

Musculoskeletal health for managers

Musculoskeletal health for managers

The aim of this section is to advise managers on their role in preventing musculoskeletal disorders (MSDs) and supporting staff who are experiencing an MSD. It is not intended to be a comprehensive guide for managers in dealing with the complicated issues surrounding back pain and musculoskeletal disorders. It provides a basic framework and direction on where to get more detailed advice on the complex issues which arise in the healthcare setting.

It is clear that the role of line managers in early intervention is crucial in ensuring that musculoskeletal risks are managed, keeping staff fit and healthy in work and managing sickness absence and rehabilitation.

The line manager's role:

Line managers need to be suitably and sufficiently trained to manage staff and raise their skills so that they can tackle issues such as injury to staff and sickness absence with confidence.

Training in return to work interviews, together with general management skills, time management and effective communication training should be part of the induction programme for new managers.

It is the role of line managers to be the first line of support when an employee experiences difficulties which may affect their work and wellbeing. Part of the support they should offer is taking steps to:

- reduce the risk of MSDs through manual handling injuries.

- provide access to, and allow staff to attend, manual handling training courses, including refresher courses.

- encourage the early reporting of any symptoms, ensuring access to suitable treatment where necessary and support if the problem requires a rehabilitation programme.

It is important that managers themselves are adequately trained in relevant moving and handling techniques and assessment so that they can identify unsafe practice and promote good practice among their staff.

Promote

- Facilitate open discussions on healthy lifestyles and lead by example.

- Encourage and support staff to develop positive attitudes towards musculoskeletal health both in and outside the workplace.

- Inform staff of available workplace support and facilities to promote their musculoskeletal health, for example through exercise.

- Promote the health and wellbeing support that is available including using informal communication channels such as Wellbeing Champions and other Networks.

Prevent

- Identify and assess the risks in your workplace and manage them proactively.

- Monitor control measures to ensure they remain effective.

- Seek innovative ways of organising work with close involvement of staff and their representatives – can it be done differently with the same or better result?

- Ensure any lifting and moving equipment provided is inspected and maintained in line with statutory requirements.

- Engage with staff and take on board their views, and suggestions to ensure:

 - good practice is shared

 - any health and safety concerns are reported

 - any proposed change to department, team, job, or working conditions are discussed

 - opportunities are provided for input and influence on proposed changes

the impact of any changes including any training needs, support, and resources are made available
workload, job demand and pace, job design including skills, abilities and initiative, and resources needed to do the job are taken into consideration.
Investigate incidents and tackle root causes by ensuring good ergonomic design and health & safety procedures.
Ensure that all colleagues have effective support, professional reflection, mentorship, and supervision needed to thrive and flourish in their roles.
Ensure the environment, both physically and remotely has compassionate leadership and nurturing cultures.
Develop and support effective team working across the organisation.
Ensure all colleagues have access to health and wellbeing conversations and encourage them to access support to address their needs and concerns.
Enable teams to have time out to reflect and discuss their experiences and to have time for team learning.
Ensure that those trained in reflective practice are provided protected time to use their training to support others.
Encourage colleagues to take their study leave and annual leave.

Support

Understand the physical and psychosocial impact of musculoskeletal conditions.
Support and facilitate employees to report any pain or symptoms as soon as possible.
Know what resources are available to enable workers to manage their musculoskeletal problems in the workplace and where to signpost workers for information and support, such as occupational health and physiotherapy services.
Ensure employees know their rights and what support they can ask for including the potential for injury benefit under NHS terms and conditions.
Encourage staff to play an active role in their rehabilitation and condition management.
Develop knowledge to help rehabilitate employees after a prolonged absence from work e.g. NHS Terms and Conditions of Service Handbook – annexe 26.
Understand the impact of musculoskeletal disorders and sickness absence in general, both on employees and the organisation.
Ensure RIDDOR over 7-day incapacitation of a worker (GB) or over 3 days (Northern Ireland), reportable incidents and reportable occupational diseases are formally notified to HSE/HSENI.
Learn from musculoskeletal issues that present, review work practices, and then integrate any lessons into work practices and training.
Prioritise the Occupational Health and Employee Wellbeing Service, as these professionals are an important source of expert support, advice and insights to inform the approach to colleague health and wellbeing.

Managers should understand the organisation's health and safety management system (H&S policy and specific management arrangements) and how they translate to their own area of work.

This should include:

- manual handling
- display screen equipment and take into consideration hybrid and homeworking
- workplace conditions e.g. temperature, lighting, rest areas
- provision, use and maintenance of work equipment e.g. hoists
- accident and incident reporting and investigation
- working with safety representatives or employee representatives
- risk management
- equality and diversity.

New staff induction

New staff induction

New staff should have their manual handling knowledge and training assessed as part of their induction, which should occur prior to, or shortly after commencing their employment. After the needs analysis has been carried out, a training schedule should then be put in place. It is good practice to individually risk assess new staff or existing employees undertaking a new role as soon as possible by a competent person, as required under the Management of Health and Safety at Work Regulations 1999 (amended 2006)/the Management of Health and Safety at Work Regulations (NI) 2000.

Support for staff with musculoskeletal disorders

Support for staff with musculoskeletal disorders

To manage musculoskeletal disorders (MSDs) and back pain effectively organisations need to have a suitable policy in place, which is followed, reviewed and updated and made available to all staff. In supporting staff, a line manager needs to ask themselves the following questions: Do you encourage your staff and their safety representatives to tell you when problems with their upper body start to develop?

Do you review your risk assessments when necessary?

Do you regularly check the accident and incident reports and sickness absence records?

Are you responding promptly when someone reports upper body pain?

Do you have information and advice readily available?

Do you have access to a fast track service such as physiotherapy?

Do you arrange reasonable adjustments when necessary (rehabilitation and redeployment) to help people stay at work until they are fit to resume their usual job?

Are you using all available information to identify measures that will enable you to reduce the risks to employees and others?

The HSE suggests seven sets of management processes and practices that contribute to the development of effective workplace rehabilitation programmes. These are:

Early and timely identification of vulnerable workers through information obtained via such means as recruitment and selection procedures, health checks and medicals, staff appraisals and other performance measures, absence statistics, the maintenance of regular contact with absent workers, return to work interviews and fitness for work assessments.

Provision of rehabilitation support in the form of medical treatment and the provision of various 'vocational services' such as functional evaluations, training, 'social support' and workplace adjustments.

Coordination of the rehabilitation process by the creation of systems that facilitate sufficient communication, discussion and 'joined up' action between all potentially relevant factors, human resource staff, safety practitioners, occupational physicians and nurses, psychologists, disability advisers, equal opportunities personnel, trade union and other workplace representatives and external medical personnel.

Access to worker representation as a means of ensuring that attempts at rehabilitation are made in an environment of openness and trust.

Establishment of policy frameworks that clearly detail what can and should be done to support the rehabilitation of workers and also make clear who is responsible and accountable for carrying out the various laid down requirements.

Systematic action, including the provision of required training, to ensure that any laid down policy frameworks are implemented properly and hence do, in practice, influence how particular cases are handled.

Adoption of mechanisms that enable any weaknesses in the content and operation of established policy frameworks to be identified and addressed.

Monitoring

Monitoring

Any control measures implemented should be monitored to ensure they remain effective. It is important that accident/incident reports are reviewed and analysed to identify any patterns or trends which may suggest that controls are not as effective as they should be. In addition, observation of staff during tasks/activities helps to ensure that the correct techniques and best practice are applied. Any concerns as a result of observations should be discussed with staff to prevent poor practice from continuing.

Body mapping

Body mapping

'Body mapping' is an excellent tool for managers and safety representatives to use in identifying musculoskeletal hazards. Sometimes employees can be reluctant to report aches and pains. They may think that they are the only ones suffering and may not want to be identified or singled out. Body mapping with a group of employees doing the same job can help develop an understanding of shared risk factors, give the workforce a voice and help develop practical solutions. There is nothing difficult about body mapping. A body map is simply a chart showing the front and back view of a body. Participants use pens or stickers to mark the parts of the chart where they feel aches and pains. Where employees are complaining of problems or where there are high levels of moving and handling injuries, a body mapping session is a good way of investigating concerns.

Managing sickness absence, rehabilitation and re-deployment

Managing sickness absence, rehabilitation and re-deployment

When managing long-term sickness absence, many employees are unaware of the full extent of the help available to them. Part of the development of a good policy for managing sickness absence, rehabilitation and redeployment is to take a joint approach through discussion and partnership working with staff and their representatives. This ensures that the policy is owned by all parties involved. When considering the process of return to work from long-term sickness absence, line managers, along with human resources, occupational health and the member of staff in question, need to be involved in the process of helping to determine what steps need to be taken. It may be that a period of rehabilitation, reasonable adjustments and phased return to work is required or that re-deployment is the solution for staff that are not able to fully resume their usual duties.

NHS Scotland has a Once for Scotland Attendance Policy in place to encourage attendance and support employees where health issues impact on their ability to be at work. This policy applies to all employees. It also applies to workers such as bank, agency and sessional workers.

The HSE website offers a number of case studies and advice about the management of sickness absence, and general advice for line managers.

Accidents and ill health

Accidents and ill health

Managers and safety representatives should encourage staff to report all incidents (accidents and near misses) and ill health (e.g. repetitive strain injuries, back pain, numbness, swelling, stiffness of joints) to their employer as soon as possible. Reports must be made to HSE/HSENI when employees are diagnosed with specific occupational diseases, where these are likely to have been caused or made worse by their work.

In addition, following an accident, a report is required when an employee is off work or unable to perform their normal work duties for more than seven consecutive days (GB) or three days

(Northern Ireland) as a result of their injury. Employers should undertake investigations as appropriate in order to identify the causes and implement preventative actions to reduce the likelihood of reoccurrence and make reasonable work adjustments for individuals where required. Safety representatives may also carry out an inspection of the workplace concerned. Employers should provide safety representatives with information and data on the number of incidents and trends across departments.

A summary of the line manager's role:

A line manager needs to be a good communicator and capable of developing a rapport with their staff. Line managers need to know how to support their staff and crucially where to get support for themselves in difficult or challenging situations.

A line manager should understand the duties of their staff and the risks tasks they perform could pose to their health and wellbeing. Managers should ensure that appropriate measures to control risks are in place in their work areas. Managers also need to understand their responsibilities and the policies in place which impact their duties.

A good line manager will ensure that regular contact is maintained with staff when they go on long-term sick leave. Advice should always be sought at an early stage from human resources and the occupational health department/provider when managing individual cases of employee ill health.

Line managers should be closely involved in the decision-making process relating to specific cases, as well as the development of strategies to counter the operational impact of sickness absence. It is therefore essential to ensure that line managers have the appropriate training in staff management so that they know how to manage sickness absence effectively and return to work issues correctly.