

Section A: Assessment

Name of Policy

FALLS: PREVENTION AND MANAGEMENT OF ADULT IN-PATIENT FALLS POLICY AND PROCEDURES

Person/persons conducting this assessment with Contact Details

Consultant nurse for Older Vulnerable Adults

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1. The Policy

This is a revision of an existing procedure.

The purpose of the policy is to:

- The purpose of this document is to provide all staff regardless of grade or profession with clear practice guidelines when assessing, planning and managing patient care.
- Reduce harm to patients caused by falling or the unintended consequences of reduced mobility as a falls reduction strategy

This policy supports the UHB Strategy –“Caring for People, Keeping People Well” in promoting the safe, lawful, appropriate care of patients

It also relates to the following:

Empower the Person

- Support people in choosing healthy behaviours
- Encourage self-management of conditions

Home First

- Enable people to maintain or recover their health in or as close to home as possible

Outcomes that matter to People

- Create value by achieving the outcomes and experience that matter to people at an appropriate cost

Avoid harm, waste and variation

- Adopt evidence based practice, standardising as appropriate
- Fully use the limited resources available, living within the total
- Minimise avoidable harm
- Achieve outcomes through minimum appropriate intervention

It also complements the following UHB policies and procedures –

- [Restraint in the Care Management of Patients Who Lack Mental Capacity to Consent to Treatment and Care Policy](#)
- [Consent to Examination or Treatment Policy](#)
- [Bedrails procedure](#)

Who will benefit from the policy?

Patients will benefit from this procedure, because it promotes safe, lawful, individually appropriate care.

Adherence to the Policy will also protect staff from criminal or civil action and professional sanction.

What outcomes are wanted from this policy?

Compliance with this policy and procedure aims to reduce harm to mainly older adult in-patients, particularly those with a cognitive impairment. However, the Policy and Procedure is relevant to all adult in-patients aged 65 years and over.

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

Implementation of the policy and procedures may not be successful if dissemination is poor and/or leadership does not adequately stress the importance of following the policy and procedure. Staff may not feel that they have enough time with patients to follow the procedure.

2. Data Collection

(What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

What quantitative data do you have on the different groups¹⁶ (e.g. findings from discussion groups, information from comparator authorities)?

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)

What gaps in data have you identified? (Please put actions to address this in your action plan?)

This procedure is likely to affect older people disproportionately, because they are over-represented amongst hospital in-patients.

The Equality Impact Assessments for patient falls policies/procedure produced by other NHS organisations have been reviewed –

An internet search (Google) using the terms "falls", "hospital", "policy", "procedure" "EQIA" in a combined search was undertaken on 27.07.16

NHS WORCESTERSHIRE (2011)

No negative impact

ROYAL CORNWALL HOSPITAL NHS TRUSTS (2015) No negative impact

NOTTINGHAM HEALTHCARE NHS FOUNDATION TRUST (re-issued 2016)
No negative impact - Positive impact

NHS EILEANAN SIAR, WESTERN ISLES (2011)
No negative impact

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST (2016)
No negative impact

NORTHAMPTON NHS TRUST (2014)
No negative impact

Derby (2011)
No negative impact

This list is not exhaustive list and may be representative of those EQIA found. There is no evidence from these that there are any negative impacts on protected groups.

The Vulnerable Adults Risk Management Working Group has been consulted about the impact on equalities groups and no further issues have been identified. The Policy, Procedure and EqIA have also been out to consultation within the UHB.

No gaps in data regarding equalities groups has been identified however the UHB plans to, in the future monitor whether there are gender differences in reported adult in-patient falls

3. Impact

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics stating the impact and giving the key reasons for your decision.

Do you think that the policy impacts on people because of their age?

(This includes children and young people up to 18 and older people)

Yes. Assessment of people's age does form part of the assessment regarding multifactorial assessment of falls risk: all adult in-patients 65 years of age and over, and those who, on admission, are judged by a clinician to be at higher risk of falling because of an underlying condition. This group of patients are more likely to fall in hospital, so the policy will protect them to a greater degree. This is specified in evidence based guidance NICE CG 161¹ and the

¹ [Online]. Available at: <https://www.nice.org.uk/Guidance/CG161>

Welsh Health Circular (2016) 22 Principles, Framework and National Indicators: Adult In-Patient Falls².

Do you think that the policy impacts on people because of their caring responsibilities?

The Policy does not impact on people with caring responsibilities. The Policy and procedure is attempting to minimise the risk of harm from falls for adult in-patients. However, it is important to notes that adherence to the Policy and Procedure will not eliminate falls or harm from falls occurring.

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

Some disabilities will be assessed as part of the multifactorial assessment – for example vision and cognitive impairment.

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites)

No evidence. Assessment of gender reassignment does not form part of the assessment regarding the multifactorial assessment for multifactorial interventions to reduce harm from falls. The falls assessment process set out in the Policy and Procedure is tailored to individual needs.

Do you think that the policy impacts on people because of their being married or in a civil partnership?

No evidence. Assessment of people's marital/civil partnership status does not form part of the assessment regarding the multifactorial assessment for multifactorial interventions to reduce harm from falls.

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

No evidence that the policy impacts on in-patients who are pregnant/have had a baby. However, these factors would be taken into account in an assessment.

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

it is essential that patients are able to both receive information and communicate in the language of their choice. The Policy reflects that patients must be given information and communicate in the language/method of their choice. The Policy may therefore have a positive impact.

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the

² [Online]. Available at: <http://gov.wales/docs/dhss/publications/160412whc022en.pdf>

most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

No evidence. Assessment of people's religion and beliefs does not form part of the assessment regarding the multifactorial assessment for multifactorial interventions to reduce harm from falls.

Do you think that the policy impacts on men and woman in different ways?

No evidence. The Policy does not impact on in-patients differently because of their gender, although gender may create different risks in terms of falls and risk of harm from falls – e.g. clothing and toileting needs.

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bisexuals)

No evidence. The Policy does not impact on in-patients differently because of their sexual orientation.

Do you think that the policy impacts on people because of their Welsh language?

The Policy does not impact on in-patients differently because of their language. However, the policy reflects the requirement to ensure that patients are able to receive information and communicate in the language/ manner of their choice. There may be a positive impact.

4. Summary.

Which equality groups have positive or negative impacts been identified for (i.e. differential impact). Is the policy directly or indirectly discriminatory under the equalities legislation? If the policy is indirectly discriminatory can it be justified under the relevant legislation?

There may be a positive impact on the following protected characteristics:

- Age
- Disability
- Race
- Welsh Language

There is no evidence that the Policy adversely affects any of the equalities groups and it is neither directly nor indirectly discriminatory under the equalities legislation.

Appendix 3

Cardiff and Vale University Health Board Action Plan

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?)

This assessment, together with the policy has been posted on the intranet for a consultation period of 28 days. It has also been sent to:

Vulnerable Adults Risk Management Working Group
Falls Steering Group
Nursing and Midwifery Board
Health and Care Professions Council forum
Clinical Board Directors of Nursing (for dissemination within Clinical Boards)
Co-Chairs of the Rainbow LGBT+ FFlag Network
Welsh Language Officer

The documents were also placed on the UHB Policies Consultation page for 28 days.

- What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups? Please see action plan below.

Equalities Impact Assessment Implementation Mitigation/Action Plan

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments
Monitoring	Clinical Boards Directors of Nursing Falls Strategy Implementation Lead (Safety & Quality)	Ward compliance audits undertaken by ward coordinated at directorate level	Minimum of 3/year		

6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

The policy will be submitted to the Quality, Safety and Experience Committee on 13th September 2016 for approval.

Please record details of where and when EQIA results will be published

Once the policy has been approved the documentation will be placed on the intranet and internet.

Please record when the EQIA will be subject to review.

The EQIA and Policy will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.

Name of person completing

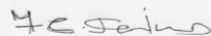
Denise Shanahan

Signed _____

Date 01.07.16

Updated: 15th August 2016

Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication



Signed: Fiona Jenkins

Date: 23/8/16 _____

Appendix 4

Format for publication of EQIA results

Executive Summary

The responsibility for implementing the Policy and procedure falls to all clinical staff working with adult in-patients.

After considering all the evidence indicated it would seem that the policy may have some positive impact.

Background

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout this specific policy.

The policy operates within the principles of the Equality Act 2010 , Human Rights Act 1998, Social Care and Wellbeing (Wales) Act 2015, the Welsh Language Act 1993 and Welsh Language (Wales) Measure 2011 as well as other related UHB clinical policies.

Involvement in the development of the Policy and procedure review included staff representatives as well as the Cardiff and Vale University Health Boards' Lesbian, Gay, Bisexual and Transgender Rainbow Network and through the Welsh Language Officer. It was also put out for consultation on the UHB intranet.

The scope of the EQIA

The likely effects were assessed through looking at clinical guidance and evidence based practice, other external EQIA documents and through consultation with interested stakeholders.

It was felt that the comments were received were helpful and all comments were considered and incorporated where appropriate.

Key findings

There was some evidence of a potential positive impact, but no evidence of a negative impact on the protected characteristics.

The Policy and Procedure direct staff to undertake individual assessments and interventions, where necessary, of adult in-patients, in order to modify the modifiable risks of falls and harm from falls. It also recognises ongoing risks to the individual.

As a result of the consultation, some additions were made to the Policy and this EqIA.

Recommendations

There were no significant changes to the proposed policy.

It is recommended that this policy is reviewed in line with the current guidelines of the UHB, unless there is a change in relevant legislation in which case, the policy should be reviewed within 6 months of any new legislation and changes made accordingly.

It will be issued via the intranet, administrator email and to Clinical Boards.