

Research to explore how medium sized organisations understand occupational health issues and manage health risks

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The Health and Safety Executive commissioned GfK NOP to carry out research to understand how duty holders in medium sized organisations of 50 to 150 employees in the construction, manufacturing and engineering sectors understand and manage health risks and to gain insights into the best ways for HSE to engage with them on this issue with a view to developing tailored support.

The research shows that duty holders do not conventionally use the term 'occupational health' and indicates that while they are doing much to manage long term health risks, they do not separate health risk management from safety management. Management of long term health risks is seen as an integrated part of health and safety management. Therefore, any communications on this subject should avoid the term 'occupational health' and seek to address health risk management in the context of duty holders' overall health and safety duties.

The research identifies three areas in which duty holders might require support and advice in their management of health risks. These are: employee engagement (how to communicate health risks to employees and ensure they act in accordance with proper procedures), resources (how to allocate resources to risk management appropriately and influence senior managers on this issue), and legislation (how to keep abreast of legislative and regulatory changes and act appropriately on these). HSE is seen as an appropriate provider of support and guidance on all of these issues and a range of delivery methods, including online, face-to-face and postal communications are identified.

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EXECUTIVE SUMMARY

Introduction

The overall objective for this research was to understand how duty holders in medium sized organisations of 50 to 150 employees understood and managed occupational health and to gain insights into the best ways for HSE to engage with them on this issue with a view to developing tailored support. Specifically, the research sought to address the following questions:

- What knowledge do members of the target group currently have about occupational health in their workplace?
- How are occupational health risks currently being managed in these workplaces?
- Does occupational health tend to have a low priority in medium sized organisations?
- What, if any, are the barriers faced by these organisations when attempting to understand health issues and manage occupational health risks?
- What, if any, enablers are there for these organisations when attempting to understand health issues and manage occupational health risks?
- Do organisations in the same industry sector face the same barriers and enablers? Similarly, are there any barriers and enablers that are common across all sectors or are they sector specific?
- What support/guidance do duty holders believe could help overcome these barriers and is the support required the same across all sectors?

GfK NOP carried out telephone interviews lasting 45 minutes with duty holders across Great Britain. The sample achieved is shown in the table below.

Sector	TOTAL	Location				
		London	Manchester	Glasgow	Cardiff	Leeds
Construction	16	7	4	3	2	-
Engineering	13	6	4	2	-	1
Manufacturing	19	8	4	5	2	-
TOTAL	48	21	12	10	4	1

Findings

Roles and Responsibilities

Most duty holders saw employee health and safety as essential to running a successful business. Ensuring that the workforce was safe and in good health helped the business they worked for to be productive. Therefore, good health and safety management was seen as contributing to business success.

Despite differences in job title and internal structure across the sample, respondents' health and safety responsibilities were fairly consistent. They included aspects of safety management such as risk assessing scaffolding and aspects of health management such as ensuring employees were wearing dust masks. A few respondents were also involved in managing staff wellbeing more widely, for instance by introducing cycle to work schemes.

Understanding of Occupational Health

Many duty holders found it difficult to distinguish between management of health risks and management of safety risks and did not usually see these as two separate activities. A consequence of this was that duty holders did not refer to management of health risks as 'occupational health management' but as part of their wider health and safety responsibilities. In fact, many duty holders were not clear what was meant by the term 'occupational health' and were not describing their health and safety activities using this term. This is worth bearing in mind, as any organisation wishing to communicate with medium sized enterprises about occupational health may not find this term is readily understood, or that it means something separate from management of health risks to duty holders in these organisations.

Across the sample, duty holders were primarily concerned with ensuring the immediate health and safety of the working environment. This included aspects of health risk management, such as ensuring that procedures were in place to protect employees against long terms health issues such as lung disease from dust inhalation. When discussing their current understanding of management of health risks in the workplace, duty holders discussed a range of activities that focussed upon on employee safety, health and wellbeing. The separation between these three areas of activity was not always clear and there was a good deal of overlap between them. The table below shows the kinds of risks identified and dealt with in each area.

SAFETY	HEALTH	WELL BEING
Risks from chemicals Risks from dust (skin irritations) Risks from improper use of equipment Slips, trips and falls Working from height Things falling from height Back pain Minor cuts and scratches	Risks from chemicals Risks from dust (skin and lung disease) Risks from noise Risks from improper use of equipment Slips, trips and falls Working from height Back pain Recurring problems from sitting at desk incorrectly Risk from using VDU's and computer equipment Pandemic diseases (swine flu)	General hygiene issues (not washing hands and passing cold / flu germs around) Unhealthy lifestyle of employees: Smoking Drinking Lack of exercise

Sources of Information and Advice

By far the most prominent current source of information and advice on management of health risks was the HSE. HSE was seen to deliver information and advice via its website and face-to-face during inspections. This information was seen as relevant, authoritative and reliable and was identified as covering management of health risks such as working from heights and lung damage from dust inhalation, as well as a wide range of other health and safety issues.

Other information sources included external consultants who were delivering site audits with verbal consultations backed up by written advice at a later stage and other regulatory bodies such as the British Standards Institute (BSi) and the Institute of Occupational Safety and Health (IOSH), who were offering health and safety specific information. Industry sources including Scottish Engineering, the Engineering Employers Federation and the National House-Building Council were also mentioned.

Occupational Health Management

The majority of duty holders were unconsciously undertaking health risk management as part of their compliance duties as a consequence of their defining health risk management in terms of general health and safety responsibilities. Duty holders were not differentiating between health management activities and safety management activities. The research found that across the sample, duty holders did demonstrate a systematic approach to managing health risks which involved the following stages:

- **Plan** - Proactive planning and implementing of policies and procedures to guard against long term health damage caused by the workplace environment.
- **Act** - Acting to address any issues that have arisen.
- **Monitor** - Monitoring to ensure policies and procedures are abided by and monitor any issues that have arisen.
- **Manage** - Reactive management to any health problems that the workforce is suffering from. This then leads back into the planning stage to proactively address these issues for future staff.

A range of specific management practices to address health risks were identified across these four stages. These included the practices listed below:

- Training on health and safety risks
- 'Toolbox Talks'
- Risk Assessments
 - Equipment maintenance
 - Personal Protective Equipment:
 - Desk Assessments
- Risk audits
- Reviewing and improving signage
- Providing good facilities (e.g. clean washrooms, etc.)
- Proper use of accident books
- Absence monitoring
- Developing and enforcing disciplinary procedures

- Monitoring staff behaviour (e.g. by CCTV)
- Providing staff with occupational health advice / medical screening

This systematic approach to health risk management did not differ in any significant manner across the three industries. Rather, approaches differed depending upon the organisational structure of the individual business.

Duty holders did not report any difficulties when it came to undertaking health risk management activities. Rather, discussion of barriers and enablers to good management of health risks focused on three key issues which were seen, by duty holders across all three industry Sectors, to determine the effectiveness of health risk management in any organisation. All three issues were seen as being either a barrier or an enabler by different duty holders depending upon the health and safety ethos present within the different organisations.

- **Employee engagement** - A key barrier that many respondents reported was the attitude of employees towards their own health. There was often a feeling that staff, especially younger people, did not take health and safety in the workplace seriously. Where employee engagement with health management in the workplace was high and employees were concerned to be responsible about their long term health, this was seen as a key enabler to effective health and safety management.
- **Resources** - Many duty holders discussed the importance of having enough resources in order to fund activities such as staff training. Whilst having access to resources was seen as an enabler to good health management, a lack of resources was considered to be a large barrier. Where respondents felt they had a lack of resources, there was a general feeling that unless something was a legal necessity, it was likely to be overlooked due to cost.
- **Legislation** - Duty holders reported that legislative changes and updates were potential barriers to good health management as they could be difficult to keep up with, especially for firms that did not have the staffing capability or resources to dedicate to this task.

Guidance on Managing Health Risks

Duty holders in medium sized organisations did not use the term ‘occupational health’ to refer to managing health risks in the workplace. In fact, few duty holders saw health risks as separate from safety risks and where they talked about ‘occupational health’ this was more likely to refer to staff wellbeing. If HSE wishes to provide guidance around occupational health management to medium sized organisations, it will be important to get the language and terminology correct. If this is not done, communications may not be seen as relevant and may not capture duty holders’ interest. It would therefore be better to brand this guidance as being about ‘health and safety’ rather than about ‘occupational health’.

Regarding the types of messages respondents wanted to receive around management of health risks, there was a general feeling that the overall aim of the messaging should be to raise the importance of health considerations amongst employees. For example, one respondent reported how important changes had been made across the construction industry since awareness was raised around the health risk associated with asbestos. Future messaging might therefore focus on raising awareness amongst staff about the risks present where health considerations are not taken seriously. Duty holders felt that one effective way to do this was to reinforce the message that measures are in place for the good of the employee and to protect their health.

Duty holders also felt it was important for employers to be kept up to date with their responsibilities around employee health and the legislative and regulatory changes impacting on this. This guidance should be provided in a succinct and direct way and in layman's terms, with the implications of the changes referred to, clearly outlined.

With regard to the format in which the guidance was delivered, the majority of duty holders expressed a preference for receiving communications around health management in an electronic format, although there were a range of preferences within this, from email to online PDF case studies to online videos. Online communication was seen as easy and accessible and the variety of formats available means that there is a selection of different ways for duty holders to receive the information that they need. Case studies demonstrating the impact of good and bad management of health risks were also requested.

1 INTRODUCTION

This research, exploring how medium sized organisations understand occupational health issues and manage health risks, was carried out by Michael Thompson, Polly Hollings and Natalie Ellis from the Qualitative Social Research team at GfK NOP. Fieldwork was carried out between the 5th and the 19th April 2010.

1.1 Background and Objectives

The Health and Safety Executive (HSE) commissioned this research to explore how duty holders within medium sized organisations understood and managed occupational health within their organisations. This qualitative research was designed in response to HSE data which suggested that most working days lost in the UK resulted from work-related ill health. In the 12 months prior to this data being collected, it was found that over one million people believed they were suffering from an illness that was either caused or aggravated by work.

Medium sized organisations of 50 to 150 employees have been identified as a target group in HSE's strategy. The HSE wished to further explore anecdotal evidence which suggests that medium sized organisations find engaging with occupational health issues and managing health risks more difficult than they do engaging with and managing workplace safety. The focus of this research was therefore to explore the barriers to engagement with health management with a view to identifying potential solutions for better management of health risks in the workplace. This research took 'occupational health management' to mean 'management of health risks' in the workplace.

The overall objective for this research was to understand how duty holders in medium sized organisations of 50 to 150 employees understand and manage occupational health and to gain insights into the best ways for HSE to engage with them on this issue with a view to developing tailored support. Specifically the research sought to address the following questions:

- What knowledge do members of the target group **currently** have about occupational health in their workplace?
- How are occupational health risks **currently** being managed in these workplaces?
- Does occupational health tend to have a low priority in medium sized organisations?
- What, if any, are the **barriers** faced by these organisations when attempting to understand health issues and manage occupational health risks?
- What, if any, **enablers** are there for these organisations when attempting to understand health issues and manage occupational health risks?
- Do organisations in the same industry sector face the same barriers and enablers? Similarly, are there any barriers and enablers that are common across all sectors or are they sector specific?
- What support/guidance do duty holders believe could help overcome these barriers and is the support required the same across all sectors?

1.2 Method & Sample

The GfK NOP research team adopted a qualitative approach towards this research and carried out telephone interviews with duty holders in medium sized organisations across the UK. Telephone interviews were carried out on a one-to-one basis with duty holders, with each interview lasting 45 minutes. Telephone interviews provided a relaxed setting which allowed the team to explore duty holders' understanding and management of occupational health within their organisation in detail. Utilising a telephone interview approach also allowed the team to reach a much wider audience across the UK than would have been possible if a face-to-face approach had been adopted.

A total of 48 interviews were carried out with duty holders working in organisations of 50-150 people across a range of locations in the UK. The achieved sample, showing breakdown by industry sector and location is shown in the following sections.

It is important to note that the findings outlined in this report have emerged from detailed analysis of the interviews. Given the qualitative techniques employed, the data collected was spontaneous and anecdotal in nature. Due to the small size of the sample for this research numerical outcomes cannot be transposed onto the wider population. Where numbers are used, these are intended to indicate the balance of views within the sample itself.

1.2.1 Location of duty holders

Table 1 Sample of duty holders by industry and location

Sector	TOTAL	Location				
		London	Manchester	Glasgow	Cardiff	Leeds
Construction	16	7	4	3	2	
Engineering	13	6	4	2		1
Manufacturing	19	8	4	5	2	
TOTAL	48	21	12	10	4	1

The definition of duty holder used in this research was the most senior person on site with responsibility for health and safety. The person interviewed also had to be part of the senior management team for that site.

At the outset, it was intended that the research would be carried out in London, Manchester, Glasgow and Cardiff to ensure a good spread of businesses across these locations. However, it was evident that recruiting duty holders situated within businesses of 50-150 people would be a difficult task given their limited numbers in each location. As the sample shown in Table 1 suggests, recruitment was successful in London and Manchester but became difficult in Glasgow as fieldwork ran on and was difficult in Cardiff from the beginning stages due to the

difficulty of finding organisations of 50-150 people within these locations. For this reason, in consultation with the HSE, the locations were extended to include Leeds and more duty holders were recruited in London and Manchester than previously anticipated as it was agreed that size of business was more important to the research than location.

To ensure a range of duty holders were included in the research, the sample was broken down into the construction, engineering and manufacturing industries and, within these, by different business type in order for us to explore occupational health management within as wide a context as possible. This is illustrated in Table 2 below.

Table 2 Duty holder sample by sector

Sector	TOTAL	Activity
Construction	16	Commercial and residential property development, apprentice training, architecture, home building/refurbishment, carpet company, glass distributor, general building contractors, social housing development, residential apartment building, air conditioning.
Engineering	13	Automotive engineering, civil engineering, residential housing design, facilities provision, renewable resources providers, consultancy design, carbon and glass fibre production, train engineering, component design and production.
Manufacturing	19	Signage, lighting and software, bakery, bricks, sheet metal, glass, plastics, clothing, milk processing, printing, product manufacturer, cereals, car components, basic metals.
TOTAL	48	

2 Main Findings

2.1 Roles and Responsibilities

All duty holders were the most senior person in the organisation with responsibility for health and safety. Although they were all responsible for health and safety management within their organisation, there were wide differences in the roles performed by each duty holder and their views around health management within the workplace. Most of these differences were a result of the different business functions of the organisation that they worked for and their role within this.

The differences in the roles performed by duty holders are illustrated by their different job titles. These are shown in the table below. The table indicates where duty holders performed a dedicated health and safety role and where they performed a wider management role which included health and safety.

Table 3 Duty Holder Job Titles

Industry	Wider Management Role	Dedicated Health and Safety Role
Construction	<u>9 respondents:</u> Operations Director Project Manager Contracts Manager Managing Director Director x 3 Owner Construction Manager	<u>7 respondents:</u> Health and Safety Manager x 4 Health and Safety Coordinator Facilities Manager Site Manager
Engineering	<u>13 respondents:</u> General Manager x 2 Sub-contracts Manager Mechanical Engineer Landscape Architect Project Engineer Engineering Manager Partner Managing Director x 2 General Manager Office Manager Operations Director	<u>0 respondents</u>
Manufacturing	<u>13 respondents:</u> HR Manager x 3 Manager x 2 Operations Director x 2 Production Manager x 2 Director x 2 General Manager Managing Director	<u>6 respondents:</u> Health and Safety Manager x 3 Health and Safety Trainer Health and Safety Officer x 2

Table 3 shows that across the three different industries, duty holders held a variety of different roles. The variance in duty holders' job titles was reflected in the differing responsibilities they

had for health and safety management within their organisations. For some, health and safety responsibilities encompassed their entire job role, whilst for others these considerations took up only a small amount of their time.

“It’s a small part of my day to day job.”

(Duty Holder, Engineering, Glasgow)

“It [managing health risks] is probably the most important aspect of our job at the moment. Whenever we start...a meeting that we either have with our management, or if we are doing a sub-contract meeting...we always start with a health and safety question. It’s one way that we try to maintain health and safety being the most prominent aspect of the work that we do.”

(Duty Holder, Engineering, Manchester)

Duty holders within Engineering organisations had job titles that were not reflective of the responsibilities they had for health and safety within their organisations. Engineering duty holders tended to incorporate health and safety responsibilities into a wider role, in contrast to Construction and Manufacturing, where duty holders were more likely to report holding a dedicated health and safety role. This was reflected in the Engineering duty holders’ job titles, such as ‘Project Engineer’ or ‘Landscape Architect’.

“I’d probably spend about 30% of my time...on health and safety issues”

(Duty Holder, Engineering, Manchester)

“It is part of my role because we don’t have health and safety managers.”

(Duty Holder, Engineering, London)

Engineering duty holders were also less likely to be Directors or Owners of the business that they worked for, which reflected a general tendency amongst Engineering organisations for sharing health and safety responsibilities amongst project managers and senior staff. In contrast, Construction and Manufacturing duty holders were more likely to hold either dedicated health and safety roles.

“Anything to do with health and safety lands on my lap.”

(Duty Holder, Construction, Cardiff)

“It’s not completely central [to my role] but it’s a part of it, so about 20% of my role.”

(Duty Holder, Manufacturing, Cardiff)

Despite these differences in job title and internal structure, across the sample, respondents’ health and safety responsibilities were fairly consistent. They included aspects of safety management such as risk assessing scaffolding and aspects of health management such as complying with Control of Substances Hazardous to Health (COSHH) regulations. A few respondents were also involved in managing staff wellbeing more widely, through, for example, running healthy eating schemes within the workplace.

2.2 Understanding of Occupational Health

The key finding that emerged from discussions around duty holders' current knowledge of occupational health was that they do not use the term 'occupational health' and they do not see occupational health management activities as being separate from safety management. Many duty holders found it difficult to distinguish between management of health risks and management of safety risks and did not see these as two separate activities. A consequence of this was that they did not refer to management of health risks as 'occupational health management' but as part of their wider health and safety responsibilities. The phrase 'management of health risks' was also rarely used spontaneously. Rather, duty holders talked about health and safety, seeing risk management as one aspect of this. This is worth bearing in mind, as any organisation wishing to communicate with medium sized enterprises specifically about health risks may find that the concept is not readily understood, or that it means something separate from management of safety risks to duty holders in these organisations.

Indeed, 'occupational health' was only referred to by a few respondents who were utilising external occupational health advice. This typically involved bringing nurses or doctors on the business site to assess staff health. One respondent reported that their occupational health nurse would watch production lines to check that employees were in the correct position when carrying out heavy lifting. For the other respondents, occupational health advice was more holistic and involved medical health screenings, informing employees of their weight, BMI and blood pressure and offering advice on stopping smoking.

When discussing management of health risks in the workplace, Duty holders were primarily concerned with ensuring the immediate health and safety of the working environment. This included aspects of health risk management, such as ensuring that procedures were in place to protect employees against long term health issues such as lung disease from dust inhalation. Duty holders discussed a range of activities focusing on employee safety, health and (in a few cases where duty holders had a broad view of health and safety management) wellbeing. The separation between these three areas of activity was not always clear and there was a good deal of overlap between them. Table 4 shows the kinds of activity undertaken in each area and these are then discussed in full.

As stated above, many respondents found it difficult to distinguish between management of health risks and management of safety risks and did not usually see these as two separate activities. Therefore, many of the activities described below were seen as being just as much a part of safety management as they were part of health management.

The issues that duty holders identified as health risks (described in Table 4) did not vary significantly across the sample and no clear differences emerged by sector. For instance, while only a minority of respondents discussed the lifestyle issues listed under the wellbeing heading, these respondents came from all three sectors included in this research (construction, engineering, and manufacturing). To some extent, this reflects the relative homogeneity of the sample. All respondents worked for businesses of a similar size and in businesses facing similar kinds of risks. For example, most respondents mentioned slips, trips and falls, back pain and use of equipment as significant health risks for their employees.

Table 4 Areas of health risk management

SAFETY	HEALTH	WELL BEING
<ul style="list-style-type: none"> • Risks from chemicals • Risks from dust (skin irritations) • Risks from improper use of equipment • Slips, trips and falls • Working from height • Things falling from height • Back pain • Minor cuts and scratches 	<ul style="list-style-type: none"> • Risks from chemicals • Risks from dust (skin and lung disease) • Risks from noise • Risks from improper use of equipment • Slips, trips and falls • Working from height • Back pain • Recurring problems from sitting at desk incorrectly • Risk from using VDU's and computer equipment • Pandemic diseases (swine flu) 	<ul style="list-style-type: none"> • General hygiene issues (not washing hands and passing cold / flu germs around) • Unhealthy lifestyle of employees: <ul style="list-style-type: none"> ○ Smoking ○ Drinking ○ Lack of exercise

2.2.1 Safety

It was the employers' duty to ensure that the immediate working environment was safe for employees. As a legal responsibility, safety management was given very high priority by duty holders. However, as Table 4 above shows, many respondents were managing health risks alongside their management of safety risks as they saw the two as interlinked.

“The way an unsafe environment manifests itself is in a health issue. So if the environment was asbestos for example, someone is going to have lung problems aren't they.”

(Duty Holder, Manufacturing, Manchester)

A consequence of this is that a clear distinction between management of safety risks and management of health risks was not always made. By guarding against safety risks, some felt that longer term health risks were also managed. For example, complying with COSHH regulations was seen as forming part of safety management and health risk management. Abiding by these regulations guarded against accidents which can prevent long term health damage. Therefore, when managing safety risks and preventing accidents, duty holders' saw their actions as positively impacting upon employees' long term health.

2.2.2 Health

The types of activities duty holders were carrying out to minimise the risks to employees' long term health were wide ranging. It should be noted that because these activities also guarded against short term damage, such as cuts and sprains, many duty holders were unable to distinguish them from the management of safety risks. A description of the different activities duty holders reported to undertake to manage health risks follows:

- **Training:** Types of training included manual handling, first aid, correct handling of chemicals, how to use equipment / tools, general induction to the company health and safety policy.

- **‘Toolbox Talks’:** Informal chats with employees about specific risks that arise, e.g. around a new tool being used on site and how employees should be using this properly.
- **Risk Assessments:** Covered a wide range of working practices from working at height, to fire and electrical equipment. Risk assessments were then informing the ‘next steps’ to be taken to minimise and manage health risks:
 - **Equipment maintenance:** Ensuring that correct guards are in place and that equipment is fit for purpose
 - **Personal Protective Equipment:**
 - Dust Masks: To protect against lung damage
 - Gloves: To protect against cuts, chemicals and dust causing skin irritations
 - Boots: To protect against hazards and falling objects
 - **Desk Assessments:** To ensure that workers were sitting correctly at their desks
- **Audits:** Internal and external site audits. These were being used to back up everyday risk assessments and ensure total legal compliance.
- **Signage:** Many duty holders reported using a lot of signage to warn staff about manual handling risks and the risks resulting from incorrect storage of chemicals.
- **Facilities provision:** Wash facilities and bacterial gels to try to stem the spread of contagious illness. Especially a concern around pandemic diseases.
- **Accident books:** To record any accidents to protect the employee and the employer and to spot any trends in accidents occurring (e.g. if recurring accidents on one particular machine).
- **Absence monitoring:** Monitoring how long employees are off sick, the reasons why and seeing what assistance can be offered to them. These systems were also seen as discouraging employees from ‘pulling sickies’ too often.
- **Disciplinary process:** Where employees were found to not be following the correct procedures some duty holders reported that they had systems in place to take further action.
- **CCTV:** One duty holder reported that his organisation used CCTV to monitor employee behaviour to ensure they were adhering to the correct policies and procedures.
- **Occupational Health Advisors / Medical screening:** A few organisations gave their staff private healthcare and/or access to occupational health advice.

Where the term ‘occupational health’ was used to describe health activities in the workplace, this focused on delivery of training and advice by occupational health professionals. Across the sample, a few respondents reported that their organisations employed external occupational health advisors who came into their businesses a certain number of times a year, although these organisations were very much in the minority in the sample. Organisations were utilising occupational health advisors in different ways, reflective of the different ways they viewed health management within the workplace. In some cases they were being used to offer advice to employees on work environment specific acts, for example, to ensure that employees were carrying out manual handling in the correct position or that employees were positioned correctly at their desks. In others they were giving personal health advice to their employees and adopting a more ‘holistic’ approach to the health of their staff. This second group of

organisations were very much in the minority and tended to have a broader approach to health and safety, which included supporting the wellbeing of their staff.

Once again, no significant differences emerged by sector in the types of activities duty holders were undertaking to minimise health risks in the workplace. All of the items identified in the bullet points on the page above were discussed by respondents in each of the sectors included in this research (manufacturing, engineering, construction) and there appeared to be little variation in the extent to which these were prioritised.

2.2.3 Wellbeing

Wellbeing of employees was not an area that the majority of duty holders considered to be within their remit. However, there were a small number of organisations who were managing staff wellbeing as well as health and safety. Management of wellbeing incorporated initiatives designed to promote the health and fitness of individual employees. These included the following areas of activity:

- **Policies:** Many of the duty holders reported having ‘no smoking’, ‘no drinking’ and, in some cases, ‘no drugs’ policies. These stipulated that smoking, drinking and taking drugs were not allowed within the organisations. Disciplinary procedures were also used to back this up where necessary.
- **Healthy Living:** There were a number of different activities going on around this:
 - **Subsidised Canteens:** Offering healthy eating options to staff.
 - **Cycle to Work Schemes:** Designed to encourage employee fitness.
 - **On-site gyms / discounted memberships:** Again, another way in which organisations were trying to encourage healthy living.
- **Occupational Health Advice:** Most of the organisations using occupational advice were going beyond advice about how to manage health risks in the workplace, such as risks around back strain, and were actually utilising this to give employees advice around healthy living. Staff were offered medical assessments to identify their weight and BMI and were then offered advice about what they could do to improve their lifestyle. Advice also focussed on stopping smoking and decreasing alcohol consumption.

“Basically we have 18 nurse days a year so I have an occupational nurse on site here for 8 hours a day for 18 days a year. We screen all of our employees. So, they get their hearing tested, they get their eye sight tested, we check their skin for any exposure they've had to chemicals, we check hand-arm vibration, we check their lung function and if they want she'll kind of do their blood pressure and their height and weight and tell them their BMI.”

(Duty Holder, Manufacturing, Glasgow)

“We have quite a lot of young lads so when the occupational health nurse comes in she will speak to them about they take in drink, so just try to make them aware of their lifestyle.”

(Duty Holder, Manufacturing, Manchester)

The organisations that were using occupational health advisors were not specific to any one of the three industries. However, they were generally the larger companies in the sample with

approximately 120 staff upwards. This is likely due to having the resources available to extend health advice beyond that which is legally necessary. One respondent reported that although supplying occupational health advisors and medical assessments was a large expense, the benefits of healthier staff not taking time off and decreasing the likelihood of civil action being taken against the business for failing to protect employees against long term health issues was worth the extra cost.

“If someone is off work then we're paying them to be off and paying someone else to be here to cover for them.”

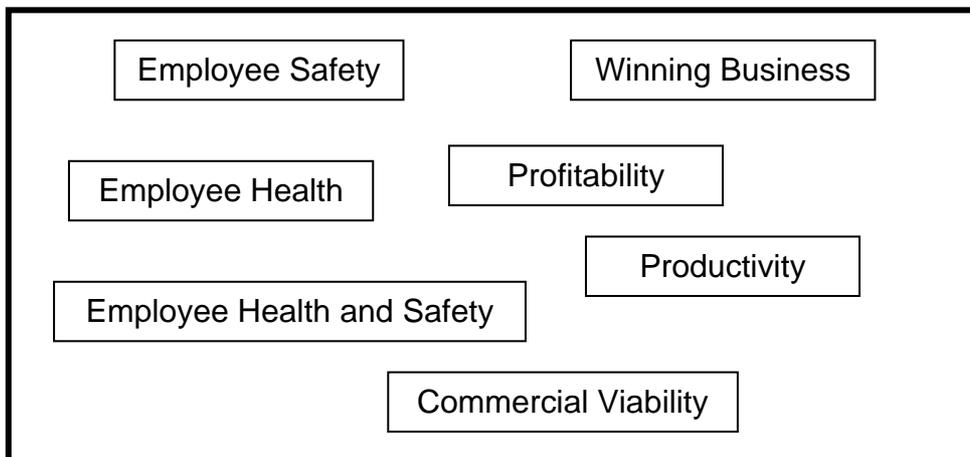
(Duty Holder, Manufacturing, Glasgow)

One organisation had a completely different approach to the rest of the sample. This organisation approached the entire spectrum of safety, health and wellbeing from a highly strategic point of view. This organisation moved from managing safety and health to incorporating a wider approach to health by joining a local NHS scheme that was focussed upon identifying the businesses occupational health needs, ranging from manual handling to ‘social issues’ such as depression and coping with bereavements. The duty holder felt that ‘social issues’ needed to be incorporated into the overarching health and safety strategy because they affect a person’s performance within the workplace which would detrimentally impact upon productivity in a similar manner to physical health and safety issues.

2.3 Business Priorities

Across all three industries health and safety considerations were given very high priority by duty holders. The most frequently reported priorities for duty holders are shown in the diagram below.

Diagram 1 Duty Holders Business Priorities



Duty holders did not see health management and management of safety as being mutually exclusive. Across all three sectors, duty holders saw health risk management as being just one aspect of health and safety management and did not view it as a discrete area of activity. Rather, health and safety overall was seen as essential to running a successful business. Therefore, occupational health was given high priority by virtue of it’s being part of health and safety responsibilities.

Ensuring that staff were safe and in good health ensured they were able to continue working, but also made them feel valued and boosted their morale, which positively affected productivity levels. In most cases good health and safety management was seen as contributing to business success.

You can't put a price on someone's health. You can put a price on a project and see how much your annual turnover for your company is for the year but at the end of the day you're talking about a man's life and his well being."

(Duty Holder, Construction, London)

"The first priority is to win work and the second priority is to make sure that when we do win, it's done safely and properly."

(Duty Holder, Manufacturing, Cardiff)

A few duty holders did report that although they saw both employee health and employee safety as high priority for the business, they would prioritise employee safety over employee health. However, these respondents saw employee health as being concerned with wellbeing aspects such as unhealthy lifestyle choices, over which they did not feel they had an influence. They would therefore give the employee's immediate safety in the workplace a higher priority than their personal health.

2.4 Sources of Information on Health Management

All duty holders were receiving information around health and safety management and this tended to incorporate information around managing health risks. The main information duty holders sought was around legislative updates and changes. These often impacted on the way health risks were managed. The next section will examine the main sources duty holders were using and the information that they were getting from each.

2.4.1 Health and Safety Executive

By far the most utilised advice source was the HSE, whether this was via inspections or through duty holders accessing the website. The types of information sought from the HSE covered a wide range of health and safety information.

"If there are any areas of health and safety we haven't considered we can always find the information on here [HSE website]."

(Duty Holder, Manufacturing, Cardiff)

The majority of duty holders were using the HSE website to find information around a range of generic safety rules. The main safety information they were checking was to ensure they were using appropriate and up to date Personal Protection Equipment to protect employees.

"So say there's new PPE, Personal protective Equipment, That's been issued on building sites right through to factories, we get various information from them [HSE] on the latest PPE and hardhats".

(Duty Holder, Manufacturing, London)

The website was seen as extremely useful in providing information across a wide breadth of safety issues in an easy to find and easy to use manner.

“You tend to get the right information [from the website] in the end, very good, very handy.”

(Duty Holder, Construction, Cardiff)

“Basically, they’re qualified. They know what they’re doing and you know what they’re telling you is the correct information.”

(Duty Holder, Manufacturing, Glasgow)

The other main sources of information these duty holders sought from the HSE website were around legislation updates, signage and chemical handling. One respondent was using it to check discrete issues such as the minimum office temperature required for the office staff.

“Predominantly, it [HSE website] will be for signage for the warehousing and the factory.”

(Duty Holder, Manufacturing, London)

Some duty holders had received advice from the HSE on a face-to-face basis as part of an inspection and this could be via local authority health inspectors or those from the HSE. Duty holders had found the face-to-face advice received from the HSE very useful, which many of them had actually been surprised by as they tended to see the HSE as akin to the police force.

“We actually had a visit from the HSE inspector a few weeks ago which was actually very helpful. I never thought I’d say that! We normally expect them just to be the evil policemen, but he actually offered a lot of practical help.”

(Duty Holder, Engineering, Glasgow)

“They need to come in and work with businesses rather than against them.”

(Duty Holder, Manufacturing, Manchester)

The HSE was deemed to be a very trustworthy source of information because they were the regulatory body. All duty holders using HSE advice held it in very high esteem and would not question the advice that they gave. Although for some, this was borne out of a fear that if they did not adhere to the rules then they would be shut down.

“They [the HSE] are the people who make the rules and they must be adhered to. I don’t think we would ever question what their guidance is...I would always say that if it comes from the HSE then it’s 100% [correct].”

(Duty Holder, Engineering, Glasgow)

HSE advice was actually being received in a variety of formats which as well as online and face-to-face included mail shots, bulletins, email and videos. Preferred format depended upon individual preference for receiving this type of information.

2.4.2 External Consultants

There were a number of respondents across the sample who were using external consultants to provide their health and safety advice. These consultants ranged from small independent consultants (Trinity) to extremely large providers (Lloyds Register) but regardless of size, they were providing advice across a whole spectrum of health and safety and health risk

management. Their approach tended to be site audits with verbal consultations backed up by written advice at a later stage. As they attended sites face-to-face to audit them, their advice was seen to be very thorough.

“They [consultants] have an itinerary. They pick up any potential issues that they may have seen on site on their walk around so if there’s anything myself or my colleagues have missed, they’ll pull it up.”

(Duty Holder, Construction, London)

“Air, noise, liquids, manual handling, workplace organisation. All those various different elements that would encompass health and safety risk at work.”

(Duty Holder, Manufacturing, Manchester)

Advice ranged from what PPE the staff should be wearing to advice around dust and noise within factories / construction sites and the best ways that organisations could minimise these. One respondent reported that their consultants not only covered health and safety on the factory floor but also looked at the office to ensure a safe environment, for example, that staff were not sitting too closely to photocopiers.

The majority of respondents who were using external consultants found them reassuring as a source of advice as they were experts in the field of health and safety. Using external consultants also took the onus off duty holders to have to proactively seek out health and safety management information themselves as it was provided to them, allaying fears that they may have ‘missed something’ or that they could be carrying out health and safety management in an inappropriate manner.

“Because the last thing we want to do is do something wrong, hence why we got the consultants that knew what they were doing.”

(Duty Holder, Manufacturing, Manchester)

The verbal interaction that duty holders received from external consultants was considered to be very useful. The face-to-face contact had allowed respondents to build up long standing relationships with their advisors. These relationships meant that duty holders felt that the advice they were receiving was personalised towards their own business which added to their trust for the consultant. This was important in terms of sustaining trust between the consultant and the duty holder, especially as consultants were being employed to deliver a certain standard of advice. However, one respondent reported that he felt the advice received from the consultants was a waste of money and that he could have done the same job himself using the information provided via online tools such as the HSE website.

2.4.3 Health and Safety Specific Sources

Many respondents were using advice from the British Standards Institute and the Institute of Occupational Safety and Health (IOSH). These sources were mainly being used in conjunction, or supplemented, with the advice from the HSE or external consultants. IOSH was being used for specific advice around, for example, the correct way to store chemicals in the workplace, whilst British Standards were being used for specific guidance around industry standards.

“I’ve used them [British Standards] for registered standards. We do service and maintenance in accordance with British Standards.”

(Duty Holder, Construction, Glasgow)

2.4.4 Other Sources of Advice

Duty holders were also receiving safety information from a number of industry specific sources including Scottish Engineering, the Engineering Employers Federation, the ITB, the National House-Building Council, as well as industry specific trade publications. These bodies tended to be seen as offering very specific advice and many perceived this to be advice around legislation or the legal rights of employees as opposed to specifically health management risks.

Changes in legislation and keeping on top of these were an important part of the advice that was needed by many duty holders.

“[The Board of British Business Website provides information on] my legal obligations. I just need to know that everything is being followed by the book...I have all the insurance in place and all the notices are displayed properly. So it is just the legal aspects of running the business.”

(Duty Holder, Engineering, London)

As well as industry specific bodies giving advice, respondents were also receiving advice from the suppliers and/or customers of their industry. For example, one respondent would receive advice from his plant hire supplier around the health and safety procedures, updates and changes for using the equipment. Another would receive COSHH regulation updates about how he should be controlling paint fumes from his paint supplier.

There were a very small number of respondents who were receiving information on wider health issues such as stress and depression in the workplace. These respondents tended to be those who were actively implementing policies and procedures designed to advise employees about living healthy lifestyles. These sources were an NHS occupational health initiative, the Chartered Institute for Personnel and Development (CIPD), AXA ICAS and Acas. These sources were providing information around a broad spectrum of health and safety issues and were doing so in a wide variety of formats from websites and email bulletins to brochures.

“It [AXA ICAS] will cover mental health, stress, safety, COSHH, risk assessments.”

(Duty Holder, Manufacturing, Glasgow)

The respondent using CIPD reported that they offered an ‘online community area’ for members which she found a very useful source of health management information.

“Only members of CIPD can log on. If you’ve got something that’s maybe happened in your workplace that you’re not sure how to deal with, you can post it and the other HR people respond...You can actually end up with about 10 different responses to one query that you’ve posted.”

(Duty Holder, Manufacturing, Glasgow).

Those respondents who combined their health and safety role with an HR role were much more likely to discuss health management in wide terms; covering prevention of long term health conditions to the overall wellbeing of staff. This tended to be because they had access to different types of information, such as that available from the CIPD. These respondents were able to see benefits to the business of managing health in a wider sense than just ensuring that staff followed short term procedures designed to protect long term health.

2.4.5 Occupational Health Advice

Only one duty holder discussed his company's occupational health advisor as being a source of advice and information for managing health risks within the workplace. This company appeared to have utilised the advisor and run campaigns amongst their staff to raise awareness of the health issues caused by dust and also to highlight occupational health risks more generally. As previously noted, a few respondents were obtaining occupational health advice but for most this was focussing upon wellbeing aspects of employee health and not upon managing health risks.

2.5 Occupational Health Management

Although not always describing their activities as health risk management, all the duty holders were carrying out health risk management in the workplace. The majority of duty holders were unconsciously undertaking health risk management as part of their compliance duties due to defining health risk management in terms of general health and safety management. Despite the definitional variety of what constituted health risk management, many respondents identified this as implementing short term safety measures that would also prevent long term health damage to employees.

“We refresh them [employees] every quarter on their manual handling for lifting glass and safe operations. Every month we pick an area where we want workers to tighten up a bit. We get the supervisors to do a safe operations observation on them and they inform us in the office so we are aware of how they are complying with the procedures.”

(Duty Holder, Construction, London)

Approaches to health risk management did not differ in any significant manner across the three different industry Sectors. Rather, approaches tended to differ according to the organisational structure of the individual business. Duty holders who held dedicated health and safety roles and those for whom health and safety was part of an HR role, were much more likely to be seeing health and safety management from an overarching, strategic point of view. Although, health and safety professionals tended to consider health risk management in the narrow sense of preventing long term health conditions resulting from the workplace, whilst HR personnel tended to see health risk management as incorporating the wider sense of employee health and 'wellbeing'.

“We have social events so that the staff can relax. We have breakout areas where the staff can go [to relax].”

(Duty Holder, Manufacturing, Glasgow)

This is not to say that the other duty holders did not demonstrate a systematic approach to health management. In fact, when talking about their health management responsibilities, duty holders were able to identify the different activities they were undertaking to manage health. All of the

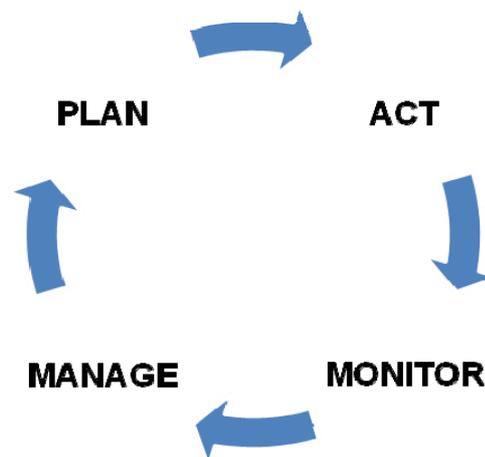
duty holders across the sample were adopting a systematic approach to employee health; the only difference being that while a few respondents were aware that this approach fitted into a wider strategy, others viewed their approach as being a series of discrete activities.

“[Healthy eating] is not a policy as such it is just something we do. Through healthy eating people tend to have better resilience to small bugs and things.”

(Duty Holder, Manufacturing, Manchester)

Overall, respondents were proactively planning health protection measures, carrying out acts to ensure these were followed through and monitoring staff to ensure compliance, with some following up these steps with further ‘reactive’ longer term management to try to ensure that no issues reoccurred. The diagram below shows the general approach that all duty holders were following in their management of occupational health. None of the duty holders themselves discussed managing health explicitly in the terms of ‘Plan, Monitor, Act, Manage’. However, from the descriptions given by duty holders, it was clear that their activities all following a similar pattern.

Diagram 2: Plan, Act, Monitor, Manage



The various elements of Diagram 2 should be understood as follows:

- **Plan:** Proactive planning and implementing of policies and procedures to guard against long term health damage caused by the workplace environment.
- **Act:** Acting to address any issues that have arisen.
- **Monitor:** Monitoring employee and organisational compliance with policies and procedures
- **Manage:** Reactive management to any health problems that the workforce is suffering from. This then leads back into the planning stage to proactively address these issues for future staff.

The table on the next page shows the range of different activities that were being undertaken at the different stages of the cycle. Please note, not all organisations were carrying out every single activity and some activities were being done to varying degrees by different organisations. For many health management activities, there was invariably an overlap with safety management activities.

Table 5 Management of health risk cycle

Element	Area of Activity	Description
Plan	Policies	<ul style="list-style-type: none"> • Developing policies and procedures • Determining safe working practices (e.g. correct PPE, correct chemical storage, correct machine guards, breaks away from desk) • Communicating expectations to employees (via health and safety handbooks or intranet / verbal communication)
	Targets	<ul style="list-style-type: none"> • Setting health and safety targets to minimise incidents in the workplace • Communicating targets to staff to help reduce and prevent incidents
	Training	<ul style="list-style-type: none"> • Developing training to be delivered (selection of topics, e.g. manual handling, safe use of equipment) • Delivery of training (range of considerations, e.g. at induction or on an ongoing basis, using verbal, audio visual or written methods, etc.)
Act	Communication	<ul style="list-style-type: none"> • Signage – posters to communicate safe working procedures (e.g. manual handling) • Range of methods used including verbal cascade ('toolbox talks'), team meetings, email and company intranet • Delivery of training
	Line management	<ul style="list-style-type: none"> • On-the-ground management – checking employee adherence to following health procedures.
	Motivation	<ul style="list-style-type: none"> • Incentives (A few organisations offered incentive bonuses for perfect attendance records over a certain period)
	Facilities	<ul style="list-style-type: none"> • Provision of hygiene facilities (e.g. bacterial hand gel / healthy food options / on site gym) • Provision of ergonomic equipment aid posture
Monitor	Monitor and audit	<ul style="list-style-type: none"> • Weekly/monthly health and safety meetings • Risk assessments • Continual recording of employee ill health (Absence record, doctors certificates, phone calls) • 'Trend spotting' – to assess trends in sick records • Desk assessments (service/ office based) • Self-reporting in accident books • Disciplinary procedures • CCTV monitoring • Legislative monitoring • Audits – health and safety audits carried out by internal and external staff in some cases • Back to work interviews with line manager (ranging from part of formal policy to informal 'chat') • Occupational health advice
Manage	Review	<ul style="list-style-type: none"> • Policies and targets reviewed • Home working / flexible working possibilities • Personal performance plans / trigger stages from sickness (Manage continual ill health by one individual)
	Training	<ul style="list-style-type: none"> • Refresher courses if need arises (e.g. manual handling)
	Assessment	<ul style="list-style-type: none"> • Continual occupational health screening • Provision of private health care

Although duty holders were generally following the cycle of plan, act, monitor, manage, some organisations were following this cycle in an explicit manner, whilst others were carrying out separate acts that unconsciously fitted into this cycle.

“...it’s what we class as a closed loop system so you implement a process and a procedure, you check a process and a procedure. You audit that process and procedure and then you maintain that process and procedure.”

(Duty Holder, Manufacturing, Manchester)

Plan

In undertaking proactive planning to limit safety hazards in line with their legal responsibility, duty holders felt they were also tackling long term health risks. Proactive planning consisted of developing explicit policies or procedures, setting targets and developing training.

Most organisations reported having an employee health and safety handbook which detailed all their policies and procedures. Some were going further than this and placing all this information onto an internal company intranet, although these tended to be companies where health and safety was combined with an HR role.

“Everyone has a responsibility which we make clear and there is a health and safety handbook. Everyone has a responsibility for their own and others [safety] within the working place.”

(Duty Holder, Construction, Glasgow)

Induction training is also a big part of the proactive planning stage. Induction training ranged from; formal and explicit training given to an employee around their health and safety responsibilities in the workplace to, more informal ‘on the job’ talks about the procedures that needed to be followed for specific activities such as operating a particular piece of machinery or wearing the appropriate PPE.

“We prophesise a health and safety culture. Whenever people start with the company it is part of our induction process to make people aware of their policies. We expect everyone to be aware of it...”

(Duty Holder, Engineering, Manchester)

Some organisations also had policies in place designed to tackle employee personal wellbeing. Through developing policies around free gym membership and healthy eating options on site, organisations felt that they were encouraging employees to adopt a healthy lifestyle which would both improve their own health and ensure their fitness for continued working. Some duty holders reported holding social activities and team building days in order to boost staff morale.

Some duty holders did have difficulty verbalising what actions they took to manage health purely because they saw health as being the employee’s personal responsibility as opposed to the employer’s responsibility resulting from long term health risks caused by the workplace.

Act

Acting consisted of a range of activities designed to implement, reinforce and back-up the initial policies and procedures. Many respondents were using signage to reinforce to employees what PPE they should be wearing, or how they should be carrying out manual handling tasks.

“We have a number of signs up advising people. We have the usual signs up for goggles, so when they use a grinding wheel we make sure their guards are on them. These are inspected on a regular basis.”

(Duty Holder, Engineering, Glasgow)

Communication of responsibilities through ‘toolbox talks’ was popular amongst organisations whose employees did not normally have access to the internet. This time would be used to inform employees of any changes or updates now in place, such as using new guards for machinery. These talks tended to be a more informal way of ensuring that policies and procedures were implemented.

Some organisations were acting to minimise against employee ‘general sickness’ levels through offering incentives to staff for perfect attendance records over certain periods of time. This was seen by the duty holders as an effective way of minimising general employee sickness levels and was well received by employees. However, this was generally an incentive offered to employees working in ‘site’ conditions e.g. construction or engineering, rather than factory based work.

Monitor

Monitoring of employee compliance with health risk management was the area that duty holders were most concerned with. They were concerned to ensure that employees were adhering to the company’s policies and procedures and were using numerous methods in order to monitor compliance.

Methods of compliance ranged from day to day risk assessments around machinery or PPE to annual external audits to monitor current compliance and offer advice on whether new procedures need to be developed and implemented. Many organisations had health and safety meetings and committees designed to monitor health and safety statistics and consider whether remedial action needs to be taken over particular issues.

Disciplinary procedures were used by some organisations due to the dangerous nature of the working environment. If employees are caught not following correct procedure, consequences will result. One duty holder was using CCTV technology to monitor the workplace and ensure that employees acted in the appropriate manner.

“Depending on what it is [they have done] people are disciplined if they don’t follow them [procedures]. We have a system where they have a red or yellow card.”

(Duty Holder, Construction, Manchester)

Some organisations were formally monitoring employee sickness absence in order to minimise this as much as possible. Duty holders in organisations that were closely monitoring staff absence and trends believed that the introduction of disciplinary procedures, personal performance plans and back to work interviews for staff exhibiting continual illness had resulted

in a reduction in sickness absence, which benefitted productivity levels. Back to work interviews for some organisations tended to be informal ‘chats’ to ensure that everything was ok. These duty holders tended to see general employee sickness as an accepted part of the job.

“By doing it [back to work interview] I think people tend to take less sick days because they don’t really want to have to go through the meeting. It doesn’t look good for their reports for the year.”

(Duty Holder, Manufacturing, London)

Occupational health advice was discussed by a very small number of duty holders in terms of monitoring employee health, yet this tended to focus upon the wider element of employee wellbeing and individual health rather than on health risks caused by the workplace environment.

Manage

The monitoring systems that were in place within the different organisations were used to identify any issues that could potentially affect employee’s health. Once any issues had arisen remedial action was then taken to either prevent recurrences or minimise future impact as much as possible. For example, one respondent reported that an occupational health advisor had picked up that employees were not carrying out manual handling correctly and so the organisation arranged for the employees to be retrained in this area.

Where health issues had affected an employee’s ability to continue with the job they were doing then organisations would take action to either move them into a job they were able to manage, or, if the type of work being undertaken permitted it, they arranged home / flexible working procedures.

Organisations using occupational health advisors also offered continual employee health screening although the focus of this was wider than screening for health problems caused by the workplace environment.

2.6 Barriers and Enablers to Managing Occupational Health

Discussion of barriers and enablers focused on three key issues which were seen to determine the effectiveness of health risk management in any organisation: employee engagement, resources and legislation. Employee engagement and resourcing were considered to be both barriers and enablers to good health management. Whether individual duty holders considered them barriers or enablers depended upon their individual organisations.

2.6.1 Employee engagement

Employee engagement was reported to be a key barrier to good health management by many duty holders. These respondents had found it difficult to engage staff to be concerned about their own health. For duty holders adopting a narrow version of health management, a large barrier was employees taking short cuts and risks in order to complete work despite knowing the hazards involved. Some duty holders were frustrated by employee apathy towards their long term health.

“It’s the employees most of the time. They will always look for shortcuts to make their job, as they see it, easier. It might make it quicker but it certainly, in many cases, doesn’t make it safer.”

(Duty Holder, Manufacturing, London)

However, some respondents reported that staff engagement with health and safety was very high and was a positive enabler to managing health in the workplace well. Employee attitudes can therefore be a barrier to managing health or, where employee attitude towards health and safety is positive it can assist organisations to manage health well. Alongside employee attitudes, duty holders also felt that the overall company and managerial attitude towards health was very important. Where managers would not engage with employee health issues, duty holders found it very difficult to engage staff and vice versa.

“Managers should understand that it shouldn’t be a sweat shop and they should look after their staff and how naïve they are if they are not.”

(Duty Holder, Engineering, Manchester)

Where senior managers were effectively engaging with health and safety issues, duty holders were much more likely to report a culture of openness around reporting health and safety issues. The more open and communicative a company were in their approach to managing health and safety, the more valued the employees felt and the more likely they were to engage with and follow the necessary procedures.

“It’s got to start from within the company. You are wasting your time otherwise.”

(Duty Holder, Engineering, Manchester)

“Communication with the employee, being aware, education and making sure that the managers are aware of the implications of poor employee health.”

(Duty Holder, Engineering, London)

Training employees to follow the correct procedures was also considered to be of vital importance in ensuring they understand the risks they face within the workplace. Training was closely connected with management and employee buy-in to health and safety procedures. The more ingrained health and safety management to the company culture, the likely employees were to engage further with training in this area.

2.6.2 Resources

Lack of resources was considered to be a barrier to implementing good health management. Many duty holders discussed the importance of having enough resources in order to fund activities such as training of staff as the training itself costs money but the loss of productivity from taking staff away from their jobs also costs the business. One respondent, who distinguished between health management and safety management, reported that although he would like to give resources to managing occupational health in the workplace through offering an occupational health service, it is the immediate working environment that is given higher priority. There was a general feeling amongst some respondents that unless something was a legal necessity, it is likely to be overlooked due to cost.

“It’s [health management] not seen as having an initial impact on the business then it’s priority isn’t as high as safety issues such as ladders, scaffolds and asbestos management so therefore they are given priority with the current resource.”

(Duty Holder, Construction, Manchester)

“We could probably do more. We could put in a complete dust evacuation system, but would we spend £100,000 doing it? Probably not.”

(Duty Holder, Manufacturing, Manchester)

“Sending people on courses, again, there is a cost implication for us now, but it’s also releasing personnel to go on these courses.”

(Duty Holder, Manufacturing, Glasgow)

These duty holders show that although they are aware of long term health issues that could be caused by the working environment and they are aware of what can be done to guard against these, they do not have the resources available to be able to make the necessary changes to protect their workers. The implication of this view is that if further resources were available, duty holders would be in a better position to make those necessary changes.

2.6.3 Legislation

The final barrier that duty holders reported, was that legislative changes and updates could be difficult to keep up with, especially for firms that did not have the staffing capability or resources to dedicate to this task.

“Things get missed. It comes back to time, but it also comes back to not having a specialist dedicated to that [health and safety] all the time I suppose.”

(Duty Holder, Manufacturing, London)

“Keeping up with current legislation – that can be difficult...”

(Duty Holder, Construction, Glasgow)

Many duty holders reported that the HSE were a very useful source in helping them to manage health and safety well within their organisation because the information they provided, via the website and inspections, was very helpful, especially as they were the main regulatory body around health and safety. As the above quote highlights though, there was a general feeling that although the information the HSE provides was useful in assisting duty holders to manage health, there was a general feeling that they would be more helpful if they were more approachable.

“I definitely think that companies should tap into the HSE website rather than be scared of it. What they call the ‘construction police’!”

(Duty Holder, Construction, Cardiff)

Overall, the main problems for the organisations in our sample were a lack of awareness around what managing health actually meant; difficulties in getting and sustaining employee and employer engagement with health issues in the workplace; resources (cost and time); and the amount of legislative updates.

2.7 Guidance on Managing Health Risks

Duty holders in medium sized organisations did not use the term ‘occupational health’ to refer to managing health risks in the workplace. Where they talked about ‘occupational health’ this

was more likely to refer to staff wellbeing. If HSE wishes to provide guidance around occupational health management to medium sized organisations, it will be important to get the language and terminology correct. If this is not done, communications may not be seen as relevant and may not capture duty holders' interest. It would therefore be better to brand this guidance as being about 'health and safety' than about 'occupational health'.

In terms of who should be delivering guidance around management of health risks in the workplace, it was very clear that the overall preference would be for information from the HSE, via the website and even face-to-face (e.g. during inspections). HSE was seen as trusted, reliable and authoritative on this issue and was seen as the most relevant provider across the sample. However, HSE was not seen as the only relevant provider and others were mentioned. These included many of the existing information providers identified in this report, including:

- Regulatory bodies such as the BSi and IOSH,
- Commercial bodies providing external consultancy services such as Lloyds Register, and;
- Industry bodies such as National Home-Building Council.

Regarding the types of messages respondents wanted to receive around management of health risks, there was a general feeling that the overall aim of the messaging should be to raise the importance of health considerations amongst employees. For example, one respondent reported how important changes had been made across the construction industry since awareness was raised around the health risk associated with asbestos. Future messaging might therefore focus on raising awareness amongst staff about the risks present where health considerations are not taken seriously by staff. Duty holders felt that one effective way to do this is to reinforce the message that measures are in place for the good of the employee and to protect their health.

“The message it’s got to get across. I think that it’s got to be that employee health and safety is of paramount importance...By having better employee health, less days off work, you’ll be a healthier person or a healthier workplace, more productive.”

(Duty Holder, Manufacturing, London)

Duty holders also felt it was important for employers to be kept up to date with their responsibilities around employee health and the legislative and regulatory changes impacting on this. This guidance should be provided in a succinct and direct way and in layman's terms, with the implications of the changes referred to clearly outlined.

“Changes in legislation and things that the employer needs to be aware of to obviously be legal and safe. Those things are most important.”

(Duty Holder, Manufacturing, Cardiff)

Many duty holders felt that case studies and examples would be useful to help emphasise the importance and impact of good management of health risks. This might involve case studies featuring both positive and negative outcomes?

“If you show that bad management could lead to this, this and this, that is a good way of educating people ...”

(Duty Holder, Manufacturing, London)

“If you’ve got bad management it can lead to major, major issues. We’re not just talking about someone slipping over and hurting themselves. Bad management in the workplace can lead to death. So, I think the consequences have to come out to get people to, one, take the job more seriously and, two, just to see exactly what can happen...”

(Duty Holder, Engineering, London)

“I think they [messages] should be constructive, I don’t think they should be looking at the consequences of bad management.”

(Duty Holder, Engineering, London)

With regard to the format in which the guidance was delivered, the majority of duty holders expressed a preference for receiving communications around health management in an electronic format, although there were a range of preferences within this, from email to online PDF case studies to online videos. Online communication was seen as easy and accessible and the variety of formats available means that there is a selection of different ways for duty holders to receive the information that they need.

“I personally like to get emails...I take time out and print them out and read them travelling...”

(Duty Holder, Manufacturing, Glasgow)

The other main preference was for written communication via the post. For some respondents, postal information was easier to access than online communication. This is likely to be the case for those respondents who spend a lot of their time on work sites as opposed to being in an office with computer access.

“If someone sent something in the post and it’s glossy, you know that somebody’s taken a bit of time and effort in doing it, I will sit there and read it.”

(Duty Holder, Manufacturing, London)

“I can pile up the post and I can just sit down quietly and go through it.”

(Duty Holder, Engineering, Glasgow)

Verbal communication was felt to be the most personalised method of receiving information as it would allow respondents a chance to discuss the needs of their individual business with a professional.

However, respondents using external consultants, such as Lloyds Register, tended to report that this was their preferred communication method. They generally had long standing relationships with the consultants and liked the personal contact and business specific advice they received.

“You’re dealing with a human being so you can talk over a number of things rather than follow set guidelines.”

(Duty Holder, Engineering, Glasgow)

3 Conclusions

Objective 1

What knowledge do members of the target group currently have about occupational health in the workplace?

The description, ‘occupational health’ was a problematic one for the respondents in this research. Most were not clear about what was meant by ‘occupational health’ and were not describing their health and safety activities using this term. Where ‘occupational health’ was used, it referred to training and support around wellbeing and lifestyle issues provided by external suppliers who described their services in this way.

This research took ‘occupational health’ to mean ‘management of health risks’. Respondents were clearer about what this meant and were able to identify a range of health risks they sought to manage in the workplace. These are listed below:

- Risks from chemicals
- Risks from dust (skin and lung disease)
- Risks from noise
- Risks from improper use of equipment
- Slips, trips and falls
- Working from height
- Back pain
- Recurring problems from sitting at desk incorrectly
- Risk from using VDU’s and computer equipment
- Pandemic diseases (swine flu)

However, it is important to recognise that duty holders did not conventionally view the management of health risks as being separate from their overall management of health and safety. Management of safety and management of health risks were seen as being intimately connected and both were seen as essential to running a good business.

Objective 2

How are occupational health risks currently being managed in these workplaces?

Despite these difficulties with terminology, it was clear that all respondents were carrying out activities to manage health risks. Most respondents were following a systematic cycle involving Planning (developing practices to pre-empt long term health damage), Acting (acting to address any incidents in the workplace), Monitoring (ensuring employees abided by policies and procedures through HS audits and other means of control) and Management (day-to-day management of health risks). In line with this, a range of specific management practices were identified:

- Training on health and safety risks
- ‘Toolbox Talks’

- Risk Assessments
 - Equipment maintenance
 - Personal Protective Equipment:
 - Desk Assessments
- Risk audits
- Reviewing and improving signage
- Providing good facilities (e.g. clean washrooms, etc.)
- Proper use of accident books
- Absence monitoring
- Developing and enforcing disciplinary procedures
- Monitoring staff behaviour (e.g by CCTV)
- Providing staff with occupational health advice / medical screening

Objective 3

Does occupational health tend to have a low priority in medium sized organisations?

Health and safety was given a high priority by all of the duty holders interviewed. Good health and safety management was seen as central to running a productive and successful business. As described above, management of health risks ('occupational health') was not seen as discrete from overall health and safety management but as an integrated part of it. Therefore, occupational health (as defined for the purposes of this research) was given high priority by medium sized organisations as an important part of health and safety management.

Objective 4 and Objective 5

- *What, if any, are the barriers faced by these organisations when attempting to understand health issues and manage occupational health risks?*
- *What, if any, enablers are there for these organisations when attempting to understand health issues and manage occupational health risks?*

Discussion of barriers and enablers focused on three key issues which were seen to determine the effectiveness of health risk management in any organisation: employee engagement, resources and legislation.

Employee Engagement: A business's relationship with its employees was seen as a key driver of good health risk management. Many duty holders were concerned that their employees sometimes took risks that managers did not want them to in order to finish jobs quickly. The extent to which employees avoided risks and safeguarded their own health was felt to be closely connected to levels of engagement with risk management amongst senior management. Many duty holders believed that where higher priority was given to health risk management by senior managers, higher levels of employee engagement and compliance were achieved.

Resources: The cost of delivering good health risk management was reported to be one of the main barriers to good practice. Where businesses reported that finances were tight or that senior managers were unwilling to invest in developing health risk management, this was seen as

impacting on health and safety performance overall. Equally, where finances and senior management priorities did allow for this investment, duty holders tended to be more content with the HS performance of the business.

Legislation: Duty holders commented that the amount of health and safety legislation and regulations was difficult to keep up with. Firms that did not have dedicated health and safety professionals were more likely to report that the volume of legislation was a barrier to good health risk management as they did not have the resources to keep abreast of it, whereas firms with HS professionals were better placed to deal with a high volume of updates and changes.

Objective 6

Do organisations in the same industry sector face the same barriers and enablers? Similarly, are there any barriers and enablers that are common across all sectors or are they sector specific?

The organisations in our sample tended to face the same barriers and enablers regardless of industry sector. Duty holders in all sectors commented that employee engagement, available resources and the quantity of health and safety legislation affected their ability to manage health risks well. The consistency apparent here is probably a result of the relative homogeneity of the sample. All businesses were of a similar size (50-150 employees) and all businesses reported that they faced similar kinds of risks (e.g. slips, trips and falls, back pain, working with dangerous equipment).

Objective 7

What support/guidance do duty holders believe could help overcome the barriers and is the support required the same across all sectors?

Due to a lack of clarity surrounding the term ‘occupational health’, this research indicates that any communications to duty holders on this topic should not use this term. Duty holders more readily understand the term ‘health and safety’ and understand that this involves the management of health risks. It is the recommendation of this research that any communication on managing health risks is framed as being about health and safety more generally.

In terms of the type of guidance needed, duty holders across all sectors wanted guidance around effective ways of raising employee awareness about long term health risks. For most duty holders, effectively educating employees and reducing apathy towards the long term health risks were fundamental to good health and safety and many admitted that it was something they found difficult to do.

To support this, duty holders wanted clear and easy to understand communications that focused on the positive impacts of good health risk management. Case studies were seen as a simple and clear way of highlighting the effects of action or inaction on the long term health of employees. Most duty holders were happy to receive this guidance in electronic formats e.g. email, downloadable PDF case studies or online videos, though a minority preferred postal communications, especially those who spent little time in an office environment with little access to online facilities.

In addition, many duty holders wanted guidance on how to best influence senior management to set aside resources and invest in health and safety and advice on how to keep up with legislative and regulatory changes. While guidance on influencing senior managers would have to be

provided face-to-face (perhaps by inspectors), advice on updates could be provided electronically or in hard copy, with clear information outlining the latest updates and simple instructions directing duty holders on how to implement these.

Overall, HSE was seen as a preferred provider of this kind of guidance and information. HSE was seen as reliable, trustworthy and knowledgeable across the sample. Other suggestions for providers included respected industry bodies such as IOSH.

4 Appendix: Research Discussion Guide

OBJECTIVES

- What knowledge do members of the target group currently have about occupational health in their workplace?
- How are occupational health risks currently being managed in these workplaces?
- Does occupational health tend to have a low priority in medium sized organisations?
- What, if any, are the barriers faced by these organisations when attempting to understand health issues and manage occupational health risks?
- What, if any, enablers are there for these organisations when attempting to understand health issues and manage occupational health risks?
- Do organisations in the same industry sector face the same barriers and enablers? Similarly, are there any barriers and enablers that are common across all sectors or are they sector specific?
- What support/guidance do duty holders believe could help overcome the barriers and is the support required the same across all sectors?

1. INTRODUCTION 5mins

(Aim: to introduce the research, the duty holder and their business)

Moderator

- Thank respondent for taking part in the research, introduce self and GfK NOP
- Interview will last 45mins, explain purpose of research:
 - > *GfK NOP is carrying out research for the Health and Safety Executive to understand how businesses manage the impact work has on employee health and what support would be of use to them in this area in the future.*
- Reassure re: confidentiality, recording and MRS Code of Conduct

Respondent

- Confirm name, job title, size of business
- Tell me about your business:
 - > What does it do?
 - > What are trading conditions like at the moment?
- What is your role within the business?
- What are your responsibilities for health in the workplace?
 - > How central is this to your role?

2. WORKPLACE PRIORITIES **10mins**

(Aim: to investigate overall priorities and the position of health at work within these)

- What do you see as the main health risks affecting your employees?
 - > How do these risks impact on your business?
 - > Which of these risks are the most significant to your business?
- What areas of employee health are most important to your business?
 - > Why do you see these as being the most important areas of employee health?
- Do you see a difference between the health of employees and the safety of employees?
 - > Why / why not?
 - > What do you do to manage:
 - Health in the workplace?
 - Safety in the workplace?
 - > What do you think are the business benefits of good:
 - Health management?
 - Safety management?
- How highly would you rate the importance of employee health to your business:
 - > The top priority for my business
 - > One of the top 3 priorities for my business
 - > One of the top 5 priorities for my business
 - > One of the top 10 priorities for my business

3. MANAGING OCCUPATIONAL HEALTH **10mins**

(Aim: to understand how duty holders are currently managing health at work)

- What are the main reasons people in your workplace take time off work?
 - > How do you monitor workplace absence?
 - > How do you manage workplace absence?
- What affect does employee ill health have on your business overall?
 - > Spontaneous, then prompt:
 - How does it affect your business financially?
 - How does it affect productivity?
- What steps do you take to try and minimise employee ill health?
- What are the main health risks in your workplace?
 - > How do you monitor and deal with these?
 - > How do you seek to minimise these?

- What systems are in place to help you manage employee health in your business? How do you know that you've got health risks to workers under control?
- - > What processes and practices are in place?
 - > What rules and policies are in place?
 - > What responsibilities do different managers have for managing employee health?

4. BARRIERS & ENABLERS 10mins

(Aim: to understand the barriers and enablers to good management of the risks to employee health posed by the duty holders' business)

- What would you say are the things that get in the way of your firm managing employee health well?
 - > Spontaneous, then prompt:
 - What are the barriers to your firm understanding health issues and risks in the workplace?
 - What are the barriers to your firm dealing with health issues and risks in the workplace?
- What would you say are the things that help your firm manage employee health well?
 - > Spontaneous, then prompt:
 - What can help companies identify health issues and risks in the workplace?
 - What can help companies deal with health issues and risks effectively?

5. INFORMATION & SUPPORT ON OCCUPATIONAL HEALTH 10mins

(Aim: to examine awareness of sources of information and support on occupational health, current preferences and preferences for delivery)

- Where do you get information and support on managing employee health?
 - > What kind of information / support do you receive?
 - What areas of health at work does this cover?
 - How useful is it?
 - How is it delivered (e.g. verbal, email, post, online, written document, video)?
 - How much do you trust information and advice from this source?
 - > Overall, which of these sources do you think is best? Why?
- What makes you take notice of communications about managing employee health?
 - > What messages should it get across?
 - > What kind of information should it deliver?
- To what extent should communications about managing employee health focus on:

- > The risks of bad management?
- > The consequences of bad management?
- How do you prefer information on managing employee health to be delivered to you?
 - > Prompt: verbal, email, post, online, written document, video
 - > What is it about this format that you prefer?
- What information and support could help you overcome the barriers to good management of health and safety you mentioned earlier?
 - > Who should deliver this?
 - > How should it be delivered?
 - > How should it be tailored to your needs?

THANK & CLOSE

Research to explore how medium sized organisations understand occupational health issues and manage health risks

The Health and Safety Executive commissioned GfK NOP to carry out research to understand how duty holders in medium sized organisations of 50 to 150 employees in the construction, manufacturing and engineering sectors understand and manage health risks and to gain insights into the best ways for HSE to engage with them on this issue with a view to developing tailored support.

The research shows that duty holders do not conventionally use the term 'occupational health' and indicates that while they are doing much to manage long term health risks, they do not separate health risk management from safety management. Management of long term health risks is seen as an integrated part of health and safety management. Therefore, any communications on this subject should avoid the term 'occupational health' and seek to address health risk management in the context of duty holders' overall health and safety duties.

The research identifies three areas in which duty holders might require support and advice in their management of health risks. These are: employee engagement (how to communicate health risks to employees and ensure they act in accordance with proper procedures), resources (how to allocate resources to risk management appropriately and influence senior managers on this issue), and legislation (how to keep abreast of legislative and regulatory changes and act appropriately on these). HSE is seen as an appropriate provider of support and guidance on all of these issues and a range of delivery methods, including online, face-to-face and postal communications are identified.

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