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<ul style="list-style-type: none"> Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? Yes Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? Yes 	
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is. . . 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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Why we need this guidance

Our staff are involved in manual handling activities constantly and manual handling incidents are our second most common type of incident. The potential for injury to our patients and staff is high.

This guidance describes:

- That we understand our risks
- How we assess and manage those risks
- How we provide and maintain equipment to ensure we comply with the law and give patients and staff the best experience



Bariatric Equipment

A bariatric patient weighs in excess of 159kg (25 stones), has BMI of + 30 or has dimensions which exceed those of the equipment being used. Beds available in the Trust are:

Enterprise 5000x bed take 185kg safe patient load.
Lago Hi/Lo Acute Care bed take SWL of 230kg
Olympia Bariatric Bed take SWL 500kg

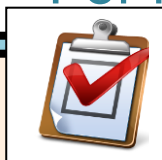
Details of patient's weight, dimensions and mobility will be required so the correct bed and mattress can be ordered. Safe Working Loads for trolleys vary so check before transfer.

The main hoist used within the Trust is the Arjo Maxi Move 2 and has a safe working load of 227 kg. The maxi flite slings have a safe working load of 273Kg.

For bariatric patients exceeding this weight, bariatric hoists, slings mattresses and additional equipment can be hired on a 4 hour delivery, 24 hours a day/7 days a week from:

—Direct Healthcare -0800 043 0881

PATIENT HANDLING Policy on a Page: For Managers and Manual Handling Champions



What do I need to know?

There are three policies relating to manual handling: Manual Handling of Inanimate Loads and Patients, Management of Bariatric Patients and Transferring Dependant Patients using a hoist

There are standard Risk Assessments on the Health and Safety Intranet which deal with common handling activities. If these do not cover all activities in your area, contact Health and Safety to agree whether an additional one is required.

The approved techniques for handling patients are contained in the SOP (Techniques for the manual handling of patients) which is based on current national guidance. All staff who move patients are trained in these techniques. The SOP is found in the document library.

For In-Patients individual manual handling risk assessments must be completed within the care-bundles within 4 hours of admission and then weekly or when there are any changes to the patient's ability. Ventilated/anaesthetised patients must have a trained member of staff to take control the airway during moves. **For Out-Patients** arrangements must be made in advance to provide suitable and safe handling where required (e.g. provide a hoist)

A ward or department level assessment must be made to identify what and how much equipment is necessary as standard provision to ensure safe handling at all times. There must **ALWAYS** be sufficient slide sheets, transfer boards, handling belts and hoists.

Patient moving equipment **MUST** have a regular planned preventative maintenance schedule. If your dept. has trolleys, theatre tables or other patient moving or positioning equipment, ensure it is recorded on the central equipment register held by Maintenance Engineering.

Hoists and Slings

These are covered by LOLER and **MUST** be made available for 6 monthly statutory checks and an annual service. Any hoist or sling not bearing a 6 month check label must be removed from service and reported to the Estates Department for action before being put back into use. Staff using hoists must be trained and competent. The make and model of hoist must be documented in the comments box of the Manual Handling Equipment Passport

There is a separate Policy on a Page for Hoisting



Contact

For more help please read the policies on Manual Handling in the document library.
Contact the Manual Handling Advisor or Health and Safety Team on **Ext 45260**

V3.1 March 2021, Review: 01/07/2024
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Why we need this guidance

Our staff are involved in manual handling activities constantly and manual handling incidents are our second most common type of incident. The potential for injury to our patients and staff is high.

The trust guidance describes:

- That we understand our risks
- How we train our staff
- How we record our training to ensure all staff and patients are safe and that we comply with the Manual Handling Operations Regs (MHOR), Lifting Operations and Lifting Equipment Regs (LOLER) and other legal requirements

MANUAL HANDLING TRAINING Policy on a Page: For Managers and Manual Handling Champions

How is training delivered for staff?

Each ward or department is required to have access to sufficient Manual Handling Champions (MHCs, formerly Key Trainers) to ensure all staff are up to date with training and assessment of skills. Ward and Department Managers must work collaboratively with other Ward and Department Managers to programme training sessions delivered by their Manual Handling Champions for their staff and allocate their staff to these sessions progressively throughout the year. It is sensible to phase staff evenly to avoid staff shortages when training is due.

All new staff can receive training at Corporate Induction. Staff who do not handle patients have theory only. Staff who handle patients have practical training too. Managers can book new staff on to the relevant practical training prior to their starting date by contacting L&D on 46242. If staff do not attend this training it must be delivered at Local Induction in the ward/department within the first month.

Manual Handling Champions must complete the Manual Handling Champions (formerly Key Trainer) course and attend updates to remain compliant. Those Champions who become non compliant for a total of 6 months (18 months since last update attendance) will be removed from the role. For MHCs who train staff in handling patients, this is a two day course. For MHCs who train staff in inanimate object handling only, this is only the first day of the two-day course.

A SOP for the correct handling techniques is available and a Manual handling Champions training toolkit can be found on the Health and Safety Intranet site.



Why we need this Policy

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This guidance describes:

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- How we provide and maintain equipment to ensure we comply with the law and give patients and staff the best experience



Further Guidance

A bariatric patient weighs in excess of 159kg (25 stones), has BMI of + 30 or has dimensions which exceed those of the equipment being used.

The make of the community stores bariatric bed is the Allura and safe working load is 250kg (40 stone) width is 122cm (4 foot).

Non-stock bariatric equipment is ordered via the relevant Community Equipment Store. If not available through them they will advise on other sources.

For further advice and order information call;
For South Cumbria: Community Equipment Store
0300 303 8625

For North Lancs: Medequip Equipment Store
01772 286573

Policy on a Page: Patient Handling In the Community (non-inpatients) For Managers and Manual Handling Champions



What staff/managers need to know

There are three policies and an SOP, found on the Trust Procedural Documents Library, relating to manual handling: **Manual Handling of Inanimate Loads and Patients, Management of Bariatric Patients and Transferring Dependant Patients using a hoist and SOP - Techniques for the manual handling of patients,**

As well as standard Risk Assessments for staff safety, on the Health and Safety Intranet, each patient requires a Personal Handling Risk Assessment and plan dealing with their specific needs. This must be completed by the end of the second visit.

The approved techniques for handling patients are contained in the SOP (see above), which is based on current national guidance. All staff who move patients are trained in these techniques. Any manual handling equipment that is required must be ordered through:

- South Cumbria: Integrated Community equipment store or
- North Lancashire: Medequip Community Equipment Store.

Staff must carry out user checks before using any manual handling equipment to ensure it is in good order and fit for purpose. Any issues **MUST** be reported to the equipment provider.



Hoists and Slings

By law, hoists and slings **MUST** be made available for 6 monthly statutory checks and an annual service. Any hoist or sling not bearing a 6 month check label must be removed from service and reported to the relevant Community Equipment Store.

Staff using hoists must be competent in their use. This will be gained during development of the Personal Handling Assessment for the patient carried out with OT etc. TMS will be used to record this competence on the staff Manual Handling passport.



Contact

Still need advice?

Please read the policies and SOP on Manual Handling which are in the procedural document library.

Contact the Manual Handling Advisor or Health and Safety Team on Ext 45260

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1. SUMMARY

The Trust recognizes by the nature of its business that the potential for manual handling injuries amongst staff is great. The purpose of this document is to describe the principles that the Trust adopts to ensure the effective management of manual handling in line with current legislation and industry best practice.

The policy will outline how that risk will be managed to ensure the safety of all who undertake manual handling operations and to demonstrate compliance with

- a) Manual Handling Operations Regulations 1992 (as amended) (MHOR)¹
- b) Safe Use of Work Equipment Regulations 1998²
- c) Lifting Operations and Lifting Equipment Regulations 1998³

The Trust will promote a **minimal lifting policy** within the organization with regards to the manual handling of people and objects and actively encourage those patients who are capable of self-movement to maintain independence.

Where staff are required to undertake manual handling tasks, the trust will ensure staff are adequately trained and competent

The aim is to reduce the number of manual handling injuries amongst staff and to ensure patient safety.

2. PURPOSE

The purpose of this Policy is to ensure the Health and Safety of all staff and patients during manual handling operations. The Health and Safety at Work etc. Act⁴ places a general duty on employers to “ensure so far as is reasonably practicable the health, safety and welfare at work of all staff”. The Management of Health and Safety at Work Regulations 1999⁵ require that employers carry out systemic risk assessments. The Manual Handling Operations Regulations 1992¹ as amended require that employers should carry out systemic risk assessments arising from manual handling operations that pose a significant risk of injury, and should identify the actions required to reduce those to the lowest level reasonably practicable.

The Manual Handling Regulations require 3 steps in the management of manual handling risks

1. Avoid hazardous manual handling as far as is reasonably practicable
2. Assess any hazardous manual handling operations that cannot be avoided
3. Reduce risk of injury so far as is reasonably practicable.

Implementation of the policy will lead to :

- Reduced manual handling injuries
- Reduced sickness absence
- A safe patient journey

Effective implementation will be achieved through:

- Clear assignment of responsibilities,

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- Detailed Manual Handling Training Needs Analysis (TNA) for all divisions and staff groups, identifying training requirements,
- Differentiation between staff at high and low risk from manual handling activities,
- Appropriate handling techniques as defined in the “Techniques for the manual handling of patients”.
- Manual Handling Competency Passport and Manual Handling Equipment Passport which record individual compliance with the TNA.
- Generic and specific manual handling risk assessments and individual patient manual handling risk assessments including care plans,
- A Manual Handling Champion system for delivering training to staff in their workplace,
- Robust management of controls in the workplace by managers,
- Checks and supervision in the workplace,
- Communication of lessons learned from incidents and good practice
- Simple standards and indicators to measure performance,
- Periodic review of the policy and Manual Handling Safety Management system.

3. SCOPE

This procedure applies to all employees within Morecambe Bay Health Trust, who undertake manual handling operations.

4. POLICY

4.1 Responsibilities

4.1.1 Chief Executive

- Has the overall and final responsibility for ensuring systems are in place for the effective, safe management and control of manual handling risks within the Trust.

4.1.2 Director of Governance

- Responsible for ensuring the implementation of all Health and Safety legislation, policies and procedures relating to manual handling and ensuring effectiveness of the safety management system

4.1.3 Trust Management Board, Care Group General Managers, Divisional Clinical Director and Assistant Chief Nurse

- Will ensure that the policy and guidance are implemented and followed within their division.
- Will ensure their Heads of Departments or Ward Managers identify by the risk assessment process and record all manual handling activities, including object and patient handling activities, undertaken by employees within their own areas of control.
- Will ensure that manual handling risks identified from risk assessment are recorded on the Risk Register in accordance with the Risk Management Strategy
- Will ensure that there is sufficient funding for equipment to ensure that the Care Group can comply with its Minimal Lifting Policy.
- Will ensure that actions arising from risk assessments are tracked to completion.
- Will monitor that all training on manual handling is completed as required by the policy.
- Will ensure that all manual handling risk assessments are reviewed and kept current as required by the policy.

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4.1.4 Ward/ Departmental Managers, Community Team Managers/Leads, Divisional Governance Business Partners (Acute) and Quality and Safety Leads (Community)

- Identify all manual handling activities in their area of responsibility
- Redesign or reorganise work to remove the need to perform those handling tasks where reasonably practicable.
- Carry out risk assessments where handling is still required:
 - on all inanimate object handling and ensure staff are aware of the safe way of handling these objects, providing a Standard Operating Procedure where necessary (see Appendix 1 for the risk assessment form)
 - on activities involving the handling of patients. Generic assessments are provided on the Health and Safety Intranet site and should be modified where necessary to reflect any department specific requirements (see Appendix 1 for the Risk Assessment form).
 - on every patient within 4 hours of admission (if the patient's condition allows) and ensure risk assessments are held within the Patient Safety Bundle (see Appendix 2 for Patient Risk Assessment form).
 - on staff identified as Low Risk in the TNA to ensure that there is no specific risk which would require training and/or SOP to ensure safety.
 - In the community setting this Risk assessment must be completed using the Personal Handling Risk Assessment and Plan (appendix 3) by the completion of the second visit by the allocated assessor (Occupational Therapist or nominated care provider)
- Ensure that any actions required as a result of the risk assessments are tracked to completion.
- Ensure that sufficient equipment is provided and maintained for safe handling and will escalate for action to DMT, where a shortage is evident.
- In the community setting all relevant equipment shall be ordered from Community Equipment Store and delivery must be confirmed. Any issues with delays or lack of equipment shall be raised and documented with the Team Leaders/Safety and Quality Lead.
- Ensure the minimum equipment list detailed for the department is always readily available.
- Make any Standard Operating Procedures easily available to all staff involved in the patient care within the hospital or community setting.
- Ensure they are familiar with the standard operating procedures for people moving and ensure compliance within department/team
- Nominate and support sufficient Manual Handling Champions to deliver the manual handling training to staff in their area of responsibility. The minimum ratio should be 1 M&H Champion to 25 staff, but work patterns and shifts must be taken into account when calculating how many Champions are required.
- Add annual Champions' update training to Manual Handling Champions To Do Lists on TMS.
- Monitor that MH Champions attend all required training and updates to ensure they are current and their competency is assessed.
- Provide a structured programme for staff manual handling training to take place in their workplace at the local level, delivered by Manual Handling Champions or by the Manual Handling Advisors should the need arise
- Work with the Manual Handling Champions to confirm that all equipment and handling

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activities used within the workplace are covered within the training delivered and are recorded in the Manual Handling Competency Passports held on the Trust's T.M.S

- Ensure all new staff attend the first available corporate induction programme and that their completed Manual Handling Competency Passports are set up and have access to the Trust's T.M.S. in order to document training received/undertaken
- Monitor training records on the Training Management System (TMS) to ensure all staff are compliant with required training.
- Address any inappropriate handling techniques observed in the work place using the Manual Handling Champion as necessary to re-train and assess competence or contact the Manual Handling Advisors via the Health, Safety and Risk Department.
- Ensure that all equipment in their area of responsibility is maintained as per manufacturers, Insurance inspectors and legislative requirements by making it available for inspection at the required time. It is the responsibility of the Community Equipment Store to ensure all provided equipment is checked and relevant maintenance schedules are in place
- Check periodically to ensure that all lifting equipment has a label showing that it is "current" and when the next date of inspection will be. In the case of lifting equipment, this shows compliance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER 98)³. See Transferring of Dependant Patients Using a Hoist or Stand Aids (see Section 6 for link). Any discrepancies that arise must be reported to Team/departmental lead and/or Community Equipment Store that provided said equipment.
- Ensure that all new purchases of hoists are reported to the Estates Department to be entered on to the relevant equipment register so that statutory checks and maintenance are carried out.
- Liaise with the Manual Handling Adviser or Trainer to determine any specialist training needed.

4.1.5 Manual Handling Champions

- Manual Handling Champions must attend updates facilitated by the Manual Handling Team to remain compliant. These will consist of short master classes where the subject matter will be decided upon from reviews of incidents or changes to policy/techniques locally/Nationally.
- If a champion is more than 6 months non compliant (total of 18 months from last update attendance) they will no longer be able to complete the Manual Handling Champions role.
- In conjunction with the Ward, Community, Department Manager and the Trusts Manual Handling Team develop a plan to ensure the delivery of manual handling training within their work area is undertaken in line with the Trust's Manual Handling Training Needs Analysis and policy.
- Have access to a copy of Manual Handling Training notes provided by the Manual Handling Advisor or Trainer accessible via the Trusts Intranet on the Health, Safety and Risk Department page
- Assess the competency of staff by observation and questioning.
- Monitor and ensure manual handling good practice is being undertaken in the workplace and where this is not happening, identify concerns to the appropriate line manager and address the poor practice through further guidance and instruction.
- Ensure each member of staff within their department has a T.M.S account., which should be fully completed, in line with the TNA, by attending corporate induction module c-e training bookable via the individuals T.M.S

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- Identify those members of staff who have not received training or competency assessment and bring it to the attention of the manager.
- Ensure training information is recorded on the Trust Training Management System (TMS) as each module has been completed.
- Identify any shortfalls in equipment or training to their manager.
- In clinical areas/community promote the completion of individual patient risk assessments, time scales in which this has to be completed and the review process.
- Have authority to challenge any non-approved manual handling or lack of equipment logging issues raised with the manager of department. (system of logging being developed via LIA group)
- Be issued with and able to wear a pin badge to make them identifiable as a manual handling champion.

4.1.6 Employees

- Report any hazardous manual handling to their immediate supervisor/manager or the manual handling champion.
- Take personal responsibility for ensuring that they are up to date with their manual handling training and have a completed and current Manual Handling Competency Passport
- Attend appropriate manual handling training when requested.
- Complete the Mandatory Manual Handling Theory module, 3 yearly and supplement their practical skills training delivered by Manual Handling Champions. For staff where manual handling risk has been identified as low and this is specified on the Manual Handling Training Needs Analysis and supported through local risk assessment, this will suffice as appropriate training providing they are familiar with the posters displayed within the department.
- Visually inspect prior to use, any equipment they may use and report any faults on the equipment to their manager or person responsible for repair of that equipment.
- Ensure they do not use equipment or undertake a handling activity that they are not suitably trained for.

4.1.7 Manual Handling Adviser/Trainer

- Offer timely advice and information to all levels of management to ensure that they can fulfil their legal duties with respect to manual handling.
- Provide specialist advice to the Trust with regards to manual handling and identifying external specialists and organizations where advice may be sought if appropriate.
- Monitor by audit and observation that safe manual handling is being undertaken within the Trust and report any shortfalls to the appropriate management team
- Report any non-attendance at training delivered by the Manual Handling Advisor/Trainer to Learning and Development Department
- Annually review the detailed Trust Manual Handling Training Needs Analysis,
- Review quarterly the Trust Training Record and report compliance with training to the Health and Safety Committee
- Conduct a manual handling audit every 3 years in line with this policy and report all findings to the Health and Safety Committee.

4.1.8 Estates Manager and Medical Devices Manager

- Maintain a current inventory of all manual handling equipment, e.g. hoists etc. and ensuring that they are inspected as per current legislation
- It is important for all community impatient wards to identify the department responsible

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for service and maintenance of any manual handling equipment and report any issues immediately.

4.1.9 Employment Services Department/Bank Additional Staffing Department

- Will ensure that all additional staffing on commencement of employment, attend the first available Corporate Induction Programme.
- Will ensure that every 12 months these staff attend the appropriate refresher session to maintain competency and that TMS is monitored to ensure this training is being undertaken

4.2 Training

4.2.1 Training Needs Analysis (TNA)

A detailed TNA is held on the Learning and Development Department Intranet site under Mandatory Training and defines the relevant training required for each group of staff.

It is recognized that some staff groups very rarely undertake potentially hazardous manual handling e.g. IT call centre staff, data inputters, staff predominantly office-based etc. Where these staff groups have been identified by local risk assessment and the Training Needs Analysis then practical face to face training is not necessarily required. Their evidence of training will be on the completion of the Trust's—**Manual Handling Theory Module**

Staff identified as Low Risk, either on the TNA or by a departmental risk assessment, or who are not involved in the movement of people do not require a passport.

Any member of staff who is assessed as involved in the movement of objects or people must have an E-Passport.

4.2.2 How training is provided

The Manual Handling Competency Passport is **available on T.M.S.**

The Trust will provide all employees with appropriate information, instruction and training to ensure that they undertake all manual handling in a safe manner.

All new staff, including additional staffing must complete the Manual Handling Theory Module which provides sufficient knowledge for Low Risk staff. For staff requiring people handling, Community Staff, Clinical staff including additional staffing are required to attend Manual Handling Corporate Induction training which covers Manual Handling Competency Passport and Manual Handling Equipment Passport-before they are required to manually handle patients.

For those staff groups that are identified as low risk by a manager's risk assessment and identified in the Trust's Manual Handling Training Needs Analysis, the completion of Manual Handling Theory module will be refreshed via the 3 yearly

Manual Handling Competency Passport-is added to all staff who are patient-facing and those who carry out manual handling tasks as part of their job description–The elements that require completing are shown in the Trust's Manual Handling TNA

Manual Handling Champions attend a 1-day (non- patient) or 2-day (patient handling) course with the Manual Handling Team. Manual Handling Champions must be updated annually through a half-day session and attend urgent updates as required to ensure competency and

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skills are maintained.

Managers must ensure that all staff members working in their department are suitably trained and updated as required which can be checked on the individuals T.M.S. account. All staff including additional staffing that are involved in the moving of people are expected to receive refresher training every 3rd year either by:

- Ward /Departmental Manual Handling Champions (except Community/Additional staffing)
- Practice Educators
- self-certification
- Cross-bay away day attendance; or
- Manual Handling Adviser or Trainer. (All community staff and Additional staffing to attend for cycle 1 initial Manual Handling induction)

Training records will be kept on TMS and monitored by the Manual handling Advisor/Learning & development department.

New starters in the community MUST attend the Corporate -Induction Manual Handling Course- as above which will cover all training and information requirements

4.2.3 Non-attendance for Training

All managers have a responsibility to ensure that all staff attend appropriate manual handling training as per the Trust Training Needs Analysis. Non-attenders will be notified to managers as per the Trust's Mandatory Training Policy.

4.2.4 Specific/Specialist training

Managers/Team Leads will liaise with the Manual Handling Adviser to determine any specific or specialist training required. A record of this training must be retained within the individual's training -Competency Passport

Where managers have identified by risk assessment that manual handling within the department is low risk, it may be necessary to provide specific manual handling training for ad-hoc hazardous manual handling activities e.g. moving a large piece of equipment.

4.2.5 Competency Observation

The Manual Handling Adviser and the Manual Handling Champions by observation may determine that the skills level of staff undertaking hazardous manual handling are of such a level that additional training is not required. This competency observation must be recorded in the individual's Manual Handling Competency Passport

4.2.6 Training Records

Each individual member of staff, except those staff groups that have been identified through the Trust Manual Handling Training Needs Analysis, as being low risk, or only involved in inanimate loads shall be issued with a Manual Handling Competency Passport. Manual Handling Competency Passports shall be monitored and signed off after completion by the Manual Handling Champion, a member of the Manual Handling Team or T.M.S. administration. Departmental Managers must have access to review all manual handling records on TMS for all staff within their department.

Temporary or additional staff who are not department/ward specific are expected to have their Manual Handling Competency Passport accessible to department managers and

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Manual Handling Champions for checking as required.

If the individual moves within the Trust, this Competency Passport through T.M.S. shall accompany them and can be used as evidence of not requiring further training. Should the individual leave the organisation, then a copy can be made for the retention of the individual.

When an individual has received training on their Manual Handling Competency Passport and /or Manual Handling Equipment Passport, the person responsible for the training shall sign off the completed passport at the time of training. If the staff member is completing the self-certification Cycle (Cycle 2 or 3) they can select the name of the person they wish to sign off the passport from the request sign off section on TMS which will allow a notification Email to be sent. Ensure that the date of that training, the name of the trainer and the make and model of the equipment trained upon is documented in the comments section of the Passport.

All Training is recorded on the Trust's TMS must be retained for a minimum of 5 years from the last date of entry.

4.3 Risk Assessment

The Trust recognizes that members of staff can be routinely undertaking hazardous manual handling activities which could potentially cause harm to staff and patients.

When identifying manual handling activities, it is recommended that the legal definitions of a manual handling operation be consulted (see Section 8 - Definitions below) to ensure that all activities are identified.

A copy of all electronically completed manual handling risk assessments should be easily accessible by all employees within that department/ward/area of working.

Object handling and departmental patient handling assessments must be reviewed at least every 12 months or as required due to changes or after an incident

Paper copies of the risk assessments are available as attachments to this policy. These are to be used as a Business Continuity should electronic systems fail.

An individual patient manual handling risk assessment which forms part of the Patient Safety bundle, must be commenced within 6 hours of admission for all patients through The Emergency Department and MAU and to be fully completed on admission to a ward within 24 hours of that admission on to Lorenzo.

In the community risk assessments must be completed and details recorded on EMIS.

These must be easily accessible to all staff who may be required to be involved in the safe handling of that patient. Where a patient is required to have diagnostic treatment, any manual handling issues for the safe handling of that patient must be informed to staff in the receiving department.

As a result of the risk assessment any significant risk identified shall be included in the Risk Register in accordance with the Risk Management strategy.

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4.4 Equipment

The Trust will so far as is reasonably practicable, provide suitable and sufficient equipment necessary to ensure the safety of its employees.

The following is a list of most frequently used manual handling equipment:

- a) Trolleys
- b) Scissor jack trolley
- c) Sack trucks
- d) Pallet Trucks
- e) Slings and hoists (see Transferring of Dependant Patients Using a Hoist or Stand Aids Policy)
- f) Transfer boards
- g) Handling Belts
- h) Slide sheets
- i) Bariatric handling equipment (see Policy for Bariatric/Obese/Morbidly Obese Patient)
- j) Hover Jack (see manual handling SOP)
- k) Patient Stand aids and Turners
- l) Electronic/Profile Bed
- m) Community bed as provided by Central Loan Store

All staff will receive appropriate training in the use of the equipment within their department and this will be recorded within their training E-Passport recorded on the T.M.S.

“Management of the Bariatric Patient” (CORP/GUID/013) and “Guidance on a Page - Manual Handling of the Bariatric Patient” must followed when managing a bariatric patient and ensuring that the correct equipment is being used.

There are hoverjacks and hovermats available on all hospital sites. To be used for a fallen patient/person or larger/bariatric patient to assist in manoeuvring. It is essential this equipment is cleaned after use and returned in a timely manner. There are sign-in and sign-out sheets in each location as listed below

Hoverjacks are not available in the community, should the need arise to raise a fallen patient a risk assessment shall be carried out and emergency services informed if required.

RLI – Centenary Building – cupboard to left of Children’s ward.
Med Unit 2 – Ward 20 meeting room.
Ward 4
Ward 16 Women’s Unit

FGH – Ward 2, Ward 6, Abbey View, South Lakes Birthing Centre

WGH – Ward6/7 and -Kendal Suite

4.5 Incident Reporting

All accidents involving manual handling shall be recorded in line with the Trust’s policy and procedures on Incident Reporting, reference to Policy for Reporting and Management of Incidents including Serious Incidents

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4.6 Monitoring

KPI 1: Manual handling incidents which are reportable under RIDDOR reduce on the previous year. This will be monitored via the Quality and Governance dashboard and reported to the health and Safety Committee annually.

KPI 2: Manual handling training target of 95% compliance is met at all times. This will be monitored at divisional level and an overview will be reported through the quarterly training report to the health and safety committee.

KPI 3: 98% of Manual handling risk assessments are current at all times. Generic risk assessments are monitored and maintained on an ongoing basis by the Health and safety team. Local ones will be monitored and updated by the divisions.

KPI 4: 95% of mechanical manual handling equipment is subject to appropriate planned preventative maintenance, labelled as currently compliant and marked with a Safe Working Load. Assurance will be provided by the Lead Estates Manager to the Health and Safety Committee on a 6 monthly frequency.

4.7 Auditing

Manual Handling Compliance rates are to be monitored and presented at the Health and Safety Committee, Health and Safety Representatives Committee and Health and Safety Management Group where actions will be set for Care Groups should the need arise. The results will be presented in the Training Report (three times yearly) and Manual Handling Exception Report. (twice yearly)

Trust wide audits on specific areas of concern will be carried out within the Forward Audit plan as they are identified.

Auditing could be undertaken either by internal or external bodies and all findings will be fed back to the local Manager, Care Group Lead and Trust Board through the appropriate reporting mechanisms.

Auditing will include any action plans completed at departmental or Care Group level.

Adherence to the policy may also be periodically audited by the internal audit department as part of the review of internal controls.

5. ATTACHMENTS	
Number	Title
1	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS

The latest version of the documents listed below can all be found via the [Trust Procedural Document Library](#) intranet homepage.

Unique Identifier	Title and web links from the document library
Corp/Proc/029	Techniques for the manual handling of patients
Corp/Pol/026	Ligature Management
Corp/Pol/119	Risk Assessment arrangements for the Management of Health and

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6. OTHER RELEVANT / ASSOCIATED DOCUMENTS

The latest version of the documents listed below can all be found via the [Trust Procedural Document Library](#) intranet homepage.

Unique Identifier	Title and web links from the document library
	Safety within the Trust
Corp/Pol/040	Transferring of Dependant Patients Using a Hoist or Stand Aids
Corp/Guid/013	Bariatric/Obese/Morbidly Obese Patient - Management
Corp/Pol/012	Mandatory Training
Corp/Proc/022	Reporting and Management of Incidents including Serious Incidents
Corp/Strat/001	Risk Management Strategy

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References in full

Number	References
1	Health and Safety Executive (HSE) (1992) 'The Manual Handling Operations Regulations 1992 (as amended) (MHOR),' [Online] Available from: https://www.hse.gov.uk/msd/backpain/employers/mhor.htm#:~:text=Manual%20Handling%20Operations%20Regulations%201992%20(as%20amended)%20(MHOR)&text=first%20%3A%20avoid%20hazardous%20manual%20handling,for%20as%20is%20reasonably%20practicable. (accessed 23.03.21)
2	Health and Safety Executive (HSE) (1998) 'Safe use of work equipment: Provision and use of work equipment regulations 1998,' [Online] Available from: http://www.hse.gov.uk/pubns/books/l22.htm (accessed 23.03.21)
3	Health and Safety Executive (HSE) (1998) 'Lifting Operations and Lifting Equipment Regulations 1998: Approved Code of Practice and guidance,' [Online] Available from: http://www.hse.gov.uk/pubns/books/l113.htm (accessed 23.03.21)
4	Health and Safety at Work etc. Act (1974) c.37; [Online] Available from: http://www.legislation.gov.uk/ukpga/1974/37 (accessed 23.03.21)
5	The Management of Health and Safety at Work Regulations (1999) No.3242; [Online] Available from: http://www.legislation.gov.uk/uksi/1999/3242/contents/made (accessed 23.03.21)
6	Health and Safety Executive (HSE) 'Backpain in the workplace,' [Online] Available from: https://www.hse.gov.uk/msd/backpain/index.htm (accessed 23.03.21)

Bibliography

Health and Safety Executive (HSE) (2012) 'Manual handling at work,' [Online] Available from: www.hse.gov.uk/pubns/indg143.pdf (accessed 23.03.21)

Back Care Association, Available from: www.backcare.org.uk (accessed 23.03.21)

National Back Exchange, Available from: <https://www.nationalbackexchange.org/> (accessed 23.03.21)

National Patient Safety Agency (2004) 'Seven Steps to Patient Safety,' [Online] Available from: <https://www.publichealth.hscni.net/sites/default/files/directorates/files/Seven%20steps%20to%20safety.pdf> (accessed 23.03.21)

Smith, J. (ed) (2011) *The Guide to the Handling of People*, 6th edition, Teddington: Back Care.

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8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
Load	Includes any person, inanimate object or animal.
Manual Handling Operations	Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force.
Manual Handling Competency Passport	Manual Handling Competency Passport which records the manual handling training for each individual member of staff. This is located on the Trusts Training Management System (T.M.S.)

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Alexandra Vallantine	Health and Safety Technician	
Anna Smith	Head of Health Safety and Risk Department	
Care Group Leads		
Health and Safety Reps and Champions Group		

10. DISTRIBUTION PLAN	
Dissemination lead:	Anna Smith
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	PDT to archive previous version
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this procedural document? / No		
Action by	Action required	Implementation Date

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
10		Appendix A (all other appendices change letters)	Inclusion of Bariatric policy as an appendix. Inclusion of Hoist and Sling Policy as Appendix B. Training to be recorded on Trust database. Changes to monitoring to comply with NHSLA standards.	July 2015
11		All sections	Changes for clarity	July 2015
		Page 4	Inclusion of Managers Quick Guide	
		2	Outline of elements of safety management system Differentiation between high and low risk handling Reference to techniques to be used contained in KT course book.	
		3.4	Managers duties clarified	
		3.8	Add: Estates and Medical Devices Manager roles	
		3.9	Add: Employment Services responsibility for Bank	
		4.1	Clarity on training required	
		8	KPI's redefined and consequent changes in monitoring table	
12	April 2015 – June 2015	All	Reformatted into new template	July 2018
		All	Passports now referred to as E-Passport	
		All	Policy split into three separate documents at request of Procedural Documents Group.	
		4.2 Training	Change of wording & update of training needs to reflect 3 yearly cycle for inanimate handling and E-Learning	
		4.2.2	Change to description of induction requirements	
		Appendix 1	Managers quick guide moved to Appendix 1	
12.1	January 2016	Page 3	Added Patient Handling Policy on a Page.	July 2018

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		Page 4	Added Manual Handling Training Policy on a Page.	
12.2	22/06/2017	Page 3	Patient Handling Policy on a Page updated	July 2018
12.3	05/10/2017	Page 3	BSF page added	July 2018
13	23/05/2018	Page 1	Change of author	01/07/2021
		Page 8	Change of wording	
		Page 10	Insertion of e learning modules A-B replacing corporate induction A-B	
		Page 11 onwards	Key trainers replaced by Manual handling Champions	
		Throughout	Bank staff term replaced by the term additional staffing	
		Page 12	Lorenzo electronic record to replace paper record (appendix to be inserted and available)	
		Page 13	Additional location where the Hover Jack is stored	
		Appendix 3	Insertion of Community patient risk assessment form	
		Section 8	Added changes to glossary	
13.1	12/12/2018	Throughout	Insertion of community information in all relevant paragraphs	01/07/2021
		Page 6	New Policy on a Page for patient handling in the community	
14	31/03/2021	Throughout Policy	Change of Department name to Health, Safety and Risk Department	01/07/2024
		Throughout	Change of Job title to Head of Health Safety and Risk Department	
		Throughout	E Passport changed to Manual Handling Competency Passport	
		Throughout	Key trainers to Manual Handling Champions	
		Throug out	Addition of Manual Handling Equipment Passport	
		Throughout	Changed Modules A and B to Manual Handling Theory E-Learning	
		Throughout	Module c-e now Manual Handling competency Passport	
		Page 15	Training for Community and Additional Staffing to Manual	

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			Handling Adviser from Manual Handling Champions	
		Page 17	New locations of Hover Jack added	
		Page 16	Change of details to sign off Manual Handling Competency Passports.	
		Page 19	Updated link to HSE	
			Changes to audit requirements and reporting	
			Changed Appendix for continuity to attachments	
			Equality & Diversity Impact Assessment Tool now appendix 1	
14.1	15/09/2022	Page 5	Additional information added re non compliance of training to Manual Handling Training Policy on a Page.	01/07/2024
		Page 10, section 4.1.5	Additional information added re non compliance of training	

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Appendix 1: Equality & Diversity Impact Assessment Tool



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Equality Impact Assessment Form

Department/Function	Health & Safety	
Lead Assessor	Simon Lindsay	
What is being assessed?	Manual Handling of Inanimate and Patient Loads	
Date of assessment	09/03/2021	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Network for Inclusive Healthcare?	NO
	Staff Side Colleague?	NO
	Service Users?	NO
	Staff Inclusion Network(s)?	NO
	Personal Fair Diverse Champions?	NO
	Other (including external organisations):	

1) What is the impact on the following equality groups?

	Positive:	Negative:	Neutral:
	<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination / harassment / victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments	
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? 	
Disability (Including physical and mental impairments)	Neutral		
Sex	Neutral		
Gender reassignment	Neutral		
Religion or Belief	Neutral		
Sexual orientation	Neutral		
Age	Neutral		
Marriage and Civil Partnership	Neutral		
Pregnancy and maternity	Neutral		
Other (e.g. carers, veterans, people from a low socioeconomic background, people with diverse gender)	Neutral		

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identities, human rights)		
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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.
➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
➤ This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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