**Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls (NAIF) Facilities Audit (2- 31 March 2020)**

**Section 1a – Audit leads – trust/health board level**

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

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|  | **QUESTIONS** | **HELP NOTES** | **GUIDANCE / RATIONALE** |
| **1.01**  | Who will be your lead clinician for NAIF? (March 2020 onwards) |
|  | FREE TEXTName……………………….\*Email address………….Job title …………………….\*NHS email address required | NAIF operates at trust/health board level. This means that information should reflect what happens throughout the trust and not on a specific site. NAIF includes all settings that admit patients aged over 65 and have inpatient beds – acute, specialist, community and mental health. A clinical lead should be nominated for each trust/ health board. Requirements and responsibilities for this role are detailed here.  |  |
| **1.02** | Who is the Patient Safety lead clinician in your trust/health board?  |
|  | FREE TEXT Name………..Email address……….Job title ……………. |  |  |
| **1.03**  | Who is the lead Clinical Audit professional in your trust/health board?  |
|  | FREE TEXT Name……….NHS Email address…….Job title …………. |  |  |

**Section 1b - Policy and protocol audit – trust/health board level**

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| **1.04** | Does your trust/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hospital and manage their care according to recommendations 1.2.2.1 to 1.2.3.2  Some trusts/health boards have not yet withdrawn these tools.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. |  |
| **1.05** | **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. Guidance is available (p.24-27).  |  |
| No |
| **1.06** | **When reporting falls resulting in hip fracture, do you:** |
|  | **Select ONE option only for 1.06** |
|  | Report all as severe harm | Severe harm is defined as ‘Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons’.  | [NRLS guidance](https://improvement.nhs.uk/documents/1673/NRLS_Degree_of_harm_FAQs_-_final_v1.1.pdf)  |
|  Report as another degree of harm depending on the circumstances of the fall |
| **1.07** | **Has your trust/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 for 1.07** |
|  | Yes we have carried out an audit We use bedrails but have not carried out an auditWe do not use bed rails at all  |  | [MHRA safe use of Bed Rails.](https://www.gov.uk/government/consultations/consultation-on-guidance-on-the-safe-use-of-bed-rails) |
| **1.08** | **Does your trust/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](http://webarchive.nationalarchives.gov.uk/20171030124642/http%3A/www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=94033) |
| **1.09** | **Does your trust/health board provide patients and relatives with access to written information about fall prevention?** |
|  | YesNoIf you answer yes go to 1.10 | 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). |  |
| **1.10** | **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”.**  |
|  | 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 | 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) |  |
| **1.11** | **Is regular fall prevention training “mandatory” for all applicable clinical staff in your trust / health board?****Refer to help notes 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 = nephrology, haematology, surgery, medicine, trauma. Not applicable = child health, midwifery, obstetrics.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](https://www.weahsn.net/wp-content/uploads/Human-Factors-How-to-Guide-v1.2.pdf) |
|  | 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  | [Patient Safety First ‘How to’ guide](https://www.weahsn.net/wp-content/uploads/Human-Factors-How-to-Guide-v1.2.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, Allied Health Professional (AHP) and manager as part of its membership.** |
|  | Yes [If yes, answer 2.03a and 2.03b] | 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](https://www.weahsn.net/wp-content/uploads/Human-Factors-How-to-Guide-v1.2.pdf) |
|  | No [If no go to question 2.04]  |
| **2.03a** | **Is information on the reported incidence of falls routinely presented and discussed at most or all meetings of the central falls prevention group?**  |
|  | Yes  | Multi-organisation network groups do not count. | [Patient Safety First ‘How to’ guide](https://www.weahsn.net/wp-content/uploads/Human-Factors-How-to-Guide-v1.2.pdf) |
|  | No |
| **2.03b** | **Is information on falls rates (expressed as falls per occupied bed days) routinely presented and discussed at most or all meetings of the central falls prevention group?** |
|  | Yes  | Multi-organisation network groups do not count. | [Patient Safety First ‘How to’ guide](https://www.weahsn.net/wp-content/uploads/Human-Factors-How-to-Guide-v1.2.pdf) |
|  | No |
| **2.04** | **Is information on falls rates and trends routinely provided to individual directorates, wards, units or departments at least quarterly?** |
|  | Yes  |  | [Patient Safety First ‘How to’ guide](https://www.weahsn.net/wp-content/uploads/Human-Factors-How-to-Guide-v1.2.pdf) |
|  | No |
| **2.05** | **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  |  |  |
|  | No |

**Section 3 – trust/health board level data**

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|  | **QUESTIONS** | **HELP NOTES** | **GUIDANCE / RATIONALE** |
| **3.01**  | What were your trust / health board occupied bed days for patients aged 16 and over in all specialties excluding maternity between 1 January and 31 December 2019? |  |
|  | Number  | For wards open overnight an occupied bed day is defined as one which is occupied at midnight on the day in question. For wards open day only an occupied bed-day is defined as a bed in which at least one day case has taken place during the day. |  |
| **3.02** | What were your trust / health board inpatient admission numbers for patients aged 16 and over in all specialties excluding maternity between 1 January and 31 December 2019? |  |
|  | Number |  |  |
| **3.03** | Please provide the age profile for all admissions between 1 January and 31 December 2019  |
|  | Age profile | 0-64 | 65-74 | 75-84 | 85+ | Total |  |
|  | Number of admissions |  |  |  |  |  |  |
| **3.04** | Please provide the sex profile for all admissions between 1 January and 31 December 2019 |
|  | Sex profile | Female | Male | Total |  |
|  | Number of admissions |  |  |  |  |
| **3.05** | What was the total number of reported falls in inpatients aged 16 and over (including ‘found on floor’ or ‘slips from chair’) in your trust / health board between 1 January to 31 December 2019? |  |
|  | Number |  |  |
| 3.05 a | Out of these falls (3.05), how many had an outcome of severe harm or death?  |  |
|  | Number – ‘severe harm’ Number – death |  |  |
| 3.05b | How many of the falls that resulted in severe harm or death (as answered in 3.05a) involved a hip fracture (either as a single injury or one of several injuries). |  |
|  | Number  |  |  |

**Section 4 – clinical lead sign-off**

I can confirm that I have reviewed this facilities 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 2020.