



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 2

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**Moving & Handling
Strategy Standards
Compliance Log
(Annex c)**

Moving & Handling Strategy – Standards Compliance Log (Annex c)

The purpose of this document is as follows: -

- To act as a summary of the main strategy and standards document, for dashboard at-a-glance monitoring
- To facilitate reporting and high-level discussions, e.g. at board, executive team, audit committee, risk management/health & safety committee level
- To be available for inspection by the regulatory bodies

It functions in the following way: -

- a) Standards which are relevant and applicable to the organisation are selected for performance and compliance measurement
- b) Each standard is assessed, in this model using a 0 – 5 scale, on a particular date and this is recorded
- c) The level of compliance is agreed
- d) If this less than level 5, the reasons for non-compliance are noted and an action plan is formulated
- e) Where appropriate, risks are recorded on local and organisation-wide risk registers
- f) Progress is reviewed at agreed intervals until full compliance is achieved

Interpretation of the levels is as follows (with examples): -

- 0 Non-compliance (**Red**) Issues have not been analysed, nor hazards and risks assessed or evaluated. (Action – continue to develop)
- 1 Process started (**Amber**) Issues have been acknowledged and preliminary investigations instigated to analyse the issues, hazards and risks. (Action – continue to develop)
- 2 Progress has been made (**Amber**) Investigations have been made, hazards and risks assessed and evaluated. Policies/protocols/guidelines/procedures have been written and safe systems of work agreed. Resources have been allocated and equipment has been ordered. Training needs have been assessed and training planned. (Action – continue to develop)
- 3 Significant progress (**Amber**) Corrective action has been taken to implement the policies and procedures. Equipment has been deployed and training provided. (Action – continue to develop)
- 4 Nearing completion (**Amber**) All measures have been implemented and on-going monitoring set-up. (Action – continue to develop)
- 5 Fully compliant (**Green**) Remedial measures and safe systems of work have been embedded. (Action – monitor and review as necessary [periodically and when changes are made])

Worked Example

Moving & Handling Strategy – Standards Compliance Log

Date __/Jan / __

Section D Material resources – Equipment and environment

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action Plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
D9	Beds etc.	Suitable and sufficient beds and mattresses are provide routinely.	0			Beds and mattresses are not fit for purpose in the hospital. No funding is available.	A working party has been set-up to investigate the situation, establish need and make recommendations.		

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Moving & Handling Strategy – Standards Compliance Log

Date __/Feb / __

Section D Material resources – Equipment and environment

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action Plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
D9	Beds etc.	Suitable and sufficient beds and mattresses are provide routinely.		1		Investigations have been made. The need to replace the present stock has been established and the trust has decided to remedy the situation. Funding is still an issue.	The working party is to draw-up detailed specifications and discover costs. Director of Finance to identify funding.		

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance

Moving & Handling Strategy – Standards Compliance Log

Date __/Mar / __

Section D Material resources – Equipment and environment

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
D9	Beds etc.	Suitable and sufficient beds and mattresses are provide routinely.		2		Specifications have been agreed. Funding is still being negotiated.	Companies are to be contacted for trials and evaluations.		

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Moving & Handling Strategy – Standards Compliance Log

Date __/Apr / __

Section D Material resources – Equipment and environment

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
D9	Beds etc.	Suitable and sufficient beds and mattresses are provide routinely.		3		Barriers have been removed.	Tendering processes have been agreed.		

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Moving & Handling Strategy – Standards Compliance Log

Date __/ May/ __

Section D Material resources – Equipment and environment

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
D9	Beds etc.	Suitable and sufficient beds and mattresses are provide routinely.		4		Some delays have been experienced.	The successful company has been identified and purchasing/leasing carried out. An implementation programme has been agreed, including training. Beds and mattresses are in place, snagging systems are in place and the first, post implementation evaluation carried out.		

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Moving & Handling Strategy – Standards Compliance Log

Date __/ Jun/ __

Section D Material resources – Equipment and environment

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
D9	Beds etc.	Suitable and sufficient beds and mattresses are provide routinely.			5		Beds and mattresses are in place. Staff are deemed competent. The whole system is now embedded. Monitor and review as appropriate.		

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section A Infrastructure – Structure and Systems

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
A1	Board level & senior management commitment	There are policy statements and action plans (signed & dated) that demonstrate board level & senior management involvement in M&H and back care.							
A2	Contribution to the organisation	The M&H and back care service forms an integral part of the organisation's business plan and governance arrangements.							
A3	Leadership	Senior management demonstrates leadership & involvement in M&H and back care, assuming the role of 'champions' and visiting the workplace for 'walk through' tours.							
A4	Resources & resource allocation	Sufficient resources have been made available to enable safe and effective handling to take place. Resources are available to provide for contingencies.							
A5	Expertise	A 'Competent Person' is in post, employed as a 'Manual Handling Practitioner' (MHP), or expertise is purchased by the organisation.							

A6	Policy	<p>A Moving and Handling Policy is in place as part of the overall strategy, consisting of:</p> <ul style="list-style-type: none"> - A statement of intent or manifesto, relating to and in alignment with, the values, visions, aims and strategic objectives, and the business plan of the organisation. <p><u>In addition:</u></p> <ul style="list-style-type: none"> - Aims & Objectives - Key responsibilities - Standards - KPI - Monitoring arrangements. 							
A7	Policy development	<p>The policy is developed to take account of: - Developing needs - Changes in patterns of work - The developing evidence- base - Changes in legislation and guidance – The performance of the strategy.</p>							
A8	Strategy and management systems	<p>A strategy is in place that sets out the health & safety and risk management arrangements for moving & handling (M&H); in other words, the means by which the intentions of the policy are to be made operational.</p>							
A9	Moving & handling and back care team/ department	<p>A department, suitably staffed and equipped, is in place.</p>							
A10	M&H team and staffing	<p>Advisor-trainers are in post in the ratio of about <u>one per 1000</u> Organisation employees. Suitable & sufficient administration & clerical support is provided.</p>							

A11	Consultation and coordination by committee	A moving & handling sub-committee or group is in place, reporting to a senior committee, such as H&S, risk management or governance committee. Its function is to consult, consider all moving & handling and MSD matters, and contribute to the planning and organising of suitable arrangements for improving quality and safety.							
A12	Other expert advisors	Links with all other expert advisors are maintained and used to provide a 'joined-up approach. These other experts <i>include</i> those who lead on: - clinical governance and quality; risk management; person safety; incidents & complaints; H&S and security; prevention and management of violence and aggression (control & restraint); falls prevention; occupational health; learning & development (training); fire prevention; infection control; tissue viability; equipment store/providers; EBME (servicing and maintenance of electrical biomedical equipment); estates & facilities; physiotherapy; and occupational therapy.							
A13	Link worker network	A network of link workers is in place in the suggested ratio of about <u>one per 20</u> person/load handlers.							

A14	Reporting	Systems are in place for writing, delivering and receiving reports on performance (status and progress) and events, e.g. adverse incident reports; management reports; board reports.							
A15	Getting help	<p>Systems are in place to enable and support effective communication for: - requesting help, advice, equipment etc.</p> <p>Help, provided by the M&H Advisory team, is readily available in the form of: - Information, advice, guidance, and problem-solving, by a 'helpline' or equivalent e-mail facility and by a dedicated part of the organisation's intranet, providing information on approaches & techniques – e.g. on sling insertion, equipment currently available.</p> <p>The M&H Advisory team are available, at reasonable notice, to help provide on-site support with complex assessments and problem-solving, and managers and staff know how to access this help.</p>							
A16	Dissemination of information	The policy and information on all aspects of moving & handling, back care and MSD are disseminated throughout the organisation.							

A17	Consultation	<p>Persons and the public are <i>involved</i> in decisions regarding changes in provision.</p> <p>Staff are <i>consulted</i> on all aspects of moving and handling that may impact on them.</p> <p>Consultation is active so that the views and wishes of staff (and their expertise) are fully taken into account <i>before</i> changes are made.</p> <p>Wherever possible significant changes are not made without an appropriate consultation process involving a) the relevant expert advisors; b) managers and staff and c) where appropriate, persons.</p>							
A18	Safety culture	There is a culture of safety that is open and fair.							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section B Assessment and the Approach to Risk Management

No.	Standard Title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
B1	Risk register	All risks are recorded on the appropriate risk register, for control locally. Risks that cannot be controlled locally are escalated to the Trust Risk Register.							
B2	Systematic control of risks	The process for assessing and controlling risks is systematic and robust.							
B3	Assessment of hazards and risks	All hazards and risks are analysed to determine their nature.							
B4	Objective evaluation of risks	Risks are, where necessary, evaluated (quantified), taking fully into account the likelihood (L) or probability of an untoward incident or event occurring and the impact or severity (S) of consequences (L X S).							
B5	Costing of risk	The cost to the organisation of failing to control risks (so-called ergonomic 'user costs'), versus the cost of controlling them, are estimated in order to facilitate a balanced approach to risk management and enabling a justification of expenditure, in terms of reasonable practicability.							

B6	Logical/ rational treatment of risks	Risk management options are explored in order to inform the decision making process. The four options generally available are: - ~ terminating; ~ transferring; ~ tolerating; ~ treating							
B7	Patient/ service user handling assessment (Straight- forward)	A system is in place for the assessment of straightforward patient/ service user handling, the identification of needs and risk, and the planning and implementation of suitable control measures, by means of standard operating procedures ('SOPs').							
B8	Patient/ service user handling assessment (Complex)	A system is in place for the assessment of complex patient/ service user handling, the identification of needs and risk and the planning and implementation of suitable control measures, by means of person individual procedures ('PIPs').							
B9	Unit/ team assessment	A system is in place for the assessment and audit of the unit/ team , utilising generic techniques, focusing on common tasks, equipment and the environment, with attention to the condition of the workforce (health and competence). Practice is also covered in this assessment/ audit.							
B10	Inanimate load handling assessment	A system is in place for the assessment of inanimate load handling and the control of risks (individually or generically) by means of safe systems of work.							

B11	DSE/ workstation assessment	A system is in place for the assessment of display screen equipment (DSE) and workstations and the controlling of any associated risks. Equipment and furniture is ergonomically designed and matched to the user.							
B12	Task analysis	A system is in place for task analysis and postural analysis of problematic manual handling operations.							
B13	Ergonomics	Moving & handling assessments are carried out using the ergonomic approach (T-I-L-E). Risk control measures, remedial action and solutions to identified problems are resolved in the light of ergonomics principles.							

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Section C Competence and Training

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0 Red	1,2,3,4 Amb	5 Grn				
C1	Competency framework	A competency framework is in place with a list of competencies and a determination of levels for all handling tasks and the employees required to carry out these tasks, linked to a training needs analysis (TNA).							
C2	Training design	Training design is based on a training needs analysis (TNA). This will be in modules. Training is of sufficient length to cover the agreed curriculum in sufficient depth.							
C3	Training evaluation	Training is evaluated by the Learning & Development (L&D) Department, training commissioners, training providers, trainees (course delegates) and service managers.							
C4	Assessment of competence	A system is in place for assessing competence and taking appropriate remedial action for those who do not meet the standard required.							
C5	Management training	A system is in place for the training of all levels of management, appropriate to their areas of command.							
C6	Introductory training	A system is in place for providing introductory training to <u>all employees</u> , in back awareness and inanimate load handling, as part of the induction programme.							

C7	Progressive training	A system is in place for providing training, supervision, peer review and feedback that is based on the individuals levels of competence and their potential ability to acquire moving and handling skills required for the environment they are operating in.							
C8	Advanced training (a)	A system is in place for providing advanced training in the specialist areas of practice.							
C9	Advanced training (b)	A system is in place for providing advanced training in advanced risk assessment and risk management.							
C10	Advanced training (c)	A system is in place for providing advanced training for link workers and frontline trainers (FLT)s.							
C11	Update and refresher training	A system is in place for providing update & refresher training and is responsive to changes in conditions.							
C12	Workplace follow-up	A system is in place for providing workplace follow-up, in order to support training. This should ensure that the information and experience given are relevant to the needs of the trainee. This should also embed the best practice available.							
C13	Supervision and support	A system is in place for providing supervision & support at the bedside to help embed best practice.							

C14	Guidance and instruction material	Guidance & instruction material is freely available in suitable formats, regarding: - information; general guidance; detailed procedures.							
C15	Ensuring attendance	Systems are in place to ensure that all staff attend relevant and mandatory training and each person who does not attend is followed-up and appropriate action taken.							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section D Material Resources

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0 Red	1,2,3,4 Amb	5 Grn				
D1	Built environment	New builds and design modifications to existing areas are based on sound scientific (ergonomics) principles, the evidence base, relevant legislation and guidance and are fit for purpose.							
D2	Provision of equipment	The provision of equipment is based on scientific (ergonomics) principles, the evidence base and relevant legislation and guidance.							
D3	Relevant experts, staff, end-users	When a new build, modification, upgrade or new equipment is proposed, relevant experts, staff and end-users are consulted.							
D4	Competence	Staff are trained and are assessed as competent in the use of equipment. Staff only operate equipment that they are competent to use.							
D5	Equipment evaluation	Equipment is evaluated for safety, efficacy, ease of use and comfort.							
D6	Equipment selection	The selection of handling equipment for general use and for the use of a particular patient, such as hoists and slings, slide sheets, etc., is carried out by competent persons in conjunction with suitable and sufficient assessments of need and risk.							

D7	Equipment hazards (MHRA)	The organisation is linked into the Medicines & Healthcare Products Regulatory Agency system that provides safety alerts and hazard warnings. A system is in place for cascading warnings to relevant departments and teams, and ensuring that such information is received and acted upon.							
D8	Patient handling equipment	Suitable and sufficient patient handling equipment is provided routinely.							
D9	Beds etc.	Suitable and sufficient beds and mattresses are provided routinely.							
D10	'Auxiliary' equipment	Auxiliary equipment is provided routinely, e.g. Commodes, bathing/ shower equipment, wheelchairs, bed pans etc.							
D11	Short-term provision	A system (that may include a dedicated service or store) is in place for the provision of less frequently used items of handling and auxiliary equipment and beds etc. A system is in place for replacement in the event of equipment failure, e.g. hoists. Delivery <u>must</u> be timely to ensure safety and continuity in quality of care.							
D12	Inanimate load handling equipment	A system is in place for the provision of inanimate load handling equipment.							
D13	Equipment inspection and maintenance	A system is in place for equipment inspection, repair and routine maintenance.							

D14	Hoists, slings and lifting equipment	Hoists, slings and lifting equipment are inspected according to the Lifting Equipment and Operations Regulations (LOLER (1998)).							
D15	Cleaning and de-contaminating	A system is in place for the cleaning and decontamination of equipment.							
D16	Infection control of fabrics equipment	All fabric equipment, including hoist slings, are laundered in controlled conditions, or, single patient use slings are used and disposed of safely.							
D17	Office/ computer equipment	A system is in place for the provision of office/ computer equipment and furniture.							
D18	Personal Protective Equipment (PPE)	A system is in place for the provision PPE.							
D19	Uniform and dress code	Uniform and dress code takes into account the handling of persons and loads.							
D20	Transport	The provision of vehicles follows ergonomics principles.							
D21	Transport – staff training	Transport staff are trained in load handling and emergency procedures for evacuating persons, as appropriate.							
D22	Transport – emergency procedures	A system is in place for emergency procedures, such as evacuation e.g. fire							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section E Human Resources

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0 Red	1,2,3,4 Amb	5 Grn				
E1	Occupational health (General)	A comprehensive occupational health service is provided throughout the organisation based on assessment of need.							
E2	Occupational health physiotherapy service	An occupational health physiotherapy service is provided for: - <u>early intervention</u> to assess, diagnose and treat; <u>rehabilitation</u> ; <u>supporting staff</u> with ongoing conditions and disability.							
E3	Managing disability	A system is in place to support employees with temporary or permanent disability.							
E4	Health promotion/ staff fitness	Employees are encouraged to improve and maintain their fitness levels, by such means as: - in house fitness classes; subsidised membership of health clubs. M&H training not only promotes good postural and movement habits, but also encourages self-analysis and provides strategies for change.							
E5	Staffing levels	Sufficient numbers of suitably qualified staff must be employed in each unit, team or department.							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section F Routine Situations

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0 Red	1,2,3,4 Amb	5 Grn				
F1	Standard operating procedures (SOPs)	Routine patient handling operations are mainly carried out by using SOPs.							
F2	Safety and quality	SOPs that offer the best safety and quality of care have been implemented throughout the organisation to cover all routine patient handling situations. (See Appendix for a full list).							
F3	Risk assessment	All SOPs have been risk assessed and the risks have been reduced to the lowest level that is reasonably practicable.							
F4	Equipment	All SOPs make full use of appropriate equipment, to facilitate treatment, quality of care and safety. Sufficient supplies of suitable equipment are provided for the purpose.							
F5	Use of staff	The number of staff for each SOP is recommended or specified.							
F6	Clinical reasoning	Clinical reasoning has contributed to the design of the SOPs.							
F7	Review	SOPs are reviewed as necessary.							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section G Specialist Areas And Unusual Situations

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0 Red	1,2,3,4 Amb	5 Grn				
G1	Provision	Provision is made for all reasonably foreseeable (reasonably foreseeable) eventualities that require moving & handling. See glossary.							
G2	A&E	Systems are in place for the safer handling of patients and inanimate loads in A & E in all situations that are reasonably foreseeable.							
G3	Theatres	Systems are in place to cover all reasonably foreseeable handling situations in theatres.							
G4	ITU/ HDU	Systems are in place to cover all reasonably foreseeable handling situations in ITU and HDU.							
G5	Maternity	Systems are in place to cover all reasonably foreseeable handling situations in maternity services, including emergency evacuation from birthing pools.							
G6	SCBU (Special Care Baby Unit)	Systems are in place to cover all reasonably foreseeable handling situations in SCBU.							
G7	Renal	Systems are in place to cover all reasonably foreseeable handling situations in the renal department.							

G8	Prevention of healthcare associated infections whilst M&H	Systems are in place to cover all reasonably foreseeable handling situations in managing patients with serious infections, who may be in isolation.							
G9	Spinal injuries	Systems are in place to cover all reasonably foreseeable handling situations in managing spinal injuries.							
G10	Orthopaedics	Systems are in place to cover all reasonably foreseeable handling situations in managing orthopaedic patients.							
G11	Fracture clinic	Systems are in place to cover all reasonably foreseeable handling situations in the fracture clinic and plaster room.							
G12	Dental service	Systems are in place to cover all reasonably foreseeable handling situations in the dental service.							
G13	Podiatry service	Systems are in place to cover all reasonably foreseeable handling situations in the podiatry service.							
G14	Paediatrics	Systems are in place to cover all reasonably foreseeable handling situations in managing children, in: - e.g. children's wards; A&E; outpatients; child development centres; schools (special or mainstream), pools, horse-riding centres. Non- routine paediatric handling is planned for and dynamic risk assessment is utilised.							
G15	Bariatrics	Systems are in place to cover all reasonably foreseeable handling situations in bariatric management.							

G16	Stroke units	Systems are in place to cover all reasonably foreseeable situations in managing stroke patients.							
G17	Palliative/ end of life care	Systems are in place to cover all reasonably foreseeable handling situations in managing palliative/ end of life care.							
G18	Dementia	Systems are in place to cover all reasonably foreseeable handling situations in managing confused and demented patients.							
G19	Challenging behaviour	Systems are in place to cover all reasonably foreseeable handling situations in managing patients presenting with challenging behaviour.							
G20	Compliance	Systems are in place to cover all reasonably foreseeable handling situations in managing patients who are unwilling or unable to comply with safer handling (often through fear, possibly relating to previous experience, or pain, or temporary confusional states), e.g. refusal to be hoisted.							
G21	Neurological/ therapeutic handling	Systems are in place to cover all reasonably foreseeable situations in managing neurological patients and using therapeutic handling approaches.							

G22	Falling patient	Systems are in place to cover the falling patient: - adequate assessment; preventative measures; decision support systems for allowing or controlling the unavoidable fall; supporting the patient emotionally through their experience; supporting staff involved in such situations; learning from such events.							
G23	Patient on floor in a confined space	Systems are in place to cover the patient on the floor in a confined space.							
G24	Collapsed patient – no injury	Systems are in place to cover the collapsed patient with no injury.							
G25	Collapsed patient with fractured hip (# NoF)	Systems are in place to cover the collapsed patient with fractured neck of femur (# NoF).							
G26	Collapsed patient – cardiac/ respiratory arrest, on floor	Systems are in place to cover the collapsed patient with a cardiac/respiratory arrest, on floor.							
G27	Collapsed patient – cardiac/ respiratory arrest, sitting in bed	Systems are in place to cover the reasonably foreseeable risk of a collapsed patient with cardiac/respiratory arrest, sitting in bed.							
G28	Collapsed patient – cardiac/ respiratory arrest, in chair	Systems are in place to cover the reasonably foreseeable risk of a collapsed patient with cardiac/respiratory arrest, in chair.							

G29	Collapsed patient in hydrotherapy pool	Systems are in place to cover the collapsed patient in a hydrotherapy pool.							
G30	Emergency evacuation from building	Systems are in place to cover emergency evacuation from a building.							
G31	Emergency evacuation from vehicle	Systems are in place to cover emergency evacuation from a vehicle.							
G32	Equipment breakdown	Systems are in place to cover equipment breakdown, e.g. hoist failures.							
G33	'Outliers'	Patients placed in inappropriate clinical settings, due to bed pressures etc. (e.g. medical patients on surgical wards, orthopaedic patients on gynae wards) are treated according to the SOPs of the appropriate setting. Named specialist personnel should be available for guidance.							
G34	Discharges and transfers	Systems are in place to facilitate transfers and plan successful hospital discharges.							
G35	Deceased patients	Systems are in place to cover all reasonably foreseeable handling situations in moving the deceased.							
G36	Imaging	Systems are in place to cover the imaging of patients.							
G37	Chemo-therapy	Systems are in place to cover chemotherapy procedures.							
G38	Endoscopy	Systems are in place to cover endoscopy procedures.							
G39	Leg ulcers	Systems are in place to cover the treatment of leg ulcers in various settings.							

G40	Ligatures	Systems are in place to deal with the rescue or recovery of service users who are found hanging.							
G41	Special patient seating	Systems are in place for the assessment of patients and the provision of specialist furniture and equipment for patients with certain conditions.							
G42	Tissue viability when moving and handling	Systems are in place to ensure that person handling and tissue viability care are integrated.							

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Section H Inanimate Load Handling Etc.

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
H1	Inanimate load handling	Systems are in place for the safe handling of inanimate loads in all settings, e.g.: - portering; procurement and supplies; mortuaries; catering; housekeeping; estates; pharmacy; renal stores; pathology; theatres; CSSD/ HSSD; IT; EBME; medical records (including X-rays and medical secretaries); community staff (DNs & OTs); wheelchair services; staff using multi-purpose rooms who may need to move furniture; transport staff; clinic clerks and all staff who handle loads as part of their work.							

H2	Static working postures	<p>Systems are in place for the management of static working postures in all settings: -</p> <ul style="list-style-type: none"> > employees whose jobs require working in awkward postures, e.g. maintenance staff, IT support staff (e.g. in installation), phlebotomists and staff working with children > employees whose jobs require working in standing for long periods, e.g. surgeons and other theatre staff, phlebotomists > employees whose jobs require working in sitting postures for long periods, e.g. office workers, clinicians in e.g. chemotherapy, sonography, dentistry and podiatry, and staff who are required to drive. 							
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Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section I Control And Safety

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0	1,2,3,4	5				
			Red	Amb	Grn				
I1	Adverse incident/ events/ occurrences/ processes	All adverse incidents/ events/ occurrences/ processes relating to M&H and MSDs resulting in an over-3-day-injury must be notified to the HSE within 10 days of injury. Adverse incidents/ events/ occurrences/ processes are recorded on the organisation's database as soon as is reasonably practicable. Adverse incidents/ events/ occurrences/ processes are investigated as necessary, findings and recommendations are reported, trends identified and all of this is broadcast throughout the organisation, in order for it to learn and apply any lessons.							
I2	Standard setting	Standards are set for all groups of handling activities as part of a strategy for M&H and back care.							
I3	Audit	All moving & handling standards are audited regularly, at least annually. Findings are fed-back as part of a review process.							
I4	Surveys and monitoring	Surveys and monitoring are carried out into: - practice; equipment provision; musculoskeletal disorders (MSD), risk assessment, training, patient satisfaction.							
I5	Evaluation of practice	Practice is evaluated against best practice standards and the available evidence-base.							

I6	Evaluation of equipment	Equipment is evaluated for: efficacy, efficiency, safety, ease of use, comfort & dignity, cost-effectiveness, breakdowns & failures.							
I7	Evaluation of training	Training is evaluated by: - training commissioners; training providers; managers; course delegates.							
I8	Complaints	Complaints about person handling are recorded, investigated and followed-up, in accordance with the organisation's complaints procedures. The MHP/ BCA is involved in this process.							
I9	Organisational learning	Lessons learned from adverse events, and all of the monitoring, evaluation and auditing activity is fed back into the performance review and subsequent organisational action plans.							
I10	Organisational action plan, outcome measures and key performance indicators (KPIs)	An organisational action plan is in place, with outcome measures and KPIs. Policy priorities are identified, linked to the organisation's business plan etc.							
I11	Performance reviews	The performance of the whole system of moving & handling and back care, and particular elements within it, is regularly reviewed. Measurements are taken and assessments made, and reported to senior management.							

I12	Governance	The reports and reviews in I11 form part of the governance arrangements of the organisation. This includes reports to the Board.							
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Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section J Research And Professional Development

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0 Red	1,2,3,4 Amb	5 Grn				
J1	Identifying M&H problems, hazards & risks	There is a system for identifying moving and handling problems, hazards and risks. This data is used to inform practice.							
J2	Analysing and prioritising problems, hazards & risks	There is a system in place for analysing and prioritising identified problems, hazards and risks, as part of a process for practice development and continuously improving service quality.							
J3	Evaluating available options	There is a system in place for the evaluation of available options, which is informed by: - legislation; case law; codes of practice; official guidance; organisation values, vision statements and policies; the available evidence-base and expert opinion.							
J4	Determining solutions for identified problems, hazards & risks	There is a system in place for determining a range of solutions for each identified problem, hazard and risk, as part of a process for practice development and continuously improving service quality.							
J5	Recognising, sharing and embedding solutions	There is a system for recognising best practice within the organisation with a view to sharing and embedding it.							
J6	Ongoing evaluation and audit	There is a system in place for ongoing evaluation and auditing.							

J7	Research (Operational)	The moving & handling and back care department responds to perceived and reported needs and to requests for help, by “researching” appropriate solutions, such as types of handling equipment, in order to meet the needs of the organisation.							
J8	Research (Academic)	Research in connection with moving & handling and MSDs is carried out within the organisation to further advance the evidence base. Such academic activity may be carried out in association with institutes of higher education (in connection with the professional development of the MHP – certificates, diplomas, masters and doctorates), the Department of Health (DH), royal colleges, professional bodies, trades unions, bodies of experts (e.g. NBE); equipment companies etc.							
J9	Competence and continuous professional development (CPD)	The organisation actively supports the development of the MHP and the M&H team, in order to ensure that their levels of competence (as set out in the KSF, person specifications and job descriptions) are achieved and maintained.							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Section K Partnership Working

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0 Red	1,2,3,4 Amb	5 Grn				
K1	Partnership working	Partnership working is managed and governed for the benefit of the patient and all other stakeholders to create a seamless service. Responsibilities are made clear in appropriate documentation and this information is disseminated throughout out the partner organisations. Dispute resolution arrangements are in place.							
K2	Transfers and discharges	Transfers and discharges are managed so as to minimise conflicts/ problems, hazards and risks, and optimise clinical outcomes. Consideration should be given to the identification of a lead person, case manager or key worker for each discharge.							
K3	Students on placement	The safety of students whilst on placement and patients is ensured by appropriate arrangements and by close working between the university and the trust providing placements, coordinated by liaison lecturers and manual handling practitioners.							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance

Section L Moving & Handling Department

No.	Standard title	Standard	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
			0 Red	1,2,3,4 Amb	5 Grn				
L1	Expertise	A 'Competent person' is in post, employed as a 'Manual Handling Practitioner' (MHP), or, expertise is purchased by the organisation.							
L2	Staff	L2.1 Advisor-trainers are in post in the ratio of about one per 1,000 trust employees. L2.2 Suitable and sufficient administration & clerical support is provided.							
L3	Moving & handling and back care department	A department, suitably staffed and equipped, is in place.							
L4	Planning and organising	Systems are in place to provide the necessary infrastructure. Assessment systems and documentation are in place.							
L5	Information, advice and guidance	Material is collected, collated, analysed and interpreted for dissemination as required. Material is available in easy to access formats such as: Library of books, leaflets & brochures, intranet, helpline etc.							
L6	Problem-solving	Help is readily available to assist with complex cases and detailed assessments.							

L7	Education and training	Other learning opportunities are provided. Publication of learning programmes is user- friendly and events easily accessible. Records of training are kept.							
L8	Adverse incident investigation	All adverse incidents are investigated, analysed and reported on.							
L9	Auditing	Surveys and audits are carried out as part of the quality assurance and safety control programme.							
L10	Evaluation	The following elements are evaluated by the users: - practice; equipment.							
L11	Research and practice development	Appropriate research is carried out. The M&H advisory service is developed in order to continuously improve provision.							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant

Summary of all sections and standards

No.	Section title	Compliance			Reasons for non-compliance (Obstacles & challenges)	Action plan(s) (Action, method, resources, funding, permission/authority)	Responsible person	Target/review date
		0 Red	1,2,3,4 Amb	5 Grn				
A	INFRASTRUCTURE – STRUCTURE AND SYSTEMS							
B	ASSESSMENT AND THE APPROACH TO RISK MANAGEMENT							
C	COMPETENCE AND TRAINING							
D	MATERIAL RESOURCES							
E	HUMAN RESOURCES							
F	ROUTINE SITUATIONS							
G	SPECIALIST AREAS AND UNUSUAL SITUATIONS							
H	INANIMATE LOAD HANDLING, ETC.							
I	CONTROL AND SAFETY							
J	RESEARCH AND PROFESSIONAL DEVELOPMENT							
K	PARTNERSHIP WORKING							
L	MOVING & HANDLING DEPARTMENT							
	All							

Notes on compliance: 1 = Process started; 2 = Progress has been made; 3 = Significant progress; 4 = Nearing compliance; 5 = Fully compliant