EXTENT OF THE PROBLEM

HSE Statistics

- 1.2 million suffer work related ill-health
- 24.6 million working days yearly
- Many more than accidents
  - 22.1 million ill health
  - 4.4 million accidents
In 2006/7, for every workplace fatality there were circa 50 deaths caused by occupational disease.
The ODA Business Case

Arguments in the Business Case:

1. Productivity – workers who are healthy, happy and here
2. Recruitment and retention
3. Reputational risk
4. Prevention rather than litigation
5. Large site, off-site time loss kept to a minimum
The Challenge of Health

- Health perceived as *difficult* compared with other management topics
  - Latency - causes *not* obvious
  - Interventions not *perceived* as easy
- Reasons
  - Lack of *information*
  - Lack of *knowledge* - domain of doctors and nurses
- Positive outcome not *immediately* obvious

We need to break the chain
If you always do what you have always done?...........

- Outreach – go to the workplace
- Mind the Gap – what’s written and what’s done
- Keep it simple - make it easy to make the right choices
- Look after the VIP
- Put the health into safety and the occupational hygiene into the health

...... to break the chain
The Strategy – a holistic approach

Focus on the *workplace*
- Ill-health *Prevention*
  - the impact of work on people’s health

Focus on the *worker*
- *Clinical* intervention
  - the impact of a person’s health on their work

Focus on *wellbeing*
- Health *Promotion*
  - the use of the workplace environment to promote health
WORKPLACE:
Health like Safety
- tools for the job
WORKPLACE - Risks at each phase of the build

- Ground Phase, Build Phase, Fit out Phase

<table>
<thead>
<tr>
<th>Job Roles</th>
<th>Possible Hazards (exposures)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Skin</td>
</tr>
<tr>
<td>General Operatives</td>
<td></td>
</tr>
<tr>
<td>Carpenters</td>
<td>X</td>
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<table>
<thead>
<tr>
<th>Control management (assessment)</th>
<th>Monitoring schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noise, Hazardous substance, Vibration, Manual handling</td>
<td>Exposure monitoring, Baseline Health Surveillance, Routine Health surveillance</td>
</tr>
<tr>
<td>Noise, Air, Vib, Noise, HAVs, Skin, Lungs, Noise, HAVs, Skin, Lungs</td>
<td>X, X, X, X, X, X, ?, ?, ?</td>
</tr>
</tbody>
</table>
WORKPLACE – Keep it simple

• RAG systems

Noise assessment was undertaken on piling operations at Team Stadium

Enabling quieter operations to be carried out away from high noise levels
WORKPLACE – Baselines / Benchmarking

Occupational Health Maturity Matrix (OHMM)

- To show how OH is integrated with health and safety procedures.
- Using interview and audit techniques and site observations.
- The output is a rating of between 1–5 for each project.
- Implementation plans drive occupational health improvement.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Infancy</th>
<th>Developing</th>
<th>Evident</th>
<th>Established</th>
<th>Integrated</th>
</tr>
</thead>
</table>

WORKPLACE – leading indicators

- Occupational Health Impacts Frequency Rate (HIFR)
  - AFR = safety, EIR = environment, Health?
  - Health impacts – not near miss/not accident or incident?

HEALTH IMPACTS

- Signs or symptoms of OH ill health
- Reported occupational illness
- Fatality
THE REAL WORLD

GAME OVER

HEALTH
WORKER:  
The success of on site clinical support
Clinical Interventions

• Identification and treatment of pre-existing disease

• Health surveillance and protecting individual’s health

• Rapid and effective treatment of illness and injury whilst on the Park

• Improving workers’ health for the future
Fit For Work

- Pre-employment screening of workforce
- Safety Critical Medicals
- Enabling people to start work, fit and safe to do so
Health Surveillance

- HAVS, Noise, Skin, Lung
- Bespoke – contaminated land
- Accessible to all employers
- Assisting them to meet their legal requirements
- Increased understanding amongst workforce
- Training of skin monitors and Tier 2 HAVS assessors
Clinical services

• Walk in treatment service for minor injuries and ailments

• Physiotherapy services

• Specialist clinics

• Drug and Alcohol testing
Treatment Service – Impact on Local NHS Resources
Emergency Response

- Dialogue with blue light services begins prior to arrival of medical team on site and continues throughout the project
- Early liaison with contractors
- Coordinated site wide response
- Nurses with A&E skills and training for the workforce.
- Only 25% of all site call outs referred to LAS
Workplace Defibrillator Programme

• Number of deaths from cardiac arrests estimated to be 6 during the project
• Research shows that each extra minute delay reduces survival rates by 17%
• Workplace defibrillator – in conjunction with LAS training given to 65 first aiders in venues difficult to reach
• 13 additional defibrillators on site

• 6 cardiac arrests occurred
• 1/3 cases successfully resuscitated
  (London 15.2%, rest of UK <10%)
Effect Of Treatment Services on the Project

![Bar chart showing cumulative time spent and cumulative time saved over time from April 2008 to February 2012. The chart compares the two metrics, with time spent increasing linearly and time saved showing a more rapid increase.]
Drug & Alcohol Testing Programme

• Why
  – Safety critical nature of work
  – PTS work
  – Safety culture
  – REPUTATION

• Contractual Requirement
• For Cause and Random Testing (5-10%)
• ZERO TOLERANCE
Effectiveness of Programme

• Reduced positives from 21% to <5%

Reasons For Success

• Clear policy with clear consequences, applied consistently
• Economic Climate
• Safety Behaviour
Well-Being:
Engaging Workers
The Workforce

• Predominantly male, average age 37

• Migrant workers

• Poor lifestyles

• Poor contact with Health Care providers, NHS etc.

• Small companies/self employed without benefits packages
  - if they don’t work they don’t get paid
WELLBEING –
Health Promotion

• Work and Non-Work Related
• Engaging workers
• Site surgeries
• National campaigns
• Linked to safety issues
COST BENEFIT ANALYSIS - IES

• For the clinical service:
  • A simple return on investment calculation shows that (if all services would have been provided off-site in the same way that they were on site) for every one pound invested by the ODA the return was £3.46 in reduced wages and £5.96 in reduced production costs.

• For the preventative service:
  • Based on case studies – A return on investment of from £65 for every £1 spent up to £238 for every £1 spent.

  • If we look at reduced sickness absence: for every £1 invested by the ODA in the OH service, there was a return of £7.27 in reduced production costs.
PRACTICAL APPLICATION TO THE CONSTRUCTION INDUSTRY

• Scalable
• Adjusting for size, priorities and budgets
• Flexible approach and demonstration of benefits
Summary

• Define what good looks like - health like safety
  • Worker, workplace, wellbeing
  • Reactive and proactive intervention
• Risk management drives the process
• Health surveillance is a monitoring tool not a solution in itself
• Simple outputs that empower the supply chain to make the right choices
• RAG maps for contaminated land
• Noise target for piling
• Traffic lights for healthy substitution
• Strategy that stands up to scrutiny
• Evidence based
• HIFR
• Health Maturity Matrix
• IES independent Evaluation
• Scalable and Affordable - not one size fits all

Thank you