

ELEVATE HANDLING

Corporate and Social Responsibility Programme

2026/27 to 2027/28

Dignity in care. Responsibility in business.

George Ivy Ltd, trading as Elevate Handling
Company No. 14982600 · CPD Approved Provider 782114
Owner: Lee Sherwood, Founder and Managing Director
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1. Foreword

Elevate Handling was founded on three beliefs: that we fit the task to the person, that dignity is non-negotiable, and that practice should follow evidence rather than assumption. This programme applies the same beliefs to how we run the business itself.

We are a small company, and we have written this plan to be honest about that. Every commitment in it is something we can deliver, measure and report on. Where a commitment depends on things outside our control, such as the availability of refurbished equipment or the quality of carbon credits on the market, we say so.

Our programme has three headline pledges:

- 1. Free CPD-certified stigma reduction training:** 2,500 free places in Year 1 and 5,000 free places in Year 2, to reduce weight stigma across health, social care and emergency services.
- 2. Carbon neutral operations in 2026/27,** achieved by cutting emissions first and compensating only for what remains, in line with ISO 14068-1.
- 3. Refurbished first:** wherever a suitable refurbished option exists, we will buy refurbished equipment and IT rather than new.

Around these pledges sit a set of practical commitments on fair work, skills, community, suppliers and governance, set out in Section 6. Together they form the social value offer we will bring to every NHS and public sector tender.

Lee Sherwood

Founder and Managing Director

2. Programme at a glance

The programme is organised into four pillars. Each pillar has a lead commitment, a small set of supporting actions and measurable targets (Section 8).

Pillar	Lead commitment	Supporting actions
1. Dignity and Knowledge	7,500 free CPD-certified stigma reduction places over two years	Priority access for social care, hospices and unpaid carers Co-produced with people living with obesity Independent evaluation of impact
2. Planet	Carbon neutral operations in 2026/27 (ISO 14068-1)	Published Carbon Reduction Plan (PPN 006) Refurbished-first purchasing Low-carbon travel and digital-first materials
3. People and Fair Work	A fair, skilled and supported workforce, employed and associate	Real Living Wage as a floor Associates paid within 30 days Paid CPD and wellbeing support
4. Community and Skills	Growing the next generation of moving and handling practitioners	Student and work placements Mentoring new trainers Volunteering and pro bono support for small providers

A fifth, cross-cutting strand, Governance and Transparency, makes sure the programme is owned, measured and reported publicly each year.

3. Pillar 1: Dignity and Knowledge

3.1 The commitment

We will provide **2,500 free CPD-certified places in Year 1 (2026/27)** and **5,000 free places in Year 2 (2027/28)** on our weight stigma reduction training. Each place leads to a CPD certificate issued under our approved provider number (782114).

3.2 Why this matters

Weight stigma is widespread in health and care settings and affects how people living with obesity are spoken to, assessed and moved. It is linked to delayed care, avoidance of services and poorer experiences of care. Recent guidance, including NICE NG246 (2025), the Lancet Commission on clinical obesity (2025) and Obesity UK's Language Matters work, has made person-first language and respectful practice an expectation rather than an option. Frontline staff rarely have protected time or budget for this learning, which is why we are removing cost as a barrier.

3.3 Who the free places are for

Places are allocated to reach the people with the least access to paid training first. We will ring-fence places as follows, reviewing the split each quarter:

Group	Year 1 share	Year 2 share	Notes
Adult social care (care homes, domiciliary care, PAs)	35%	35%	Lowest training budgets; highest contact time
Hospices and community palliative care	15%	15%	Links to our palliative bariatric handling work
NHS frontline staff (acute, community, mental health)	25%	25%	Allocated via trust education leads
Emergency services and fire brigade support units	10%	10%	Ambulance, fire and rescue, community first responders
Unpaid carers and voluntary organisations	10%	10%	Via carers' centres and local charities
Health and care students	5%	5%	Nursing, OT, physiotherapy, paramedic science
Total places	2,500	5,000	

3.4 How we will deliver at scale

Reaching 7,500 people with a small team needs a blended model. Our planned mix is:

- **Live online sessions** (up to 100 learners each, 90 minutes) with polls, chat activities and facilitated discussion. This is the core route to scale.
- **Self-paced e-learning** with a knowledge check, for learners who cannot attend live, including night staff and carers.
- **Face-to-face sessions** for groups where online access is poor, prioritised within Sussex to keep travel emissions down.
- **Train-the-trainer licences** for NHS trusts and larger care groups, so organisations can cascade the learning under our quality framework. Places delivered through cascade count only when learners complete our assessment.

3.5 Co-production and lived experience

People living with obesity will help shape and review the content. We will pay contributors for their time at a fair published rate, in line with NIHR guidance on payment for public involvement, and credit their contribution with their permission. Nothing about the content will be finalised without their review.

3.6 How we will measure impact

- Completion rates and CPD certificates issued, by sector and region.
- Pre- and post-session measures of attitudes and confidence using a validated weight bias scale, repeated at three months for a sample of learners.
- Learner commitments to a specific change in practice, with follow-up on whether it happened.
- Qualitative feedback from people living with obesity on whether the content reflects their experience.

Evidence note on the Implicit Association Test

Where we use the weight IAT, we use it as a reflective facilitation tool at group level. We do not use it to label or predict the behaviour of individual learners, because the evidence does not support individual-level prediction. Impact claims in our reports will rest on validated self-report measures and practice outcomes.

3.7 Safeguards for a free offer

- A fair-use limit per organisation, so that a single large employer cannot take a disproportionate share of places.
- A waiting list and quarterly reallocation of unused places.
- Clear separation from paid courses: the free programme covers stigma reduction, while practical bariatric moving and handling remains a paid, hands-on offer.
- A published value for the programme, calculated as the number of completed places multiplied by our standard list price for equivalent CPD, so the social value figure is transparent and auditable.

4. Pillar 2: Planet

4.1 Carbon neutral in 2026/27

We will achieve carbon neutral status for our operations in the 2026/27 financial year and verify the claim against ISO 14068-1:2023. This is the international standard that replaced PAS 2060, which BSI withdrew in 2025. It requires a clear order of action: measure, reduce, and only then compensate for residual emissions with high-quality carbon credits.

Step 1: Measure

- Establish a 2025/26 baseline using the Greenhouse Gas Protocol, covering Scope 1 (any company vehicles or fuel), Scope 2 (electricity and heat) and the Scope 3 categories that matter most for us.
- For a training business, Scope 3 will dominate: business travel, delegate travel to face-to-face courses, purchased goods (equipment, IT, printed materials), venue hire, waste and home working.
- Use a recognised SME carbon accounting tool or adviser, and keep the working papers for verification.

Step 2: Reduce

- Rail first for long-distance travel; car sharing and route planning for equipment runs; an electric or hybrid vehicle when the current vehicle is replaced.
- Renewable electricity tariff for any premises we control, and a request to venues for their energy sourcing.
- Digital-first course materials, with printed and dyslexia-friendly copies provided on request rather than by default.
- Online delivery wherever it meets the learning outcome, with face-to-face kept for practical skills.
- Refurbished-first purchasing (Section 5).

Step 3: Compensate for what remains

- Buy credits only for residual emissions, and only from recognised schemes. We will favour UK-based removals, such as projects under the Woodland Carbon Code or Peatland Code, where budget allows.
- Publish the quantity, type and registry of every credit retired.

Step 4: Verify and declare

- Obtain third-party verification of the ISO 14068-1 claim, or make a clearly qualified self-declaration if verification is not proportionate for Year 1, stating which route we have taken.

Avoiding greenwashing

Since April 2025, the Digital Markets, Competition and Consumers Act 2024 has given the Competition and Markets Authority direct powers to fine businesses for misleading environmental claims. We will only say "carbon neutral" alongside the period covered, the standard used and a link to our published evidence. Our long-term ambition is net zero, which requires deep reductions rather than offsetting, and we will not use the two terms interchangeably.

4.2 Carbon Reduction Plan for tenders

NHS buyers require a Carbon Reduction Plan (CRP) from suppliers regardless of contract value, following the NHS Net Zero Supplier Roadmap. Central government uses the same template under PPN 006. We will:

- Publish a CRP on our website using the PPN 006 template, signed by the Managing Director and refreshed at least every 12 months.
- Commit publicly to net zero by 2045 at the latest, matching the NHS target for emissions it can influence.
- Be ready for the NHS roadmap requirement, from April 2027, for suppliers to report emissions and progress publicly.

5. Refurbished-first purchasing

5.1 The commitment

Where a suitable refurbished option exists, we will buy refurbished equipment and IT rather than new. "Suitable" means it is safe, fit for purpose, compliant and offers reasonable value over its working life.

5.2 How the rule applies

Category	Refurbished-first approach	Conditions
Laptops, tablets, phones, monitors	Buy refurbished as standard	Minimum 12-month warranty; supplier certified to a recognised refurbishment standard; secure data wiping evidenced
Office furniture	Buy refurbished or reused as standard	Ergonomic requirements met for display screen work
Training hoists, slings and slide sheets	Refurbished or ex-demonstration where available	Full service history; LOLER thorough examination before use where applicable; manufacturer or competent person sign-off; slings within their service life
Beds, surfaces and manikins	Refurbished or ex-demonstration where available	Decontamination certificate; PUWER suitability confirmed
Consumables and PPE	New, with lower-impact options preferred	Safety and infection control come first

Where we buy new, the reason will be recorded in a simple purchase log, so the "where possible" qualifier is transparent and we can report the refurbished share of spend each year.

5.3 End of life

- Pass on working equipment we no longer need to hospices, charities or training schemes, with appropriate safety checks and documentation.
- Recycle electronics through WEEE-compliant, certified data-destruction providers only.
- Ask equipment suppliers about take-back schemes before purchase.

6. Further commitments for an SME

The following additions are proportionate for a business of our size and strengthen our tender responses. Each is marked by effort and by how directly it supports public sector social value scoring. Effort: Low means little cost and time, Medium means some budget or a policy to write, High means a significant or ongoing investment.

6.1 People and fair work

Commitment	What it involves	Effort	Tender value
Real Living Wage floor	Pay all staff at least the Real Living Wage; consider Living Wage Foundation accreditation	Low	High
Fair terms for associate trainers	Pay associates within 30 days, use clear and balanced contracts, and give them access to our CPD	Low	High
Prompt payment	Pay all small suppliers within 30 days and publish performance	Low	Medium
Disability Confident	Sign up at Level 1 (Committed), moving to Level 2	Low	Medium
Wellbeing and flexible working	Flexible hours as standard, an employee assistance route, and a musculoskeletal health offer that reflects our own expertise	Medium	Medium
Paid CPD for our team	Protected learning days for every employed and associate trainer each year	Medium	High

6.2 Skills and the next generation

From January 2027, central government social value scoring under PPN 026 focuses on good jobs and skills, and many NHS buyers follow central government practice. This makes the commitments below particularly valuable.

Commitment	What it involves	Effort	Tender value
Student placements	Host OT, physiotherapy and nursing students for moving and handling observation or project placements	Medium	High
Trainer development pathway	Mentor experienced care staff into moving and handling trainer roles through our associate model	Medium	High
Work experience and T Level placements	Offer placements to local learners interested in health and care careers	Medium	High
Apprenticeship	Take on an apprentice (for example in business administration or digital marketing), using a levy transfer from a larger employer to cover costs	High	High
Careers talks	Visit local schools and colleges to promote health and care careers	Low	Medium

6.3 Community

Commitment	What it involves	Effort	Tender value
Volunteering days	Two paid volunteering days per person per year, ideally using professional skills	Low	Medium
Pro bono support for small providers	A set number of free advice hours each year for small care homes and charities facing a difficult moving and handling situation	Medium	High
Unpaid carers	Free practical workshops through carers' centres on safer moving at home	Medium	High
Professional networks	Continued support for the Sussex Back Exchange and National Back Exchange through speaking, hosting and free resources	Low	Medium

Commitment	What it involves	Effort	Tender value
Open resources	Publish free guides and newsletters, such as The M&H TLDR, to keep practitioners up to date	Low	Medium
Local charity partner	Choose one local health or disability charity each year to support with time and fundraising	Low	Medium

6.4 Responsible supply chain

Commitment	What it involves	Effort	Tender value
Local first	Use Sussex-based suppliers, venues and caterers where quality and price are comparable, and report local spend	Low	Medium
Supplier code of conduct	A one-page code covering ethics, fair pay, modern slavery, environment and data protection	Low	Medium
Voluntary modern slavery statement	Not legally required at our size, but increasingly expected in health sector tenders	Low	Medium
Social enterprise spend	Buy from social enterprises or charities where possible, for example for print, catering or cleaning	Low	Medium

6.5 Governance and transparency

- **Named lead:** the Managing Director owns the programme, with a quarterly review of targets.
- **Annual impact report:** published each autumn, covering every target in Section 8, including those we missed and why.
- **Core policies:** equality, diversity and inclusion; anti-bribery; whistleblowing; data protection; environmental; and responsible purchasing.
- **Social value measurement:** record outcomes in a format that maps to the Social Value Model used in NHS and government tenders, so evidence is ready for each bid.
- **Longer-term option:** consider B Corp certification once two years of evidence are in place. It is demanding for a small business, but this programme builds most of the groundwork.

7. How this programme supports tenders

Social value is a scored part of public sector procurement. NHS buyers apply a minimum 10% weighting to social value and net zero in their procurements. For central government contracts, PPN 002 currently sets a minimum 10% weighting, and PPN 026 replaces it from 1 January 2027 with a model focused on good jobs and skills, weighted at 10% for contracts of £1 million to £5 million and 20% above that.

Buyer expectation	Where this programme responds
Carbon Reduction Plan (NHS: all contracts; central government: PPN 006)	Section 4.2: published CRP, net zero commitment, annual refresh
Tackling health inequalities and improving outcomes (NHS Social Value Playbook)	Pillar 1: free stigma reduction training focused on the least-funded parts of the care workforce
Good jobs and fair work	Section 6.1: Real Living Wage, fair associate terms, prompt payment
Skills and talent pipelines (PPN 026 from January 2027)	Section 6.2: placements, trainer pathway, apprenticeship
Environmental sustainability and circular economy	Sections 4 and 5: carbon neutral operations and refurbished-first purchasing
Community and voluntary sector support	Section 6.3: volunteering, pro bono support, carers' workshops
Supply chain ethics and modern slavery	Section 6.4: supplier code and voluntary statement

Each commitment is written so it can become a contract KPI. When a bid is won, we will agree the relevant KPIs with the buyer and report against them alongside our annual impact report.

8. Targets and measures

Baseline figures will be recorded by December 2026. Figures shown as a bracketed placeholder are to be set once the baseline is known.

Measure	Year 1 target (2026/27)	Year 2 target (2027/28)
Free CPD places completed	2,500	5,000
Share of free places going to social care, hospices and carers	At least 55%	At least 55%
Learners reporting improved attitudes or confidence (validated scale)	At least 75%	At least 80%
Lived-experience contributors paid and credited	At least 5	At least 8
Carbon neutral status (ISO 14068-1)	Achieved and published	Maintained, with deeper reductions
Absolute emissions reduction against 2025/26 baseline	[x]%	[x]%
Share of IT purchases that are refurbished	At least 80%	At least 90%
Share of equipment purchases that are refurbished or ex-demonstration	At least 50%	At least 60%
Staff paid at least the Real Living Wage	100%	100%
Associate and supplier invoices paid within 30 days	At least 95%	100%
Student or work placements hosted	At least 4	At least 8
New trainers mentored through our pathway	At least 2	At least 4
Pro bono advice hours for small providers	At least 40	At least 60
Volunteering days taken	2 per person	2 per person
Share of spend with Sussex suppliers	[x]%	[x]%
Annual impact report published	Autumn 2027	Autumn 2028

9. Delivery plan

When	Actions
October to December 2026	Approve programme and publish public commitment Set up booking, allocation and fair-use rules for free places Start free delivery at around 100 learners a week (for example, one full live session weekly) to reach 2,500 by the end of March 2027 Recruit and pay lived-experience reviewers Start carbon baseline and adopt refurbished-first purchase log Publish Carbon Reduction Plan
January to March 2027	Keep free delivery on track for 2,500 completions by 31 March 2027 Launch e-learning route Adopt supplier code, prompt payment and Real Living Wage commitments Prepare social value evidence for bids under PPN 026
April to September 2027	Retire credits and complete the 2026/27 carbon neutral declaration Scale to Year 2 volumes through train-the-trainer licences Host first student and work placements Three-month follow-up evaluation of Year 1 learners
Autumn 2027	Publish first annual impact report Review targets and refresh the programme for 2027/28

9.1 Key risks

Risk	How we will manage it
Delivery capacity for 7,500 free places alongside paid work	Online-first model, e-learning route and licensed cascade; quarterly capacity check
Low completion after booking	Reminders, flexible session times, and overbooking live sessions by a set margin
Carbon neutral claim challenged	ISO 14068-1 method, published evidence and qualified wording in all marketing
Refurbished equipment not available or not compliant	"Where possible" rule with recorded reasons for buying new; safety always comes first
Programme cost affects financial sustainability	Annual budget ring-fenced for the programme and reviewed quarterly

10. Public commitment statement

The following text is ready for the website, tender documents and social media.

Our commitment

At Elevate Handling, dignity is non-negotiable, and that applies to how we run our business as much as to how we train.

We are offering 2,500 free CPD-certified places on our weight stigma reduction training in 2026/27, rising to 5,000 in 2027/28. Priority goes to social care, hospices, unpaid carers and the frontline staff who have the least access to training. The course is shaped and reviewed by people living with obesity, who are paid for their expertise.

We will be carbon neutral in 2026/27, verified against ISO 14068-1. We are cutting our emissions first and will only compensate for what we cannot yet avoid, using recognised schemes. Wherever possible, we buy refurbished equipment and IT rather than new.

We pay fairly and promptly, we invest in the next generation of moving and handling practitioners, and we give our time to the community we serve. We will publish our progress every year, including anything we fall short on.

11. Key references

- British Standards Institution / ISO. ISO 14068-1:2023 Climate change management: Transition to net zero, Part 1: Carbon neutrality (supersedes PAS 2060).
- Cabinet Office (2025). PPN 006: Taking account of Carbon Reduction Plans in the procurement of major government contracts.
- Cabinet Office (2025). PPN 002: The Social Value Model.
- Cabinet Office (2026). PPN 026: The Social Value Model (applies from 1 January 2027).
- NHS England. NHS Social Value Playbook; Net Zero Supplier Roadmap.
- Digital Markets, Competition and Consumers Act 2024; CMA Green Claims Code.
- NICE (2025). NG246: Overweight and obesity management.
- Rubino F et al. (2025). Definition and diagnostic criteria of clinical obesity. Lancet Diabetes & Endocrinology Commission.
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- NIHR. Payment guidance for members of the public considering involvement in research.