

Safe Manual handling

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Version

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1. Introduction

Manual handling is a critical aspect of healthcare operations, involving the physical movement of patients and loads by staff. Ensuring safe manual handling practices is essential to protect the health and safety of both employees and patients. This policy document, titled "Safe Manual Handling," falls under the Health & Safety policy group. It has been developed in consultation with the Safe Manual Handling Special Interest Group and is aligned with various health and safety regulations and guidelines.

This policy will be reviewed every two years to ensure its effectiveness and compliance with current regulations and best practices.

2. Purpose

The purpose of the Safe Manual Handling policy is to:

- Provide a structured approach to the moving and handling risk assessment process based on ergonomic principles.
- Set out essential training strategies for Caregivers involved in the moving and handling of patients and loads.
- Establish guidelines for reporting and documenting hazardous handling situations or unmet needs.
- Define professional responsibilities and accountability in patient moving and handling operations.
- Ensure all Caregivers receive appropriate training according to their roles within the organisation, with compliance reviewed by the Learning and Development Team.

Overall, the policy aims to minimize the risks of injury to both employees and patients, ensuring safety and comfort during manual handling operations.

3. Objectives of this Policy or Procedure

The objectives of the Safe Manual Handling policy are to:

1. **Reduce the risk of injury:** Minimise the risk of musculoskeletal disorders and other injuries among staff by implementing safe manual handling practices.
2. **Ensure compliance:** Meet the requirements of the Manual Handling Operations Regulations 1992 (as amended) and other relevant health and safety regulations.
3. **Promote patient safety and comfort:** Ensure that patients are moved safely and comfortably during manual handling operations.
4. **Provide comprehensive training:** Ensure all Caregivers receive appropriate training in manual handling techniques according to their roles within the organisation.
5. **Establish clear guidelines:** Provide clear guidelines for risk assessment, reporting, and documentation related to manual handling activities.

6. **Foster professional accountability:** Define the responsibilities and accountability of staff in patient moving and handling operations.
7. **Monitor and review:** Regularly audit and review manual handling practices to ensure ongoing effectiveness and compliance with best practices.

These objectives aim to create a safe working environment for staff and ensure the well-being of patients during manual handling tasks.

4. Policy Statement

It is the responsibility of the Leadership Team to meet the requirements of the Manual Handling Operations Regulations 1992 (as amended) and minimise the risks to the health and safety of employees and others who may need to undertake manual handling activities during their work. In addition, responsibility applies to patients within the hospital ensuring patient safety and comfort when being physically moved by Caregivers during all manual handling operations. The policy outlines how the hospital will evaluate, reduce, and control the risks associated with manual handling activities, which include pushing, pulling, lifting, lowering, and carrying. By adhering to this policy, the hospital seeks to actively reduce the risk of injury from manual handling operations and decrease the incidence of musculoskeletal disorders among staff. Additionally, the policy emphasises the importance of obtaining patients' consent and considering their concerns and preferences during manual handling in patient care

5. Definitions

- **Manual Handling:**
 - Any transporting or supporting of a load by hand or bodily force. This includes lifting, putting down, pushing, pulling, carrying, or moving a load.
- **Load:**
 - Any material, people, or animals (or any combination of these) that is lifted by the lifting equipment. Loads often have permanent or semi-permanent fixed or attached points for lifting.
- **Risk Assessment:**
 - The process of identifying, evaluating, and controlling the risks associated with manual handling activities. It involves assessing the environment, load, individual capacity, task, and equipment.
- **Ergonomic Principles:**
 - Guidelines designed to optimise human well-being and overall system performance by considering the physical and cognitive capabilities and limitations of workers.
- **Musculoskeletal Disorders:**
 - Injuries or disorders affecting the muscles, nerves, tendons, joints, cartilage, or spinal discs, often caused or exacerbated by manual handling activities.
- **Hoists and Slings:**
 - Equipment used to lift and move patients or loads safely, reducing the physical strain on staff.
- **Slide Sheets:**
 - Sheets used to assist in the repositioning of patients in bed, reducing friction and the effort required by staff.

- **Pat Slide:**
 - A rigid board used to transfer patients between surfaces, such as from a bed to a stretcher, with minimal lifting.
- **Trolleys:**
 - Wheeled carts used to transport goods, records, or other heavy items within the hospital.
- **Health and Safety Executive (HSE):**
 - The UK government agency responsible for the regulation and enforcement of workplace health, safety, and welfare

6. Scope

The scope of the Safe Manual Handling policy includes:

- **All staff:** This policy applies to all employees within the hospital, including clinical and non-clinical staff, who are involved in manual handling activities.
- **Manual handling activities:** It covers all manual handling tasks, such as lifting, putting down, pushing, pulling, carrying, and moving loads, including patients.
- **Training and education:** The policy outlines the training requirements for staff, including induction, annual theoretical updates, and biannual practical refresher training.
- **Risk assessment and management:** It includes guidelines for conducting risk assessments, identifying high-risk activities, and implementing strategies to minimise risks.
- **Equipment and aids:** The policy addresses the use of appropriate equipment and aids, such as hoists, slings, slide sheets, and trolleys, to facilitate safe manual handling.
- **Reporting and documentation:** It provides guidelines for reporting hazardous handling situations, documenting incidents, and maintaining accurate records.
- **Patient care:** The policy emphasises the importance of obtaining patients' consent and considering their concerns and preferences during manual handling operations.
- **Compliance with regulations:** It ensures adherence to relevant health and safety regulations, including the Manual Handling Operations Regulations 1992 (as amended), and other associated legislation.

7. Responsibilities

- **Director of Operations (Health and Safety Lead):**
 - Provide advice on legal aspects of manual handling.
 - Work with the manual handling team to develop and implement the policy.
 - Maintain awareness of manual handling risks during health and safety audits.
 - Ensure safe environments are maintained.
 - Ensure equipment is maintained, serviced, and inspected as required by legislation.
 - Arrange for lifting equipment maintenance and testing by a competent person.
 - Keep accurate maintenance records and liaise with managers and the manual handling team.

- **Clinical Practice Lead:**
 - Ensure risk assessments are undertaken, and recommendations are implemented.
 - Review generic risk assessments at least annually.
 - Identify areas of development and work with appropriate clinicians and learning and development lead to refresh and implement best practice.
- **Special Interest Group (SIG):**
 - Develop and implement manual handling and related policies.
 - Provide manual handling training and supervision for all staff.
 - Monitor control measures through audits.
 - Provide advice on safe systems of work and manual handling issues.
 - Advise on the purchase of appropriate aids and equipment.
 - Investigate manual handling incidents and make recommendations to prevent recurrence.
 - Liaise with all relevant departments and personnel.
 - Stay updated with new developments and technologies in manual handling.
 - Assess individual competencies.
 - Escalate emerging or an increase in trends where patients or Caregivers are at risk because of non-compliance or poor practice.

Safe Manual Handling Special Interest Group members can be contacted via the Holy Cross internal communications for any queries and advice.

- **Heads of Department – Clinical and Non Clinical :**
 - Have personal and managerial responsibility for the implementation and adherence to the policy across their ward/department.
 - Report accidents, incidents, and faulty equipment to the manual handling team for investigation.
 - Ensure recommendations from investigations are implemented.
 - Develop and implement safe systems of work to avoid or reduce manual handling.
 - Ensure attend mandatory and refresher training.
 - Ensure appropriate equipment is available and fit for purpose.
 - Document risks and control measures clearly.
 - Remove faulty equipment from service and report it.
 - Provide further training or input for staff struggling with risks and control measures.
 - Ensure care plans related to manual handling are completed and up to date.
- **Caregivers :**
 - Attend manual handling training as scheduled.
 - Assess risks when undertaking manual handling tasks.
 - Follow manual handling procedures correctly.
 - Complete and update care plans.
 - Check manual handling aids are fit for purpose before use.
 - Use manual handling aids as recommended.
 - Report faulty aids or equipment immediately.
 - Understand risks and control measures within their work area.
 - Report incidents according to the Health & Safety incident report policy.
 - Report any ill health, injury, or pregnancy to their line manager for risk assessment.
 - Wear appropriate clothing and footwear.

8. Policy or Procedure Implementation

Holy Cross is committed to the implementation of a safer manual handling policy based on the following components:

- **Arrangements for access to appropriate specialist advice**
 - Advice is provided by the Safe Manual Handling Special Interest Group (SIG) who can be contacted by phone or email.
 - The Safe Manual Handling SIG delivers safe manual handling training programme and when required, will seek the provision of additional external advice or equipment, for example, a piece of specialist equipment.
 - Techniques to be used in the moving and handling of patients and objects, including the use of appropriate equipment
- **Object handling**
 - Object handling is taught according to the manual handling operations regulations approved code of practice which promote conditioning exercises, off-set base and a low centre of gravity.
 - Guidance continues to be sought from the HSE and The National Back exchange.
- **Load handling**
 - A minimal lifting, individualised approach needs to be applied to load handling situations based on a risk assessment, which takes account of factors such as size, shape, weight and design of the load. Mechanical aids should be utilised whenever possible.
 - Whenever possible the risk of injury from load handling should be reduced by implementing measures at a strategic level. Good planning and design at the workplace will often eliminate hazards at an early stage.
 - Safe systems of transportation will be readily available for the movement of goods, supplies and equipment throughout.
- **Patient handling**
 - Holy Cross recognises that there will always be the need to manually handle patients. To avoid hazardous handling any other consideration must consider duty of care and balanced decision-making. The aim of the policy is to avoid manual lifting of adult patients in all, but exceptional or life-threatening situations staff should not be expected to put their safety at risk by lifting manually. However, where there is a need to lift whole body weight, the staff will utilise hoists or similar equipment.
 - Research shows that lifting techniques formerly developed and practiced can become detrimental to the patient and Caregivers and should not be utilised. The following represent such lifts, which should no longer be employed:
 - drag lift (banned since 1981)
 - orthodox lift
 - Australian lift
 - lifting with patient's arms around neck
 - lifting with patients from floor without mechanical aid

- lifting with patients from the base of the bath without an aid
 - lifting with patients by the upper arm
 - lifting with sheet parallel to the bed
- Staff who are unsure or concerned about any techniques currently being practiced should seek advice from the Safe Manual Handling SIG members.
 - Each patient will be risk assessed considering their individual circumstances and will be encouraged to be actively involved in the assessment and decision-making process.
 - The rehabilitation and developmental needs of patients will also be considered in addition to staff, carer and patient safety.
 - Manual handling techniques may be used based on an individual risk assessment provided that they follow safer handling principles. Advice should be sought from a manual handling key trainer or the Manual Handling team in complex cases.
 - Manual handling care plans and risk assessments are filed in the patient care plan folders and shared with the staff team. These should be reviewed at appropriate intervals or when circumstances change.
- **Principles of Bariatric Handling**
 - Bariatric manual handling presents unique challenges due to the size and weight of patients. Safe and respectful handling is paramount, protecting both the patient and the healthcare worker. Here's a summary of key guidelines:
 - Bariatric Patient / heavier patient who has: Body mass index (BMI) >40kg/m² or 35kg - 40kg/m² with significant diseases (NICE 2014); Or if the patient exceeds the working load limit (WLL) and dimensions of the Support surface such as a bed, mattress chair, couch, and toilet
 - Minimal Manual Lifting: Prioritise the use of mechanical aids whenever possible (e.g., hoists, slings, electric profiling beds, lateral transfer devices). Manual lifting should be the last resort and only when necessary.
 - Assessment and Planning: Before any handling activity, conduct a thorough risk assessment. Consider the patient's size, weight, mobility, and any medical conditions. Plan the manoeuvre carefully, ensuring adequate space and equipment.
 - Teamwork: For most bariatric patients, a team lift is required. Clearly communicate roles and responsibilities to ensure a coordinated and safe transfer. Use a designated leader to direct the lift.
 - Proper Body Mechanics: Even with mechanical aids, proper body mechanics are crucial. Keep your back straight, bend your knees, and avoid twisting. Keep the load close to your body.
 - Respect and Dignity: Bariatric patients may experience feelings of vulnerability and embarrassment. Treat them with respect and dignity, ensuring privacy and explaining procedures clearly.
 - Patient Involvement: Encourage patient participation as much as possible. Explain the procedure and ask for their cooperation.
 - Equipment Selection: Use appropriate and weight-rated equipment. Regularly inspect equipment for damage or wear.

- Training: All staff involved in bariatric handling should receive comprehensive training on safe techniques, equipment uses, and risk assessment.
- **Specific Handling Techniques:**
 - Moving and Positioning in Bed: Use electric profiling beds to adjust the bed height and position. Employ slide sheets or rollers to minimize friction during repositioning.
 - Transfers: Use mechanical lifts or transfer chairs for bed-to-chair transfers. If manual lifting is unavoidable, use a team lift with proper technique and equipment.
 - Repositioning: Use slide sheets or specialized mattresses to assist with repositioning in bed. Avoid dragging or pulling the patient.
 - Hygiene and Dressing: Adjust the bed height and use appropriate equipment to assist with hygiene and dressing tasks.
 - Ambulation: Use appropriate walking aids (e.g., walkers, crutches) and ensure adequate support. Consider the patient's balance and endurance.
- **Environmental Considerations:**
 - Space: Ensure adequate space for manoeuvring equipment and personnel. Remove any obstacles that could impede the transfer.
 - Equipment Accessibility: Keep bariatric-rated equipment readily available and accessible.
 - Floor Surface: Ensure the floor surface is even and free of hazards.
- **Additional Recommendations:**
 - Regular Review: Regularly review and update bariatric handling protocols based on best practices and new equipment.
 - Support: Provide adequate staffing levels to ensure safe bariatric handling.
 - Open Communication: Encourage open communication among team members regarding any concerns or challenges related to bariatric handling.
- **Rehabilitation handling of patients**
 - Care handling is where manual handling needs to be avoided and mechanical equipment, such as hoists, are to be used for patients who are non-weight bearing or unable to transfer safely.
 - Rehabilitation handling is where handling is performed as an integral part of a planned therapeutic intervention and risk must be reduced in other ways. Specialist equipment, including the use of standing and transferring aids and additional staff may be required so that patients can achieve the optimum level of independence and mobility.
 - Certain groups (particularly physiotherapists and occupational therapists) include physical handling as part of the therapeutic interventions they provide. The techniques should be based on safer handling principles and utilise equipment where relevant, as determined by the manual handling risk assessment and movement plan.
 - Physiotherapy Team Lead's responsible for such staff should ensure that patient rehabilitation programmes minimise the risk to staff or carers. Adequate staffing levels and sufficient rehabilitation equipment should be provided, along with specific risk assessments and training.
- **Workplace and environmental design**

- Consideration should be given to the suitability of the ergonomics for the task, such as the arrangement of doors and positioning of equipment. If necessary and possible, adjustments should be made to the environment to make the task safer.
- **Provision and use of equipment**
 - The risk assessment may identify the need for the provision of manual handling equipment as a risk reduction measure. The manager obtaining the equipment (an authorised requisitioner) will consult with staff and the Manual Handling team on the appropriateness of the intended equipment. This may identify the opportunity to have equipment demonstrated and trialled prior to purchase.
- **How Holy Cross risk assesses the manual handling of patients and objects**
 - There is a legal requirement for all employers to ensure that assessments of health and safety, risk to employees and Organisation are carried out. The specific Legislation which creates this requirement for Moving and Handling for Patients and Objects includes:
 - Health and Safety at Work Act 1974
 - The Management of Health and Safety at Work Regulations (MHSWR)1999
 - Manual Handling Operations Regulations (MHOR) 1992 as (amended)
 - Provision and Use of work Equipment Regulations 1998
 - Health and Safety Display Screen Equipment Regulations (DSE)2002
 - Equality Act 2010
 - Health and Social Care Act 2008
 - Health and Safety Executive
 - Both generic and specific risk assessments are required to inform staff of strategies to manage risks at work with adequate control measures in place
- **Individual patient Moving and Handling Risk assessment**
 - All inpatients must be assessed in relation to their moving and handling needs within the first 6 hours of admission. This assessment must be updated when a change occurs
 - Outpatients are requested in their appointment letter if they have a specific moving and handling care need before they attend their appointment for the staff to adequately prepare. This must be documented and disseminated to relevant parties
 - All Department and Ward Managers must ensure that full and sufficient risk assessments of moving and handling activities are carried out
 - If hazardous moving and handling is identified, HSE - MHOR principles are applied
 - Task, Individual, Load, Environment Equipment
 - When there is a pre-existing injury, where moving and handling tasks could exacerbate symptoms
 - Formulate an action plan, these must be developed, implemented and monitored at a local level

- Revisions and updates, these are to be undertaken as necessary and /or if there is a significant change. For example introduction of new equipment, work process, following an incident
- All reports, recommendations, action plans are acted on accordingly, regularly reviewed and escalated appropriately
- Caregivers are trained in using these through the Safe Manual Handling training programme.
- Where a referral is made to the Safe Manual Handling SIG for advice, a risk assessment must be provided by the referrer.
- The Manual Handling Operations Regulations, 1992 (amended 2002) specify that Task, Individual Capability, Environment, and Load (TILE) are all taken account of as part of a comprehensive risk assessment. The Manual Handling Risk Assessment for Load or object handling and patient handling facilitate this. Risk assessments should be either generic or specific to the situation.
- It is strongly recommended that more than one person completes the risk assessment so that a balanced decision can be reached.
- There is evidence to suggest that patient handling risk assessments completed jointly by a qualified and unqualified member of staff lead to higher compliance with patients care plans due to the healthcare assistant's involvement (Hignett et al. 2003).
- Manual handling risk assessments will be recorded on Holy Cross' approved risk assessment documentation, which is in the section 11 of the patient care plan folder
- **How action plans are developed as a result of risk assessments**
 - A hospital wide action plan based on risk assessments is developed and reviewed as specified. This is also used to inform a review of manual handling training.
 - For objects, action plans are written on the risk assessment forms.
 - When reviewing the patient moving and handling assessment form, staff should also consider the patient care plans and any other risk assessments to inform any changes to the moving and handling assessment form.
 - For complex patients a personal handling profile is completed and added to the notes.
 - These records are stored electronically and in section 11 of the care plan folder
 - Some risk assessments will lead to equipment adaptations or adjustments to reduce manual handling risks to the carer and or the patient. The proposed changes are likely to be more acceptable to the patient and their family if they have been fully involved in the assessment process and understand the purpose for which it has been carried out.
 - It is the responsibility of all Caregivers to ensure a risk assessment has been completed and a plan is in place prior to any manual handling. The hospital will not be responsible for any injury of a Caregiver where there is evidence of non-compliance.
- **How action plans are followed up**
 - Action plans are followed up by a 30-day review by the Manual Handling team.

9. Regulatory Requirements/ References

- **Manual Handling Operations Regulations 1992 (MHOR)** (as amended):

- Requires employers to evaluate, reduce, and control the risks associated with manual handling activities. It defines manual handling operations and sets out specific duties for employers to prevent or reduce the risk of injury from these activities
- **Health and Safety at Work Act 1974:**
 - Places a general duty on employers to ensure, so far as is reasonably practicable, the health, safety, and welfare at work of all employees.
- **Lifting Operations and Equipment Regulations (LOLER) 1998:**
 - Requires regular checks and evaluation of lifting equipment to ensure it is safe and efficient.
- **Provision and Use of Work Equipment Regulations 1998:**
 - Requires the maintenance of work equipment to ensure it is in an efficient state, in efficient working order, and in good repair.
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995:**
 - Requires employers to report and keep records of work-related accidents, injuries, diseases, and dangerous occurrences.
- **Management of Health and Safety at Work Regulations 1999 (MHSWA):**
 - Sets out how health and safety should be managed in workplaces, with an emphasis on risk assessment.
- **HSE Manual Handling Operations Regulations 1992 (amended 2004):**
 - Provides guidance on the implementation of the MHOR and best practices for manual handling
- **HSC Manual Handling in Health Services 1998:**
 - Offers specific guidelines for manual handling in health services.
- **Guide to the Handling of Patients, RCN and National Back Pain Association, 5th edition, January 2005:**
 - Provides comprehensive guidelines on patient handling to prevent back pain and other musculoskeletal disorders.
- **CSP Guidance on Manual Handling, 4th edition, 2014:**
 - Offers detailed guidance on safe manual handling practices for healthcare professionals.

10. Evaluation Measures

- **Audits:**
 - Regular audits will be conducted to assess compliance with the policy and identify areas for improvement. These audits will review training records, risk assessments, and the use of manual handling equipment.
- **Accident/Incident Reports:**
 - Monitoring and analysing accident and incident reports related to manual handling activities will help identify trends and areas of concern. This data will be used to implement corrective actions and prevent future occurrences.
- **Training Records:**
 - Keeping detailed records of staff training, including induction, annual theoretical updates, and biannual practical refresher sessions, will ensure that all employees are adequately trained and up to date with safe manual handling practices.
- **Risk Assessments:**

- Regularly reviewing and updating risk assessments for manual handling tasks will help ensure that potential hazards are identified and mitigated. This includes assessing the environment, load, individual capacity, task, and equipment.
- **Equipment Maintenance:**
 - Ensuring that all manual handling equipment, such as hoists, slings, and trolleys, is regularly maintained and inspected according to the Lifting Operations and Equipment Regulations (LOLER) 1998. Maintenance records will be kept to track the condition and safety of the equipment.
- **Staff Feedback:**
 - Gathering feedback from staff on manual handling practices and equipment will provide valuable insights into the policy's effectiveness and areas for improvement. This can be done through surveys, focus groups, or regular meetings.
- **Health Surveillance:**
 - Implementing health surveillance programmes to monitor the health and well-being of staff involved in manual handling tasks. This will help identify any early signs of musculoskeletal disorders and ensure timely intervention.
- **Performance Metrics:**
 - Establishing key performance indicators (KPIs) related to manual handling, such as the number of manual handling incidents, training completion rates, and compliance with risk assessments. These metrics will be regularly reviewed to measure the policy's success.

11. Related Documents

- **Health & Safety Policy:**
 - Provides overarching guidelines and principles for maintaining a safe working environment, including manual handling practices.
- **Risk Assessment Procedure:**
 - Contained in the Health and Safety Policy this procedure outlines the procedures for conducting risk assessments, including those related to manual handling tasks.
- **Learning and Development Plan:**
 - Details the training requirements for staff, including manual handling training, and ensures that employees are equipped with the necessary skills and knowledge.
- **Incident Reporting Procedure:**
 - Contained in the Health and Safety Policy this procedure specifies the procedures for reporting and documenting accidents, incidents, and near-misses, including those related to manual handling.
- **Equipment Maintenance Procedures:**
 - Ensures that all manual handling equipment, such as hoists and slings, is regularly maintained and inspected to guarantee safety and efficiency.
- **Lifting Operations and Equipment Regulations (LOLER) 1998:**
 - Provides guidelines for the safe use and maintenance of lifting equipment.
- **Provision and Use of Work Equipment Regulations 1998:**
 - Covers the maintenance and safe use of work equipment, including manual handling aids.
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995:**

- Requires the reporting and recording of work-related accidents, injuries, diseases, and dangerous occurrences.
- **Management of Health and Safety at Work Regulations 1999 (MHSWA):**
 - Sets out how health and safety should be managed in workplaces, with an emphasis
 - on risk assessment.

12. Appendices

APPENDIX 1 – Equality impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy document when submitted to the appropriate committee for consideration and approval.

Appendix 1 –Equality impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy document when submitted to the appropriate committee for consideration and approval..

Policy Title	Safe Manual Handling
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		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Gender reassignment	No	
	Marriage & civil partnership	No	
	Pregnancy & maternity	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Sex	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
	Disability- both mental and physical impairments	No	

2.	Is there any evidence that some groups are affected differently?	No	
3.	Is the impact of the policy/guidance likely to be negative?	No	
4.	If so can the impact be avoided?	N/A	
5.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
6.	Can we reduce the impact by taking different action?	N/A	
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	

Review

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

The policy will be reviewed bi-annually to ensure that the system described continues to provide an effective framework for managing recruitment.