



Health and Safety Policy (Appendix 'P') Bariatric Policy

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Author:	John Dunn, Head of Risk and Security
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1. Introduction

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations, such as the Management of Health and Safety at Work Regulations 1992 (Amended 1999) and the Manual Handling Operations Regulations 1992 (Amended 2015). Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and will do all that is reasonably practicable to protect staff and patients within its care from manual handling hazards.
- 1.2 The Trust is also committed to avoiding, so far as reasonably practicable, all hazardous manual handling activities and where it is not possible to do this carrying out suitable and sufficient manual handling risk assessments to reduce the risk of injury so far as is reasonably practicable. This is particularly the case with the moving and handing of bariatric patients, who because of their physical size and weight create additional difficulties and risks.
- 1.3 This policy should be read in conjunction with the Minimal Lifting Policy.

2. Scope

- 2.1 This policy applies to all who work for or carry out work on behalf of the Trust, including volunteers and work experience students. It also applies to all patients, particularly bariatric patients within the care and control of the Trust and any contractors and visitors who may be affected by the activities of the Trust.

3. Equality Statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

4. Aim

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management of the manual handling hazards and risks to staff and patients,



particularly bariatric patients (within its care and control); and contractors and visitors affected by the activities of the Trust and to provide and maintain a safe working environment.

- 4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:
- the identification of manual handling hazards associated with the movement and conveyance of bariatric patients
 - the carrying out of suitable and sufficient risk assessments on hazardous manual handling activities involving the movement and conveyance of bariatric patients
 - the introduction and maintenance of controls to reduce the potential for injury from identified manual handling hazards involving the movement and conveyance of bariatric patients
 - the management and control of risks from identified manual handling hazards involving the movement and conveyance of bariatric patients
 - the regular review of these risk assessments.

5. Roles and Responsibilities

5.1 Trust Board

- 5.1.1 The Trust Board will ensure that there suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to staff and patients, particularly bariatric patients (within its care), volunteers, work experience students, contractors and visitors (affected by the activities of the Trust) from manual handling hazards.

5.2 Chief Executive

- 5.2.1 The Chief Executive has overall responsibility for:
- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for identification, assessment and management and control of the risks to staff and patients, particularly bariatric patients (within its care), volunteers, work experience students, contractors and visitors to the Trust from manual handling hazards.
 - ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements to provide and maintain a safe working environment and prevent manual handling hazards and incidents
 - ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

5.3 Executive Directors

- 5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.



5.4 Director of Patient Care and Service Transformation

5.4.1 The Director of Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Patient Care and Service Transformation is responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law.

5.5 Managers and Supervisors

5.5.1 Managers and supervisors' responsibilities include:

- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area of responsibility attend initial manual handling training and refresher manual handling training
- encouraging staff within their area of responsibility to report all manual handling issues and incidents using the Trust's Incident reporting system, Datix
- carrying out or arranging for the carrying out of suitable and sufficient risk assessments on manual handling activities, particularly those involving the movement and conveyance of bariatric patients, and any revisions to these assessments; and ensuring relevant records are kept
- sharing a copy of these risk assessments with the Risk Team
- communicating the significant findings of these assessments to the staff within their areas of responsibility
- making arrangements to ensure, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place
- making arrangements to ensure that all of the staff within their area of responsibility receive appropriate information, instruction and training about the significant hazards and risks associated with the work they carry out for the Trust; and how to avoid such problems and what to do if problems occur
- bringing all relevant safe systems of work or safe operational procedures to prevent injury from manual handling hazards and activities involving the movement and conveyance of bariatric patients to the attention of the staff within their area of responsibility;
- ensuring that staff within their area of responsibility abide by any safe systems of work or safe operating procedures in relation to manual handling and in particular those involving the movement and conveyance of bariatric patients
- arranging for the investigation of any matters raised by the staff within their area of responsibility and any incidents involving manual handling, particularly those involving the movement and conveyance of bariatric patients; including arranging for the carrying out any revisions to the risk assessments



- notifying the Risk Department immediately of any staff within their area of responsibility who inform them that they are any experiencing health related problems associated with the work that they carry out for the Trust
- where necessary, referring any staff to Occupational Health for assessment.

5.6 All staff

5.6.1 Staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to comply with any information, instruction and training provided for them to carry out their work safely and avoid manual handling incidents
- to maintain a level of fitness commensurate with the work they are employed to carry out (a good standard of general fitness can help reduce injuries from manual handling activities)
- to report to their manager (in confidence) any personal condition which may be detrimentally affected by any manual handling activity or have an effect on their ability to carry out manual handling tasks safely
- to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions
- to carry out a dynamic risk assessment, including a TILE assessment, before carrying out any manual handling activity and to request assistance from the Clinical Coordination Centre (CCC) where necessary
- to co-operate with the Trust in relation to the completion of any risk assessment on the work they carry out for the Trust
- to utilise any equipment provided to aid and support safe manual handling and thereby reduce the risk of manual handling incidents
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures, particularly those involving the movement and conveyance of bariatric patients
- to notify their manager immediately if they are pregnant or are a new Mother so that a risk assessment can be carried out in accordance with the Trust's New or expectant mother's policy. Upon notification that they are pregnant, Operations staff will immediately be taken off front line duties and deployed to alternative duties. Where applicable and if necessary, female staff returning from maternity leave may be provided with refresher manual handling training
- to notify their manager of any work-related problems they are experiencing whilst carrying out their work for the Trust; and if it cannot easily be resolved to report any health and safety related concerns using the Trust's incident reporting system, Datix
- to report any manual handling incidents arising from the carrying out of their work using the Trust's incident reporting system, Datix. This includes reporting any incidents involving patients, particularly bariatric patients, contractors or visitors who have been affected by their work and which has resulted in a manual handling incident
- to report any defective manual handling equipment using the Trust's Incident reporting system, Datix
- to attend the Occupational Health department, if referred by their manager because of possible work-related problems associated with the work they carry out for the Trust.



5.7 Head of Risk and Security

- 5.7.1 The Head of Risk and Security will be responsible to the Director of Patient Care and Service Transformation for the development of effective policies and procedures to assist the Trust in providing a safe environment for staff and patients and thereby help to prevent manual handling incidents. This should also help to reduce the numbers of manual handling and patient handling incidents reported and the number of potential claims.
- 5.7.2 The Head of Risk and Security will also carry out or assist with the carrying out of suitable and sufficient risk assessments on hazardous manual handling tasks, including those involving the movement and conveyance of bariatric patients. They will also advise managers and staff on the manual hazards associated with their work and what should be considered in any associated risk assessment.
- 5.7.3 The Head of Risk and Security will ensure that there are arrangements in place for the reporting of all notifiable manual handling injuries in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 to the Health and Safety Executive (HSE) within the specified timeframes.

5.8 Health, Safety and Security Officer

- 5.8.1 The Health, Safety and Security Officer will assist and support the Head of Risk and Security and the Trust by carrying out or assisting with the carrying out of suitable and sufficient risk assessments on hazardous manual handling tasks, including those involving the movement and conveyance of bariatric patients.
- 5.8.2 The Health, Safety and Security Officer will provide specialist advice to line managers and teams by:
- Supporting investigations, safety audits and inspections. Developing a comprehensive risk assessment register and associated safe systems of work
 - Instigating and monitoring area wide action plans arising from the risk assessment process as necessary
 - Analysing manual handling related incidents for reporting to the Health, Safety and Risk Group
 - Raising awareness of the risks associated with manual handling through campaigns, articles in Staff Matters and possible Hot News bulletins.
- 5.8.3 The Health, Safety and Security Officer will also ensure that all reported manual handling incidents which are notifiable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 are reported to the Health and Safety Executive (HSE) within the specified timeframes.

5.9 Clinical Coordination Centre

- 5.9.1 The Clinical Coordination Centre (CCC) will, upon receiving a request from Operational Crews for manual handling assistance, endeavour to arrange support by deploying additional equipment or resources.
- 5.9.2 A central record of vehicle location and equipment is held by the Operational Support Desk and the CCC would contact OSD to see what vehicles were available.



- 5.9.3 Patient Transport Service (PTS) vehicles may be used for in an emergency following a discussion with either the PTS Control Room or the PTS on Call Manager.

5.10 Equipment and Vehicle Review Group

5.10.1 The Trust, via the Equipment and Vehicle Review Group (EVRG), will continually seek to improve the range of equipment supplied to mechanise and minimise the risk from manual handling, including risks from the movement and conveyance of bariatric patients. As such, the EVRG will review and evaluate all new equipment, including manual handling equipment, that could potentially be used within the Trust.

5.10.2 The EVRG will also review and evaluate all new equipment purchased by the Trust and ensure that a suitable and sufficient risk assessment on the use and operation of this equipment is carried out.

5.11 Occupational Health

5.11.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:

- a) to advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements
- b) to assess any managers and staff who have been referred to Occupational Health with suspected work-related ill-health and to advise the Trust of the action that should be taken
- c) to carry out assessments of medical fitness on staff prior to employment
- d) to carry out assessments and advise on the manager or staff member's suitability to return-to-work following an injury or musculoskeletal injuries
- e) to provide a physiotherapy service. Any member of staff requiring the service is advised to contact the Occupational Health Provider through the relevant HR departments
- f) to provide a comprehensive rehabilitation programme for staff who have sustained a musculoskeletal injury and meet certain criteria to assist in their recovery to a safe level of fitness so that they can return to work.

6. Definitions

6.1 **Bariatric** is defined as a patient who is over 25 stone. The Trust has chosen to widen its definition of a bariatric person and for the purposes of this policy a bariatric person is any person with a heavy body size/shape which will significantly impact on the management of an event involving Service Providers.

6.2 **Manual handling** encompasses the transporting or supporting of a load by hand or bodily force including lifting, lowering, pushing, pulling, carrying, either a person or an inanimate object. All these manual handling activities are covered by this policy and the Minimal Handling policy. Manual handling may also be referred to as 'moving and handling'.

6.3 **Ergonomics** is the interaction between people and their environment, which takes account of the activity and the equipment used within the activity. Making the job fit the person and not the person fitting the job.



- 6.4 **Safer handling** The Trust recognises that lifting a patient's full weight poses a risk. For those patients unable to move themselves they will be assisted to transfer themselves or will be moved with the aid of manual handling equipment where reasonable and practicable.
- 6.5 **Musculoskeletal disorders (MSD's)** indicate problems such as low back pain, joint injuries and repetitive strain injuries of various sorts. They can arise from manual handling incidents or from periods of static posture (such as sitting for a long period) or regular stooping, twisting or bending, and often caused by cumulative effect rather than being attributable to a specific incident.

7. New and Expectant Mothers

- 7.1 Employees who are or who have recently been pregnant must have particular regard to their capabilities for safe manual handling operations. These staff must adhere to the New and Expectant Mothers Policy. Moreover, any concerns they may have, or their medical supervisory team may have, concerning their abilities must be reported to the Trust immediately. Employees can contact Human Resources or the Occupational Health Department in confidence to do this.
- 7.2 Once an Operational member of staff has informed their manager in writing that they are pregnant, their manager will make immediate arrangements to take the pregnant member of staff off patient handling activities and following the carrying out a risk assessment will temporarily re-deploy them into another appropriate role. The Trust is committed, so far as is reasonably practicable, to ensuring their special needs and requirements are addressed.
- 7.3 Prior to returning to work following pregnancy a meeting should be arranged between the member of staff and their Line Manager to discuss refresher / update training and, where applicable, manual handling training and any support appropriate to their role if required.

8. Suitable and sufficient manual handling risk assessments on bariatric patients

- 8.1 Where applicable, the Trust will carry out formal and planned, suitable and sufficient 'task' based risk assessments on bariatric patients using the risk assessment form in appendix 3 (and possibly those in appendix 4 and 5). For example, in situations where the attending to and conveyance of a bariatric patient is not under emergency circumstances. Any managers who carry out these planned risk assessments must receive training beforehand. When carrying out the planned bariatric risk assessment, consideration will be given to, among other things, the following:
- The current level of the patient's mobility and whether they can walk and how far they can walk?
 - Whether they can negotiate steps?
 - Whether or not there are any postural considerations?
 - Whether any specialist equipment will be required? Such as a hoist, a sling, a Mangar Elk, an XPS Stretcher, an Evac-mat, a Bariatric ambulance?
 - Whether or not the patient has their own serviceable wheelchair? And if they do, will it fit through doorways?
 - The number of staff required for the patient movement/journey?



- When using a hoist, whether or not there is a minimum clearance under the bed or chair of 14cm (5 and a half inches)? As this amount of space is required to enable the hoist to fit underneath the bed of chair.
 - Is a hoist available?
 - How the patient normally moves at home. Is there a suitable serviceable hoist available? And can it be moved from room to room if necessary?
 - If the patient is to be moved to or from the bed and it is not possible to use a mobile hoist, what alternatives are available?
 - What are the widths of the doorways? (They need to be at least 34 inches or 86.5cm for a bariatric stretcher to get through)
 - Are there any steep or gravel drives to be negotiated?
 - Are the paths suitable for either a stretcher or a chair?
 - Are there any steps either inside or outside the property?
 - Are there any thresholds which will need to be negotiated? If yes, what is the height of the steps?
 - Spatial constraints: ambulance stretchers require approximately 7 feet clearance to turn 90 degrees and a wheelchair requires approximately 5 feet to turn 90 degrees. As such, are there any foreseeable difficulties?
 - Will structural alterations be required to facilitate the safe removal or repatriation? If yes, who will assume responsibility for these? Also, has the patient been advised of this?
 - If considering better ambulance access, has consideration been given to the stability of the ground?
 - Will it be necessary to move the patient downstairs? If yes, how is this to be done?
 - Any further relevant additional information.
 - The need for the taking of any relevant photographs of the location which can be used to assist the planning of the patient journey and which can be attached to the risk assessment.
 - Is the patient's situation life threatening? If it is, do not assume that the Fire and Rescue Service will be able to assist.
- 8.2 If the assessor requires any assistance with the bariatric risk assessment, they should contact the Head of Risk and Security and/or the Health, Safety and Security Officer.
- 8.3 If the movement and conveyance of the bariatric patient involves a hazardous manual handling activity then the Trust will carry out a further assessment using either the Trust's manual handling lifting and carrying assessment form in appendix 4 and/or the Trust's manual handling pushing and pulling risk assessment form in appendix 5.
- 8.4 When carrying out these assessments, the Trust will take an ergonomic approach and look at the manual handling task as a whole and consider the range of relevant factors included in Schedule 1 to the Manual Handling Operations Regulations such as:
- The nature of the **task**
 - The **load**
 - The working **environment**
 - An **individual's capability** to lift
 - And any **other factors**, such as the wearing of personal protective equipment.
- 8.5 The risk assessment forms in appendix 4 and 5 have been designed to reflect the relevant factors in Schedule 1 of the Manual handling operations regulations. The use of these assessment forms will ensure that a systematic examination of all of the potential risk elements of the manual handling task is carried out.



- 8.6 The suitable and sufficient risk assessment should identify hazards and the existing controls in place (if any) to protect staff and patients, including bariatric patients, from those hazards and from this evaluate the level of risk. The level of risk should be reduced to the lowest level so far as is reasonably practicable. Therefore, it may be necessary to introduce further measures to manage and control the risks effectively. The significant hazards, risks and controls should be recorded on the risk assessment form.
- 8.7 The suitable and sufficient risk assessment should be reviewed periodically to check and ensure that all of the controls that are in place are working effectively.
- 8.8 The suitable and sufficient risk assessment should also be reviewed and revised if there is reason to suspect it is no longer valid; and following any significant changes to any aspect of the manual handling operations to which it relates. For instance, if there is a change in working practices or changes in the equipment used or the work place/working environment. It should also be reviewed following the reporting of any notifiable manual handling incident to the Health and Safety Executive as per RIDDOR; and/or if an employee carrying out the manual handling tasks suffers an illness, injury or onset of a disability which makes them more vulnerable to risk. All revisions and changes to the risk assessment should be recorded.
- 8.9 Due to the work of the Trust it may not be easy to ascertain what is 'reasonably practicable' and recent case law suggests that employees whose job involves lifting people such as Ambulance personnel may be asked to accept a greater risk of injury than someone who is employed to move inanimate objects. As such, when considering what may be 'reasonably practicable', the Trust needs to consider:
- The seriousness of the need for the lifting operation
 - The Trust's duties to the public and to the particular member of the public who has called for the Trust's help.
- 8.10 Taking these factors into account, the level of risk which the Trust may ask an employee in Operations to accept may, in appropriate circumstances, be higher when considering the health and safety of those in danger, although this does not mean that employees in Operations can be exposed to an unacceptable risk of injury.

9. Dynamic risk assessments

- 9.1 Due to the nature of the work carried out by the Trust, staff can often work in environments where the Trust has little or no control over either the manual handling hazards that may be encountered or the environment. In these circumstances, it is imperative that staff carry out a dynamic risk assessment before carrying out the manual handling activity and take measures to avoid, control or remove any identified hazards.
- 9.2 Staff may also have to carry out dynamic risk assessments when undertaking the movement and conveyance of patients, including bariatric patients, in such environments.
- 9.3 When carrying out a dynamic manual handling risk assessment the member of staff should initially consider whether or not the patient and/or bariatric patient needs to be lifted and whether or not they have sufficient mobility to be able to walk (with assistance if necessary) to or from the vehicle.



9.4 If the patient and/or the bariatric patient does need to be lifted or manoeuvred the member of staff, as part of the dynamic risk assessment, should remember the mnemonic TILE and consider the hazards associated with the:

- nature of the **Task**
- **Individual capability** of the person/s performing the task
- size, weight, and shape of the **Load**
- **Environment** in which the activity is being carried out.

9.4 In circumstances where there is a limit to the Trust's and the member of staff's ability to influence the working environment, they will still retain control over the task and the load and this together with effective training should enable them to establish a safe system of work for manual handling which takes place away from the Trust's premises.

9.5 However, if as a result of doing this dynamic risk assessment, staff identify that they need further assistance/resources, such as additional staff, and/or another vehicle and/or more equipment, then they should contact the Clinical Coordination Centre (CCC) and make the request. The crew should also advise the CCC if they require assistance from other Emergency Services i.e. Police and Fire and Rescue Service.

9.6 In some instances an emergency ambulance request will be made for a known person, for example a patient and/or a bariatric patient who has already been flagged on the CCC control system. An appropriate response, in line with the feature details (pre-agreed with the consent of the patient) will be dispatched i.e. additional ambulance staff and lifting aids.

10. Potential control measures

10.1 Potential control measures to reduce the risks associated with manual handling include:

- a. Incident investigation procedures
- b. Ill health return to work programme
- c. Involvement at regional and national level in groups looking at all aspects of risks relating to manual handling (National Back Exchange)
- d. Safer handling liaison with local hospitals
- e. Manual Handling Equipment Evaluation process managed by the Equipment, Vehicle Review Group
- f. The vehicle replacement programme aims to ensure all vehicles are placed on a sustainable rolling programme, allowing introduction of improvements and innovations in vehicle and equipment design that reduces manual handling risks.
- g. Where possible, all new front-line vehicles will be built to allow for bariatric capability. Indeed, all front-line ambulances registered on or after 2014 have the load bearing capacity to carry bariatric patients. However, not all of these vehicles are equipped to convey a bariatric patient.

11. Bariatric patients and the considerations to be made when providing treatment/transport

11.1 More than 8 million people in Britain -nearly ¼ of the adult population are classified as clinically obese. Obesity has grown by almost 400% in the last 25 years and on present trends will soon surpass smoking as the greatest cause of premature loss of life (House of Commons Health Committee). With childhood obesity levels



rising, the needs of heavier patients and the staff caring for them must be addressed.

11.2 Staff should consider the following conditions which may be present in a bariatric patient (this list is not exhaustive):

- Difficulty lying flat due to breathing difficulties
- Breathlessness - May require oxygen in transit
- Very fragile skin especially on the lower extremities
- Anxiety over being moved and embarrassment – Staff should try to ensure patient dignity where possible
- Cellulitis
- Stress incontinence
- Intertrigo (yeast infection in skin folds)
- Varicose Veins
- Hypertension
- Coronary Heart Disease
- Stroke
- Type II Diabetes
- Oedema
- If patient has a large “apron” they may prefer to adopt a three quarters prone position (not dissimilar to the recovery position).

11.3 Weight Distribution

11.3.1 Bariatric weight distribution is subdivided into various body types:

- **Android Ascites** – Patient has severe generalised oedema in which massive amounts of body fluids (commonly lymphatic) has leaked into soft tissues and is obstructed from returning to central circulation via lymphatic vessels.
- **Android**
 - Android Ascites – Patient carries their weight high, but the navel does not wander, and the abdomen may be rigid in presence of an abdominal fluid collection. The leg size may be relatively normal and there is limited drifting of the abdomen below the waistline.
 - Android Pannus – Patient carries their weight high but the abdomen is quite mobile, the navel wanders and the abdomen hangs towards the floor (known as an apron), while the leg size may be relatively normal.
- **Gynoid**
 - Gynoid Abducted (Pear Abducted) – Patient carries the weight predominantly below the waist, with the excess tissue located on the outside of the thighs allowing legs to close and knees to contact.
 - Gynoid Abducted (Pear Pannus) – Patient carries weight predominantly below the waist, with significant tissue between the knees preventing them from touching or thighs becoming parallel.
- **Bulbous Gluteal Region** – Where excessive buttock tissue creates a posterior protruding shelf that significantly alters seating and supine posture.



12. Types of bariatric patient journey requests (See appendix 2)

12.1 Emergency Ambulance Request

12.1.1 Usually triggered by a 999 call to the Clinical Coordination Centre (CCC). This will be a request for an unknown person.

12.1.2 On arrival at the address Ambulance crews should conduct a dynamic risk assessment of the patient, which will determine the appropriate course of action. If feasible the crew should consider treatment in the home environment rather than going to hospital

12.1.3 If the patient requires hospital admission then all parties involved need to be given as much notice as possible to enable suitable equipment to be in place at the time of the admission.

12.2 Non-Emergency Routine Admission – Unknown Person

12.2.1 On receipt of a call into the Non-Emergency Patient Transport Control Centre, the call handler will ask the caller whether or not the patient has any complex manual handling needs. The Call Handler will also need to follow the NEPTS Pre-Transportation risk assessment process, see appendix 7; this will involve liaising with a Hospital Liaison Officer (HLO) and/or a Team Leader.

12.2.2 If the patient is identified as having additional handling needs, they may need a Pre-Transportation risk assessment carrying out, see appendix 8 Patient Transport Service (PTS) Patient Journey Risk Assessment Form.

12.2.3 Additionally, they might also need a specific bariatric manual handling risk assessment (Appendix 3 and possibly appendix 4 and 5) before transport can be arranged. Transport to hospital for routine appointments i.e. blood test, outpatient clinics should only be considered as a last resort. Consideration to the appropriate Clinician attending the person in their own home should be given in the first instance.

12.2.4 If the patient requires hospital admission then all parties involved need to be given as much notice as possible to enable suitable equipment to be in place at the time of the admission.

12.3 Discharge from Hospital/Inter hospital Transfer

12.3.1 Decisions relating to the discharge from hospital of a bariatric patient usually involve a case conference. This meeting includes representatives from all the relevant agencies who will be involved in the process. At this meeting the date and resources required will be decided. The Team Leader/Operational Manager will undertake an assessment of the patient's home environment including access into the home.

12.4 Specialist Bariatric Vehicles and Equipment

12.4.1 An inventory of Bariatric Vehicles and Equipment has been developed and this is held by the Operational Support Desk (OSD) and the Non-Emergency Patient Transport Control Centre.

12.4.2 Although all front-line Trust ambulances with a vehicle registration of 2014 onwards have the load bearing capacity to carry bariatric patients, but not all of these vehicles



are suitably equipped to convey and transport bariatric patients. Therefore, if Operational staff want to access an ambulance that has suitable equipment to convey and transport a bariatric patient, they should contact the Clinical Coordination Centre (CCC).

12.4.3 Where applicable, if NEPTS staff want to book a bariatric ambulance, they should complete the form in appendix 6.

12.4.4 The Stryker stretchers on Trust ambulances with a registration of 2014 onwards have the load bearing capacity to carry a bariatric patient.

12.4.5 The Trust also has XPS Stretchers and Evac-mats that can be used for bariatric patients. Please note, the Evac-mats are currently only based in Reading and Nursling.

12.4.6 Staff are advised that they should only use the equipment they have been trained to use. Staff should not activate any patient hoist they have not received training in. Staff can however be involved in the placement of patient slings under the guidance of the operator.

12.4.7 Bariatric patients are often dependant on mobility aids. Some mobility aids may be "special order" sizes which may be costly and have delay in availability when sourcing the equipment. Extra care should be taken to ensure that these items remain with the patient.

12.5 Patient Involvement

12.5.1 If you are unsure of how best how to provide care to the patient don't hesitate to involve them in the process, or their carer when appropriate. Ask questions such as "what works for you?" or "how has this been done in the past?" This is considerate and gives the patient some control over the situation. Remember that the patient is the "best expert" on themselves and their care.

13. Provision of manual handling equipment

13.1 In an effort to improve safety and reduce the number of manual handling incidents, the Trust will, wherever possible, endeavor to provide the following equipment:

- Ambulances with electric tail lifts to reduce the lifting in and out of vehicles
- Patient Transport Service vehicles with ramps and tail lifts to reduce the lifting in and out of vehicles
- Easy load stretchers powered by pump action or battery operated to raise and lower the stretcher to the required height
- Carry chairs with the capacity to be guided up or down stairs in order to prevent carrying patients up or down flights of stairs
- XPS Stretchers which can be used for bariatric patients (up to 50 stone)
- Evac-mats for the safe evacuation of a non-ambulatory bariatric patient, who may or may not require the additional assistance of the Fire and Rescue Service. (These Evac-mats are currently only based in Reading and Nursling).
- Manual handling kits which include banana boards, lifting belts and slide sheets to assist with the transferring of patient from one place to another
- Mangar Elk/Lifting cushions powered by batteries to lift patients from the floor and out of baths



- Patient hoists (which are strategically placed around the Trust)
- Bariatric vehicles (within the Trust) and which contain appropriate equipment to convey this type of patient.

14. Maintenance of manual handling equipment and aids

- 14.1 With regard to the purchase and maintenance of manual handling equipment and aids and in finding solutions to manual handling requirements, the Trust maintains close links with the associated manufacturers of this equipment and aids.
- 14.2 The Trust also employs maintenance Technicians, who have received accredited training, to service and maintain certain types of manual handling equipment such as: stretchers, scoop stretchers and carry chairs.
- 14.3 Other equipment such as hoists are serviced and maintained by accredited external engineers.

15. Partners in managing manual handling risks

- 15.1 There are potential benefits in working with other local agencies and NHS bodies that are involved in moving and handling people. Sharing information and having consistent policies and procedures will assist the Trust in reducing the likelihood of untoward incidents arising and thereby ensuring the smooth transfer and conveyance of patients.
- 15.2 There are occasions when the task of moving a patient safely poses a high risk and yet, in view of the patient's clinical condition, it is unavoidable. In certain situations it may be necessary to seek assistance from other agencies to ensure the safety of both the patient and the staff. The Trust will establish clear, joint working procedures with other agencies so that such operations go as smoothly as possible and do not cause any unnecessary delay in moving the patient or compromise the patient's dignity or safety.

16. Care Homes and Care Homes with Nursing

- 16.1 Care Homes and Care Homes with Nursing have to abide by the Health and Safety at Work Act 1974 and all relevant subordinate legislation such as the Manual Handling Operations Regulations 1992 (Amended 2015). As such, they, like this Trust, have to avoid all hazardous manual handling and where it cannot be avoided they have to carry out their own suitable and sufficient manual handling risk assessments. These assessments should also include assessments to safely move and handle each individual resident aligned to their needs.
- 16.2 Care Homes and Care Homes with Nursing are also expected to provide training for their staff on manual and patient handling and provide suitable equipment for their staff to enable them to carry out their work activities safely.
- 16.3 The Trust deems it unacceptable for Care Homes and Care Homes with Nursing to routinely request ambulance crews to lift uninjured patients from the floor and return them to bed. In these instances, the Trust expects Care Homes and Care Homes with Nursing to utilize their own staff and safe systems of work.



- 16.4 In compliance with the legislation it is expected that the Care Homes and Care homes with Nursing will have suitable manual handling equipment including hoists and suitably trained, competent staff who can assist crews in transferring patients in both Emergency and Non-Emergency situations. It is not the responsibility of SCAS to lift un-injured patients from the floor. However SCAS crews will use their discretion in assisting Care Homes and Care Homes with Nursing with manual handling when it is in the patient's best interest.
- 16.5 Care Homes and Care Homes with Nursing cannot have, or quote a 'no lift' policy. They are encouraged to have a 'minimal lifting' policy which clearly sets out their safe systems of work for moving and handling their residents. SCAS crews should report Care Homes and Care Homes with Nursing that quote 'No lift' policies or refuse to assist with moving and handling non-injury patients, via the demandprac@scas.nhs.uk mail box and this will be forwarded to the locality Demand Practitioner who will work in partnership with the Care Home and Care Home with Nursing to assist them in the development of an appropriate policy to support their residents and safe systems of work.
- 16.6 SCAS will always support patients in Care Homes and Care Homes with Nursing with emergency care and provide expert guidance and assistance to non-clinical staff.

17. Health and Safety Executive

- 17.1 The Trust recognises the Health and Safety Executive as a valuable source of expertise and will consult with them, when appropriate, regarding particularly complicated or high-risk manual handling issues.

18. Training

- 18.1 Managers and staff will receive manual handling training in accordance with the Trust's training needs analysis and its statutory and mandatory training programme.
- 18.2 The manual handling training provided to managers and staff will include:
- How to carry out safe manual handling, including good handling technique
 - Appropriate safe systems of work for the task and environment
 - The safe use of manual handling equipment and mechanical aids. No item of manual handling equipment is to be used without prior training
 - Appropriate safe systems of work for the task and environment
 - Potentially hazardous manual handling operations and how injuries can occur.
- 18.3 Managers and Supervisors who have to carry out risk assessments on manual handling tasks must obtain training in how to do so from the Risk Team prior to undertaking any risk assessments as per this policy.
- 18.4 The Trust recognises the need for standards in safer manual handling training and the provision of advice. The Trust accepts the legal requirement that all employees receive an appropriate level of manual handling training commensurate with their work.
- 18.5 Manual handling training will only be given by competent person/s. Only staff that have completed a recognised external 'train the trainer course' are deemed competent to deliver manual handling training.



- 18.6 In the event that training is purchased from an outside agency the onus will be on that agency to establish its competency prior to conducting any training within the Trust.
- 18.7 Staff involved in delivering manual handling training either within the training environment or at station level must receive refresher training and be deemed competent.
- 18.8 Staff involved in the provision of training and advice must be afforded adequate time to perform their duties and where necessary and as part of a support package, protected.
- 18.9 Manual handling instruction is regarded by the Trust as mandatory training and considers it integral to the risk management process and all staff must attend training courses when required to do so.
- 18.10 All operational road staff will receive detailed manual handling training as part of their basic training programme.
- 18.11 In accordance with the Trust's Training needs analysis, formal refresher training for all operational staff will be undertaken:
 - a. As and when changes in manual handling operations occur
 - b. New equipment is introduced
 - c. When requested by the individual
 - d. Changes in the health status of the individual
 - e. At the request of the Trust.
- 18.12 Staff will receive manual handling refresher training in proportion to associated risks.
- 18.13 If a member of staff does not attend any arranged and planned training then their Line Manager will be notified by the course provider.

19. Equality and Diversity

- 19.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 8.

20. Monitoring

- 20.1 The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of manual handling risk assessments completed on bariatric patients as per legislation and policy in a financial year.	a) Report from the Risk Team on the number of manual handling risk assessments on bariatric patients completed in a financial year.	a) Risk Team.	Health, Safety and Risk Group.	Annually, as a minimum.



b) Actions taken as a result of the risk assessments.	b) Audit on 10% of the manual handling risk assessments on bariatric patients completed in a financial year.	b) Risk Team.		
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21. Consultation and Review

21.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

21.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and Staff	17/2/2017 to 10/3/2017.	Y
Health, Safety and Risk Group	17/2/2017 to 10/3/2017.	Y
Health, Safety and Risk Group	22/1/2020 to 29/1/2020.	N
All Managers and Staff	30/1/20 to 20/2/2020	Y
Health, Safety and Risk Group	13/5/2020 to 20/5/2020	N

22. Implementation (including raising awareness)

22.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

23. References

- Health and Safety at Work Etc. Act 1974
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Manual Handling Regulations 1992 (Amended 2015)
- Workplace Health, Safety and Welfare Regulations 1992
- Provision and Use of Work Equipment Regulations 1992 (Amended 1998)
- The Supply of Machinery (Safety) Regulations 1992



- The Lifting Operations and Lifting Equipment Regulations 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

24. Associated documentation

- Health and Safety Policy and Procedures
- Minimal Lifting Policy
- New or Expectant Mothers Policy
- Adverse Incident Reporting Policy
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Policy
- Risk Management Strategy



25. Appendix 1: Review Table

Version	Reason for change	Overview of change
V5	Review of policy.	<p>Adoption of new policy template.</p> <p>Policy completely rewritten and changes to all sections.</p>
V6	Review of policy.	<p>Delete 3.4 on the advice of the Advice of the Trust's Equality and Diversity lead.</p> <p>Section 5.4; 5.4.1; 5.7.1 and throughout the policy: All references to Director of Quality and Patient Care have been changed to Director of Patient Care and Service Transformation.</p> <p>Section 5.8; 5.8.1; 5.8.2; 5.8.3; 8.2 and throughout the policy: All references to the Non-clinical Risk Manager changed to Health, Safety and Security Officer.</p> <p>In section 11.3.1 in the Android Ascites section the sentence has been changed to read: Patient carries their weight high, but..."</p> <p>Gynoid Adducted changed to Gynoid Abducted.</p> <p>Section 12.2.2 changed to: If the patient is identified as having additional manual handling needs, they may need a specific bariatric manual handling risk assessment..."</p> <p>Appendix 7: Responsibility Matrix, change reference to Director of Patient Care and Director of Quality and Patient Care to Director of Patient Care and Service Transformation.</p> <p>Change reference to Director of Clinical Services to Director of Patient Care and Service Transformation; and reference to Clinical Review Group to Patient Safety Group.</p> <p>Appendix 8; Equality Impact Assessment Form: The structure and content of the Equality Impact assessment forms amended.</p> <p>For instance, the headings, the words "It could benefit" have been deleted and the words, 'Positive impact',</p>



		<p>'Negative impact' and 'Reasons' have been put in bold. Insert heading of 'Disability' and un-bold reference to 'Disabled people'.</p> <p>Insert heading of 'Sexual Orientation' and un-bold reference to 'Lesbians, gay men and bisexuals'.</p> <p>Delete reference to 'Trans people'.</p> <p>Insert heading of 'Religion/Belief' and un-bold 'Faith Groups'; and un-bold reference to 'Equal Opportunities and /or improved relations.'</p> <p>Put 'Notes' in bold.</p> <p>Appendix 8 and Appendix 9: Insertion of mobile phone number.</p> <p>Appendix 9: Part A, change reference to 'Sexuality/Transgender' to 'Sexual Orientation'; and change reference to 'Faith' to 'Religion/Belief'.</p> <p>Section 3 and Section 5: (Table) change reference to 'Sexuality/Transsexual' to 'Sexual Orientation'.</p> <p>Delete reference to 'Older People' and Younger People' and replace it with reference to 'Age'.</p> <p>Change reference to 'Faith' to 'Religion/Belief'.</p> <p>Insert new template in Part B.</p> <p>Insert EQIA Action Plan.</p> <p>Appendix 10: Ratification Checklist: delete reference to Philip Astle.</p>
V7	Consultation to all staff on policy.	<p>Section 5.9.2: Amended to read: A central record of vehicle location and equipment is held by the Operational Support Desk and the CCC would contact OSD to see what vehicles were available.</p> <p>New section 5.9.3 added to read: Patient Transport Service (PTS) vehicles may be used for in an emergency following a discussion with either the PTS Control Room or the PTS on Call Manager.</p>



		<p>Section 9.5: Delete sentence which reads: A central record of vehicle location and equipment is held at each CCC.</p> <p>Section 12.4.1 amended to read: An inventory of Bariatric Vehicles and Equipment has been developed and this is held by the Operational Support Desk (OSD) and the Non-Emergency Patient Transport Control Centre.</p> <p>Section 12.4 2: The last part of the first sentence amended to read: "...but not all of these vehicles..."</p> <p>New Section 12.4.3 added to read: Where applicable, if NEPTS staff want to book a bariatric ambulance, they should complete the form in appendix 6.</p> <p>The consecutive section numbers in section 12 have all been changed to reflect these changes.</p> <p>Section 13.1 amended to read: In an effort to improve safety and reduce the number of manual handling incidents, the Trust will, wherever possible, endeavor to provide the following equipment:</p> <p>Section 13.1, deletion of last bullet point which read: Trolleys (for administration staff in Northern House, Southern House and in the Education and Training departments).</p> <p>Section 16.5: The email address for Demand Management has been put in lower case.</p> <p>Appendix 6: Reference to 55 stone has been changed to 39 stone.</p>
V7	Issues raised at HSRG meeting in March 2020.	<p>Section 12.2.1: New sentence added which states: The Call Handler will also need to follow the NEPTS Pre-Transportation risk assessment process, see appendix 7; this will involve liaising with a Hospital Liaison Officer (HLO) and/or a Team Leader.</p> <p>Insertion of new 12.2.2, which states: If the patient is identified as having additional handling needs, they may need a Pre-Transportation risk assessment carrying out, see appendix 8 Patient Transport Service</p>

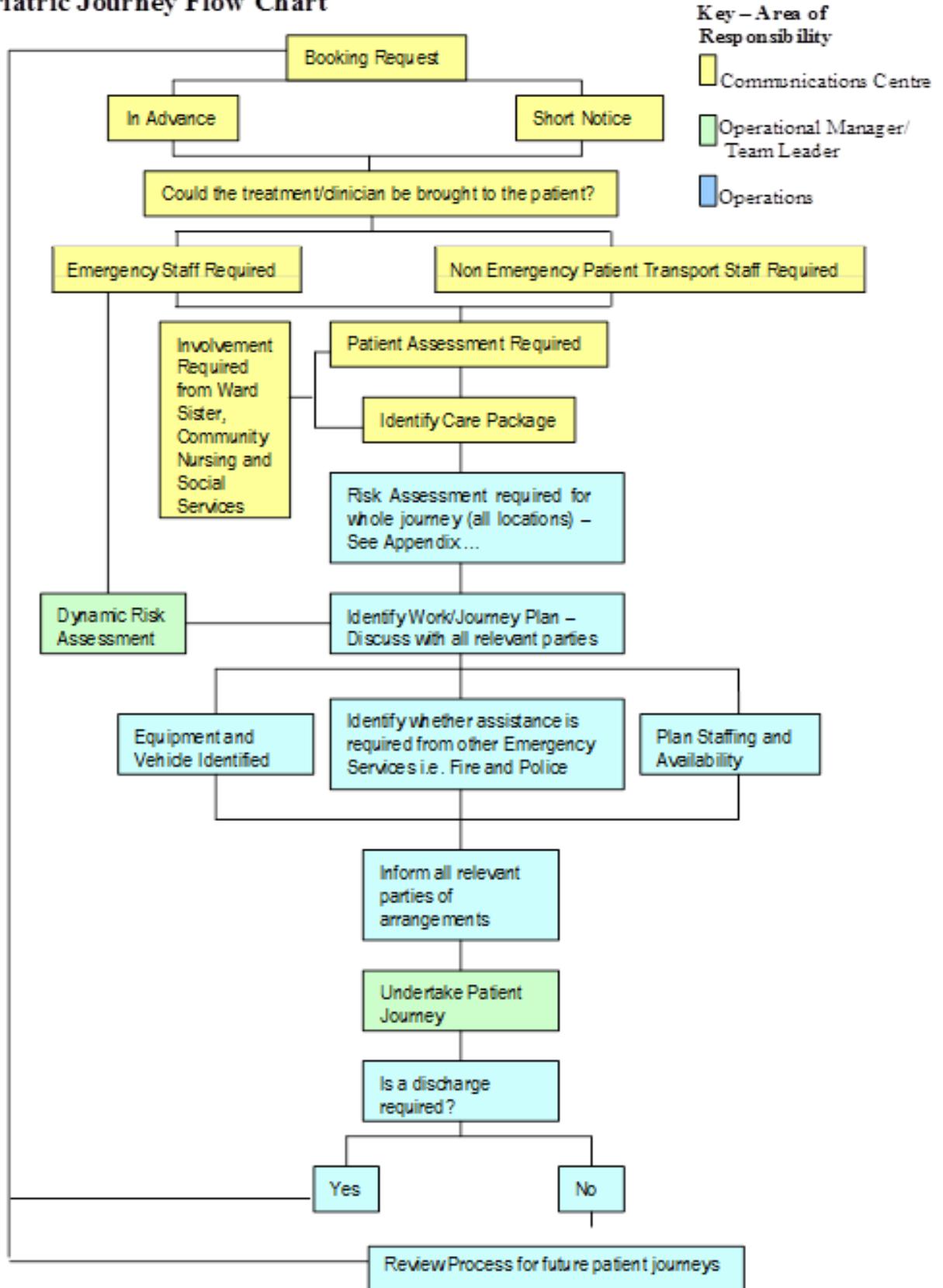


		<p>(PTS) Patient Journey Risk Assessment Form.</p> <p>The original 12.2.2 has now become 12.2.3. and the word 'Additionally' has been added.</p> <p>Section 24: The names of policies have been put in upper case letters E.g. Health and Safety Policy and Procedures.</p> <p>Insertion of new appendix 7: NEPT Pre-Transportation Risk Assessment Process</p> <p>Insertion of new appendix 8: Patient Transportation Service (PTS) Patient Journey Risk Assessment Form.</p>
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26. Appendix 2: Bariatric Journey Flow Chart

Bariatric Journey Flow Chart





27. Appendix 3: Bariatric Risk Assessment Form

South Central Ambulance Service NHS Foundation Trust Bariatric Risk Assessment Form							
Risk assessment on patient: Patient's address:							
Person (s) carrying out the assessment:				Department/Area/Directorate:			
Risk assessment number:			Date of assessment:		Date of review of assessment:		
Ref	Hazards (List all of the identified hazards) Prior to admission, transfer or discharge consideration should be given to the following points:	Existing Controls (List all of the measures currently in place to control exposure to the hazards)	Initial risk score (SxL =)	Further controls required- Action Plan (List all of the additional measures to be introduced to reduce the risk to the lowest level reasonably practicable)	To be Completed by: (Insert name of person)	When (insert date when further controls will be completed)	Final risk score (SxL=)
1.	Current level of patient mobility, can the patient walk? If yes, how far? And can they negotiate steps? Are there postural considerations?						
2.	What specialist equipment will be required? (Such as hoists, slings, Mangar Elk, Bariatric ambulance).						
3.	Does the patient have their own wheelchair? If yes, will it fit through doorways?						
4.	Number of staff required for the patient movement/journey?						



5.	A minimum clearance under a bed or chair of 14cm (5 and a half inches) is required to enable the hoist to fit under the bed. Is a hoist available?						
6.	How does the patient normally move at home, is there a suitable serviceable hoist available? If necessary, can it be moved from room to room?						
7.	If the patient is to be moved to or from the bed and it is not possible to use a mobile hoist, then what alternatives are available?						
8.	What are the widths of the doorways? (They need to be at least 34inches or 86.cms for a bariatric stretcher).						
9.	Are there any steep or gravel drives to be negotiated? Are the paths suitable for either a stretcher or a chair?						
10.	Are there any steps either inside or outside the property? If yes, how many are there and what are the height of them? Are there any thresholds which need to be negotiated? If yes,						



	how many and what are the height of them?						
11.	Ambulance stretchers require approximately a 7 feet clearance to turn 90 degrees and a wheelchair requires approximately 5 feet. Will this create any foreseeable difficulties?						
12.	Will structural alterations be required to facilitate the safe removal or repatriation? If yes, who will assume responsibility for these? Has the patient been advised of this?						
13.	Will it be necessary to remove garden fences and posts, gates or furniture? Has the patient been advised of this?						
14.	If planning to create better access for the ambulance, has consideration been given to the stability of the ground?						
15.	Will it be necessary to move the patient downstairs?						
16.	Consider any addition information that is relevant.						



17.	If relevant then please take photographs of the location to assist with the planning of the patient journey. Please attach the photographs to the risk assessment.						
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28. Appendix 4: Manual Handling: Lifting and carrying assessment form

Manual handling assessment: Lifting and carrying of loads					
(This includes the factors listed in Schedule 1 that should be considered when making an assessment of manual handling operations)					
Section A – Preliminary assessment					
Preliminary assessment completed by:				Date:	
Task name:					
Task description:					
Load weight:		Frequency of lift:			
Carry distances (if applicable):		Are other manual handling tasks carried out by these operators?			
Assessment discussed with employees/safety representatives:		Is an assessment required? (An assessment will be needed if there is a potential risk of injury) Y/N			
If an assessment is required complete section B below					
Section B: Lifting and carrying – more detailed assessment					
The Tasks	If yes, tick the appropriate level of risk (If not applicable, put N/A)			Problems occurring from the task	Possible remedial action, e.g. changes that need to be made.
	Low	Med	High		
Do they involve:					
Holding or manipulating loads at a distance from the trunk?					
Unsatisfactory bodily movement or posture, such as:					
<ul style="list-style-type: none"> Twisting the trunk/ Stooping? Reaching upwards? 					
Excessive movement of loads, such as:					
<ul style="list-style-type: none"> Excessive lifting or lowering distances? (large vertical movement) Excessive carrying distances? (long carrying distances) 					
Excessive pushing and pulling of loads? (strenuous pushing or pulling)					
Risk of sudden movement of loads? (unpredictable movement of loads)					
Frequent or prolonged physical effort? (repetitive handling)					
Insufficient rest or recovery periods?					
A rate of work imposed by a process?					
The loads					
Are they:					
Heavy?					
Bulky or unwieldy?					
Difficult to grasp?					
Unstable, or with contents likely to shift? (unstable/unpredictable)					
Sharp, hot or otherwise potentially damaging?					
The working environment					
Are there:					
Space constraints preventing good posture?					



Uneven, slippery or unstable floors? (poor floors)				
Variations in levels of floors or work surfaces?				
Extremes of temperature or humidity? (hot/cold/humid conditions)				
Conditions causing ventilation problems or gusts of wind? (strong air movements)				
Poor lighting conditions?				
Individual capability				
Does the job:				
Require unusual strength, height, etc? (unusual capability)				
Pose a risk to those with a health problem or a physical or learning disability?				
Pose a risk to those who are pregnant?				
Require special information or training for its safe performance?				
Other Factors to consider	Yes/No (Please circle whichever is applicable)	Problems occurring from the task	Possible remedial action, e.g. changes that need to be made.	
Is the movement of posture hindered by personal protective equipment or clothing?	Yes/ No			
Is there any absence of the correct/suitable personal protective equipment being worn?	Yes/No			
Work organisation (psychosocial factors)				
Do employees feel there has been a lack of consideration given to planning and scheduling of tasks/rest breaks?	Yes/No			
Do employees feel that there is poor communication between managers and employees (e.g. not involved in risk assessments or decisions on changes in workstation design)?	Yes/No			
Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?	Yes/No			
Do workers feel they have not been given enough training and information to carry out the task successfully?	Yes/No			
Section C: Remedial action to be taken (Action plan)				
Remedial steps (actions) that should be taken, in order of priority:	Person responsible for implementing controls	Target implementation date	Completed Y/N	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Date by which all actions should be completed:				



Date of assessment:	Date of review of assessment:
Assessor's name:	Assessor's job title:
Assessor's signature:	



29. Appendix 5: Manual Handling: Pushing and pulling of loads assessment form

Manual handling assessment: Pushing and pulling of loads					
(This includes the factors listed in Schedule 1 that should be considered when making an assessment of manual handling operations)					
Section A – Preliminary assessment					
Preliminary assessment completed by:				Date:	
Task name:					
Task description:					
Load weight:			Frequency of operation:		
Push/pull distances:		Are other push/pull tasks carried out by these operators?			
Assessment discussed with employees/safety representatives:			Is an assessment required? (An assessment will be needed if there is a potential risk of injury) Y/N		
If an assessment is required complete section B below					
Section B: Pushing and pulling – more detailed assessment					
The Tasks	If yes, tick the appropriate level of risk (If not applicable, put N/A)			Problems occurring from the task	Possible remedial action, e.g. changes that need to be made.
	Low	Med	High		
Do they involve:					
High initial forces to get the load moving?					
High forces to keep the load in motion?					
Sudden movements to start, stop or manoeuvre the load?					
Twisting/manoeuvring of the load into position or around obstacles?					
One handed operations?					
The hands below the waist or above shoulder height?					
Movement at high speed?					
Movement over long distances?					
Repetitive pushing and pulling?					
The loads or object to be moved					
Does it lack good handholds?					
Is it unstable/unpredictable?					
Is vision over/around it restricted?					
If on wheels/castors, are they:					
Unsuitable for the type of load?					
Unsuitable for the floor surface/work environment?					



Difficult to steer?					
Easily damaged or defective?					
Without brakes or difficult to stop?					
With brakes, but the brakes are poor/ineffective?					
Without a planned inspection and maintenance regime based on a frequency that keeps them in working order?					
The working environment					
Are there:					
Constraints on body posture/positioning?					
Confined spaces/narrow doorways?					
Surfaces or edges to cause cuts/abrasions/burns to hands or body?					
Rutted/damaged/slippery floors?					
Ramps/slopes/uneven surfaces?					
Trapping or tripping hazards?					
Poor lighting conditions?					
Hot/cold/humid conditions?					
Strong air movements?					
Individual capability					
Does the job:					
Require unusual capability?					
Pose a risk to those with a health problem or a physical or learning disability?					
Pose a risk to those who are pregnant?					
Require special information or training?					
Other Factors to consider	Yes/No (Please circle whichever is applicable)	Problems occurring from the task	Possible remedial action, e.g. changes that need to be made.		
Equipment					
Is the movement of posture hindered by personal protective equipment or clothing?	Yes/No				
Is there any absence of the correct/suitable personal protective equipment being worn?	Yes/No				
Are trolleys/carts poorly maintained/cleaned/repaired?	Yes/No				



Are floor surfaces poorly maintained/cleaned/repaired?	Yes/No		
Is there a lack of regular maintenance procedures for the equipment?	Yes/No		
Work organisation			
Do employees feel there has been a lack of consideration given to planning and scheduling of tasks/rest breaks?	Yes/No		
Do employees feel that there is poor communication between managers and others (e.g. managers, purchasers, etc)?	Yes/No		
Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?	Yes/No		
Do workers feel they have not been given enough training and information to carry out the task successfully?	Yes/No		

Section C: Remedial action to be taken (Action plan)

Remedial steps (actions) that should be taken, in order of priority:	Person responsible for implementing controls	Target implementation date	Completed Y/N
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Date by which all actions should be completed:

Date of assessment:	Date of review of assessment:
Assessor's name:	Assessor's job title:
Assessor's signature:	



30. Appendix 6: Request for Ambulance Transport for Bariatric Patients

The South Central Ambulance Service NHS Foundation Trust has access to ambulances capable of transferring bariatric/obese patients from hospital to home. These ambulances are able to transport patients who weight up to **311.5 Kg (49 stone)**. If the patient is near to this limit, an accurate weight will be needed. When booking the Bariatric ambulance, please book as far ahead as possible – at least 48 hours ideally or five working days (excluding weekends) – so that a SCAS Manager can assess the requirements including access to the destination.

In addition to the usual information required for discharge, the manager will need to know:

Who is the contact <ul style="list-style-type: none">• On the ward?• At the destination?	
Patient's exact weight (Kg)	
Can the patient sit on the bed/trolley?	
Any postural considerations?	
Can the patient walk? If yes, how far? Will they be able to negotiate any steps?	
Any special requirements?	
Is it anticipated that the patient will travel in their own wheelchair?	
Is the combined weight of the patient and chair under 250 Kg (39 stone)? As anything above this weight, the chair cannot be taken.	
Have you received confirmation that a SCAS risk assessment has been conducted at the destination? This must be confirmed to avoid any possible access problems at the destination.	
Requirements at the patient discharge location (For instance, access requirements, etc.,)	

Please give as much notice as possible so that problems on the day of discharge can be avoided.



31. Appendix 7: NEPTS Pre-transportation Risk Assessment Process

Contact Centre Ownership

Communication from the hospital regarding Risk assessment.

- Call taker to take the call and regard details recorded on Cleric
- Criteria for risk assessment.
 - ❖ Weight recorded, Bariatric patient who is over 25 stone or any person with a heavy body size/shape which will significantly impact on their management.
 - ❖ Is the patient able to mobilise to the toilet.
 - ❖ Is the patient able to eat their food sitting up either in bed or on a chair.

Call taker to email HLO to pass over details for patient assessment

- HLO to assess the patient. Liaising with the ward staff and OT if required
- Record all information on the PTRA assessment form and upload to Cleric
- Inform the Contact centre when this is complete.

Contact centre to receive conformation from HLO and sent PTRA form to Team Leader for home assessment

- Team Leader to arrange with the relatives access to the property
- Completed the PTRA form with all hazards identified and the resolution to reduce the hazard.
- List all equipment to be used, Number of resources needed, Type of vehicle required.
- Record / upload information to CLERIC. Inform the contact centre this is completed.

Contact centre to book the resources

- Inform the Hospital, Team Leader and HLO of the completed booking.

Review of the risk assessment

- Feedback from the crew with regards to challenges or changes to the risk assessment.
- These are to be updated on the PTRA by the Team leader.

PTRA to be shared to other areas of the organisation.

- Information to be passed over on Inetviewer.



- Communication from the hospital regarding Risk assessment
- Call taker to take the call and regard details recorded on Cleric
 - Criteria for risk assessment.
 - ❖ Weight recorded, Bariatric patient who is over 25 stone or any person with a heavy body size/shape which will significantly impact on their management
 - ❖ Is the patient able to mobilise to the toilet.
 - ❖ Is the patient able to eat their food sitting up either in bed or on a chair.
- Call taker to email HLO to pass over details for patient assessment
- HLO to assess the patient. Liaising with the ward staff and OT if required
- Record all information on the PTRA assessment form and upload to Cleric
- Inform the Contact centre when this is complete.
- Contact centre to receive conformation from HLO and sent PTRA form to Team Leader for home assessment
- Team Leader to arrange with the relatives access to the property
- Completed the PTRA form with all hazards identified and the resolution to reduce the hazard.
- List all equipment to be used, Number of resources needed, Type of vehicle required.
- Record / upload information to CLERIC. Inform the contact centre this is completed.
- Contact centre to book the resources
- Inform the Hospital, Team Leader and HLO of the completed booking.
- Review of the risk assessment
- Feedback from the crew with regards to challenges or changes to the risk assessment.
- These are to be updated on the PTRA by the Team leader.
- PTRA to be shared to other areas of the organisation.
- Information to be passed over on Inetviewer.



32. Appendix 7: NEPTS Pre-Transportation Risk Assessment Process

Team Leader Ownership

Communication from the hospital regarding Risk assessment.

- Call handler to take the call and record details recorded on Cleric
- Criteria for risk assessment.
 - ❖ Weight recorded, Bariatric patient who is over 25 stone or any person with a heavy body size/shape which will significantly impact on their management.
 - ❖ Is the patient able to mobilise to the toilet.
 - ❖ Is the patient able to eat their food sitting up either in bed or on a chair.
- Call handler to email OPS Team Leader with details.

OPS Team Leader to email HLO to pass over details for patient assessment

- HLO to assess the patient. Liaising with the ward staff and OT if required
- Record all information on the PTRA assessment form and upload to Cleric
- Inform the OPS Team Leader when this is complete.

OPS Team Leader to complete the home assessment section of the form.

- OPS Team Leader to arrange with the relatives access to the property
- Completed the PTRA form with all hazards identified and the resolution to reduce the hazard.
- List all equipment to be used, Number of resources needed, Type of vehicle required.
- Record / upload information to CLERIC. Inform the contact centre and HLO this is completed.

Contact centre to book the resources

- Inform the Hospital, OPS Team Leader and HLO of the completed booking.

Review of the risk assessment

- Feedback from the crew with regards to challenges or changes to the risk assessment.
- These are to be updated on the PTRA by the Team leader.

PTRA to be shared to other areas of the organisation.

- Information to be passed over on Inetviewer.



33. Appendix 7: NEPTS Pre-Transportation Risk Assessment Process

Hospital Liaison Officer Ownership

Communication from the hospital regarding Risk assessment to the HLO

- Call taker to take the call and regard details recorded on Cleric
- HLO to liaise with Hospital department the details of the risk assessment and recorded on Cleric
 - ❖ Weight recorded, Bariatric patient who is over 25 stone or any person with a heavy body size/shape which will significantly impact on their management.
 - ❖ Is the patient able to mobilise to the toilet.
 - ❖ Is the patient able to eat their food sitting up either in bed or on a chair.

HLO to assess patient for suitability

- HLO to assess the patient. Liaising with the ward staff and OT if required
- Record all information on the PTRA assessment form and upload to Cleric
- Inform the Contact centre when this is complete.

HLO to send PTRA form to Team Leader for home assessment

- Team Leader to arrange with the relatives access to the property
- Completed the PTRA form with all hazards identified and the resolution to reduce the hazard.
- List all equipment to be used, Number of resources needed, Type of vehicle required.
- Record / upload information to CLERIC. Inform the HLO this is completed.
- HLO to inform the contact centre this PTRA is completed

Contact centre to book the resources

- Inform the Hospital, Team Leader and HLO of the completed booking.

Review of the risk assessment

- Feedback from the crew with regards to challenges or changes to the risk assessment.
- These are to be updated on the PTRA by the HLO.

PTRA to be shared to other areas of the organisation.

- Information to be passed over on Inetviewer.



- Communication from the hospital regarding Risk assessment to the HLO
- HLO to liaise with Hospital department the details of the risk assessment and recorded on Cleric
 - Criteria for risk assessment.
 - ❖ Weight recorded, Bariatric patient who is over 25 stone or any person with a heavy body size/shape which will significantly impact on their management
 - ❖ Is the patient able to mobilise to the toilet.
 - ❖ Is the patient able to eat their food sitting up either in bed or on a chair.
- HLO to assess patient for suitability
- HLO to assess the patient. Liaising with the ward staff and OT if required
- Record all information on the PTRA assessment form and upload to Cleric
- Inform the Contact centre when this is complete.
- HLO to send PTRA form to Team Leader for home assessment
- Team Leader to arrange with the relatives access to the property
- Completed the PTRA form with all hazards identified and the resolution to reduce the hazard.
- List all equipment to be used, Number of resources needed, Type of vehicle required.
- Record / upload information to CLERIC. Inform the HLO this is completed.
- HLO to inform the contact centre this PTRA is completed
- Contact centre to book the resources
- Inform the Hospital, Team Leader and HLO of the completed booking.
- Review of the risk assessment
- Feedback from the crew with regards to challenges or changes to the risk assessment.
- These are to be updated on the PTRA by the HLO.
- PTRA to be shared to other areas of the organisation.
- Information to be passed over on Inetviewer.



34. Appendix 8: Patient Transport Service (PTS) Patient Journey Risk Assessment Form

This document is to be completed in conjunction with PTS Patient Risk Assessment SOP. This document is confidential when complete.

South Central Ambulance Service NHS Foundation Trust Patient Transport Service (PTS) Patient Journey Risk Assessment Form							
Risk assessment on (Task/Activity/Environment, etc.): Patient X							
Journey ID:.....							
Patient's address:							
Person (s) carrying out the assessment:				Department/Area/Directorate:			
Risk assessment number:			Date of assessment:		Date of review of assessment:		
Ref	Hazards (List all of the identified hazards)	Existing Controls (List all of the measures currently in place to control exposure to the hazards)	Initial risk score (SxL =)	Further controls required- Action Plan (List all of the additional measures to be introduced to reduce the risk to the lowest level reasonably practicable)	To be Completed by: (Insert name of person)	When (insert date when further controls will be completed)	Final risk score (SxL =)
1.	Current level of patient mobility Can the patient walk? How far can they walk? Can they negotiate steps? Do they need to be transported sitting or lying?						
2.	Does the patient have their own serviceable wheelchair,						



	<p>if so will it fit through doorways?</p> <p>What are the widths of the doors?</p>						
3.	<p>Are there any physical obstacles to contend with?</p> <p>Such as gravel, steep slopes or steps/stairs If there are steps/ stairs, how many?</p>						
4.	<p>How does the patient usually move at home?</p>						
5.	<p>Number of relative/medical escorts?</p>						
6.	<p>Number of staff required for the patient journey?</p> <p>Include action plan detailing how staff will move the patient.</p>						
7.	<p>Any other hazards? Please list</p>						



35. Appendix 9: Responsibility Matrix – Policies, Procedures and Strategies



Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive +Director of Patient Care and Service Transformation	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care and Service Transformation	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care and Service Transformation	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associated Director of Information Management and Technology (IM&T).	Information Management and Technology Control Board.	Audit Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Chief Operations Officer	As appropriate	Quality and Safety Committee	Committee decision



Clinical Policies and Procedures	Director of Patient Care and Service Transformation	Patient Safety Group	Quality and Safety Committee	Committee decision
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36. Appendix 10: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Bariatric Policy

Officer completing assessment: John Dunn, Head of Risk and Security

Telephone: 07788 584786.

1. What is the main purpose of the strategy, function or policy?
The aim of the policy is to set out the arrangements for the identification, assessment and management of the manual handling hazards and risks to staff and patients, particularly bariatric patients (within its care and control), volunteers, work experience students, contractors and visitors to the Trust and to provide and maintain a safe working environment.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
The objectives are to ensure that the Trust has clear and defined arrangements for: <ul style="list-style-type: none">• the identification of manual handling hazards associated with the movement and conveyance of bariatric patients• the carrying out of suitable and sufficient risk assessments on hazardous manual handling activities involving the movement and conveyance of bariatric patients• the introduction and maintenance of controls to reduce the potential for injury from identified manual handling hazards involving the movement and conveyance of bariatric patients• the management and control of risks from identified manual handling hazards involving the movement of bariatric patients• the regular review of these risk assessments.
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff, patients, including bariatric patients (within the care and control of the Trust) volunteers, work experience students, contractors and visitors to the Trust.
1. Use the table overleaf to indicate the following:- <ul style="list-style-type: none">a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?



		Positive Impact	Negative Impact	Reasons
GENDER	Women	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Men	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
RACE	Asian or Asian British People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	White people (including Irish people)	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
DISABILITY	Disabled People	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
AGE	Older People (60+)	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.



	Younger People (17 to 25) and children	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
RELIGION/BELIEF	Faith Groups	✓	N/A	Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Equal Opportunities and/or improved relations	✓		N/A

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.



5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:		
Name: John Dunn, Head of Risk and Security.		
Date: 20/1/2020.		



37. Appendix 10: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Bariatric policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 07788 584786.

Part A

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	



Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	



--	--

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....
.....

No

Part B

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....
.....
.....
.....
.....

8. Will the changes planned ensure that negative impact is:

Legal?
(not discriminatory, under anti-discriminatory legislation)

Intended?



Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....
.....
.....
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....



38. Appendix 11: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	Bariatric Policy.
Author's Name and Job Title	John Dunn, Head of Risk and Security.
Review Deadline	
Consultation From – To (dates)	17/2/2017 to 10/3/2017; 22/1/2020 to 29/1/2020; 30/1/2020 to 20/2/2020; 13/5/2020 to 20/5/2020.
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	Y
If No, please list comments not included along with reasons	
Equality Impact Assessment completed (date)	20/1/2017; 20/1/2020.
Name of Accountable Group	Health, Safety and Risk Group.
Date of Submission for Ratification	

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	15 th March 2017; 20 th May 2020.
Date Policy is Active	15 th March 2017; 26 th May 2020.
Date Next Review Due	May 2023.
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	Chief Operations Officer.