

Moving and Handling People and Objects

Date	Version
February 2015	Version 2

Purpose

This policy is intended to support the organisation in reducing the risk of manual handling injuries and provide guidance on the measures that should be taken to ensure safe moving and handling can be applied in the workplace.

Who should read this document?

- Trust Board and its committees, because it is ultimately the Board’s responsibility and accountability to ensure that relevant Health and Safety legislation is being addressed.
- Senior clinicians and senior managers, because they need to know their responsibilities and accountability in respect of promoting safe handling behaviours in their work areas
- All staff , because they need to know their responsibilities and accountability and what is expected of them in terms of safe handling; and where they should go to get training, advice and support in addressing manual handling issues

Key messages

- Reduce the risk of manual handling as far as is reasonably practical by following safe systems of work. These include ensuring staff are provided with information, instruction, training and supervision. Staff must be appropriately trained in carrying out manual handling activities including the use of appropriate manual handling equipment.
- All manual handling risks must be identified and appropriate action taken to mitigate incidents of avoidable harm.
- All manual handling incidences must be reported and acted upon, including lessons learned and identified to relevant teams.
- All staff are responsible for ensuring that they are adequately trained in moving and handling techniques.
- The Manual Handling Team Specialist Advisors will promote the sharing of good practice and learning from experience and will act as an advisory service to assist the Trust in meeting its responsibilities.
- New manual handling equipment should only be introduced to the Trust through the correct approval and procurement process.

Accountabilities

Production	Manual Handling Lead
Review and approval	Health & Safety Committee
Ratification	Director of Governance
Dissemination	Manual Handling Lead
Compliance	Health & Safety Committee

Links to other policies and procedures

Health & Safety Policy
Clinical Audit policy
Health care Governance Policy
Risk Management Policy
Procedure and Tool for the Assessment and Management of Risk,
Preventing Slips, Trips and Falls Procedure,
Workforce Induction & Training Policy
Bariatric Manual Handling SOP
The Management & Use of Medical Devices Policy
Medical Devices Training Policy

Version History

	March 2003	Approved by the Health & Safety Committee
	Sept 2008	Approved by the Health & Safety Committee
	March 2010	Approved by the Health & Safety Committee
	August 2011	Revision of document to reflect NHSLA expectations.
1	March 2012	Revision of document to reflect organisational responsibilities and NHSLA expectations
2	February 2015	Changed from SOP to Policy and Approved by the Health & Safety Committee. Ratified by Director of Corporate Business
Last Approval		Due for Review
February 2015		February 2020

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon request.**

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1 Introduction

Nearly half of all absences by NHS workers are due to muscular-skeletal disorders. Handling activities continue to be the main cause of 'over three day' injuries to workers reported to the Health and Safety Executive (HSE 09). The successful management of moving and handling risks not only reduces injury and ill-health but also delivers financial savings, improved productivity, increased workforce commitment and enhanced reputation (HSE 10).

Under Section 2 of the Health and Safety at Work Act 1974, every employer has the duty to provide a safe place of work, a safe environment and safe systems of work, so far as is reasonably practicable. This duty includes the need to minimise risk arising from manual handling tasks.

Under the Manual Handling Operations Regulations 1992 (MHOR), manual handling is interpreted as the transporting or supporting of any load.

Regulation 4 of MHOR requires the employer to avoid the need for hazardous manual handling activities, so far as is reasonably practicable. Where it is not possible to eliminate hazardous manual handling, an assessment must be undertaken to determine the level of risk. Suitable controls must then be introduced to reduce the risk of injury to the lowest extent reasonably practicable.

The application of ergonomic principles and structured organisational arrangements can effectively reduce the existing level of personal injury arising from manual handling activities at work. Tasks need to be assessed and modified as necessary to reduce the risk and incidence of injury and cumulative trauma.

2 Purpose, including legal or regulatory background

This document describes the responsibilities for all Plymouth Hospitals NHS Trust staff grades with regard to safe handling practice.

The Trust has a commitment to eliminate hazardous manual handling as far as is reasonably practicable. As an employer, it is bound by the Health and Safety at Work Act, 1974. The Manual Handling Operation Regulations, 1992 give further explicit and legislative information regarding duty of care. The emphasis on the regulations is on avoidance of manual handling and where there is a risk of injury if this cannot be avoided, a full manual handling risk assessment must be conducted to help reduce the risk to a reasonable practical level.

This procedure sets out the staff responsibilities in relation to the Trust's intentions, as far as is practicable, to:

- avoid the need for hazardous manual handling operations
- provide safe and suitable workplace environments and working practices
- assess the risk of injury from any hazardous manual handling that can't be avoided and introduce arrangements to reduce these to the lowest level practicable
- provide equipment to enable manual handling activities to be undertaken safely

Provide suitable and sufficient supervision and training to staff involved in manual handling operations. Reassessments may also be required where accident/absence statistics show that the original control measures were not sufficiently effective.

3 Definitions

- **Manual handling** - the transporting or supporting of loads, by human effort which includes any lifting, putting down, pushing, pulling, carrying or supporting a load by hand or by bodily force.
- **Manual handling injury** – physical damage of an individual, occurring as a result of a one-off incident, or from a build-up of trauma over time. Includes injury to patients occurring as a result of a manual handling incident.
- **Risk** – the chance that an event will occur that will impact adversely on the Trust's objectives.
- **Hazard** – a condition that gives rise to, or increases the risk of an adverse event occurring
- **Likelihood** – a measure of the probability that the predicted event will occur
- **Consequence** – a measure of the adverse impact of the predicted event, in terms of harm, loss or damage on people, property, or the Trust's objectives
- **Incident** – for the purposes of this procedure, is any unwelcome outcome arising from a manual handling action, regardless of the level of injury resulting

4 Duties

Trust Board and Chief Executive

- 4.1.1 The Board retains overall responsibility for the Health Safety and welfare of employees and non-employees. Responsibility for gaining assurance that these statutory responsibilities are delivered is delegated to the Director or Governance.
- 4.1.2 The Chief Executive is ultimately responsible for ensuring that the Trust maintains adequate procedures for ensuring that, as far as practicable, patients and staff are kept safe from the risk of harm from incidents arising from manual handling activities.

4.2 Director of Governance

- 4.2.1 Under delegated authorities, the Director of Governance is responsible for gaining assurance that adequate arrangements are in place and maintained to manage and mitigate the risk of injury arising from manual handling activities.

This responsibility is delivered through:

- 4.2.2 Monitoring reports from the Health and Safety Committee on the health and safety performance of the Trust in relation to manual handling
- 4.2.3 Health and Safety Committee report quarterly direct to the Trust board.
- 4.2.4 Ensuring that sufficient resources are made available to enable the Manual Handling Team to provide an adequate overview and assurance of manual handling risk across the Trust

4.3 Health and Safety Committee

- 4.3.1 Health and Safety Committee report directly to the Trust board. They are responsible for ensuring that the Trust maintains adequate arrangements to manage and mitigate the risks of injury arising from manual handling activity. This responsibility is delivered through:
 - 4.3.2 Receipt and consideration of periodic and exception reports from the Trust's Health and Safety Committee, covering reporting of specific incidents, complaints and claims, or significant risks identified. This will include:
 - Analysis of trends in risk assessments, incidents, complaints and claims specific to manual handling
 - Any aspects of Manual Handling that the Group deems need to be reported.
 - 4.3.3 Review and approval of procedural documents relating to manual handling. This responsibility may be delegated formally to staff groups with specialist knowledge.

4.4 Service Line Directors, Cluster Managers, Heads of Departments and Matrons

- 4.4.1 Ensure the day to day health, safety and welfare of all staff, patients and members of the public in areas of their control.
- 4.4.2 Ensure that where manual handling risks are identified, they are supported with the relevant action plans, reviewed and evaluated to reduce the risk of injury to staff and patients

4.5 The Director of Nursing

- 4.5.1 Ensures that arrangements are in place to take account of nationally and locally agreed manual handling guidance so that manual handling best practice is employed in the context of clinical services provided by the Trust.

4.6 MEMS are responsible for:-

- 4.6.1 Ensuring that all manual handling equipment including attachments is maintained in accordance with the Lifting Operations and Lifting Equipment Regulations ensuring 6 monthly inspections are carried out and recorded.

4.7 Manual Handling Lead

- 4.7.1 Provides strategic advice and support, Trust wide, to facilitate an effective programme of risk management of manual handling activities, including advising on the development of action plans to address risks identified. Provide specific training and advice as appropriate.
- 4.7.2 Lead the Manual Handling Team who are the Trust's specialist advisors on manual handling issues (see Appendix A).
- 4.7.3 Manage The Manual Handling Team in advising on manual handling issues identified on the risk register, to develop focus groups and devise and implement relevant action plans to mitigate risks to the Trust.
- 4.7.4 Lead the team in the design and delivery of mandatory manual handling training, including induction for both clinical and non-clinical staff Trust wide.
- 4.7.5 Lead the team on bariatric management Trust wide contacting infection control, tissue viability and ergonomics as required.
- 4.7.6 Monitor compliance and effectiveness of this policy through audit process to provide an organisational overview of moving and handling (see appendix B).
- 4.7.7 Design audit programmes, as necessary, to facilitate the organisation to benchmark their own manual handling arrangements and services in line with agreed manual handling procedures.
- 4.7.8 Leads/advises on liaising with suppliers/manufacturers of equipment to develop equipment identified for the needs of the Trust
- 4.7.9 Produce monthly reports findings that will be presented to the Health and Safety Committee in accordance with their terms of reference.
- 4.7.10 Lead the team in maintaining a portfolio of procedures and guidance, for staff, on safe handling of patients and inanimate loads. Include procedures for the operation of equipment, such as hoists, beds and trolleys. Include procedures for handling difficult loads, including specific patient groups. Safe operative procedure for manual handling Techniques can be accessed via Health net <http://nww.picts.nhs.uk/PHNetLive/DesktopDefault.aspx?tabid=1923>

All wards and departments are required to have a copy available for staff to view.

Lead the team in reviewing manual handling techniques as appropriate based on risk.

4.7.11 Lead on design delivery and evaluation of Manual Handling Key worker course content ensuring programme comes in line with National Back Exchange Guidance.

4.8 Manual Handling Facilitator

4.8.1 Provide specialist advice and support Trust wide in completing manual handling risk assessments. Provide advice on safe handling practices and use of specialised equipment.

4.8.2 Provide advice and support to Manual Handling Key Workers at ward/department level.

4.8.3 Monitor incidents, complaints and claims, and significant risks identified and reported in the Trust's (Datix) risk assurance database. Notify Patient Safety Team of any significant or serious events.

4.8.4 Provide Trust wide specialist advice on complex manual handling issues including bariatric patients.

4.8.5 Conduct audits of handling practices and support manual handling key workers in monitoring practice and local level.

4.8.6 Designs, delivers and evaluates Trust wide manual handling programmes.

4.8.7 Delivers and evaluates manual handling key worker programme in line with National Back Exchange guidance.

4.9 Manual Handling Assistant Trainer

4.9.1 Assists with mandatory manual handling training, including induction Trust wide for both non-clinical and clinical staff.

4.9.2 Conducts manual handling audits.

4.9.3 Provides 'in house' training on manual handling specific equipment such as mechanical aids, slings as identified by Manual Handling Lead.

4.9.4 Ensures 'in house' manual handling training is recorded on OLM as per Trust policy.

4.9.5 Responsible for administration of Manual Handling Key worker course.

4.10 Clinical Manual Handling Key Worker

4.10.1 Act as a local point of reference, supporting and passing on basic knowledge and skills to colleagues.

4.10.2 Seek specialist advice, as required, regarding safe manual handling issues from the manual handling team.

4.10.3 Support the Local manager in reviewing local manual handling equipment ensuring mechanical aid LOLER checks are in date.

4.10.4 Attend key worker update course, **annually** to maintain competence. This includes validation of manual handling local key trainer folder.

4.10.5 Assist the manager in the undertaking of manual handling risk assessments/audits as applicable.

4.10.6 Provide local manual handling training on mechanical aids and new equipment as appropriate, supported by the Manual Handling team.

4.10.7 Maintain a manual handling file that includes local written documentation such as local manual handling competencies, specific 'in house' training and mechanical aid training.

4.11 Non-Clinical Key Worker role:

4.11.1 Assessors must be fully trained and up to date having attended a key worker update course **annually** to maintain competence.

- 4.11.2 Assessors must have been assessed as competent to practice the indicated skill by the manual handling facilitator.
- 4.11.3 Assess core skills of staff within their area & if necessary deliver training e.g. unsuccessful assessment.
- 4.11.4 Each assessment must be fully completed, signed and dated by the individual and the assessor.
- 4.11.5 This information must then be submitted by email to the workforce development mailbox plh-tr.WorkforceDevelopment@nhs.net where it will be recorded centrally on the Trust system.
- 4.11.6 Ensure that the signed competence assessment paperwork is stored for evidence and maintained locally in line with all HR records and retained for 6 years after the individual leaves service. At which time a summary of the file must be kept until the individual 70 birthday, a paper copy can be scanned and retained.
- 4.11.7 The core manual handling skills will be assessed yearly.
- 4.11.8 If any of the performance criteria are failed on a task, the key worker must complete an action plan stating the intervention, by whom and completion date.
- 4.11.9 Following intervention from the first assessment, a second assessment must be undertaken (where appropriate by a different assessor) as soon as possible.
- 4.11.10 If any of the performance criteria on a task are failed twice, a third assessment may be undertaken by the manual handling team, and findings reported to the line manager. Any employees failing to achieve competency after three assessments, will be deemed unsuccessful and referred back to their manager for further action.
- 4.11.11 Assist managers to ensure manual handling risk assessments are reviewed and up today with suitable action plans attached referring back to manual handling for expert advice where appropriate.

4.12 Departmental and Ward Managers

- 4.12.1 Ensure that all staff, including temporary staff e.g. NHSP are aware of the manual handling procedures and have received up to date training.
- 4.12.2 Carry out planned periodical assessment of manual handling risks in their working environment and record the results in line with the Trust's risk management policy. If manual handling risk assessment is delegated below ward manager level, the action plans must be signed by the appropriate manager.
- 4.12.3 Ensure that individual patient handling risk assessments are completed for all patients within 6 hours of admission using the Patient Handling Risk Assessment Chart.
- 4.12.4 Ensure risks identified on the risk register are supported with relevant action plans, that delivery of the required actions is monitored and further actions identified if needed.
- 4.12.5 Address hazards identified related to manual handling. Ensure that immediate actions are taken to reduce the impact of the hazard and assess any residual risk, recording findings in the Trust's (Datix) risk database, in accordance with the Trust's risk management policy.
- 4.12.6 Review all reports of incidents related to manual handling practice and ensure that an action plan identifying the remedial measures required is in place.
- 4.12.7 Contact manual handling team for specialist advice when required on Tel. 39054 or bleep 89748 for urgent advice.
- 4.12.8 Report malfunctioning manual handling aids, such as hoists, beds and trolleys to MEMS at the earliest opportunity, take them out of service and seek the appropriate expert advice before allowing them to be used.

- 4.12.9 Nominate manual handling key workers for each department, or ward area to conduct manual handling risk assessments and provide onsite training, assessment of competencies and monitoring of practice. Design working arrangements that enable the manual handling key worker to deliver this additional role.
- 4.12.10 Ensure that staff who are absent from work with musculoskeletal injury are referred to the Occupational Health and Wellbeing Department for assessment and guidance regarding returning to work and changes in working arrangements made as appropriate.
- 4.12.11 Ensure a risk assessment is conducted for new and expectant mothers in line with Trust policy (see section 5)

4.13 All staff

- 4.13.1 All staff are expected to take practical steps to minimise risk to themselves, patients and colleagues. Wherever there is doubt or uncertainty, staff are expected to seek assistance necessary to make the procedure safer. All staff are responsible to:
- 4.13.2 Report all manual handling incidents, in line with the Trust's Adverse Events policy.
- 4.13.3 All registered nursing staff to ensure that individual patient handling risk assessments are completed for all patients within 6 hours of admission and are updated if the patient's condition changes, or within 3 days. (Whichever is the earliest).
- 4.13.4 Understand the Trust's procedural documents on managing manual handling risks and ensure that they have an up to date record of completion of required training, as detailed in the Trust's Workforce Induction and Training Policy.
- 4.13.5 Use only equipment and procedures for which they are trained and competent to use
- 4.13.6 Seek basic guidance from the manual handling key worker, or the manual handling team for specialist advice, for any situations where they are uncertain of the best approach to use.
- 4.13.7 Report discomfort or pain possibly associated with their work to their line managers and refer to the Staff to Occupational Health and Wellbeing department as appropriate in line with Trust policy
- 4.13.8 Ensure that they do not create hazards or increase risks as a result of their working practices and behaviours
- 4.13.9 Identify hazards and minimise their impact, through direct action, or through prompt reporting and escalation of identified risks

4.14 Therapeutic Handlers

- 4.14.1 Therapeutic handling is balancing the potential benefits to patients arising from therapeutic intervention, involving manual handling risk to themselves, the patient and colleagues.

The intervention/treatment involving manual handling and the development of skills in order to carry out such interventions are essential core elements of practice.

Prior to any therapy task which specifically involves manual handling a therapeutic risk assessment should be completed.

This will involve the following considerations:

- The task the patient is to achieve
- The patient's ability
- The clinical reasoning

- Alternatives
- Patient's position
- The therapist's role
- Modifications
- Hazards / risks

Risk reducing strategies need to be explored such as the need for extra equipment, additional staff, skills and competence, and the need for management commitment to reduce risks to both staff and patients when conducting therapeutic interventions.

5 Key elements

Risk Assessment

5.1 Manual handling risk assessments for moving and handling of patients and objects.

5.1.1 Manual Handling operations which involve a risk of injury should, where possible, be avoided. The risk of injury related to any remaining manual handling operations, or where the task cannot be avoided, must be reduced to the lowest level reasonably practicable. A basic assessment should consider:

- Load
- Individual capability
- Task
- Environment
- Other factors such as personal protective equipment, level of experience and individual concerns should also be considered.

5.1.3 Manual handling risk assessments must be carried out in accordance with the procedure for the assessment and management of risk which can be found on trust documents on Staff net.

All areas should have a generic overarching manual handling risk assessment for their department entered onto Datix that is reviewed annually or more frequently dependent on the actions identified. Actions will be identified, monitored, reviewed and updated by the manager and supported for initial advice by the manual handling key worker. For expert manual handling advice contact the manual handling team bleep: 89748.

Specific manual handling risks must be assessed using the hazard identification checklist for load handling (see Appendix D), or for pushing and pulling of loads checklist (see Appendix F). The risk assessment is entered onto Datix with actions and review dates identified. Actions will be monitored, reviewed and updated by the manager. For expert manual handling advice contact the manual handling team bleep: 89748.

A manual handling assessment must be completed for all patients who require assistance to move (Manual Handling Operation Regulations 1992) i.e. completion of this form is a statutory requirement (Appendix E). Refer to Bariatric SOP.

5.1.4 Managers and Key workers can seek specialist advice in relation to manual handling risk assessments from the manual handling team for complex risk assessments.

5.1.5 Organisational overview of compliance for managing of risks relating to the moving and handling of patients and objects will be conducted by Manual Handling Team and appropriate recommendations and actions will be reported to service line and departmental managers (Appendix B).

Training

5.2 Manual handling training is a statutory requirement (see appendix C). Manual handling training programmes must encourage all staff to avoid manual handling as far as is reasonably practicable but must also train staff in the correct application of manual handling

techniques where manual handling cannot be avoided. Safe Handling techniques are located on health-net and held locally in department's resource folder.

- 5.2.1 Adequate time should be allowed for the effective delivery of training, and managers must ensure sufficient resources are made available for staff to attend.
- 5.2.2 Load handling;
 - Minimal load handling areas – complete annual trust update e-learning.
 - Load handling areas - Manual handling key workers conduct an inanimate load competency for two thirds of their establishment yearly. One third will attend face to face manual handling training annually. All staff will attend face to face manual handling training once every 3 years.
- 5.2.3 All clinical areas will be required to attend face to face practical training minimum 2 yearly. All staff will receive manual handling theory annually.
- 5.2.4 Mandatory training records will be maintained by the Workforce Development team within the Human Resources and Organisational Development Department who manage the Trust Learning Management System.
- 5.2.5 When new manual handling equipment is purchased, procurement will arrange for the manufacturer to provide training to all staff in that area. This will include more in-depth training for the manual handling team and key workers to enable them to deliver future training to staff in relation to its use.
- 5.2.6 Annual training should be provided to staff where they have specialist manual handling equipment. This will be provided in the clinical area by manufacturing representatives, manual handling team, and manual handling key worker (dependent on skills).

Equipment

- 5.3 All handling aids should be supplied and maintained in accordance with the Lifting Operations and Lifting Equipment Regulations and the Provision and Use of Work Equipment Regulations. Refer to manual handling resource folder and Medical Equipment Maintenance Service.
 - 5.3.1 All new equipment purchased must be approved by the manual handling team. Medical equipment maintenance service must be informed of purchase of mechanical aids.
 - 5.3.2 The maintenance and repair of mechanical handling equipment will be coordinated by the Medical Equipment Maintenance Department.
 - 5.3.3 Guidelines for laundering/cleaning of equipment can be found in the manufactures instructions held in the manual handling resource folder for further guidance refer to Control of Infection Manual.

Specific Arrangements for New and Expectant Mothers

- 5.4. As soon as the HR admin team is informed of a pregnancy, they will send the relevant departmental or ward manager the risk assessment for new, expectant and breastfeeding mothers to complete, if they have not already done so. The manager should agree provisions with the staff member for reducing manual handling, as necessary. The manager should contact HR Direct for advice if they are not able to accommodate these provisions.
 - 5.4.1 Where the manager is made aware of a pregnancy, before it is formally reported to the Trust, the assessment should still be completed and changes in working arrangements made as appropriate.

6 Overall Responsibility for the Document

The Manual Handling Lead, author of this document, has responsibility for developing, implementing and reviewing this policy in line with information governance.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health and Safety Committee and ratified by the Director of Governance.

Non-significant amendments to this document may be made, under delegated authority from the Director of Governance, by the nominated author. These must be ratified by the Director of Governance and should be reported, retrospectively, to the approving Health and Safety Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Governance and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

9.1 The purpose of monitoring will be to assess compliance with this policy and to identify any current issues such as lack of equipment, risk assessments and staff training needs etc. with an overall objective of creating a plan to proactively support the managers and staff to improve practice in their area.

9.1.1 A Trust wide audit with particular attention to identify high risk areas will be co-ordinated by the manual handling team on a yearly basis. This will focus on the following areas of compliance:

- Overarching manual handling risk assessments are completed in date with appropriate action plans
- Sufficient amount of appropriate manual handling equipment is available
- Task specific risk assessments are conducted
- Areas have active key workers

A report of findings will be presented to the Health and Safety committee by the Manual Handling Lead, and disseminated to matrons and ward managers.

Audits will be conducted in non-clinical areas and findings presented to the Health and Safety committee disseminating to findings to managers.

9.1.2 The availability of patient handling equipment will be monitored by the manual handling key worker at local level.

- 9.1.3 Service Line managers will monitor the level of sickness absence related to manual handling and investigate areas where levels of injury or cumulative trauma are above average for Plymouth Hospitals NHS Trust.
- 9.1.4 Audit of practice in specific areas may be conducted following reports from staff during training and on review of reported incidents.
- 9.1.5 Patient handling risk assessment charts will be monitored on a monthly basis by the manual handling team using Meridian. Verbal reports will be given at time of audit. All managers and matrons are able to access this live tool reports will be sent to matrons and managers who are responsible for delivery of arising actions.
- 9.1.6 Monitoring of local training delivered by the Manual Handling Key Workers will be performed by the Manual Handling Team by means of, auditing the Manual handling key workers department folder.
- 9.1.7 All manual handling incidents must be investigated by the department/ward manager and a risk assessment conducted. Following investigation, the ward/department manager must develop a remedial action plan and monitor the progress against set time-scales providing feedback to the service line manager when difficulties with implementation arise.
- 9.1.8 The manual handling team monitor and review manual handling incidents to establish an overview of key themes and trends; this is reported via the health and safety dash board to the health and safety committee by the manual handling lead.
- 9.1.9 The workforce development team within the Human Resources and organisational development department will monitor training records and produce monitoring reports on a monthly basis for the Associate Director of Human Resources and Organisational Development to take to the Trust Board.
- 9.1.10 On a monthly basis, statistics regarding manual handling are reported to the Health and Safety Committee in relation to incidents and key issues. Where areas for learning and improvement are identified, an action plan will be agreed and implemented with progress reported to and monitored by the health and safety committee.
- 9.1.11 The Board will receive reports from the health and safety committee.

10 References and Associated Documentation

Manual Handling Operations Regulations (1992) regulation 4, as amended by the Health and Safety Executive (Miscellaneous Amendments) Regulations (2002) Manual Handling Operations Regulations 1992.HMSO. London.

Management of Health and Safety at Work Regulations. (1999) HMSO: London

Health and Safety at Work Act (1974) HMSO: London.

The Guide to the Handling of People. (2011) Middlesex: Back Care. RCN. National Back Exchange

The Health and Social Care Act (2008) (Regulated Activities) Regulations 2009 HMSO:London

Specific guidance on Manual Handling in physiotherapy (4th edition) 2014

The following documents are referred to in this policy, or provide additional sources of reference material:

Guidance about compliance. Essential standards of quality and safety. Care Quality Commission, March 2010

NHSLA Risk Management Handbook, 2011/12. NHS Litigation Authority, February 2011.

TRW.MAH.POL.591.2 Moving and Handling People and Objects Policy

NHSLA Risk Management Standards for NHS Trusts providing Acute, Community or Mental Health & Learning Disability Services and Independent Sector Providers of NHS Care, 2011/12. NHS Litigation Authority, January 2011.

NHSLA Risk Management standards 2013-14

Further information: The following is a list of further information and guidance relevant to manual handling:

Back Care, RCN, 2005, The Guide to the Handling of Patients, 5th Edition, Ed. Smith J., Back Care (NBPA), Middlesex.

HSE, Manual Handling Operations Regulations 1992 (as amended) Guidance on Regulations, L23, 2004

HSE, 1998 Lifting Operations and Lifting Equipment Regulations 1998. Approved Code of Practice and Guidance L113, HSE Books

HSE, Simple Guide to the Provision and Use of Work Equipment Regulations 1998

HSE (2007) Risk assessment and process planning for bariatric patient handling pathways

Hignett, S., 2005, Measuring the Effectiveness of Competency Based Education and Training Programmes in Changing the Manual Handling Behaviour of Healthcare Staff. HSE Books Research Report 315

RCN, 2003, Safer Staff, Better Care, RCN Manual Handling Training Guidance and Competencies, RCN, London

Smith, J. (ed.) (2011) The Guide to the Handling of People, 6th edn. Teddington: Backcare

Core Information				
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Dissemination Lead	Sarah Fishwick			
Previous Documents				
Previous document in use?	Yes			
Action to retrieve old copies.	Archive			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff	2015	Email	Document Control	
Vital Signs	2015	Electronic	Sarah Fishwick	
Service Line Directors, Cluster Manager, Ward Managers and Heads of Department, Matrons, Clinical Educators, Manual Handling Key Workers	2015	Electronic	Sarah Fishwick	

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Manager	Sarah Fishwick
Directorate	Clinical Management
Date	February 2015
Title	Moving and Handling People and Objects
What are the aims, objectives & projected outcomes?	This policy is intended to support the organisation in reducing the risk of manual handling injuries and provide guidance on the measures that that should be taken to ensure safe moving and handling can be applied in the workplace.
Scope of the assessment	
<p>The assessment covers all protected characteristics</p> <p>The EIA was produced by the Trust's Equality & Diversity Lead</p> <p>Incidents are monitored via Datix and reported as necessary</p>	
Collecting data	
Race	<p>There is no evidence to suggest there is disproportionate impact on race regarding this policy.</p> <p>However, data collected from Datix incident reporting will ensure this is monitored.</p>
Religion	<p>There is no evidence to suggest there is a disproportionate impact on religion or belief and non-belief regarding this policy.</p> <p>However, data collected from Datix incident reporting will ensure this is monitored.</p>
Disability	<p>There is no evidence to suggest there is a disproportionate impact on disability regarding this policy.</p> <p>However, data collected from Datix incident reporting will ensure this is monitored.</p> <p>Consideration will be made for staff requiring reasonable adjustments for training purposes.</p> <p>Consideration will be made for patients who have special requirements whilst manual handling is being undertaken by staff. This will be monitored through complaints and incidents.</p>

Sex	<p>There is no evidence to suggest there is a disproportionate impact on sex regarding this policy.</p> <p>However, data collected from Datix incident reporting will ensure this is monitored.</p> <p>Consideration has been made to ensure the manager agrees provisions with the staff member for reducing manual handling, as necessary.</p>
Gender Identity	<p>There is currently no data collected for this area.</p> <p>However, data collected from Datix incident reporting will ensure this is monitored.</p>
Sexual Orientation	<p>There is no evidence to suggest there is disproportionate impact on sexual orientation regarding this policy.</p> <p>However, data collected from Datix incident reporting will ensure this is monitored.</p>
Age	<p>There is no evidence to suggest there is a disproportionate impact on age regarding this policy.</p> <p>However, data collected from Datix incident reporting will ensure this is monitored.</p>
Socio-Economic	<p>There is currently no data collected for this area.</p> <p>However, data collected from Datix incident reporting will ensure this is monitored.</p>
Human Rights	Data collected from Datix incident reporting will ensure this is monitored.
What are the overall trends/patterns in the above data?	No comparative data has been used to date which means that no trends or patterns have been identified.
Specific issues and data gaps that may need to be addressed through consultation or further research	No gaps have been identified at this stage but this will be monitored via data collected from Datix incident reporting.
Involving and consulting stakeholders	
Internal involvement and consultation	<p>Health & Safety Committee</p> <p>Director of Governance</p> <p>Equality & Diversity Lead</p>
External involvement and consultation	Not applicable

Impact Assessment

Overall assessment and analysis of the evidence

Consideration will be made for staff requiring reasonable adjustments for training purposes.

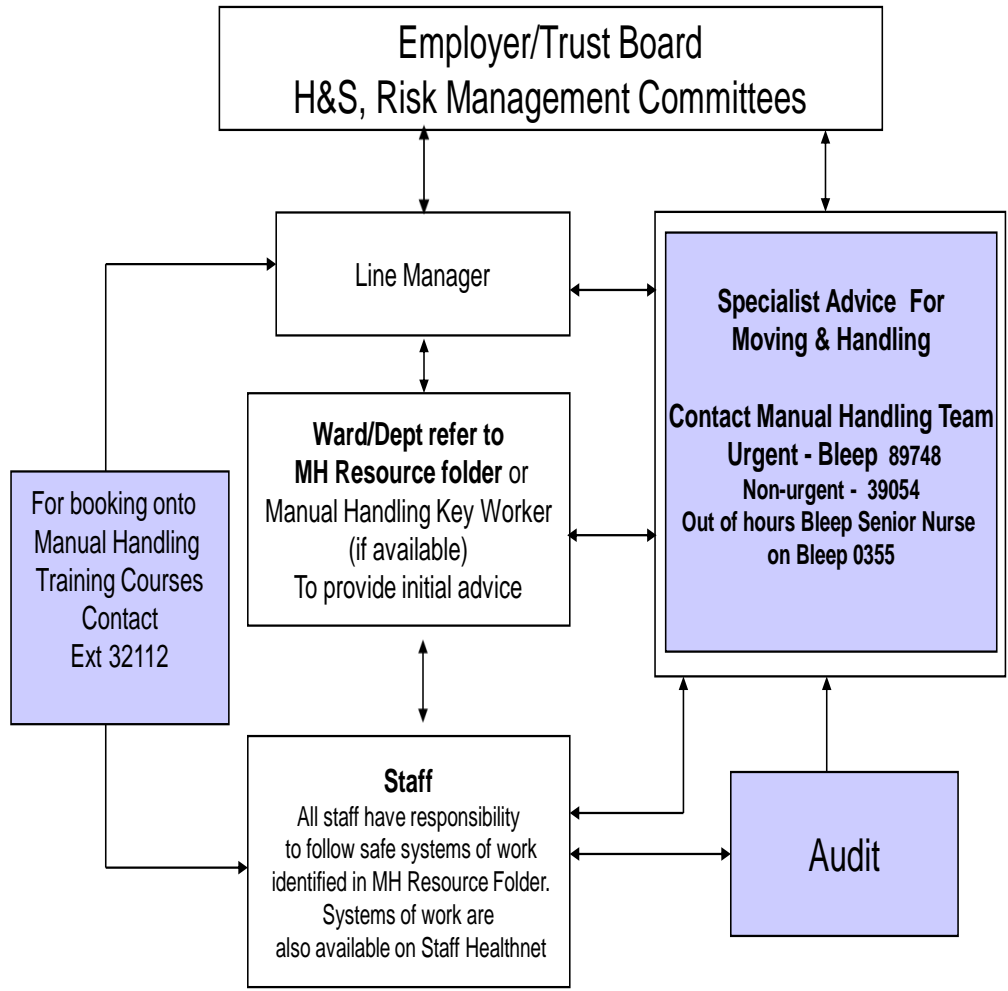
Consideration will be made for patients who have special requirements whilst manual handling is being undertaken by staff. This will be monitored through complaints and incidents.

Consideration has been made to ensure the manager agrees provisions with the staff member for reducing manual handling, as necessary.

Action Plan

Action	Owner	Risks	Completion Date	Progress update
Collect and monitor data collected from Datix on incidents	Sarah Fishwick		ongoing	

Manual Handling - Organisational Advice Structure



Ward/Department: Date: Audit Completed by: Results reported to:	YES	NO	N/A	Don't know
Auditor Checklist: 1. Policies and Procedures				
The following are readily available for staff reference:				
1.1 Manual Handling Resource folder with current up to date manual handling documents located on Staff net moving and handling folder. http://staffnet.plymouth.nhs.uk/DocumentLibrary/TrustDocuments.aspx				
2. Manual Handling Risk Assessments				
2.1 Do you have an overarching manual Handling risk assessment. Date of last review:				
2.2 Do you have any task specific risk assessments on Datix? ID number:				
2.3 Are all the assessments in date?				
3. Equipment Available (See Equipment Checklist)				
3.1 Sufficient number, including range of sizes of mobile hoist slings. [3 of each size]				
3.2 Total number of mobile hoist slings :				
3.3 Tick size of slings currently stocked in the department: Extra Small. Small. Medium. Large.				
3.4 Sufficient number of Stand aid hoist slings available				
3.5 Total number of stand aid slings:				
3.6 Tick size of stand aid slings currently stocked in the department: Small. Medium. Large.				
3.6. At least 1 bag of slide sheets fit for purpose currently in stock				
3.7 Flow charts visible to all staff and clear plastic bag available to remove worn slide sheets out of circulation http://staffnet.plymouth.nhs.uk/DocumentLibrary/TrustDocuments.aspx				

4. Manual Handling Key Worker				
4.1 You have an active 'in date' manual handling key worker based on the ward/dept.				
4.2 Manual Handling key worker department folder in place and available				
5. Arrangements for appropriate specialist advice				
5.1 Flowchart from the Manual Handling Team for staff to access specialist advice is clearly visible.				

Can be located on Healthnet:

<http://nww.picts.nhs.uk/PHNetLive/DesktopDefault.aspx?tabid=1832>

Practical face to face training sessions:

Induction Course Name	Staff Group
Patient Handling Induction	All new staff recruited to the Trust for initial Manual Handling training as stated in the PHNT Policy. Application of safer principles of manual handling in a patient-handling environment.
Part 2 MH Induction	New staff who are working in a clinical environment, moving and handling patients that have never worked in an Acute Trust previously. These staff will have attended the initial clinical induction training session and then return to consolidate the training on this additional half day session.
Doctors Induction	All Doctors joining PHNT, Application of safer principles of manual handling in a patient-handling environment.
SMOL Induction (Safe Movement of Loads)	All new staff joining PHNT, working in non-clinical areas. This will include office staff, and staff handling inanimate objects, covering theoretical aspects of inanimate load handling and practical which will include principles of moving and handling

Update Course Name	Staff Group
Ward based clinical staff	Ward based staff that move and handle patients in a ward environment, including critical care, research nurses. Practical application of safer principles of manual handling in a ward environment.
Allied Health Professionals	All Physiotherapy and Occupational Therapy Staff. Application of safer principles of manual handling in a therapeutic and rehabilitation patient environment
Inanimate load handling	All non-clinical staff who handle inanimate objects. This will include; SDU, Pharmacy, Post Room, Estates, Stores, Labs. Practical application of risk assessment of inanimate load handling including practical application of principles of handling inanimate objects.
Medical staff	All Medical Staff that move and handle patients. Application of safer principles of manual handling in a patient-handling environment.
Paediatric based clinical staff	Clinical ward/community staff that move and handle children. Application of safer principles of manual handling in a paediatric environment.
Theatre based clinical staff	All Clinical and Support Staff that move and handle patients in Theatres. Application of safer principles of manual handling in a theatre environment.
Clinical minimal load handling	Staff who occasionally conduct sit to stand tasks, emergency handling procedure and moving of inanimate loads. This will include groups such as; audiologists, phlebotomists, Dieticians, psychologists. This will not include registered nurses or health care assistants. Refer to workforce for clarification. Application of safer principles of manual handling.
Non-ward based clinical staff	All Clinical and Support Staff who move and handle patients in clinical areas such as; Clinics, Outpatient Departments, A&E, Medical Physics, Primrose Care Unit, REI outpatients, Neurophysiology, X-Ray and all Porters research nurses. Application of safer principles of manual handling in a patient-handling environment.

Manual Handling Hazard Identification and Checklist

This identification checklist can be used to identify hazards in relation to moving and handling tasks, and assist with the process of creating your departmental risk assessments. The following checklist contains questions and information to help highlight the hazards that are present in your workplace. In addition to the checklist, discussions with employees and a review of the workplace will provide valuable information to assist you in writing the risk assessment.

The order of priority of more than one assessment can be based upon the number of YES responses. The more YES answers, the higher the priority.

Location of Work **Date**

Description of Task
Answer the questions by placing a tick in the appropriate box

Does the task involve;

		Yes	No
1.	Holding the loads away from the body?		
2.	Frequent or prolonged stooping?		
3.	Stretching or reaching above shoulder height?		
4.	Sideways twisting of the body?		
5.	Large vertical movement (floor to shoulder)?		
6.	Long carrying distances e.g over 10m?		
7.	Unbalanced or uneven carrying of loads? e.g one handed carrying		
8.	Risk of sudden movements of loads? e.g boxes stacked high on a trolley and likely to fall off, do peaks or sudden increases in workloads occur?		
9.	Strenuous pulling or pushing?		
10.	Repetitive or prolonged handling?		
11.	Insufficient rest or recovery time?		
12.	A work rate imposed by a process?		

Individual Capability – does the job;

		Yes	No
13.	Require unusual strength, height etc?		
14.	Endanger those with a health problem?		
15.	Call for special information and training?		
16.	Create a hazard for those who are pregnant?		
17.	Require consideration for staff under 18 years of age?		
18.	Returning to work after period of absence?		

Work Organisation:

19.	Are there sudden changes in the workload or seasonal changes in volume without mechanisms dealing with the change?		
20.	Are the working techniques that are used incorrect or performed poorly e.g.		
	- not using the lifting equipment or aids provide		
	- not preparing the manual handling task before starting		
	- lifting while twisting the trunk?		
	- lifting with the trunk flexed?		
	- not using the legs to do the work?		
	- using one side of the body to do the work?		
	- not getting the load close to the body?		
21.	Do the workers feel they have not been given enough training and information to carry out the task successfully?		

The Load;

Are they;

		Yes	No
22.	Unstable or with contents likely to shift or spill?		
23	Intrinsically harmful? E.g too hot, cold or sharp		
24.	Slippery?		
25.	Heavy or unwieldy?		

Working Environment

		Yes	No
26.	Is there sufficient space to use mechanical equipment when needed?		
27.	Are floors clean, even and slip resistant?		
28.	Are working temperatures too hot, cold or humid?		
29.	Is the lighting adequate? E.g dim or causing glare		
30.	Are the working surfaces at a comfortable height or adjustable?		
31.	Are there restrictions on movement/posture from clothing or personal protective equipment?		

Equipment Factors

		Yes	No
32.	Is equipment used: suitable in design, in good in good working order and regularly maintained?		
33.	Does the equipment have brakes, poor handles, sticky or unsuitable wheels?		

Signed.....

Date:.....

Risk Assessment carried out and transferred to Datix.

Date:.....

**Guidance for Completion of Patient Handling Risk
Assessment Chart**
(Purple Form RK90260)

A. Standard

A manual handling assessment must be completed for all patients who require assistance to move (Manual Handling Operation Regulations 1992). i.e. completion of this form is a statutory requirement.

B. General information regarding assessment

1. All patients admitted must have a form completed within 6 hours of admission. The form may also be used for outpatients requiring assistance to move as required.
2. The assessment and recording of the details should be undertaken by a registered nurse during the initial stages of the patient admission. Any registered health care professional can contribute to the patient handling plan (pages 3+4).
3. The form should be updated where there is a change in condition and at a minimum every 3 days. It is the responsibility of the nurse caring for a patient at any given time to ensure that the form is updated as appropriate. It is the responsibility of ward Sisters/Charge Nurses to ensure their staff are meeting this requirement.
4. All details must be recorded in black ink and must be clearly legible.
5. The form must be kept within the vicinity of the patient and is accessible by all relevant staff. The form will be retained as a legal record within the patient's notes after discharge.
6. The form must be shared with all staff involved in moving the patient e.g. when temporarily transferred to other departments e.g. X-Ray, Theatres.

C. Completing the form

1. Personal details of name, date of birth and hospital number must be completed on every page. Location on admission and date of admission must also be recorded.
2. Identify if the patient has had a fall in the last 12 months. If the answer is yes, a MORSE falls assessment is required, date when this assessment has been completed.
3. Indicate whether or not the patient requires assistance to move. If the patient does not require assistance or supervision to move, enter **No**, print name and initials at the bottom of page 2.
4. For patients requiring assistance to move complete the numerical assessment chart and identify level of risk. Note; If a bed rail is required complete bed rail risk assessment and enter date that the assessment is carried out. Enter the numerical scoring of the assessment in the traffic light boxes.
5. The patient handling plan must indicate *method, equipment and number of staff* required for each handling activity. If the capability of the patient varies, always

record the method which will reduce the risk to the lowest level possible. If an activity is not applicable to the patient or has not yet been assessed indicate this on the plan. Ensure consent is documented on Page 4.

6. Use the “other” handling activity section for any activities not listed or to reflect variability e.g. transferring when patient is fatigued.
7. When updating the patient handling plan it is not necessary to rewrite the previous “handling activity” entry if it still reflects the current handling status.
8. Enter date, time, print name/initial and designation for all handling activity entries, even if handling activity is identified as n/a or if identifying that the task has not yet been assessed.
9. When specific bariatric equipment is required you will need to complete the chart on Page 4 highlighting any relevant equipment. Following this please ensure you complete the Bariatric Pathway Review Form; for more information see Safe Operative Procedure for management of Bariatric Patients.
10. If assessment indicates complex handling issues and further advice is required, contact the Manual Handling Team for expert advice, Bleep 89748

D. Outcomes

1. All patients will have the risk assessment chart completed. This will be achieved within 6 hours of admission.
2. All patients requiring assistance to move will have the numerical assessment chart completed.
3. All patients requiring supervision or assistance to will have a patient handling plan completed comprehensively.
5. ***On transfer to another department this form will accompany the patient.*** On discharge home when care is to be provided by trust staff or another agency, a summary of handling requirements must be supplied.
6. The form will reflect current handling status within a reasonably practicable time frame.
7. The form will be freely available for all relevant staff to be guided on the safest handling method.
8. Staff will be required to refer to this form prior to moving the patient.

E. The Traffic Light system

Following completion of the numerical assessment chart, the patient should be given a colour rating from the traffic light code (red, yellow or green). This illustrates the level of risk. Below is an outline:

Red: High Risk (Score 20+) For example, a dependant patient unable to move themselves.

Yellow: Moderate Risk (11-19) May require assistance of 1 or 2 staff, plus equipment.

Green: Low Risk (0-10) Minimal assistance, supervision or verbal prompts.

**Manual Handling Pushing and Pulling of Loads :
Identification Checklist**

Appendix F

Manual Handling Pushing and pulling of loads: Identification checklist
(MHOR L23 1992)

Section A: Preliminary

<p>Task name:</p> <p>Task description:</p> <p>Weight of the load:</p> <p>Frequency of operation:</p> <p>Push/ pull distances:</p> <p>Are other push/ pull tasks carried out by these operators?</p> <p>Assessment discussed with employees/safety representatives:</p>	<p>Is an assessment needed?</p> <p>(An assessment will be needed if there is a potential risk of injury, eg if the task falls outside the guidelines).</p> <p align="center">Yes/No*</p> <p>*Circle as appropriate</p>
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If yes, continue to use the checklist and enter risks and actions onto Datix.

If no the assessment need go no further.

Section B: Pushing and Pulling - More detailed assessment, where necessary

Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	Low	Med	High		
Do the tasks 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 waist or above shoulder height?					
Movement at high speed?					
Movement over long distances?					
Repetitive pushing/ pulling?					
Does it lack good handholds?					
<i>If on wheels / castors, are they:</i>					
Unsuitable for the type of load?					
Unsuitable for the floor/ work area?					
Difficult to steer?					
Easily damaged or defective?					

Section B: Pushing and pulling - More detailed assessment, where necessary

Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, E.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	Low	Med	High		
<i>The load or object to be moved:</i>					
Is it unstable/ unpredictable?					
Is vision over/ around it restricted?					
<i>If on wheels / castors, are they:</i>					
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?					
Consider 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?					
Ramps/ slopes/ uneven surfaces?					
Rutted/ damaged/ slippery floors?					
Poor lighting conditions?					
Hot/cold/humid conditions?					
Strong air movements?					

Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	Low	Med	High		
Consider individual capability – does the job:					
Require unusual capability?					
Pose a risk to those with a health problem or a physical or learning difficulty?					
Pose a risk to those who are pregnant?					
Call for special information / training?					

Section B: Pushing and pulling- More detailed assessment, where necessary

Questions to consider:	Yes/ No	Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, eg changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
Other factors to consider: Equipment			
Is movement or posture hindered by clothing or personal protective equipment?	Yes/ No		
Is there an absence of the correct/ suitable PPE being worn?	Yes/ No		
Are trolleys/ carts/ floor surfaces poorly maintained/ cleaned properly?	Yes/ No		
Is there a lack of regular maintenance procedures for the equipment?	Yes/ No		
Work organisation (psychosocial factors)	Yes/ No		
Do workers feel that there has been lack of consideration given to the planning and scheduling of tasks/ rest breaks?	Yes/ No		
Do workers feel there is poor communication between users of the equipment and others (eg 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		