

Occupational Therapy Procedure for the Completion of Community Visits

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Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Occupational Therapy	
Target staff categories	All Occupational Therapy staff	

Plan Overview:

This procedure is to be followed by all Occupational Therapy (OT) staff carrying out all types of community visits as part of their safe practice with Worcestershire Acute Hospitals NHS Trust.

Community visits must comply with the Procedures contained within this document to ensure visits are carried out safely.

Key amendments to this Document:

Date	Amendment	By:
March 2023	New document approved	Occupational Therapy Leadership

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Introduction

The community visits discussed within this procedure refer to pre-admission, pre-discharge, post-discharge, out-patient or outreach visits.

This procedure contains instructions for all Occupational Therapy (OT) staff to follow regarding the planning, arrangements and completion of community visits.

Clinical OT teams will be required to monitor and audit compliance with this document.

This document should be read in conjunction with the '*Occupational Therapy Guideline for the Completion of Community Visits*'.

The following sections must be adhered to when planning, arranging and completing community visits:

Completion of Specific Risk Assessments

Prior to carrying out any form of community visit the 'Health and Safety Community Visit Risk Assessment Checklist' (Appendix 1) must be completed and filed in the patients' medical notes.

Covid Community Visit Risk Assessment Checklist questions and paperwork need to be completed prior to a visit (Only when the community prevalence is high according to national risk and determined by the OT Service Manager) and staff to wear appropriate Personal Protective Equipment (Appendix 2), adhering to the Conducting Occupational Therapy Community Visits during the COVID-19 Pandemic Standard Operating Procedure (see Masters).

Capacity and Consent

If a community visit is proposed to a patient who is deemed to have capacity and consent is with-held, then the visit cannot go ahead.

If patient lacks capacity to consent to OT staff visiting their property, the evidence for this will need to be recorded in the OT notes. Record the content of the conversation to justify the opinion that the patient lacks capacity to consent. It will also need to be recorded that you are doing this visit in the patient's best interest. If the patient has a next of kin or "significant other" you will need to discuss the situation with them and seek their permission (Refer to Trust Mental Capacity Act (MCA) guidance/documentation). Ensure you discuss with Team Lead as appropriate.

Staff Safety Measures

All staff to ensure they take with the Community Visit bag (Appendix 3).

An informed decision should be made by the OT in relation to completing access visits/equipment fitting alone when meeting carers/relatives/patients at the property. Staff should attempt to position themselves near an exit in case of emergency.

Where access to the property is necessary and no carers/relatives/patients can be present then 2 staff members should be present and the relevant consent paperwork should have been completed using the Home Permission Form (Appendix 4).

When inpatients are involved in the visit then two staff members should be present. Depending on the risk assessment based on perceived potential difficulties, and the assessments required on the visit, the therapist can make a decision as to who the most relevant professional should be, e.g. OT, OT Assistant, Physiotherapist, Social worker or Student Nurse/therapist.

When fitting equipment pieces that require moving of larger furniture two members of staff will also be required to ensure safe practice.

Details of all visits should be entered into department log book and the OT should take the department mobile with them on all visits.

Tech forms need to be completed for staff fitting and setting up equipment (Appendix 5).

If OT staff need to transport equipment in their cars as part of the home assessment they will need to refer to the Transportation of Equipment Policy 2018.

Report any problems/issues arising from the Home Assessment to the Senior OT / Manager at the time of assessment

Staff to liaise with senior OT for advice/support/de-brief during and following any incident that occurs on the visit as required.

Ensure any incidents are reported via DATIX.

If there is an indication that a patient will decline to return to hospital, then a home assessment will not be undertaken. Furthermore, if a patient refuses to return to hospital during a home visit, despite encouragement from the OT, then a self-discharge form (Appendix 6) will need to be signed by the patient, and the ward and medical team will need to be informed.

Lone Working

- An informed decision is required to establish if lone working is appropriate or if a second member of staff is required for the visit.
- Calling in to OT department when leaving final destination, if before 16:30. After this time calling/texting an identified senior member of the OT team to confirm safe completion of a visit i.e use of a 'buddy' system. This buddy will need to be able to receive calls out of work time and be aware of the location of your visit.
- Ensure that all OT's are familiar with the Trust Lone Worker Policy.

Medical Emergency

In the event of a medical emergency OT staff to contact emergency services on 999. OT staff to be aware of patients DNAR status prior to community visit, however if a RESPECT form is not apparent CPR must be commenced.

- Follow advice given by Emergency Services
- Commence CPR if required and appropriate to do so
- Reassure the patient and carers
- If completing a Pre-discharge Assessment community visit with the patient, inform the ward manager at the earliest opportunity.
- At the earliest opportunity contact your OT Team Leader.
- On return to the hospital a DATIX must be completed and a debrief session held with your OT Team Lead. Document the event in the patients OT notes.

Threatening or Violent Behaviour

In the event of any threatening behaviour or violence, be that verbal or physical, towards yourself, the patient or anyone else present on the community visit, and the situation cannot be diffused, OT staff must vacate the property. OT staff need to remain calm and not engage in any arguments. In the event of OT staff being attacked, they are entitled to protect themselves with reasonable degree of force.

- Contact Emergency Services on 999 if required.
- If you are in a situation where you are unable to call the Emergency Services directly, OT staff should attempt to contact the OT department if able and state the following: "Please can you cancel my next appointment". The OT staff within the department must then contact the Police to seek help for them.
- At the earliest opportunity OT staff must contact their OT Team Lead and ward manager as appropriate.
- On return to the hospital a DATIX must be completed and a debrief session held with your OT Team Lead. Document the event in the patients OT notes.

Money/Valuables

If a patient asks you to bring in any money or items of value from the community visit to hospital, the initial OT staff response should be to discourage them from bringing such items into the hospital in line with the Trust 'Safekeeping of Patients Monies and Personal Belongings' policy. Any money/valuables taken at the patient's request must be handed in to their nurse in charge so that these items can be logged and recorded and stored appropriately in adherence to the Trust policy.

Medication

OT staff must not administer any medication on a community visit.

If the patient is on any time specific medication or is likely to need medication during the community visit, OT staff to discuss this with the nurse responsible for the patient and the medical team. If the patient requires medication during the community visit, consider the following:

- Can the patient administer their own medication?
- Can the dose times be adjusted without affect?
- Will there be anyone else present on the community visit who could administer medication if required, or do you need to arrange for a relevant professional to attend the visit to administer medication?

In the event of a patient attempting to take medication against medical advice or other substances, OT staff must advise against this. Where the patient takes such medication/substances, against the OT staff advice, the therapist must inform the patient's nurse in charge and their OT team lead at the earliest opportunity. Community visit to be suspended if needed. On return to the hospital a DATIX must be completed and a debrief session held with your OT Team Lead. Document the event in the patients OT notes.

Gas Heating Appliances

If it is recommended that a patient needs to relocate to sleep in a room where there is a gas heating appliance, OT staff must advise that it should only be used if it has been deemed gas safe by a registered engineer. Alternatively advise that they use a different heating source whilst sleeping in this room, and not to use the gas heating appliance. If OT staff have any further concerns regarding the gas heating appliance, they can seek advice from the hospital Social Worker.

Environmental Hazards

If OT staff encounter any environmental hazards whilst on your visit e.g. fleas, animals, cleanliness etc. that could be detrimental to their health, they will need to contact their OT team lead to discuss actions to be taken regarding this e.g. opportunity to shower and/or change uniform on return. If any further action is required, this may need to be discussed with the OT manager and any relevant Trust policies to be followed. On return to the hospital a DATIX must be completed and a debrief session held with your OT Team Lead. Document the event in the patients OT notes.

Documentation

Document the clinical reasoning to undertake a Home Assessment (made by whom and why) and the planning.

OT staff are advised to use the Home Assessment Record sheet as a guide to gather information required during the visit in order to complete a comprehensive report (Appendix 7).

If digital technology i.e photographs are required whilst on the home assessment, OT staff will need to comply with the Photograph Procedure and complete the photograph consent form (Appendix 8).

Ensure that the recommended actions arising from the Home Assessments are carried out. Record the actions taken and the reasons for variances from the recommendations.

Advise the Senior OT / Manager of any delays in carrying out the recommendations e.g. limited availability of equipment / services.

Completion of Community Visit Report

The community visit report should give a summary of the environment and of the patient's ability to cope in this environment.

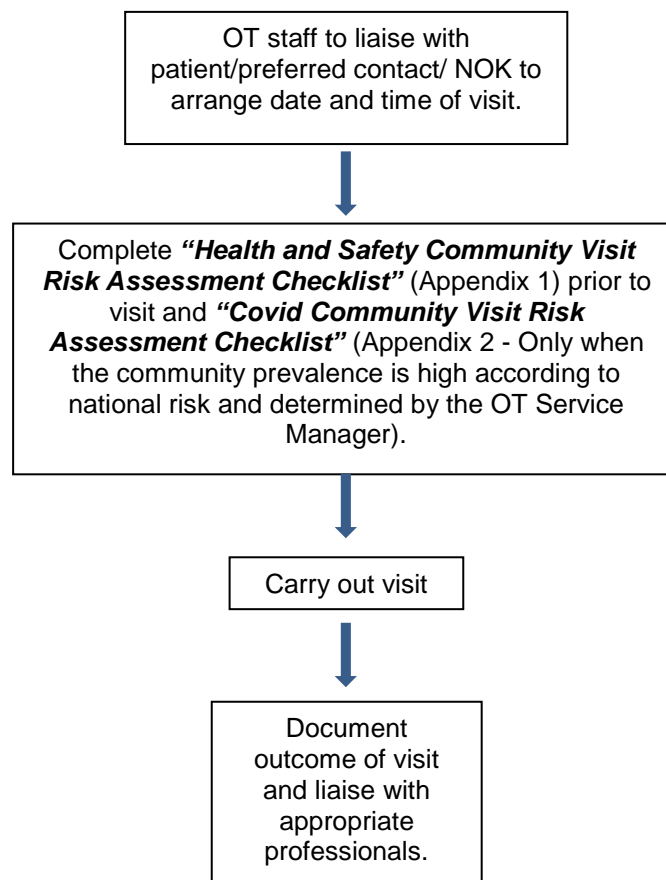
It should include a record of who was present on the visit and a reference to the patient's previous level of ability. There should be recommendations of the actions required to enable the discharge to progress, with reference to who will be following these through. (Appendix 9 for Community Visit Report and Appendix 10 for Outreach visit report).

A summary should be included in the medical notes immediately on return to the ward. The full report should be included within 24 hours of completing the assessment.

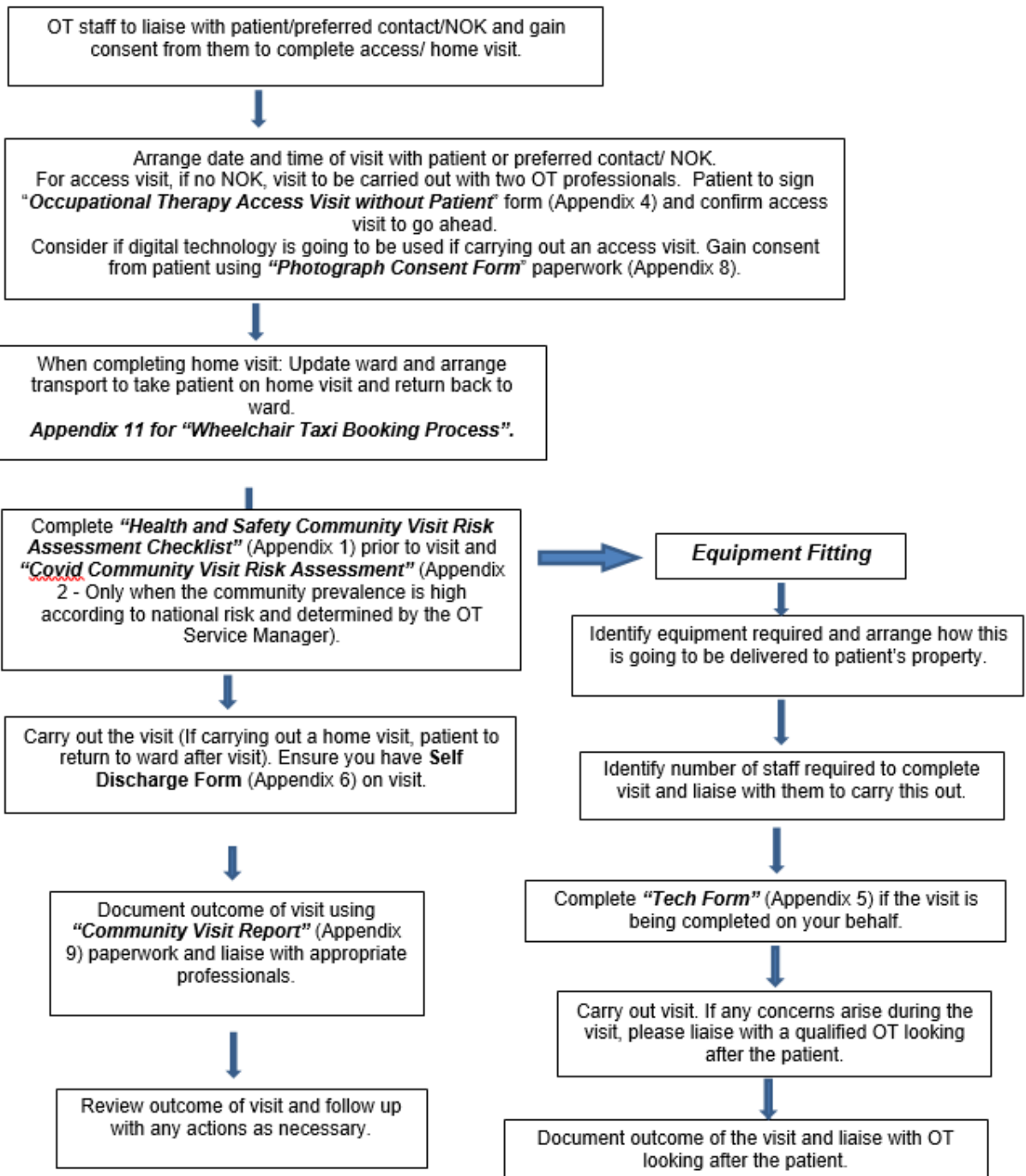
Conducting community visits

When conducting community visits please follow the below flowcharts:

Pre-Admission Assessment



Pre-Discharge Assessment Community Visits



Outreach Visits

OT staff to liaise with patient/preferred contact/NOK on ward to gain consent from them to complete an outreach visit on day of discharge. OT to liaise and co-ordinate with ward staff

Complete ***“Health and Safety Community Visit Risk Assessment Checklist”*** (Appendix 1) prior to visit and ***“Covid Community Visit Risk Assessment”*** (Appendix 2 - Only when the community prevalence is high according to national risk and determined by the OT Service Manager).

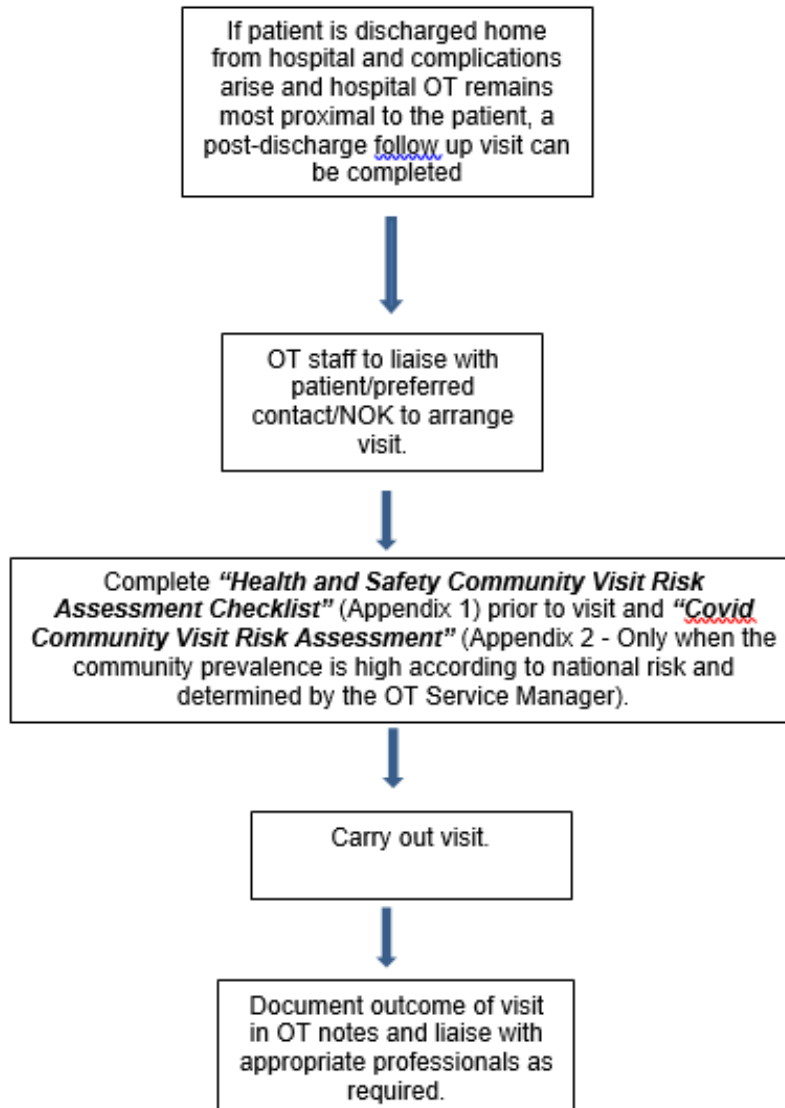
Patient discharged home

Carry out visit.

Document outcome of visit using ***“Outreach Visit Report”*** (Appendix 10) paperwork and liaise with appropriate professionals.

Complete any onward referrals required.

Post-Discharge Follow Up Visit



Outpatient Assessment/Treatment Within Patient's Usual Place of Residence

OT staff to liaise with patient/preferred contact/NOK to arrange date and time of visit.



Complete "**Health and Safety Community Visit Risk Assessment Checklist**" (Appendix 1) prior to visit and "**Covid Community Visit Risk Assessment**" (Appendix 2 - Only when the community prevalence is high according to national risk and determined by the OT Service Manager). Outpatient OTs to refer to the Health and Safety Splinting Guidelines as appropriate.



Carry out assessment/treatment.



Document outcome of visit and liaise with appropriate professionals.

APPENDIX 1

Health and Safety Community Visit Risk Assessment Checklist

Name of Patient:	Proposed date of community visit:	
Address of community visit:	Contact details:	
Name of person carrying out the community visit:		
Who will be present on the community visit? (include name if known):		
RISK ASSESSMENT RATING – (RED answers = 2) PLUS (Green answers = 0) = LEVEL OF RISK		
Is there a need to administer medication or oxygen on the visit?	Yes	No
Does any equipment need to be carried and transported in/out of car or buildings?	Yes	No
Any known access concerns? e.g. Distance from property to parked car, no parking available directly outside of property, steps, driveway/path surface material	Yes	No
Does the patient have a known history of aggression, violent, unpredictable behaviour, alcohol/drug abuse or any other traits that could be of concern? (Reported by health and social care professionals and/or relatives/friends?)	Yes	No
Known potential conflict with carers/relatives?	Yes	No
Any concerns regarding the patients cognition/mental/physical/medical status? e.g history of falls, refusing to return to hospital.	Yes	No
Any concerns about animals/pets in the property?	Yes	No
Are there any concerns about weather conditions when conducting the visit e.g snow and ice, light conditions, excessive heat or flooding?	Yes	No
Any known concerns with telephone access or signal? e.g rural areas	Yes	No
Known concerns about the property? e.g. location and access, poor state of repair, power supply and heating, environmental risks?	Yes	No
The property is in an area of known social deprivation?	Yes	No
Are staff updated with the relevant risk assessments, policies and guidelines e.g manual handling, lone working policy?	Yes	No

APPENDIX 1

Score	Risk	Action	Reporting Requirements
Low (1 – 3)	Risk is within tolerance	Within risk appetite / tolerance Managed through normal control measures at the level it was identified	Within tolerance so no reporting Record on risk register at the level the risk was identified
Moderate (4 – 7)		Within risk appetite / tolerance Review control measures at the level it was identified	Within tolerance so no reporting Record level the risk was identified
High (8 – 13)	Risk Exceeds tolerance	Exceeds risk appetite / tolerance Actions to be developed, implemented and monitored at the level the risk was identified	Record level the risk Report to next level of management
Extreme (14 +)		Exceeds risk appetite / tolerance Immediate action required - Abandon Community Visit. Seek alternative arrangements to meet patients' needs	Record level of risk Report to next level of management

Overall risk rating score	
Action	
Reporting	

Occupational Therapy Staff Name:

Occupational Therapy Staff Signature:

Date:

APPENDIX 2

Covid Community Visit Risk Assessment Checklist

ATTACH PATIENT STICKER



Community Visit Risk Assessment Checklist

Name of Patient:	Date of Visit:	
Address of community visit:	Contact details:	
Name of person carrying out the community visit:		
Who will be present on the community visit?:		
RISK ASSESSMENT RATING – (RED answers = 2) PLUS (Green answers = 0) = LEVEL OF RISK		
Is this an essential community visit?	Yes	No
Could the purpose of the visit be achieved without going into the property?	Yes	No
Could the purpose of the visit be achieved by another practitioner who has to make an essential visit?	Yes	No
Is this the most appropriate person to undertake this visit that is essential?	Yes	No
Could aspects of the visit be achieved remotely minimising physical contact?	Yes	No
Are there known risks of infection or higher risks to health that indicate the patient/or household members should not have visitors?	Yes	No
Is the patient and or household members likely not to comply with social distancing?	Yes	No
Will you remain at the doorstep to maintain social distancing throughout the visit?	Yes	No
Known concerns about the property e.g. location and access, poor state of repair, access to toilet facilities, power supply and heating?	Yes	No
Planned entry and identified the use of space in the home?	Yes	No
Have you considered how you will carry out the purpose of the visit, minimising risk of infection?	Yes	No

APPENDIX 2

ATTACH PATIENT STICKER

RISK ASSESSMENT RATING

(Use Trust Risk Matrix to determine likelihood and consequence)

Score	Risk	Action	Reporting Requirements
Low (1 – 3)	Risk is within tolerance	Within risk appetite / tolerance Managed through normal control measures at the level it was identified	Within tolerance so no reporting Record on risk register at the level the risk was identified
Moderate (4 – 7)		Within risk appetite / tolerance Review control measures at the level it was identified	Within tolerance so no reporting Record level the risk was identified
High (8 – 13)	Risk Exceeds tolerance	Exceeds risk appetite / tolerance Actions to be developed, implemented and monitored at the level the risk was identified	Record level the risk Report to next level of management
Extreme (14 – 22)		Exceeds risk appetite / tolerance Immediate action required -Abandon Community Visit. Seek alternative arrangements to meet patients' needs	Record level of risk Report to next level of management

OVERALL RISK RATING

Overall risk rating score	
Action	
Reporting	

Occupational Therapy Staff name

Occupational Therapy Staff signature:

Date:

APPENDIX 2

ATTACH PATIENT STICKER



Patients/Household Members Screening Questionnaire prior and during the Community Visit

The following screening questions need to be asked to all patients (including household members) prior to conducting the visit. On arrival to the patient's residence, these questions must be repeated and a temperature check will be carried out if the patient is present during the visit.

Prior to Visit (24 hours)

Have you or someone you have close contact with have any of the following symptoms in the last 14 days?	Fever
	New or persistent cough
	Loss of smell/taste
	Flu like illness – dry throat, hoarseness, sore throat, runny nose, joint/muscle aches, wheezing, short of breath
	Abdominal symptoms – abdominal pain, vomiting, diarrhoea
	Temperature of >37.8 (if patient present)

On the Visit

Have you or someone you have close contact with have any of the following symptoms in the last 14 days?	Fever
	New or persistent cough
	Loss of smell/taste
	Flu like illness – dry throat, hoarseness, sore throat, runny nose, joint/muscle aches, wheezing, short of breath
	Abdominal symptoms – abdominal pain, vomiting, diarrhoea
	Temperature of >37.8 (if patient present)

Any other comments:

If any of the above questions are answered YES, the community visit will be abandoned and alternative arrangements discussed with the lead clinician. Patients and household members will be directed to the 111 service to assess their Covid-19 risk and a dependent on need a further visit made in due course.

APPENDIX 2

ATTACH PATIENT STICKER



Covid 19 Occupational Therapy Community Visit Consent Form

I have completed a COVID 19 risk assessment and health screen	Yes/No
A COVID 19 risk assessment and health screen has been completed for other individuals living in the property	Yes/No
My therapist has explained the risks associated with a visiting me at home and has discussed the benefit vs risk of attendance with me	Yes/No
I have been made aware of the measures the Occupational Therapist has put in place to reduce these risk	Yes/No
I acknowledge it is my responsibility to inform the department via telephone if anything should change in relation to my health or that of individuals living in the property that could put myself or others at greater risk	Yes/No

I (Patient name/Patient relative/POA) confirm that I understand the risks associated with the Occupational Therapist visiting me at home during the current COVID 19 pandemic and confirm that I have made an informed decision for this visit to take place.

APPENDIX 3**Community Visit Bag Content**

- Clip board
- Tape measure
- Self-discharge form
- Community Visit record sheet
- Photograph procedure consent form
- Clinical waste bag
- Disposable gloves
- Disposable apron
- Surgical mask
- FFP3 mask
- Face shield
- Work mobile phone
- Resuscitation mask
- First Aid Kit
- Marker dots
- Urinal
- Vomit bowl
- Incontinence pads/pants
- Medi wipes
- Milk/tea/coffee if conducting a home visit with a patient

Community visit Bag Content Outpatients

- Mobile phone
- Recording sheet/pen
- Tape measure
- Photograph consent form
- PPE – gloves, aprons, masks.
- Sick bowl
- Clinical waste bag
- Splint leaflet
- Hand assessment equipment e.g. goniometer, dynamometer as appropriate
- Splints/assistive equipment/information booklets relating to the specific diagnosis or reason for the home assessment.

Where there is a plan to carry out thermoplastic splinting the following checklist should be used to help plan what equipment will be required:

- Splint pan
- Heat gun
- Towels
- Water jug
- Scissors/cutting tools
- Cutting mat
- Spatula
- Pattern paper
- Cellotape
- Splint material
- Stockinette
- Dressings as appropriate.
- Hooked Velcro wide/narrow
- Soft strap wide/narrow
- Neoprene strap wide/narrow
- PPE – gloves, aprons, masks.
- Clinell wipes
- Antibacterial gel
- Black waste bag
- Clinical waste bag
- Linen bag for used towels
- Splint leaflet

APPENDIX 4

OCCUPATIONAL THERAPY COMMUNITY VISIT WITHOUT PATIENT FORM

To whom it may concern:

I of:
.....
.....
.....

Give my permission to the stated Worcestershire Acute Hospitals NHS staff
.....
and to enter my property for the purpose of
assessing access for delivery/fitting of equipment and patient access.

The visit will take place on lasting approximately
.....

I understand that the following rooms will be accessed for the purpose outlined
below:

Room	Purpose/Equipment

Patient Signature:

Lead OT:

Other staff:

Date:

Procedure


APPENDIX 5

Tech Form

Occupational Therapy Department – Referral for Equipment Delivery & Fitting

PATIENT DETAILS		DIAGNOSIS		VISIT DETAILS	
Name:	DOB:	Speciality Code:	300 100 303 110 N/A	Patient aware and has given consent for visit:	
Hospital Number:		GP Consultant:		Name of contact to arrange the visit:	
Address:		Diagnosis Code:		Relationship of contact to the patient:	
Postcode:		Relevant medical information:		Contact numbers:	
Telephone Number:					
Mobile Number:					
EQUIPMENT TO BE FITTED/COLLECTED			QUESTIONS TO BE ASKED		
Equipment type:		Have you been to an affected place in the last 14 days?		All Relatives/Carer/Friend at the property during visit:	
Equipment located at:		Have you had contact with somebody with Coronavirus?		Track and Trace	
Specific Instructions:		Do you have the following symptoms – cough, fever and SOB?		Are you or anyone within the household shielding or considered in the Covid 19 'high risk' group? Yes/No :	
Instruction leaflets needed: Yes/No					
PRIORISATION DETAILS		SAFETY ISSUES		PATHWAY	
Proposed Date of Action and reasoning:		How many persons required for visit?	1	EOL care	
TCI date for pre-op patients:		Are there any known risks or hazards?	No	Pathway 0	
Not Urgent:				Pathway 1	
				Pathway 2	
Referrer Details					
Name:	Department:	Contact bleep/telephone number:	Date:		
Office use only - To be completed by OTA post visit.					
Date & time completed					
Referrer contacted to inform of outcome of visit (Date & time):					

APPENDIX 6

Worcestershire 
Acute Hospitals NHS Trust

PATIENT TAKING OWN DISCHARGE

I,.....
of.....
hereby declare that I wish to be discharged immediately from
.....hospital,
and affirm that I have made the decision now to leave the said hospital freely and of
my own volition, fully realising that it is contrary to the medical advice which I have
received.

I hereby agree that the Worcestershire Acute Hospitals NHS Trust responsible for
the said hospital, their officers, servants and agents are wholly absolved and
discharged from any responsibility or liability of any description whatsoever arising
directly or indirectly out of my taking my own discharge from the said hospital.

Date this.....day of.....20.....

Signature of Patient.....

Witness (signature).....

Address.....
.....

(On completion this form is to be attached to the patient's clinical records)

R51

APPENDIX 7

Worcestershire Acute Hospitals NHS Trust Occupational Therapy Service
Community Visit Record

Patient name:.....**Hospital Number:** **NHS No.**

Patient's address:.....

Date of Assessment: / / **Present on Assessment:**.....

	Notes	Action
1. ACCESS Paths Steps Door / key Lifts		
2. STAIRS Covering Lighting Up / Down Existing rails / banisters Height of any rails to be fixed		
3. CORRIDORS / HALLS Space to maneuver Floor covering Doors / Thresholds Switches		
4. LIVING ROOM Height of most frequently used chairs On / Off chair Floor covering Space around, and support offered by furniture Heating TV / Switches etc		
5. KITCHEN Cupboards / larder Sinks / Taps Cooker / Kettle Other appliances fridge / freezer / microwave etc Work surfaces Floor covering Any necessary aids Table & chair		

APPENDIX 7

<p>6. DINING AREA Ability to sit at table Ability to bring food to table Space to maneuver around table</p>		
<p>7. BEDROOM Upstairs / Downstairs Height and type of bed Mattress On / Off bed Bedding Lighting Heating Commode Clothes storage</p>		
<p>8. BATHROOM Bath / Shower Upstairs / Downstairs In / Out of bath Height of any rails / appliances Ability to reach basin Room for walking aid and wheelchair Any necessary aids</p>		
<p>9. TOILET Upstairs / Downstairs On / Off toilet Managing clothing / personal hygiene Any necessary aids Outside toilet: Access / Lighting</p>		
<p>10. HELP AVAILABLE Telephone Relations / neighbours Home help Alarm system Meals on wheels District Nurse Others</p>		
<p>11. COGNITIVE ABILITY / PSYCHOLOGICAL STATUS Problems identified</p>		
<p>12. OTHER</p>		

APPENDIX 8

Photograph Consent Form

Patient/parent/person agreement to photographs of their property by one of the Occupational Therapy Team

Following confirmation of consent by patient's signature this form should be retained in the patient's record.

1. Patient details (or pre-printed label)

Surname/Family name First name(s)
Address
Date of Birth Patient record number Male Female
NHS Number
Special requirements (eg other language/communication method)
.....

2. Statement of health professional

We may need to take some photographs of your property (delete as appropriate)

- To aid the Occupational Therapist in discharge planning OR
- To aid the Occupational Therapy Assistants in discussions with a qualified OT to aid discharge planning OR
- In teaching of Junior Occupational Therapists or students at Worcestershire Acute Hospitals NHS Trust

Signed Date
Name (print)
Job Title

3. Statement of patient OR person with responsibility for the above patient

Any Photograph taken will be deleted once discussed with the patient or Occupational therapist for discharge planning purposes.

- I agree to have photographs taken for the purpose stated above. Yes No

Signature Name (print)
Date
Relationship to patient:

APPENDIX 9

Worcestershire Acute Hospitals NHS Trust
Occupational Therapy Service
Community Visit Report

Date of Assessment:	Ward:
	Consultant:
Name:	DOB:
Address:	Hospital No:
	NHS No:

Reason for Visit:

Those present:

Social Situation:

External Access:

Internal Access:

Toilet / Bathroom:

Main Bedroom:

Second bedroom/study:

Lounge:

Kitchen:

Areas of Concern	Actions	By Whom

Summary:

OT Signature:

Designation

This report is based on the patient’s abilities at the time of the visit and will not account for changes in medical and/or functional status. This report is confidential.

APPENDIX 10

Worcestershire Acute Hospitals NHS Trust
Occupational Therapy Service
Outreach Visit Report

Date of Assessment:	Ward:
	Consultant:
Name:	DOB:
Address:	Hospital No:
	NHS No:

Reason for Visit:

Those present:

Areas Assessed on Outreach Visit	Outcome	Any Onward Referrals or Action Required?

Summary:

OT Signature:

Designation

This report is based on the patient’s abilities at the time of the visit and will not account for changes in medical and/or functional status. This report is confidential.

APPENDIX 11

Wheelchair Taxi Booking Process

1. Ring the Alexandra Hospital switch board (43885) and ask to book a wheelchair taxi for a home visit with a patient.
2. Ask for the taxi to wait and return.
3. You will be asked for the Authorising Officer – This is Jo Kenyon
4. You will be asked for the Cost Code – 184368
5. Email Charlotte Jack and cc Jo Kenyon to inform them of the wheelchair taxi request.

Procedure

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
ALL	All OT staff are compliant with the procedures contained within this document when completing any type of community visit. This is to ensure mitigation of risk for staff, patients and family/carers.	Informal and formal documentation audits. Compliance with completion of department log book when carrying out community visits. Compliance of completion of documents contained within the appendices.	1 set of notes of each therapist to be audited twice per year	Team leaders of each speciality and/or clinical leads	Reporting to Clinical Leads meeting and OT manager	2 times per year
ALL	Clinical Supervision and supervision records	Specific case discussion and reflection in supervision	Agreed supervision frequency of the staff member	Clinical Supervisor	Clinical/Team Lead and OT Manager	When required
ALL	Annual Service quality and performance reviews	Quality auditing	Annual	Clinical/Team leads	OT Manager	Annual

Occupational Therapy Procedure for the Completion of Community Visits

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Occupational Therapy Senior Leadership Group
Therapy Clinical Governance Group
Clinical Specialists Occupational Therapists at Occupational Therapy Team Leads Meeting

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Claire Moore
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Claire Moore	Clinical Specialist Occupational Therapist General and Vascular Surgery	Claire.moore17@nhs.net
	Rachel Latham	Clinical Practice and Education Lead Occupational Therapist	Rachel.latham3@nhs.net
Date assessment completed	21/10/2022		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: OCCUPATIONAL THERAPY PROCEDURE FOR THE COMPLETION OF COMMUNITY VISITS
What is the aim, purpose and/or intended outcomes of this Activity?	The procedures contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit

Procedure

Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Consulted Royal College of Occupational Therapists Community Visits Guidance Consulted Professional Standards for Occupational Therapy Practice, Conduct and Ethics (Royal College of Occupational Therapists 2022) HCPC Standards of Proficiency Reviewed the previous iteration of documentation regarding Community Visits for Occupational Therapists	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Engaged with occupational therapy staff groups across all specialities	
Summary of relevant findings	Previous iteration of the document was no longer fit for purpose regarding appropriate risk management for occupational therapy community visits Task and finish group created to review, consult upon and rewrite the documentation New risk assessments created alongside robust instructions and processes that must be followed to ensure safety when community visits are undertaken	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			The procedures contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Disability	x			The procedures contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Gender Reassignment		x		The procedures contained within this document are not intended to have any consequence on this group
Marriage & Civil		x		The procedures contained within this document

Procedure

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Partnerships				are not intended to have any consequence on this group
Pregnancy & Maternity	x			The procedures contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Race including Traveling Communities		x		The procedures contained within this document are not intended to have any consequence on this group
Religion & Belief		x		The procedures contained within this document are not intended to have any consequence on this group
Sex	x			The procedures contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Sexual Orientation		x		The procedures contained within this document are not intended to have any consequence on this group
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	x			The procedures contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	x			The procedures contained within this document are designed to mitigate risks for all those involved and to promote a positive experience where possible of the community visit

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				

When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	<i>C. Moore</i>
Date signed	21/10/2022
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval