


Department: Community Equipment Service Code:	Title: Store Service Policy	
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# NHS Western Isles

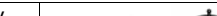
## Occupational Therapy Department

### Community Equipment Service Store Policy

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## 1. Introduction

This Policy will define the requirements of NHS Western Isles and Comhairle nan Eilean Siar for the Community Equipment Service.

- It will define these requirements in relation to legislation, procurement/funding, storage, stock control, distribution, returns, cleaning, refurbishment, protection from cross infection and maintenance, health & safety and IT developments.
- This document will also define how individuals, who have been assessed as in need of equipment for independent living, will receive that service and the timescales within which they will receive it.

The Policy will play a crucial role in the ongoing monitoring of the service.

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## 2. Community Equipment Service Store Policy

### 2.1 Define Service Users

The NHS Western Isles (NHSWI) and Comhairle nan Eilean Siar (CnES) Community Equipment Service will provide a service to individuals who require support to maintain independent lifestyles in the community.

### 2.2 Define Prescribers


Staff belonging to the Partner organisations, who use the Equipment Loan Management System (ELMS) IT system to access equipment for individuals, are hereinafter referred to as 'Prescribers'.

### 2.3 Areas of Operation

Services offered from the Community Equipment Service are specified below:

- Delivery and demonstrations of a variety of independent living equipment to individuals.
- Uplift of equipment.
- Assembly and installation of equipment to individuals at home as instructed by the Prescribers.
- Maintenance and repair of existing equipment (PAT + LOLER) will not be carried out by the Community Equipment Service. This is contracted by the Technical Services Department at Comhairle nan Eilean Siar to a private contractor.
- Maintaining stock levels.
- Technical advice to Prescribers.
- Instruction on use of specific equipment.
- Production of agreed regular reports to the Partners.
- Recycling and cleaning of returned goods to agreed Health and Safety standards as specified within the Recycling Procedures.

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- Communication with the Partners, re availability of stock.
- Log deliveries and asset equipment via ELMS.
- Support induction of new prescribers to familiarise them with equipment and store service operation.
- All written communication (leaflets etc) to Prescribers and individuals should comply with NHSWI and CnES requirements.
- Development and maintenance of the ELMS system
- Development and provision of a range of ELMS training to meet identified needs
- Will prioritise requests in collaboration with the prescriber.

#### 2.4 The Community Equipment Service will not:

- Assess need (prescribe)
- Move furniture to clear space to enable the installation of equipment

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## Western Isles Community Equipment Service – Strategic Framework Sept 2014

Steering Group  
Store Group  
Protocol Group  
Finance Group

### DRIVERS

Prevent unnecessary admission to hospital

Support effective, safe & timely discharge from hospital

Shift the balance of care by enabling people to live as independently as possible

Support carers in their caring role

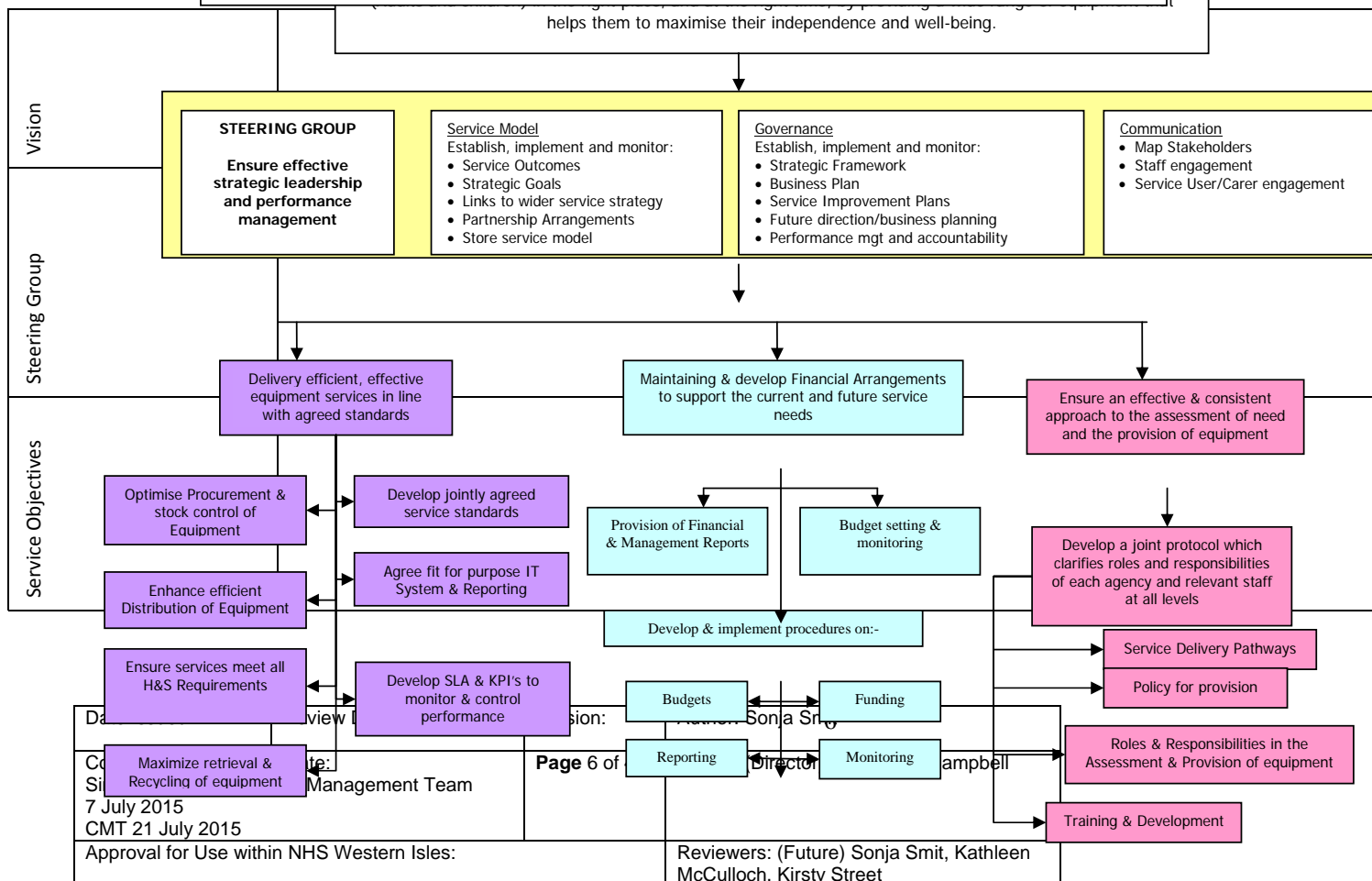
Promote enablement and self-management


Work to compliment the integration of services and future needs

Commitment to communication, staff training & development

Effective use of financial resources within agreed budgetary arrangements


Promote joint working and partnership arrangements



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Operational Objectives	
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2.5 The governance arrangements are shown in the chart on page 6.

2.6 Detailed below is the specification outlining how these areas of operation will be delivered.

### Accessing the Service Business Hours


- The core business hours are 9.00am-4.30pm Monday, Tuesday, Wednesday and Friday and 9.00-1300 Thursday.
- The delivery rota for routine equipment deliveries can be accessed via the partnership websites.
- Due to the requirement to physically receive, pick up and load orders the order needs to be completed prior to 2pm the previous day.

### Ordering equipment

- Prescribers will have access to the service via the Electronic Loan Management System (ELMS).
  - It is the responsibility of the Prescriber to ensure that the details provided are accurate and specific instructions with regard to the individual details, height, positioning, size etc are given.
- The Prescribers will specify for the delivery of equipment within the following categories:
  - 24-48 hour emergency/ Hospital discharge/end of life/prevent admission** –will be between 24-48 hours
  - Standard Order** – these orders are delivered according to the delivery schedule.
  - Non-stock equipment** will be delivered in line with delivery timescale indicated by suppliers at the time of placing non-stock order. On receipt of non stock (special order) the Community Equipment Service will ensure delivery to the individual on the next planned delivery rota day for that area and inform the prescriber of the planned delivery.
  - Equipment for assessment purposes** - The Community Equipment Service will deliver prescribed assessment equipment to an individual's home, or other specified location, to aid effective assessment.  
The process for ordering equipment for this purpose will be :
    - as per existing ordering procedures as described in section 3.1 Ordering equipment

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- the Prescriber must use the dialogue box to indicate clearly that the equipment is required for assessment purposes


The community equipment service will notify the Prescriber of receipt of the order.

- If a joint visit is required with a Technician then the Prescriber should contact the Community Equipment Service Storekeeper to negotiate this and indicate this on the ELMS order.

## 2.4 Delivery of Equipment

- The Community Equipment Service shall deliver to the individual the equipment specified on the order by the Prescriber, within the agreed timescales.
- All deliveries will be made by appropriately trained Community Equipment Services staff. These employees will wear an authorised identity badge, verifiable by the individual, bearing a photograph of the holder.
- The equipment must be delivered and fitted at the address indicated by the Prescriber, unless otherwise specified:
  - The equipment will be delivered to the individual at their home address as advised, and should not be left with neighbours.
  - Proof of delivery should not be requested of anyone other than the Service User and/or their immediate family.
  - The equipment will be delivered on the day requested by the individual (see prescriptive ordering in section 3.1 *Ordering equipment*).
- It is the responsibility of the Community Equipment Service to ensure that all equipment is assembled, installed and demonstrated unless advised by the Prescriber.
  - Community Equipment Service staff will ensure Service Users are instructed on the operational use of the equipment, unless otherwise advised by the Prescriber.
  - Product information/instructions will be issued to all service users and CES staff will ensure that service users are aware of the instructions contained within it.
- The Community Equipment Service shall obtain a signature from the Service User as proof of delivery, fitting, adjustment of height, uplift, or

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other prescribed activity on an appropriate form, and acknowledging receipt of the product information.

- The Community Equipment Service will confirm delivery within two working days to the originating Prescriber. If for any reason the prescribed work cannot be undertaken i.e. Service User not at home, the Community Equipment Service will notify the Prescriber of this immediately.
- It is the responsibility of the Prescriber to ensure prompt follow up following delivery to assess if the equipment is meeting the identified need satisfactorily.
- Emergency action must be taken by the Community Equipment Service immediately if they have been advised by the Prescriber that the Service User is believed to be at risk, for any of the following reasons :
  - existing equipment is faulty or has broken
  - equipment has been delivered that day and is wrongly fitted
  - Service User has been assessed as requiring equipment as a matter of urgency.
- If electrical equipment requires repair, the Prescriber should follow the procedure outlined in **Appendix 1** - .
- In this event the Community Equipment Service will alter the work schedule to ensure that they accommodate the request, and provide and/or refit equipment as a priority.
- The Prescriber will be notified of the action taken and advised of the reasons for the fault/defect, if applicable.
- This information will be recorded by the Joint Store for quality control purposes
- The CES should ensure that individual and carers experience the minimum disruption necessary whilst staff undertake the activities requested.
- The CES must ensure that all waste packaging is removed from the individual's property and disposed of safely, unless otherwise requested.

## 2.5 Retrieval and Recycling

- The Community Equipment Service will collect equipment from an individual's home on request from the Prescriber using ELMS or through a phone call from individuals who have used the service. The equipment will be collected within seven working days unless categorised as urgent by the Prescriber, e.g. following the death of an individual.

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- The Community Equipment Service will ensure that the appropriate systems and procedures are documented and implemented to comply with the prevention of cross infection guidance as specified within the Community Equipment Service Recycling Procedures.
- Upon retrieval of equipment the Community Equipment Service will establish whether or not the equipment can be refurbished or requires serviced, and take appropriate action to carry this out or implement the write-off procedure.
- The Community Equipment Service will ensure that all refurbished/recycled goods meet appropriate infection control standards prior to re-issue as per the Community Equipment Service Recycling Procedures.
- Recycled goods will be bagged and identified and placed back in stock following the recycling process. These items will be available for order immediately when they are added to the stock system.
- The Community Equipment Service will put all non-stock items back into stock following the recycling process. These items will be photographed and detailed as available for order from the non-stock area of the catalogue immediately they are added to the stock system.
- The Community Equipment Service shall implement an audit trail to aid, monitoring and accounting of the recycling process.
- Retrieval, recycling rates, and infection control reports will be reported as part of the ongoing monitoring of the service.

## 2.6 Equipment Unsuitable for Recycling

- If the equipment is deemed as unsuitable for re-issue, assessment of its viability will be conducted by the Community Equipment Service. The process will include the following aspects :
  - The opportunity to re-cover items, replace parts etc.
  - The Community Equipment Service nominated officer will advise the Finance Group of expensive pieces (£1000 upwards) of equipment identified as non-viable, and the reasons for this.
  - When unsuitability for recycling is confirmed, the Community Equipment Service will be required to safely dispose of the equipment.
  - Written off equipment should be recorded and reflected within the required monitoring report.

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## 2.7 Maintenance

- All equipment, issued by the Community Equipment Service, must be delivered in a clean and safe condition.
- All hoists will be subject to Loller testing twice per year.
- All electrical equipment, required under legislation, will be tested on return to the Community Equipment Service as part of the recycling process.
- Should the Community Equipment Service be made aware of misuse or abuse, by individuals using the service, of any equipment, then the Prescriber must be informed immediately of the situation to enable the Prescriber to make a decision on replacement or alternative provision.

## 2.8 Health and Safety


### Legislative requirements

- The Community Equipment Service shall at all times comply with the requirements of Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1992, Electricity at Work Regulations 1989, Control of Substances Hazardous to Health Regulations 1994 and any other Acts, Regulations or Orders pertaining to the Health and Safety of employees (and persons liable to be affected by their undertakings), for staff based at the Community Equipment Service.

### Staff

- Throughout the duration of this Policy, the Community Equipment Service will have full regard for the safety of all persons and ensure that all sites and equipment under its control are kept in an orderly and safe manner.
- Where the nature of the services to be provided dictate the wearing of protective clothing, the Community Equipment Service shall ensure that these items are provided to and worn by employees in accordance with Health & safety guidelines.
  - Such protective clothing shall be maintained and replaced as necessary.

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- Appropriate training in relation to this matter should also be provided.
  - Details of the issue of the protective clothing and training of usage, will be recorded by the Community Equipment Service.
- The Community Equipment Service will be responsible for ensuring appropriate risk assessments on activities relating to Community Equipment Service staff are carried out and appropriate training provided if required.
  - If for any reason Community Equipment Service staff believe that there is a risk to themselves, or the individual, in carrying out the requested activity, they should seek further instruction prior to undertaking the activities

### Visitors

- The Community Equipment Service will only be responsible for their own staff within the environs of the Community Equipment Stores. Visitors must be responsible for their own actions , and exercise due care and attention when visiting the premises

### Service users

- The Community Equipment Service will issue product information/equipment to the individual on delivery of equipment and demonstrate the use of the equipment unless otherwise advised by the Prescriber.


### Hazard Notices/Recall notices

- The Community Equipment Service should, upon receipt of Hazard Notices/Recall Notices, post the information on the web site and advise the Protocol Group of the same. It is then the responsibility of the Protocol Group to determine the appropriate action to be taken with regard to replacement equipment and to communicate to all relevant stakeholders.

### Transport

- The vehicles used for transporting equipment to and from Service user's homes will be kept and maintained in a serviceable and hygienic condition

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in accordance with Health & safety guidelines by the Community Equipment Service.

- The Community Equipment Service will ensure that appropriate precautions are taken to safeguard against clean goods being mixed with returned goods and will ensure that, wherever possible, cross infection risk is minimised.
- The Community Equipment Service will ensure that all vehicles are appropriately equipped with protective clothing/materials, which will allow staff to adhere to health and safety regulations.

## 2.9 Stock Items



- The selection and approval of items as appropriate for supply, shall be made by a service-wide Equipment Review Group (ERG), appointed by the Steering Group leads. Decisions on selection and approval of items should reflect clinical and operational matters such as availability of current stock, write offs of current stock, cost etc. Recommendations of the ERG require to be ratified through the Steering Group.
- The Community Equipment Service and ERG should, in consultation, regularly review the product range. The Community Equipment Service should provide the ERG with regular data concerning high volume /value issues (top x 20 lines) and low volume issues (bottom x 10 lines) to enable decisions regarding the requirement to adjust stock list and levels.
- The ERG and Community Equipment Service should establish a means to ascertain the individual's (or selected representatives of uses of the service) views regarding product choice.
- The Community Equipment Service will maintain agreed minimum stock levels.

## 2.10 Out of Hours Service

- The Community Equipment Service will ensure that an automated telephone message is available to advise people of the Out of Hours arrangements for each geographical area.


## 2.11 Personnel

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- The Community Equipment Service will ensure that all individuals employed or engaged by them in connection with the service are properly trained and skilled in connection with their duties and will carry them out with due diligence.
- The Community Equipment Service shall be solely responsible for ensuring that, in line with the requirements NHS Western Isles Corporate Policy , all relevant individuals employed or engaged by them in connection with the provision of service have been the subject of a Disclosure Scotland check, PVG Scheme and appropriate references.
- All staff employed by the Community Equipment Service in the provision of the service will undergo induction training, which will cover the following aspects:-
  - All relevant policies, rules, standards and procedures of the Community Equipment Service;
  - The need to conduct themselves at all times with courtesy and consideration during the course of performing their duties;
  - The need to recognise situations which may involve risk and take appropriate action.
- The Community Equipment Service shall ensure that all staff employed in the provision of the service are trained in customer care, Health and Safety at Work regulations, safe lifting and moving procedures, fitting and adjustment of equipment to be provided, disability awareness and sensitivity, cultural awareness/telephone skills, and complaints procedure.
- The Community Equipment Service shall ensure that those personnel involved in the handling of soiled items are properly trained and equipped to do so and adhere to Health & Safety guidelines.
- The Community Equipment Service shall ensure that those personnel employed to refurbish, maintain and make goods ready for re-issue are appropriately trained and equipped to do so.
- The Community Equipment Service shall train all staff in the skills and techniques of fitting and installing determined equipment.

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- The Community Equipment Service shall ensure that all employees engaged in providing services adhere to NHSWI Policies and Procedures.

## Finance

### 2.12 Operational Costs

The current funding model will continue until reviewed by the Finance Group which will make recommendations to the Steering Group.

### 2.13 Stock Items

The Community Equipment Service shall maintain an electronic catalogue of all stock items including prices at cost value, from which all orders for standard equipment will be selected.

### 2.14 Non Stock Items

The Prescriber will follow the non-core stock request procedure (see Appendix 2).

### 2.15 Recycled Equipment

The Community Equipment Service will ensure that effective arrangements are in place to maximise recycled stock for ordering. If available, recycled stock will be selected automatically at the point of order e.g. Prescribers will only be able to access new equipment if no recycled items available.

## 3. Policy Statement


The Community Equipment Service (CES) will seek to provide a high quality service. The Community Equipment Service will be a crucial front line service for the promotion of independent living. This will be achieved through the following key objectives:-

A single simplified pathway for service delivery from the Community Equipment Service to the individual. This will be via ELMS;

### i) Effective use of resources through the functions of the CES

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- ii) Adherence to legislative, policy and standards in relation to refurbishment and recycling of equipment;
- iii) Effective use of the ELMS system to record the activity and volume within the CES, reporting to identified management groups as required.
- iv) To ensure cost effective procurement using existing and other frameworks/suppliers.

The Community Equipment Service will ensure the following key themes in relation to standards are met.

- Simplified systems and procedures;
- Health & Safety requirements are met for the provision of the Service as a whole, including specific arrangements for relevant equipment.
- Improved management information;
- Agreed timescales for service delivery;
- Provision of accurate information in relation to recycling and equipment disposal.

#### 4. Accountability

##### 4.1 Quality Management


- Equipment supplied under the Agreement shall be delivered in a serviceable and clean, safe and hygienic condition.
- The Community Equipment Service shall establish and maintain regular staff and Service User surveys of satisfaction then subsequently report the findings to the Steering Group.

##### 4.2 Complaints procedure

- The Community Equipment Service will follow the NHS Western Isles Complaints Procedure.

##### 4.3 Service Development

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The Protocol and Finance Group will present an annual Service Improvement Plan outlining any service developments and proposals to the (Steering Group).














#### 4.4 Risk Register

- The Community Equipment Service will develop a Risk Register. This will be updated 6 weekly and reported on to the Steering Group.

#### 5. Education and Training

- The Community Equipment Service will liaise with Prescribers and assist where possible with additional equipment training, relating to newly introduced product ranges/types as agreed by the Equipment Review Group and the Steering Group.

The Community Equipment Service will ensure that the web-based information sites include guidance and detail on the areas detailed below. The Community Equipment Service will ensure that this information is reviewed and updated regularly:-

- |  |  |
|--|--|
|  Services provided                |  Hazard/Recall Notices        |
|  ELMS access                      |  Policy & procedures & audits |
|  Newly introduced products        |  Developments                 |
|  Contact and location information |  |
|  Ordering process                 |  |
|  Emergency repair procedure       |  |
|  Maintenance                      |  |
|  Retrieval and recycling          |  |
|  Delivery rota                    |  |
|  Complaints Procedure             |  |


#### 6. Implementation, Monitoring and Reviewing

The Community Equipment Service will report quarterly to the Protocol and Store Services Review Group and the Finance Group.

##### Definition of Records to be held:

- The Community Equipment Service shall maintain records showing:

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- the specific equipment issued,
- make/model/ reference number
- quantity held as stock
- numbers bought
- name(s) of individuals to whom equipment has been issued
- date(s) of issue of asseted equipment
- date(s) of return of asseted equipment
- equipment maintenance records
- numbers written off
- date(s) of write off for asseted equipment only
- recording where Hazard/Recall Notice's apply.


The Partnership shall have the right to examine the records, as and when required.

- The Community Equipment Service will produce monitoring reports to the identified management team leads across the partnership. Reports will include the information listed below (not exhaustive) and will be reviewed and updated as required:-
  - Number and monetary value of equipment deliveries / uplifted across Service areas
  - Number and value of items recycled as % across Service areas
  - Number and value of items condemned as % across Service areas
  - Complaints and learning from complaints
- The Community Equipment Service will produce a quarterly report to the Protocol and Store Services and Finance Group outlining the following:-
  - Ability to meet service objectives
  - Ability to meet service standards
  - Gaps in service provision
  - Proposed service developments

### Retrieval and Re-use Initiatives

- The Community Equipment Service is responsible for ensuring that information held on the ELMS system, is accurate and up to date. Prescribers are responsible for ensuring that CES are informed of changes in circumstances e.g. deceased.

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- The Community Equipment Service shall introduce mechanisms, which allow individuals to be contacted annually to clarify if the equipment previously issued to them, is still required.
- The Community Equipment Service will provide the individual with a telephone number to call to arrange uplift of equipment. This will be included within the delivery note.

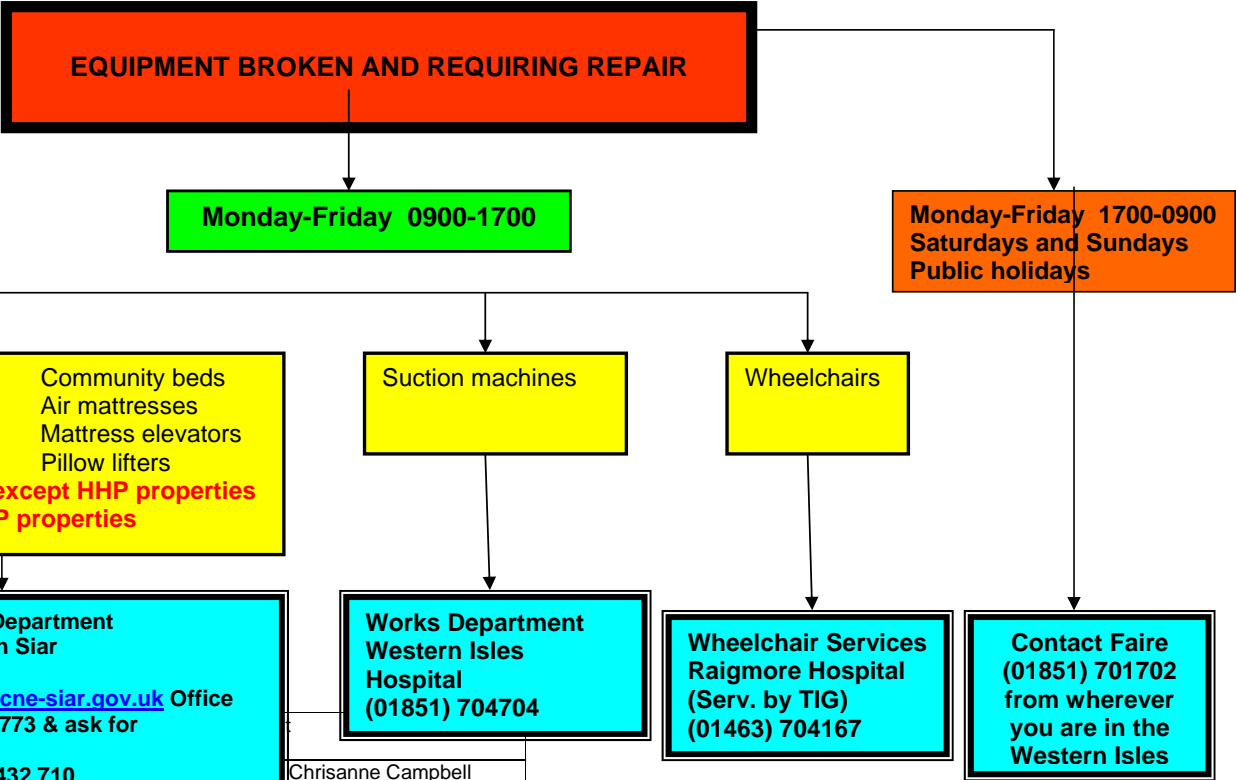
## 7. References

1. Scottish Government Guidance on Provision of Equipment and Adaptations (2009)
2. Reshaping Care for Older People
3. Quality Strategy – NHS Scotland
4. Leading Better Care - NHS Scotland
5. Better Together – NHS Scotland
6. Scottish Patient Safety Programme – NHS Scotland
7. Equalities Act 2010

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EQUIPMENT BREAKDOWN FLOWCHART



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Single Operating Division Manager	
7 July 2015	
CMT 21 July 2015	
Approval for Use within NHS	

Chrisanne Campbell
Sharon (S) Sonja Smit, Kathleen Street

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## APPENDIX 2

# Process For Ordering Non- Core Stock Specialist Equipment

- **Prescriber** determines equipment requirements for clients
  - Weight limits of client may be required to choose appropriate equipment
- See if CommunityEquipmentService has appropriate or similar equipment in stock
  - Check ELMS
  - Contact with storekeeper

**Comment [CE1]:** I have changed to 'prescriber' as this is consistent with definitions at the start of the document and also reflects that fact that other professions may be ordering special orders in the future.

- If CES does not have appropriate equipment, check list of suppliers





G:\CLINICAL\  
Request for Non Core

that CES use for purchase of the equipment and identify the potentially appropriate equipment item and bring details to *Clinical Forum/Clinical peer group* to discuss with other professionals. If Clinical Forum/peer group agreed that non-core stock specialist equipment required, agree whether Prescriber or CES storekeeper will request quote. This will be determined by level of clinical expertise required.

- Bring relevant info such as space available for equipment
  - Client weight/height
  - Number of carers available to operate equipment
- **If extremely urgent (e.g. damaged slings) get agreement from Services Manager with overall responsibility for the Store service (OTSM), or relevant service Team Lead in absence of OTSM directly**
- Prescriber or CES Contact supplier to get quote created (if appropriate). Quote must contain the below information
  - Detailing exact specification of equipment required
    - Item Name
    - Item Code Number
    - Item Price (must include whether price is Inc. or exc. VAT)
  - Quantity
  - Carriage Charges

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- Once all information obtained, complete 'Request for Non-Core Stock Special Equipment Item' form in full:



G:\CLINICAL\  
Request for Non Core


- Client full name
  - Client address
  - Client contact number
  - CHI &/or DOB
  - GP Practice
  - Date of request
  - Name of requisitioner
  - Has it been discussed at Clinical Forum/ or with relevant Service Manager (Nursing, Physio, OT.... – Yes/No
  - Has CES storekeepers been consulted to determine if similar item
  - If similar item exists, why is it not suitable for provision
  - ITEM DETAILS
  - Supplier Details
    - Address
    - Contact number
    - Fax number
    - E-mail address
    - Rep Details
  - Is this to support a hospital discharge or admission
  - Does a quote exist? If so, attach onto documentation
  - Is there a health & safety risk (moving & handling)
- Once form is fully completed, e-mail form (& quote if appropriate) to OT Services Manager and relevant service Team Lead for authorisation.
  - If request approved, OTSM will forward all pieces of information onto CES storekeeper for ordering
  - If request not approved, prescriber will be informed by OTSM of reasoning behind outcome.
- CES Storekeeper to order equipment via CNES/WIH/PECOS ordering systems and confirm order placed with referring Prescriber and OTSM
- Once equipment has arrived, equipment delivered to clinician or delivered out to client, depending on preference.

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### 8.3: Appendix 3

## Bòrd SSN nan Eilean Siar Western Isles NHS Board


Occupational Therapy Department




### REQUEST FOR NON CORE STOCK SPECIAL ITEM

Date of request by Prescriber:		
Clients Name:		Prescriber
Clients Address:		
Clients Phone Number:		
CHI:		
GP & Practice:		
Date of Request:		
Name of Requisitioner:		
Has this request been discussed at Clinical Forum/with relevant Team lead,manager?	Yes/No If so, when?	
Has the CES storekeeper been consulted to see if a similar item is available?	Yes/No	
If a similar item exists, why is it not suitable for this provision?		
<u><b>Item Requested - Details here have to include: -</b></u>  <u><b>Item details</b></u> – Quantity, Item Name, Item Code Number, Item Price	Details & cost of item:	


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<b>Supplier details –</b> Name, Address, Contact Number, Fax Number, Web & E-mail Address etc  G:\CLINICAL\ Request for Non Core	Supplier of item:	
Is this to support a hospital discharge or prevent an admission?	Yes/No	
What is the risk to the patient/carers if this item is not provided? What is the risk score i.e. likelihood and severity		
If CES unable to provide price, attach quote		
Decision by OTSM:	Authorise: Yes/No Reason if no: Date: Signature:	OTSM

- No requests will be considered without this completed form.
- Any discussions regarding the item are informal and will not be progressed without the form, submitted to OT Services Manager for authorisation and signing.



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#### 8.4. Appendix 5 - Risk Assessment



<b>Site</b>	Western Isles	<b>Risk Category</b> (See list)	
<b>Dept/Ward</b>	Health and social care staff utilising the CES	<b>Assessors name</b> (person who documents the risk)	Sonja Smit, Kathleen McCulloch
<b>Risk Ref No.</b>		<b>Risk status</b> (active-being reduced, inactive-tolerated, active-escalated)	active
<b>Date risk raised</b>	12.06.15	<b>Register for Escalation</b> (Hosp or CHAScP)	Not applicable
<b>Operation/Activity</b>			Describe the setting and the work being undertaken
<p>The partnership's aim is to deliver an efficient, integrated Community Equipment Service which contributes to a healthier, safer, more independent community. The partnership will achieve this by providing a range of quality services including assessment, advice and appropriate equipment provision, helping people (adults and children) to maximise their independence and well-being and supporting carers in their caring role.</p>			
<b>Observations</b>			What can be seen or envisaged that might lead to a risk?
<p>If the policy is not implemented and adhered the outcomes below may not be achieved:</p> <ul style="list-style-type: none"> <li>Streamline the access to equipment provision</li> <li>Improve the speed, efficiency and effectiveness of service pathways</li> <li>Maximise the use of resources (people and equipment)</li> <li>Ensure a standardisation of good practice across all service areas for the provision of Core stock, and Special order (non-stock) equipment.</li> <li>Encourage budgetary efficiencies and minimise financial expenditure for equipment based on the principle of 'minimum intervention, maximum independence'.</li> </ul>			
<b>Risk(s)</b>			What is the risk? What might happen? Start with "there is a risk that...."
1. There is a risk of delay in provision of equipment to patients/carers due to an inefficient assessment and/or equipment access process			

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<ol style="list-style-type: none"> <li>2. Patients/carers at risk of injury if not provided timeously with equipment appropriate to meet their assessed needs</li> <li>3. Unsatisfactory patient/carer experience or clinical/care outcome</li> <li>4. Informal and formal complaints from patients/carers/relatives/staff</li> <li>5. Adverse publicity</li> <li>6. Litigation</li> </ol>	
<b>Hazard(s)</b> <ol style="list-style-type: none"> <li>1. Staff unclear about their role and responsibilities in relation to assessment and equipment provision</li> <li>2. Inadequate training which will support staff's clinical reasoning about reason for provision of equipment, contra-indications etc.</li> </ol>	<i>All hazards associated with the activity should be entered here. e.g. physical hazards, machinery, electricity, working at heights, substances, access, adverse clinical event, equipment, vehicles, etc.</i>
<b>People at risk</b> <ol style="list-style-type: none"> <li>1. Patients/Service users</li> <li>2. Formal and informal carers/relatives</li> <li>3. Staff</li> </ol>	<i>Highlight the people at risk i.e. nursing staff, Domestic, Estates, Visitors, the likely numbers exposed</i>
<b>Current Control Measures</b> <ul style="list-style-type: none"> <li>• Staff are only able to access equipment that they have been trained/deemed competent to prescribe</li> <li>• Equipment delivery rotas are posted on the NHS Western Isles website for all staff to access</li> <li>• The OT service has a robust procedure for requesting non-core stock equipment which requires peer review and authorisation from the Service Manager</li> <li>• New OT staff are verbally informed of how access equipment during induction</li> <li>• CES staff give feedback to clinicians when they suspect that a prescribing error has been made</li> </ul>	<i>List current and interim control measures, including physical controls but do not forget to include other controls including safe working, policies, procedures, information, instruction and training</i>

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## a) CURRENT STATE

### QUANTIFICATION OF RISK RATING WITH CURRENT CONTROL MEASURES IN PLACE

Likelihood	4	x	Severity	3	=	Risk Rating	12	<i>Estimate of likelihood and severity</i> Refer to key below, and to the Risk Quantification Criteria. Select numbers according to the likelihood and severity. Enter the numbers at a and at b, multiply them together and record the resultant risk rating at c.
------------	---	---	----------	---	---	-------------	----	--

### RISK QUANTIFICATION - KEY

LIKELIHOOD (a)	SEVERITY (b)	RISK RATING (c)	RISK COLOUR	See RISK QUANTIFICATION CRITERIA
1 Rare	1 Negligible			 C:\Risk Quantification Criteria
2 Unlikely	2 Minor	1 to 3 = Low	(Green)	
3 Possible	3 Moderate	4 to 9 = Medium	(Yellow)	
4 Likely	4 Major	10 to 16 = High	(Orange)	
5 Almost certain	5 Extreme	20 to 25 = Very High	(Red)	

Current Control Measures (Please mark appropriate box with an X)		Weak/Require strengthening	X
---	--	----------------------------	---


With these controls, are the risks at a level that is as low as reasonably practicable? (Yes or No)	No
---	----

If the answer to the above question is NO, please continue to b) and complete a Risk Control Action Plan

## b) FUTURE STATE

Risk Control Action Plan (Complete if further control measures required. Use one row per action)	Who will do it (name)	When will action be completed by (estimate date)	Dependencies (give details e.g. * Financial – amount * Resources – people or equipment * Commitment/priority
Submit this policy for approval and implementation	Lead Community Nurse and OT Services	June 2015	

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	Manager		
Deliver training to all staff groups regarding the policy, access and equipment – funding for training secured	Multi-Professional staff group	Following approval of policy	

<b>Risk Control Action Plan Costs</b> <i>(Please mark appropriate box with an X and specify total estimated cost)</i>			<u>Amount £</u>			<u>Amount £</u> 0
--	--	--	-----------------	--	--	----------------------

<b>Can the Risk Control Action Plan be implemented locally? Yes or No, or Partially</b>	Yes
---	-----

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## 8.5 Appendix 5 - Patient Focus Public Involvement

Patient focus means treating individuals with dignity and respect and providing services in partnership with patients that are responsive to individual need and enables them to give their views or make a comment or complaint.

Public involvement means the supported and effective involvement of people in planning and service improvement and is very important part of improving the quality of service provided and helps strengthen public confidence in the NHS.

The three sections below represent the three ways in which NHS Western Isles involves people, this is based upon the three sections contained within the Scottish Health Councils Participation Standard. They outline the overarching actions that will be taken by NHS Western Isles to ensure that involving people is effective meaningful and outcome focused. Each of these sections is shown separately but they do not operate in isolation.

Further information about the Participation Standard can be found at the Scottish Health Council website on the link below:

<http://www.scottishhealthcouncil.org/idoc.ashx?docid=a263bf55-4d7f-4540-b771-1f113248e5b9&version=-1>

### Section 1 – Patient Focus

Provide Person Centred Care delivered in partnership with patients and carers, treating individuals with dignity and respect.

Examples include:

- Patients carers involved in decisions about their own care
- In patient experience surveys
- Person Centred Walkrounds

**Q1) Please show how this policy will address the area of patient focus and how you will deliver against the national programme for Person Centred Health and Care and how this will be monitored.**

**A1) Patients receive assessments from a range of prescribers across Health and Social Care, and the community equipment service delivers the service in accordance with policy. The Service will conduct patient surveys to assess the impact of the service and identify areas for improvement.**


### Section 2 – Public Involvement

Involve people effectively and meaningfully in service planning, improvement and delivery.

Examples include:

- Involve people in developing patient information
- Involve people in service improvement, development and redesign
- Involve people in strategy and policy development and implementation

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**Q2) Please outline what steps have been or will be taken to involve the public in the development of this policy.**

**A2) If the Single Operating Division agrees the proposed Strategic Framework, volunteers will be sought to join the Store Services and Protocol Groups.**

### **Section 3 - Corporate Governance of Participation**

NHS Western Isles has systems and processes in place to support involving people (founded on mutuality, equality, diversity and human rights principles)

Examples include:


- Support for public membership of NHS Western Isles groups and committees where appropriate
- Workshops and seminars to inform any service change or redesign
- Ongoing engagement and feedback mechanisms

**Q3) Please outline what mechanism is most appropriate to ensure good governance re participation that relates to this policy.**

**A3) Support for public membership of the Store Services and Protocol Group and ongoing engagement and feedback mechanisms from patients affected by this policy.**

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## 8.6 Appendix 6 - Fairness Assessment

### Fairness Assessment Toolkit



This toolkit is designed to be used by those:

1. Writing Policies, Procedures & Protocols from scratch
2. Reviewing existing Policies, Procedures, Protocols and services
3. Planning new services or redesigning existing ones.

IT IS IMPORTANT THAT AT THE *BEGINNING* OF THE POLICY DESIGN PROCESS YOU CONSIDER THE REQUIREMENTS OF THIS TOOL. IT IS DESIGNED TO ASK THE QUESTIONS AROUND WHICH POLICIES, PROTOCOLS, STRATEGIES AND SERVICES SHOULD BE DESIGNED, AND THEREFORE REDUCE THE RISK OF DISADVANTAGE.

Author/Reviewer Name	Sonja Smit
Name of policy, protocol, procedure, strategy or service	Community Equipment Service Store Service Policy
Line Manager responsible for signing Off	
Date Started	
Date Completed	



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### **Key steps for conducting a Fairness Assessment**

1. Identify the key aims & outcomes of the policy.
2. Gather information & evidence around protected characteristics & identify the gaps.
3. Assess the impact - consider alternatives & mitigate negative impacts.
4. Involve & consult on impact assessment - internally & externally.
5. Make a decision; develop an Action Plan based on evidence.
6. Sign off; send to Strategic Diversity Lead for sign off.
7. Final Fairness Assessed policy to be published on NHS WI Show website.
8. Monitor & review the final assessment.

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### **Section 1 About your project**

Please answer the following questions:

#### **1. Is this a new policy?**

Yes ☒ No ☐

If yes, please explain why it is being done and what the effects of it will be

To give clarity around the roles, responsibilities and expectations of the Service. This will provide an enhanced service to patients and carers throughout the Western Isles and help more people live independently at home and supports the implementation of national drivers from the strategic framework.

#### **2. Have you checked if there are any other current guidance on this topic in the Health Board?**

Yes ☒ No ☐

If the answer is No, please stop and check now.


#### **3. Please list who is likely to be affected by this project and how they will be affected**

Who?	How?
All patients requiring the provision of community equipment throughout the Western Isles	

#### **4. Please tell us how you are going to involve these people in the project**

When the Strategic Framework is approved, members of the public will be invited to support the Protocol and Store Service Group.

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## **Section 2 Protected Characteristics**

**Read the following, as these are about the people or groups of people whose rights are specifically protected under the 2010 Equalities Act.**

**This page gives you information on each of the nine protected characteristics.**

### **1. Age**

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18-30 year olds, 65-80 year olds)

#### **How will these groups be affected?**

This policy positively affects all age groups equally.

### **2. Disability**

A person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities.

#### **How will this group be affected?**

This policy positively affects all people regardless of the presence or absence of a disability.



### **3. Gender Reassignment**

The process of transitioning from one gender to another.

#### **How will this group be affected?**

This will positively affect people undergoing gender reassignment

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#### 4. Marriage and Civil Partnership

Same-sex marriage has now been enshrined in legal statute, in England in March 2014 & in Scotland in December 2014 respectively. Therefore, both mixed-sex and same-sex couples can now marry in the eyes of the law, while respecting the freedom of religious bodies and celebrants not to perform these ceremonies. Couples in a civil partnership in England can now convert this into marriage in England, although this option is not yet available in Scotland. Civil partnership is not available to mixed-sex couples throughout the UK.

##### How will this group be affected?

This policy positively affects everyone equally, regardless of marital status

#### 5. Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. Under the terms of the 2010 Equality Act, action can now be taken in the civil courts when a person has suffered a disadvantage because of unfair treatment because of pregnancy, breastfeeding or having given birth.

##### How will this group be affected?


#### 6. Race

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

##### How will this group be affected?

This policy positively affects everyone equally, regardless of race.

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## 7. Religion and Belief

Religion is the term given to a collection of cultural belief systems based on narratives, traditions and symbols that give meaning to life and instill a moral framework of conduct. Belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices for it to be included in the definition.

### Does your proposal discriminate or disadvantage any religious or non religious group?

There is no discrimination or disadvantage toward any religious or non religious group.

## 8. Sex (Gender)

A man or a woman. (Male or female)

### Does your proposal discriminate between men and women, if so how and why?

There is no discrimination between men and women in this policy.

## 9. Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.


### How will this group be affected?

This policy positively affects everyone equally, regardless of sexual orientation.

## 10. Negative Findings

If you have found negatives in the above assessments, how do you intend to deal with these, and why?

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No negatives found

### **Section 3 Human Rights**

**It is unlawful for a public authority to act in a way which is incompatible with a European Convention of human Rights requirements.**

**There are 15 protected rights which public authorities must ensure that they comply with in their policies, services and practices. Those listed below are the ones which can directly be affected by Healthcare provision.**

- The right to life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody.

**Does your proposal affect this right?**

No

- The prohibition of torture and inhuman treatment – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation.

**Does your proposal affect this right?**

No

- The right to liberty and freedom – you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime.

**Does your proposal affect this right?**



No

- The right to a fair trial and no punishment without law – you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law.

**Does this proposal affect this right?**

No

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- Respect for privacy and family life and the right to marry - protects against unnecessary surveillance or intrusion into your life. You have the right to marry and raise a family.

**Does this proposal affect this right?**

No

- Freedom of thought, religion and belief – you can believe what you like and practice your religion or beliefs, so long as this does not harm others.

**Does your proposal affect this right?**

No

- No discrimination – everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age.

**Does your proposal affect this right?**

No

#### **Equality Leads Use**

**Received for review:**


**Checked by:**

**Owner of Fairness Assessment:**

**Comments and recommendations:**


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<b>Signed:</b> ..... <b>Date:</b> ..... <b>By Strategic Diversity Lead</b>
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## 8.9 **Appendix Audit Checklist (whatever number)**

AUDIT CRITERIA	C	N/C	O	COMMENTS
The Policy/Protocol/Procedure document is present in all locations required, and is the current version				
Staff know where the document is located and can access it				
Staff can demonstrate a working knowledge of the document				
Add audit criteria as required				

### KEY:

C Compliance      N/C Non-compliance      O Opportunity for improvement

Auditor's Signature

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