

ENA SHE Position Paper

Position Paper 04

Occupational Health and Wellbeing Framework

2017 Update

Health and Wellbeing Framework



Foreword

Energy Network Association (ENA) Electricity Member Companies are committed to sharing best practice and working with the Regulators to successfully manage the risks to health and safety within our Industry.

Where all ENA Electricity Member Companies agree to follow a similar approach to manage a specific risk the intention will be to formalise a common standard. This will be communicated to HSE for their information and will provide operational inspectors with an understanding of the minimum standards they should expect when visiting an

ENA Electricity Member Company. Where it is agreed that Companies will work in different ways to achieve the same objective this will be documented as a Position Paper.

Position

Central to creating and sustaining healthy workplaces is the need for an integrated approach to both health and wellbeing, through implementation of an effective programme championed by strong leadership.

The effective management of health at work requires the robust evaluation of risks in the workplace. Ill health can affect all people, whether in offices or on operational sites and so a risk profile is essential in prioritising and managing these risks. Failure to act can lead to poor work practices or inadequate risk awareness, which can result in occupational ill health issues and absence from work. Where occupational ill health results in employee absence, there should be a managed return to work, recognising the necessary support for the individual and the needs of the business.

The importance of healthy and well employees, and the impact on the UK economy and businesses, was recognised in both Dame Carol Black's review in 2008 "*Working for a Healthier Tomorrow*", in the HSE's 2009 strategy "*The Health and Safety of Great Britain – be part of the Solution*" and in the new GB Strategy for 2016 '*Helping Great Britain Work Well*'. There is a clear linkage between well and healthy people and productivity. Consequently there is the need to maximise performance through managing the wellbeing of our people, both at a workplace and individual level.

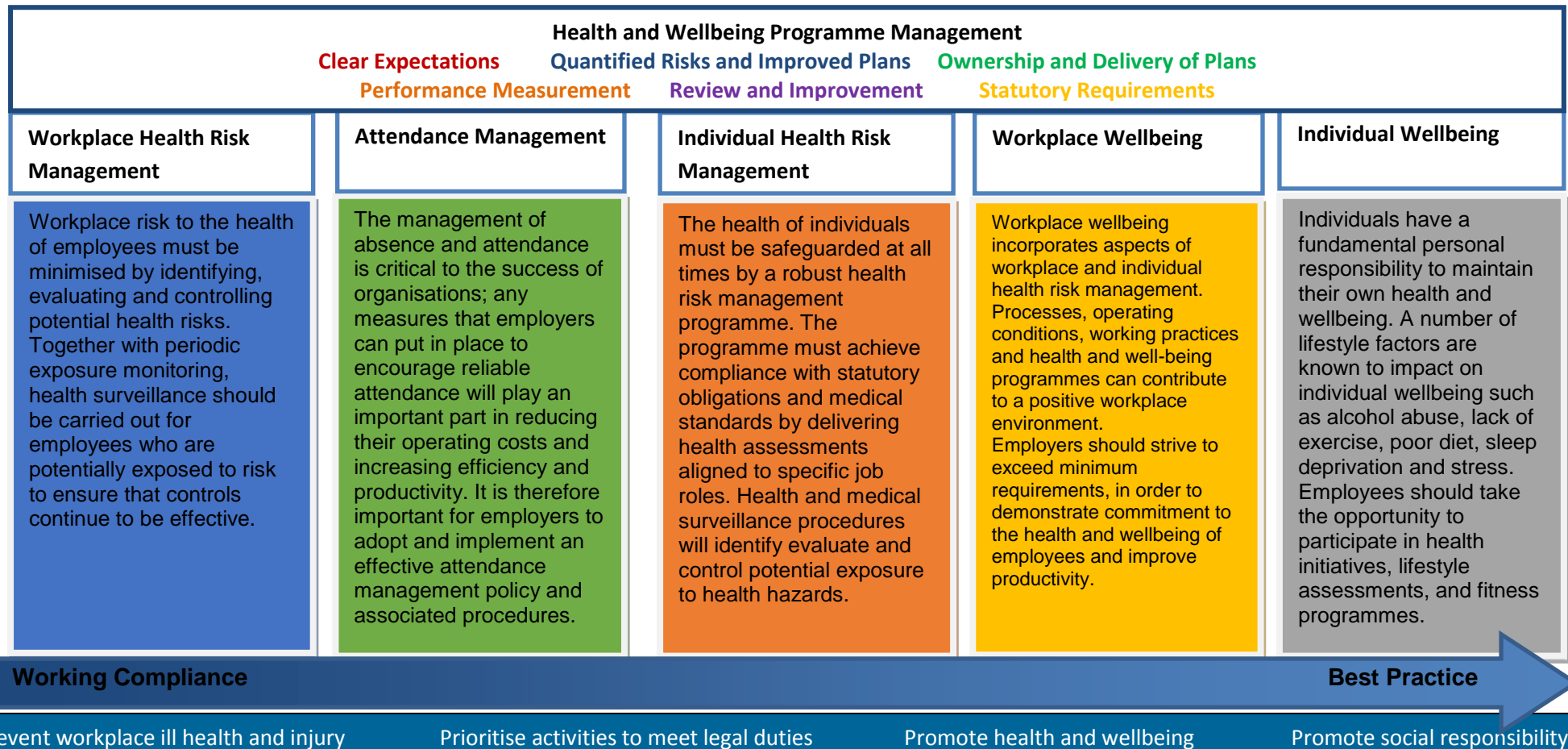
This Health and Wellbeing Framework has been developed by Members of ENA's Occupational Health Committee in response to the above initiatives. It aims to facilitate continuously improving health performance against a set of agreed protocols, which encapsulate all the requirements of an effective health and wellbeing programme. Within each company, sustained improvements will then be dependent on establishing systems and supportive cultures accompanied by strong leadership.

Comparison against the protocols within the Framework enables ENA Member Companies to identify areas of risk exposure, improvement and best practice in their quest for creating and sustaining healthy workplaces.

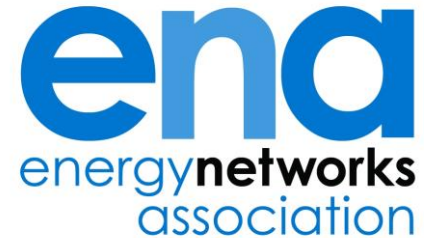
Health and Wellbeing Framework

Managing health risks – Creating and sustaining business performance within a healthy workplace

An effective programme of Health and Wellbeing to deliver sustainable improvements in business performance, individual performance and personal health and wellbeing, based on the current roles and activities of the business, aligned to the business goals of the organisation and in compliance with legal obligations. Ownership of the programme should be at senior level and sufficient resources allocated to deliver measurable outcomes.



Health and Wellbeing Programme Management



Purpose: To define the arrangements for the management of an effective Health and Wellbeing Programme.

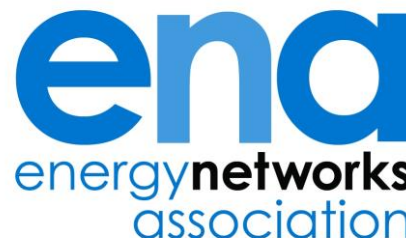
Organisations require an effective programme of Health and Wellbeing to deliver sustainable improvements in business performance, individual performance and personal health and wellbeing. To achieve this, programmes should be based on the current roles and activities of the business, be aligned to the business goals of the organisation, be valued and owned by the senior executives, have appropriate resources to deliver the programme and have measurable outcomes to prove the added value.

To drive this programme, it is essential to have in place a management system which should start with a Health and Wellbeing Policy statement. This Policy Statement should set out the visions for the future and clearly state the intention to create a healthy and safe work environment consistent with best practices and fully compliant with legal requirements.

The Management System identifies the leadership expectations and requirements that drive the implementation of the health and wellbeing programme. As a direct consequence, the health and wellbeing programme supports and enables the comparison of practices and processes across companies to ensure that best practices are identified and opportunities given for adoption.

Requirements	Supporting Guidance
1. Health and Wellbeing EXPECTATIONS should be set out in the Health and Wellbeing Policy and built into the strategic planning and decision making processes.	
2. Clear H&S GOALS AND PLANS should be established, ensuring that risks are evaluated and legal requirements met.	OHAG GN 1.1 BITC Guidance
3. OWNERSHIP FOR DELIVERY should be established through clear roles and responsibilities working to a professional code of ethics, allocating competent resources, actively engaging and communicating with employees, safety representatives and employee representatives, suppliers/contractors and others on health and wellbeing issues, and ensuring that documented systems are in place and maintained to deliver these expectations.	British Medical Association Guidelines Nursing and Midwifery Council (Code of Conduct)
4. PERFORMANCE should be measured against health and wellbeing performance measures, annual objectives, business self-appraisal, assurance audits, feedback from stakeholders and through effective health reporting and investigation.	
5. CONTINUOUS IMPROVEMENT will take place by promoting the sharing of health and wellbeing lessons learned inside and outside the company through regular analysis and review against this health and wellbeing programme.	

Workplace Health Risk Management



Purpose: To define the arrangements for the effective management of health risks in the workplace.

Workplace risk to the health of employees should be minimised by identifying, evaluating and controlling potential health risks. Together with periodic exposure monitoring, health surveillance should be carried out for employees who are potentially exposed to risk to ensure that controls continue to be effective. These ill health control processes should be regularly monitored.

Requirements	Supporting Guidance
<p>1. The level of risk and the potential impact on employees should be evaluated using a combination of industrial hygiene evaluation and medical screening techniques.</p> <p>2. Where potential ill health risk has been identified, suitable control measures should be implemented, utilising the following hierarchy of control:</p> <ul style="list-style-type: none"> 🔍 Elimination 🔍 substitution, 🔍 engineering control, 🔍 signage/warning and administrative controls, 🔍 use of Personal Protective Equipment (PPE). <p>3. Effective documented processes should be established for the elimination or control of health risks. Where appropriate these should give due reference to design, operations and maintenance. Processes should be implemented that identify and monitor potential sources of ill health, including:-</p> <ul style="list-style-type: none"> 🔍 Noise - Hazardous Substances 🔍 Vibration - Asbestos 🔍 Display Screen Equipment (DSE) - Night Working 🔍 Working at Height - Outdoor working 🔍 Manual Handling/Ergonomic - Radiation 🔍 Stress - Confined Spaces 🔍 EMF's <p>4. Statutory health surveillance must be made available to all employees based on Health risk assessment, and the results acted on.</p> <p>5. Fitness to work programmes should be carried out where appropriate to ensure that an individual is capable of carrying out the tasks required, without risk to themselves or others.</p> <p>6. Arrangements should be implemented to ensure appropriate reporting to enforcing authorities.</p> <p>7. Arrangements should be implemented to ensure appropriate reporting to</p>	<p>OHC Case Studies (MSD, Stress and Vibration)</p> <p>OHAG GN 2.1 OHAG GN 2.2 OHAG GN 3.1 OHAG GN 3.2 OHAG GN 3.3 OHAG GN 4.1 OHAG GN 4.2 OHAG GN 4.4 OHAG GN 4.5</p> <p>HSE Management Standards HSE AcoP Guidance Documents</p> <p>EMF Guidance</p>

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<p>enforcing authorities.</p> <p>8. Compliance with the ill health prevention processes should be monitored and performance reported.</p> <p>9. The effectiveness of these requirements should be reviewed periodically and corrective actions identified to improve health in the workplace</p>	
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Individual Health Risk Management



Purpose: To define the arrangements for the effective management of individual employee’s health in the workplace.

The health of individuals should be safeguarded at all times by a robust health risk management programme. The programme should achieve compliance with statutory obligations and medical standards by delivering health assessments aligned to specific job roles. Health and medical surveillance procedures as determined by risk assessment will identify, evaluate and control potential exposure to health hazards.

Requirements	Supporting Guidance
<p>1. Individuals should be assessed before employment commences or before placement/secondment to a new role based on a risk assessment, and may be subject to periodic medical review during employment to establish:</p> <ul style="list-style-type: none"> ☑ Individual fitness meets mandatory medical standards for specific tasks (e.g. Large Goods Vehicle (LGV) and fork lift truck driving); ☑ Individual fitness to perform the task effectively without risk to his/her own health and safety or that of colleagues, contractors and third parties; ☑ Any health problems that require management under the provisions of the Disability Discrimination Act (DDA); <p>2. Where potential ill health risks have been identified, suitable control measures should be implemented. These should include the requirement for health assessments and health surveillance procedures as required by their job role and determined by competent occupational health advice and hygiene evaluation.</p> <p>3. Additionally, a process should be in place to communicate individual exposure to physical, biological, mechanical, chemical or psychosocial hazards in relation to their job roles to the Occupational Health Services team to ensure appropriate health assessments with fitness criteria/medical screening standards can be set to determine fitness for role. This process should include the exposure to any new health risks such as changes to existing work activities or the requirement for new substances or chemicals.</p>	<p>Working Time Directive</p> <p style="text-align: center;">OHAG GN 1.3</p>
<p>4. Effective documented processes should be established for the elimination or control of health risks. Process should be implemented to identify, assess and monitor the health risks and advise on control strategies to protect the health of certain individuals and vulnerable groups, including:-</p> <ul style="list-style-type: none"> ☑ Young Persons ☑ Night workers ☑ Lone Workers ☑ Migrant Workers ☑ Women of child-bearing age, in particular new or expectant mothers ☑ Disabled persons ☑ Home workers ☑ Temporary workers 	<p style="text-align: center;">OHAG GN 1.4</p> <p>Disability Discrimination Act</p> <p>Management of Health & Safety at Work Regulations Guidance</p>

5. A process should be in place to refer an individual employee for health assessment to determine their work capability and communicate the outcome to their line manager to develop a safe system of work in the event of the following:
 - Ⓐ Injuries restricting mobility/musculo skeletal impairment,
 - Ⓑ Development of a chronic illness or a significant change in health status,
 - Ⓒ The requirement for medication that may impact on safety,
 - Ⓓ Sickness absence/rehabilitation management.
6. Any individual whose work activity involves the potential exposure to lead, ionising radiation or asbestos, must be managed in accordance with mandatory requirements and attend statutory medical assessments by an authorised doctor.
7. Individuals should be competent to work without damage to their health. These competencies should be defined and documented and should include the required skills, knowledge, awareness and experience in respect of controlling exposure. Individuals should be provided with ongoing information, instruction and training to maintain the competencies.
8. Individuals must be made aware of their personal responsibility to report any health problem they consider may be associated to their work, comply with the requirements of the risk control strategies relating to their work activities and attend health assessments and surveillance procedures as required by their job role. Use of other medication or current medical conditions (in confidence) to be flagged to Line manager or Occupational Health department.
9. Records of health and medical surveillance procedures must be maintained according to regulatory requirements and made available to the enforcing authorities. Individuals must be made aware of their right to access their medical records and screening procedures if requested.
10. The effectiveness of these requirements should be reviewed periodically and corrective actions identified to improve individual health at work.

Data Protection Act
1998
Royal College of
Nursing – Patient
Confidentiality CoP

Attendance Management



Purpose: To define the arrangements for the effective management of attendance within the workplace.

The management of attendance is critical to the success of organisations; any measures that employers can put in place to encourage reliable attendance will play an important part in reducing their operating costs and increasing efficiency and productivity. It is therefore important for employers to adopt and implement an effective attendance management policy and associated procedures, which requires an accurate assessment of absence levels and patterns. Clear attendance management policies that are consistently and fairly implemented will convey to employees that the organisation is concerned about their attendance and wellbeing, and that the company has a duty of care to remove or reduce any work-related factors that might have a detrimental impact on their health.

Requirements	Supporting Guidance
1. An occupational health and human resources programme should aim to keep people well at work, support those with health issues at work and rehabilitate employees back into work following absence.	
2. Effective processes should be established to include:- <ul style="list-style-type: none"> ● Management of short term absence ● Management of long term absence, including home visits ● Rules on notification of absence ● Required evidence ● Self-certification of absence ● Medical reporting ● Sick pay ● Return-to-work interviews ● Involvement of occupational health ● Training and education for managers ● Employee health education ● Rehabilitation ● Early retirement on grounds of ill health 	ACAS guidance OHAG GN 1.2 OHAG GN 1.4
3. An early intervention strategy should be in place to support employees who are absent due to illness or injury. Procedures will be triggered when an employee reaches a certain level of absence, or has a certain type of absence, and will usually consist of defined stages. Such stages may be informal or formal action, or referral to an Occupational Health practitioner. Early referrals to Occupational Health and other support services (as appropriate).	Equality Act, Sex Discrimination Act, Industrial Injuries
4. All cases of absence should be managed on an individual basis and consideration should be given to the need to implement relevant restrictions or adjustments to the employee’s tasks or hours of work for example. This may need the involvement of an Occupational Health practitioner.	Equality Act
5. Return-to-work interviews are critical and should be undertaken to facilitate	

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<p>reliable employee attendance. All absence should be reviewed with the employee and documented to ascertain health and wellbeing, as well as establishing root cause and required actions, including consideration of support for the individual.</p> <p>6. There must be clear rules on the reporting of all periods of absence, and absence levels should be consistently and accurately recorded. Managers and employees should be responsible for the completion of standard reporting systems in order for the company to provide accurate statistical information.</p> <p>7. In addition to compiling statistics on the number of days lost to absence, to manage attendance effectively, employers should establish why employees fail to attend work, and consider ways of encouraging higher levels of attendance.</p> <p>8. Positive measures should be adopted to facilitate and promote employees' health, and thus reduce the likelihood of sickness absence. Employee Assistance Programmes (EAP) can be used to promote health and wellbeing and provide help and support to individuals with personal or workplace problems.</p> <p>9. Employers should maintain some discretion over the payment of company sick pay, thus allowing management to decline or withdraw payment if there is a proper reason to do so. Likewise, company sick pay could be extended in circumstances where financial difficulties could be detrimental to the employee's recovery.</p> <p>10. Robust management action should be taken against employees who take time off work without good reason, without providing proper notification or when sickness absence reaches an unacceptable level.</p> <p>11. The effectiveness of these requirements should be reviewed periodically and corrective actions identified.</p>	<p style="text-align: center;">Data Protection Act 1998</p> <p style="text-align: center;">Time off for dependants, requests for flexible working, time off for emergencies HSE website; local HEAs OHC Stress case studies</p> <p style="text-align: center;">SSP Rules</p> <p style="text-align: center;">ACAS guidance</p>
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Workplace Wellbeing



Purpose: To provide a framework approach to establish and maintain a workplace health and wellbeing programme.

The contents of a workplace wellbeing programme will be dictated by a number of organisational and employee factors. The style and nature of the programme will be directed and moulded by the culture of the organisation. There are however a number of basic elements that are common to the successful implementation and delivery of health and wellbeing strategies.

Requirements	Supporting Guidance
<p>1. Preparation</p> <p>Organisations should develop a company wellbeing strategy based on the needs of both the organisation and the employees that work within it. This strategy and the Health and Wellbeing programme within the strategy should be, relevant to the objectives of the business, the needs of both employees and management and be well communicated.</p> <p>As the process matures and a greater understanding of the health and wellbeing of employees is gained the programmes within the strategy should be re-focused on the specific issues of groups of workers rather than a general approach.</p> <p>2. Key Objectives</p> <p>Organisations should decide and agree what their key objectives are. This will frame the programme and provide evidence to prove the success or otherwise of the programmes. These objectives will develop and change with the maturing of the process.</p> <p>3. Senior Management/Leadership Commitment</p> <p>Any Programme should:</p> <ul style="list-style-type: none"> • Be understood and agreed by senior management. • Form part of broad company goals such as corporate responsibility, improvement in productivity • Have leadership commitment that is demonstrated by all levels of management • Be appropriately resourced including finance, employee time, and skills development etc. • Have the commitment and involvement of the workforce <p>4. Programme Development</p> <p>Interventions should be based on employee and organisational requirements identified through the needs of the workforce and the review of existing interventions. The programme should have the following characteristics:</p>	<p>Supporting Guidance</p> <p>Business Health Check Tool (BITC)</p> <p>British Heart Foundation (BHF)</p> <p>Healthy Working Lives</p>

- Relevant to the key objectives
- Where possible inclusive of all employee groups
- Where necessary specific to targeted employee groups (this is likely to increase as more feedback and data is generated)
- Integrated into mainstream business processes where possible (e.g. training programmes, team events, canteen and work based health checks)
- Sustainable and achievable
- Simple to communicate and practicable to deliver
- Where possible not medicalised but focused on modified lifestyles
- Mid horizons programme of at least annual, but 2 to 4 years where possible.
- Flexible to allow local adaptation and learning to be embedded into future events.

5. Measures and Review

The organisation should establish what a successful programme will be measured against. Suitable targets should be set to help prove the value of the programme to the organisation and the individual. Measured success should form the basis for a business case for future programmes as the strategy matures and further investment is required. The measures and review should form the basis of external company reporting in the annual report or corporate responsibility report.

Examples of suitable measures are :

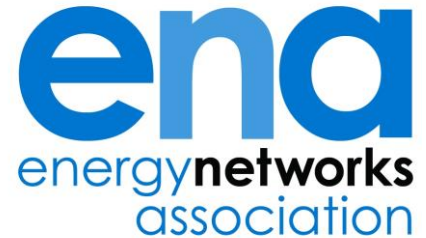
- Participation levels in programme events
- Personal and companywide biometrics; e.g. BP, BMI, Cholesterol, CVR scores etc.
- Level of employee engagement (often measured through employee surveys)
- Cost Reduction e.g. reduction in sickness absence costs, productivity improvements etc.
- Reduced health insurance
- Reduction in employee turnover, improvements in employee retention
- Employee surveys, general feedback and personal testimonies

The outputs from the measures should inform the review of the programme and help complete the cycle of improvement. Over time more data and information should be used to inform and refine the programme.

6. Wellbeing Intervention Examples

- Know your numbers
- Smoking Cessation
- Cardio Vascular Risks management
- Cancer Awareness / Avoidance Programme
- Weight management
- Activity Programmes
- Drug and Alcohol Awareness
- Resilience and Stress Management

Individual Wellbeing



Purpose: To provide a framework of arrangements that facilitates and supports individual wellbeing.

Individuals have a fundamental personal responsibility to maintain their own health and wellbeing. They owe it to themselves, their families and their friends. Employees should take the opportunity to participate in health initiatives, lifestyle assessments, Mental Health management and workplace stress workshops and online fitness programmes designed to promote a holistic approach to their health.

Requirements	Supporting Guidance
<p>1. Work-Life Balance</p> <p>Individuals should adopt the company practices of flexible working, child care, job share etc. appropriate to personal circumstances.</p> <p>Individuals who are experiencing excessive pressure that may impact on work should discuss areas of concern with their line manager/supervisor and/or utilise the services of occupational health, EAP and/or their GP.</p> <p>There are a number of lifestyle factors that are known to impact on individual wellbeing such as alcohol abuse, lack of exercise, poor diet, sleep deprivation and stress.</p> <p>Employees should take the opportunity to participate in health initiatives, lifestyle assessments, stress management workshops and online programmes designed to promote a holistic approach to their health.</p> <p>2. Health Opportunities</p> <p>Individuals should be aware that they can control many aspects of their health by modifying their lifestyle to enjoy the benefits of good health and fulfilment at work and at home. It has been shown that even after the age of 50; increasing exercise (such as three hours gardening per week) can impact on your life expectancy to the same degree as giving up smoking.</p> <p>Many of the health parameters such as cholesterol, blood pressure BMI etc. can easily be controlled in a non-medical way by simple changes to lifestyle. That leaves the opportunity for good health largely in an individual's own hands.</p> <p>Individuals should participate in pre-employment medicals, attendance management, return to work programmes, and health surveillance monitoring where appropriate.</p> <p>3. Managing Personal Pressure</p> <p>Individuals should take the opportunity to use support systems if experiencing personal or work related problems. These may take the form of counselling and / or an Employee Assistance Programme (EAP). These services often cover :</p>	<p>Company Healthy Lifestyle Policy</p> <p>One You</p> <p>Time 2 Change</p> <p>Business in the Community (BITC)</p> <p>Mental Health First Aid (MHFA)</p>

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| <ul style="list-style-type: none">● Marital and relationship difficulties● Family problems● Alcohol and drug misuse● Stress, Anxiety, Mental Health and depression● Bereavement● Workplace issues/ Bullying● Debt counselling. | |
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