

Prevention and Management of Patient Falls in Hospital (Adults) Policy

Issue Date	Review Date	Version
July 2020	July 2025	4

Purpose

This policy provides the principle actions; and roles and responsibilities at University Hospitals Plymouth NHS Trust staff in the prevention and management of patient falls. The aim is to:

- Promote staff awareness so that the risk of an inpatient fall is minimised.
- Reduce the likelihood of harm to patients through falls and ensure any patient who does fall in hospital is managed safely and in accordance with Trust guidance.
- Ensure that patient falls are managed across the Trust in line with national standards and guidelines.

The Appendices of this Policy provide the clinical tools and documentation needed to promote patient safety regarding risks of falls.

Who should read this document?

All staff working in clinical areas

Key Messages

- Inpatient falls are a common patient safety incident. (NHS improvements/NHSEngland));
- A fall in the hospital may have a huge impact on patients; it can lead to reduced independence, increased length of hospital stay, decline in general health, serious illness or even death;

Prevention of inpatient falls is important - the key to this is to identify and minimise the risk factors that may result in a fall whilst patients are in hospital.

Core accountabilities	
Owner	Alli Jury - Lead falls nurse
Review	Nursing and Midwifery Operational Committee
Ratification	Lenny Byrne - Chief nurse
Dissemination (Raising Awareness)	Alli Jury - Lead falls nurse
Compliance	Alli – Jury - Lead falls nurse

Links to other policies and procedures

- Health and safety policy version 7
- Incident Management Policy
- Serious Incidents Requiring Investigation Policy
- Moving and Handling Standard Operating Procedure
- Workforce Induction and Training Policy
- Enhanced observation of patients policy version 5
- Workplace Safe Environment Safety Inspection Standard Operating Procedure
- Health & Safety Policies and Procedures referred to on Trust Documents

Version History

1	August 2012	Developed to replace the previous Falls Framework which encompassed the prevention and management of both patient and staff related slips, trips and falls.
2	November 2015	Review and revision of previous version
3	November 2019	Review and revision of previous version
4	July 2020	Review and revision of previous version

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

University Hospitals Plymouth NHS Trust (UHPNT) recognises that patient falls are a common and potentially harmful event for individuals. Nationally, falls are the most commonly reported patient safety incident.

The impact of a patient fall can vary from being left shaken and losing confidence in mobility to serious fractures or head injuries, in some cases causing death. The Trust is committed to reducing the number of patient falls and in particular the number of falls that cause harm to our patients. Our aspiration is to eliminate all avoidable harm caused by an inpatient fall

There will always be a risk of falls in the hospital, given the clinical condition of patients and the environment in which care is given. The Trust focus on safety includes prevention of patient falls and harm from falls. It requires clinical teams to identify those patients who are at increased risk of falling in hospital and take appropriate preventative measures. This policy should be read in conjunction with the falls resource folder available on every ward & on StaffNet. Key contents from the falls resource folder are included in this policy as appendices. This includes the steps that should be taken after a patient has fallen to ensure a full review of the fall and accurate recording of incidents.

2 Purpose

The purpose of this policy is to identify key professional responsibilities, and set out the principle actions relating to the assessment of individual falls risk and strategies which can reduce these risks.

The NICE Guideline CG161 provides recommendations for the assessment and prevention of falls in older people and includes assessing and preventing falls in older people during a hospital stay (inpatients). People aged 50 to 64 who are admitted to hospital and are judged by a clinician to be at higher risk of falling because of an underlying condition are also included in the guideline.

Note – Actions to be taken for the prevention of slips, trips and falls for staff, visitors and the public is contained in a separate Standard Operating Procedure (link below)

<G:\DocumentLibrary\UHPT Trust Documents\Health & Safety\Preventing Slips Trips & Falls.pdf>

3 Definitions

A **fall** is defined as "... an event which results in a person coming to rest inadvertently on the ground, floor or lower level." (Ref: *WHO Falls Fact Sheet 344 Oct 2012*)

Hazard – Something that has the potential to cause harm or loss

Risk – The likelihood of harm or loss occurring in defined circumstances

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 the quality of life, health and healthcare costs. (NICE 2013)

Rates of falls in the hospital are measured and benchmarked nationally via the National Reporting and Learning System and the Monthly Safety Thermometer. All falls within UHPNT should be reported through the Trust Incident Reporting System (Datix).

1.3 Definitions of the Degree of Harm

Degrees of harm following a patient fall has been set out by the National Reporting & Learning System:

Term	Definition ref patient falls	Examples of falls injury reports
No Harm	No harm to the patient	<i>“No apparent harm”</i> <i>“No complaints of pain and no visible bruising”</i>
Low Harm	Any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving NHS-funded care	<i>“Shaken and upset”</i> <i>“Graze to hand”</i> <i>“Small cut on the finger”</i>
Moderate Harm	Any unexpected or unintended incident that resulted in a moderate increase in treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care.	<i>“Fracture to wrist”</i> <i>“Taken to the Emergency Department for suturing”</i> <i>“Fractured pubic rami requiring bed-rest”</i>
Severe Harm	Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.	<i>“Confirmed fracture neck of femur”</i>
Death	Any unexpected or unintended incident that directly resulted in the death of one or more persons	<i>“GCS lowered..... Patient intubated and sedated for transfer to Critical Care... The patient died the same day”</i>

NRLS (2004)

4 Duties

This policy applies to all staff who are involved in the care of our patients to ensure that each individual has an adequate risk assessment undertaken and an appropriate management plan initiated and actioned.

Medical Director and Chief Nurse

- Responsible for patient safety within the Trust.
- Overall responsibility for the standards of patient care in the hospital.
- Overall responsibility for the safe clinical environment in which care is delivered.

Care Group Management Teams

- Ensure that falls resulting in moderate harm are appropriately managed within the service lines, supported by the care group quality managers as necessary. Report findings of an investigation into falls classified as moderate that result in a fracture to the Health and Safety Team who report to the HSE.
- In conjunction with the Falls Team, the care group will review incidents relating to falls within their area and the subsequent investigations; looking for themes and trends to identify changes to practice and learning that might prevent other patients from falling in similar circumstances.
- Ensure duty of candour has been undertaken for all moderate harm incidents within the service lines
- Ensure timely completion of actions from any fall resulting in serious harm.
- Promote incident reporting as part of positive safety culture by proactively encouraging individuals and teams to be open and honest and learn from errors.
- Provide oversight that incidents are being reported, validated, investigated and that appropriate actions are taken to prevent recurrence within Service Lines.
- Hold Service Lines to account in instances highlighted by the Risk & Incident Team when they fail in their duty to identify, report and/or disclose patient safety incidents.
- Appropriately oversee the management of all moderate incidents within their Service Lines.
- Will act upon escalations of concern and will address instances where delivery against investigation actions are delayed or not progressing.
- Record any risks associated with delayed improvement, or significant continuing risks, on the Care Group Risk Register or escalate to Trust Management Executive via the Risk Management Review Group (RMRG) as required.

Service Line

- Promote incident reporting as part of a positive safety culture.

- Support staff who are involved in incident investigations, in line with the Trust's Supporting Staff Policy.
- Providing oversight to ensure immediate action has been taken to make the situation safe, preventing escalation of the incident.
- Support the Ward or Departmental Manager in the grading of all incidents on Datix appropriate to the nature and severity of the incident.
- Manage and investigate all moderate incidents within Service Lines, appropriate to the nature and severity of the incident reported.
- Report all serious/catastrophic and moderate incidents to their Care Group Managers/Heads of Nursing and the Risk & Incident Team.
- Support the Ward or Departmental Manager in undertaking the Duty of Candour conversation, ensuring good communication with the patient/family and other relevant persons.
- Responsible for the Duty of Candour written notification to patients/relevant person for 'Moderate' Incidents within 10 working days.
- Support the development and implementation of action plans arising from the incident investigation, monitoring the outcome and sharing lessons learned with all relevant staff groups.
- Review and monitor the completion of action plans at Service Line governance meetings.
- Record any risks associated with delayed improvement, or significant continuing risks, on the Service Line Risk Register or escalate to Care Group as required.
- Responsible for ensuring that all wards/departments maintain updated environmental risk assessments to promote patient safety.
- Review local risks if identified regarding patient falls and ensure that appropriate action is taken to manage these and where mitigating actions are not controlled at the service line level, escalate to care group level.
- Support all ward/departmental managers in fulfilling their responsibilities for patient care, staff training and ward equipment related to prevention of falls and falls management.
- Responsible for ensuring that the duty of candour has been completed.
- Will, in conjunction with the falls team, review falls incidents to identify themes and to ensure lessons learned from incidents are shared and actions completed with the aim of preventing other patients from falling in similar circumstances.

Ward/Department Managers

- Responsible for undertaking a Workplace Safe Environment Safety Inspection and maintaining accessible records of same;

- Take action to remove hazards and reduce the risk of slips, trips and falls and encourage others to do the same.
- Responsible for ensuring that staff receive annual updates in the management of patients at risk of falls to minimise the risk of falls on the ward or department environments.
- Ensure new staff receive concise instruction and training during their period of induction on accurate completion of falls assessment and interventions to reduce/eliminate this risk.
- Ensure ward/department falls related resource folders are kept up to date.

Promote incident reporting as part of a positive safety culture:

- Oversee and promote the assessment of all patients at risk of falls in the clinical area for which they are responsible.
- Ensure that a Falls Assessment (Appendix 1) is completed for any patient aged over 65 (or younger if clinically relevant). Identifying a patient's INDIVIDUAL risk factors and taking steps to keep the patient safe and reduce likelihood of a fall during their time in hospital.
- Wards & departments appoint at least 2 members of staff to act as falls champions. These members of staff will be entitled to protected time to attend quarterly 'Champions' meetings and to undertake falls improvement work within the clinical area.
- Responsible for ensuring that clinical staff report accurately any patient fall - both in the clinical records and through the Trust Datix incident reporting system
- Investigate patient falls:
 - Ensuring the duty of candour has been undertaken where necessary.
 - Conduct a detailed investigation exploring the reasons for the fall and ensure that any actions resulting from the investigation are implemented and lessons learned are shared with the help of the patient safety team across the Trust.

Ward nursing team: overseen by ward manager/deputy

- A falls assessment (appendix 1) is completed for any patient aged over 65 (or younger if clinically relevant). Identifying a patient's INDIVIDUAL risk factors and taking steps to keep the patient safe and reduce the likelihood of a fall during their time in hospital
- To include:
 - Highlight patients who are at increased risk of falls through patient safety brief at the beginning of each shift & ensure appropriate interventions are in place (appendix 2).
 - Clear communication with the patient regarding their level of risk and advice regarding safety managing this.
 - Ensure that the ward team are placing patients who are deemed to be at increased risk of falls in an appropriate bed space where there is the maximum amount of observation available.
 - Patients who have been admitted with a fall, fallen in a hospital or are at risk of falls should have the appropriate attribute assigned to them on SALUS
 - In conjunction with the falls risk assessment patients who lack insight into their risk should have an enhanced care risk assessment completed to help determine the level of observation required i.e. Co-horting, Baywatch or supportive

observation on a 1:1 level. Ensure that all appropriate measures are in place to reduce the likelihood of a fall. For example use of equipment such as low profile beds and sensor cushions where assessed as appropriate.

- Promote high standards of patient care with regard to falls risk and falls management.

All Clinical Staff

- All clinical staff involved in a patient's care should be aware of the patient's individual risk of falls and take steps to keep the patient safe. Allied Healthcare Professionals and medical staff should liaise with the patient's nursing team to identify and, where possible, reduce the likelihood of a fall.
 - For example, physiotherapists will provide advice on mobilising a patient; medical staff will review medications and assess the patient for delirium.
- Should follow Health & Safety guidance to maintain a safe clinical/working area
 - For example, ensuring the bed space is free of clutter & spills are mopped up immediately and encourage others to do the same.
- Work together as an MDT to promote patient independence with mobility and reduce risks of falls in hospital.
- Undertake mandatory training in manual handling and mobilise the patient in accordance with a current manual handling assessment.
- Provide information to the patient (and relatives where possible) on steps they can take to reduce their risk of falling whilst an inpatient. (Appendix 3 pt info leaflet)
- Report any incident fall through the Datix reporting system and document in the patient's clinical records.
- Take responsibility for ensuring the post-fall guidance is followed, this includes completion by the reviewing doctor of a post-fall assessment sticker in the patient's notes. Record actions implemented to reduce the likelihood of a further fall. (appendix 4)

The Falls Steering Group

- Leads on the development of falls prevention and fall management initiatives across the Trust
- Receive reports on falls, in particular, those resulting in harm, reviewing the effectiveness of improvement measures, and making recommendations to support safe practice across all disciplines: nursing, medical and allied health professionals
- Support the work of the falls nurses by sharing knowledge. Dissemination of learning to the wider MDT, working towards achieving trust-wide actions.
- Actively promote the message that falls prevention involves the MDT and is not the sole responsibility of the nursing body by disseminating information about current practice, learning and the trust falls action plan.

Falls Nurses

- Contribute to and support the Trust's falls steering group to promote evidence-based falls prevention strategies.
- Take a lead role in the development of appropriate evidence-based assessment and screening tools related to patient falls
- Provide specialist education, training and advice to Trust staff.
- Provide support to clinical areas to help them maintain patient safety with regard to patient falls.
- Review reported incidents of patient falls in hospital and work with matrons and ward managers to identify any themes and assist in developing local action plans, especially where there are high numbers of falls.
- Review all falls resulting in moderate or serious harm which will include facilitating a falls response meeting and ensure appropriate remedial measures are taken and that lessons learned are shared across the Trust.
- Contribute to national audits of clinical practice related to patient falls.
- Undertake audits within the Trust to ensure compliance with falls prevention strategies and identify areas for improvement.

The Patient Safety Team

- Promote a positive safety culture within Plymouth Hospitals NHS Trust
- Promote shared learning across the organisation
- Support Trust projects relating to patient safety
- Support the Falls Team to monitor incident themes, to ensure all opportunities for improvement are incorporated into the ongoing falls reduction work.
- Review, alongside the falls team that measures taken are having an impact on falls reduction.
- Work with the wider quality governance team to disseminate learning across the organisation in conjunction with nursing and medical colleagues.

The Risk and Incident Team

- Oversee the Trust-wide Risk Register and the Corporate Risk Register
- Ensure duty of candour has been completed for all serious incidents
- Manage any serious incidents relating to falls in line with the Serious Incidents Requiring Investigation Policy.

- Ensure all serious incidents have robust investigation using root cause analysis methodology
- Ensure actions resulting from a serious incident investigation have taken place, and that evidence is available to demonstrate the actions taken.
- Ensure that opportunities for learning that are identified through investigations are taken on board and shared Trust-wide via REACT Learning Bulletins.
- Support staff involved in investigations in line with the supporting staff policy
- Act as the first point of contact for staff to seek help and guidance with all matters relating to incident management.

Health and Safety Team

- Liaise with the Risk & Incident Team in relation to serious and moderate patient falls incidents.
- Report patient falls to the HSE where this falls under the RIDDOR requirements
- Provide guidance in relation to health and safety matters utilising the green Health & Safety/COSHH folder
- Receive completed Workplace Safe Environment Safety Audits from each individual Ward/Department
- Provide 1:1 advice and guidance as requested
- Receive reports on falls, in particular, those resulting in harm, reviewing the effectiveness of improvement measures, and making recommendations to support safe practice across all disciplines: nursing, medical and allied health professionals
- Monitor the reporting of all accidents, incidents and near misses relating to health and safety. Undertake further accident investigations where necessary and when necessary monitor the impact of losses and damage to the Trust as a consequence of untoward incidents/accidents

5 Falls prevention and management

Strategies to prevent patient falls in hospital

The Trust's primary consideration is to reduce the number of patient falls and minimise the injury sustained from any fall in the hospital.

Refer to the falls resource folder which contains information aimed to educate staff on the common reasons for falls and what actions can be taken to reduce the risk of patient falls. Inform the falls team in the event this resource is not accessible.

Of particular importance:

Identify individual risks	For example, previous fall, visual impairment,
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	cognitive impairment, impaired balance, fear of falling, continence. The patients individual care plan should focus on managing those risks to reduce the likelihood of a fall.
Falls History	Identify how many falls the patient has had in the last 12 months. Each fall increases risk and is a trigger for reassessment. Fear of falling is also a significant risk factor.
Medication	Review of medications which may increase the risk of falls, documentation of rationale for prescription. <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Anti- psychotics <input type="checkbox"/> Anti-depressant
MDT Communication	Good use of communications and visual clues to highlight those patients most at risk of falling such as the SALUS icon, use of the falling man symbol on the patient's notes/name board. Highlighting risk on the ward safety brief. Highlighting risk during board rounds. Early referral to therapy teams for further assessment.
Patient/Relative communication	Communication with patients and relatives regarding falls risk is essential, offer appropriate advice on safe mobility to include provision of the falls prevention patient advice leaflet.
Supervision/observation	Identify the correct level of supervision required for patients. For patients with a cognitive impairment the enhanced observation risk assessment should be completed to assist with planning and implementing this.
Call bell	Call bell must be working and in reach (where appropriate). Where the patient is unable to use the call bell a specific plan must be made appropriate to the patient's needs. This must be recorded within the clinical notes. If a call bell is unavailable in particular areas, an appropriate alternative needs to be in place.
Safe footwear	Footwear should be well-fitting, supportive and non-slip. Anti-embolic stockings should not be worn on their own as they are a slip hazard. Bare feet are not encouraged.
Environment and or equipment.	Ensure the patient is orientated to the ward environment, give advice on risks from drips/tubing/aids as unfamiliar equipment might be a trip/ balance hazard. Promote use of dimmed

	lighting during the hours of darkness and ensure there is adequate lighting during the day. Ensure bed brakes are locked and the bed is in an appropriate low position (except when giving care/transferring or to enable independent transfers). Ensure that the chair is an appropriate design and at the appropriate height for the patient. Ensure spillages are reported and cleared
Post anaesthetic/procedure requiring sedation.	Post anaesthetic/procedure. Offer advice about transfer/mobilising following anaesthetic or other procedure requiring sedation, as the patient may feel dizzy and should request assistance mobilising until safe to do so independently. This advice is applicable to people of all ages.
Patient is anticoagulated or has a blood clotting impairment.	Be aware. Incorporate this information into ward safety briefings. If patient falls and is at risk of bleeding the ward doctor must be informed immediately.

Management of patients who fall in hospital

This includes assessment, examination and monitoring of the patient's condition following a fall. Changes in the patient's conscious level must trigger urgent medical review, use of appropriate equipment to safely move patients who are suspected to have suffered a serious injury following a fall i.e. 'Hoverjack'.

- The care of a patient who has fallen is detailed in (appendix 5)
- A post-fall sticker must be completed and placed in the patient's hospital notes (appendix 7)

Of particular importance:

- Initial assessment - Using an ABCDE approach.
- Safe retrieval of a patient found on the floor should be carried out using the hover jack if lower limb, pubic rami, vertebral fracture(s) or head injury is suspected.
- Vital signs monitoring as indicated by the guidance - this should include neurological observations if the fall was an unwitnessed or known head injury. Neurological observations should only be carried out by a registered practitioner competent in the task or in neuro specialist areas by a healthcare assistant who has completed the competency,
- Medical review of the patient should be undertaken: immediately if serious injury is suspected and within 4 hours for all other falls. This review should seek to **identify the cause** for the fall in order that preventative measures can be taken to reduce further falls. A falls sticker should be placed in the hospital notes and completed by both the registered nurse and the doctor called to assess the patient.
- Nursing staff must review and update the falls, manual handling assessments and revise the patient's individual care plan accordingly. The fall should be noted on the ward safety brief.
- Duty of candour needs to be completed in line with the Trust's Serious Incident Requiring Investigation policy.

- Next of kin/relatives to be informed of fall as soon as possible in line with the patient's wishes or where the patient is deemed not to have capacity.
- All patient falls must be recorded in the clinical record, reported via the Datix reporting system and added to the ward safety crosses.

Staff training

The importance of training in relation to the management of the patient risk of falls is recognised by the Trust.

Training will be delivered as part of the Trust's mandatory and update training programme which must be completed on an annual basis through e-learning, compliance with mandatory training completion is monitored at service level through performance management.

Small group teaching in falls prevention strategies can be arranged by contacting the falls nurse.

6 Overall Responsibility for the Document

Falls steering group

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the nursing and midwifery committee and ratified by the Director of nursing

Non-significant amendments to this document may be made, under delegated authority from the nursing and midwifery committee, by the nominated owner. These must be ratified by the Director of nursing.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

- The falls steering group meets monthly and monitors progress against our falls reduction action plan
- Assurance will be obtained through a presentation at the Monthly Harm Free Care Group.
- 24hr incident meetings to be held for all incidents resulting in moderate or possible serious harm

10 References and Associated Documentation

- National Patient Safety Agency (2011) Essential Care after an inpatient fall NPSA/2011/RRR001
http://www.dchs.nhs.uk/assets/public/online_resources/NHS_Falls_Awareness/docs/NPSAFALLScare_mation-2011%2001%2014-v11.pdf
- NICE clinical guideline 161 (2013), <https://www.nice.org.uk/guidance/cg161>
- Royal College of Physicians (2012) Implementing FallSafe - care bundles to reduce inpatient falls <https://www.rcplondon.ac.uk/guidelines-policy/fallsafe-resources-original>
- The incidence and costs of inpatient fall in the hospital, NHS Improvement, (2017) https://improvement.nhs.uk/documents/1471/Falls_report_July2017.v2.pdf

Useful resources are available at

- <http://www.patientsafetyfirst.nhs.uk>
- <http://www.npsa.nhs.uk>
- <http://www.hse.gov.uk>
- <https://www.ageuk.org.uk/>

Dissemination Plan			
Document Title	Prevention and Management of Patient Falls in Hospital (Adults) Policy		
Date Finalised	July 2020		
Previous Documents			
Action to retrieve old copies	To be managed by Document Controller - removal of old documents		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		IG StaffNet Page	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Date	July 2020
Title	Prevention and Management of Patient Falls in Hospital (Adults) Policy
What are the aims, objectives & projected outcomes?	<p>This policy provides guidance for Plymouth Hospitals NHS Trust staff in the prevention and management of patient falls in hospital to:</p> <ul style="list-style-type: none"> • Promote staff awareness so that the risk of an inpatient fall is minimised. • Reduce the likelihood of harm to patients through falls and ensure any patient who does fall in hospital is managed safely and in accordance with Trust guidance. • Ensure that patient falls are managed across the Trust in line with national standards and guidance. <p>The Appendices of this Policy provide the clinical tools and documentation needed to promote patient safety regarding risks of falls.</p> <p>This document should be read in conjunction with the Procedure for Assessing and Managing Health and Safety Risks and Tool for Assessing Risk in the Workplace.</p>
Scope of the assessment	
This impact assessment considers all protected characteristics	
Collecting data	
Race	Where English is the patient’s/relative’s second language, care will be taken to ensure that information regarding how to reduce the risk of falls is given in a way that is clearly understood, including the use of interpreters where appropriate.
Religion	It is not anticipated that there will be any impact associated with religion but this will be monitored via Datix and any patient feedback received
Disability	This policy may impact positively on those patient who are at a greater risk of falling due to their disability. Where the disability affects the communication skills of the patient care will be taken to ensure that information regarding how to reduce the risk of falls is given in a way that is clearly understood, including the use of interpreters where appropriate.
Sex	It is not anticipated that there will be any impact associated with sex but this will be monitored via Datix and any patient feedback received
Gender Identity	It is not anticipated that there will be any impact associated with gender identity but this will be monitored via Datix and any patient feedback received
Sexual Orientation	It is not anticipated that there will be any impact associated with sexual orientation but this will be monitored via Datix and any patient feedback received
Age	This policy will impact positively on those older patients who are at a greater risk of falling.
Socio-Economic	It is not anticipated that there will be any impact associated with socio-economic group but this will be monitored via Datix and any patient feedback received
Human Rights	It is not anticipated that there will be any impact associated with human rights but this will be monitored via Datix and any patient feedback received

What are the overall trends/patterns in the above data?	<p>There will be a positive impact for some older patients and some patients with a disability.</p> <p>When information is given to patients regarding how to reduce the risk of falling, care is required to ensure that the information is given in a way that is clearly understood</p>
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Involving and consulting stakeholders				
Internal involvement and consultation				
External involvement and consultation				
Impact Assessment				
Overall assessment and analysis of the evidence	Some positive impacts have been identified for older patients and those with a disability. Feedback and Datix will be used to identify if other impacts arise			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Review of Datix and patient feedback to identify any impacts arising	Steve Shearman		ongoing	
Specific issues and data gaps that may need to be addressed through consultation or further research				