STANDARD OPERATING PROCEDURE COMMUNITY OCCUPATIONAL THERAPY AND PHYSIOTHERAPY

Document Reference	SOP23-031
Version Number	1.0
Author/Lead **Job Title**	Katie Barraball - Therapy Lead Rachel Laud - Clinical lead
Instigated by: **Date Instigated:**	Matthew Handley / Kerry Brown Community & Primary Care General Manager / Clinical lead
Date Last Reviewed:	20 July 2023
Date of Next Review:	July 2026
Consultation:	Community Services CNG Advanced Physio and OT staff across community services Professional leads OT and PT AHP Lead
Approved by:	Community Services Clinical Network Group 20 July 2023
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	• Health Care Professionals' Area | Yorkshire Ambulance Service • NHS England » Urgent community response services • Community - Delegation of Care to Non Registrants SOP21-027 • Community - Safety Huddle SOP21-028.pdf (humber.nhs.uk) • Community Services Assessment and Documentation SOP22-007 • Consent Policy N-052 • FRAMEWORK FOR POLICIES • Community - Referral and Triage for Neighbourhood Care Services

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*20/7/23*	*New SOP. Approved at Community Services Clinical Network Group (20 July 2023).*

Contents

1. INTRODUCTION

Following the transformation work in 2022 to create a One Community approach, there has been a review of all community specialist services to ensure a standardised and equitable approach to patient care across the community. This document enables identification of the processes within the service, aligned to commissioned service delivery, and bringing together all relevant processes and resources.

2. PURPOSE & SCOPE

This Standard Operating Procedure (SOP) explains the process to follow for Humber community services in Scarborough. Ryedale, Whitby and Pocklington for Community Physiotherapy and Occupational Therapy, it has been developed in order to provide guidance and clarity for clinical teams within HTFT services regarding process and expectations. It will also support partners in understanding the scope of service.

This document should be shared as part of the induction process for new starters or temporary workers, students, to ensure consistent compliance with the systems and processes. It does not replace professional judgement which must be used at all times when managing referrals and patient intervention.

3. DUTIES AND RESPONSIBILITIES

Service Managers, Therapy Lead and appropriate clinical/ professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Therapy Lead /Service managers / Advanced Physiotherapists / Advanced Occupational Therapists have responsibility for ensuring the quality of clinical interventions and record keeping by their staff, and monitoring compliance with this policy and procedure through the supervision and audit process.

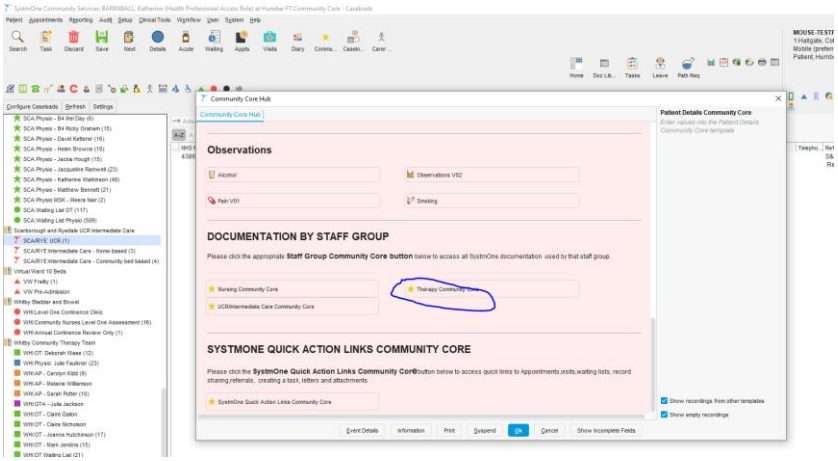
All relevant clinical staff will familiarise themselves and follow the agreed SOP and associated guidance. They will use approved documentation on SystmOne as per policy and Standard Operating Procedures. They will make their line managers aware of barriers to implementation and completion. The services is staffed by Community Occupational therapists and Physiotherapists at a variety of bandings. There are allocated Advanced band 7 Therapists for each profession – as detailed in the “one community” structures. The clinical lead for Therapy and UCR provides additional support to services alongside the divisional Therapy lead.

4. PROCEDURE

The teams primarily operate Monday to Friday between the hours of 8am to 5pm (excluding Bank Holidays) but flexibility of working hours around patient / carer need can be accommodated and flexible working requests can be submitted in line with policy. Services are primarily delivered in the community setting across the footprint of Humber Community Services.

4.1. Triage Criteria

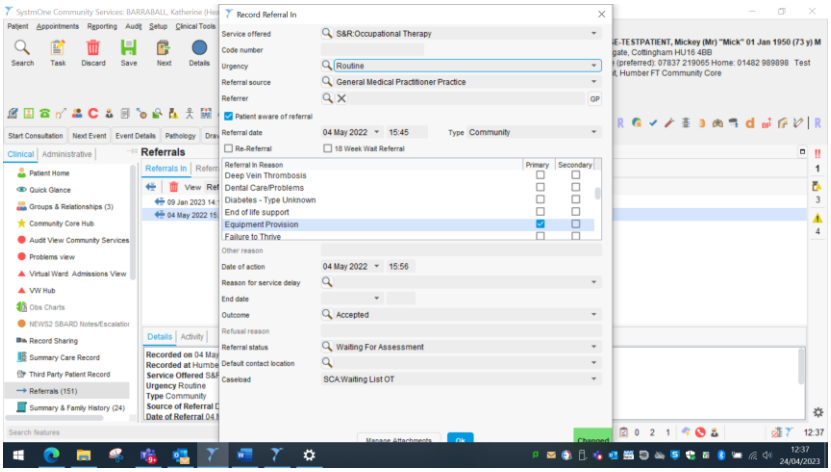
All referrals will receive clinical triage that will be recorded in the SystmOne record, the decision making should be recorded and will include appropriate/inappropriate, priority, banding, location, in the therapy triage template on SystmOne- accessed via the therapy community core button shown below.



All referrals received for community therapy will be clinically triaged by a qualified member of staff, (band 5 staff may work with band 6 staff to develop skills with triage as part of their professional development) the community therapy triage tool should be used across all localities and can be found Community - Referral and Triage for Community Services SOP18-014.pdf (humber.nhs.uk)

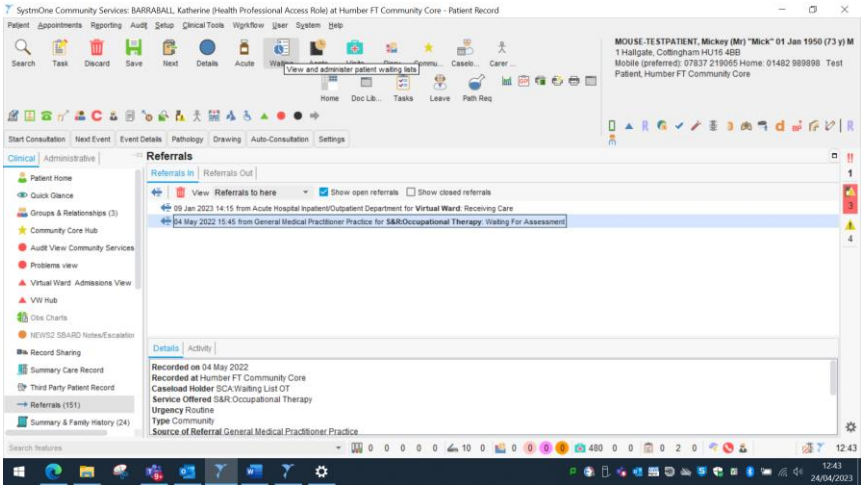
The patient should then have relevant actions taken as indicated following triage e.g., add to waiting list, phone call, discharge.

As part of the triage process the referral details should be checked to ensure they are correct – if not select the referral, right click, and choose amend referral.

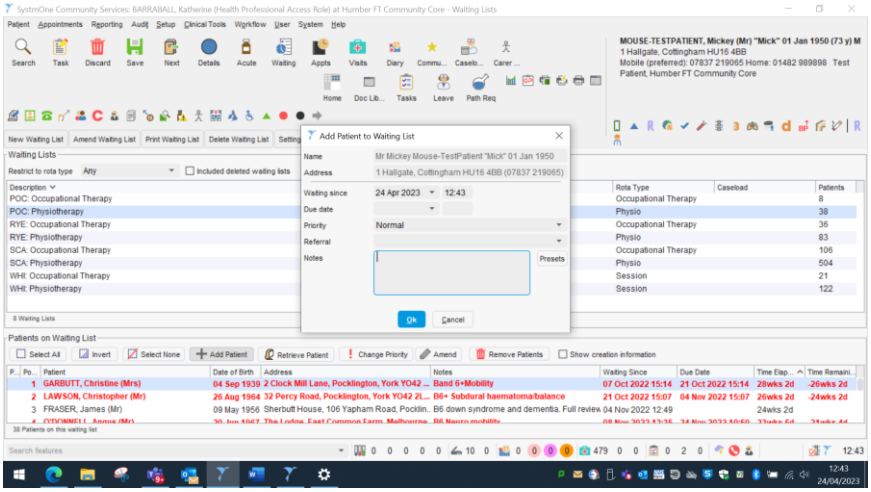


For community therapy only urgencies of **routine or urgent** should be used. Amend the referral status to waiting for assessment and update the caseload to the relevant (locality) Waiting list Service caseload e.g., SCA waiting list OT.

The patient should now also be added to the relevant locality waiting list noting the priority and banding for assessment.

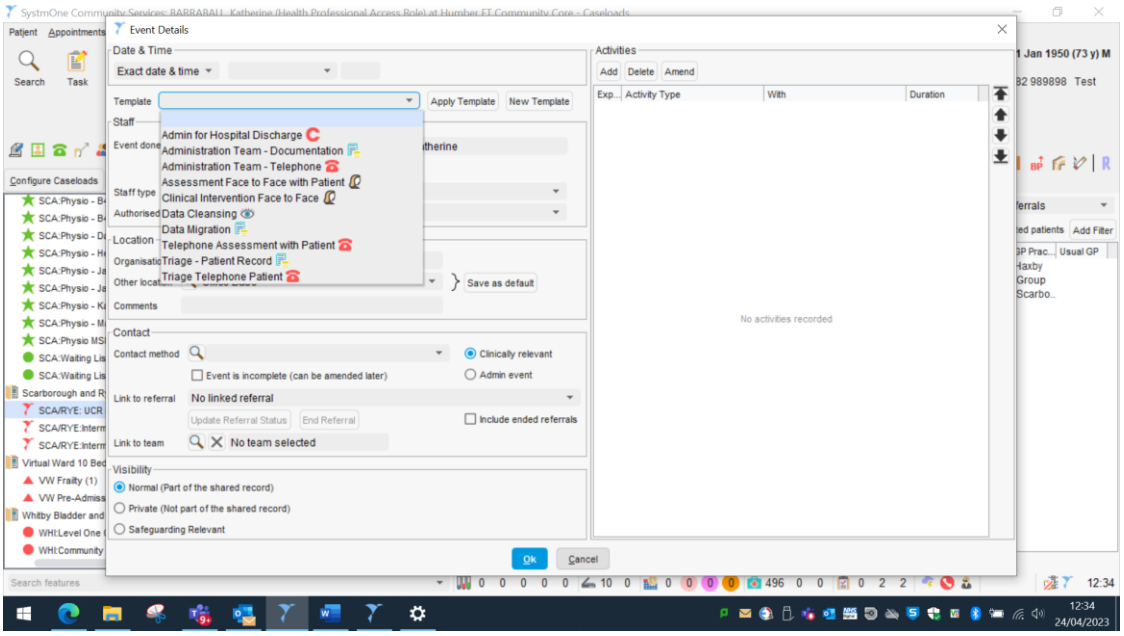


Select waiting, then select the relevant locality and service and click add patient.

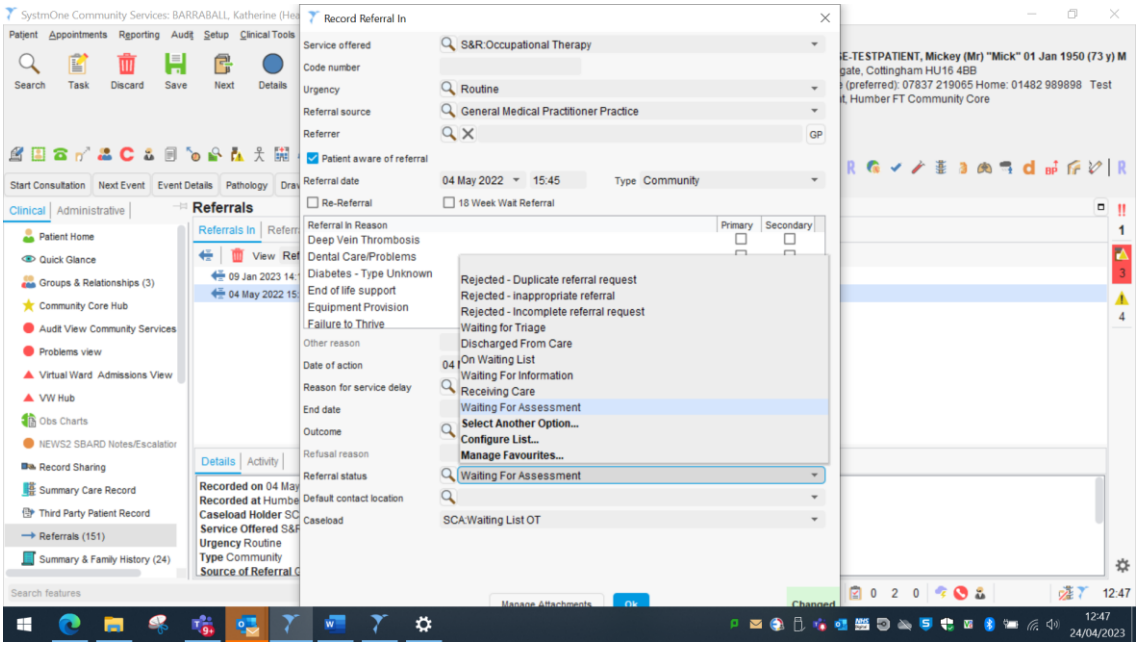


In the add patient screen ensure that the priority is correct and add the banding and brief description of the patient needs in the notes section.

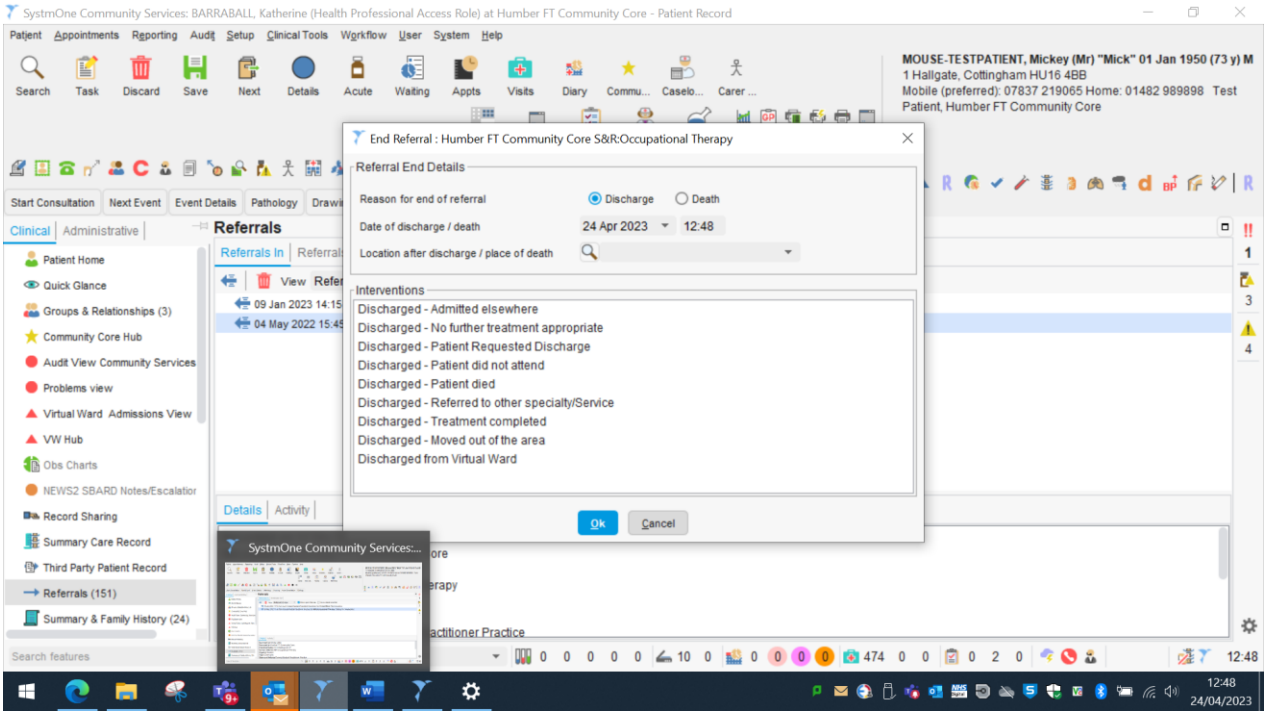
The record should then be saved using the relevant activity template (triage or telephone triage)- remember to amend the time taken in the template before saving.



If the referral is rejected this should be noted in the amend referral screen under referral status – the rationale for rejection should be in the triage template. Use the 'referred to other speciality/service or no further treatment appropriate' in the referral end details box.



The referral should also be ended, and the record saved as per the above process.



4.2. Patient allocation and review

There is an expectation that each WTE band 5/6 will aim to see a **minimum** of (this is to be amended pro rata for part time staff)

- Physio -20 patients contacts face to face per week– this will be a mix of new patients and follow up patients.

Occupational Therapist– 20 patient contacts face to face per week – this will be a mix of new patients and follow up patients.

Patient activity and allocation is to be reviewed regularly in supervision. Any change to the above is to be discussed with your line manager and advanced physiotherapist / occupational therapist taking into account training / meetings / supervision. Ongoing issues around this will be escalated to therapy lead as required. Staff are accountable for the management of their own diaries.

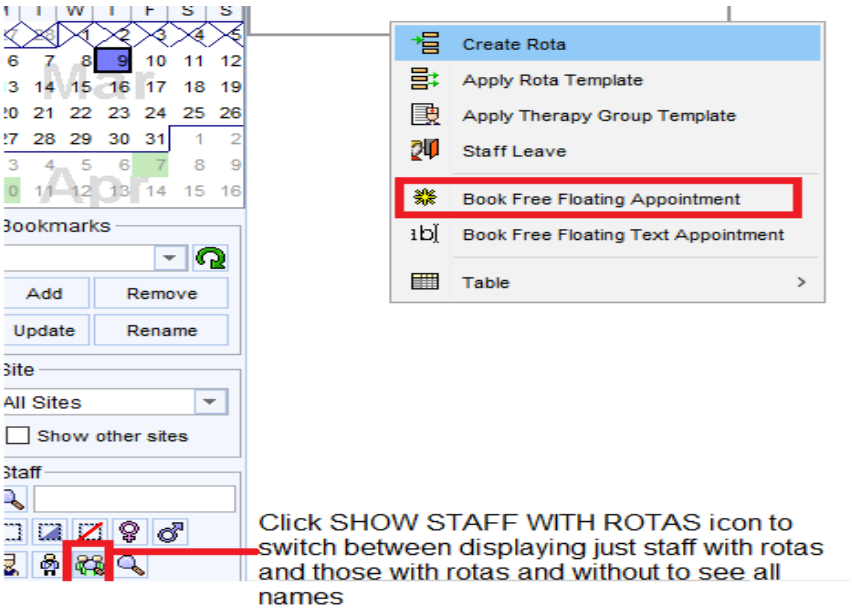
4.3. S1 recording

All clinical documentation will be completed on S1 and will follow the SOP for record keeping held on the trust intranet. The visit diary on S1 will be used to record all clinical activity.
Further guidance can be found here Appointments and Visits (humber.nhs.uk)

- Visits should only be used for patient visits (at home or non-clinic based) remember that visit duration should reflect the travel time to the visit, the visit time and the documentation time.

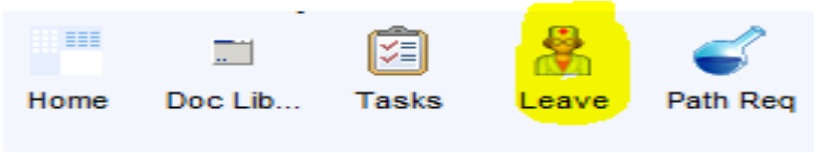
Please note visits should not be being booked months in advance – scheduled tasks can be used to trigger a prompt to book a visit.

- You should have no past visits on the system as these should be documented within 24hrs – this will ensure that both your professional standards are being met with regards to defensible documentation but also trust standards are being met.
- If a telephone appointment is required, this can be booked as a free floating appointment on the diary screen on S1
- Right click on blank part of the screen under existing appointment
- Or if you do not have a rota/appointments already and cannot see your name along the top of ledger screen

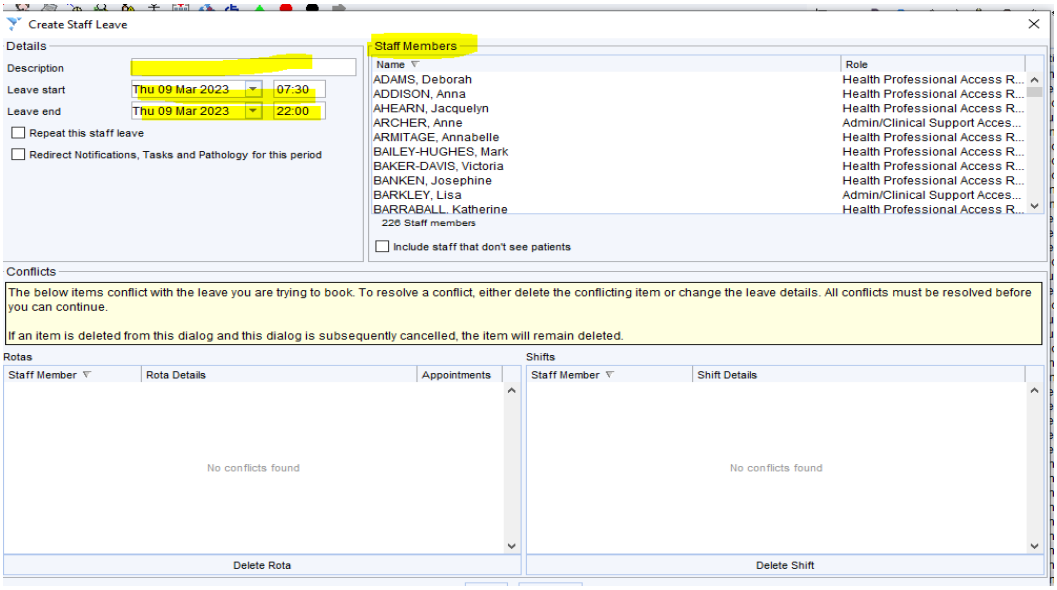


<u>"Textual visits"</u> should not be being used regularly by staff. If time is required to be blocked so it not available to be booked clinically this should be done as follows as staff leave

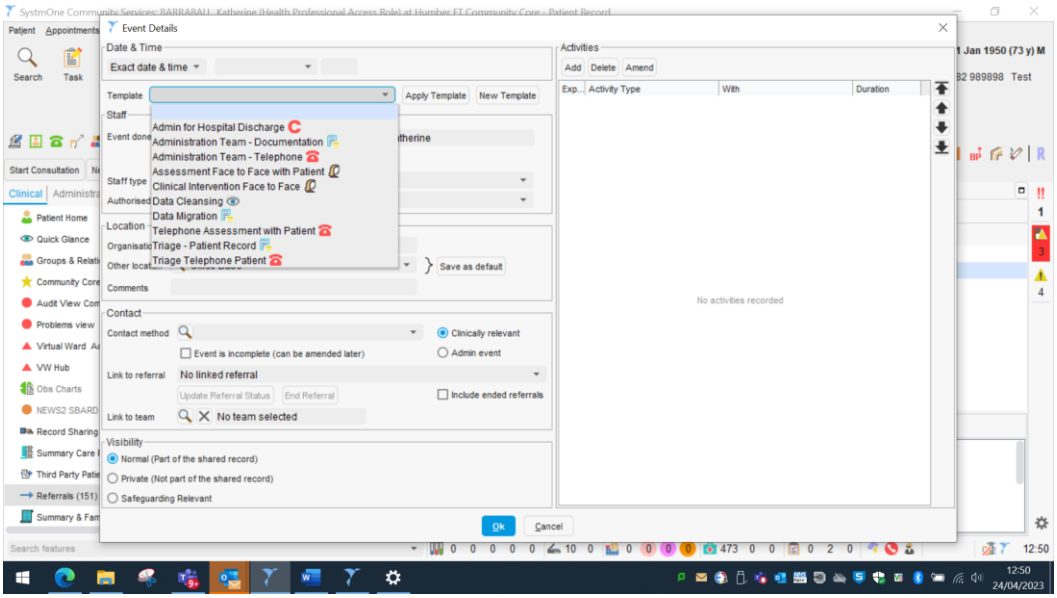
- Click STAFF LEAVE on toolbar



- Click ADD leave
- **YOU MUST ADD DESCRIPTION** and select leave dates from/to and staff member who is on leave. This can be used for annual leave, off duty, long term sick etc.
- **Please note if staff member has any conflicts e.g., Appointments booked during the leave period S1 will not allow you to book the leave until the appointments are rescheduled.**



When recording clinical interventions, the following activity templates are available for use. If using a template, please ensure you amend the duration to reflect the time spent.



A new patient assessment should be recorded as assessment and then follow up contacts as clinical intervention. All activity completed by a clinician should be recorded as clinically relevant.

Examples of clinical intervention include activities such as equipment provision / discussion / ordering.

4.4. Initial Assessment for referrals

This is undertaken and documented in line with the SOP record keeping. [Community Services Assessment and Documentation SOP22-007.pdf (humber.nhs.uk)] Evidence of discharge planning and consideration of goal setting should commence at initial contact. This will be monitored by regular record keeping audits.

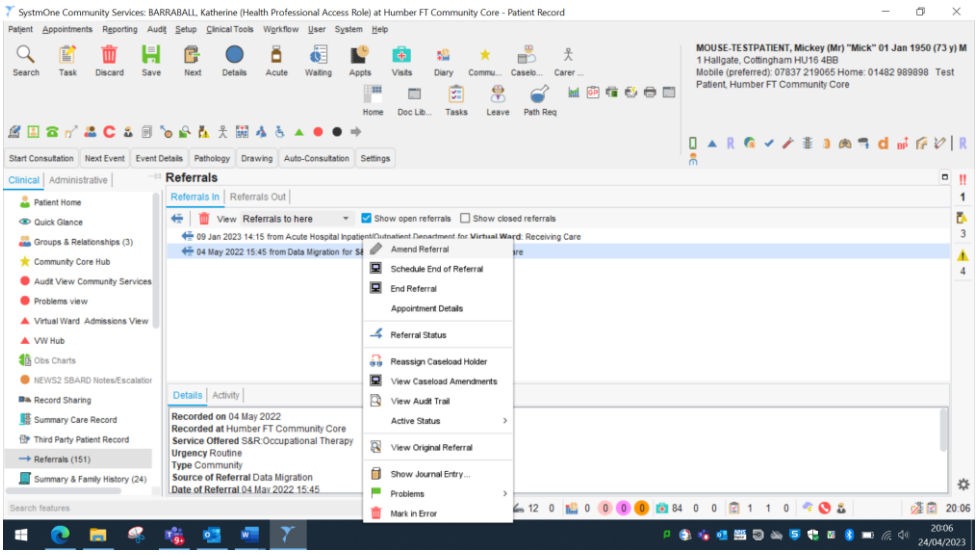
4.5. Appropriate delegation of care to unregistered staff

The services include band 3 and band 4 practitioners who play a vital role in supporting patients to remain at home and rebuild confidence and ability. It is the responsibility of the assessing clinician to formulate a robust plans for delegation of duties and these must be recorded on SystmOne . Any tasks which are deemed to be appropriate for delegation to band 3 or 4 staff must be in line with HTFT SOP for Delegation to Non Registrants. Community - Delegation of Care to Non Registrants SOP21-027.pdf (humber.nhs.uk)

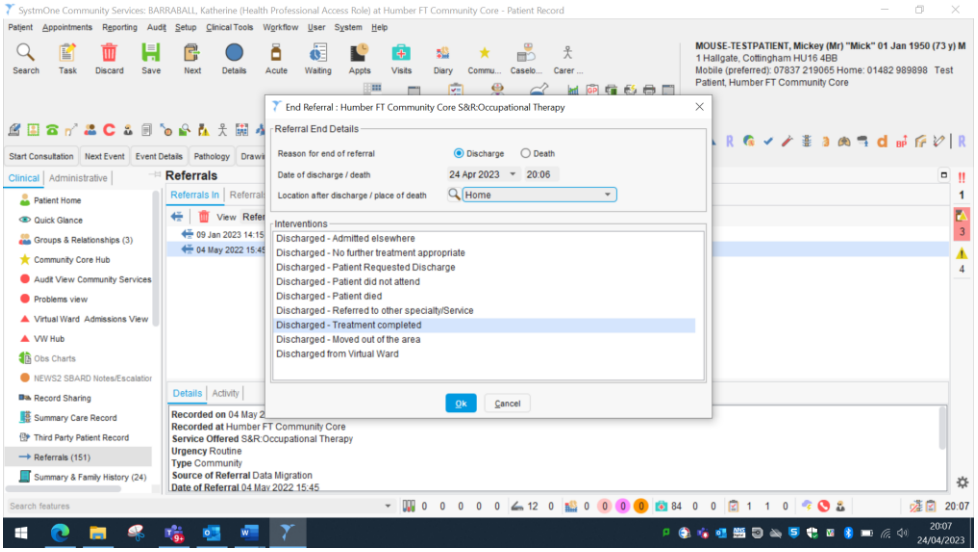
Band 4 Assistant Practitioners will hold their own caseload of patients that are within their scope of practice. Band 4 practitioners will apply the same principles as registered staff in relation to documentation, caseload and diary management. The number of face to face contacts each week will be in keeping with service demands as these staff also support UCR clinical visits.

4.6. Discharge

When the patient's episode of care has finished the referral needs to be discharged. To discharge the referral, select referrals in the clinical tree and then right click on the referral and select end referral.



Select the appropriate reason for ending the referral and location of the patient



Alternatively, this can be done when saving the record in the event details page by selecting end referral.

Clinicians are then responsible for ensuring all goals are reviewed, outcome measures reviewed and relevant care plans (if any) closed. .

The record should then be saved with the appropriate activity recorded.

4.7. Team Meetings

Staff should attend their locality HUB meetings held monthly to receive updates from team leads and service managers. Local therapy team meetings may also be held on an eight weekly basis. These meeting should follow the agreed Therapy locality agenda see appendix 1 .

Pocklington and Ryedale shared triage meeting – this meeting happens daily to support joint working between localities and prevent isolation and lone working. The format and content of this meeting is currently under review and will be updated shortly.

4.8. Supervision and development of staff

All supervision should fall in line with the trust guidance Supervision Policy - Clinical Practice and Non-Clinical N-039.pdf (humber.nhs.uk). The clinical supervision structure for staff within the community therapy teams can be found at V:\PCC\S&R - Community Management\Public\Therapy Supervision Structure

Community services division will also run focused professional development groups for both Occupational Therapy and Physiotherapy. At times these may be shared or professional specific. These will run on a quarterly basis and will have terms of reference and an agenda to be followed.

Any training requests / external learning requests need to completed in line with Community and Primary Care - Learning and Development SOP20-058.pdf (humber.nhs.uk)

4.9. Useful contact details onward referrals

- Learning Disabilities teams North Yorkshire 01723 580940
  Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Therapy Learning disabilities team east riding **01482 336740** hnf-tr.adultldreferrals@nhs.net, hnf-tr.ctldadmin@nhs.net, 01377 208800
- Older peoples Mental health services north yorkshire 01947 820294.
- Older peoples mental health north and east community (pocklington) 01904 556704
- Older peoples mental health services east riding (lead OT Sharon Tootal)
- Specialist neurology input Scarborough / Ryedale / Pocklington . York and Scarborough Teaching Hospitals NHS Foundation Trust - Neurosciences (yorkhospitals.nhs.uk)
- NYCC 01609 780780 or Contact us - North Yorkshire County Council Customer Portal
- ERYC 01482 393939
- UCR services York FT (Selby / Pickering GP practices) not currently covered
- CRT services York FT link Yhs-tr.York-CRT@nhs.net york 01904 721343 selby 01904 724306
- CHC north yorkshire hnyicb-ny.chcdutynurse@nhs.net

- Community Therapy Services York 01904 724548 /721142
- Community Therapy East Riding 01482 247111 City Health Care Partnership (chcpcic.org.uk)
- Community Therapy Services James Cook 01642 850850
- York Hospital number (01904) 631313
- SGH number (01723) 368111
- JCUH 01642 850850
- Medequip 01423 226240 north.yorks@medequip-uk.com
- NRS
- Wheelchair services 01904 654052 nrs.northyorkswheelchairs@nhs.net
- James Cook Orthotics 01642 944747
- Reach and Respond 03333701234

4.10. NYCC and Humber Links OT -

NYC OT direct referral form is available in appendix 3.

4.11. Equipment services

Equipment is provided by medequip for north yorkshire services TCES Community and NRS IRIS 4 (nrs-uk.co.uk) for east riding services.

All staff require a log PIN in and to familiarise themselves with the prescribers SOP and providers roles and responsibilities available from each provider. Staff should completed a self-assessment in line with V:\PCC\Management\Public\COMMUNITY TRAINING RESOURCES\Skills matrix\Competency Matrix - Community Services v1.01.xlsx with regards to equipment deemed within the professional registration remit and also skill sharing competencies – this will then be used to highlight any training needs to their supervisor.

Guidance on eligibility for provision of seating / seating assessments in North Yorkshire can be found here in appendix 4.

4.12. Staff skills and competencies

These will be regularly reviewed as part of the supervision process and details of skills required for roles can be found here. V:\PCC\Management\Public\COMMUNITY TRAINING RESOURCES\Skills matrix along with associated skills booklets for staff to complete.

4.13. Involving patients, carers and families

People who have experienced our services at first hand, their families and carer(s) are best placed to help us develop, monitor and improve services. To help us better understand the quality and effectiveness of our services we collect information about the service including complaints, compliments and Friends & Family Test surveys. The organisation has a Patient Advice and Liaison Service, known as PALS, which helps us to listen to patients, their relatives, carers and friends.

5. MONITORING COMPLIANCE AND EFFECTIVENESS

Quality and safety is monitored through monthly documentation audit and regular, individual clinical supervision with members of the service, and exception reporting from the clinical system (systm1).

Escalation of any concerns regarding service delivery / clinical risk would occur from team leads / clinical leads / Advanced OT / PT to therapy lead / service manager and then via relevant forums and groups specific to the issue identified see additional documents.

Appendix 1 – Therapy Team Meeting Agenda

********** Therapy Team Meeting**

Agenda

For a meeting to be held on a minimum 8 weekly basis.

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	Chair	To note	verbal
2.	Minute of the last meeting held on DATE	Chair	To approve	√
3.	Action List and Matters Arising	Chair	To discuss	√
	Meeting Items			
4.	**Operational issues:** • Recruitment • Annual Leave • Sickness • Cover planning • Equipment • Service issues (PT/OT/IPU)		To discuss	√
5.	**Clinical Issues:** • Pathways / processes • SOP updates • Guidelines • Evidence • Audit • Documentation and documentation audit results		To discuss	√
6.	**Peer Support** • Case discussion • Safeguarding concerns • Datix • Shared practice		To discuss	√
7.	Teaching / Training / Education AOB		To receive & note	√
	Minutes of any groups reporting to this Group			
8.	Name of group & DATE		To receive & note	√
9.				
10.	Items Arising from the meeting requiring Communication, Escalation or Risk Register consideration	Chair	To agree	verbal
11.	**Any Other Business**			
12.	**Date, Time and Venue of Next Meeting** DAY, DATE, TIME, VENUE			

Appendix 2 – Terms of Reference

Terms of Reference Community Services Physiotherapy Professional Development Group

1 Aim and Purpose

The purpose of the group is to improve the quality of physiotherapy provision for patients seen by community services by Humber NHS staff. The group will provide a forum for sharing of good practice and professional development as well as providing links between services which are often geographically isolated.

It will provide a forum for staff to meet and discuss operational matters relating to delivery of community physiotherapy services

It will provide an opportunity for clinical teams to share innovations in practice and benchmark services across the country to optimise patient experience and outcome.

It will support and drive national agendas from NHS England, Chartered Society of Physiotherapy (CSP) and Specialist Interest groups.

2 Membership of the group

Any qualified physiotherapist working in community services for Humber Teaching NHS trust. Other qualified clinicians (such as Occupational Therapists and Nursing) may also be invited to attend if appropriate, to promote collaborative working.

3 Chair

The chair will rotate through the Band 7 Physiotherapists in the group.

4. Quorum

Quorum shall be no less than 5 members and must include as a minimum one of the band 7 Physiotherapists.

5 Frequency of Meetings

Meetings will be held quarterly for 2 hours.

6. Notice of Meetings

Meetings will be scheduled for the following 12 months with a MST invite sent to all qualified physiotherapist's working in community services for Humber Teaching NHS trust.

A reminder via email will be sent two weeks prior to the meeting alongside an agenda.

7. Responsibilities

-The members shall be responsible for ensuring the administration of the meeting is managed efficiently and effectively.

-Members are expected to contribute to the PDG as part of their appraisal objectives.

-Members are responsible for ensuring individuals and/or working groups undertake the duties or tasks that they agree to undertake as a result of the meeting and distribute results.

-Members must maintain professional code of conduct at all times and represent their service

8. Reporting Responsibilities

Agenda and minutes will be circulated prior to and following each meeting by the chair.

Appendix 3 – Direct OT Referral Form

Referral to NYCC OT Service

Appendix 4 – Seating Decision Tool

Seating Decision Guide

Appendix 5 – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: SOP for Community OT and Physio
2. EIA Reviewer (name, job title, base and contact details): katie barraball, Therapy lead, Beckside Centre, Pocklington, 07850853206
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service
To provide a standard framework for staff across community services working in these services.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	
Sex	Men/Male Women/Female	Low	
Marriage/Civil Partnership		Low	
Pregnancy/ Maternity		Low	
Race	Colour Nationality Ethnic/national origins	Low	
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision. Nil required.	
EIA Reviewer: Katie Barraball	
Date completed: 27/6/23	Signature: K. Barraball