

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Moving and Handling of the Bariatric (Plus Size) Patient

Version No.:	3.0
Effective From:	16 July 2015
Expiry Date:	16 July 2018
Date Ratified:	21 May 2015
Ratified By:	Trust Health and Safety Committee

### 1 Introduction

- 1.1. The Trust is aware, that the population in the UK has been growing in size and we now have the status of being the most obese in Europe, with 25% of adults being obese and 67% of adults being overweight or obese (Royal College of Physicians, 2013). This presents challenges for the Trust to provide appropriately sized equipment to maintain patient safety and dignity.
- 1.2. This Policy defines a “bariatric (plus size) patient” as one who weighs over 159 kg (25stone). All patients who are assessed as being in excess of 159kg (25 stone), or with a Body Mass Index (BMI) of 30+ are classed as bariatric (plus size) and subject to this policy. It must also be identified that other patients with a lower weight and BMI may also be subject to this policy depending on their weight distribution, size, height and mobility problems.
- 1.3. The legal requirement of a full moving and handling assessment for all patients cared for in the community or admitted to all areas of the Trust under the Manual Handling Operations Regulations (1992) amended 2002 is recognised. Under Regulation 4 – “where moving and handling operations cannot be avoided, appropriate steps must be taken to reduce the risk of injury to employees to the lowest level reasonably practical.”
- 1.4. There is provision of information on equipment required and how it can be accessed.
- 1.5. Staff are provided with information and training on how to manage the bariatric (plus size) patient at admission to hospital, during their stay, when receiving treatment in other departments, at transfer to other areas, when a patient dies and on discharge into the community.
- 1.6. In all moving and handling of the bariatric (plus size) patient their care is discussed with them; their dignity is maintained and the safety of the patient and staff is paramount.
- 1.7. Staff in the community are provided with information on how to provide continuing care at home, emergency situations in the home or transferring patients into the acute Trust.
- 1.8. The average safe working load (SWL) for equipment is given as guidance only. Individual pieces of equipment must be checked to ascertain the precise

SWL before use with bariatric patients. The patient's weight must not exceed the SWL.

- 1.9 Staff must take reasonable care of their own health and safety and that of others including patients and colleagues. Adherence to this policy will safeguard the health and safety of staff and patients.

## **2 Policy Scope**

This policy sets out the system by which patients who weigh over 159 kg (25 stone) have their moving and handling needs met in the community or when admitted to all areas of the Trust, It describes the process by which there is an assessment of need, with identification of equipment required to facilitate the handling of these patients.

## **3 Aim of Policy**

The aim of this policy is to safeguard staff safety whilst promoting the patient's independence.

## **4 Duties – Roles and Responsibilities**

### **4.1 Trust Board**

The Trust Board is responsible for the development, management and authorisation of this policy.

### **4.2 Chief Executive**

The Chief Executive supports the Trust-wide implementation of this policy.

### **4.3 Clinical Policy Group (CPG)**

The Clinical Policy Group is responsible for approving this policy and approving all revisions made to this policy.

### **4.4 Health and Safety Committee**

The Health and Safety Committee are responsible for agreeing this policy.

### **4.5 Moving and Handling Team**

The Moving and Handling Team are responsible for the development, consultation, approval, ratification process, monitoring and review of this policy and the impact assessment.

### **4.6 Director of Nursing**

The Director of Nursing is responsible for any clinical issues following the implementation of the policy.

### **4.7 Departmental/Ward Manager**

The Departmental or Ward Manager is responsible for the implementation of the policy and specific patient issues identified as a result of the implementation.

#### 4.8 Staff

Staff are responsible for applying this policy in their areas of responsibility when managing the care of the bariatric (plus size) patient.

### 5 Definitions

5A “bariatric (plus size) patient” is one who weighs over 159 kg (25stone). All patients who are assessed as being in excess of 159kg (25 stone), or with a Body Mass Index (BMI) of 30+ are classed as bariatric (plus size).

### 6 Policy Content

#### 6.1 The Bariatric Patient Package

6.1.1 The Trust has purchased equipment suitable for managing bariatric (plus size) patients during their hospital stay including a range of hoist slings and slide sheets. This is available on loan to all wards / departments, on request.

Link to [Bariatric Patient Equipment](#) on intranet site

6.1.2 To access equipment, contact the Moving and Handling Team during office hours or the Patient Services Co-ordinator out of hours (Appendix 1).

6.1.3 Equipment available includes:

	<b>Safe Working Load</b>	
	<b>kg</b>	<b>stones</b>
Electric Profiling Bed	450	71
Gantry Hoist	400	62
Mobile Viking Hoist	300	47
High Back Chair	320	50
Commode	333	53
Walking Frame	298	47
Wheelchair	320	50
Wheelchair Scales	300	47
Bedpan	540	85
Gowns (Appendix 2)		

6.1.4 Equipment for care in the community is available from Home Loans. This includes a range of equipment for bathing, toileting and seating as well as slide sheets and hoist slings. Non-stock items will require completion of a special needs form reference should be made to [Moving and Handling Policy](#) Appendix 8.

6.1.5 Equipment available includes:

	<b>Safe Working Load</b>	
	<b>kg</b>	<b>stones</b>
Electric Profiling Bed	350	55
Commodes	250	40
Perch Stool	250	40
High back Chairs	250	40
Toilet Frame	280	44
Bath board	190	30

6.1.6 If a wheelchair is required for the patient in the community, a referral form must be completed by a healthcare professional i.e. District Nurse, Physiotherapist or Occupational Therapist and forwarded to Disablement Service Centre (DSC) Freeman Hospital.

## **6.2 Admission to Hospital**

6.2.1 For planned admissions, detailed information of a patient's moving and handling needs should be obtained from the referring clinic / GP / ward, where available, so that equipment can be obtained prior to admission.

6.2.2 For emergency admissions, a full moving and handling assessment should be completed on arrival to the area or as soon as is reasonably practicable.

6.2.3 For all types of admissions, the admitting ward must carry out their own full assessment using the Moving and Handling Adult Patient Assessment Tool. It is important that the communication needs of the patient are assessed and support provided if required. This may involve working with carers and providing interpreting support.

This includes:

- Patient's weight
- Ability to weight bear
- Mobility
- Ability to transfer
- Toileting needs
- Movement in bed
- Skin condition
- Personal hygiene needs
- Seating

6.2.4 On completion of the assessment, equipment such as a bed, hoist, commode, wheelchair, walking frame and slide sheets must be made available where the need is identified. Equipment that is not available in the department should be borrowed by contacting the Moving and Handling Team (Appendix 1).

- 6.2.5 All equipment to be used by the patient must be checked to ensure that the SWL will not be exceeded.
- 6.2.6 Consideration should be given to ward layout and the proximity of adjoining beds to ensure adequate space for equipment and for staff working with the patient to avoid injury due to cramped conditions.
- 6.2.7 Moving and handling assessments of patients over 159 kg (25 stone) should be carried out on a regular basis.

### **6.3 Patient's Weight**

All patients must be weighed on admission. The reasons for weighing a patient should be discussed with them and their carer if appropriate. Some patients for example people with dementia or a learning disability may refuse to be weighed because of their condition. Additional support is available from the Learning Disability Liaison Nurse, extension 29936 and Nurse Specialist in Dementia Care, extension 39605 The options available for weighing include:

- The average ward chair scale's maximum weight varies from 150 kg (23 stone) to 200 kg (31½ stone).
- Patients up to 200 kg (31½ stone) can be weighed on a Liko Golvo hoist with weighing device. There are several located throughout the Trust; the information is available on the Moving and Handling Intranet Site.
- A detachable weighing device is available for the mobile Viking hoist for weighing patients up to 300 kg (47 stone) and can be accessed by contacting the Moving and Handling Team.
- Wheelchair scales are available on loan for weighing patients up to 300 kg (47 stone) and can be accessed by contacting the Moving and Handling Team (Appendix 1).
- Detachable weighing devices are available for the bariatric (plus size) patient gantry hoist for weighing patients up to 350 kg (55 stone) by contacting the Moving and Handling Team.

### **6.4 Patient's Mobility**

6.4.1 All patients must be assessed to ascertain whether they are able to mobilise independently. Patients who cannot move independently in bed, or transfer from bed to chair or commode, must have a hoist. All wards within the Trust must have access to a patient hoist – all patient handling areas who do not possess a hoist should know where they can access one, if required. The Moving and Handling Team maintains a Hoist Location List and can supply this information, if contacted, or it is available on the [Moving and Handling Intranet Site](#). The SWL of the hoist must be checked against the patient's weight before use.

- 6.4.2 Patients who are too heavy for the Liko Golvo hoist, i.e. over 200 kg (31½ stone), must use the Trust gantry heavy-duty hoist, suitable for patients up to 350 kg (55 stone), or the Trust mobile Viking hoist, suitable for patients up to 300 kg (47 stone).
- 6.4.3 The ward borrowing the gantry hoist should contact the Moving and Handling Team who will arrange for the Estates Department to assemble the gantry hoist over the patient's bed. This service will only be available during the day to ensure adequate staffing levels. An area requesting the hoist during the night can expect the hoist to be made available the next day. During the night and until the hoist is available the patient should be managed in the bed.
- 6.4.4 When the gantry hoist is no longer required, the Moving and Handling Team must be contacted who will arrange for the Estates Department to dismantle it.
- 6.4.5 The gantry hoist must be returned promptly so that it can be made available to other departments who may require it.
- 6.4.6 The Moving and Handling Team will provide the Trust mobile Viking hoist, on request (Appendix 1).
- 6.4.7 Staff must not manually transfer patients who require hoisting. They must wait for the hoist to be installed / delivered before moving the patient. If patients cannot move themselves, they must be hoisted.

## **6.5 Beds and Manoeuvres**

- 6.5.1 All patients over 178 kg (28 stone) should have an electric profiling bed with a SWL that exceeds the patient's weight. The Trust has the Huntleigh Contura 480 model with a SWL of 267 kg (41 stone) as a standard model.

Where a suitable bed is not available on the ward / department, a Huntleigh Contura 1000 bed, suitable for patients up to 450 kg (71 stone), can be accessed on loan by contacting the Moving and Handling Team (Appendix 1) The Huntleigh Contura 1000 bed is available at the Freeman Hospital only.

Where a suitable bed is not available at the RVI the Moving and Handling Team should be contacted to provide advice on hiring a bed.

- 6.5.2 The SWL of the mattress must be checked to ensure that it is sufficient to accommodate the patient's weight in order to maintain the integrity of pressure areas. There are a variety of mattresses used throughout the Trust and their SWL may be below that of the bed. Staff should contact the Tissue Viability Nurse (Appendix 4) with any concerns.

- 6.5.3 For personal hygiene, the dependent patient should be bed bathed or assisted with their wash. Staff must take into account their own personal health and safety when assisting with personal activities of daily living.
- 6.5.4 If a patient is not able to get out of bed themselves, he / she should be hoisted clear of the bed for bed making.
- 6.5.6 Dependent patients should be hoisted up the bed or moved on two extra-wide, flat slide sheets. Staffing levels should be determined following a risk assessment.

## **6.6 Toileting**

- 6.6.1 A urinary bottle should be used for male patients or a slipper pan for female patients, for passing urine when they are unable to mobilise independently. A bariatric bedpan is available from the Moving and Handling team. The bedpan is patient specific and the ward or department borrowing it should purchase a replacement for the Moving and Handling Bariatric Loan Equipment Service
- 6.6.2 Ambulant patients can use a commode placed at the bedside by transferring independently. Dependent patients should be hoisted onto the bedside commode. Alternatively the patient should be hoisted clear of the bed, then lowered over the bedpan so that he / she is suspended just clear of the pan during toileting. If the patient is left in the sling whilst on the bedpan it will maintain the patient in a stable and natural position for bowel movement, as well as reducing the risk of injury to staff. The leg straps on the sling should not be crossed when using a bedpan as this will facilitate cleaning of the patient once the bedpan has been removed.
- 6.6.3 If catheterisation is required staff should consider fitting the sling, attaching the leg straps only with the straps uncrossed. The patient's legs are raised a short distance while the patient's upper body remains on the bed. This method will safeguard staff safety as regards moving and handling and will promote the adoption of an aseptic technique.
- 6.6.4 The standard ward commodes are not wide enough for the bariatric (plus size) patient and have an average SWL of 150 kg (23 stone). A heavy-duty commode for up to 254 kg (40 stone) can be accessed on loan by contacting the Moving and Handling Team (Appendix 1).
- 6.6.5 Patients must use the commode at the bedside. Staff must not push patients to the toilet on commodes as there is a high risk of back and shoulder injury.

## **6.7 Seating**

- 6.7.1 The ward chairs must be assessed for SWL and seat width before use with bariatric (plus size) patients.
- 6.7.2 A patient can be nursed in the seated position if they are on an electric profiling bed.
- 6.7.3 If the patient has a specialised chair at home, arrangements should be made to bring the chair onto the ward for their stay. Estates department should be contacted to check the chair's condition to ensure staff and patient safety.
- 6.7.4 The Moving and Handling Team will provide heavy-duty, height-adjustable high back chairs, on request (Appendix 1).

## **6.8 Mobilisation**

- 6.8.1 Staff must not assist patients when walking. Patients must be independent.
- 6.8.2 The approximate SWL of a walking frame is 159 kg (25 stone). The Moving and Handling Team will provide heavy-duty walking frames and wheelchairs, on request (Appendix 1).
- 6.8.3 If the patient has their own wheelchair at home, arrangements should be made to bring the chair in for their stay. Estates Department should be contacted to ensure the chair is safe for use.

## **6.9 Falling**

- 6.9.1 The fallen patient must be returned to bed using the hoist if they cannot get up off the floor independently. If the patient's weight exceeds the SWL of the Liko Golvo hoist of 200 kg (32 stone), the Trust mobile Viking hoist should be used.
- 6.9.2 When the patient falls in an area away from the gantry hoist **or** tracking hoist, he / she must be rolled onto extra-wide slide sheets. A risk assessment must be undertaken to determine the number of staff required to move the patient to a position under the hoist
- 6.9.3 As an alternative to hoisting the Mangar Camel can be used to raise them from the floor in a seated position if it is available on site. The Camel is stored at the Main reception, FH and New Victoria Wing Reception, RVI. The equipment must be signed out and signed back in on return. The use of the Camel is included in all Moving and Handling training sessions

## **6.10 Procedures or Operations by Other Departments**

- 6.10.1 When a bariatric (plus size) patient requires treatment in another department, detailed information on the patient's weight and handling needs must be given to that department beforehand. Consideration should be given where possible for the medical staff consultations and treatment to be undertaken on the ward.
- 6.10.2 The receiving department must check the SWL of trolleys / tables. Where appropriate, the procedure should be carried out on the specialised bed or other suitable equipment to maintain patient and staff safety.
- 6.10.3 Where this is not possible, and the patient's weight exceeds the SWL of the department's equipment, a heavy-duty table / trolley must be hired. Advice and information is available from the Moving and Handling Team.

## **6.11 Patient Discharge (Appendix 4)**

- 6.11.1 There must be a care package in place, with a detailed Moving and Handling Care Plan and patient's weight given to all agencies. A referral should be sent to the Occupational Therapy Department if the patient's moving and handling needs or functional ability has changed so that their needs can be assessed and addressed before discharge. Community staff must be provided with information on how to manage the continuing care of the patient at home
- 6.11.2 If a patient requires an ambulance, Ambulance Control must be given advance notice of the patients discharge to allow for the Patient Assessment Officer to visit the patient. The Assessment Officer will require the patient's weight, height and width prior to their visit to assess the patient's level of ability and decide on the safest way to transfer the patient. The patient will be booked into the bariatric vehicle plan following the assessment.
- 6.11.3 After discharge, the ward should return any hire equipment by contacting the Moving and Handling Team immediately to ensure that equipment is available for other areas.
- 6.11.4 All equipment must be cleaned, according to the Trust [Disinfection Policy](#) and manufacturer's instructions. A Moving and Handling Decontamination of Bariatric Equipment form (appendix 5) must be completed and attached to each item of equipment prior to its return. The decontamination form is also available from the [Moving and Handling intranet site](#).

## **6.12 Patient Transfer (Appendix 4)**

- 6.12.1 When a patient is to be transferred to another ward, a detailed report on the patient's weight and moving and handling needs must be given to the receiving ward as soon as possible.
- 6.12.2 The ward must be given time to pre-plan and arrange for appropriate equipment, where circumstances allow.
- 6.12.3 Ambulance Control must be given advance notice of the patients transfer to allow for the Patient Assessment Officer to visit the patient. The assessment officer will require the patient's weight, height and hip width prior to their visit to assess the patient's level of mobility and decide on the safest way to transfer the patient. The patient will be booked into the bariatric vehicle plan following the assessment.
- 6.12.4 A current Moving and Handling Adult Assessment Tool must accompany the patient on transfer.
- 6.12.5 All equipment should be sent with the patient. The ward transferring the patient must contact the Moving and Handling Team with details of the transfer so that equipment movement can be tracked.

## **6.13 Community**

- 6.13.1 Staff must be provided with information on how to manage continuing the care of the patient at home
- 6.13.2 A risk managed approach must apply to ensure safety and care of the patient and health, safety and welfare of the staff, relatives and carers
- 6.13.3 A full assessment must be completed for all patients in accordance with the Manual Handling Operations Regulations 1992 (MHOR) The complex handling assessment tool should be used detailing all of patient handling requirements, patients weight and establishing patients independent capabilities. Reference should be made to the [Moving and Handling Policy](#) Appendix 7.
- 6.13.4 Consideration should be given to the home lay out i.e. door widths and additional weight on equipment or on floors if carers are kneeling on the beds or standing next to bed.

## **6.14 When a Patient Dies**

- 6.14.1 Following the death of a bariatric (plus size) patient, the ward must pre-warn the portering and mortuary staff of the patient's weight. The body should be taken down to the Mortuary on the hospital bed if the SWL of the bier is exceeded.

- 6.14.2 The RVI and Freeman Mortuary has an extra-wide fridge that can be utilised for the bariatric (plus size) body. When a bariatric (plus size) patient dies at the Campus for Aging and Vitality (CAV), Mortuary staff must assess the body size. If possible, the body will be transferred to the RVI or Freeman for storage in the extra-wide fridge.
- 6.14.3 Bodies exceeding the capacity of the fridge must remain on the bed and the undertakers contacted for early removal, with notice given of the body's weight.
- 6.14.4 In the event of a post-mortem, it may be necessary to carry out the procedure on the bed if transfer to the table is not possible.
- 6.14.5 When a patient dies in the community the district nurse will advise the funeral directors of the death and/or police if required in the absence of the patient relatives.
- 6.14.6 The funeral director will undertake a risk assessment to identify the number of staff and the type of equipment required to handle the deceased patient.

## **6.15 Assessment by Managers**

- 6.15.1 All managers must assess their departments to ascertain whether adequate provision has been made to meet the handling needs of the bariatric (plus size) patient.
- 6.15.2 Heavy-duty equipment will safeguard the health and safety of staff and promote the bariatric (plus size) patient's independence.
- 6.15.3 Included with this policy is a flowchart outlining the management of the bariatric (plus size) patient throughout their hospital stay (Appendix 3). There is also a flowchart featuring discharge and transfer planning of the bariatric (plus size) patient (Appendix 4).

## **7 Training**

- 7.1 All staff with an MH Level 2 competency must attend a face to face update in moving and handling every three years. The content of the session is detailed in the [Moving and Handling Policy](#).
- 7.2 Training in the handling of the bariatric (plus size) patient when appropriate to meet learners' needs is provided through work on scenarios and using a bariatric training suit.

## **8 Equality and Diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their

individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

## 9 Monitoring

Standard/ Process/ Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
<p>The Moving and Handling Team is responsible for any monitoring, review and amendment to the Policy.</p>	<p>All episodes where equipment is requested by a ward/department will be recorded on a spreadsheet so that a service usage for the year will be produced. The spreadsheet will also identify any shortfalls in equipment. Spreadsheet will include:</p> <ul style="list-style-type: none"> <li>• Date of request</li> <li>• Patient name</li> <li>• Ward/department/hospital site</li> <li>• Member of staff requesting the equipment</li> <li>• Equipment Requested</li> <li>• Date of return</li> <li>• Total Number of days of loan period</li> </ul> <p>The Home loan service will provide the Moving and Handling team with information relating to equipment usage in the community.</p> <p>Compliance with the policy will be monitored by the Moving and Handling Team who will provide a report using the data collected and recorded on the loan spreadsheet.</p> <p>The Data will be presented to the Health and Safety Committee, which will develop action plans to address any areas of non compliance and continue to monitor the action plan until the issues are resolved</p>	<p>Moving and Handling Team</p>	<p>Trust Health and Safety Committee</p>	<p>Quarterly</p>

## 10 Consultation and Review

The processes in this policy have been reviewed and agreed by the Health and Safety Committee.

## 11 Implementation of Policy

The Moving and Handling Team is responsible for the interpretation of the content of the Policy.

## 12 References

- Royal College of Physicians (2013) **Action on Obesity: Comprehensive Cure for All**. London: RCP.
- Health and Safety Executive (2004) **Manual Handling Operations Regulations 1992 ( as amended)** Norwich: HMSO

## 13 Associated Documentation

- [Cleaning and Disinfection Procedure](#)
- [Laundry Policy](#)
- [Moving and Handling Policy](#)
- [Pregnant Workers Policy](#)



**The Newcastle upon Tyne Hospitals NHS Foundation Trust**

**Moving and Handling Service**

**Bariatric (Plus Size) Patient Theatre Gowns**

**Freeman Hospital**

**Office Hours** - Staff can access bariatric patient theatre gowns, pyjamas and nightdresses by contacting the Linen Room on level 1, extension 31760

**Out of Hours** - Staff can access gowns by contacting the Domestic Supervisors or from the linen room top-up cupboard located between Wards 7 and 8 on Level 4. The key is available from Reception.

**Royal Victoria Infirmary**

**Office Hours** - Contact the Moving and Handling Department, extension 25391, DECT 29378 / 29379.

**Out of Hours** - Contact the Patient Services Co-ordinator, extension 24300 or the Domestic Supervisor who can provide access to the linen room.

**CAV**

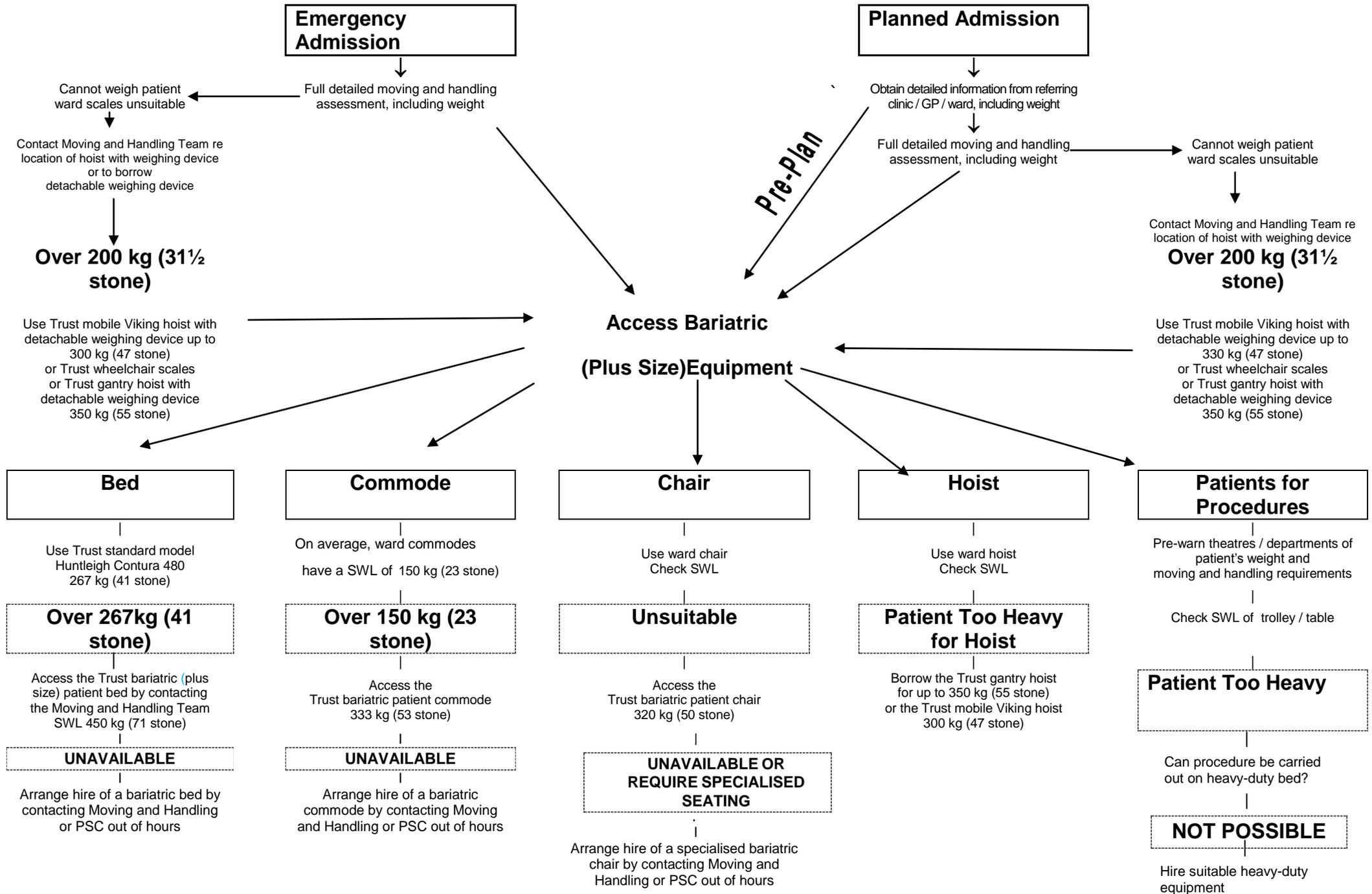
**Office Hours** – Contact the Moving and Handling Department, extension 25391 or DECT 29378/ 29379

**Out of Hours** - Contact the Patient Services Co-ordinator, extension 24300.

**Laundering**

The gowns have a green pattern on them and can be easily identified and should be sent for laundering in a blue Berenson laundry bag.

If soiled or contaminated please launder according to [Trust Laundry Policy](#).





The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Moving and Handling Service

Declaration of Decontamination status of Moving and Handling Equipment

This equipment is on loan from the Moving and Handling Team please ensure it is thoroughly cleaned after use with Actichlor Plus in accordance with the Trust Decontamination of Equipment Policy.

Type of Equipment (Please tick relevant box)

- Armchair  (Remove and clean the seat cushion and clean the chair frame)
- Commode  (Clean the under side of the commode)
- Wheelchair  (Remove cushions for cleaning)
- Walking frame
- Bed
- ToTo (Turn assist)
- Other, please state  \_\_\_\_\_  
\_\_\_\_\_

This equipment may have been exposed to blood or body fluids

Decontamination method used \_\_\_\_\_

Print Name.....

Signature.....

Position.....

Ward/Department.....

Date.....

Contact Tel. No.....

The Newcastle upon Tyne Hospitals NHS Foundation Trust  
**Equality Analysis Form A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

**PART 1**

1. **Assessment Date:**

2. **Name of policy / strategy / service:**

Moving and Handling of the Bariatric Patient

3. **Name and designation of Author:**

Jennifer Pye

4. **Names & Designations of those involved in the impact analysis screening process:**

Jennifer Pye; Specialist Moving Handling Coordinator, Lucy Hall Equality and Diversity Lead.

5. **Is this a:** Policy  Strategy  Service

**Is this:** New  Revised

**Who is affected:** Employees  Service Users  Wider Community

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)**

The aim of this Policy is to safeguard staff safety whilst promoting the patient's independence.

**7. Does this policy, strategy, or service have any equality implications? Yes ✓**

These have been considered and incorporated into the policy.

**If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

**8. Summary of evidence related to protected characteristics**

Protected Characteristic	Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address ( <i>by whom, completion date and review date</i> )	Does the evidence highlight any areas to advance equal opportunities or foster good relations. If yes what steps will be taken? ( <i>by whom, completion date and review date</i> )
<b>Race / Ethnic origin (including gypsies and travellers)</b>	Provision of interpreting support	Communication errors are more likely when communicating with people with limited English. Errors and misinformation can occur when working with patients with limited or no English. Make it explicit that when working with patients with limited English that communication needs are assessed and met People from Black and minority communities asked us not to make assumptions about their culture, food and health beliefs	Incorporate the needs of people with protected characteristics into staff training

<b>Sex (male/ female)</b>	Single sex accommodation and single cubicle available	Men and women have differing body shapes in relation to obesity. This is discussed in the training.	As above
<b>Religion and Belief</b>	Patient dignity in relation to exposing body parts is considered and large gowns are available. Own clothing can be worn	No	As above
<b>Sexual orientation including lesbian, gay and bisexual people</b>	Not specific to this policy	No	No
<b>Age</b>	There is acknowledgement in the training that older and younger people have differing physical abilities. Dementia friendly changes to the environment Paediatric assessment tool in place	People with dementia may find it difficult to cooperate with lifting and handling. This may put the patient and staff at more risk of injury.	As above
<b>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</b>	Plus size person body suit used in staff training Culture around obesity is incorporated into training Gantry hoist available to build above the patients bed Disability is incorporated into the assessment tool Complex community assessment tool in place Patients understanding of the way that they find best to move is discussed with them		
<b>Gender Re-assignment</b>	Patient dignity in relation to exposing body parts is considered and large gowns are available. Own clothing can be worn Single sex accommodation and single cubicle available	Some Trans patients have concerns about exposing their Trans surgery scars. This is considered in issues relating to dignity.	

<b>Marriage and Civil Partnership</b>	Not specific to this policy	No	No
<b>Maternity / Pregnancy</b>	'Mangar Camel' may be particularly useful for pregnant. Clinical staff provide any information relevant to pregnancy and moving and handling in relation to assessments	There may be considerations for pregnant women. These will be taken into account in the assessment. The needs of pregnant staff are also taken into consideration during the assessment process	

9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement                      No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

**PART 2**

**Signature of Author**

*Jennifer Pye*

**Print name**

Jennifer Pye

**Date of completion**

05/05/2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)