



## PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 04 March 2025  |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Heavy Patient Compliance (Manual Handling Operations Regulations 1992)           |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | James Severs, Executive Director of Allied Health Professions and Health Science |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Jeni Bryant, Project Manager<br>Tim Harrison, Head of Health, Safety & Security  |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This report is presented to the Health and Safety Committee (HSC) under the standing agenda item to provide assurance against a number of key Health and Safety regulations. This report concerns the Manual Handling Operations Regulations 1992 (MHOR) in addition to National and Local standards and guidelines specifically in relation to people with higher body weights, historically known as bariatric patients (Please see Evidence Base in the Further Information section).

The Health Board have a statutory duty to ensure that;

- People with higher body weights are treated with dignity and respect and do not feel stigmatised due to a lack of appropriate equipment or facilities;
- Staff working within the Health Board receive training to enable them to offer compassionate, psychologically informed care that avoids stigma and discrimination;
- A continuous improvement approach to service quality and outcomes for people with a higher body weight is achieved.

#### Cefndir / Background

According to Public Health Wales, approximately 60% of adults (16 and over) in Wales are either overweight or obese with 25% falling into the obese category and 27% of children are also above a healthy weight.

Being overweight or obese increases the risk of chronic diseases such as type 2 diabetes, hypertension, cardiovascular disease, kidney disease as well as some types of cancer. This will make the overweight and obese population more likely to need to access healthcare services.

In 2022, it was acknowledged that the Health Board needed to understand its current provision of services, and how, if necessary, they could be improved to meet the statutory duty and standards listed above.

Therefore, it was agreed that Jeni Bryant (JB) would undertake work to;

- establish the current situation of heavy patient care through baseline auditing;
- developing an action plan to address shortfall, to enable patients to have a safe and dignified experience when accessing healthcare;
- assist with implementing outcomes as appropriate.

### Asesiad / Assessment

An action plan (see below) was initially presented to the Committee in March 2024. To date actions 1, 3 & 4 have been completed.

The remaining action (action 2) has faced a number of challenges to its completion and is now scheduled to be completed by June 2025. The challenges with completing the work to date include:

- There have been a significant number of heavy patients admitted to the acute over period June 2024 - November 2024;
- There are several patients in the community with highly complex needs, due to their health conditions and body morphology, which have taken a considerable time to review and assist;
- Currently there are only 7.5 hours per week allocated to JB to complete this work relating to people with higher body weights. This is not sufficient to;
  - assess and review patients;
  - assist with appropriate care and discharge planning;
  - undertake the full analysis of the baseline data and develop detailed action plan for annual audit data collection;
  - provide audit results that will ensure that the Health Board meets its regulatory requirements;
  - identify service improvements and provide comprehensive risk management strategies for this group of patients;
  - managing internal and external specialist equipment provision.

### Action Plan

| No | Issue / Area for improvement                            | Action required  | Person/s responsible | Target date | Progress / current status  | Completed     |
|----|---|--|----------------------|-------------|--|---------------|
| 1  | Unnecessary spending on hire of heavy patient equipment | Reduce unnecessary spending by optimising the use of existing HB owned equipment.<br><br>Audit use of HB heavy patient equipment library to establish costs and effectiveness. | JB                   | April 2024  | Audit of equipment library now completed.<br><br>Changed external equipment supplier which has resulted in a reduction of unnecessary external costs.<br><br>Still not fully utilising HB owned equipment (this was not part of the initial plan but does need to be addressed). | December 2024 |

|   |  |   |                                     |           |  |            |
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| 2 | Limited availability of statistics of heavy patient admissions, length of stay and outcomes  | Develop audit of heavy patient admissions and relevant data needed to evidence standards are being met. | JB                                  | June 2025 | <p>Presented at the SNMT Meeting in October 2024.</p> <p>Discussion with Clinical Informatics staff and MDT Leads where it was identified that:</p> <ul style="list-style-type: none"> <li>• Before the audit can be undertaken a collection of existing data over the past 6-12 months was seen to be useful to give a baseline;</li> <li>• This is an MDT managed issue and information is required from Occupational Therapy (OT), Physiotherapy, Manual Handling and nursing teams to provide a holistic view of care delivery;</li> <li>• Utilising existing data decreases the burden on clinical areas in providing evidence for the audit.</li> </ul> <p>Meetings have taken place to identify what existing data is available and to collect data from these sources for a specified period to form a baseline (June 2024-November 2024). Once analysed it will enable the identification of areas where alternative sources of data are needed and allowing for planning of how to capture this data moving forward.</p> <p>A detailed plan to support the completion of the audit will be carried out to identify from which source the data for each section is needed to allow for clear repetition on an annual basis.</p> |            |
| 3 | Lack of risk assessments and safe systems of work for extremely heavy patients in the mortuary   | Risk assessments to be undertaken which will inform development of safe systems of work.                | Acting mortuary manager<br>CC<br>JB | Mar 2024  | Risk assessments completed. Safe systems of work of handling extremely heavy deceased patients developed.  | April 2024 |
| 4 | Lack of safe transportation of extremely heavy patients with unusual body morphology from home to acute sites to attend routine appointments | Work to be undertaken with WAST to achieve safe and manageable transportation.                          | WAST<br>JB                          | Feb 2024  | <p>WAST have now procured new equipment that has been fitted to their existing heavy patient stretcher, JB viewed on 15/02/2024 for suitability.</p> <p>Contact WAST to get data on how many patients their teams have managed that are overweight back into their home care setting (June 2024-November 2024) (this was not</p>   | June 2024  |

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|  |  |  |  | part of the initial plan but does need to be addressed).  |  |
|  |  |  |  | Liaise with WAST on the discharge planning data for overweight patients (June-November 2024) (this was not part of the initial plan but does need to be addressed). |  |

The care and management of heavy patients is complex and spans the whole health and social care system including primary, secondary, and tertiary health care. Ensuring the dignified and safe care of patients with higher body weights through continuous service quality improvements, which lead to better patient outcomes, requires a multidisciplinary approach.

A thorough investigation of the local situation has revealed that we need a more comprehensive understanding and accurate baseline of the raw data that we already collect. This is essential before we can proceed with the accurate annual collection of audit data which will enable us to analyse and gain insights to enhance our services, ensuring compliance with MHOR statutory duties and National and Local Standards and Guidelines. Having an idea of figures can also help us plan for 2025 amendments and improve the timely care required by these patients.

We are in a fortunate position to have some existing paper and digital data to draw upon to help us see where in the organisation these patients are cared for and how best we can manage their care with speed and dignity. For instance, reviewing past referrals for patient equipment and transport can help us identify our current knowledge and determine what additional information we need. Additionally, providing staff with quick referral systems and precise advice on managing issues, particularly regarding the equipment needed for a safe and effective discharge, is crucial.

It will also allow for action 2 and the annual audit to be completed, whilst keeping what we need to audit in clinical practice to a minimum, reducing disruption and extra burden on clinical staff. The data that has been sourced to date is;

| Source                      | Data   | Format | Contact  |
|-----------------------------|--|--------|--|
| <b>Occupational Therapy</b> | Contracted plus-sized equipment issued in acute settings   | Excel  | Kathryn Thomas-Clinical Lead OT                  |
|                             | Plus-sized equipment issued in community (3 counties)  | Word   | As above   |
|                             | Mid & West Wales Fire & Rescue Service figures for health-related requests to support hospital admissions and discharges | Excel  | As above   |
| <b>Manual Handling</b>      | Referrals  | Excel  | Gemma Vaughan-Manual Handling Manager            |
| <b>Health and Safety</b>    | Medstrom Hire Figures  | Excel  | Jeni Bryant-Senior Clinical Nurse Specialist     |
|                             | HDUHB Heavy Patient Equipment Library  | Word   |  |
|                             | Mid & West Wales Fire & Rescue Service- awaiting data  |        |  |
| <b>WNCR</b>                 | No of patients admitted to WNCR BMI > 30*  | Data   | Joni Smith-Informatics Clinical Nurse Specialist |

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|  | Nutritional Risk Assessments completed in a timely manner     |  |  |
|  | Manual Handling Risk Assessments completed in a timely manner |  |  |
|  | Purpose T Risk Assessments completed in a timely manner       |  |  |
|  | Patient Handling Assessments completed in a timely manner     |  |  |

\*Note: This does not capture patients who were admitted to an area that does not use WNCR.

Other areas explored and may need further investigation include:

- Daily operational nursing staff have 'stand-up' meetings where any special patient requirements are identified. However, these are not logged or recorded anywhere;
- Tier 4 Weight Management Services;
- Scoping what education regarding stigma and dignity for heavy patients is delivered to staff;
- Physiotherapy referral data;
- The Manual Handling team support operational staff with body measurements as this is not routinely undertaken by our clinical staff.

Annual Audit Baseline

The multi-professional data and information collected from June-November 2024 will help to inform a baseline for the annual audit. This in turn will identify where service improvements can be made to ensure that these patients complex needs are considered from admission and essentially well before their discharge. This is so that they are not disadvantaged or kept in hospital any longer than needed. This audit can be undertaken annually and reported to the Health and Safety Committee.

Future Considerations

This paper highlights the fact that the current 7.5 hours per week allocated to work relating to people with higher body weights is not sufficient to do justice to this ever-increasing body of patients. Consideration should be taken to increasing provision in this vital function. In doing so, this will not only reduce unnecessary admissions into hospital, but ensure heavy patients receive dignified and safe care, improved outcomes and decrease patient stays following admission.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

**TAKE ASSURANCE**

- That progress has been made to date against the action plan which is aimed at ensuring the Health Board attains their statutory duty and compliance against the MHOR and with National and Local Guidelines, specifically in relation to people with higher body weights.
- That the information provided here is seen as a step in the right direction towards monitoring and assessing the care delivery to Hywel Dda's heavy patient group.

| <b>Amcanion: (rhaid cwblhau)</b><br><b>Objectives: (must be completed)</b>  |  |
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| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:  | 2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare, and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:  | N/A  |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                | 6. All Apply   |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>                                     | All Health & Care Standards Apply  |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:  | All Strategic Objectives are applicable  |
| Amcanion Cynllunio<br>Planning Objectives   | 2a Staff health and wellbeing<br>6b Pathways and Value Based Healthcare<br>7a Population Health<br>6a Clinical services plan   |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS<br>4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives  |

| <b>Gwybodaeth Ychwanegol:</b><br><b>Further Information:</b> |   |
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| Ar sail tystiolaeth:<br>Evidence Base:                       | <ul style="list-style-type: none"> <li>• Guidance for the Manual Handling of Plus-Size Patients - HDdUHB guidance;</li> <li>• Healthy Weight: Healthy Wales;</li> <li>• NICE-Obesity: Identification, Assessment, and Management Clinical Guidelines [CG189] Published: 27 November 2014 Last updated: 08 September 2022;</li> <li>• Standards for the Provision of Services to People with Overweight and Obesity in Wales.</li> </ul> |
| Rhestr Termiau:<br>Glossary of Terms:                        | Contained within the body of the report.  |

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| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch:<br>Parties / Committees consulted prior to Health and Safety Committee: | N/A |
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| <b>Effaith: (rhaid cwblhau)</b><br><b>Impact: (must be completed)</b> |   |
|---|---|
| <b>Ariannol / Gwerth am Arian:</b><br><b>Financial / Service:</b>     | Some of the actions as identified in the action plan may have financial impact.   |
| <b>Ansawdd / Gofal Claf:</b><br><b>Quality / Patient Care:</b>        | There is a positive impact on staff and patient safety, health, and wellbeing through compliance with health and safety regulations.  |
| <b>Gweithlu:</b><br><b>Workforce:</b>                                 | Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety.  |
| <b>Risg:</b><br><b>Risk:</b>  | Risk to health and safety management.   |
| <b>Cyfreithiol:</b><br><b>Legal:</b>                                  | Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.  |
| <b>Enw Da:</b><br><b>Reputational:</b>                                | Potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.  |
| <b>Gyfrinachedd:</b><br><b>Privacy:</b>                               | N/A   |
| <b>Cydraddoldeb:</b><br><b>Equality:</b>                              | <p>No evidence gathered to indicate a negative impact. Manual Handling procedures for plus-sized patients promote and encourage good safe working practices for everyone.</p> <p>There is the potential for an adverse impact where staff have a disability for example back/shoulder pain. This is addressed via the risk assessment process, Manual Handling Team training and advice, the Occupational Health Department and incident reporting.</p> |