**Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls**

**(1 - 31 March 2022)**

**Section 1 - Policy and protocol audit – Trust and health board level**

The organisational section is directed towards **trust/health board level** data. In the unlikely event that you do not have trust wide policies, or this data is not available by trust, please contact us ([falls@rcp.ac.uk](mailto:falls@rcp.ac.uk) or 020 3075 1511).

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|  | **QUESTIONS** | **HELP NOTES** | | | **GUIDANCE / RATIONALE** | |
| **1.01** | Who will be your lead clinician for the continuous National Audit of Inpatient Falls from March 2022 onwards | | | | | |
|  | Autofill from trust lead or  OTHER  FREETEXT  Name……………………….  NHS Email address………….  Job title ……………………. | The National Audit of Inpatient Falls (NAIF) is a mandatory national clinical audit which started in January 2019.  The National Hip Fracture Database (NHFD) will automatically notify us about all patients who have sustained a hip fracture after a fall whilst in hospital. NAIF will review these patients’ care across their whole pathway – examining both pre-fall prevention and post-fall care.  NAIF will include all inpatient settings – acute, community and mental health trusts, and a clinical lead should be nominated for each trust or health board. Please see the *‘Responsibilities of the Clinical Lead’* document for further information on the requirements for this role. |  | | | |
| **1.02** | Does your trust or health board use a falls risk screening tool? | | | | | |
|  | Yes  No | Definition: A tool that aims to predict a person's risk of falling, either in terms of **'at risk/not at risk', or in terms of 'low/medium/high risk'**, etc.  Note:  This is **NOT** recommended by NICE CG161, Standard 1.2.1.1 which states: “Do not use fall [risk screening (prediction) tools](http://www.nice.org.uk/guidance/cg161/chapter/recommendations#risk-prediction-tool) to predict inpatients' risk of falling in hospital”. Regard all patients aged 65 years or older as being at risk of falling in hospital and manage their care according to recommendations 1.2.2.1 to 1.2.3.2    A multi-factorial fall risk assessment (MFRA) is not a risk screening tool, this is an assessment tool. If your trust / health board only uses MFRA (and does not stratify patients by risk), answer no to this question.  Some trusts/health boards have not yet withdrawn these tools. The audit wishes to find out whether some older patients do not receive a falls risk factor assessment or intervention because they have been screened as ‘low-risk’, contrary to NICE Guidance. | | |  | |
| **1.03** | **Do you have a system for assessing the extent of the gap between actual and reported falls?** | | | | | |
|  | Yes | An example is the FallSafe under reporting template  [https://www.rcplondon.ac.uk/guidelines-policy/fallsafe-resources-original](https://protect-eu.mimecast.com/s/ZV4KCMjo5HVWBDiwPMLG?domain=rcplondon.ac.uk)  Under-reporting template: [https://www.rcplondon.ac.uk/file/926/download?token=W1EJgqQR](https://protect-eu.mimecast.com/s/1yfqCNxp5C5XkJf4ZeNL?domain=rcplondon.ac.uk)  *[help Guidance on how to complete this can be found on pages 24-27](https://www.rcplondon.ac.uk/file/918/download" \t "_none)* | | | Help guidance on how to complete this can be found on page 24-27 of the Implementing Fall Safe document here:  <https://www.rcplondon.ac.uk/guidelines-policy/fallsafe-resources-original> | |
| No |
|  |  | |  | |
| **1.04** | **Has your trust or health board carried out an audit of the clinical appropriateness of bedrail use for individual patients within the past 12 months?** | | | | | |
|  | **Select ONE option only** | | | | | |
|  | Yes we have carried out an audit (go to 1.04a)  We use bedrails but have not carried out an audit  We do not use bed rails at all |  | | <https://www.gov.uk/government/consultations/consultation-on-guidance-on-the-safe-use-of-bed-rails> | |
| **1.04a** | **Please provide the following information about your most recent bedrail audit:** | | | | | |
|  | i. Date of audit: DD/MM/YYYY  ii. Proportion of trust beds audited: NN%  iii. Percentage compliance with your trust bed rail policy: NN%  iv. Was any action taken following the audit? : Y / N / NA |  | |  | |
| **1.05** | **Does your trust or health board have flat lifting equipment for safe manual handling available on all sites?** | | | | | |
|  | Yes  No | Flat lifting equipment allows staff to raise the patient in the supine position and transfer to bed or trolley safely and comfortably. | | Guidance here: <http://webarchive.nationalarchives.gov.uk/20171030124642/http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=94033> | |
| **1.06** | **Does your trust or health board provide patients and relatives with access to written information about fall prevention?** | | | | | |
|  | Yes  No  If you answer no go to 1.08 | For the purpose of this question, written information is considered to be a leaflet or booklet that provides advice and information on inpatient falls aimed at patients and/or relatives. This may be a trust / health board specific document or the [RCP leaflet](https://www.rcplondon.ac.uk/projects/outputs/falls-prevention-hospital-guide-patients-their-families-and-carers). | |  | |
| **1.07** | **Is the written information readily available to patients and relatives?**  **Perform a “spot check” of wards to ascertain access to written information. Visit a randomly selected 25% of wards in your trust / health board. Written information in an easily accessible display stand or provided directly to patients are considered “readily available”. Refer to definition of written information in the helpnotes.** | | | | | |
|  | Yes – in all wards reviewed  Yes – in more than half of the wards reviewed  Yes – in less than half of the wards reviewed  Not readily available in any wards reviewed | See 1.06 note for definition of written information | |  | |
| **1.08** | **Is regular fall prevention training “mandatory” for all applicable clinical staff in your trust / health board?**  **Refer to helpnotes for definitions of applicable clinical staff and regular.** | | | | | |
|  | Yes  No | Clinical staff: doctors, nurses, allied health professionals and health care assistants.  Applicable: clinical staff who work in an area where patients aged over 65 will be treated. Not applicable: staff who work only in clinical areas where no people aged over 65 will be seen (such as paediatrics or obstetrics).  Examples:  Applicable = renal, haematology, surgery, medical, trauma, old age psychiatry.  Not applicable = child health, midwife, obstetrician.  Repetition of training at least every 3 years is considered as “a regular basis”. | |  | |

**Section 2 - Leadership and service provision – Trust / Health board level**

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| **QUESTIONS** | **HELP NOTES** | **GUIDANCE / RATIONALE** | |
| **2.01 Does your trust or health board have an Executive Director who has specific roles/responsibilities for leading falls prevention (can be as part of a wider remit for patient safety)?** | | | |
| Yes | Although this can be part of a wider remit (e.g. for patient safety) you should not tick yes if this is a purely nominal role and they have had no active input or interest in falls policy/procedures/working groups. | Patient Safety First ‘How to’ guide. | |
| No |
| Not known |
| **2.02 Does your trust or health board have a Non-executive Director (or other Board member) who has specific roles/responsibilities for leading falls prevention (can be as part of a wider remit for patient safety)?** | | | |
| Yes | Although this can be part of a wider remit (e.g. for patient safety) you should not tick yes if this is a purely nominal role and they have had no active input or interest in falls  *Note that in line with new* [*NHSE/I recommendations*](https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf) *for some Trusts this NED role may be acquitted via other executive governance routes e.g. Quality & Safety Group that reports directly to the Trust Board.* | Patient Safety First ‘How to’ guide.  [*NHSE/I recommendations*](https://www.england.nhs.uk/wp-content/uploads/2021/12/B0994_Enhancing-board-oversight-a-new-approach-to-non-executive-director-champion-roles_December-2021.pdf) | |
| No |
| Not known |
| **2.03 Does your trust or health board have a current multi-disciplinary working group or steering group or sub-group specifically for falls prevention which meets at least four times a year? As a minimum, this group must contain a nurse, doctor, AHP and manager as part of its membership.** | | | |
| Yes (if yes go to 2.03a) | Tick **No** if falls are discussed only within a multi-purpose group (e.g. clinical governance or patient safety).  Tick **No i**f the group only covers one part of your service (e.g. Medicine but not Surgery).  Multi-organisation network groups covering a locality or region count as **No** unless they are actively creating falls policy for all the participating trusts / health boards. | Patient Safety First ‘How to’ guide | |
| No [If no go to question 2.04] |
| **Please answer the following questions about your trust falls steering group:** | | | |
| 2.03 a. How many times have you had a fall specific meeting that was attended by at least a nurse, doctor, AHP and manager in the last 12 months? NN |  | | New |
| **2.03b Do you use run or SPC charts for rates of falls per 1000 occupied bed days (OBD) to track falls rates over time?** | | | |
| Yes (if yes go to question 2.03c) | Run charts are displays of time-series data shown in graph form and are very useful tools for improvement work – particularly in terms of how you understand and communicate variation in a process (NHSE). See: <https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-run-charts.pdf>  Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action (NHSE). See: https://www.england.nhs.uk/statistical-process-control-tool/ | New | |
| No (go to 2.04) |
| **2.03c Do you use non-random variation rules (run chart) or control limits (SPC chart) to highlight significant changes to your falls rates?** | | | |
| Yes (if yes go to question 2.03d) | Non-random variation rules are used to look objectively for evidence of special cause variation. See: <https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-run-charts.pdf>  An SPC tool will allow improvement to be tracked and automatically calculate significant changes to the measure in question. See: https://www.england.nhs.uk/statistical-process-control-tool/ | | New |
| No (go to 2.04) |
| **2.03d Have there been any significant changes in falls rates (using run chart rules or SPC chart) in 2021?** | | | |
| Yes – a significant reduction in recorded falls |  | New | |
| Yes – a significant increase in recorded falls |
| Yes – both significant reduction and increase in recorded falls over the year |
| No changes in recorded falls over the year |
| **2.03e Have you had to implement an action plan or Quality Improvement Project (QIP) to address a significant change in falls rates?** | | | |
| Yes | More information on QIP can be found at the health foundation: <https://www.health.org.uk/publications/quality-improvement-made-simple>  For falls specific information, Implementing FallSafe on the RCP FallSafe resources webpage:  <https://www.rcplondon.ac.uk/file/918/download>  For a directory of QI tools & resources, on the NHS England & Improvement quality webpage:  [NHS England & Improvement quality, service improvement and redesign (QSIR) tools](https://www.england.nhs.uk/sustainableimprovement/qsir-programme/qsir-tools/) | New | |
| No |
| **2.04 Do you have a policy that all inpatient wards/units have access to walking aids for newly admitted patients (or patients whose mobility needs have changed) 7 days per week?** | | | |
| Yes (go to 2.05) |  |  | |
| No |
| **2.05 Has your trust or health board carried out an audit within the past 12 months of access to walking aids for newly admitted patients?** | | | |
| Yes (go to 2.05a) |  | New | |
|  No (questions complete) |
| **Please provide the following information about your most recent walking aid access audit:** | | | |
| 1. Date of audit: DD/MM/YYYY 2. Proportion of newly admitted inpatients audited: NN% 3. Percentage of newly admitted inpatients with correct walking aid: NN% 4. Was any action taken following the audit? : Y / N / NA 5. What did the audit cover?:   Weekdays only / weekends only / weekdays and weekends. |  |  | |

I can confirm that I have reviewed this organisational audit and all the information included is correct to my knowledge:

………………………………………………………………NAME/ DATE

To be signed off by the clinical lead specified in question 1.01 of this form by 31 March 2022.