



Moving & Handling Strategy

*An initiative of the London Group of
National Back Exchange to provide*

**Standards
for
Handling People and
Objects
in
Health and Social Care**

Folder 3

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Appendix 1 – Competent person (MHP)

Author: David Couzens-Howard

This appendix relates to Standard A5 – ‘Expertise’

The National Back Exchange specification (Jan 2010) for the expert or proficient person who has the role of Strategic Lead or Head of Department, is reproduced here by kind permission of the Association.

Readers are referred to that document (Ruszala et al, 2010) for complete details and for the specifications of the various roles that may be found in a moving & handling department, plus the key worker or link worker roles.

The advisors and practitioners who occupy the posts in NHS and other health and social care organisations have a range of job titles. Some organisations buy in expertise from other organisations or freelance practitioners.

Most organisations appreciate the need for this high level of expertise and employ people at an appropriate pay band or grade.

Most organisations also understand the value of having someone in post who is free to look at matters strategically and able to provide leadership for this function.

The range and complexity of the role is shown by the table on the following page.

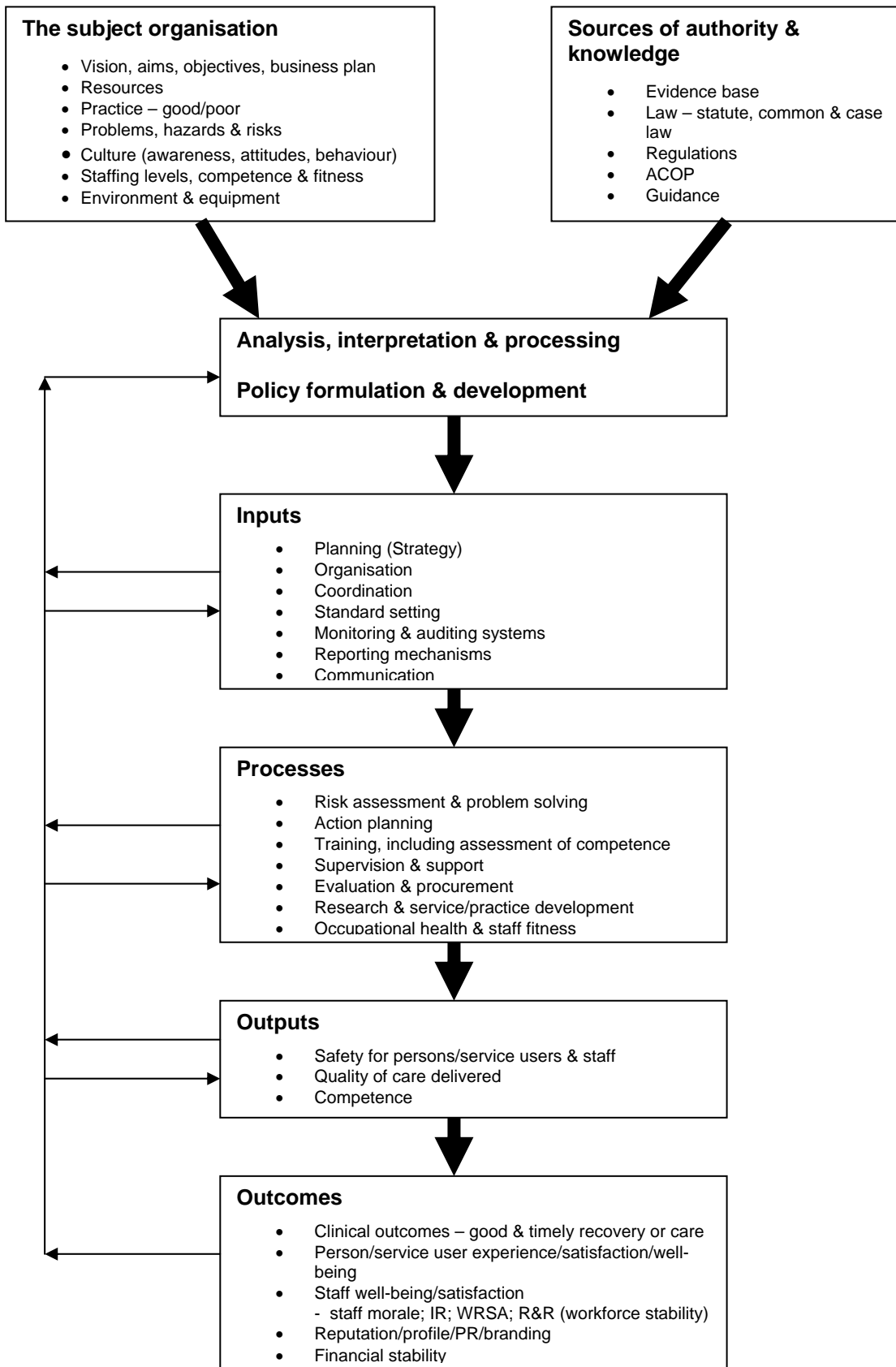
The following abbreviations are used:

IR = Industrial Relations

WRSA = Work Related Sickness Absence

R & R = Recruitment and Retention

The Role of the MHP/BCA



Proficient Manual Handling Practitioner / Head of Department

Who	<p>The proficient MHP will be experienced in both the advisory and training aspects of the role and able to apply their skills to a wide range of complex handling situations. They may be a Head of Department, manage more junior MHP's and provide professional support to Key Workers. They will work with the senior management team in the promotion of safe handling and represent their organisation with external agencies in all manual handling activities including legal situations</p>
Person specification	<ul style="list-style-type: none"> • Promotes an ergonomic approach at senior management level in the design, development and evaluation of MH policies, procedures and training strategies to ensure staff/person safety are met through clinical governance and controls assurance standards and represents the Organisation in partnership working • Develops systems and pathways to assist departments with risk assessment for multi-disciplinary and complex handling situations including evaluation of resultant safe systems of work • Researches a range of handling equipment suitable to meet the existing and future identified needs of their organisation and liaises with purchasing managers on their provision and maintenance needs, including the development of business cases where appropriate • Evaluates general and specific training programmes to identify unmet needs and explore emerging trends for further action • Actively promotes a preventative approach to MSD's through evaluation of audit findings and root cause analysis of accidents to identify trends and recommend measures to address identified needs • Uses an evidence-based approach to problem-solving activities and presents findings at local and national level • People handling activities: designs, implements and audits comprehensive and person-centred care plans
Performance criteria	<ul style="list-style-type: none"> • Demonstrates ability to manage staff within the team • Demonstrates ability to lead multi-disciplinary projects • Demonstrates ability to develop business cases including cost-benefit analysis
Evidence	<ul style="list-style-type: none"> • Has achieved competencies required from the previous level • Meets Registered Member standard of National Back Exchange including a post-registered / graduate certificate in Back Care Management or relevant APEL (essential) • Management development programme (essential) • Certificate of Education or other qualification e.g. City and Guilds 7303 (essential) • Working towards Graduate Diploma / Masters level (desirable) • CPD regular attendance at conferences and relevant study days (essential)
Audit tool	<ul style="list-style-type: none"> • Controls / Quality Assurance audits

Dreyfus / Benner scale (proficient)	<p>The proficient performer perceives situations as wholes rather than in terms of chopped up parts or aspects, and performance is guided by maxims. Proficient MHPs understand a situation as a whole because they perceive its meaning in terms of long-term goals. They learn from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. They recognize when the expected normal picture does not materialize. This holistic understanding improves the proficient MHPs' decision making. It becomes less laboured because they now have a perspective on which one of the many existing attributes and aspects in the present situation are the important ones. The proficient MHP uses maxims as guides which reflect what would appear to the competent or novice performer as unintelligible nuances of the situation; they can mean one thing at one time and quite another thing later. Once one has a deep understanding of the situation overall, however, the maxim provides direction as to what must be taken into account.</p>
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Expert Manual Handling Practitioner / Consultant	
Who	<p>The expert MHP is very experienced in a wide range of general and specific environments and routinely applies a research methodology approach to their practice. They will promote safe handling practices at national and international forums and may be an expert witness in legal situations. Whilst previous titles can be worked up to, and indeed claimed by an individual with evidence of their learning, experience and skills, this title would be more difficult to define. It is awarded by peer recognition, and can be bestowed on an individual by others but cannot be claimed by an individual.</p>
Person specification	<ul style="list-style-type: none"> • Interprets existing and new MH-related legislation and works with senior management team, area health authorities and standard setting organisations to raise awareness of current progress and identified issues • Leads / actively contributes to developing and improving risk management strategies and their communication in multi-disciplinary and shared working situations on a local and national level • Actively works with manufacturers to evaluate and develop equipment to meet existing and future needs • Actively works with external educational departments, professional bodies and unions to develop, monitor and evaluate standards to meet existing and future needs • Regularly liaises with controls assurance and other organisational bodies regarding safety standards including Health and Safety Executive • Designs and implements formal research projects and routinely presents published findings at local meetings and national conferences • People handling activities: initiates a person-centred and seamless approach to care in shared working initiatives
Performance Criteria	<ul style="list-style-type: none"> • Ability to represent organisations on a macro-organisational level • Ability to design and implement research projects • Critically appraise documents for advisory and legal situations

	<ul style="list-style-type: none"> • Ability to publish and present evidence-based material
Evidence	<ul style="list-style-type: none"> • Has achieved competencies required from the previous level • CPD attendance at relevant conferences and study days (essential)
Evidence	<ul style="list-style-type: none"> • Has achieved competencies required from the previous level • CPD attendance at relevant conferences and study days (essential)
Benner scale (Expert)	<p>The expert MHP, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative options and solutions. The expert operates from a deep understanding of the total situation. The chess master, for instance, when asked why he or she made a particularly masterful move, will just say: "Because it felt right; it looked good." The performer is no longer aware of features and rules; his/her performance becomes fluid and flexible and highly proficient. This is not to say that the expert never uses analytic tools. Highly skilled analytic ability is necessary for those situations with which the MHP has had no previous experience. Analytic tools are also necessary for those times when the expert gets a wrong grasp of the situation and then finds that events and behaviours are not occurring as expected. When alternative perspectives are not available to the MHP, the only way out of a wrong grasp of the problem is by using analytic problem solving.</p>

References

Ruszala S, Hall J & Alexander P (2010) *Standards in Manual Handling* 3rd ed Towcester: NBE

Appendix 2 - Policy template

Author: David Couzens-Howard

This appendix refers to Standard A6 – ‘Policy’

It is based on the guidance issued by the National Health Service Litigation Authority and the All Wales Passport Scheme for Moving and Handling.

The M&H strategy that this policy template is part of, sets out the methodology for achieving the necessary performance and compliance in these areas of activity. It should be read prior to writing this policy.

NB: Consider a Summary.

Pay attention to the house style of the organisation.

Many sections have been left deliberately blank for the writer to complete.

NHSLA (2011/12) *NHSLA Risk Management Standards for NHS Trusts providing Acute, Community, Mental Health and Learning Disability and Independent Sector Organisations Standards 2011/12*

www.NHSLAAcuteCommunityMHLandIndependentSectorStandards201112

retrieved 15 April 2011

Welsh Assembly Government and Health and Safety Executive, (2007/08), *All Wales NHS Manual Handling Training Passport & Information Scheme*, Swansea, Swansea NHS Organisation, retrieved from

http://www.wales.nhs.uk/documents/NHS_manual_handling_passpor.pdf

Retrieved 15 April 2011

Title page

**MOVING & HANDLING
AND
BACK CARE POLICY**

Contents page

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Policy Summary

- This policy gives guidance to managers and staff regarding Moving & Handling, including people (service user) handling, and Back Care for the staff. The risks associated with service user handling can be very high and the policy focuses on these issues.
- It covers the requirements of health & safety and quality legislation, NHSLA and CQC standards.
- Safe handling is a legal requirement and it contributes materially to high quality care (also a legal requirement) and good clinical outcomes.
- The Organisation and its executives and managers are responsible for making arrangements to ensure safety and quality in these areas.
- Adequate provision must be made for these aspects of safety and quality.
- All members of staff have a duty to take care of themselves and contribute to the requirements for safety and quality.
- The Moving and Handling Strategy and its standards for achieving the necessary performance and compliance should be read when writing this policy.
- It also interprets legislative and other requirements, incorporates evidence based best practice, as set out in the guidance documents published by the royal colleges, professional bodies, trades unions and other expert bodies.
- Hazardous manual handling should be avoided wherever possible, and where it cannot be avoided, the risks must be assessed and reduced to the lowest level that is reasonably practicable. All reasonably foreseeable eventualities must be planned for.

1. Policy statement

The organisation is committed to the provision of high quality care and to the safety, health and welfare/ wellbeing of its service users and employees. Moving and handling tends to impact significantly on these aims and therefore the organisation will ensure best practice in these activities.

The organisation is responsible for the safety of its employees and all other persons who may be affected by its manual handling activities. In order to discharge this responsibility all manual handling hazards and risks must be identified, recorded and registered, so that they can be assessed and adequately controlled.

2. Scope – what the policy does and does not cover (inclusions and exclusions)

3. Definitions

4. Introduction and background

4.1 Rationale

4.2 Approach

The seven principles:

- 4.2.1 Science
- 4.2.2 Being proactive
- 4.2.3 Balance
- 4.2.4 Integration
- 4.2.5 Holism
- 4.2.6 Effectiveness
- 4.2.7 Basic requirements of person handling

Good management

Benefits

5 Purpose/aims and objectives – what the policy seeks to achieve – meeting the requirements of the organisation and its stakeholders

5.1 This policy seeks to address the following issues:

5.2 The policy is designed to meet the following requirements: -

0.0.1 Legal requirements for health and safety

0.0.2 Legal requirements for quality

0.0.3 The organisation's vision and strategic objectives
These are set out in the strategy document

0.0.4 Requirements of the NHSLA
These are set out in the strategy document

0.0.5 Requirements of the CQC
These are set out in the strategy document

0.0.6 Requirements of the organisation

The policy is also designed to support the organisation's vision and strategic objectives.

5.3 The policy is informed by many other standards and guidance documents and therefore seeks to implement best, evidence-based practice in: -

- Moving and handling, including people handling
- Back care
- Occupational health and safety / occupational safety and health (OH&S / OS&H)

5.3.1 Aims

5.3.2 Objective and outcomes

6 Key responsibilities

These may be divided into overall management responsibilities, special responsibilities and responsibilities for all organisation employees.

6.1 Overall management responsibilities

6.1.1 The Board

6.1.2 The Chief Executive and senior management team

6.1.3 Organisational requirements

6.1.4 Other senior and middle management

6.1.5 First line managers (managers of units, wards and teams, etc.)

6.1.6 First line managers have the following functions: -

6.2 Special responsibilities

6.2.1 The Facilities Department

6.2.2 The Health & Safety Committee

6.2.3 Link Workers

6.3 Responsibilities for all organisation employees

6.3.1 All Staff

6.3.2 All service user handling staff (including bank and agency staff)

7. Competent advice

Is supplied by the Back Care/Moving & Handling Practitioner/Advisor

7.1 The Moving and Handling Practitioner/ Back Care Advisor

7.2 The Moving & Handling and Back Care Department

The department has the following 12 functions: -

- Strategic – policy development, systems & structures
- Competent advice – to all levels of management & staff, plus an information & library service
- Ergonomics
 - Equipment selection
 - Assessment using 'TILEOP' format
 - Safe systems of work (designing and setting-up)
 - Buildings (ergonomics advice on space and layout, etc)
 - DSE/workstation (assessment and recommendations)
- Equipment evaluation & recommendations
- Assessment & problem-solving (complex cases)
- Learning & development (education & training)
- Workplace support to staff – including on the job training
- Occupational health and Health promotion
- Investigation of incidents
- Monitoring, audit, and benchmarking
- Research and practice development
- Income generation, including marketing

8. Strategy and standards

9. Quality control – performance management of quality and safety how well is the policy working?

9.1 Performance dimensions to be assessed and measured

9.2 Monitoring arrangements

9.3 Key performance indicators (KPIs) and outcomes

9.4 Methodology

9.5 Review arrangements (Analysis and assessment of performance)

9.6 Formulation of reports
(See Section 10)

10. Reporting arrangements

11. Communication and dissemination of information

The policy will be communicated to all Organisation employees in the following ways:

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12. Ergonomics, environment and equipment

12.1 Ergonomics

12.2 Environment

12.3 Equipment and furniture

13. Training

13.1 Outline of approach to training and programme

13.2 Basic requirements of person handling

Approaches, methods and techniques must satisfy the following criteria:

13.3. Specific procedures are designed, defined and agreed on each unit/in each service

13.4. Specific techniques are taught during training sessions

13.5. Safe and unsafe practice is also covered in the training sessions

14. Appendices with detailed procedures and protocols, covering all moving & handling activities – the 'how', and other related documents

14.1 Appendices

14.2 Other related policy documents

15. Contact details of moving & handling department

16. Document management (Processes for: - consultation, approval and ratification arrangements; dissemination, access and implementation; review and dates; archiving)

17. Equality and diversity impact

18. References

Appendix 3 – Moving & handling committee

Author: David Couzens-Howard

This appendix relates to Standard A11 – ‘Consultation and coordination by committee’

It has been developed by the National Back Exchange London Group Strategy Working Party (NBELGSWP)

Appendix 3 – Moving & handling committee

This should be a standing committee reporting to the health & safety, risk management and/or patient safety committee/s normally and to the executive team or board in exceptional circumstances. Such a group can make an important contribution to improving standards by providing a useful forum for discussion and planning action. It brings together managers, expert advisors and frontline staff. It also provides a natural mechanism for monitoring, audit and review. The role and terms of reference will be set out more fully by each organisation.

The committee should support the work of the manual handling practitioner/back care advisor (MHP/ BCA) and the moving & handling department and provide some facilitation and control. Though it might be natural for the MHP/BCA to take the lead, the group may be chaired by a more senior officer, such as an assistant director of nursing.

Membership might consist of: - assistant director of nursing, MHP/BCA, H&S manager or risk manager; learning & development lead, 2 – 3 managers (clinical or operational leads or modern matrons) and 2 – 3 Band 6/7 clinicians who have current experience at the 'coal-face'; about 8 – 10 individuals in all, with a suggested quorum of 4 – 5 to render cancelled meetings a rarity.

Consultation of a formal nature (good practice as well as a legislative requirement) would probably take place in the H&S Committee and the joint consultative committee, although consultation and liaison would still be significant functions.

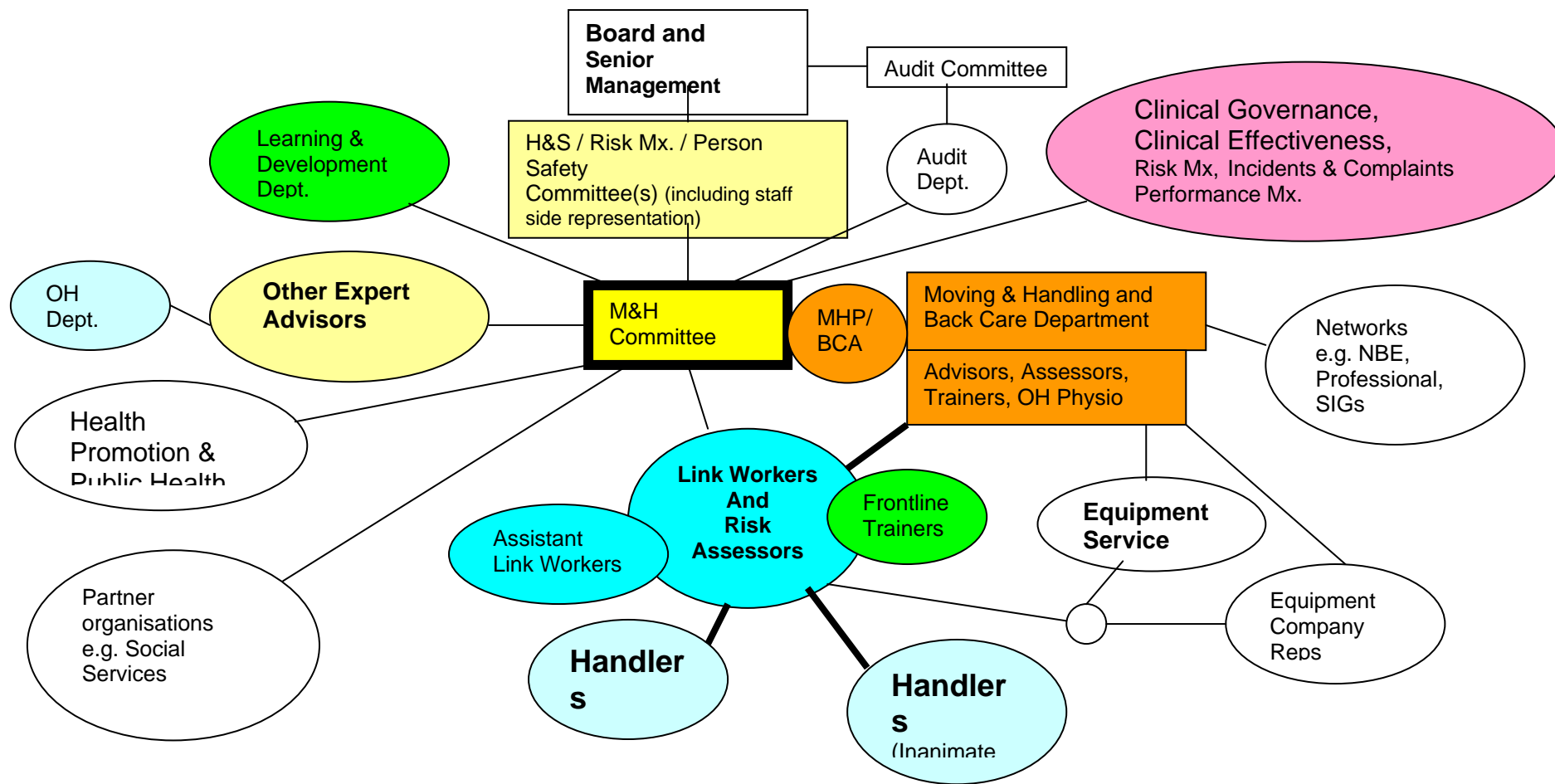
Functions include: - planning, organisation and implementation; consultation and liaison; monitoring, audit and review (measuring/assessing performance in terms of safety and quality); and reporting.

The committee will bring in other service and departmental managers and other expert advisors as appropriate for particular issues.

Other advisors

Moving & handling interfaces with a great many of the organisation's activities and therefore the moving & handling team and committee need to liaise with the organisation's other expert advisors, who may include those responsible for: - occupational health, H&S, security, fire, resuscitation/basic life support, infection control, tissue viability, physiotherapy, occupational therapy, seating, prevention and management of violence and aggression (PMVA) (control & restraint), falls, electro-biomedical engineering (EBME), estates (planning and maintenance functions), facilities (hotel services – catering and housekeeping, portering, transport, etc.) Advisors from these functions will be asked to attend as required.

The Structure and Links in an NHS Organisation for the Management # of Moving & Handling and Back Care



Mx = Management

Management includes: planning, organisation, control, monitoring and review, plus standard setting, health surveillance, training and supervision.

Appendix 4 – Role of link workers

Author: David Couzens-Howard

This appendix relates to Standard A13 – ‘Link worker network’

It has been developed by the NBELGSWP

Readers are also referred to the Manual Handling Standard (NBE 2010), p7 – 9 key worker elements.

NB: A number of different terms are used to describe this role, link worker and key worker are perhaps the most frequently used, but handling coordinator and transfer specialist are also used. The precise role will vary in different organisations.

Appendix 4 – Role of link workers

Introduction and background

Link workers are used extensively in healthcare in a number of specialities and with some success in moving & handling. Their role is valuable in that they have local knowledge regarding specific handling issues, and strategies to address these in their particular workplace.

Role and responsibilities

NB: The function is to carry out tasks delegated by the link nurse's manager and agreed as part of the Moving & Handling Policy and Strategy. The legal responsibility for managing these aspects of risk lies with the manager for each area or service (as with other risk elements). The level of responsibility in this role is commensurate with the grade or banding of the link nurse / therapist concerned.

Box One

- To have a level of expertise greater than other practitioners
- To act as a 'local guru' and resource
- To take a lead in these matters locally
- To provide a link between the Moving & Handling and Back Care Department and wards, local teams and departments
- To assist with complex moving & handling and person handling assessments and problem-solving}
- To carry out generic assessments} – level 4 risks (see Box 2)
- To devise standard operating procedures (SOPs)
- To report progress and problems and communicate risk
- To undertake a limited amount of 1:1 instruction/training, as part of the induction process for new staff, pending formal training, and from time to time as necessary (with regard to new procedures or equipment etc.). This will still require documenting #
- To assist the Moving & Handling team with local ('workplace') training
- To link with other professionals as part of an expert team and with other individuals and agencies, such as equipment company representatives
- To assist with audits and investigations
- To undertake training, education and development to fulfil this role
- To attend updates and meetings
- To maintain a resource file for their unit

NB: It is not envisaged that the role would involve any *formal* training of others.

Competencies

Individuals volunteering or selected for this role will be supported to reach and maintain the necessary competencies.

Requirements of the role (person specification)

Individuals volunteering or selected for this role need a number of 'style competencies'. They will be fairly experienced staff, need to be good communicators and be able to influence change. Above all, they need to be interested in the topic and show good leadership skills.

Training, education and development

Individuals volunteering or selected for this role will be given the necessary training. It is envisaged that this would be a three-day course for new link nurses/ therapists, consisting of two days, a gap of about one month and a further day. Project work would be set for the gap period. Existing risk assessors will receive a 'top-up'.

Once initial training is complete ongoing development can occur. Support for this could take many forms, including annual updating, periodic and ad hoc development sessions with regard to particular topics, a newsletter, etc.

Support and infrastructure

Link nurses/ therapists carrying out this role would need to be given some **protected time** for the function. The need can be expressed in two parts: - firstly, setting-up procedures, etc. and secondly, ongoing work.

It will be necessary for the link persons to work closely with and receive support from, the Moving & Handling Department.

Box 2 - Levels of Assessment

To try to put the matter in context it might be useful to define some levels of assessment, as follows: -

Level 1 All employees are expected to have a basic awareness of hazards and risks, look after themselves, work safely and report any new hazards or risks.

Level 2 All employees to read, understand and comply with procedures written by others. In doing so they will use their experience and intuition to make immediate reports or changes in response to new conditions as part of a dynamic assessment.

Level 3 All qualified nurses and therapists to carry out person handling assessments (for risk and need), for their persons and *apply* appropriate standard operating procedures or special individual procedures.

Level 4 Link nurses/ therapists to carry out complex assessments, generic assessments and *write* standard operating and individual procedures.

Level 5 Moving and handling/ back care advisors to assist with the most complex assessments and make appropriate recommendations.

Assistant link workers (ALW)

Healthcare assistants, therapy assistants and technical instructors can perform a supportive role, looking after equipment, etc.

Frontline trainers (FLT)

Some link workers can develop their role further by taking on a limited training role within their own speciality where they will have detailed knowledge, relevant skills and credibility amongst their peers.

