Leicestershire Partnership NHS Trust

Manual Handling Policy

This Policy outlines the health and safety arrangements in place to comply with the Manual Handling Operations Regulations of 1992 (as amended).

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Policy On A Page

Summary and Aims

This policy describes the arrangements put into place for the Leicestershire Partnership NHS Trust to comply, so far as reasonably practicable, with the Manual Handling Operations 1992.

Key Requirements

These include:

- Organisational governance arrangements
- The role of the moving and handling steering group
- Organisation responsibilities
- Categories of manual handling risk assessments
- Training requirements
- Sevicing and maintenance of equipment
- Signposting to other relevant internal and external resources

Target Audience:

- All staff, including volunteers, contractors
- Patients

Training:

Training includes

- Level 1 Core mandatory moving and handling
- Level 2 Clinical mandatory training
- Level 2 Role specific flat lifting training

1.0 Quick Look Summary

This policy provides information on how Leicestershire Partnership NHS Trust to be referred to throughout as 'the organisation' aims to eliminate the risks of manual handling in relation to both patient and inanimate load handling within the workplace and if this is not reasonably practicable any residual risks will be minimised to the lowest level reasonably practicable through the application of risk assessment and training.

1.1 Version Control

Version number	Date	Comments (description change and amendments)
1	November 2011	New policy
2	February 2013	Updated NHSLA Monitoring and Self Assessment Form
3	July 2013	Planned review and rewrite Changes to training delivery model Changes to risk assessment to meet with NHSLA standards New Inanimate Load Handling Assessment Form Changes to roles and responsibilities Updated NHSLA Monitoring and Self Assessment Form
4	April 2015	Update of CQC standards New Sections: Quick Reference Guide Section 11 Rehabilitation Section 12 Manual Handling the Heavy patient Section 13 Specialist Services Section 14 Training - additional training added
5	March 2017	Updated sections Section 8.1 Manual Handling Risk Assessment-Inanimate Load Handling Risk Assessments generic and individual will be completed and recorded on the risk register on the safeguard system Section 14 Training-Moving and Handling Level 2 training frequency changed from annual to 2 yearly Section 20 Compliance with LOLER 1998 Appendix 1 Manual Handling Steering Group Terms of Reference New Sections Section 19 Compliance with PUWER 1998 Section 21 Planned Preventative Maintenance and Servicing of Equipment Appendix 2 TILE Risk Assessment Help Checklist
6	September 2019	Removal of term NHSLA from Definitions and Acronyms section and section 23. Monitoring Section 14.1 Mandatory Induction Training. Additional text referring to new starter follow up sessions required for staff who require Moving and Handling level 2 training and are new to providing healthcare.
7	May 2022	3.2 Revised link for policy site on Staffnet 6.4 Leicester, Leicestershire and Rutland Integrated 6.4 Equipment Loan Store revised provider amended to Mediequip

Version number	Date	Comments (description change and amendments)
		Ensuring that all manual handling equipment which is recorded on the medical devices central asset register, changed to 'which require a service or LOLER inspection 6.6 Revised Manual Handling Steering Group Terms of reference (Appendix1) 6.7 Healthy Organisation Group (HOG) changed to Strategic Workforce Committee 6.8 Included Patient Safety Group to receive a quarterly Report 8.1 Links for more specific manual handling risk assessments added 8.2 Added patient handling risk assessments are accessed on System one 12.0 Change of terminology from Heavy patient to plus size patient 14.0 Inclusion – amendments to training requirements will be consulted through the Training and Education Group 14.1 Removal of new starters new to Health receiving a follow up within 12 weeks 14.6 Added - all Learning and Development clinical trainers who deliver moving and handling 2 training will receive and be updated by an external accredited moving and handling training provider 20.0 Reference to LOLER colour scheme guidance document Additions to Bibliography
8	May 2025	Heavy Patient changed to Plus Size Patient throughout

For further information contact:

1.2 Key individuals involved in developing and consulting on the document

- Mark Dearden, Moving and Handling Advisor
- Members of the Moving and Handling Steering Group
- Members of the Health and Safety Committee
- Trust Policy experts

1.3 Governance

Level 3 – Moving and Handling Steering Group
Level 2-- Health and Safety Committee
Level 1-- Committee to ratify policy – Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring

that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

1.6 Definitions that apply to this policy

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Manual Handling The transporting or supporting of a load, including lifting, lowering, pushing, pulling, carrying or moving thereof by hand or bodily force (Manual Handling Operations Regulations 1992 (as amended))

Load: A load will be a separate, moveable object (either inanimate or a person) but not an implement, tool or machine while in use for its intended purpose. (Manual Handling Operations Regulations 1992 (as amended))

Inanimate Object A non-living object e.g. a box, a computer, a chair

Animate Object A living object e.g. a patient, a child

Moving and Handling Champion staff working within the organisation that **support, monitor and promote best practice.**

Reasonably Practicable The level of risk is balanced against any potential resource input that is required to remove or reduce the risk.

Ergonomics Designing the task, workplace and equipment to fit the individual and reduce the risk of strain and injuries.

Risk Assessment Written document-May be generic completed for an area or department or individual completed as an assessment of any moving and handling risks for employees or when providing care or rehabilitation for a patient.

Dynamic Risk Assessment Dynamic risk assessment is the continuous process of identifying hazards in rapidly changing circumstances of an operational incident, in order to identify hazards and controls (if any) and evaluate risk and where necessary , implement further control measures necessary to ensure an acceptable level of safety. At the earliest opportunity the dynamic risk assessment should be supported by a written risk assessment

TILE Risk Assessment TILE Risk Assessment is a way to assess manual handling activities looking at four specific areas-Task, Individual, Load and Environment (easily remembered by the acronym TILE)

Musculoskeletal (MSK) Relating to or involving the muscles and the skeleton

Safe Working Load (SWL) Is the weight which a given piece of equipment can safely hold, lift, suspend or lower, sometimes referred to as safe working limit

Plus Size Patient For Trust purposes a patient who weighs over 150kg (23.5 stone), or in some cases a patient who weighs less than 150g but whose overall size and shape may require the use of specialist equipment

Patients Refers to a community patient, inpatient/outpatient, deceased patient. For the purpose of the policy the term ‘patient’ has been used throughout to describe patient, service user, client, child or young person.

2.0 Introduction

Manual handling affects every employee of the organisation. Health and social work have a higher than average incidence of Musculo skeletal disorder than other industries. Patient handling activities are one of the highest groups. The most common affected areas are the back, upper limbs and (HSE 2023/4)

The organisation acknowledges its responsibilities under the Health and Safety at Work Act 1974, The Management of Health and Safety at Work Regulations 1999, and The Manual Handling Operations Regulations 1992 (as amended), to monitor, assess and reduce all manual handling activities carried out by all of its employees and implement control measures accordingly.

3.0 Purpose

The organisation is committed to minimising the risk of musculoskeletal injuries to all employees. The organisation will, as far as is reasonably practicable, provide a safe working environment, safe system of work and safe equipment to comply with the Manual Handling Operations Regulations 1992 by:

- Ensuring that all employees are aware of their responsibilities and apply the requirements of this policy

- Providing information and training

This policy covers all manual handling activities undertaken by employees during the course of their work including the moving and handling of patients and inanimate loads.

The Manual Handling Policy applies to all employees employed by the organisation including bank staff. It also applies to agency staff, volunteers, contractors and visitors. Medical, nursing and allied health care professional students are also expected to comply with organisational policies and procedures as appropriate, to ensure their health, safety and welfare whilst undertaking work for the organisation.

4.0 Legal Framework

The policy is based on and reflects the requirements of relevant legislation including:

- The Health and Safety at Work Act, etc 1974 (HSAWA)
- The Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002)
- Medical Devices Regulations 2002 (as amended)
- Human Rights Act 1998 (HRA)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Provision and Use of Equipment Regulations 1998 (PUWER)
- Mental Capacity Act 2005 (MCA 2005)
- Reporting Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)
- Care Standards Act 2000
- Care Act 2014
- Equality Act 2010

4.1 Each employer and employee has responsibilities under the Manual Handling Operations Regulations 1992 (as amended) as follows:

- **Employers Responsibility.** Regulation 3 (1) of the Management of Health and Safety at Work Regulations 1999 requires employers to make a suitable and sufficient assessment of the risks to the health and safety of their employees while at work. Where this general assessment indicates the possibility of risks to employees from the manual handling of loads, the requirements of the present Regulations should be observed as follows:-

- Regulation 4 (1) of the Manual Handling Operations Regulations 1992 states that the HIERARCHY OF MEASURES is as follows
- Avoid hazardous manual handling operations so far as is reasonably practicable.
- Assess any hazardous manual handling operations that cannot be avoided.
- Reduce the risk of injury so far as is reasonably practicable.
- Review and Monitor.

- **Extent of Employers Duties** The extent of the employer's duties to avoid manual handling or to reduce the risk of injury is determined by reference to what is "reasonably practicable". Such duties are satisfied if the employer can clearly demonstrate that the cost (measured in terms of time, effort, financial and inconvenience) of any further preventative steps would be grossly disproportionate to the benefit that would be achieved by their introduction.

- **Working away from the employer's premises.** The Regulations impose duties upon the employer whose employees carry out manual handling. However, manual handling operations may occur away from the employer's premises in situations over which little direct control can be exercised, for example, in patient's own homes. In this situation the manual handling may be undertaken by family members or employees of care providers.

  Where possible the employer will seek close liaison with those in control of such premises. There will sometimes be a limit to the employer's ability to influence the working environment; but the task and perhaps the load will often remain within their control, as will the provision of effective training: therefore it is still possible to establish a safe system of work.

- **Employees Duties.** Regulation 5 of the Manual Handling Operations Regulations 1992 states that:

  (a) 'Each employee while at work shall make full and proper use of any system of work provided for his use by his employer in compliance with Regulations 4 (1) (b) (ii) of these Regulations'.

  Duties are already placed on employees by Section 7 of the Health and Safety at Work Act 1974, under which they must:-

  (a) Take reasonable care for their own health and safety and that of others who may be affected by their activities and
  (b) Co-operate with their employers to enable them to comply with their health and safety duties.

5.0 Organisational Responsibilities

All employees have a responsibility for ensuring that the principles outlined within this policy are universally applied.

5.1 Trust Board

has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.2 Chief Executive

accepts overall responsibility for all matters including health, safety and welfare; this includes all aspects associated with the Manual Handling Policy. The responsibility includes a consideration of health and safety matters on an equal basis with other organisation commitments. The Chief Executive will ensure that financial resources are made available to support this policy based on a risk assessment of priorities . The Chief Executive is responsible for appointing a nominated executive director will delegated responsibility for health and safety.

5.3 Directors, Divisional Directors and Heads of Services

are responsible for all aspects of manual handling within their directorate. This will include ensuring:

- Manual Handling policies and procedures approved by the organisation are implemented within their area
- Employees receive appropriate manual handling training
- Manual handling assessments are available to ensure employees work in a safe manner
- Adequately trained persons are identified in each department/area in order to support risk assessment.

5.4 Head of Service/Locality Service Managers /Line Managers

Safety management legislation (Management of Health and Safety at Work Regulations 1999) clearly puts responsibility not just with the employer but also the manager.

It is the responsibility of all managers to:

- Ensure the implementation of the Manual Handling Policy, monitoring and reviewing of practice within their management area.
- Being aware of the manual handling tasks that occur within their area(s) of responsibility and where possible avoiding the need for employees to undertake any manual handling tasks which involve injury. Managers must ensure that adequate control measures are in place to eliminate or reduce the risk of injury
- Ensure inanimate load and individual patient handling risk assessments have been completed accurately by a competent person/s. Ensure the originals of the patient and inanimate load manual handling assessments are kept readily available for inspection, and are accessible to all appropriate staff. Any risks identified must be placed on the areas Risk Register and managed in accordance with the risk management strategy and associated guidance
- Clinical areas appoint a Moving and Handling Champion and ensure that they are given sufficient time to perform their duties, as specified in the Manual Handling Key Worker responsibilities, effectively and attend Moving and Handling Champion update annual
- Liaise with the Moving and Handling champion on any manual handling problems
- Refer risks that cannot be addressed at ward or department level to the Moving and Handling Advisor for advice.
- Supervising employees to ensure that safe working practices are being followed and that equipment is being used where applicable.
- Act to reduce risks to individual staff notifying them of specific requirements and/or limitations
- Act on the advice of the Occupational Health department and support individuals

who may require reasonable adjustments
- Address any budgetary and resource issues resulting from implementation of the policy
- Ensure that all employees within their area of responsibility attend relevant moving and handling training as specified in the organisation's Training Needs Analysis
- Making sure that equipment is only used by employees that have been trained in its use and are deemed competent
- Facilitate employee attendance to training sessions
- Attend training themselves and act as a role model
- Investigate and report all manual handling accidents / incidents and action plan any identified risks and manage accordingly
- Report via the organisation incident reporting system to the Health and Safety Compliance Team any injuries resulting from a single identifiable event deemed to have occurred 'out of' or 'in connection with work' in order to seek advice on which incidents are reportable to the HSE in compliance with The Reporting Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). For further details on RIDDOR see information on the Health and Safety web page via e source

Equipment Specific Responsibilities

These equipment responsibilities do not apply to equipment held by the Leicester, Leicestershire and Rutland Integrated Community Equipment Loan Service (ICELS) that is loaned in patients' homes through Mediequip.

5.3.1 Ensuring that suitable and sufficient equipment, mechanical aids are provided and that these are properly maintained, safely stored and easily accessible for employees to use

5.3.2 Ensuring that all manual handling equipment which requires a service or LOLER inspection is recorded on the medical devices central asset register

5.3.3 Ensuring that all equipment used to move people and loads is serviced and maintained to comply with legal requirements (LOLER 98 and PUWER 98)

5.3.4 Ensure that any defective equipment is withdrawn from use in line with the Medical Devices Policy.

5.3.5 Reporting equipment deficiencies to Senior managers

5.3.6 Co-operate with the Moving and Handling Champions to facilitate the audit of manual handling equipment

5.5 Moving and Handling Advisor

will act in an advisory capacity for Directors, Managers and Employees of the organisation. The main duties of the Moving and Handling Advisor are to:

- Advise the organisation on any significant changes in legislation and guidance relevant to manual handling
- Regularly revise and continually develop the manual handling education programme for all employees and ensure compliance with current best practice and legislation
- Co-ordinate and support the moving and handling champions
- Chair the Manual Handling Steering Group, ensuring that it functions effectively and achieves its purpose.
- Co-ordinate audits of ward/department manual handling equipment and report deficiencies to the ward/department manager and Health and Safety Committee.
- Perform audit on manual handling risk assessments. Findings and action plan to be

reported to the Health and Safety Committee

- Advise staff and departments on appropriate equipment needs and provision.
- Review manual handling incidents and identify and trends or hot spots
- Upon request investigate manual handling accidents/incidents and analyse patterns of occurrence
- Work with managers to identify and plan strategies for the reduction of risks within their workplace and to identify training requirements.
- Network with other professionals and coordinators, within the region, to collate and disseminate examples of good practice.
- Write policies, protocols, standard operating procedures and guidelines relating to manual handling and to continually monitor, review and audit their effectiveness.
- Advise managers and staff, when requested in in regards to the safe handling of patients and inanimate loads.
- Attend the Trust Health and Safety Committee, and other relevant governance groups representing moving and handling issues.
- Provide moving and handling report to the Trust Health and Safety Committee and other relevant governance groups

5.6 Manual Handling Steering Group

will so far as is reasonably practicable:

- Ensure that the Manual Handling Operations Regulations of 1992 (as amended 2002) are complied with.
- To promote safe systems of work and safe environments for employees when carrying out any manual handling activities.
- Produce an assurance framework for the monitoring of moving and handling risk reduction controls

Further details of the Manual Handling Steering Group are shown in the Terms of reference (Appendix 1)

5.7 Health and Safety Committee

will oversee the monitoring of employee incidents and the arrangements to reduce the risk of manual handling to employees on behalf of the organisation. In addition the committee will act as the early warning mechanism of the escalation of any key risks identified. The Committee will receive quarterly reports from the Moving and Handling Advisor and agree policies and best practice guidance in relation to manual handling within the organisation to give the organisation assurance that they are meeting requirements in regard to the Manual Handling Operation Regulations 1992. Exception reports will go to the Strategic Workforce Committee.

5.8 Patient Safety Group

will oversee the monitoring of patient incidents and arrangements to reduce the risk of manual handling to patients. The Group will receive quarterly reports from the Moving and Handling Advisor and agree policies and best practice guidance in relation to manual handling within the organisation to give the organisation assurance that they are meeting requirements in regard to the Manual Handling Operation Regulations 1992.

5.9 Moving and Handling Champions

are ward based clinically based staff within the organisation. Manual handling key workers will receive full support of their manager to enable them to be released to carry out their duties.

Moving and Handling Champions have the following general roles and responsibilities

- Co-operate with other local manual handling key workers with a view to provide a consistent local approach to manual handling
- To act as a communication link between the Moving and Handling Advisor and employees in the work area
- Co-operate with the Line Manager and the Moving and Handling Advisor with the auditing of manual handling equipment as required.
- Co-operate with the Line Manager and the Moving and Handling Advisor with the auditing as identified within the Moving and handling Steering Group assurance Framework
- Attend yearly update sessions.
- Advise where appropriate on problem solving manual handling issues in local areas.
- Monitor and promote best practice in patient handling techniques within their work area and report any problems to their manager
- Provide training or awareness sessions on moving and handling equipment if appropriate to the individual's role and capabilities

5.10 Employees

Health and Safety Legislation places specific responsibilities on employees and it is essential that each individual is aware of his or her responsibilities under the different sections of legislation.

Employees must therefore:

- Act in accordance with the requirements of this policy and maintain their competency with regard to Health and Safety and specifically manual handling
- Recognise their limitations with regards to technique and using equipment and report these to their line manager. This includes existing injuries which may be exacerbated by the application of certain techniques or the use of specific equipment.
- Report any medical conditions that may affect their ability to undertake manual handling tasks that are reasonably expected as part of their role. This includes reporting under New and Expectant Mothers Regulations.
- To attend manual handling training in accordance with the organisations training needs analysis.
- Seek advice from the manager, or Moving and Handling Advisor in any circumstances where they are unsure of correct procedures
- Co-operate with their manager in performing risk assessments for manual handling
- Alerting their manager of any manual handling hazards that may pose a risk to the Health, safety and wellbeing of employees and patients
- Undertake dynamic risk assessments on manual handling tasks before moving a person or a load

- Wear suitable work clothing and footwear (clothing should be well fitting and restrict movement as little as possible, footwear should provide adequate support, a stable, non-slip base and proper protection) for moving and handling and comply with the organisations Dress Code and Uniform Policy
- Report any accidents, incidents and near misses as per organisational incident reporting procedure. Work related musculoskeletal injuries that cause absence from work must be reported to the Occupational Health Department.

5.11 Occupational Health Department

The role of occupational health in relation to manual handling is:

- To assess and provide advice for musculoskeletal and all health conditions and an employees fitness for manual handling tasks. This may include advice on an employees medical fitness, suggestion of adaptions in the work environment and signposting, need for adjustment and or restrictions
- To assess and provide health and work advice following management referral to Occupational Health, for employees where a work related Musculo skeletal injury has been self reported or there is management evidence it may have occurred. The management referral should ideally include details of the event
- To assess musculoskeletal injuries and consider relevant referrals to other agencies, i.e. Physiotherapy
- Provide specialist health and work advice to staff and managers
- Provide the Trust Health and Safety Committee with reports to assist in the monitoring of musculoskeletal trends whilst maintaining staff confidentiality
- Will notify a staff members manager and Safety and EPRR Team of any notifiable disease that requires reporting under RIDDOR.
- Maintain occupational health records in line with the organisations Records

5.12 Training, Education & Development must ensure

5.5.1 That suitable and sufficient training is made available for all staff groups in consultation with the managers following the training needs analysis.

5.5.2 That the level of training is appropriate to the staff group.

5.5.3 Provide quarterly reports to the Health and Safety Committee to assist the monitoring of compliance against organisational targets set for manual handling.

6.0 Risk Assessment

Where a manual handling operation which involves a risk of injury cannot be avoided, the guidance on the manual handling operations (1992) requires a documented risk assessment to be carried out.

6.1 Categories of Manual Handling Risk Assessment

6.1.1 Manual Handling Risk Assessment

Local Managers will perform generic and individual manual handling TILE risk assessments for their areas of responsibility.

The generic risk assessment will be broad based ergonomic assessment to identify

manual handling hazards in relation to moving and handling objects and to highlight the control measures needed to reduce the risks to the lowest level reasonably practicable. Record all findings on to the organisations risk register.

If upon completion of the generic risk assessment the residual score is a likelihood of 8 or above a further individual TILE risk assessment will need to be completed

To aid in the completion of this an unconfirmed template risk will be added to your local risk register on the safeguard system (contact the Staff-Safety Team for template to be added)

An assessment of the hazards identified must include information concerning:

- The task, (description of the task performed).
- Individual's capabilities (stating an individual's ability to perform the task).
- Load (a description of loads involved).
- Environment (a description of environmental factors).

An assessment help checklist (appendix 2) is available to guide staff through the TILE process

The process also requires documentation of:

- Action to be taken to avoid or reduce the risk.
- The name of the person who is responsible for completing the action.
- Date of completion.
- Review Date

Information on conducting a manual handling risk assessment can be found via Staffnet.

For more specific manual handling risk assessments toolkits for:

- Lifting and lowering
- Carrying
- Repetitive tasks
- Pushing and Pulling

Online tools can be accessed through the Health and Safety Executive Website https://www.hse.gov.uk/msd/toolkit.htm

6.1.2 Patient Handling Risk Assessment and Plan

Areas in which patients have manual handling needs must also have a documented patient handling risk assessment and plan. The Patient Handling Risk Assessment and plans will be accessible on the electronic patient record System One. It is the responsibility of the practitioner who is responsible for the patients care to ensure that this is carried out as part of the admission process or initial assessment and reviewed on a regular basis. This must include:

- An assessment of the patient's capabilities.
- A prescribed plan of manual handling activities i.e. number of carers required to assist patient.
- Equipment required.

- Emergency evacuation plan.

Consideration should be given to the patient's cultural views, opposite gender nursing, considerations for capacity issues and vulnerable adults. These issues must be addressed in patients' plans.

It may be necessary for practitioners to seek assistance with the assessment from other members of the multi-disciplinary team where appropriate e.g.
Physiotherapist, Occupational Therapist, Moving and Handling Advisor.
The assessment and care plan must be reviewed on any change in condition of the patient that might change their ability to move themselves and therefore increase the need for staff intervention and equipment
Where possible, the weight of the patient should be established once admitted as this will impact on the choice of equipment and service provision used to support the patient.

Particular attention to delegation of tasks must be given by therapists and the risk assessment should involve the staff and the patient, and needs to be clearly recorded and communicated in line with the Delegation of Tasks Process Policy

Where appropriate other Trust's and partner organisations/agencies/services directly involved in the patient care delivery should also be advised on "a need to know "basis. The information will also help to assess the level of measures required to prevent an incident occurring.

Patient Handling risk assessments will be recorded using the relevant assessment form for the specific area of work. A variety of forms will be used across clinical services. These forms will follow the ergonomic approach but will differ in content to meet the specific needs of individual service areas.

A patient handling risk assessment screening form can be used as part of the assessment to determine if the patient has any handling needs.

An example of a patient handling screening form, and guidelines for completing the form can be found in Appendix 3

All actions prescribed to reduce risk must have a review time or date. At that time the plan should be updated to reflect any change. This will include new handling actions with new review dates. Any action that has been prescribed but no longer applies or has been stopped on review should have an end date and a valid signature from a member of staff.

6.1.3 Dynamic Risk Assessment

The nature of work in the community and inpatient services is such that the patient's condition may vary and this may
impact on the patient's ability to assist in the move. All employees undertaking handling activities must ensure that they carry out a dynamic risk assessment at the time of delivering care or service. Where the methods used to manage the patient vary to those prescribed in the risk assessment, the user must ensure that this is recorded and reported and that the risk assessment is reviewed.

6.1.4 Staff Moving and Handling Risk Assessments

The purpose of a staff moving and handling risk assessment is to assess and support h

an individual's ability to undertake manual handling in the workplace. This may be following an injury or a medical condition which may have an impact on manual handling. This assessment is commonly requested by the Occupational Health Department The risk assessment will provide supportive manual handling measures, which are reasonable adjustments, to enable the safety of the individual, colleagues and patients in the work place. The moving and handling advisor will provide support for managers undertaking these assessments.

6.1.5 Arrangements for the organisational overview of risk assessments for the manual handling of patients and objects

Generic, inanimate load and individual patient handling risk assessments are to be completed by competent persons. Copies of the assessments must be retained on the ward/department at all times and kept readily available for all employees to access including new staff.

Details of any significant problems or deficiencies arising from risk assessments which cannot be resolved at local level must be escalated in accordance with the Risk Management Strategy**.**

7.0 Arrangements for Access to Specialist Advisor

The Moving and Handling Advisor is available for specialist advice on all aspects of manual handling. This will include any or all of the following: risk assessment, advice on equipment, problem solving and bespoke training.

The Moving and Handling Advisor will also have strategic involvement through the Health and Safety Committee

8.0 Techniques for Safer Handling of Patients and Inanimate Loads

Guidance is available for techniques to move and handle patients and inanimate-loads as follows:

Safer Handling of Patients

- Procedure for the Moving and Handling of Patients found via the https://staffnet.leicspart.nhs.uk/document-store
- Plus size pathway
- Hoisting policy

Inanimate Loads

- Moving and Handling Level 1 E Learning as part of core mandatory training
- Manual handling at Work, A Brief Guide https://www.hse.gov.uk/pubns/indg143.PDF
- Good Handling Technique https://www.hse.gov.uk/msd/manual- handling/good-handling-technique.htm

9.0 Rehabilitation

Rehabilitation handling is aimed at promoting or maintaining patient function and independence, in accordance with individual treatment goals

A risk assessment must be carried out as part of the overall assessment and treatment plan by the relevant Therapy Team.

Handling methods must be realistic for all those carrying out the tasks. Less skilled people should not be expected to compromise their safety or that of their patients by working outside of their capabilities in carrying out handling tasks.
In accordance with the risk assessment, equipment should be used to complement handling methods.

Therapists should not be using controversial handling methods as routine practice. Therapists may have to work from a position in front of the patient, and their greater skill and knowledge may make this less of a risk than for those who are unskilled. However the risk assessment must consider any additional risks.

Therapists must when delegating therapeutic handling to staff, ensure the health and safety and competence of those involved and follow the Trust's Delegation of Tasks Policy. Patient handling assessments must be constantly monitored and adjusted, where required, to indicate assessment decisions, which is the responsibility of the assessing clinician.

10.0 Moving and Handling of the Plus Size Patients

Further guidance on the moving and handling needs of plus size patients can be found in the Trust document Plus Size Patient Pathway

11.0 Specialist Services

In areas where there is a rapid through put of patients it may not be practicable to carry out a risk assessment on each patient. In these circumstances a generic risk assessment of handling situations, where there is likely to be a significant risk of injury must be carried out (MHOR as amended).

If at an appointment/pre assessment meeting, a patient is identified as having a specialist handling need, then a full risk assessment must be completed in line with section 8.2
Areas where generic risk assessments may be required include:

Day Units
Outpatient Clinics
ECT Outpatients

This list is not exhaustive.

12.0 Training

All staff must have the skills necessary to carry out their jobs without exposing themselves or others to unreasonable risk. Due to the range of work undertaken by the organisation different staff groups will require different skills.

Training will be provided to make sure that staff obtain and maintain these skills.

New starters must possess skills in the areas identified before working unsupervised in those areas.

All staff are required to undertake appropriate training for their individual training needs and as identified in the Trust's Moving and Handling Training Needs Analysis. The moving and handling training needs analysis and identification of the level of training for each staff group will be reviewed by the moving and handling steering group on an annual basis. Moving and handling training lesson plans will be reviewed by the moving and handling steering group on an annual basis

The clinical training team must have a moving and handling risk assessment of the training environment

Techniques to be used in the moving and handling of patients, including the use of appropriate equipment, refer to the Procedures for the Moving and Handling of Patients via the https://staffnet.leicspart.nhs.uk/document-store/

For information on the manual handling of inanimate loads, including the use of appropriate equipment, follow the link Manual Handling at Work: A brief guide https://www.hse.gov.uk/pubns/indg143.PDF

For Information on the use of hoists to move patients, refer to the Using Hoists to Move Patients Policy via the https://staffnet.leicspart.nhs.uk/document- store/

12.1 Mandatory Training

All employees must receive update training in manual handling. This is divided into the following groups:

a) Moving and Handling Level 1 core mandatory training – updated every 3 years

All employees must receive Moving and Handling Level 1 Update training at least every three years. This may be received on a more frequent basis subject to local risk assessment and/or following any moving and handling incident where retraining has been identified. This training is delivered as an e learning package

b) Moving and Handling Level 2 clinical mandatory training updated every 2 years

This is for employees whose role includes the manual handling of patients e.g. nurses, healthcare assistants and therapists. Identified employees must receive a 2 yearly update. This may be received on a more frequent basis subject to local risk assessment and /or following any moving and handling incident where retraining has been identified. This will be provided by Learning and Development. The contents of training will be decided between the Moving and Handling Advisor, Moving and Handling Steering Group, local Managers, Training Education and Development Team, depending on the needs of the staff group.

Flat Lifting Training – Role essential training -initial training in local area or on Trust induction – update training included as part of moving and handling level 2 training

This is for staff who work in inpatient areas, where they have access to flat lifting

equipment which is used for retrieving suitably assessed patients off the floor

12.2 Moving and Handling Champion Course

The Moving and handling Advisor will provide specialist training for staff to be moving and Handling Champions. This will provided areas that undertake patient handling with staff that can monitor manual handling practices in the work area, assist with audits and skill up key staff to be able to problem solve more complex manual handling issues in their local area. The update requirement for this course is annually

12.3 Manual Handling Risk Assessment Training

The Safety and EPRR Team incorporate manual handling risk assessment training as part of the Health and Safety Inspection and Risk Assessment Training. This training offers the principles of risk management and the acquisition of knowledge and skills to undertake risk assessment in the work environment

12.4 Clinical Trainers as part of Training Education & Development Team - Update every 2 years

Clinical trainers are responsible for delivering moving and handling level 2 training.

The standard for them to deliver this training is to undertake a level 4 accredited patient handling and risk assessment course. The Moving and Handling Advisor will also update the clinical trainers on a regular basis.

13.0 Monitoring Training Attendance and Follow-Up arrangements

- It is the line mangers responsibility to identify all the employees they manage attend the Manual Handling update training as specified by the Mandatory Training Policy
- This should be monitored in accordance with the Mandatory Training Policy.
- Employees who have been booked onto Manual Handling update training and fail to attend should be managed by their manager in accordance with the Mandatory Training Policy.

14.0 Records of Manual Handling Training

All manual handling training will be recorded on the organisations training database.

The following information will be recorded on the database:

- The names of those employees attending from the registers and their work base and grade / title / assignment number
- The type of training received, i.e. induction, update, specialist.
- If the person completed the practical training.
- The date of the training and the name(s) of the trainer(s).
- Duration of the course
- When the next update is required
- Signature of delegate

15.0 Supply, Purchase, Maintenance and Safe Use of Equipment

This section should be read in conjunction with the 'Medical Devices Policy' which describes the organisation's arrangements for purchasing, maintenance and repair of all medical equipment, including manual handing aids.

- All equipment purchased must have been recommended following risk assessment.
- All requests for equipment must go through the organisations procurement process.
- Planned preventative maintenance contract must be agreed at the point of order / purchase.
- The Medical Devices Policy must be followed on all manual handling equipment that is classified as a medical device and information on that equipment must be kept on a Medical Devices Central Asset register.
- If manual handling equipment is purchased from Capital Funds that has a value of over £5000 for a single item then it must be entered on to the central asset register held by finance.
- The organisation is aware that there may be patients whose weight exceeds the safe working load of the mechanical patient handling equipment that is available on site. To minimise the risk of injury to employees and patients there is the 'Plus Patient Pathway' which provides comprehensive guidance on delivering care to heavy patients found via https://staffnet.leicspart.nhs.uk/document-store/
- The organisation has a policy for the safe use of hoists to move patients Using Hoists to Move Patients Policy available via https://staffnet.leicspart.nhs.uk/document-store/

16.0 Compliance with Provision and Use of Work Equipment

Regulations 1998 (PUWER Regulations)

PUWER regulations deal with the work equipment used every day in workplaces and aims to keep people safe whenever equipment is used at work.

They place duties on people and organisations that own, operate or have control over work equipment. This means that the Trust and its employees have a responsibility to ensure that the equipment they use is:

- Suitable for the intended use
- Safe for use, maintained in a safe condition and inspected
- Used only by people who have received adequate information, instruction and training
- Accompanied by suitable health and safety measures such as the protective devices and controls, these may include emergency stop devices, clearly visible markings and warning devices
- Used in accordance with specific requirements, such as manufacturer's instructions

In practice this means that all medical device users must ensure that the device being used is visually inspected prior to use, is safe for use, has appropriate markings such as in date service inspection stickers and LOLER inspection tags and is only used for its intended purpose.

If you are unsure how to use a device safety or do not feel competent to use the device please do not use it, report your concerns to your line manager so that appropriate training or demonstration can be completed.

If the device doesn't appear to be working correctly or safe for use please take it out of use and report any service or repair requirements to the maintenance contract provider outlined in section 19.1

If the equipment is held by the Leicester, Leicestershire and Rutland Integrated Community Equipment Loan Service (ICELS) loaned in patients' homes through Mediequip report any service or repair requirements directly to Mediequip

17.0 Compliance with Lifting Operation and Lifting Equipment

Regulations 1998 (LOLER regulations)

The trust must comply with the LOLER regulations and the approved code of practice and guidance. LOLER applies to all lifting equipment and builds on the requirements of the Provision and Use of Work Equipment Regulations. In practice this means that all patient lifting equipment used within LPT must have a 6 monthly inspection completed by an independent body. This provision is managed by the Medical Devices team
If your equipment does not have a valid coloured tag attached to the device you are using, please take the equipment out of service and contact the Medical Devices Team.

The correct coloured tag information can be accessed through the LOLER guidance document

LOLER inspections are in addition to any servicing or maintenance visit completed by LPT's maintenance contract provider.

These responsibilities do not apply to equipment held by the Leicester, Leicestershire and Rutland Integrated Community Equipment Loan Service (ICELS) that is loaned in patients' homes through Mediequip

18.0 Planned Preventative Maintenance and Servicing of Equipment

LPT has a servicing and maintenance contract in place to ensure that appropriate equipment used for the moving and handling of patients has been tested and calibrated (where required).

This service contract has been awarded to Avensys UK Ltd and all equipment must have a valid service sticker attached to the device advising when it was last serviced and when the next service is due.
If there is not a valid service sticker visible, please take the equipment out of use and report it directly to Avensys who will arrange a service visit. Please refer to the Medical Devices Policy on the Intranet for more information or contact the Medical Devices Asset Manager for advice and support.

Ensure that equipment sent for planned preventative maintenance and servicing are appropriately cleaned and decontaminated following the Cleaning and Decontamination of Equipment, Medical Devices and the Environment Policy

18.1 Patient Lifting Equipment

Patient lifting equipment must be serviced annually to ensure it meets the recommendations in the manufacturer's instructions and is safe for use. As stated in section 21 above, if the device you are using does not have a valid service sticker stating the last service and next service dates, please take it out of use and contact Avensys for a service visit.

18.2 Other Manual Handling Equipment

Specific manual handing equipment must be serviced annually to ensure that it meets the recommendations in the manufacturer's instructions and is safe for use. Please refer to Section 20 and 21.1 and follow the process for reporting any devices that are out of service date. Equipment which requires servicing will be stored on the medical devices servicing database

These responsibilities do not apply to equipment held by the Leicester, Leicestershire and Rutland Integrated Community Equipment Loan Service (ICELS) that is loaned in patients' homes through Mediequip

19.0 Monitoring Compliance with the Policy

For information on how this policy will be monitored please refer to the monitoring table (Appendix 4).

20.0 Process for Review of this document

This policy will be reviewed three yearly or earlier depending on:

- Organisational or significant legislative changes
- Significant changes to practice which require a change in policy
- If a significant incident, or a series of incidents, concerning the operation of the policy occurs
- Highlighted concerns from the enforcement authority – the Health and Safety Executive
- Consideration of accident incident trend analysis, by reviewing the efficacy of this policy and associated appendices / manual handling risk assessment tools
- If significant findings of assessments of risk indicate that this policy is not effective.

21.0 Dissemination and Implementation

The policy is agreed by the Leicestershire Partnership NHS Trust Health and Safety Committee and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following adoption.

The dissemination and implementation process is:

- Line-Managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on esource

23.0 Legislation, Bibliography and Associated Documentation

This policy was drafted with reference to the following:

23.1 Legislation

This section gives examples of legislation that may apply to LPT, it is not an exhaustive list.

Health and Safety at Work, etc Act 1974
Human Rights Act 1998 Mental Capacity Act 2005 Care Standards Act 2000 Care Act 2014
Equality Act 2010
Management of Health and Safety at Work Regulations 1999 (as amended (2006) Manual Handling Operations Regulations 1992 (as amended 2002)
Medical Devices Regulations 2002 (as amended)
Lifting Operations and Lifting Equipment Regulations 1998 Provision and Use of Work Equipment Regulations 1998
Reporting Injuries, Diseases and Dangerous Occurrence Regulations 2013 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 16 Safety, availability and suitability of equipment

23.2 Bibliography

Edge services people Handling and Risk Assessment , key textbook March 2023
NHS Core Skills Training Framework https://www.skillsforhealth.org.uk/core-skills-training-framework/
Health and Safety Executive, Online assessment toolkit www.hse.gov.uk/msd/toolkit.htm
Health and Safety Executive, Good handling technique
https://www.hse.gov.uk/msd/manual-handling/good-handling-technique.htm Manual Handling in the Health Service (Health Services Advisory Commission 1998) The Guide to the Handling of People a Systems Approach 6th Edition (Backcare 2011)
Handling of People, Gude to the handling of people 7th Edition (2023)
Manual Handling at work: A brief guide Health and Safety Executive 2012 Manual Handling of Children, National Back Exchange(2021)
Handling Assessments in Hospital and Community (RCN 1999) Introducing a Safer Patient Handling Policy (RCN 1999)

Handling Home Care: Achieving safe, efficient and positive outcomes for care workers and clients (HSE 2002)
Mental Capacity Act 2005 Code of Practice, London 2007
Guidance on Manual Handling in Physiotherapy 4th Edition 2014, Chartered Society of Physiotherapy
Manual Handling, College of Occupational Therapists 2006
Manual handling at work: A brief guide (HSE 2020)
http://www.hse.gov.uk/pubns/indg143.pdf

23.3 Leicestershire Partnership NHS Trust Policies

Health and Safety Policy Medical Devices Policy Incident Reporting Policy Records Management Policy Consent Policy

Dress Code and Uniform Policy Mandatory Training Policy Trust Induction Policy
Delegation of Tasks Process Policy Risk Management Strategy
Policy for the Safe Use of Bedrails
Falls Policy Guide
Infection Prevention and Control Policy Using Hoists to Move Patients Policy Mental Capacity Act Policy
Deprivation of Liberty Safeguards Policy
Cleaning and Decontamination of Equipment, Medical Devices and the Environment Policy
All policy documents are available via the Policy and Document Store available on E-source.

Manual handling at work: A brief guide (HSE 2012)
http://www.hse.gov.uk/pubns/indg143.pdf

Leicestershire Partnership NHS Trust Manual Handling Procedures, Pathways, Guidelines, standard operating procedures and associated documentation are available via the Policy and Document Store

24.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

25.0 Fraud, Bribery and Corruption Consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Manual Handling Steering Group

Terms of Reference

Version	20/25 V9
Executive Lead	Deputy CEO/Managing Director
Approving Level 2 Committee	Health and Safety Committee
Date Approved	May 1st 2025
Review Date	April 2025 – in line with Annual Effectiveness Review

References to "the Group" shall mean the Manual Handling Steering Group

1.0 Purpose of Committee

1.1 Ensure that the Manual Handling Regulations of 1992(as amended) are complied with.
1.2 Promote safe systems of work and a safe environment for staff when carrying out any manual handling activities.
1.3 Direct the strategy for Manual Handling within Leicestershire Partnership NHS Trust and review as necessary.
1.4 Report to the Leicestershire Partnership NHS Trust Health and Safety Committee and also the Patient Safety Improvement Group
1.5 The group will cover ALL staff employed by Leicestershire Partnership NHS Trust

2.0 Clinical Focus and Engagement

2.1 The Trust considers clinical engagement and involvement in Board decisions to be an essential element of its governance arrangements and as such the Trust's integrated governance approach aims to mainstream clinical governance into all planning, decision making and monitoring activity undertaken by the Board.

3.0 Authority

3.1 The Group is authorised by the Health and Safety Committee to conduct its activities in accordance with this Terms of Reference.
3.1 The Group is authorised by the Health and Safety Committee to seek any information it requires from any employee of the Trust in order to perform its duties.

4.0 Membership

4.1 The group will be chaired by the Moving and Handling Advisor. The Deputy Chair will be a member of the Health and safety Compliance team.
4.2 Members will be nominated by the Leicestershire Partnership NHS Trust Health and Safety Committee and Local Health, Safety and Security Action Groups.

4.3 Multi professional representation is required from Community Health Service Directorate, Adult Mental Health and Learning Disability Directorate, Families Young People and Children Directorate and Enabling Service.

4.4 The committee will be made up of members who must attend regularly and meet the 75% attendance criteria and attendees who will need to attend when they have papers to present as per the Reporting Schedule when requested to do so for specific agenda items.

4.5 Only members of the group or their nominated representative have the right to attend the meetings. However other individuals may be invited to attend for all or part of the meeting as deemed appropriate.

4.6 Membership of the group will be reviewed and agreed annually.

5.0 Secretary

5.1 Secretarial support will be provided by the Health and Safety Compliance Team

6.0 Quorum

6.1 The quorum necessary for the transaction of business shall be four, but must include directorate representatives. A duly convened meeting of the Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Group. It is the responsibility of each directorate to ensure representation at each meeting.

6.2 Any meetings that are not quorate will continue and any decisions made will be ratified by those absent within 10 days of the meeting. A record of these agreements made to be held by the Secretary of the meeting.

7.0 Frequency of Meetings

7.1 The group will meet every three months. Additional meetings may be requested by members through the chairperson. Meetings will only be cancelled or postponed if less than four members can attend.

8.0 Agenda/Notice of Meetings

8.1 Notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be forwarded to each member of the group, and any other person required to attend.

8.2 Any other Business must be notified to the Chair in advance of the meeting and cannot be tabled on the day unless considered urgent by the Chair.

9.0 Records of Meetings

9.1 The proceedings and resolutions of all Committee meetings will be recorded including the names of those present and in attendance.

9.2 Minutes of the meetings shall be circulated to all members and shall be issued within ten working days of the meeting. The minutes will be open to scrutiny by the Trust's auditors.

9.3 A Summary of Key Risks/Issues and Actions (with deadlines) for assurance will be brought to the attention of and presented to the Health and Safety Committee and Quality and Safety Committee quarterly via a highlight report.

9.4 The Health and Safety Committee minutes will be disseminated through the Health, Safety and Security Action Groups and be made available on the LPT intranet.

9.3 The group minutes will be disseminated through the Health and Safety committee and Directorate Health, Safety and Security Action Groups

10.0 Duties

The committee shall

10.1 Develop, implement and evaluate an on-going Manual Handling Assurance framework, including the monitoring and the compliance of monitoring of policies and addressing any gaps

10.2 Advise and assist the Moving and Handling Advisor in developing strategic Manual Handling issues.

10.3 Address specific manual handling issues identified by the group. The issues identified are training, equipment, risk assessment and therapeutic handling.

10.4 The group will act as a local operational group and monitor and review the performance of the Trust in line with the Manual Handling Policy.

10.5 Receive and monitor manual handling incidents to identify trends and areas of the Trust that may require further investigation and possible remedial work.

10.6 The Committee should assure itself that for relevant agenda items the following checklist questions have been addressed in full (and where appropriate a "Due Regard" assessment has been carried out:

11 Reporting Responsibilities

11.1 Provide quarterly highlight reports to the Health and Safety Committee and Patient Safey Improvement Group of actions and progress with regards to the health and safety work plan informing of quality improvement.

11.2 Act as early warning mechanisms to alert the organisation to non-clinical new or emerging risks and report to the Health and Safety Committee on how these will be managed or mitigated.

11.3 The Group shall make recommendations to the Health and Safety Committee as it deems appropriate on any area within its remit where action or improvement is needed at the earliest opportunity

12.0 Annual Review

12.1 The group shall, at least once a year, review its own performance and terms of reference (including membership) to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Health and Safety Committee for approval.

13.0 Risk Responsibility

13.1 The risk areas the Group has special responsibility for will be those that fall within the remit of this Group.

13.2 Where any risks need escalation, the Group will do so through the quarterly report

Appendix 1 – Membership of the Committee

Name	Job Title	Area/Directorate
Mark Dearden	Moving & Handling Advisor	Health and Safety Compliance team
Christian Knott	Health and Safety Advisor	Health and Safety Compliance team
Euginia Rodrigues	Training Manager	Learning and Development Team
Helen Walton	Head of Facilities	Estates and Facilities
Mathew Buxton	Medical Devices Deputy Manager	Estates and facilities
Shifa Jussab	Physiotherapist Clinical Professional Lead Mental Health Directorate	Adult Mental Health
Jacqeline Moore	DMH Physical Health Matron	Adult Mental Health
Thomas Telsmon	Physical Health Nurse	Adult Mental Health
Amy Kent	Physio team Lead MHSOP	MHSOP Mental Health
Suzanna Birkin	Inpatient Therapy Lead Hinckley Community Hospital	CHS
Anna Jenkins	Clinical Lead Occupational Therapy, East Central Community team	CHS (Provisional)
Emma Camp	Matron CHS community Services	CHS
Rachel Parker	Occupational Therapist learning Disability Services	FYPC/LD
Stevie Evans	Diana Service Community Nurse	FYCP/LD
Angela Palin	Childres Therapy Therapist	FYCP/LD
Julia Vermaak	Clinical Team Lead Community Health Visiting	FYCP/LD

Appendix 2 - TILE Risk Assessment Help Checklist

Problems to look for when Making an assessment	**Ways of reducing the risk of injury**
The tasks: *do they involve:* ▪ Holding loads away from the body? ▪ Twisting, stooping or reaching upwards? ▪ Large vertical movement? ▪ Long carrying distances? ▪ Strenuous pushing or pulling? ▪ Repetitive handling? ▪ Insufficient rest or recovery time? ▪ A work rate imposed by a process?	***Can you:*** ▪ Use a lifting aid? ▪ Improve workplace layout to improve efficiency? ▪ Reduce the amount of twisting and stooping? ▪ Avoid lifting from floor level or above shoulder height, especially heavy loads? ▪ Reduce carrying distances? ▪ Avoid repetitive handling? ▪ Vary the work, allowing one set of muscles to rest while another is used? ▪ Push rather than pull?
The loads: *are they:* ▪ Heavy, bulky or unwieldy? ▪ Difficult to grasp? ▪ Unstable or likely to move unpredictably (like animals)? ▪ Harmful? e.g. sharp or hot ▪ Awkwardly stacked? ▪ Too large for the handler to see over?	***Can you make the load****:* ▪ Lighter or less bulky? ▪ Easier to grasp? ▪ More stable? ▪ Less damaging to hold? If the load comes in from elsewhere, have you asked the supplier to help, e.g. provide handles or smaller packages?
The working environment: *are there:* ▪ Constraints on posture? ▪ Bumpy, obstructed or slippery floors? ▪ Variations in levels? ▪ Hot/cold/humid conditions? ▪ Gusts of wind or other strong air movements? ▪ Poor lighting conditions? ▪ Restrictions on movements or posture from clothes or personal protective equipment (PPE)?	***Can you:*** ▪ Remove obstructions to free movement? ▪ Provide better flooring? ▪ Avoid steps and steep ramps? ▪ Prevent extremes of hot and cold? ▪ Improve lighting? ▪ Provide protective clothing or PPE that is less restrictive? ▪ Ensure your employees' clothing and footwear is suitable for their work?

Problems to look for when making an assessment	**Ways of reducing the risk of injury**
Individual capacity: *does the job:* ▪ Require unusual capability, e.g. above-average strength or agility? ▪ Endanger those with a health problem or learning/physical disability? ▪ Endanger pregnant women? ▪ Call for special information or training?	***Can you:*** ▪ Pay particular attention to those who have a physical weakness? ▪ Take extra care of pregnant workers? ▪ Give your employees more information, e.g. about the range of tasks they are likely to face? ▪ Provide more training
Handling aids and equipment: ▪ Is the device the correct type for the job? ▪ Is it well maintained? ▪ Are the wheels on the device suited to the floor? ▪ Do the wheels run freely? ▪ Is the handle height between the waist and shoulders? ▪ Are the handle grips in good order and comfortable? ▪ Are there any brakes? If so, do they work?	***Can you:*** ▪ Provide equipment that is more suitable for the task? ▪ Carry out planned preventive maintenance to prevent problems? ▪ Change the wheels, tyres and/or flooring so that equipment moves easily? ▪ Provide better handles and handle grips? ▪ Make the brakes easier to use, reliable and effective?
Work organization factors: ▪ Is the work repetitive or boring? ▪ Is work machine or system-paced? ▪ Do workers feel the demands of the work are excessive? ▪ Have workers little control of the work and working methods? ▪ Is there poor communication between managers and employees?	***Can you:*** ▪ Change tasks to reduce the monotony? ▪ Make more use of workers' skills? ▪ Make workloads and deadlines more achievable? ▪ Encourage good communication and teamwork? ▪ Involve workers in decisions? ▪ Provide better training and information?

Appendix 3 - GUIDELINES FOR PATIENT HANDLING RISK ASSESSMENT SCREENING FORM

1	This form is mainly for inpatient use.
2	If you are a staff member working in the community and a client requires moving and handling, a patient handling risk assessment will need to be completed to accompany the plan of care.
3	If the patient is independent in all areas, no further assessment is necessary unless any of the factors on the Patient Moving and Handling and Evacuation Screening Form change.
4	It is the responsibility of a trained nurse, a trained therapist or a social care manager to complete the moving and handling documentation.
5	Named Nurses / Home Managers are accountable for ensuring information is up to date and completed.
6	It is the responsibility of all members of staff to make themselves aware of a patient's moving and handling plan prior to any kind of moving or handling.
7	It is the responsibility of all members of staff e.g. health care support worker to inform a trained member of staff about any difficulties / concerns they may have after following a moving and handling plan
8	The decision of when to review the patient's / client's moving and handling needs will be made by the clinical staff in the department.

Appendix 3 cont

PATIENT HANDLING RISK ASSESSMENT SCREENING FORM

HOW TO USE THIS FORM

If patient is independent in all areas, no further assessment is necessary, except if any of the below factors change. For specific action plan refer to care plan

PATIENT DETAILS: ID NUMBER …… NAME…… WARD / AREA……	WEIGHT…… …… HEIGHT…… …….. DATE…… ……..

ASSESSMENT OF PATIENTS CONDITION			
HANDLING CONSTRAINTS	**YES**	**NO**	**COMMENTS**
Mental State			
Challenging Behaviour			
Understands commands			
Difficulty with upper Limbs			
Difficulty with Lower Limbs			
Previous known handling issues			
Previous falls			
Pain			
Lines / Tubes Catheter			
Waterlow score / Tissue Viability – Assessment required.			

Assessor: ……

Review: …… Date: ……

Signature: …… Date: ……

Are you going to manually assist the patient? If yes – proceed with handling factors

No patient handling situation is ever truly risk free

Moving and Handling Factors

	Date	Date	Date	Date
Walking (Please Tick)				
Independent				
Supervision				
Aid Required				
Unable to Mobilise				
Number of Handlers				
Signature				
Bathing (Please Tick)				
Independent				
Supervision				
Hoist				
Other				
Number of Handlers				
Signature				
Emergency Evacuation (Please Tick)				
Independent				
Supervision				
Wheeled Transport				
Other				
Number of Handlers				
Signature				
Transfer Bed to Chair / Commode to Chair / Chair to Toilet / Wheelchair (Please Tick)				
Independent				
Supervision				
Aid required				
Other				
Number of Handlers				
Signature				
Moving Patient up the Bed and Positioning in Bed Please Tick)				
Independent				
Supervision				
Aid required				
Other				
Number of Handlers				
Signature				
Transfer Bed to Bed / Trolley (Please Tick)				
Independent				
Supervision				
Aid required				
Other				
Number of Handlers				
Signature				

Take into account the environment, the task being completed and the individual (Staff Member) when completing this form. NOW DEVISE YOUR CARE PLAN

Appendix 4 - GUIDELINES ON COMPLETING THE PATIENT HANDLING RISK ASSESSMENT SCREENING FORM

1	PATIENT DETAILS	**To include name and/or identification number** The name of the location where the actual moving and handling manoeuvres will actually be completed. E.g. for community this may be their own home or a relative's home, this should be the place where the client's spends most of his/her time.
2	WEIGHT	Record weight, and the date of when the weight was recorded as this may change (This information could be updated several times).
3	HEIGHT	Record height if known, it may be desirable to add details of the client's build
4	DATE	This is the date for when form was completed
5 - 6	ASSESSMENT OF CLIENTS CONDITION	Tick 'Yes' or 'No' box if applicable. Comments should include, information that may help the carer with handling moves / techniques. EXAMPLES BELOW OF SUGGESTED HANDLING CONSTRAINTS. (THIS IS NOT AN EXHAUSTIVE LIST)
	a. Mental state	- Well motivated - Unmotivated - Apprehensive - Disorientated - Suffers with dementia - Unpredictable
	b. Challenging Behaviour	Identifiable triggers What does the behaviour consist of?
	c. Understanding Commands	- What are the client's communications skills like? - Is English their first language? - May have visual or hearing defects / disabilities. - May respond to special signs.
	d. Difficulties with upper limbs	- Unable to grasp with right or left hand. - Does not have full range of movement in one arm or both arms. - Unable to use right or left arm.

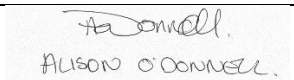
	e. Difficulties with lower limbs	Needs to wear shoes when standing. Right or left leg has a tendency to give way following five minutes of standing. – One leg shorter than other. – Unable to weight-bear.
	f. previous known handling issues	- Has specialist equipment been required I hired I purchased? - Have staff had any difficulties
	g. Previous Falls	- Long history of falls. - Reason for previous falls I history of falls (if known) for example epilepsy related falls.
	h. Pain	What may be causing pain? - Pain relief that may need to be given and when.
	i. Lines/Tubes Catheter	- May have a leg bag. - May have colostomy. - May have an intravenous infusion I enteral feeding.
	J. Waterlow Score Tissue Viability	Taken from Waterlow risk assessment. - (May give an indication of pressure area care required). - Please refer to tissue viability assessment.
7.	**SIGN NAME**	
8.	**REVIEW DATE**	
9.	Environment and Individual	It is the duty of each **EMPLOYEE** to take reasonable care of their own health and safety and that of others, and to co-operate with the employers in discharging their duties under the act. Under the Health and Safety at Work Act (1974). Please inform your manager if you are unable to undertake a moving and handling task. As the environment can constantly change staff members need to be aware of: Space availability Floor surface uneven, slippery or stable Variations in level of floors, work surfaces, or steps Temperature, humidity or air movement – Lighting In line with the Manual Handling Policy 2015 Section 8, general risk assessments should be completed in your area so you have an idea of which patients can use which room.

		For example, it can be said that with the hoist and space available it is not possible to toilet non mobile patients in the toilets and that these people must be toileted on commodes.
1**0.**	Moving and Handling Factors	The date of filling out the factors. Tick the box under each heading that applies. Independent = Patient is able to do moves without help. Supervision = Patient may require slight assistance which could be instructions on how to move. Aid required = any equipment the ward has purchased and the staff need to use must be highlighted e.g. Frame Handling Belt Hoist Sliding Sheet Raised Toilet Seat Profiling Bed Transfer Board Stand Aid Number of Handlers = Number of staff required for moving and handling needs. Other = Other is a place in each section so any additional equipment that is not listed may be added e.g. under the "walking" heading other may staff protective head wear. Signature = Your signature. If any of the headings do not apply, please state 'not applicable'

Appendix 5 - Policy Monitoring Section

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
4.5 (b)	**techniques to be used in the moving and handling of patients and objects, including the use of appropriate equipment**	Procedure for the Moving and Handling of patients Link to HSE Manual handling at work: A brief guide & Good handling technique Guide Using Hoists to Move Patients Policy Heavy Patient Pathway	Incident Reporting RIDDOR reportable incidents LOLER assurance	Moving and Handling Advisor onward reporting to the Health and Safety Committee	Quarterly
4.5 (c)	**arrangements for access to appropriate specialist advice**	Moving and Handling Advisor provides specialist advice and manual handling key workers Section 9	Moving and Handling Advisor records all referrals for monitoring of specialist advice.	Moving and Handling Advisor onward reporting to the Health and Safety Committee	Annually
4.5 (d)	**how the organisation risk assesses the moving and handling of patients and objects**	Manual Handling Risk Assessments Patient Handling Risk Assessments Section 8	Local responsibility for reviewing local risk assessments Review of Trust Risk Register Spot audit checks of risk assessments by Moving and Handling Advisor.	Moving and Handling Advisor onward reporting to the Health and Safety Committee	In accordance with identified review dates on risks All investigations and referrals
4.5 (e)	**how action plans are developed as a result of risk assessments**	Action requirements identified in Manual Handling /Patient Handling Risk Assessment s Section 8.4 and 8.5	Local responsibility for reviewing local risk assessments Review of Trust Risk Register	Risk owners	In accordance with identified review dates on risks
4.6 (f)	**how action plans are followed up**	Action requirements identified in Manual Handling /Patient Handling Risk Assessment Section 8.4 and 8.5	Local responsibility for reviewing local risk assessments Review of Trust Risk Register	Risk owners	In accordance with identified review dates on risks

Appendix 6 – Training Needs Analysis

Training topic/title:	Manual Handling		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	Not required √Mandatory (must be on mandatory training register) √ Role Essential (must be on the role essential training register) Desirable or Developmental		
Directorate to which the training is applicable:	√ Directorate of Mental Health √ Community Health Services √ Enabling Services √ Estates and Facilities √ Families, Young People, Children, Learning Disability and Autism √ Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	All staff groups		
Governance group who has approved this training:	Health and Safety Committee	Date approved:	
Named lead or team who is responsible for this training:	Mandatory training – Learning and Development Manual Handling Key Workers-Moving and Handling Advisor Risk Assessment-Health and Safety Compliance Team Local induction training – Line Managers or delegated responsibility PDR Process – Line Managers		
Delivery mode of training: elearning/virtual/classroom/ informal/adhoc	E-learning and classroom training		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	√ uLearn		
How is this training going to be quality assured and completions monitored?	Learning and Development via the PDR Process		
Signed by Learning and Development Approval name and date		Date: May 2025	

Appendix 7 The NHS Constitution

NHS Core Principles – Checklist
Please tick below those principles that apply to this policy

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes/no to all

Respond to different needs of different sectors of the population yes/no

Work continuously to improve quality services and to minimise errors yes/no

Support and value its staff yes/no

Work together with others to ensure a seamless service for patients yes/no

Help keep people healthy and work to reduce health inequalities yes/no

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes/no

Appendix 8 - Due Regard Screening Template

Section 1	
Name of activity/proposal	Manual Handling
Date Screening commenced	May 2025
Directorate / Service carrying out the assessment	Health and Safety Compliance Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Mark Dearden, Moving and Handling Advisor
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: The aim of this policy is to eliminate the risks of manual handling in relation to both patient and inanimate load handling within the workplace and if this is not reasonably practicable any residual risks will be minimised to the lowest level reasonably practicable through the application of risk assessment and training.	
OBJECTIVES: To provide clear processes and procedures for the management of manual handling activities	
PURPOSE: The organisation will, as far as is reasonably practicable, provide a safe working environment, safe system of work and safe equipment to comply with the Manual Handling Operations Regulations 1992 by: • Ensuring that all employees are aware of their responsibilities and apply the requirements of this policy • Providing information and training	

Section 2		
Protected Characteristic	**Could the proposal have a positive impact Yes or No (give details)**	**Could the proposal have a negative impact Yes or No (give details)**
Age	Yes-Support young people with reasonable adjustments to role	No
Disability	Yes-supporting individuals with reasonable adjustments to role	Yes-May present restrictions to individuals who cannot effectively demonstrate or conduct patient handling techniques
Gender reassignment	No	No
Marriage & Civil Partnership	No	No
Pregnancy & Maternity	Yes-Support individuals with reasonable adjustments to role	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No
Other equality groups?	No	No

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
~~Yes~~		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	✓

Section 4			
It this proposal is low risk please give evidence or justification for how you reached this decision:			
This policy describes the arrangements in place for all staff across the Trust. All staff will receive appropriate training to minimise all foreseeable risks of harm from manual handling			
Signed by reviewer/assessor	Mark Dearden	**Date**	May 2025
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Jean Knight	**Date**	May 2025

Appendix 9 - PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy.
The first step in the PIA process is identifying the need for an assessment.
The following screening questions will help decide whether a PIA is necessary.
Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Manual Handling Policy		
Completed by:	Mark Dearden		
Job title		**Date**	23/05/22

	Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	**No**
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	**No**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	**No**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	**No**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	**No**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	**No**
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**

If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786
Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.

IG Manager approval name:	
Date of approval	

Acknowledgement: Princess Alexandra Hospital NHS Trust