


Department: Community Equipment Service Code:	Title: Policy for Provision of Community Equipment	
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NHS Western Isles

Joint Policy for Provision of Community Equipment

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Version/Draft	Date	Latest Changes Made by	Reason for Changes


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1. INTRODUCTION

Strategic Statement

The Community Equipment Service is a partnership between Comhairle nan Eilean Siar and NHS Western Isles, working together under the direction of NHS Western Isles.

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.

The Community Equipment Service is underpinned by enablement and self management support in community settings as well as appropriate training and staff development.

The strategic aims of the Community Equipment Service are to:

- enable people (adults and children) to live as independently as possible within the community;
- provide services that support carers in their caring role;
- prevent admissions to hospital; and
- support effective, safe and timely discharges from hospital

These aims represent work that supports a shift in the balance of care away from in patient hospital settings towards appropriate community settings.

Service Objectives


The objectives of the service are to:

- provide an efficient and effective Community Equipment Service
- ensure an effective and consistent approach to the assessment of need and prescription of equipment, simplifying service pathways
- improve the procurement, delivery, decontamination and maintenance of equipment
- establishes a robust operational management and performance reporting framework and systems
- continue to promote joint working and partnership governance arrangements to ensure effective strategic leadership and management of the service

These objectives will be achieved in line with the standards set out in the Community Equipment Service Store Policy.

Legislative and policy context

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New Scottish Government Guidance on the Provision of Equipment and Adaptations was introduced in December 2009, and supersedes **NHS Circular NO 1976(Gen) 90**: Provision by Health Boards and Local Authorities of Aids and Equipments for the Disabled Living at Home and Adaptations to their home.

2. JOINT POLICY FOR PROVISION OF COMMUNITY EQUIPMENT

- 2.1 Good assessment practice is fundamental to the provision of an effective equipment service. This should be in the context of promoting independence, should balance risk with the need to maximise functional potential and avoid over-prescription. Equipment can compliment a range of needs and interventions including rehabilitation/reablement and the management of conditions. It should be viewed as integral to the delivery of wider service objectives.
- 2.2 In the Partnership arrangements, assessment and provision of equipment is recognised as the responsibility of all care groups and services, as a means of supporting overall service delivery. Staff should, therefore, not be viewed as 'requestors of equipment', but as assessing and prescribing equipment to compliment their interventions and/or support wider service goals e.g. facilitating hospital discharge.
- 2.3 The person and their carers require to be fully involved in the assessment process and it is essential that there is an outcomes focus to the assessment with clear goals identified, agreed and recorded with the provision of the equipment seen as a 'means to an end' rather than being 'an end in itself'.
- 2.4 The principal of 'minimum intervention, maximum independence' shall underpin every assessment. Alternative methods of managing should have been tried and found not to be successful and preference alone should in no way influence the type of provision.
- 2.5 This Policy enables staff within health and social care can access a wide range of equipment relevant to the person's assessed needs, and not based on professional or agency boundaries. These arrangements ensure that staff can access the CES directly, without having to refer on to a separate agency or professional group to arrange on their behalf. (**Appendix 1**).
- 2.6 Provision of equipment differentiates between meeting straightforward, non-complex needs (Standard provision), and where a specialist assessment is required to meet complex and/or high risk needs (Specialist provision). Through good assessment practice and by evidencing their reasoning, staff will be able to establish what the risks are around the provision and consider their own competence to meet these needs.

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This approach is, therefore, not dependent on the type of equipment being provided, as:

- some complex equipment (e.g. hoists) can be provided in a straightforward manner without fear of risk, if the person and/or carers are familiar with that equipment and there are no other risk factors:
- some very simple non-mechanical equipment can pose significant risk if not provided with due consideration of the potential hazards (e.g. bath boards).

It is expected that the majority of provision can be met directly by staff that originally identify the equipment needs. If, however, the member of staff does not feel competent due to the complexity of needs falling within another professions expertise, they will refer to that service for an assessment. The referral should not prejudge what the outcome of that may be e.g. this should not be a 'prescriptive referral' for a certain type of equipment, but identify the needs that require to be met.

2.7 Hospital nurses will assess the need for equipment to ensure a safe discharge. To assist with decision making they will use the "Discharge Information Checklist for Equipment Provision" (Appendix 2) as well as Appendices 3 and 4 and liaise with Community Nursing colleagues.


2.8 Staff who assess and order equipment are responsible for arranging demonstration of the correct use of the equipment and satisfying themselves as part of the assessment process, that the equipment meets the assessed needs and the people are safe in its use. Only at this stage can the full assessment process be concluded. If there are any concerns then the member of staff should not provide the equipment and, if necessary, remove it from the home (or arrange uplift) and record in their relevant paperwork the reasons for this.

2.9 In the event of the need for a rapid or out of hours discharge hospital nurses will assess, prescribe using the Electronic Loan Management System (ELMS) and obtain and demonstrate the equipment from the hospital satellite store and make onward referral to relevant community professionals as appropriate.

2.10 When ordering equipment via ELMS the prescriber must remember to enter if the equipment falls within one of the following categories;

- Hospital discharge;
- End of life/palliative
- Routine – as per rota

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- 2.11 Where necessary, staff will be able to directly order more specialist equipment not held as core stock via non-stock order arrangements. It is the responsibility of the prescriber to clearly specify the non-stock equipment required including manufacturer, model type, number, name, etc. All non-stock orders must be authorised by the designated authorising line manager.
- 2.12 All services are expected to take full responsibility for the monitoring and supervision of their expenditure, irrespective of which budget the equipment comes from, and work to agreed budget arrangements and constraints for each relevant service area.
- 2.13 Where staff require to provide equipment that will be used by carers (e.g. moving and handling equipment) then the member of staff will only do so following a full assessment of need which encompasses risk assessment. If, having carried out their assessment, they feel it is appropriate and safe to provide the equipment e.g. there are no risks either related to the promotion of the independence of the person, the physical home environment, lifestyle within the home or cognitive/physical issues of the carers, then it is the responsibility of the assessor to demonstrate the equipment and ensure the people using the equipment are safe in its use. If there are concerns highlighted by the process above then the member of staff should not provide the equipment and record in their notes their reasons for doing so.
- 2.14 **Community Equipment Provision Guidance:**
- a) The person for whom equipment are being considered is a 'disabled person' in terms of the Equalities Act 2010.


You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long term' negative effect on your ability to do normal daily activities.

Substantial is more than minor or trivial – e.g. it takes much longer than it usually would to complete a daily task like getting dressed.

'Long term' means 12 months or more – e.g. a breathing condition that develops as a result of a lung infection.


- b) The person must be resident in the Outer Hebrides.

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- c) The equipment must be essential to the person based on assessment of need and risk.
- d) The equipment is essential to support a rehabilitation/reablement programme designed to promote independence and safety.
- e) The equipment provided through the CES remains the property of NHSWI and CnES and will be provided for an agreed period of time based on an assessment.
- f) Where a client wishes to purchase equipment themselves, information and advice/signposting will be provided.
- g) In all circumstances the aim should be to resolve functional difficulties and to maintain the safety of the person and carers, by using widely available household items.
- h) The equipment service does not provide as it can be accessed via standard retail outlets and is considered the services users own responsibility.
- i) Orthopaedic/high back chairs can only be issued on short term loan following an orthopaedic procedure. Riser/recliner chairs may be supplied (on short-term loan subject to availability) to people receiving palliative care via the Macmillan Team.
- j) Equipment provision is primarily for the purpose of promoting function and safety. Where people have preferences related to design/appearance and/ or additional functions not identified as needed by assessors, they should be signposted to buy equipment themselves from reputable suppliers.
- k) Equipment will not be provided for reasons of financial hardship or where existing furniture (i.e. seating) is in poor repair. People should be assisted to access community care grants, charitable funding etc in such cases. Parents/ carers can also be assisted to source charitable funding for equipment, where provision is not considered the statutory responsibility of the Local Authority.
- l) People living in a care home will only receive community equipment if deemed highly specialised and not considered to be part of the basic provision by the home. The assessment for such equipment is the responsibility of the most appropriate lead professional involved.

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- m) There will be exceptional circumstances where Special order (non-stock) items will be required. Equipment authorisers must ensure that this need is essential and that all other options have been explored.
- n) People living in supported accommodation with tenancy rights will have standard equipment assessed for and provided in the same way as for mainstream housing.
- o) For people attending respite services equipment is provided for the person (not for the respite unit) and goes with them when they return to their normal community residence. Transport of such equipment to and from respite services will be negotiated on an individual basis.

2.15 Roles And Responsibilities For Staff Assessing And Providing Equipment For Hospital Discharge:

The provision of equipment to facilitate safe discharge depends on effective communication between Ward nursing staff, Occupational Therapists, Physiotherapists and Community Nursing services. When no hospital OT or Physiotherapy staff are involved, the communication will be between ward nursing staff and community nursing services.

Discharge planning should commence as soon as possible after admission.


Ward Nursing staff (when no OT or Physiotherapist is involved)

Ward nursing staff will assess the need for all equipment. Consideration needs to be given to assessments which would be more appropriately carried out post-discharge. In order to identify appropriate equipment needs this may include liaison with other professionals such as the Tissue Viability Nurse or Moving and Handling specialists. Family and carers should also be consulted.

With reference to the Discharge Check List' ward staff will provide the following clinical and care information necessary for community nursing staff to order and provide equipment.

- Relevant clinical/ medical information and personal information [incl. GP]
- The current manner in which patients are being assisted to transfer on/off bed/ chair/ toilet/ shower on the ward, if relevant
- The equipment used with patients on the ward i.e. hoist/ slings/ walking aids/ wheelchair/ any physical assistance.
n.b. ward equipment may not be suitable in the home environment and appropriate alternatives must be considered which will meet the need.
- List the equipment required and confirm that the patient and family understand the reasons for the equipment and are in agreement with its provision.
- Confirmation that care providers understand the reason for the provision and are in agreement with the equipment to be provided.
- Provide relevant Information about the home environment - community nursing staff may need to confirm suitability in the absence of family where appropriate.
- Provide Information about discharge arrangements and including the access arrangements for equipment delivery
- Confirm who will use the equipment
- When **dynamic mattresses** are required ward staff will refer **all** equipment needs to Community Nursing Services to ensure effective provision and follow-up.

*** Additional information may be required as per the Discharge Checklist'**

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Physiotherapy staff

Definition of physiotherapy involvement with patients :- A physiotherapy assessment has been concluded and there is current ongoing intervention.

Please note:-

1. The physiotherapist may have been asked to screen the patient to establish if physiotherapy is required.
This does not constitute assessment and intervention.
 2. Physiotherapy staff will have no involvement in the equipment provision process unless a physiotherapy assessment has been concluded and there is current ongoing intervention.
 3. When a physiotherapist and OT are both involved with a patient there needs to be discussion and **agreement** about who will order the equipment in the first instance. As with any other intervention the most appropriate person should lead on this.
- When an physiotherapist but no OT is involved they will order **all** the equipment assessed as essential for a safe discharge including:- Moving and Handling equipment, beds and mattresses or equipment to aid independence in daily living
 - The exception to this is where **dynamic mattresses** are required. In these circumstances ward staff will refer all equipment needs to Community Nursing Services to ensure effective provision .
 - physiotherapy staff will order and be responsible for the check visit/ phone call for the equipment they have prescribed unless there are community staff who have agreed to fulfil this role as part of ongoing intervention.
 - Physiotherapy staff will ensure that care providers understand the reason for the provision and are in agreement with the equipment provided.

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Occupational Therapy staff

Definition of OT involvement with patients :- An OT assessment has been concluded and there is current ongoing intervention.

Please note:-

1. The OT may have been asked to screen the patient to establish if OT input is required. This does not constitute assessment and intervention.
2. OT staff will have no involvement in the equipment provision process unless an OT assessment has been concluded and there is current ongoing intervention.
 - When an OT is involved they will order **all** the equipment assessed as essential for a safe discharge including:- Moving and Handling equipment, beds and mattresses or equipment to aid independence in daily living
 - The exception to this is where **dynamic mattresses** are required. In these circumstances ward staff will refer all equipment needs to Community Nursing Services to ensure effective provision .
 - OT staff will order and be responsible for the check visit/ phone call for the equipment they have prescribed unless there are community staff who have agreed to fulfil this role as part of ongoing intervention.
 - OT staff will ensure that care providers understand the reason for the provision and are in agreement with the equipment provided.

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Community Nursing staff



Community Nursing Services will receive referrals from ward nursing staff for equipment to facilitate a safe discharge. Consideration needs to be given to assessments which would more appropriately be carried out post-discharge, in order to most effectively clarify the person's needs

Community nursing staff will discuss the proposed equipment with the ward nursing staff and agree the provision jointly, as per the discharge checklis.

Community Nursing Services must be provided with the following essential information:-

- Relevant clinical/ medical information and personal information [incl. GP]
- The current manner in which patients are being assisted to transfer on/off bed/ chair/ toilet/ shower on the ward, if relevant
- The equipment used with patients on the ward i.e. hoist/ slings/ walking aids/ wheelchair/ any physical assistance.
n.b. ward equipment may not be suitable in the home environment and suitable alternatives must be considered which will meet the need.
- A list of the equipment required and confirm that the patient and family understand the reasons for the equipment and are in agreement with its provision.
- Information that confirms that statutory care providers understand the reasons for the provision and are in agreement with the equipment provided.
- Relevant Information about the home environment
- Information about discharge arrangements including the access arrangements for equipment delivery
- Confirmation about who will use the equipment.
- When **dynamic mattresses** are required ward staff will refer **all** equipment needs to Community Nursing Services to ensure effective provision and follow-up.
- Community Nursing staff will carry out check visits/ telephone checks where appropriate, dependent on the risk associated with the provision.

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3 Policy statement

2.1 The Partnership (NHS Western Isles and Comhairle nan Eilean Siar) will provide a community equipment service which includes assessment, advice and appropriate equipment provision, helping people (adults and children) to maximise their independence and wellbeing, and supporting carers in their role.

2.1 The purpose of this Policy is to build on and formalise previous Partnership work to provide a joint inter-agency agreement defining the arrangements between the Partners in terms of the roles and responsibilities of staff and their managers, and the processes for assessment, prescription, and provision of equipment.

2.2 Specifically, the Joint Policy seeks to prevent duplication in the assessment process by allowing staff to directly access equipment without having to refer to another practitioner, and widen access to equipment in the service pathway (allowing other staff to request equipment) so that people and their carers receive equipment more quickly and more effectively. This should result in the following outcomes:

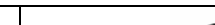
- Streamline the access to service provision
- Improve the speed, efficiency and effectiveness of service delivery
- Maximise the use of resources
- Ensure a standardisation of good practice across all service areas for the provision of Core stock, and Special order (non-stock) equipment.
- Encourage budgetary efficiencies and minimise financial expenditure for equipment based on the principle of 'minimum intervention, maximum independence'.

In addition it provides a jointly agreed framework to guide future decision-making on the provision of equipment, and to deliver the procedures, which should be followed to ensure a multi-agency and multi-disciplinary approach.

4. Accountability

4.1 It is the responsibility of all Partners to ensure the aims and arrangements developed through the Joint Protocol are communicated to staff and managers to ensure effective implementation.

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4.2 The Group has agreed that it is essential that key principles are established for future governance arrangements:

- It is the responsibility of the Partners (NHS Western Isles and Comhairle nan Eilean Siar) to ensure that the service is effectively monitored and managed across all aspects of service provision and this is reflected in the governance arrangements (see Appendices 7 and 2).
- Decision making on all aspects of the service costs, including Community Equipment Service Running costs, must be agreed by the Partners and proactively managed in terms of achieving ongoing efficiencies. It will also be essential to consider the impact of any service changes/improvements as part of the wider strategic and policy context e.g. Reshaping Care, Integration agenda etc...and decision making should evidence this.
- Proactive management of the Community Equipment Service running costs is required. This includes:
 - annual Budget setting commencing each Oct/Nov for the following financial year, with a report submitted to the CES Steering Group 3rd quarter meeting .;
 - Quarterly meetings of the Finance Group which will meet in advance of each Steering Group meeting and report to that Group;
 - ongoing review of budget pressures including opportunities for efficiencies where possible;

Partnership recognition of all actual costs required to deliver the service

4.3 Equipment supplied under the Agreement shall be delivered in a serviceable and clean, safe and hygienic condition.

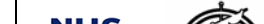
4.4 The Community Equipment Service shall establish and maintain regular staff and Service User surveys of satisfaction then subsequently report the findings to the Steering Group.

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

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

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

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5. Education and Training

- 5.1 Staff across services who are involved in identifying equipment needs should be trained to assess and provide a wide range of community equipment irrespective of their own professional background. This will ensure that the person and their carers can access equipment more effectively without the need for additional assessment unless the complexity of their needs requires a referral for a specialist assessment. In addition a range of specialist modules are available to support staff who require to provide equipment to meet more complex needs.
- 5.2 There is a requirement to ensure that staff in all of the agencies, involved in the implementing the Policy, fully understand its implications for their working practices, including joint working practice. Training modules cover the aims of the Joint Policy to provide this context for all training.
- 5.3 The training strongly emphasises good assessment practice and encourages prescribers to consider their reasoning for provision, contraindications, recording of decision making, and encourages avoidance of over-prescription.
- 5.4 A number of specific training modules have been devised and will be delivered to appropriate staff as required via a locally tailored training programme. The Partners require to ensure that their staff access the Core training module as a minimum, and any additional specialist training modules, relevant to their service needs.
- 5.5 The equipment training will be delivered by a joint team of practitioner trainers from across professional and agency services, which again enhances the joint working ethos. It is expected that Partners will ensure that their service areas all contribute to the provision of appropriate staff to act as trainers and support the delivery of the training programme.

6. Implementation, Monitoring and Reviewing

- 6.1 The Community Lead Nurse and OT Services Manager will have joint responsibility for advising staff and manages in the application of the Policy arrangements and supporting the resolution of queries. .
- 6.2 The Protocol Group will have the responsibility for the development, delivery and evaluation of the joint training modules to support staff and managers in meeting their roles and responsibilities.

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- 6.3 Information should be actively sought from the person and carers on the outcomes from service provision. The Protocol Group will work to develop and implement mechanisms which will systematically seek to gather relevant data which would support evidencing the difference being made by the provision of equipment.

7. REFERENCES

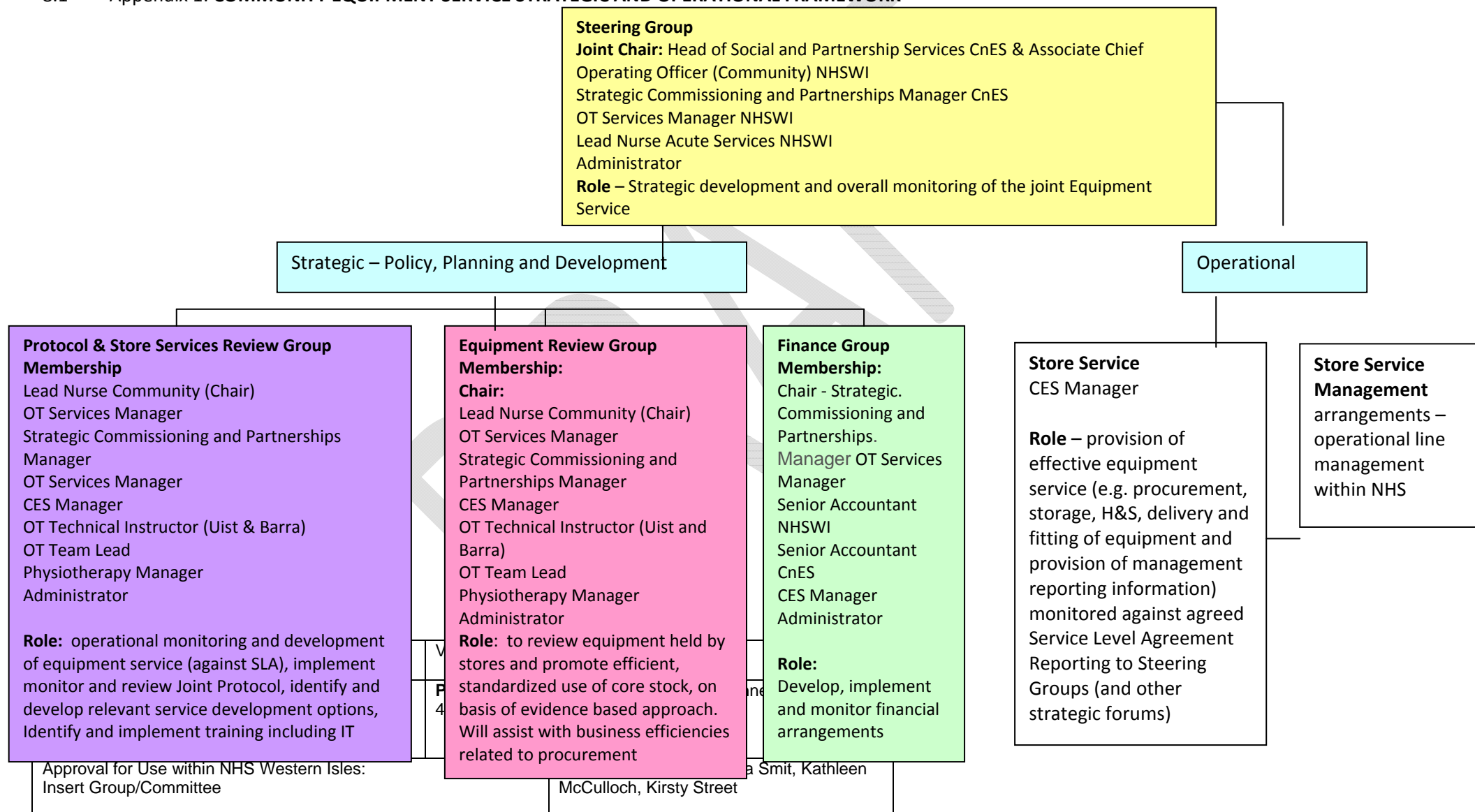
7. References



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

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8.1 Appendix 1: COMMUNITY EQUIPMENT SERVICE STRATEGIC AND OPERATIONAL FRAMEWORK



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8.2 APPENDIX 2: Community Equipment Service – Equipment Access



Item	core Stock	Non-Core	Standard Access	Specialist Access
Bathing & showering				
Bath/shower boards and seats	✓		✓	
Bathlifts	✓		✓	
Swivel bathers	✓		✓	
Shower chairs	✓		✓	
Freeway style s/p A/P	✓			✓
Shower chairs with commode aperture	✓			✓ OT PT Nursing
Wall fixed fold shower seat	✓			✓ OT
Bedroom				
Bedraising Units	✓		✓	
Mattress/pillow lifts	✓		✓	
Back rests	✓		✓	
Bed rails/levers	✓		✓	
Beds 4 part profiling	✓		✓	
Cot sides	✓		✓	
Cot side bumpers	✓		✓	
Mattresses – standard foam	✓		✓	
Chairs				
Chair raising units	✓		✓	
Riser Recliner Chairs Recycled – end of life, short term trial	✓			✓ OT, Nursing, PT
Adjustable height	✓			✓ OT, PT,

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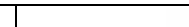
ortho only Short term loan				Nursing
Household and Personal Care				
Eating/drinking	✓		✓	
Washing/dressing	✓		✓	
Food prep	✓			✓ OT
Perching stools	✓		✓	
Trolleys	✓			✓ OT
Zimmer caddies	✓			✓ OT, PT, Nursing
Mobility equipment				
Walking frames wheeled	✓		✓	
3&4 wheeled walkers	✓		✓	
Walking sticks	✓		✓	
Gutter frames	✓			✓ PT
Crutches	✓			✓ PT
Wheelchairs Attendant propelled or self propelled ST loan only Generate referral for long term provision	✓ ✓ ✓		✓	
Moving and Handling				
Mobile Hoists	✓		✓	
Gantry hoists	✓			✓ OT, PT, Nursing
Slings	✓		✓	
Specialist slings		✓		✓ OT
Transfer boards	✓			✓ OT, PT, Nursing
Slide sheets & 1 way guides	✓		✓	
Monkey poles (bed attached)	✓			✓ OT, PT, Nursing

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Monkey poles (free standing)	✓			✓ OT, PT, Nursing
Transfer aids (Stedy, Atlas – turnsafe, standard)	✓			✓ OT, PT, Nursing
Rails				
Internal grabrail	✓		✓	
External grabrail	✓		✓	
Newel rail	✓			✓ OT, PT
Drop down	✓			✓ OT, PT
Toileting				
Commodes Static Adjustable	✓		✓	
Raised toilet seat	✓		✓	
Toilet raising frames (FST)	✓		✓	
Toilet Frame Floor Fix		✓		✓ OT
Toilet Frame Free Standing	✓		✓	
Wheeled Commode	✓		✓	
Tissue Viability				
Mattress Medium – High	✓			✓ Nursing
High	✓			✓ Nursing
Cushions	✓			✓ Nursing
Medium	✓			✓ Nursing
High	✓			✓ Nursing
Sensory Impairments				
Visual Impairments				
Hearing Impairments				
Bariatric Equipment				
Perching Stools	✓		✓	

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Showering	✓		✓	
Commodes	✓		✓	
Toilet Raising Frame Freestanding	✓		✓	
Profiling Bed		✓	✓ Nursing	
Any other items would require specialist assessment and ordering process or non-core stock				
Specialist paediatric equipment is non-core and requires assessment by paediatric OT/Physio				
Telecare				
Community Care Alarms	✓		✓	
Smoke Alarms	✓		✓	
Bed occupancy monitors	✓		✓	
Chair occupancy monitors	✓		✓	
Falls Sensor	✓		✓	
Carer Alerts	✓		✓	
Exit Sensors	✓		✓	
Pill Dispensers	✓		✓	

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8.3 APPENDIX 3 Discharge Information Checklist for Equipment Provision

It is essential that the following information is provided to Community Nursing Services by ward nursing staff to facilitate a safe discharge:-

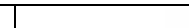
• Why is the equipment needed?	
• When is the equipment needed?	
• What is the equipment?	
• Who will use the equipment?	
• Have the patient and family agreed to this equipment?	
• Is the house suitable?	
• Is space available?	
• Is the patient able to weight bear?	
• If requesting a sling what size and type	
• Are there current identified risks that should be highlighted to staff?	
Delivery notes :-	
▪ Do family need to be notified for access?	
▪ If so what phone number is to be used?	
▪ Are there stairs inside or outside the house?	
▪ Any issue the CES be made aware of? e.g. dogs, substance abuse, infection.	
• Name of the ward nurse who has assessed the patient for this equipment?	
• Confirmed discharge date?	
• Which community nursing team have you liaised with?	
▪ Date that community nurse will visit post discharge?	

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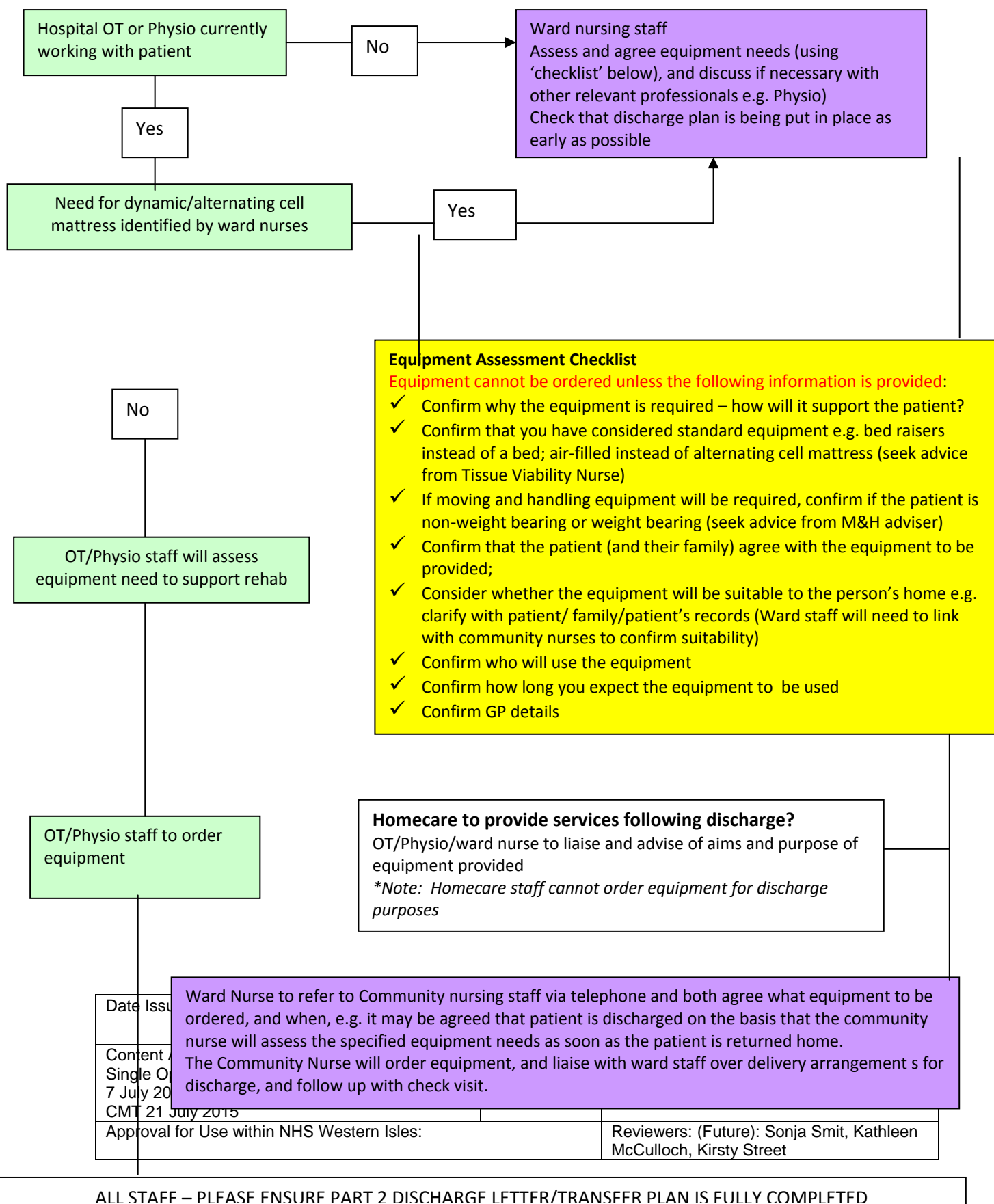
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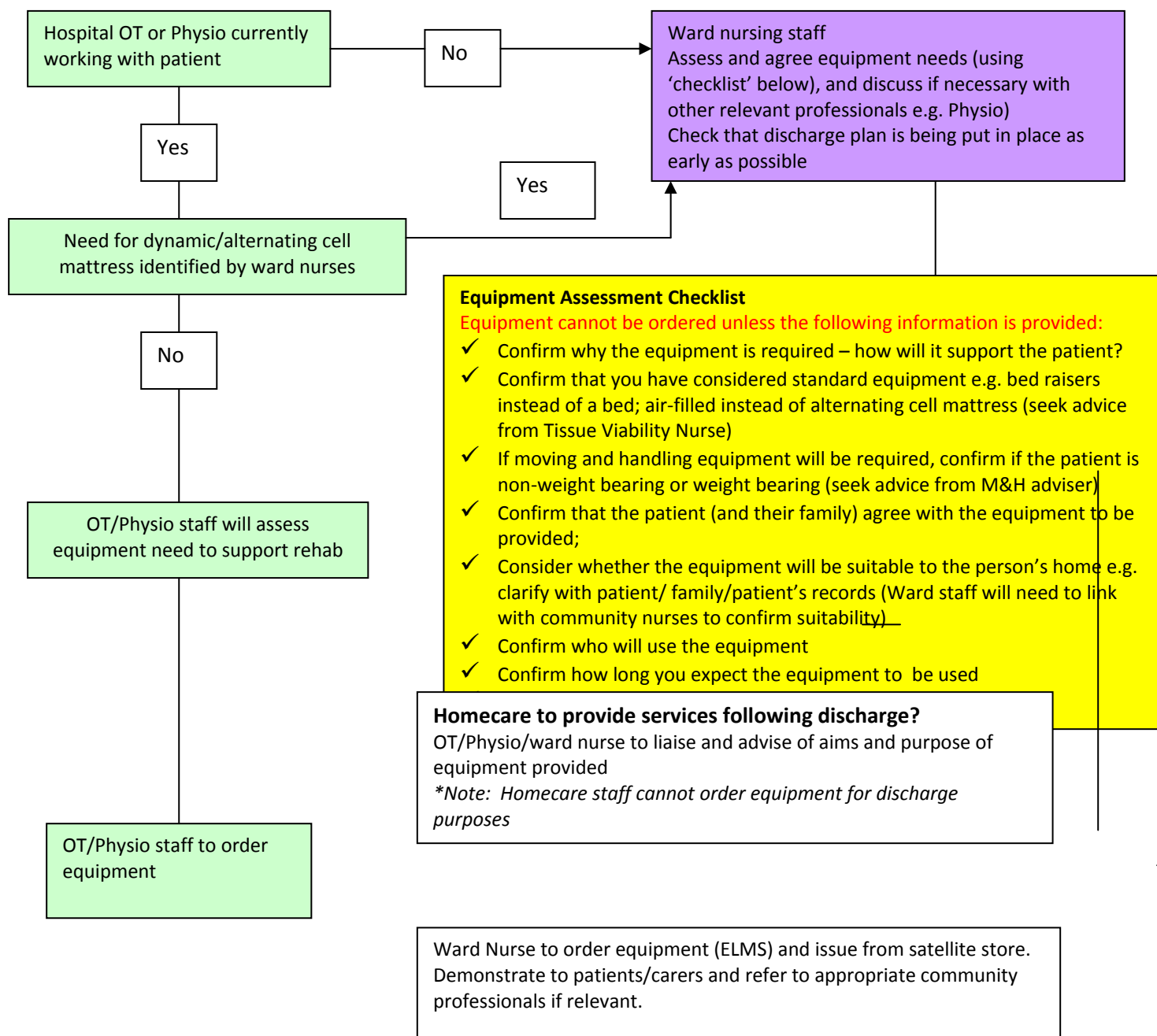
Department: Occupational Therapy Code:	Title: Policy for Provision of Community Equipment	
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8.4 APPENDIX 4 Provision of equipment for discharge to support patients in the Community - Guidance for hospital based staff





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8.5 APPENDIX 5 Rapid/Out of Hours Discharge from Hospital



*** ALL STAFF - PLEASE ENSURE PART 2 DISCHARGE LETTER/TRANSFER PLAN IS FULLY COMPLETED**

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8.6 APPENDIX 6 Equipment provision for Care Homes

The Scottish Government **Guidance on the Provision of Equipment and Adaptations** (CCD 5/2009) endorsed by COSLA Health and Well-Being Executive Group in November 2009 places key tasks upon local authorities in partnership with Health Boards and care home providers.

The purpose of providing equipment is to increase or maintain functional independence of a person, or allow for their safe management within the care home. Where equipment can support early discharge from hospital it must be loaned, with urgency, free of charge for a period of up to four weeks. Where the provision of equipment can prevent admission to an acute hospital setting it must be loaned, with urgency, free of charge for a period of up to four weeks.

People should be assessed on their individual need for the provision of equipment. However, it should be recognised that the equipment needs of people residing in care homes are not necessarily the same as people living in their own home. People should be able to access necessary equipment regardless of their financial status.

Recognised and agreed assessment tools should be used for all assessments. Assessors should consider the most cost-effective way of addressing the assessed need.

Staff must be appropriately trained in the use, cleaning and maintenance requirements of any equipment as set out in the Medical Health products Regulatory Agency (MHRA – was the MDA) MDA DB 9801 and other related documents.


Demonstration of the use of the equipment, and ensuring it is suitable immediately after it has been provided, is the responsibility of the assessor or delegated other and written instruction where appropriate should be provided.

Equipment purchased by the Care Home should only be passed on from one user to another following assessment and identification of need. Prior to it being passed on it must be cleaned and/or decontaminated as determined by the national standards on decontamination and manufacturers' instructions.

Where a person being admitted to a Care Home has already been provided with equipment in their own home, this should be returned to Selbro Store. If equipment is transferred temporarily into the Care Home this must comply with Infection Control Protocols.

Care homes that are contracted to take local authority clients for social care, people with learning disabilities and other disabled people and/or contracted to provide health care (accommodation, personal care), are expected to make provision for the



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standard equipment to fill their obligations to those clients and to their work force.
This provision should be through purchase by the home.



<http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Independent-Living/Equipment-Adaptations/Carehomes-Protocol>

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8.7 Appendix 7 - Risk Assessment

Site	Western Isles	Risk Category (See list)	
Dept/Ward	Health and social care staff utilising the CES	Assessors name (person who documents the risk)	Sonja Smit, Kathleen McCulloch
Risk Ref No.		Risk status (active-being reduced, inactive-tolerated, active-escalated)	active
Date risk raised	12.06.15	Register for Escalation (Hosp or CHAScP))	Not applicable
Operation/Activity			Describe the setting and the work being undertaken
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.			
Observations			What can be seen or envisaged that might lead to a risk?
If the policy is not implemented and adhered the outcomes below may not be achieved: <ul style="list-style-type: none"> • Streamline the access to equipment provision • Improve the speed, efficiency and effectiveness of service pathways • Maximise the use of resources (people and equipment) • Ensure a standardisation of good practice across all service areas for the provision of Core stock, and Special order (non-stock) equipment. • Encourage budgetary efficiencies and minimise financial expenditure for equipment based on the principle of 'minimum intervention, maximum independence'. 			
Risk(s)			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 2. Patients/carers at risk of injury if not provided timeously with equipment appropriate to meet their assessed needs 3. Unsatisfactory patient/carer experience or clinical/care outcome 4. Informal and formal complaints from patients/carers/relatives/staff 5. Adverse publicity			
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6. Litigation	
Hazard(s)	<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>
1. Staff unclear about their role and responsibilities in relation to assessment and equipment provision 2. Inadequate training which will support staff's clinical reasoning about reason for provision of equipment, contra-indications etc.	
People at risk	
1. Patients/Service users 2. Formal and informal carers/relatives 3. Staff	<i>Highlight the people at risk i.e. nursing staff, Domestic, Estates, Visitors, the likely numbers exposed</i>
Current Control Measures	<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>
<ul style="list-style-type: none"> Staff are only able to access equipment that they have been trained/deemed competent to prescribe Equipment delivery rotas are posted on the NHS Western Isles website for all staff to access The OT service has a robust procedure for requesting non-core stock equipment which requires peer review and authorisation from the Service Manager New OT staff are verbally informed of how access equipment during induction CES staff give feedback to clinicians when they suspect that a prescribing error has been made 	

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 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.</i>
------------	---	---	----------	---	---	-------------	----	---

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)	

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Current Control Measures (Please mark appropriate box with an X)		Weak/Require strengthening	X
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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 Manager	June 2015	
Deliver training to all staff groups regarding the policy, access and equipment – funding for training secured	Multi-Professional staff group	Following approval of policy	

Risk Control Action Plan Costs (Please mark appropriate box with an X and specify total estimated cost)			Amount £			Amount £ 0
---	--	--	-----------------	--	--	-----------------------------



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

QUANTIFICATION OF TARGET RISK RATING WITH RISK CONTROL ACTION PLAN IMPLEMENTED

Likelihood	2	x	Severity	4	=	Risk Rating	8 Medium	Estimate of likelihood and severity 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 Assessor: (Print Name)	Sonja Smit and Janet Gordon	Signature:		Date:	12.06.15
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Service Head / Nominated: Deputy <i>(Print Name)</i>	Sonja Smit	Signature:		Date:	
---	------------	-------------------	--	--------------	--

c) PERIODIC REVIEW


REVIEW THE RISK EVERY THREE MONTHS. UPDATE TO REFLECT CURRENT STATUS

Review Date					
Reviewer					
Action					

Send copy of completed Risk Assessment to Line Manager for inclusion on the Ward/Department/Unit Risk Register

Date Sent:		Line Manager Name:	
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8.8 Appendix 8 - 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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8.9 Appendix 9 - 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

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.

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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?

This policy positively affects everyone equally.

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.

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.

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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?

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.

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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

- 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

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- 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:

Signed: **Date:**

By Strategic Diversity Lead

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8.10 Appendix 10 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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