The incidence and costs of inpatient falls in hospitals: summary

July 2017

Falls represent significant cost to trusts and the wider healthcare system, with total costs to the NHS from falls among older people alone estimated at approximately £2 billion.¹ As part of our work to support providers to deliver the safest and best quality care to patients, we have reviewed evidence on falls prevention and offered guidance on areas that would have the greatest impact on patient safety and quality of care.

We used data from the National Reporting and Learning System (NRLS) on reported inpatient falls in 2015/16 and published studies of the implications of falls to estimate the costs of inpatient falls across acute, mental health and community hospital settings. As NRLS only contains data on reported incidents, the estimates probably represent an ‘at least state’, as there is likely to be some under-reporting across trusts.

We looked at:

- the incidence of reported falls in hospitals (acute, community and mental health – not in outpatient settings or the wider health and care system)
- the financial costs associated with falls (not the social impacts although we took those into account)
- how much could be saved by actions to prevent falls.

Key findings

- Based on data submitted to the NRLS, around 250,000 falls were reported in total in 2015/16 across acute, mental health and community hospital settings. 77% of all reported inpatient falls happen to patients over the age of 65 despite representing 40% of total admissions in 2015/16 across these three hospital settings combined.²
- We estimate the overall cost of reported inpatient falls in 2015/16 (including the cost of extra treatment, length of stay and litigation) is up to £630 million.

¹ The King's Fund (2013) Exploring the system-wide costs of falls in older people in Torbay
² Hospital Episode Statistics for 2015/16
This equates to approximately 25% of the £2.3 billion total costs of falls estimated by NICE.3

The assumed extra length of stay for a fall with no harm or low harm drives 88% of the overall cost of falls we have calculated. This means our estimate depends strongly on this assumption. There is very limited evidence here but our sensitivity analysis implies a total cost of £350 million, if this parameter were reduced by 50%.

- Older patients (>65) are both more likely to fall and more likely to suffer harm. Falls among this group also have a disproportionate impact on costs: they account for 77% of total falls and represent around 87% of total costs.
- There is evidence that multifactorial interventions can reduce inpatients falls by as much as 25-30%. This could result in a gross saving of up to £170 million annually.

**Key elements in successful and sustainable falls reduction programmes**

The evidence from successful falls prevention programmes suggests there are broadly five key factors that reduce the number of falls in hospital:

- board and ward level support: for example, appointing an executive lead of the programme, establishing a multidisciplinary strategic falls group and setting an ambitious but achievable target
- engaging frontline staff in design: to encourage their buy-in and also ensure that implementation is feasible
- education and training: to ensure that all staff are appropriately aware of fall risk factors
- good quality reporting data: for example, accurate and timely reporting of hospital falls to identify the scale and nature of the problem and enable accurate monitoring of progress, including adjustment for seasonal variations
- culture change: ensuring that falls are perceived as a multidisciplinary issue and prevention is shared responsibility.

If you have any queries about our work, please contact Zoe Packman zoepackman@nhs.net

---

3 NICE (2013) Falls: Assessment and prevention of falls in older people