

Manual Handling Policy

Department / Service:	Operations	
Originator:	Paul Graham (retired)	Health & Safety Manager
Current Owner:	Julie Noble	Head of Health & Safety
Accountable Director:	Scott Dickinson Director of Estates and Facilities	
Approved by:	Health and Safety Committee	
Date of approval:	15 TH August 2024	
Review Date:	15 th August 2027	
This is the most current document and is to be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Trust wide	
Target staff categories	All staff	

Purpose of this document:

In compliance with the Manual Handling (Operations) Regulations 1992, the Worcestershire Acute Hospitals NHS Trust will, so far as is reasonable practicable, avoid the need for their staff to undertake any manual handling operations at work which involve a risk of them being injured. Where this is not possible, the Trust will make a suitable and sufficient assessment of all such manual handling operations and, as indicated by the assessment, where reasonably practicable, implementing measures to reduce the risk of injury and also provide any necessary information and training. This policy describes how the Trust will identify and manage manual handling risks.

Key amendments to this Document:

Date	Amendment	By:
Nov 2008	Reviewed to take account of new NHSLA Standards	Paul Graham
May 2009	Minor changes made to reflect new Divisional Management Structure and to include Audit Forms as appendices	Paul Graham
July 2010	Minor change to introduce a different method of training (as agreed by the Trust Board)	Jane Bedwell
Nov 2010	Two yearly review	Paul Graham
July 2012	Name changes to Originator and Accountable Director Section 5.3 Occupational Health up-date	Jane Bedwell Doctor Ferriday
May 2015	Document extended for 3 months	Denise Harnin
August 2015	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
October 2016	Further extension as per TMC paper approved on 22 nd July 2015	TMC
June 2017	Policy review with minor amendments plus inclusion of Bariatric Care Protocol as an Appendix	Paul Graham
May 2019	Policy review with minor amendments to 6.3 training and awareness, 7 monitoring and compliance. Appendix E added.	Susan Hannaby
Sept 2020	Policy changes to 4.2 and 6.3 minor amendments New policy owner and accountable director	Susan Hannaby Neil Hodgkiss
June 2021	Minor changes to 4.2, 4.3, 6.1 and 6.3	Susan Hannaby Neil Hodgkiss
July 2024	Minor changes to job titles throughout, section 4.1 added the responsibilities of Manual handling instructors (MHI) expanded duties of Managers and added the Manual handling team, section 5.1. expanded to provide more information on other assessment tools (for patients and nonpatient); 6.3 Extensively expanded to include training requirements for differing staff groups. Included explanation of the Passport. Minor changes to audit section 7. Appendix C Name of Bariatric loan equipment provider has changed. Appendix D removed as now via sunrise, Appendix E Replaced with a new tool and named Appendix D. Training compliance must be 90% and only non-clinical staff to complete level 1 e learning.	Julie Noble

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1. Introduction

The Manual Handling (Operations) Regulations 1992 came into force on 1st January 1993, and apply to all manual handling activities undertaken by healthcare staff.

Musculoskeletal disorders are one of the biggest causes of sickness absence in the NHS, reportedly accounting for almost 40% of all sickness absence. One in four nurses have at some time taken time off as a result of back injury sustained at work. The moving and handling of patients is a major cause of musculoskeletal type injuries, but it's not the only cause.

Some staff may have to adopt and hold awkward postures as part of their work for example sonographers and theatre staff. Stresses and strains arising from adopting awkward or static postures when treating patients can also give rise to problems.

2. Scope of the Policy

This policy applies to all staff working and caring for patients in Worcestershire Acute Hospitals NHS Trust.

3. Definitions

The following definitions will apply to this policy document:

- ❑ A **Manual Handling Operation** is the transporting or supporting of a load by hand or bodily force, including lifting, lowering, pushing, pulling carrying or moving. Manual handling includes both transporting a load and supporting a load in a static position.
- ❑ A **Load** is a discrete movable object. Examples include a patient receiving medical attention and a gas cylinder being transported to a ward area.
- ❑ An **Injury** is any harm to the body.

A Musculoskeletal Disorder can arise from periods of static posture (such as sitting for long periods at a computer) or regular stooping or bending and that they are often the result of cumulative effect rather than being attributable to a specific incident.

4. Responsibility and Duties

4.1 Director level

The Chief Operating Officer is the nominated executive director with overall responsibility for overseeing compliance with health and safety legislation throughout the Trust, however this is delegated to the Managing Director.

The Director of Estates and Facilities along with the Head of Health and Safety will ensure this policy is reviewed, adhered to and follows all applicable current legislation.

The Chief People Officer (previously known as Director of Human Resources) is responsible for ensuring that sufficient manual handling training is made available and that the content of the training is appropriate to ensure compliance with health and safety law.

4.2 Departmental/Ward level

Departmental/Ward Managers will:

- Ensure a risk assessment is carried out on each hazardous manual-handling task performed by staff for which they have a responsibility. (See Appendix A flow chart and Appendix B for the Risk assessment tool)
- Ensure that where the risk assessment concerns a particular patient or client, all staff involved in the caring process and patient risk assessment, including non-clinical staff e.g. porters are informed of the findings.
- Ensure that all identified hazards and risks are eliminated or where this is not possible, reduced to the most reasonably practicable level.
- Provide an environment within their various areas of responsibility that is compatible with safe manual handling techniques, so far as is reasonably practicable.
- Ensure the department meets the required level of appointed manual handling instructors (see section 6.3).
- Provide new staff members with dedicated time to work with the MHI to ensure their practical training is completed within a month of starting on the ward or in a department
- Ensure there are a sufficient number of MHI for the ward / department (MHI should work at a ratio of 1 instructor per 10 staff members).
- Ensure MHI are allocated 1 hour off rota to plan manual handling updates and complete the required records.
- Monitor all manual handling within their control to ensure that safe systems of work are employed at all times.
- Assist the Head of Health & Safety and the Manual Handling Team with auditing compliance with the Manual Handling Policy.
- Ensure that staff working in their areas of responsibility have received suitable instruction in the safe handling of patients (as identified in the ward/department training plan) and/or inanimate objects.
- Maintain up-to-date records of staff training including dates and types of training undertaken, and the date when update training is due. (See Section 6.3)
- Ensure the ward/department cooperate with the Manual Handling Team to complete training record audits.
- Ensure the ward/department cooperate with the Manual Handling Team to complete Quality Assurance Observations of manual handling activities on the ward/department.
- Ensure there are processes in place to confirm staff are conducting manual handling activities as per their training to ensure they are using the correct techniques and the right equipment. If a concern is noted then address (e.g. refresher training, acquire more equipment). Every effort must be made to avoid injuries from moving and handling.
- Ensure any staff injured during a moving and handling incident has be reported via Datix (Health and safety / manual handling incident)

4.3 Manual Handling Team

The Manual Handling team (MDT) are trained members of the Learning and development team who have undergone specialist training. Their responsibilities are to:

- Attend manual handling update forums / refresher training in line with RoSPA requirements.
- Train Manual Handling Instructors (MHI), to be able to train their staff (see roles and responsibilities for MHI)
- To regularly check (maximum quarterly) the level of competence of manual handling training throughout the Trust via use of Team share and ESR; if compliance is lower than 90% then a member of the MDT will inform the employees Manager and instructor and advise accordingly to improve compliance.
- Conduct manual handling audits of every ward and department, where there is a MHI. These are to be conducted twice within a two year period.
- To provide advice on moving and handling techniques, equipment and the correct way to use it.
- To provide advice on any complex issues, including bariatric manual handling and specialist equipment.

4.4 MHI

Manual Handling Instructors work on wards and departments and conduct this task in addition to their employed role. They are required to:

- Ensure they have attended training and refresher training as directed by the Manual Handling Training Team.
- Ensure staff under remit received practical training when new to the area and as a refresher (see training section for details)
- Promote the use of lifting equipment and good techniques to prevent injury to staff or injury
- Continually review practices and equipment in the area to ensure it is of the correct standard, report to their manager any concerns.
- It is the responsibility of the instructor to manage and maintain team compliance for Level 2 Manual Handling

4.5 Employees

All staff whose responsibilities are likely to involve manual handling activities are required to:

- Attend appropriate training sessions and if handling patients, receive instruction on all handling needs identified for their area. (See Section 6.3)
- Nonclinical staff to complete the Level1 Manual Handling eLearning within their first month of employment.
- Clinical staff must complete L2 training with their named instructor within the first month of commencing post.
- Carry out manual handling tasks using only handling techniques and equipment compatible with training provided by the Trust
- Cooperate with the Manual Handling team and assist with a Quality Assurance Observation of manual handling activities on the ward/department.

- Inform their line manager, departmental manager or ward sister where they are unable to carry out a manual-handling task or where by doing so their health and safety (or that of others) might be placed in jeopardy. This may be because of lack of equipment; defects in machinery or equipment environmental hazards etc.
- Report all untoward incidents/accidents at work due to manual handling should be reported to their line manager, departmental manager ward sister or nurse in charge of the shift as soon as possible after the event. All moving and handling incidents have to be reported via Datix (Health and safety / manual handling incident)

5. Policy detail

5.1 Risk Assessment

For manual handling of patients: Follow the flow chart in Appendix A to assess if an assessment is needed. If required then each assessment should be based on a thorough understanding of the type of manual handling tasks to be performed, the loads to be handled, the environment in which the tasks will be carried out, and the capability of the individuals to safely perform the task. The results must be recorded on a Patient Mobility Assessment (available on sunrise). The assessment must be completed within 24 hours of admission and reviewed once a week or if there is a change in the patient's condition.

- **Manual Handling Risk Assessment for non-patient activities.** Follow the flow chart in Appendix A to identify if a manual handling assessment is required for a manual handling activity that does not involve a patient. If required, use the form in Appendix B (Manual Handling Risk Assessment non-patient). Once completed it must be reviewed by the responsible manager. If it is an on-going activity then the risk assessment must be reassess every 12 months or if there is a significant change. Staff conducting the activities must be aware of the controls listed within the assessment to reduce the risk of harm (e.g. use mechanical lifting equipment or a two person lift).
All completed Manual Handling Risk Assessment non-patient forms must be scored using the Trust's Risk Scoring Matrix as described in the Risk Assessment Policy and action accordingly.

For more complex Manual Handling activities then a HSE "Manual Handling Assessment Chart" (MAC tool) can be used. This is accessible via the HSE website or via <https://www.hse.gov.uk/pubns/indg383.pdf> or on the Trusts H&S intranet page / moving and handling. This tool contains 3 differing assessments for the assessor to choose from (these being assessments for lifting activities or carrying activities or team lifting activities). These are simple check list assessments which are risk scored during completion. If the output scores are a concern, then the assessor must identify controls to reduce the score which in turn will reduce the risk of harm to staff. Support on competing this tool can be gained from the Manual Handling Team or H&S team. Full descriptions of how to assess and complete are included in these user friendly self-assessment tools.

Some activities that involve pushing or pulling of equipment (such as cages) will require completion of a HSE Risk Assessment of Pushing and Pulling tool. This can be accessed via the HSE website or via <https://www.hse.gov.uk/pubns/indg478.pdf>

Or on the Trusts H&S intranet page / moving and handling. This assessment is a simple assessment check list which is scored as completed. If the output scores are a concern, then the assessor must identify controls to reduce the score which in turn will reduce the risk of harm to staff. Support on competing this tool can be gained from the Manual Handling Team or H&S team.

The HSE also has an Assessment of Repetitive tasks of the upper limbs; this is aimed at industries such as manufacturing where there are high intensity repetitive movements. However, this tool is available for consideration via the HSE website or via <https://www.hse.gov.uk/pubns/indg438.pdf>.

All manual handling risk assessments (patient and non-patient) – summary requirements:

- For significant risks identified, the risk assessment will be recorded on Datix following approval from the local manager. Any actions required, will be documented following the process described in the Risk Assessment Policy and the Risk management Strategy.
- Where a risk assessment has wider implications (for example in helping to reduce manual handling injuries to all staff by providing a suitable and sufficient number of electrical profiling beds), an organisational action plan will need to be developed as part of the assessment which would allow the Trust to monitor progress in procurement, training etc. In such cases the manual handling team would be involved and progress against the action plan would be monitored within the respective Division and overseen by the Trust Health and Safety Committee.
- The Health and Safety Committee will receive quarterly reports from divisions recording all significant risks. This report will provide the organisation with an overview of the risks associated with manual handling.

5.2 Manual Handling Advice

Advice on any manual handling matter may be sought from the Trust Manual Handling Team or the Head of Health and Safety. This may include training, handling techniques and/or handling equipment and suitability to perform any manual handling task. ***Where there is a need to consider the manual handling issues surrounding the care of any bariatric patient then please refer to Appendix C or the Manual and Handling of Bariatric Patients Policy.***

5.3 Occupational Health

Advice may be sought from the Occupational Health Department following an injury related to manual handling at work. Occupational Health will also recommend suitable return to work programmes where appropriate and provide guidance on reasonable workplace adjustments/modifications.

For workplace musculoskeletal injuries Occupational Health can provide access to fast track physiotherapy services

Should Occupational Health identify an area within the Trust with a persistently high level of work related musculoskeletal problems they will discuss the situation with line management and advise input from the manual handling team.

5.4 Emergency Situations

There are certain emergency situations, in which exceptions to this policy may occur. A safe system of work must be planned for all foreseeable emergency situations, for example, a cardiac or respiratory arrest, and the risks reduced to the lowest possible level. There are four situations described as emergencies, where a patient must be moved immediately for safety reasons, and where there may not be time to access equipment or plan the move. These are:

- in an area that is actually on fire and is rapidly filling with smoke
- in water where there is an imminent danger of drowning
- in danger from bomb or firearm
- danger from a collapsing building or other structure

5.5 Equipment

Equipment purchased to reduce manual handling injuries will be carefully selected. (Manual Handling Team and H&S Manager can advise). Where possible, equipment will be trialled to ensure that it meets the needs of the work area and does not introduce other risks. **When considering equipment to be used for bariatric patients please refer to Appendix C** or the Manual and Handling of Bariatric Patients Policy.

Staff will have ready access to suitably maintained equipment and be trained how to use it. Where appropriate and as technology progresses the need for updated equipment will be considered. The costs of replacement and maintenance of equipment will be budgeted for annually. Arrangements will be in place for the cleaning and ongoing maintenance of equipment. Whilst an item of equipment is being serviced and/or maintained, alternative equipment will be made available to staff by either sourcing existing Trust equipment, or on a rental basis, in order that they can safely carry on with the tasks in hand.

The Trust Estates Department/Siemens will monitor the maintenance of all mechanical lifting devices. They will ensure that any routine maintenance /inspection work under the Lifting Operations and Lifting Equipment Regulations 1998 or repair work is undertaken, either by the manufacturers under contract, or by in-house engineers. The Estates Department/Siemens will also hold all records of maintenance. Any equipment found to be defective must be reported to the appropriate ward, locality or departmental manager and immediately taken out of use. The Estates Department/Siemens must then be informed so that repairs can be undertaken.

6. Implementation

6.1 Plan for dissemination

This policy will be included on the Trust's intranet site for electronic access purposes. The policy will be disseminated through Divisional Leads, Senior Staff, The Manual Handling Team during manual handling training sessions.

6.2 Dissemination

See above

6.3 Training and awareness

Training will be provided in accordance with the Trust's training needs analysis. Training for manual handling operations (patient and non-patient related) will be provided before staff are exposed to any significant manual handling tasks.

Evidence of competency of patient handlers is recorded in a Manual Handling Staff Training Record (commonly referred to as a passport); this is an A5 booklet, that is obtained from

CHEC reception. Staff training passports are kept locally at each employees work location e.g. Managers Office. This is in addition to electronic training records.

Training requirements:

Manual Handling Team

- Attend manual handling update forums / refresher training in line with RoSPA requirements.

Manual Handling Instructors (MHI) Training and Training requirements

- MHI instructors must receive instructor training provided by the Manual Handling Team prior to delivering training. This includes knowledge of the techniques and equipment to be used and the documentation required to track staffs competencies.
- The MHI will be required to complete a two-yearly instructor update to remain in the role. Should an instructor become out of date for more than 18 months they will be required to complete the four-day course to re-engage in the role
- Instructors can only receive their Manual Handling Instructors refresher by attending the full day instructors update that is delivered by the Manual Handling Trainers. An Instructor cannot update another Instructor even if they are within the same team.
- MHI should work at a ratio of 1 instructor per 10 staff members. If this is not achievable this needs to be assessed on a case by case basis with the Manual Handling Team.
- The MHI will complete a Workplace Manual Handling Instruction Record (provided by the manual handling team), with techniques and equipment relevant to their area. The MHI will then instruct and assess clinical staff from their area biennially, whilst carrying out their daily duties.
- When assessing staff the MHI must observe the staff member delivering each technique correctly, for the staff member to gain the competency. This has to happen for all the techniques they are required to complete.
- The instructor must ensure Passports are signed in the competence table by both Staff member and the instructor (no dittos allowed) this also applies to the date. Each box must be signed and dated by the instructor and staff member.
- If a staff member is on long term sick, shielding, isolating, maternity leave, bereavement, secondment, redeployed or left the trust. Please highlight this in the comments box within the Team share spreadsheet so that both Learning & Development and Manual Handling Trainers are aware of the change.
- It is the responsibility of the instructor to input the data onto team share. However, if someone else is entering the data on your behalf the manual handling trainers will send details of how to use team share and the manual handling team offer team share support sessions, dates and times can be booked through the manual handling team.
- If you require any further support or have any queries relating to the teamshare spreadsheet please contact the Learning & Development team and not the Manual Handling Trainers.

- MHI must complete three yearly theory updates, this will be via e-learning on ESR and two-yearly competency updates in techniques relevant to their ward/department.
- MHI must ensure all patient handlers will be instructed and assessed to a minimum of 90% of the relevant techniques within 28 days of joining the ward/area.
- MHI and managers must ensure all wards/departments must maintain a minimum of 90% staff compliance.
- It is the responsibility of the MHI to complete a local induction with new members of staff.

Patient Handlers (Clinical staff)

- Patient Handlers (clinical staff) must complete L2 training with their named instructor within the first month of commencing post
- Undertake MH practical refresher training every two years with their named MHI.
- In addition to this they must complete level 1 eLearning manual handling, theory refresher training every three years. This is available via ESR
- Senior medical staff will complete the level 1 eLearning manual handling every 3 years, This is available via ESR.

Non-patient handlers (non-clinical staff)

- All non-patient handlers will complete the Level 1 eLearning Manual Handling within one month of employment.
- All non-patient handlers will complete refresher training via the Level 1 eLearning Manual Handling every 3 years.
- Inanimate object training (for moving and handling non patient items) is available in addition to the above for those staff who have to move and handle items regularly within their working day (e.g. porters)

The Trust promotes the use of approved techniques based on Diligent's Handbook of Transfers and the Guide to Manual Handling of People (7th Edition) and these are implemented within the MHI training which promotes safer people handling techniques. These are discussed, demonstrated and practised. (Refer to the individual's manual handling passport provided by the manual handling team on induction).

Individuals that provide manual handling training will be suitably qualified and competent, and provide training to current standards approved by the national professional bodies.

7. Monitoring and compliance

The effectiveness of this policy, as a standard, and the general level of compliance with its requirements will be continually monitored by the manual handling team using incident statistics provided by the Datix system.

Audits:

- The Manual Handling Training Team will complete 2 yearly audits of each ward/department using the Manual handling Audit Record, refer to Appendix D.
- The Head of Health & Safety will document within the H&S Annual report training compliance information and analysis of any musculoskeletal injuries that were reported via Datix within the reporting timeframe that arose from patient or non-patient handling

activities. The findings of such monitoring will be reported to the Trust's H&S Committee. This report will provide the organisation with a further overview of the risks associated with manual handling.

Training requirements and levels of compliance will form part of the Trusts normal performance monitoring arrangements.

The Trusts Health and Safety Committee will review this policy biennially, or as required.

8. Policy Review

The Trusts Health and Safety Committee will review this policy every 3 years, or as required due to changes to legislation or Trust procedures.

9. References

Health and Safety at Work, etc Act 1974	
Management of Health and Safety at Work Regulations 1999	
Health and Safety (Miscellaneous Amendment) Regulations 2002	
Manual Handling (Operations) Regulations 1992	
Risk Management Strategy and Policy	WAHT-CG-007
Risk Assessment Procedure	WHAT-CG-002
Health and Safety Policy	WAHT-CG-125
Incident Reporting Policy	WAHT-CG-008

10. Background

10.1 Equality requirements

The content of this policy has no adverse effect on equality and diversity.

10.2 Financial risk assessment

The Trust may be required to allocate funds for additional handling equipment depending upon the needs of a particular ward/department.

10.3 Consultation

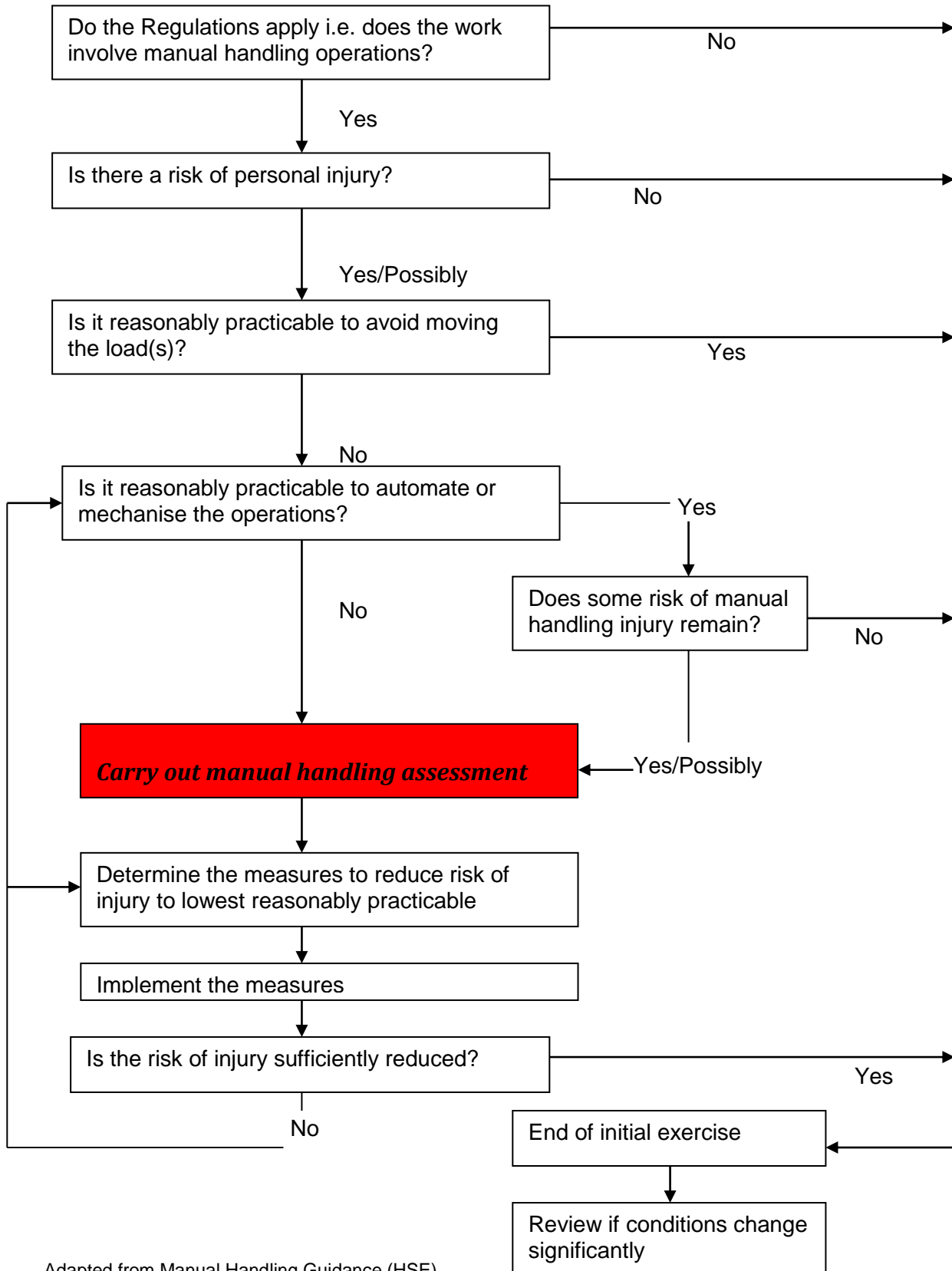
This policy was consulted on by the Manual Handling Team, H&S Committee and Policy Working Group.

10.4 Approval process

This policy was approved by the H&S Committee.

Appendix A

MANUAL HANDLING ASSESSMENT FLOW CHART



Adapted from Manual Handling Guidance (HSE)

Appendix B

MANUAL HANDLING RISK ASSESSMENT (Non-patient)

Task:
Location:
No. of Staff involved:

Does the task involve a significant risk of injury?	YES/ NO
Can the task be avoided/mechanised/automated at a reasonable cost?	YES/ NO
Using the checklist overleaf consider the level of risk associated with this particular handling task and indicate the score achieved by referring to the Risk Scoring Matrix.	Score: 1-25
Remedial Action:	
What remedial actions should be taken, in order of priority, to further reduce the level of risk?	Target Date
1.	
2.	
3.	
4.	
5.	

Action: If the risk is significant (i.e. Moderate or above)

- complete this risk assessment form and enter details onto the Risk Register (see Risk Assessment Policy)
- Escalate to the relevant manager for further action as required

Date of Assessment:
Assessors Name:
Assessors Signature:
Review Date:

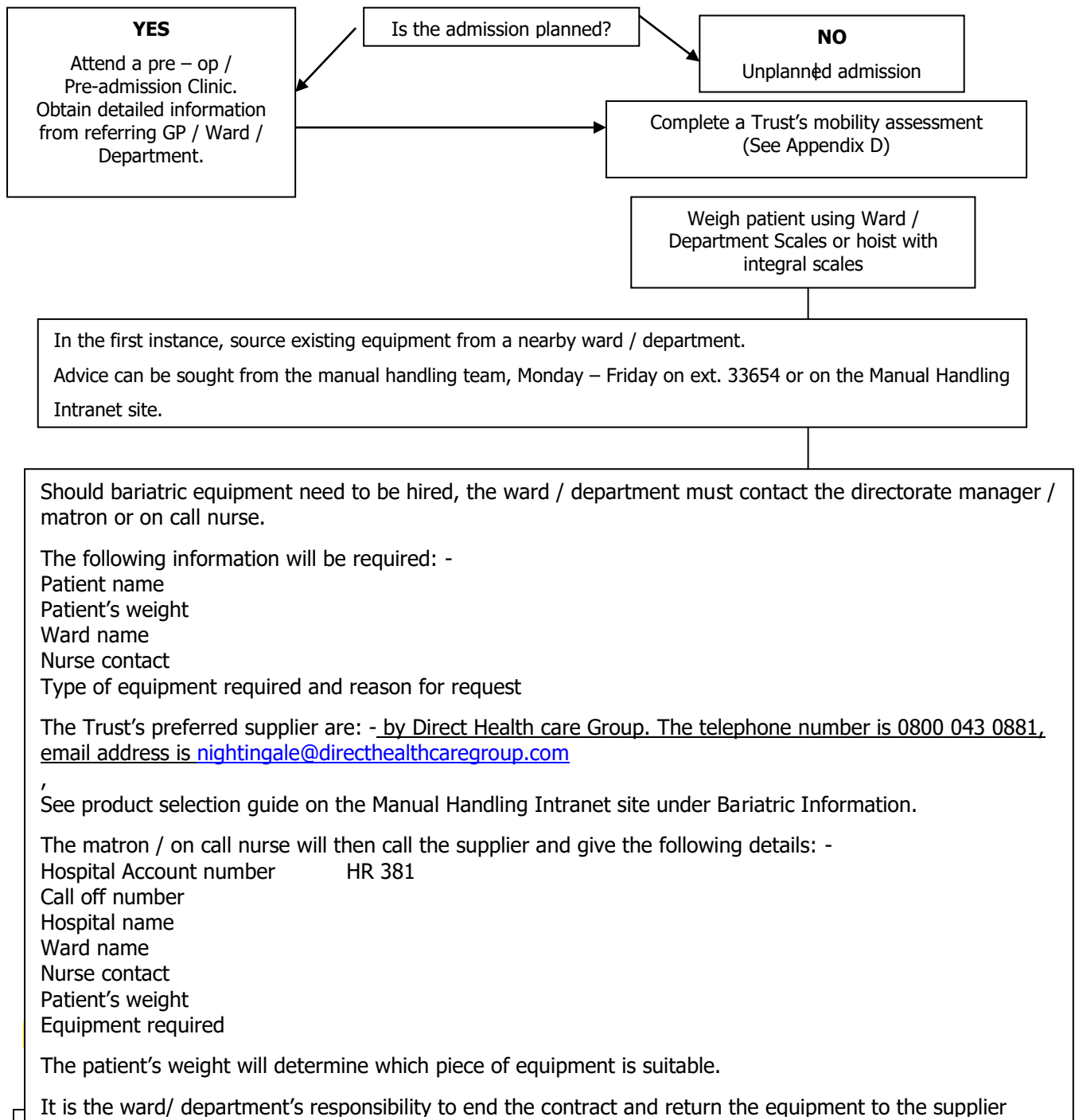
Handling Checklist – Factors to consider during a handling assessment

	Yes	No	Level of Risk			Comments
			Low	Med	High	
The task – does it involve:						
Holding loads away from the trunk?						
Twisting?						
Stooping						
Reaching upwards?						
Large vertical movements?						
Long carrying distances?						
Strenuous pushing or pulling?						
Unpredictable movement of loads?						
Repetitive handling?						
Insufficient rest or recovery?						
A work rate imposed by a process?						
The Load – is it:						
Heavy?						
Bulky/ unwieldy?						
Difficult to grasp?						
Unstable/ unpredictable?						
Intrinsically harmful (e.g. hot/sharp)?						
The Working environment – is there:						
Constraints on posture?						
Poor floors?						
Variations in levels?						
Hot/ cold/ humid conditions?						
Strong air movements?						
Poor lighting conditions?						
Individual capability – does the task:						
Require unusual capability?						
Hazard those with health problem?						
Hazard those who are pregnant?						
Call for special information/ training?						
Other Factors -						
Is movement or posture hindered by personal protective equipment?						

Appendix C

BARIATRIC PROTOCOL (see the Moving and Handling of Bariatric Patients Policy)

- A bariatric patient can be described as anyone who has limitations in health and social care due to physical size, health, mobility and environmental access.
- It should also be recognised that other individuals with lower weight and BMI may be subject to the guidelines depending on their weight distribution, shape / size, height, tissue viability and immobility problems may also be referred to as a bariatric patient.
- This policy must be initiated if the patient's weight and / or body dynamics /shape Exceed the safe working load (SWL) and dimensions of a support surface within a social or health care setting.



The team use lists of questions and observations to assist with the assessment; below is the report template.

PART 1 WARD/DEPARTMENT PATIENT HANDLING AUDIT – patient handling records.						
Ward/department				Date		
Trainer name				Instructor name		
Attached documents	ESR report Yes No		S/Sheet Yes No		Other	
<u>Details of ESR, spread sheet, ward records audit</u>						
PART 2 WARD/DEPARTMENT PATIENT HANDLING AUDIT – instructor practical observation						
Instructor name				Date		
Area of patient handling observed						
Sit to stand	Lateral transfer	hoverjack	Passive hoist	Sara stedy	Slide sheets	other
<u>Details of observation</u>						
Outcome of observation No Action Required/Action Required						
PART 3 AUDIT/DEPARTMENT PATIENT HANDLING AUDIT – trained staff questions						
Staff name	Date	Question sheet no	Attached Yes No			
<u>Addition comments</u>						

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Supporting Document 1 Equality Impact Assessment Tool

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

Please complete assessment form on next page;



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

Section 1 - Name of Organisation (please tick)

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

Name of Lead for Activity	Julie Noble
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Noble	Head of H&S Manager	julie.nobe13@nhs.net
	Melissa Harris	Manual handling trainer	Melissa.harris@nhs.net
Date assessment completed	18/07/2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Manual Handling Policy
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What is the aim, purpose and/or intended outcomes of this Activity?	Safety of Staff members whilst manually handling objects and patients in the workplace			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/>	Service User	<input checked="" type="checkbox"/>	Staff
	<input type="checkbox"/>	Patient	<input type="checkbox"/>	Communities
	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other _____
	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Ownership of policy			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Not required			
Summary of relevant findings				

Section 3

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

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability	X			Allows risk assessments to be carried out to consider individuals needs
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Upon review of policy			


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

1. Equality Statement

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

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

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

Signature of person completing EIA	 Samantha Reid
Date signed	25 th September 2024
Comments:	
Signature of person the Leader Person for this activity	Julie Noble
Date signed	17/07/2024
Comments:	



Supporting Document 2 Financial Risk Assessment

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

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	To be determined by risk assessment in local work area
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments: Topical negative pressure or Vacuumed Assisted Closure has been used within the Trust for many years. Implementation of the guideline should contribute to ensuring cost-effective use	N/A

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