



<p><b>Version &amp; Reference Number</b></p> <p><b>NU06</b> (Version 5)</p>
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**THE PREVENTION AND MANAGEMENT OF ADULT INPATIENT FALLS**

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Falls Steering Group	Nov 2023	Yes: <ul style="list-style-type: none"> <li>• Appendix 8 split into 8a (Acute) &amp; 8b (Community).</li> <li>• Flat lifting equipment.</li> <li>• Safeguarding matrix.</li> </ul>
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*N.B. Employees/workers should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## 1. INTRODUCTION / OVERVIEW

Falls are one of the most frequently reported adult in-patient clinical incident and are a significant patient safety challenge for the NHS in Wales. There are more than 240,000 reported falls in acute hospitals and mental health trusts in England and Wales every year (that is over 600 a days). The effects of falls can range from no harm to serious injury and death. However, even those falls that do not result in serious physical harm can cause a great deal of distress, resulting in consequences that can threaten an individual's independence, confidence and general wellbeing. Betsi Cadwaladr University Health Board (BCUHB) has reported an increasing picture of falls and falls with harm and as such it is timely to ensure the necessary safeguards are in place and being carried out to minimise, not just the number of falls but also the associated complications and distress for the individual across all the health board wards.

## 2. POLICY STATEMENT

As part of the Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments this policy is to ensure BCUHB incorporates the All Wales Falls and Bone Health Multifactorial Assessments (FBHMA) ([Appendix 1](#)). This will be embedded through collaborative working and aligned to the All Wales Safeguarding Procedures to ensure the risk of all categories of harm (to all adult in-patients) caused by falls is minimised.

This policy describes the risk assessment and management of all adult in-patients admitted to BCUHB. The risk assessment and appendices are to be used to deliver safe and effective care by maintaining a safe environment and effective management of risks of patients falling whilst in our care by care planning/ prevention interventions and management of Risk Assessment findings.

Definition of a fall:

For the purpose of this policy, Falls are commonly defined as

*“An event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard” NICE guidance Falls: applying All Our Health August 2017 and RCN<sup>1</sup> [www.rcn.org.uk/clinical-topics/older-people/falls](http://www.rcn.org.uk/clinical-topics/older-people/falls).*

## 3. PURPOSE

Health care professionals have a duty of care to minimise risks to their patients. BCUHB aims to take all reasonable steps to ensure the safety and independence of its patients, and respects the rights of patients to make their own decisions about

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<sup>1</sup> RCN account / log in required to access.

their care following an appropriate framework to support this (where the person lacks capacity to do so independently the Mental Capacity Act 2005 would apply).

Inpatient falls are one of the most frequently reported incidents within BCUHB. The consequence of a fall can be more than a physical injury alone and can have a significant bearing on the individual's wellbeing and future options. Falls can be both a cause and a consequence of delayed transfer of care. Falls can impact someone's confidence not just in mobilising but in all independent tasks. There is a strong correlation between falls and age and as BCUHB's patient population increases in age and complex multi-morbidity, the challenge to reduce the number of falls (and the experience of harm from falls) is significant.

Adult inpatients on hospital wards may be at risk of falling for many reasons including:

- a history of falls;
- medically unwell;
- hypoxia (reduced oxygen levels);
- altered cognition including dementia or delirium;
- the effects of their treatment or medication;
- impaired mobility;
- visual and other sensory impairments along with their mental health and general wellbeing;
- environmental disorientation.

Although most falls result in no physical harm or ongoing distress, falls do sometimes result in catastrophic injury, be that emotional or physical, including death. Some falls are a potential consequence of promoting patient's autonomy and encouraging recovery of mobility after acute illness or surgery with positive measured risk management continuing to be encouraged.

The purpose of this policy is to ensure all preventative measures are known and in place where applicable, all falls are reviewed and information scrutinised with lessons learned shared across BCUHB for shared learning.

#### **4. AIMS AND OBJECTIVES**

The aim of this policy is to demonstrate our commitment to ensuring that our Health Board employees manage the optimal prevention of falls in the inpatient setting when caring for adult inpatients who may be at risk of falls and management of patients immediately post fall.

Many falls are preventable and therefore the objectives of this policy are to:

- Support person centered care planning (including advanced care decisions where applicable).
- Ensure that effective processes are in place for assessing patients (and therefore recognising those at risk of falls).

- Ensure the completion of the All Wales Falls and Bone Health Multifactorial ([FBHMA – Appendix 1](#)) on admission for all adult inpatients.
- Implement effective, timely, multi-factorial intervention which reduces the number of patient falls and subsequent injury to those who have fallen.
- Ensure a safe environment using effective assessment and intervention.
- Ensure effective assessment, management and rehabilitation for those who have fallen or those who are at risk of falling.
- Establish a multi-disciplinary approach to FBHMA and management.
- Support patients to remain independent, empowered and safe.
- Support the implementation of the All Wales Safeguarding procedures in relation to falls.
- Ensure a mental capacity assessment is undertaken upon admission, in order to understand the patient's self-perception with regards to their mobility and ability to understand the risk of falls and consequences.
- Where there is a cognitive impairment of the mind or brain that is impacting on the patient's ability to make a specific decision, a mental capacity assessment must be undertaken. For the patient to make a capacitous decision they must be able to understand, retain, use and weigh up the relevant information to make that decision. Any decision made on behalf of the patient should be done in their best interests and the interventions/restrictions that are identified as necessary to prevent harm must be achieved in a way that is less restrictive of the patient's rights and freedoms. The mental capacity assessment must be completed at the earliest opportunity (upon admission if possible) and must be re-assessed throughout the hospital admission.

## **5. SCOPE**

This policy applies to all Health Board Employees involved in the direct or indirect care of adult inpatients regardless of grade or profession and includes Health Board bank workers. The policy provides all health care practitioners with a clear framework for safe and effective practice relating to the prevention and management of the risks of adult inpatient falls and sets out the standards and competencies expected when performing this role.

## **6. ROLES AND RESPONSIBILITIES**

### **6.1 CHIEF EXECUTIVE**

The Chief Executive has overall responsibility for strategic direction and operational management, including ensuring that BCUHB policies comply with the legal, statutory and good practice guidance requirements.

### **6.2. THE HEALTH BOARD**

The Health Board has responsibility for setting the strategic context in which this policy will be implemented and the resources required for effective training.

### **6.3. HEALTH BOARD PATIENT SAFETY GROUP (PSQ)**

This Group has responsibility for monitoring the assurance framework and assuring the Health Board's compliance with this policy.

### **6.4. STRATEGIC INPATIENT FALLS GROUP (SFG)**

The SFG will monitor the delivery of the FBHMA ([Appendix 1](#)), training, themes and trends and provide assurance to the Quality and Safety Executive Committee via the Executive Director of Nursing and PSG as a routine cycle of business regarding effective progress with implementation.

### **6.5. LOCAL SENIOR MANAGERS e.g. Directors of Nursing and Divisional Directors**

Local Senior Managers are responsible for ensuring that:

- This policy is implemented and adhered to (across their services).
- Training or education needs are identified and met.
- Requirements for implementation of the policy are built into the delivery planning process.
- Health Board Employees have received, are aware of and comply with all relevant policies and supporting documentation.

### **6.6. SENIOR CLINICAL LEADS, HEADS OF NURSING, MATRONS AND WARD MANAGERS:**

Senior clinical leads, Heads of Nursing, Matrons and Ward managers are responsible for ensuring that:

- Processes and arrangements are in place to support the implementation of the policy via their operational structures across all clinical areas in the divisions.
- Ensuring that the local risk register is accurate and reflects risk, controls and assurances that are in place, to minimise the risk of harm from inpatient falls.
- Related investigations are completed in the applicable timeframe stated within NHS Wales (Concerns, Complaints and redress Arrangements) Wales) Regulations 2011 and themes and learning from serious incidents and that Root Cause Analysis investigations are disseminated.
- Health Board Employees within their clinical areas are aware of their role and responsibilities in relation to the FBHMA ([Appendix 1](#)).
- Health Board employees are given adequate time to complete mandatory Adult Inpatient Falls Training ([see section 13](#)).

### **6.7. CORPORATE HEALTH AND SAFETY TEAM**

The Corporate Health and Safety Team are responsible for ensuring that:

- Accessible training is provided for Health Board employees.
- Training is compliant with Module E in the All Wales NHS Manual Handling Training Passport and Information Scheme (Passport Scheme).

- It is escalated if training resources are inadequate to meet the demands of the organisation.

### **6.8. ALL HEALTH BOARD EMPLOYEES (including Health Board Bank workers)**

All employees, including Health Board bank employees, are responsible for:

- Compliance with the policy.
- Identifying a training need in respect of policies and procedures and bringing it to the attention of their line manager.
- Completing the FBHMA ([Appendix 1](#)) with appropriate interventions identified as part of the Adult inpatient assessment and if appropriate signposting within their scope of practice.
- Working collaboratively with multi-disciplinary team members to manage individual FBHMA ([Appendix 1](#)) risk factors.
- Escalating through Ward Manager / Matron / Head of Nursing any resource implications, which affect completion of the FBHMA ([Appendix 1](#)) in the clinical area. This will include deficits in the training of locum or agency workers in relation to the FBHMA ([Appendix 1](#)).
- Ensuring escalation of FBHMA ([Appendix 1](#)) and bone health related incidents and / or trends are reported, investigated and escalated in line with NHS Wales (Concerns, Complaints and redress Arrangements) Wales) Regulations 2011.

### **7.1 FALLS ASSESSMENT PROCESS**

All adult inpatients must be risk assessed using the National standardised risk assessment tool FBHMA ([Appendix 1](#)) in the following circumstances:

- Within 6 hours of admission and on transfer to other clinical areas (for example, from the Emergency Department to Acute Medical Unit, Surgical Assessment unit or any other wards within Community hospitals).
- Following change of location within the ward (for example, adult inpatient moved / changed bed location from a shared bay area to side room).
- Adult inpatient physical or cognitive condition has changed (for example, patient undergone anesthetic; patient has developed an infection leading to delirium, changed mobility, changed mobility aid etc.).
- Weekly reassessment of all Adult in-patients using the FBHMA is mandatory as a minimum (if no conditional change or ward location change or transfer between wards has required a reassessment previously).

An additional training (E learning module level 1b) to support completion of the Falls and Bone Health Multifactorial Assessment must be completed by Health Board Clinical employees who have a responsibility for risk assessing adult in-patients using the FBHMA ([Appendix 1](#)).

### **7.2 FALLS PREVENTION**

Once risk assessed, all adult inpatients MUST have the appropriate actions and

interventions documented on the FBHMA tool ([Appendix 1](#)).

Mobility aids used by patients to support mobility / transfer must be within easy reach of the patient and in good working order for example Ferrell's on walking sticks, walking frames etc.

Appropriate chair and bed heights should be used for adult inpatients according to their height and needs.

Larger/Bariatric adult inpatients will require specialist equipment (chairs/beds) and will require assessment for Manual handling equipment in line with Health Board policy WP56.

Call bells MUST be within easy reach of patients at all times. Orientation to the ward and surrounding environment MUST include a demonstration of how to use the call bell and patient observed or asked to demonstrate how to use the call bell.

All patients MUST have a bed rail risk assessment completed and documented within 6 hours of admission to the ward. The bed rail risk assessment (Protocol for Using Bed Rails Safely and Effectively: [MD07](#)) is a paper based risk assessment which MUST be completed in conjunction with the FBHMA which is electronic and hosted within the Welsh Nursing Care Record) . This risk assessment informs the nurse when bed rails should be appropriately used or avoided (dependant on patient risk).

Lying and standing blood pressure must be performed on admission (if not contraindicated) to identify possible postural hypotension for all patients over 65 years, for all patients following a fall and all patients presenting with Acute Kidney Injury (AKI). The Royal College of Physicians Guidelines ([Appendix 2](#)) for taking a lying and standing blood pressure should be referred to.

An underlying cause for postural hypotension should be investigated and discussed with the MDT and all actions documented in the patient medical records. The patient must be educated in steps to reduce the risk of falling as a consequence (e.g. sitting for a few minutes longer before standing) all interventions MUST be documented within the patients FBHMA .

Patients at risk of falls should be nursed in the safest available location of the ward (where possible) depending on clinical need and risk.

For patients at risk of falls, employees and workers are responsible for ensuring the patient has safe footwear when mobilising ([Appendix 3](#)). Patient's own well-fitting footwear is always the first choice in falls prevention. Slipper socks must not be issued by Health Board employees. If a patient wishes to wear slipper socks, a discussion must be had with the patient/family explaining the risk of falls associated with their use. If the patient/family choose to continue to wear slipper socks, this MUST be documented within the FBHMA.

All adult inpatients with a sensory deficit MUST have the details documented on the FBHMA ([Appendix 1](#)) and where able document discussion with patient and family / carers to ensure correct communication aids are available (such as correct glasses, hearing aids etc.). All communication aids MUST be within easy reach and cleaned

appropriately. Visual checks can be undertaken at the bedside for patients who are uncertain of their visual acuity using the Royal College of Physicians instructions for bedside vision checks (see [Appendix 4](#)).

Wards with several patients at risk of falls MUST consider cohorting (sometimes referred to as Baywatch), to allow for optimum visibility of that group of patients whilst avoiding any mixed sex accommodation breaches.

The employee appointed to a cohort area on the ward cannot leave the area until they have another employee to take over. If the employee responsible for observing a cohort of patients is required to perform a duty which would prevent them from maintaining eye contact with their patients (e.g. to go behind curtains to attend to another patient, or assist a patient to the bathroom), wherever possible, they must inform another employee to ensure continuous observation is maintained.

If an employee needs to hand over the responsibility for observing to another employee the handover MUST be clearly communicated between each other.

The current BCUHB Enhanced Care Risk Assessment and scoring tool ([NU21: Appendix 5](#)) should be used, along with the clinical judgement of the Health Board employee to aid decision making and prioritisation of the level of enhanced observation required on an individual patient basis.

For those patients who do require enhanced observation who are able to mobilise to a bathroom/ toilet, enhanced observation MUST continue to be adhered to throughout all aspects of care delivery.

For those patients with mental capacity (who refuse enhanced observation) risks MUST be discussed with the patient and family and with consent documented in the patient records with interventions to help reduce the risk of falls documented on the FBHMA.

Nursing staff undertake regular patient reviews for assistance with care and environmental checks in terms of clutter, mobility, and call bell access to the patient.

Nursing staff MUST provide patients with falls prevention educational information, and where appropriate then ask patients to teach back the key points. The provision of falls prevention education should be documented in the patient records. This process is repeated until the patient demonstrates comprehension and also if they have a fall. *Insert RCP hyperlink*

For adult inpatients with a diagnosed Cognitive Condition the BCUHB Dementia Pathway ([Appendix 6](#)) MUST be adhered too.

At the earliest opportunity (following admission) in discussion with the Patient and / or family / carers the 'This is me' document ([Appendix 7](#)) MUST be completed or reviewed/updated.

An alert symbol MUST be placed on the board above the bed (if appropriate) for those patients who are risk of falls following completion or updating of the FBHMA. Patients who are known to be at risk of falls must be communicated on handover and ward safety brief ensuring all those involved in the patient's care are aware of their risk of falling. Alert symbols are contained within the [Ward Accreditation E handbook to support MDT Communication](#).

Timely medication review by pharmacy colleagues should be completed (following inpatient admission) of all high risk medicines that may contribute to a fall. Any

recommendations or interventions (as a consequence of the review) should be documented in the patients' medical notes.

Medical staff are responsible for ensuring a cardiovascular review is conducted. The outcome of the reviews and actions required **MUST** be discussed with the multidisciplinary team and clearly documented in the patient's medical record.

Medical staff are responsible for ensuring undiagnosed or acute confusion is investigated, treated and documented within the patient records. Any actions required **MUST** be discussed with the multidisciplinary team and clearly documented in the patient's medical record. The BCUHB Guideline for the Management of Delirium for Adults  $\geq 18$  years in acute care and long term care settings ([MM17](#)) should be considered.

Medical staff are responsible for considering a referral to Ophthalmology or Audiology if a more comprehensive assessment is required. Any actions required **MUST** be discussed with the multidisciplinary team and clearly documented in the patient's medical records.

In line with assessment actions, if a referral is required to support mobility, the physiotherapist is responsible for ensuring a mobility review is undertaken. Any actions required **MUST** be discussed with the multidisciplinary team and clearly documented in the patient's medical records.

The Registered Nurse is responsible for ensuring the All Wales Continence/Toileting Risk Assessment is completed within 4 hours of admission to the Ward.

All staff are responsible for ensuring the environment, including bed spaces and main patient walkways remain clutter free at all times.

All staff are responsible for ensuring that drinks, call bells, mobility aids and personal belongings, including spectacles and/or hearing aids if required, are left within easy reach of the patient on completion of care. In addition consideration **MUST** be given to patient's normal home routines for example bedside table on the left hand side of bed at home, would support positioning of bedside table on left hand side as an inpatient.

On transfer of care from one clinical area (ward or department) to another (including the Emergency Department and Critical Care) a transfer / handover document (SBAR form) **MUST** be completed in adherence to Patient Transfer Policy NU19. Any adult inpatient with an identified falls risk **MUST** be clearly communicated to the receiving clinical area/department. The FBHMA ([appendix 1](#)) **MUST** then be reassessed and updated by the receiving ward for all adult inpatients.

All employees and agency workers caring for patients **MUST** promote activity (where possible) to prevent deconditioning of the patient by encouraging participation and independence with activities of living such as washing, dressing, walking, standing and maintaining hydration and nutrition ([PJ Paralysis Campaign](#)).

If a patient has a potential or confirmed infection risk requiring isolation precautions in a side room (and has in addition been identified at an increased risk of falls), a multidisciplinary team (MDT) discussion of all risks should take place using clinical judgement to determine the risk for closure of the side room door. Advice can be

sought from the Infection Prevention Team. Prevention strategies MUST be put in place to mitigate any risk for the patient and the clinical area. The Registered Nurse MUST document rationale for the side door to be open in the patient records.

For patients who have a history of fractures and possible Osteoporosis, an MDT review and further investigation/screening may be required, the review and actions MUST be documented in the patient medical records.

For Women within our Maternity inpatient areas (following an epidural for a planned or emergency Caesarean Section) the Registered Midwife MUST adhere to the guidance outlined within the BCUHB Integrated Care Pathways (ICP) for BCUHB Planned Caesarean Section ICP or BCUHB Emergency Caesarean Section ICP.

### **7.3 POST FALLS MANAGEMENT**

A registered practitioner MUST undertake appropriate action in the event of a patient fall. The post fall procedure MUST be followed immediately following a fall ([Appendix 8a](#) (Acute) & [Appendix 8b](#) (Community)), and should be available on view for all staff to access easily.

The correct Manual Handling Equipment is required if injury to spine or pelvis/hips/femurs is suspected [Flat lifting](#) equipment MUST be accessed and used once the patient has been assessed as safe to move from the floor to a place of safety by a registered practitioner.

Once the patient is safe and clinically stable the BCUHB Post Falls Checklist ([Appendix 9](#)) will support further ongoing actions to reduce the risk of another fall.

Once all the immediate post falls actions completed the multidisciplinary team on duty MUST complete the 'Hot Debrief' using the Health Board SWARM document ([Appendix 10](#)) for guidance. The SWARM document MUST be uploaded as part of the Datix incident reporting.

In the event of an inpatient fall, a full review of the FBHMA ([Appendix 1](#)) and updated interventions MUST be documented and actioned. In addition the Patient Handling Assessment will require reviewing and potentially updating following a fall.

All inpatients post fall MUST be referred to the Pharmacy Team for a further medication review. Any recommendations or interventions as a consequence of the review should be documented in the patients' medical notes.

All patient falls MUST be reported through the Health Boards' incident reporting system: [Datix](#).

To support local Quality Improvement for Falls prevention on the Ward/Department All falls can be identified on the local measles map (example appendix 11) to support rapid identification of hot spots within the ward/department environment for patient falls.

All patient falls MUST be reviewed by the local quality team on a daily basis during the working week or within 72 hours if over a weekend and all falls MUST have a

focused review as detailed on the incident reporting system [Datix](#). Following the local review by the quality team any fall that is determined as of moderate harm and above MUST have a 'Make it Safe' review within 72 hours of the fall. All falls with catastrophic harm MUST have an executive led Rapid Learning Panel (RLP) to ensure immediate lessons learned are shared across the Health Board. The RLP and the Corporate Patient Safety Team will identify those falls that meet the threshold for a serious incident investigation (i.e. severe, permanent harm or death). All serious incident investigations are scrutinised at a Corporate Incident Learning Panel. This panel provides senior, objective scrutiny and again provides a forum for themes or hot spots to be identified. These forums are in addition to the Integrated Health Community (IHC) weekly harms panels which review falls with moderate and above harm (as a minimum) on a weekly basis led by a senior health board clinical employee.

The final investigation report following moderate harm or above and /or avoidable fall MUST be shared with the Next of Kin in line with the Health Boards policy for [Duty of Candour](#).

Patient falls identified as a 'work-related accident' and result in a specified injury for example a bone fracture (excluding digits), or unconsciousness, are reportable to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). A full list of specified injuries can be found on the HSE website: <https://www.hse.gov.uk/riddor/specified-injuries.htm>

For a patient fall to be identified as work-related, one of the following must have played a significant role: either the way the work activity was carried out; or if any failure of equipment or the condition of the site or premises was contributable.

The statutory timescale for reporting this category under RIDDOR is up to ten days from the date of the fall. The patient's name, date of birth, address and postcode should be detailed on the Datix at the time of completion. All RIDDOR reports are made to the HSE via the HSE Website by the Corporate Health and Safety (H&S) Team. Therefore, if a patient fall results in a fracture (excluding digits) or unconsciousness, the RIDDOR box on Datix should be ticked so that the Corporate Health & Safety Team are alerted and the initial investigation report should be uploaded onto the Datix report within three days of the date of the fall. The initial investigation report should include information in relation to the falls risk of the patient, whether the assessment of this risk had identified a requirement for mitigation and if so, whether this mitigation was in place at the time of the fall. It should also include details regarding the environment where the fall occurred and of any equipment involved. It is important that this three-day timescale is met, to ensure enough time to for the Corporate Health & Safety Team to review this information, make further enquiries if necessary and to report appropriately within the ten day statutory timescale. Any death that may be attributable at least in part to a fall should be referred to the Coroner ([Coroners and Justice Act 2009](#)).

#### **7.4 MONITORING & COMPLIANCE**

Falls incident data will be analysed and any trends, patterns or lessons learned will

be shared across the organisation via the Strategic Inpatient Falls Steering group, IHC weekly harms groups, IHC Quality and Safety groups and Local Professional Forums.

Monitoring for compliance with completion of the FBHMA and required falls prevention interventions will be undertaken on a monthly basis using the Ward Manager and Matrons metrics.

Monitoring of compliance for the post fall procedure and handover process of patients deemed at risk of an inpatient fall will be undertaken on a monthly basis using the Ward Manager and Matrons metrics and will form part of the Ward to Board data and accountability framework.

The IHC weekly harms meeting includes Inpatient Falls and includes the review of the FBHMA pre and post Fall which MUST be uploaded onto the Incident reporting system Datix, and in addition the SWARM hot debrief. This meeting determines whether all interventions were in place prior to the fall.

Adult patients who have fallen more than once as an inpatient MUST have a face-to-face review by the medical team within 24 hours. An MDT review should include Allied Health Professionals and pharmacy colleagues to ensure high-risk medicines have been reviewed.

In line with the Health Board's policy of openness and transparency Falls data will be available for public view on the patient safety notice boards on entering or within inpatient wards.

## **7.5 PATIENT TRANSFER**

Prior to any transfer, (internally or externally) it is the responsibility of the Registered Nurse looking after the patient to ensure that transfer is safe, comfortable and dignified for patients. The Safe Transfer Guidance NU19 supports the transfer of patients. The Registered Nurse MUST complete the SBAR handover document with the receiving Clinical area/ward ensuring clear communication of the Falls risk of the patient before transfer.

For all transfers to a ward and in order to continue the patients management of care, the receiving ward MUST update the FBHMA ([Appendix 1](#)) within 6 hours of the patient being received to the new clinical environment.

## **7.6 PATIENT DISCHARGE**

For patients who have had a fall whilst an inpatient (or deemed at risk of further falls on discharge) the Allied Health Professional / Registered Nurse / Medical Staff are responsible for working towards agreed interventions to help safe discharge to prevent further falls. For this agreed holistic discussion, include any safety advice / environmental improvements / lifestyle / specific written advice / leaflets or any follow up required by the relevant primary care / domiciliary members (where appropriate). This should involve notification to the GP practice of the risks and

interventions, including clear recommendations or actions for onward monitoring, support, or input from additional community MDT services (where appropriate).

All discussions and outcomes MUST be documented in the patient record and discharge letter as appropriate prior to discharge.

## 8.1 SAFEGUARDING

The [Social Services and Well-being \(Wales\) Act \(2014\)](#) has 11 parts. Part 7 relates to safeguarding. The provision in part 7 requires Local Authorities to investigate where they suspect that an adult or child is at risk of abuse or neglect.

Section 126 (1) of the Act defines an “Adult at Risk” as an adult who:

- a) Is experiencing or is at risk of abuse or neglect;
- b) Has needs for care and support whether or not the authority is meeting any of those needs;
- c) As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

Definition of neglect:

*“Neglect’ means a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of a person’s well-being (for example: impairment of the person’s health or, in the case of a child, an impairment of the child’s development).”*

The Act imposes a duty on relevant partners, (which will include Health Boards and Trusts) to report to a Local Authority if there is reasonable cause to suspect that an adult or child is at risk.

The Wales Safeguarding Procedures 2019 provide guidance for anyone working with children and adults in Wales, whether in a paid or unpaid role, in the statutory, third (voluntary) or private sector, in health, social care, education, police, justice or other services. The Wales Safeguarding Procedures 2019 builds on statutory guidance in the Social Services and Well-being (Wales) Act 2014, Part 7 Safeguarding and specifically Working Together to Safeguard People: Volumes: 5 and 6. They ensure that safeguarding practice accurately reflects statutory guidance and is standardised across agencies in Wales. They replace the All Wales Child Protection Procedures 2008 and Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse 2010 (updated 2013).

## 8.2 SAFEUGUARDING: WHAT TO CONSIDER FOR INPATIENT FALLS

A fall can be reportable under the adult at risk process when there are concerns there is abuse or neglect linked to it. There could be concerns that the fall occurred because of abuse or neglect (including self-neglect) or that care and treatment following a fall was abusive or neglectful. A decision is needed about whether any of the following categories of abuse apply:

- Neglect: Person(s) responsible for the care and support needs (whether paid/unpaid) did not carry out their responsibilities as expected before or after the fall. This would include unwitnessed falls when patient is on observation, multiple falls of same patient when no clear review has taken place.
- Organisational abuse: The fall occurred because of wider systemic failures within an organisation.
- Physical abuse: Someone pushed/tripped/struck the adult which resulted in the fall.
- Self-neglect: The fall occurred because of a lack of self-care, care of one's environment or a refusal of services. Mental capacity will be a key consideration in these cases and MUST be clearly documented in the patient's records.
- Psychological / emotional: Person(s) responsible for the care and support needs (whether paid/unpaid) and or other individuals not involved in the provision of care removing mobility or communication aids or intentionally leaving someone unattended when they need assistance. Also intimidation, coercion, harassment, use of threats, humiliation, bullying, pre or post fall.

It is required that the designated safeguarding person (Safeguarding Specialist) is contacted for all adult at risk concerns. The need to seek advice should never delay any emergency action needed to protect an individual or group. Contact details can be found here:

[https://nhs.wales365.sharepoint.com/sites/BCU\\_Intranet\\_Safeguarding](https://nhs.wales365.sharepoint.com/sites/BCU_Intranet_Safeguarding)

## **9. EQUALITY IMPACT ASSESSMENT INCLUDING WELSH LANGUAGE**

This document is subject to an Equality Impact Assessment (EqIA) completed alongside the development of the document, reviewed by an expert group of multidisciplinary team members and submitted at time of document approval as part of the organisation's governance framework.

## **10. TRAINING & IMPLEMENTATION**

All BCU Health Board employees including Health Board Bank workers MUST complete the Mandatory Level 1a Adult Falls Prevention Awareness training on ESR. This training MUST be completed every 2 Years.

Agency workers on adult inpatient wards can, and are encouraged to complete the Health Board E learning via the learning @wales link via their Agency. However, this training is not mandatory for Agency workers.

Additional training for all Health Board employees (whose role requires assessment of Adult in-patients using the FBMHA) MUST complete Adult Falls Prevention training Level 1b on ESR. This includes instruction on how to complete the FBHMA and additionally the care and management of an adult patient following an in-patient fall.

In addition, all BCU Health Board employees who are clinical MUST complete face-to-face (classroom based) training for Patient Handling every 2 years. This training is referred to as Module E, and contains an overview/recap of the FBHMA completion, care of the patient who may be falling / fallen / collapsed. This training is in line with the All Wales NHS Patient Handling Training Passport and Information Scheme (Passport Scheme) which incorporates training on the prevention of falls along with the Health Board's Post Falls Procedures.

This training MUST be completed before a new employee commences in a post where they may be moving / handling a patient and then every two years as part of their Patient Handling refresher training.

Both level 1 and level 2 will be recorded on the Electronic Staff Record in line with the mandatory training policy ([WP30](#)) with a competency attached for Organisational and management review of compliance.

The Person Specification to ensure competent trainers can be found in the All Wales NHS Manual Handling Passport Scheme.

All Clinical employees MUST complete mandatory Level 2 Adult Safeguarding training; an element of the training will include the guidance on the threshold for when an inpatient fall requires an Adult Safeguarding referral (appendix 12).

## **11. IMPLEMENTATION**

This policy will be cascaded via all electronic communication channels across BCUHB for all employees, via agendas of the Strategic Inpatient Falls steering group, IHC Quality and Safety groups and BCUHB Patient Safety Group (PSG). In addition it will be shared as part of specific events for falls prevention. The policy will also be accessible to the public via the BCUHB internet site.

## **12. FURTHER INFORMATION: CLINICAL DOCUMENTS**

This Policy has been developed by an expert Multidisciplinary Team who reviewed current evidence and Organisational policies that are required to be reviewed in line with this policy. The evidence base provided for this policy. Includes:

- [NICE Quality Standard Falls in older people](#)
- [State of the nation – Wales report Royal College of Physicians](#)
- [NICE 2023 Guideline Head Injury Assessment and early Management](#)

This policy has been developed with the specific needs of the older adult in mind in addition to all adult inpatients with specific consideration for inpatients with confirmed diagnosis of Dementia.

## **13. AUDIT**

Adherence to this policy will be subject to audit and routine monitoring of key sections such as completion of the FBMHA, interventions and post fall

management through the established weekly and monthly Health Board wide Ward Manager and Matrons metrics. These metrics are a Health Board requirement for all adult inpatient wards. Data will be shared monthly with the Strategic Inpatient Falls steering group and as a routine cycle of business for PSG.

#### **14. REVIEW**

This document will be reviewed following a period of 3 years (or sooner if national evidence / research available).

#### **15. REFERENCES**

- SA01 Adult at Risk Safeguarding Procedures;
- Social Care Wales (2023). *Wales Safeguarding Procedures*. Cardiff: Social Care Wales. Available from: [Safeguarding Wales](#) [Accessed September 2023].
- NICE (2015). *Falls in Older People*. Manchester: National Institute for Health and Care Excellence. Available from: [Overview | Falls in older people | Quality standards | NICE](#). [Accessed March 2022].

## 16. APPENDICES

<a href="#">Appendix 1</a>	<a href="#">Fall and Bone Health Multifactorial Assessment</a>
<a href="#">Appendix 2</a>	<a href="#">Measurement of lying &amp; standing Blood Pressure (RCP)</a>
<a href="#">Appendix 3</a>	<a href="#">Falls Prevention and Footwear</a>
<a href="#">Appendix 4</a>	<a href="#">Bedside Vision Check for Falls Prevention (RCP)</a>
<a href="#">Appendix 5</a>	<a href="#">Enhanced Care Risk Assessment &amp; Risk Scoring / Plan of Care: Appendix 1: Levels of Enhanced Care for Adult Inpatients Policy: NU21 (page 15, 16 +17)</a>
<a href="#">Appendix 6</a>	<a href="#">Care Pathway for Patients with a diagnosis of Dementia on General Wards (Acute &amp; Community Hospitals)</a>
<a href="#">Appendix 7</a>	<a href="#">This is Me (Alzheimer's Society)</a>
<a href="#">Appendix 8a</a> <a href="#">Appendix 8b</a>	<a href="#">8a: YG, YGC &amp; WXM: Immediately Post Fall (A3 poster)</a> <a href="#">8b: Community: Immediately Post Fall (A3 poster)</a>
<a href="#">Appendix 9</a>	<a href="#">Post falls checklist</a>
<a href="#">Appendix 10</a>	<a href="#">SWARM</a>
<a href="#">Appendix 11</a>	<a href="#">Falls Measles Map (example only)</a>
<a href="#">Appendix 12</a>	<a href="#">Adult Safeguarding referral / document</a>