Humber Teaching
NHS Foundation Trust

Falls Policy (Patients) (N-058)

Version Number:	6.7
Author (name & job title)	Sadie Milner, Patient Safety and Practice Development Lead Katie Barraball, Therapy Lead, Community Services Sam Faine, Clinical Competency Programme Manager
Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
Name of approving body:	Quality and Patient Safety Committee
Date full policy approved:	13 April 2017 (Version 6)
Date Ratified at Trust Board:	May 2017
Next Full Review date:	September 2026

Minor amendments made prior to full review date above (see appended document control sheet for details)	
Date approved by Lead Director:	*7th September 2023 (QPaS)*
Date EMT as approving body notified for information:	*September 2023*

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. 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 falling 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.

A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls. Health and social care practitioners have regular contact with older people across a wide range of settings, including in people's homes. By asking questions in routine assessments and reviews about falls and their context, health and social care practitioners can identify older people who may be at risk of falling. If there is concern that a person is at risk of falling, they can be referred to, or advised to see, a healthcare professional or service to further assess their risk.

Whilst this policy is based upon the NICE guidance (CG161) and the quality standard (QS86) which refers to older people this policy also recognises that other patient groups may also be at increased risk of falls.

The reasons why patients fall are complex and can be influenced by physical illness, mental health problems, medication and age-related issues, as well as the environment. Consequently, efforts to reduce falls and injury will need to involve a wide range of staff and agencies across health (secondary, primary and community) and social care (statutory, private and independent).

Most falls do not cause serious injury, but the consequences for an individual falling or not being able to get up after a fall can be detrimental. The consequential psychological factors can result in loss of confidence, social isolation, self-esteem, reduced independence, depression and an increase in dependency and disability. Their relatives and care network can feel anxiety and guilt. The costs for NHS organisations include additional treatment, increased lengths of stay, complaints and, in some cases, litigation. Falls can often result in a 'long lie' for a person who is unable to get up from the floor. This can have potentially serious consequences such as hypothermia, bronchopneumonia and pressure ulcers. A 'long lie' of 12 hours or more can seriously affect a person's recovery from a fall.

2. SCOPE

This policy (and its associated procedure) relates to falls risk assessments, interventions and post falls management of patients in inpatient and community settings. Whilst national policy and guidance on preventing falls focuses on older people (those 50-64 and those 65 or older) this policy does bring into scope patients under the age of 50 who may also be at risk of falling. Whilst in such cases a full multi-factorial risk assessment and multi-factorial interventions may not be appropriate every effort will be taken to address specific risk factors and mitigate risk.

This policy applies to all clinical staff employed by the Trust or who are employed on the bank that support people who are receiving care within their own home or within nursing or residential care, within out-patient services, minor injury units or within inpatient services.

For teams and services delivering out-patient care, for example, but not limited to, where the primary focus is the provision of mental health assessment and treatment, there is not an expectation that staff in these teams will have the expertise to conduct a full MFRA. If during the consultation falls risk factors are identified it is recommended that the patient be sign posted to an appropriate service for a more comprehensive assessment of falls risk i.e. community falls team, GP.

Where a patient is receiving in-patient care within an acute hospital and our staff are providing in-reach services for example Mental Health Liaison Services it will be the responsibility of the acute

hospital trust to undertake a falls risk assessment and implement multifactorial falls intervention as per their own trust policy.

This policy should be read in conjunction with the Falls Procedure, Deteriorating Patient Policy and Procedure, Head Injury Guidance, Moving and Handling Policy and the Bed Rails Policy.

3. DEFINITIONS

3.1. Fall

"An unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground or an object below knee level." (NICE 2017)

3.2. At risk of falling:

NICE guidance recognises the following groups as being at increased risk of falls

Inpatients:

- Any patient admitted to hospital over the age of 65 years are at risk of falling in hospital
- Any patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition.

Patients in a community/non-inpatient setting:

- Older people who present for medical attention because of a fall
- Older people who report recurrent falls in the past year (two or more falls in the past 12 months)
- Older people who demonstrate abnormalities of gait and/or balance

Other patients under the age of 50 may also be at risk of falling for a variety of reasons. Examples include but are not limited to:

- are taking four of more medications (polypharmacy) or taking high risk medication
- intoxication due to alcohol/drug use
- confusion/delirium
- mental health/behavioral concerns
- sensory impairment
- poor nutrition/hydration
- postural hypotension
- underlying health conditions

Whilst in such cases a full multi-factorial risk assessment and multi-factorial interventions may not be appropriate, as this pertains to the older adult population, every effort will be taken to address specific risk factors and mitigate risk.

Patients receiving end of life care

Clinical judgement will be made as to the appropriateness of carrying out a full multi-factorial falls risk assessment for those in the last days of life and balanced with the potential risk.

4. DUTIES AND RESPONSIBILITIES

4.1. Chief Executive

The chief executive is required to ensure the organisation has systems and processes in place to implement this policy.

4.2. Director of Nursing, Allied Health and Social Care Professionals
The director of nursing is responsible for the development and implementation of this policy and for ensuring that suitable training programmes for staff are in place. The director of nursing has devolved responsibility for the overall management of falls within the organisation.

4.3. The Divisional Clinical Leads
The divisional clinical leads managers are responsible for ensuring the implementation of this policy within their areas and ensuring that staff implement the policy and are trained to be able to risk assess falls to prevent where possible.

4.4. Matrons and Senior Clinicians (nurses and AHPs)
Matrons and senior clinicians (nurses and AHPs) have the responsibility to oversee the day-to-day monitoring of the policy in clinical practice.

4.5. Team Leaders, Ward Managers and Clinical Leads
Team leaders, ward managers and clinical leads will make arrangements for the effective implementation and monitoring of the policy. They will ensure staff have access to appropriate training and competency assessment as outlined in section 8 of this policy.

4.6. All Staff
All staff has a duty of care to prevent a fall where possible and to ensure that all patients receive the right care and treatment following a fall. All staff, both clinical and non-clinical are responsible for following the policy and procedure relating to patient falls.

5. PROCEDURES RELATING TO THE POLICY

This policy is supported by the Falls Procedure which provides clear guidance on the following:

- Pre-screening
- Multifactorial falls risk assessment
- Risk factors including environment, osteoporosis and polypharmacy
- Multifactorial interventions to reduce the risk of falls
- Assessing a patient for physical injury following a fall referred to as the post falls check
- Post fall review (including exploration of fall)

6. CONSULTATION

The consultation pathway for this policy and its related procedure is:
- Falls Working Group
- Clinical Networks
- Drugs and Therapeutic Group
- Physical Health and Medical Devices Group

7. IMPLEMENTATION AND MONITORING

Compliance with this policy will be assessed by trend analysis of local falls incidence reporting via Datix and will be shared in the safer staffing reports and as part of the quality report/dashboards shared at the Quality and Patient Safety Group (QPaS). If required, additional data from the clinical systems can also be used to monitor multifactorial falls risk assessments and the exploration of falls assessment compliance. A quarterly falls trend analysis is submitted to the Falls Working Group.

The Trust will support and participate in the National Audit of Falls and undertake audit of NICE guidance 161 and quality standard 68 as part of the clinical audit plan.

8. TRAINING AND SUPPORT

All staff have duty of care to prevent a fall were possible and to ensure that all patients receive the right care and treatment following a fall.

All staff are responsible for their own practice; however, it is the responsibility of all team leaders and charge nurses to ensure that all staff **within their sphere of responsibility** have the skills to be able to:

- Undertake a risk assessment to reduce the risk of a fall
- Undertake a lying and standing blood pressure
- Take part in a multifactorial risk assessment and implement measures to reduce risk
- Conduct a post-fall check using the LOOK: FEEL: MOVE principles as described in the Falls procedure (RCP, 2022)
- Appropriately escalate to an emergency department any patient with suspected or potential fracture, head or spinal injury considering relevant NICE guidance
- Move a person safely following a fall having conducted a post fall check and using appropriate lifting equipment where required and if safe to do so.
- Know where to refer for further advice and support.

Training and Clinical Skills Competency Framework
All healthcare practitioners (registered and non-registered) caring for patients at potential risk of falling will complete and maintain the core clinical competency in **Falls Prevention** every three years. This will ensure that the practitioner has core knowledge, skills and understanding of the main principles in the prevention of falls in hospital and community settings. To support this staff have access to the Falls prevention training (face to face) and the Royal College of Physicians Prevention falls in Hospital e-learning package (ESR).

All healthcare practitioners (registered and non-registered) caring for patients at potential risk of falling will complete and maintain the core clinical competency in **Deteriorating Patient** every three years. This will ensure that the practitioner has core knowledge, skills to recognise, manage and escalate a deteriorating patient. Supporting this staff have access to Deteriorating patient training (face to face) and the NEWS2 online training.

All Registered Nurses and Advanced Care/Nurse Practitioners with the responsibility for conducting a post-fall check within an inpatient setting or working within an urgent treatment centre will complete and maintain the role specific clinical competency in **Assessment of Impaired Conscious Level Using Glasgow Coma Scale** every three years. This will ensure that the practitioner maintains knowledge, skills and understanding of carrying out an accurate assessment of consciousness as recommended in Head injury (nice.org.uk) and Supporting best and safe practice in post-fall management in inpatient settings. Supporting this staff have access to the online GCS training video. They will also receive an annual update as part of Immediate Life Support (ILS) training.

Additional details regarding training and competency are outlined in the Falls: Risk assessment, intervention and post falls procedure

Links to competency documents
Core Clinical Competencies (humber.nhs.uk)
Role Specific Clinical Competencies (humber.nhs.uk)

Individual training needs will be identified through annual professional development reviews and supervision.

Face to face Falls Prevention training is available via the learning centre.
The revised RCP Prevention falls in Hospital is available as an e-learning package on ESR.

The Royal College of Physicians has developed CareFall e-learning module for foundation level doctors and includes interactive information about patient and environmental falls risk factors, the patient assessment and post fall management. Carefall - E-learning for healthcare

Additional online training links:
Glasgow Coma Scale https://www.glasgowcomascale.org/
NEWS2 https://news.ocbmedia.com/

9. REFERENCES TO SUPPORTING DOCUMENTS AND RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Supporting best and safe practice in post-fall management in inpatient settings | RCP London
Falls in older people: assessing risk and prevention | Guidance | NICE
Falls in older people | Quality standards | NICE
Hip fracture in adults | Quality standards | NICE
Head injury: assessment and early management (nice.org.uk)
Spinal injury: assessment and initial management (nice.org.uk)
Osteoporosis: assessing the risk of fragility fracture NICE

Trust Policies/Protocols/Procedures
Falls Procedure
Head Injury Guidance
Moving and Handling Policy
Deteriorating Patient Policy and Protocol
Medical Emergencies and Resuscitation Policy
Health and Safety Policy
Bed Rails Policy
Duty of Candour
Reporting of Adverse Incidents Policy and Procedure

Appendix 1: Equality Impact Assessment (EIA)

1. Falls Policy (patient) N058 and Falls: Risk Assessment, Intervention and Post Falls Procedure
2. EIA Reviewer: Sadie Milner, Patient Safety and Practice Development Lead, Trust Headquarters
3. Policy and Procedure

Main Aims of the Document, Process or Service
The policy and procedure apply to all adults who are aged 18 and over who may be at risk of a fall to ensure prevention is core to the practice of all people who use services within Humber Teaching NHS Foundation Trust.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Medium	Persons aged 18 years and over. Older people who are aged 65 and over are considered at higher risk (NICE guideline 161 and QS 86).
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Medium	National policy and guidance on preventing falls focuses on older people (those 50-64 and those 65 or older) however a growing body of evidence relating to people with learning disabilities suggests that much of the national policy and guidance may be equally applicable.
Sex	Men/Male Women/Female	Medium	Older aged women are at increased risk of post fall injury due to osteoporosis risk
Marriage/Civil Partnership		Low	
Pregnancy/ Maternity		Low	
Race	Colour Nationality Ethnic/national origins	Low	
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	
Sexual Orientation	Lesbian Gay men Bisexual	Low	

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision This policy reflects current best practice guidance – NICE guidelines 161 and QS 86.	
EIA Reviewer: **Sadie Milner, Patient Safety and Practice Development Lead**	
Date completed: July 2023	Signature: **S Milner**

Appendix 2: Document Control Sheet

Document Type	Falls Policy (Patients) (N-058)		
Document Purpose	This policy is based upon the NICE guidance (CG161) and the quality standard (QS86) and also aligned to the NICE head injury guidance (updated May 2023) and the RCP Supporting best and safe practice in post fall management in patient settings (2022).		
Consultation/Peer Review:	Date:	Group/Individual	
List in right hand columns consultation groups and dates	3rd July 2023	Falls working group	
	9th August 2023	PHMD	
	7th Sept 2023	QPaS	
Approving body:	QPaS Committee	Date of Approval:	13 April 2017
Ratified at:	Trust Board	Date of Ratification:	May 2017
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*	Fall prevention training for clinical staff	Financial Resource Impact	Training requires resources from the training department and clinical staff (in-house) for example nurses, physiotherapists, OT.
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [✓]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below - to be delivered by the Author:*		
	• Multifactorial assessment and exploration of falls forms added to clinical systems • Policy available on the policy intranet page • Clinical policy update highlighting changes in midday mail • Information shared in the Quality Newsletter • Circulated via the Falls Policy review group, matrons and clinical leads		
Monitoring and Compliance:	Patient safety incidents relating to falls will be captured in Datix and reviewed at the corporate huddle. Monthly via the IQPT. Quarterly report to PHMD group to review themes. Compliance with NG161and QS86 through national and local audits		

Document Change History			
Version number/name of procedural document this supersedes	*Type of change,*	*Date*	*Details of change and approving group or executive lead*
1.00	*New policy*		*Falls Policy ERYPCT (G328)*
2.00	*Review*	*02/04/12*	*This policy has replaced the Community 'Legacy' Falls Policy and is harmonised for HFT.*
3.00	*Review*	*03/12/12*	*Addition of Appendix 7 Post Fall Procedures for Inpatient Units* *Addition of Appendix 8 Post Fall Procedures for Community*
4.00	*Review*	*10/03/14*	*Major review of policy due to Serious Untoward Incident. For appraisal at the Falls Clinical Network. Amendments made: removed numerical reference to stages of assessment, rationale to facilitate the implementation of a shared approach across the trust.*
5.00	*Review*	*14/07/16*	*Amendments to front page – updated*
6.00	*Review*	*March 2017*	*Update to include review of NICE Clinical guideline 161 and Quality Standard 86* *Approved at QPaS Committee 13 April 2017*
6.01	*Review*	*July 2017*	*Version number amended from (Previously stated versions up to 6.8- were draft versions) with no approval between*

			amendments *Changes following consultation with Matrons, Clinical networks and QPaS and Older Peoples services. Review of the multifactorial assessment, falls exploration, falls checklist, special observation and medications that can contribute to falls* *Signed off by Director of Nursing 20 Sept-2017*
6.02	*Review*	*22 Dec 17*	*Removed appendix 1a (Multifactorial Risk Assessment – Community Teams). Appendix 1b renamed to Appendix 1 – Multifactorial Risk Assessment – for all services (Inpatient and Community)*
6.03	*Review*	*May 18*	*Appendix 7 removed at request of Pharmacy Team*
6.04	*Review*	*Jan 19*	*Multifactorial Risk Assessment reviewed by Jackie Stark, Principal Pharmacist. Amendments made to medication assessment questions. Minor amends made to typos in the assessment document.* *Approved QPaS 24-Jan-19*
6.05	*Minor changes Policy review following patient safety investigation*	*October 2019*	*The introduction of a step-by-step guide of actions to be taken following a patient fall including a new easy to follow flowchart.* *Physical assessment of life and limb injuries included. Reintroduction of revised guidance on medication and falls risk.* *Clear escalation processes. Clear timeframes for medical assessment. Clear guidance on neurological assessment following a fall (GCS versus ACVPU) Revised exploration of falls form and multifactorial risk assessment.* *Approved QPaS 2-Oct-19*
6.06	*Full review of both the policy and procedure. Minor amendments to the policy.*	*August 2022*	*Reviewed through consultation with members of the falls working group. Approved at Falls working group August. Policy, procedure and risk assessments reviewed and updated. Titles, roles and responsibilities updated. Training and competency section updated to bring in line with competency assessment framework.* *Approved at PHMD 10-Aug-22*
6.07	*Full review*	*July 2023*	*Reviewed with minor amendments.* *Additional information as linked to the Head injury NICE guidance in relation to assessment and early management. Glasgow Coma Scale competency and links to core competency for falls prevention added. Inclusion of post fall check as aligned to NAIF best practice guidance 2022. Links to relevant NICE guidance added/updated.* *Additional clarification relating to MFRA by age group and care settings. Inclusion of consideration of patients with a learning disability and patient with other risk factors including under the age of 50* *Approved at QPaS 7th September 2023 by director sign off.*