

# Guidance for Moving and Handling Reviews

|  |  |
| --- | --- |
| Version | Version 1 (pending inclusion in the service Standard Operating  Procedures) |
| Name of originator/authors | Catherine Williams  Principal Occupational Therapist |
| Name of original contributors | Members of the Moving and Handling Working Group  Sharon Burchell - OT Lead Practitioner  Claire Patterson - OT Lead Practitioner  Nicole Wallis - OT Lead Practitioner  Bev Scourfield - OT Lead Practitioner  Liz Cooper - Practice Lead Occupational Therapy |
| Name of reviewees: | Members of the Moving and Handling Working Group  Sarah White – OT Locality Lead  Liz Cooper – Practice Lead Occupational Therapy |
| Date Issued | April 2021 |
| Date reviewed | Sept 2022 |

## Background and context

The historical and current practice within LCC is that moving and handling reviews are scheduled after assessment and the provision of moving and handling equipment and are automatically repeated annually thereafter or more regularly if deemed necessary. The reviews have been scheduled regardless of care provision – i.e. whether the care is informal or provided by commissioned care agencies and are undertaken in addition to the annual ASC review and the biannual LOLER inspection. 1

Discussion with peers in a number of Adult Social Care services across the region indicates that we are an outlier in undertaking reviews in this way. A more common practice is for the service to work more collaboratively with care agencies, clients, and carers to respond proactively when a change or significant event has occurred leading to a request for further assessment or review. Other local authority services have reported that it is not practice to undertake reviews by default for clients receiving formal, commissioned care as the provider already undertakes on-going and regular reviews under their contract of service and escalates to the OT service as required.

The Health and Safety Executive (HSE)2 stipulates that:

*"Risk assessments should be reviewed periodically and whenever circumstances change to ensure they remain current. There should also be arrangements in place to ensure that moving and handling activities are monitored to ensure that correct procedures, techniques and equipment are being used."*

An evaluation of the current process in LCC has recently been undertaken by the OT Leadership Team and the Moving and Handling Working Group. The recommendation is that we move towards a similar model to our peers which is a more client centred/strength based approach and responds according to the needs of the individual rather than the equipment. The implementation of this new approach will take place from May 2021 and is outlined below.

## Guidance for the review of moving and handling

The need to review will be by exception and clear clinical reasoning and the guidance below indicates some of the considerations to take into account when making your decision. This guidance is not prescriptive, and practitioners should consider this from a standpoint that a review can be requested and completed whenever change occurs rather than when the calendar dictates. We would not expect reviews to be routinely undertaken where formal care providers are involved unless by exception.

## Considerations for the clinical rationale/professional judgement for review setting

* If Moving and Handling is completed by a family member / informal carer where the task could impact on their health and wellbeing.

1 [https ://www.hse.gov.uk/work-equipment-machinery/lift-persons.htm](https://www.hse.gov.uk/work-equipment-machinery/lift-persons.htm)

2 [https ://www.hs e.gov.uk/healthser vices/moving-handling-do.htm](https://www.hse.gov.uk/healthservices/moving-handling-do.htm)

* Informal carers where manual handling is a new requirement for them
* Potential changes in behaviour of the client during moving and handling
* Where the clinical presentation of need is complex and likely to change e.g. significant or rapid deterioration in the functional ability of the client or significant weight loss or gain
* The complexity of the care provision and environmental/home dynamics
* Whether there is unusual equipment used or a particular technique that requires on-going adaptation and monitoring.

# Updated Mosaic guidance to support this change can be found [Here](file:///G:\OT%20Service\Service\Shared%20Resources\Moving%20and%20Handling\A%20QG%20Moving%20and%20Handling%20Process.docx)

## Process and workflow following assessment

* If it is determined that a review is required, the case should be sent to the Virtual Moving and Handling box as per the workflow steps, with clear clinical reasoning for the review documented in the Notes section to allow the reviewer to see what is required.
* It is important for clients and carers to take an active role in the process and be able to contact the service should any change occur. Therefore, every client and care provider must receive a letter, along with their moving and handling plan. This letter provides the contact information and indicates if the client will be reviewed.
* The standard letters are available from the moving and handling workflow and are as follows:
  + Letter to the client ending involvement
  + Letter to the client setting a future review
  + Letter to the care provider ending involvement
  + Letter to the care provider setting a future review
* If no review is indicated the case is closed according to the current Mosaic workflows
* We are removing the 'bring forward scheduled review' option, instead if the team receive new information that is requesting a review or re-assessment the case will be triaged at duty and progressed for a new OT specialist assessment and allocated by the LP accordingly.

## Process and workflow for historic reviews

* Each existing case for review has been scheduled through Mosaic - cases are in the Virtual Moving and Handling Box with a date allocated for the review.
* Cases for review will be allocated by the LP in line with current practice.
* Every client / and or care provider will be contacted by the practitioner who will undertake a telephone review / face to face review as required.
* As each case is allocated to a practitioner, they will undertake the review as required and at that point a clinical decision will be made to determine whether a future review is required.
* The call and outcome will be recorded in the case work record and moving and handling review document
* The case will be closed with NFA unless deemed appropriate for a future review.
* The future review is set according to individual needs and clinical reasoning.
* The standard letters will all be available from the moving and handling work flow and will be as follows:
  + Letter to the client ending involvement
  + Letter to the client setting a future review
  + Letter to the care provider ending involvement
  + Letter to the care provider setting a future review

## Summary

In summary, the OT service will move towards a more proactive strength-based approach and will undertake reviews based on need and clinical reasoning.

All current reviews that are in the virtual worker box will be allocated to practitioners in the team over the next 6 months to undertake the review and action as appropriate.

A pilot in the Boston and East Lindsey Team has shown that out of 77 reviews undertaken in a 2-week period only 6 cases required a future review and as such have been progressed for a new assessment. All the other cases were closed, and an appropriate letter sent detailing how to make contact with the service should the circumstances change.

Following all new moving and handling assessments the determination on whether or not a future review is required will be made following the guidance set out in the paper.

The Moving and Handling working group will work with Mosaic colleagues to further refine and improve the documentation but until that happens practitioners will use all current documents.

**Update/review 09/2022:**

Following the introduction of this moving and handling review guidance the OT service proceeded with a small team of workers (1x OT and 3x apprentice OT’s) to review all cases currently waiting a scheduled moving and handling review.

In May 2021 there were a total of 686 moving and handling reviews scheduled:

* Boston and East Lindsey 20
* South Holland 152
* North and South Kesteven 326
* Lincoln and West Lindsey 188

The group focused on the 3 localities with the highest number of reviews. Work commenced in May 2021 and by January 2022 a significant number of reviews had been completed. In January 2022 there were a total of 94 reviews remaining: Boston and East Lindsey - 11 (oldest review 12/03/2022), South Holland 10 (oldest review 14/03/2022), North and South Kesteven 29 (oldest review 04/03/2022), Lincoln and West Lindsey 44 (oldest review 30/07/2021). Due to the apprentice OT’s starting their placement, the remaining OT worked solely on the reviews until March 2022.

As of September 2022, we have a total of 21 scheduled moving and handling reviews across the service, and we have adopted a business-as-usual model with regards to allocating reviews at the time of the scheduled review date. Work is also underway to introduce an amended moving and handling risk assessment and plan document in Mosaic.