

# Slips, Trips and Falls Policy

Version: 3

<b>Summary:</b>	The purpose of the policy is to raise awareness of the risks associated with slips, trips and falls in patients / service users, staff, visitors and contractors on any site occupied, owned or otherwise used by Southern Health NHS Foundation Trust. The policy outlines the Trust's organisational structure, duties and responsibilities required to effectively manage the risk of slips, trips and falls	
<b>Keywords (minimum of 5):</b> <i>(To assist policy search engine)</i>	Slip, Trip, Fall, Osteoporosis, Risk	
<b>Target Audience:</b>	All clinical staff of Southern Health NHS Foundation Trust	
<b>Next Review Date:</b>	April 2020	
<b>Approved &amp; Ratified by:</b>	Patient Safety Forum	<b>Date of meeting:</b> 9 February 2017
<b>Date issued:</b>	April 2017	
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## Version Control

### Change Record

Date	Author	Version	Page	Reason for Change
15.06.16	Elizabeth Kerridge-Weeks	3	1	To reflect change of Team Lead and sponsor
15.06.16	Elizabeth Kerridge-Weeks	3	1,5,7,9	To reflect change of Quality, Improvement and Development Forum to Health and Safety Forum
15.06.16	Elizabeth Kerridge-Weeks	3	4,5	1.2 and 2.3 Removal of Buckinghamshire and Dorset
15.06.16	Adrienne Phillips	3	6,7,9	4.4,4.8,6.4 Title of Falls Champions changed to Falls Links
15.06.16	Adrienne Phillips	3	9	6.3 To reflect change of inpatient falls audit 6-monthly to KPI falls audits quarterly
15.06.16	Adrienne Phillips	3	12	To reflect changes to Training Needs Analysis
30.04.15	Jill Phipps	2	1	Change of Team Leader and sponsor name
30.04.15	Jill Phipps	2	4	1.2 Removal of Wiltshire
30.04.15	Jill Phipps	2	5	2.3 Removal of Wiltshire
21.06.13	Sue Morris	2	4	To include responsibilities of staff in Oxfordshire, Buckinghamshire, Wiltshire and Dorset
21.06.13	Sue Morris	2	5	To reflect change of name to Quality, Improvement and Development Forum
21.06.13	Sue Morris	2	6	To reflect changes in titles/roles of key Trust personnel
21.06.13	Sue Morris	2	7	To reflect change of name to Quality and Governance Department
21.06.13	Sue Morris	2	8	To reflect agreed changes in falls procedures for social care staff
21.06.13	Sue Morris	2	12	Updated policies
21.06.13	Sue Morris	2	13	Updated TNA

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## Slips, Trips and Falls Policy

### 1. Introduction

- 1.1 The purpose of this policy is to raise awareness of the risks associated with slips, trips and falls in patients / service users, staff, visitors and contractors on any site occupied, owned or otherwise used by Southern Health NHS Foundation Trust (hereafter referred to as *the Trust*) and outlines the Trust's organisational structure, duties and responsibilities required to effectively manage the risk of slips, trips and falls.
- 1.2 The policy applies to clinical staff who care for patients / service users who are at risk of falling or who have fallen, prior to or subsequent to admission. It also applies to clinical and social care staff in community settings in Hampshire and to staff who provide specialist health and social care services for people with learning disabilities and other long term complex support needs in Oxfordshire.
- 1.3 The Management of Health & Safety Regulations 1999, in line with the Health and Safety at Work Act 1974, includes duties for people in control of workplaces to assess risks, (including slips, trips and falls) and monitor and review any measures to safeguard health and safety identified by assessment.
- 1.4 The Trust is committed to reducing incidents relating to slips, trips and falls and promotes the need for a safer workforce. This policy provides guidance to managers and employees about managing the risk associated with slips, trips and falls through the use of planning and positive management, together with good housekeeping.
- 1.5 A patient falling is the most common type of safety incident reported to the National Patient Safety Agency from inpatient services. Each year over 200,000 patients fall in hospital<sup>1</sup>. Up to 90% of older patients who fracture their neck of femur in a fall fail to recover their previous level of mobility or independence<sup>2</sup>, with worse outcomes for those who fracture whilst in hospital.
- 1.6 Although 96% of falls result in minor injuries or no harm, even these falls can result in reduced confidence, delays in discharge and loss of independent living<sup>1</sup>.
- 1.7 Falls are often multi-factorial and evidence shows that multi-faceted interventions to reduce individuals' risk can reduce falls in hospital by 18%<sup>1</sup>.
- 1.8 This policy aims to reduce the risk of falls and subsequent harm to patients / service users by providing adequate falls risk identification, multi-factorial assessment and implementing appropriate interventions for prevention and mitigation of injury when a likelihood of falling is present.
- 1.9 This overarching policy is associated with the following Procedures:
  - Procedure for Managing Slips, Trips and Falls in Patients / Service Users in Southern Health NHS Foundation Trust Community and Social Care Settings SH CP 26
  - Procedure for Managing Slips, Trips and Falls in Patients / Service Users in Southern Health NHS Foundation Trust Hospitals, Mental Health and Learning Disability Units SH CP 25.
- 1.10 The NHS Litigation Authority Risk Management Standard 3.2 for prevention of slips, trips and falls in 'Staff and others' is covered in other Trust policies and procedures e.g. Health and Safety Policy, Risk Management Policy and Work-placement Assessment Procedure.

## 2. Scope

- 2.1 This document has been produced in accordance with the general requirements of Section 2(3) of the Health & Safety at Work Act 1974. It applies to all directly and indirectly employed staff and other persons working within the Trust e.g. bank staff, volunteers and contractors.
- 2.2 The policy applies to Trust clinical staff, who care for patients / service users who are at risk of falling or who have fallen, prior to or subsequent to admission, and those in the community (according to the Trust's Training Needs Analysis).
- 2.3 The policy also applies to Trust social care staff looking after people with learning disabilities in Hampshire and Oxfordshire (according to the Trust's Training Needs Analysis).
- 2.4 Whilst comprehensive, the document is not exhaustive and as such all managers and employees are required to take reasonable care of their own health and safety and that of others who may be affected by their activities, particularly patients.

## 3. Definitions

- 3.1 **Slip:** To slide inadvertently for a short distance by losing balance, or footing, usually resulting in either the regaining of balance or a fall.
- 3.2 **Trip:** To make a false or inadvertent step or stumble over an obstacle by inadvertently making contact with that obstacle with part of the anatomy, usually resulting in the regaining of balance or a fall.
- 3.3 **Fall:** An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness. It can be the result of a trip, slip or slide. It includes falling on to a bed or chair. A seizure may result in a fall; in this case the falls procedure should still be followed and the incident reported as a fall. Any slip or trip that does not result in a fall should be reported as a near miss.
- 3.4 **Contaminant:** Substances such as water, oil and dust that can cause a floor surface to become slippery and potentially result in accidents.

## 4. Duties and Responsibilities

### 4.1 Southern Health NHS Foundation Trust's Board

As part of their collective role, the Trust's Board have a duty to ensure:

- That adequate structures and resources are in place to enable compliance with the requirements of the Workplace Health, Safety and Welfare Regulations 1992 inasmuch as they apply to staff, patients, visitors and others affected by the Trust's undertaking.

### 4.2 Director Responsible for Health, Safety and Security

As part of their role, the Director Responsible for Health, Safety and Security shall, so far as is reasonably practicable:

- Seek assurance from Area Directors that falls risk assessments are being undertaken via Health and Safety Forum reports.

### **4.3 Head of Fire, Health and Safety**

As part of their role, the Head of Fire, Health and Safety shall, so far as is reasonably practicable, ensure:

- That all reportable incidents in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) regarding slips, trips and falls to staff, visitors and others are reported to the Health & Safety Executive (HSE)
- That all RIDDOR incidents are centrally collated and reviewed with the Trusts Health & Safety Committees
- That all relevant reported incidents, accidents and near misses are assessed / followed up / investigated as appropriate, to ascertain what, if any, control measures could be introduced to reduce the risk of reoccurrence.

### **4.4 Divisional and Area Directors, Area / Departmental / Ward Managers and Matrons**

As part of their role, Divisional and Area Directors, Area / Departmental / Ward Managers and Matrons shall, so far as is reasonably practical, ensure:

- That, within all departments, there is a sufficient number of suitably trained, qualified and competent staff to complete the falls risk assessment tools included in the Slips, Trips and Falls procedures
- That staff are aware of, and comply with, this policy and the relevant Slips, Trips and Falls procedures
- That Falls Links are identified on each ward and in each community team
- That all relevant staff attend Slips, Trips and Falls awareness training and / or health and safety training as identified in the Training Needs Analysis
- That they and their staff raise concerns regarding slips, trips and falls risks and report them according to the Trust's Incident Reporting System
- That where Serious Incidents have been investigated, learning from these is shared and that action plans are developed, implemented and monitored.

### **4.5 Estates and Facilities Services**

As part of their role, the Estates and Facilities Services shall, so far as is reasonably practicable, ensure that:

- Adequate arrangements have been made for the maintenance and upkeep of premises (as well as all external common and internal communal areas);
- All operational areas of the Trust for which they have a contractual responsibility to maintain inclusive of associated land (grounds, gardens, car-parks, etc), are designed, furnished and maintained to ensure hazards that present a risk of slips, trips or falls are eliminated, reduced or adequately controlled
- All new, refurbished or repaired flooring conforms to British Standards and specific standards required of Health Service premises (Health Technical Memorandum 61). The guidance and advice referred to in HTM61 is followed with regard to flooring design, specification, procurement, construction, commissioning, cleaning and maintenance of flooring
- Best practice is followed when introducing new or refurbished floor surfaces
- The HSE desktop Slip Assessment Tool (SAT) is used for formal slip testing where new or refurbished floors are fitted. Where a significant potential for slip or trip hazard has been identified, then the use of a skid resistance tester (Pendulum Tester) and / or micro-roughness meter must be used to evaluate the slip resistance of the flooring
- Appropriate lighting is provided in all operational areas in order to reduce the risk of individuals misjudging flooring or not seeing contaminants
- Windows are suitably restricted in accordance with HTM55 to prevent patients, staff or visitors from falling through the open aperture

- Contractors and sub-contractors are effectively managed so that the work being undertaken does not increase the risk of slips, trips or falls
- Pedestrian and vehicle routes, i.e. roads, car parks and pathways are suitably treated during adverse weather conditions (e.g. snow and ice)
- An effective, planned, preventative maintenance programme for vehicle and pedestrian traffic routes is in place to reduce slips, trips and falls
- All working at height undertaken by NHS Employees or contractors is undertaken in accordance with the requirements of The Work at Height Regulations 2005.

#### **4.6 Quality and Governance Department**

As part of their collective role, the Quality and Governance Department shall, so far as is reasonably practicable:

- Provide Directors and Managers with information for analysis of falls incident trends
- Monitor the production of action plans to deliver improvements through audit and inspection
- Review Trust-wide action plans from Directors / Managers and report risks to the relevant committees
- Report to external agencies e.g. NPSA regarding falls incident data and to MHRA regarding falls-related risks
- Raise Health and Safety Internal Bulletins related to falls risks identified.

#### **4.7 Falls Prevention Co-ordinators**

As part of their role, Falls Prevention Coordinators shall, so far as is reasonably practicable:

- Oversee and update the Slips, Trips and Falls Policy and Procedures whenever new evidence or guidance indicates that such a change is required
- Deliver Slips, Trips and Falls training in their areas according to the Training Needs Analysis
- Provide support, advice and guidance regarding current best practice to Falls Links
- Liaise with the Head of Fire, Health & Safety to analyse and monitor falls incident trends
- Report annually to Health and Safety Forum on falls prevention quality indicators and on the outcomes of falls audits.

#### **4.8 Falls Links**

As part of their role, Falls Links shall, so far as is reasonably practicable:

- Undertake the role of Falls Link under the supervision of the Falls Prevention Co-ordinator / Falls Lead and their Ward Manager / Community Matron
- Undertake quarterly critical analysis of falls incident data on the wards, developing a local action plan with the Ward Manager to address the issues identified and make improvements to the care delivered.

#### **4.9 Clinical staff involved in the care of people at risk of falls (as per Trust Training Needs Analysis)**

As part of their role, the above staff involved in the care of people who are at risk of falls shall, so far as is reasonably practicable:

- Ensure that they attend Slips, Trips and Falls training and local updates as identified in the Training Needs Analysis
- Complete the falls risk assessment documents included in the Slips, Trips and Falls procedures that relate to their clinical setting
- Complete an online incident form for all falls in the hospital setting (also in the community setting if the fall is witnessed or the person is found on the floor) according to the Trust's

Incident Reporting System. Any member of Trust staff who cannot complete the online incident form (for whatever reason) must inform their line manager of the incident.

#### **4.10 Trust-employed social care staff involved in the care of people with learning disabilities and other long term complex support needs who are at risk of falls**

As part of their role, the above staff shall, so far as is reasonably practicable:

- Ensure that they attend Slips, Trips and Falls training and local updates as identified in the Training Needs Analysis
- Ensure that all individuals living within their homes who receive support from Trust staff have had a person-centred risk assessment and person-centred care plan covering all areas of risk of harm due to falls
- Complete an online incident form for all falls in the hospital setting (also in the community setting if the fall is witnessed or the person is found on the floor) according to the Trust's Incident Reporting System.

#### **4.11 Trust Employees (including temporary staff) other than those detailed in 4.9 and 4.10 above:**

As part of their role, Trust employees shall, so far as is reasonably practicable:

- Attend Health and Safety training as identified in the Training Needs Analysis
- Be aware of, and comply with, this policy regarding slips, trips and falls
- Undertake appropriate risk assessments for their area of responsibility as requested by management
- Report spillages and potential trip hazards to their accommodation's appropriate Estates Maintenance team, along with any areas where lighting appears to be insufficient
- Identify and report hazards and incidents in accordance with the Trust's Incident Reporting Procedure.

## **5. Training Requirements**

5.1 For both the Health & Safety Executive and the NHS Litigation Authority, slips, trips and falls are a key subject area in relation to training and as a consequence the Trust is committed to delivering slips, trips and falls training to relevant staff (as per Trust Training Needs Analysis).

5.2 All health care professionals and social care staff identified in the Training Needs Analysis should develop and maintain basic competence in falls assessment and prevention (NICE Clinical Guideline 21) and Osteoporosis (NICE TAG 160 and 161).

Depending on their respective roles and responsibilities Trust staff are expected to complete Slips, Trips and Falls training delivered by Falls Prevention Co-ordinators, or Health and Safety training delivered by the Trust Health and Safety Advisor in accordance with the Trust's Training Needs Analysis (Appendix 1).

5.3. Staff who fail to attend relevant Slips, Trips and Falls training will be managed in accordance with the Education and Development Policy.

## **6. Monitoring Compliance**

6.1 The process for monitoring compliance with Statutory and Mandatory training requirements is outlined in the Trust Education and Development Policy.

- 6.2 The Head of Fire, Health and Safety and the Specialist Falls Prevention Lead will monitor compliance with this policy.
- 6.3 Additionally, the requirements of the policy will be audited as part of the Health and Safety audit process and by the inpatient Key Performance Indicator (KPI) falls audits quarterly.
- 6.4 The inpatient falls audits will be co-ordinated by the Falls Prevention Co-ordinators and undertaken by Falls Links. The results will be reported to the Trust's Specialist Falls Prevention Group and to Health and Safety Forum.
- 6.5 Following the inpatient audits, the Matrons on each ward will be required to share the findings with the wider team, develop an action plan and ensure that the actions are implemented and monitored.
- 6.6 The Falls Prevention Co-ordinators will be responsible for monitoring the number of falls in all inpatient settings, the number of falls causing significant harm or death per thousand occupied bed days across the Trust and the number of fall / fracture related Serious Incidents that require a corporate investigation.
- 6.7 Following an investigation into a Serious Incident relating to a fall or fracture, the Matron should check adherence to the Slips, Trips and Falls Policy as well as staff compliance with Slips, Trips and Falls training and must take actions to address any deficiencies identified.
- 6.8 The Falls Prevention Team will be responsible for updating the Quality Indicators which are reported to Health and Safety Forum.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Compliance with policy for assessing the risk of slips, trips and falls, including documentation	Specialist Falls Prevention Lead	Inpatient documentation audit tool	Yearly	Health and Safety Forum
Compliance with NPSA Rapid Response Report 'Essential care after an inpatient fall'	Specialist Falls Prevention Lead	Audit of last 5 fallers tool	Yearly	Health and Safety Forum
Rate of falls that cause significant harm or death per 1,000 occupied bed days	Specialist Falls Prevention Lead	Data reports	Monthly	Health and Safety Forum
Number of Fall / Fracture Serious Incidents in all SHFT inpatient settings	Specialist Falls Prevention Lead	Data reports	Monthly	Health and Safety Forum
Duties and responsibilities	Line Managers	Appraisals	6 monthly / Annually	Escalated via Line Management
Raising awareness about preventing and reducing the number of slips, trips and falls involving patients / service users	Line Managers	Appraisals	6 monthly / Annually	Escalated via Line Management
The process for monitoring compliance with Statutory and Mandatory training requirements is outlined in the Trust Education and Development Policy.				

## 7. Policy Review

This policy will be reviewed within 3 years of issue, periodically, where there has been a significant change to the matter to which it relates, or it is believed to be no longer valid, whichever is the sooner.

## 8. Associated Documents for Slips, Trips and Falls Procedures

1. National Patient Safety Agency (2007) *Slips, Trips and Falls in Hospitals: the third report from the Patient Safety Observatory*.  
[www.npsa.nhs.uk/patientsafety/alerts-and-directives/directives-guidance/slips-trips-falls/](http://www.npsa.nhs.uk/patientsafety/alerts-and-directives/directives-guidance/slips-trips-falls/)
2. Patient Safety First campaign (2009) *The How to Guide for Reducing harm from falls*
3. American Geriatrics Society & British Geriatrics Society (2011) *Clinical Practice Guideline for Prevention of Falls in Older Persons*
4. National Institute for Clinical Excellence CG 161 (2013) *Falls: assessment and prevention of falls in older people*. National Institute of Clinical Excellence CG 56 *Triage, assessment, investigation and early management of head injury in infants children and adults*
5. National Patient Safety Agency (2007) *Using Bedrails Safely and Effectively*
6. National Patient Safety Agency (2011) *Rapid Response Report - Essential care after an inpatient fall*
7. National Patient Safety Agency (2011) Signal: *The safe use of ultra low beds*
8. National Institute of Clinical Excellence TAG 160 & 161: *The primary and secondary prevention of fragility fractures*
9. MHRA Device Bulletin 2006(06): Safe use of bed rails
10. Department of Health Care Quality Commission: *Essential Standards of Quality & Safety Outcomes*
11. Department of Health (2007) NHS Litigation Authority, *Risk Management Standards for PCTs*
12. Department of Health (2005) *Mental Capacity Act and Deprivation of Liberty Safeguards*
13. Department of Health (2001) *National Service Framework for Older people: Standard 6*
14. National Health Service Litigation Authority (2007) *Risk Management Standards for PCTs* London: National Health Service Litigation Authority
15. British Medical Association (2012/13) *Quality Outcomes Framework: Osteoporosis: Secondary Prevention of Fragility Fractures*.
16. The Health and Safety at Work Act 1974
17. Workplace (Health, Safety & Welfare) Regulations 1992
18. Management of Health & Safety at Work Regulations 1999
19. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
20. Disability Discrimination Act 1995 (amended 2005)
21. The Work at Height Regulations 2005 (as amended), A Brief Guide, the Health and Safety Executive, 2005 <http://www.hse.gov.uk/pubns/indg401.pdf>
22. Southern Health NHS Foundation Trust (2012) 'Managing Behaviour Problems in Patients with Dementia'
23. Southern Health NHS Foundation Trust (2010) *Health and Safety Policy*
24. Southern Health NHS Foundation Trust (2010) *Risk Management Strategy*
25. Southern Health NHS Foundation Trust (2012) *Policy for Managing Incidents*
26. Southern Health NHS Foundation Trust (2012) *Moving and Handling Policy*
27. NICE Quality Standard QS86 (March 2015)

## 9. References

1. Department of Health (2001) *National Service Framework for Older people: Standard 6*
2. National Institute of Clinical Excellence CG 161 (2013) *Falls: assessment and prevention of falls in older people*
3. National Institute of Clinical Excellence CG 56 *Triage, assessment, investigation and early management of head injury in infants children and adults*

4. National Institute of Clinical Excellence TAG 160 & 161: *The primary and secondary prevention of fragility fractures*
5. National Patient Safety Agency (2007) *Slips, Trips and Falls in Hospital*
6. National Patient Safety Agency (2007) *Using Bedrails Safely and Effectively*
7. National Patient Safety Agency (2011) *Rapid Response Report - Essential care after an inpatient fall*
8. Department of Health (2005) *Mental Capacity Act and Deprivation of Liberty Safeguards*.

## Appendix 1:

## Southern Health NHS Foundation Trust Training Needs Analysis – Slips, Trips and Falls – November 2016

Training Programme	Frequency	Course Length	Delivery Method	Trainer(s)	Recording Attendance	Strategic & Operational Responsibility
Slips, Trips and Falls	3 yearly	3 yearly training programme 1 hour	Delivered face to face within 3 yearly programme and Organisational Induction. E-learning programme for inpatient staff is available on LEaD training database. E-assessment and videos available via LEaD website	Falls Prevention Team will deliver Slips, Trips and Falls training programme and will be supported by LD therapists (in Hampshire) and LEaD trainers.	LEaD	Strategic Responsibility - Director of Nursing and AHP  Operational Responsibility - Specialist Falls Prevention Lead
Directorate	Division	Target Audience				
MH / LD	Adult Mental Health	Modern matrons, qualified nurses, assistant / associate practitioners, health care support workers, occupational therapists, technical instructors / technicians and trainee practitioners working in inpatient wards and ECT / depot / outpatient clinics.				
	Learning Disability Services	Modern matrons, qualified nurses, assistant / associate practitioners, health care support workers, occupational therapists, physiotherapist, technical instructors / technicians and trainee practitioners working in inpatient and clinical settings.				
	Older Persons Mental Health	Modern matrons, qualified nurses, assistant / associate practitioners, health care support workers, occupational therapists, physiotherapist, technical instructors / technicians and trainee practitioners working in inpatient and clinical settings including ECT / depot / outpatient clinics.				
	Specialised Services	Modern matrons, qualified nurses, assistant / associate practitioners, health care support workers, occupational therapists, technical instructors / technicians and trainee practitioners working in Ravenswood House, Southfield and Acute Low Secure services.				
	TQ21	Qualified health care practitioners and social care support workers.				
ICS	Adults	Modern matrons, qualified nurses, assistant / associate practitioners, health care support workers, occupational therapists, physiotherapists, multi-therapists, technical instructors / technicians, rehab assistants and trainee practitioners working in inpatient wards and community teams.				
	Childrens Services	Not Applicable				
	Specialist Services	Modern matrons, qualified nurses, assistant / associate practitioners, health care support workers, occupational therapists, physiotherapists, multi-therapists, radiographers, technical instructors / technicians, rehab assistants and trainee practitioners working in Physiotherapy / MSK, pain, CT / MRI /radiology, endoscopy, outpatient services and staff working on Knightwood ward and in Theatres.				
Corporate	Workforce & Development, Health, Technology & Outcomes, Finance & Estates, Chief Executive and Medical	Not Applicable				
	Chief Operating Officer	Qualified nurses, practitioners, health care support workers, occupational therapists, physiotherapists, technical instructors / technicians and trainee practitioners working in continence and leg ulcer services.				

**Note: All other Staff will complete Slips, Trips and Falls Training as part of their Health & Safety training every 2 years.**

**Southern Health NHS Foundation Trust:  
Equality Impact Analysis Screening Tool**

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination**, **advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by equality law.

**For guidance and support in completing this form please contact a member of the Equality and Diversity team**

<b>Name of policy/service/project/plan:</b>	Slips, trips and falls policy and procedures
<b>Policy Number:</b>	SH CP 24
<b>Department:</b>	Specialist Falls Prevention Team
<b>Lead officer for assessment:</b>	Sue Morris, Specialist Falls Prevention Lead
<b>Date Assessment Carried Out:</b>	10.05.12 Reviewed 21.06.13

<b>1. Identify the aims of the policy and how it is implemented.</b>	
<b>Key questions</b>	<b>Answers / Notes</b>
Briefly describe purpose of the policy including <ul style="list-style-type: none"> <li>● How the policy is delivered and by whom</li> <li>● Intended outcomes</li> </ul>	<p>The purpose of the policy and procedures is to raise awareness of the risks associated with slips, trips and falls in patients, staff, visitors and contractors on Trust premises; it outlines the Trust's organisational structure, duties and responsibilities required to effectively manage the risk of slips, trips and falls in Trust hospitals and in the community.</p> <p>The Trust has a statutory duty under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 to identify work hazards, assess the risks involved and implement suitable and sufficient measures to avoid or control the risks, which includes the risks associated slips, trips and falls.</p>

	The policy will be disseminated to Trust staff through Slips, trips and falls sessions and health and safety sessions via 3 yearly essential training and organisational induction. It will be accessible on the Trust website. Falls Prevention Coordinators and Community Falls Champions will also deliver local awareness updates across the Trust.
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## 2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data**
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	<b>Key questions</b>	<b>Data, research and information that you can refer to</b>
<b>2.1</b>	What is the equalities profile of the team delivering the service/policy?	The falls prevention service profile is very diverse. It consists of the specialist falls prevention team as well as Trust staff in community care teams, mental health teams and in Trust wards or social care settings.
<b>2.2</b>	What equalities training have staff received?	All SHFT staff are required to attend Trust Equality and Diversity training.
<b>2.3</b>	What is the equalities profile of service users?	The Slips, trips and falls policy covers patients/service users in Trust hospitals and community settings which include representation from all the strands of age, gender, race, religion or belief, sexual orientation and disability. However, national and local evidence shows that the majority of patients/service users who are affected by slips, trips and falls will be

		older people, people with learning disabilities and those from areas of deprivation.
2.4	What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?	Hampshire County Council have recently undertaken a review of falls and bone health services across the county and a Hampshire Falls and Bone Health Strategy has been developed. A comprehensive data set has been created. Some gaps in service provision have been identified across the county. The specialist falls prevention team are working with Trust staff, partners in Hampshire County Council, local councils and voluntary bodies to address these gaps to ensure equity of service provision and equal access to all service users.
2.5	What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff	The Slips, trips and falls policy and procedures have been widely consulted with relevant Trust staff from all divisions. The EIA has been sent to key staff in relevant Divisions of SHFT for comment.
2.6	What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations	The Slips, trips and falls policy and procedures have undergone wide consultation with partners from Hampshire County Council, local councils, voluntary organisations and the public. The EIA has been sent to partners in Hampshire County Council and local councils for consultation.

**In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:**

**In the case of negative impact, please indicate any measures planned to mitigate against this:**

	<b>Positive impact</b> (including examples of what the policy/service has done to promote equality)	<b>Negative Impact</b>	<b>Action Plan to address negative impact</b>			
			<b>Actions to overcome problem/barrier</b>	<b>Resources required</b>	<b>Responsibility</b>	<b>Target date</b>
<b>Age</b>	<p>The falls prevention service works mostly with older people at risk of falls (as evidence demonstrates that falls risk increases with age).</p> <p>The service also works with younger people and people with learning disabilities that may have long term conditions that predispose them to fall at an earlier age.</p> <p>Integration between community services, mental health and learning disability services has enhanced the level of understanding about the needs of patients</p>	<p>Patients with dementia are at least twice as vulnerable to falls: Tinetti et al. Risk factors for falls among elderly persons living in the community. New England Journal of Medicine. 1988; 319: 1701-1707</p> <p>Dementia increases the risk of falling because patients find it difficult to recognise environmental hazards, find it hard to save themselves when they become off-balance, and may be unaware of any limitations to their own mobility. Dementia is also</p>	<p><b>Applied to all protected groups:</b> Patients' views must be taken into account in planning interventions to reduce harm from falls in order to balance dignity and independence with risk of harm.</p> <p>Use of Intentional Rounding on hospital wards will ensure that patients with dementia are offered the opportunity to use the toilet regularly and</p>		Falls Prevention Coordinators	Ongoing

	<p>with dementia and learning disabilities.</p>	<p>associated with changes in walking patterns and low blood pressure on standing: Oliver D et al. Prevention of falls in hospitals and care homes and in persons in those settings with cognitive impairment or dementia: Department of Health Accidental Injury Prevention Programme. (2005).</p> <p>People are not only more vulnerable to falling as they grow older, but are also increasingly vulnerable to injury, including injury to skin and soft tissue, and osteoporotic fractures: National Institute for Health and Clinical Excellence. Falls. The assessment and prevention of falls in older people. (2004).</p>	<p>thus reduce falls. Electronic sensors can be used in hospital toilets to identify when a patient who is known to be at risk of falls and dementia is standing up, in order to allow them privacy. The sensors can also be used on beds and chairs to highlight that the patient is moving.</p>			
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		<p>Preventing patients from falling is a particular challenge in hospital settings because patients' safety has to be balanced against their right to make their own decisions about the risks they are prepared to take, and their dignity and privacy: National Patient Safety Agency 2007</p> <p>National Reporting and Learning Service (NRLS) receives around 2500 reports of children falling in hospitals each year; the vast majority of these cause no harm or low harm. Reports are also received of infants accidentally dropped by their parents and carers in inpatient settings: NPSA 2009 review of patient safety for children and young</p>				
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		people NPSA: London.				
<b>Disability</b>	The Specialist Falls Prevention team have been working very closely with Trust staff working with service users with Learning Disabilities to ensure that the policy, procedures, documentation and training are all appropriate and inclusive of this service user group.	Environmental audits and risk assessments may be particularly important for identifying environmental risk factors less likely to have been identified in reports of individual falls, such as spaces between beds, walking routes to toilets, lighting and grab rails. NHS organisations should report falls to the HSE in certain circumstances involving serious harm and environmental hazards: HSE specific recommendations on the severity and circumstances in which a fall requires reporting to them can be found at: <a href="http://www.hse.gov.uk">www.hse.gov.uk</a>	Environmental changes can also help balance dignity and falls prevention in toilets. Additional curtains or screens within toilets can allow staff to stay close to a patient vulnerable to falls without the patient losing all privacy.  If a patient's disability affects their communication, practitioners should enlist the use of the interpreting services to aid understanding. This includes Braille and touch signing for deaf blind. Clinical areas should use		Falls Prevention Coordinators	Ongoing

			a range of books / prompts / interpreting aids for patients with learning disabilities or confusion.			
<b>Gender Reassignment</b>	Southern Health understands that the reasons why patients fall are complex and influenced by contributing factors such as age, physical illness, mental health and medication as well as environmental factors	No adverse or potentially adverse impacts have been assessed for this protected group			Falls Prevention Coordinators	Ongoing
<b>Marriage and Civil Partnership</b>	Southern Health understands that the reasons why patients fall are complex and influenced by contributing factors such as age, physical illness, mental health and medication as well as environmental factors	No adverse or potentially adverse impacts have been assessed for this protected group				
<b>Pregnancy and Maternity</b>	Southern Health understands that the reasons why patients fall are complex and	<b>Maternity risk assessment and care:</b> Whilst a pregnant	Slips, Trips and Falls Policy and procedure will be made available to		Falls Prevention Coordinators	Ongoing

	influenced by contributing factors such as age, physical illness, mental health and medication as well as environmental factors	woman is not exempt from slipping, tripping or falling this would usually be the result of a single factor, such as fainting or tripping, therefore a risk assessment is only made should an identified risk be highlighted.	all staff through a variety of communication methods such as intranet, staff bulletins and raising awareness through dedicated Trust training			
<b>Race</b>		Some patients are more vulnerable to injury and fragility fractures due to their physical condition, therefore further consideration should be given towards preventing injury. The conditions that increase the risk of Osteoporosis are: Crohn's & Coeliac Disease, Liver Disease, Hyperthyroidism, Rheumatoid Arthritis and Low Body Mass Index.  There are higher prevalence rates of	<b>If a patient's race, nationality or ethnic origin affects their communication, practitioners should enlist the use of the interpreting services to aid understanding. The interpreting services cover different languages spoken. Where patient information is provided it should be printed in the appropriate</b>		Falls Prevention Coordinators	Ongoing

		CVD, COPD and Type 2 Diabetes in South Asians: Cardiac medications may cause a drop in postural blood pressure and sedative and psychotropic medication, or medication with drowsiness as a side effect, may contribute to falls.	<b>language and interpreted / translated as required.</b>			
<b>Religion or Belief</b>	Southern Health understands that the reasons why patients fall are complex and influenced by contributing factors such as age, physical illness, mental health and medication as well as environmental factors	Patients may wish to observe religious practice such as Fasting or observe Ramadan. This may have an impact on increasing the likelihood of slips, trips and falls.	Patients' views must be taken into account in planning interventions to reduce harm from falls in order to balance dignity and independence with risk of harm.		Falls Prevention Coordinators	Ongoing
<b>Sex</b>	Southern Health understands that the reasons why patients fall are complex and influenced by contributing factors such as age, physical illness, mental health	Relative to the proportion of men and women in hospital, there are more reported falls of men than women: NPSA 2007 However, relative to			Falls Prevention Coordinators	Ongoing

	and medication as well as environmental factors	<p>the UK population, women fall more than men: Lord &amp; Sherrington 2000, Feder et al 2000</p> <p>Women also experience more osteoporotic fractures than men due to the loss of oestrogen at the menopause. National Osteoporosis Society.</p>				
<b>Sexual Orientation</b>	Southern Health understands that the reasons why patients fall are complex and influenced by contributing factors such as age, physical illness, mental health and medication as well as environmental factors	No adverse or potentially adverse impacts have been assessed for this protected group			Falls Prevention Coordinators	Ongoing

### Sign Off and Publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality and Diversity Team who will publish it on the Trust website. Keep a copy for your own records.

<b>Name:</b> Jude Diggins
<b>Designation:</b> Director of Nursing and AHP
<b>Date:</b> 04.06.2013