Birmingham and Solihull Mental Health NHS Foundation Trust

Falls Prevention and Management

Policy number and category	**C 18**	**Clinical**
Version number and date	**4**	**October 2023**
Ratifying committee or executive director	**Clinical Governance Committee**	
Date ratified	**December 2023**	
Next anticipated review	**December 2026**	
Executive director	**CNO/Executive Director Quality and Safety (interim)**	
Policy lead	**Nurse Consultant for Physical health (Dementia and Frailty)**	
Policy author *(if different from above)*	**Falls prevention policy working group**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

Policy context

The aim of this policy is to provide practical guidance to managers and staff providing care for people who may be at risk of falling, in order to minimise the risk of harm and maintain safety. The policy aims to support the falls prevention and management needs of people whom NICE have identified at particular risk of falling who are:

(a) Service users who are aged 65 or over who are receiving inpatient care
(b) Service users who are aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying health condition.

Policy requirement (see Section 2)

Any service user in the scope of this policy must:

- Have a Falls Prevention Risk Assessment within 12 hours of admission.
- Be checked for signs or symptoms of head injury, fracture and/or potential for spinal injury before they are moved if they have fallen or appear to have fallen.
- Only be moved using safe manual handling methods and extra consideration is needed if they exhibit signs or symptoms of fracture or potential for spinal injury
- Have a medical examination if they have fallen or are suspected of having fallen.

The Trust will not support the use any fall risk prediction tool. These are tools that aim to calculate a person's risk of falling, either in terms of 'at risk/not at risk', or in terms of 'low/medium/high risk' or RAG rating. The RCP in their annual audit of falls in 2015 directed that Trust's cease using such tools.

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INTRODUCTION

1.1. Rationale (why):

Birmingham and Solihull Mental Health NHS Foundation Trust is committed to providing a safe environment for patients, staff, and visitors. The aim of this policy is to provide practical guidance to managers and staff providing care for people who may be at risk of falling, in order to minimise the risk of harm and maintain safety. The policy aims to support the falls prevention and management needs of people who NICE have identified at particular risk of falling.

1.2. Scope (when, where and who):

This policy particularly applies as follows:

a) To service users who are aged 65 or over who are admitted to any inpatient services.

b) Service users who are aged 50-64 admitted to any inpatient services that are judged by a clinician to have an underlying condition that predisposes them to risk of falling.

c) For service users not in above categories we will rely on robust environmental risk assessment and intervention arising from hot-spot monitoring for general prevention of falls. We would expect a falls assessment to be completed in these cases.

1.3. Principles (Beliefs)

Falls and fall-related injuries are a common and serious problem for service users. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore, falling has an impact on quality of life, health, and healthcare costs**.**

2. THE POLICY

It is the policy of Birmingham and Solihull Mental Health NHS Foundation Trust that service users in our care will be free from avoidable harm. This is inline with national guidelines (NICE (2017) Public Health England (2023) and NHS England (2023) which support this,

a) Any service user who is admitted to inpatient services over 65 or 50-64 and judged to have an underlying condition which predisposes them to risk of falls will have multifactorial risk assessment and associated falls care plan within 12 hours of admission. (Appendix 2)

b) Service users who fall during a hospital stay will have a multidisciplinary review of their individual risk factors at the next planned 'Falls Huddle' the following day and have an associated falls plan created in the MDT – Recovery & Discharge Action Plan' section of Rio.

c) In order to safely establish any injuries sustained and to avoid further injury, service users who fall during a hospital stay are checked for signs or symptoms of head injury, fracture and/or potential for spinal injury immediately and especially **before they are moved.**

d) Service users who fall during a hospital stay are only moved using safe manual handling methods. This includes when a fracture/spinal injury is deemed a possibility, to delaying moving until further clinical assessment complete.

e) Service users who fall during a hospital stay will have a clinical examination by a doctor, nurse consultant or practitioner [with advanced examination skills] in a timely manner depending on severity (but no later that within 1 working day).

f) All falls must be reported on the trust 'ECLIPSE' reporting system and documented in Rio.

3. THE PROCEDURE

3.1. Prevention of Avoidable Falls

3.1.1. There will be no requirement to conduct a 'Falls Prevention Risk assessment' on Rio for every service user; however, everyone (not in the high-risk groups) should be offered physical activities to improve wellbeing.

3.1.2. All service users in the scope of this policy admitted to inpatient care will be subject to a 'Falls Prevention Risk Assessment'' based in Rio. This will be part of the admission process and completed within 12 hours of admission and discussed at the next Falls Huddle or MDT meeting (see appendix 5).

3.1.3. Any interventions indicated by the initial falls prevention risk assessment will be incorporated into the MDT meeting and documented in the MDT – Recovery & Discharge Action Plan' section of Rio.

3.1.4. Any service users with a 'near miss fall' should also be reviewed at the next Multidisciplinary Team Falls huddles and a fall care plan entered into MDT – Recovery & Discharge Action Plan' section of Rio.

3.2. Management of Falls

3.2.1. In the event of a witnessed fall or a service user being found on the floor assumed to have fallen, staff will follow the Immediate Post-Fall Care pathway in Appendix 3.

3.2.2. Staff need to be very confident there are no injuries **PRIOR** to moving off the floor. Therefore, they should be made as comfortable as possible until a full assessment is completed (appendix 3)

3.2.3. All areas should have a Multidisciplinary Team Falls huddles (pre arranged if possible) co-ordinated at a locally agreed time/interval. Following the immediate post-fall episode, the service user should be considered at the next Multidisciplinary Team (MDT) Falls huddle should be arranged and actioned. (Appendix 4).

3.2.4. All falls must be reported on the 'Eclipse system' and documented in Rio.

3.3. Training

3.3.1. Staff working with service-users in higher risk groups as above should access 'Falls prevention and Management' training in Learning Zone.
Falls Prevention and Management Training (bsmhft.nhs.uk)

4. RESPONSIBILITIES

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	Follow the falls management policy and process in the MDT action plan for patient at risk of falling or falls management. Complete appropriate falls documentation Rio Report on the eclipse system Participate in appropriate Falls training	
Service, Clinical and Corporate Directors	Ensure that managers are aware of and comply with the policy and are supported in enforcing the policy with staff, including bank, agency, and staff on temporary contracts. Ensure that appropriate and realistic targets are met regarding the reduction of harm from falls within their area of responsibility, and to report compliance assurance to the trust board	
Policy Lead	Review and refresh the policy in response to local and national changes	
Executive Director	Ensure that this policy is observed by all staff and that resources are available to ensure effective implementation. Ensure that staff, service users, volunteers and contractors are made aware of the policy	

5. DEVELOPMENT AND CONSULTATION PROCESS

An outline of who has been involved in developing the policy and procedure including Trust forums and service user and carer groups.

Consultation summary		
Date policy issued for consultation	August 2023	
Number of versions produced for consultation	3	
Committees / meetings where policy formally discussed	**Date(s)**	
Physical health committee	August 2023	
Juniper Ward Mangers working group	July 2023	
Where received	**Summary of feedback**	**Actions / Response**
Juniper ward managers	Change to care plan process so appendix not needed	Approved and removed

6. REFERENCE DOCUMENTS

- Public Health England (2022) Guidance Falls: applying All our Health **https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health**
- NHS England (2023) Falls and Fragility Fractures Pathway **https://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway/**
- National Institute for Health and Care Excellence NICE (2013) Falls in older people: assessing risk and prevention clinical guideline [CG161] Overview | Falls in older people: assessing risk and prevention | Guidance | NICE

- Public Health England (2017) Right Care pathway: Falls and Fragility Fractures falls-fragility-fractures-pathway-v18.pdf (england.nhs.uk)
- Public Health England (2017) Falls and Fractures: consensus statement and resources pack **https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement**

7. GLOSSARY

None

8. AUDIT AND ASSURANCE

- Data is collected around the number of falls and harm from falls on the Eclipse system.
- Quarterly reports of this data are presented at the Physical Health Committee (subgroup to Clinical Governance Committee)
- Informs reports as requested to other Trust for and local commissioners.

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Monthly review of frequent fallers (more than 2 reported)	Nurse Consultant for Dementia & Frailty	Eclipse	Monthly	Physical Health Committee
Quarterly Falls Report	Nurse Consultant for Dementia & Frailty	Eclipse	Quarterly	Physical Health Committee

9. APPENDICES

- **Appendix 1 - The Equality Assessment**
- **Appendix 2 - Falls Prevention Process**
- **Appendix 3 - Immediate Post Fall Care pathway**
- **Appendix 4 - Multidisciplinary Team (MDT) Falls Huddle Guidelines**
- **Appendix 5 - Screen shot of Fall Prevention Risk Assessment form (Rio)**

APPENDIX 1 - Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

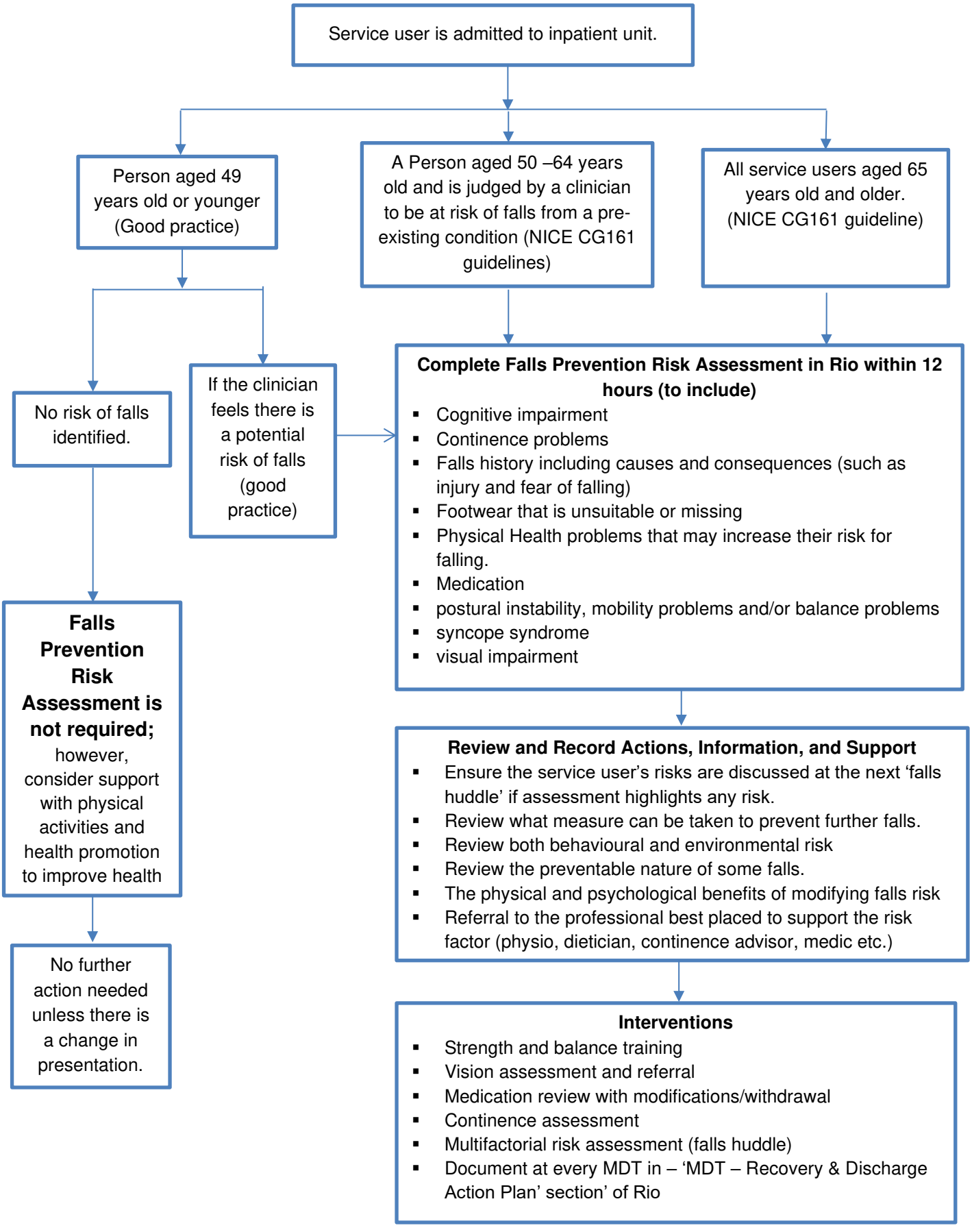
Title of Proposal	Prevention and Management of Falls Policy		
Person Completing this proposal	Lyndi Wiltshire	**Role or title**	Lead Nurse for Physical health
Division	Corporate	**Service Area**	All
Date Started	17th June 2023	**Date completed**	17th July 2023
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
To provide clean and evidence based guidelines and direction to A reduce preventable falls within the trust B reduce harm if a fall occurs			
Who will benefit from the proposal?			
Service users at risk of harm from falls. The policy aims to guide teams in increasing their knowledge and confidence with managing falls appropriately.			
Does the policy affect service users, employees or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
Affects all service users who are at risk of falls and staff managing care of service users. This policy applies to BSMHFT staff and potentially other outside agencies			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
No – this is a review of current policy so service delivery and processes are already in place.			
Does it involve a significant commitment of resources? ***How will these reduce inequality?***			
No – this is a review of current policy so service delivery and processes are already in place.			
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)			
No			

Applies to all individuals who are at risk of falls. There are known inequalities (age and disability). This policy outlines the process for providing consistent care to all who at risk of falls regardless of their age and any disability				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*				*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*
Please click in the relevant impact box and include relevant data.				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age			x	Section 1.3 of this policy outlines that falls and fall-related injuries are a common and serious problem for service users. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. This policy promotes a positive plan of action for the older adult population and how to mitigate risks.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			x	Section 1.1 of this policy outlines that service users who are aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying health condition. Whether that is a physical health or neurological condition There is provision made in services for those with physical disabilities (e.g., accessible bathroom is available, space is accessible). Consideration should also be given to those with neurological disabilities or sensory impairments.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?				

Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	x			No differentiation in gender.
This can include male and female or someone who has completed the gender reassignment process from one sex to another. Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	x			No impact
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters. Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	x			No impact, policy refers to population over 65 as high risk of falls. However, if there is a is a fall emergency services/perinatal teams to be contacted
This includes women having a baby and women just after they have had a baby. Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?				
Race or Ethnicity	x			No particular disparities based on race or ethnicity.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			No. However, if required, training should be considered to support staff to understand cultural practices/difference. Furthermore, if required the use of translators to be considered
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			No.
Including gay men, lesbians, and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	x			No impact

This will include people who are in the process of or in a care pathway changing from one gender to another. Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	x			Basic rights for all individuals are met, in line with the Human Rights Act. Maintain dignity and respect when managing a fall. Use least restrictive approach. Use of adaptive aids and adjust environment accordingly
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference, be illegal / unlawful? I.e., Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
What do you consider the level of negative impact to be?	**Yes**			
	High Impact	**Medium Impact**	**Low Impact**	**No Impact**
			x	
If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable, or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
No negative impact				
How will any impact or planned actions be monitored and reviewed?				
In line with policy reviews, report quarterly.				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
This policy is a Trust-wide policy, that can be accessed by all staff.				
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net** . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.				

APPENDIX 2 - Falls Prevention Process Flowchart



APPENDIX 3 - Immediate Post Fall Care Flowchart

The member of staff who witnesses the fall or discovers the service user will assess the environment to ensure it is safe to assist the service user.

The staff member will summon assistance – by use of personal alarm if necessary.

If the service user rises from the fall independently and without apparent pain, then the staff member will assist them to a place of comfort and privacy. If not do not move but await help.

A registered health professional will then follow these steps:

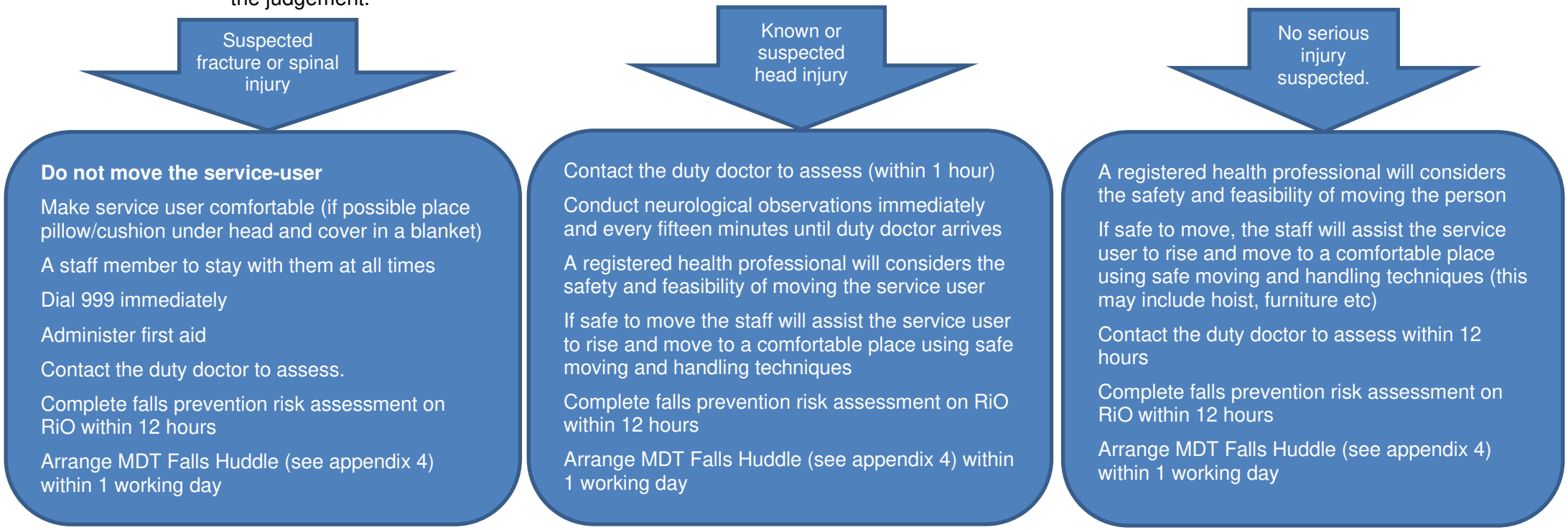
Step 1: Attempt to communicate with the service user to ascertain level of consciousness and gain information about what happened.

Step 2: Assess the service user's responsiveness to touch/painful stimuli (ACVPU)

Step 3: Complete a full ABCDE assessment to include signs of reddening and/or swelling, bruising, laceration, or other signs of injury.

Step 4: Additional check to legs for any signs of fracture (shortening and/or rotation)

Step 5: Following full assessment, use clinical judgement to decide which pathway to follow. Always complete an **ECLIPSE** form - whatever the judgement.



APPENDIX 4 - Multidisciplinary Team (MDT) Falls Huddle Guideline

1. All areas **must have a time** for a co-ordinated Multidisciplinary Team (MDT) Falls Huddle.

2. The MDT Falls Huddle should include any service-user who has experienced a fall on an inpatient ward.

3. The MDT Falls Huddle should also include any service-user that is deemed at risk of a fall following completion of the Falls Prevention Risk Assessment (new or repeat)

4. The MDT Falls Huddle should aim to have in attendance where possible.

- Doctor
- Nurse
- Occupation Therapist
- Pharmacist
- Physiotherapist

Others (consider individual specialist need)

- Dietitian
- Diabetes Specialist
- Podiatrist
- Psychologist

5. The MDT Falls Huddle is a structured MDT discussion with the aim to address all areas highlighted on the Falls Prevention Risk Assessment and ensure they are reviewed and actioned. Discussion to consider the areas below:

Risk Identified	Common Considerations
Cognitive impairment	▪ Dementia ▪ Traumatic Brain Injury ▪ Depression ▪ Delirium due to current illness
Physical Health problem	▪ Frailty ▪ Neuropathy (loss or poor sensation) ▪ Foot deformities, foot ulcers ▪ Hypotension ▪ Cardiovascular Disease (including irregular heartbeat) ▪ Dehydration and/or weight loss ▪ Osteoporosis risk or arthritis
Syncope syndrome (fainting)	▪ Blood pressure drops on standing. ▪ Fainting ▪ Dehydration (acute episode of poor food or fluid intake
Continence problems	▪ Frequency or urgency ▪ Benign prostatic hyperplasia ▪ Overactive bladder ▪ nocturnal
Falls history.	▪ Frequency ▪ Causes ▪ Consequence
Footwear	▪ Unsuitable ▪ Missing
Medication	▪ Taking 4 or more per day ▪ Side effects from medication ▪ Medication which can cause dizziness, drop in blood pressure, causes drowsiness
Postural instability and balance	▪ Mobility problems ▪ Balance problems ▪ Abnormal gait ▪ Using walking aids

Risk Identified	Common Considerations
	▪ Reduced muscle strength ▪ Prolonged inactivity
Visual impairment	▪ Blindness ▪ Macular degeneration ▪ Reduced sight ▪ Glasses available ▪ Correct glasses prescription ▪ Risks of environment due to visual impairment
Other considerations when assessing risk	
Behaviour	▪ Motivation ▪ Understanding and Management of risk
Environment	▪ Lighting ▪ Furniture ▪ Assistive Technology

The MDT Falls Huddle should be documented on Rio by an agreed named professional within the meeting.

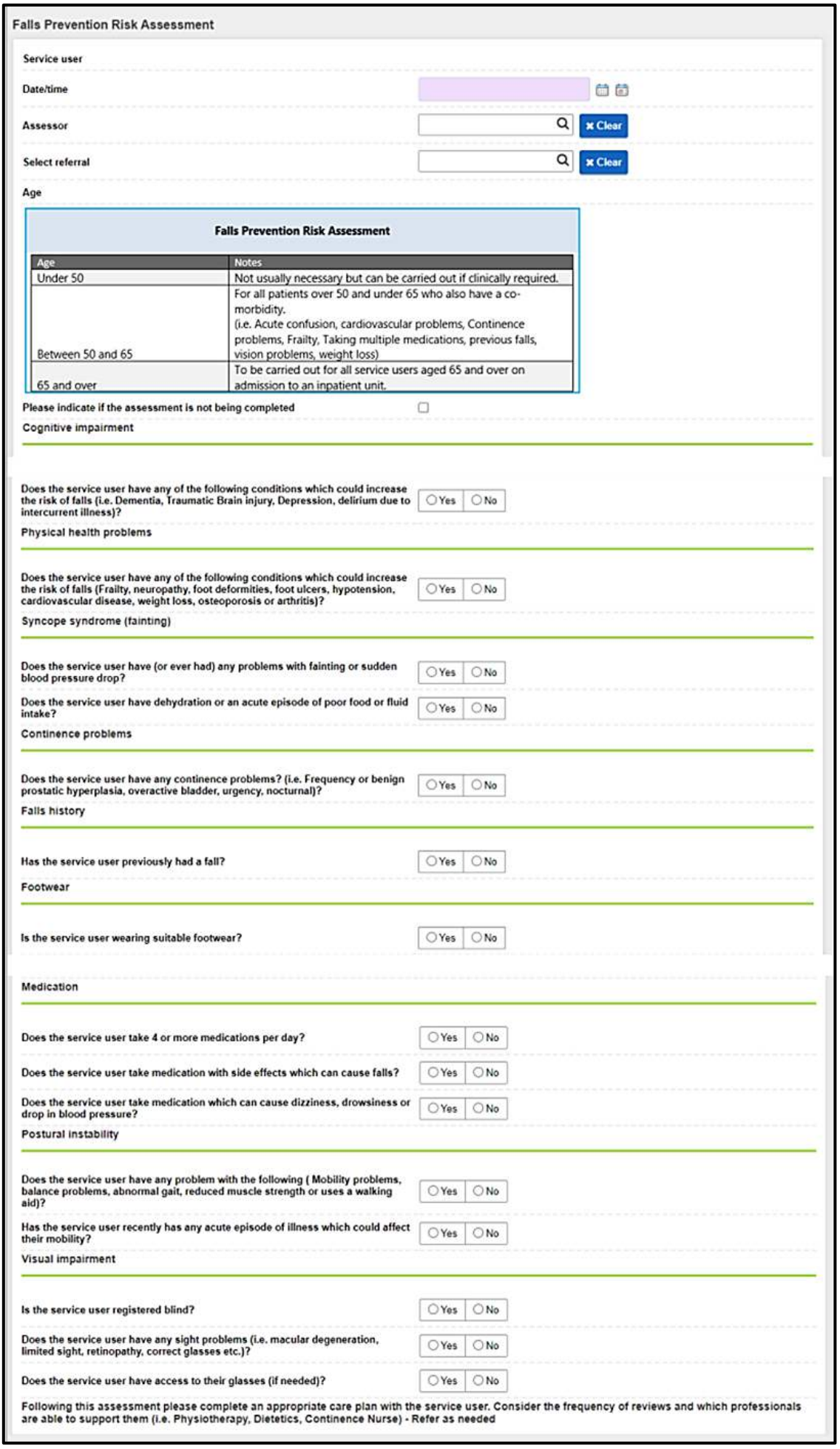
The actions identified in MDT Falls Huddle should be documented as the interventions in the MDT – Recovery & Discharge Action Plan' section and reviewed in the 'MDT – Review & Care Plan' section of Rio.

Action plans must be SMART goals.

S Specific
M Measurable
A Achievable
R Relevant
T Time bound

This must be reviewed and updated by the MDT at each MDT meeting.

APPENDIX 5 - Screen shot of 'Fall Prevention Risk Assessment' form (Rio)



Falls Prevention Risk Assessment

Service user

Date/time

Assessor ✖ Clear

Select referral ✖ Clear

Age

Falls Prevention Risk Assessment

Age	Notes
Under 50	Not usually necessary but can be carried out if clinically required.
Between 50 and 65	For all patients over 50 and under 65 who also have a co-morbidity. (i.e. Acute confusion, cardiovascular problems, Continence problems, Frailty, Taking multiple medications, previous falls, vision problems, weight loss)
65 and over	To be carried out for all service users aged 65 and over on admission to an inpatient unit.

Please indicate if the assessment is not being completed ☐

Cognitive impairment

Does the service user have any of the following conditions which could increase the risk of falls (i.e. Dementia, Traumatic Brain injury, Depression, delirium due to intercurrent illness)? ○ Yes ○ No

Physical health problems

Does the service user have any of the following conditions which could increase the risk of falls (Frailty, neuropathy, foot deformities, foot ulcers, hypotension, cardiovascular disease, weight loss, osteoporosis or arthritis)? ○ Yes ○ No

Syncope syndrome (fainting)

Does the service user have (or ever had) any problems with fainting or sudden blood pressure drop? ○ Yes ○ No

Does the service user have dehydration or an acute episode of poor food or fluid intake? ○ Yes ○ No

Continence problems

Does the service user have any continence problems? (i.e. Frequency or benign prostatic hyperplasia, overactive bladder, urgency, nocturnal)? ○ Yes ○ No

Falls history

Has the service user previously had a fall? ○ Yes ○ No

Footwear

Is the service user wearing suitable footwear? ○ Yes ○ No

Medication

Does the service user take 4 or more medications per day? ○ Yes ○ No

Does the service user take medication with side effects which can cause falls? ○ Yes ○ No

Does the service user take medication which can cause dizziness, drowsiness or drop in blood pressure? ○ Yes ○ No

Postural instability

Does the service user have any problem with the following (Mobility problems, balance problems, abnormal gait, reduced muscle strength or uses a walking aid)? ○ Yes ○ No

Has the service user recently has any acute episode of illness which could affect their mobility? ○ Yes ○ No

Visual impairment

Is the service user registered blind? ○ Yes ○ No

Does the service user have any sight problems (i.e. macular degeneration, limited sight, retinopathy, correct glasses etc.)? ○ Yes ○ No

Does the service user have access to their glasses (if needed)? ○ Yes ○ No

Following this assessment please complete an appropriate care plan with the service user. Consider the frequency of reviews and which professionals are able to support them (i.e. Physiotherapy, Dietetics, Continence Nurse) - Refer as needed