Survey of Use of Occupational Health Support

Prepared by the Institute of Occupational Medicine for the Health and Safety Executive

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Survey of Use of Occupational Health Support

Institute of Occupational Medicine
8 Roxburgh Place
Edinburgh
EH8 9SU
United Kingdom

‘Securing Health Together’ (HSC, 2000) a long-term occupational health strategy for England, Scotland and Wales aims to reduce ill health caused by work and increase the proportion of employers using occupational health (OH) support by 10% by 2003. Therefore, the objectives of this study were to estimate the proportion of employers who use occupational health support, and provide a breakdown of the results by company size, sector, Government Region, and by the type of occupational health support provided.

The survey involved a telephone interview with 4950 randomly selected companies of varying size, sector and geographical region. Fifty face to face follow up interviews were conducted with a representative sample of companies who had introduced or had access to different types of occupational health support. Dependent on the definition used, between 19-44% of companies surveyed provide OH support equivalent to 3-15% (31623-142957 companies) of all companies across the UK. Hazard identification is the most likely form of OH support to be undertaken, followed by risk management. Concern for the wellbeing of employees is the main reason cited for having OH support. Occupational health often takes second place within health and safety, and has no distinct identity.

Formal evaluation of the costs and benefits of OH support is limited. Across all sectors, there was a recognised lack of knowledge about how to deal with health issues. Companies considered OH support could be improved by providing sector specific advice on best practice, legislative requirements, and reducing paper work associated with occupational health and safety.

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## CONTENTS

### SUMMARY

1. INTRODUCTION  1
2. OBJECTIVES  3
3. METHODS  5
   3.1 Sample selection  5
   3.2 Telephone interviews  6
   3.3 Questionnaire Design  6
   3.4 Follow-up Interviews  7
   3.5 Data Collection  7
   3.6 Data Analysis  8
4. RESULTS OF TELEPHONE SURVEY  9
   4.1 Response rate and achievement of quotas  9
   4.2 Definition of occupational health support and qualification for survey completion  10
   4.3 Companies which did not provide OH support  11
   4.4 Companies which provided OH support- broad definition  12
      4.4.1 Distribution by size and sector  12
      4.4.2 Provision of and responsibility for OH support  13
      4.4.3 Costs of OH support  14
      4.4.4 Resources for OH support and advice on employee health  15
      4.4.5 General health of employees  15
      4.4.6 Key results by size  16
      4.4.7 Key results by sector  19
      4.4.8 Key results by region  24
   4.5 Companies which provided OH support- stringent definition  28
      4.5.1 Distribution by size and sector  28
      4.5.2 Provision of and responsibility for OH support  28
      4.5.3 Costs of OH support  30
      4.5.4 Resources for OH support and advice on employee health  30
      4.5.5 General health of employees  31
      4.5.6 Key results by size  32
      4.5.7 Key results by sector  34
      4.5.8 Key results by region  39
   4.6 Results of weighted analysis  43
      4.6.1 Distribution of UK companies by size and sector  43
      4.6.2 Weighted results using HSE broad definition  43
      4.6.3 Weighted results using HSE stringent definition  45
5. RESULTS OF FOLLOW-UP INTERVIEWS  47
   5.1 Companies visited by region  47
   5.2 Companies visited by sector  47
   5.3 Range of occupational health services provided  48
   5.4 Occupational health facilities  49
   5.5 Personnel designated to provide OH Support  49
   5.6 Summary of other findings by company size  50
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. DISCUSSION</td>
<td>55</td>
</tr>
<tr>
<td>7. CONCLUSIONS AND RECOMMENDATIONS</td>
<td>61</td>
</tr>
<tr>
<td>8. ACKNOWLEDGEMENTS</td>
<td>63</td>
</tr>
<tr>
<td>9. REFERENCES</td>
<td>65</td>
</tr>
<tr>
<td>APPENDIX 1 (initial telephone questionnaire)</td>
<td>67</td>
</tr>
<tr>
<td>APPENDIX 2 (follow up questionnaire)</td>
<td>75</td>
</tr>
<tr>
<td>APPENDIX 3 (detailed tables not included in main text)</td>
<td>81</td>
</tr>
<tr>
<td>APPENDIX 4 (follow up interview summaries)</td>
<td>93</td>
</tr>
</tbody>
</table>
SUMMARY

Background

‘Securing Health Together’ (HSC, 2000) a long-term occupational health strategy for England, Scotland and Wales aims to achieve a number of targets in relation to reducing ill health caused by work activity and accidents by 2010. Part of this strategy includes obtaining essential knowledge on current occupational health provision, and ensuring that appropriate support mechanisms are in place to deliver occupational health (OH) support.

Published at the same time as the strategy, a report from HSC’s Occupational Health Advisory Committee (OHAC) made 30 recommendations about occupational health provision (Report and Recommendations on Improving Access to Occupational Health Support). Subsequently HSC/E set an indicative target to increase the proportion of employers using occupational health support by 10% by 2003.

Objectives

The objectives of the study were to estimate the proportion of employers who use occupational health (OH) support, and provide a breakdown of the results by company size, sector, Government Region, and by the type of occupational health support provided.

Within this report micro firms are defined as those employing 10 people or less, and small firms as those employing more than 10 but less than 50 people. Medium firms are defined as those employing between 50 and 250 people, and large firms those employing more than 250 people. Also for the purposes of this report, company covers all forms of enterprise both public and private.

Conduct of the study

The study involved a telephone interview with a random selection of small (micro) to large organisations across the range of industry sectors, and government regions using a structured questionnaire. Follow up face to face interviews were conducted with a representative sample of organisations from different sectors and industry size who had introduced or had access to different types of occupational health support.

A quota sampling method was used, based on equal numbers from each industry sector with small and medium enterprises being selected on a 3:1 basis compared with large organisations. Categorisation by industry sector was based on the 1992 Standard Industrial Classification (SIC 92). The sample was stratified by nine industry sectors, four company sizes and eleven Government Organisational Regions (GOR).

A small pilot study was carried out of around 20 companies prior to the commencement of the full survey. A computerised questionnaire was used for the survey and administered by MORI. Information was sought on the nature of the occupational health support, which was defined as advice and practical assistance on managing health risks at work, controlling the effects of health on work, rehabilitation and promoting general health at work.

Awareness of what constituted occupational health support was sought, as well as the frequency of service provision, associated costs, and whether the provider was in-house, or an external
public or private sector organisation. The range of disciplines involved in providing the support was also ascertained. The willingness of organisations to share service provision with other companies, and the degree of interest in a national help-line to provide initial occupational health support was clarified. For organisations not using occupational health services the factors which limited them from accessing or using such services were sought.

Fifty follow up face to face interviews were carried out on a random selection of companies using occupational health services, who were willing to participate in follow-up. Interviews were based within 6 broad geographical regions (the North and South of England, the Midlands, East and West Scotland, and Wales). These included 9 micro, 11 small, 12 medium and 18 large companies.

The face to face interviews sought more detailed information on the structure of occupational health provision, in terms of the range of services provided and the level of competence of service providers. Where feasible information was sought on any evaluation of service provision in terms of changing trends in occupational health or cost-benefit data.

Results

This study involved 4950 companies split into eleven regions and nine industry sectors. Of the 4950 companies, 1229 (25%) were micro companies, 1271 (26%) were small companies, 1235 (25%) were medium companies, and 1251 (24%) were large companies.

In achieving the target total of 4950, MORI utilised a total of 13957 companies from the Dun and Bradstreet sample. Of these, 5409 were excess to quota requirements and so were not included in the sample. Overall, a total of 6276 eligible companies had valid contact information of which 4950 (79%) participated in the study.

The Government regions of England were North East, North West, Yorkshire and Humberside, East Midlands, West Midlands, Eastern, London, South East, and South West with the other regions being Scotland and Wales. The nine company sectors were categorised on the basis of the 1992 Standard Industrial Classification (SIC 92).

Companies that did not provide occupational health support

Of the 1228 companies that did not provide OH support, the most frequently reported reason across all regions, sizes and sectors was a lack of relevant hazards. Financial companies were the most likely to report a lack of relevant hazards as a reason for not providing OH support. Cost was also more likely to be reported as a reason for not providing OH support in medium and large companies compared to small and micro companies.

In most industry sectors, approximately one third of companies reported that more important priorities were preventing them from providing OH support. Less than half of the companies, within each region, company size and sector, that did not provide OH support were interested in a national help-line to provide initial support about OH issues.

Companies that provided OH support

In the analyses two definitions of OH support were considered, a broad definition which included: hazard identification, risk management, and provision of information, and a more stringent definition including the three parameters above plus modifying work activities, providing training on occupational health-related issues, measuring workplace hazards, and monitoring trends in health. Unless indicated the findings relate to either definition.
For companies of all sizes, sectors and regions, hazard identification is the most likely form of OH support to be undertaken followed by risk management.

Concern for the health, safety and wellbeing of employees is the main reason quoted for having OH support, regardless of company size, sector, or region. This was also seen as the most important reason for having OH support, being reported by over 97% of companies who provided OH support. Concerns about litigation and the costs of absence were also commonly reported by companies but seldom as the most important reason.

In most companies OH support was provided by employees with health or safety based training. In just over a third of companies OH support was provided by external agencies, and three-quarters of these companies used agencies from the private sector.

Approximately 90% of companies which provided OH support did so to all employees. The type of OH support required was usually determined by the Board of Management or the Managing Director or Owner. However, in larger companies the Occupational Health or Human Resources department made a contribution to this decision. HSE campaigns were also seen as important in determining the need for OH support, in about half the regions, but there was variation in opinion across industry sectors.

Using the broad definition of OH support, 37% of the companies who provided support were found to spend less than £5,000 per year on OH support, 40% of these spent less than £1,000, whilst 17% of companies spent over £30,000 per year. Using the more stringent definition of OH support, 21% of the companies spent less than £5000 per year on OH support, 25% of these spent less than £1000, whilst 27% of companies spent over £30,000 per year.

Using either definition most micro companies reported spending less than £1000 on OH support, small and medium companies less than £5,000, and one third of large companies spending more than £30,000 on OH support. The proportion of companies which carried out cost-benefit evaluation increased steadily as the amount spent on OH support increased. The majority of companies spread the cost of OH support across all departments or the whole company.

The resource that companies most often reported using if they required advice on the health or wellbeing of their employees was HSE. This was true irrespective of company size, sector or geographical region.

Using the broad definition of OH support, around 70% of companies were interested in a national help-line to provide initial support on OH issues. However, with a more stringent definition, the overall percentage of companies expressing an interest in a help-line fell to about 60%. Just under a third of companies were willing to consider sharing their OH services with other companies locally on a chargeable basis, and this was fairly constant across sectors and regions. Results suggested that micro and small companies were most willing to share services.

Companies of all sectors and sizes, across all regions reported providing First Aid training and some form of workplace assessment, usually a part of a risk assessment process. Companies were more likely to undertake return to work assessments than fitness for work assessments. There was a reported increase in the amount of health surveillance being carried out across all regions, in small to large companies. Over half of the companies also reported taking steps to improve the general health of their employees. The most frequently provided services were health promotion campaigns and information on healthy lifestyles. Companies were also taking steps to cater for the needs of lone workers, or peripatetic staff, and those with disabilities.
Micro companies have limited occupational health support, and this is often the direct responsibility of the manager or owner. They rely on external advice, and require sources of advice to be easily accessible, relevant to their needs and of limited cost. Respondents felt that many current health and safety initiatives were not relevant to their situation. Small companies often had quite substantial occupational health support, but this was often a result of statutory requirements within specific industry sectors, such as mining and quarrying. It was generally acknowledged that Safety issues took priority over health in determining how resources were used. Medium companies had more complex structures for the provision of OH support, and this was a feature of increasing company size. Medium companies reported involving employees in health and safety issues and in seeking employee feedback about developments in this area. Large companies were more likely to have in-house occupational health services, and were more likely to be aware of the HSE’s work to improve access to occupational health support than companies of other sizes. However, it was perceived that occupational health was still seen as a cost rather than a benefit and that HSE had a role in increasing awareness of senior managers of the benefits of good OH support.

Conclusions

If a definition of occupational health support is used which includes: hazard identification, risk management, and provision of information then approximately 44% of participating companies fulfil this definition, equivalent to 15% (142957 companies) of all UK companies after adjustment for the UK-wide distribution of companies by size and sector. When a more stringent definition is used, including the three parameters above plus modifying work activities, providing training on occupational health-related issues, measuring workplace hazards, and monitoring trends in health, 19% of companies fulfil this definition, equivalent to 3% (31623 companies) of all UK companies. More large companies meet the criteria than small companies.

The choice of definition does not significantly alter the ranking across industry sectors in terms of the percentage of companies within each sector which report providing OH support. Those sectors which have the highest percentage of companies reporting OH support for the broad definition also tend to be among the highest for the stringent definition, and similarly for sectors with low percentages. However, too broad a definition may be misleading, for example using the broad definition 77% of medium and large construction companies report providing OH support, whereas other evidence suggests that the level of OH provision within this sector could be substantially improved.

When considering key measures of OH support which could be used for benchmarking purposes the following would therefore be recommended: formal risk management, provision of information and training on health related issues, rehabilitation or other programmes which modify work activities based on health needs, health surveillance initiatives, and associated monitoring in trends in health over time or across employee groups.

Occupational health often takes second place within health and safety, and has no distinct identity. Often no specific budget is allocated for OH support. Formal evaluation of the costs and benefits of OH support is limited, but most likely to occur in larger companies spending most on OH support. The commitment to do more to develop OH support is also limited by available resources, particularly for smaller companies across all regions and sectors.

There was a recognised lack of knowledge about how to deal with health issues, across all sectors. This was particularly true for micro and small companies which were more willing to
consider sharing occupational support services than companies of other sizes. Companies of all sizes and sectors would welcome a phone line to access advice on OH issues.

Health and Safety Representatives and managers are central to increasing awareness of occupational health issues within smaller companies. In larger companies the benefits of improved health of employees needs to be highlighted for senior managers who still tend to see OH only in terms of cost. HSE was most likely to be used as an external source of advice by companies of all sectors, sizes and regions, but it was felt that the format of advice and guidance could be improved. However, at the present time there is a varying degree of awareness about the HSE’s work to improve access to OH support, with larger companies being better informed than smaller companies.

In general, companies of all sizes, sectors and regions welcomed a reduction in the level of paperwork associated with occupational health and safety. There was a desire for more help in interpreting legislative requirements, sector specific advice on best practice, and a register of approved providers of occupational health support. It was also considered that relevant information on occupational health should be included in all induction programmes carried out by companies, and should be a component of all syllabuses in higher education.
1. INTRODUCTION

An estimated 2 million people suffer from ill health caused by work (Jones et al., 1998). Due to economic changes more people are employed in small and medium sized enterprises (SMEs), where there is often no workplace access to occupational health support.

Despite campaigns such as Good Health is Good Business (Wright et al., 2000), many employers remain unaware of long term risks to health in the workplace, and the need to take a practical proactive approach to prevention. The main aims of occupational health support should be to:

- prevent and control risks to health at work;
- promote good health;
- reduce the impact of ill-health in the workplace;
- provide support for those with conditions made worse by work;
- facilitate a return to work following illness or disability.

Occupational health support includes advice and practical assistance on managing health risks at work, controlling the effects of health on work, rehabilitation and promoting general health at work. Prevention of work related ill health can be achieved by a number of specialists including medical and paramedical personnel, ergonomists, psychologists, occupational hygienists, and other technical, scientific and managerial personnel and employee representatives.

The strategy document ‘Securing Health Together’ (2000) aims to achieve a number of challenging targets in relation to reducing ill health caused by work activity and accidents by 2010. This strategy dovetails with ‘Revitalising Health and Safety’ (2000) which is a manifesto for wider improvements. Revitalising Health and Safety aims to ensure that approaches to health and safety remain relevant for the changing world of work, and maximum benefit is gained from links between occupational health and safety and other government initiatives.

Partnership and collaboration are central to the delivery of better occupational health. Part of the ‘Securing Health Together’ strategy includes obtaining essential knowledge on current occupational health provision, and ensuring that appropriate support mechanisms are in place to deliver occupational health support. This also requires ensuring that all those providing such support have the necessary competence and skills. The recently published Occupational Health Advisory Committee report focuses on ways of making occupational health support more easily accessible to small and medium enterprises (SMEs). The programme aims to increase the proportion of employers using occupational health support by 10% by 2003.

It is recognised that there is a specific need for better information on the attitude and response to work-related health issues from small and medium sized enterprises (SMEs). The study by Kelly et al. (1998) suggested that effective risk communication is essential to enable businesses of all sizes to address work-related health issues effectively. Key factors include participation, involvement and ownership by the target audience.

HSE needs to ascertain the current proportion of employers who use occupational health support to provide a benchmark against which the achievement of the target of a 10% increase can be measured.

The most recent HSE survey of Occupational Health Provision at Work (1993), suggested that 8% of private sector companies used some form of occupational health support, with
manufacturing having the highest usage (14%). However, over two thirds of large employers had access compared to 5% of employers with less than 25 employees. It would be anticipated that use of services had increased given the heightened profile of workplace health issues over the last decade.

A more recent report of Occupational Health Provision within the NHS (1998) suggested that over 99% of the 425 Trusts in England and Wales had access to occupational health support. Forty per cent were using in-house services, 48% purchasing services from other Trusts and 4% from private sector sources.
2. OBJECTIVES

The specific objectives were:

1. To estimate the proportion of employers who use occupational health support
2. To provide a breakdown of the overall results;
   (i) by size of organisation,
   (ii) by Government Regions for England, Scotland and Wales,
   (iii) by industrial sectors and,
   (iv) by the type of occupational health support provided.

Within this report micro firms are defined as those employing 10 people or less, and small firms as those employing more than 10 but less than 50 people. Medium firms are defined as those employing between 50 and 250 people, and large firms those employing more than 250 people. For the purposes of this report, company covers all forms of enterprises both public and private.
3. METHODS

3.1 SAMPLE SELECTION

Organisations were selected from national databases covering most industry sectors. Experience from a recent survey of work-related stress suggested that the database held by Dun and Bradstreet would provide the most suitable coverage of the main industrial and service based sectors.

It is noted that SMEs account for approximately 57% of total employment. The selection process took account of this. A quota sampling method was used, based on equal numbers from each industry sector with small and medium enterprises being selected on a 3:1 basis compared with large organisations. Categorisation by industry sector was based on the 1992 Standard Industrial Classification (SIC 92).

The sample was stratified by nine industry sectors, four company sizes and eleven Government Organisational Regions (GOR). A total of 15000 companies were selected. The target sample comprised approximately equal numbers from each combination of the stratification variables, however in some cases there were too few companies in a particular region which fulfilled the criteria. The sample selection was carried out by MORI, who provided the IOM with the distribution of the 15000 selected companies by sector, size and area prior to the commencement of the telephone interviews.

The telephone interviews were quota managed to the level of size and sector, with a target of 5000 achieved interviews. This implied a target of 139 achieved interviews in each of the 36 sector/size combinations, although in some instances there were not enough companies available in some sector/size groups to achieve the target number. When this occurred extra interviews were carried out in other sector/size groups to ensure the target for interviews was achieved.

The sample was not quota managed by geographic area, but the selection of the original 15000 sample by sector, size and area aimed to ensure an even distribution of companies across the UK. It was felt that the subsequent random selection of companies within each sector/size combination would result in good coverage across GORs within the sector/size groups. In addition, MORI reported to IOM at regular intervals during the survey, with information on the distribution of achieved samples to date by size, sector and GOR, which allowed for possible changes to be made to the sampling process.

The implementation of quota sampling is such that the available companies in each size/sector group are presented to the interviewer in random order. The interviewer works through this list, contacting each company and asking them to participate in the study. If no contact can be made, the interviewer moves on to the next available company, and does not make further attempts to contact companies if the first attempt is unsuccessful. A number of outcomes are therefore possible for each company:

- Contacted - successful interview
- Contacted - refused
- Contacted - arrangement made to re-contact at a suitable time
- Re-contacted - successful interview
- Re-contacted - refused
- Unable to re-contact
Unable to contact

The interviewing process continued until the target number of interviews (or ‘quota’) for each sector/size group has been obtained. It was agreed that if this has not occurred by the time the interviewer reached the end of the list of available companies for any specific group, then stringent efforts were made to contact companies previously be classified as ‘unable to contact’.

The most senior person in the personnel department was the main telephone contact. However, a recent survey of work-related stress (Pilkington et al, 2001) showed that occupational health personnel were often automatically assigned to the interview by the participating company, where a health related interview topic had been highlighted. This was not the case in this study perhaps due to the more general nature of the topics covered.

3.2 TELEPHONE INTERVIEWS

MORI provided the telephone interviews for the initial survey. The nature of the survey was discussed with MORI, and a training session arranged for all staff who would be participating in the telephone survey. This provided the MORI interview team with background to the study, the role of the IOM, and guidance on how to complete the questionnaire. There was also opportunity for staff to discuss any issues arising from the training. It was emphasised that all participants should be given assurance that the information provided would be treated in confidence, and that participating companies would not be named within the report. This information was read to the company contact at the start of each interview.

A small pilot study was carried out of around 20 companies (including small, medium and large organisations) prior to the commencement of the full survey. The IOM team had access to all the telephone interviews conducted during the pilot visit, and as a result of this process minor modifications were made to the questionnaire, and the criteria for interview completion.

Companies were not included in the full interview if the company only carried out hazard identification and none of the other aspects of OH support included in the questionnaire. As companies gave a variety of reasons for having OH support, an additional question was added asking about their main reason. Clarification was provided to interviewers on the coding of questions, with additional prompts to ensure that the respondent was clear that issues covered in the questionnaire related to health at work, and not principally safety issues or general health issues.

3.3 QUESTIONNAIRE DESIGN

A computerised questionnaire was used and administered by MORI. Most questions required respondents to select one answer from a selection of responses, and the interviewer entered their choice on a response grid designed for each question. The questionnaire verified company size and sector.

Information was sought on the nature of the occupational health support. This was considered to include: hazard identification and risk management for a range of physical, chemical, biological, ergonomic and psychosocial hazards. Support was also defined as: information and training on issues relevant to health and the work environment; health surveillance, health promotion and rehabilitation; monitoring health trends; improving information management systems; workplace monitoring and modification to ensure compliance with legislative requirements; and employee support and counselling.
Information was sought on whether the provider of occupational health support was a public or private sector organisation, and whether the same level of service was for all employees or modified according to differing hazards across the organisation. Further information was sought on the extent of geographical coverage of group providers and private occupational health providers.

The frequency of service provision, and associated costs were also ascertained. The cost centres for occupational health support within each participating company were clarified. It was anticipated that ‘free’ services might be more common in the public sector.

Information was sought on the range of disciplines involved in providing this range of services and whether this was a traditional doctor/nurse led team or a multidisciplinary team. It was intended to seek awareness of what constituted occupational health support and how the accessibility of local support varied across the regions. For organisations not using Occupational health services the factors which limited them from accessing or using such services were sought. The willingness of organisations, particularly SMEs, to share service provision with other companies was clarified, and whether companies had a preference for provision by public or private sector. It has been suggested that a national help-line might be useful for companies needing initial occupational health support. The level of interest in such a service was also ascertained. Information was also sought on awareness of available local or national resources to assist the company in addressing occupational health issues and to assess commitment to partnership initiatives with the various agencies available.

### 3.4 FOLLOW UP INTERVIEWS

Follow up face to face interviews were based on a random selection of companies using occupational health services, who were willing to participate in follow-up. Interviews were based within 6 broad geographical regions (the North and South of England, the Midlands, East and West Scotland, and Wales). It was intended to include all nine industry sectors but interviews were clustered in specific localities, within each region, to ensure best use of time and resources. Fifty face-to-face interviews were conducted across the range of industry, and the aim was to visit 30 SMEs (10 micro, 10 small and 10 medium) and 20 large companies.

The face to face interviews sought more detailed information on the structure of occupational health provision, in terms of the range of services provided, the level of competence of service providers, and the size of the team per capita. The degree of influence on company policy, and the position of occupational health within the organisational hierarchy was also ascertained. Information was sought on any evaluation of service provision in terms of changing trends in occupational health or cost-benefit data. Where feasible information was also sought on employee satisfaction with occupational health support and additional services which are perceived as beneficial.

### 3.5 DATA COLLECTION

Survey data was loaded and stored in a database system specifically designed for the project and developed in Microsoft Access. The survey target sample, sourced from external data sources, were processed to give each organisation a unique study identifier and to produce a survey database containing high quality data with a consistent format. The study database was also used to provide the resources required for the survey administration process. The tools within Microsoft Office were used for survey administration.
The interchange of data between Dun and Bradstreet was handled by MORI. Protocols were established to enable efficient, effective and secure methods of data exchange between the IOM and the agency providing company contact data and the agency conducting the telephone interviews. Procedures were established to ensure sample selections were appropriate to the specifications of the project and verify that the selection procedures were truly random and representative of the UK sector.

The study database and related data files were stored on a *Compaq* Server on the IOM’s network. The server is located in a physically secure, climate controlled computer room to which access is controlled and limited to IT administration staff. The IOM’s standard operating procedures (SOPs) were enforced to ensure the security and integrity of all computerised data. These include daily backup procedures, active protection from the threat of computer virus infection and prevention of unauthorised access to any study data. The project was run in full compliance with the Data Protection Act including the recent 1998 Act when this was in force.

Appropriate procedures were designed and implemented to check the collected data for logical consistency, valid values, valid ranges and cross record consistency. Other data checks were carried out as required, during the development of the project.

All issues arising from the data collection, data processing and systems design were under the control of the project’s systems analyst who had responsibility for any other data related issues arising from the project.

3.6 **DATA ANALYSIS**

The results and conclusions are based principally on data descriptions, sub-classified by the organisational size ranges (micro, small, medium and large organisations) and, separately, by industry sector and government region.

Data were described using tabular and graphical methods as appropriate, using the facilities of the statistical software packages Minitab (Minitab Inc, 1997), Genstat 5 (Genstat 5 Committee, 1993) and S-Plus 2000 (MathSoft, Inc). Comparisons between proportions of companies of different sizes, sectors or regions were made using standard statistical methods to calculate the statistical significance of differences, and calculations of the precision of estimated proportions were made.

Key results from the survey were also weighted to reflect the distribution of companies, by size and sector, across the UK as a whole. These analyses provided estimates of the proportion of all UK companies providing aspects of OH support.
4. RESULTS OF THE TELEPHONE SURVEY

4.1 RESPONSE RATE AND ACHIEVEMENT OF QUOTAS

In achieving the target total of 4950 companies interviewed, MORI utilised a total of 13957 companies from the Dun and Bradstreet sample. Of these, 5409 were excess to quota requirements and so were not included in the sample. In total, attempts were made to contact 8548 companies in order to achieve the 4950 participants, a positive response rate of 58%. Of the 3598 who did not complete the interview, 1326 (37%) refused to participate, 639 (18%) were unavailable or had incorrect or out of service telephone numbers. A further 1405 (39%) were ineligible or screened out during the interview (due most often to reporting a company size of zero). The remaining 228 companies had either moved or appeared not to exist (150) or gave no specific reason for refusing interview. Overall, a total of 6276 eligible companies had valid contact information of which 4950 (79%) participated in the study.

Managing Directors or partners were the group most likely to be responsible for completing the questionnaire, followed by health and safety professionals, and then line or project managers.

The aim of the survey was to collect data from around 137 or 138 companies per sector and size combination, resulting in a total sample of around 550 companies in each sector and 1238 companies in each size group. Where there were not enough companies available within a particular size group, MORI were requested to take extra samples from different size groups within the same sector, so that the sector totals would remain constant. The distribution of the 4950 participating companies by size and sector is shown in Table 4.1.

Company sizes were defined as follows: a micro company with 1 to 10 employees; a small company with 11 to 50 employees; a medium company with 51 to 250 employees; and a large company with over 250 employees. Of the 4950 participating companies, 1229 (25%) were micro companies, 1271 (26%) were small companies, 1235 (25%) were medium companies, and 1251 (24%) were large companies.

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<td>100</td>
<td>139</td>
<td>162</td>
<td>156</td>
<td>557</td>
</tr>
<tr>
<td>Finance</td>
<td>127</td>
<td>136</td>
<td>146</td>
<td>153</td>
<td>562</td>
</tr>
<tr>
<td>Health</td>
<td>123</td>
<td>142</td>
<td>147</td>
<td>151</td>
<td>563</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>136</td>
<td>134</td>
<td>144</td>
<td>146</td>
<td>560</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>149</td>
<td>136</td>
<td>87</td>
<td>107</td>
<td>479</td>
</tr>
<tr>
<td>Public Admin</td>
<td>132</td>
<td>136</td>
<td>138</td>
<td>152</td>
<td>558</td>
</tr>
<tr>
<td>Retail</td>
<td>141</td>
<td>133</td>
<td>139</td>
<td>144</td>
<td>557</td>
</tr>
<tr>
<td>Transport</td>
<td>130</td>
<td>132</td>
<td>139</td>
<td>157</td>
<td>558</td>
</tr>
<tr>
<td>All</td>
<td>1229</td>
<td>1271</td>
<td>1235</td>
<td>1215</td>
<td>4950</td>
</tr>
</tbody>
</table>

It can be seen from Table 4.1 that the target of 550 companies was achieved in all sectors except mining and quarrying where there was a shortfall of companies employing 51 or more employees. In addition, although the agricultural sector had the required total number of companies, relatively few of these were from the largest size group.
Within each of the 11 regions, the target sample was 12 or 13 companies per size and sector combination. Of the 396 cells, 62 (16%) contained fewer than 10 companies and more than half of these (35; 56%) were from the agriculture and the mining and quarrying sectors discussed above. West Midlands and the North-East region had the most small cells (11 and 9 respectively) while Scotland and the South-East had the fewest small cells (1 and 3 respectively).

4.2 DEFINITION OF OCCUPATIONAL HEALTH SUPPORT AND QUALIFICATION FOR SURVEY COMPLETION

Companies were asked both directly and indirectly whether they provided OH support. The direct question was ‘Does your company provide any occupational health support, by which we mean providing advice or practical assistance on managing health risks at work, or promoting general health at work?’. Two-thirds of the respondents (3329 companies) replied positively to this question.

Respondents were then asked a series of questions about specific aspects of OH support. The number of positive replies to each of these questions is shown in Figure 4.1, subdivided by whether or not the company had replied positively to the direct question.

Figure 4.1: Provision of specific aspects of OH support

Although, as expected, the percentage of companies providing each aspect of OH support was higher among companies who reported provision of OH support in general, the relative frequency with which each aspect was reported was very similar in the two groups. For both groups, hazard identification was reported most frequently followed by formal risk management, with provision of an occupational health service by a doctor or nurse and employee counselling reported least frequently.

It was intended to ask the full questionnaire on OH support only of those companies who provided such to their employees. The screening for OH provision and hence questionnaire completion was based on Q4 (see questionnaire in appendix 1) on the specific aspects of OH support which are shown in Figure 4.1. Companies who answered negatively to all parts of question 4 or who answered positively only to provision of hazard identification were classified as not providing OH support and so did not complete the full questionnaire.
Of the 4950 participating companies, 3722 (75%) were classified as providing OH support and 1228 as not providing OH support. A comparison of this classification (based on question 4) with the companies’ own perceptions of the provision of OH support (question 3) showed that there is reasonable agreement between the two indices. However, 20% of those who went on to complete the interview did not believe they provided OH support and 10% of those who reported providing OH support were not asked to complete the interview.

“No relevant hazards” was reported as the main reason for not providing OH support by 536 (11%) of the total 4950 companies. Figure 4.2 shows those companies that reported “No relevant hazards” by industry sector. Companies in the financial industry (117; 22%) were the most likely to have reported “No relevant hazards” as the main reason for not providing OH support, followed by companies in the transport sector (90; 17%) and then by companies in the retail/hotel sector (69; 13%). In all other industry sectors, the percentage of companies that reported “No relevant hazards” as the main reason for not providing OH support was fairly evenly spread ranging from 6% to 9% with the construction industry (30; 6%) being the least likely sector to give this as a main reason.

4.3 COMPANIES THAT DID NOT PROVIDE OH SUPPORT

There were 1228 companies that did not provide OH support and that felt there were barriers to doing so. The replies for what these companies felt were the barriers to providing OH support are displayed in Figure 4.3.
The most common reason for not providing OH support was the absence of relevant hazards followed by lack of resources. Companies were also asked if they would be interested in a national helpline to provide initial support about occupational health issues. Of the 1228 companies, 527 (43%) said that they would be interested. A further 85 (7%) said they weren’t sure if they would be interested and the remaining 616 said they were not interested.

### 4.4 COMPANIES THAT PROVIDED OH SUPPORT – USING BROAD HSE DEFINITION

<table>
<thead>
<tr>
<th>Company Size</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>36</td>
</tr>
<tr>
<td>Construction</td>
<td>57</td>
</tr>
<tr>
<td>Finance</td>
<td>35</td>
</tr>
<tr>
<td>Health</td>
<td>49</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>46</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>51</td>
</tr>
<tr>
<td>Public Admin</td>
<td>46</td>
</tr>
<tr>
<td>Retail</td>
<td>39</td>
</tr>
<tr>
<td>Transport</td>
<td>35</td>
</tr>
</tbody>
</table>

### 4.4.1 Distribution By Size And Sector

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>34</td>
<td>18</td>
<td>72</td>
<td>39</td>
<td>36</td>
</tr>
<tr>
<td>Construction</td>
<td>16</td>
<td>16</td>
<td>57</td>
<td>41</td>
<td>57</td>
</tr>
<tr>
<td>Finance</td>
<td>13</td>
<td>10</td>
<td>20</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Health</td>
<td>17</td>
<td>14</td>
<td>62</td>
<td>44</td>
<td>49</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>18</td>
<td>13</td>
<td>46</td>
<td>34</td>
<td>46</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>26</td>
<td>17</td>
<td>63</td>
<td>46</td>
<td>51</td>
</tr>
<tr>
<td>Public Admin</td>
<td>21</td>
<td>16</td>
<td>50</td>
<td>37</td>
<td>46</td>
</tr>
<tr>
<td>Retail</td>
<td>10</td>
<td>7</td>
<td>37</td>
<td>28</td>
<td>39</td>
</tr>
<tr>
<td>Transport</td>
<td>3</td>
<td>2</td>
<td>29</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>13</td>
<td>436</td>
<td>34</td>
<td>44</td>
</tr>
</tbody>
</table>

Table 4.2

Distribution of companies providing OH support by size and sector. Each cell contains number of companies providing OH support and percentage of total number in the cell.
4.4.2 Provision Of And Responsibility For OH Support

In most companies OH support was provided by employees with health or safety based training (1152; 53%). In 784 companies (36%) support was provided by external agencies, and three-quarters of these used agencies from the private sector. Table 4.3 shows the position of the OH support provider subdivided by whether the support was provided internally or externally to the company.

The vast majority of companies (89%) that provided OH support did so to all employees. In half of the companies with OH support, the type of OH support provided is decided upon by the Board of Management (28%) or the MD/Owner (22%).

For purposes of clarification, First Aid was not regarded as part of OH support in the context of this survey. However, when companies were asked about who provided OH support, many highlighted First Aiders, often in association with other providers. Therefore there appeared to be a lack of awareness of the boundaries of the First Aiders role. Amongst the 2157 companies that provided OH support, 151 (7%) companies reported that this OH support was provided by First Aiders.

<table>
<thead>
<tr>
<th>OH provider</th>
<th>Employee (H&amp;S trained)</th>
<th>Employee (non H&amp;S trained)</th>
<th>External Agency</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aider</td>
<td>885</td>
<td>157</td>
<td>565</td>
<td>1601</td>
</tr>
<tr>
<td>H&amp;S Officer</td>
<td>570</td>
<td>68</td>
<td>327</td>
<td>963</td>
</tr>
<tr>
<td>H&amp;S practitoner</td>
<td>537</td>
<td>55</td>
<td>376</td>
<td>967</td>
</tr>
<tr>
<td>GP</td>
<td>346</td>
<td>40</td>
<td>243</td>
<td>629</td>
</tr>
<tr>
<td>OH nurse</td>
<td>361</td>
<td>17</td>
<td>255</td>
<td>632</td>
</tr>
<tr>
<td>OH physician</td>
<td>329</td>
<td>12</td>
<td>271</td>
<td>611</td>
</tr>
<tr>
<td>MD/Owner</td>
<td>210</td>
<td>61</td>
<td>127</td>
<td>398</td>
</tr>
<tr>
<td>Other</td>
<td>177</td>
<td>23</td>
<td>148</td>
<td>345</td>
</tr>
<tr>
<td>Ergonomist</td>
<td>97</td>
<td>5</td>
<td>63</td>
<td>165</td>
</tr>
<tr>
<td>Staff nurse</td>
<td>98</td>
<td>6</td>
<td>40</td>
<td>144</td>
</tr>
<tr>
<td>Occn Hygienist</td>
<td>82</td>
<td>1</td>
<td>77</td>
<td>160</td>
</tr>
</tbody>
</table>

Figure 4.4 shows the reasons reported for having OH support, including all reasons stated by each company and also the most important reason.
The most frequently reported reason, both overall and as most important reason was responsibility for the health of employees. Concerns about litigation and the costs of absence were also reported by over 1300 companies, but seldom as the most important reason. Few companies reported pressure from Unions as being a reason for having OH provision, although specific data on the scale of Union representation was limited for this study.

### 4.4.3 Costs Of OH Support

The estimated average cost across participating companies of providing OH support is summarised in Figure 4.5, subdivided by whether the company undertook any formal evaluation of the costs and benefits of OH provision.
Thirty-seven percent of the companies spent less than £5000 per year on OH support, and 40% of these spent less than £1000. Seventeen per cent of companies spent over £30000 per year. The proportion of companies which carried out cost-benefit evaluation increased steadily as the amount spent on OH support increased, from only 9% of the companies which spent less than £1000 to 59% of companies which spent more than £30000.

The majority of companies spread the cost of OH support across all departments or the whole company (1502 companies, 70%). The most frequently reported other funding sources were the Occupational Health department budget (11% of companies) and the human resources department (6% of companies).

### 4.4.4 Resources For OH Support And Advice On Employee Health

Companies were asked which resources they would use if they required advice on the health or wellbeing of employees. The results are shown in Figure 4.6. The most commonly reported resource was the HSE, followed by product suppliers, local authority and OH or health and safety advisors. Relatively few companies reported getting advice from Unions.

![Resources used for advice on the health of employees](image)

**Figure 4.6: Resources for advice on health of employees**

About one quarter of companies (564 companies; 26%) would be willing to share their OH services with other companies locally on a chargeable basis, while a further 408 companies (19%) said they were not sure or that 'it depends’. Around 70% of companies (1537; 71%) were interested in a national helpline to provide initial support on OH issues.

### 4.4.5 General Health Of Employees

Of the 2157 companies, 1252 (58%) reported taking steps to improve the general health of their employees. Figure 4.7 summarises the types of general health provision reported by these 1252 companies.
The most frequently provided services were health promotion campaigns and information on healthy lifestyles, followed by employee counselling and free eye tests. Least popular options were private health care schemes, access to leisure facilities and well-person health checks although each of these was reported by over 40% of companies.

4.4.6 Key Results By Size

First Aiders were more likely to be reported as providing OH support in medium companies (62; 41%) followed by small companies (45; 30%), and then micro companies (26; 17%) and finally large companies (18; 12%). The most frequently reported reason for having OH provision, both overall and as the most important reason, regardless of company size, was a responsibility for health of employees. This result was reported as a reason for providing OH support by 97% to 100% of companies. Over 1000 (65%) companies reported concerns about litigation and the costs of absence as being the main reasons for having OH provision. However, these were rarely given as the most important reasons for OH provision. This result was true across all company sizes, as can be seen from Table 4.4.

Only three large companies reported pressure from Unions as being a main reason for having OH provision and none of the other company sizes reported this as being a main reason for OH provision. Input from HSE or Local Authority Inspectors was more likely to be given as a main reason for OH provision by micro companies (9; 6%) and small companies (19; 4%) compared to medium companies (16; 2%) and large companies (10; 1%). For 74 (3%) companies a single most important reason for having OH provision was not identified.
Table 4.4
Reasons for having OH provision by company size. Each cell contains number and percentage of companies, within each company size, reporting each reason

<table>
<thead>
<tr>
<th>Reasons for OH provision</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility for health of employees</td>
<td>158</td>
<td>426</td>
<td>98</td>
<td>653</td>
<td>99</td>
</tr>
<tr>
<td>Concerns about litigation</td>
<td>93</td>
<td>59</td>
<td>259</td>
<td>59</td>
<td>65</td>
</tr>
<tr>
<td>Costs of absence</td>
<td>76</td>
<td>48</td>
<td>239</td>
<td>55</td>
<td>415</td>
</tr>
<tr>
<td>Input from Inspector</td>
<td>94</td>
<td>59</td>
<td>255</td>
<td>58</td>
<td>335</td>
</tr>
<tr>
<td>HSE Campaigns</td>
<td>82</td>
<td>52</td>
<td>217</td>
<td>50</td>
<td>342</td>
</tr>
<tr>
<td>Pressure from employees</td>
<td>43</td>
<td>27</td>
<td>130</td>
<td>30</td>
<td>230</td>
</tr>
<tr>
<td>Other</td>
<td>30</td>
<td>20</td>
<td>87</td>
<td>20</td>
<td>134</td>
</tr>
<tr>
<td>Pressure from Unions</td>
<td>10</td>
<td>6</td>
<td>19</td>
<td>4</td>
<td>72</td>
</tr>
<tr>
<td>All</td>
<td>156</td>
<td>432</td>
<td>656</td>
<td>900</td>
<td>2144</td>
</tr>
</tbody>
</table>

Table 4.5 shows the distribution of companies’ average cost of OH support by company size. Twelve companies reported their average costs to be less than £5000, however, there was no clear way of determining unambiguously whether these companies had spent between £1000 - £5000 or less than £1000 on average for the provision of OH support. Hence, these 12 (1%) companies were not included in Table 4.5.

The majority of micro companies (87; 55%) spent on average less than £1000 to provide OH support. Small companies (277; 63%) mostly spent less than £5000 on average to provide OH support. In most medium companies (197; 30%) an average of between £1000 - £5000 was spent on the provision of OH support. On average £30,000 or more was spent by 35% of large companies to provide OH support.

Table 4.5
Distribution of cost of OH support by company size. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Average cost</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;£1k</td>
<td>87</td>
<td>55</td>
<td>141</td>
<td>32</td>
<td>70</td>
</tr>
<tr>
<td>£1k-£4.9k</td>
<td>37</td>
<td>23</td>
<td>136</td>
<td>31</td>
<td>197</td>
</tr>
<tr>
<td>£5k-£14.9k</td>
<td>6</td>
<td>4</td>
<td>43</td>
<td>10</td>
<td>128</td>
</tr>
<tr>
<td>£15k-£29k</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>55</td>
</tr>
<tr>
<td>£30k +</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>37</td>
</tr>
<tr>
<td>Don’t know</td>
<td>23</td>
<td>14</td>
<td>94</td>
<td>21</td>
<td>169</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>436</td>
<td>662</td>
<td>900</td>
<td>2156</td>
</tr>
</tbody>
</table>

Companies were asked which resources they would use if they required advice on the health or wellbeing of their employees, results of which are shown in Table 4.6.

The resource reported most often by companies irrespective of company size was the HSE. Of those companies that would use the HSE, micro companies (127; 80%) were the least likely to use the HSE, compared to small companies (354; 81%), medium companies (552; 83%) or large companies (775; 86%). Similarly, micro companies (98; 62%) were less likely to use product suppliers than small companies (280; 64%), medium companies (458; 69%) or large companies (659; 73%).

HSE or Local Authority Inspector

1
For companies that would use OH or Health & Safety advisors and companies that would use trade associations the pattern across company size was similar in that micro companies were least likely to use these resources followed by small companies, medium companies and large companies, respectively. Unions were least likely to be used by micro and small companies and most likely to be used by large companies.

Table 4.6
Distribution of resources for health advice by company size. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Resources that would be used</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE</td>
<td>127</td>
<td>80</td>
<td>354</td>
<td>81</td>
<td>552</td>
</tr>
<tr>
<td>Suppliers of products</td>
<td>98</td>
<td>62</td>
<td>280</td>
<td>64</td>
<td>458</td>
</tr>
<tr>
<td>Local authority</td>
<td>84</td>
<td>53</td>
<td>213</td>
<td>49</td>
<td>369</td>
</tr>
<tr>
<td>OH or H&amp;S advisors</td>
<td>56</td>
<td>35</td>
<td>202</td>
<td>46</td>
<td>352</td>
</tr>
<tr>
<td>Local GPs</td>
<td>70</td>
<td>44</td>
<td>188</td>
<td>43</td>
<td>320</td>
</tr>
<tr>
<td>Trade associations</td>
<td>55</td>
<td>35</td>
<td>182</td>
<td>42</td>
<td>287</td>
</tr>
<tr>
<td>Unions</td>
<td>19</td>
<td>12</td>
<td>47</td>
<td>11</td>
<td>117</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>6</td>
<td>48</td>
<td>11</td>
<td>92</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>436</td>
<td>662</td>
<td>900</td>
<td>2156</td>
</tr>
</tbody>
</table>

Companies were asked if they would be willing to share their OH services with other companies locally on a chargeable basis.

As shown in Figure 4.8 the majority of companies, regardless of size, were not willing to share their OH services with other local companies. Micro companies (48; 30%) were slightly more willing to share these OH services than small companies (93; 21%), medium companies (173; 26%) or large companies (250; 28%).

Figure 4.8: Distribution of companies willing to share OH services

It can be seen from Figure 4.9 that more than 60% of all the companies that provide any OH support, irrespective of size, were interested in a national helpline to provide initial support on
OH issues. Amongst the companies who were interested in a national helpline, micro companies (100; 63%) were least likely to be interested, followed by small companies (298; 68%) and then medium (473; 71%) and large companies (666; 74%).

![Distribution of companies interested in a national helpline](image)

**Figure 4.9: Distribution of companies interested in a national helpline**

### 4.4.7 Key Results By Sector

Companies in the agriculture industry (25; 17%) were the most likely to report OH support as being provided by First Aiders and companies in the public administration sector (9; 6%) were least likely to report having OH support provided by First Aiders.

The most frequently reported reason for providing OH support, both overall and as the most important reason, irrespective of industry sector, was a responsibility of the health of employees. This was given by between 97 and 99% of companies as a main reason for providing OH support, as can be seen in Table 4.7.

Costs of absence were most likely to be reported as a main reason for OH provision in the public administration sector (194; 75%) and least likely to be reported as a main reason for OH provision by the agriculture industry (114; 58%).

The agriculture industry (113; 57%) was the most likely to report input from HSE or Local Authority Inspectors as a main reason for providing OH support and the financial industry (84; 43%) were the least likely to report this as a main reason for OH provision.

HSE campaigns as a main reason for providing OH support were most likely to be reported by the construction industry (191; 60%) and least likely to be reported by the retail/hotel sector (86; 40%). Pressure from unions was most likely to be reported by the public administration sector (89; 35%) and least likely to be reported by construction industry (17; 8%) as a main reason for providing OH support.

Table 4.8 shows the distribution of companies’ average cost of OH support by industry sector.

Twelve companies which fulfilled the ‘broad’ OH support definition reported their average costs to be less than £5000, however, there was no clear way of determining unambiguously whether these companies had spent between £1000 - £5000 or less than £1000 on average for
the provision of OH support. Hence, these twelve (1%) companies were not included in Table 4.8. On average, less than £5000 tended to be spent to provide OH support by the majority of companies, regardless of sector. However, in the mining and quarrying industry, the majority of companies were more likely to spend between £1000 and £15,000 on average to provide OH support.

Companies were asked to provide information on what resources they would use if they required advice on health/wellbeing of employees. Results are given in Table 4.9. Overall, the resource that companies most frequently reported they would use was the HSE. The mining and quarrying industry (156; 64%) were the most likely to use OH or Health & Safety advisors and the health sector (94; 34%) was the least likely to use OH or Health & safety advisors compared to other industry sectors.

For the majority of sectors between 45% and 58% reported using trade associations, however, only 34% of companies from the health sector and also from the public administration industry reported using trade associations. The public administration industry (103; 40%) was the most likely to report using Unions and companies from the retail/hotel sector (29; 13%) and from the construction industry (42; 13%) were the least likely to report using Unions.

Companies were asked if they would be willing to share their OH services, on a chargeable basis, with other local companies. Results are shown in Table 4.10. Less than 35% of companies, irrespective of sector, were willing to share their OH services with other companies based locally.

Table 4.11 shows the distribution of these companies that provide OH support and that were interested in a national helpline to provide initial support on OH issues. Across all sectors, the proportion of companies (ranging from 65% to 77%) that were definitely interested in a national helpline was fairly similar.
Table 4.7
Reasons for having OH provision by industry sector. Each cell contains number and percentage of companies, within each industry sector, reporting each reason.

<table>
<thead>
<tr>
<th>Reasons for OH provision</th>
<th>Industry Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agriculture</td>
</tr>
<tr>
<td>Responsibility for health of employees</td>
<td>192</td>
</tr>
<tr>
<td>Concerns about litigation</td>
<td>136</td>
</tr>
<tr>
<td>Costs of absence</td>
<td>114</td>
</tr>
<tr>
<td>Input from Inspector(^1)</td>
<td>113</td>
</tr>
<tr>
<td>HSE Campaigns</td>
<td>108</td>
</tr>
<tr>
<td>Pressure from employees</td>
<td>66</td>
</tr>
<tr>
<td>Other</td>
<td>32</td>
</tr>
<tr>
<td>Pressure from Unions</td>
<td>17</td>
</tr>
<tr>
<td>All</td>
<td>197</td>
</tr>
</tbody>
</table>

\(^1\) HSE or Local Authority Inspector

Table 4.8
Distribution of cost of OH support by industry sector. Each cell contains number and percentage of column total.

<table>
<thead>
<tr>
<th>Average cost</th>
<th>Industry Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agriculture</td>
</tr>
<tr>
<td>&lt;£1k</td>
<td>56</td>
</tr>
<tr>
<td>£1k-£4.9k</td>
<td>61</td>
</tr>
<tr>
<td>£5k-£14.9k</td>
<td>25</td>
</tr>
<tr>
<td>£15k-£29k</td>
<td>7</td>
</tr>
<tr>
<td>£30k+</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>37</td>
</tr>
<tr>
<td>All</td>
<td>194</td>
</tr>
</tbody>
</table>

21
### Table 4.9
Distribution of resources for health advice by industry sector. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Finance</th>
<th>Health</th>
<th>Manufacturing</th>
<th>Mining &amp; Quarrying</th>
<th>Public Admin</th>
<th>Retail</th>
<th>Transport</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE</td>
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<td>267</td>
<td>84</td>
<td>167</td>
<td>85</td>
<td>228</td>
<td>83</td>
<td>224</td>
<td>87</td>
</tr>
<tr>
<td>Suppliers of products</td>
<td>137</td>
<td>69</td>
<td>230</td>
<td>72</td>
<td>139</td>
<td>71</td>
<td>171</td>
<td>62</td>
<td>200</td>
<td>77</td>
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<td>Local authority</td>
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<td>56</td>
<td>163</td>
<td>59</td>
<td>135</td>
<td>52</td>
</tr>
<tr>
<td>OH or H&amp;S advisors</td>
<td>95</td>
<td>48</td>
<td>198</td>
<td>62</td>
<td>109</td>
<td>56</td>
<td>94</td>
<td>34</td>
<td>132</td>
<td>51</td>
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<tr>
<td>Local GPs</td>
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<td>125</td>
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<td>82</td>
<td>42</td>
<td>141</td>
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<td>Trade associations</td>
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<td>91</td>
<td>46</td>
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<tr>
<td>Unions</td>
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<td>14</td>
<td>42</td>
<td>13</td>
<td>46</td>
<td>23</td>
<td>74</td>
<td>27</td>
<td>70</td>
<td>27</td>
</tr>
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<td>Other</td>
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<td>38</td>
<td>15</td>
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<td>1</td>
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<td>0</td>
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<tr>
<td>All</td>
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<td>317</td>
<td>196</td>
<td>258</td>
<td>244</td>
<td>257</td>
<td>216</td>
<td>195</td>
<td>2156</td>
<td></td>
</tr>
</tbody>
</table>

### Table 4.10
Distribution of companies that would be willing to share OH, services with other local companies by industry sector. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Willing to share</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Finance</th>
<th>Health</th>
<th>Manufacturing</th>
<th>Mining &amp; Quarrying</th>
<th>Public Admin</th>
<th>Retail</th>
<th>Transport</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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<td>60</td>
<td>172</td>
<td>54</td>
<td>111</td>
<td>57</td>
<td>146</td>
<td>53</td>
<td>141</td>
<td>55</td>
</tr>
<tr>
<td>Not sure/depends</td>
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<td>12</td>
<td>59</td>
<td>19</td>
<td>36</td>
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<td>Yes</td>
<td>55</td>
<td>28</td>
<td>86</td>
<td>27</td>
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<td>25</td>
<td>70</td>
<td>25</td>
<td>63</td>
<td>24</td>
</tr>
<tr>
<td>All</td>
<td>197</td>
<td>317</td>
<td>196</td>
<td>276</td>
<td>258</td>
<td>244</td>
<td>257</td>
<td>216</td>
<td>195</td>
<td>2156</td>
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</tbody>
</table>
Table 4.11
Distribution of companies that do provide OH support and which, were interested in a national helpline by industry sector. Each cell contains the number and percentage of column total.

<table>
<thead>
<tr>
<th>Interested in helpline</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Finance</th>
<th>Health</th>
<th>Manufacturing</th>
<th>Mining &amp; Quarrying</th>
<th>Public Admin</th>
<th>Retail</th>
<th>Transport</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>53</td>
<td>27</td>
<td>85</td>
<td>27</td>
<td>48</td>
<td>24</td>
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<td>48</td>
<td>19</td>
</tr>
<tr>
<td>Not sure</td>
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<td>4</td>
<td>14</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td>12</td>
<td>4</td>
</tr>
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<td>Yes</td>
<td>136</td>
<td>69</td>
<td>218</td>
<td>69</td>
<td>138</td>
<td>70</td>
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<td>258</td>
<td>244</td>
<td>257</td>
<td>216</td>
<td>195</td>
<td>2156</td>
</tr>
</tbody>
</table>

23
4.4.8 Key Results By Region

The provision of OH support by First Aiders was fairly evenly spread across all regions, with between 7% and 11% of companies using First Aiders to provide this support.

The most frequently reported reason for providing OH support, both overall and as the most important reason, irrespective of region, was a responsibility for the health of employees. This was given by between 97 and 99% of companies as a main reason for providing OH support, as can be seen in Table 4.12.

Costs of absence were most likely to be reported as a main reason for OH provision by the North West (118; 72%) and least likely to be reported as a main reason for OH provision by Scotland (150; 57%) and by Wales (95; 57%). The West Midlands (94; 57%) were most likely to report input from HSE or Local Authority Inspectors as a main reason for providing OH support and London (74; 40%) was least likely to report this as a main reason for OH provision. Pressure from unions was most likely to be reported by Scotland (49; 19%) and least likely to be reported by the South East (21; 9%) as a main reason for providing OH support.

Table 4.13 shows the distribution of companies’ average cost of OH support by region. Twelve companies reported their average costs to be less than £5000, however, there was no clear way of determining unambiguously whether these companies had spent between £1000 - £5000 or less than £1000 on average for the provision of OH support. Hence, these 12 (1%) companies were not included in Table 4.13. On average, up to £15000 tended to be spent to provide OH support by the majority of companies, regardless of region.

As shown in Table 4.14, companies were asked to provide information on what resources they would use if they required advice on health/wellbeing of employees. All regions (between 77 and 88%) reported that the resource they would use most often when providing OH support was the HSE. There was a fairly even spread across the regions for all resources except for OH and Health & Safety advisors, who were least likely to be used by companies from Wales (62; 37%) and most likely to be used by companies from the North West (113; 69%).

Companies were asked if they would be willing to share their OH services, on a chargeable basis, with other local companies. Results are shown in Table 4.15. Up to 30% of companies, irrespective of region, were willing to share their OH services with other companies based locally.

Table 4.16 shows that between 65% and 77% of companies within each region that do provide OH support expressed an interest in a national helpline to provide initial OH support. Yorkshire and Humberside (138; 77%), and London (142; 77%) were the most likely to be interested in a national helpline compared to companies from other regions and companies from the West Midlands (107; 65%) were the least likely to be interested in a national helpline.
Table 4.12
Reasons for having OH provision by region. Each cell contains number and percentage of companies, within each region, reporting each reason

<table>
<thead>
<tr>
<th>Reasons for OH provision</th>
<th>North East</th>
<th>North West</th>
<th>Scotland</th>
<th>Yorkshire &amp; Humberside</th>
<th>East Midlands</th>
<th>West Midlands</th>
<th>Eastern</th>
<th>London</th>
<th>South East</th>
<th>South West</th>
<th>Wales</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility for health of employees</td>
<td>186</td>
<td>98</td>
<td>161</td>
<td>99</td>
<td>256</td>
<td>98</td>
<td>176</td>
<td>98</td>
<td>198</td>
<td>97</td>
<td>162</td>
<td>98</td>
</tr>
<tr>
<td>Concerns about litigation</td>
<td>121</td>
<td>64</td>
<td>111</td>
<td>68</td>
<td>160</td>
<td>61</td>
<td>126</td>
<td>70</td>
<td>132</td>
<td>65</td>
<td>107</td>
<td>65</td>
</tr>
<tr>
<td>Costs of absence</td>
<td>133</td>
<td>70</td>
<td>118</td>
<td>72</td>
<td>150</td>
<td>57</td>
<td>117</td>
<td>65</td>
<td>128</td>
<td>63</td>
<td>104</td>
<td>63</td>
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<tr>
<td>Input from Inspector¹</td>
<td>98</td>
<td>52</td>
<td>87</td>
<td>53</td>
<td>140</td>
<td>53</td>
<td>86</td>
<td>48</td>
<td>101</td>
<td>50</td>
<td>94</td>
<td>57</td>
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<td>HSE Campaigns</td>
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<td>79</td>
<td>48</td>
<td>136</td>
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<td>46</td>
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<td>51</td>
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<tr>
<td>Pressure from employees</td>
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<td>31</td>
<td>57</td>
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<td>96</td>
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<td>27</td>
<td>66</td>
<td>32</td>
<td>61</td>
<td>37</td>
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<tr>
<td>Other</td>
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<td>23</td>
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<td>40</td>
<td>22</td>
<td>39</td>
<td>19</td>
<td>31</td>
<td>19</td>
</tr>
<tr>
<td>Pressure from Unions</td>
<td>28</td>
<td>15</td>
<td>25</td>
<td>15</td>
<td>49</td>
<td>19</td>
<td>28</td>
<td>16</td>
<td>36</td>
<td>18</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>All</td>
<td>189</td>
<td>163</td>
<td>262</td>
<td>180</td>
<td>203</td>
<td>165</td>
<td>213</td>
<td>184</td>
<td>227</td>
<td>204</td>
<td>166</td>
<td>2156</td>
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</tbody>
</table>

¹HSE or Local Authority Inspector

Table 4.13
Distribution of cost of OH support by region. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Average cost</th>
<th>North East</th>
<th>North West</th>
<th>Scotland</th>
<th>Yorkshire &amp; Humberside</th>
<th>East Midlands</th>
<th>West Midlands</th>
<th>Eastern</th>
<th>London</th>
<th>South East</th>
<th>South West</th>
<th>Wales</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;£1k</td>
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<td>16</td>
<td>18</td>
<td>11</td>
<td>36</td>
<td>14</td>
<td>27</td>
<td>15</td>
<td>37</td>
<td>18</td>
<td>34</td>
<td>21</td>
</tr>
<tr>
<td>£1k-£4.9k</td>
<td>51</td>
<td>27</td>
<td>41</td>
<td>25</td>
<td>53</td>
<td>20</td>
<td>45</td>
<td>25</td>
<td>51</td>
<td>25</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>£5k-£14.9k</td>
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<td>28</td>
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Table 4.14
Distribution of resources for health advice by region. Each cell contains number and percentage of column total

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<th>Scotland</th>
<th>Yorkshire &amp; Humberides</th>
<th>East Midlands</th>
<th>West Midlands</th>
<th>Eastern</th>
<th>London</th>
<th>South</th>
<th>South</th>
<th>Wales</th>
<th>All</th>
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<tbody>
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<td>88</td>
<td>172</td>
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<td>139</td>
<td>84</td>
</tr>
<tr>
<td>Suppliers of products</td>
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<td>73</td>
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<td>108</td>
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<td>97</td>
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<td>204</td>
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</tbody>
</table>

Table 4.15
Distribution of companies that would be willing to share OH services with other local companies by region. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Willing to share</th>
<th>Region</th>
<th>North East</th>
<th>North West</th>
<th>Scotland</th>
<th>Yorkshire &amp; Humberides</th>
<th>East Midlands</th>
<th>West Midlands</th>
<th>Eastern</th>
<th>London</th>
<th>South</th>
<th>South</th>
<th>Wales</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>105</td>
<td>56</td>
<td>94</td>
<td>58</td>
<td>154</td>
<td>59</td>
<td>92</td>
<td>51</td>
<td>104</td>
<td>51</td>
<td>92</td>
<td>56</td>
</tr>
<tr>
<td>Not sure/depends</td>
<td></td>
<td>32</td>
<td>17</td>
<td>31</td>
<td>19</td>
<td>41</td>
<td>16</td>
<td>39</td>
<td>22</td>
<td>43</td>
<td>21</td>
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</tr>
<tr>
<td>Yes</td>
<td></td>
<td>52</td>
<td>27</td>
<td>38</td>
<td>23</td>
<td>67</td>
<td>25</td>
<td>49</td>
<td>27</td>
<td>56</td>
<td>28</td>
<td>44</td>
<td>27</td>
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<tr>
<td>All</td>
<td></td>
<td>189</td>
<td>163</td>
<td>262</td>
<td>180</td>
<td>203</td>
<td>165</td>
<td>213</td>
<td>184</td>
<td>227</td>
<td>204</td>
<td>166</td>
<td>5</td>
</tr>
</tbody>
</table>

26
Table 4.16
Distribution of companies that do provide OH support and which, were interested in a national helpline by region. Each cell contains the number and percentage of column total.

<table>
<thead>
<tr>
<th>Interested in helpline</th>
<th>North East</th>
<th>North West</th>
<th>Scotland</th>
<th>Yorkshire &amp; Humberside</th>
<th>East Midlands</th>
<th>West Midlands</th>
<th>Eastern</th>
<th>London</th>
<th>South East</th>
<th>South West</th>
<th>Wales</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>39</td>
<td>21</td>
<td>41</td>
<td>25</td>
<td>66</td>
<td>25</td>
<td>33</td>
<td>18</td>
<td>51</td>
<td>25</td>
<td>48</td>
<td>29</td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
<td>4</td>
<td>9</td>
<td>6</td>
<td>14</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>9</td>
<td>4</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Yes</td>
<td>142</td>
<td>75</td>
<td>113</td>
<td>69</td>
<td>182</td>
<td>70</td>
<td>138</td>
<td>77</td>
<td>143</td>
<td>71</td>
<td>107</td>
<td>65</td>
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<tr>
<td>All</td>
<td>189</td>
<td>163</td>
<td>262</td>
<td>180</td>
<td>203</td>
<td>165</td>
<td>213</td>
<td>184</td>
<td>227</td>
<td>204</td>
<td>166</td>
<td>2156</td>
</tr>
</tbody>
</table>
4.5 COMPANIES THAT PROVIDED OH SUPPORT – USING STRINGENT HSE DEFINITION

Definition: Yes to all of (a) hazard identification, (b) risk management, (c) provision of information, (d) modifying work activities, (e) training on health-related issues, (f) measuring workplace hazards, (g) monitoring trends in health. A total of 945 (19.1%; 95% confidence interval: 18.0% to 20.2%) companies fulfilled this definition.

4.5.1 Distribution By Size And Sector

Table 4.17
Distribution of companies providing OH support by size and sector. Each cell contains number of companies providing OH support and percentage of total number in the cell

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>7</td>
<td>4</td>
<td>15</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Construction</td>
<td>3</td>
<td>0</td>
<td>10</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>Finance</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Health</td>
<td>5</td>
<td>4</td>
<td>10</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>1</td>
<td>0</td>
<td>14</td>
<td>10</td>
<td>45</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>7</td>
<td>5</td>
<td>21</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>Public Admin</td>
<td>3</td>
<td>2</td>
<td>15</td>
<td>11</td>
<td>30</td>
</tr>
<tr>
<td>Retail</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>Transport</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>30</td>
<td>2</td>
<td>96</td>
<td>8</td>
<td>255</td>
</tr>
</tbody>
</table>

4.5.2 Provision Of And Responsibility For OH Support

In most companies OH support was provided by employees with health or safety based training (562; 59%). In 341 companies (36%) support was provided by external agencies, and three-quarters of these used agencies from the private sector. Table 4.18 (overleaf) shows the position of the OH support provider subdivided by whether the support was provided internally or externally to the company.

The vast majority of companies (91%) provided OH support to all employees. In over half of the companies with OH support, the type of OH support provided is decided upon by the Board of Management (29%) or the MD/Owner (14%) or personnel department (16%).
Table 4.18

Distribution of OH support providers, subdivided by whether support is generally provided by employees or outside agencies. Each cell contains number and percentage of companies using each OH provider. Some companies used more than one provider and so total percentages are greater than 100

<table>
<thead>
<tr>
<th>OH provider</th>
<th>Employee (H&amp;S trained)</th>
<th>Employee (non H&amp;S trained)</th>
<th>External Agency</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aider</td>
<td>433</td>
<td>77</td>
<td>34</td>
<td>72</td>
</tr>
<tr>
<td>H&amp;S Officer</td>
<td>282</td>
<td>50</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>H&amp;S practitioner</td>
<td>312</td>
<td>56</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>GP</td>
<td>200</td>
<td>36</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>OH nurse</td>
<td>263</td>
<td>47</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>OH physician</td>
<td>245</td>
<td>44</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>MD/Owner</td>
<td>105</td>
<td>19</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>88</td>
<td>16</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Ergonomist</td>
<td>75</td>
<td>13</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Staff nurse</td>
<td>59</td>
<td>10</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Occn Hygienist</td>
<td>66</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Amongst the 945 companies that provided OH support, 40 (4%) companies reported that this OH support was provided by First Aiders.

Figure 4.10 shows the reasons reported for having OH support, including all reasons stated by each company and also the most important reason.

![Reasons for having OH provision](image)

**Figure 4.10: Reasons for having OH provision**
*(Inspector refers to HSE or Local Authority Inspectors)*

The most frequently reported reason, both overall and as most important reason was responsibility for the health of employees. Concerns about litigation and the costs of absence were also reported by over 600 companies, but seldom as the most important reason. Few companies reported pressure from Unions as being a reason for having OH provision.
4.5.3 Costs Of OH Support

The estimated average cost of providing OH support for the company is displayed in Figure 4.11, subdivided by whether the company undertook any formal evaluation of the costs and benefits of OH provision.

Figure 4.11: Average cost of OH support

Twenty-one percent of the companies spent less than £5000 per year on OH support, and 25% of these spent less than £1000. Twenty-seven percent of companies spent over £30000 per year. The proportion of companies which carried out cost-benefit evaluation increased steadily as the amount spent on OH support increased, from 18% of the companies which spent less than £1000 to 66% of companies which spent more than £30000.

The majority of companies spread the cost of OH support across all departments or the whole company (608 companies, 64%). The most frequently reported other funding sources were the Occupational Health department budget (16% of companies) and the human resources department (9% of companies).

4.5.4 Resources For OH Support And Advice On Employee Health

Companies were asked which resources they would use if they required advice on the health or wellbeing of employees. The results are shown in Figure 4.12. The most commonly reported resource was the HSE, followed by product suppliers, local authority and OH or health and safety advisors. Relatively few companies reported getting advice from Unions.
Figure 4.12: Resources for advice on health of employees

Over a quarter of companies (273 companies; 29%) would be willing to share their OH services with other companies locally on a chargeable basis, while a further 209 companies (22%) said they were not sure or that ‘it depends’. Around 70% of companies (672; 71%) were interested in a national helpline to provide initial support on OH issues.

4.5.5 General Health Of Employees

Of the 945 companies, 683 (72%) reported taking steps to improve the general health of their employees. Figure 4.13 shows the types of general health provision reported by these 683 companies.

Figure 4.13: Steps taken to improve general health of employees

The most frequently provided services were health promotion campaigns and information on healthy lifestyles, followed by employee counselling and healthy eating options. Least popular options were private health care schemes, access to leisure facilities and well-person health checks although each of these was reported by over 40-50% of companies.
### 4.5.6 Key Results By Size

First Aiders were more likely to be reported as providing OH support in medium companies (16; 40%) followed by large companies (11; 28%), and then small companies (7; 17%) and finally micro companies (6; 15%).

The most frequently reported reason for having OH provision, both overall and as the most important reason, regardless of company size, was a responsibility for health of employees. This result was reported as a reason for providing OH support by 99% to 100% of companies. Over 600 (68%) companies reported concerns about litigation and the costs of absence as being the main reasons for having OH provision. However, these were rarely given as the most important reasons for OH provision. This result was true across all company sizes, as can be seen from Table 4.19.

Only one large company reported pressure from Unions as being a main reason for having OH provision and none of the other company sizes reported this as being a main reason for OH provision. Input from HSE or Local Authority Inspectors was more likely to be given as a main reason for OH provision by micro companies (1; 3%) and small companies (4; 4%) compared to medium companies (1; 1%) and large companies (6; 1%). For 37 (4%) companies a single most important reason for having OH provision was not identified.

#### Table 4.19

<table>
<thead>
<tr>
<th>Reasons for OH provision</th>
<th>Company Size</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility for health of employees</td>
<td></td>
<td>30</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>254</td>
</tr>
<tr>
<td>Concerns about litigation</td>
<td></td>
<td>17</td>
<td>57</td>
<td>62</td>
<td>65</td>
<td>162</td>
</tr>
<tr>
<td>Costs of absence</td>
<td></td>
<td>13</td>
<td>43</td>
<td>55</td>
<td>57</td>
<td>166</td>
</tr>
<tr>
<td>Input from Inspector</td>
<td></td>
<td>18</td>
<td>60</td>
<td>56</td>
<td>58</td>
<td>124</td>
</tr>
<tr>
<td>HSE Campaigns</td>
<td></td>
<td>17</td>
<td>57</td>
<td>52</td>
<td>54</td>
<td>138</td>
</tr>
<tr>
<td>Pressure from employees</td>
<td></td>
<td>7</td>
<td>23</td>
<td>33</td>
<td>34</td>
<td>84</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>6</td>
<td>20</td>
<td>23</td>
<td>24</td>
<td>58</td>
</tr>
<tr>
<td>Pressure from Unions</td>
<td></td>
<td>6</td>
<td>20</td>
<td>6</td>
<td>6</td>
<td>27</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td>30</td>
<td>96</td>
<td>255</td>
<td>564</td>
<td>945</td>
</tr>
</tbody>
</table>

*HSE or Local Authority Inspector*

Table 4.20 shows the distribution of companies’ average cost of OH support by company size. Six companies which fulfilled the ‘stringent’ definition of OH support reported their average costs to be less than £5000, however, there was no clear way of determining unambiguously whether these companies had spent between £1000 - £5000 or less than £1000 on average for the provision of OH support. Hence, these six (1%) companies were not included in Table 4.20.

The majority of micro companies (12; 40%) spent on average less than £1000 to provide OH support. An average of between £1000 - £5000 was spent on the provision of OH support by small (29; 30%) and medium companies (67; 12%). On average £30,000 or more was spent by 237 (42%) large companies to provide OH support.
Table 4.20  
Distribution of cost of OH support by company size. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Average cost</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1k-£4.9k</td>
<td>9</td>
<td>30</td>
<td>29</td>
<td>67</td>
<td>26</td>
</tr>
<tr>
<td>£5k-£14.9k</td>
<td>1</td>
<td>3</td>
<td>17</td>
<td>57</td>
<td>22</td>
</tr>
<tr>
<td>£15k-£29k</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>28</td>
<td>11</td>
</tr>
<tr>
<td>£30k +</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>237</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5</td>
<td>17</td>
<td>31</td>
<td>32</td>
<td>124</td>
</tr>
<tr>
<td>All</td>
<td>29</td>
<td>95</td>
<td>251</td>
<td>564</td>
<td>939</td>
</tr>
</tbody>
</table>

Companies were asked which resources they would use if they required advice on the health or wellbeing of their employees, results of which are shown in Table 4.21. The resource reported most often by companies irrespective of company size was the HSE. Of those companies that would use the HSE, micro companies (27; 90%) were the most likely to use the HSE, compared to small companies (72; 75%), medium companies (215; 84%) or large companies (494; 88%). Micro companies were least likely to use OH or Health & Safety advisors and trade associations compared to small, medium and large companies.

Table 4.21  
Distribution of resources for health advice by company size. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Resources that would be used</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE</td>
<td>27</td>
<td>90</td>
<td>72</td>
<td>75</td>
<td>84</td>
</tr>
<tr>
<td>Suppliers of products</td>
<td>21</td>
<td>70</td>
<td>61</td>
<td>179</td>
<td>70</td>
</tr>
<tr>
<td>Local authority</td>
<td>20</td>
<td>67</td>
<td>50</td>
<td>52</td>
<td>144</td>
</tr>
<tr>
<td>OH or H&amp;S advisors</td>
<td>12</td>
<td>40</td>
<td>51</td>
<td>53</td>
<td>141</td>
</tr>
<tr>
<td>Local GPs</td>
<td>18</td>
<td>60</td>
<td>43</td>
<td>45</td>
<td>132</td>
</tr>
<tr>
<td>Trade associations</td>
<td>10</td>
<td>33</td>
<td>47</td>
<td>49</td>
<td>105</td>
</tr>
<tr>
<td>Unions</td>
<td>6</td>
<td>20</td>
<td>13</td>
<td>13</td>
<td>42</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>10</td>
<td>6</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>All</td>
<td>30</td>
<td>96</td>
<td>255</td>
<td>564</td>
<td>945</td>
</tr>
</tbody>
</table>

Companies were asked if they would be willing to share their OH services with other companies locally on a chargeable basis. As shown in Figure 4.14 the majority of companies, regardless of size, were not willing to share their OH services with other local companies. Micro companies (11; 37%) were slightly more willing to share these OH services than small companies (22; 23%), medium companies (75; 29%) or large companies (165; 29%).
Figure 4.14: Distribution of companies willing to share OH services

It can be seen from Figure 4.15 that more than half of all the companies that provide any OH support, irrespective of size, were interested in a national helpline to provide initial support on OH issues. Amongst the companies who were interested in a national helpline, small companies (54; 56%) were least likely to be interested, followed by micro companies (21; 70%) and then medium (186; 73%) and large companies (411; 73%).

Figure 4.15: Distribution of companies interested in a national helpline

4.5.7 Key Results By Sector

Companies in the health sector (8; 20%) were the most likely to report OH support provided by First Aiders. Companies in the finance industry and the retail/hotel sector (2; 5%) were least likely to report OH support provided by First Aiders. However, there were only 40 companies
overall that reported OH support provided by a First Aider. Hence when this was broken down into industry sectors, all subgroup sizes were based on less than 10 companies.

The most frequently reported reason for providing OH support, both overall and as the most important reason, irrespective of industry sector, was a responsibility for the health of employees. This was given by between 98 and 100% of companies as a main reason for providing OH support, as can be seen in Table 4.22.

Costs of absence were most likely to be reported as a main reason for OH provision in the public administration sector (99; 81%) and least likely to be reported by the agriculture industry (55; 65%). The construction industry and the mining and quarrying industry (both 51%) were the most likely to report input from HSE or Local Authority Inspectors as a main reason for providing OH support. In comparison, the health sector and manufacturing industry (both 39%) were the least likely to report this as a main reason for OH provision.

HSE campaigns as a main reason for providing OH support were most likely to be reported by the construction industry (87; 66%) and least likely to be reported by the manufacturing industry (54; 44%). Pressure from unions was most likely to be reported by the public administration sector (53; 43%) and least likely to be reported by the financial industry (7; 8%) as a main reason for providing OH support.

Table 4.23 shows the distribution of companies’ average cost of OH support by company size.

Six companies reported their average costs to be less than £5000, however, there was no clear way of determining unambiguously whether these companies had spent between £1000 - £5000 or less than £1000 on average for the provision of OH support. Hence, these six (1%) companies were not included in Table 4.23. On average, between £1000 and £15,000 tended to be spent to provide OH support by the majority of companies, regardless of sector.

Companies were asked to provide information on what resources they would use if they required advice on health/wellbeing of employees. Results are given in Table 4.24. Overall, the resource that companies most frequently reported they would use was the HSE. The transport industry (51; 68%) were the most likely to use OH or Health & Safety advisors and the health sector (40; 35%) was the least likely to use OH or Health & safety advisors compared to other industry sectors.

For the majority of sectors between 50% and 60% reported using trade associations, however, only 37% of companies from the health sector reported using trade associations. The public administration industry (58; 47%) was the most likely to report using Unions and companies from the agriculture industry (7; 13%) were the least likely to report using Unions.

Companies were asked if they would be willing to share their OH services, on a chargeable basis, with other local companies. Results are shown in Table 4.25. Less than 40% of companies, irrespective of sector, were willing to share their OH services with other companies based locally.

Table 4.26 shows the distribution of these companies that provide OH support and that were interested in a national helpline to provide initial support on OH issues. Across all sectors, the proportion of companies (ranging from 65% to 78%) that were definitely interested in a national helpline was fairly similar.
### Table 4.22
Reasons for having OH provision by industry sector. Each cell contains number and *percentage* of companies, within each industry sector, reporting each reason

<table>
<thead>
<tr>
<th>Reasons for OH provision</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Finance</th>
<th>Health</th>
<th>Manufacturing</th>
<th>Mining &amp; Quarrying</th>
<th>Public Admin</th>
<th>Retail</th>
<th>Transport</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility for health of employees</td>
<td>54</td>
<td>100</td>
<td>132</td>
<td>100</td>
<td>81</td>
<td>96</td>
<td>113</td>
<td>100</td>
<td>138</td>
<td>98</td>
</tr>
<tr>
<td>Concerns about litigation</td>
<td>42</td>
<td>78</td>
<td>90</td>
<td>68</td>
<td>51</td>
<td>61</td>
<td>72</td>
<td>64</td>
<td>98</td>
<td>70</td>
</tr>
<tr>
<td>Costs of absence</td>
<td>41</td>
<td>76</td>
<td>93</td>
<td>70</td>
<td>55</td>
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<td>45</td>
<td>40</td>
<td>48</td>
<td>34</td>
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<td>Other</td>
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<td>22</td>
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<td>30</td>
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<td>29</td>
<td>38</td>
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<td>38</td>
<td>27</td>
</tr>
<tr>
<td>Pressure from Unions</td>
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<td>17</td>
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<td>11</td>
<td>7</td>
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<td>35</td>
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<td>29</td>
<td>21</td>
</tr>
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<td>141</td>
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<td>122</td>
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</table>

¹HSE or Local Authority Inspector

### Table 4.23
Distribution of cost of OH support by industry sector. Each cell contains number and *percentage of column total*

<table>
<thead>
<tr>
<th>Average cost</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Finance</th>
<th>Health</th>
<th>Manufacturing</th>
<th>Mining &amp; Quarrying</th>
<th>Public Admin</th>
<th>Retail</th>
<th>Transport</th>
<th>All</th>
</tr>
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<tr>
<td>£1k-£4.9k</td>
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</tr>
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<td>£5k-£14.9k</td>
<td>10</td>
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</tr>
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<td>74</td>
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36
Table 4.24
Distribution of resources for health advice by industry sector. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Finance</th>
<th>Health</th>
<th>Manufacturing</th>
<th>Mining &amp; Quarrying</th>
<th>Public Admin</th>
<th>Retail</th>
<th>Transport</th>
<th>All</th>
</tr>
</thead>
<tbody>
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<td></td>
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<tr>
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<td>86</td>
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<td>86</td>
<td>95</td>
<td>84</td>
<td>125</td>
<td>89</td>
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<td>66</td>
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<td>72</td>
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<td>53</td>
<td>63</td>
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<td>Local GPs</td>
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<td>55</td>
<td>49</td>
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<td>47</td>
<td>33</td>
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<tr>
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<td>84</td>
<td>113</td>
<td>141</td>
<td>136</td>
<td>122</td>
<td>88</td>
<td>75</td>
<td>945</td>
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</table>

Table 4.25
Distribution of companies that would be willing to share OH, services with other local companies by industry sector. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Willing to share</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Finance</th>
<th>Health</th>
<th>Manufacturing</th>
<th>Mining &amp; Quarrying</th>
<th>Public Admin</th>
<th>Retail</th>
<th>Transport</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td>No</td>
<td>30</td>
<td>55</td>
<td>60</td>
<td>45</td>
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<td>47</td>
<td>54</td>
<td>48</td>
<td>70</td>
<td>50</td>
</tr>
<tr>
<td>Not sure/depends</td>
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<td>15</td>
<td>33</td>
<td>25</td>
<td>18</td>
<td>21</td>
<td>26</td>
<td>23</td>
<td>35</td>
<td>25</td>
</tr>
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<td>All</td>
<td>54</td>
<td>132</td>
<td>84</td>
<td>113</td>
<td>141</td>
<td>136</td>
<td>122</td>
<td>88</td>
<td>75</td>
<td>945</td>
</tr>
</tbody>
</table>

37
Table 4.26

Distribution of companies that do provide OH support and which, were interested in a national helpline by industry sector. Each cell contains the number and \textit{percentage of column total}

<table>
<thead>
<tr>
<th>Interested in helpline</th>
<th>Agriculture</th>
<th>Construction</th>
<th>Finance</th>
<th>Health</th>
<th>Manufacturing</th>
<th>Mining &amp; Quarrying</th>
<th>Public Admin</th>
<th>Retail</th>
<th>Transport</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>13</td>
<td>24</td>
<td>36</td>
<td>27</td>
<td>18</td>
<td>24</td>
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<td>4</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Yes</td>
<td>37</td>
<td>69</td>
<td>88</td>
<td>67</td>
<td>74</td>
<td>84</td>
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<td>136</td>
<td>122</td>
<td>88</td>
<td>75</td>
<td>945</td>
</tr>
</tbody>
</table>
4.5.8 Key Results By Region

Companies based in the South East (7; 17%) were the most likely to report OH support provided by First Aiders and companies based in the Eastern region (1; 2%) were least likely to report OH support provided by First Aiders. However, there were only 40 companies overall that reported OH support provided by a First Aider. Hence when this was broken down into regions, all subgroup sizes were based on less than 10 companies.

The most frequently reported reason for providing OH support, both overall and as the most important reason, irrespective of region, was a responsibility of the health of employees. This was given by between 97 and 100% of companies as a main reason for providing OH support, as can be seen in Table 4.27.

Costs of absence were most likely to be reported as a main reason for OH provision by the South East (79; 79%) and least likely to be reported as a main reason for OH provision by Wales (41; 60%). The West Midlands (44; 62%) were most likely to report input from HSE or Local Authority Inspectors as a main reason for providing OH support and Wales (25; 37%) were the least likely to report this as a main reason for OH provision.

HSE campaigns were most likely to be reported by companies in the West Midlands (44; 62%) and least likely to be reported by companies in the North West (27; 43%) as a main reason for providing OH support. Companies in the West Midlands (34; 48%) were the most likely to report pressure from employees and companies in Yorkshire and Humberside (20; 25%) were least likely to report pressure from employees as a main reason for OH provision. Pressure from unions was most likely to be reported by companies in the East Midlands (23; 28%) and least likely to be reported by the South East (13; 13%) as a main reason for providing OH support.

Table 4.28 shows the distribution of companies’ average cost of OH support by company size. Six companies which fulfilled the ‘stringent’ definition of OH support reported their average costs to be less than £5000, however, there was no clear way of determining unambiguously whether these companies had spent between £1000 - £5000 or less than £1000 on average for the provision of OH support. Hence, these six (1%) companies were not included in Table 4.28. Approximately 20% to 40% of companies spend £30,000 or more on OH provision, with the majority of companies spending from £1000 up to £30,000 on providing OH support.

As shown in Table 4.29, companies were asked to provide information on what resources they would use if they required advice on health/wellbeing of employees. All regions (between 77 and 93%) reported that the resource they would use most often when providing OH support was the HSE. There was a fairly even spread across the regions for all resources except for OH and Health & Safety advisors, who were least likely to be used by companies from Wales (26; 38%) and most likely to be used by those from the North West (45; 71%).

Companies were asked if they would be willing to share their OH services, on a chargeable basis, with other local companies. Results are shown in Table 4.30. Less than 40% of companies, irrespective of region, were willing to share their OH services with other companies based locally. Table 4.31 shows that between 63 and 78% of companies within each region that do provide OH support expressed an interest in a national helpline to provide initial OH support. Companies in Yorkshire and Humberside (63; 78%) were the most likely to be interested in a national helpline compared to companies from other regions and companies from the North West (40; 63%) were the least likely to be interested in a national helpline.
Table 4.27
Reasons for having OH provision by region. Each cell contains number and percentage of companies, within each region, reporting each reason

<table>
<thead>
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<th>Reasons for OH provision</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North East</td>
<td>North West</td>
<td>Scotland</td>
<td>Yorkshire &amp; Humberside</td>
<td>East Midlands</td>
<td>West Midlands</td>
<td>Eastern</td>
<td>London</td>
<td>South East</td>
<td>South West</td>
<td>Wales</td>
<td>All</td>
</tr>
<tr>
<td>Responsibility for health of employees</td>
<td>77 97</td>
<td>63 100</td>
<td>122 100</td>
<td>81 100</td>
<td>82 100</td>
<td>71 100</td>
<td>88 100</td>
<td>87 100</td>
<td>98 98</td>
<td>101 97</td>
<td>66 97</td>
<td>936</td>
</tr>
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<td>79 65</td>
<td>61 75</td>
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<td>58 66</td>
<td>52 60</td>
<td>59 59</td>
<td>71 68</td>
<td>40 59</td>
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<td>46 73</td>
<td>78 64</td>
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<td>56 68</td>
<td>51 72</td>
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<td>28 34</td>
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</tr>
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<td>87 100</td>
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</table>

¹HSE or Local Authority Inspector

Table 4.28
Distribution of cost of OH support by region. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Average cost</th>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>North East</td>
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<td>Scotland</td>
<td>Yorkshire &amp; Humberside</td>
<td>East Midlands</td>
<td>West Midlands</td>
<td>Eastern</td>
<td>London</td>
<td>South East</td>
<td>South West</td>
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</tr>
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<td>8 12</td>
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<td>27 22</td>
<td>25 31</td>
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<td>13 18</td>
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<td>66 939</td>
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40
Table 4.29
Distribution of resources for health advice by region. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Resources that would be used</th>
<th>North East</th>
<th>North West</th>
<th>Scotland</th>
<th>Yorkshire &amp; Humberside</th>
<th>East Midlands</th>
<th>Western Midlands</th>
<th>Eastern</th>
<th>London</th>
<th>South East</th>
<th>South West</th>
<th>Wales</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE</td>
<td>70</td>
<td>89</td>
<td>57</td>
<td>90</td>
<td>101</td>
<td>83</td>
<td>75</td>
<td>93</td>
<td>70</td>
<td>85</td>
<td>62</td>
<td>87</td>
</tr>
<tr>
<td>Suppliers of products</td>
<td>61</td>
<td>77</td>
<td>44</td>
<td>70</td>
<td>84</td>
<td>69</td>
<td>57</td>
<td>70</td>
<td>63</td>
<td>77</td>
<td>54</td>
<td>76</td>
</tr>
<tr>
<td>Local authority</td>
<td>48</td>
<td>61</td>
<td>34</td>
<td>54</td>
<td>60</td>
<td>49</td>
<td>41</td>
<td>51</td>
<td>45</td>
<td>55</td>
<td>41</td>
<td>58</td>
</tr>
<tr>
<td>OH or H&amp;S advisors</td>
<td>31</td>
<td>39</td>
<td>45</td>
<td>71</td>
<td>55</td>
<td>45</td>
<td>43</td>
<td>53</td>
<td>38</td>
<td>46</td>
<td>39</td>
<td>55</td>
</tr>
<tr>
<td>Local GPs</td>
<td>42</td>
<td>53</td>
<td>28</td>
<td>44</td>
<td>61</td>
<td>50</td>
<td>40</td>
<td>49</td>
<td>46</td>
<td>56</td>
<td>39</td>
<td>44</td>
</tr>
<tr>
<td>Trade associations</td>
<td>41</td>
<td>52</td>
<td>37</td>
<td>59</td>
<td>66</td>
<td>54</td>
<td>36</td>
<td>44</td>
<td>40</td>
<td>49</td>
<td>36</td>
<td>51</td>
</tr>
<tr>
<td>Unions</td>
<td>24</td>
<td>30</td>
<td>20</td>
<td>32</td>
<td>42</td>
<td>34</td>
<td>26</td>
<td>32</td>
<td>24</td>
<td>29</td>
<td>27</td>
<td>38</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>11</td>
<td>10</td>
<td>16</td>
<td>15</td>
<td>12</td>
<td>9</td>
<td>11</td>
<td>14</td>
<td>17</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>None</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>All</td>
<td>79</td>
<td>63</td>
<td>122</td>
<td>81</td>
<td>82</td>
<td>71</td>
<td>88</td>
<td>87</td>
<td>100</td>
<td>104</td>
<td>68</td>
<td>945</td>
</tr>
</tbody>
</table>

Table 4.30
Distribution of companies that would be willing to share OH services with other local companies by region. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Willing to share</th>
<th>North East</th>
<th>North West</th>
<th>Scotland</th>
<th>Yorkshire &amp; Humberside</th>
<th>East Midlands</th>
<th>Western Midlands</th>
<th>Eastern</th>
<th>London</th>
<th>South East</th>
<th>South West</th>
<th>Wales</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>36</td>
<td>45</td>
<td>29</td>
<td>46</td>
<td>68</td>
<td>56</td>
<td>38</td>
<td>47</td>
<td>39</td>
<td>48</td>
<td>38</td>
<td>53</td>
</tr>
<tr>
<td>Not sure/depends</td>
<td>18</td>
<td>23</td>
<td>16</td>
<td>25</td>
<td>22</td>
<td>18</td>
<td>21</td>
<td>26</td>
<td>20</td>
<td>24</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>32</td>
<td>18</td>
<td>29</td>
<td>32</td>
<td>26</td>
<td>22</td>
<td>27</td>
<td>23</td>
<td>28</td>
<td>19</td>
<td>27</td>
</tr>
<tr>
<td>All</td>
<td>79</td>
<td>63</td>
<td>122</td>
<td>81</td>
<td>82</td>
<td>71</td>
<td>88</td>
<td>87</td>
<td>100</td>
<td>104</td>
<td>68</td>
<td>945</td>
</tr>
</tbody>
</table>

41
### Table 4.31
Distribution of companies that do provide OH support and which, were interested in a national helpline by region. Each cell contains the number and percentage of column total.

<table>
<thead>
<tr>
<th>Interested in helpline</th>
<th>North East</th>
<th>North West</th>
<th>Scotland</th>
<th>Yorkshire &amp; Humberside</th>
<th>East Midlands</th>
<th>West Midlands</th>
<th>Eastern</th>
<th>London</th>
<th>South East</th>
<th>South West</th>
<th>Wales</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>17</td>
<td>22</td>
<td>17</td>
<td>27</td>
<td>37</td>
<td>30</td>
<td>16</td>
<td>20</td>
<td>18</td>
<td>22</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Not sure</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>10</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Yes</td>
<td>57</td>
<td>72</td>
<td>40</td>
<td>63</td>
<td>80</td>
<td>66</td>
<td>63</td>
<td>78</td>
<td>60</td>
<td>73</td>
<td>51</td>
<td>72</td>
</tr>
<tr>
<td>All</td>
<td>79</td>
<td>63</td>
<td>122</td>
<td>81</td>
<td>82</td>
<td>71</td>
<td>88</td>
<td>87</td>
<td>100</td>
<td>104</td>
<td>68</td>
<td>65</td>
</tr>
</tbody>
</table>

42
4.6 RESULTS OF WEIGHTED ANALYSIS

4.6.1 Distribution Of UK Companies By Size And Sector

Data on the total number of companies in the UK eligible for inclusion in the study were supplied by Dun and Bradstreet. Overall, 958357 companies were identified, their distribution by size and sector is shown in Table 4.32.

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>57715</td>
<td>1742</td>
<td>307</td>
<td>90</td>
<td>59854</td>
</tr>
<tr>
<td>Construction</td>
<td>86866</td>
<td>11211</td>
<td>1744</td>
<td>342</td>
<td>100163</td>
</tr>
<tr>
<td>Financial</td>
<td>148743</td>
<td>26666</td>
<td>8409</td>
<td>4508</td>
<td>188326</td>
</tr>
<tr>
<td>Health</td>
<td>108935</td>
<td>19440</td>
<td>3518</td>
<td>998</td>
<td>132891</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>56686</td>
<td>22362</td>
<td>7457</td>
<td>2178</td>
<td>88683</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>668</td>
<td>268</td>
<td>147</td>
<td>139</td>
<td>1222</td>
</tr>
<tr>
<td>Public Admin</td>
<td>1772</td>
<td>542</td>
<td>220</td>
<td>495</td>
<td>3029</td>
</tr>
<tr>
<td>Retail</td>
<td>307257</td>
<td>33185</td>
<td>5299</td>
<td>1322</td>
<td>347063</td>
</tr>
<tr>
<td>Transport</td>
<td>28362</td>
<td>6957</td>
<td>1354</td>
<td>453</td>
<td>37126</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>797004</td>
<td>122373</td>
<td>28455</td>
<td>10525</td>
<td>958357</td>
</tr>
</tbody>
</table>

Of the 958357 companies, 83% were in the micro size group, 13% were small, 3% medium and 1% large. The most frequent sector was Retail (36% of companies) followed by Financial (20%) and Health (14%). There were relatively few companies from the Public Administration sector (0.3%) and mining and quarrying sector (0.1%). To weight up the results for the study population so that they were representative of companies across the UK, the appropriate frequency from Table 4.32 was multiplied by the percentage from the study population for the reported answer to a given question. For example, from the study population, using the broad HSE definition, OH support was provided by 82% of large companies within the construction industry. Thus 82% of the 342 large companies within the construction industry in the UK provided OH support. Hence it was estimated that a total of 280 large companies from the construction industry within the UK provided OH support. Results were summed across size and sector groups to provide estimated frequencies and proportions for UK companies as a whole.

4.6.2 Weighted Results – Using Broad HSE Definition

Table 4.33 shows the estimated number of companies in the UK which provided OH support, by size and sector. The percentages in each cell in the table are the same as for the main study results, the effect of weighting the results by size and sector are seen in the sector, size and overall totals.
Table 4.33
Distribution of all companies in the UK providing OH support by size and sector for broad HSE definition. Each cell contains number of companies providing OH support and percentage of total number in the cell.

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>10389</td>
<td>679</td>
<td>141</td>
<td>46</td>
<td>57</td>
</tr>
<tr>
<td>Agriculture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>Construction</td>
<td>13899</td>
<td>4596</td>
<td>1256</td>
<td>72</td>
<td>280</td>
</tr>
<tr>
<td>Construction</td>
<td></td>
<td>82</td>
<td>20031</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>14874</td>
<td>4000</td>
<td>3195</td>
<td>15</td>
<td>356</td>
</tr>
<tr>
<td>Finance</td>
<td></td>
<td>70</td>
<td>25225</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>15251</td>
<td>8554</td>
<td>1935</td>
<td>55</td>
<td>659</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td>66</td>
<td>26398</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Manufacturing</td>
<td>7369</td>
<td>7603</td>
<td>4549</td>
<td>61</td>
<td>1590</td>
</tr>
<tr>
<td>Manufacturing</td>
<td></td>
<td>73</td>
<td>21111</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>114</td>
<td>123</td>
<td>103</td>
<td>70</td>
<td>122</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td></td>
<td>82</td>
<td>462</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Public Admin</td>
<td>283</td>
<td>200</td>
<td>106</td>
<td>48</td>
<td>391</td>
</tr>
<tr>
<td>Public Admin</td>
<td></td>
<td>79</td>
<td>981</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Retail</td>
<td>21508</td>
<td>9292</td>
<td>2808</td>
<td>53</td>
<td>886</td>
</tr>
<tr>
<td>Retail</td>
<td></td>
<td>67</td>
<td>34494</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>567</td>
<td>1530</td>
<td>596</td>
<td>44</td>
<td>294</td>
</tr>
<tr>
<td>Transport</td>
<td></td>
<td>65</td>
<td>2988</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>84254</td>
<td>36579</td>
<td>14689</td>
<td>71</td>
<td>142957</td>
</tr>
</tbody>
</table>

An estimated 14.9% (95% confidence interval: 13.0% to 16.9%) of all companies in the UK (142957 companies) provide OH support, using the broad HSE definition. This overall proportion is much lower than for the study participants (44%; Table 4.2) because of the large proportion of companies in the UK in the micro and small size groups, where fewer companies provided OH support. The proportion of companies in the UK providing OH support increases as the size of the company increases, from 11% (84254 companies) of micro companies to 71% (7435 companies) of large companies. It would seem reasonable to assume that the average number of employees in the UK working in micro companies is 5, in small companies is 30, in medium companies is 150 and in large companies is 500. Based on this assumption, it is estimated that in UK companies providing OH support, there are 421270 employees in micro companies, 1097370 employees in small companies, 2203350 employees in medium companies and 3717500 employees in large companies. The total proportions of companies within each size group are similar to, though slightly lower than, those reported among the study respondents (Table 4.2) suggesting that weighting by sector is less important than weighting by size. Results in the following sections are therefore reported after adjustment for the size distribution only.

In slightly under half of UK companies, OH support was provided by employees with health and safety based training (68377; 48%). For a further 31941 (23%) UK companies the employees who provided OH support did not have health and safety based training. The remaining 42527 (29%) UK companies had OH support provided by external agencies. Of the UK companies that had OH support provided by external agencies, 9694 (73%) used agencies from the private sector. The most frequently reported reason for having OH support, both overall and as the most important reason, was responsibility for the health of employees (99% of UK companies).

Amongst UK companies, approximately 95800 (67%) spent less than £5000 per year on OH support, of which approximately 36000 (37%) spent less than £1000 per year. Around 5500 (4%) of UK companies spent £30000 or more per year. Two thirds of UK companies (93885 UK companies) were interested in a national helpline to provide initial support on OH issues, while just over a quarter of UK companies (38859 companies; 27%) would be willing to share their OH services with other companies locally on a chargeable basis. A further 15997 companies (11%) said they were not sure about sharing OH services or that ‘it depends’.
4.6.3 Weighted Results – Using Stringent HSE Definition

Table 4.34 shows the estimated number of companies in the UK who provided OH support, by size and sector.

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture</td>
<td>2309</td>
<td>4</td>
<td>139</td>
<td>8</td>
<td>40</td>
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<td></td>
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<td>40</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td>Construction</td>
<td>2606</td>
<td>3</td>
<td>785</td>
<td>7</td>
<td>488</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>28</td>
<td>8</td>
<td>161</td>
</tr>
<tr>
<td>Finance</td>
<td>4462</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1177</td>
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<td>14</td>
<td>1758</td>
</tr>
<tr>
<td>Health</td>
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<td>1361</td>
<td>7</td>
<td>528</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td>15</td>
<td>499</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>567</td>
<td>1</td>
<td>2236</td>
<td>10</td>
<td>2312</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>31</td>
<td>31</td>
<td>1198</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>33</td>
<td>5</td>
<td>40</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>41</td>
<td>41</td>
<td>93</td>
</tr>
<tr>
<td>Public Admin</td>
<td>35</td>
<td>2</td>
<td>60</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td>14</td>
<td>272</td>
</tr>
<tr>
<td>Retail</td>
<td>0</td>
<td>0</td>
<td>1991</td>
<td>6</td>
<td>1007</td>
</tr>
<tr>
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<td>19</td>
<td>19</td>
<td>489</td>
</tr>
<tr>
<td>Transport</td>
<td>0</td>
<td>0</td>
<td>139</td>
<td>2</td>
<td>217</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16</td>
<td>16</td>
<td>145</td>
</tr>
<tr>
<td>All</td>
<td>14369</td>
<td>2</td>
<td>6751</td>
<td>6</td>
<td>5860</td>
</tr>
</tbody>
</table>

Table 4.34

Distribution of all companies in the UK providing OH support by size and sector for stringent HSE definition. Each cell contains number of companies providing OH support and percentage of total number in the cell.

An estimated 3.3% (95% confidence interval: 2.6% to 4.0%) of all companies in the UK (31623 companies) provide OH support, using the stringent HSE definition. As for the broad HSE definition, this overall proportion is much lower than for the study participants (19%; Table 4.17). The proportion of companies in the UK providing OH support increases as the size of the company increases, from 2% (14369 companies) of micro companies to 44% (4643 companies) of large companies. Based on the assumption stated in section 4.6.2 on the average number of employees in the UK working within each size group, it is estimated that in UK companies providing OH support, there are 71845 employees in micro companies. In small companies it is estimated that there are 202530 employees, 879000 employees are estimated to work in medium companies and 2321500 employees are estimated to work in large companies. The total proportions of companies within each size group are again similar to, though slightly lower than, those reported among the study respondents (Table 4.17).

In 14171 (45%) UK companies OH support was provided by employees with health and safety based training. For 5929 (19%) UK companies OH support was provided by employees who did not have health and safety based training. The remaining 11523 (36%) UK companies had OH support provided by external agencies. Of the UK companies that had OH support provided by external agencies, 3087 (73%) used agencies from the private sector.

Overall, 48% of UK companies (15061 companies) spent less than £5000 per year on OH support, and 45% of these spent less than £1000. A sum of £30000 or more per year was spent by 3569 (11%) UK companies. Almost 70% of UK companies (21506; 68%) were interested in a national helpline to provide initial support on OH issues. Just under one third of UK companies (9915 companies; 31%) would be willing to share their OH services with other companies locally on a chargeable basis, while a further 4261 UK companies (14%) said they were not sure or that ‘it depends’.
5. RESULTS OF THE FOLLOW-UP INTERVIEWS

Detailed summaries of the fifty face to face follow up interviews can be found in Appendix 4.

5.1 COMPANIES VISITED BY REGION

Following the telephone interviews, 2014 companies were willing to be re-contacted by the IOM for the purpose of follow up interview. This group comprised 186 micro, 392 small, 581 medium and 855 large companies.

<table>
<thead>
<tr>
<th>Area</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>South of England</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>East Midlands</td>
<td>1</td>
<td>11</td>
<td>1</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>North of England</td>
<td>3</td>
<td>22</td>
<td>3</td>
<td>27</td>
<td>14</td>
</tr>
<tr>
<td>East of Scotland</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>West of Scotland</td>
<td>2</td>
<td>33</td>
<td>1</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Wales</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td><strong>9</strong></td>
<td><strong>11</strong></td>
<td><strong>12</strong></td>
<td><strong>18</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

The objective for the follow up interviews was to achieve 50 face to face interviews with companies across 6 regions. The regions were south of England including London, Midlands, north of England, Wales, east of Scotland and west of Scotland. It was intended to visit 8 companies in each region plus an additional two in the London area. The initial telephone interviews had suggested that the level of service provision at micro and small companies was often limited. Also, in order to get an overview of the range of in-house provision available at the larger companies, it was agreed to select 3 companies in the micro to medium range, for every two large companies. It was intended that this would provide 30 SMEs and 20 large companies for follow up.

Having arranged interview times and dates in advance, there were several occasions where the interviewer arrived at the company to find that the company contact was not available. Where possible additional interviews were arranged on location, however this was not always feasible. As a result, fewer interviews were carried out in some regions than planned. Additional interviews were therefore carried out in the north of England dividing the region into north east and north west.

There were fewer micro companies available for follow up than the other size groups, and of these fewer were actually available in practice due to lack of time or other priorities. However as demonstrated in Table 5.1 the ratio of visits to SMEs and large companies was achieved.

5.2 COMPANIES VISITED BY SECTOR

As the main objective was to ensure adequate coverage by size and geographical region for the follow up interviews, it was unlikely that this would also provide an equal distribution by industry sector. As previously stated, it proved more difficult to achieve face to face interviews with companies at the smaller end of the size range. This was also true for companies in
different sectors, where the nature of work schedules or lack of staffing resources meant that individuals were unable to meet the time agreed for the interviews.

All company sectors were represented in the follow up interviews, as shown in Table 5.2, although manufacturing and public administration were more frequently represented than the other sectors. The financial group were under represented in the follow up sample. It was also difficult to arrange visits to small agricultural companies due to the time constraints faced by these individuals, and other priorities.

Table 5.2
Distribution of companies visited by size and industry sector. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Construction</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>33</td>
</tr>
<tr>
<td>Finance</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Health</td>
<td>2</td>
<td>22</td>
<td>1</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Public Admin</td>
<td>3</td>
<td>33</td>
<td>2</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Retail</td>
<td>2</td>
<td>22</td>
<td>3</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Transport</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>All</td>
<td>9</td>
<td>11</td>
<td>12</td>
<td>18</td>
<td>50</td>
</tr>
</tbody>
</table>

5.3 RANGE OF OCCUPATIONAL HEALTH SERVICES PROVIDED

As shown in Table 5.3, the range of services provided by companies also varied by company size but was also determined by legislative or statutory requirements within each of the industry sectors. This was true for health surveillance, night workers assessments and statutory medical assessments. In general companies reported an increase in the number of these three types of assessments being carried out.

Table 5.3
Range of Occupational Health Services provided by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Range of OH services</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Assessments</td>
<td>5</td>
<td>55</td>
<td>8</td>
<td>73</td>
<td>8</td>
</tr>
<tr>
<td>First Aid Training</td>
<td>4</td>
<td>44</td>
<td>9</td>
<td>82</td>
<td>10</td>
</tr>
<tr>
<td>Return to work assessments</td>
<td>3</td>
<td>33</td>
<td>2</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Pre-employment assessments</td>
<td>2</td>
<td>22</td>
<td>5</td>
<td>45</td>
<td>6</td>
</tr>
<tr>
<td>Health Education</td>
<td>2</td>
<td>22</td>
<td>5</td>
<td>45</td>
<td>8</td>
</tr>
<tr>
<td>Rehabilitation after illness/accidents</td>
<td>1</td>
<td>11</td>
<td>4</td>
<td>36</td>
<td>5</td>
</tr>
<tr>
<td>Ill-health retiral</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Health Surveillance</td>
<td>3</td>
<td>33</td>
<td>3</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>Fitness for work assessments</td>
<td>1</td>
<td>11</td>
<td>4</td>
<td>36</td>
<td>4</td>
</tr>
<tr>
<td>Night workers assessments</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Statutory medicals</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Other2</td>
<td>2</td>
<td>22</td>
<td>1</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

2Includes immunisation programmes, employee counselling, home workers or lone workers assessments.
Large companies more frequently carried out return to work assessments, pre-employment assessments and assessment in relation to ill-health retirement, than companies of other sizes. Large companies were also more likely to provide health education on general health issues, and were more likely to have formal rehabilitation programmes for staff returning to work after prolonged illness or following accidents. However, the majority of companies were taking active steps to rehabilitate people back into the workplace, but on occasions reported being limited by available resources.

Companies of all sizes undertook some form of workplace assessment usually as part of a risk-assessment process, and the majority had some provision for First Aid training. Return to work assessments were carried out by companies of all sizes, and more commonly than fitness for work assessments. Some form of pre-employment assessment was frequently undertaken by companies of all sizes, and on average about half of the companies visited were providing health education.

### 5.4 OCCUPATIONAL HEALTH FACILITIES

The facilities available on site also differed by company size, as shown in Table 5.4. In general only large companies tended to have fully equipped treatment rooms. These facilities were usually provided in industry sectors with a range of physical hazards present in the work environment, such as chemicals, heat stress, or machinery and work equipment.

<table>
<thead>
<tr>
<th>Range of OH facilities</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid facilities</td>
<td>7</td>
<td>78</td>
<td>81</td>
<td>10</td>
<td>83</td>
</tr>
<tr>
<td>Private office (no specific facilities)</td>
<td>3</td>
<td>33</td>
<td>3</td>
<td>27</td>
<td>50</td>
</tr>
<tr>
<td>Fully equipped treatment rooms</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>No specific designated area</td>
<td>4</td>
<td>44</td>
<td>4</td>
<td>36</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>11</td>
<td>1</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>

*Often First Aid box only*

Whilst the majority of companies had some form of First Aid facility, in larger companies this tended to be a designated room whilst in most micro and small companies it was often a First Aid Box. Several of the smaller companies had no designated space for individuals taken ill at work, and most tended to send the individual to their GP or called for an ambulance.

### 5.5 PERSONNEL DESIGNATED TO OCCUPATIONAL HEALTH

As shown in Table 5.5, the results of the follow up interviews confirmed the findings of the telephone survey, in that Health and Safety Managers or Officers were most commonly designated to this role. The exception to this was micro companies where the owner or project manager had this responsibility. Of the companies who used a Health and Safety Manager or Officer in this role, 56% had additional contracted out Occupational Health Services from a local GP or other external service provider.

Of the companies visited 23 out of 50 (46%) used external occupational health providers, and this was slightly more frequent among medium and large companies compared to micro and small companies. Larger companies also tended to use Human Resource Professionals as the
main occupational health contact, and in these circumstances the companies also had contracts with external providers of occupational health services. Only large companies had traditional in-house occupational health services staffed by Occupational Health Nurses or Physicians. For the companies visited, First Aiders were not commonly used as the source of occupational health support. It was also uncommon to find other professionals such as Ergonomists or Occupational Hygienists being designated to this role.

Table 5.5
Personnel designated to provide Occupational Health support by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Personnel designated to provide OH support</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line or project manager</td>
<td>4</td>
<td>44</td>
<td>4</td>
<td>36</td>
<td>5</td>
</tr>
<tr>
<td>Health and safety manager</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Human Resources Manager</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Health and safety officer</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Owner</td>
<td>4</td>
<td>44</td>
<td>1</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Occupational health nurse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>First aider</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Occupational physician</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>All</td>
<td>9</td>
<td>11</td>
<td>12</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

The other findings from the follow up interviews are summarised on the basis of company size.

5.6 SUMMARY OF OTHER FINDINGS BY COMPANY SIZE

5.6.1 Micro Companies

Nature of OH support
The micro companies tended to rely on external sources of occupational health advice. These sources included health and safety experts, local GPs and insurance companies. Of the 9 companies visited, 5 used external advisers, and 4 had no trained provider of OH support. Often the owner or manager had direct and sole responsibility for Health and Safety issues. There was a general feeling that many Health and Safety initiatives were not directly relevant to micro companies and that the introduction of any new initiatives was limited by available resources and costs. It was felt that this situation was unlikely to change significantly in the future.

Evaluation of OH support
Whilst occupational health needs were rarely formally assessed, the individuals interviewed were keen to explore ways to improve the health of their employees. However, in general no money was specifically allocated for occupational health support. In-house provision often comprised a Health and Safety poster and a First Aid box. The nature of the industry sector e.g. mining and quarrying, was more likely to determine whether specific occupational health initiatives, such as health surveillance, were in place. The mining and quarrying sector were currently spending approximately £50/year per employee on health surveillance.

Changes in OH provision
As those with responsibility for Health and Safety, owners of the companies saw their role as one which carried significant accountability and often acknowledged the need to know where to get help when required. They also tended to encourage an ‘open door’ policy for employees. Most of those interviewed did not anticipate their level of occupational health support changing
significantly, but would appreciate less bureaucracy in association with legislative and reporting requirements. Micro companies had a positive attitude to encouraging rehabilitation and providing support for those with disabilities although often had not been required to make specific provision for this so far. These companies were also aware of the need to make provisions for lone workers or those working mostly from home, although in practice this was rare.

Improving OH support
Of the 9 companies visited 3 were aware of HSE’s work for improving occupational health support. To encourage more micro companies to become involved in providing occupational health support, it was considered that new initiatives must be relevant to the needs of such small companies. It was felt that procedures generally needed to be simplified and the purposes and anticipated outcomes clearly explained. Micro companies were also keen to consider sharing occupational health services with other companies.

5.6.2 Small Companies

Nature of OH support
The small companies visited varied quite significantly in their occupational health provision. By virtue of the activities performed some had a statutory requirement to provide medical surveillance and tended to buy in these services as required. Others had few relevant workplace hazards and as with micro companies, responsibility for health and safety provision rested with the owner or manager. This was reflected in a more limited range of screening being carried out.

In general, safety was seen as a more important priority and seen to have more immediate benefits. Of the 11 companies visited, 7 used external providers of occupational health services and 3 relied on staff without specific health and safety training. As for micro companies, owners or Managing directors often had direct responsibility for Health and Safety issues within the company, and in-house facilities for occupational health consisted of basic First Aid provision.

Evaluation of OH support
The introduction of OH support was mostly seen as driven by legislation although some companies cited a best practice approach as the main driver. Facilities and resources for OH support on site were usually limited, but a range of health surveillance and fitness for work assessments were provided by external sources, dependent on the industry sector. In general, there was no formal evaluation of the costs or benefits of occupational health support. For those companies able to estimate a cost, this varied between £18 and £50/employee per year.

Changes in OH provision
Most of the small companies were satisfied with their current level of occupational health provision and did not plan major changes in the future. Such changes were often limited by available finances. Those responsible for occupational health support saw their role as a liaison with external agencies or, in the case of owners, having a specific accountability. Others acknowledged that they were limited by knowledge of the subject and by lack of time or resources. Small companies tended to use individual assessment of employees with disabilities, and acknowledged limited experience in this area but were keen to assist where feasible.

Improving OH support
Only 3 out of the 11 companies visited were currently aware of the HSE’s long term strategy for England, Scotland and Wales. Those interviewed felt that a Register of Companies providing relevant occupational health services would be useful, others welcomed a more user-friendly
website, or good practice ideas relevant for small companies. There was felt to be a need for more concise and specific guidance on compliance with legislation, which was relevant to small companies. There was also a desire to see a reduction in paperwork, as expressed by micro companies.

5.6.3 Medium Companies

Nature of OH support
Of the 12 medium companies visited 7 were using external providers of occupational health services, one used in-house provision, and four had no formal provision. In general, those interviewed were more aware of changes within the workplace or society (such as stress, bullying, or changes in demands of specific client groups) driving changes within occupational health provision. This was particularly relevant in the areas of counselling and health surveillance. It was acknowledged however that safety still had a higher profile than health in determining policy and resources.

Medium companies were more likely than the small or micro companies to have a formal structure for encouraging employee feedback on health and safety issues and expressed a desire to encourage more employee involvement in these issues. Health and Safety Committees were involved in determining the needs of occupational health support within the company with assistance from external providers as required. Senior managers or Directors were less likely to have direct responsibility for health and safety issues than in smaller companies. It was more likely that they received feedback on relevant issues from a member of the Personnel department or a Safety manager. The provision of specific occupational health facilities on-site was usually determined by the nature of the hazards within a specific industry sector.

Evaluation of OH support
It was often difficult to separate out the costs of occupational health provision from the broader health and safety costs and separate budgets were not commonly provided. The level of on-site facilities for OH support was mostly determined by the nature of the industry sector. Designated space for OH services was more often available than in smaller companies, although only one company visited had an equipped treatment room. Again, the requirements of a specific sector determined how much was likely to be spent on occupational health provision, for example one oil company estimated spending £200/employee.

Changes in OH provision
It was considered that changing societal or customer/client expectations would continue to lead to changes in service provision. On this basis it was acknowledged that there was a need to review trends in relevant parameters in more detail for example absence, uptake of counselling services and health surveillance. It was felt that more structured health surveillance programmes were also required, either on the basis of task or occupational group. There was also a desire to encourage employees to take more responsibility for their own health and safety and to raise awareness of these issues. Medium-sized companies also often had more direct experience of making provision for those with disabilities or having more formal processes in place to rehabilitate employees back to work following absence. They also generally had policies and procedures in place for dealing with lone workers, or those working mostly from home.

There was a broader range of individuals allocated to overseeing occupational health in medium than in smaller companies, and this often included Personnel staff. These individuals saw this responsibility as central to their role. As it was not their main area of expertise, they felt it was essential to know where to get additional help when required.
Improving OH support

Of the 12 companies visited, four individuals interviewed were aware of HSE’s work to improve access to occupational health support. In general, it was felt that HSE needed to raise awareness of the benefits of improved occupational health and that systems introduced should be seen as relevant, dynamic or ‘fun’. It was also considered that encouraging partnership was important to the success of the OH initiatives and that peer support between industry sectors or localities was also important. There was also a perceived need to improve communication about changes in legislation and the consequences for different company sizes and sectors. A roving unit was also suggested as a means of improving HSE’s access to companies, delivering support and information.

5.6.4 Large Companies

Nature of OH support

Large companies were more likely to have in-house occupational health services compared to smaller companies. Of the 18 companies interviewed 9 had in-house provision and often services had been established for more than 10 years. They were also more likely to have occupational health or safety-trained personnel providing services in-house, and using facilities designed for this purpose. Some companies also used an Occupational Hygienist or Physiotherapist when required. However, few companies reported using other specialists on a regular basis, such as Ergonomists or Occupational Psychologists. Large companies were also more likely to have specific provision for employees with disabilities and in some cases have had facilities designed with this requirement in mind.

Evaluation of OH support

Companies reported that insurance companies were driving the development of occupational health provision particularly in relation to health surveillance. It was more usual to find that future objectives were determined on the basis of audit outcomes or feedback from annual reports to the Board of Directors or from bench marking against other organisations. Access to Board of Management was more limited and often occupational health input would be reported to management via a senior HR manager or director. Whereas, in smaller companies owners or managing directors had more first hand knowledge of occupational health and safety issues within the company. However, it was in large companies that occupational health was considered as part of organisational strategy. In some instances it was still perceived as a cost without clear benefits.

Costs of occupational health provision were often incorporated into general health and safety costs. Costs of provision varied from £4,000 to £475,000/year with an average of approximately £70,000. Where costs per employee were available, these varied from £10-£250/employee.

Changes in OH provision

In addition to pressures from insurance companies, it was considered that issues such as stress and bullying were shaping occupational health provision and, that a broader range of health surveillance was appropriate in achieving good practice and meeting legislative requirements. Most companies wished to develop a more proactive approach to occupational health. The individuals interviewed were also keen to see closer links and better communication within organisations between groups with responsibility for occupational health support. Individuals with this responsibility in large companies saw themselves as key members of the team and with a valuable role to play within corporate strategy.
Improving OH support
Of the 18 companies visited 12 were aware of HSE’s work to improve occupational health support, but felt it was necessary to raise the profile of occupational health. It was also considered that more user friendly web services and provision of a help-line to assist companies with more specific help on stress would be useful. The introduction of more telephone reporting systems in place of reporting forms was suggested and the inclusion of occupational health within induction programmes for companies and colleges. There was also concern that large companies did not have limitless budgets to improve occupational health, and that expectations of legislators should be realistic. Large companies also varied in their enthusiasm for sharing occupational health provision with other companies.
6. DISCUSSION

Both the telephone survey and follow up interviews provided a satisfactory range of companies of different sizes, sectors and geographical regions to provide a good overview of the level of OH support currently available. Of a total of 6276 eligible companies, 4950 (79%) participated in the study. A response rate of almost 80% for a telephone survey is very good, however it is possible that those who agreed to participate were more likely to provide OH support than those who did not, leading to a small overestimate of the proportion of companies who provide OH support.

Companies who did not provide OH support

Of the companies that did not provide OH support, the most frequently reported reason across all regions, sizes and sectors was a lack of relevant hazards. Financial companies were the most likely to report a lack of relevant hazards as a reason for not providing OH support. However, companies in the transport sector were the second most likely to suggest that they had no relevant hazards which is more surprising.

A lack of resources was most frequently reported as a reason for not providing OH support by companies in the public administration sector. Cost was also more likely to be reported as a reason for not providing OH support in medium and large companies compared to small and micro companies.

In most industry sectors, approximately one third of companies reported that more important priorities were preventing them from providing OH support. However, compared to the other industries, half of the companies in the construction industry reported this as a reason for them not providing OH support. Micro companies were least likely to report that they had important priorities.

Less than half of the companies, within each region, company size and sector, that did not provide OH support were interested in a national help-line to provide initial support about OH issues. However, the health sector and the public administration sector were the most likely to report interest in a national help-line to provide OH support. Micro companies were the least likely (37%) to report being interested in a national help-line, and large companies were the most likely (69%).

Companies who provide OH support

If a definition of occupational health support is used which includes: hazard identification, risk management, and provision of information then 44% of all participating companies fulfil this definition. After adjustment for the size distribution of companies across the UK, this is equivalent to 15% of all UK companies. Within each sector it is more likely that large rather than micro companies will meet this definition, and there is a clear trend in the proportion of companies from small to large who meet this definition. However, across all sectors at least one third of all participating companies within each sector meet the definition, although this percentage varies from 35% within the finance and transport sectors to 57% in the construction sector (equivalent to 8% to 38% across all UK companies in each sector). Provision of OH support was also fairly evenly distributed across all regions.

If a more stringent definition is used which includes the three parameters above plus modifying work activities, providing training on occupational health-related issues, measuring workplace hazards, and monitoring trends in health, only 19% of participating companies fulfil this definition (3% of all UK companies). Whilst the more stringent definition leads to a reduction
in the percentage of companies within each size category who meet the definition, the reduction is more marked in the micro and small categories. This definition produces a 75-80% reduction in micro and small companies meeting the criteria of providing OH support, compared to approximately a reduction of 50% for medium and large companies.

Whichever definition is used, hazard identification is the most likely task undertaken followed by risk management. It was recognised from the pilot interviews that the level of assessment which was taken for ‘hazard identification’ could be very small. For example, in some small companies this only included reading manufacturers information on the back of a bottle of bleach, and communicating precautions to employees. It was for this reason that during the telephone survey companies answering in the affirmative to ‘hazard identification’ and no other area of OH support were not considered to provide OH support.

Who provides OH support
Using either definition, in most participating companies OH support was provided by employees with health or safety based training (53% broad and 59% stringent definition; equivalent to 48% and 45% of all UK companies). In 36% of companies OH support was provided by external agencies, and three-quarters of these companies used agencies from the private sector. This was also confirmed in the face to face follow up interviews, where companies had outsourced OH services, the providers were mostly from the private sector.

Whilst a number of companies considered that First Aiders were the personnel designated to provide OH support, this is clearly outwith the remit of First Aid provision. In practice less than 7% of all participating companies relied solely on First Aiders as the source of their OH support. Use of First Aiders in this role was more commonly reported by medium and small companies compared to micro and large companies. This was true across all regions. Companies in the agriculture sector were most likely to report First Aiders having this role, whilst those in the public administration sector were least likely to report this.

The vast majority of companies (approximately 90%) provided OH support to all employees. In approximately half of the companies with OH support, the type of OH support required is determined by the Board of Management or the Managing Director or Owner. When the more stringent definition is used the Human Resources or Personnel department make a more significant contribution, and this is likely to reflect the increased proportion of large and medium companies in this group compared to small and micro companies.

Reasons for OH support
The most frequently reported reason for having some form of OH provision, across all company sizes, sectors and regions, was responsibility for the health of employees. This was also seen as the most important reason for having OH support, being reported by over 97% of companies. Concerns about litigation and the costs of absence were also commonly reported by companies but seldom as the most important reason. Dependent on the definition of OH support, cost of sickness absence was more likely to be reported as a reason for having OH provision in the north west (broad) or south east of England (stringent), and considered least important in Wales.

Among the sectors, cost of absence was reported as the main reason for OH support by the public administration sector. The public administration sector were also more likely to be influenced by pressure from unions than the other sectors. This was also reflected in their first choice of unions as a resource for information on employee health and well being. Dependent on the definition of OH support used, respondents in Scotland (broad) or East Midlands (stringent) were also most likely to report pressure from unions as a factor in the decision to provide OH support. Companies in the south east of England were least likely to report this as a factor.
HSE campaigns were most influential in the construction sector, and input from HSE or Local Authority Inspectors, was most important in the agriculture sector, but had little impact in determining the need for OH support in the financial sector. Just under half of all regions considered that HSE campaigns were important in determining the need for OH support.

Cost of OH support

Using the broad definition of OH support, 37% of the companies were found to spend less than £5,000 per year on OH support (67% of all UK companies), and 40% of these spent less than £1,000. Using this definition, seventeen per cent of participating companies spent over £30,000 per year (4% of all UK companies).

Using the more stringent definition of OH support, 21% of the participating companies spent less than £5000 per year on OH support (48% of all UK companies), and 25% of these spent less than £1000. Using this definition twenty-seven per cent of participating companies spent over £30,000 per year (11% of all UK companies). Again the difference in proportions spent using these two definitions reflects a relative increase in the percentage of large companies meeting the more stringent criteria.

Using either definition there was a trend by size on the amount spent providing OH support. Most micro companies reported spending less than £1000 on OH support, small and medium companies less than £5,000, and one third of large companies spending more than £30,000 on OH support. As demonstrated in the follow up interviews for large companies the total spent could be over £400,000, and small companies in certain sectors spent more than the average, due to statutory requirements to perform health surveillance. This was true for the mining and quarrying sector, where up to £15,000 per year was spent on OH support.

The proportion of companies which carried out cost-benefit evaluation increased steadily as the amount spent on OH support increased, from 18% of the companies which spent less than £1000 to 66% of companies which spent more than £30,000. The majority of companies spread the cost of OH support across all departments or the whole company, and OH support services were mostly available to all employees. The most frequently reported alternative sources of funding was from Occupational Health or Human Resources Department budgets.

Resources used for OH advice

The resource that companies most often reported using if they required advice on the health or wellbeing of their employees was HSE. This was true irrespective of company size, sector or geographical region. However, there was a trend by size in the tendency to use HSE as a resource. Micro and small companies were less likely to use the HSE, compared to larger companies, although there was not a significant difference. Large companies were also more likely to consult product suppliers for advice than smaller companies.

There was also a trend by size from micro to large in the tendency to use other sources of advice such as Health & Safety advisors, occupational health professionals, and trade associations. Micro companies were least likely to use these resources, and large companies the most likely. In most circumstances this is probably a reflection of the difference in availability of these resources in each size group. It is also feasible that smaller companies are less well informed about the external sources of advice which are available to them, and this was supported by some of the feedback received from the follow-up interviews.

Respondents in the north west of England were more likely to report using Occupational Health professionals or Health and Safety advisors than the other regions. There is no obvious explanation for this trend. The health care sector were less likely to consult trade associations.
than other groups, and this perhaps reflects the nature of this service industry, and that most employees will have some access to professional support within their own peer group.

Using the broad definition of OH support, around 70% of participating companies were interested in a national help-line to provide initial support on OH issues (equivalent to 66% of all UK companies). Across all sectors and within each region, the proportion of companies interested in a national help-line ranged from 65 to 77%, which suggests a substantial level of support for this proposal. However, with a more stringent definition, the overall percentage of participating companies expressing an interest in a help-line falls to about 60% (68% of all UK companies).

**Size matters for OH support**

Micro companies have limited occupational health support, and this is often the direct responsibility of the manager or owner. These individuals often feel they have limited knowledge to deal with occupational health issues, and have to balance priorities both in terms of time and financial resources. They rely on external advice, and require sources of advice to be easily accessible, relevant to their needs and of limited cost. Respondents from micro-sized companies showed more enthusiasm for sharing occupational health provision than larger companies. There was a feeling that many current health and safety initiatives were not relevant to their situation. With only a ‘Health and Safety at Work Act’ poster and a First Aid box, there was a significant difference in what was realistically achievable for micro compared to larger companies.

Small companies often had quite substantial occupational health support, but this often tended to be as a result of statutory requirements within specific industry sectors, such as mining and quarrying, manufacturing and transport. In general occupational health support was bought in on an as-required basis from external providers, often in the private sector. It was generally acknowledged that Safety issues took priority over health in determining how resources were used. Managing Directors were again often well informed about health and safety issues within the company, and tended to be satisfied with the current level of occupational health support. Respondents from small companies were keen to have more information on ‘best practice’ relevant to their own industry size and sector, to enable them to improve the health and safety of their employees.

Medium companies had more complex structures for the provision of occupational health support, and this was generally a feature of increasing company size. Again provision was driven by statutory requirements, and there was an increasing emphasis on health surveillance. Dependent on the sector, companies also reported a need to respond to changing client or societal needs. Assistance was often sought from external providers, and again safety issues were seen to have a higher priority. Medium companies also reported involving employees in health and safety issues and in seeking employee feedback about developments in this area. Of the companies who took part in the follow up interviews, medium companies were less aware of the HSE’s work to improve access to occupational health support. Medium companies were also less enthusiastic about working in partnership with other companies in providing occupational health support.

Large companies were more likely to have in-house occupational health services, and this provision had often been established over a number of years. This was associated with an increase in the number of trained staff providing these services, the existence of on-site occupational health facilities, and increasing costs of service provision. Where external providers were used, Human Resources staff were more commonly designated as the main liaison with the external OH provider. Although formal evaluation of the costs and benefits of
OH support was limited across all of the companies visited, large companies more commonly had undertaken some form of evaluation, or tracked the costs of provision of OH support.

Respondents at large companies were more likely to be aware of the HSE’s work to improve access to occupational health support than companies of other sizes. Large companies were also more likely to incorporate occupational health and safety needs within their strategic planning. However senior managers in large companies were often remote from those who had responsibility for providing occupational health support on a daily basis. In smaller companies managing Directors and owners often have direct responsibility for health and safety issues and see themselves as much more accountable. The recent HSE requirement to appoint a Director on each Board of Management to be responsible for health and safety may improve knowledge and accountability. However, it was perceived that occupational health was still seen as a cost rather than a benefit and that HSE had a role in increasing awareness of senior managers of the benefits of good occupational health support.

Developing OH support

In general, a fairly standard range of services were included within OH support. Companies of all sectors and sizes, across all regions reported providing First Aid training and some form of workplace assessment, usually a part of a risk assessment process. Companies were more likely to undertake return to work assessments than fitness for work assessments. Whilst pre-employment assessment was still quite frequently used there was a reported increase in the amount of health surveillance being carried out across all regions, in small to large companies. However, this tended to be based on statutory requirements within specific industry sectors. Counselling services had been introduced by companies of all sizes in response to concerns about specific stressors within the industry sector, for example education, social work, or health care. A few large companies had introduced other services such as physiotherapy and chiropody.

Over half of the companies also reported taking steps to improve the general health of their employees. The most frequently provided services were health promotion campaigns and information on healthy lifestyles, followed by employee counselling and free eye tests. Least popular options were private health care schemes, access to leisure facilities and well-person health checks although each of these was reported by over 40% of companies. Companies were also taking steps to cater for the needs of lone workers, or peripatetic staff, and those with disabilities. Whilst there was an enthusiastic response to rehabilitation initiatives, this was tempered by a realism about the relatively limited opportunities which existed in practice in some industry sectors, and the potential financial implications for small companies.

At the present time there is a varying degree of awareness about the HSE’s strategy to improve access to OH support, with larger companies generally being better informed than SMEs. However, companies of all sizes were keen to see improvements in OH support. Regardless of size, companies expressed a desire to see a reduction in the amount of paperwork associated with health and safety requirements, and would welcome more telephone or IT based reporting systems. There was also felt to be a need for best practice advice to be made available on a range of occupational health issues, and for guidance to be tailored to the needs of the company’s size and sector. Many respondents still had difficulty in understanding their legal obligations when new legislation was introduced. Respondents wished to be better informed about the introduction of new legislation, and wished to have a register or database of ‘approved’ providers of occupational support services.

Just under a third of participating companies would be willing to share their OH services with other companies locally on a chargeable basis, while a further fifth said they were not sure or that ‘it depends’. The proportion who favoured this option was fairly constant across sectors and
regions. Results of the telephone survey suggested that micro companies were the most likely (30%) to be willing to share services, and this was confirmed in the follow up interviews. This is perhaps a reflection of the limited resources which these companies have available, both in terms of staff and finances, and a desire to contribute to but not bear the total cost of OH support. However, it appears that the potential benefits of shared provision will have to be promoted convincingly, if companies are to ‘buy-in’ to this means of improving access to OH support.
7. CONCLUSIONS

- If a definition of occupational health support is used which includes: hazard identification, risk management, and provision of information then 44% of participating companies fulfil this definition; equivalent to 15% of all UK companies. This would seem a reasonable baseline against which to monitor progress towards increasing provision. When the more stringent definition is used, 19% of companies fulfil this definition (3% of all UK companies). This definition leads to an increase in the proportion of large companies meeting the criteria relative to small companies.

- There were similar trends in companies’ responses to a number of OH issues regardless of size, sector or region, these included: range of services provided, reasons for providing OH support, and sources of OH advice most likely to be used.

- Occupational health is often a second priority within health and safety, and has no distinct identity. This is particularly true for smaller companies.

- Across companies of different sizes and regions, legislative requirements tend to be cited as a main factor in ensuring OH support, particularly in relation to the duty of care for the health, safety and well-being of employees. However, sector specific requirements are also important in this regard.

- There is a growing awareness across companies of all sizes, sectors and regions about benefits of health surveillance. In general, however, a conventional model of OH provision was evident, and nursing and medical staff are the most common external providers of OH services, mostly from the private sector.

- Often no specific budget is allocated for OH support. However, costs of providing OH support increase with company size across all regions, but there are sector specific costs for certain services such as health surveillance. Formal evaluation of the costs and benefits of OH support is generally limited, but increasingly likely to occur in companies spending most on OH support.

- Many smaller companies are satisfied with their current level of occupational health support and don’t envisage this changing in the near future. The commitment to do more to develop OH support is also limited by available resources, particularly for smaller companies across all regions and sectors.

- Health and Safety Representatives and managers are central to increasing awareness of occupational health issues within smaller companies, as they are most often the individuals responsible for OH provision in these companies and in communicating the importance of occupational health to employees.

- In larger companies the benefits of improved health of employees needs to be highlighted for senior managers who still tend to see OH only in terms of cost.

- HSE is cited as the source of advice most likely to be used by companies of all sectors, sizes and regions. However, it is considered that guidance is not always available in a ‘user-friendly’ format, and improved website access should be considered.
• The need for better communication between companies and external providers of advice was also highlighted. There was general support across all company sizes, sectors and regions for a phone line to provide advice on occupational health issues.

• There was a recognised lack of knowledge about how to deal with health issues, across all sectors and this was particularly true for micro and small companies. Micro and small companies were more keen to consider sharing occupational support services than companies of other sizes.

• Sectors such as transport and retail tended to report little need for OH support, based on lack of relevant hazards, which suggests the need for information and training initiatives within specific sectors.

• In general, companies of all sizes, sectors and regions welcomed a reduction in the level of paperwork associated with occupational health and safety. There was a desire for more help in interpreting legislative requirements, sector specific advice on best practice, and a register of approved providers of occupational health support.

• It was also considered that relevant information on occupational health should be included in all induction programmes carried out by companies, and should be a component of all syllabuses in higher education.

• There is a need to improve awareness about the HSE’s strategy to improve access to OH support across all companies, but particularly among SMEs.
8. ACKNOWLEDGEMENTS

The survey team would like to acknowledge the assistance provided by MORI in conducting the telephone survey, on behalf of the IOM. We would also like to thank all the companies who agreed to participate in the telephone survey, and particularly the individuals who gave up additional time to take part in the follow up interviews at their companies.
9. REFERENCES


Good morning / afternoon. My name is ……… I am calling from MORI Telephone Surveys on behalf of the Institute of Occupational Medicine (IOM). The Health and Safety Executive (HSE) hopes to make Occupational Health support more accessible in the future so it has commissioned the Institute of Occupational Medicine, based in Edinburgh, to evaluate current Occupational Health provision. The information you provide will help to improve health in the workplace.

This short telephone interview involves answering a number of general questions about how Occupational Health and related issues are dealt with by your company at present. However, it is important that your viewpoint is represented even if you do not yet have Occupational Health support, and so we would be grateful for your participation in this survey. It will only take a few minutes of your time (3-8 minutes).

Can you spare a few minutes now or shall I call back at a more convenient time?

Screener question.

S1. On completion of this survey we will pass the data collected to the IOM for reporting. All information provided will be treated in confidence and participating companies will not be named within the report. Are you willing for MORI Telephone Surveys to pass on the information you provide to the Institute of Occupational Medicine.

Yes - continue 4950
No - end interview 0

1a. Our information suggests that your company has ……… employees. Is this correct? Code correct band below.

None - end interview 0
1-10 1229
11-50 1271
51-250 1235
251-500 405
More than 500 810

1b. Can you please tell me the nature of your business?

1c. And what position do you hold in the Company?

2. How long has your company been in existence?

(a) Less than 12 months 87
(b) 1-4 years 365
(c) 5-10 years 512
(d) More than 10 years 3971
(e) Don’t know 0
3. **Does your company provide any Occupational Health support, by which we mean providing advice or practical assistance on managing health risks at work, or promoting general health at work?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3329</td>
<td>1621</td>
</tr>
</tbody>
</table>

4. **Does your company carry out / provide any of the following:**

<table>
<thead>
<tr>
<th>(a) Hazard Identification</th>
<th>Yes</th>
<th>3515</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>1435</td>
</tr>
<tr>
<td>(b) Formal Risk Management</td>
<td>Yes</td>
<td>3175</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1775</td>
</tr>
<tr>
<td>(c) Measuring workplace hazards</td>
<td>Yes</td>
<td>2234</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2716</td>
</tr>
<tr>
<td>(d) Provision of information on health-related issues</td>
<td>Yes</td>
<td>2766</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2184</td>
</tr>
<tr>
<td>(e) Training of staff specifically on health-related issues</td>
<td>Yes</td>
<td>2574</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2376</td>
</tr>
<tr>
<td>(f) Health checks for specific hazards such as noise</td>
<td>Yes</td>
<td>2002</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2948</td>
</tr>
<tr>
<td>(g) Monitoring trends in health</td>
<td>Yes</td>
<td>2038</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2912</td>
</tr>
<tr>
<td>(h) Promoting general health of employees</td>
<td>Yes</td>
<td>1674</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3276</td>
</tr>
<tr>
<td>(i) Modifying workplace or work activities as a result of health surveillance</td>
<td>Yes</td>
<td>2642</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>2308</td>
</tr>
<tr>
<td>(j) Rehabilitation programmes after illness (e.g. modified duties or reduced hours)</td>
<td>Yes</td>
<td>1759</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3191</td>
</tr>
<tr>
<td>(k) Employee counselling by somebody trained in counselling</td>
<td>Yes</td>
<td>1189</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3761</td>
</tr>
<tr>
<td>(l) Doctor or nurse-led Occupational Health Service</td>
<td>Yes</td>
<td>1267</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3683</td>
</tr>
</tbody>
</table>

If YES to any of codes b), c) or e-l) of Question 4 skip to Q5, Otherwise ask the following two questions and conclude the interview:

4b. **Which, if any, of the following do you feel are barriers to providing Occupational Health support?**

*(more than one response may be given)*

| (a) Cost | 398 |
| (b) No relevant hazards | 536 |
| (c) More important priorities e.g. safety | 380 |
| (d) Lack of knowledge about what to do | 307 |
| (e) Lack of resources (e.g. time/staff) | 443 |
| (f) Never really thought about it | 409 |
| (g) None of these | 71 |

4c. **Would you be interested in a national helpline to provide initial support about occupational health issues?**

| (a) Yes | 527 |
| (b) No | 616 |
| (c) Don’t Know / Not sure | 85 |
If YES to any of codes b), c) or e-l) of Question 4 proceed with the remainder of the questionnaire:

5. Thinking about your Occupational Health support, in general is this principally provided by
(a) Employees with health or safety based training 1793
(b) Employees without any specialist training in health and safety 660
(c) External agencies (e.g. BUPA) 1283

If YES to 5(c) also ask 5d.

5d. Is the service provided by:
(a) Public Sector (e.g. NHS Local Authority including local hospital or local council) 333
(b) Private Sector (e.g. BUPA) 950

6. Is your Occupational health support available to:
(More than one response may be given)
(a) All employees 3339
(b) Only employees exposed to certain hazards e.g. noise 278
(c) Only certain grades of staff (Management/admin/manual) 115
(d) Only staff in specific regions of country 31

7. Who provides the service? (More than one response may be given)
For each mentioned, ask whether they are full or part time.
(a) Occupational Health Physician Full-time 256
(b) Occupational Health Nurse Full-time 398
(c) General Practitioner Full-time 279
(d) Staff Nurse with no OH qualifications Full-time 138
(e) Occupational Hygienist Full-time 77
(f) Ergonomist Full-time 72
(g) Health and Safety Practitioner Full-time 1040
(h) First Aiders Full-time 2445
(i) MD/Owner Full-time 673
(j) Health and Safety Officer Full-time 1312
(k) Other – (specify) Full-time 295
8. Which person(s) in the Company determines what type of Occupational Health support is required?

(a) Board of Management 1018
(b) MD/Owner 1066
(c) Personnel Manager/Director 499
(d) Safety Manager 211
(e) OH Staff 79
(f) Health & Safety Officer 350
(g) Health & Safety Committee 184
(h) Other (specify) 276
(i) Don’t Know 43

9. What are the main reasons for having Occupational Health provision?

(a) Responsibility for health of employees 3606
(b) Input from HSE Inspector or Environmental Health Officer 1813
(c) HSE Campaigns 1653
(d) Pressure from employees 1216
(e) Pressure from Unions 461
(f) Concerns about litigation 2279
(g) Costs of absence 2252

9b1 And are there any other reasons for having Occupational Health provision?

Yes 830
No 2892

IF MULTICODED AT 9/9b1 ASK Q9b2

9b2 And of these, which ONE is the main reason for having Occupational Health Provision?

(a) Responsibility for health of employees 2557
(b) Input from HSE Inspector or Environmental Health Officer 136
(c) HSE Campaigns 40
(d) Pressure from employees 45
(e) Pressure from Unions 4
(f) Concerns about litigation 242
(g) Costs of absence 240
(h) Other 324
(i) None 134

10. What is the average cost of Occupational Health provision for the company?

(a) Under £1,000 per year 892
(b) £1,000-£4,999 per year 836
(c) £5,000-£14,999 per year 453
(d) £15,000-29,999 per year 230
(e) £30,000 or more per year 427
(f) Don’t know 854
11. **Who covers the cost of Occupational Health provision within the company?**
   (a) Spread across all departments or the whole company 2679
   (b) Spread between those departments using the service 164
   (c) OH Department has budget 296
   (d) Owner/proprietor 238
   (e) Human Resource/Personnel 192
   (f) Other (specify) .......................... 136
   (g) Don’t know 79

12. **Is any formal evaluation taken of the costs and benefits of Occupational Health provision within the company?**
   Yes 982
   No 2740

13. **Which, if any, of the following resources would you use if you required advice on the health /wellbeing of your employees?** *(More than one response may be given)*
   (a) HSE 3067
   (b) Local Authority 1939
   (c) Trade Associations 1520
   (d) Unions 713
   (e) Local general practices 1687
   (f) Suppliers (i.e. your usual suppliers of products) 2336
   (g) OH or Health & Safety advisors 1857
   (h) Other (specify) 418
   (i) None 7

14a. **Does your company take steps to improve the general health of your employees (not just work-related ill-health)?**
   Yes 1865
   No 1857
   Don’t know 0

If YES to 14a:
   **Which, if any, of the following does your company provide?** *(More than one response may be given)*
   (a) Information on healthy lifestyles 1102
   (b) Health promotion campaigns 1203
   (c) Healthy eating options 794
   (d) Access to leisure facilities 735
   (e) Well-person health checks (i.e. full medical health screening) 726
   (f) Employee Counselling 933
   (g) Private Health Care Scheme/Insurance 752
   (h) Free eye tests 923
   (i) Other (specify) 116
   (j) No answer 83

15. **Would you be willing to share your Occupational Health services with other companies locally on a chargeable basis?**
   Yes 894
   No 2163
   Depends 273
   Not Sure 392
16. Would you be interested in a national helpline to provide initial support on Occupational Health issues?

- Yes: 2566
- No: 979
- Don’t Know: 0
- Not sure: 177

17. Would you be willing for a member of the survey team to visit your company to discuss your Occupational Health provision in more detail?

- Yes: 2014
- No: 1708
APPENDIX 2
FOLLOW-UP INTERVIEWS

General introduction for arranging follow up visit
My name is ……. and I am from the Institute of Occupational Medicine (IOM) in Edinburgh. We are an independent centre of occupational health research and consultancy.

You may recall (Just to remind you about the purpose of the call) that a few months ago you took part in a telephone interview carried out by MORI on behalf of the IOM. The interview was part of our research investigation, commissioned by the HSE, examining the current level of occupational health support provided by companies across the UK.

(Just to remind you, occupational health support includes advice and practical assistance on managing health risks at work, facilitating return to work after illness and promoting general health at work.)

At that stage you kindly agreed to take part in a face to face follow-up interview to further discuss the type of occupational health support provided by your organisation. I anticipate that the visit will take about 45 minutes (and no more than one hour). It would be helpful if you had information on the range of services you provide and associated costs, any evaluation of the service and how the service came to be established.

Could you let me know whether any of the following dates would be convenient for a member of the IOM team to visit you (give details of available dates)

Day:
Date:
Time:

I would also like to confirm that your company details are as follows:

Company Details:
Contact Name:
Telephone Number:
Sector:
Size:

Thank you for your help, if you need to change the appointment please let me know as soon as possible. I can be contacted on…. Otherwise, I look forward to meeting you as arranged.
Following an introduction, proceed with the following questions:

1. Could you tell me about the nature of work carried out within the Company

Ask question 2 only if the company has in-house occupational health provision

2. Do you have a diagram/chart of the structure of the company (Organisational chart)

   Where is occupational health situated in the structure of your Company?

3. Could you please give me details of the staff involved in occupational health provision at present

   Job Title ___________________________________________ Relevant Qualifications ___________________________________________ Hours Employed ___________________________________________

4. Does the Occupational Health Provider have access to senior management or Board of Directors to discuss how the service should be developed.

5. Which of the following services do you provide? YES / NO

   Pre-employment assessments
   Health surveillance (e.g. audiometry)
   Fitness for work assessments
   Return to work assessments (after absence)
   Rehabilitation after illness/accidents
   Ill-health retirals
   Nightworkers assessments
   Statutory medicals (e.g. lead, asbestos)
   First Aid training
   Health education
   Workplace assessments
   Any other (please state) .................................................

   (Give details of range of services provided on a separate sheet)

What facilities are available on site:

   (a) Fully equipped treatment room
   (b) First aid facilities

78
6. How were the occupational health needs of the Company assessed?

ie. How did the company decide on what type of services to provide and the type of staff to provide the service (this might be by an audit, staff survey, because of specific legislation, considered a ‘best practice’ approach)

7. Is there any formal evaluation of occupational health provision e.g.:

(a) Audit
(b) Cost-benefit analysis
(c) Annual report on activities
(d) Employee satisfaction survey
(e) Other (please specify)

If yes, what are the general conclusions of the evaluation (and how will the information be used)

8. Is information available on the costs of service provision?

If yes, please could you indicate how much the total service cost to provide last year

9. Has there been a change in the types of services required (and if so, describe the changes)

E.g. new types of services, or a change in the pattern of services required

How would you like to see the service develop in the future?

10. Are services provided for all employee groups or restricted to certain employees?

What provision is made for
- people working mostly from home
- people working at more than one location
11. How long has the Company had OH provision?

How do you view your own role in occupational health provision within the Company?

12. Are you aware that the Health and Safety Executive is seeking to improve access to occupational health support for all employees?

How do you think this might be best achieved?

Thank you for your help with this survey.

Interviewers: please note any anecdotes/ key phrases which summarised the company’s approach to occupational health
APPENDIX 3
Detailed tables not included in main text

A3.1 Definition of occupational health support and qualification for survey completion

Table A3.1
Provision of specific aspects of OH support subdivided by company perception of OH support provision. Each cell contains the number and percentage of companies that reported providing each aspect of OH support

<table>
<thead>
<tr>
<th>Aspect of OH support</th>
<th>Company reports OH support?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Hazard identification</td>
<td>729</td>
<td>45</td>
<td>2786</td>
<td>84</td>
</tr>
<tr>
<td>Formal risk management</td>
<td>512</td>
<td>32</td>
<td>2663</td>
<td>80</td>
</tr>
<tr>
<td>Information on health related issues</td>
<td>414</td>
<td>26</td>
<td>2352</td>
<td>71</td>
</tr>
<tr>
<td>Modifying work activities after health surveillance</td>
<td>378</td>
<td>23</td>
<td>2264</td>
<td>68</td>
</tr>
<tr>
<td>Training on health related issues</td>
<td>315</td>
<td>19</td>
<td>2259</td>
<td>68</td>
</tr>
<tr>
<td>Measuring workplace hazards</td>
<td>298</td>
<td>18</td>
<td>1936</td>
<td>58</td>
</tr>
<tr>
<td>Monitoring trends in health</td>
<td>207</td>
<td>13</td>
<td>1831</td>
<td>55</td>
</tr>
<tr>
<td>Health surveillance</td>
<td>224</td>
<td>14</td>
<td>1778</td>
<td>53</td>
</tr>
<tr>
<td>Rehabilitation programmes</td>
<td>226</td>
<td>14</td>
<td>1533</td>
<td>46</td>
</tr>
<tr>
<td>Promoting general health</td>
<td>177</td>
<td>11</td>
<td>1497</td>
<td>45</td>
</tr>
<tr>
<td>OH service by doctor or nurse</td>
<td>49</td>
<td>3</td>
<td>1218</td>
<td>37</td>
</tr>
<tr>
<td>Employee counselling</td>
<td>77</td>
<td>5</td>
<td>1112</td>
<td>33</td>
</tr>
</tbody>
</table>

Table A3.2
Distribution of companies that answered “No relevant hazards to qu4b”

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>No of companies</th>
<th>Percentage of companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>43</td>
<td>8</td>
</tr>
<tr>
<td>Construction</td>
<td>30</td>
<td>6</td>
</tr>
<tr>
<td>Finance</td>
<td>117</td>
<td>22</td>
</tr>
<tr>
<td>Health</td>
<td>48</td>
<td>9</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>47</td>
<td>9</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>44</td>
<td>8</td>
</tr>
<tr>
<td>Public Admin</td>
<td>48</td>
<td>9</td>
</tr>
<tr>
<td>Retail</td>
<td>69</td>
<td>13</td>
</tr>
<tr>
<td>Transport</td>
<td>90</td>
<td>17</td>
</tr>
<tr>
<td>All</td>
<td>536</td>
<td></td>
</tr>
</tbody>
</table>
A3.2 Companies that did not provide OH support

Table A3.3
Barriers to providing OH support

<table>
<thead>
<tr>
<th>Barrier to OH support</th>
<th>No of companies</th>
<th>Percentage of companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>No relevant hazards</td>
<td>536</td>
<td>44</td>
</tr>
<tr>
<td>Lack of resources</td>
<td>443</td>
<td>36</td>
</tr>
<tr>
<td>Never really thought</td>
<td>409</td>
<td>33</td>
</tr>
<tr>
<td>Cost</td>
<td>398</td>
<td>32</td>
</tr>
<tr>
<td>More important priorities</td>
<td>380</td>
<td>31</td>
</tr>
<tr>
<td>Lack of knowledge of</td>
<td>307</td>
<td>25</td>
</tr>
<tr>
<td>No answer</td>
<td>71</td>
<td>6</td>
</tr>
</tbody>
</table>

A3.3 Broad HSE definition

Table A3.4
Reasons for having OH provision. Each cell contains number of companies reporting each reason

<table>
<thead>
<tr>
<th>Reason</th>
<th>All reasons</th>
<th>Most important reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility for health of employees</td>
<td>2115</td>
<td>1528</td>
</tr>
<tr>
<td>Concerns about litigation</td>
<td>1387</td>
<td>134</td>
</tr>
<tr>
<td>Costs of absence</td>
<td>1406</td>
<td>132</td>
</tr>
<tr>
<td>Input from Inspector¹</td>
<td>1053</td>
<td>54</td>
</tr>
<tr>
<td>HSE campaigns</td>
<td>1069</td>
<td>20</td>
</tr>
<tr>
<td>Pressure from employees</td>
<td>713</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>531</td>
<td>191</td>
</tr>
<tr>
<td>Pressure from Unions</td>
<td>326</td>
<td>3</td>
</tr>
</tbody>
</table>

¹HSE or Local Authority Inspector

Table A3.5
Distribution of average cost of OH support and formal cost-benefit evaluation. Each cell contains number of companies and percentage of row total

<table>
<thead>
<tr>
<th>Average cost</th>
<th>Formal cost-benefit evaluation</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>&lt;£1k</td>
<td>299</td>
<td>91</td>
</tr>
<tr>
<td>£1k - £4.9k</td>
<td>369</td>
<td>78</td>
</tr>
<tr>
<td>£5k – £14.9k</td>
<td>235</td>
<td>73</td>
</tr>
<tr>
<td>£15k – £29.9k</td>
<td>100</td>
<td>58</td>
</tr>
<tr>
<td>£30k +</td>
<td>146</td>
<td>41</td>
</tr>
<tr>
<td>Don’t know</td>
<td>302</td>
<td>59</td>
</tr>
</tbody>
</table>
### Table A3.6
Distribution of resources for health advice. Each cell contains number and percentage of companies using each source

<table>
<thead>
<tr>
<th>Resources</th>
<th>No of companies</th>
<th>Percentage of companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE</td>
<td>1808</td>
<td>84</td>
</tr>
<tr>
<td>Suppliers of products</td>
<td>1495</td>
<td>69</td>
</tr>
<tr>
<td>Local Authority</td>
<td>1121</td>
<td>52</td>
</tr>
<tr>
<td>OH or Health &amp; Safety Advisors</td>
<td>1118</td>
<td>52</td>
</tr>
<tr>
<td>Local GPs</td>
<td>1000</td>
<td>46</td>
</tr>
<tr>
<td>Trade Associations</td>
<td>986</td>
<td>46</td>
</tr>
<tr>
<td>Unions</td>
<td>505</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>300</td>
<td>14</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

### Table A3.7
Distribution of general health provision. Each cell contains number and percentage of companies that reported taking steps to improve general health of employees

<table>
<thead>
<tr>
<th>General Health Provision</th>
<th>No of companies</th>
<th>Percentage of companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion campaigns</td>
<td>894</td>
<td>71</td>
</tr>
<tr>
<td>Information on health lifestyles</td>
<td>840</td>
<td>67</td>
</tr>
<tr>
<td>Employee counselling</td>
<td>705</td>
<td>56</td>
</tr>
<tr>
<td>Free eye tests</td>
<td>654</td>
<td>52</td>
</tr>
<tr>
<td>Healthy eating options</td>
<td>582</td>
<td>46</td>
</tr>
<tr>
<td>Private health care scheme</td>
<td>522</td>
<td>42</td>
</tr>
<tr>
<td>Access to leisure facilities</td>
<td>539</td>
<td>43</td>
</tr>
<tr>
<td>Well-person health checks</td>
<td>561</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>86</td>
<td>7</td>
</tr>
<tr>
<td>No answer</td>
<td>44</td>
<td>4</td>
</tr>
</tbody>
</table>

### Table A3.8
Distribution of companies that would be willing to share OH, services with other local companies by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Willing to share</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>98</td>
<td>62</td>
<td>291</td>
<td>67</td>
<td>1184</td>
</tr>
<tr>
<td>Not sure/depends</td>
<td>12</td>
<td>8</td>
<td>52</td>
<td>12</td>
<td>408</td>
</tr>
<tr>
<td>Yes</td>
<td>48</td>
<td>30</td>
<td>93</td>
<td>21</td>
<td>564</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>436</td>
<td>662</td>
<td>900</td>
<td>2156</td>
</tr>
</tbody>
</table>

### Table A3.9
Distribution of companies that provide some sort of OH support and that were interested in a national helpline by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Interested in helpline</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>52</td>
<td>33</td>
<td>124</td>
<td>28</td>
<td>515</td>
</tr>
<tr>
<td>Not sure</td>
<td>6</td>
<td>4</td>
<td>14</td>
<td>3</td>
<td>104</td>
</tr>
<tr>
<td>Yes</td>
<td>100</td>
<td>63</td>
<td>298</td>
<td>68</td>
<td>1537</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>436</td>
<td>662</td>
<td>900</td>
<td>2156</td>
</tr>
</tbody>
</table>
Table A3.10
Distribution of companies that provide any occupational health (OH), support by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>OH support provided</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>38</td>
<td>24</td>
<td>77</td>
<td>18</td>
<td>70</td>
</tr>
<tr>
<td>Yes</td>
<td>120</td>
<td>76</td>
<td>359</td>
<td>82</td>
<td>593</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>436</td>
<td>663</td>
<td>900</td>
<td>2157</td>
</tr>
</tbody>
</table>

Table A3.11
Provision of specific aspects of OH support by company size. Each cell contains number and percentage of companies that reported providing each aspect of OH support within each company size

<table>
<thead>
<tr>
<th>Aspect of OH support</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard identification</td>
<td>158</td>
<td>100</td>
<td>436</td>
<td>100</td>
<td>663</td>
</tr>
<tr>
<td>Formal risk management</td>
<td>158</td>
<td>100</td>
<td>436</td>
<td>100</td>
<td>663</td>
</tr>
<tr>
<td>Information on health related issues</td>
<td>158</td>
<td>100</td>
<td>436</td>
<td>100</td>
<td>663</td>
</tr>
<tr>
<td>Modifying work activities after health surveillance</td>
<td>109</td>
<td>69</td>
<td>328</td>
<td>75</td>
<td>535</td>
</tr>
<tr>
<td>Training on health related issues</td>
<td>107</td>
<td>68</td>
<td>336</td>
<td>77</td>
<td>535</td>
</tr>
<tr>
<td>Measuring workplace hazards</td>
<td>72</td>
<td>46</td>
<td>230</td>
<td>53</td>
<td>477</td>
</tr>
<tr>
<td>Monitoring trends in health</td>
<td>69</td>
<td>44</td>
<td>219</td>
<td>50</td>
<td>416</td>
</tr>
<tr>
<td>Health surveillance</td>
<td>57</td>
<td>36</td>
<td>229</td>
<td>52</td>
<td>413</td>
</tr>
<tr>
<td>Rehabilitation programmes</td>
<td>46</td>
<td>29</td>
<td>177</td>
<td>41</td>
<td>333</td>
</tr>
<tr>
<td>Promoting general health</td>
<td>54</td>
<td>34</td>
<td>166</td>
<td>38</td>
<td>339</td>
</tr>
<tr>
<td>OH service by doctor or nurse</td>
<td>21</td>
<td>13</td>
<td>90</td>
<td>21</td>
<td>219</td>
</tr>
<tr>
<td>Employee counselling</td>
<td>20</td>
<td>13</td>
<td>76</td>
<td>17</td>
<td>200</td>
</tr>
</tbody>
</table>

Table A3.12
Distribution of principal providers of OH support by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Principal providers of OH support</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees with H&amp;S training</td>
<td>75</td>
<td>47</td>
<td>199</td>
<td>46</td>
<td>337</td>
</tr>
<tr>
<td>Employees without H&amp;S training</td>
<td>45</td>
<td>28</td>
<td>79</td>
<td>18</td>
<td>69</td>
</tr>
<tr>
<td>External agencies</td>
<td>38</td>
<td>24</td>
<td>164</td>
<td>38</td>
<td>259</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>436</td>
<td>663</td>
<td>900</td>
<td>2157</td>
</tr>
</tbody>
</table>
Table A3.13
Distribution of OH support providers (full or part-time) by company size. Each cell contains number of companies using each OH provider (full or part-time) within company size and percentage of cell total

<table>
<thead>
<tr>
<th>OH provider</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-aider</td>
<td>99</td>
<td>63</td>
<td>310</td>
<td>517</td>
<td>675</td>
</tr>
<tr>
<td>H&amp;S officer</td>
<td>46</td>
<td>29</td>
<td>172</td>
<td>39</td>
<td>305</td>
</tr>
<tr>
<td>H&amp;S practitioner</td>
<td>36</td>
<td>23</td>
<td>147</td>
<td>34</td>
<td>272</td>
</tr>
<tr>
<td>GP</td>
<td>19</td>
<td>12</td>
<td>90</td>
<td>21</td>
<td>175</td>
</tr>
<tr>
<td>OH nurse</td>
<td>6</td>
<td>4</td>
<td>41</td>
<td>9</td>
<td>134</td>
</tr>
<tr>
<td>OH physician</td>
<td>13</td>
<td>8</td>
<td>40</td>
<td>9</td>
<td>124</td>
</tr>
<tr>
<td>MD/Owner</td>
<td>60</td>
<td>38</td>
<td>100</td>
<td>23</td>
<td>133</td>
</tr>
<tr>
<td>Ergonomist</td>
<td>5</td>
<td>3</td>
<td>12</td>
<td>3</td>
<td>39</td>
</tr>
<tr>
<td>Staff nurse</td>
<td>1</td>
<td>1</td>
<td>31</td>
<td>7</td>
<td>31</td>
</tr>
<tr>
<td>Occn Hygienist</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>2</td>
<td>25</td>
</tr>
</tbody>
</table>

Table A3.14
Distribution of who determines what type of OH support is required by company size. Each cell contains number and percentage within each company size

<table>
<thead>
<tr>
<th>Who determines type of OH support required?</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/Owner</td>
<td>91</td>
<td>58</td>
<td>162</td>
<td>37</td>
<td>158</td>
</tr>
<tr>
<td>Board of management</td>
<td>36</td>
<td>23</td>
<td>114</td>
<td>26</td>
<td>209</td>
</tr>
<tr>
<td>Personnel manager/director</td>
<td>6</td>
<td>4</td>
<td>26</td>
<td>6</td>
<td>68</td>
</tr>
<tr>
<td>H&amp;S officer</td>
<td>6</td>
<td>4</td>
<td>39</td>
<td>9</td>
<td>76</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>6</td>
<td>42</td>
<td>10</td>
<td>49</td>
</tr>
<tr>
<td>Safety manager</td>
<td>4</td>
<td>2</td>
<td>22</td>
<td>5</td>
<td>52</td>
</tr>
<tr>
<td>H&amp;S committee</td>
<td>2</td>
<td>1</td>
<td>15</td>
<td>3</td>
<td>44</td>
</tr>
<tr>
<td>OH staff</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>436</td>
<td>663</td>
<td>900</td>
<td>2157</td>
</tr>
</tbody>
</table>

Table A3.15
Distribution of who covers the cost of OH support within companies by company size. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Who covers the cost?</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>All depts./whole company</td>
<td>120</td>
<td>76</td>
<td>353</td>
<td>81</td>
<td>521</td>
</tr>
<tr>
<td>OH dept.</td>
<td>5</td>
<td>3</td>
<td>12</td>
<td>3</td>
<td>45</td>
</tr>
<tr>
<td>Owner/proprietor</td>
<td>120</td>
<td>76</td>
<td>353</td>
<td>81</td>
<td>521</td>
</tr>
<tr>
<td>HR/personnel</td>
<td>120</td>
<td>76</td>
<td>353</td>
<td>81</td>
<td>521</td>
</tr>
<tr>
<td>Depts. using OH support</td>
<td>120</td>
<td>76</td>
<td>353</td>
<td>81</td>
<td>521</td>
</tr>
<tr>
<td>Other</td>
<td>120</td>
<td>76</td>
<td>353</td>
<td>81</td>
<td>521</td>
</tr>
<tr>
<td>All</td>
<td>158</td>
<td>436</td>
<td>663</td>
<td>900</td>
<td>2157</td>
</tr>
</tbody>
</table>
Table A3.16  
Distribution of general health provision by company size. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>General Health Provision</th>
<th>Company Size</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion campaigns</td>
<td></td>
<td>29</td>
<td>104</td>
<td>24</td>
<td>236</td>
<td>525</td>
</tr>
<tr>
<td>Information on healthy lifestyles</td>
<td></td>
<td>36</td>
<td>23</td>
<td>94</td>
<td>206</td>
<td>504</td>
</tr>
<tr>
<td>Employee counselling</td>
<td></td>
<td>13</td>
<td>8</td>
<td>57</td>
<td>153</td>
<td>23</td>
</tr>
<tr>
<td>Free eye tests</td>
<td></td>
<td>10</td>
<td>6</td>
<td>58</td>
<td>184</td>
<td>28</td>
</tr>
<tr>
<td>Healthy eating options</td>
<td></td>
<td>17</td>
<td>11</td>
<td>53</td>
<td>105</td>
<td>16</td>
</tr>
<tr>
<td>Private health care scheme/insurance</td>
<td></td>
<td>10</td>
<td>6</td>
<td>56</td>
<td>134</td>
<td>20</td>
</tr>
<tr>
<td>Access to leisure facilities</td>
<td></td>
<td>17</td>
<td>11</td>
<td>52</td>
<td>105</td>
<td>365</td>
</tr>
<tr>
<td>Well-person health checks</td>
<td></td>
<td>14</td>
<td>9</td>
<td>57</td>
<td>138</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>21</td>
<td>56</td>
</tr>
<tr>
<td>No answer</td>
<td></td>
<td>12</td>
<td>8</td>
<td>14</td>
<td>13</td>
<td>138</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td>158</td>
<td>436</td>
<td>663</td>
<td>900</td>
<td>2157</td>
</tr>
</tbody>
</table>

A3.4  Stringent HSE definition

Table A3.17  
Reasons for having OH provision. Each cell contains number of companies reporting each reason

<table>
<thead>
<tr>
<th>Reason</th>
<th>All reasons</th>
<th>Most important reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility for health of employees</td>
<td>936</td>
<td>673</td>
</tr>
<tr>
<td>Concerns about litigation</td>
<td>619</td>
<td>47</td>
</tr>
<tr>
<td>Costs of absence</td>
<td>671</td>
<td>54</td>
</tr>
<tr>
<td>Input from Inspector¹</td>
<td>438</td>
<td>12</td>
</tr>
<tr>
<td>HSE campaigns</td>
<td>496</td>
<td>8</td>
</tr>
<tr>
<td>Pressure from employees</td>
<td>327</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>282</td>
<td>105</td>
</tr>
<tr>
<td>Pressure from Unions</td>
<td>197</td>
<td>1</td>
</tr>
</tbody>
</table>

¹HSE or Local Authority Inspector

Table A3.18  
Distribution of average cost of OH support and formal cost-benefit evaluation. Each cell contains number of companies and percentage of row total

<table>
<thead>
<tr>
<th>Average cost</th>
<th>Formal cost-benefit evaluation</th>
<th>No</th>
<th>Yes</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1k</td>
<td>No</td>
<td>40</td>
<td>82</td>
<td>49</td>
</tr>
<tr>
<td>£1k - £4.9k</td>
<td>Yes</td>
<td>97</td>
<td>65</td>
<td>149</td>
</tr>
<tr>
<td>£5k – £14.9k</td>
<td></td>
<td>102</td>
<td>65</td>
<td>158</td>
</tr>
<tr>
<td>£15k – £29.9k</td>
<td></td>
<td>53</td>
<td>53</td>
<td>100</td>
</tr>
<tr>
<td>£30k +</td>
<td></td>
<td>87</td>
<td>34</td>
<td>259</td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td>99</td>
<td>43</td>
<td>230</td>
</tr>
</tbody>
</table>
Table A3.19
Distribution of resources for health advice. Each cell contains number and percentage of companies using each source

<table>
<thead>
<tr>
<th>Resources</th>
<th>No of companies</th>
<th>Percentage of companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE</td>
<td>808</td>
<td>86</td>
</tr>
<tr>
<td>Suppliers of products</td>
<td>686</td>
<td>73</td>
</tr>
<tr>
<td>Local Authority</td>
<td>498</td>
<td>53</td>
</tr>
<tr>
<td>OH or Health &amp; Safety Advisors</td>
<td>514</td>
<td>54</td>
</tr>
<tr>
<td>Local GPs</td>
<td>452</td>
<td>48</td>
</tr>
<tr>
<td>Trade Associations</td>
<td>479</td>
<td>51</td>
</tr>
<tr>
<td>Unions</td>
<td>294</td>
<td>31</td>
</tr>
<tr>
<td>Other</td>
<td>148</td>
<td>16</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Table A3.20
Distribution of general health provision. Each cell contains number and percentage of companies that reported taking steps to improve general health of employees

<table>
<thead>
<tr>
<th>General Health Provision</th>
<th>No of companies</th>
<th>Percentage of companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion campaigns</td>
<td>545</td>
<td>80</td>
</tr>
<tr>
<td>Information on health lifestyles</td>
<td>515</td>
<td>75</td>
</tr>
<tr>
<td>Employee counselling</td>
<td>459</td>
<td>67</td>
</tr>
<tr>
<td>Free eye tests</td>
<td>377</td>
<td>55</td>
</tr>
<tr>
<td>Healthy eating options</td>
<td>386</td>
<td>57</td>
</tr>
<tr>
<td>Private health care scheme</td>
<td>293</td>
<td>43</td>
</tr>
<tr>
<td>Access to leisure facilities</td>
<td>343</td>
<td>50</td>
</tr>
<tr>
<td>Well-person health checks</td>
<td>363</td>
<td>53</td>
</tr>
<tr>
<td>Other</td>
<td>52</td>
<td>8</td>
</tr>
<tr>
<td>No answer</td>
<td>11</td>
<td>2</td>
</tr>
</tbody>
</table>

Table A3.21
Distribution of companies that would be willing to share OH, services with other local companies by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Willing to share</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>17</td>
<td>57</td>
<td>61</td>
<td>119</td>
<td>463</td>
</tr>
<tr>
<td>Not sure/depends</td>
<td>2</td>
<td>6</td>
<td>13</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>37</td>
<td>22</td>
<td>75</td>
<td>273</td>
</tr>
<tr>
<td>All</td>
<td>30</td>
<td>96</td>
<td>255</td>
<td>564</td>
<td>945</td>
</tr>
</tbody>
</table>

Table A3.22
Distribution of companies that provide some sort of OH support and that were interested in a national helpline by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Interested in helpline</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>7</td>
<td>23</td>
<td>37</td>
<td>39</td>
<td>58</td>
</tr>
<tr>
<td>Not sure</td>
<td>2</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>70</td>
<td>54</td>
<td>56</td>
<td>186</td>
</tr>
<tr>
<td>All</td>
<td>30</td>
<td>96</td>
<td>255</td>
<td>564</td>
<td>945</td>
</tr>
</tbody>
</table>

89
Table A3.23
Distribution of companies that provide any occupational health (OH), support by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>OH support provided</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>4</td>
<td>13</td>
<td>8</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Yes</td>
<td>26</td>
<td>87</td>
<td>88</td>
<td>92</td>
<td>244</td>
</tr>
<tr>
<td>All</td>
<td>30</td>
<td>96</td>
<td>255</td>
<td>96</td>
<td>564</td>
</tr>
</tbody>
</table>

Table A3.24
Provision of specific aspects of OH support by company size. Each cell contains number and percentage of companies that reported providing each aspect of OH support within each company size

<table>
<thead>
<tr>
<th>Aspect of OH support</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazard identification</td>
<td>30</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>255</td>
</tr>
<tr>
<td>Formal risk management</td>
<td>30</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>255</td>
</tr>
<tr>
<td>Information on health related issues</td>
<td>30</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>255</td>
</tr>
<tr>
<td>Modifying work activities after health surveillance</td>
<td>30</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>255</td>
</tr>
<tr>
<td>Training on health related issues</td>
<td>30</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>255</td>
</tr>
<tr>
<td>Measuring workplace hazards</td>
<td>30</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>255</td>
</tr>
<tr>
<td>Monitoring trends in health</td>
<td>30</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>255</td>
</tr>
<tr>
<td>Rehabilitation programmes</td>
<td>19</td>
<td>75</td>
<td>75</td>
<td>78</td>
<td>202</td>
</tr>
<tr>
<td>Promoting general health</td>
<td>16</td>
<td>53</td>
<td>47</td>
<td>49</td>
<td>146</td>
</tr>
<tr>
<td>OH service by doctor or nurse</td>
<td>7</td>
<td>23</td>
<td>33</td>
<td>34</td>
<td>116</td>
</tr>
<tr>
<td>Employee counselling</td>
<td>9</td>
<td>30</td>
<td>26</td>
<td>27</td>
<td>94</td>
</tr>
</tbody>
</table>

Table A3.25
Distribution of principal providers of OH support by company size. Each cell contains the number and percentage of column total

<table>
<thead>
<tr>
<th>Principal providers of OH support</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees with H&amp;S training</td>
<td>10</td>
<td>33</td>
<td>45</td>
<td>47</td>
<td>149</td>
</tr>
<tr>
<td>Employees without H&amp;S training</td>
<td>10</td>
<td>33</td>
<td>11</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>External agencies</td>
<td>10</td>
<td>33</td>
<td>42</td>
<td>44</td>
<td>92</td>
</tr>
<tr>
<td>All</td>
<td>30</td>
<td>96</td>
<td>255</td>
<td>564</td>
<td>945</td>
</tr>
</tbody>
</table>
Table A3.26
Distribution of OH support providers (full or part-time) by company size. Each cell contains number of companies using each OH provider (full or part-time) within company size and percentage of cell total

<table>
<thead>
<tr>
<th>OH provider</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-aider</td>
<td>21 70</td>
<td>73 76</td>
<td>198 78</td>
<td>417 74</td>
<td>709</td>
</tr>
<tr>
<td>H&amp;S officer</td>
<td>11 37</td>
<td>44 46</td>
<td>115 45</td>
<td>264 47</td>
<td>434</td>
</tr>
<tr>
<td>H&amp;S practitioner</td>
<td>11 37</td>
<td>41 43</td>
<td>120 47</td>
<td>334 59</td>
<td>506</td>
</tr>
<tr>
<td>GP</td>
<td>6 20 20</td>
<td>21</td>
<td>89 35</td>
<td>226 40</td>
<td>341</td>
</tr>
<tr>
<td>OH nurse</td>
<td>4 13 15 16</td>
<td>67 26</td>
<td>337 60</td>
<td>423</td>
<td></td>
</tr>
<tr>
<td>OH physician</td>
<td>8 27 19 20</td>
<td>59 23</td>
<td>321 57</td>
<td>407</td>
<td></td>
</tr>
<tr>
<td>MD/Owner</td>
<td>13 43 23 24</td>
<td>57 22</td>
<td>74 13</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>Ergonomist</td>
<td>3 10 5 5 24 9 91 16</td>
<td>123</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff nurse</td>
<td>0 0 6 6 10 8 63 11</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occn Hygienist</td>
<td>0 0 6 6 15 6 94 17</td>
<td>115</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table A3.27
Distribution of who determines what type of OH support is required by company size. Each cell contains number and percentage within each company size

<table>
<thead>
<tr>
<th>Who determines type of OH support required?</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/Owner</td>
<td>13 43</td>
<td>34 35</td>
<td>49 19</td>
<td>41 7</td>
<td>137</td>
</tr>
<tr>
<td>Board of management</td>
<td>6 20 29 30</td>
<td>79 31</td>
<td>163 36</td>
<td>277</td>
<td></td>
</tr>
<tr>
<td>Personnel manager/director</td>
<td>2 7 4 4 23 9</td>
<td>122 22</td>
<td>151</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H&amp;S officer</td>
<td>1 3 10 10 33 13 55 10</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5 17 5 5 18 7 38 7</td>
<td>66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety manager</td>
<td>1 3 5 5 29 11 55 10</td>
<td>90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H&amp;S committee</td>
<td>1 3 3 3 21 8 42 7</td>
<td>67</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OH staff</td>
<td>0 0 3 3 2 1 39 7</td>
<td>44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>1 3 3 3 1 0 10 2</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>30 96 255 564</td>
<td>945</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table A3.28
Distribution of who covers the cost of OH support within companies by company size. Each cell contains number and percentage of column total

<table>
<thead>
<tr>
<th>Who covers the cost?</th>
<th>Micro</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>All depts./whole company</td>
<td>23 77 77 80</td>
<td>189 74</td>
<td>319 56</td>
<td>608</td>
<td></td>
</tr>
<tr>
<td>OH dept.</td>
<td>3 10 6 6 27 11</td>
<td>116 21</td>
<td>152</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner/proprietor</td>
<td>2 7 3 3 8 3 0 0</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR/personnel</td>
<td>0 0 2 2 6 2 73 13</td>
<td>81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depts. using OH support</td>
<td>1 3 5 5 10 4 38 7</td>
<td>54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1 3 1 1 11 4 25 4</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>0 0 3 3 6 2 13 2</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>30 96 255 564</td>
<td>945</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Health Provision</td>
<td>Micro</td>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
<td>All</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>--------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td>Health promotion campaigns</td>
<td>10</td>
<td>33</td>
<td>37</td>
<td>38</td>
<td>122</td>
</tr>
<tr>
<td>Information on healthy lifestyles</td>
<td>11</td>
<td>37</td>
<td>28</td>
<td>29</td>
<td>109</td>
</tr>
<tr>
<td>Employee counselling</td>
<td>6</td>
<td>20</td>
<td>19</td>
<td>20</td>
<td>81</td>
</tr>
<tr>
<td>Free eye tests</td>
<td>1</td>
<td>3</td>
<td>18</td>
<td>19</td>
<td>88</td>
</tr>
<tr>
<td>Healthy eating options</td>
<td>6</td>
<td>20</td>
<td>18</td>
<td>19</td>
<td>64</td>
</tr>
<tr>
<td>Private health care scheme/insurance</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>18</td>
<td>64</td>
</tr>
<tr>
<td>Access to leisure facilities</td>
<td>8</td>
<td>27</td>
<td>17</td>
<td>18</td>
<td>54</td>
</tr>
<tr>
<td>Well-person health checks</td>
<td>6</td>
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APPENDIX 4
MICRO COMPANIES VISITED

WEST SCOTLAND

a. Community music and outreach group
Provision of OH:
Sound engineer has responsibility for Health and Safety, and will be attending a course run by the local Council and funded by the Board of Management. There is basic First Aid provision on site.

OH Needs assessment drivers
Any health issues are raised at a Board meeting. Noise levels in the studio are checked and head phones used as required.

Formal Assessments of OH Provision
No formal evaluation and no specific budget available

Rehabilitation and facilities for disabled
Wheelchair access and classes for people with special needs.

Changes to Types of Services Required
Aware of need for formal Health and Safety Policy as number of staff grows, not just a poster and for training and awareness.

Future Development of Service
Find all the legislation and forms very confusing, as main role is to train others. Need to take a step at a time.

View of own role
Need more training and learning about structures required etc.

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Need to know what to do, and where to start, often can’t assimilate it due to time constraints. Systems need to be less bureaucratic, not just about rules, also need to explain purpose.

b. Lottery Promotions agency
Provision of OH:
No formal in-house provision
Only a small group who look out for each other

OH Needs assessment drivers
No formal process, would tend to relate to concerns about absence

Formal Assessments of OH Provision
No specific budget for OH

Rehabilitation and facilities for disabled
Not currently an issue
Changes to Types of Services Required
None anticipated

Future Development of Service
Not sure

View of own role
Too small a company to make an impact

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
More financial support for small companies to meet objectives

EAST SCOTLAND

c. Community Support group

Provision of OH:
The work is overseen by the local Council who meet with Project officers, one who is First Aid trained and another with a NEBOSH Certificate. Additional information is available by accessing the Council website. This support has been available for 2 years.

OH Needs assessment drivers
A Management Committee meet to discuss relevant issues and agree on training needs for Health and Safety.

Formal Assessments of OH Provision
An annual report is produced on all activities. There is no specific budget available for occupational health related costs.

Rehabilitation and facilities for disabled
Wheelchair access is provided, no other specific provisions are currently required.

Changes to Types of Services Required
None thought necessary at present.

Future Development of Service
Would like to encourage more employee feedback, possibly via a survey.

View of own role
Seek to encourage general health and fitness of staff.

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
A help line would be useful
NORTH of ENGLAND

d. Mining Company
Provision of OH:
External via BNFL 2 yearly medicals
MD has responsibility for health and safety
Available to all employees for approximately 20 years

OH Needs assessment drivers
Good practice within mining industry
Long history of health problems in the industry

Formal Assessments of OH Provision
No formal evaluation. Limited by costs
Approximately £50/year/employee for current provision

Rehabilitation and facilities for disabled
Wheelchair access

Changes to Types of Services Required
None anticipated

Future Development of Service
Combine occupational health and health and safety

View of own role
Accountable, need to get it right

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
Teaching people to accept responsibility, to avoid taking short cuts or ‘shrugging shoulders’.

e. Computer Supply and Maintenance
Provision of OH:
No formal in-house provision, owner’s wife is a GP
Owner has responsibility for health and safety
Available to all employees for approximately 12 years

OH Needs assessment drivers
Legislative requirements
Uses guidance for small companies and relevant web sites

Formal Assessments of OH Provision
No formal evaluation.
Limited by costs

Rehabilitation and facilities for disabled
No specific needs at present.
Changes to Types of Services Required
None planned

Future Development of Service
Feels current approach to health and safety is adequate

View of own role
Responsible as the owner

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Improving knowledge especially about legislative requirements

f. Welfare service for elderly and handicapped
Provision of OH:
No formal in-house provision
Warden takes responsibility for health and safety, and has access to MD if required

OH Needs assessment drivers
Mostly related to First Aid provision

Formal Assessments of OH Provision
Lottery funded, therefore no specific budget for OH

Rehabilitation and facilities for disabled
Premises were designed for those with disabilities.

Changes to Types of Services Required
No authority to do this

Future Development of Service
Not clear about how things will change in the future

View of own role
Supervision of those attending the centre and First Aid provision
Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Improving guidance suitable for small companies

MIDLANDS

g. Outworkers Support Group
Provision of OH:
External via local GP. Support from local NHS trust as required
MD has responsibility for health and safety, reports to executive committee
Available to all employees for approximately 35 years
OH Needs assessment drivers
Need to provide system for health of employees

Formal Assessments of OH Provision
No formal evaluation. No specific budget.

Rehabilitation and facilities for disabled
Not required at present

Changes to Types of Services Required
Not seen as a priority

Future Development of Service
None anticipated

View of own role
To encourage an open door policy

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
Would welcome a good practice guide relevant for small companies.

WALES

h. Copy Print Company

Provision of OH:
External support from Norwich Union for last 12 months
Owner has responsibility for health and safety

OH Needs assessment drivers
Need to provide system for health of employees
No need for a broad range of initiatives

Formal Assessments of OH Provision
No formal evaluation. No specific budget

Rehabilitation and facilities for disabled
Not required at present

Changes to Types of Services Required
Satisfied with current system

Future Development of Service
None anticipated

View of own role
A front line role, with accountability
Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Possibility of sharing services with other companies

SOUTH of ENGLAND

i. Designers of Industrial Systems
Provision of OH:
External support from local GP plus private health insurance scheme
Available to all employees for at least 5 years
External agency advise on health and safety
MD acts as liaison with external agencies

OH Needs assessment drivers
External agency undertake audits
Need to ensure a ‘best practice’ approach

Formal Assessments of OH Provision
No separate record of health costs within total health and safety and insurance costs.
Total spend approximately £8,000 per year.

Rehabilitation and facilities for disabled
No specific requirements at present

Changes to Types of Services Required
None planned

Future Development of Service
None anticipated

View of own role
Role has accountability for health of employees

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
To keep companies better informed of changes in legislation
SMALL COMPANIES VISITED

WEST SCOTLAND

a. Ship Management

Provision of OH:
Company has had Health and Safety (including OH) since inception in 1974.
External provision from OH nurses and Medical Officer.
OH comes under the remit of the Health and Safety Director who liaises with external agencies.

Office staff are provided with a medical health insurance scheme. Sea staff have specific medical assessment for merchant seamen.

Small company flexible approach to disability issues – staff will discuss and identify needs.

OH Needs assessment drivers
Via risk assessments of work tasks and advice from larger companies. Legislation also a driver.

Formal Assessments of OH Provision
A generic Health and Safety report is prepared and reviewed although Safety issues are given higher priority. No information on actual costs of OH provision.

Rehabilitation and facilities for disabled
Flexible approach to disability issues – staff will discuss and identify needs.

Changes to Types of Services Required
Some legislation driven, and others due to greater awareness of OH and client feedback. Realise need for improvement in services for the future.

Future Development of Service
Would like someone trained in OH specifically, with ability to identify underlying trends.

View of own role
Important role but input limited, due to competing time and resources.

Awareness of HSE strategy and OH access
Not aware.

Ideas of how HSE might improve access to OH provision
Companies need to see benefits as there are with safety. Demonstrate how OH will improve business.
Further develop Website - good practice ideas on OH
Set up a register of companies who give OH advice.

EAST SCOTLAND

b. Printing Company

Provision of OH
External as required
No meetings specifically for occupational health
Essentially a First Aid service, available to all employees
OH Needs assessment drivers
Seek advice from external providers as required

Formal Assessments of OH Provision
No formal evaluation.
No budget

Rehabilitation and facilities for disabled
On an individual basis dependent on the issues.

Changes to Types of Services Required
With introduction of new technology

Future Development of Service
No specific plans

View of own role
Little scope to influence situation

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Database of suppliers of relevant services.

c. Bicycle Co-operative
Provision of OH
No formal in-house provision for occupational health
Essentially a First Aid service, available to all employees for 10 years

OH Needs assessment drivers
Compliance with legislation eg.First Aid

Formal Assessments of OH Provision
No formal evaluation.
No budget

Rehabilitation and facilities for disabled
On an individual basis dependent on the issues.

Changes to Types of Services Required
Always been about First Aid provision, unlikely to change

Future Development of Service
No specific plans

View of own role
Co-ordinating First aid training and maintaining First Aid supplies

Awareness of HSE strategy and OH access
No
Ideas of how HSE might improve access to OH provision
Dedicated phone line for enquiries
Leaflets which give concise advice or guidance in ‘clear speak’
More assistance on how to comply with legislative requirements

NORTH of ENGLAND

d. Quarry
Provision of OH
External via Tarmac 3 yearly medicals
MD has responsibility for health and safety, production manager assists and liases with Tarmac
Available to all employees for approximately 15 years

OH Needs assessment drivers
From risk assessments and as advised by Tarmac

Formal Assessments of OH Provision
No formal evaluation.

Rehabilitation and facilities for disabled
On an individual basis dependent on the issues.

Changes to Types of Services Required
Impact of stress is likely to become more important

Future Development of Service
Less paperwork. Unlikely to have additional resources to develop service.

View of own role
Pivotal

Awareness of HSE strategy and OH access
Yes, via Safety bulletins

Ideas of how HSE might improve access to OH provision
Would prefer more openness, and advice on how to get help, not just a ‘slap on the head’.

e. Stone Quarry
Provision of OH:
External provider – local GP
Operations manager has responsibility for health and safety.
Available to all employees for approximately 7 years

OH Needs assessment drivers
Driven by legislation

Formal Assessments of OH Provision
Review of medical reports.
Service costs approximately £1000/year (£50/employee)
Rehabilitation and facilities for disabled
Not applicable.

Changes to Types of Services Required
None anticipated

Future Development of Service
Happy with current service.

View of own role
Acts as a link with external provision, and keeping up to date with legislation.

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Information on regional suppliers of services
E-mail updates on occupational health issues from HSE.

f. Paint manufacturers
Provision of OH:
Full time Health and Safety manager, who has access to the Board of Management
Available to all employees for approximately 17 years

OH Needs assessment drivers
Legislation and best practice determine the needs

Formal Assessments of OH Provision
Specific costs for First Aid and salary cost for Health and Safety manager.
Other costs are not easily quantified

Rehabilitation and facilities for disabled
Not applicable

Changes to Types of Services Required
Skin surveillance has been introduced

Future Development of Service
A broader range of health surveillance
Encourage more employee involvement

View of own role
The ‘go-between’, a link with company and external sources. Needs to have access to up to date information

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
Better guidance on occupational health issues
HSE to encourage more employee responsibility
**MIDLANDS**

g. Homecare Company

**Provision of OH:**
External provider – Queens Medical Centre
Business manager has responsibility for health and safety, and acts as liaison with provider. Available to all employees since company set up 5 years ago

**OH Needs assessment drivers**
Established by predecessor, based on needs of health care environment

**Formal Assessments of OH Provision**
No formal evaluation.
Budget available £600/year (approximately £18/employee)

**Rehabilitation and facilities for disabled**
Developments limited by lack of finances

**Changes to Types of Services Required**
None anticipated

**Future Development of Service**
Would like a more formal structure to the service but limited by available finances

**View of own role**
Acts as a link with external provision, feels the need for more support within company

**Awareness of HSE strategy and OH access**
Yes

**Ideas of how HSE might improve access to OH provision**
More support on developing services

**WALES**

h. Foam Products

**Provision of OH:**
Company has more focus on safety needs than health
External advice from health and safety consultancy
First Aider has access to MD to discuss health issues

**OH Needs assessment drivers**
External audit from health and safety consultancy
Tends to be legislation driven and often reactive

**Formal Assessments of OH Provision**
No formal evaluation.
No set budget

**Rehabilitation and facilities for disabled**
No specific initiatives at present
Changes to Types of Services Required
None anticipated

Future Development of Service
No specific plans

View of own role
Encourages an open door policy for all employees. Feels there is no one else who can currently take on the role

Awareness of HSE strategy and OH access
Not aware of specific objectives

Ideas of how HSE might improve access to OH provision
Register of relevant contacts

i. Mushroom Suppliers
Provision of OH:
External assistance on health issues from Mushroom Growers Association
Owner is responsible for health and safety (also first aid qualified)
They don’t consider that they provide occupational health support

OH Needs assessment drivers
Prioritise based on legislative requirements
Health updates provided by Mushroom Growers Association

Formal Assessments of OH Provision
No set budget
Health issues referred to local GP

Rehabilitation and facilities for disabled
Would tend to assess on an individual basis

Changes to Types of Services Required
Limited by available finances, but more First Aiders have been trained

Future Development of Service
No specific plans

View of own role
Need to keep abreast of changes, and attends regular refreshers

Awareness of HSE strategy and OH access
Not aware of specific objectives

Ideas of how HSE might improve access to OH provision
Satisfied with current level of information
SOUTH of ENGLAND

j. Construction Company
Provision of OH:
Manager has responsibility for health and safety issues. Essentially a family firm.
External advice from British Safety Council, of whom they are members
Company provided private medical insurance for all employees

**OH Needs assessment drivers**
Tends to be driven by legislative requirements

**Formal Assessments of OH Provision**
No formal tracking of costs, or evaluation of current provision

**Rehabilitation and facilities for disabled**
Would tend to assess on an individual basis

**Changes to Types of Services Required**
None planned

**Future Development of Service**
No specific plans

**View of own role**
Encourages the ‘open door’ policy which has been in place since company was established over 50 years ago.

**Awareness of HSE strategy and OH access**
Not aware of specific objectives

**Ideas of how HSE might improve access to OH provision**
Satisfied with current provision

k. Provider of information to Chemical Industry
Provision of OH
Head of Central services has responsibility for health and safety issues.
External support from local GP practice.
In-house health and safety adviser
Service available to all employees over last 5 years. Company established over 100 years ago

**OH Needs assessment drivers**
Best practice approach determined by the board of Directors

**Formal Assessments of OH Provision**
No formal evaluation of current provision.
Annual budget of £5,000 for health and safety has never been fully spent

**Rehabilitation and facilities for disabled**
Would tend to assess on an individual basis

**Changes to Types of Services Required**
None planned
Future Development of Service
Intended that HR manager should take on responsibility for overseeing health and safety
Plan to be more proactive

View of own role
To prevent the company being sued

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Simplify the existing hierarchy within HSE
MEDIUM SIZED COMPANIES VISITED

WEST SCOTLAND

a. College of Building

Provision of OH:
External provision has been in place approximately 4 years, from local NHS Personnel, Health and Safety Committee and Faculty co-ordinate and identify needs
OH provider issues regular reports and College act on findings
Different provisions are appropriate depending on department and tasks carried out

OH Needs assessment drivers
Inspections and audits

Formal Assessments of OH Provision
OH is assessed as part of Health and Safety provision, on average £3,000/year budget allocated.

Changes to Types of Services Required
Sector is fairly static and provision similar.

Future Development of Service
More detailed feedback reports on OH provision
Would be useful if OH companies could provide services across the board
Would also like to develop more in-house OH courses

View of own role
Sees self as a co-ordinator, and ensuring things are carried out.

Awareness of HSE strategy and OH access
Yes.

Ideas of how HSE might improve access to OH provision
Important to increase awareness.
Give information packs to Safety Reps to hand out.
Best achieved by having roving units going into workplaces every 6-12 months - Like the Blood Transfusion Van
Smaller organisations possibly via local health clinics.

b. Housing Association

Provision of OH:
External provision by local GPs for approximately 7 years. Also have a Health and Safety Committee. Most line managers are qualified social workers and can provide some informal OH provision.

OH Needs assessment drivers
Most needs identified via Line Management and via the Staff Committee. Also audits and external inspections from Social Work Dept.

Formal Assessments of OH Provision
Embedded in other costs. No formal evaluation.
Changes to Types of Services Required
Major changes over past 6-7 years, due to changing nature of client group – drug users, behavioural problems, and increased incidence of stress. Lone working and driving also part of role.

Future Development of Service
Would like staff to be more active in the committee
Budget separately to increase awareness of costs and benefits
Would be good to review trends over time

View of own role
‘Too many hats’, can’t be proactive due time pressures and lack of resources

Awareness of HSE strategy and OH access
Not aware it was a current issue – although know it’s on-going.

Ideas of how HSE might improve access to OH provision
Promoting a more positive approach to health.
Make it more fun and accessible – ‘big shop windows’.
Encouraging partnerships, and local peer support
Present case studies, on how to handle difficult issues.

c. Construction company
Provision of OH:
External Occupational Health Nurse and Physician provision as required.
Safety Manager who covers a specific geographical region.
Service available to all employees over several years.

OH Needs assessment drivers
As advised by external providers and also as required under statutory health surveillance.
Review annual appraisals to identify training needs of employees, and as required in any tender specification.

Formal Assessments of OH Provision
Appraisal of work environment, and customer satisfaction surveys.
Estimate approximate costs £50-60,000 per year

Rehabilitation and facilities for disabled
No staff with disabilities, but the company has appropriate policies in place.

Changes to Types of Services Required
Ergonomic and vibration requirements, including assessment of jobs, equipment and health surveillance.

Future Development of Service
Would like to see in-house occupational health service, to establish better baselines against which to monitor future progress

View of own role
To encourage management to address relevant health and safety issues.
Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
More Road shows
More face to face contact and tailored guidance
Need to emphasise that cost of OH support is beneficial, especially in relation to cost of insurance premiums.

EAST SCOTLAND
d. Egg producer and retailer
Provision of OH:
External provision as required.
All sites have Safety Representatives

OH Needs assessment drivers
Health and Safety Committee meet quarterly, and consider new legislation and issues such as noise.

Formal Assessments of OH Provision
Review annual report of activities against objectives for coming year.
No specific budget allocated for occupational health support.

Rehabilitation and facilities for disabled
No staff with disabilities, but look to support individuals in returning to work.

Changes to Types of Services Required
First Aid Training.

Future Development of Service
To see occupational health support as a priority.

View of own role
To keep abreast of relevant changes in health and safety.

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Advice line
More ‘plain-speak’ brochures and leaflets.

e. Construction Company
Provision of OH:
No formal occupational health provision
Safety Manager has NEBOSH diploma, and is trained in First Aid procedures
**OH Needs assessment drivers**
Safety is seen as more important, to comply with legislation
Health issues would be dealt with on an ‘ad hoc’ basis, if raised by employees

**Formal Assessments of OH Provision**
No and none planned
No budget for occupational health support

**Rehabilitation and facilities for disabled**
Nothing at any of the sites

**Changes to Types of Services Required**
To comply with legislation

**Future Development of Service**
To have a ‘call in’ centre for staff to discuss any concerns or occupational health issues

**View of own role**
An ‘as and when required’ role

**Awareness of HSE strategy and OH access**
Yes

**Ideas of how HSE might improve access to OH provision**
Videos to educate staff
By creating a legal obligation and advice on how to comply

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**NORTH of ENGLAND**

**f. High School**

**Provision of OH:**
Independent for 7 years, therefore few links with LEA
Have a health and safety committee, and Deputy head teacher takes on health and safety role.
Full time school nurse

**OH Needs assessment drivers**
Via health and safety committee

**Formal Assessments of OH Provision**
Health and safety audit and employee survey.
Negligible costs, doesn’t feature within the budget.
Cash available for contingencies

**Rehabilitation and facilities for disabled**
On an individual basis.

**Changes to Types of Services Required**
Better PPE has been provided
Welfare role has increased
Future Development of Service
Need to review what would be cost-effective measures.

View of own role
To keep health and safety on the agenda, and to try to be proactive.

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Web-orientated, and reduce paperwork associated with current systems. Needs to be dynamic and reach senior managers.

g. Power Plant Maintenance

Provision of OH:
External assistance from Health and Safety Consultants
Works manager has access to advice from external consultants
Family based firm, in current form for 15 years

OH Needs assessment drivers
Advice on best practice and legislative requirements is obtained from external consultants

Formal Assessments of OH Provision
No formal evaluation, and no specific budget
Review of Accident Book

Rehabilitation and facilities for disabled
Would seek to relocate, or adjust duties if feasible

Changes to Types of Services Required
Manual handling training has been introduced
Would introduce changes as advised by external consultants

Future Development of Service
No specific plans at present

View of own role
Operates an ‘open-door policy’, aims to be accessible

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
Tailor to the needs of specific industries and companies of differing sizes

h. Haulage and Storage Company

Provision of OH
In-house Health and Safety manager who has access to Company Director
Available to all employees for 3 years
OH Needs assessment drivers
Legislative requirements, especially First aid and manual handling

Formal Assessments of OH Provision
No formal evaluation
Current costs approximately £500/ year, which equate to £5-10/employee per year

Rehabilitation and facilities for disabled
On an ‘ad hoc’ basis, currently have a driver who has been re-deployed to office duties

Changes to Types of Services Required
Night Workers assessment have been introduced

Future Development of Service
Considers that most tasks are low risk
Developments would be limited by costs

View of own role
Operates an ‘open-door policy’, and considers it is part of the job

Awareness of HSE strategy and OH access
Yes, from coverage in Health and Safety journals

Ideas of how HSE might improve access to OH provision
More specific industry guidance and support

MIDLANDS

i. Fast Food Outlet
Provision of OH
Access advice from Regional Hygiene and safety Manager
Restaurant manager has on site health and safety responsibility
Provision existed for last 3 years

OH Needs assessment drivers
Driven by legislative requirements

Formal Assessments of OH Provision
No formal assessment
Costs not separated out on this basis

Rehabilitation and facilities for disabled
Wheelchair access

Changes to Types of Services Required
Not anticipated

Future Development of Service
None planned
View of own role
Limited scope for involvement.

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Currently satisfactory for their requirements

WALES

j. National Executive Agency
Provision of OH
External provision from BMI
In-house welfare support or Safety Adviser deals with occupational health issues
Access to senior managers as required
Some form of provision for last 28 years, available to all employees

OH Needs assessment drivers
As advised by external providers

Formal Assessments of OH Provision
Audit by National Executive Committee.
Not aware of actual budget, but no problems with extent of services provided

Rehabilitation and facilities for disabled
Would be assessed on an individual basis

Changes to Types of Services Required
More health surveillance and greater emphasis on occupational health versus Safety.

Future Development of Service
None planned

View of own role
Accepts it as part of the job

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Currently satisfactory for their requirements

SOUTH of ENGLAND

k. Oil Company
Provision of OH:
External provision from two local GPs, and Occupational Hygienist
In-house Senior Safety Engineer acts as liaison, with access to management team as required
Some form of provision for last 20 years, available to all employees
OH Needs assessment drivers
Based on best practice approach and feedback from employees

Formal Assessments of OH Provision
No formal tracking, but estimate £30,000/year (£150-£200/employee) for medical and associated costs

Rehabilitation and facilities for disabled
Disabled access and lifts

Changes to Types of Services Required
Feel provision is adequate

Future Development of Service
None planned

View of own role
Accepts it as part of the job, and ensure you know how to get assistance if required

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Ensure companies are aware of changes in legislation

I. Media monitoring organisation
Provision of OH:
External support from Parent Company, who provide Company doctor and health and safety advice
In-house Operations manager acts as liaison, with access to management team as required
Some form of provision for last 10 years, available to all employees

OH Needs assessment drivers
Driven by legislative requirements and previous experience within the company

Formal Assessments of OH Provision
No formal tracking at this level, but Parent Company likely to track costs

Rehabilitation and facilities for disabled
Assess on an individual basis

Changes to Types of Services Required
Feel provision is adequate

Future Development of Service
None planned, but would like employees to be more aware of their health and safety responsibilities

View of own role
Opportunity to shape the services provided, and sees it as important to the business. Knows how to get assistance if required
Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
Posters displaying hazards relevant to a specific industry sector
LARGE COMPANIES VISITED

WEST SCOTLAND

a. Photographic processing

Provision of OH

In-house provision supplemented by external services of a local GP, and psychology services for cases if they arise.

Occupational health has been a part of Health and Safety services for about 30 years, and is still evolving.

Health and Safety reports are presented to the Board of Directors on a quarterly basis, and include occupational health issues.

Often it is a struggle to get Health and Safety considered by the company as it doesn’t put ‘money in the till’.

OH Needs assessment drivers

Main driver is legislation, and compliance with COSHH assessments

Recently set up staff Safety Committee, Safety Reps are beginning to show greater enthusiasm.

Company also carries out an ‘audit of image’ in shops and field, which includes Health and Safety issues.

HSE and Local Councils also highlights needs. Would like to see them as allies rather than enforcers.

Formal Assessments of OH Provision

The quarterly H & S report to Directors comments on occupational health issues, but costs are subsumed under H & S.

Rehabilitation and facilities for disabled

Have staff with particular disabilities and work on case by case basis to deal with issues (e.g. equipment needs, or to ensure staff are supported. Have also introduced job rotation.

Changes to Types of Services Required

More training and information about hazards associated with office work due to legal claims.

Move towards preventative actions (enclosing machines), training, and increasing awareness.

Future Development of Service

Would like the company to develop Health and Safety by choice, with greater commitment from Senior Managers, and for them to do general H & S training to gain better understanding.

View of own role

Half time H & S and half Personnel, would like to see role become full-time.

Awareness of HSE strategy and OH access

No

Ideas of how HSE might improve access to OH provision

Don’t make more legislation!

Get the message across that compliance does not always mean spending money.

Guidance needs to be understandable, therefore more training is also required.
b. Train Operator
Provision of OH:
Has had OH since inception over 30 years ago.
OH services are provided externally by BUPA, who liaise with Personnel.
Company also has Safety departments who provide an additional link.
Head of Personnel and Safety Manager are on the Company Safety Council which is chaired by MD.

OH Needs assessment drivers
Evolved from British Railways Board of OH requirements.
Use HSE/EU campaigns as backdrop to actions e.g. Working Backs initiative.

Formal Assessments of OH Provision
Every month monitoring procedures take place – e.g. check and monitor medical records and assessments, random drug screening assessments against agreed targets.

Not able to give a cost for service provision.

Rehabilitation and facilities for disabled
Most buildings and offices have disabled access and trains have ramp access. Often disabled staff are found office type work as other jobs have strict medical fitness criteria.

Changes to Types of Services Required
In 1990s the introduction of drug & alcohol testing was a major change, similarly the Pregnant Workers Directive.
Also more stringent and frequent medical assessments have to carried out.

Future Development of Service
Feels that it is in the right place and the contracted system suits the business.

View of own role
Role in facilitation, main point of contact for contract and OH needs.

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
Who pays for it is a big question.

EAST SCOTLAND

c. Homes Agency
Provision of OH:
Local NHS has provide occupational health service for 6 years
Available to all employees

OH Needs assessment drivers
Good practice
Sickness absence
External stress audit
Formal Assessments of OH Provision
No formal budget. Money available from employee support programme

Rehabilitation and facilities for disabled
Wheelchair access, and changes to fire plan
Interpreter and visual aids
IT support

Changes to Types of Services Required
More emphasis on risk management of stress and bullying

Future Development of Service
Will depend on changes within the organisation

View of own role
As a liaison with external service

Awareness of HSE strategy and OH access
Yes in relation to stress

Ideas of how HSE might improve access to OH provision
Help-line
More user friendly and relevant website
Reporting by telephone rather than completion of forms

d. Fire Brigade
Provision of OH
Lies in Corporate group personnel
Available to all employees
Sessional GP, 2OHN and RGN
Service for 20 years

OH Needs assessment drivers
Good practice and well being of recruits
In liaison with personnel

Formal Assessments of OH Provision
Against pre-defined objectives
Quarterly return
Cost £97,238 (£79.60/employee)

Rehabilitation and facilities for disabled
Wheelchair access, and toilets

Changes to Types of Services Required
Planned physiotherapy access for all staff, and voluntary health screening

Future Development of Service
As above
View of own role
Core team member

Awareness of HSE strategy and OH access
Yes in relation to work with other emergency services

Ideas of how HSE might improve access to OH provision
Help-line

e. Bank
Provision of OH:
Internal under Human Resources Directorate
Available to all employees for 4 years
9 Occupational Health Nurses, Safety manager, 2 Regional safety officers, sessional Consultant
Occupational Physician.

OH Needs assessment drivers
Part of 5 year strategy

Formal Assessments of OH Provision
Annual report, Audit and employee survey
Annual budget currently £475,000/year (equates to £60/employee/year)

Rehabilitation and facilities for disabled
Wheelchair access, and toilets

Changes to Types of Services Required
As a consequence of the Disability Discrimination Act and associated case law
Introduction of a Long Term Disability scheme for long term absences which do not meet the
criteria of permanent incapacity.

Future Development of Service
Human Resources Advisory Centre to be established to provide advice for line managers on
management of absence and other health related issues. Intranet as an additional source of
health advice for employees

View of own role
Service provider for the business

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
More realistic expectations for large companies within regulations, and more advice and support
on how to achieve these requirements.
NORTH of ENGLAND

f. Chemical Company
Provision of OH:
In-house service, part time GP and full time Occupational Health Nurse for at least 30 years.
Report to Human Resources manager
Health surveillance applied to at risk groups only.
Driving policy recently introduced

OH Needs assessment drivers
Based on OH staff recommendations.
Often seen as just a cost by senior management

Formal Assessments of OH Provision
Cost of service provision not known, part of total Health and Safety budget

Rehabilitation and facilities for disabled
Wheel chair access
Assess each case individually

Changes to Types of Services Required
Expanded range of health surveillance performed
Insurance companies driving this.

Future Development of Service
Resources limit this, but would like service to be more proactive.

View of own role
Liaison between staff and company. Aim to encourage a proactive approach.

Awareness of HSE strategy and OH access
Yes very aware of 10 year strategy

Ideas of how HSE might improve access to OH provision
Still a role in educating employees about health at work.
Company perceives useful links with HSE and two-way communication.

g. Manufacturing Company
Provision of OH
In-house service, 2 full time Occupational Health Nurses and a trainee plus full time health and safety manager.
Present quarterly reports to Head Office Board of Management
Access for all employees for at least 30 years, but health surveillance for specific groups.

OH Needs assessment drivers
Via HR Executive Committee
Based on OH staff recommendations, and annual report of achievements.

Formal Assessments of OH Provision
Not known, previously tried to cost it out but too time consuming.
Rehabilitation and facilities for disabled
Assess each case individually

Changes to Types of Services Required
Expanded range of health surveillance performed, as insurance companies driving this.
Focus more on prevention

Future Development of Service
Would like service to be more proactive.

View of own role
Liaison between staff and company.

Awareness of HSE strategy and OH access
Yes very aware of 10 year strategy

Ideas of how HSE might improve access to OH provision
Guidance needed on stress

h. Vehicle sales and repair
Provision of OH
External provision from private sector
Group Human Resources manager liaises with providers, and reports to Directors

OH Needs assessment drivers
HR Manager determines OH provision based on best practice guidance

Formal Assessments of OH Provision
No formal evaluation at present
Costs of service approximately £2,000/year, which equates to approximately £40/employee

Rehabilitation and facilities for disabled
Would arrange necessary therapy or look to modify duties as required

Changes to Types of Services Required
Increase in health surveillance especially car Body Shop employees

Future Development of Service
Seek to provide more health education initiatives but other priorities take precedence

View of own role
Part of HR duties, important to know where to get information

Awareness of HSE strategy and OH access
No

Ideas on how HSE might improve access to OH provision
Register of approved providers
Good practice guidelines relevant to the industry sector
i. Newspaper Producer
Provision of OH
In-house provision from part time physician and Occupational Health nurse
Accessible to all employees for 8 years
Also monthly health and safety meetings with relevant staff

OH Needs assessment drivers
Management team determine needs based on best practice and advice from OH team

Formal Assessments of OH Provision
No formal evaluation at present
Costs have not been monitored on a regular basis
Rehabilitation and facilities for disabled
Would provide additional support or modify duties as required

Changes to Types of Services Required
Increase in health surveillance
Steps taken to improve employee awareness of health issues

Future Development of Service
Seek to provide more health education
Will be introducing the services of an Ergonomist, Physiotherapist and Chiropodist

View of own role
Part of role, and able to access advice if needed

Awareness of HSE strategy and OH access
No

Ideas on how HSE might improve access to OH provision
Provide better information on legislative changes, and how these will affect the company

j. Multi-trade Group
Provision of OH
In-house Health and safety manager who reports to a Director, who reports direct to MD.
External provision of OH services from private sector, and regional HSE Appointed Doctors
Accessible to all employees for at least 10 years

OH Needs assessment drivers
Adopt a proactive approach
Determine needs based on best practice and ‘safe systems of work’

Formal Assessments of OH Provision
Review of Annual Safety Report
Costs in the region of £20,000/ year, and anticipate they will increase next year. This equates to approximately £30-40/ employee.

Rehabilitation and facilities for disabled
Limited scope due to extent of use of subcontractors
Would provide modified duties if feasible, although currently no staff with disabilities
Changes to Types of Services Required
Increase in health surveillance
Continue with commitment to develop OH provision according to needs

Future Development of Service
No current plans, but no restrictions if changes are required

View of own role
To maintain progress and act as a co-ordinator

Awareness of HSE strategy and OH access
Yes

Ideas on how HSE might improve access to OH provision
Promote need for employee awareness of health and safety responsibilities

MIDLANDS

k. University
 Provision of OH
In-house service, full time Occupational Health Nurse, sessional Physician, Physiotherapist and Counsellor.
Occupational Health Nurse reports to Director of Human Resources who reports to Vice Chancellor and has access to senior managers.
Some form of provision for at least 10 years staff and students

OH Needs assessment drivers
Based on OH staff recommendations

Formal Assessments of OH Provision
Annual report presented by OH Department to HR Director
Cost of provision estimated at £67,000/year. OH team determine how this is used.

Rehabilitation and facilities for disabled
Disabled access and HR ensure each case is individually assessed

Changes to Types of Services Required
First Aid training now contracted out

Future Development of Service
Closer links with HRD, reduction in sickness absence by an education process. Development of OH website

View of own role
Central to success of the service (OHN)

Awareness of HSE strategy and OH access
Yes very aware of 10 year strategy

Ideas of how HSE might improve access to OH provision
Better publicity of web site and include in induction programme for staff and students
l. Construction Company  
Provision of OH  
External provision from Industrial Health Care  
Operations manager acts as link between provider and company, and has access to the Board of Management.

OH Needs assessment drivers  
No formal method, in liaison with external provider

Formal Assessments of OH Provision  
Percentage of each contract allocated to health and safety  
Cost of provision estimated at £115,000/year.

Rehabilitation and facilities for disabled  
Disabled access and HR ensure each case is individually assessed

Changes to Types of Services Required  
Introduction of hand arm vibration surveillance

Future Development of Service  
Limited by available finances

View of own role  
As a link between relevant groups

Awareness of HSE strategy and OH access  
Yes

Ideas of how HSE might improve access to OH provision  
Better publicity available services

m. College of Higher Education  
Provision of OH  
External provision from Local County Council  
Personnel Manager acts as link between provider and company  
Some form of provision for at least 20 years for staff and students

OH Needs assessment drivers  
Not sure how provision was determined

Formal Assessments of OH Provision  
Determined on a cost per capita basis  
Cost of provision £4,000/year (£10/employee).

Rehabilitation and facilities for disabled  
Disabled access and other adjustments as feasible

Changes to Types of Services Required  
None required
Future Development of Service
More proactive approach and more health surveillance

View of own role
Sees it as part of the job

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Raise profile of occupational health

WALES

n. Coin meter retailers
Provision of OH:
External provision from PPP, includes counselling provision
Health and Safety Manager acts as link with provider and has access to Directors
Access for all employees for the last 5 years

OH Needs assessment drivers
In liaison with external provider

Formal Assessments of OH Provision
Annual report of activities to HR Director
Average cost of provision £80,000/year, but last year cost £135,000

Rehabilitation and facilities for disabled
All premises constructed with these needs in mind

Changes to Types of Services Required
None required

Future Development of Service
More health education and counselling for sales staff

View of own role
Educating others about the value of occupational health provision

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
Raise profile of occupational health

o. Housing Association
Provision of OH:
External provision from Previa
Personnel Manager acts as link between provider and employees
Access for all employees for the last 8 years

**OH Needs assessment drivers**
In liaison with external provider to determine best practice approach
Personnel carried out benchmarking exercise

**Formal Assessments of OH Provision**
Annual audit of activities, and cost benefit analysis
External provider produces report on customer satisfaction
Average cost of provision recorded and fed back to Board of Directors

**Rehabilitation and facilities for disabled**
All premises constructed with these needs in mind

**Changes to Types of Services Required**
Counselling and audiometry

**Future Development of Service**
More health education, but will depend on available finances

**View of own role**
Know how to get assistance when required
Maintain communication with provider of service

**Awareness of HSE strategy and OH access**
Yes

**Ideas of how HSE might improve access to OH provision**
Register of companies providing occupational health provision

**SOUTH OF ENGLAND**

**p. Chemical Company**

**Provision of OH**
In-house provision. Full time occupational physician and hygienist with 5 full time occupational health nurses. Also have network of sessional GPs.
Group medical Adviser reports to Group Health/Safety and Environment Director who reports direct to the Chief Executive.
Provision for employees for at least 20 years including Wellness programmes.

**OH Needs assessment drivers**
Driven by OH Department. Need to comply with legislation and protect employees. Benchmarking against other industries.

**Formal Assessments of OH Provision**
Internal audit of all sites.
Annual report to Directors.
Budget adequate for needs – not specified.

**Rehabilitation and facilities for disabled**
Steadily improving facilities at sites and amount of provision.
Changes to Types of Services Required
Little change in recent years.

Future Development of Service
Not anticipated.

View of own role
Continue to provide a ‘best practice’ approach and advice on statutory provision. Maintain OH provision but not expanding the service for the sake of it.

Awareness of HSE strategy and OH access
Yes

Ideas of how HSE might improve access to OH provision
Make it a statutory requirement.

q. College of Higher Education

Provision of OH
External provision from BUPA and local GPs. Counselling support for staff and students. Human Resources Director liaises with providers and reports directly to Chief Executive. Provision available for 7 years.

OH Needs assessment drivers
Driven by legislation and desire to adopt a ‘best practice approach’

Formal Assessments of OH Provision
Not aware of costs of service provision. Costs of service are benchmarked against other providers.

Rehabilitation and facilities for disabled
Assessed on an individual basis

Changes to Types of Services Required
Consider service provision is adequate

Future Development of Service
Need to consider sales staff in providing OH support

View of own role
Part of HR duties, important to know when to ask for assistance

Awareness of HSE strategy and OH access
No

Ideas on how HSE might improve access to OH provision
Better communication between HSE and companies on changes in legislation and resulting requirements.
r. Landscapers
Provision of OH
External provision by local GPs., local counsellors and opticians. Provision in this format for approximately 2 years. Human Resources manager meets with other senior management on a monthly basis to discuss relevant issues and determine strategy.

OH Needs assessment drivers
Driven by legislation and specific issues arising within company.

Formal Assessments of OH Provision
No formal evaluation carried out
Unaware of costs of service provision but sufficient funds are provided

Rehabilitation and facilities for disabled
Positive approach to rehabilitation and meet individual needs of disabled staff on a site-specific basis.

Changes to Types of Services Required
Influenced by increased awareness of health and safety and appointment of health and safety officer. Noticeably more workplace assessments and provision of eye screening and visual aids for employees.

Future Development of Service
Would like employees to be more aware of health and safety responsibilities.

View of own role
Part of role. Link with advice line and other contacts if needing further information.

Awareness of HSE strategy and OH access
No

Ideas of how HSE might improve access to OH provision
Improve communication with companies