

## Powering Improvement

### Delivery Plan 2011 – Occupational Health and Well-being

#### Powering Improvement

ENA and AEP member companies, trade unions and HSE commit to build on our partnership approach to bring about continuous improvement in the management of safety and occupational health in the electricity sector in the 5 years leading up to 2015. We will do this by supporting the priorities in the HSE strategy, in particular the themes of leadership, worker involvement and improving competence, to proactively manage the risks that cause real harm and suffering in our sector. The vision is that implementation of the *Powering Improvement* strategy will make the UK Electricity Industry a world leader in health and safety performance.

The second year of *Powering Improvement* focuses on occupational health and wellbeing and the intention is to bring about a sustainable reduction in the numbers of work related ill health incidents. In terms of what success at the end of the year will look like it is envisaged that ENA and AEP member companies will:

- be aware of their significant work-related health risks
- know where to access the information, support and advice they need, enabling them to take action to prevent and effectively manage work-related ill-health risks
- have plans in place ensuring those best placed to do so are tackling the causes of work-related ill health.

At the core of the year are 6 commitments:

1. To discuss and clarify at board level the commitment to successfully manage occupational health risks
2. To identify the top three health risks and ensure they are being effectively addressed.
3. To ensure that health surveillance & fitness for work assessments are being delivered to national & legislative standards.
4. To review approaches to the management of stress and identify opportunities for improvement.
5. To develop policies for the rehabilitation of individuals back into the workplace and consider a fast-track physiotherapy approach to the management of MSDs
6. To raise awareness of the importance of workforce involvement, specifically health & safety representatives and other workers' representatives, in the management of Occupational Health and support them in carrying out health related activities to support the delivery plan throughout the year.

The approach to delivering these commitments is aligned to Powering Improvement's 3 over-arching themes:

#### Leadership

The key to success in the promotion of Occupational Health will be the commitment of the leadership of the ENA and AEP member companies. It is envisaged that one of the major roles of the champions will be their engagement with senior management in ENA and AEP member companies. This will be achieved via correspondence and support at key events.

The 6 commitments are aligned with activities that have been shown to have a demonstrable impact on improving the occupational health performance of organisations and will be supported by training and guidance materials developed by the ENA Occupational Health Committee under the direction of the ENA SHE Committee (see Appendix A)

## Competence

The ENA Occupational Health Committee will develop and signpost guidance and other information to support each commitment area by gathering together and making available best practice material sourced from member companies and trade unions.

The aim will be to provide support material for Safety and Health professionals in each of the businesses as well as practical guidance for line managers and safety representatives. Where possible this will utilise existing material such as the ENA Health & Wellbeing Framework, and the competency guidelines for managers produced by the British Occupational Health Research Foundation.

In addition a number of training and awareness workshops will be organised throughout the year for safety managers and safety representatives addressing occupational issues relevant to our sector.

## Worker Involvement

Opportunities will be sought throughout the year to engage the workforce in considering occupational health issues relevant to themselves and colleagues. The year will start with raising awareness via company and union channels.

Trade Union Health & Safety representatives and other workers' representatives will be empowered and supported to actively contribute to the delivery of the 2011 plan.

## Timeline

4 <sup>th</sup> November 2010.....	Formal launch of 2011 strategy by the Champions John Crackett (MD, Central Networks) and Jane Willis (Strategic programme Director, Policy Group, HSE);
November / December 2010 ..	Engagement of SHE professionals within participating organisations
December 2010 .....	Champions write to ENA and AEP companies
January 2011 .....	Occupational Health year begins.
February 2011.....	Workshop for H&S practitioners
April 2011.....	ENA SHE Conference
Autumn 2011 .....	Workshop to share successes
Quarterly reviews of progress throughout 2011.	

## APPENDIX A – Occupational Health Commitments with background and support tools for OH&S professionals

### COMMITMENT 1: To discuss and clarify at board level the commitment to successfully manage occupational health risks

#### Introduction:

The management of health within a business can range from basic legal compliance to investment in the health of the workforce through proactive wellbeing programmes. It is important when developing health management programmes that the aspirations of the leadership of the organisation are consistent and clear.

#### Supporting Information:

- In an increasingly competitive labour market, there will also be more pressure on employers to distinguish themselves in order to attract and retain staff as well as to ensure that older workers remain healthy (Institute of Employment Studies)
- Of the 20 largest multinational companies, 75% published corporate responsibility reports online, of which 93% emphasised their commitment to improving the health of employees (Institute of Employment Studies)
- Central to creating and sustaining healthy workplaces is the need for an integrated approach to both health and wellbeing, through implementation of an effective programme championed by strong leadership (ENA 2010)

#### Reference material:

- ENA Health & Wellbeing Framework  
**ACTION: Slide pack to be developed and placed on ENA website (ENA Occupational Health Committee)**
- Building the Case for Wellness (*PWC 2008*)
- Working for a Healthier Tomorrow (2009)

**COMMITMENT 2: To identify the top three health risks and ensure they are being effectively addressed.**

**Introduction:**

Ill health is likely to cost the organisation much more than safety. Estimates vary but the CBNI quote that on average sickness costs each business £600 per employee per year. Some activities can also adversely affect the health of an employee over a working lifetime leading to poor health for the individual and the potential exposure to litigation for the company.

**Supporting Information:**

- A recently commissioned Price Waterhouse Cooper study demonstrated a return on investment of £4.17 for every £1 when following delivery of workplace wellbeing programmes (PWC 2008)
- In an increasingly competitive labour market, there will also be more pressure on employers to distinguish themselves in order to attract and retain staff as well as to ensure that older workers remain healthy (Institute of Employment Studies)
- SAFELEC 2010 – final report

**Reference material:**

- ENA Health & Wellbeing Framework
- OHAG Guidance Note 1.1. Occupational Health in the Electricity Industry
- ENA Occupational Health Toolkit
- Building the Case for Wellness (*PWC 2008*)
- Healthy People = Healthy Profits, Case Studies (*Business in the Community 2009*)
- What Works at Work (*Hill et al 2007*)
- Working Well (*IOSH 2009*)

**COMMITMENT 3: To ensure that health surveillance & fitness for work assessments are being delivered to national & legislative standards.**

**Introduction:**

Health Surveillance is legally required in a number of areas. However a constant focus is required to ensure that the organisation and the activities undertaken by the organisation adapt to change.

This is an opportunity to ensure that Occupational Health support is provided by appropriately qualified advisors.

An Occupational Health Service must ensure that its staff are competent to undertake the duties for which they have been employed and by definition have the appropriate knowledge, skills and experience to practise safely and effectively (Faculty of Occupational Medicine 2010).

**Supporting Information:**

- Each year many thousands of people become ill because of the work they do. Health Surveillance is about putting in place systematic regular and appropriate procedures to detect early signs of work-related ill health among employees exposed to certain health risks, and acting on the results whilst complying with legislation (HSE)
- Fitness for Work assessments are undertaken to ensure that potential and existing colleagues are physically and psychologically capable of carrying out the role for which they have been employed. This is a proactive approach to promote and maintain the physical, mental and social well being of colleagues
- Health Surveillance & Fitness for Work assessments support identification and effectiveness of new and existing control measures in the management of health risks at work, whilst supporting our duty of care to colleagues
- In terms of the competence of OH staff Paragraph 49 of the MHSW provides the following guidance: *'Employers who appoint doctors, nurses or other health professionals to advise them of the effects of work on employee health, or to carry out certain procedures, for example health surveillance, should first check that providers can offer evidence of sufficient level of expertise or training in occupational health'*

**Reference material :**

- HSE Guidance (HSG61)
- TUC Hazards at Work Online
- Case Studies ENA Website
- ENA Health & Wellbeing Framework
- OHAG Guidance Note Series – ENA website
- IOSH Occupational Health Toolkit

**In relation to the competence of OH staff**

- Faculty of Occupational Medicine
- Nursing & Midwifery Council
- Occupational Health Services Accreditation Standards (FOM 2010)  
<http://www.facocmed.ac.uk/library/docs/standardsjan2010.pdf>
- Royal College of Nursing Occupational Health Nursing Competencies guidance

**COMMITMENT 4: To review approaches to the management of stress and identify opportunities for improvement.**

**Introduction:**

Mental ill health is likely to be one of the very top causes of long term absence in your organisation. Stress is also the one issue that continues to grow as a cause of work related ill health and presenteeism. However it can be managed and there are proven tools and techniques available for use.

**Supporting information:**

- The ninth and final report of SAFELEC 2010 demonstrated the continuing upward trend since 2008 of stress related incidences and working days lost (ENA)
- 1 in 4 individuals are affected by mental ill health at some point in their lifetime (Time to Change)
- An estimated half-million individuals report experiencing stress at a level they believe made them ill. These results in approx. 13.4 million working days lost per year (HSE 2010)

**Reference material:**

- SAFELEC 2010 Reports (*ENA website*)
- HSE Management Standards & Toolkit
- Case Studies ENA website

**ACTION: To review case studies (ENA Occupational Health Committee)**

- OHAG Guidance Note 2.1 Stress
- Amalgamation of ENA OH Committee tools

**ACTION: Development of ENA toolkit (Members of ENA Occupational Health Committee to forward examples of best practice)**

- Workplace interventions for people with common mental health problems (BOHRF)
- Fair Change: Prospect guide to organisational change
- SHIFT line managers toolkit
- IOSH Occupational Health Toolkit
- <http://www.centreformentalhealth.org.uk/>
- <http://www.mind.org.uk/>
- <http://www.time-to-change.org.uk/>

**COMMITMENT 5: To develop policies for the rehabilitation of individuals back into the workplace and consider a fast-track physiotherapy approach to the management of MSDs.**

**Introduction:**

Losing an individual from the company due to ill health can impact on the company in a number of different ways. Firstly there is the loss of experience and talent from the business, secondly there is often a very significant impact on the pension scheme of the business and thirdly there is sometimes a liability under the Equality Act 2010. A policy of active rehabilitation reduces all of these risks as well as reducing the size of any potential compensation claim.

It is a fact the longer that someone is absent from work the more it costs the business. It is also a fact that the longer someone is absent from work the less likely they are to return to work. To the point that if someone is absent for more than 2 years they are more likely to retire or die than to return to work. Referring people early means that costs and liabilities to the business will be minimised.

Specifically organisations should consider implementing a fast track physiotherapy approach and/or an alternative form of physiotherapy based rehabilitation to the management of musculoskeletal disorders which has a major positive impact and is very cost effective.

For employees with lower back pain, fast track interventions have been shown not only to return employees to work up to five weeks earlier than under normal care, but also to reduce the recurrence of back pain in the following year by up to 40% (*Working for a Healthier Tomorrow*).

The line manager also plays a key role in the management of attendance. In most cases the actions and behaviours of the manager determines whether the individual will return to work or not. There are a number of clearly defined competencies which if applied consistently can have a dramatic impact on the cost of absence to an organisation.

**Supporting information:**

- The latest CIPD *Absence Management* survey report (2009) suggests that an estimated 175 million working days are lost in Britain due to sickness absence, with the annual costs to the UK of these absences and associated unemployment totalling over £100 billion (BOHRF 2010)
- Sickness absence costs employers approximately £11 billion per year, with long-term sickness absence contributing up to 75% of absence costs. (CIPD 2010)
- Early intervention occupational health services can play a key role in assessing how and when employees can return to appropriate work (*Working for a Healthier Tomorrow*)



**Reference material:**

- ENA Health & Wellbeing Framework
- OHAG Guidance Note 1.2 The Role of Occupational Health in Management of Sickness absence
- OHAG Guidance Note 1.4 Workplace Rehabilitation
- IOSH Occupational Health Toolkit – Rehabilitation
- BOHRF Managing Rehabilitation & Management Competencies Report
- Manager Support for Return to Work following Long Term Sickness Absence Guidance (BOHRF HSE CIPD)
- A Healthy Return, Good Practice Guide to Rehabilitating People Back to Work (IOSH 2008)
- Concepts of rehabilitation for the management of common health problems (Waddell & Burton)
- <http://www.bohrf.org.uk>

**To support Fast track physiotherapy**

- Case Studies ENA website
- OHAG Guidance Note 2.2 Management of Back Pain in the Electricity Industry
- IOSH Occupational Health Toolkit
- BOHRF Back Pain at work

**To support line managers**

- ENA Health & Wellbeing Framework
- Managing Rehabilitation & Management Competencies Report (BOHRF)
- Manager Support for Return to Work following Long Term Sickness Absence Guidance (BOHRF HSE CIPD)
- HSE Sickness absence toolkit
- Work and Health – Changing how we think about common health problems (Waddell & Burton 2006)

**COMMITMENT 6: To raise awareness of the importance of workforce involvement, specifically health & safety representatives and other workers' representatives, in the management of Occupational Health and support them in carrying out health related activities to support the delivery plan throughout the year.**

**Introduction:**

Health and Safety representatives have a number of rights enshrined in health and safety legislation and can be a powerful ally in the early detection and management of ill health. However traditionally they have not been focused on the health issues where they could have a huge positive impact. World class performance demands high level of workforce engagement.

**Supporting Information:**

The best circumstances are those where health and safety representatives can work in partnership with the employer. By working together for a healthier working environment the health of employees can be protected and potential business costs can be reduced (*Healthy Work Matters 2006*)

**Reference material:**

- Occupational Health – Dealing with the issues. A workbook for union reps (TUC 2007)
- Health and Safety (Consultation with Employees) Regulations 1996
- Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995
- Safety Representatives and Safety Committee Regulations 1977
- Workplace (Health, Safety and Welfare) Regulations 1992
- Involving your workforce in health and safety: Good practice for all workplaces (HSG263)