Northern Lincolnshire and Goole Hospitals actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the “protected characteristics” as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

Medical Director

MANUAL HANDLING POLICY
(MINIMAL LIFT)
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1.0 Purpose

1.1 The aim of the Northern Lincolnshire and Goole Hospital Foundation Trust (NLAG) Manual Handling (Minimal Lift) Policy is to minimise risks to the health safety and welfare of its employees, patients and members of the public as far as reasonably practical.

1.2 The main focus of the Minimal Lift policy is to reduce the possibility of injury. It should be noted however that compliance with this policy does not guarantee avoidance of injury when manually handling any load; its job is to reduce the risks involved with any loading task wherever it is “reasonably practicable”. In any type of handling, this aim can be achieved by using hoists, moving aides and approved practised techniques that only require a minimum weight, e.g. using horizontal moves with the use of a sliding aide and other devices.

1.3 It is also the policy of the Trust to comply with all relevant Health and Safety legislation to ensure the risk of injury from Manual Handling within the workplace is eliminated or reduced to the lowest practical level.

1.4 The nature of health care work requires many NHS staff to undertake the handling, carrying and supporting of loads whether it is patient or inanimate loads. The Trust recognises the obligations placed upon it and its employees, and is committed to assessing removing or reducing any risk of injury as a result of Manual Handling tasks.

1.5 The “Minimal Lift” policy is intended to change the focus from one of “lifting manually”, to that of manoeuvring loads. In most jobs there is a “need” for physical effort, manual handling and in some cases lifting. The NLAG Trust recognises this and aims to ensure injury from manual handling tasks is eliminated or reduced to the lowest possible level.

2.0 Area

This policy applies to all areas of the Trust where significant manual handling tasks are performed and to all staff involved in those tasks.

3.0 Duties

3.1 Chief Executive / Executive Board / Trust Board

3.1.1 Should provide an environment which is safe and suitable for mechanical and manual handling.

3.1.2 Should ensure strategies are implemented to reduce the risk of injury when manual handling tasks take place.

3.2 Organisational Development & Workforce Directorate

3.2.1 Should maintain a Training database of all staff working within the Trust so compliance with manual handling training can be monitored and audited.
3.2.2 A suitable training needs analysis should be implemented for each staff member to ensure suitable and sufficient manual handling training is given.

3.3 Directorate / General Managers

3.3.1 Should implement the Manual Handling policy and strategy within their area and ensure compliance by staff members.

3.3.2 Monitor the Implementation of the Manual Handling Policy within their area and inform the Trust Board of any shortcomings.

3.3.3 Ensure where reasonably practicable their area of responsibility has appropriate resources and training in line with Trust and statutory guidelines.

3.3.4 Ensure appropriate consultation on Manual Handling issues occur before giving instructions or approval for design, refurbishment or purchase of buildings furniture and equipment.

3.3.5 Allocate sufficient resources to release staff so they can attend Manual Handling Training to comply with statutory and Trust mandatory requirements.

3.3.6 Ensure appropriate decontamination facilities and agents are available before purchasing new devices (agents used must be on the Trust disinfection list).

3.3.7 Directorate/General Managers should ensure there are sufficient Manual Handling keyworkers in their area who have completed the required training course.

3.4 Heads of Departments / Line Managers / Ward Managers

3.4.1 Should monitor and ensure the Minimal Lift policy is observed and complied with within their work area.

3.4.2 Ensure appropriate equipment and resources are provided as needed within their department in conjunction with advice from appropriate persons (e.g. Health & Safety Manager, Occupational Health etc.)

3.4.3 Ensure all staff receive appropriate manual handling training and are allowed to put that training into practice.

3.4.4 Ensure those identified as not attending their manual handling training are subsequently “followed up” and receive training as per Statutory Provisions and the Trust Mandatory Training Policy.

3.4.5 Ensure details of training are entered into staff records and kept for inspection as required.

3.4.6 Ensure Moving & Handling incident forms are completed correctly, and submitted to the Health and Safety Manager within the agreed time limits.

3.4.7 Provide the Health and Safety Manager with details of incidents, and also assist in the investigation of those incidents.

3.4.8 Ensure the Occupational Health Department is notified of all staff receiving a musculo-skeletal injury as a result of any manual handling incident, or have a health problem, which could affect their ability to manually handle objects or people.
3.4.9 Ensure hazardous manual handling operations are avoided as far as reasonably practicable.

3.4.10 Ensure suitable and sufficient assessments are made of any such operations, which cannot be avoided, and ensure steps are taken to reduce the risk of injury from these operations to the lowest level reasonably practicable.

3.4.11 Ensure all Risk Assessments are documented and updated as required using the SHE System.

3.4.12 Ensure all Moving & Handling equipment within their area is decontaminated as per manufacturer’s instructions and in accordance with Trust Infection control Policy.

3.4.13 Ensure any Manual Handling Equipment is purchased only through a company pre-approved by the Trust, the Health and Safety Manager and/or Medical Equipment Group.

3.4.14 Ensure that when Manual Handling Equipment is purchased (Patient Hoists etc), it is included within the Insurance Inventory List by notifying the relevant Maintenance Services Manager.

3.4.15 Clinical Areas:

- Ensure all staff are aware it is only in exceptional circumstances they are allowed to lift patients and there is a need to remove them from imminent physical danger, i.e. fire, bomb, violence, building failure. Or in cases of clinical emergency i.e. cardiac arrest where the patient has fallen in a confined space

- Ensure staff are discouraged from practising illegal handling techniques such as:
  - Handling with patients hands around handler’s neck
  - The Orthodox lift
  - The drag lift
  - Australian Lift

N.B. This is not a comprehensive list

- Ensure Bariatric Procedure Guidelines are followed for patients who exceed the weight capacity of standard equipment, i.e. beds, hoists chairs etc

- Ensure patient handling assessments on all relevant patients are completed and updated as necessary

- Ensure patients and their relatives are made aware of the reasons why staff are discouraged from and will refuse to lift patients unless in an emergency situation

- Ensure refusal by patients to use the appropriate handling equipment is documented and an alternative method found which does not compromise the safety of both staff and patients
• Ensure all departments/wards/staff are aware that patient handling equipment is bought from approved suppliers only and in accordance with Trust Procurement Policies and Procedures.

• Ensure all staff are aware Trust beds should be bought from an approved supplier only (If in doubt, they should seek advice from the Health and Safety Manager).

• Seek advice from the Health & Safety Manager (or Health & Fire Safety Advisor) prior to purchase of equipment not on the Preferred Suppliers list.

• Ensure sliding sheets are readily available in the case of a patient emergency. These should be kept (space permitting) on or next to the emergency resuscitation trolley or at the nearest location which is easily identifiable.

3.5 All Staff

3.5.1 It is the duty of all staff members to ensure they attend Moving & Handling Training on a minimal 3 yearly basis in accordance with their staff duties.

N.B. Training can be accessed more frequently as needed (for instance if identified as required after an incident).

3.5.2 All staff members should ensure they work to a standard which is compliant with Trust Health & Safety/Moving & Handling requirements by not putting themselves, colleagues, patients or visitors to the Trust at risk by the use of incorrect Moving and Handling methods.

3.5.3 It should be noted, the “lifting” of patients, should only be used where there is no alternative (e.g. within an emergency situation) and should be avoided if at all possible. If a patient does require “lifting”, i.e. an emergency lift from the floor, there must always be a rapid assessment of the number of people required for safe lifting, (using team lifting techniques and suitable equipment if available).

3.6 Health & Safety Manager / Health & Fire Safe Advisor

3.6.1 Will investigate incidents reportable under RIDDOR and those considered as highlighting significant risk to the Trust and its' staff, patients visitors etc.

3.6.2 Undertake Audits and inspections to monitor the effectiveness of training (this shall be completed via incident analysis, walkthrough, workshops, informal talks etc). They will also highlight issues and make recommendations to departmental/ward managers and relevant Trust monitoring groups to ensure improvements are made where problems are identified.

3.6.3 Maintain and update the Moving & Handling Action Plan on a regular basis, highlighting issues and changes made to practice (with information on effects) and communicating where required with Trust groups such as Health & Safety and Fire groups.

3.6.4 Will also provide a specialist source of advice in Manual Handling issues (including risk assessments, equipment, training, etc. in conjunction with other persons where appropriate).

3.6.5 Monitor training programmes to ensure consistency, frequency and quality is kept to a high standard.
3.6.6 Provide within the Annual Health & Safety Report information relating to manual handling practices and Root Cause Analysis (RCA) findings arising from incident investigations.

3.6.7 Provide a network of information on Moving and Handling issues, including posting regular updates of any Manual Handling issues/problems on the Health & Safety website and Intranet.

3.6.8 Monitor all incidents and complaints relating to manual handling and feedback as needed to the appropriate directorates and managers etc.

4.0 Legislative Requirements

4.1 Employers Legal Requirements

4.1.1 The general duties of employers under the Health and Safety at Work Act (HSAWA) apply to work involving the handling of patients/clients and materials. The Act places duties on the Trust to ensure ‘so far as is reasonably practicable, the Health, Safety and Welfare of all its workers’ (HSAWA 2 (1)).

4.1.2 The Manual Handling Operations Regulations 1992 (MHOR) state ‘that all employers must so far as is reasonably practicable, avoid the need for employees to undertake any manual handling operations involving a risk of injury’.

4.1.3 Where avoidance of manual handling activities is not reasonably practicable then they should:

- Ensure all employees are made aware of the Manual Handling Operations Regulations, the Trust’s Manual Handling Policy and the employee’s duties under both

- Ensure all Manual Handling Tasks are assessed appropriately and that action is taken to eliminate or reduce any risks which have been identified

- Ensure completed (and updated) Risk Assessments are entered on the SHE system so as to be accessible to all staff and they are made aware of all Risk Assessments pertaining to their area

- Ensure Manual Handling Risk Assessments are reviewed and updated on a regular basis (this should be up to (and not exceeding) a three yearly basis for general assessments and an as needed basis for patients/clients)

- Ensure staff receive both initial and update training in Manual Handling and Back Care awareness before they are required to carry out any work which may be deemed dangerous

- Ensure suitable and sufficient records of all staff Manual Handling training are established and maintained within a suitable area

- Ensure compliance with the Manual Handling Policy is monitored on a regular basis. This includes the monitoring/auditing of risk assessments, safe working practices and the use of equipment used in Manual Handling
• Make certain the required equipment to ensure safe Manual Handling is available, in good working order and has been inspected as per legislation requirements

4.1.4 Pregnant Workers

It should be noted the law recognises the special needs of pregnant workers under health and safety legislation, especially in relation to load management/manual handling. Risk assessments should be completed on all pregnant workers as per Trust policy, ensuring they are not put at risk of injury. Further advice can be sought from the Health and Safety Manager.

4.2 Employees Legal Requirements

4.2.1 Employees have general duties under the HSAWA

4.2.2 Section 7 states ‘employees are under a “duty” to take reasonable care of their own and others safety during manual handling operations as well as any other work activity.

4.2.3 Employees must also co-operate with the Trust so far as is necessary to enable the Trust to comply with any statutory duty or requirement by making full and proper use of any Manual Handling equipment provided.

4.2.4 Each employee must whilst at work make full and proper use of any system of work provided for their use by the Trust in compliance with these regulations.

4.2.5 They should also, after the appropriate training:

• Be aware of the MHOR and the Trust’s Manual Handling Policy and the employees duties contained in both

• Comply with the requirements of the Manual Handling Policy

• Be aware of guidance stipulated within the “2009 Guidance for safer Manual Handling during resuscitation in healthcare settings” document

• Report to their line manager, any lack of assistance from other staff members

• Report any other problems encountered within the work environment which can be deemed hazardous

• Report any lack of adequate or inappropriate equipment within the work environment

• Justifiably refuse to lift or handle any load in a situation, which they feel to be unsafe. This refusal must immediately be reported to their manager and appropriate action taken to improve the safety of the situation

• Be aware of the risk assessments completed for their ward or department and then take action to reduce or eliminate those specific risks

• Report any change in circumstances within the workplace which may require a Risk Assessment to be completed or revised
• Receive additional training in Manual Handling Risk Assessment if required to make General risk assessments

• Use safe methods of Moving and Handling of patients/clients and loads. This includes the use of equipment (where assessment has demonstrated its necessity), awareness of handling techniques identified as unsafe and awareness of their own capabilities and limitations

• Attend update-training sessions as part of the three yearly mandatory training programmes

• **Not practise illegal lifts such as detailed in section 3.4.15**

• Only move patients in line with the Trust policies and protocols unless in exceptional circumstances i.e. flood, fire, bomb building failure or unpredictable clinical incidences such as cardiac arrest where the patient has fallen in a confined space

• Not expect to catch a falling patient. The rational in this instance should be to minimise the risk of injury to both themselves and the patient

• Ensure their clothing and footwear is conducive to safe handling and complies with Trust Uniform/Dress Policy

• Report faulty equipment, hazardous situations and any injury to patients or staff due to Manual Handling issues

• Only carry out Manual Handling activities if physically fit to do so. If not physically fit, their line manager must be notified, who will then decide whether they should attend the Occupational Health department for assessment on their fitness to work

• Report to their line manager and Occupational health, any injuries sustained whilst Manually Handling either at work or home which would affect their ability to work in a safe manner

• Ensure an incident form is completed and attendance at the Accident and Emergency department or their GP is documented in the case of any Manual Handling Injury sustained whilst at work

• Follow manufacturer’s instructions on the correct decontamination of all moving & handling equipment

### 4.3 Contractors

Will ensure their staff receives appropriate manual handling training. Both they and their employees should always comply with relevant current legislation and Trust policies.
5.0 Training

5.1 Moving and Handling training will be delivered to all staff working within the Trust. The level of training required will be dependent on the roles and responsibilities of the individuals involved.

5.2 Moving and Handling training should be undertaken every three years, for all staff members and should be suitable for the area where they work.

N.B. Frequency of updates is also outlined in the Mandatory Training Policy.

5.3 Training will take place in an appropriate venue within protected training time and not extra to normal daily duties or on staff meal breaks etc.

5.4 Training will be implemented via a cascade system of ward and department based Manual Handling Link Keyworkers. Supplementary information will be provided via the Health & Safety website which can be accessed via the Intranet.

5.5 Training will consist of a core programme including:

- An update on legislative and best practice issues
- Key Techniques of Moving & Handling
- Contributory factors/root causes of injuries associated with Moving & Handling
- Statistics associated with Moving & Handling injuries sustained in the workplace
- In addition specific training in relation to patient handling will be given for those working within clinical areas. This includes:
  - Techniques appropriate to specific mobility capabilities
  - Equipment/Patient hoist training (relevant to the hoists etc. in their area)
  - Techniques to be utilised as part of any evacuation required due to Fire Major Incident etc

N.B. In non-patient areas, patient training aspects are not required to be delivered.

5.6 Attendance registers will be kept for all training sessions, with information being inputted onto the OLM Training Database.

5.7 Non Attendance

5.7.1 The non-attendance of staff on updates will be reported to their line manager (Please see appendix A).

5.7.2 Directorate/General Managers/line managers should identify all other persons within their directorate not attending manual handling updates, and take steps to ensure these staff are booked onto the next available/appropriate session.
5.7.3 Follow up of all staff who have not attended manual handling training and who have not been assigned a suitable date by their line manager will be audited on a quarterly basis. If staff are not re-booked within the appropriate timescales the matter will be escalated to the appropriate level.

N.B. The Trust will be failing its statutory duties if staff are not trained at specified intervals, and enforcement action can be taken by the Health & Safety Executive. (HSE).

5.8 Manual Handling Key Workers

5.8.1 Manual Handling Key Workers will complete an initial five day trainers course which will equip them to fulfil their duties; this will then be followed by mandatory updates once in every three year period.

5.8.2 All Manual Handling Key Workers will have support in relation to access to training materials, training rooms, website etc.

5.8.3 Ward/Department based Manual Handling Key Workers will update staff in their area on a regular basis, and act in an advisory capacity within their own work area.

N.B. If updates for Key workers are not completed as required, then their status as a Manual Handling Key Worker will be reviewed (within 3 months from the end of the current training period) and may be suspended (or removed) until the training update has been completed.

6.0 Moving & Handling Equipment

6.1 Selection and purchase

6.1.1 The Policy on the Safe Use of Medical Devices and Equipment and the Proforma for the Purchase and Disposal of Patient Hoists must be followed prior to purchase of any equipment (Information to be accessed via Risk Management on the Intranet).

6.1.2 Relevant advice and information on availability, purchase, sources and suitability of moving and handling equipment can be obtained from the Health and Safety Manager/Health & Fire Safety Advisor before purchase.

6.1.3 Purchasing must be in line with Trust requirements including approval from the Medical Equipment Group.

6.2 Decontamination

6.2.1 It is the user’s responsibility to ensure all moving and handling equipment is kept in a well-maintained clean condition (this includes hoists, slings, etc).

6.2.2 The Infection Control policies should be consulted to ensure correct decontamination procedures for moving and handling equipment are followed. Relevant advice on the decontamination of equipment can be obtained from the Trust Intranet via the Moving and Handling Website and Infection Control Team.
6.3 Use & Inspection

6.3.1 Equipment must be labelled with the patient’s name if equipment is for use by individual patient (i.e. patient specific slings).

6.3.2 All new equipment must be fitted with a unique tag identifier by Facilities (contact the Facilities helpdesk) to ensure that equipment is logged onto the central database maintained by Facilities. This database is used as a basis for inspections of equipment (including specialist slings which are not patient specific) by the Trust Insurers. These inspections are undertaken on a six monthly basis. Any equipment not inspected within this time scale is not insured for use until inspected.

N.B. New hoists must not be used until identifier tag is fitted as the equipment will not otherwise be present on the database for insurance inspections.

6.3.3 Any existing hoists will be fitted (where required) at the next inspection interval with a tag as required under statutory provisions. Any equipment in use which is not fitted with an identifying tag must not be used as it may not be insured. Individuals using any such equipment may be liable for any incidents arising from the use of equipment not appropriately tagged. Any hoist found without a tag should be notified to the Trust Maintenance Services Manager for the site.

6.3.4 Equipment must be used following the manufacturer’s guidelines and relevant Trust Policies (i.e. Hoist and wheelchair guidelines).

6.3.5 It is the responsibility of each individual employee to ensure they know and understand the correct use of moving and handling equipment prior to its use. If they are unsure, they should not use the equipment unless an adequately trained competent person is supervising them.

6.3.6 The ward/departmental manager must keep records of instruction in the use of equipment, for each member of staff.

6.4 Maintenance

6.4.1 Manufacturer guidelines for the maintenance of each piece of moving and handling equipment must be available and adhered to.

6.4.2 It is the responsibility of every employee to ensure that to the best of their knowledge, the equipment they are using is in safe working order prior to and following its use.

6.5 Faulty equipment

6.5.1 If equipment is observed to be faulty it must be taken out of service immediately. It must be labelled “Out of Use” and signed and dated by the person observing the fault. The equipment must be retained for further inspection, and not removed from the work area unless instructed to do so.

6.5.2 Staff must follow the advice given in the Policy & Procedure for the Decontamination of Medical Equipment Prior to Inspection, Service or Repair located on the infection control web site.

6.5.3 The Facilities department must be contacted ASAP for inspection/repair/service to be arranged. ‘Declaration of contamination status’ forms to be completed as necessary.
6.5.4 **ON NO ACCOUNT** should equipment be used after a fault has been reported until it has been inspected/repairsed by the Facilities department. Failure to comply may result in disciplinary action being taken.

6.6 **Equipment involved in an accident / incident**

6.6.1 In the event of any moving and handling equipment being involved in an accident/incident:

- The equipment must be taken immediately out of use. It must be labelled “Out of Use” and signed and dated (as for faulty equipment)
- Equipment must be retained for further inspection, and not removed from the work area unless instructed to do so
- Refer to Policy and Procedure for the Decontamination of Medical Equipment Prior to Inspection, Service or Repair (Appendix A) to determine if it is safe to decontaminate equipment following investigation of adverse incident (Policy located on Infection Control web site)
- A Trust incident form must be fully completed
- The incident/accident must be reported immediately (or the next working day) to:
  - Health and Safety Manager/Health & Fire Safety Fire Advisor
  - Further guidance will then be given with regard to the correct action to be taken

6.7 For advice on moving and handling issues in the event of equipment being taken out of use, the Health and Safety Manager/Health & Fire Safety Advisor should always be consulted.

7.0 **Risk Assessments**

7.1 **Non Patient and Patient Handling Risk Assessments**

There is a statutory requirement to undertake suitable and sufficient assessments of risks including those for manual handling, and these are split into two areas – patient and non-patient. The requirements for each are detailed below.

7.2 **Non-Patient Handling Risk Assessments**

7.2.1 It is the responsibility of each ward/departmental manager to:

- Identify a person (or persons) to act as the “assessment lead” for their area; this will vary between Directorates. It may be a senior manager, or an appointed member of staff/keyworker/facilitator etc
- Ensure the person identified as such has received adequate risk assessment training. This may differ from department to department, and should be discussed with the Health and Safety Manager/Health & Fire Safety Advisor
• Identify moving and handling tasks carried out in their department, and ensure manual handling risk assessments for these tasks are completed and inputted onto the SHE System

• Following the risk assessment, staff should take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable by developing protocols or safety procedures relevant to their department

• Ensure these protocols and safety procedures are clearly documented and are accessible to all staff involved in carrying out those tasks

• Review and update risk assessments as necessary, i.e. if task changes in some way or new information become available

7.2.2 Information and guidance on completing load handling risk assessments/safety procedures can be obtained from the Health and Safety Manager, Health & Fire Safety Advisor/Integrated Governance Co-ordinator and the Risk Management/Health & Safety websites.

7.3 Patient Handling Risk Assessments

7.3.1 Risks from patient handling are increased depending on the mobility of the patient involved. The regular reviewing of patient assessments will be required to ensure all “at risk” patients are adequately assessed and the risk minimised/controlled.

7.3.2 It is the responsibility of the department / ward manager to:

• Ensure patient handling risk assessments and subsequent care plans are completed using the appropriate Trust documentation, and that these assessments are reviewed and updated as required as per Trust policy. All patient Risk Assessments can be found within the Admission documents

• Ensure staff are aware of all patients’ moving and handling requirements, risk assessments, and care plans

• Ensure staff are complying with handling techniques as specified for each patient

• Ensure staff complies with recommendations made by other disciplines (i.e. Physiotherapy, Occupational Therapy etc) in the movement of patients, but also ensuring a safe environment for both themselves and the patient

7.4 Moving & handling risks identified from the outcome of risks assessments, root cause analysis of incidents, outcome of equipment and other audits will, as appropriate, be added to the Risk Register.

8.0 Development of Moving & Handling Action Plan

8.1 A Moving & Handling Action Plan is in place within the Trust and is updated on a regular basis to capture the outcome of risk assessments, review of moving & handling incidents and the identification of root causes and equipment shortfalls, the outcome of audits (e.g. beds and equipment) etc.
8.2 Directorates will be expected to use the information in the Trustwide Moving & Handling Action Plan as their core action plan adding their own specific requirements as and where appropriate, ensuring that, where appropriate, risks are added to the risk register.

N.B. Actions identified on the core plan cannot be ignored unless they are not relevant to the Directorate/Department. If in doubt then advice should be sought from Health & Safety Manager/Health & Fire Safety Advisor.

8.3 The Moving & Handling Action Plan will be discussed and monitored by the Health, Safety and Fire Groups and updated accordingly.

9.0 Moving & Handling Resources

9.1 If a patient requires any specific moving and handling resource, which cannot be met under the current service provision, the Health and Safety Manager/Health & Fire Safety Advisor should be consulted for further guidance, and a patient risk assessment completed.

N.B. there is no central budget for these resources and they will need to be met from operational budgets.

9.2 If a bariatric patient (weighing more than 25 stone) is admitted then the bariatric procedure should be instituted. Further information is contained in the Procedure for the Safe Moving, Handling and Management of Bariatric Patients.

9.3 Moving and handling resources can sometimes be limited, therefore it is important Trust staff are aware of this and take steps to ensure equipment is available (if not in use by themselves) to other wards and departments.

9.4 Information relating to equipment available will be via the Trust Intranet.

10.0 Monitoring Compliance and Effectiveness

10.1 As all staff are required to attend Moving and Handling training, quarterly performance (on attendance) will be monitored and will be reported to each Directorate/Department as well as to the relevant groups i.e. Health & Safety and Fire Groups).

10.2 In addition, on an annual basis, information from Root Cause Analysis (RCA) will be included within the Annual Health & Safety Report.

10.3 Ad hoc informal audits will be undertaken at least twice in any twelve month period including random samples of risk assessments in addition to formal audits.

10.4 Findings from audits will be reported to the appropriate groups and also used to update the Moving & Handling Action Plan.

10.5 The Moving & Handling Action Plan will be discussed and monitored by the Health, Safety and Fire Groups.
11.0 Associated Documents

Procedure for the Safe Moving, Handling and Management of Bariatric Patients.

12.0 References

12.1 Health & Safety Executive (HSE), Manual Handling Operations Regulations 1992 (as amended), HSE Books.


12.6 BackCare & Royal College of Nursing (RCN), A guide to the Handling of Patients. (5th Edition) 2005, BackCare/RCN.


13.0 Definitions

Bariatric – Any patient with limitations in health and mobility as a result of excess weight or high Body Mass Index (BMI), the consequences of which are severe enough to impact on the choice of equipment, staff required and the environment. Definition supplied by Ken Cookson Manual Handling Manager, University Hospital Aintree at National Back Exchange 2007.

14.0 Consultation

This policy has been consulted on via the Health, Safety and Fire Groups comprising of Union and Non Union Health and Safety Representatives and available via the Intranet through meeting papers which are not restricted. This consultation complies with the statutory requirements for health and safety documents.

15.0 Dissemination

This policy will be disseminated via the Departmental/Directorate Governance Groups or equivalent (e.g. Directorate Management Teams) as well as via the Trust Governance Committee, the Health, Safety, and Fire Steering Group members etc. The policy will also be available via the Risk Management Website where the master document will be retained and distributed to all Manual Handling Key Workers as part of their updating.
16.0 Implementation

The implementation of this policy will be the responsibility of the Departmental Managers/Directorate Heads. The monitoring of implementation will be as discussed within Section 10.0 above.

The electronic master copy of this document is held by Document Control, Office of the Medical Director, NL&G NHS Foundation Trust.
Appendix A

The Process for Follow up of Non Attenders at Moving and Handling Training

- **Training booked**
  - Staff booked on training
  - Line manager informed by letter
  - Staff attended
  - Staff DNA or session cancelled
  - Rebook via OLM within 3 years

- Staff not rebooked on training, letter is sent with a date of training issued