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Replaces: Version 9, Slips, Trips and Falls Policy, Corp/Pol/025	Head of Department: Anna Smith, Health and Safety Manager
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Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 1,2,3,4 Principles	Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1,2,3,4,5,7 Staff Pledges
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes	
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

Slips and trips resulting in falls are the most common cause of major injuries in the workplace in Great Britain¹.

Patient falls account for almost two-fifths of the patient safety incidents¹. Falls are a key focus within the National Service Framework for Older People² with Standard 6 aiming to reduce the number of falls which result in serious injury as well as ensuring effective treatment and rehabilitation for those who have fallen.

Such incidents can be reduced through risk assessment, planning and positive management of the hospital environment, good housekeeping and effective risk management

2. PURPOSE

This policy stipulates the mandatory arrangements for managing the risks associated with slips, trips and falls involving patients, staff and any other persons who might come onto Trust premises

Implementation of the policy will lead to :

- A reduction in slips, trips and falls incidents
- Better patient care
- Compliance with health and safety legislation and patient safety requirements.

3. SCOPE

All UHMB employees should abide by this policy

4. POLICY

4.1 Responsibilities

4.1.1 Chief Executive

The Chief Executive has overall responsibility for the implementation of this policy but employer's duties will be delegated down through Directors to Managers, staff and formal groups.

4.1.2 Governance Director

Responsible for ensuring the implementation of all Health and Safety legislation, policies and procedures relating to slips, trips and falls.

4.1.3 The Medical Director / Executive Chief Nurse

Hold responsibility for the strategic development and implementation of this policy and procedures relating to patient safety risks and governance.

4.1.4 Care Group Management Teams

Ensure that responsibility for hazard identification and risk assessment is properly and clearly assigned to Line Managers and that the management of slips, trips and falls is effectively delegated.

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4.1.5 Department Managers

- Ensure that environmental risk assessments for slips, trips and falls including, where applicable, falls from height are carried out in their areas of responsibility and that appropriate actions are taken to reduce these risks so far as is reasonably practicable.
- Monitor all slips, trips and falls incidents including falls from heights and take action as necessary.
- Ensure that all investigations are completed and fed back to the appropriate groups.
- Report environmental defects to the Estate and Facilities Department Help Desk.
- Ensure that all staff understand the risks associated with slips trips and falls and receive sufficient information, instruction and training to undertake work safely. This includes involvement in organization, planning, supervision, and the supply and maintenance of equipment.
- Keep an up to date resource file relating to falls information in relation to patients
- Review all slips trips and falls within their area and cascade any lessons learned with action plans to other members of staff.
- Ensure all equipment used for working at height is maintained
- In conjunction with health and safety review any staff and visitor falls.

4.1.6 All Staff

- Ensure that they clear up any spillages and use the appropriate warning signs.
- Ensure that the environment is kept clear of clutter and that adequate housekeeping is maintained.
- Ensure that they wear suitable footwear and take appropriate actions for their own safety. Where approved footwear has been agreed, staff must only wear such footwear.
- Complete falls care plan within Patient Safety Bundle for each patient and review every 7 days or as clinical condition changes, implementing relevant actions / referrals.
- Complete a Trust incident form in the event of a slip, trip or fall incident.
- If a patient falls, staff must also complete the post falls checklist, update the falls care plan and complete the mini RCA associated with the Clinical Incident Report.

4.1.7 Care Group Business Partners

- Responsible for offering timely advice and information to all levels of staff to ensure that they can fulfil their legal duties with respect to slips, trips and falls.
- Assist in the investigation of serious accidents, incidents or complaints relating to falls.
- Review all root cause analyses from falls and ensure the lessons learned from adverse incidents, are considered and make recommendations to all areas as appropriate

4.1.8 Corporate Matrons Group

- Keep up to date with latest information regarding falls and cascade this information to the departmental managers
- Review all root cause analyses from falls and ensure the lessons learned from adverse incidents, are considered and make recommendations to all areas as appropriate.

4.1.9 Estates and Facilities

- Ensure that the guidelines given in HBN00-10 Part A³ are considered when introducing new or refurbished floor surfaces

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- Monitor all maintenance staff, contractors and sub-contractors to ensure that they do not create slips and trips hazards.
- Ensure roads and pathways are suitably treated during adverse weather conditions (e.g. snow and ice) in order to reduce risks of slips, trips and falls.
- Maintain appropriate lighting in general areas to reduce the risks of slips, trips and falls.
- Carry out annual condition surveys to identify risks and plan for rectification through the capital planning process.
- Ensure that all Estates and Facilities staff involved in working at height are competent and receive sufficient information, instruction and training to undertake the task safely. This includes involvement in organization, planning, supervision, and the supply and maintenance of equipment.

4.1.10 Patient Environment Services Managers

- Ensure an appropriate cleaning regime is chosen for the type of floor
- Ensure that floor cleaning is scheduled to take place at suitable times to reduce the risks of slips, trips and falls
- Ensure that a system is in place to clean up spillages between scheduled floor cleaning
- Ensure that suitable warning signs are displayed during floor cleaning and that access is prevented to wet floors or contaminated areas.
- Where floors are found to be dangerous when wet ensure floors will be mopped to dry.

4.2 Falls Management Arrangements

The policy will be put into practice via corporate and divisional matrons group, relevant department managers and Health and Safety.

4.3 Risk Assessment

4.3.1 Patients

Patient Safety Bundle

- Risk assessment for patient falls will be carried out through the patient safety bundle in accordance with the guidance which supports it. The falls assessment is found in the electronic patient record within the fundamental care plan
- Where appropriate a bedrail assessment will also be carried out. Please refer to Using Bedrails Safely and Effectively (hospital inpatients) (see section 6). This document is also within the electronic patient record as above.
- In all cases where a falls risk is indicated, the falls care plan will be completed, this is found in the electronic patient record within the fundamental care plan
- In-patients identified as at risk of falls will be given a trust information leaflet which provides advice on falls prevention.

Bedrails and falls from beds

- The trust recognises the risk to patients involved in the use of bedrails.
- No third-party demountable bedrails will be used on any bed. Only beds with integral bedrails and an appropriate mattress which ensures the bedrails remain compliant with HSE requirements will be used where patients are assessed as needing the benefit of bedrails to prevent a fall from bed.
- The Using bedrails safely and effectively (hospital inpatients) SOP must be followed (see section 6)
- The bedrail risk assessment and decision making tool is found in Using Bedrails Safely

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and Effectively (hospital inpatients) SOP (see section 6) and is incorporated into the electronic patient record fundamental care plan alongside the falls risk assessment.

4.3.2 Staff, Visitors and Contractors

Factors to be considered

- Risk assessment for non-patient falls will be written on the standard Health & Safety Risk Assessment Format and reviewed in accordance with the risk assessment policy.
- Risk assessment for the risks of slips, trips and falls should form part of the general risk assessment process and be stored on the risk assessment inventory which can be found on the Trust intranet . The risk assessment should identify the following:
 - Persons at particular risk from slips and trips
 - Locations where slips and trips could occur
 - The extent of the risks involved
 - The causative factors involved including condition and type of floor/ground surface and housekeeping standards
 - Whether existing control measures adequately control the risks and if further precautions are necessary

Working at height

When undertaking a risk assessment for working at a height, the ideal is that the height can be avoided. If work at height has to be undertaken, the work must be properly planned, appropriately supervised and carried out in as safe a way as is reasonably practicable. A specific risk assessment must be carried out. Any risk assessment for working at height should take into account any plans for emergencies or rescue, and weather conditions that could endanger health and safety e.g. strong winds or inclement weather. Please refer to the Work at Height Policy (see section 6).

4.4 In the event of a fall

Suspected Spinal Injury

Following a patient, staff or visitor fall, if a spinal injury is considered then the patient should not be moved until specialist equipment is available.

See Appendix 1 for Guidance for suspected spinal injury.

Patients

Following assessment for spinal injury and appropriate decisions for care, a Post Falls Checklist will be completed by the nurse responsible for the patient at the time and all relevant actions will be completed.

The Post Falls checklist is found within the electronic patient record.

Any patient who has been transferred from another clinical area or who has fallen must have a review of their falls risk assessment, care plan and frequency of intentional rounding.

Staff, Visitors and Contractors

Following assessment for spinal injury, if a visitor or member of staff has fallen consider transferring them to Emergency Department for appropriate decisions about further care.

4.5 Incident Investigation

All slip, trip and fall incidents will be investigated and reported on in accordance with the Policy for Reporting and Management of Incidents including Serious Incidents which is

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found on the Trust Procedural documents library.

Investigations of moderate, severe and catastrophic harms will be requested by the SIRI panel or Health and Safety Committee (whichever is most appropriate) or where it is evident that a theme or pattern is emerging from scrutiny of investigations.

4.6 Learning lessons and raising awareness

All patient slips, trips and falls resulting in harm will be discussed at divisional governance forums.

All staff, visitor and contractor slips trips and falls will be discussed at divisional governance forums and themes and trends reviewed.

Any new lessons learned will be publicised through the Learning to Improve bulletin

5. ATTACHMENTS	
Number	Title
1	Guidance for Suspected Spinal Injury and Head Injury
2	Post Fall / Found on Floor Checklist
3	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/SOP/011	Using bedrails safely and effectively (hospital inpatients) http://uhmb/cs/tpdl/Documents/CORP-SOP-011.docx
Corp/Pol/131	Work at height. http://uhmb/cs/tpdl/Documents/CORP-POL-131.docx
Corp/Proc/022	Reporting and Investigation of Incidents including Serious Incidents http://uhmb/cs/tpdl/Documents/CORP-PROC-022.docx
Corp/Strat/001	Risk Management Strategy http://uhmb/cs/tpdl/Documents/CORP-STRAT-001.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
Number	References
1	NPSA(2007) 3rd Report Slips, Trips and Falls in Hospital. Available at: http://www.nrls.npsa.nhs.uk/resources/?entryid45=59821 (accessed 12.1.15)
2	Dh (2001) National Service Framework for Older People. Available at: https://www.gov.uk/government/publications/quality-standards-for-care-services-for-older-people (accessed 12.1.15)
3	DH (2013) Health Building Note 00-10: Part A flooring. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148495/HBN_00-10_Part_A_Final.pdf (accessed 12.1.15)
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	NICE (2013) Falls: assessment and prevention of falls in older people. Available at: https://www.nice.org.uk/guidance/cg161 (accessed 12.1.15)
	National Patient Safety Agency (2011) Rapid response report 2011 001 Essential care after an inpatient fall. Available at: http://www.nrls.npsa.nhs.uk/alerts/?entryid45=94033 (accessed 12.1.15)
	HSE INDG225 (2012) Preventing slips and trips at work: A brief guide. Available at: http://www.hse.gov.uk/pubns/indg225.pdf (accessed 12.1.15)
	HSE (2005) Work at height regulations. Available at http://www.hse.gov.uk/work-at-height/the-law.htm (accessed 12.1.15)
	HSE (2007) Construction (Design and Management) Regulations. Available at: http://www.hse.gov.uk/construction/cdm.htm (accessed 12.1.15)
	Great Britain (2005) The Regulatory Reform (Fire Safety) Order. Available at: http://www.legislation.gov.uk/ukxi/2005/1541/pdfs/ukxi_20051541_en.pdf (accessed 12.1.15)
	National Patient Safety Agency: Seven Steps to Patient Safety. Available at: http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/ (accessed 12.1.15)
	NHS Litigation Authority Standards Available at: http://www.nhsla.com/Safety/Standards/Pages/Home.aspx (accessed 12.1.15)
	National Patient Safety Agency (2009) Being open – communicating patient safety incidents with patients and their carers Available at: http://tinyurl.com/k6djb7q (accessed 12.1.15)
	National College of Physicians FallSafe Care Bundle Available at: https://www.rcplondon.ac.uk/projects/fallsafe (accessed 12.1.15)
	HSE (2008) Working on roofs. Available at: http://www.hse.gov.uk/pubns/indg284.pdf (accessed 12.1.15)
	HSE Scaffold checklist. Available at: http://www.hse.gov.uk/construction/safetytopics/scaffoldinginfo.htm (accessed 12.1.15)
	HSE (2014) Safe use of ladders and stepladders INDG 455. Available at: http://www.hse.gov.uk/pubns/indg455.htm (accessed 12.1.15)

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation	Definition
SIRI Panel	Serious Incidents Requiring Investigation Panel

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9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted
Lynne Tracey	Health and Safety Adviser	
Kim Wilson	Assistant Chief Nurse Patient Safety	
Mel Woolfall	Assistant Chief Nurse Medicine	
Jane Kenny	Assistant Chief Nurse Surgery and Critical Care	
Harm Free Care Operational Group		
Corporate Matrons Group		15/03/2018

10. DISTRIBUTION PLAN

Dissemination lead:	Corporate Matrons Group, Health and Safety Lead , Divisional Governance Leads
Previous document already being used?	Yes
If yes, in what format and where?	Policy is on the Trust Intranet
Proposed action to retrieve out-of-date copies of the document:	Retrieve and replace with new version
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING

Is training required to be given due to the introduction of this procedural document? No

Action by	Action required	Implementation Date
N/A		

12. AMENDMENT HISTORY

Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
7	Nov 2012	All	Reformatted in to new template and to accommodate recommendations from Health and Safety Executive	July 2015
8	April 2015	All	Reformatted onto newest version of policy template	July 2018
		Throughout	References to Falls Group changed to Harm Free Care Operational Group	
		P11. Appendix 2	Revised version of Post Falls Checklist as per Patient Safety Bundle	
		P7	References updated	

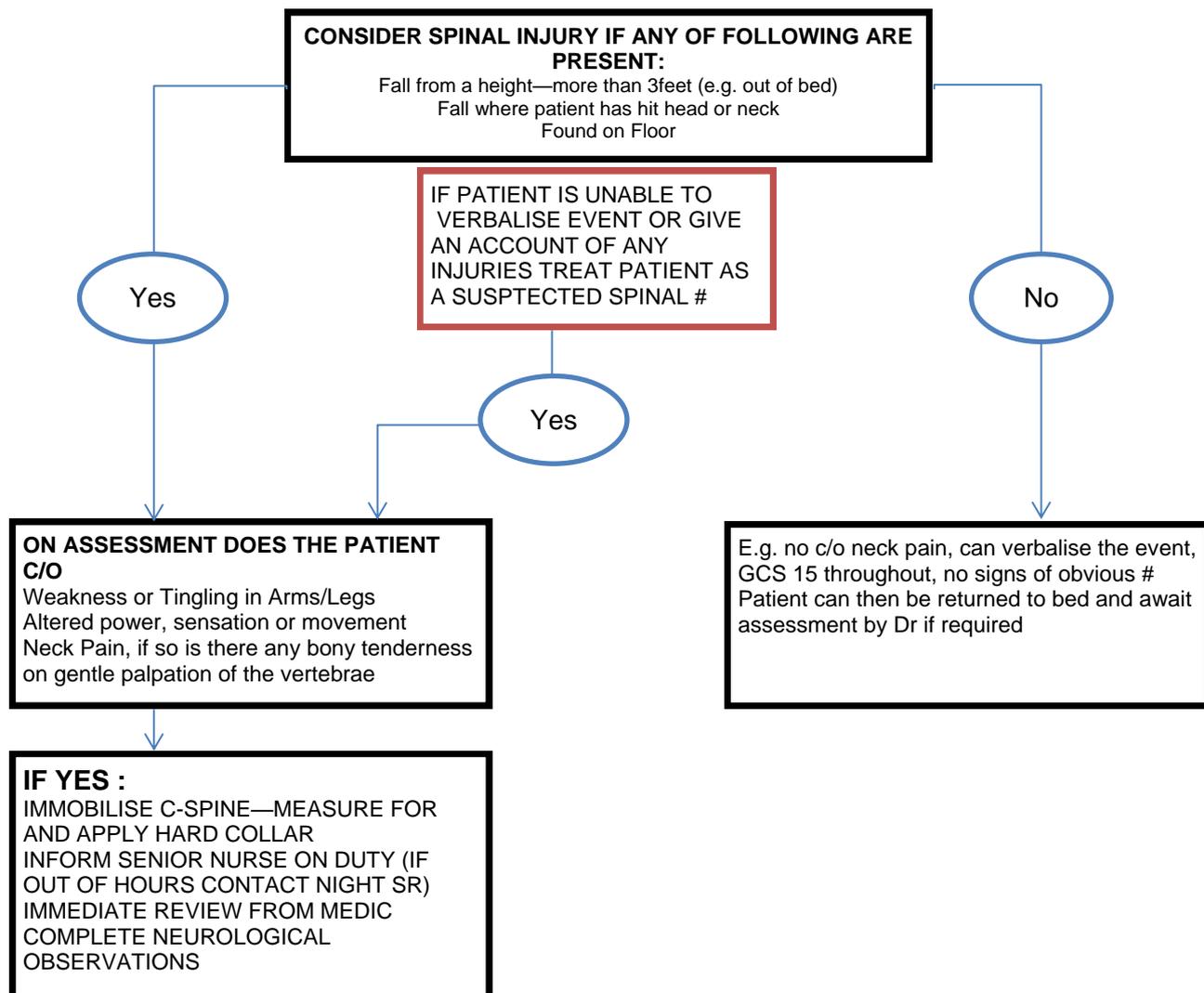
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8.1	04/10/2017	Page 3	BSF page added	01/06/2018
9	09/02/18	All	<p>New format.</p> <p>Documents including assessments, care plans and post falls checklists and bedrails assessments are now on electronic patient record</p> <p>Steering group no longer exists</p> <p>Harm Free Care Operational Group now sits within the Corporate Matrons Group</p> <p>4.1.7 Inclusion of maintenance of working at height equipment.</p> <p>Change of job titles</p>	01/01/2019
9.1	16/01/2019	Page 1	Review Date extended – form 014/2019	01/06/2019

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Appendix 1: Guidance for Suspected Spinal Injury and Head Injury

GUIDANCE FOR SUSPECTED SPINAL INJURY



GUIDANCE FOR SUSPECTED HEAD INJURY

SUSPECT A HEAD INJURY IN THE FOLLOWING CIRCUMSTANCES:
 Patient cannot verbalise how they fell and / or no witness to the fall
 Fall from a height (e.g. out of bed)
 Fall where patient or witness states has hit head and or obvious head injury

If any of the above are present undertake GCS and request immediate review from medical staff. Neurological observations to be repeated every 30 mins until reviewed by Doctor. Once reviewed continue observations as per Drs instructions or as detailed below. This assumes patient had a GCS of 15 prior to the fall and is not subject of a head injury

IF GCS IS NOT 15 NEUROLOGICAL OBSERVATIONS TO BE RECORDED ON A HALF-HOURLY BASIS UNTIL GCS 15 REACHED. THEN AS FOLLOWS:
 HALF HOURLY FOR 2 HOURS
 THEN 1 HOURLY FOR 4 HOURS
 THEN 2-HOURLY FOR 4 HRS OR UNTIL GCS 15 REACHED
 IF GCS 15 IS NOT REACHED WITHIN 24HRS THEN FURTHER CT SCAN TO BE CONSIDERED

WHILE UNDERTAKING GCS IF ANY OF THE FOLLOWING OCCUR PATIENT FOR IMMEDIATE MEDICAL REVIEW:
 Development of agitation or abnormal behaviour
 Sustained drop of 1 point in GCS over 30 mins
 Drop of 3 or more points in eye opening or verbal response scores or 2 or more in motor scores
 Development of severe or increasing headache or persistent vomiting
 New evolving neurological symptoms

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Appendix 2: Post Fall / Found on Floor Checklist

Post fall / found on floor checklist			
CIR number Relatives informed (Date and time)			
The patient has had a fall / found on floor on (Date) (Time) Doctor /Nurse Practitioner informed Name..... (Date)..... (Time)..... Reviewed by Doctor/ Nurse Practitioner. Name (Date) (Time).....			
(If not reviewed straight after please document reason in nursing notes)			
Nursing actions	Sign	Date & time	Comments
Patient has been checked by nursing staff for signs or symptoms of fracture or potential for spinal injury before the patient is moved (<i>npsa rrr 2011/001</i>)			
Ensure safe moving handling methods for patients with signs or symptoms of fracture or potential for spinal injury are adhered to			
IF head injury suspected* undertake GCS and inform medical staff for immediate review. Repeat observations every 30 minutes until medical review			
Follow protocol overleaf for neurological observations (NICE Head injury CG56)			
At the next routine intentional care round re assess for undetected injury, and escalate to doctor/nurse practitioner as needed			
Following the inpatient fall, complete (if not already in place) or update falls care bundle for more vulnerable patients (safety care bundle) within 4 hours			
Inform (where appropriate): Family (within first hour where fall is moderate to severe harm) <input type="checkbox"/> OT <input type="checkbox"/> Physio <input type="checkbox"/> Ward pharmacist <input type="checkbox"/>			
Patient Safety Incident completed giving following information : Time of fall Type of injury and severity Type and frequency of observations completed post fall Location of fall on ward Staffing levels at the time of fall Footwear of patient Lighting in area Any cognitive impairment			Guidance on levels of harm: 1.No Harm- no injury 2. Low Harm-minor injury 3.Moderate Harm- Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm e.g. fractured wrist 4 Severe Harm-Any patient safety incident that appears to have resulted in permanent harm e.g. fractured neck of femur/sub arachnoid haemorrhage. 5. Death.
Consideration for prevention of further falls (if applicable): Appropriate level of observation for the patient Are bed rails being used appropriately? – see risk assessment in safety care bundle Appropriate use of restrictive practice to ensure patient safety with supporting documentation			

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Equality Impact Assessment Form

Department/Function	Health & Safety			
Lead Assessor	Kim Wilson			
What is being assessed?	Slips/Trips/Falls Policy			
Date of assessment	22/03/2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details: Health & Safety Reps, Health & Safety Committee, Corporate Matron's meeting			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
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Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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