NHS Employers

BACK IN WORK
THE LINE MANAGER'S GUIDE

Part three of the *Back in work* back pack

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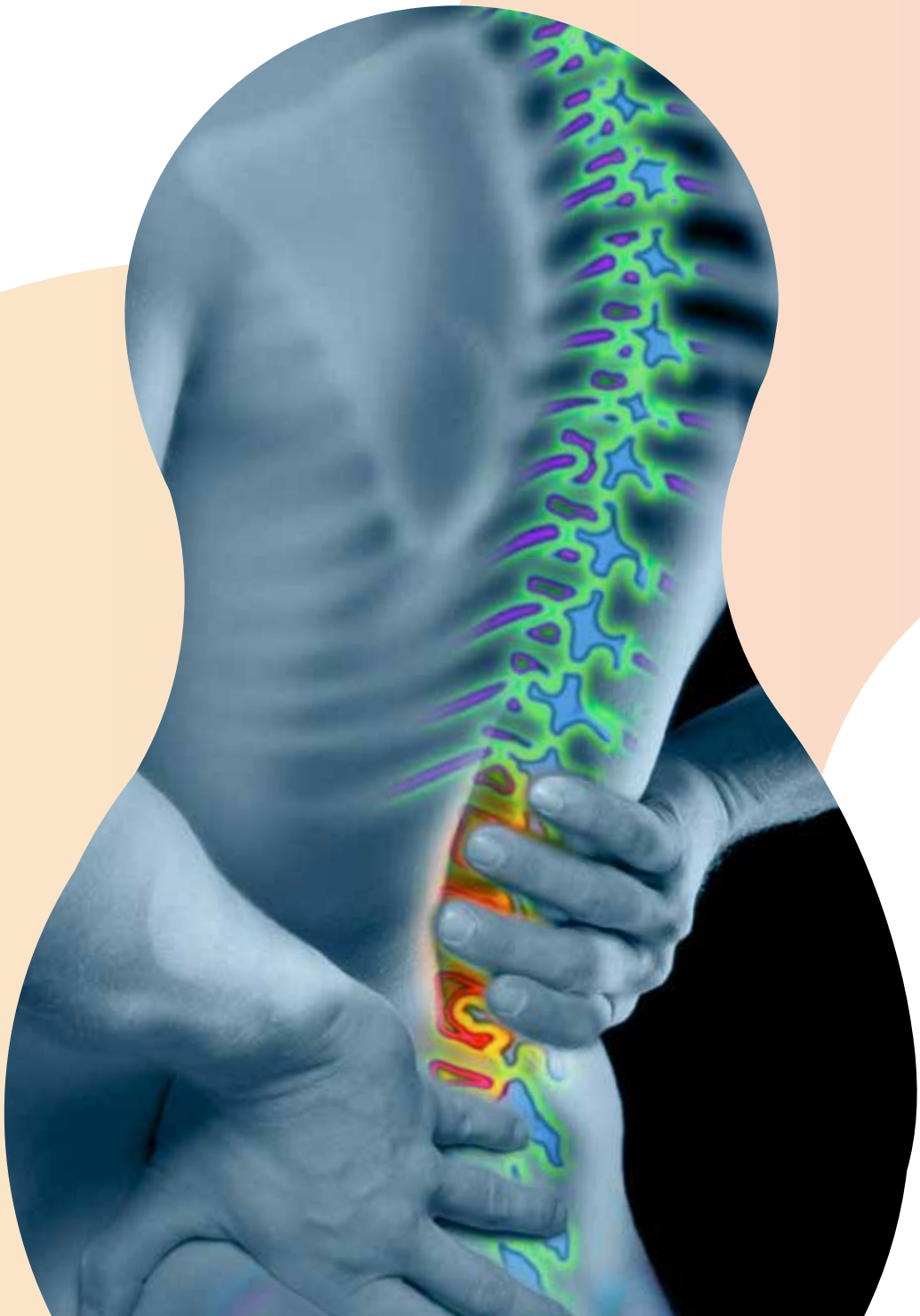

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

HEALTH, SAFETY AND WELLBEING PARTNERSHIP GROUP

Contents

Part three (of six) of the *Back in work* back pack.

Introduction

The aim of this section of the back pack is to advise managers on their role in preventing musculoskeltetal disorders (MSDs) and supporting staff who are suffering from an MSD. It is not intended to be a comprehensive guide for managers on 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.[1]

In its report, **Fit for work**, the **Work Foundation** outlined the importance of the role of the line manager in the process of dealing with MSDs in the workplace:

> *What is clear is that the role of line managers in early intervention is crucial, both in work retention and rehabilitation. A survey by the* **Engineering Employers Federation** *(EEF, 2007) revealed that 40 per cent of companies that train line managers to tackle sickness absence reported a decrease in absence, compared to 26 per cent who saw a decrease where no management training was carried out.*

They also discuss why managers fail to address many aspects of sickness absence. Reasons ranged from embarrassment, feeling ill equipped to deal with the issues that arise (especially where mental health or chronic incapacity is concerned) to fear of falling foul of the employment laws or being accused of bullying and harassment.

Good line management should follow these principles

- good communication, being clear about what is being said, using plain English to communicate and being available
- managerial awareness and training, which must include a health and wellbeing component
- introducing through established systems of risk assessment (as set out in the **Management of Health and Safety at Work Regulations 1999 (as amended 2006)**) a strong workplace culture that emphasises the importance of prevention
- understanding what the early warning signs of a problem are
- knowledge to help rehabilitate their staff after a prolonged absence from work
- understanding the impact of MSDs, and sickness absence in general, on staff and the organisation
- innovative ways of organising work with close involvement of staff and their representatives – can it be done differently with the same or better result?
- understanding the importance of manual handling training and risk assessments
- focusing on capacity, not incapacity
- the positive impact of work on health
- encouraging staff to play an active role in their rehabilitation and condition management
- knowing what rights an employer and employee have in law
- a positive attitude
- early intervention – the value of occupational health professionals.

"The role of line managers in early intervention is crucial, both in work retention and rehabilitation.

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1 Workplace Health and Safety Standards – Sections A, B & D

"Evidence now shows that remaining immobile does not help recovery"

The issues

Staff experiencing back pain

Most of us have back pain at some time in our lives. Usually this is not due to anything serious and settles within a matter of days or weeks. Many people manage the problem themselves without seeing their doctor. For those who are worried about the extent of their problem, or whose pain persists and gets worse, a visit to a GP is advisable.

When the back is painful, activity may be limited for a while, but this does not necessarily mean that continuing to work will do any harm. In the past, the accepted response to back pain was bed rest. Evidence now shows that remaining immobile does not help recovery. Attempting to ease the pain by avoiding movement slows recovery and can exacerbate the problem; it is better in most cases to keep as active as possible. Manipulative treatment and analgesics can help in some cases.

In particular, having a painful back need not necessarily stop anyone going to work. In fact, the longer someone is off work because of back pain the less likely they are ever to go back. Evidence from clinical studies suggests that, at four weeks, patients are still sufficiently engaged with their workplace to be anxious to return to work, while at two or three months they have begun the process of mental disengagement that makes a successful return more difficult to achieve.[2]

Manual handling of patients

No one working in a hospital, nursing home or community setting should need to put their safety at risk when moving or handling patients. Hoists, sliding aids, electric profiling beds and other specialised equipment mean staff should no longer have to risk injury while doing their job.

Manual handling and poor ergonomic practices still continue to take their toll on the health of NHS staff. One in four qualified nurses has taken time off with a back injury sustained at work (Disabled Living Foundation, 1994) and for some it has meant the end of their nursing career. The health service union UNISON estimates that around 3,600 nurses are forced to retire every year through back injuries.

Patients should be encouraged and allowed to move independently and contribute to the movement where assessed as able. The manual handling of patients should only commence once a suitable and sufficient risk assessment has been carried out, and any appropriate equipment is in place and used in line with the individual's care plan. It is important that staff are competent and confident in patient handling techniques and have been trained to use the equipment provided.

2 Health and Safety Essential Guide

The patient handling policy must include a commitment to use safer principles, and to reduce manual handling and the associated risk of injury as far as possible. Risk assessments should be based on balanced decision-making to meet the needs of the patient and protect the patient and staff from risk. Blanket policies for manual handling do not address the complex issues involved in moving people.

The key message is that much of the time, manual handling of patients can be avoided through the provision and use of a variety of lifting equipment and handling aids. The same message applies to manual handling by other groups including kitchen staff, porters and administrative or clerical staff.

The ***Guide to the handling of people*** contains further advice and guidance on people handling and assessment.

Bariatric[3] (heavy) patients

With a rapidly growing obese population, bariatric patients (those tending to have a body fat mass of over 30 per cent) are posing unique challenges for NHS staff in terms of rehabilitation services. This is especially the case with regard to adequate provision of manual handling equipment. To ensure staff's health and safety are not compromised, managers should review their manual handling policies, procedures, practises and adequacy of equipment and staff training when treating bariatric patients.

In 2007, the Health and Safety Executive (HSE), in recognition of this trend, released a detailed research report titled ***Risk assessment and process planning for bariatric patient handling pathways***. Findings of the report revealed that 40 – 70 per cent of trusts don't have a bariatric policy. These are needed to lead the process planning, assessment and management of manual handling risks, including the number of staff, provision of appropriate equipment and intra and inter-agency communication. Spatial risk factors were identified and it was also revealed that over half of the trusts that did have policies had not looked at the requirement for adequate space.

The HSE report contains the following recommendations for future bariatric strategies:

- strategic policies need to be formulated to equip the NHS for the rapidly growing obese population in England
- operational policies are needed to lead the process planning, assessment and management of the manual handling risks for the care and treatment of bariatric patients
- buildings and vehicles need to be designed to accommodate bariatric patients in safety and comfort and with dignity
- equipment needs to be designed to 'fit' a range of bariatric shapes and sizes (using population data)
- training is needed to support the assessment of bariatric patients and the use of specialist manual handling and clinical equipment.

"The health service union UNISON estimates that around 3,600 nurses are forced to retire every year through back injuries."

3 'Bariatric' originated from the Greek word 'baros' meaning heavy & 'iatrics', medical treatment.

"Workload, inadequate provision for rest breaks, insufficient available space and poor task design can increase the risk of ULDs"

Upper limb disorders (ULD) and repetitive strain injury (RSI)

Due to the type of physical work some health professionals undertake, for example, physiotherapists and radiographers/sonographers, the likelihood of sustaining upper limb disorders is a serious and ongoing concern.

Radiographers/sonographers working with ultrasound or laser therapy have to manoeuvre scanning equipment such as a hand-held transducer or probe, and utilise other related technology, which regularly requires them to undertake repetitive actions and awkward movements.

In the case of physiotherapists working in general musculoskeletal outpatients, there is a high risk of sustaining upper limb injuries, due to the therapeutic manual handling (massage and manipulation) of patients, which places particular strain on the physiotherapist's thumbs and wrists.

Workload, inadequate provision for rest breaks, insufficient available space and poor task design can increase the risk of ULDs. For example, introducing an electronic patient appointment booking system, which decreases the downtime between physiotherapy treatment sessions or changes to work practices by increasing throughput of patients without a correlating increase in staff, can exacerbate or initiate these type of upper limb disorders, particularly among these professional groups. It is important that staff are consulted when tasks, appointment systems and work areas are being designed or reviewed.

Risk assessments on both a generic and individual worker basis, as outlined under the ***Management of Health and Safety at Work Regulations 1999*** and its amendments in 2006 and the ***Manual Handling Operations Regulations 1992 (as amended)***, is particularly important to limit or remove exposure to such risks.

Managers should also be aware that sonographers and others involved in similar types of medical and clinical imaging work are likely to meet the definition of 'users' or 'operators' within the provisions of the ***Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002)***. Therefore, the MSD risk associated with their work should also be assessed under this legislation too.

Employees'/safety representatives' rights for consultation

Under the ***Safety Representatives and Safety Committee Regulations 1977*** (SRSC 1977), ***Health and Safety (Consultation with Employees) Regulations 1996*** and the ***Management of Health and Safety at Work Regulations 1999***, employers are required to consult with safety representatives and employees regarding the introduction of any measure which may substantially affect their health and safety.

With regard to the introduction of new technology which has implications for employee's health and safety, the SRSC 1977 regulations state that a health and safety consultation with safety representatives is required.[4] An example where managers should be initiating such consultation processes with staff and representatives is over the introduction of patient electronic records, where health workers are expected to utilise new portable electronic devices and work at computer workstations. It is therefore vital that such equipment is ergonomically designed to meet the range of needs of the various staff likely to use such equipment. The ***Display Screen Equipment Regulations 2002***, which set out the minimum requirements on workstations, should be closely adhered to.

4 Safety Representative & Safety Committees Regulations 1977 – Regulation 4A, Guidance Note 37(e)

The line manager's role

Line managers need to be trained to manage staff and to 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.

Managers should have an understanding of how the following regulations apply in their workplace:

- ***The Manual Handling Operations Regulations 1992 (as amended) (MHOR)***
- ***The Health and Safety at Work etc. Act 1974***
- ***Workplace (Health, Safety and Welfare) Regulations 1992***
- ***The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002)***
- ***Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013***
- ***Equality Act 2010***
- ***Safety Representatives and Safety Committees Regulations 1977***
- ***Management of Health and Safety at Work Regulations 1999 (as amended)***.

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 though 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.

Risk assessment and risk management

Risk assessment is the identification of hazards that may exist in a workplace, assessing how likely these hazards are to cause harm to workers and others, and deciding what prevention or control measures are needed. Advice on this can be found in section A – *The principles of risk assessment and risk management* and section E – *Musculoskeletal disorders/manual handling* of the **Workplace Health and Safety Standards**.

Risk assessment is not the sole responsibility of the line manager; the chief executive has overall statutory and operational responsibility for managing health and safety on behalf of the organisation and risk managers. However, all employees have a responsibility to understand their role in managing health and safety risks, both present and potential, not only to themselves but also to others who may not immediately seem to be directly affected. See part two of the *Back in work* back pack.

The purpose of an assessment is to identify and prioritise risks arising from the work and to put practical measures into place to eliminate or reduce those risks. It is important to regularly review and update risk assessments in conjunction with employees and their representatives, especially when significant changes are made to the task, equipment or workplace.

Undertaking a risk assessment is the employer's responsibility; the person carrying out the assessment should be trained and competent to do so. Operational management are usually responsible for ensuring that risk assessments are carried out in their work areas. Competent advice and assistance should be sought where necessary, for example, by a health and safety advisor, back care or manual handling advisor. Employees' input, when a risk assessment is undertaken, is important as it provides a valuable perspective to solving any new or job-specific issues that may arise. However, the final responsibility for the assessment lies with the employer.

A full and comprehensive guide to risk assessment can be found on the **Health and Safety Executive's website**.

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 at Work Regulations 1999**, **amended 2006**.

Support for staff suffering from musculoskeletal disorders

To manage the problem of musculoskeletal disorders (MSDs) and back pain effectively an organisation needs to have a policy, 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 back problems start to develop?
- Do you review your risk assessments when necessary?
- Do you regularly check the accident book and sickness absence records?
- Are you responding promptly when someone reports back pain?
- Do you have information and advice readily available?
- Do you have access to a fast track service?
- Do you arrange modified working 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?

Managing sickness absence, rehabilitation and re-deployment

When managing long-term sickness absence, it is often the case that many employees are unaware of the full extent of what help is 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 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 Employers website offers a wealth of information, guidance and resources to help line managers, particularly to **manage sickness absence**. The NHS Staff Council working in partnership with NHS Employers, published ***The partnership review of ill health retirement, injury benefit and sickness absence in the NHS***, in 2008. It provides an outline framework to support employers and staff in the management of sickness absence, rehabilitation, re-deployment and ill health retirement. This can be found on the NHS Employers website.

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

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

1. 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
2. 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
3. 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
4. access to worker representation as a means of ensuring that attempts at rehabilitation are made in an environment of openness and trust
5. 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
6. 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
7. adoption of mechanisms that enable any weaknesses in the content and operation of established policy frameworks to be identified and addressed.

The HSE, working with the **Chartered Institute of Personnel Development** and **ACAS**, has a **free online toolkit** to help managers with absence management. Although it is aimed principally at line managers working in small and medium-sized enterprises, it is also of interest to those working in larger organisations. The toolkit provides line managers with information on useful policies and procedures to help them manage sickness absence more effectively.

In March 2010, 11 pilot Fit for Work Services (FFWS) were established to provide personalised, case-managed support for workers in the early stages of sickness absence or ill-health in order to expedite return to work and support job retention.

Pilots were formed by partnerships of health, employment and local community organisations. From April 2011, seven of the pilots were funded for up to a further two years. The pilots were robustly evaluated in a report published in February 2012: ***Evaluation of the Fit for Work Service pilots: first year report***.

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 of tasks that 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. They also need to understand their responsibilities and the policies in place which impact on 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 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 and return to work issues correctly.

NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to get involved in our work, email *Healthworkandwellbeing@nhsemployers.org*
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