS:
- Escalate To Matron/Senior Nurse.
- Consider co-horting patients.
- Consider the need for ultra-low bed (ensure bed at extra low level).
- Consider the need for crash mats.
- Consider the need for enhanced observation.
- Principals of bay and commode/toilet tagging **MUST** be adhered to.
- As a standard we do not recommend the use of hip protectors, if indicated on an individual care plan these can be considered.
- An assessment for the use of bedrails has been made (**BEDRAILS SHOULD NOT BE USED**).

APPENDIX 3: BAY AND COMMODE/TOILET TAGGING

Bay Tagging

1. Patients in a bay identified as requiring enhanced observations.
2. If the staff member is called away or is required to go behind curtains they **MUST** 'tag' a colleague who will replace them and remain visible to all patients in the bay.
3. The colleague who has been 'tagged' must stay in the bay with the patients until the colleague has returned from behind the curtain.







Commode/Toilet Tagging

1. Patient identified as requiring the commode/toilet.
2. Explain to the patient the reason why you consider they need commode/toilet tagging. The patient has the right to ensure their privacy is maintained and refuse assistance. If this happens this should be documented in their notes after you've fully explained your safety concerns.
3. Whenever a patient needs the commode a member of staff assists them into position. That same member of staff must not leave the patient unattended whilst on the commode/toilet.
4. If that staff member is called away they **MUST** 'tag' a colleague who will replace them and wait with the patient.
5. The colleague who has been 'tagged' must stay with the patient until they are ready to be moved from the commode/toilet.
6. Patient moved off the commode/toilet and transferred back to chair/bed, call bell placed near patient.

APPENDIX 4: METHODS OF MOVING/ASSISTING A PATIENT AFTER A FALL

Check:

- Any injury?
- Good range of movement and muscle strength?
- Able to follow commands?

	<p>Position a chair at the side of the person.</p>
	<p>Encourage the person to roll onto his/her side.</p>
	<p>Bend both knees and then rise up into 4 point kneeling.</p>
	<p>The person holds the arm or the seat of the chair with his/her nearest hand. A stool maybe used to push up from rather than the floor.</p>
	<p>The person raises his/her nearest leg so that his/her foot is flat on the floor.</p>
	<p>The person slides his/her bottom onto the chair.</p>
<p>If in doubt – use a hoist.</p>	

Recommendations for manual handling of patients following a fall and with suspected lower limb fracture or spinal injury:

1. Guidance for suspected lower limb fracture:

- Observations to be taken and Doctor to be called immediately.
- Following confirmation of lower limb fracture, analgesia to be administered if recommended.
- Scoop the patient from the floor to the trolley and transfer for X-ray +/- intervention as requested by the doctor (scoop available from the Site Management office).

2. Guidance for suspected spinal injury:

- Observations to be taken and Doctor to be called immediately.
- Scoop board and head blocks to be collected from Site Practitioners office - #6888 or Blp 217.
- Porters to be called to bring trolley.
- Team of staff required to move patient – minimum 6.
- 1 person – usually Doctor – competent to hold/stabilise head.
- Patient to be rolled onto board using spinal roll technique.
- Patient to be lifted on board – with head held - onto trolley.
- Head support blocks/collar to be put in place. Collars obtainable from ED.
- Transfer to ED.

APPENDIX 5: RAPID IMPACT ASSESSMENT SCREENING FORM

RAPID IMPACT ASSESSMENT SCREENING FORM

Name of procedural document	Slips, Trips and Falls (In Patients) Policy
Division and Service Area	Trustwide
Name, job title and contact details of person completing the assessment	Joanne George Governance Manager x4699
Date:	08 January 2015

EXECUTIVE SUMMARY

This section summarises:

- the impacts identified for action
- mitigating action
- the likely severity of the impact as a result of that action (“result”).

Impact	Action	Result
No impact - protects all staff and patients equally	N/A	N/A

(If you need to progress to a full impact assessment, please include this as an action, above.)

1. What is the main purpose of this policy / plan / service?

The purpose of the Slips, Trips and Falls Management Policy (Patients) is to reduce the number and consequences of inpatient falls including those from any height.

The policy includes targeted falls prevention strategies. The assessment tools within the policy are evidence-based and designed to assess patients at risk from a fall, support the reduction of risk of falling within the hospital environment and act as a marker for individual patients with regard to preventable causes.

2. Who does it affect? Please tick as appropriate.

Carers Staff Patients Other (please specify)

3. What impact is it likely to have on different sections of the community / workforce, considering the “protected characteristics” below?

Please insert a tick in the appropriate box √

Protected Characteristics	Positive impact -- it could benefit	Negative impact -- it treats them less favourably or could do	Negative impact -- they could find it harder than others to benefit from it or they could be disadvantaged by it	Non-impact – missed opportunities to promote equality	Neutral -- unlikely to have a specific effect
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex including Transgender and Pregnancy / Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion / belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual orientation including Marriage / Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

In identifying the impact of your policy across these characteristics, please consider the following issues:

- **Fairness** - Does it treat everyone justly?
- **Respect** - Does it respect everyone as a person?
- **Equality** - Does it give everyone an equal chance to get whatever it is offering?
- **Dignity** - Does it treat everyone with dignity?
- **Autonomy** - Does it recognise everyone's freedom to make decisions for themselves?

If you have any negative impacts, you will need to progress to a full impact assessment.

In sections 4 and 5, please copy and repeat the tables below, for each “protected characteristic” considered. Alternatively, you can use one table for more than one “protected characteristic”, if the outcomes are similar.

4. If you have identified any positive impacts (see above), what will you do to make the most of them?

“Protected characteristic” affected:	Age & Disability: The policy encourages full consideration of patients’ individual needs and the consistent application of a variety of strategies to care safely and effectively for those patients assessed as being at risk of falling. Each ward will have the ‘Reducing your risk of falls during your hospital stay’ poster visibly displayed. All patients who are considered to require Level Three care should be given the information leaflet, Falls and your Inpatient Stay. All information for patients and relatives can be provided in a variety of languages and formats (e.g. large print, audiotape) and communication support, in accordance with Trust Interpretation & Translation policy and procedure, can be arranged if required.	
Issue	None	
Who did you ask to understand the issues or whose work did you look at?	What did you find out about?	What did you learn or confirm?
Action as a result of above		
Action	By who?	When?

5. If you have identified any missed opportunities (“non-impacts”), what will you do to take up any opportunities to promote equality?

“Protected characteristic” affected:	n/a	
Issue		
Who did you ask to understand the issues or whose work did you look at?	What did you find out about?	What did you learn or confirm?
Action as a result of above		
Action	By who?	When?

6. If you have identified a neutral impact, show who you have consulted or asked to confirm that this is the case, in the table below:

Who did you ask or consult to confirm your neutral impacts? (Please list groups or individuals below. These may be internal or external and should include the groups approving the policy.)
Associate Medical Directors
Assistant Directors of Nursing

Clinical Leads
Senior Nurses
Matrons
Governance Managers
Falls Steering Group
Patient Safety Group
Policy Expert Panel
Safety and Risk Committee

If you need help with any aspect of this assessment, please contact:
Tony Williams Equality and Diversity Manager
Ext: 6942 anthony.williams1@nhs.net

Please note:

This impact assessment needs to be sent, with the policy, to the Equality & Diversity Manager at the following stages: as part of consultation, prior to final ratification of the policy and when final ratification has been given.