Lincolnshire Community Health Services NHS Trust

Bariatric Patients Policy

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Chair: Elaine Baylis QPM
Chief Executive:Andrew Morgan

Bariatric Patients Policy

Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		New Policy	July 2014	Malcolm King
1.1		Extension to Sept 2016 to allow liaison with external agencies	June 2016	J Thorogood
1.2		Extension to Feb 17 allow liaison with external agencies	Nov 2016	Corporate Assurance Team
1.3		Extension to July 17 allow liaison with external agencies	May 2017	Corporate Assurance Team
1.4		Extended	September 2017	Corporate Assurance Team
1.5		Extended	February 2018	Corporate Assurance Team
2	Section 5.3, 5.3.1	Reviewed: changes made. LCES changed to ICES throughout & back Care team changed to Moving & Handling Specialist.	May 2018	Cheryl Day & Tina Bellamy
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Procedural Document Statement

Background	The level of obesity is increasing in the general population and as a consequence a greater number of obese patients with health conditions are accessing local health services. The term bariatric is used to describe morbidly obese patients (BMI > 40) and these patients may range in weight from 18 – 70 stone in weight. LCHS has a legal requirement to ensure that safe systems of work and the necessary equipment and facilities are in place to support bariatric patients at all stages of the care pathway and to reduce health and safety risks to staff. Patient privacy, dignity and optimal level of independence are equally important.
Statement	LCHS recognises the challenges that can occur in relation to the treatment and care of bariatric patients and the increased level of risk that can occur from moving and handling and tissue viability. LCHS staff and managers will work together and with other local organisations, to ensure communication is effective and resources and safe systems are in in place to support the patient's journey from admission to discharge and reduce the risk of delays in the transfer of care.
Responsibilities	Managers have the responsibility to: 1. Perform proactive risk assessments of their work areas to ensure that the equipment, environment and facilities are safe and suitable for bariatric patients. 2. To ensure that bariatric patients are properly assessed and that necessary equipment and adequate staff are provided to support the patient journey. 3. To reduce the risks to staff and patients associated with moving & handling so far as is reasonably practicable. All staff and managers must ensure that patients are moved in a safe and comfortable manner whilst maintaining their privacy and dignity and to maintain an optimum level of health and independence.
Training	Practical training in the use of special techniques and equipment used to move the bariatric patient will be included in Moving & Handling induction and update training for clinical staff. Other clinical training provided will also include specific reference to bariatric patients e.g. tissue viability, resuscitation and nutrition.
Dissemination	Team Brief, LCHS Website Moving & Handling Training – Induction/Update
Resource Implication	Investment in additional equipment for community hospitals (for example chairs in dinning areas) Hire costs of equipment - £10,000 - £20,000 pa Ongoing costs of training and availability of specialist advisors. Costs arising from departmental/service risk assessments

1. INTRODUCTION

The United Kingdom has the fifth largest rate of obesity in developed countries (Office of Health Economics 2010b). Obesity remains a significant public health problem in England with 24 percent of men and 25 percent of women defined as obese. The impact of obesity on health is associated with an increased risk of developing co-morbidities, which in turn can lead to an increased use of healthcare services. Obese patients may not present until late in the course of their illness due to mobility and transportation problems, sedentary life-styles and depression.

The term 'bariatric' refers to the field of medicine that focuses on the treatment and control of obesity, and diseases experienced by the overweight. The term is derived from the Greek word 'baros' meaning heavy and 'iatrics' meaning treatment.

This policy defines a "bariatric patient" as a person who has a Body Mass Index (BMI) of 40 or more and who also has an associated health condition. It is recognised that bariatric patients may have difficulties not only because of their weight but also due to their physical width, body shape, and level of mobility.

Bariatric patients can present a number of challenges in regard to their treatment and management including manual handling and tissue viability. Failure to address these situations may lead to patients requiring increased medical or healthcare interventions and lead to a failure to receive the correct treatment required, and possibly lead to adverse conditions or consequences for staff and patients.

Staff in all wards and departments must work together and with other local organisations, to ensure communication is effective and resources and safe systems are in in place to support the patient's journey from admission to discharge and reduce the risk of delays in the transfer of care.

2. PURPOSE

The purpose of the policy is:

- To ensure that patients are moved in a safe and comfortable manner whilst maintaining their privacy and dignity and to maintain an optimum level of independence.
- To reduce the risks to staff and patients associated with manual handling.
- To support the provision of seamless care and to prevent delays in the transfer of care.
- To ensure staff know how to access specialist advice and equipment when needed.

3. SCOPE

The policy is an integral part of the Trust's overall risk management approach and applies to all staff and managers who may be involved in the care and delivery of services to bariatric patients including:

- In-patient Wards with the LCHS Community Hospitals
- Urgent Care Centres, Outpatient Clinics and Departments
- Community Services i.e. District Nursing Services, Independent Living Teams, Therapy Teams

4. RISK ASSESSMENT

A robust risk assessment process is fundamental to the successful implementation of the policy.

4.1 Risk Assessment –Environment & Facilities

Managers must risk assess their departments to ascertain whether adequate provision has been made to meet the needs of bariatric patients who may access services. These assessments must

look at the suitability of the environment, equipment and overall systems of work to ensure that these meet patient needs and safety requirements.

These risk assessments will be used to highlight equipment deficiencies and environmental modifications that may be required to improve services. Details of these will be highlighted to the Trust through the normal risk management procedures. Specialist advice from Facilities Managers/Advisors and LCHS Moving & Handling Specialist may also be required as part of the assessment process.

The following factors will need to be considered in the risk assessment:

- The tasks/interventions carried out in the service area
- Weight limits and suitability of equipment and furniture
- Room layout and the positioning of furniture and equipment
- Weight limits and suitability of toilet/welfare facilities
- General space requirements including widths of doorways and corridors
- Availability of specialist equipment
- Availability of seating/wheelchairs suitable for bariatric patients
- The number of staff available to assist dependent bariatric patients

Within inpatient areas designated bed spaces will be provided for bariatric patients to ensure that there is adequate space for Moving & Handling and safe evacuation in the event of an emergency requirements. In some areas two bed spaces will need to be used if individual bed spaces are not large enough. A minimum functional spatial requirement of 16.61m2 is recommended. These bed spaces should also include the availability of H frame heavy-duty ceiling track hoists.

Leg Ulcer Clinics, which treat bariatric patients, must be equipped with fully electric bariatric treatment couches to avoid the need for staff to lift or support heavy legs. Suitable operator seating and a trolley to bath legs must also be available (See Appendix 2)

4.2 Risk Factors

There are a wide range of risk factors that need to be considered in relation to the care and treatment of the bariatric patient in both the hospital and community settings. Good risk assessment and health and safety management is paramount at all stages of the care pathway to ensure that staff and patients are not exposed to unnecessary risks.

A detailed list of risk factors is given in Appendix 1.

5. BARIATRIC PATHWAY

5.1 ADMISSIONS (See also Admissions Flow Chart Appendix 2)

5.1.1 Planned Admissions

For planned admissions, detailed information about the patient's needs must be obtained in advance from the referring source e.g. Ward, Clinic, GP, Nurse Practitioner so that necessary equipment and arrangements can be put in place prior to admission. The following information will be required:

- Accurate weight of the patient and date when obtained
- Size and shape of the patient
- Level of mobility and ability to weight bear
- Details of the current Moving & Handling Assessment /Plan including equipment used
- Number of staff required to move the patient

On receipt of this information the admitting ward will make the necessary arrangements to receive

the patient including adequate space, special equipment and adequate staffing. This procedure will also apply to LCHS commissioned beds in care homes.

5.1.2 Emergency Admissions
The admitting GP/Practitioner or Ambulance Service must inform the ward that a bariatric patient is being admitted. A full Moving & Handling Assessment should be completed on arrival to the ward. Emergency admissions must not be accepted unless essential bariatric equipment is available e.g. bariatric bed, hoist and commode.

5.1.3 Moving & Handling Assessment
A full Moving & Handling Assessment must be completed as part of the admission process for all types of admission. Patient independence must be encouraged as much as possible and manual handling by staff kept to the minimum. All patients must be weighed on admission.

The following information must be included in the assessment:

- The weight of the patient
- Size, width and body shape of the patient
- Level of mobility and ability to weight bear
- Details of moving & handling risk factors e.g. poor balance, weakness of limbs, history of falls, skin condition
- Tasks to be performed e.g. movement in bed, transfers, toilet needs
- Specific details of handling techniques and equipment to be used
- The number of staff required to perform specific tasks
- Details of any unmet needs, staff or equipment deficiencies – these must be reported promptly to the Ward Manager

5.1.4 Out-Patient Appointments
Bariatric patients visiting outpatients waiting areas and clinics should have access to extra wide heavy-duty seating /couches. Individual requirements must be established on booking and prepared for in advance. The patients weight and BMI should be provided on the referral. A Moving & Handling Assessment must be completed.

5.1.5 Community Patients
A Moving & Handling Assessment must be completed as part of the initial assessment by the community practitioner e.g. District Nurse. The assessment will identify any moving and handling hazards associated with the delivery of care/treatment and the handling techniques and equipment required to move the patient safely.

The assessment should consider all the handling tasks that may need to be performed by community staff including:

- Lifting/supporting of legs
- Washing and bandaging of legs
- Rolling the patient on the bed to inspect pressure areas
- Cleaning/inspecting skin within skin folds or under the abdominal apron.
- Walking and transfers

5.2 MOVING & HANDLING

Normal Moving & Handling principles must be followed in relation to bariatric patients including:

- Perform a Moving & Handling Assessment. Review the assessment regularly and update it when there are changes to the patient's condition or handling situation

- Encourage patient independence at all times
- Use special equipment and do not manually lift the patient
- Avoid working in bent or twisted postures
- Avoid static postures
- Avoid lifting and supporting of the patient e.g. heavy legs or the abdominal apron
- Ensure that there is adequate space and sufficient staff to move the patient
- Seek advice where necessary from other professionals involved e.g. Physiotherapist, Occupational Therapist, Moving & Handling Specialist.

5.3 EQUIPMENT

Specialist equipment will be required for the bariatric patient, which may include:

- A heavy-duty electric profiling bed (extra wide)
- Pressure relieving mattress
- Chair
- Commode
- Wheelchair
- Hoist and slings
- Standing aids
- Walking aids
- Appropriate weighing equipment for independent and dependent service users

Within LCHS hospitals this equipment must be made available before admission (if admission is planned). Emergency admissions must not be accepted unless essential bariatric equipment is available e.g. bariatric bed, hoist and commode.

- There are weight limits to equipment and these must not be exceeded
- Patients must be individually assessed for equipment to make sure it is suitable for them
- Equipment should be safety checked each time it is to be used

5.3.1 LCHS Hospital Equipment
Each LCHS inpatient area will have a standard package of bariatric equipment available including:

- Acute Hospital Profiling Bed (adjustable width)
- Dynamic Pressure Relieving Mattress/Turning Mattress
- Mobile Hoist, capable of lifting the load
- Heavy Duty Ceiling Track Hoist
- Bariatric Hoist Slings
- Extra wide Commode
- XL Slide Sheets
- Repositioning Sheets
- Walking Aids
- Weighing Equipment (hoist weigh scales, weigh shoes, weigh scales)
- Static Armchair
- Aids for lifting and supporting legs
- Bariatric Shower chair

(Equipment specifications are given in Appendix 2.)

Local equipment inventories must be maintained of all moving and handling equipment available within specific wards and departments including details of the weight limits. Local staff will have responsibility for maintaining these inventories.

If the standard equipment is not suitable bespoke equipment will need to be provided following individual assessment.Initially this bespoke equipment will be obtained on hire via the approved

Trust supplier for bariatric equipment hire (See Appendix 3). Additional equipment may also have to be obtained on a hire basis depending on the number of bariatric patients receiving care at any one time.

In addition to moving and handling equipment wards must ensure that other essential equipment is available to meet the needs of bariatric patients including:

- Blood Pressure Cuffs
- Gowns
- XL Bed Pans

5.3.2 Community Equipment
A range of bariatric equipment is available from the Lincolnshire Community Equipment Service (ICES) This includes bariatric profiling beds and other equipment such as commodes and walking aids. Before issuing equipment staff must ensure that the patient is within the weight limit as part of the individual risk assessment.

The risk assessment must also consider whether adequate space is available within the patient's home and the compatibility of the equipment with the environment. Details of equipment specification are available on the ICES website.

Advice on the use of community bariatric equipment is available from the LCHS Moving & Handling Specialist. In some situations bespoke equipment may be required to meet patient needs.

5.4 TISSUE VIABILITY

Bariatric patients are more at risk of developing pressure ulcers due to poor circulation to fatty tissues resulting in skin breakdown. Pressure from the sides of equipment such as commodes, wheelchairs and chairs that do not fit correctly may cause breakdown over the hip area. It is essential to ensure that the correct equipment is used to support the patient's size and width without causing pressure areas.

The need for frequent turning or repositioning of the patient will require increased levels of staffing and suitable equipment. Special automated turning mattresses should also be available in some cases.

5.5 NUTRITION

As part of the care pathway it is essential that advice should be sought from a dietician at the earliest opportunity and an appropriate dietary management regime adopted. Bariatric patients are at risk of malnutrition due to illness, resulting in lethargy and depression. Weight gain can be a result of medication, reduced mobility and fluid retention.

5.6 REHABILITATION

Providing rehabilitation for the bariatric patient has foreseeable risks including the potential for falls and manual handling injuries to staff.

A comprehensive risk and mobility assessment must be undertaken and the patient needs balanced against the health and safety risks of everyone involved. Following risk assessment, additional equipment may be required to assist with rehabilitation.

A moving and handling assessment must be completed by the therapy team for the rehabilitation tasks being performed with the patient.

Special equipment may be required to support the process of rehabilitation including:

- Standing hoists & transfer aids
- Heavy-duty walking aids e.g. crutches, walking frames, sticks
- Riser/recliner chair
- Special hoist slings – e.g. walking harnesses

Additional staff may be required to assist with rehabilitation treatment sessions.

5.7 DISCHARGE

5.7.1 Transfer to another Hospital

The nurse in charge of the clinical area will contact the nurse in charge of the receiving area to inform them of the transfer of the bariatric person and to pass on information about their needs, including details of the patients Moving & Handling Assessment/Plan. This must be done in sufficient time for the receiving area to initiate their procedures and put in place any equipment required before the transfer of the patient.

5.7.2 Community Care

Planning for discharge in to the community must begin as early as possible after admission as it can take longer to organise equipment, to modify the home environment and to arrange the necessary staffing.

As part of the discharge arrangements full details of the patient's Moving and Handling Assessment/Handling Plan must be communicated to the receiving agency in the community. This must include an accurate weight of the patient and details of equipment used within the hospital setting.

The patient must not be discharged until a full care package is in place. This must include the necessary moving and handling equipment and a documented Moving & Handling Assessment /Plan giving details of how the person is to be moved in the community.

5.7.3 Ambulance Transport

If the patient requires an ambulance, the ambulance service provider must be given advance notice of the patient's discharge to allow for a risk assessment to be carried out where necessary. Details of the patient's weight and level of mobility should also be provided to the service provider.

Effective communication and early planning is required when organising ambulance transport. In many cases the Ambulance Service will wish to carry out a risk assessment of the patient and the home environment before transporting the patient to ensure that this can be done safely and to identify any special equipment required.

5.8 CARE IN THE COMMUNITY

A wide range of services may be involved in supporting a bariatric patient in the community setting which may be their own home or care home. Good communication and collaborative working between the different agencies involved is essential in providing the optimum level of care whilst meeting health and safety requirements.

Special consideration must be given in the risk assessment to environmental factors including:

- Door widths and access to/from the property
- Weight limits of floors and ceilings where equipment is going to be installed
- Weight limits of domestic furniture e.g. beds and armchairs
- Weight limits of domestic toilets
- Equipment storage
- Space requirements to allow for patient mobility and for carers to work without constraints on posture.

Any equipment provided for the patient must be reviewed regularly to make sure it remains suitable for the patient and that weight limits are not exceeded.

A copy of the patient's Moving and Handling Assessment/Handling Plan must be available to all staff and carers who have to move the patient.

5.9 RESUSCITATION

The Resuscitation Council (UK) guidelines 2009 also apply to bariatric patients but staff need to be aware that some basic skills may be more difficult than when dealing with a person of average body weight/size.

The following additional guidance, which is included in the current guidelines, should also be taken in to account to provide effective CPR when a patient has a cardiac arrest:

Airway management and ventilation
Airway manoeuvres and maintaining an adequate airway can be difficult due to the increased size of the head and neck and glottic oedema. Bariatric patients have a higher risk of regurgitation and aspiration.

Inflating the lungs during ventilation can be harder due to the patient's body shape, tissue mass, and because they are lying flat. Sitting the patient up slightly can make airway manoeuvres and ventilation easier but this will make chest compressions more difficult. Identifying chest movement can also be difficult. Adequate ventilation often requires early tracheal intubation by an individual who is already competent in this skill.

Chest compressions
Identifying landmarks for chest compressions can be difficult. It is important that the rescuer maintains a stable base and minimises the risk of extending their reach when giving compressions. Chest compression quality may be compromised because of the increased physical effort required to achieve the full compression depth of 4 - 5 cm (for an adult) at a rate of 100 per minute. **Adequate staff must be available to rotate rescuers every two minutes, or sooner, to reduce fatigue and ensure effective chest compressions**.

5.10 IN THE EVENT OF DEATH

Inpatient areas will need to ensure that appropriate equipment, facilities and handling procedures are in place so that deceased bariatric patient can be moved safely whilst maintaining the person's dignity and respect. Following the death of the patient, the ward must pre warn the Portering and Mortuary staff of the patient's size and weight.

When a patient dies in the community the Funeral Director should undertake a risk assessment to identify the number of staff and the type of equipment required to handle the deceased patient.

5.11 EMERGENCY EVACUATION

5.11.1 LCHS Community Hospitals

Lincolnshire Fire & Rescue Service must be informed when a bariatric patient is admitted to an in patient ward and also on discharge of the patient. This is the responsibility of the ward manager or deputising nurse.

The patient's method of evacuation must be recorded in their Personal Emergency Evacuation Plan (PEEP), which is part of the Patient Moving and Handling Assessment. As part of the PEEP assessment staff must ensure that the patient is allocated to a bed space where the patient can be evacuated on the bed within the ward area.

Bariatric evacuation mats will be available for immobile Bariatric patients at the following inpatient areas where there may be a need for vertical evacuation:

- John Coupland Hospital, Gainsborough
- Welland Hospital, Spalding.

Staff in these areas will be trained in the procedure for moving a bariatric patient into the evacuation mat on the bed. Full evacuation of the patient will require assistance from Lincolnshire Fire & Rescue Service.

5.11.2 Evacuation from the patient's home

Where the patient has given consent, individual patient details will be shared with emergency services (East Midlands Ambulance Service & Lincolnshire Fire and Rescue Service) in accordance with the Lincolnshire Interagency Bariatric Notification Procedure. This is to help ensure that specialist equipment, personnel and transport are provided without delay to the patient's home should an emergency situation arise.

6. TRAINING

The training implications for this policy relates to a number of important areas of clinical care including Moving & Handling, Resuscitation, Nutrition and Tissue Viability.

Face to face Moving & Handling Training is mandatory for ward and community staff who may have significant involvement with the care and treatment of bariatric patients. This training will include instruction in the use of techniques and equipment for moving bariatric patients. Training is provided for new staff as part of the induction programme and as updates for existing staff on a biennial basis

The Moving & Handling Specialist will also provide additional training in relation to individual bariatric patients where the risk assessment has highlighted the need for this or following the introduction of new equipment.

7. RELATED DOCUMENTS & LEGISLATION

- LCHS Health & Safety Policy
- LCHS Manual Handling Policy
- LCHS Patient Moving & Handling Assessment (SystemOne)
- Lincolnshire Interagency Bariatric Notification Procedure (See LCHS Manual Handling Policy)
- The Health & Safety at Work Act 1974
- Managements of Health & Safety at Work Act 1999
- The Manual Handling Operations Regulations 1992 (as amended 2002)

- The Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Human Rights Act 1998
- Equality Act (2010)

9. REFERENCES

- Office of Health Economics (2010b), Shredding the Pounds, Obesity Management, NICE Guidance and Bariatric surgery in England, p5 The Office of Health Economics, Whitehall, London, September 2010
- HSE (2007) RR 573: Risk Assessment and Process Planning for Bariatric Patient Handling Pathways.
- NICE (2006), Obesity Guidance on the presentation, identification, assessment and management of overweight and obese adults and children. National Institute for Health and Clinical Excellence Document, CG43.
- Rush, A (2006), An Overview of Bariatric Management, www.dlf.org.uk/factsheets/Overview%20of%20
- Back Care (2011) The Guide to the Handling of People 6th Edition (Section 12)
- Resuscitation Council (UK) Guidance for safer handling during resuscitation in healthcare settings, November 2009.

10. MONITORING

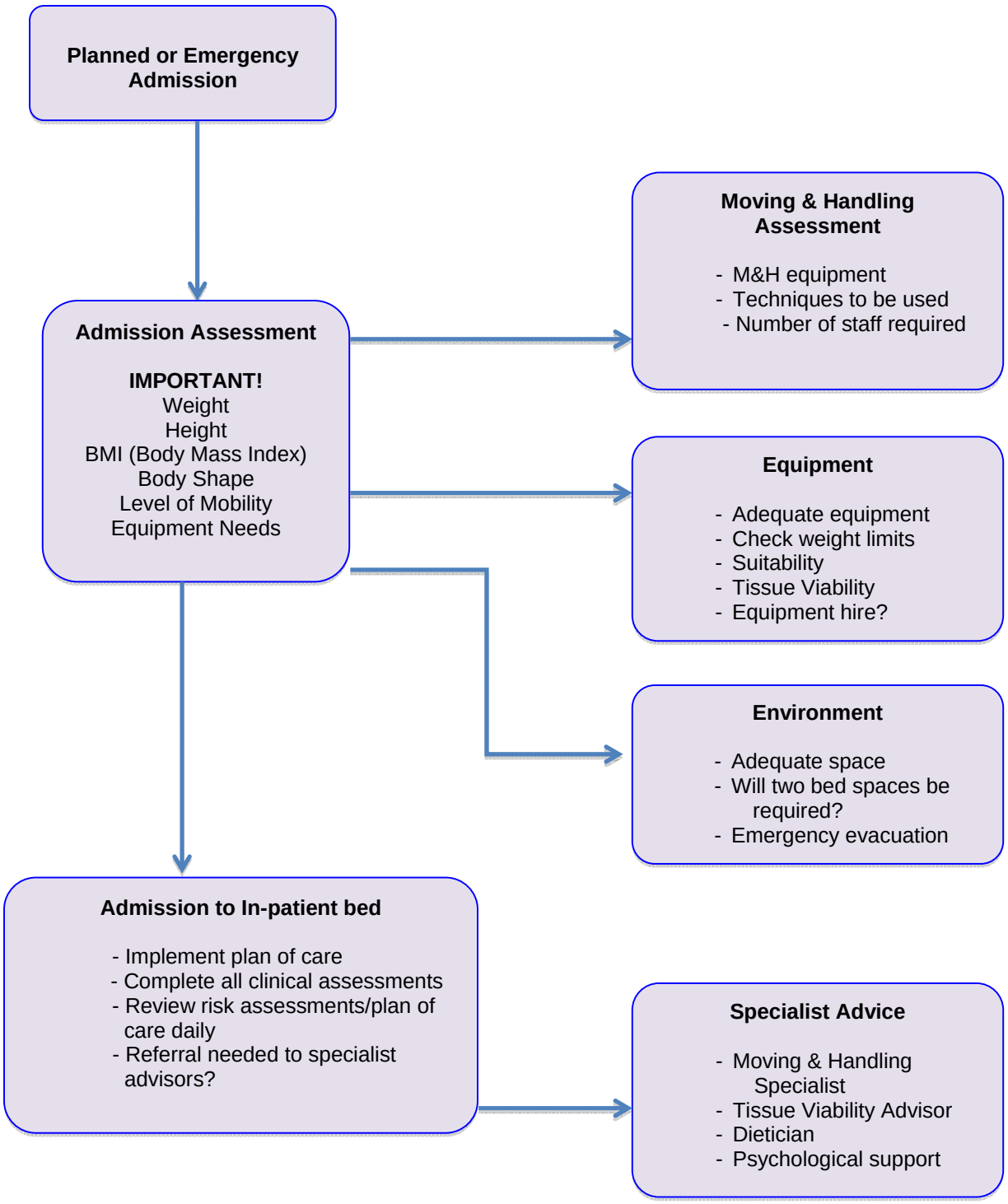
Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Policy implementation	Self Assessment	Operational Leads/Matrons	6 monthly	Operational Leads/Matrons	Operational Leads/Matrons	Operational Leads/Matrons
Number and type of incidents (Datix)	Audit & trends reported in Manual Handling Risk Report	Clinical Governance Group Operational Leads/Matrons	3 Monthly	Operational Leads/Matrons	Clinical Governance Group Operational Leads/Matrons	Clinical Governance Group Operational Leads/Matrons
Overall Effectiveness	Annual audit by Back Care Team	Quality & Risk Group. EPAG Operational Leads/Matrons	Annual	HOCs Operational Leads/Matrons	Operational Leads/Matrons	Operational Leads/Matrons

Appendix 1.

BARIATRIC PATHWAY - RISK FACTOR CHECKLIST	
Admission 	Are full details of the patient's needs available? What is the patient's level of mobility? What is the weight, size and shape of the patient? How was the patient being moved previously and what equipment was being used? Is all the necessary equipment in place to receive the patient? Will additional equipment be required? Is adequate space available? Has a designated bed space been prepared for the patient? Will additional staff be required? Is specialist advice required e.g. Moving & Handling, Nutrition, Tissue Viability Is it safe to proceed with admission? Have all necessary risk assessments been completed as part of the admission process e.g. Moving & Handling, Tissue Viability, Falls? Have details of the patients Moving & Handling Assessment/Handling Plan been communicated to all staff?
Equipment 	Has equipment been checked to make sure it is in safe condition prior to use? Has the patient been properly assessed for the equipment? Is the equipment suitable for the patient? (Consider dimensions of equipment - width, length, height etc.) Is the patient within the weight limit of the equipment? Has Tissue Viability and Moving & Handling been considered as part of the equipment selection process? Is there an adequate supply of equipment e.g. patient specific hoist slings or slide sheets? Is specialist advice required on the selection of equipment?
Rehabilitation	Have rehabilitation goals been discussed and agreed with the patient? Are rehabilitation goals realistic and orientated to the home situation? Has staff safety been considered as well as patient's needs and wishes? Is additional equipment required to facilitate the rehabilitation process? Will additional staff be required to assist with Moving & Handling during treatment sessions?
Discharge 	Has discharged planning commenced early as possible in the care pathway? Have community staff from health and social care been involved in discharge planning? Has all necessary equipment been provided and staff trained in its use? Has a full Moving & Handling Assessment/Handling Plan been produced for the receiving area?
Transport 	Are the emergency services aware of the patient in case of an emergency in the home situation? (Has a Bariatric Notification Form been completed and sent to East Midlands Ambulance Service & Lincolnshire Fire and Rescue) Has all relevant health and safety information been given to the transport provider? Does the transport provider know the patient's weight and what equipment is needed to move them? Has the transport been booked in advance with plenty of time for a risk assessment to be conducted by the transport provider? Has a representative from the transport provider been involved in discharge planning meetings where appropriate?
Community Care 	I s there sufficient space for equipment within the home? Is there adequate space for carers to work without constraints on posture? Is the weight of the patient, carers and equipment likely to exceed the safe load bearing of the floor? Will the toilet take the weight of the patient safely? Does re-housing need to be considered? Are details of the moving and handling assessment available to all those involved? Are there arrangements in place to monitor the patient's weight? What arrangements are there to ensure that the suitability of equipment is reviewed regularly? Is there an emergency evacuation plan? Has the patient's details been circulated to emergency services? (Bariatric Notification Procedure)
MDT 	Have all the necessary professionals (Health & Social Care) been involved in planning the care pathway? Has the patient been actively involved in planning their future care? Has all relevant information been given to the patient and their family? Where appropriate has important health and safety information been shared between the various staff groups and agencies involved?

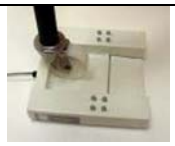
Appendix 2.

ADMISSION FLOW CHART



Appendix 3.

LCHS – BARIATRIC EQUIPMENT LIST		WEIGHT LIMIT
Liko Golvo 7007 ES Mobile Hoist		**SWL/Maximum User Weight 200kg/31 Stone**
Liko Viking XL Mobile Hoist		**SWL/Maximum User Weight 300kg/47 Stone**
Liko Repositioning Sheets		**SWL/Maximum User Weight Regular – 200kg/31 Stone Ultra – 500kg/78 Stone**
Ceiling Hoists (Type & Model varies across hospital sites)		SWL varies depending on site location and model of hoist. **Always check prior to use.**
Hoist Slings - Various		SWL varies depending on type used. **Always check prior to use.**
Baros 65 Acute Bariatric Bed		**Maximum User Weight 400kg/62 Stone**
Comfort Turning Air Mattress		**Maximum User Weight 500kg/78 Stone**
Baros Sapphire Mattress		**Maximum User Weight 450kg/70 Stone**
Baros Heavy Duty Shower Commode		**Maximum User Weight 385kg/60 Stone**
LCHS WARDS – BARIATRIC EQUIPMENT LIST (Continued)		**WEIGHT LIMIT**

Static Armchair **Width – 31 inches** **Adjustable Height**		**Maximum User Weight** **300kg/47 Stone**
Bariatric Walking Frame		**Maximum User Weight** **300kg/47 Stone**
Sentra Bariatric Wheelchair **28 inch wide & pressure relieving cushion**		**Maximum User Weight** **Wheelchair - 50 Stone**
Stand On Digital Scales **Marsden M-530**		**Maximum User Weight** **47 Stones/300 kg**
Liko Hoist Weigh Scales **ONLY FOR USE ON LIKO VIKING XL MOBILE HOIST**		**Maximum User Weight** **300kg/47 Stone** **with Viking XL Hoist**
Bed Weigh Shoes		**Safe Working Load** **(Combined weight of bed & patient)** **800kg/125 Stone**
LEG ULCER CLINICS		
Bariatric Leg Ulcer Couch **(To be used with Venice Operator Chair & Harris Footbath Trolley)**		**Maximum User Weight** **320kg/50 Stone**

BARIATRIC EQUIPMENT HIRE – LCHS INPATIENT AREAS

In situations where additional or bespoke bariatric equipment is required the area Manager/Matron should contact the Trust's approved bariatric equipment supplier:

Company name ……To be confirmed…….
Tel No (24 Hours) ……..

Equality Analysis Carried out by: Tina Bellamy
Date: 10/05/18

Equality & Human Rights Lead: Rachel Higgins

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The key objectives of the policy are: • To ensure that patients are moved in a safe and comfortable manner whilst maintaining their privacy and dignity and to maintain an optimum level of independence. • To reduce the risks to staff and patients associated with manual handling. • To support the provision of seamless care and to prevent delays in the transfer of care. • To ensure staff know how to access specialist advice and equipment when needed.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	The policy has an impact on all groups including staff, patients and care providers		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	Yes the policy relates to the care and treatment of bariatric/very obese people. There is evidence that this group of people may be disadvantaged when accessing health care services.		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		✓	
	Sexual Orientation		✓	
	Sex		✓	
	Gender Reassignment		✓	
	Race		✓	
	Marriage/Civil Partnership		✓	
	Maternity/Pregnancy		✓	
	Age		✓	
	Religion or Belief		✓	
	Carers		✓	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Tina Bellamy		
Date: 10th May 2018				

Section 2

Equality analysis

Title: Bariatric Policy
Relevant line in: N/A

What are the intended outcomes of this work? *Include outline of objectives and function aims*
The key objectives of the policy are:

- To ensure that patients are moved in a safe and comfortable manner whilst maintaining their privacy and dignity and to maintain an optimum level of independence.
- To reduce the risks to staff and patients associated with manual handling.
- To support the provision of seamless care and to prevent delays in the transfer of care.
- To ensure staff know how to access specialist advice and equipment when needed.

Who will be affected? *e.g. staff, patients, service users etc*

The policy has an impact on all groups including staff, patients and care providers

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.*

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

- Office of Health Economics (2010b), Shredding the Pounds, Obesity Management, NICE Guidance and Bariatric surgery in England, p5 The Office of Health Economics, Whitehall, London, September 2010
- HSE (2007) RR 573: Risk Assessment and Process Planning for Bariatric Patient Handling Pathways.
- NICE (2006), Obesity Guidance on the presentation, identification, assessment and management of overweight and obese adults and children. National Institute for Health and Clinical Excellence Document, CG43.
- Rush, A (2006), An Overview of Bariatric Management, www.dlf.org.uk/factsheets/Overview%20of%20
- Back Care (2011) The Guide to the Handling of People 6th Edition (Section 12)
- Resuscitation Council (UK) Guidance for safer handling during resuscitation in healthcare settings, November 2009.
- The Equality Act (2010)

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*
A key principle within the policy is that individual needs of patients are considered equally along with staff safety requirements as part of a balanced decision making approach.

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*
The policy is designed to meet the needs of all groups.

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies,*

Irish travellers, language barriers.
The policy is designed to meet the needs of all groups.

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*
The policy is designed to meet the needs of all groups.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*
The policy is designed to meet the needs of all groups.

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*
The policy is designed to meet the needs of all groups.

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

The policy is designed to meet the needs of all groups. LCHS supports and recognises that we have a diverse community and will adhere as far as is possible to meeting religious traditions and beliefs whilst balancing health and safety requirements.

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*
The policy should be used in conjunction with the Trust's Manual Handling Policy which recognises that reasonable allowances will be required for staff that are pregnant as this has a bearing on the employee's ability to carry out moving and handling tasks safely.

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*
The policy is designed to meet the needs of all groups.

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

Bariatric people cared for in hospital or community setting.

- **Engagement and involvement**

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ? (Y/N)
No

How have you engaged stakeholders in gathering evidence or testing the evidence available?
Yes – Health & Safety Committee, Matrons and frontline clinical staff

How have you engaged stakeholders in testing the policy or programme proposals?
Yes – Health & Safety Committee, Matrons and frontline clinical staff

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
Quality & Scrutiny Committee – Consultation and Approval – 24 July 2014

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

No evidence for differential impact following full implementation of the policy.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

No evidence for differential impact following full implementation of the policy.

Advance equality of opportunity

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

No evidence for differential impact following full implementation of the policy.

Promote good relations between groups

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

No evidence for differential impact following full implementation of the policy.

What is the overall impact?

Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

The policy is designed to have a positive impact for all groups once fully implemented.

Addressing the impact on equalities

Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

Investment in equipment, staffing and environmental improvements as part of the policy implementation.

Action planning for improvement

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Equipment deficiencies and environmental improvements to be addressed by the policy implementation plan.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

- Purchase of additional equipment as identified in the policy and from local risk assessments
- Formalized local arrangements to be put in place for hire of bariatric equipment when required (seven days a week including out of normal working hours)