

**The Use of Red Socks as Part of a  
Patient's Individualised Falls Prevention  
Care Plan for Adult Inpatients  
Procedure**

**V1.0**

**September 2019**

## Table of Contents

<b>1. Introduction</b> .....	<b>3</b>
<b>2. Purpose of this Policy/Procedure</b> .....	<b>3</b>
<b>3. Scope</b> .....	<b>3</b>
<b>4. Definitions / Glossary</b> .....	<b>3</b>
<b>5. Ownership and Responsibilities</b> .....	<b>4</b>
5.1. Role of the Chief Executive and wider Trust Board .....	4
5.2. Role of the Executive Lead – Director of Nursing, Midwifery and Allied Health Professionals.....	4
5.3. Role of Care Group Triumvirate.....	4
5.4. Role of Clinical Matrons.....	4
5.5. Role of Ward and Department Sisters and Charge Nurses (and other Departmental Leads / and Line-Managers) .....	4
5.6. Role of Individual Staff.....	4
<b>6. Standards and Practice</b> .....	<b>4</b>
<b>7. Dissemination and Implementation</b> .....	<b>6</b>
<b>This Policy will be cascaded via Care Hub Teams for implementation.</b> .....	<b>6</b>
<b>6 Updating and Review</b> .....	<b>7</b>
<b>7 Equality and Diversity</b> .....	<b>7</b>
10.1 Equality Impact Assessment.....	<b>Error! Bookmark not defined.</b>
<b>Appendix 1. Governance Information</b> .....	<b>Error! Bookmark not defined.</b>
<b>Appendix 2. Initial Equality Impact Assessment Form</b> .....	<b>Error! Bookmark not defined.</b>

## 1. Introduction

1.1. Red socks are used as an alert to ward staff (clinical and non-clinical) when a patient has been identified as high risk of falling.

1.2. Red socks on their own, will not prevent a patient from falling. They only work best when the patient has been carefully assessed in line with the criteria defined within this standing operating procedure, and they form part of a patient's individualised falls prevention care plan.

1.3. This version supersedes any previous versions of this document.

### 1.4. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 2. Purpose of this Policy/Procedure

This guideline is to support the use of red socks with adult patients when used as part of a patient's individualised falls prevention care plan.

## 3. Scope

This policy applies to all Trust staff working within adult inpatient areas across the Trust.

## 4. Definitions / Glossary

- **Adult inpatient areas** – this includes all adult wards, units and departments where admitted patients have sleeping accommodation provided for them on one of the Trust's three main sites.
- **Red socks** – socks that are red in colour and have an anti-slip grip on the bottom. They are used to alert staff to patients who are high risk of falling, and where the patient does not have appropriate footwear may help to reduce the risk of the patient slipping.
- **Appropriate footwear** – footwear that is considered well fitted and provides effective support.
- **Patient's individualised falls prevention care plan** – a documented

detailed prevention of falls plan of care customised to an individual patient's needs (contained within CHA3897).

- **High risk patient** – a patient who has been assessed as an imminent risk of falling by meeting the criteria defined in 6.1 of this standing operating procedure.

## 5. Ownership and Responsibilities

### 5.1. ***Role of the Chief Executive and wider Trust Board***

The Chief Executive and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities. These responsibilities are delegated to an Executive Lead with supportive structure to ensure and assure standards and expectations are met. These are described below.

### 5.2. ***Role of the Executive Lead – Director of Nursing, Midwifery and Allied Health Professionals***

The Director of Nursing, Midwifery and Allied Health Professionals is the nominated Executive Lead and will be responsible for ensuring structures and processes are in place to assure standardisation and delivery of red socks as part of the falls prevention programme of care. The Executive Lead will report to Trust Board on progress as required.

### 5.3. ***Role of Care Group Triumvirate***

The care group triumvirate (Clinical Director, Head of Nursing, and General Manager) are responsible for ensuring the operational delivery and compliance to this standard operating procedure (SOP).

### 5.4. ***Role of Clinical Matrons***

The Clinical Matrons will be guardians of the SOP, driving a safety standards and a visible safety culture within clinical areas they are responsible for.

### 5.5. ***Role of Ward and Department Sisters and Charge Nurses (and other Departmental Leads / and Line-Managers)***

Line-managers are responsible for the delivery of the SOP in day-to-day practice. Ensuring clinical teams are aware the SOP requirements that these are delivered. They will be responsible to alerting the divisional management team to any risks to non-compliance and work to mitigate risks.

### 5.6. ***Role of Individual Staff***

All staff members are responsible to ensure they comply with SOP.

## 6. Standards and Practice

### 6.1. **Criteria for use**

If the patient has had a fall in hospital within the last 72 hours

or

If the patient meets two or more of the following;-

- Admitted with a fall
- Cognitive impairment / Post-operative delirium
- Unable to use call bell or not compliant with using call bell, but requires assistance with mobilising
- Symptomatic of postural hypotension

6.1.1. Staff must ensure that the criteria for use is abided by to ensure that red socks are not used inappropriately, and therefore contribute to staff desensitising to the alert.

6.1.2. If it is felt that the patient would benefit from red socks as part of their prevention of falls care plan but do not meet the criteria defined above, then this must be agreed with the Ward Sister/Charge Nurse, with the rationale being clearly documented in the patient record. Advice can be sought from the Corporate Nursing Team.

## 6.2. Documentation

6.2.1. The use of red socks and their rationale for use must be clearly documented on the prevention of falls care plan (contained within CHA3897).

6.2.2. The use of red socks must be evaluated as part of the daily evaluation of the prevention of falls care plan with evidence of this being documented in the patient record.

6.2.3. If the patient no longer meets the criteria then this intervention must be discontinued on the prevention of falls care plan, and the rationale to be clearly documented in the patient record.

## 6.3. Communication of risk

6.3.1. Those patients who meet the criteria for red socks must be communicated to the team as part of the daily safety huddle. See <http://intranet-rcht.cornwall.nhs.uk/shelf/safety-huddles/>

6.3.2. The red sock alert symbol is to be placed on the back board behind the patient's bed.

## 6.4. Patient information

6.4.1. All patients are to receive the 'Making you stay safe with us' leaflet (CHA3668), and this evidenced in the Fundamental Care Plan (contained within CHA3897). This leaflet advises patients to wear the red socks where provided.

6.4.2. The member of staff issuing the red socks must discuss with the patient the reason why these are being used as part of the patient's individualised falls prevention care plan, and evidence of this discussion must be documented in the patient record.

6.4.3. If the patient refuses to wear the red socks, despite staff explaining the reasons for use, then this must be clearly documented in the patient record. Staff still need to ensure these patients are highlighted on the safety huddle and the alert symbol is placed on the back board to help further reduce the risk.

## 6.5. Use of red socks versus appropriate footwear

6.5.1. The predominate reason for using red socks is as an alert to staff that the patient is at high risk of falling and not as falls prevention footwear, so if the patient has been assessed as having appropriate footwear then the patient should be encouraged to wear these in conjunction.

6.5.2. If the red sock becomes less visible due to the patient wearing footwear and trousers, or the patient refuses to wear the red socks (and does not have appropriate footwear), staff still need to ensure these patients are highlighted on the safety huddle and the alert symbol is placed on the back board to alert other team members to the patient's risk.

## 6.6. Use of other anti-slip socks

6.6.1. There is a need for anti-slip socks to be used for patients in the Trust but this does not form part of their prevention of falls care plan. A scenario might be if the patient is mobilising to theatre in anti-embolism stockings, or if the patient has come into hospital without any socks and/or footwear. When socks are required for this purpose then they must be issued with dark grey socks and not the red socks.

6.6.2. Please note as of 30th September 2019 yellow socks are no longer used in the Trust.

## 7. Dissemination and Implementation

7.1. This Policy will be cascaded via Care Hub Teams for implementation.

7.2. Promotional activities will be led by Corporate Nursing Team.

## 8. Monitoring compliance and effectiveness

Element to be monitored	Compliance with the procedure for the inpatient area will be monitored through the Ward Accreditation Programme (brilliant improvement)
Lead	Corporate Nursing Team
Tool	Ward Accreditation inspection tool
Frequency	In line with the Ward Accreditation schedule
Reporting arrangements	Exception reporting will be via the Ward to Board.
Acting on recommendations and Lead(s)	Local areas will hold performance improvement action plans.
Change in practice and	The Corporate Nursing Team will be responsible for sharing good practice.

lessons to be shared	
----------------------	--

## 9. Updating and Review

The policy will be kept under review by the authors in line with Trust strategic and operational developments and clinical practice changes. The minimum review period will be in three years' time in line with Trust policy. Revision activity is recorded in the version control table at the beginning of this document.

## 10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

### 10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	The Use of Red Socks as Part of a Patient's Individualised Falls Prevention Care Plan for Adult Inpatients Procedure V1.0		
<b>Date Issued/Approved:</b>	10 <sup>th</sup> July 2019		
<b>Date Valid From:</b>	September 2019		
<b>Date Valid To:</b>	September 2022		
<b>Directorate / Department responsible (author/owner):</b>	Corporate Nursing Team Lorrie Maltby, Lead Nurse for Quality, Safety and Innovation		
<b>Contact details:</b>	01872 252638		
<b>Brief summary of contents</b>	The purpose of this policy is to ensure the Trust has a standardised approach to use of red socks as part of the falls prevention programme		
<b>Suggested Keywords:</b>	Patient Safety; falls prevention;		
<b>Target Audience</b>	RCHT ✓	CFT	KCCG
<b>Executive Director responsible for Policy:</b>	Director of Nursing, Midwifery and Allied Health Professionals		
<b>Date revised:</b>	New document		
<b>This document replaces (exact title of previous version):</b>	New document		
<b>Approval route (names of committees)/consultation:</b>	Red Sock Task and Finish Group Clinical Cabinet		
<b>Care Group General Manager confirming approval processes</b>	Louise Dickinson, Acting Deputy Director of Quality, Safety and Innovation		
<b>Name and Post Title of additional signatories</b>	Not Required		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only
<b>Document Library Folder/Sub Folder</b>	Clinical / Corporate Clinical		
<b>Links to key external standards</b>	None		
<b>Related Documents:</b>	None		
<b>Training Need Identified?</b>	No		

## Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
10 <sup>th</sup> July 2019	V1.0	Initial Issue	Lorrie Maltby Lead Nurse for Quality, Safety and Innovation

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Initial Equality Impact Assessment Form

<b>Name of the strategy / policy /proposal / service function to be assessed</b>						
The Use of Red Socks as Part of a Patient's Individualised Falls Prevention Care Plan for Adult Inpatients Procedure V1.0						
<b>Directorate and service area:</b> Corporate Clinical			<b>New or existing document:</b> New			
<b>Name of individual completing assessment:</b> Frazer Underwood			<b>Telephone:</b> 01872 255043			
1. <i>Policy Aim*</i>  <i>Who is the strategy / policy / proposal / service function aimed at?</i>		The purpose of this policy is to ensure the Trust has a standardised approach to the conduct of Safety Huddle across all inpatient clinical areas within the Trust.				
2. <i>Policy Objectives*</i>		As above				
3. <i>Policy – intended Outcomes*</i>		Patient Safety Effective communication Standardisation Team working				
4. <i>*How will you measure the outcome?</i>		Reduced harm incidence over time				
5. <i>Who is intended to benefit from the policy?</i>		Patients and Staff				
6a <i>Who did you consult with</i>		Workforce	Patients	Local groups	External organisations	Other
		X				
b). <i>Please identify the groups who have been consulted about this procedure.</i>		<b>Please record specific names of groups</b>  Nursing and Midwifery colleagues through the Safety Huddle Task and Finish Group				
What was the outcome of the consultation?		Support for standardised framework.				

### 7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence			
<b>Age</b>		X					
<b>Sex</b> (male, female, trans-gender / gender reassignment)		X					
<b>Race / Ethnic communities /groups</b>		X					
<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X					
<b>Religion / other beliefs</b>		X					
<b>Marriage and Civil partnership</b>		X					
<b>Pregnancy and maternity</b>		X					
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		X					
<p><b>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</b></p> <ul style="list-style-type: none"> <li>You have ticked "Yes" in any column above and</li> <li>No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. <b>or</b></li> <li>Major this relates to service redesign or development</li> </ul>							
8. Please indicate if a full equality analysis is recommended.				<b>Yes</b>		<b>No</b>	<b>X</b>
9. If you are <b>not</b> recommending a Full Impact assessment please explain why.							
Neutral impact identified							
Date of completion and submission	July 2019		Members approving screening assessment		Policy Review Group (PRG)		
					<b>APPROVED</b>		

**This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.**

A summary of the results will be published on the Trust's web site.

The Use of Red Socks as Part of a Patient's Individualised Falls Prevention Care Plan for Adult Inpatients Procedure V1.0

