



# Hospital Passport

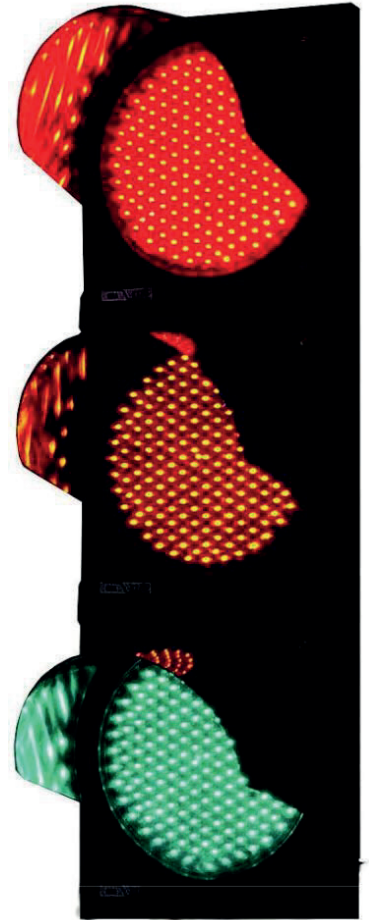
for People with a Learning Disability

This hospital traffic light assessment gives Hospital staff important information about you

Information the hospital must know about you

Information the hospital needs to know about you

Information the hospital should know about you



Please take your Passport with you if you have to go into hospital

See also:

- SaLT Assessment ☐
- Comprehensive epilepsy profile ☐
- Medication guide ☐
- MARS sheet ☐
- CTPLD Health Assessment ☐
- Hospital Liaison Pathway ☐

This passport belongs to me. Please update it and give it back to me when I leave hospital

## Things you **must** know about me



**My name:**

**My NHS Number:**

**I like to be called:**



**My telephone number:**



**My address:**



**My mobile number:**



**Date that I was born:**



**My GP:**



**My next of kin:**



**Telephone number:**

**Relationship to me:**



**My Key Worker:**



**Telephone number:**



**Other professionals involved:**



**Telephone number:**



**My religion:**



**Things I am allergic to:**



**My health problem and brief medical history:**



**My level of understanding and capacity to consent:**



**Behaviour of concern that may cause a risk e.g. risk of leaving without support**

## Things you **need** to know about me



Information sharing - how can you help me to understand things



How I communicate



Any problems that I have in seeing or hearing



Any problems with eating and swallowing, any help I need



Any problems with drinking and swallowing



Any problems with going to the toilet or continence aids I use



How I get about



What you should do to help me if I am anxious



How you can tell that I am in pain



How I like to sleep





Any help I need with personal care



Level of support - who needs to stay with me and how often

Things you **should** know about me

Things to think about - what upsets you, what makes you happy, things that you like to do (such as watching TV, music,). How you want people to talk to you (don't shout). Foods you like and food you hate. Physical touch/agreed therapeutic restraints, special needs, routines, things that keep you safe.

<div><div>Things I like</div></div>	<div><div>Things I do not like</div></div>



**Medication that I take  
and how I take it:**

## **My family's and my understanding of my condition**

**(It is important to consider The Mental Capacity Act 2005 in these sections,  
and remember that it may be appropriate to undertake a mental capacity  
assessment)**

**My family's and my understanding of what would  
happen if I became seriously ill and how I would  
like to be looked after.**

**Need to discuss fully with family**

**Completed by:**

**Date:**

# Working Together:

**Easy steps to improving how people with a learning disability are supported when in hospital**

Guidance for Hospitals, Families and Paid Support Staff





## Acknowledgements

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# Introduction

Going into hospital, for whatever reason, can be frightening, confusing and stressful; people are often unsure of what to expect or how they will cope, and the language used by the hospital staff can be hard to understand. It is a time when everyone will feel vulnerable.

For people with a learning disability (LD) it is likely to be even more complicated for a wide range of reasons. They are likely to find it more difficult to communicate natural anxieties, or explain any pain or discomfort they may be in. They may have difficulty in adjusting to the hospital environment and routines. The hospital staff may not be familiar with their cognitive, health and personal care needs. The individual with the LD may also have had poor experiences of healthcare in the past. Such vulnerability is likely to be further increased by other factors like epilepsy, mental illness, sensory impairment or increased likelihood of choking – all of which are more common amongst people with an LD.

These problems have been highlighted in a number of reports such as *Treat Me Right* (Mencap 2004) and *Death by Indifference* (Mencap 2007). The Government has responded in a number of ways, through legislation such as the Disability Discrimination Act (2005), and an Independent Inquiry into access to healthcare for people with an LD, led by Sir Jonathan Michael. The resulting report, *Healthcare for All* (2008), has 10 important recommendations which concern the ‘reasonable adjustments’ that are needed to make health care services as accessible to people with an LD as they are to other people. The Carers’ Strategy *Carers at the Heart of 21st Century Families and Communities* (2008) expects carers to be partners in diagnosis, care and discharge planning alongside NHS and Social Care staff:

- **Like everyone else, people with learning disabilities should get the help they need from health services, though this may mean that reasonable adjustments need to be made.**
- **Health professionals should listen more to the families and support staff of people with learning disabilities because they usually know most about them and the support they need.**
- **Health staff should not rely on relatives or paid carers of people with learning disabilities to provide care whilst they are in hospital without considering their needs and supporting them appropriately.**

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The best way to help anyone to manage the natural stresses of going into hospital is to have the support of people who know and care about them. If a person may have additional support needs during their stay in hospital, the Nursing Team will complete an 'Enhanced Nursing Assessment'. It is not expected, or assumed, that family members will provide this support or, if the person has some paid support, this will continue in hospital, but we welcome family, friends or Carers to be able to continue to support and care for the adult with an LD. If indicated through the Enhanced Nursing Assessment, additional nursing support is provided by the hospital to meet such needs, (sometimes called 'specialing').

This original guidance was produced by a working group of family carers, hospital staff, LD nurses and paid support staff, facilitated by HFT (a national LD Charity), and has been adapted by Salisbury NHS FT. Its aim is to help ensure that people with an LD get the right kind of support and effective treatment during their stay in hospital. Each individual will have different needs and require different levels of support to help them cope and get the best out of their stay in hospital.

Hospitals have a clear 'duty of equality'. This does not mean treating everybody the same but rather that hospitals must make 'reasonable adjustments' to meet the needs of disabled people who are entitled to expect equality in the outcome of their hospital stay. Hospitals are also required to maintain the dignity of all disabled patients.

Family members and/or paid care staff can make a major contribution to the effectiveness of treatment and support by providing medical histories and other important information. They can also help identify areas of risk and so reduce it. Sometimes they can also contribute to maintaining a patient's safety and dignity whilst in hospital by providing additional support. For example a family member or paid support worker is probably best placed to provide expert advice regarding a LD patient's communication needs during their stay. They may be able to reduce anxiety over a particular procedure, such as an injection, or simply come in and help with the person's evening meal should they need it.

It is the hospital's responsibility to fund any extra support over and above the individually funded support ordinarily available to the person when in their own home. So, if a person usually has 2 hours individual support funded each day to help them at home, then this can usually be transferred to the hospital. However, if the person only has shared support hours, where paid support is shared with other people, then this cannot be transferred and additional support will have to be funded

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by the hospital to meet any identified additional needs and promote an equal outcome. The **Therapeutic Enhanced Supervision Assessment** will indicate what is required. It is important to remember an individual is usually in hospital because they are unwell, so their care & support needs may differ significantly from when at home. When in hospital, there is generally a higher skill mix of staff (Doctors, Nurses, Therapists and Support Staff), so this will be included in any **Therapeutic Enhanced Supervision Assessment**.

Clear ways of recording key information about an individual with an LD are important, like the Traffic Light Hospital Passport, which is part of this document. You will find a copy of this on pages 1-6. The Passport belongs to the individual, to be taken to all appointments within Health, and returned, updated to the individual at the end of the episode of care.

The **Therapeutic Enhanced Nursing Assessment** identifies risks (both physical risks and risks to the effective outcome of the hospital stay) and what additional support may be required to address them. The **Therapeutic Enhanced Supervision Assessment** offers a framework to help in the negotiation for any additional support to reduce risk, by identifying who is best able to provide that support. This then gives the hospital a clear framework to evidence where further support & funding is required. It is recommended that the **Therapeutic Enhanced Supervision Assessment** is used by the Ward Nurse alongside the patient and those who know the patient best (e.g. paid support staff/family members/ advocates).

In the next part of the guide four sections explain what people from each group should be doing:

- 1) before admission,
- 2) at or around admission time
- 3) during and
- 4) at the end of a hospital stay.

At the back of the booklet you will find a **Checklist for admission meeting**, plus links to other sources of useful information, as well as the **Traffic Light Hospital Passport**.



# 1 What you can be doing now

## Steps for **family carers** and/or **paid support staff** to prepare for hospital admissions

It is important to recognise that many hospital admissions are not planned; such unplanned or emergency admissions particularly benefit from attention to all of the recommendations made below. These suggestions need to be considered for both planned and unplanned hospital admissions. You are unlikely to have time to think about and act on these suggestions when you are faced with an emergency – the better prepared you are in advance, the easier it will be.

### Information about the individual

- Collecting together information about the needs of your family member or the person you are supporting is the best starting point. A lot of this may already be written down in an assessment or a care or support plan, a Health Action Plan, Health Passport or a Person Centred Plan.
- Using the records, plus any other knowledge you have about the person's previous experiences of ill health, reactions to medication or pain etc you could complete the **Traffic Light Hospital Passport**, which is at the front of this booklet. (The Traffic Light Hospital Passport helps everyone understand what it is essential to know, what is important to know about the person, their likes and dislikes and anything else important for their stay in hospital.)
- A Health Action Plan is a further way of making sure that the person's health needs are known about and taken care of. You can get help to make a Health Action Plan from your local Community Learning Disability Team, who may also be able to help get an annual health check organised.
- It is helpful to consider what you feel should happen if a cardiac arrest happened during care or treatment. Doctors may well ask you early into the admission whether or not the patient is to be resuscitated. This is a very emotional and difficult question so it will help everyone if it can be thought about before any admission or medical emergency happens.

## Information about others

- It is useful to know who is there at your local hospital to help when someone with an LD is admitted.
- Paid support staff could identify one person from their team to take a lead on preparing for any hospital admission – ensuring assessments are done, contacting hospitals etc.
- Should you need it there is the Patient Advice and Liaison Service (PaLS) Department at SFT.
- List the above contacts now and keep them with the other information you have gathered.

## Might additional support be needed in hospital?

- The **Traffic Light Hospital Passport** mentioned above provides information on a person's needs. If you become familiar with this assessment now you will be able to use it with the hospital whenever an admission is needed
- Consider how much time you could realistically spend supporting the person in hospital – are there other relatives, friends or staff who could be called upon?

## Do you know about consent?

You should be aware that under the Mental Capacity Act only the individual themselves (if they have capacity), the Decision Maker (if the person lacks capacity) or a Court Appointed Deputy for Health and Welfare can give consent to medical and Social Care treatment; family and friends, paid staff and advocates will be consulted with to help the Decision Maker make a Best Interest Decision.

- If an individual lacks capacity to make a particular decision about treatment and care, and there is time to, a Best Interests Meeting/ consultation should be held. Family members and support staff should be invited to give their views, based on their knowledge of the person, but they do not have responsibility for medical or Social Care decisions. These will be made by the Decision Maker (Doctor/ Nurse/ Therapist/ Social Worker)
- Health and Social Care staff should be aware of their duties under the Mental Capacity Act, and will have completed relevant Mandatory Training. They should also provide family members with accurate, user friendly information too.



## Steps for **hospitals** to prepare for the admission of patients with a learning disability

- To develop policies for when a person with a learning disability is admitted, ensuring these include accepting and supporting relatives and paid support staff to give the help they are offering the patient.
- Monitor how many patients with a learning disability are admitted and record how well the admission and the additional support went.
- Look at the information detailed in the **Where to find further information** section at the back of this booklet and make it available to all staff.
- Produce easy to understand information about the hospital and make it available to people coming to the hospital whether as an outpatient or inpatient. Local People First groups may be able to help with the drafting of this information.
- Have easy to understand information about different procedures ([www.easyhealth.org.uk](http://www.easyhealth.org.uk), a web site run by Generate, a charity working with people who have learning disabilities, using Department of Health funding, provides some useful information that could help with this).
- Gather resources that can help when a person with a learning disability is admitted and ensure that its existence is advertised. Where should this be lodged?
- Provide training to staff on learning disabilities; local family carers and people with learning disabilities may be able to help with this.
- Train staff on how to use any tool adopted by the hospital for assessing and alerting staff to the support needs of a patient with learning disabilities (eg the Hospital Passport).
- Make available and provide training on the **Therapeutic Enhanced Supervision Assessment** and ensure that all nursing staff are familiar with it.
- Arrange the funding systems to pay for additional support from those who know individual patients who have a learning disability, rather than use agency nurses.



- Identify a member of staff (Safeguarding Champion) on each ward or department to take a lead on support for people with learning disabilities in their area.
- Ensure staff are up to date with what the Mental Capacity Act says about informed decision making, consent, best interests decisions, etc. (See above **Do you know about consent?** under the steps for family carers and/or paid carers in this section for a brief introduction. (You will find more information about this in the **Where to find further information** section at the back of this booklet).


## 2 What you can do when a hospital admission is needed

### Steps for **family carers** and/or **paid support staff** at or around admission time

- As soon as you know someone is going into hospital make sure that the member of staff at the hospital who takes a lead on learning disabilities is aware of the admission. This may be the Learning Disability Liaison Nurse or Adult Safeguarding Lead Nurse. Hopefully they will be able to attend an admission meeting.
- The person will need to be supported to understand what to expect – what will happen to them, how they may feel, etc. A visit to the ward or department before the admission can be very helpful. You can introduce yourself and the person concerned to the staff. You can also find out where bathrooms, communal areas, rest areas, car parking, telephones, gardens and other services are in the hospital.
- For unplanned admissions both of the above suggestions of good practice should happen at the earliest opportunity.

### Giving and receiving information

- For planned admissions it is best to contact the Learning Disability Liaison Nurse (where available) or the Adult Safeguarding Lead Nurse and ask for a pre-admission meeting.
- For unplanned admissions, arrange for a meeting to take place at the earliest opportunity after admission.
- Where possible the person with a learning disability should be part of this meeting.
- Provide the department at the hospital with the information that you have, summarised if possible in a way that will be useful to hospital staff, perhaps using a tool such as the **Traffic Light Hospital Passport**.
- There is a check list of things that you may to be discussed at the meeting at the back of this booklet; it will include issues of consent and best interests, covered by the Mental Capacity Act. (You will find more information available



about this in the earlier section for carers and in the **Where to find further information** section at the back of this booklet). Issues of confidentiality will also need to be discussed at the pre-admission meeting, as well as who should be informed of what.

- Think about what information YOU would like to get from this meeting. Does the hospital have the equipment and the space needed for hoists, wheelchairs, etc that the person needs? Do you need to be finding out about any equipment that might be needed on discharge, some of which may take a while to arrange – who will organise this and when? If there are unexpected difficulties with medication, appliances, etc once the person is back where they live, who should you, as their carers, contact for advice if the GP is unable to help? How will any nicotine addiction be managed – will patches be used? Make a list of your own questions, including your likely needs for accommodation, sustenance, toilets/showers etc (you could use space on the **Checklist for admission meeting** on page 26, where you will also find some suggested questions compiled by families to help you).
- Work with the ward/ Department to complete the **Therapeutic Enhanced Supervision Assessment** in order to agree what additional support may be required and who is best to provide it.
- Help others to understand what is likely to happen or how you think the person might respond, especially if you have been with them when they have been in hospital before.
- Find out how the ward runs; when are ward rounds (when the individual is likely to need support with giving and receiving information, and you may have questions to ask), meal times, staff handover times and visiting hours?
- Find out about any special parking arrangements, refreshment facilities, etc. Some hospitals run schemes such as free parking for carers. The PaLS Service can help you here.

## Steps for **hospitals** when an admission for a patient with a learning disability is needed

- Host a pre-admission meeting/ discussion for planned admissions with those who know the patient best, using the checklist at the back of this booklet. Unplanned admissions will require this admission meeting to take place at the earliest opportunity.
- Use any assessment information provided by carers to plan nursing care and reasonable adjustments.
- Ensure that the ward/ department team are informed and as prepared as possible for the admission.
- The ward team should introduce themselves to the patient and their carers and fully explain what will happen.
- Work with those who know the patient best to fill out the **Therapeutic Enhanced Supervision Assessment** so you can identify and agree what additional support may be required, and who is best to provide it.
- Carry out further hospital risk assessments on any areas of likely risk identified in the **Therapeutic Enhanced Supervision Assessment**.
- Paid support staff, with the help of families, are usually the best people to provide any additional support required during a hospital stay. The individual is used to them and they are familiar with the support the individual needs. Ensure all staff concerned understand this and accept their presence. The hospital staff remain responsible for the patients care while in hospital, and care given by paid support staff and families must be at the direction of the hospital staff.
- Agree practical arrangements such as parking, breaks, refreshments, etc with anyone providing additional support.
- Agree that someone who knows the individual and their communication well should be present when ward rounds happen.


## 3 What you can do during the hospital stay

### Steps for **family carers** and/or **paid support staff** during a hospital stay

- Provide any support that you have agreed as part of the **Therapeutic Enhanced Supervision Assessment**.
- Contribute to any re-assessment of needs as required, using the **Therapeutic Enhanced Supervision Assessment**, for example following surgery.
- Continue to help the person to understand procedures and progress etc.
- Provide information about how the person is responding to medication/treatment for the nurses' handovers.
- Try to make a point of talking to the senior member of staff on duty.
- Involve the Ward/ Departmental Lead/ Matron in any disagreements or concerns that you may have regarding the hospital stay.
- Help to identify what additional needs the person may have after their hospital stay.
- Inform the person's Local Authority (where appropriate) of any needs that are likely to be higher after the hospital stay.

### Steps for **hospitals** during a hospital stay for a patient with a learning disability

- Continually explain procedures, medication, changes in condition or treatment and check that both the patient and any carers understand the information and have the opportunity to ask questions.
- Include family carers and/or paid support staff in the nursing handover, or at least seek information from them to share at the nursing handover.

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- Undertake a reassessment of **Therapeutic Enhanced Supervision Assessment** needs whenever it is indicated that the patient may require more or less additional support.
  - Raise any concerns around paid support staff that are providing additional support as indicated by the **Therapeutic Enhanced Supervision Assessment** directly with the paid supporter's employing organisation.
  - Help to identify any increased support needs the patient may have following their hospital stay.
  - Ensure any actions suggested by the pre-admission meeting are being undertaken, for example, has an Occupational Therapy assessment been booked so special equipment will be available on discharge?



## 4 What you can do when the hospital stay is ending

### Steps for **family carers** and/or **paid support staff** when it's time for the person to leave hospital

- Ask for a discharge planning meeting with ward staff and the Local Authority Care Manager/ Community LD Team or Hospital Social Worker.
- Ask the person's Local Authority/ Community LD Team to carry out an assessment of changed needs if required, so that the allocation of any additional funding required upon discharge is available.
- Think about what will be needed at home, discuss this with the care manager or social worker and confirm who will be doing what and when including how paid staff or family carers are to be involved.
- Find out about hospital transport for the person to get home if needed.
- Inform anyone who needs to know (other paid support staff etc) of any changed needs and what support may be required.
- Make sure everyone who needs to know is aware of when the person will be leaving hospital and who to contact if there are any concerns after discharge.
- Tell the hospital how you think the stay went, what worked well and any improvements that could be made. If possible, this is best done in writing. If it has gone well, write a note of thanks.

### Steps for **hospitals** when it's time for the patient with a learning disability to leave hospital

- Organise a formal discharge planning meeting wherever possible including family carers and paid support staff and Community LD Team.
- Inform the patient, family carers and paid support staff of any requirements following the patient's hospital stay, such as bed rest or no lifting. This should include any possible side effects of new medication and confirm what to do if any





complications arise

- Remember to check arrangements have been booked for any outstanding specialist assessments that may still be needed, such as Occupational Therapy.
- Organise transport if needed.
- Invite the patient, their family and paid support staff to give feedback on the hospital experience – what has gone well, what could be improved?

# Where to find further information:

A2A Caring for people with Learning Disabilities in A&E  
[https://www.youtube.com/watch?v=3\\_dhTKWGWtI](https://www.youtube.com/watch?v=3_dhTKWGWtI)

The Mental Capacity Act  
<https://www.mencap.org.uk/advice-and-support/mental-capacity-act>

Learning Disability Nursing  
<https://www.rcn.org.uk/library/subject-guides/learning-disability-nursing>

Easy Health produce accessible information to help someone prepare for health appointments and medical procedures.  
<https://www.easyhealth.org.uk/>

Foundation for People with Learning Disabilities hosts the UK Health and Learning Disability Network online forum:  
<https://www.learningdisabilities.org.uk/>

Making decisions about your health, welfare or finances. Who decides when you can't?  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/365631/making\\_decisions-opg601.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/365631/making_decisions-opg601.pdf)

The Royal College of Psychiatrists, *Books Beyond Words*. Picture books that have been developed to aid communication and discussion around topics such as health needs.  
<https://www.rcpsych.ac.uk/mental-health/problems-disorders/learning-disabilities?searchTerms=books%20beyond%20words>

University of Hertfordshire website: Health Guidelines for Adults with an Intellectual Disability  
[http://www.intellectualdisability.info/mental\\_phys\\_health/health\\_guide\\_adlt.htm](http://www.intellectualdisability.info/mental_phys_health/health_guide_adlt.htm)

Speak Up Self Advocacy organisation  
<https://www.speakup.org.uk/about>

The National Learning Disability Nursing Forum  
<https://learningdisabilitynurse.co.uk/home>

COVID 19  
[Easy Read Accessible Information About Coronavirus \(COVID-19\) For People With A Learning Disability, Families, Carers and Support Workers | Mencap](#)



## • **Points on consent to consider before any admission meeting**

Prior to an initial admission meeting, it is helpful if the decision on whether the individual has the capacity to consent to this treatment has been made and recorded according to the Mental Capacity Act (MCA).

If it is felt that the person is unable to give their consent, then a best interest's decision would be needed in accordance with the MCA. Best interest's decisions need to be formally recorded in a meeting/ discussion with all involved (person with LD, Decision Maker, Family/ Friends/ paid Support staff/ GP/ Community LD Team)

If there is no family member then an Independent Mental Capacity Advocate (IMCA) would be required and a referral to them would be made by the Decision Maker. The Decision Maker is the person who will be carrying out the procedure. If there is any disagreement in treatment, again an IMCA would be required.

Once the best interests decision has been made and recorded, everyone needs to agree the other arrangements for the admission using the following checklist.

## ● Checklist for admission meeting

The purpose of an admission or pre-admission meeting is to agree all of the arrangements for admission. To achieve this the agenda for the meeting will probably need to include:

- **Introductions and clarifying of roles.**
- **Consent:** before this meeting it is helpful if the decision on whether the individual has the capacity to consent to this treatment has been made and recorded according to the Mental Capacity Act.
- **Confidentiality:** record how information will be shared and with whom. Record key people who will need to be consulted throughout the process along with their contact details.
- **Key contacts within the hospital:** identify and record.
- **Recorded information** provided by the person themselves, their family and /or paid support staff – including any assessments, care plans and traffic light Hospital Passport should be shared.
- **The current medical need:** share and discuss:
  - The presenting medical need, including treatment required and how will this be carried out.
  - Expected outcome and possible areas of risk.
  - Communication aids or communication patterns should be explained to hospital staff so they become aware of the ways the patient expresses themselves.
  - The person's likely reactions to the hospital environment and procedures – may restraint be necessary, if so how is this best delivered?
  - Whether or not the patient should be resuscitated if a cardiac arrest occurs.
- **Information and support needs of relatives and paid support staff** involved with the individual's hospital stay (*see list of possible questions below*).
- **What additional support/ Reasonable Adjustments may be required** to ensure the best outcome is reached. The **Enhanced Nursing Assessment** should be completed and signed with all present.

- **Further tasks**, such as ward based and risk assessments, along with practical arrangements of who will take what actions: to be listed.
- **Likely timing of other multi-agency meetings**, such as discharge meeting.

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## Note for family and/or paid carers

Below we give a list of possible questions suggested by family members. Mark those you would like to ask and add to the list if you are intending to take this sheet to the hospital meeting.

- ☐ Are drinks offered to relatives/non hospital staff when they are beside patients or should they take their own refreshments?  
\_\_\_\_\_
- ☐ Should you take special cups, spoons etc with you or does the ward always have them?  
\_\_\_\_\_
- ☐ Will relatives and members of support staff need to be provided with passes to leave and enter the ward during the night?  
\_\_\_\_\_
- ☐ If the person needs incontinence pads (perhaps temporarily because of the treatment) will the correct type be available?  
\_\_\_\_\_
- ☐ Does the hospital provide accommodation for carers providing additional support? If not, will a mattress be available or a comfortable chair for night support?  
\_\_\_\_\_
- ☐ What and where are bathroom facilities for carers?  
\_\_\_\_\_
- ☐ Specialist equipment needs, eg hoists, does hospital have them and where?  
\_\_\_\_\_
- ☐ Will drinks be provided during the night?  
\_\_\_\_\_
- ☐ How will I as family carer or paid support staff get necessary breaks in my support role?  
\_\_\_\_\_
- ☐ Travel practicalities – bus, car, taxi, parking, costs etc  
\_\_\_\_\_

*(continued)*

*Additional questions:*

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# Assessment to support the prescribing of Therapeutic Enhanced Supervision for Patients

Patient Name:

Date:

Hospital Number:

Ward:

Signature:

Risk of Falls	At risk of getting up unaided or attempting to leave the ward	An episode of increasing confusion/delirium/dementia	Other clinical risks	Score	Level of observation	Menu of possible interventions
Patient not deemed as a Falls risk as per initial falls risk assessment	Patient is independently mobile around ward area	No identified confusion or delirium	Clinically stable	No risk	Usual ward based observation	-No need for further assessment unless condition deteriorates, or any change in clinical treatment plan
0	0	0	0		0	
Patient identified as being at risk of falls. No history of actual inpatient Falls.	Limited risk to patient health / safety if they were to abscond	Mild to moderate confusion. Patient requires regular reassurance and reorientation to ward area. Can be agitated or restless.	Patient is at low risk of deterioration Patient has a learning disability/autism but able to function independently and verbalise needs	GREEN Level 1 Some risk	Intermittent observation	-Additional Family support, open visiting times, This Is Me document/board or Hospital Passport -Consider re-location of patient in area of high visibility and falls toilet Use available equipment to minimise risk -Maintain intentional rounding – hourly day, 30mins at night - Review medications with Doctor and Pharmacist -Communicate and escalate at safety huddle -Nurse in Charge to inform Ward Sister/Charge Nurse Capacity assessment & consider an Urgent DoLS authorisation
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Patient identified as being at risk of falls with one or more of the following: An actual fall has occurred Patient is impulsive and/or non-compliant in using nurse call bell. GREEN level interventions have not made	Patient is wandering. Patient with dementia-walking with a purpose. Consider DoLS/MHA assessment and document decision outcome	Moderate confusion. Frequently agitated and restless or requires regular reassurance and reorientation to the ward environment <ul style="list-style-type: none"> <li>At risk of pulling out an indwelling device</li> <li>Unable to make needs known</li> <li>Expressive dysphagia</li> </ul>	Patient is acutely unwell with elevated NEWS score and requires additional nursing care to maintain safety. Patient is at risk of deterioration eg seizures, declining medical treatment Patient has a learning disability/autism – needs some support and unable to verbalise needs	AMBER Level 2 Moderate risk	Within eyesight	-Relocation of patient in area of high visibility & identified falls toilet -Cohorting of at risk patients-1 staff member per bay using current staffing levels -Confirmation of patient safety at regular 15-30minute intervals -Communicate and escalate at safety huddle -Use available equipment to minimise risk -Refer to action cards -Request additional family support, open visiting times -Commence patient engagement activities -Capacity assessment and Urgent DoLS authorisation +/- Mental Health assessment -Review medications with Doctor and Pharmacist

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### Risk Assessment Tool Guidance

- The assessment tool should be completed on every patient over the age of 16 admitted to SFT on admission and MUST be completed within 12 hours of admission to each ward area the patient is transferred to.
- The assessment tool should be reassessed on change of condition or change of treatment plan for patients deemed at no risk.
- The assessment should be reassessed daily on **Green**, **Amber**, or **Red** or on any change in condition or treatment plan.
- Following calculation of the score all interventions should be documented within the plan of care.
- Use this assessment as a Decision aid if you are requesting an enhanced care special – and reassess and document each shift.
- In some circumstances where a patient scores green or amber, 1:1 care may still be required (such as an isolated patient with a tracheostomy) – discuss with Matron/Head of Nursing for advice.
- Remember this is a decision aid and does not replace professional judgement by a Matron, Sister or Nurse-in-charge (who may decide to escalate or de-escalate). These decisions should be validated by the Matron next working day.
- Out-of-hours – assessment, deployment and de-escalation of a 1:1 is the responsibility of the nurse-in-charge. Clinical site team are available for advice and support.
- Remember capacity assessment for admission, treatment & care and to authorise an urgent DoLS in cases where an individual may be at risk of being deprived of their liberty with the deployment of 1:1 DoLS . The patient may also require a mental health assessment– Contact the Matron or the Adult Safeguarding Nurse or Mental Health Liaison team for advice.