Reference Number: UHB 045 **Version Number:** 5	**Date of Next Review:** *23/04/2028* **Previous Trust/LHB Reference Number:** T395

Prevention and management of adult inpatient falls procedure

Introduction and Aim

This procedure supports the safe care of patients within an inpatient setting, minimising the risk of avoidable falls, while balancing the risks from deconditioning.

Objectives

- Identifying and reducing avoidable falls risks
- Preventing deconditioning and maintaining safe patient activity
- Responding safely and effectively to falls incidents, preventing further harm

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts.

Equality and Health Impact Assessment	*An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.*
Documents to read alongside this Procedure	*UHB239 Bedrails Procedure*
Approved by	*Falls Delivery Group*

Accountable Executive or Clinical Board Director	*Executive Nurse Director*
Author(s)	*Head of Safety, Quality and Organisational Learning*

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document autho or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	*10/05/2011*	*13/06/2011*	*New Document*

UHB 2	*Jan 2012*	*09/03/2012* *15/08/2012* *26/09/2012* *30/11/2012*	*Updated Appendices* *Appendix 23 added 15/08/12* *Appendix 11 updated to UHB policy* *Appendix 9 updated to v 5.1*
UHB 2.1	*Aug 2014*	*19/08/2014*	*Updated Appendices:* *Appendices 1,2, 3, 4, 7, 8, 15a, 15b, 21, 22, & 23* *New Appendices:* *Appendix 24 - Familiarisation with flat-lifting and use of Hoverjack (add this back in)* *Will need to add or update the flat lifting devices*
UHB 2.2	*Jan 2015*	*23/01/2015*	*Update Appendix 5*
UHB 3	*13/09/2016*	*26/10/2016*	*New policy and procedure- This is a New* *Policy which has been added to the existing* *Procedure using the same UHB Number*
UHB 4	June 2021		Appendix 5 Immediate actions following adult inpatient fall – revised to clarify risks of anticoagulation and circumstances in which CT scanning is indicated. Revised information on use of hip protectors. Minor typographical and layout changes made to improve clarity.
UHB4a			Amended post falls section and Appendix 5 to specify that neurological observations must be completed by a registrant as per historic Regulation 28
UHB 5	23/04/2025	19/05/2025	Document restructured for clarity/readability in to Part A – Assessment and reduction of falls risks, and Part B – Managing the fallen patient. Falls flowchart (previously Appendix 11) replaced with links to site-specific

			action cards. Direct links to specific documents replaced with link to falls page where possible. Includes changes to services made since previous version, such as introduction of P@RT. Updated following comments received during consultation period.

Introduction

Falls are one of the most frequently reported patient safety incidents within healthcare. Falls can have a significant negative physical and psychological impact on patients. While most falls result in no physical harm or minor injuries, in some circumstances the most serious falls can lead to catastrophic injury or death.

The causes for patient falls are often multifactorial and can include patient condition, age, environmental factors, frailty, delirium and fatigue. The most significant challenge in the management of falls is the balance between reducing falls risks and the opposing risks of deconditioning. With advancing age, it is increasingly likely that even a brief, clinically mandated period of rest could cause a serious decline in muscle strength and functional capacity, from which some may not fully recover.
Extensive resources on deconditioning prevention can be found on the UHB's 'Get up, get dressed, get moving' SharePoint site.

There are simple steps that can be taken to assess and reduce a patient's falls risk, while promoting an appropriate level of mobility and physical activity.

When a patient does fall, it is essential that they are assessed and managed safely, using appropriate equipment and techniques.

Falls are everyone's business, and we all have a role to play. From ensuring corridors are kept clear of clutter which can cause a trip hazard, to taking the correct action when a patient falls, we can all help reduce the risk of patients falling and provide safe, effective management of falls when they do occur.

There are many more falls resources available than can be included within this procedure document. To access additional advice, guidance and for details of key contacts, please visit the UHB's

Falls Prevention and Management SharePoint site

Part A – Assessment and reduction of falls risks

A note on terminology: The document currently used within the UHB's risk assessment booklet and within the electronic Welsh Nursing Care Record, is known as the Multifactorial Risk Assessment (abbreviated to MFA or MFRA). The Royal College of Physicians has introduced the name 'Multifactorial Assessment to optimise Safe Activity' (MASA) to better highlight the importance of activity in preventing deconditioning. This procedure uses the term MFRA, however this is interchangeable with the term MASA.

The Multifactorial Risk Assessment (MFRA)

The primary aim of the MFRA is to reduce avoidable falls risks for inpatients, while ensuring that they can mobilise and undertake activity as safely as possible.

The MFRA does not score or predict an inpatient's risk of falling while in hospital as this is not recommended by NICE (CG161 1.2.1.1).

Who should have an MFRA?

The MFRA should be completed for any inpatient aged 65 or older and those patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition (NICE CG161 1.2.1.2).

Completing the MFRA

The MFRA should be completed within 6 hours of admission or on transfer to a ward.

Involve patient and family in assessment and planning, taking into account a patient's ability to understand/retain information.

Any registered member of the MDT may complete or contribute to the MFRA document. The document should be used to record actions taken to address modifiable falls risks for the patient.

It is important to remember that a patient's risks may change over time, so keeping the MFRA up to date is essential. For example, a patient returning from surgery with a new catheter and wound drains may need advice on how to move safely with these devices in place.

The MFRA should be updated:

Acute care – at least weekly
Long stay (over 21 days) – if fallen since last assessment and known to be at risk, reassess in one week. If the patient has not fallen since the last assessment, reassess in one month.

Following a fall

Following any significant change in the patient's clinical condition; a deterioration or improvement.

All Multifactorial Actions and Interventions must be reviewed with each reassessment.

The topics covered in the MFRA include:

Assessment of falls history
A detailed assessment of the patient's falls history should be undertaken, including the frequency and type of any previous falls. This assessment may highlight particular areas of risk, for example if a patient has frequent falls related to toileting then they may be asked to call for assistance before moving to the bathroom.

Assessment of bone health history may prompt a medical review for diagnosis of osteoporosis and/or bone health treatment.

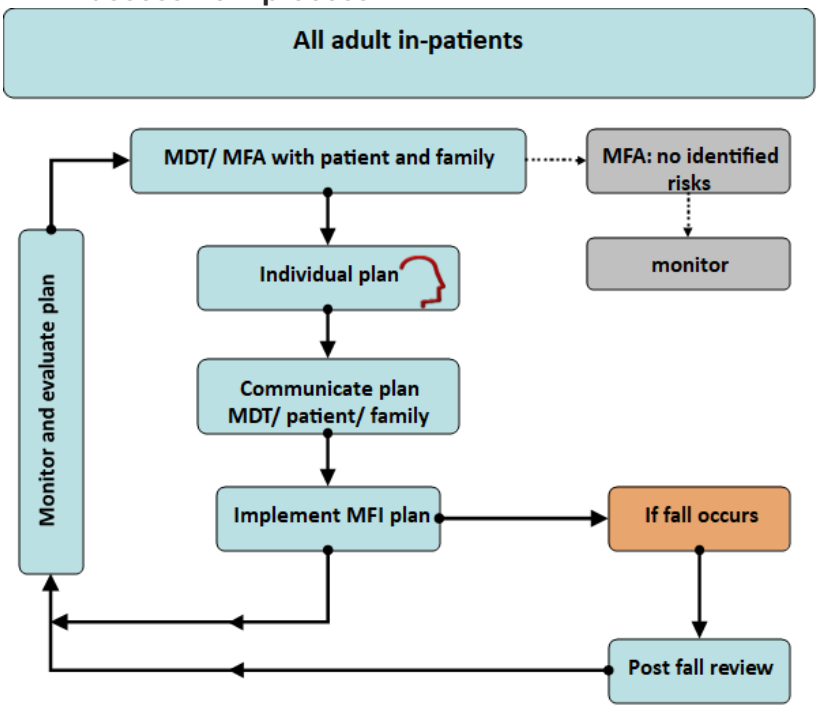
Medication and medical issues
Acute illness can increase a patient's risk of falls. Actions to prevent falls may need to be adjusted as the patient's illness alters. Some conditions can increase the patient's underlying risk of falling, such as those affecting balance.

Commonly prescribed medication can increase a patient's risk of falls, especially when used in combination. Some medication may increase the risk of harm when a fall occurs, such as inpatients who take anticoagulants.

Sensory issues can contribute to falls and it is important that patients use their glasses and/or hearing aids when required.

Cognition and mental state
Delirium is common among hospitalised patients and can greatly increase the risk of falls

MFRA assessment process



Standard falls prevention guidance for all patients

Call bells

All patients must have a way to request assistance from staff that is suitable to their mobility level and cognitive state.

Where call bells are used and considered appropriate for the individual patient they must be working and left within reach of the patient.

Where a call bell is not used or is inappropriate for an individual patient, an alternative plan must be made and documented in the patient's notes.

Footwear and foot care

Patients should be encouraged to wear well-fitting, supportive and non-slip footwear while in hospital. If the patient does not have appropriate footwear with them, explore whether the patient's family can bring in suitable footwear for the patient.

Patients wearing anti-embolic stockings should also use appropriate footwear while mobilising as the stockings can be a slip hazard.

Patients should be advised not to wear slipper socks and to wear well-fitting, supportive and non-slip footwear instead, such as shoes or appropriate slippers.

Bare feet are not encouraged within the hospital setting.

Foot problems can contribute to a patient's risk of falling. Referral to Podiatry for review should be completed if required.

Post anaesthetic / procedure risks

All patients who have had an anaesthetic should be advised on safe mobilising due to the risk of dizziness and should ask for assistance mobilising if required.

Medical conditions

Patients' existing medical conditions can affect the likelihood of injury resulting from a fall. For example, patients taking anticoagulants can be at increased risk of bleeding, or patients with osteoporosis may be more likely to sustain fractures even from low-impact falls.

Equipment and environment

Environment

Patients should be orientated to the ward environment as soon as practical after admission/transfer.

Corridors, bathrooms and patient bays should be kept clear of unnecessary equipment, furniture and stock to prevent trip hazards for mobile patients.

Dimmed lighting should be used during the hours of darkness and adequate lighting during the day. Bright glaring lighting should be avoided.

Spillages or leaks creating a slip hazard must be dealt with promptly.

Equipment

Beds:

Ensure that bed brakes are applied and the bed is in an appropriate low position, except when giving care or undertaking manual handling of the patient, or to enable independent transfers.

The use of bedrails is not appropriate for all patients and a careful assessment must be conducted in line with the UHB's bedrails procedure and documented within the patient risk assessment booklet or the Welsh Nursing Care Record.

Ultra-low beds are standard within the UHB. These beds are appropriate for patients who are at risk of climbing over or around bedrails, and those patients who are too short to safely transfer from a standard bed at its minimum height.

If an ultra-low bed is required and one is not available on the ward, this can be ordered by contacting the bed supplier. If an ultra-low bed is not available, discuss with the Senior Nurse (in hours) or Site Practitioner (out of hours), document in the patient's notes and record via the incident reporting system.

Chairs:

Ensure that the patient's chair is an appropriate design and at a suitable height for the patient. It is recommended that wards have a range of chairs available to suit different patients.

Floor safety mats:

Floor safety mats can be a useful tool with some patients, but their use must be balanced against the risk of introducing a trip hazard for patients and staff.

Falls sensors and assisted technology:

Falls sensors do not necessarily prevent falls but may assist in the safe management of certain patients.

Falls sensors must not be used as a blanket approach to managing falls risks and must be individually assessed for each patient.

When used, falls sensors or other devices must not compromise the individual patient's dignity or independence. Care should also be taken to ensure that the devices do not negatively impact other patients, such as with repeated alarms.

Hip protection:

Hip protectors should not be used in the inpatient setting.

Head protection:

Head protection may be indicated for patients with a history of falling forward and head/facial injury. The recommended product is the Proteck ‘scrum type helmet’ or ‘skullguard helmet’.

Restraint

It is important to remember that some falls interventions may constitute restraint and if patients lack capacity to agree to these interventions then the UHB’s procedure for the use of restraint in the care management of adults with impaired mental capacity must be followed.

Part B – Managing the fallen patient

Even with assessment and intervention to reduce falls risks, some falls are unavoidable. Correct management of patients following a fall is essential to prevent further injury, and to give the appropriate treatment.

The response to fallen patients in each hospital site is set out in the falls action cards, available on the Health Board SharePoint site and in hard copy on inpatient wards.

The falls action cards include local contact information and escalation routes. The standard approach to managing fallen patients within any inpatient area is set out below:

Initial response

On witnessing a patient fall or finding a fallen patient, staff should establish whether the patient is conscious and breathing. If not, emergency assistance should be immediately summoned by calling 2222 (acute hospitals) or 999 (community sites). Life support should then be provided following the UHB's Resuscitation Procedure, unless advanced decision making is in place.

If the patient is conscious and breathing, unnecessary patient movement should be avoided and the patient instructed to remain still.

Staff should reassure the patient and explain that they will need to be assessed before moving or getting up.

Initial assessment

The patient should be assessed by a staff member who is competent in this task, using the following criteria:

Is the patient:

- Reporting new/increased pain or tenderness in midline back, neck, buttocks or lower back
- Unable to move fingers and/or toes
- Experiencing pins and needles or tingling in any part of their body
- Reporting any new loss of sensation
- Experiencing any electric shock or burning type sensation in their trunk or limbs

► If yes to any – Avoid unnecessary patient movement

Does the patient have:

- Obvious deformity to indicate bone injury (eg. shortening and/or rotation of affected leg, abnormal movement or swelling)
- Visible bone protrusion or significant haematoma
- New or increased pain in any lower limb joints

► If yes to any – Keep limb immobilised

Did the fall or incident history involve:

- A fall where head injury is witnessed, suspected or reported by the patient
- Obvious head/neck/face injury, including minor abrasions
- Altered or loss of consciousness
- A fall over bed rails or from a trolley
- A fall or jump from height or down stairs

► If yes to any – Commence neurological observations, vital signs and GCS recording

If no criteria are met, the patient can be managed on the 'minor or no obvious injury' pathway.

If any criteria are met, the patient must be escalated for further assessment and treatment.

The outcome of the assessment should be recorded on the '**Immediate Action Following Adult Inpatient Fall**' document. For the latest version, visit the Falls Prevention and Management SharePoint page. If the form is unavailable, record directly in the patient's notes.

Falls with minor or no obvious injury

Observations should be recorded in the patient record, including:

- Temperature
- Pulse
- Respiration rate
- Blood pressure
- Oxygen saturation
- Blood glucose levels

If the patient wishes to move from the floor unaided, use clinical judgement to decide when to complete observations.

Retrieve the patient from the floor using standard manual handling methods as appropriate.

If required, treat any minor injuries and give available analgesia if required.

If the patient is receiving anticoagulation or antiplatelet agents, these should be withheld until clinical discussion or review, which should take place as soon as possible.

Injurious falls – escalation procedure

Where initial assessment indicates that the patient may have sustained injury (i.e. the answer to one or more of the assessment questions is 'yes'), the patient must be escalated for clinical review.

If the injury is major (such as: significant bleeding, major head injury, spinal injury or obvious long bone fracture), and the patient is in a community hospital, an ambulance should be called via 999 and the emergency unit consultant should also be alerted via Consultant Connect using the details given on the falls action card.

Do not administer further anticoagulation or antiplatelet agents until clinical discussion.

Observations should be recorded in the patient record, including:

- Temperature
- Pulse
- Respiration rate
- Blood pressure
- Oxygen saturation

If a head injury was witnessed, suspected or reported by the patient, also commence neuro observations:

- Every 30 mins for 2 hours
- Then every hour for 4 hours
- Then every 2 hours for 24 hours

Injurious falls – flat lifting

Patients who have suffered an injurious fall should be retrieved from the floor using flat lifting equipment to reduce the risk of further injury.
The available flat lifting equipment varies between hospital sites. Details of the equipment storage locations and access are given in the site-specific action cards.

General guidance for flat lifting equipment

Flat lifting equipment is normally shared between multiple wards, so it is important that it is returned promptly after use.

Flat lifting equipment should be cleaned after use and repacked neatly into its storage trolley/bag to prevent damage.

If the equipment becomes damaged during use, this should be reported to Clinical Engineering so that repairs can be completed.

Post-fall actions

Following a patient fall, the following actions should be completed:

- Make safe any environmental hazards. For example, if the fall was due to a spillage, this should be cleared to prevent further risk.
- Complete an incident report and document in the patient notes.
- Complete the post-falls action log
- Reassess the patients falls risks and update the MFRA.
- Ensure that information about falls in hospital are communicated on to any receiving care setting at the point of transfer/discharge.

Communication with relatives/carers

The patient's relatives/carers should be informed of the fall. Unless specific agreements are in place with the relatives/carers regarding communication, the following approach is suggested:

Falls resulting in major injury – relatives/carers should be informed as soon as possible following the fall.

Falls resulting in minor or no obvious injury – relatives/carers should be informed as soon as possible during daytime hours.

Equality & Health Impact Assessment for

Prevention and management of adult inpatient falls procedure

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[1]
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the	N/A

[1] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

	Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To ensure that avoidable falls are reduced as much as possible and safe assessment and treatment of the fallen patient is provide to prevent further injury and harm.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales	NICE Guidance National best practice via the All Wales Inpatient Falls Network Local Falls Delivery Group Royal College of Physicians Guidance National Audit of Inpatient Falls (NAIF) reports Incident reports

	Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Patients/Service Users, their families and the staff who provide care.

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	Neutral	While falls are more common in older people, the management of the fallen patient (Part B) of the procedure	The age range where completion of the MFRA is required is taken from

[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		is applicable to all adult inpatients regardless of age.	national NICE guidance and based on clinical evidence.
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Neutral	The assessment of a patients falls risks includes consideration of individual patient aspects, such as sensory loss and cognitive impairment.	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process	Neutral	The procedure for assessment and management of falls applies equally to patients/service users of all genders.	

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	Neutral	The procedure for assessment and management of falls applies equally to patients/service users, regardless of their marital status.	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	Neutral	The procedure for assessment and management of falls applies equally to patients/service users.	

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Neutral	The procedure for assessment and management of falls applies equally to patients/service users, regardless of their race, culture or ethnic background.	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Neutral	The procedure for assessment and management of falls applies equally to patients/service users, regardless of religious beliefs.	
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	Neutral	The procedure for assessment and management of falls applies equally to patients/service users, regardless of their sexual orientation.	
6.9 People who communicate using the Welsh language	Neutral		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Neutral		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Neutral		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	Neutral		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by	Positive	Through reduction of avoidable falls and prompt management of falls within the inpatient setting, this policy supports the safe delivery of healthcare and reduces the physical and psychological harm caused by falls. The updated falls procedure includes	

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales		a greater emphasis on prevention of deconditioning.	
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/	Neutral		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales			
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods,	Neutral		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	Neutral		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	Neutral		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The procedure will have an overall positive impact on patients who are at risk of falls within the hospital setting. Through improved assessment and reduction of risks and appropriate management when falls do occur, patients will have improved outcomes.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?				

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	Not required			

8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedu and/or service propo ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	Continue unchanged			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate