

Postural Stability Strength and Balance Service	
Reference No: 1837 Version 2 Standard Operating Procedure (SOP)	
Prepared by: Jane Reddaway/Alison Jones/Andy Simpson/Tim Spring	
Presented to: Care and Clinical Policies Sub Group	Date: 22/10/16
Ratified by: Care and Clinical Policies Sub Group	Date: 22/10/2016
	Review date: 22/10/18
Relating to policies: Risk assessment Health and Safety Equality and Diversity Falls Prevention	

1. Purpose of this document:

To outline the procedure for the Postural Stability Strength and Balance Service (PSSBS)

2. Scope of this SOP:

This document outlines the procedures required to enable the successful delivery of the PSSBS. This service provides an accessible and free of charge service for those residents of Torbay and Southern Devon who meet the inclusion/referral criteria (see appendix B). The purpose of this document is for all staff within this service and the general Healthy Lifestyles Service to be aware and compliant with the service delivery. Any new members of staff will therefore be inducted in the application of this SOP which details all the steps involved in service delivery and likewise existing staff members will use the document to ensure consistency in delivery across the trust.

3. Roles/Responsibilities**3.1. Physical Activity Team Lead**

- 3.1.1. To jointly lead, develop and manage the PSSBS along with the falls prevention lead.
- 3.1.2. Line manages the postural stability coordinator and advises when falls prevention lead not available.
- 3.1.3. Attend and contribute to the Postural Stability Instructor (PSI) meetings every 6-8 weeks.
- 3.1.4. Produce yearly report on the outcomes of the groups for reporting to the Clinical Commissioning Group (CCG) and Care, Quality and Safety group.

3.2. Falls Prevention Lead

- 3.2.1. To jointly lead, develop and manage the PSSBS along with the physical activity team lead.
- 3.2.2. Line manages the postural stability instructors and advises when physical activity lead is not available.
- 3.2.3. Attend and contribute to the PSI meetings every 6-8 weeks.

3.3. Postural Stability Coordinator

- 3.3.1. Support all members of the PSSBS team to enable them to deliver the service in a timely and efficient manner.
- 3.3.2. Wherever possible, ensure the referrals received into the service are appropriate and fit with the inclusion criteria.
- 3.3.3. Support the delivery of the PSSBS by delivering administration tasks such as organising and communicating appointments to those referred to the service, the generation and distribution of letters, inputting information as appropriate and maintaining a record of referrals received and their outcomes in the PSSBS database.

- 3.3.4. To keep copies of documents in line with trust's information governance policies and ensure all files are updated as and when new copies are provided; for instance evaluation forms and audit documents.

3.4. Postural Stability Instructor

- 3.4.1. To safely conduct assessments, group work and strength and balance classes.
- 3.4.2. To help service users improve their strength, balance and confidence over a 12 week period using evidence based Falls Management Exercise (FaME) or Otago Falls Prevention (OTAGO) exercises.
- 3.4.3. To motivate service users to continue to exercise at home and post group by providing them with training and understanding of simple exercise programmes and offering advice on appropriate further exercise groups.
- 3.4.4. To help service users be more confident through a greater understanding of falls risks and how to modify them.
- 3.4.5. To improve self-esteem and encourage positive mental well-being.
- 3.4.6. To provide referred service users a 1hour 15min strength and balance exercise session per week.
- 3.4.7. To provide initial and post group assessments and inform service users of their outcomes.
- 3.4.8. To record the service users' progress (including any issues) on a weekly basis using Trust paperwork.
- 3.4.9. To advise administrator if service user fails to attend on more than three occasions.
- 3.4.10. To use the materials provided by the falls prevention lead to promote healthy ageing and falls prevention.
- 3.4.11. To ensure all relevant professional qualifications, insurance and continuing professional development are kept up to date (these will be checked on a yearly basis):
- PSI qualification
 - Membership of professional body e.g. the Register of Exercise Professionals (REPS)
 - Basic first aid qualification
 - Public liability and professional indemnity insurance (minimum £5 million cover)
- 3.4.12. The instructor will undergo a Disclosure Barring Service (DBS) check as part of the contracting process.
- 3.4.13. Any equipment used which is owned by the Contractor will be their responsibility, including suitability of use for purpose maintenance and repair.
- 3.4.14. To risk assess the venue before any session and inform the fitness team lead of any amendments required to the risk assessment for that venue.
- 3.4.15. Liaise with physical activity team and/or falls prevention lead and, at times, local therapists over any queries or concerns.
- 3.4.16. To cover leave and absence with a reciprocal arrangement with other instructors, to provide a rolling programme of sessions except in exceptional circumstances (for example Christmas week or sudden venue issues).
- 3.4.17. Instructors will have a period of induction with the Trust to include all Trust mandatory training.
- 3.4.18. Instructors to offer at least 2 mentoring sessions for colleagues in each 12 months of employment to promote an equitable service and maintain individual standards.
- 3.4.19. To attend joint meetings with other PSIs and physical activity team/falls prevention lead (minimally 6 monthly).

3.5. Support Worker in Intermediate Care (SWIC)

- 3.5.1. To be present to support the instructor.
- 3.5.2. To assist with the class in setting/clearing up and supporting/prompting/helping participants, as required, by the instructor leading the group.

3.6. Lifestyles Administration Team (in conjunction with the Postural Stability Coordinator)

- 3.6.1. Support all members of the PSSBS team to enable them to deliver the service in a timely and efficient manner.
- 3.6.2. Wherever possible, ensure the referrals received into the service are appropriate and fit with the inclusion criteria (appendix B).
- 3.6.3. Support the delivery of the PSSBS by delivering administration tasks such as the generating and distribution of letters, inputting information as appropriate and maintaining a record of referrals received and their outcomes.
- 3.6.4. To keep copies of documents in line with Trust's information governance policies and ensure all files are updated as and when new copies are provided; for instance evaluation forms and audit documents.

4. Procedure/steps:

4.1. Service outline. The service is offered to residents of Torbay and Southern Devon for whom the service has been recommended by a Health and Social Care professional (see appendix B for referral criteria). People who would benefit from this service are the elderly population who have osteoporosis or who are at a high risk of developing osteoporosis, people who have had a recent fall (or have been assessed by a health care professional as at risk of falling), people with balance and coordination problems. The service aims to offer an opportunity for these people to develop an improvement in their coordination, strength and balance in a supportive environment with an evidence based programme.

4.2. Service structure.

- Individual assessment with a Postural Stability Instructor (PSI)
- 12-week rolling programme of group based exercise
- Each group comprises between 8 and 24 participants (depending on number of available instructors)
- Exit assessment with PSI
- The programme takes place at various locations in Torbay and Southern Devon

4.3. Procedure

- 4.3.1. A referral is received into the Healthy Lifestyles Service or directly to the Postural Stability Coordinator; this is via Health and Social Care Professionals, GPs, Secondary Care or self-referral.
- 4.3.2. Referrals received by the Healthy Lifestyles Service are forwarded to the Postural Stability Coordinator who date stamps the referral forms and adds the information onto the PSSBS database (this automatically generates an email to the service user's GP to confirm there are no medical contraindications to the service user attending the group). The referral forms are stored as hard copies in a secure lockable cabinet.
- 4.3.3. Where there is no waiting list for the requested appointment the Postural Stability Coordinator generates a letter which gives an appointment date for the initial assessment. This is sent to the referred person and provides 2-3weeks notice. In cases where there is a waiting list, this procedure is delayed until there is an available appointment.
- 4.3.4. Upon completing step 4.3.3 above, an email is automatically generated to the service user's GP to inform them that the referral has been received and that the service user has been invited onto the programme.

- 4.3.5. In preparation for the initial assessment the Postural Stability Coordinator forwards an information pack (see appendix B) to the PSI for them to record relevant service user information and assessment outcomes.
- 4.3.6. The initial assessment takes place to assess current functional ability and appropriateness for the group.
- 4.3.7. If the PSI deems the referral to be appropriate the service user is invited to attend the programme.
- 4.3.8. If the PSI deems the referral to be inappropriate the referrer is informed of this decision and the service user is signposted or referred onto a more appropriate service.
- 4.3.9. The service user attends for 12 sessions at a location which is most convenient for them. An exercise band and home exercise booklet are provided to each service user. A register of attendance is kept at each session and paperwork is updated after each session.
- 4.3.10. After 12 sessions an exit assessment is completed.
- 4.3.11. In the case of those service users who do not attend either the initial assessment or subsequent sessions, an attempt to contact them by telephone is made twice. If no contact is made or if the service user declines to come back into the service, a letter is sent to the original referrer (with a copy to the patient's GP) and the service user is discharged from the service.
- 4.4. Equipment and resources. The physical resources needed to deliver the service include:
- Computer/laptop
 - Stationery
 - Wi-Fi access
 - Publications/guidance/internal information
 - Printer
 - Photocopier
 - Secure lockable cabinet/files
 - First Aid Kit
 - Latex bands (required to deliver exercise session)
 - Fitness balls (required to deliver exercise session)
 - Balance bars (required to deliver exercise session)
 - Postage/couriers
 - Uniforms
 - Relevant information leaflets
- 4.5. Auditing. An internal audit takes place annually, which will seek to identify standards of delivery, service provided and service users' outcomes. This audit is presented to the Healthy Lifestyles Governance Group, the Falls Strategy Group, and Care Quality and Safety Committee. The audit is also registered with the Audit and Effectiveness Committee. Audit documentation will be recorded and a copy kept by the service leads.
- 4.6. Health and Safety.
- 4.6.1. The health and safety of service users is a priority throughout their pathway of care and appropriate assessments (see appendix B) are carried out by a PSI. Health issues are discussed with the service user and a care plan is documented, where appropriate, in the service user's records.
- 4.6.2. Risk assessment procedures for the Trust are adhered to all times in the operation of this service. A risk assessment is carried out upon the booking of any venue; this follows the Trust's risk assessment policy. An informal risk assessment of the venue takes place just before each session to ensure there are no new risks. Any new risks identified are communicated to the Fitness Team Lead who is responsible for updating the risk assessment documentation and implementing any additional actions to minimise or eliminate the identified risk(s).

- 4.6.3. Venues must have their own liability insurance (£5million indemnity) and this is checked prior to booking the venue.
- 4.6.4. Incident reporting procedures are fully adhered to via the local reporting systems.
- 4.6.5. Equipment is maintained to ensure safety and where relevant portable appliance testing (PAT) is carried out on electrical equipment.
- 4.6.6. Equality and diversity is considered throughout the operation of the service and adjustments are made if required to ensure the service is equitable and on offer to all people who fit the inclusion criteria. Disabled access is ensured in each venue.

5. Monitoring tool:

- 5.1. Evaluation. The service will be monitored and evaluated as required by the performance management system and service specification. Service user feedback is requested at the end assessment; this offers the opportunity to raise any concerns or convey positive comments. Informal feedback is encouraged throughout. This information is collated anonymously and used to inform service delivery and development.
- 5.2. Quality assurance and review. Members of the team receive annual appraisals with their line manager and part of this process ensures that mandatory training is completed. The external contractors have an appraisal with one of the service leads annually. The coordinator ensures PSI's insurance and qualification copies are kept up to date. Additional training is offered to staff members as deemed appropriate and the appraisal offers an opportunity to discuss and agree a pathway of personal development, whilst ensuring the levels of knowledge, skills and expertise are maintained.
- 5.3. The clinical governance meeting which takes place internally is a forum which oversees the delivery of the service and ensures the operational standards are maintained.

Standards:

Item	%	Exceptions
<p>Equality Statement. The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, service user or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy</p>		

References:

- NICE CG 161
- NICE Quality Standards 86

Appendix: i.e. Flowchart, diagrams etc.

- A. [CCG Commissioning Contract and KPI](#)
- B. [Referral form, assessment pack with inclusion/exclusion criteria](#)
- C. [Health and Safety Risk assessment form](#)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	New	16 January 2016	New	Care and Clinical Policies Group
2	Revised	21 October 2018	Review due update of Trust name & assessment paperwork	Care and Clinical Policies Group Jane Viner, Chief Nurse Dr Rob Dyer, Medical Director

CCG Commissioning Contract and KPI

**Service Specification Template
Department of Health, October 2015**

Service Specification No. :	
Service:	PSI led Strength and Balance Classes in Torbay and South Devon
Commissioner Lead:	Caroline Nicholson
Provider Lead:	Jane Reddaway
Period:	April 2016 – March 2019
Date of Review:	October 2018

1. Population Needs (Mandatory)

1.1 National/local context and evidence base

Falls affect a third of people aged 65 and over and half of those aged over 85. They are the main cause of mortality and morbidity due to injury among the older population in the UK. Following a hip fracture, half of older people can no longer live independently, with only a fifth resuming previous levels of function (Age UK, 2010).

Locally we can expect up to 21,000 falls in each year and approximately 500 strokes.

Loss of self-confidence as a result of a fall can result in social withdrawal, confusion, loneliness, fear and anxiety, even when there has been no injury.

At present there is a range of high quality, evidence based Postural Stability Instructor (PSI) strength and balance groups across Torbay and Southern Devon. Initiating one in Ashburton would give the Trust excellent, accessible geographical cover.

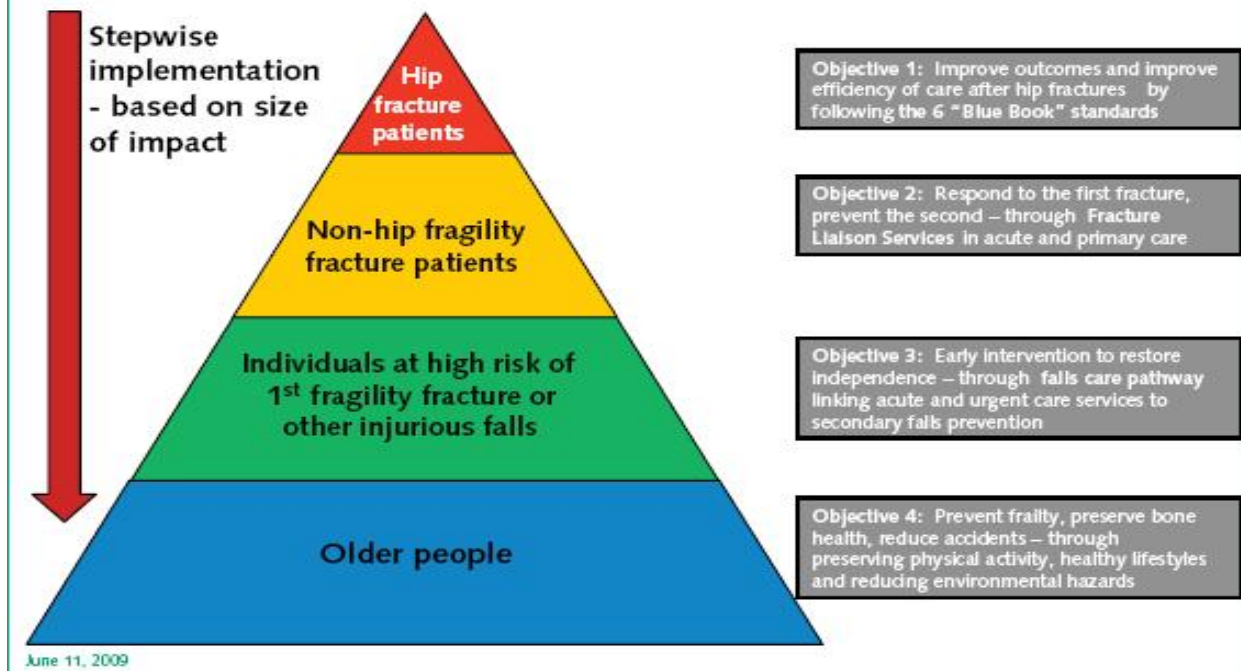
Although national guidance for falls prevention supports multi-factorial assessment and interventions, the most effective component has been found to be exercise interventions (Petridou, 2009).

Sherrington et al (2011) reported that the most effective exercise programme, reducing falls by 38%, included moderate to highly challenging balance training, for at least 50 hours duration (approx twice a week for 6 months) and did not include walking training. Those exercise programmes of shorter duration were not effective at reducing falls.

The Department of Health have, through a Commissioning Toolkit developed a systematic approach to falls and fracture prevention- listed in priority in terms of impact and evidence base. The following diagram demonstrates the stepwise approach. The PSI groups have met the needs of patients in all four of these objectives.

Locally falls remain an issue in the majority of SWAST callouts, A&E attendances and hospital admissions for those aged 65 and over.

A systematic approach to falls and fracture prevention Four key objectives



The number of people being admitted as a result of a fall has increased dramatically over the last few years. National indicators suggest that for the South Devon and Torbay population of 62k people who are 65+ we can expect:

- a) 21, 356 will fall each year with 9231 falling twice or more - most will not seek help
- b) 50% of people who have a minor (fragility) fracture subsequently have a major fracture
- c) 3031 will attend A&E or an MIU
- d) A further 3031 will call an ambulance
- e) 1722 will have a fracture with 496 of these being hip fractures
- f) Hip fractures (#NoFs) account for 20% of orthopaedic bed occupancy
- g) Of the 496 hip fractures:
 - i) 143 will die within a year
 - ii) 163 will become totally dependent and require permanent care home admission

Within Torbay, 12 hours of Postural stability instructor (PSI) led community based falls prevention strength and balance classes are available to patients with a History of falls, have a fear of falling, have Problems with balance, are feeling unstable and lacking confidence or have a diagnosis of osteoporosis.

An analysis of those completing the strength and balance classes in Torbay has shown that the odds of a fall related hospital admission is lower than the wider population. This suggests that those completing the programme are less likely to experience a fall related hospital admission within a period following the programme. The time period varied, and only those completing the course and whose NHS number was known were included in the analysis.

The odds ratio for the over 65 population completing the course against the wider population was 0.75 (95% CI 0.28 to 2.03). This suggests that those completing the programme were less likely, but not significantly, to experience a hospital admission. Results for the over 75s showed a potentially significant result, with an odds ratio of 0.30 (95% CI 0.11 to 0.81).

Establishing any impact the strength and balance class has had on fall related hospital admissions is difficult. It is hard to evidence a positive reduction in admissions due to the class. What can be said is

that those completing the course were less likely to experience a fall related hospital admission.

It is plausible to suggest that the programme may have reduced the number of fall related admissions. But by how many or what order of magnitude is not known. Therefore quantifying the savings of the programme is also not known.

2. Outcomes

2.1 NHS Outcomes Framework domains & Indicators

<https://www.wp.dh.gov.uk/publications/files/2012/11/121109-NHS-Outcomes-Framework-2013-14.pdf>

Domain 1	Preventing from prematurely	People dying	<ul style="list-style-type: none"> n Potential Years of Life Lost from causes amenable to healthcare .. Reducing premature mortality from the major causes of death .. Reducing premature death in people with serious mental illness .. Reducing deaths in babies and young children .. Reducing premature death in people with a learning disability
Domain 2	Enhancing quality of life for people with long-term conditions		<ul style="list-style-type: none"> n Health related quality of life for people with long term conditions .. Ensuring people feel supported to manage their condition X .. Improving functional ability in people with long-term conditions .. Reducing time spent in hospital by people with long term conditions .. Enhancing quality of life for people with mental illness .. Enhancing quality of life for people with dementia
Domain 3	Helping people to recover from episodes of ill health or following injury		<ul style="list-style-type: none"> n Emergency admissions for acute conditions that should not usually require hospital admission n Emergency readmissions within 30 days of discharge from hospital o Improving outcomes from planned treatments o Preventing lower respiratory tract infections in children from becoming serious o Improving recovery from injuries and trauma <input checked="" type="checkbox"/> Improving recovery from stroke <input checked="" type="checkbox"/> Improving recovery from fragility fractures Xo Helping older people recover their independence after illness or injury
Domain 4	Ensuring people have a positive experience of care		<ul style="list-style-type: none"> n Patient Experience of Primary Care (GP services/GP Out of Hours/NHS Dental Services) n Patient Experience of Hospital Care n Friends and Family Test o Improving people's experience of out-patient care o Improving hospitals' responsiveness to personal needs o Improving access to primary care services o Improving women and families experience of maternity services o Improving the experience of care of people at the end of their lives o Improving experience of healthcare for people with mental illness o Improving children and young people's experience of healthcare o Improving people's experience of integrated care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm		<ul style="list-style-type: none"> n Patient Safety Incidents Reported (safety incidents involving severe harm or death/hospital deaths attributable to problems in care) <input checked="" type="checkbox"/> Reducing the incidence of avoidable harm o Improving the safety of maternity services o Delivering safe care to children in acute settings

2.2 Locally defined outcomes

South Devon and Torbay Clinical Commissioning Group Plan on a Page

- To achieve fully joined up and cost effective 7 day services from the acquisition process
- To increase the number of patients who are proactively case managed to avoid unnecessary hospitalisation and reduce bed based care.
- To increase self-care and proactive case management.
- To review patient journeys through A&E in order to avoid unnecessary admissions
- To increase the level of pro-active care in care homes.
- To ensure patients receive appropriate intervention, in a local setting avoiding unnecessary journeys to hospital.
- To review and utilise prescribing variations in all settings.

3. Scope (Mandatory)

3.1 Aims and objectives of service

The overall aim is to provide a stable, evidence based rehabilitation and exercise continuum to meet NICE and the British Geriatric society guidance linking closely with therapists across the area and to provide progression for those in rehabilitation and prevention for those who recognise their need to

become more active or remain active safely in older age. The groups would work closely with rehab teams across the area to receive referrals and, if necessary, refer to the teams.

The service will receive referrals from GPs, various health and social care professionals and from Secondary Care, including from the osteoporosis service (newly diagnosed patients are offered referral to these evidence based classes to encourage increased impact, weight bearing exercise). The Service will also take self-referrals; taking advice from the person's GP to ensure that the classes will be appropriate.

Service users are assessed by one of the PSI's and a set of physiological (functional tests) and psychosocial (using validated questionnaires) measurements are taken before the commencement of the 12 week intervention

Service users attend the exercises classes once a week for 1.25 hours and are strongly encouraged to practice the exercises throughout the week at home. The exercise programme is evidence based and follows the principles of the Falls management exercise programme (FaME, Skelton et al, 2005) and all the instructors have been trained as Postural Stability instructors with Later Life Training (<http://www.laterlifetraining.co.uk>).

If service users are deemed to have severe functional limitations or their health is significantly impaired by their condition, they are referred on to the most appropriate service.

3.2 Service description/care pathway

- Maintain evidence based exercise classes in areas where they are most needed
- Maintain/support existing Postural Stability Instructors (PSI),
- Promote the PSI strength and Balance classes locally via local community groups, voluntary sector and the Osteoporosis Service
- To continue to provide an administrative function to support the Strength and Balance groups.
- To continue and to expand the PSI led strength and balance courses in Torbay and Southern Devon for a further 3 years providing:
 - 3 x 12 week courses in Paignton (3)
 - 3 x 12 week courses in Torquay (2)
 - 1 x 12 week courses in Brixham (1)
 - 1 x 12 week courses in Newton abbot (1)
 - 1 X 12 week Courses in Teignmouth(1)
 - 1 X 12 week Courses in Totnes, (1)
 - 1 x 12 week course in Dartmouth (1)
 - 1 x 12 week course in Ashburton (1)
- Administrator/coordinator telephone follow up at 3 months

3.3 Population covered

Where the service is not subject to patient choice and where the service is limited to a defined population, the description of that population should be included in this section

The demographic profile for Torbay and South Devon in particular is different to the national average as we have a higher proportion of older people and consequently a higher prevalence of people living with chronic illnesses on GP disease registers. Our population is expected to increase at a higher rate than the England average with 16% (26,000 people) aged 75 years and over by 2029. More than 25% of people aged 50 and over are living alone.

3.4 Any acceptance and exclusion criteria

This section may be used to identify any clinical criteria used for the service

Service users access the programme if they meet any one of the following criteria:

- History of falls
- Fear of falling
- Problems with balance
- Feeling unstable and lacking confidence
- Diagnosis of osteoporosis

Exclusion criteria

- Any patient not in catchment area.
- If service users are deemed to have severe functional limitations or their health is significantly impaired by their condition, they are referred on to the most appropriate service.

3.5 Interdependencies with other services

The services commissioned under a contract may be part of a wider care pathway. If this is the case, how the service works with other services or providers can be identified here

- Osteoporosis Service
- GP's
- Rehabilitation strength and balance classes.
- Healthy Lifestyles Team Torbay
- Health Promotion Devon
- Rehabilitation teams across TSDFT

4. Applicable Service Standards (Mandatory)

4.1 Applicable national standards eg NICE, Royal College

- RCP- clinical guidelines for prevention and treatment of osteoporosis 1999
- National Service Framework for Older People. Section 6 - Falls. March 2001
- NICE Clinical Guideline 161: Clinical practice guideline for the assessment and prevention of falls in older people. 2013
- DH Prevention Package for Older People. Fall and fractures Jul 2009
- RCP National Audit of Falls and Bone Health in Older People November 2011
- NICE Quality Standards 86

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g Royal Colleges) In this case Later Life Training

- **Instructors to be trained postural stability instructors**
- **Using FaME agreed exercises and elements within each group and OTAGO elements with appropriate training**
- **Applying agreed acceptance criteria and using pre and post assessments**
- **CPD maintained**
- **REPS registered or suitable other professional group (BAOT/CSP)**

4.3 Applicable local standards

- Attending meetings with Lifestyles and Falls Prevention Lead (minimum 6 monthly intervals)
- Attending yearly appraisal with Lead of service or deputy
- Undertaking yearly peer support and review

5. Key Service Outcomes (Mandatory)

Desired outcomes for the strength and balance groups are to:

- Contribute to reducing slips, trips and falls - through increased confidence, strength balance and quality of life

- Contribute to reducing hospital admissions due to falls
- To build confidence amongst the participants
- To Increase the participants' quality of life, health and wellbeing through Improved mobility and independence,

6. Applicable quality requirements and CQUIN goals

6.1 Applicable quality requirements

Service user feedback using a variety of methods collated 6 monthly and reported yearly.

Number	Quality Requirement	Technical Guidance Reference	Threshold	Method of Measurement	Consequence of breach	Source of Date	Provider Lead	Commissioning Lead
1	Numbers treated	% of those suitable for gp to completing programme	56%	% of those suitable to completing programme		1/4/16 – 31/3/17	Jane Reddaway/ Andy Simpson	Caroline Nicholson
2	Numbers treated	% of those suitable for gp to completing programme	58%	% of those suitable to completing programme		1/4/17 – 31/3/18	Jane Reddaway/ Andy Simpson	Caroline Nicholson
3	Numbers treated	% of those suitable for gp to completing programme	58%	% of those suitable to completing programme		1/4/18 – 31/3/19	Jane Reddaway/ Andy Simpson	Caroline Nicholson

6.2 Applicable CQUIN goals

Summary of CQUIN indicators (full CQUIN template to be completed)

Indicator Name	n/a
Indicator Weighting (% CQUIN Scheme available)	n/a
Description of Indicator	n/a

7. Financial Requirements

Expected Contract Values, Details of locally agreed tariff arrangements

The contract value for this service is £80,000 in addition there are costs of £22,000 which consist of management and support staff funded from existing zone teams.

8. Information Requirements

Area covered	Performance Indicator	Measure	Definition	Local Title	Format	Method of Delivery	Frequency
TSDFT	Numbers referred compared to those suitable for group	Numbers referred compared to those suitable for group	Those re-referred on or those who decline	n/a	Dashboard	Coordinator to input on spread sheet	
TSDFT	Numbers treated	Number of attendees attending monthly	Number of attendees		Dashboard	Coordinator to input on spread sheet	On-going
TSDFT	Service user feedback	Using a variety of methods.	Positive and negative feedback		Report	Included in a yearly report	Yearly
TSDFT	Falls reduction	Number of falls measured 3 mths prior to group vs 3 Mths during gp	Measured 3 mths prior to group vs 3 Mths during gp		Dashboard	Coordinator to input on spread sheet	Yearly

9. Location of Provider Premises (Mandatory)

The Provider's Premises are located at:[Name and address of the Provider's Premises OR details of the Provider's Premises OR state "Not Applicable"]

The provider will ensure classes are undertaken in accessible venues across Torbay and South Devon.

10. Individual Service User Placement (Non mandatory)

[Insert details including price where appropriate of Individual Service User Placement e.g for care homes/tailored specialist placements]

Referral form, assessment pack with inclusion/exclusion criteria

(Please see next page).

Strength and balance exercise class for older adults

Patient Details

Name: D.O.B:
 Address: NHS No:
 Tel No:
 Postcode: Mobile:

Can we contact the patient by telephone and leave a message with anyone who answers? Y / N

GP Name: Telephone No:
 GP address:

Referrer Details

Name & Profession: Tel No:
 Address / Dept: Box No:
 Referrer's signature: Date:

Physical condition of patient

Information provided will enable the Postural Stability Instructor to adapt exercise safely and effectively

Significant Medical History if applicable, please supply dates & details as far as is possible

- CHD / CVD
- COPD / Asthma
- Epilepsy
- Hypertension
- Diabetes
- Osteoporosis
- Ortho / Musc.
- CVA / Neuro

Other considerations:

Current Medications please attach repeat prescription if available

.....

Has / is patient attending a strength & balance rehab group? • YES • NO • N/A

(if yes date when they are due to complete) Date:

Appropriate referral checklist if applicable

- Has the patient had a medication review in light of their falls history? • YES • NO • N/A
- Patient has a history of falls / fear of falling / problems with balance / lacking confidence • YES
- Patient is mobile (with walking aid if needed but no human assistance) • YES
- Patient able to get out of a low chair / from the toilet (without assistance but may have difficulty) • YES

Patient Consent

I agree for the above information to be passed on to the Postural Stability Instructor who may contact my Doctor for further medical information, and that I may be contacted to discuss the best referral pathway for me. I will inform the Team of any changes to my health, any changes to my medication and the results of any investigations.

Patient's signature Date:
 Print Name:



Contraindications for participation in the strength and balance exercise programme

Patients with the following conditions are not suitable for the strength and balance exercise class; please do not refer anyone with:

- Uncontrolled heart disease / unstable angina
- Stage 3 Hypertension - BP > 180 systolic or 100 diastolic
- Tachycardia or uncontrolled arrhythmia
- Acute systemic illness (e.g. cancers)
- Uncontrolled asthma / severe breathlessness or dizziness (inc. vertigo)
- Severe Parkinson's disease
- Unmanaged pain
- Functional limiting diseases, such as severe stroke
- Dementia, Alzheimer's or severe cognitive impairment (unable to follow simple instructions)

Preferred location please tick preferred venue location.

- Torquay
- Paignton
- Brixham
- Newton Abbot
- Teignmouth
- Totnes

Send this form to:

Strength & Balance programme coordinator, Union House, 4th Floor, Union Street, Torquay, TQ1 3YA

If you would like more information about the strength and balance service, please contact the Lifestyles Team on 01803 219703.

Email alisonfrost1@nhs.net

Start Date:-
Finish Date:-

Strength & balance programme - Initial assessment

Name: Date:
 DOB: Age: NHS No:
 Tel No: Doctor:
 Emergency Contact Tel No:

Current Medical History

Details:

Recent falls history

Details:

Medication

Details:

Risk Stratification / Other considerations/ Allergies:

Details:

Walking Aid check- Height/ Ferrule wear:

Additional Questions	Start	End
Can individual get up from the floor independently using furniture if necessary?	Y / N	Y/ N
Can stand from a chair without aids?	Y / N	Y/ N
Can walk without aids indoors?	Y / N	Y/ N
Can climb stairs using the handrail if required?	Y / N	Y/ N
Can backward chain to floor onto one knee and back?	Y / N	Y/ N
Can stand without swaying?	Y / N	Y/ N
Can they talk and walk?	Y / N	Y/ N
Can they stand on one leg?	Y / N	Y/ N
Number of falls in the past 3 months?		_____
Suitable for Strength & Balance group? (if no state reason below)		Y / N
Reason:		

Strength & balance programme – Initial assessment sheet

Date:

Patient Name:

NHS No:

DOB:

Questionnaire scores

Confidence in maintaining balance (ConfBal)/30

Visual Analogue scale (VAS)/20

Functional assessment results

Initial Assessment			
	L Score	R Score	Comments
Shoulder Ext. Rot Flex:			
Shoulder Int.Rot Flex			
Hamstring Flex			
	No of steps	Score	Use of aid?
180 degree turn			
	Time (sec)	Score	Use of aid?
Timed up and go			

Functional Grid

	Shoulder Ext. Rot	Shoulder Int.Rot	Hamstring Flex	180 degree turn	Timed up and go
1	Can reach over their shoulder to between their shoulder blades	Can reach to behind the back to touch their shoulder blades	Able to reach to mid calf of extended leg	Able to turn safely in 4 steps or less	Able to rise from the chair easily, walk unaided, turn without dizziness or stumbling. Faster than 8 secs
2	Can reach to the back of the neck	Can reach to behind the back to touch just below the shoulder blades	Able to reach just past knee of the extended leg	Able to turn in 6 steps or less	Able to rise from the chair without arms, walk unaided. Turn without stumbling. Between 9-15 secs
3	Can reach behind the head to level of ears	Can reach behind to mid-back level	Able to reach to knee of the extended leg	Able to turn safely in 8 steps or less	Difficulty on rising from chair, walks aided or unaided but takes between 16-24 secs
4	Can reach the top of their head	Can reach behind to waist level	Able to reach mid thigh of the extended leg	Needs close supervision and verbal cueing for safety. Takes 9-12 steps	Difficulty on rising from chair, walks aided or unaided but takes between 25and 40 secs
5	Can reach above shoulder level but not touch the top of their head	Can reach behind to buttock level	Able to reach knee but unable to complete with correct technique	Needs assistance from one person or furniture to turn	Difficulty on rising from chair, needs walking aid, unconfident or dizzy on turning- or takes over 40 secs
6	Unable to reach above shoulder level without pain or movement limitation	Unable to reach behind their back, pain or movement limitation	Unable to reach forward because of pain, deformity or fear of falling	Needs assistance from two people to turn	Unable to rise from the chair, walk or turn without help

Strength & balance programme – End assessment sheet

Date:

Patient Name:

NHS No:

DOB:

Questionnaire scores

Confidence in maintaining balance (ConfBal)/30

Visual Analogue scale (VAS)/20

Functional assessment results

End Assessment			
	L Score	R Score	Comments
Shoulder Ext. Rot Flex:			
Shoulder Int.Rot Flex			
Hamstring Flex			
	No of steps	Score	Use of aid?
180 degree turn			
	Time (sec)	Score	Use of aid?
Timed up and go			

Functional Grid

	Shoulder Ext. Rot	Shoulder Int.Rot	Hamstring Flex	180 degree turn	Timed up and go
1	Can reach over their shoulder to between their shoulder blades	Can reach to behind the back to touch their shoulder blades	Able to reach to mid calf of extended leg	Able to turn safely in 4 steps or less	Able to rise from the chair easily, walk unaided, turn without dizziness or stumbling. Faster than 8 secs
2	Can reach to the back of the neck	Can reach to behind the back to touch just below the shoulder blades	Able to reach just past knee of the extended leg	Able to turn in 6 steps or less	Able to rise from the chair without arms, walk unaided. Turn without stumbling. Between 9-15 secs
3	Can reach behind the head to level of ears	Can reach behind to mid-back level	Able to reach to knee of the extended leg	Able to turn safely in 8 steps or less	Difficulty on rising from chair, walks aided or unaided but takes between 16-24 secs

4	Can reach the top of their head	Can reach behind to waist level	Able to reach mid thigh of the extended leg	Needs close supervision and verbal cueing for safety. Takes 9-12 steps	Difficulty on rising from chair, walks aided or unaided but takes between 25 and 40 secs
5	Can reach above shoulder level but not touch the top of their head	Can reach behind to buttock level	Able to reach knee but unable to complete with correct technique	Needs assistance from one person or furniture to turn	Difficulty on rising from chair, needs walking aid, unconfident or dizzy on turning- or takes over 40 secs
6	Unable to reach above shoulder level without pain or movement limitation	Unable to reach behind their back, pain or movement limitation	Unable to reach forward because of pain, deformity or fear of falling	Needs assistance from two people to turn	Unable to rise from the chair, walk or turn without help

Informed Consent

Name	NHS Number (if known)
Date of Birth	

This course is designed to help improve your strength and balance. The exercises that you will be shown have been proven to help people who suffer with osteoporosis, those who have fallen in the past, and those who have a fear of falling or whom feel unstable. These exercises will help you improve your mobility and may help to give you more independence; boosting your confidence and aiding your ability to walk.

In order to get maximum benefit from the course we would recommend that you gradually increase the amount of exercise that you take, making physical activity part of your weekly routine. It is recommended that in order to benefit health and fitness you need to spend 30 minutes a day doing activities which make you slightly puffed (this can be accumulated in 3 bouts of 10 minute intervals). In addition on 2 days of the week you should perform some exercises which help with building strength and flexibility.

Please do not attend if you are ill; notify your instructor as soon as possible if you cannot attend a session. You must inform the staff of any unusual symptoms that may occur whilst you are exercising or at other times whilst you are on the Balance and Strength improvement programme.

You can stop participating in this project at any time and in the knowledge that your medical care will not be affected in any way.

NOTE: IT IS YOUR RESPONSIBILITY TO ATTEND. REMEMBER THAT PLACES ARE LIMITED AND YOU COULD BE STOPPING SOMEONE ELSE FROM PARTICIPATING. PLEASE LET US KNOW IF YOU ARE HAVING DIFFICULTIES ATTENDING SESSIONS.

If you are happy with the information given above and would like to take part in the strength and balance exercise class, please turn over and complete the consent form.

Consent to Share and Protect Your Personal Information

Please read this carefully, tick the box if you agree and then sign and date the form. If you have any concerns please discuss them with a member of staff.

I agree that the information provided to the Strength and Balance Service may be shared between Torbay and South Devon NHS Foundation Trust, my Doctor and the referring health professional to support the delivery of this service. ..

I understand that this information will be used for the purpose of providing a safe and effective exercise programme to me. ..

I understand that I may withdraw my consent to share information at any time and this may result in a reduction of the services being available. ..

I understand that I have the right to restrict what information may be shared and with whom, but this may affect the provision of care to me. ..

I agree that in order to improve & shape future service delivery, the Lifestyles Team of Torbay and South Devon NHS Foundation Trust may contact me at various intervals over the next 12 months to ask me some questions about outcomes from the service/s I have received and to determine the longer term impact on my activity ..

I agree to the Strength and Balance Service contacting me with information about patient and public events relating to the programme. My data will not be processed to any direct marketing organisations for commercial use. ..

I agree that personal data and information about my medical conditions may be passed on to another exercise provider if I wish to continue exercise after completion of the course. ..

I understand that my information will be held securely on paper and/or on computer in accordance with the Data Protection Act 1998 for a period of 4 years; after which time it will be confidentially destroyed. ..

I have made the following restrictions: *(if applicable)*

Signature:

Date:

SF12 – Quality of life questionnaire (initial)

Date:

NHS No:

Patient Name:

DOB:

Please circle or tick the answer that applies to you. Please ask for help if you need it

1. In general would you say your health is excellent, very good, good, fair or poor?

Excellent	Very Good	Good	Fair	Poor
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2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so how much?

Moderate activities (such as moving a table, vacuuming, bowling, or golf)	YES, limited a lot	YES, limited a little	NO, not limited
Climbing several flights of stairs	YES, limited a lot	YES, limited a little	NO, not limited

3. During the past four weeks

Have you accomplished less than you would like as a result of your physical health?	YES	NO
---	-----	----

Were you limited in the kind of work or other regular activities you do as a result of your physical health?	YES	NO
--	-----	----

Have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?	YES	NO
--	-----	----

Did you not do work or other regular activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?	YES	NO
---	-----	----

4. **During the past four weeks**, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere not at all, slightly, moderately, quite a bit, or extremely

Not at all	Slightly	Moderately	Quite a bit	Extremely
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5. These next questions are about how you feel and how things have been with you **during the past four weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much time during the past 4 weeks have you felt calm and peaceful?	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
---	-----------------	------------------	----------------------	------------------	----------------------	------------------

How much time during the past 4 weeks did you have a lot of energy?	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
--	-----------------	------------------	----------------------	------------------	----------------------	------------------

How much time during the past 4 weeks have you felt down?	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
--	-----------------	------------------	----------------------	------------------	----------------------	------------------

During the past 4 weeks , how much time has your physical health or emotional problems interfered with your social activities like visiting friends, relatives etc?	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
--	-----------------	------------------	----------------------	------------------	----------------------	------------------

Confidence in maintaining balance (initial)

Date:

Patient Name:

NHS No:

DOB:

The respondent must rate his/her confidence while performing the activity without assistance from another PERSON. If a walking aid is normally used it can be 'used' during the activity.

1. How confident are you that you can **sit down in a chair** without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
2. How confident are you that you can **get up out of a chair** without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
3. How confident are you that you can **pick up something from the floor** without losing your balance- not holding on to any support?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
4. How confident are you that you can **stand unsupported** for about 5 minutes without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
5. How confident are you that you can **walk without support** for about 10 yards indoors without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
6. How confident are you that you can **walk up a gentle slope** indoors without losing your balance using your usual walking aid if necessary?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
7. How confident are you that you can **walk down a gentle slope** using your usual walking aid if necessary?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
8. How confident are you that you can **walk over an uneven pavement** without losing your balance using your usual walking aid if necessary?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
9. How confident are you that you can go **downstairs indoors**, not using the handrail, without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
10. How confident are you that you can go **upstairs indoors**, not using the handrail, without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1

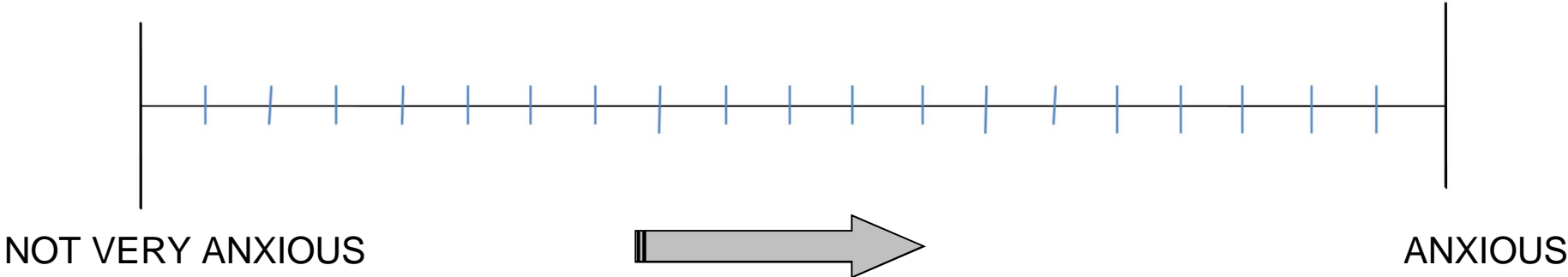
Visual Analogue Scale (Initial)

Patient Name:

NHS No:

Date:

DOB:



**PLEASE MARK A CROSS(X) SOMEWHERE ALONG THE LINE ABOVE TO TELL
US HOW ANXIOUS YOU ARE ABOUT FALLING OVER AND INJURING
YOURSELF**

Strength & balance programme – Exercise record sheet

Patient Name: NHS No: DOB:

Date	Session	Attended?	Instructor and participants comments	Backward Chaining level achieved	Signature
	1				
		Theraband colour used	Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing
	2				
		Theraband colour used	Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing
	3				
		Theraband colour used	Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing
	4				
		Theraband colour used	Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing

Strength & balance programme – Exercise record sheet (page 2)

Patient Name: NHS No: DOB:

Date	Session	Attended?	Instructor and participants comments	Backward Chaining level achieved.	Signature
	5		Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing
		Theraband colour used			
	6		Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing
		Theraband colour used			
	7		Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing
		Theraband colour used			
	8		Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing
		Theraband colour used			

Strength & balance programme – Exercise record sheet (page 3)

Patient Name: NHS No: DOB:

Date	Session	Attended?	Instructor and participants comments	Backward Chaining level achieved	Signature	
	9		Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing	
		Theraband colour used				
	10		Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing	
		Theraband colour used				
	11		Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing	
		Theraband colour used				
	12		Warm up Sitting/standing	Endurance Sitting/standing	Balance Sitting/standing	
		Theraband colour used				

Strength & balance programme - Exit assessment

Name: Date:
NHS No: DOB:

We would like you to think about your experience at the strength & balance exercise classes.

How likely are you to recommend our strength & balance classes to your friends and family if they needed similar care or treatment?

- 1. " Extremely likely
- 2. " Likely
- 3. " Neither likely nor unlikely
- 4. " Unlikely
- 5. " Extremely unlikely
- 6. " Don't know

Following the class would you say you are more independent in the following areas:-

Getting up from bed/ chair..... More Independent / Static / Less Independent
Standing..... More Independent / Static / Less Independent
Bathing/showering..... More Independent / Static / Less Independent
Walking..... More Independent / Static / Less Independent
Getting dressed..... More Independent / Static / Less Independent
Getting up from floor..... More Independent / Static / Less Independent

What do you feel you have achieved through coming to the classes?

.....
.....

Is there anything you can now do that you couldn't do before?

.....

How do you plan to remain active now?

.....

Is there any further information we could provide you to help you remain active?

.....

Do you have any feedback about the course? Is there anything we could do to make it better?

.....

How many falls have you had in the last 3 months?

Number of weeks attended group.....

SF12 – Quality of life questionnaire (12-week)

Date:

NHS No:

Patient Name:

DOB:

Please circle or tick the answer that applies to you. Please ask for help if you need it

6. In general would you say your health is excellent, very good, good, fair or poor?

Excellent	Very Good	Good	Fair	Poor
-----------	-----------	------	------	------

7. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so how much?

Moderate activities (such as moving a table, vacuuming, bowling, or golf)	YES, limited a lot	YES, limited a little	NO, not limited
Climbing several flights of stairs	YES, limited a lot	YES, limited a little	NO, not limited

8. During the past four weeks

Have you accomplished less than you would like as a result of your physical health?	YES	NO
---	-----	----

Were you limited in the kind of work or other regular activities you do as a result of your physical health?	YES	NO
--	-----	----

Have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?	YES	NO
--	-----	----

Did you not do work or other regular activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?	YES	NO
---	-----	----

9. **During the past four weeks**, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere not at all, slightly, moderately, quite a bit, or extremely

Not at all	Slightly	Moderately	Quite a bit	Extremely
------------	----------	------------	-------------	-----------

10. These next questions are about how you feel and how things have been with you **during the past four weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much time during the past 4 weeks have you felt calm and peaceful?	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
---	-----------------	------------------	----------------------	------------------	----------------------	------------------

How much time during the past 4 weeks did you have a lot of energy?	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
--	-----------------	------------------	----------------------	------------------	----------------------	------------------

How much time during the past 4 weeks have you felt down?	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
--	-----------------	------------------	----------------------	------------------	----------------------	------------------

During the past 4 weeks , how much time has your physical health or emotional problems interfered with your social activities like visiting friends, relatives etc?	All of the time	Most of the time	Good bit of the time	Some of the time	A little of the time	None of the time
--	-----------------	------------------	----------------------	------------------	----------------------	------------------

Confidence in maintaining balance (12-week)

Date:

Patient Name:

NHS No:

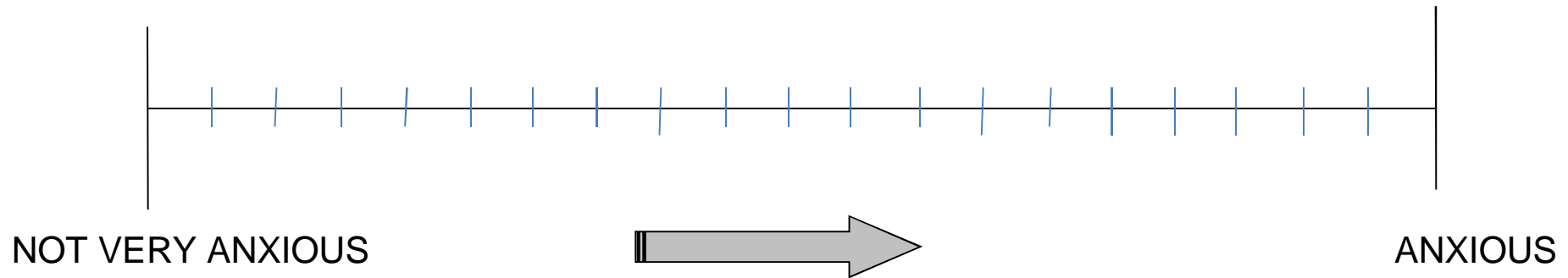
DOB:

The respondent must rate his/her confidence while performing the activity without assistance from another PERSON. If a walking aid is normally used it can be 'used' during the activity.

11. How confident are you that you can **sit down in a chair** without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
12. How confident are you that you can **get up out of a chair** without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
13. How confident are you that you can **pick up something from the floor** without losing your balance- not holding on to any support?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
14. How confident are you that you can **stand unsupported** for about 5 minutes without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
15. How confident are you that you can **walk without support** for about 10 yards indoors without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
16. How confident are you that you can **walk up a gentle slope** indoors without losing your balance using your usual walking aid if necessary?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
17. How confident are you that you can **walk down a gentle slope** using your usual walking aid if necessary?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
18. How confident are you that you can **walk over an uneven pavement** without losing your balance using your usual walking aid if necessary?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
19. How confident are you that you can go **downstairs indoors**, not using the handrail, without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1
20. How confident are you that you can go **upstairs indoors**, not using the handrail, without losing your balance?
 Not Confident - 3 Slightly Confident - 2 Confident - 1

Visual Analogue Scale (12-week)

Patient Name: NHS No: Date:
DOB:



**PLEASE MARK A CROSS(X) SOMEWHERE ALONG THE LINE ABOVE TO TELL
US HOW ANXIOUS YOU ARE ABOUT FALLING OVER AND INJURING
YOURSELF**

Congratulations


You have successfully completed the strength and balance class. You are now ready to move on and I would recommend that you remain active by doing something that you find fun and enjoyable. You may want to consider the continuation classes, local walking scheme (Bay Walks or Walk this Way), the GP referral scheme, using a gym, or ask for a local directory of activities.

You should maintain the exercise level you have achieved; hopefully between 3 - 5 times a week of 30 minutes moderate activity.

Exercise has great benefit to our health and well-being as you have experienced. Try not to lose what you have gained.



Happy Exercising!

 South Devon Healthcare NHS Foundation Trust & Torbay and Southern Devon Health and Care NHS Trust							
Health and Safety - General Risk Assessment TSF/S001							
Directorate:		Area/Department/Zone/Cluster:		Local Ref No:			
Risk Assessor:		Signature:		Date:			
Summary description of tasks to be undertaken							
Responsibility for completing risk assessments is the function and responsibility of Line Management, however this task may be delegated to a competent person or persons The Assessor should be competent in their knowledge of the activity, process and trained in risk assessment techniques)							
Who is at Risk = A: Employee/Bank B: Patient C: Contractor/Maintenance D: Member of the Public/Others							
Residual Risk - L: Likelihood score S: Severity score R: Residual risk score							
Ref	What are the Hazards?	Who is at Risk?	Existing Control Measures in place to Eliminate/Reduce/Mitigate the Risk	Residual Risk			Further Actions Required
				L	S	R	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	
Line Manager:		Signed by Line Manager:		Date:			

Review Record	This Risk assessment must be reviewed at periods not exceeding 1 year or when circumstances surrounding the risk have changed		
Risk Assessor	Review Date	Findings	Signed by Line Manager

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (<i>please state</i>):			

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	Postural Stability SOP G1837	Version and Date	V2 October 2016
Policy Author	Jane Reddaway, Lead Nurse for Falls - Community		
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.			
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)			
Age	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'. The group and programme is evidence based for those aged 65 and over and the instructors are trained to work with this specific age group. Whilst slightly younger participants are not excluded they are unlikely to make the gains that those for whom the group is designed for will make. There is an entry ability criterion (This programme is evidence based and recognised by national organisations such as the Royal College of Physicians, NICE Clinical Guidance 161 and the British Geriatric Society as an effective programme for a distinct group of older people with recognized entry criterion to ensure that the group will be safe and effective for those attending). Those who do not meet this level are referred to lower level services. Participants need to be able to attend for the whole 12 weeks in order for the programme to have effect.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?			
EXTERNAL FACTORS			
Is the policy/procedure a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
For clarity to explain and outline how the service works and functions. This programme is evidence based and recognized by national organisations such as the Royal College of Physicians, NICE Clinical Guidance 161 and the British Geriatric Society as an effective programme for a distinct group of older people with recognized entry criterion.			
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?			
Lifestyles team, Postural Stability Instructors, PSI coordinator, Falls Prevention Lead. Care and Clinical Policy Group. Some grammar and punctuation correction and an appendix separated.			
ACTION PLAN: Please list all actions identified to address any impacts			

Action	Person responsible	Completion date
AUTHORISATION:		
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them		
Name of person completing the form	Jane Reddaway	Signature
Validated by (line manager)	Andy Simpson	Signature

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy