

## STANDARD OPERATING PROCEDURE

### EQUIPMENT PROVISION FOR PATIENTS ON MENTAL HEALTH INPATIENT UNITS WITH IMPAIRED MOBILITY / PHYSICAL FUNCTIONING

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<b>Name of Trust Strategy/Policy/Guidelines this SOP refers to:</b>	Medical/Non-Medical Devices Policy Moving and Handling Policy

**VALIDITY – All local SOPS should be accessed via the intranet pages**

#### CHANGE RECORD

Version	Date	Change details
1.0	July 2021	New SOP
2.0	Aug 2022	Review of document Changes to allow the HUMA pin implementation. This SOP now includes: <ul style="list-style-type: none"> <li>• New process to request pin</li> <li>• Guidance for ordering equipment</li> <li>• New pin request form</li> <li>• Training and competencies required</li> </ul>
2.1	Feb 2024	Reviewed. Links to Bed Rails Policy and National Patient Safety Alert added. Approved at Physical Health and Medical Devices Group (14 February 2024).

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## 1. INTRODUCTION

Humber Teaching NHS Foundation Trust is committed to a culture of safety, continuous learning and equality, privacy and dignity for all patients/service users accessing Trust services.

More recently there has been a noticeable increase in the number of patients/service users being admitted to Mental Health Inpatient Units who have restricted and/or impaired mobility issues and/or difficulties with physical functioning that impact on the performance of their activities of daily living (ADLs)

There are processes in place that provide for the Community Care Equipment (CCE) needs of patients/service users in their own homes, which are clearly understood, safe and work effectively.

A similar process is required for patients/service users when they are temporarily resident in a Mental Health Inpatient Unit and have those same needs to enable them to physically function as independently as possible in the ward environment.

However, the potential risks and the immediate need for equipment to be provided, means that the process of ordering, authorising and acquiring equipment on loan in a timely way needs to be in place. This process needs to be understood by all staff undertaking these duties, in addition to the training around the safe use of equipment by those staff required to support the patients/service users in the In-patient environment.

This standard operating procedure is designed to ensure that timeliness and good practice standards are in place and maintained around the provision of equipment for people with mobility and functional needs following admission to Inpatient Units in the Mental Health and Secure Services Divisions. The ongoing process and procedures highlight the level and need for staff training at equipment prescription level, as well as on a practical everyday basis.

The process needs to ensure there are standards relating to the efficient ordering and delivery of equipment, and an understanding of who is responsible for the maintenance, infection control and the subsequent returning of equipment when no longer required. The system needs to be run effectively, and any problems that arise need to be identified quickly, solutions sought, and action taken.

This SOP should be read together with the Medical and Non-Medical Devices Policy, the Moving and Handling Policy and the Humber Equipment Matrix.

**(Appendix 1) NB Reviews of the listed equipment identified as a core stock and included in the Humber Matrix may take place periodically and therefore this appendix will need to be updated accordingly.**

## 2. SCOPE

This SOP is applicable to Humber Teaching NHS Foundation Trust Adult and Older People's Inpatient Services in the Mental Health Division, and to Medium and Low Secure Units within Secure Services and supports pre-existing processes around equipment noted in the policies above. The Units included are identified in the Table in Appendix 2

## 3. DUTIES AND RESPONSIBILITIES

### 3.1. Mental Health Division / Forensic Services Division

The Mental Health and Forensic Services Divisions have a responsibility to ensure that all patients/service users admitted to Inpatient Units are safe in terms of their mental and physical

health needs. This includes having access to ADL and mobility equipment that maximises independent function in those environments.

The Divisions need to ensure that the assessment of patients/service users physical / mobility needs are comprehensively assessed, and that the prescribed equipment is accessed in a timely and efficient way, notwithstanding the emergency nature of some admissions.

The Modern Matrons and Charge Nurses on Units need to ensure two key requirements:

- 1) Arrangements are in place for the right professional staff to be able to assess physical function / mobility, and then for:
  - Prescribers with registered pins, to order the equipment on loan from the IRIS4 system from Nottingham Rehab Service, (NRS) who store / provide the equipment locally.
- 2) Clear processes for accessing and providing equipment on the Units through trans-prop, individual purchase, or through NRS loan arrangements if the equipment is not already available in the Unit/ Trust.

In addition Modern Matrons / Charge Nurses will ensure that staff on Units,

- Have a level of knowledge around equipment provision to ensure safe support to patients/service users in their use of the equipment.
- Understand the requirements of safe storage, cleaning, maintenance and the reporting of broken and faulty equipment, and how/ when to return loan equipment to minimise cost to the Organisation.

### **3.2. Modern Matrons/Service Managers/Charge Nurses/Clinical Leads/ Professional Leads**

- Are responsible for ensuring that patients/service user's mobility and physical health needs are assessed by qualified, competent and trained professionals on Inpatient Units.
- Will ensure that there are a required number of Prescribers available on Mental Health Units, trained to order equipment through the IRIS system, using for the Inpatient Unit (Appendix 3).

This requires Prescribers to be available both within traditional working hours and out of hours.

- Oversight of the whole system to ensure that areas where there are problems / shortfalls are identified quickly, addressed and solutions found.
- Are responsible for periodic audit to determine trends and use of CCE
- Responsible for analysing data, datix submissions and audit/ survey information.
- Will take an active part in reviewing the SOP and in ongoing discussions / negotiations with Commissioners and NRS in relation to the interface and the implementation of these systems and processes

NB: Appendix 3 is and is for any equipment, but it's important to note that mattresses / pressure relief equipment is specifically identified by NRS as Nursing equipment, and therefore it is only nurses (or other professions with specific rights / training) who can now prescribe and authorise this equipment with the identified pressure care system scoring (e.g. Waterlow), and details of the pressure care needs in the clinical justification form.

Please see Appendix 4 for this form and Appendix 5 for flowchart.

### **3.3. Professional Staff – Nurses / Occupational Therapists / Physiotherapists**

- Will undertake clinical assessment of patients / service user's mobility, functional movement and/or pressure care needs, who are transferred or admitted to Inpatient Units in the Trust, in line with core skills training, professional scope of practise and indemnity, ongoing development, training and competence.

- Will consider 'trans prop' arrangements if a patient / service user is being admitted to a Unit and has free-standing equipment elsewhere that can be brought in for use, and to make the necessary arrangements for both transfer and subsequent return.
- Will prescribe equipment using the IRIS system / NRS Rehab
- Will only prescribe equipment that is in the limits of their competence.
- Will facilitate physical delivery of the equipment to the right place on the Unit.
- Will use the equipment for the purpose for which it is intended, with the right level of knowledge and training, and with the person for whom it is prescribed.
- Ensure the return of the equipment through NRS at the conclusion of the patient / service user's in-patient stay.

### **3.4. Training and Development Facilitator – Moving and Handling**

The Training and Development Facilitator is a specialist in moving and handling techniques, and in pieces of equipment that support and enable patients / service users with mobility/physical movement issues. The T&D Facilitator has access to the Humber PIN, IRIS 4 system and the catalogue, and can advise on equipment within their specialist knowledge, experience and training. There is not an expectation that they will be prescribers of equipment.

### **3.5. Lead Nurse - Tissue Viability / Clinical Specialist Nurses**

The Lead Nurse for Tissue Viability in the Trust and specialist Nurses provide advice and consultation in relation to tissue viability and pressure care. The assessment for pressure relieving equipment on the Units rests with Ward staff, but the Tissue Viability Nurses can be consulted regarding the specialist nature of some equipment, and for advice as to limitations and benefits of particular pressure relieving items.

### **3.6. Safeguarding Team**

- Support the implementation of safe and effective loan equipment provision on Inpatient Units across the Trust.
- Require reassurance that patients / service users are enabled safely and effectively to be as independent in their functioning as possible, through the provision of the right equipment, to the right person in the right place at the right time.

### **3.7. Patients and Carers**

- Require reassurance that patients/ service users will receive professional consideration and assessment of mobility and functional needs, and the provision of the right equipment promptly accessed and available to use safely.
- Will contribute to feedback in relation to the provision of equipment to meet patient / service user needs as required on Inpatient Units.

## **4. PROCEDURE / PROCESS**

The Trust's focus and adherence to the Equipment Provision on Mental Health In-patient Units SOP aims to

- Ensure timely access to loan equipment required by patients / service users
- Improve the quality and effectiveness of the care offered
- Ensure our services are as safe as possible
- Improve the patient and carer experience
- Ensure that professional and non-registered staff understand their roles and responsibilities in relation to equipment provision and the assistance of patients / service users with mobility and / or physical impairment / dysfunction.
- Ensure staff have the training and development to meet good practise and quality standards in relation to the provision and use of prescribed equipment.

#### 4.1. Process for Equipment secured through the Humber Equipment Matrix

See instructions in Appendix 3.

The Humber Equipment Matrix (Appendix 1) forms part of an agreement between Humber Teaching NHS Foundation Trust and Hull Health and Care Partnership designed to facilitate the loaning of equipment to meet patients / service user's individual mobility/physical impairment needs on In-patient Units via NRS Healthcare. The process runs as per the instructions in Appendix 3.

- The equipment is delivered and set up by NRS staff
- Professional staff are responsible to ensure it is fitted properly and suitable to meet the client's needs at delivery or as soon as possible prior to patient use.
- Training needs to be identified and given to staff that are not familiar with the equipment and its safe use. Basic awareness training is provided by NRS, and further specific training can be accessed by arrangement.
- The ward is responsible for the regular cleaning of the equipment.
- As the equipment is on loan: delivery, setting up, maintenance and repair remain the responsibility of NRS via the agreement.
- Ward staff need to contact NRS to arrange collection when equipment is no longer needed.
- If the equipment is not returned following its loan use by individual patients, the Ward will be charged for its full cost instead of just the loan cost. NRS will continue to visit and complete all checks and will charge Humber Teaching NHS Foundation Trust.\*

\*NB: If equipment is acquired by the Trust in this way, it MUST be added to the 'Asset Register' as administered by the Estates Department, so that it is clearly identified as stock and the provisions for maintenance, repair, cleaning, replacement and future disposal are in place.

#### Transfer of patient/service user between Humber Units

Where a patient moves Unit and requires the same product on the new Ward, the Prescriber is required to:

- create a new request for the new address **using the NRS Care Home tab.**
- organise for the existing equipment to be collected / returned from the original Unit by telephoning NRS Customer Services, as this cannot be re-used for a different patient.

If the piece of equipment is small enough to be transferred with the patient and does not require NRS to move the equipment, the prescriber is required to:

- telephone NRS Customer Services to provide a new address for the patient so the system is up to date.

#### 4.2. Process for Equipment that is provided via Procurement

- Step 1: Professional staff member assesses the patient/ service user and identifies the need for a particular piece of equipment.
- Step 2: Clinical justification form and risk assessment are completed as required.
- Step 3: Staff to discuss with Service Manager / Charge Nurse to gain financial clearance and Authorisation for the order to be made.
- Ordered via ward procurement process
- The equipment is delivered and set up by the company who deliver it.
- Professional staff are responsible for ensuring that equipment is fitted and suitable for the client's needs at delivery, or as soon as possible prior to patient use.
- Training to be given to staff who are not familiar with the equipment and its safe use
- The ward is responsible for cleaning, maintenance, repairs, safety checks and storage.

## 5. Staff Pin Registration (Please SEE Appendix 6 and 7)

- When a newly admitted patient is identified as requiring an assessment for equipment to assist their mobility on the Ward, (and this has not been undertaken prior to a transfer), it is important that health professionals are available in the Team, or across the Service, and sufficiently trained and competent to undertake all aspects of the process and role.
- The staff member can request a HUMA pin by accessing the request form via the Modern Matron for their team, a copy of this form is in Appendix 7.

The key components of this competence are:

- a) Training -To assess the patient in the Ward environment, and to be able to recommend and suggest alternative moving and handling techniques or modifications to the surroundings.
- b) Prescribing – A trained and qualified professional, with access to the NRS HUMA pin, the skills / knowledge to complete the clinical justification form / risk assessment and order equipment via the IRIS4 system.

## 6. Staff Training

Regular updates of staff competency and knowledge is important to the effectiveness of the implementation of this SOP, with equipment demonstration, online/digital and more formal classroom training all important formats for ongoing learning, depending on the types, makes, models and complexity of equipment that is being ordered and used for patients/service users during their inpatient admission.

The prescriber will complete the role specific competencies for Equipment Provision – Mental Health Inpatient Units every 3 years. The competencies are available on the trust intranet.

An equipment prescriber must be compliant with the approved training required by the trust before a HUMA pin is requested.

### Equipment Education Pathway for Practitioners:

Element	Method/frequency
Proven competence with the NRS ordering service	Online training provided by NRS
Proven competence with beds and mattresses	Training session delivered by NRS
Proven competence with basic awareness of equipment	Training session delivered by NRS
Practical assessments with mentor	Live supervision with mentor and completion of role specific competencies “Equipment Provision – Mental Health Inpatient Units”
Final assessment and sign off	By competent practitioner, then ongoing support and supervision within practice

## 7. Audit

Audit is recommended in a number of areas, possibly on a half yearly basis.

- Training – to identify staff competency, knowledge and training in all aspects depending on levels of involvement through the assessing, ordering, authorising, delivery, fitting, safe use and returns process.

- Budgetary – A financial audit may be useful which would highlight what was being ordered to Units within the Trust, and at what cost. NRS would be able to supply this information.

This may identify good practise and probity but may also identify duplication and waste in the system, leading to reductions in unnecessary cost.

## **8. Feedback / Improving the Process**

- Feedback should be sought from all those who are implementing the Equipment Provision SOP, and the use of equipment on the In-patient Unit to enable improvements in future practise.
- Surveys / feedback forms (exit questionnaires) could ascertain the views / experience of patients / service users and carers regarding the timeliness of equipment needed, and the perceived sense of safety in using it in the environment during the In-patient admission.

## **9. Governance**

This should be thought about with reference to:

- Medical and Non-Medical Devices Policy
- Moving and Handling Policy
- Compliance with the Humber Contract Matrix.
- Safe and Effective Use of Bed Rails Policy
- National Patient Safety Alert NatPSA/23/010/MHRA

Reporting back on issues relating to equipment provision, audits, and updates from multi-agency meetings (e.g. CCE Adult Ops Meeting) need to happen at:

- The Acute Care Forum
- Mental Health Division Clinical Governance Meeting
- Physical Health and Medical Devices Meeting

## **10. REFERENCES**

- Medical/Non-Medical Devices Policy
- Moving and Handling Policy
- Humber Contract Matrix
- Safe and Effective Use of Bed Rails Policy



## Appendix 1: Equipment Provision Matrix for Humber Inpatient Units

Item of Equipment	Responsibility	Comments
Bath Seats	Humber	
Bath Board	Humber	
Bath Lift	Humber	
Bath Step	Humber	
Bath/Shower Rails	Humber	
Hair Wash Basin/Tray	Humber	
Portable Shower Screen	Humber	
Range of Shower Chairs	Humber	
Tilt in Space Shower Chairs/Cradles	Humber	If individual requires specialist equipment whilst they are an in-patient which they already use at home, consider use of 'Trans prop' service.
Shower trolley/bed/changing table	Humber	These items are for multi person use and usually wall fixed shower benches.
Back Rests (Inc. Foam Wedge)	Humber	
Rope Ladder	Humber	
Bed Raiser	Humber	
Mattress Variator	Humber	
Pillow Lift	Humber	
Lifting Pole	Humber	
Bed Rails and Bumpers	Humber	
Profile bed Accessories (e.g. Elland Bed rail)	Humber	
Bed Cradle	Humber	
Bed lever	Humber	
Over Bed Table	Humber	
General Beds including beds with higher safe working loads/extra-long and wide	Humber	
Hospital style beds to include variable height, profiling, low/ultra-low profiling beds.	Humber	
Bariatric hospital beds	Humber	
Bed Extensions/ Mattress in fill for Profile beds	Humber	
Range of Standard Chairs (High seat chair, winged chair etc.)	Humber	
Chair Raisers and Blocks	Humber	
Riser/ Recliner Chairs	Humber	
Specialist Chairs (e.g. Kirton Duo, Symmetrikit)	Humber	If individual requires specialist equipment whilst they are an in-patient which they already use at home, consider use of 'Trans prop' service.
Stocking Aid	Humber	
Tights Aid	Humber	
Long Handled Shoe Horn	Humber	
Walking Sticks	CCG	
Walking frames	CCG	

<b>Item of Equipment</b>	<b>Responsibility</b>	<b>Comments</b>
Wheels for Walking Frames	CCG	
Gutter Frame	CCG	
Crutches	CCG	
Forearm Gutter Crutches	CCG	
Four Wheeled Walker	Humber	
Manual/Powered Attendant Push Wheelchair		See Wheelchair Services Guidance for further details.
Manual/Powered Self Propelled Wheelchair		See Wheelchair Services Guidance for further details.
Low risk wheelchair cushion		See Wheelchair Services Guidance for further details.
Wheelchair tray		See Wheelchair Services Guidance for further details.
Ramps	Humber	
Small items such as transfer boards, slide sheets, one way glides, handling belts, T-roll, wedges etc.	Humber	
Four way glide systems, top sheet, turning slings etc. In bed repositioning systems.	Humber	
Stand and Turn Frame, e.g. Rotunda	Humber	
Mobile Hoists	Humber	Including stand aids
Stand Slings (all items listed as stock in the CES catalogue)	Humber	
Non Standard Sling	Humber	Consider 'Trans prop' in the first instance, providing individual's slings are compatible with hoist being used.
Sleep systems	Humber	If individual requires specialist equipment whilst they are an in-patient which they already use at home, consider use of 'Trans prop' service
Foam Replacement Mattress	Humber	
Foam Overlay	Humber	
Static Overlay (Repose)	Humber	
Dynamic Alternating Pressure Mattresses Replacement	Humber	
Foam (low risk) Seat Cushion	Humber	
Air (high risk) Seat Cushion	Humber	
Bed Pan	Humber	
Commodes	Humber	
Raised Toilet Seats	Humber	
Toilet Frames	Humber	
Urinals	Humber	
Contenance Sheets	Humber	

Item of Equipment	Responsibility	Comments
Tilt in Space Commode Chairs	Humber	If individual requires specialist equipment whilst they are an in-patient which they already use at home, consider use of 'Trans prop' service.
Drip Stand	Humber	
Perching Stools	Humber	
Kitchen Trolleys	Humber	
Suction Machine	Humber	

**Notes to consider:**


- Humber Teaching NHS Foundation Trust is ultimately responsible for all equipment needs for the service users' inpatient care.
- If service users have specialist equipment needs, which are above and beyond what Humber can provide and the service user already has free-standing equipment at home to meet those needs, the prescriber is to consider a 'Transfer of Property' arrangement with NRS, to transfer the equipment from the service users' residence to the in-patient setting for use during the duration of their care. This is a chargeable service provided by NRS.

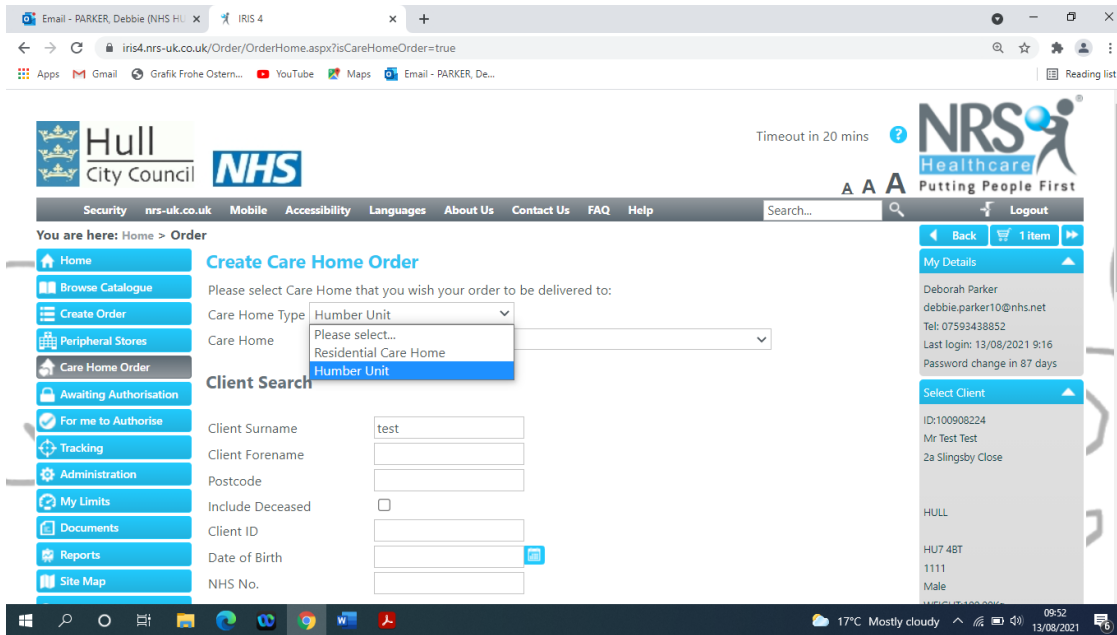
## Appendix 2: Units Included in the SOP

<b>UNIT NAME</b>
<b>Miranda House: PICU and Avondale</b>
<b>Stars</b>
<b>Mill View Court</b>
<b>New Bridges</b>
<b>Westlands</b>
<b>Mill View Lodge</b>
<b>Maister Lodge</b>
<b>Maister Court</b>
<b>Humber Centre</b>
<b>Pineview</b>
<b>Inspire</b>
<b>Granville Court</b>
<b>Townend Court</b>

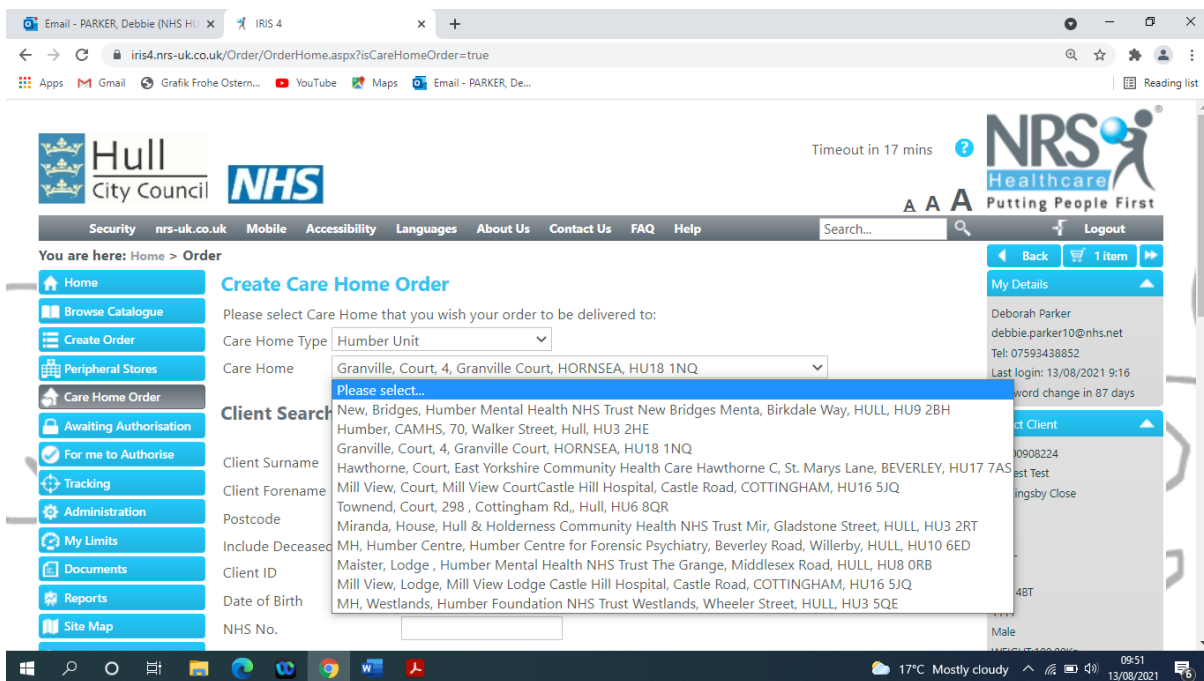
## Appendix 3: Humber Ordering Process

Humber Units orders are created in iRIS4 as follows:

- 1) Click the  menu button.
- 2) On the 'Create Care Home Order' page, make note of any instructions, guidelines or links to other documents that may be shown at the top of the page and select care home type Humber Unit

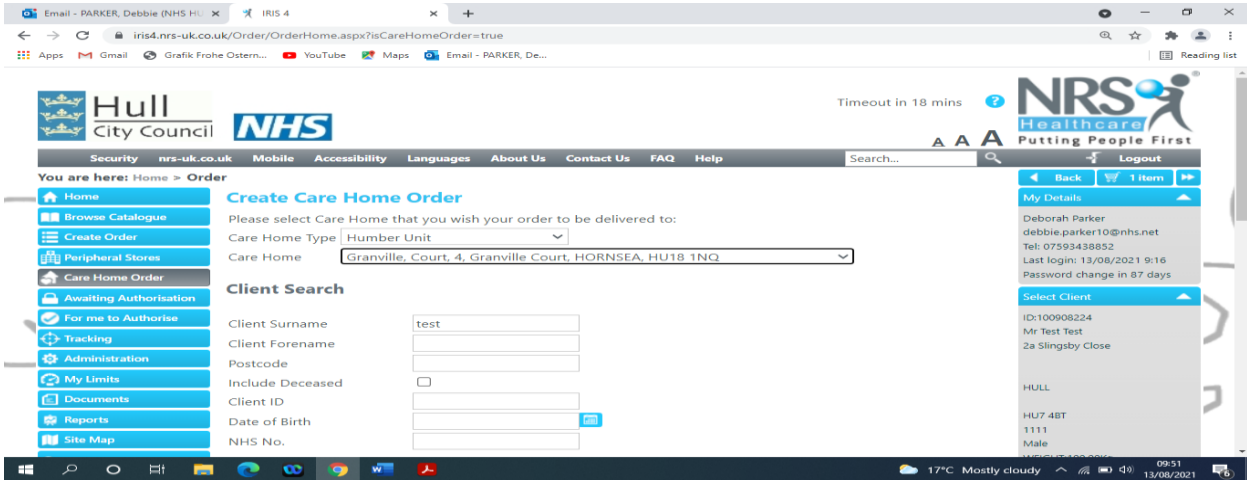


- 3) Select your unit from the drop-down list. Note that only the Humber Units that have an agreement to access equipment via CCES will be listed

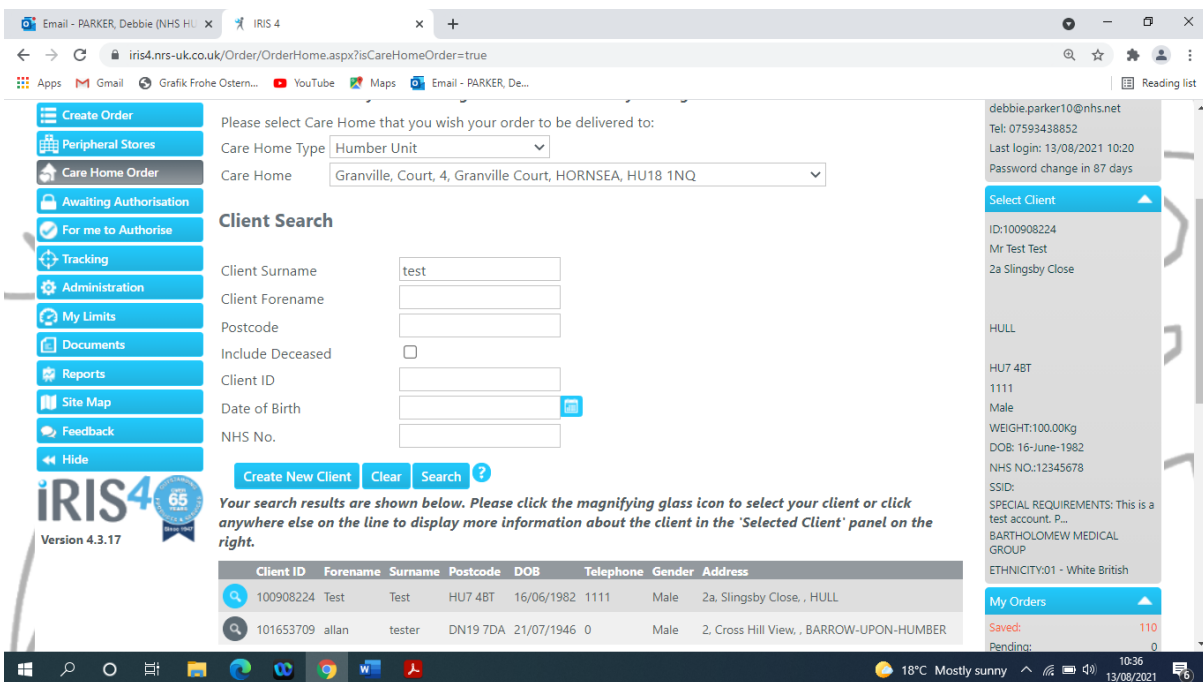


## How to Place Humber Unit Orders

4) Select your unit from the drop-down list and search for your patient by name or NHS number

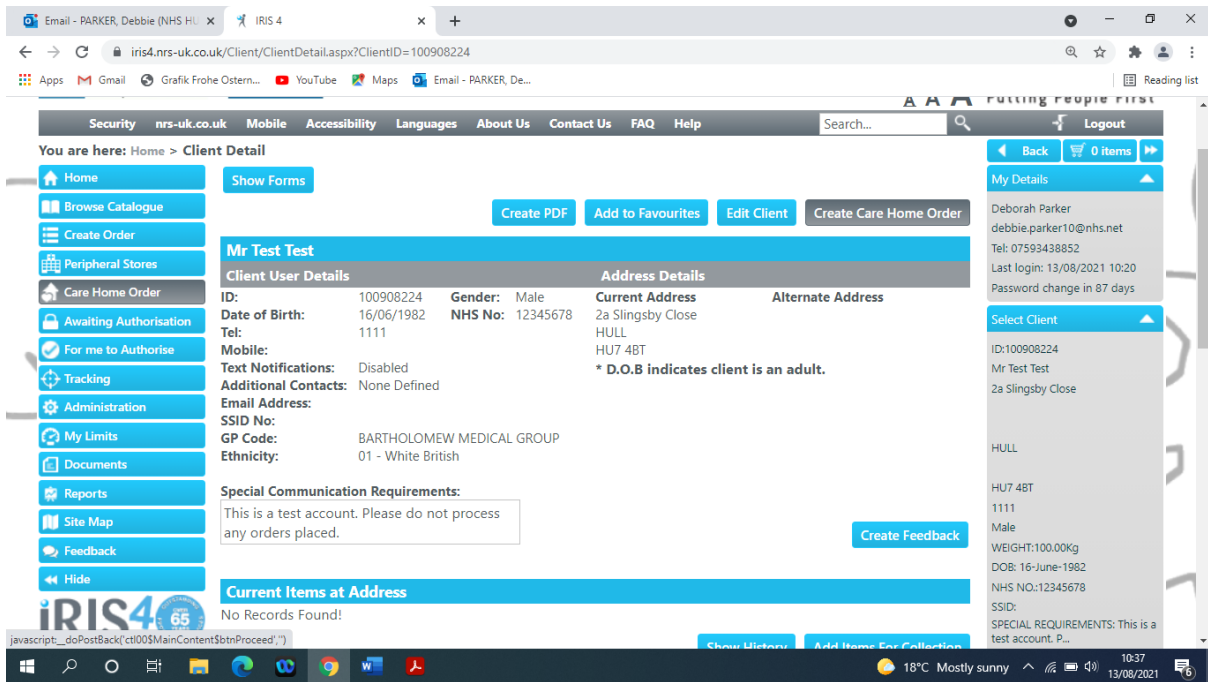


5) If they are already known to the CCES you will be able to select the from the list of names that appear

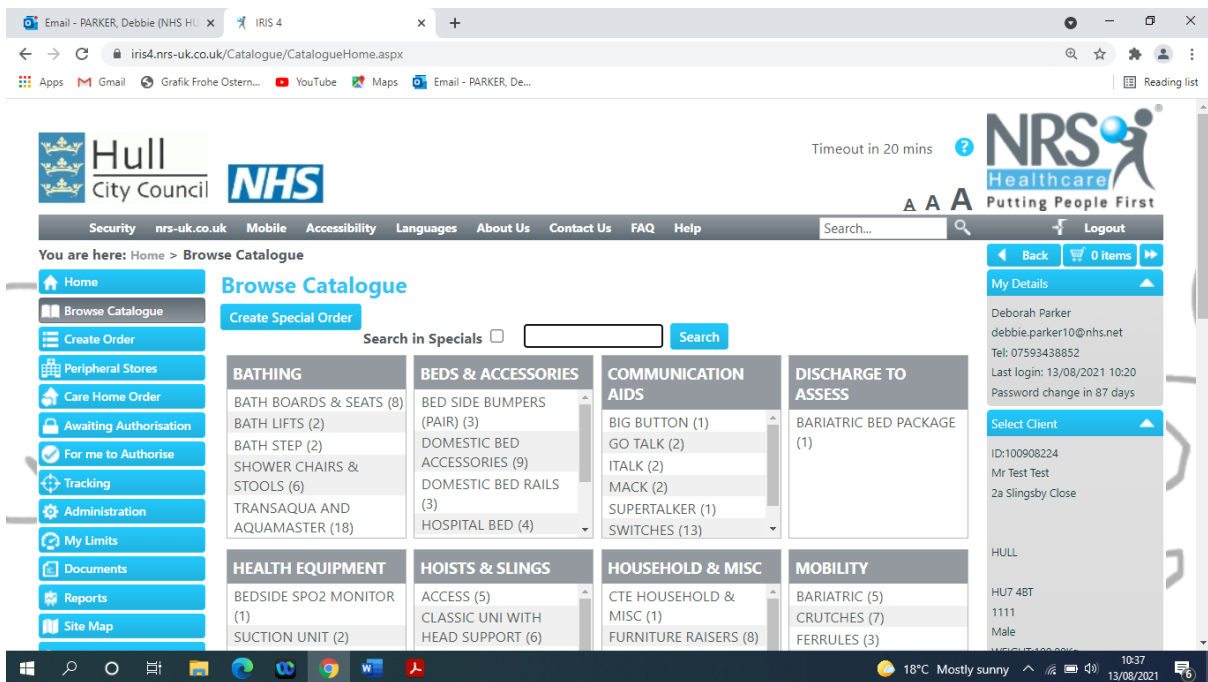


Alternatively, you may need to create them as a new client; this should be done using their usual address and contact details unless they are a permanent resident in your unit.

6) Once your client has been selected you will create **care home order**



7) Create your order just as you would for a standard order by selecting a client, adding products and placing your requisition.

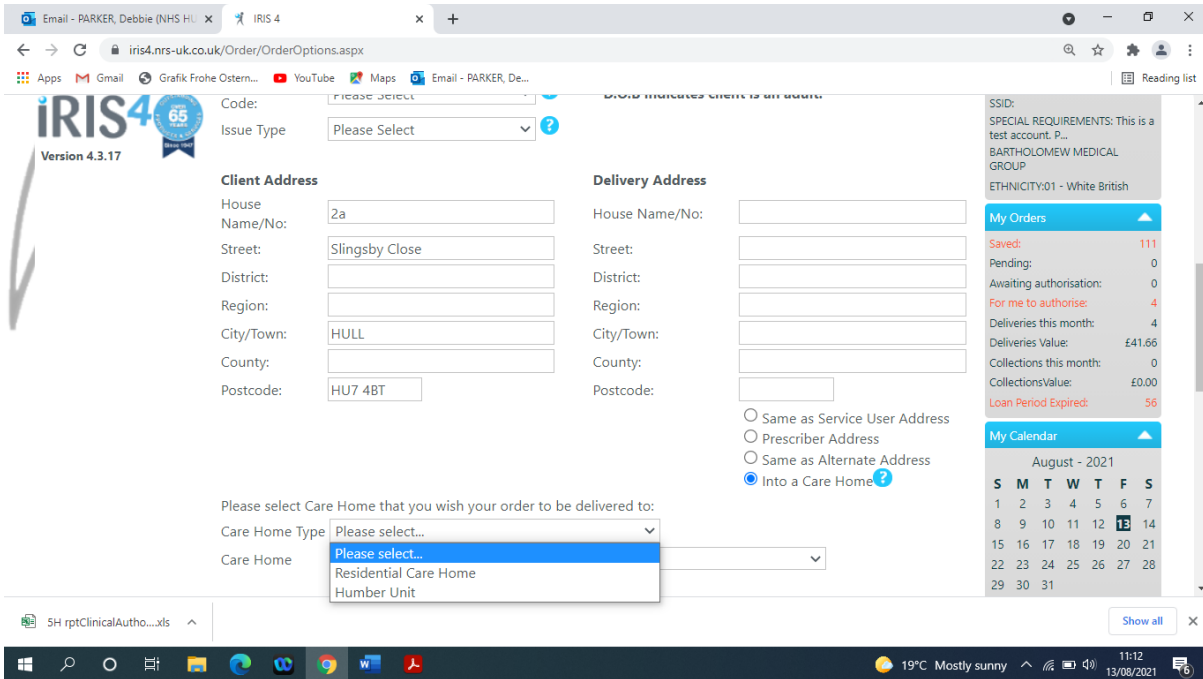


When you order any item of equipment into a Humber Unit, the authorisation matrix will be checked. If the category or subcategory of the product you are ordering is allowed (has a 'dot' in the authorisation matrix for your job code) your order will not prompt for authorisation\*1, otherwise authorisation will be required by an authoriser from your organisation that is configured to be able to do so. Suitable authorisers for your order will need to have a 'dot' in the matrix for the selected and product category (or sub-category) and their own job code to be able to authorise your unit's order.

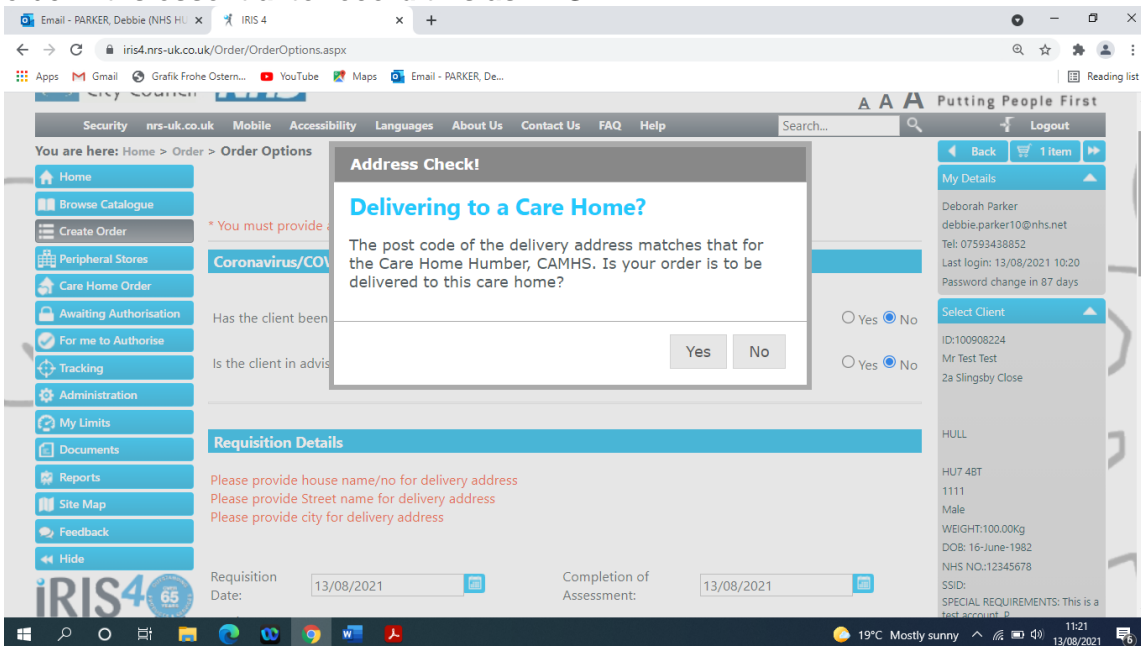
\*1 Note that if you have authorisation for a product category or sub-category your order may still trigger authorisation by other means. E.g. Value, post code or service level etc.

There are a few other ways in which Humber Unit orders can be validated. If a prescriber forgets to (or opts to not) use the 'Care Home Order' menu button and specify the Care Home 'up front', they can still specify that their order is to be delivered into a Humber Unit on the order options page.

To do this, create a standard order by selecting a client and adding items to the shopping basket. Click the 'Place Requisition' button on the 'Requisition details/Order Options' page, then click the 'Into a Care Home' radio button offered below the delivery address and select the Humber unit form the drop down list



Finally, even if prescribers don't use the menu button method or use the order options page radio button method, iRIS4 will check the post code of the delivery address to see if it matches that of a known Humber Unit. If it does, iRIS4 will ask the prescriber if their standard order is a Care Home order. **It is essential to record this as YES.**





## Appendix 4: Assessment Checklist

### PROVISION OF A HOSPITAL BEDFRAME /FLOORBED /MATTRESS /CUSHION

The checklist applies to the ordering and delivery of all bed and mattresses, this is the local risk assessment to justify why the bed is required and needs to be attached to the patient's clinical record. It should detail your clinical reasoning for your choice of equipment. It is intended to support your decision making, with the aim of ensuring the most appropriate bed/mattress and accessories are available to meet an assessed need. Please refer to the criteria to guide you.\*

\*NB:

1. Hospital bedframes will only be supplied when the needs of the patient cannot be met with a standard divan bed and equipment.
2. A Floor bed will only be supplied when the needs of the patient cannot be met with a standard divan bed with equipment or a standard Hospital Bed Frame.
3. A bed will not be provided to support any Care Home placement for Hull or the East Riding without a medical need.

<b>Name of Patient</b>	<b>DOB</b>
<b>Has Consent be given to share information and referral?</b>	
<b>Has a best interest decision been made?</b>	
<b>Medical Condition/Diagnosis / Grade of Pressure Ulcer / Description of skin integrity (detail all relevant information)</b>	
Example grade of pressure ulcer	
Why is the equipment required (a full explanation please)	
<b>What alternative solutions have been considered / tried? THIS MUST BE COMPLETED</b>	
<b>For same delivery day request please provide rational: THIS MUST BE COMPLETED</b> NB: same day delivery criteria are to facilitate a hospital discharge or prevent an admission. Rationalise your request against these criteria.	

## Environment

### *Important information for NRS delivery*

1. State location of room to be used as bed room? Example (downstairs dining room)

Is there safe access for the delivery of the bedframe – steps outside property, narrow corridors, stair lifts?

\*NB: Floor Beds will not usually be installed to first floor. An environmental assessment will need to be undertaken prior to any decision

2. Is there sufficient space available for the bed and around the bed for access?

3. Can furniture be moved / removed to accommodate bed?

4. Can you confirm there is an electric supply for the bedframe and dynamic mattress?

5. Have you considered any potential risks of having a bedframe/dynamic mattress and/or cushion installed in the same room as a gas boilers / heaters?

6. Is the patient a smoker? If yes, has a risk assessment been completed?

7. **What Equipment is required?** (include mattresses, rails etc.)

**\*NB if a patient can sit out throughout the day consider if a level 1 mattress with a level 2 cushion?**

8. Please refer to the flow chart below to justify your choice of equipment **please tick your route**

9. If cot sides are required has a risk assessment been completed?

10. If patient has pressure damage or other skin concerns on discharge/transfer has an onward referral for a review been made?

#### STATEMENT OF NEED

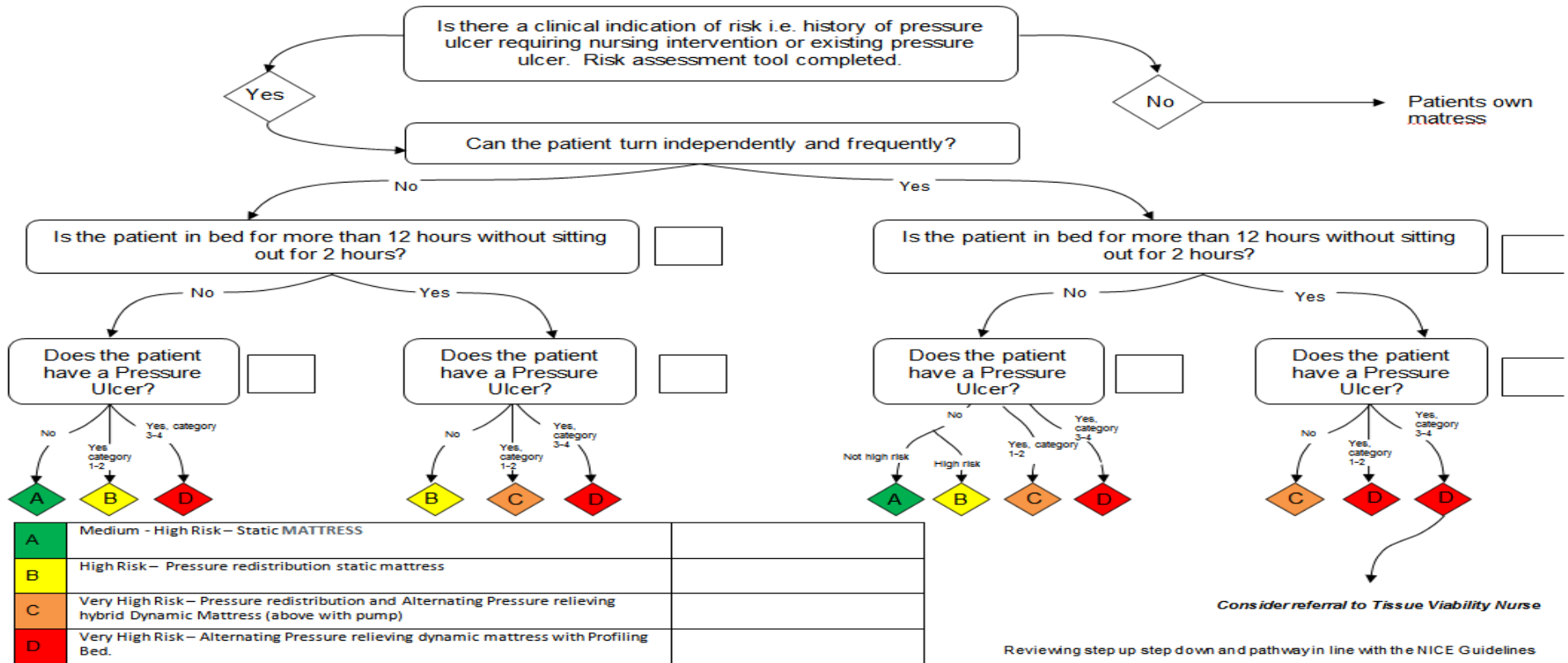
#### COMMENT

There is a **defined nursing need** and delayed provision will lead to a **rapid deterioration in medical condition**, e.g. service user on end of life care pathway, the prevention of hospital discharge, **immediate** risk of admission to hospital/residential or nursing home etc.

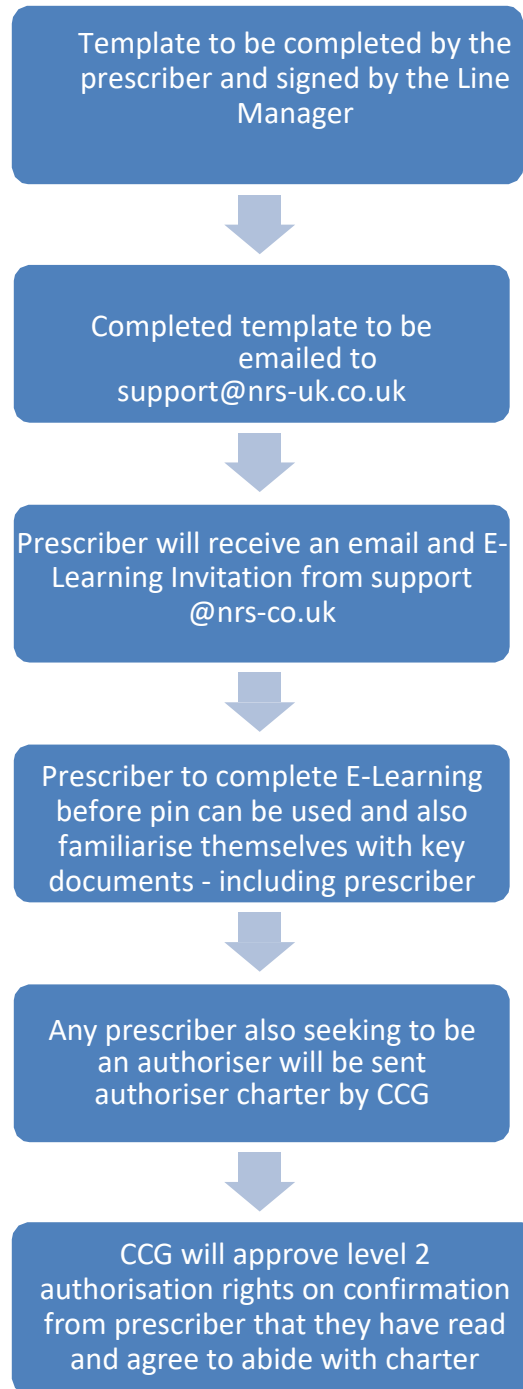
<p>The <b>comfort of the person</b> and the ease of providing nursing care would be improved with the provision of an adjustable bed, e.g. risk of increased care package, <b>health and safety issue</b> regarding carers moving and handling, support to carer etc.</p>	
<p>The <b>persons comfort</b> will be enhanced and moderate nursing / carer support.</p>	
<p><b>EXPECTED PERIOD OF USE?</b></p> <p>Please identify how long you think the equipment is required (0-3 months, 3-12 months or 12 months+)</p> <p><b>Equipment into care homes: should be discussed with an authoriser/commissioner prior to prescription.</b></p>	
<p><b>Name of Prescriber :</b></p>	
<p><b>Prescribers Professional Registration Number. This is important to complete.</b></p>	

## Appendix 5: Selection Criteria for the Prevention & Management of Pressure Ulcers Checklist

### Selection criteria for the management and Prevention of Pressure Ulcers Check List



## Appendix 6: Hull Pin Request Flowchart for Managers and New Prescribers



This flowchart describes the process to request prescriber pin for NHS and Social care staff accessing the Hull Community Equipment/ Wheelchair service for a Hull GP.

As NRS are the provider services for Community Equipment for Hull CCG /and East Riding CCG there is shared agreement that prescribers need only complete the eLearning for Iris once; however a separate pin request needs to be sent to NRS support for an East Riding pin that is available on the East Riding Iris site. If prescribers have difficulties with pin access they should escalate to the commissioning team – [patience.young@nhs.net](mailto:patience.young@nhs.net) at NHS Hull CCG or [debbie.parker10@nhs.net](mailto:debbie.parker10@nhs.net) at NHS East Riding of Yorkshire CCG.

## Appendix 7: PIN Request Form (Copy only)

### Community Care Equipment Service PIN Request Form

<b>NAME</b>	Click here to enter text.		
<b>CURRENT PIN</b>	Click here to enter text.		
<b>NMC/HCPC registration number</b>	Click here to enter text.		
<b>EMPLOYING ORGANISATION</b>	Choose an item.		
<b>If other</b>	Provide details:Click here to enter text.		
<b>WORK ADDRESS</b>	Click here to enter text.		
<b>TEAM CODE</b>	Choose an item.		
<b>TEL NUMBER WORK MOBILE</b>	Click here to enter text.		
<b>E-MAIL ADDRESS</b>	Click here to enter text.		
<b>JOB CODE</b>	Choose an item.	Choose an item.Choose an item.	Choose an item.
	Refer to clinical authorisations report to confirm what access is required. Select more than one job code if required.		
<b>LINE MANAGER NAME</b>	Click here to enter text.		
<b>DECLARATION</b>	I confirm that I meet the required competencies to order CCE provided by the Community Care Equipment Service and that I have read, understand and will comply with the directives and guidance in the access the Community Care Equipment Service policy.		
<b>SIGNATURE</b>	Click here to enter text.	Date	Click here to enter a date.
<b>LINE MANAGER AUTHORISATION</b>	Click here to enter text.	Date	Click here to enter a date.
<p>This form is to be signed by both the prescriber and a registered authoriser and forwarded via email to <a href="mailto:support@nrs-uk.co.uk">support@nrs-uk.co.uk</a> who will acknowledge receipt and enter the prescriber details onto IRIS and allocate primary role pin ie N01,OT1. Authoriser requests will be validated by CCG on return of receipt of confirming agreement to authoriser charter.</p> <p>Please tick if require to be an authoriser for others <input type="checkbox"/></p>			