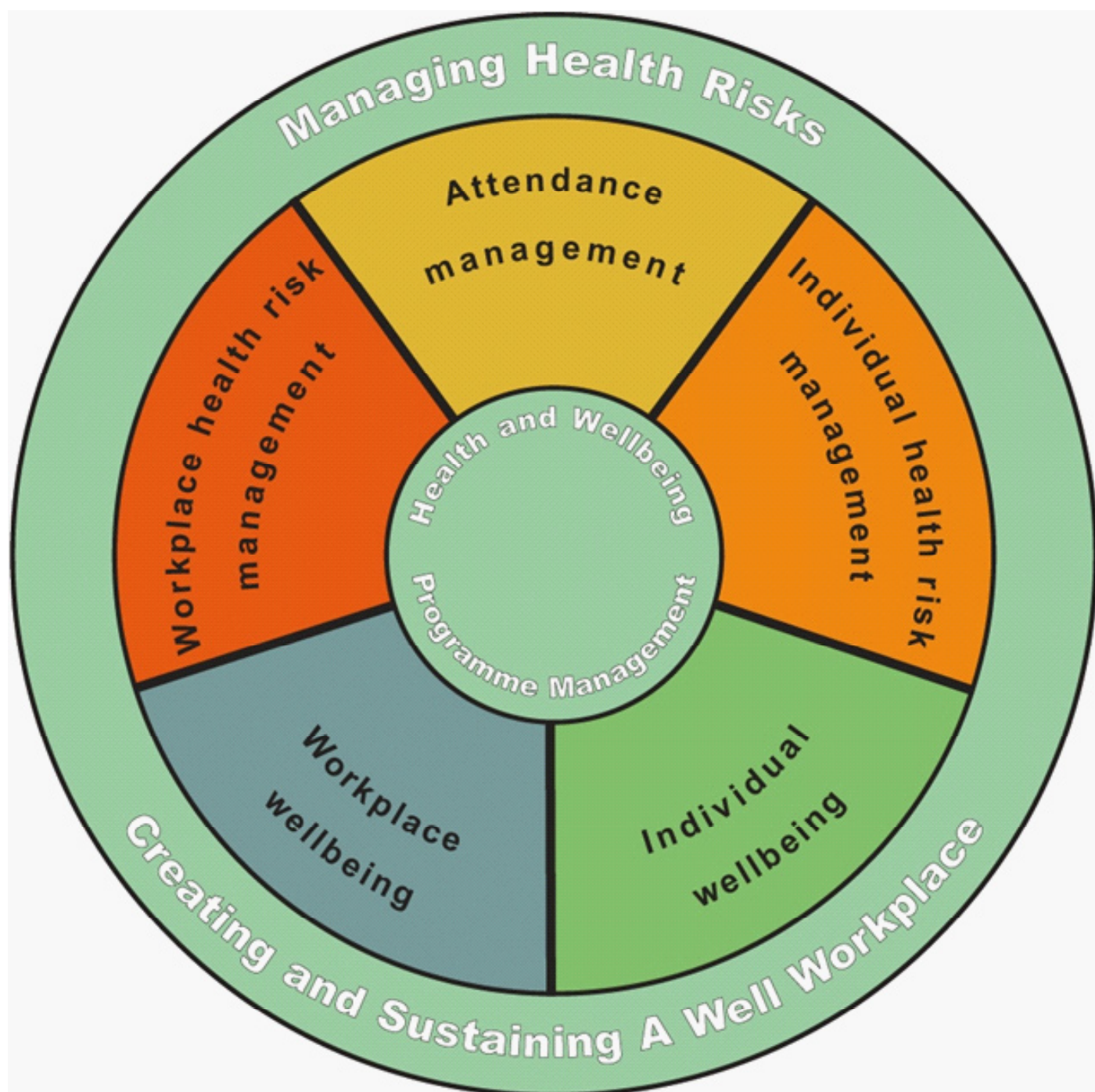


ENA Occupational Health Committee

Business Plan 2010 - 2011



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Occupational Health Committee

The main purpose and role of the Committee is to collectively address current occupational health and wellbeing issues, share, learn and promote good practice and to develop an overall strategic view with regard to the management of occupational health and wellbeing within ENA member companies. The work of the Committee is defined by its Terms of Reference and Objectives, which are detailed in **Appendix A**.

The Committee Objectives are implemented via this Business Plan, which seeks to help ENA member companies to:

- Prevent ill health and injury in our workplaces
- Prioritise activities to meet legal requirements
- Promote health and wellbeing in our workplaces
- Promote our industry as socially responsible
- Promote ENA member companies as exemplar employers
- Promote good health practices at work and at home

Sharing knowledge and best practice is at the core of the work of the ENA Occupational Health Committee. This Business Plan enables the committee to focus its attention during the year 2010/11 on specific initiatives with clear outputs.

Structure and Membership

The **ENA Safety, Health and Environment Committee (SHEC)** established a standalone committee to focus on health and wellbeing issues. The **Occupational Health Committee** provides the opportunity to identify and share good practice, and drive forward improvements in the critical area of health and wellbeing.

The Committee will be represented at National HESAC and the SHE Committee, to which it directly reports, to provide updates on the activities of the Committee and seek ongoing support. Membership of the committee is achieved via a balance of safety, occupational health and HR professionals from ENA member companies. The current membership is listed in **Appendix B**.

Occupational Health Advisory Group

The Occupational Health Committee draws as required on the medical expertise of the **Occupational Health Advisory Group (OHAG)**, which is an independent body of senior occupational health physicians from ENA member companies. The role and activities of OHAG are outlined in **Appendix A**.

Joint meetings with OHAG will be arranged as required, including at least one joint meeting per year. External speakers will be invited to attend Committee meetings to share good practice and maintain company awareness of developments in occupational health as required.

Stakeholder engagement will also be maintained with key regulatory bodies and other utility sectors and providers, including the energy generation, gas distribution and water industries.

2. Background

Health & Wellbeing

Dame Carol Black's review of the health of Britain's working age population, *Working for a healthier tomorrow* (March 2008), outlined a new vision for health and work in Britain. It estimated the economic costs of sickness absence and worklessness associated with working age ill-health as being over £100 billion a year. In 2009 180 million working days were lost to illness absence at an average of 6.4 days and £600 per employee, leading to productivity losses of £16.8 billion (CBI survey). Long term sickness represents 10% of all absence spells and 20% of all working days lost.

The report has served as a fresh driver to improve the health of the working population. Implementation of the report's recommendations are now being evidenced through recent changes to the Medical fit Note, the introduction of new NHS Services such as Fit for Work, and the publication of information and advice.

The vision is to engender a culture of health and wellbeing, and design fit for purpose models for work in the 21st century. It is accepted that healthy, engaged workforces will lead to increased efficiency, productivity and performance for businesses. This is to be achieved through focusing on prevention over cure via early and coordinated intervention strategies in occupational health, which also take account of the changing nature of work including changes in demographics, working age, life expectancy and the current economic climate.

SAFELEC 2010

Preceding the Health & Wellbeing agenda, the Government's **Revitalising Health and Safety** and **Securing Health Together** initiatives included targets to reduce the number of working days lost from work-related injury and ill health, and to reduce both the incidence of fatal and major injury accidents and the incidence rate of cases of work-related ill health by 2010.

The Electricity Industry's response to these headline targets and separate industry-wide collective targets were enshrined into the **SAFELEC 2010** initiative. Progress against these targets, which included a focus on occupational health risks, was monitored on an annual basis. The figures are included within the ninth and final SAFELEC 2010 Progress Report published by the ENA, and the data relating to occupational health is included in **Appendix C**.

HSE Strategy

More recently the **Health and Safety Executive (HSE)** launched their new strategy, "The Health and Safety of Great Britain; Be Part of the Solution", and ENA Member Companies have 'Signed up to the Pledge' to demonstrate support for its vision and aims.

The Occupational Health Committee notes the strategy's focus on the need for leadership at company senior level, the requirement for competency at all levels of the workforce and the continued need to develop management/workforce partnerships to promote increased worker involvement in occupational health and safety in order to achieve these aims. This will build on the industry's track record of engagement with employees through working with unions and safety representatives

Health and safety is a priority and an integral part of companies' business, and the companies support the goals set out in the HSE strategy. The industry has aligned itself with the principles outlined in the strategy, and the companies are working towards implementing its aims through new and existing programmes. This will ensure a common approach to the management of health and safety is maintained, as part of an overall approach to improving performance within the health and safety framework for Great Britain.

Powering Improvement

As part of the companies' commitment to the HSE strategy and to maintain momentum from the SAFELEC initiative, the industry has recently adopted its own strategy to ensure continued focus and improvement in the management of health and safety.

Powering Improvement commits the industry to build on its partnership approach to bring about continuous improvements in the management of safety and occupational health in the electricity sector for the five years leading up to 2015.

The new programme will retain those elements of reporting under SAFELEC that are still relevant, but also adopt more qualitative leading indicators of performance. The sharing of information and best practice will be improved wherever possible, and common standards adopted to ensure a consistent approach to the management of health and safety in the industry.

The strategy recognises that ill health remains a major challenge for the industry and occupational health issues will be a high priority throughout the course of the initiative. Powering Improvement also provides an additional opportunity to specifically raise the profile and importance of occupational health within the workplace during 2011, when this will be the priority focus. Employee health and the business cost benefits of the effective management of occupational health issues will be promoted and enacted via the continued identification and control of health risks within the workplace.

An integrated approach to the management of occupational health will be required through the use of awareness programmes, employee engagement, specialist OH healthcare provision and ongoing support at all levels of the organisation. This will be achieved through the implementation of suitable health surveillance systems and procedures, and a commitment to the provision of programmes to ensure employee fitness for work and improvements in staff health and wellbeing. This will be accompanied by an ongoing focus on familiar issues such as MSDs, stress and mental health.

Health & Wellbeing Framework

The area of health and wellbeing is an increasingly important one with an ever rising interest from government and increasing impact on business productivity. The Committee has developed a strategic approach, based on best practice, for the effective management of health and wellbeing by ENA member companies.

A Health and Wellbeing Framework has been produced based on the principles of a sound management system. This is composed of a number of individual protocols that set out requirements for the effective management of health risks and the promotion of wellbeing issues in the workplace. The Framework was agreed in June 2009 and forms the basis of an ENA Position Paper.

Health Surveillance Case Studies

All member companies reviewed their approach to the management of health surveillance within the business. The systems and procedures in place are summarised in the form of case studies that provide examples of good practice to be shared both within the industry and externally, to help promote the further development and improvement of health surveillance processes.

The case studies are promoted via the ENA web site and complement existing good practice guidance previously published on the management of MSDs, stress and hand arm vibration.

OHAG Guidance Notes

An existing suite of Guidance Notes are published on the ENA web site. OHAG is committed to a programme of further development of medical advice in key areas affecting the health of employees within the utility sectors. New guidance has been issued outlining the issues to be considered within health surveillance and work at height requirements, which complements the existing Guidance Notes.

4. Outputs 2010/11

The primary focus of the Committee during 2011 will be promotion of the new Powering Improvement safety strategy and the application of its principles to the management of occupational health within the network businesses.

The three overarching themes of the strategy reflect the importance of Leadership, Improving Competence and Worker Involvement, and the Committee will encourage all member companies to raise the awareness and application of these themes to occupational health issues. This will be accompanied by providing appropriate information and guidance to staff at all levels to further equip them in the implementation and maintenance of control measures designed to manage occupational health in the electricity industry.

A set of commitments will be agreed at senior level and cascaded throughout the companies to encourage the uptake of occupational health activities. This will be supported by training and the provision of information, particularly to health practitioners and safety representatives, to ensure that the importance of occupational health is reinforced within the businesses throughout the year. Champions from industry and HSE will further assist in maintaining the profile of the initiative during 2011.

The following issues and partners are identified as key priorities:

- ENA Health & Wellbeing Framework
- Health surveillance
- Fitness for Work
- Musculo skeletal disorders (MSDs)
- Stress
- Rehabilitation
- Role of Safety Representatives and OH practitioners
- Role of Occupational Health Service Providers

The Committee will review the progress and achievements of the Powering Improvement initiative on an ongoing basis, and address any occupational health issues as they arise. Measurement of progress will utilise leading and lagging indicators; this will include the publication of good practice case studies and the continued collection and analysis of the industry health data collated under the SAFELEC initiative.

The Committee will also continue in its role of promoting the benefits of Occupational Health Risk Management via the following routes:

- Annual OH Business Plan (this plan)
- Regular health and wellbeing articles for the Safety and Environment Review.
- Promotional items on the Occupational Health pages of the ENA website.
- Articles for external publications (subject to further consideration and timing)
- Working with external stakeholders
- Presentations/Workshops/Conferences

Occupational Health Committee - Terms of Reference

- To liaise with other stakeholders to identify areas of collective occupational health and wellbeing risk.
- To review forthcoming legislation/guidance and assess the potential impact on ENA members.
- To share and promote good practice.
- To develop a strategic approach for addressing occupational health and wellbeing issues and to agree an annual plan for delivery.
- To monitor industry performance against occupational health targets and identify areas for improvements.
- To consider and respond to issues as directed by the SHE Committee.
- To provide regular updates to the SHE Committee.
- To meet at a frequency agreed by the Committee.

Occupational Health Committee – Objectives

The Committee seeks to support the work of the individual ENA member companies in reducing levels of work-related ill health, injury and poor wellbeing in the electricity industry.

This is achieved through effective manager/employee relationships, access to competent persons, financial investment, training and auditing. There is a need for open relationships with regulators such as the HSE, and the sharing of resource, knowledge and experience among ENA members for the benefit of all concerned.

The objectives and aims of the Committee are therefore to:

- a) Protect and improve the health and wellbeing of the ENA member companies' employees, and influence conditions for indirect workers in our supply chains and contractor partnerships.
- b) Build on the work already undertaken by those organisations and individuals in the electricity industry who helped to build and implement the SAFELEC 2010 initiatives.
- c) Include Line Managers, Contract Managers, Employees and their Representatives in our pursuit of improvements in managerial capacity, workforce awareness and workplace conditions.
- d) Harmonise the aspirations of all stakeholders whilst recognising that there are sometimes competing drivers.

Occupational Health Advisory Group (OHAG)

OHAG provides advice to the companies and promotes good practice in occupational health across the electricity industry. This includes the preparation of Guidance Notes on topics of interest covering all aspects of the industry from generation, through transmission and distribution, to retail and supply. The guidance notes will be of interest to managers, employees and occupational health professionals within the industry. They give general advice which has to be interpreted in the light of local circumstances.

Minutes of meetings of both the Occupational Health Committee and OHAG are shared, and OHAG have a seat on the Occupational Health Committee allowing for regular representation. The Occupational Health Committee and OHAG also strive to have one joint meeting per year to discuss and coordinate respective work plans and priorities.

Membership of the Occupational Health Committee – 2009/10

Louise Boston	Occupational Health Manager, E.ON (Committee Chair)
Alison Armstrong	HR Officer, CE Electric UK
Andy Buxton	Health & Wellbeing Manager, National Grid
Debbie Callow	Occupational Health Business Partner, E.ON UK
Beverley Collings	Employee Relations Adviser, Western Power Distribution
David Cooke	Safety Officer, Northern Ireland Electricity
Noreen Everett	Senior Occupational Health Adviser, Duradiamond Healthcare (for EDF)
Kenny Halbert	Head of Occupational Health Service Delivery, Scottish Power
Derek McStea	Capability & Communications Manager, United Utilities
Sarah Page	Research Officer, Prospect
Mary Powell	Corporate H&S Manager, Scottish & Southern Energy
Occupational Health Physician	Occupational Health Advisory Group (OHAG)
Mike Leppard	Safety & Environment Adviser, ENA (Secretary)

Appendix C

Occupational Health data - SAFELEC 2010

Headline numeric targets

(i) To reduce the number of working days lost per 100,000 workers from work related ill health incidences by 30% by 2010.

Because of the difficulties in defining what is “work-related”, member companies have provided a ‘total working days lost’ figure for **all ill health absence**.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Working days lost/ 100000 workers	N/A	N/A	847297	741218	699032	784387	844118	732527	847511	641956
Employees	N/A	N/A	45337	33859	37196	35950	32986	21876	35136	37300

[Note: The numbers of employees covered by ‘ill health reporting’ is slightly higher than those captured under ‘safety’ as some Companies include Group figures excluding Generation.]

It has not been possible to include Ill health data from contractors in the SAFELEC 2010 report due to the difficulties in capturing this data experienced by Member Companies.

(ii) To reduce the incidence rate of cases of ill health by 20% by 2010

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Incidence rate of cases of ill health/ 100000 workers	N/A	N/A	127911	110240	101532	105766	112751	88503	122032	123362
Employees	N/A	N/A	45337	33859	37196	35950	32986	21876	35136	37300

Member Companies have provided the total number of ill health incidences whether work related or not.

Member Companies have also provided a breakdown of the ill health incidences by ‘musculoskeletal disorders’, ‘stress’ and ‘other’ categories so that progress against the following targets can be reported.

Stress

(i) To reduce by 20% the incidence of work-related stress by 2010.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Incidence rate of stress related absence/ 100000 workers	N/A	N/A	3384	3483	3973	3919	5178	2784	10658	10759
Employees	N/A	N/A	16045	32729	37196	34263	32986	21876	35136	37300

(ii) To reduce by 30% the number of working days lost by work-related stress, by 2010.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
working days lost /100000 workers	N/A	N/A	116410	104433	119220	107235	136101	77788	154706	116550
Employees	N/A	N/A	16045	32729	37196	34326	32986	21876	35136	37300

Work-related musculo-skeletal disorders

(i) To reduce the incidence rate of work-related musculoskeletal disorders (WRMSD) by 12% by 2010.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Incidence rate of WRMSD related absence/ 100000 workers	N/A	N/A	15600	13603	15429	13148	9198	9792	13191	13107
Employees	N/A	N/A	16045	32729	37196	34263	32986	21876	35136	37300

(ii) To reduce the number of working days lost per 100,000 workers due to WRMSD by 15% by 2010.

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
working days lost /100000 workers	N/A	N/A	254266	167716	164353	159265	117732	151360	144858	113226
Employees	N/A	N/A	16045	32729	37196	34263	32986	21876	35136	37300