Falls Prevention and Management (Adult Inpatients) Policy

Title: Falls Prevention and Management (Adult Inpatients) Policy			
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Author/s:	Inpatients Falls Policy Review Group		
Policy Owner:	AHP Chief Acute Division, Therapy Services		
Executive Lead:	Director of AHPs		
Target Audience:	All the workforce employed by or on behalf of NHS Lothian involved in delivering direct care, support, or services.		
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Version Control

Date	Author	Version	Reason for change
Jan 2021	Falls Coordinators	v5.0	Approved by the Policy Approval Group
Dec 2025	Falls Inpatient Policy Review Group	v5.1-2	Under review
June 2026	Falls Inpatient Policy Review Group	V5.3	Post Consultation Zone Feedback
July 2026	Falls Inpatient Policy Review Group	V5.4	Panel Approval Group comments updated

Executive Summary

Falls are a significant global public health concern, affecting people of all ages. People fall in their homes, within care homes, in the community and sometimes whilst in hospital. For adults in hospital settings, the risks and consequences of falls can be particularly serious, impacting both physical health and psychological wellbeing. Even without physical injury, a fall may reduce confidence, limit daily activities and hinder recovery in hospital settings.

This policy outlines the approach to falls prevention, management, and learning from falls across all inpatient hospital settings. It applies to all our health and social care workforce working in hospital settings who are involved in the direct care, treatment and provision of services to adult inpatients.

This policy emphasises the importance of reporting and reviewing all falls in partnership with patients, families, carers and relevant members of the NHS Lothian workforce. Through collaborative working and learning from falls incidents, services can continue to improve and reduce the risk of future harm.

Aligned with the Lothian Falls Prevention and Management Framework 2025–2028, this updated policy reflects a whole-system commitment to improving outcomes for people at risk of falling, supported by integrated, multidisciplinary working and shared responsibility.

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Contents

1.0 Purpose

This policy supports the need to reduce the risk of falls for inpatients in hospital settings and improve patient experiences and outcomes.

2.0 Policy statement

Falls can happen to people at any age and the individual factors that contribute to falls are wide and varied. Falls are a common problem in hospitals and can result in serious injury or death, with older people, at increased risk of falls and falls with harm.

Some falls are avoidable, but unfortunately, despite best efforts, falls do happen. NHS Lothian aims to take all appropriate steps to reduce the risk of falls and harm from falls in hospitals and inpatient settings whilst supporting people to live longer, healthier lives.

Positive conversations around falls promotes safer mobility and supports recovery for those who do fall. All NHS Lothian workforce involved in direct patient care must carry out appropriate risk management to help prevent the occurrence of falls and report and review any falls incidences in partnership with patients, families, carers, representatives and our workforce to promote learning, increase knowledge and share best practice.

This policy provides a consistent framework that supports a multidisciplinary and co-ordinated approach to falls prevention and management across NHS Lothian inpatient settings.

Person-centred care is central to this approach, with all efforts made to recognise and respond to each individual patient's values, needs, preferences, and goals when planning falls prevention and recovery.

3.0 Scope

This policy applies to:

- All our health and social care workforce working in all NHS Lothian inpatient hospital settings who are involved in the direct care, treatment and provision of services to adult patients.
- All hospital adult inpatients: inpatients who fall or who are identified as at risk of falling and their carer's, representatives and families. The risk of falls will be identified on an individual basis following assessment on admission.

While this policy is designed for adult inpatient care, it is recognised that, in some circumstances, older children or young people may be admitted to adult inpatient settings. In such cases, wards and clinical teams must continue to follow their local protocols, including appropriate risk assessments and falls prevention measures, to ensure the safety and wellbeing of all patients. The presence of younger patients does not exempt staff from applying professional judgement and safeguarding principles tailored to the individual's age, development, and clinical needs.

4.0 Definitions

Adult: An adult is typically defined as a person aged 18 years or older accessing healthcare services.

Carers: Individuals who provide support to an older person, including family members, friends, or appointed representatives. This includes those with legal roles such as power of attorney, as well as those who advocate or make decisions on behalf of individuals with cognitive impairment or limited decision-making capacity.

Fall: A fall is defined by Healthcare Improvement Scotland and agreed nationally, as an event which results in a person coming to a rest unintentionally on the ground or floor or other lower level.

Families: All individuals identified by the patient as part of their support network, including relatives, partners, close friends, chosen family, or carers—regardless of legal, biological, or household status.

Hospital: a hospital is defined as a healthcare facility that provides medical, surgical, and nursing care to individuals who are ill, injured, or require specialised treatment. This includes acute and community-based hospitals.

Inpatient: an inpatient is defined as a person who is admitted to a hospital or hospital setting for medical care and occupies a hospital bed for one or more nights.

Workforce: All individuals involved in delivering direct care, support, or services, including paid staff, volunteers, students, and contracted personnel, regardless of role, setting, or employment status.

5.0 Implementation roles and responsibilities

5.1 Executive Lead

The Director of AHP's has direct leadership of this policy.

5.2 Medical Directors, Associate Nurses Director, Senior Managers and Allied Health Professional Leads, Midwifery

Medical Directors, Associate Nurses Director and Allied Health Professional Leads are responsible for the operational implementation of the policy and procedure within their clinical areas. They must ensure that the findings from audit of falls risk assessments and learning points from Significant Adverse Event reports are reviewed and have improvement plans and that the findings and improvement plans are communicated to the service, Board and Healthcare Improvement Scotland via the Scottish Patient Safety Programme.

5.3 All Managers

All managers should be able to direct their workforce to where to access the policy and have systems in place to provide assurance that the policy is being implemented as intended in their area of responsibility. Managers must ensure that the findings from audit of risk assessments and learning points from Adverse Event reports are reviewed and communicated to the service, Site Directors and Senior Managers, and inform improvement plans.

All managers should be aware of their own workforce's safety when responding to falls. This includes recognising additional risks for pregnant employees and ensuring appropriate risk assessments and reasonable adjustments are in place where needed.

5.4 Ward/Department Managers

All ward/department managers must ensure that a review of the fall and lessons learned are shared with the ward team and includes the patient, families or carers (with patient permission). All ward managers must ensure that a review of all falls assessments and care planning are audited and reviewed for compliance as required and this is monitored via clinical and management structures.

5.5 All NHS Lothian Workforce

All NHS Lothian workforce involved in direct patient care should report and review all falls, in partnership with patients, families, carers and other relevant workforce to identify learning and support improvements.

Incidents of falls should be reported in accordance with the NHS Lothian Adverse Event Management Policy and Adverse Event Management Procedure.

All NHS Lothian workforce involved in the direct care of patients are expected to follow all policies and systems that have been put in place to ensure safer ways of working including actions to prevent and reduce slips, trips and falls.

All NHS Lothian workforce should report any hazards or concerns relating to falls prevention and management to their line manager.

All NHS Lothian workforce involved in patient care are responsible for completing appropriate falls risk assessments and documentation in line with local and national guidance, and for implementing, reviewing, and updating falls prevention plans as part of routine care.

The immediate needs of the individual affected by the fall must be addressed. Where feasible, immediate measures should be implemented to reduce the risk of recurrence.

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All NHS Lothian workforce have a responsibility to consider their own safety when responding to or assisting with falls, including recognising any personal health considerations such as pregnancy, and to seek guidance or support where appropriate.

6.0 Associated materials

Falls Prevention and Management Framework – Falls Support and Education, Lothian Strategic Falls Framework 2025-2028 -

Falls | Scottish Patient Safety Programme (SPSP) | ihub - Falls

Adverse Event Management Policy, approved by the NHS Lothian Policy Approval Group, September 2023

Adverse Event Procedure, approved by the NHS Lothian Executive Medical Director, September 2023

DATIX and RIDDOR updated 07.03.18.pdf

Manual Handling Service

Patient Engagement Policy, approved by the Policy Approval Group, July 2021

Interpretation and Translation Policy, approved the Policy Approval Group, May 2019

NHS Lothian Health and Safety Policy, Lothian Health and Safety Policy, approved by Lothian Health Board, 2026

Falls Procedure document – pending approval

7.0 Evidence base

Falls - World Health Organisation Falls

Overview | Falls: assessment and prevention in older people and in people 50 and over at higher risk | Guidance | NICE

Falls | Scottish Patient Safety Programme (SPSP) | ihub - Falls

World guidelines for falls prevention and management for older adults: a global initiative | Age and Ageing | Oxford Academic

RoSPA https://www.rospa.com/RoSPAWeb/docs/advice-services/public-health/scotland/action-to-prevent-falls.pdf

Cooper R. (2017) Reducing falls in a care home Reducing falls in a care home | BMJ Open Quality

Healthcare Improvement Scotland (2019) 201912-frailty-at-the-front-door-collaborative-impact-report-v10.pdf (ihub.scot)

Scottish Hip Fracture Audit 2023 The Scottish Hip Fracture Audit

British Geriatrics Society website: resources Introduction to Frailty | British Geriatrics Society (bgs.org.uk)

8.0 Stakeholder consultation

The review of this policy involved comprehensive stakeholder engagement to ensure a collaborative and inclusive approach. The following groups were consulted:

Falls Inpatient Group: This group provided valuable insights into inpatient-specific falls prevention and management strategies tailored to the unique challenges within acute and community-based hospital settings.

Falls Strategic Management Group: Comprising senior leaders and strategic planners, this group contributed to aligning the policy with national and local priorities.

Falls Education Editorial Subgroup: Comprising representatives from hospital inpatient and community settings.

Equality and Children's Rights Impact Assessment: The assessment process engaged with a diverse range of stakeholders to evaluate the potential social, economic, and equality impacts of the policy.

Consultation Zone: The draft review of the policy was presented to the Consultation zone to engage our broader frontline workforce, service users, carers, and community representatives.

Through these stakeholder consultations, the policy benefited from diverse expertise, lived experiences, and strategic oversight, resulting in a robust and well-rounded approach to falls prevention and management.

9.0 Monitoring and review

This policy will undergo a formal review and revision every three years or sooner, if necessary due to any relevant changes in legislation, guidance or policy. The Director of AHPs will continuously monitor its implementation and may initiate an earlier review if needed.