

Bariatric Moving & Handling Policy

Version: 2

Summary:	The purpose of the policy is to provide direction and guidance for the planning and implementation of a moving and handling service ensuring a consistent approach is applied in relation to the management moving and handling bariatric people.	
Keywords (minimum of 5): <i>(To assist policy search engine)</i>	Moving and Handling of: <ul style="list-style-type: none"> • Bariatric/ Plus size • Obese • People • Objects • Hoisting • Patients • Service Users 	
Target Audience:	Clinical Staff employed by Southern Health NHS Trust and those involved in the purchase, Hire and use of bariatric equipment.	
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Version Control

Change Record

Date	Author	Version	Page	Reason for Change
May 2014	Claire Bennett	1	All	New Policy
May 2016	Claire Bennett	1		Policy reviewed – no amendments or changes required, review date extended for 2 years
May 2018	Claire Bennett/Tracy Hammond	2		Version reviewed due to change in work practice and procedures

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QUICK REFERENCE GUIDE

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

1. The Manual Handling Operations Regulations (as amended) 1992 impose a duty on the Trust to avoid the need for employees to undertake hazardous manual handling so far as is reasonably practicable
2. The regulations identify a hierarchy of duties to which the Trust must adhere
 - >Avoid hazardous manual handling so far as is reasonably practicable.
 - >Assess any hazardous manual handling operations that cannot be avoided and
 - >Reduce the risk of injury to the lowest level so far as is reasonably practicable.
3. All managers are responsible for ensuring that hazardous manual handling activities are clearly identified through the process of risk assessment. They must ensure that where significant risks are identified, appropriate action is taken to reduce the risk to the lowest level reasonably practicable.
4. Obesity is defined as a BMI above 30, patients with a BMI over 40 are classed as morbidly or super obese or Bariatric. Their needs will be related to their weight, weight distribution, girth, mobility and health status.
5. Obesity is increasing in the UK adult population and the risk of developing co-morbidities increases in line with increases in BMI. The need for health care is increased and therefore the number of bariatric patients admitted to hospital will increase.
6. A robust process of risk assessment and communication must be in place to ensure all areas are ready to receive a Bariatric patient when required. Standard equipment may not be appropriate and safe to use. Support for the receiving area in choosing and resourcing equipment must be sought from Medical Device advisor or Procurement Team.
7. The Moving and Handling Policy must be referred to in conjunction with this policy.
8. The Moving and Handling needs of the patient or service user must be assessed and provision made to ensure the safety of both staff and individual being supported.
9. Bariatric patients/service user are more at risk of moisture skin damage in skin folds and developing pressure ulcers as a result of poor circulation to fatty tissue and pressure from the sides of equipment that may cause pressure on the hips such as wheelchairs, commodes and chairs. It is essential to ensure the correct equipment is used to support the patient's size and width and Braden and body/skin assessment tool is assessed on admission if in a clinical setting, and timely equipment sourced to support tissue viability.
10. All departments must work together to ensure communication is effective and resources are in place to support the patient's journey from admission to discharge and reduce the risk of delays in the transfer of care.
11. The Bariatric patient/service user can be resuscitated using the standard protocols with key modifications which can be found in this policy.
12. A full list of bariatric equipment can be found on SharePoint
http://collaborate.shft.nhs.uk/sites/trustwide/medicaldevices/moving%20and%20handling/_layouts/15/start.aspx#/

Contents

Section	Title	Page
1.	Introduction	5
2.	Who does this policy apply to?	5
3.	Definitions	6
4.	Duties and responsibilities	7
5.	Main policy content	7
6.	Resource Implications	8
7.	Training requirements	8
8.	Monitoring compliance	8
9.	Policy review	9
10.	Associated trust documents	9
11.	Supporting references	9
Appendix 1	Training needs analysis	11
Appendix 2	Equality Impact Assessment Tool	14

Bariatric Moving & Handling Policy

1. Introduction

Southern Health NHS Foundation Trust is committed to providing a high quality care environment where patients, service users and staff can be confident that best practice is being followed at all times and that the safety of everyone is of paramount importance. The Trust strives to provide care and treatment, which promotes high standards of privacy and dignity as well as clinical care, throughout patients/service user's care pathway. It is therefore imperative that the needs of the bariatric patient /service users' needs are identified and effectively communicated to all agencies within their care pathway. This will ensure that the appropriate resources are in place to support timely and safe transfers.

- 1.1 This policy should be read in conjunction with, the Moving and Handling Policy (SH HS 05). The purpose of the policy is to enable the Trust to manage the increased risks associated with the handling of heavy or difficult to manage patients or service users. Complying with the policy will ensure that risk assessments are carried out, the need for specialist equipment is identified and made available as soon as is reasonably practicable and that all relevant staff know how to access/use it.
- 1.2 This policy provides a process for the planning, assessment and management of the bariatric patient throughout their patient pathway, whether this is as an emergency or routine elective. To ensure that they receive optimal care and treatment in a suitable environment, by suitably trained staff using suitable equipment and reducing the risk of delays in transfer of care whilst maintaining tissue viability.
- 1.3 Weight for height is calculated using the Body Mass Index and is measured; weight in Kg divided by height in M² = BMI. BMI above 25 is classed as overweight, above 30 is obese, and over 35 is severe/morbid obesity and over 50 is super obesity. The risk of developing co-morbidities increases as BMI rises.
- 1.4 CG 189 NICE Guideline: This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults. It aims to improve the use of bariatric surgery and very-low-calorie diets to help people who are obese to reduce their weight.

2. Who does this Policy apply to?

- 2.1 This policy applies to target audience involved in the care and delivery of services to patients and service users with bariatric needs.
- 2.2 The purpose of this policy is to ensure that there are processes in place across all areas of the Trust to support the needs of the bariatric patient/service user from admission to discharge, including those in community settings.
- 2.3 The factors that must be considered are; (this list is not exhaustive)
 - **Building design:** Corridor width, Safe Working Load (SWL) of lifts, space between beds to support wider chairs, beds and trolleys.
 - **Communication:** Support safe transfer from admission to discharge.
 - **Equipment:** SWL of standard equipment, availability of bariatric equipment and time required to access equipment
 - **Patient Factors:** Privacy and dignity, tissue viability needs, pain, ability, willingness to cooperate, patient or service users shape, co-morbidities, weight distribution and width, falls and medication.

- **Staff:** Training, competence, availability of specialist advice and staff numbers

3. Definitions

- **Bariatric:** 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.
- **Body mass index:** (BMI): a simple way of determining a person’s weight relative to their height
- **Hazardous Moving and Handling:** risk to staff (patient or service user) of being injured when undertaking the moving and handling.
- **Load:** for the purposes of this policy refers to a patient or service user
- **Moving and Handling:** facilitation of the movement of a patient or service user from one place to another
- **Safe Working Load (SWL):** the load that a device can safely lift, suspend or lower.
- **Tissue Viability:** Tissue viability is the term used to describe the preservation of healthy tissue and the restoration of skin integrity

4. Duties / Responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility for the management of bariatric moving and handling risk. This responsibility has been delegated by the Chief Executive to the Finance Director. The Board has a duty of care to ensure that legislation and standards are adhered to. The Trust Moving and Handling Lead will work in partnership with the Head of Health, Safety & Security in ensuring that the Bariatric Moving and Handling Policy, systems and practices are developed and established.

4.2 Ward/Departmental/Therapy or Nursing Team

- Ensure patients are not transferred out of departments until suitable equipment is in place in the receiving area.
- Ensure that effective communication is in place to support the safe transfer of patients to be competent in the moving and handling requirements associated with bariatric patients.
- Work within the Moving and Handling Policy for the Trust and undertake accurate moving and handling assessments on admission and transfer.
- Staff must have completed the Trust’s compulsory training programme every 2 years as per TNA and have received training in patient handling practical and feel confident and competent to undertake the Trust agreed safe systems of work for patient handling in their practice area.
- Communicate effectively when transferring a patient to ensure the accepting area is fully aware of the needs of the patient.
- Communicate effectively at all parts of the patient pathway to ensure availability of timely resources and adequate care planning.
- Access specialist support when required.
- Use the correct equipment for the size, shape and weight of the patient.
- Ensure the privacy and dignity of patients is supported at all times.

- Specialist equipment e.g. bariatric is made available when required: this may involve purchase or hiring. (This can be found on SharePoint)

4.3 **Moving and Handling Lead / Clinical Advisor**

Provide specialist advice to wards and departments or services on moving and handling of bariatric patient/service users. Provide advice and information on the SWL and use of standard and non-standard moving and handling equipment. This is available as the Bariatric Equipment Flowchart – please refer to Appendix 3.

4.4 **Medical Devices Safety Officer (MDSO)** Provide support and advice on the procurement and hiring of equipment to support the care of the patient.

5. **Main policy content**

This policy is to be initiated by the admitting ward/department/pre-operative assessment clinic. All areas within the patient pathway must be alerted in a timely manner with the details and specific bariatric needs associated with the individual in order to ensure timely placement of resources and reduce the risk of delays and cancellations.

On Admission

- 5.1 **Routine Admission:** For routine admissions, staff have a responsibility to ensure that comprehensive handover is undertaken prior to the admission. Ward Managers are responsible for completing a risk assessment to assess suitability of the patient and the clinical environment, and inform other relevant allied health professionals such as physiotherapy, occupational therapy, dieticians and tissue viability. Early interventions and considerations should be looked into in regards to location and equipment; this should also include arrangements for pre-planned discharge and meetings.
- 5.2 **Emergency admission:** This policy is to be initiated by the admitting clinical team to ensure appropriate assessment is undertaken; specialist advice sought and communicated to ensure transfer areas are adequately prepared to accept the patient, and delays or use of inappropriate equipment is avoided. Consideration should also be looked at in relation to redeployment of equipment.
- 5.3 **Weighing of the Bariatric Patient:** It is imperative to establish the weight distribution on admission as this will impact on the choice of equipment and service provision used to support the patient.
- 5.4 **Risk Assessment:** A comprehensive risk assessment using the Initial Moving and Handling Assessment tool (SH HS 05 – Moving and Handling Policy Appendix Seven) must be completed and documented by a competent registered health care professional within 6 hours of admission.
- 5.5 **Risk assessment review:** A patient/service user moving and handling risk assessment must be carried out with instructions on how much the patient is able to assist with manoeuvres and the assistance that is required. The assessment and care/support plan must be reviewed on a daily basis as minimum or as condition dictates for all patients/service users subject to these guidelines. Any identified ergonomic, manual handling or tissue viability concerns must be documented in patient's notes and reported immediately as appropriate. High risk issues must be addressed within a care/support plan and brought to the attention of all staff involved with the bariatric patient/service user, progress notes for individual patient/service users must be recorded contemporaneously, and this can state any particular issues that have arisen on a day to day basis.

6. Resource Implications

Staffing levels: may need to be increased for safe moving and handling of the bariatric patient/service user.

Environment: a bed space may need to be closed if in a clinical setting if the patient needs to be cared for in a 6 bedded bay or if a suitably sized side room is not available.

Delay in discharge: if the patient/service user's condition or circumstances have changed during their hospitalisation, or if equipment or staff are not available in the community, discharge may be delayed. Timely and thorough discharge planning will help avoid delayed discharge, but cannot always prevent it.

6.1 Financial Implication

Equipment purchase: Bariatric equipment has been standardised across the Trust and clinical areas need to have sufficient stock levels of equipment available.

Equipment hire: Equipment may be hired, however it must be from approved Trust suppliers.

7. Moving and Handling Training Requirements – Appendix One

Further training to support staff to meet complex patient / service user needs and can be delivered on request. Such as Complex Handling, Bariatric Handling, Hoisting and Hoverjack. Please contact Trust Moving and Handling Lead for more information.

8. Monitoring Compliance

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Duties / responsibilities are fulfilled as per this policy	Head of Health Safety and Security Moving and Handling Lead Advisor	UK Core Skills Framework Passport Moving and Handling Policy CQC Trust Training Requirements HSE	Annual Review	H & S Forum
Techniques used in the moving and handling of patients and objects (including the use of appropriate equipment) are in accordance with this policy	Moving and Handling Lead Advisor	All Wales Manual Handling Training Passport	2Yearly Post training M & H spot audits	H & S Forum
Arrangements for access to appropriate specialist advice	Moving & Handling Lead Advisor	Incident Reporting M & H audits	On Going	H & S Forum
Compliance with the documented process for how the organisation risk assesses the moving	Head of Health Safety and Security	Tool of Policy	Periodically	H & S Forum

and handling of patients and objects				
Compliance with the documented process for how action plans are developed as a result of risk assessments	Head of Health Safety and Security	See risk assessment Tool of Policy	Periodically	H & S Forum
Compliance with the documented process for how action plans are followed up	Trust Health & Safety Lead	See risk assessment Tool of Policy M & H audit	Periodically	H & S Forum

8.1 The process for monitoring compliance with statutory and mandatory training requirements is outlined in the Education Policy.

9. Policy Review

9.1 This policy will be reviewed by the document owner every 2 years. However, a review earlier than this may be prompted by factors including:

- Legislative or regulatory changes
- Structural or role changes
- Operational or technological changes
- Changes in the evidence-base
- Organisational learning
- Audits and reviews of the effectiveness of the policy

10. Associated Documents

- Admission Discharge and Transfer Policy (SH CP 125)
- Decontamination of Medical Devices Policy (SH CP 100)
- Management of Seizures Policy (SH CP 03)
- Health & Safety Policies
- Medical Devices Policies (SH CP 40, SH CP 41)
- Moving and Handling Policy (SH HS 05)
- Organisational Induction Policy (SH NCP 32)
- Pressure Ulcer Prevention and Treatment Policy (SH CP 121)
- Policy for Managing Incidents and Serious Incidents (SH NCP 17)
- Slips, Trips and Falls Policy (SH CP 24)

11. Supporting References

- HSE (2007) RR 573: Risk Assessment and Process Planning for Bariatric Patient Handling Pathways.
- South Central Ambulance Service: Health and Safety Policy, Appendix P, BARIATRIC POLICY
- WHO (2006) Overweight and Obesity Factsheet No 311. Geneva
<http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>
- The Manual Handling Operations Regulations (as amended) (1992)
- The Lifting Operations and Lifting Equipment Regulations (1998)
- The Provision and Use of Work Equipment Regulations (1992)
- The Getting to Grips with Manual Handling. A short guide (03/04)

- The Guide to the Handling of People, A Systems Approach 6th Edition. RCN Publications 2011
- The Royal College of Nursing Code of Practice for the handling of patients
- NICE Guidelines Pressure Ulcer Prevention CG 179 Obesity
- Prevention and Management of Falls HOP 6 Edition
- NICE Guidelines CG 189

Appendix 1: Training Needs Analysis

If there are any training implications in your policy, please complete the form below and make an appointment with the LEaD department (Louise Hartland, Quality, Governance and Compliance Manager or Sharon Gomez, Essential Training Lead on 02380 874091) before the policy goes through the Trust policy approval process.

Training Programme	Frequency	Course Length	Delivery Method	Facilitators	Recording Attendance	Strategic & Operational Responsibility
Moving and Handling of Inanimate Loads	3 yearly	1.5 hours	e-Video/e-Assessment Face to Face	LEaD Moving & Handling trainers	LEaD	Strategic Associate Director of Governance Operational – Essential Training Lead
Directorate	Service	Target Audience				
MH/LD/TQ21	Adult Mental Health	All staff who are not required to attend Moving and Handling Patient Handling training.				
	Specialised Services	All staff who are not required to attend Moving and Handling Patient Handling training.				
	Learning Disabilities	All staff who are not required to attend Moving and Handling Patient Handling training.				
	TQtwentyone	All staff who are not required to attend Moving and Handling Safer People Handling Training				
ISD's	Older Persons Mental Health	All staff who are not required to attend Moving and Handling Patient Handling training.				
ISD's	Adults	All staff who are not required to attend Moving and Handling Patient Handling training TQ21 Services All staff who are not required to attend Moving and Handling Safer People Handling Training				
ISD's	Childrens Services	All staff who are not required to attend Moving and Handling Patient Handling training.				
Corporate	All	All staff who are not required to attend Moving and Handling Patient Handling training.				

Training Programme	Frequency	Course Length	Delivery Method	Facilitators	Recording Attendance	Strategic & Operational Responsibility
Moving and Handling - Patient Handling	2 yearly	3.5 hours	Face to Face	LEaD Moving & Handling trainers	LEaD	Strategic Associate Director of Governance Operational – Essential Training Lead
Directorate	Service	Target Audience				
MH/LD/TQ21	Adult Mental Health	All registered nurses, mental health practitioners, trainee practitioners, health care support workers, occupational therapists and occupational therapy technicians/helper/assistants who work in the following services; Elmleigh (Elmleigh Inpatients, Elmleigh FM & Elmleigh PICU); Hollybank; East ECT; Antelope House (Hamton Ward, Trinity Ward, Saxon Ward & Abbey Ward); South Fast Stream Rehab; South OT; South Outpatients; Parklands Hospital (Hawthorns Inpatients, Hawthorns MOD & Hawthorns PICU); Melbury Lodge (Kingsley Ward & Mother & Baby Unit); Melbury OT				
	Specialised Services	All registered nurses, mental health practitioners, trainee practitioners, health care support workers, support time recovery workers occupational therapists and occupational therapy technicians/helper/assistants who work in the following services; Leigh House, Ravenswood House (RSU Management, RSU Ashurst, RSU Lyndhurst, RSU Malcolm Faulk Ward, RSU Mary Graham Ward, Meon Valley Ward, RSU Therapies, & RSU Clinical Risk & Security Liaison); Southfield (Southfield Nursing & Southfield OT); Bluebird House (Bluebird Nursing & Security, Hill Ward, Moss Ward & Stewart Ward, Bluebird House Site Services, Bluebird House OT).				
	Learning Disabilities	All registered nurses, assistant/associate practitioners, trainee practitioners, health care support workers, occupational therapists, physiotherapists and occupational therapy/physiotherapy technicians/helper/assistants who work in in-patient or community services.				
ISD's	Older Persons Mental Health	All registered nurses, mental health practitioners, trainee practitioners, health care support workers, occupational therapists and occupational therapy technicians/helper/assistants who work in the following services; Gosport War Memorial Hospital (Dryad Ward & Daedalus Ward); Parklands Hospital (Elmwood Ward & Beechwood Ward); OPMH North Inpatient Therapies; Western Community Hospital (Beaulieu Ward, Berrywood Ward & Minstead Ward); Western Inpatient Therapies; Melbury Lodge (Stefano Olivieri Unit) and ECT & Clinics. All occupational therapists, physiotherapists and occupational therapy/physiotherapy technicians/helper/assistants who work in community services.				
ISD's	Adults	All nurses, assistant/associate practitioners, practitioners, multi-therapists, health care support workers/assistants, chiropodists, radiographers, occupational therapists, physiotherapists, phlebotomists, orthoptists, occupational therapy/rehab/physiotherapy & venesector technicians/helper/assistants working in in-patient and community settings. (exception Quit for Life)				
ISD's	Childrens Services	All registered nurses including Advanced Practitioners who work in Special School Nurse teams.				
Corporate	All	All clinical staff who work in the following services; Tissue Viability Team, Continence Advisory Service, Falls Nurses				

Training Programme	Frequency	Course Length	Delivery Method	Facilitators	Recording Attendance	Strategic & Operational Responsibility
Moving and Handling - Safer People Handling	2 yearly	3.5 hours	Face to Face	LEaD Moving & Handling trainers	LEaD	Strategic Associate Director of Governance Operational – Essential Training Lead
Directorate	Service	Target Audience				
MH/LD/TQ21	Adult Mental Health	Not Applicable				
	Specialised Services	Not Applicable				
	Learning Disabilities	Not Applicable				
ISD's	Older Persons Mental Health	Not Applicable				
ISD's	Adults	All Registered managers, Support Managers, Assistant Support Managers and Social Care Support Workers who work in care who work in TQ @ Home, TQ21 @ Home Management, F & G Floating Support, Lifestyles and TQtventyone MH NH & Soton Locality				
ISD's	Childrens Services	Not Applicable				
Corporate	All	Not Applicable				

Appendix 2

**Southern Health NHS Foundation Trust:
Equality Impact Analysis Screening Tool**

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity and foster good relations** with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team

Name of policy/service/project/plan:	Bariatric Moving & Handling Policy
Policy Number:	SH HS 12
Department:	Health & Safety
Lead officer for assessment:	Claire Bennett: Moving and Handling Lead / Clinical Advisor Simon Johnson: Resuscitation Officer Ricky Somal: E&D Lead
Date Assessment Carried Out:	April 2013

1. Identify the aims of the policy and how it is implemented.	
Key questions	Answers / Notes
Briefly describe purpose of the policy including <ul style="list-style-type: none"> ▪ How the policy is delivered and by whom ▪ Intended outcomes 	The purpose of the policy is to provide direction and guidance for the planning and implementation of a high-quality and robust moving and handling service ensuring a consistent approach is applied in relation to the management moving and handling bariatric people.

2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data**
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	The Equality and Diversity team will report on Workforce data on an annual basis.
2.2	What equalities training have staff received?	All Trust staff have a requirement to undertake Equality and Diversity training as part of Organisational Induction (Respect and Values) and E-Assessment
2.3	What is the equalities profile of service users?	The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis
2.4	<p>What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</p> <p>Privacy, Dignity and Respect The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, '<i>not just clinically but in terms of dignity and respect</i>'. As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all</p>	<p>The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on Equality, Diversity and Human Rights. This will be based on 4 key objectives that include:</p> <ol style="list-style-type: none"> 1. Better health outcomes for all 2. Improved patient access and experience

	patients with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).	3. Empowered, engaged and included staff 4. Inclusive leadership
2.5	What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff	
2.6	What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations	

In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this

	Positive impact (including examples of what the policy/service has done to promote equality)	Negative Impact	Action Plan to address negative impact			
			Actions to overcome problem/barrier	Resources required	Responsibility	Target date
Age	Southern Health acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their independence, with the rights of the individuals involved in the task	Incorrect moving and handling can affect any patient / service. Contributing factors can include weak joints or muscles, fragile skin which bruises easily or if elderly, fragile bones which are more likely to fracture	Applied to all protected characteristics: This policy aims to provide a process for the planning, assessment and management of the Bariatric patient throughout their patient pathway, whether this is as an emergency or routine elective. To ensure that they receive optimal care and treatment in a suitable environment, by suitably trained staff using suitable equipment and reducing the risk of delays in transfer of care.			
Disability	Southern Health acknowledges that manual handling activities associated with the care of people are complex and recognises the requirement to balance the needs of the person being cared for and promotion of their	The most common injuries that carers experience are back injuries, which affect more than a million people in the UK. Injuring your back will limit your movement and your ability to care for someone. It could take a	Completion of Risk Assessments and individual care plans to minimise risks and promote independence			

	<p>independence, with the rights of the individuals involved in the task</p> <p>The Trust will respond positively to providing reasonable adjustments following risk assessments and individual care plans</p>	<p>long time for you to recover (NHS Choices)</p>				
Gender Reassignment	<p>All patients will be treated with Dignity and Respect</p>	<p>No adverse impacts identified at this stage of screening</p>				
Marriage and Civil Partnership	<p>All patients will be treated with Dignity and Respect</p>	<p>No adverse impacts identified at this stage of screening</p>				
Pregnancy and Maternity		<p>There could potentially be a number of risks relating to: Movement and posture, moving and handling, protective equipment and uniforms and working at heights</p>	<p>Completion of Risk Assessments and individual care plans to minimise risks and promote independence</p>			
Race	<p>The Trust is committed to upholding dignity and respect and will accommodate requests for same sex practitioners (where practicable)</p> <p>The Trust will respond positively to requests of information in alternative formats; Interpreting and translation is currently provided by Access to Communications</p>					

Religion or Belief	The Trust is committed to upholding dignity and respect and will accommodate requests for same sex practitioners (where practicable)					
Sex		No adverse impacts identified at this stage of screening				
Sexual Orientation		No adverse impacts identified at this stage of screening				