Creating a **healthy** workplace

A guide for occupational safety and health professionals and employers

Produced by the **Faculty of Public Health** and the **Faculty of Occupational Medicine**

Creating a healthy workplace: A guide for occupational safety and health professionals and employers

Written by the Occupational Health Working Group of the Faculty of Public Health and the Faculty of Occupational Medicine.

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Faculty of Public Health

4 St Andrews Place
London NW1 4LB

T   020 7935 0243
E   enquiries@fph.org.uk
W   www.fph.org.uk

Registered Charity Number 263894

The Faculty of Public Health is the standard-setting body for specialists in public health.

Faculty of Occupational Medicine

6 St Andrews Place
London NW1 4LB

T   020 7317 5890
E   fom@facoccmed.ac.uk
W   www.facoccmed.ac.uk

Registered Charity Number 1035415

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Acknowledgements

Foreword

Work – or lack of it – has a profound impact on our health. Well-managed, suitable work promotes wellbeing, while poorly conceived or hazardous work can be damaging. Sometimes the cause is obvious and the effect is physical; sometimes the cause is more subtle but the psychological damage serious. Although some of the industrial diseases of the past may be in decline, there are new and emerging challenges in the workplace, particularly in the area of mental health.

This guide highlights eight areas where employers and employees can take steps to create a workplace that is supportive of, and conducive to good health for those who work there. Many of the areas highlighted for action are relatively straightforward but have the potential to make a substantial impact on the health and productivity of the workforce.

In 1878, the Cadbury family built the new Bourneville Estate in Birmingham for their factory workers, providing not only housing but also education, training, pensions and medical facilities. Few employers today are in a position to provide for the health of their employees so comprehensively. However, the potential is there for all to contribute. Good (and successful) employers take this issue seriously.

This guide aims first to stimulate thoughts and then to provide signposted information for both employers and occupational safety and health professionals.

Professor Rod Griffiths, CBE
President, Faculty of Public Health

Dr David Snashall
President, Faculty of Occupational Medicine

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Summary

Creating a healthy workplace

This guide provides practical ideas to support occupational safety and health professionals and employers to improve health and wellbeing in the workplace.

Why?

The workplace has a powerful effect on the health of employees. How healthy a person feels affects his or her productivity, and how satisfied they are with their job affects their own health, both physical and psychological.

Evidence shows that, when organisations proactively improve their working environments by organising work in ways that promote health, all adverse health-related outcomes, including absence and injuries, decrease. This makes a strong business case for creating a healthy workplace. This is reflected in the Government's *Health, Work and Well-being* strategy which encourages and supports employers in initiatives to improve the health and wellbeing of working age people.

Benefits of a healthy workplace

- Improved productivity and performance
- Reduced absenteeism and other costs associated with ill health
- Fewer injuries, accidents, and insurance and compensation claims
- Improved employee morale and staff retention
- Employees more receptive to and better able to cope with change
- Enhanced business reputation and corporate responsibility

Cost of ill health to your organisation

- Sickness absence costs UK employers around £12.2 billion each year. Between 2% and 16% of the annual UK salary bill is spent on sickness absence.
- The cost of making reasonable adjustments to keep an employee who develops a health condition or disability will almost certainly be far lower than the cost of recruiting and training a new employee.
- Stress-related conditions and musculoskeletal disorders are now the most common reported causes of sickness absence from work in the UK.
- An estimated 34 million days a year are lost in England and Wales through sickness absence resulting from smoking-related illness.
- Physical inactivity has major health consequences – including obesity, coronary heart disease and cancer – and in England is estimated to cost the wider economy £8.2 billion per year.

- Alcohol misuse among employees in England costs up to £6.4 billion a year in lost productivity through increased absenteeism, unemployment and premature death.

How?

Leadership is the key to a healthy workplace. Health promotion initiatives will only be effective under conducive managerial conditions, primarily those that stimulate employee job satisfaction.

Other important factors to consider include: how work is organised and carried out; physical working conditions; employee consultation and involvement; and the organisation's policies, procedures and rules.

For each of the following eight key areas this guide suggests five simple steps that can make a real difference to your organisation and the people working in it:

- Creating a safe and healthy workplace
- Recruitment, retention and rehabilitation
- Mental wellbeing and minimising stress
- Musculoskeletal disorders
- Tobacco smoke and smoking cessation
- Alcohol and other substance misuse
- Physical activity
- Healthy eating.

Enhance the wellbeing of your employees and increase efficiency in your organisation

Introduction
Creating a healthy workplace

Why do it? The costs of ill health in the workplace

An estimated 2.2 million people in Great Britain suffer from health problems which they believe are work-related.[1] Three-quarters of these self-reported work-related illnesses are musculoskeletal disorders (in particular those affecting the back and upper limbs), or stress, depression and anxiety.[1] Alcohol misuse alone among employees costs up to £6.4 billion a year in lost productivity in England, through increased absenteeism, unemployment and premature death.[2] The costs to employers, individuals and society as a whole of work-related ill health are substantial, negative and widespread. For a workplace, the full costs of ill health include production losses, costs of rehabilitation and recruitment, legal sanctions, reduced competitiveness and flexibility, loss of quality, other customer service impacts, and damage to reputation in the view of current and potential customers, shareholders, workforce and suppliers.

Ill health represents a burden to individuals (e.g. coping with pain, suffering and diminished function), their dependents (e.g. reduced income in the family), the local community (e.g. reduced capacity), and society at large (e.g. increased inequalities and healthcare costs). However, on the positive side, work and the rewards it brings allow full participation in our society, leading to better health, particularly mental health. This applies both to the individual and the community as a whole as there are inextricable links between health, work and the economy at both local and national levels. On the contrary, unemployment is associated with reduced psychological wellbeing, and is an important determinant of inequalities in health among adults of working age in the UK, with people lower down the social scale being most affected.

The context

This guide builds on key government strategy, such as the *Health, Work and Well-being* strategy which encourages and supports employers in initiatives to improve the health and wellbeing of working age people, including those in the workplace.[3] It also builds on the *Choosing Health* White Paper,[4] which focuses on the role of the healthy workplace in promoting the general health of a community and thus reducing other social inequalities, and *Securing Health Together*,[5] the long-term occupational health strategy for England, Scotland and Wales. The latter represents a 10-year programme challenging employers of all sizes to meet key targets in work-related health. It encourages co-operation between employers and local agencies including occupational health providers, primary care trusts, local authorities and trade unions. Specific areas include helping people who have been ill – whether due to work or not – to return to work, and improving the work opportunities for people who are not in employment due to ill health or disability. Recent changes in legislation and initiatives such as *Pathways to Work*[6] highlight the timely emphasis on rehabilitation and recruitment and retention of employees with disabilities and chronic illnesses.

Why do it? The costs and benefits

There is evidence that interventions in the workplace can be highly cost-saving, with improvements in productivity and absenteeism more than outweighing the direct costs of the interventions.[7] Systematic organisation-wide approaches that promote improved mental health and reduced stress have been shown to be cost-effective in terms of reducing absenteeism, and improving retention and productivity.[7]

The case for taking action to reduce ill health arises not only from direct costs savings to the employer, but also from the potential social and economic benefits. Improving the health of the workplace and workforce is a vital step in improving the quality of life of employees, businesses, and the local socioeconomic climate.

While some changes are driven by the need to comply with statutory regulations or by a sense of social responsibility, in most instances the case for making improvements must be supported by an assessment of the costs and benefits arising from the intervention. A simple toolkit for estimating current costs and potential savings in a workplace is available from the European Agency for Health and Safety at Work and is a valuable way of building the case for action at a local level.[8]

How to do it?

Employers are currently faced with a bewildering array of legislation, guidance and advice from many agencies but there is also a lack of guidance on whom to approach for practical help in implementing such advice. Leadership is the key to a healthy workplace. Health promotion initiatives are only likely to be effective under conducive managerial conditions – primarily those that stimulate employee job satisfaction. Effective workplace interventions require employer commitment and employee participation.

This guide aims to help health professionals and occupational safety and health practitioners to support employers and others to improve the health of the workplace, providing simple steps in key areas that can make a real difference to the organisation and the individuals working in it. It acts as an accompaniment to the leaflet *Creating a Healthy Workplace* which is a practical guide for employers and employees. This guide explores the key areas of occupational ill health such as musculoskeletal problems and stress and also considers how issues such as smoking, alcohol and other substance misuse, physical activity and healthy eating can both impact on and be improved by interventions in the workplace. Evidence of the benefits of initiatives, practical information, case studies, and clear signposting to other key resources are provided.

References

1   Health and Safety Executive. 2004. *Heath and Safety Statistics Highlights 2003/04*. London: National Statistics. www.hse.gov.uk/statistics/overall/hssh0304.pdf (accessed 21 October 2005).

2   Health Development Agency. 2004. *Workplace Interventions: Alcohol and Diet. Evidence Briefing*. London: Health Development Agency.

3   Department for Work and Pensions, Department of Health and Health and Safety Executive. *Health, Work and Well-being – Caring for Our Future. A Strategy for the Health and Well-being of Working Age People*. www.dwp.gov.uk (accessed 26 October 2005)

4   Department of Health. 2004. *Choosing Health: Making Healthy Choices Easier*. London: The Stationery Office.

5   Health and Safety Commission. 2000. *Securing Health Together: A Long-term Occupational Strategy for England, Scotland and Wales*. London: HSE Books.

6   See the Department for Work and Pensions website www.dwp.gov.uk for initiatives which support people in getting into work.

7   McDonnell Douglas Corporation. 1990. *McDonnell Douglas Corporation Employee Assistance Program Financial Offset Study 1985-1989*. St Louis, MO: McDonnell Douglas Corporation.

8   European Agency for Safety and Health at Work. 2002. *Economic appraisal of preventing work accidents at company level. Facts 28*. www.europe.osha.eu.int/publications/factsheets/28/factsheetsn28en.pdf (accessed 21 October 2005).
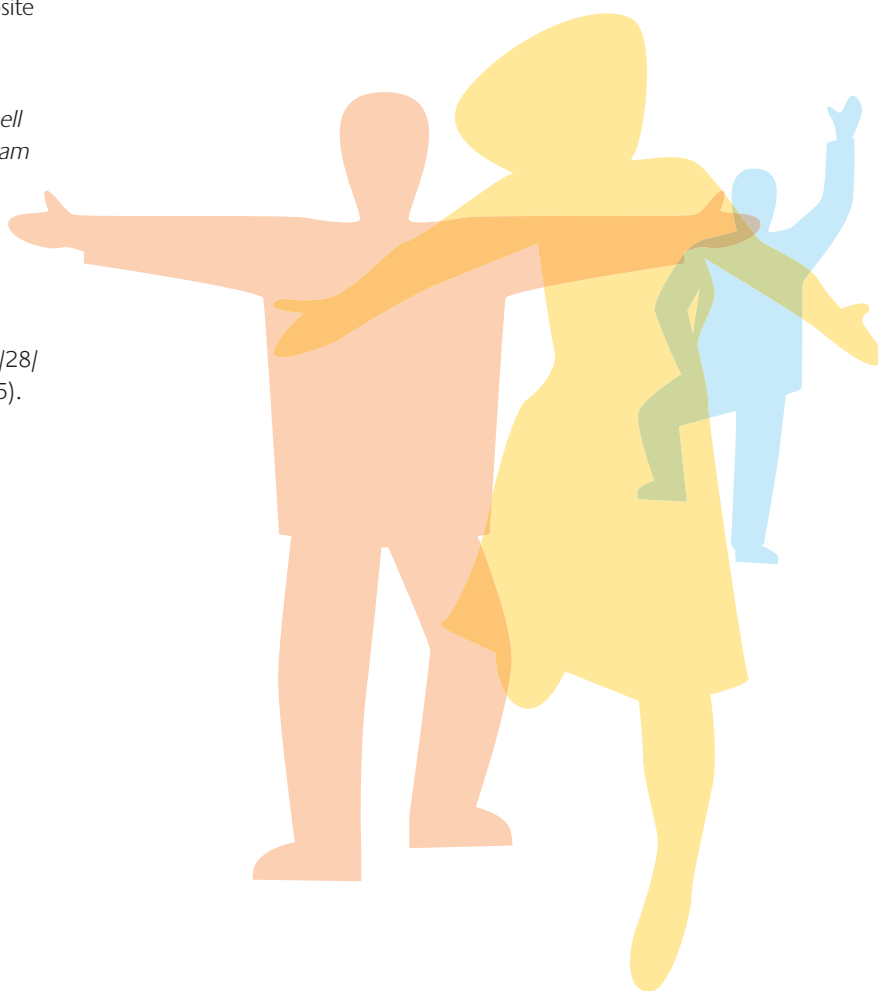
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Creating a safe and healthy workplace

The workplace has a powerful effect on the health of employees. How healthy a person feels affects their productivity, and how satisfied people are with their job affects their health. Evidence shows that when organisations improve their working environments by organising work in ways that promote health, all related adverse health outcomes – including injury and absenteeism – decrease.[1]

As a minimum, a safe workplace is one where every effort is made to reduce the risk of injuries at work. However, creating a safe workplace goes further than preventing injuries and will actively contribute to promoting a healthy workforce. A safe workplace is more likely to promote good mental health and a sense of psychological wellbeing than one where the risks to safety are ignored or not properly controlled. Moreover, maintaining and improving the health of your workforce can also contribute to a safer workplace: workers who are fatigued or stressed are more likely to make mistakes[2] and, depending on their jobs, their mistakes can lead to accidents.

Ill health caused by work is preventable. The first step is to assess the risks from any physical, chemical, biological or psychological hazards. For guidance on how to do this, see *Resources* on page 13.

What we know

In the UK in 2001-02, 2,328,000 people believed that they were suffering from an illness caused or made worse by their work, and an estimated 32.9 million working days were lost through illness caused or made worse by work.[3] Musculoskeletal disorders (particularly those affecting the back and upper limbs), followed by stress, anxiety and depression, were by far the most commonly reported work-related illnesses.

What the employer must do

The Health and Safety at Work Act 1974 requires employers to ensure, as far as is reasonably practicable, the health, safety and welfare at work of all their employees.

There is also a common law duty for employers to take reasonable care for the safety of their employees in the course of their employment.[4] Employers are required by law to consult on a range of issues, whether the workforce is unionised[5] or not.[6] It is also good practice to establish joint safety committees to consider the health, safety and welfare of all employees.

The management of Health and Safety at Work Regulations requires employers to carry out risk assessments – that is, assessments of the risks to the health and safety to which

employees are exposed while they are at work. These risks can be physical or psychological. For guidance on these regulations, and other regulations which may be relevant to your workplace, employers should visit the website of the Health and Safety Executive (HSE) at www.hse.gov.uk. The HSE has also issued guidance on specific hazards, such as noise and vibration (see www.hse.gov.uk/pubns/index.htm).

The risks identified must be controlled, and employees must be informed about them. Health surveillance may be required, depending on the results of the risk assessment.

If injury or ill health is caused by work, the employer may have to report this to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Easy steps an employer can take

1   Be aware of your responsibilities as an employer under the Health and Safety at Work Act and associated legislation. **www.hse.gov.uk**

2   Consult with your employees on what concerns they have about their health and safety in the workplace, and involve them in the development of any initiatives that aim to improve their health and safety.

3   Carry out risk assessments. Assess the possible risks to the health and safety of your employees – both physical and psychological – from their work. **www.hse.gov.uk**

4   Lead by example. Employees are more likely to take health and safety seriously if they can see that you, the employer, are serious about these issues.

5   Consider how you could use internal or contracted-in occupational safety and health services to improve the health of your employees. **www.facoccmed.ac.uk**, **www.nhsplus.nhs.uk**, **www.poosh.org**

Special groups

Pregnant women and breastfeeding mothers

Pregnant women and breastfeeding mothers require additional risk assessments. For example, exposure to some chemicals may be harmful to the foetus. In addition, working shifts or long hours, manual handling or other physical exertion all need to be re-assessed on an individual basis for a pregnant employee. The HSE has produced guidance for new and expectant mothers which can be downloaded from www.hse.gov.uk/mothers/.

Older people

Older workers are less prone to accidents than younger people but they may initially be less adaptable to changes in the workplace. However, given appropriate training and methods of induction this can be overcome, so it is particularly beneficial to give older people support in learning new ways of working.[7]

CASE STUDY
Creating a safer workplace

The administrative staff of a housing association were redeployed to reception duties which involved face-to-face interaction with tenants, often dealing with their complaints. Some tenants were verbally aggressive, and there had been some more serious threats, including one employee being threatened with a knife.

Managers took employees' concerns seriously. They carried out a comprehensive risk assessment for both physical and psychological risks, and implemented many safer working practices – such as always having at least two employees in the reception area. To reduce the risk of stress, various measures were implemented including training on how to deal with aggressive clients, and better support from managers.

The organisation benefited in improved employee attendance, lower turnover and improved morale.

Resources

PUBLICATIONS

Five Steps to Risk Assessment
Produced by the Health and Safety Executive.
Available from: www.hse.gov.uk/pubns/indg163.pdf

Managing Health and Safety: Five Steps to Success
Produced by the Health and Safety Executive.
Available from: www.hse.gov.uk/pubns/indg275.pdf

Reducing Error and Influencing Behaviour
Published by HSE Books, 1999. Ref: HSG48.

A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond
Health and Safety Commission, 2004
Published by the Health and Safety Executive.
Available from:
www.hse.gov.uk/aboutus/hsc/strategy2010.pdf

ORGANISATIONS AND WEBSITES

Business Link
www.businesslink.gov.uk
The people, health and welfare section of the Business Link website provides a range of health and safety information for businesses.

See also *Resources* in section 3 *Mental wellbeing and minimising stress*, on page 21.

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1   McDonnell Douglas Corporation. 1990. *McDonnell Douglas Corporation Employee Assistance Program Financial Offset Study 1985-1989*. St Louis, MO: McDonnell Douglas Corporation.

2   Health and Safety Executive. 1999. *Reducing Error and Influencing Behaviour*. London: HSE Books.

3   Health and Safety Executive, Epidemiology and Medical Statistics Unit. 2003. *Self-reported Work-related Illness in 2001/02: Results from a Household Survey*. Merseyside: Health and Safety Executive.

4   Wilsons and Clyde Coal Co Ltd v. English (1938) AC 57.

5   Safety Representatives and Safety Committees Regulations 1977.

6   *Health and Safety at Work etc Act 1974*. London: HMSO.

7   Faculty of Occupational Medicine. 2004. *Position Paper on Age and Employment*. London: Faculty of Occupational Medicine.

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Recruitment, retention and rehabilitation

Recruitment of employees is a costly and time-consuming part of running a business. A healthy workplace should adapt the workplace to employees, and develop a work culture which values all employees and their contribution. This should reduce absenteeism, increase productivity and maximise the retention of employees. The three key areas to consider in this context are: managing sickness absence effectively; ensuring that, where necessary, existing employees are retained in the workforce following ill health; and tapping into the significant reserve of people with disabilities looking for work.

What we know

According to the latest CBI/AXA absence and labour turnover survey, average absence levels in 2004 were 6.8 days per employee – 3% of working time – with a direct cost of £495 per employee per year. Projected across the UK economy this means that absence cost UK employers around £12.2 billion in 2004.[1]

Manufacturing firms report higher absence levels than service sector companies: 7 working days lost per employee per year in manufacturing firms, compared with 6 days in the service sector.[1] The gap between public and private sector absence is worryingly large, with public sector staff taking an average of 2.7 sick days per year more than their private sector counterparts: 9.1 days lost per year in the public sector compared with 6.4 days in the private sector.[1] The Institute for Employment Studies (IES) found that between 2% and 16% of the annual UK salary bill is spent on absence.[2] In addition, the impact to a business in lost production together with increasing labour costs and potential quality issues, poor customer satisfaction and relations, requires the control of absenteeism to be high on the agenda.

The way in which an organisation manages its people is likely to have a critical effect on their attendance behaviour. The majority of absence is due to genuine minor sickness, but it is important to recognise the wide variety of causes of sickness absence. Indeed, to view sickness absence from a medical model perspective alone is too simplistic given its multi-factorial causation. Short-term absence responds well to good people management as the causes often have a lot to do with employees' attitudes towards work. However, an altogether different approach is required for managing long-term absence. Long-term absence accounted for 6% of all absence cases in 2004 but was responsible for 34% of the total time lost through absence.[1] In the public sector, it accounted for 57% of the total time lost through absence.[1]

The longer someone is signed off sick, the less likely they are to return to work, so early intervention and active management are key to success. The optimum window of time for intervention to enable an individual to get back to work is 6-26 weeks.[3]

Tackling sickness absence effectively and efficiently, both for the employee and the employer, requires a proactive approach with management and occupational health teams taking the initiative to monitor absence, enabling managers to recognise trends and identify problems early. By following this approach, management can develop appropriate policies and procedures, consult with employees and instigate prompt occupational health interventions where appropriate. Recent research by the CBI shows absence falling most significantly in companies where senior managers are responsible for absence management, and return-to-work interviews are the most effective absence management tool.[1] Critical success factors in managing absence include employee commitment, leadership and management, conditions of employment, and organisational health initiatives.[1]

Re-integration of individuals back into the workplace after a significant illness may require changes in work pattern and content. The cost of making reasonable adjustments in order to keep an employee who develops a health condition or disability will almost certainly be far lower than the cost of recruiting and training a new employee. The Disability Discrimination Act (DDA) is the key area of legislation guiding the management of people with disabilities and significant illnesses. If employers develop systems to ensure recognition of disabilities and significant illnesses, including an understanding of the breadth of diseases and conditions covered by the DDA, and if they can devise a logical analysis of job requirements and make reasonable adjustments, they will not only avoid employment tribunals but also achieve a healthier, happier, more loyal and productive workforce. Vital to this process is the ability to recognise when an employee may have such a health problem, and whether any poor performance is related to that problem.

Organisations that actively recruit and support employees with disabilities and health conditions tend to have good people management systems in place leading to improved employee morale and enhanced public reputation. Research has shown that, when disability and ill health are correctly managed, disabled employees take less sick leave than their non-disabled colleagues and stay with the employer longer.[4] Among those people actively looking for work, there is a disproportionately higher percentage of people with disabilities compared with non-disabled people, and many people with disabilities report discrimination at all stages of the employment process.[4] Employers need to be aware of the assistance available in both practical and financial terms in managing such disabled employees (and potential employees). A key resource is the Disability Employment Advisor at the local Jobcentre Plus. See also *Resources* on page 17.

What the employer must do

As mentioned above, the Disability Discrimination Act is the key area of legislation for the correct management of people with disabilities and significant illnesses. It is vital that employers see the Act as an opportunity to develop best practice in rehabilitation and recruitment, rather than as a piece of threatening legislation. Although undoubtedly the Act contains many areas of vague definition open to legal argument, the key message is that employers must be aware of important steps in the recruitment and management of such employees.

Easy steps an employer can take

1   Be aware of your responsibilities as an employer under the Disability Discrimination Act. **www.cipd.co.uk**

2   Assess the costs of employee turnover and recruitment in your organisation.

3   Develop a policy for managing sickness absence, including accurate data collection and reporting. **www.hse.gov.uk**

4   Maintain contact with employees during their sickness absence, and carry out return-to-work interviews to plan how to support them with their return to work. **www.eef.org.uk**, **www.dwp.gov.uk**

5   Provide flexible working arrangements to facilitate rehabilitation and early return to work.

CASE STUDY

Rehabilitation

An employee in a medium-sized manufacturing company was involved in a serious motorcycle accident and had to take a significant period of sickness absence. He was able to return to work with help from the Access to Work scheme, which provided assistance with travelling to work and specialist equipment (moving and handling aids) to help him with his job as a fitter on a production line. The company had a good understanding of the Disability Discrimination Act and allowed a phased return with reasonably modified duties, including an allowance for time off to attend ongoing physiotherapy.

As a result, the employee's period of sickness absence was reduced, with benefits both for the employee (financial and vocational rehabilitation) and for the employer (retention of valuable skills and improved workforce morale).

Resources

PUBLICATIONS

Framework for Vocational Rehabilitation
Produced by the Department for Work and Pensions.
Available from:
www.dwp.gov.uk/publications/vrframework/

Improving the Life Chances of Disabled People
Produced by the Prime Minister's Strategy Unit.
Available from:
www.strategy.gov.uk/output/page5046.asp

Opportunity and Security throughout Life: Department for Work and Pensions Five Year Strategy
Available from: www.dwp.gov.uk/publications/

ORGANISATIONS AND WEBSITES

Disability
www.disability.gov.uk
For information on the rights of disabled people.

Disability Rights Commission
www.drc-gb.org

Jobcentre Plus
www.jobcentreplus.gov.uk/cms.asp

For further advice, contact the **Disability Employment Advisor** at your local Jobcentre Plus.

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1 CBI in association with AXA. 2005. *Who Cares Wins. Absence and Labour Turnover Survey 2005*. London: CBI.

2 Bevan S and Hayday S. 2001. *Costing Sickness Absence in the UK*. London: Institute for Employment Studies.

3 Waddell G and Burton AK. 2004. *Concepts of Rehabilitation for the Management of Common Health Problems*. London: The Stationery Office.

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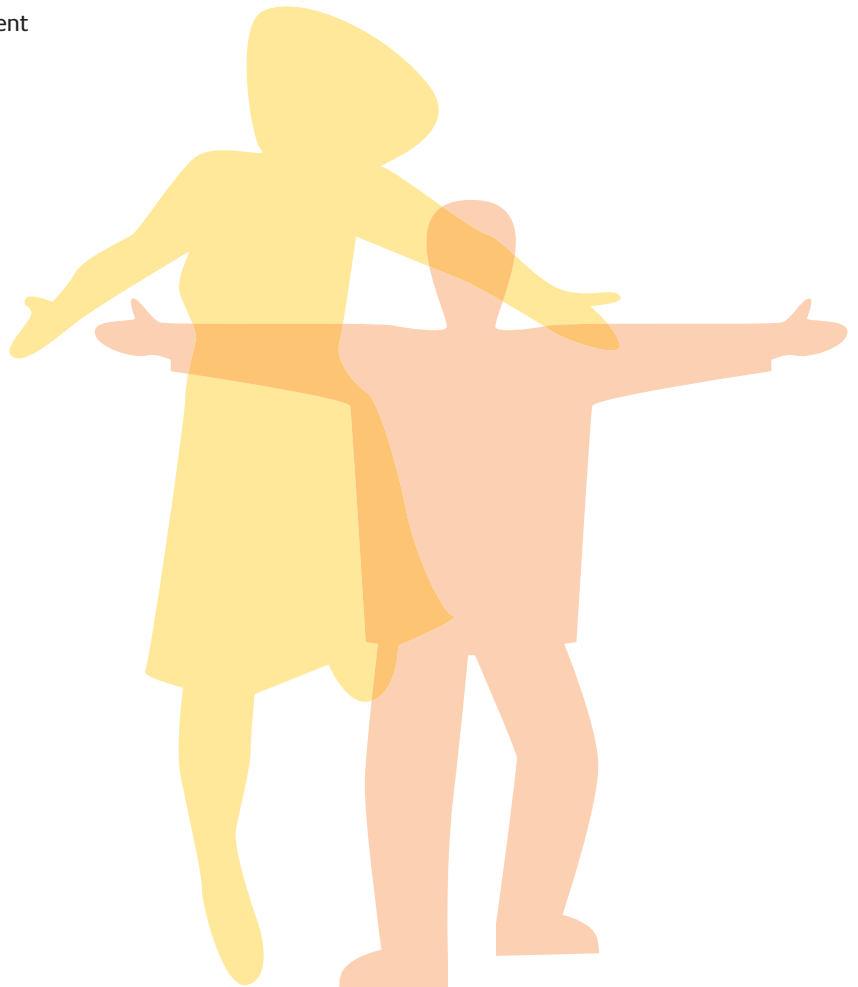
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Mental wellbeing and minimising stress

The legal responsibilities of employers – both to protect the health of employees and to ensure that they do not discriminate against people with disabilities – apply just as much to mental health and wellbeing as to physical health, but it would be a mistake to see this as a burden on employers. It makes good business sense to look after the mental wellbeing as well as the physical health of the workforce. Indeed, these issues are often interrelated.

What we know

In 2003-04, an estimated 557,000 people in Britain believed they were experiencing work-related stress at a level that was making them ill. Self-reported work-related stress, depression or anxiety account for an estimated 12.8 million lost working days per year in Britain. This makes stress, depression and anxiety the largest contributor to the overall estimated annual days lost from work-related ill health.[1]

It is therefore very much in the interests of employers as well as employees to focus on mental wellbeing in the workplace, and to create a supportive and stress-free environment within which such problems will be minimised.

As well as having a direct effect on reducing sickness absence, attention to the creation of a supportive environment in which people feel less stressed and generally happier can improve workplace relations, reduce the risk of industrial action, and promote recruitment and retention.[2] Reducing employee turnover can have a direct economic benefit to the employer in terms of cost savings on recruitment advertising and induction training, and the retention of experienced employees can also enhance productivity. The intangible benefits of a loyal and well-motivated workforce are difficult to quantify, but few employers would doubt that they are real.

The HSE (Health and Safety Executive) has published a set of *Management Standards for Work-related Stress* which, though not mandatory, are recommended practice for employers. The standards look at six key aspects of work which, if properly managed, can help to reduce work-related stress.[3] They are:

- **Demands**. This includes issues such as workload, work patterns and the work environment. (It has been shown that control over working time can moderate the effect of job strain, particularly for women who are juggling work and family responsibilities.[4])

- **Control**. How much say a person has in the way they do their work.

- **Support**. Including the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.

- **Relationships**. This includes promoting positive working to avoid conflict, and dealing with unacceptable behaviour such as bullying and harassment.

- **Role**. Whether people understand their role within the organisation and whether the organisation ensures that people do not have conflicting roles.

- **Change**. How organisational change (large or small) is managed and communicated in the organisation.

Although the primary role for the employer is to ensure, through good management practices, that the workplace is not a source of stress for employees, there is also a role in providing support to individuals with mental health problems, whether or not these are work-related in origin.

Even in the most supportive and well-managed work environments, there will be employees experiencing emotional difficulties related to personal problems such as relationship breakdown, financial pressures, caring responsibilities or bereavement. In addition, good employers who are recruiting and retaining people with more serious mental health problems will need to consider the development of sound occupational health policies and practices.

Good advice has been published by the Chartered Institute of Personnel and Development (CIPD) in the form of a guide for human resources professionals to help them support employees who are suffering from stress and other mental health problems.[5]

Physical activity should be encouraged as a significant intervention to promote good mental health, in addition to its known benefits for physical health.[6] (See section 7 on page 32.) Alcohol and substance misuse can also have a detrimental effect on mental wellbeing, and employers can play a role in helping to identify and address this. (See section 6 on page 29.)

What the employer must do

As an employer or manager, it is your duty to ensure that employees are not made ill by their work. The Health and Safety Executive expects every employer to conduct risk assessments for health and safety hazards. This includes work-related stress. Stress can cause physical as well as mental health problems.

However, a focus on the *individual* experiencing stress can be counterproductive if it leads to failure to tackle the underlying causes of problems in the workplace.

Easy steps an employer can take

1   Undertake a risk assessment for work-related stress using the HSE (Health and Safety Executive) guidance. **www.hse.gov.uk/stress/standards/about.htm**, **www.eef.org.uk/UK/publications/guidance/**

2   Consult with employees and their representatives to identify problem areas and make a commitment to take action in partnership.

3   Make an action plan. An example plan and stress policy are available at **www.hse.gov.uk**.

4   Make sure that your organisation has in place a good equal opportunities policy, anti-discriminatory practices and clear routes for reporting and seeking redress. **www.cipd.co.uk**

5   Reduce the problems encountered by people with mental health difficulties by raising awareness and understanding of mental health issues among the rest of the workforce.

Special groups

Bullying and harassment can be potent causes of workplace stress and consequent mental health difficulties. Although any employee could be at risk of being bullied, minority groups might be particularly targeted. For example:

- Women in a predominantly male workplace may be subjected to overt sexual harassment, or simply to a macho culture which can be stressful.

- Male employees, particularly younger men, may be harassed in a predominantly female workplace.

- Lesbian, gay, bisexual and trans-gendered people may be subject to harassment or bullying because of their sexuality.

- People from black and ethnic minority groups may be subjected to racial harassment, bullying, or more covert discrimination, any of which may result in stress-related ill health.

- Employees who are known by colleagues to have a mental health problem may be avoided, treated with fear and suspicion, or over-protected so that they are disadvantaged relative to their colleagues, as a result of the stigma, ignorance and prejudice which still surround mental illness.

CASE STUDY

Promoting mental health awareness:
Smith & Pinching

"Smith & Pinching is a relatively small local employer with just over 100 staff. Three years ago we took the decision to proactively promote awareness surrounding tackling the many facets of mental health issues to all our staff. We felt it was important to try to minimise stress manifesting itself within the workplace by educating our staff about how to recognise stress triggers and how to empower the individual (by taking ownership of his or her problems). We also wanted to eliminate the stigma of facing up to problems which staff might at some point encounter.

This has been successfully done in partnership with Norwich MIND who provide regular awareness sessions as well as providing an independent and confidential counselling service or the opportunity to try other alternative therapies. The benefit to our staff is that they have access to a trained counsellor who actually has the time to *talk* to them, as opposed to just getting a prescription for anti-depressants from their GP. While most individual crises have not been work-related, previously such events would have inevitably impacted on both the individual at work and their colleagues. Tackling this subject has promoted openness within the firm for both staff and management alike, providing an opportunity for greater dialogue, enhancing good practice, and providing a more positive work environment. And the business argument for this? Staff are our biggest asset and a healthier and happy workplace obviously minimises absences. Good practice and a proactive stance can also minimise the ever-present risk of litigation."

Tessa Hughff
Personnel Director, Smith & Pinching

Resources

PUBLICATIONS

Management Standards for Work-related Stress
Produced by the Health and Safety Executive.
Available from: www.hse.gov.uk/stress/standards/

Recovery, Rehabilitation and Retention
By N Tehrani.
Produced by the Chartered Institute of Personnel and Development.
Available from: www.cipd.co.uk

Working Minds Toolkit: A Practical Resource to Promote Good Workplace Practice on Mental Health
Produced by Mind Out for Mental Health.
Available from: www.nimhe.org.uk/mindoutmaterials

Line Managers' Resource: A Practical Guide to Managing and Supporting Mental Health in the Workplace
Produced by Mind Out for Mental Health.
Available from: www.nimhe.org.uk/mindoutmaterials

Workplace Interventions for People with Common Mental Health Problems
and
Common Mental Health Problems: Workplace Interventions
Both published by the British Occupational Health Research Foundation.
Available from:
www.bohrf.org.uk/content/mhealth.htm

ORGANISATIONS AND WEBSITES

Chartered Institute of Personnel and Development
www.cipd.co.uk/subjects/health/mentalhlth

Investors in People
www.InvestorsInPeople.co.uk

Mentality
www.mentality.org.uk

National Institute for Mental Health In England
www.nimhe.org.uk

Shift
www.shift.org.uk
An initiative to reduce stigma and discrimination against people with mental health problems.

References

1   Health and Safety Executive. 2004. *Heath and Safety Statistics Highlights 2003/04*. London: National Statistics. www.hse.gov.uk/statistics/overall/hssh0304.pdf (accessed 21 October 2005).

2   McDonnell Douglas Corporation. 1990. *McDonnell Douglas Corporation Employee Assistance Program Financial Offset Study 1985-1989*. St Louis, MO: McDonnell Douglas Corporation.

3   Health and Safety Executive. 2005. *Tackling Stress: The Management Standards Approach*. London: Health and Safety Executive.

4   Ala-Mursala L, Vahtera J, Linna A, Pentti J and Kivimaki M. 2005. The 10 town study. *Journal of Epidemiology and Community Health;* 59: 851-857.

5   Tehrani N. 2004. *Recovery, Rehabilitation and Retention*. London: Chartered Institute of Personnel and Development.

6   Department of Health. 2004. *Choosing Health: Making Healthy Choices Easier*. London: The Stationery Office.

"We fully support this initiative to help create safe and healthy workplaces. Employers, employees and health and safety professionals working together can achieve great improvements here. Key measures, such as leadership, planning, worker involvement and competent advice can help ensure work activity does not harm people. Work-related ill health is preventable and as a country we need to do more to ensure that people are protected."

Neil Budworth
President, Institution of Occupational Safety and Health

4
Musculoskeletal disorders

Musculoskeletal disorders (MSD) include conditions such as low back pain and joint injuries. MSD is the most common workplace illness in Great Britain, affecting 1.1 million people each year.[1] It accounts for an estimated 11.8 million days of sickness absence each year, making it the second greatest contributor to lost working days after stress, depression and anxiety.[1] Much of this can be avoided through cost-effective prevention measures. Other important measures include making adjustments to the work environment to enable those with musculoskeletal disorders to remain in employment.

What we know

Risk factors for MSD include:

- repeating a task too frequently
- bending, twisting and over-reaching
- lifting weights
- uncomfortable or static working positions
- working too long without breaks
- cold environmental conditions
- being slow to receive or act on reports of symptoms, and
- other risk factors which are also associated with work-related stress, such as high job demands, lack of control, ambiguity or conflict of roles.

Employees with MSD will benefit from rehabilitation and a phased, graded return to work.

What the employer must do

In addition to the employer's general duties under the Health and Safety at Work Act 1974, there are regulations relating to specific MSD risks. Among other things, employers are required to undertake risk assessment and management specifically related to manual handling operations[2] and the use of computer workstations.[3]

Easy steps an employer can take

1 Involve employees in risk assessment, paying special attention to the HSE's *Manual handling assessment charts* and the risk assessment tool for upper limb disorders. Revisit the risk assessment when planning any changes to the organisation of tasks.
www.hse.gov.uk

2 Where work involves frequent repetitive tasks, consider appropriate rest breaks and rotation of workers between tasks to allow muscles to recover.

3 Implement procedures to ensure prompt reporting of possible musculoskeletal symptoms, early assessment, and discussion and follow-up of assessments. Agree with employees changes aimed at preventing others being affected.

4 Support the rehabilitation of employees with musculoskeletal disorders by offering flexibility over working hours, tasks and breaks, to enable them to remain at work or to return at an early stage and continue working as normally as possible.
www.facoccmed.ac.uk

5 Be ready to accept people back to work even if they are not totally free from symptoms. In many cases recovery is assisted by activity, including return to work.

CASE STUDY

Rehabilitation of injured employees: British Polythene Industries

British Polythene Industries (BPI) implemented a scheme to help injured employees return to work as quickly as possible and, in doing so, realised savings of £12 for every £1 spent on running the programme.

BPI employs about 3,500 employees across 40 sites in the UK. Building on earlier risk assessment work, it identified that an average of 26 days were being lost for each MSD absence. BPI worked with 'Osteopaths for Industry' to access a national network of therapists. The scheme provides for an initial assessment by a registered physical therapist. A detailed report is then sent to BPI, with the employee's consent, giving details of the injury, the estimated number of treatments required and whether the employee is fit for normal duties or restricted duties, or not fit. These reports help BPI in assisting the injured person back to work. The scheme does not discriminate between injuries from work or leisure as any musculoskeletal problem could benefit from early attention or risk a lengthy period of absence from work.

In addition to net annual savings of more than £170,000, the scheme enables more than 75% of employees to remain in work while undergoing therapy, and contributes to a more positive health and safety culture.

"This rehabilitation scheme created the solutions we needed in terms of health and safety and occupational health. It was popular with the workforce and their representatives and it made excellent business sense."

Andy Collinson, Group Director of Health and Safety, British Polythene Industries plc

Resources

ORGANISATIONS AND WEBSITES

BackCare
The National Back Pain Association
Helpline: 0870 950 0275
www.backcare.org.uk

Faculty of Occupational Medicine
www.facoccmed.ac.uk
For evidence-based guidelines on the management of back pain.

HSE (Health and Safety Executive)
www.hse.gov.uk/msd
The MSD pages on the HSE website include:

- the *Manual Handling Assessment Chart* (MAC) tool

- a series of videos to help employers carry out risk assessments, and

- back pain in the workplace: prevention and management.

References

1 Health and Safety Executive. 2004. *Heath and Safety Statistics Highlights 2003/04*. London: National Statistics. www.hse.gov.uk/statistics/overall/hssh0304.pdf (accessed 21 October 2005).

2 Health and Safety Executive. *The Manual Handling Operations Regulations 1992*. London: HSE.

3 Health and Safety Executive. *The Health and Safety (Display Screen Equipment) Regulations 1992*. London: HSE.

"Companies should recognise the association between employees' health and their working effectively. The pursuit of business excellence requires us to promote and maintain the physical, mental and social wellbeing of all our people."

John Rivers
Director – Human Resources, Rolls-Royce plc

5

Tobacco smoke and smoking cessation

Tobacco dependence is the largest preventable health problem in the UK, affecting both employees and employers.[1] It has a considerable impact on the balance sheets of all businesses in terms of workplace productivity and time off work. An estimated 34 million days annually are lost in England and Wales through sickness absence resulting from smoking-related illness.[2]

The opportunity for employers to reduce the negative impact of smoking has never been greater, particularly as legislation on smoking in public places is imminent. Awareness of the costs to business of smoking, and of the health impact of second-hand tobacco smoke, is growing. Both large and small employers have access to smoking cessation services and advice on workplace smoking policies.

Providing a smoke-free working environment and restricting smoking breaks have been shown to reduce the number of smokers within a workplace, help prevent relapse to smoking after a successful quit attempt, and reduce the number of cigarettes smoked by existing smokers during work time.

What we know

Exposure to tobacco smoke at work is a serious health and safety matter. Second-hand tobacco smoke contains more than 50 substances known or suspected to cause cancer, and breathing other people's smoke is associated with added risks of a wide range of illnesses including coronary heart disease, lung cancer and asthma.[3] Smoke-free policies reduce the risk to employees' health and contribute to a better health and safety climate within the workplace. Fire risk is reduced, as people will no longer be discarding cigarette litter within the workplace. The risk of employees taking legal action for breach of health and safety law is also greatly reduced, as employers will be taking the greatest possible steps to protect employees from tobacco smoke.

Reducing employee exposure to tobacco smoke and encouraging stopping smoking will reduce the smoking-related costs of lost productivity, sick pay, substitute employees, recruitment and retraining, and cleaning and refurbishment.

The workplace is an effective setting for stop-smoking schemes. With the implementation of a smoke-free policy, employees are more likely to report a quit attempt and be successful in that attempt.[4] By providing stop-smoking services alongside the introduction of a smoking policy, a greater proportion of employees may be expected to make a quit attempt. By having a stop-smoking service on site, there is also an opportunity for other concurrent health-promoting activities, such as dietary advice or advice on physical activity.

What the employer must do

Under the Health and Safety at Work Act 1974, employers have a duty to ensure the health, safety and welfare at work of all their employees. In England there will be a new Health Bill to ban smoking in the majority of workplaces, taking effect from summer 2007. Both Scotland and Northern Ireland will introduce legislation to require all workplaces to be smoke-free. The Welsh Assembly Government has indicated that it will also introduce comprehensive legislation.

Easy steps an employer can take

1   Develop a smoke-free policy in the workplace that applies to everyone. Put together a group of appropriate people, including employee representatives, to develop the policy. Ensure appropriate consultation with employees and unions, and the commitment of senior management. www.ash.org.uk, www.hse.gov.uk, www.cieh.org/research/smokefree

2   Give reasonable notice of the introduction of a smoke-free policy and set a date for your organisation to become smoke-free.

3   Find out what help or support is available from your local stop-smoking service and advertise it. www.givingupsmoking.co.uk

4   Ensure that every employee is informed of the smoke-free policy and its implications. Include the policy in all recruitment and induction packs.

5   If you have any designated smoking areas, make sure they are effectively screened so that smoke does not adversely affect other employees at work.

Special groups

Pregnant women

Protecting pregnant workers from other people's tobacco smoke and encouraging pregnant women to stop smoking should be a key objective for workplaces. Smoking in pregnancy is associated with significant medical complications for both mother and baby.[5]

Children

Children are at particular risk from exposure to tobacco smoke, and workplaces that admit children have a particular responsibility to ensure that a smoke-free environment is maintained.

CASE STUDY

Workplace smoke-free policy: Stadco

Stadco is a manufacturing employer with over 300 staff on site. It was approached in April 2004 by the Help 2 Quit @ Work service in Shropshire and Telford. Previously the company had smoking rooms throughout their site and smoking was allowed on the shop floor.

Stadco sought to introduce a workplace policy on smoking. After considering all the relevant information provided by Help 2 Quit, they set up a working party consisting of a union representative, a representative from personnel and a co-ordinator from Help 2 Quit. Posters were displayed throughout the site and e-mails were sent to all office-based employees informing them of the proposed changes to policy and the availability of a stop-smoking clinic. Employees who did not have access to e-mail were given the information in team meetings. A survey was also carried out to find out how many people smoked and how many would be interested in stopping.

It was agreed that the company would pursue a smoke-free policy and that the Help 2 Quit @ Work service would be offered to employees at the same time as the policy was implemented.

Following the policy consultation, a nurse was sent to the site to carry out two days of awareness-raising activity. It was agreed with the management that the company would pay for initial prescriptions for nicotine replacement therapy, in order to increase the number of people taking up the scheme. The policy was implemented, although employees were told that it would not be 'policed' until after the stop-smoking clinic had completed its 12-week course. Employees were asked to abide by the policy during this implementation period.

About 40 people took up the offer of help with stopping smoking. Feedback from employees attending the clinic identified the change in smoking policy and availability of support at work as the prime motivating factors for stopping smoking.

Resources

PUBLICATIONS

Achieving Smoke Freedom Toolkit: A Guide for Local Decision Makers
Produced by the Chartered Institute of Environmental Health and ASH. Available from:
www.cieh.org/research/smokefree

Smoking in the Workplace
Produced by ASH, the National Asthma Campaign and the TUC. Available from:
www.ash.org.uk/html/workplace/html/workplace.html

Tobacco in the Workplace: Meeting the Challenges
By J Griffiths and K Grieves.
Published by WHO Europe.
Available from:
www.euro.who.int/document/e74819.pdf

Why Smoking In The Workplace Matters: An Employer's Guide
By J Griffiths and K Grieves.
Published by WHO Europe.
Available from:
www.euro.who.int/document/e74820.pdf

LOCAL STOP-SMOKING SERVICES

For details of local NHS stop smoking services, see www.givingupsmoking.co.uk.

References

1 Royal College of Physicians. 2000. *Nicotine Addiction in Britain.* London: Royal College of Physicians.

2 Parrot S and Godfrey C. 2004. Economics of smoking cessation. *British Medical Journal;* 328: 947-949.

3 Scientific Committee on Tobacco and Health. 2004. *Secondhand Smoke: Update of Evidence on Health Effects of Secondhand Smoke.* London: Department of Health.

4 Fichtenberg C and Glantz S. 2002. Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal;* 325: 188-194.

5 British Medical Association. 2004. *Smoking and Reproductive Life: The Impact of Smoking on Sexual, Reproductive and Child Health.* London: British Medical Association.

6

Alcohol and other substance misuse

Alcohol and drugs use can impair the performance of employees at work. In the worst extreme this can affect the safety of the employee, other employees or members of the public. The term 'drugs' is often used loosely: it is usually assumed that it refers specifically to illegal drugs. However, prescribed medication can also be misused and use of legal substances such as glue or aerosols can affect fitness for work. However, alcohol is by far the biggest problem in the workplace and it should be the prime focus for employers.

What we know

Even a small amount of alcohol can cause a lack of co-ordination and slow reaction times, and also impair judgement, thereby increasing the risk of an accident.

Alcohol misuse among employees in England costs up to £6.4 billion a year in lost productivity through increased absenteeism, unemployment and premature death.[1] Up to 17 million working days in England are lost through alcohol-related absence.[1] Alcohol and substance misuse are linked to many problems at work including:

- accidents at work
- low productivity
- poor work performance
- erratic timekeeping, and
- difficult employee relations.[1]

There is also the cost to the individual in terms of health, relationships and job prospects. Adopting sensible attitudes to drinking has a positive effect on health and safety and on work performance.[2]

The workplace is a good place to identify alcohol and substance misuse problems at an early stage, through observing changes in work performance and behaviour. Early detection of substance misuse can prevent a serious problem developing and is more likely to lead to successful treatment and rehabilitation.

Other than for alcohol, there is little conclusive evidence for a link between drug use and accidents at work.[3] This adds weight to the recommendation that alcohol-related issues should have a higher priority for employers.

While drug testing can be important in safety-critical industries and those that need to maintain public confidence, it has complex scientific, ethical, economic, legal and social dimensions. For the vast majority of businesses, safety, performance and productivity are far better served by having good management training and systems in place.

What the employer must do

Employers have statutory duties under the Health and Safety at Work Act 1974 to provide safe systems of work. Such duties encompass employees, contract workers working on the employer's site, and members of the general public. Failure to address issues arising from alcohol and substance misuse in the workplace could lead to a breach of these duties and be a criminal offence.

Easy steps an employer can take

1 Establish a policy and code of conduct for alcohol and substance misuse in the workplace, involving employee representatives. **www.hse.gov.uk/alcoholdrugs/**

2 Ensure that the policy makes it clear whether or not employees are allowed to consume alcohol at work, drink during working hours, or drink before attending work.

3 Make sure that the policy includes information about the level of support – including counselling or professional help – that an employee will receive if alcohol or drug problems are recognised.

4 Provide employees with information on the effects of alcohol and drugs and sources of support. For alcohol see: **www.alcoholconcern.org.uk**. For substance misuse see: **www.talktofrank.com**

5 Review access to alcohol within the organisation – for example, at social functions or in social facilities.

Special groups

Young people

Young people are a key group for workplace initiatives to prevent alcohol abuse, as alcohol consumption is rising in this group and binge-drinking is particularly common.[1]

CASE STUDY

Workplace drug and alcohol policy: Shell

Shell is a major international oil company. Managing the risks associated with drugs and alcohol consumption by its employees has been a vital activity of the Human Resources and Health and Safety divisions of the company. As an international company it has to keep up with local legislation wherever it operates and the drug and alcohol policy is a prominent part of the health and safety management of all its operations. The work sites of the company vary from normal office situations to high-risk areas such as offshore exploration and production platforms, tankers and refineries and chemical plants. The drug and alcohol policy is designed to cover all such sites, but elements of it are focused on what are judged to be the safety-sensitive areas.

The drug and alcohol policy was put together and introduced after extensive consultation and education within the company, and this paved the way for a smooth launch. Confidentiality is a most important aspect of the policy, especially when employees are encouraged to admit their addiction and seek help. The policy is well accepted and its benefits were soon seen particularly in the UK North Sea sector.

Resources

ORGANISATIONS AND WEBSITES

Alcohol Concern
www.alcoholconcern.org.uk
National agency on alcohol misuse.

Health and Safety Executive
www.hse.gov.uk/alcoholdrugs/
For information on dealing with alcohol and substance misuse in the workplace.

Talk to Frank
www.talktofrank.com/
National drug information website.

References

1   Strategy Unit. 2004. *Alcohol Harm Reduction Strategy for England*. London: Strategy Unit.

2   Health Development Agency. 2004. *Workplace Interventions: Alcohol and Diet. Evidence Briefing*. London: Health Development Agency.

3   Beswick J et al. 2002. *Review of the Literature on Illegal Drugs in the Workplace*. Sheffield: Health and Safety Laboratory (as agency of the Health and Safety Executive).

7
Physical activity

Many adults do a job where they are sitting down all day. Inactivity has major health consequences – including obesity, coronary heart disease and certain forms of cancer – and in England is estimated to cost the wider economy £8.2 billion per year.[1, 2]

Adults and children are generally far less active than 30-40 years ago.[1] The majority of people in the UK need to exercise more. The easiest way of doing this is to make physical activity part of our daily routine – and this includes what we do at work. Physical activity is a straightforward and cost-effective way of helping employees to be healthier and happier – and therefore more effective in their work. Easy steps can be taken to increase activity levels, which will also help to reduce stress and prevent back pain in the workplace.

What we know

The World Health Organization has reported that physical inactivity is one of the 10 leading causes of death in the developed world, producing 1.9 million deaths worldwide per year.[3] For general health benefit, adults should achieve a total of at least 30 minutes a day of at least moderate intensity physical activity (equivalent to brisk walking) on five or more days of the week.[1] The 30 minutes can be achieved either by doing all the daily activity in one go, or through several shorter bouts of activity lasting 10 minutes or more. The recommended amount of physical activity can be taken through everyday activity (such as walking, cycling or walking up the stairs instead of taking the lift), or through planned exercise or activities (such as swimming or playing a sport or doing an aerobic exercise session).

Moderate physical activity can help to prevent major health problems.[1] Also, on a day-to-day level, it can improve wellbeing and also reduce stress and prevent back pain, which are major costs to the employer in terms of absence from work.

Evidence shows that physical activity programmes in the workplace can improve general physical activity levels and reduce musculoskeletal disorders (such as low back pain), and fatigue.[1] Even more modest interventions such as improving signage to stairs and making stairwells more attractive by using artwork and music can improve rates of stair usage in buildings.[4]

What the employer must do

Employers are legally obliged to give their employees adequate breaks from their workstations. The frequency and lengths of rest breaks are outlined in the Working Time Regulations 1998.[5] Adults working more than 6 hours are entitled to rest breaks of not less than 20 minutes, while young people (less than 18 years of age) working more than 4$\frac{1}{2}$ hours are entitled to a break of at least 30 minutes.

Easy steps an employer can take

1 Encourage employees to walk or cycle to work. **www.dft.gov.uk**

2 Involve employees in organising a workplace activity programme to encourage employees to be more active both in and outside working hours. **www.bhf.org.uk/thinkfit**

3 Make the stairwells more attractive and use signage to encourage use of stairs rather than lifts.

4 Provide information on the benefits of physical activity.

5 Consider negotiating discounted membership of a local gym for employees, and supporting activity or sports programmes in and outside the workplace. **www.sportengland.org**

Special groups

All groups can benefit from physical exercise. Inactive people are the most likely to benefit from increasing their activity level.[1] Older workers in particular may experience health benefits from regular exercise.[1]

CASE STUDY

Promoting cycling: Bristol North Primary Care Trust

The Director of Public Health in Bristol North Primary Care Trust (PCT), a committed and regular cyclist, persuaded the PCT team in 2002 to adopt a range of measures to promote cycling to work. These included the following.

• A new and enhanced secure cycle park was installed, part-funded by the local authority. This involved removing one car parking space to allow the construction of a much larger space for 60 bikes. The previous less secure area, which held only about 20 bikes, was not large enough for the current number of cyclists and did not allow for any growth.

• The PCT bought three pool bikes and organised a web-based booking system.

• The cycle mileage rate was increased from 6p per mile to 50p per mile, thus creating a financial incentive to cycle rather than drive.

• Free cycling maps and advice on routes were provided.

• Annual bike-to-work events and demonstrations, with free breakfasts, were organised.

By 2003 around 40 people (approximately 10% of the staff) were regularly cycling to and/or from work, compared with around 20 beforehand. Although the numbers were small, there was regular use of bikes from the pool.

Resources

PUBLICATIONS

At Least Five a Week. Evidence on the Impact of Physical Activity and its Relationship to Health. A Report from the Chief Medical Officer
By the Department of Health.
Available from: www.dh.gov.uk

Choosing Health. Making Healthy Choices Easier
(White Paper)
By the Department of Health.
Published by The Stationery Office.
Available from: www.dh.gov.uk

Choosing Activity: A Physical Activity Action Plan
By the Department of Health.
Available from: www.dh.gov.uk

Think Fit! A Guide to Developing a Workplace Activity Programme
Published by the British Heart Foundation.
For details see: www.bhf.org.uk

ORGANISATIONS AND WEBSITES

British Heart Foundation
www.bhf.org.uk/thinkfit
For information on developing a workplace activity programme.

Business in the Community
www.bitc.org.uk
For information on the Healthy Workplace Award.

Department for Culture, Media and Sport
www.dcms.gov.uk
For information on the Everyday Sport campaign.

Department for Transport
www.dft.gov.uk
For information on the Cycle to Work scheme and tax-free cycle loans.

Sport England
www.sportengland.org

References

1   Department of Health. 2004. *At Least Five a Week. Evidence on the Impact of Physical Activity and its Relationship to Health. A Report from the Chief Medical Officer.* London: Department of Health.

2   National Audit Office. 2001. *Tackling Obesity in England.* NAO Report (HC 220 2000-2001). London: National Audit Office.

3   World Health Organization. 2002. *The World Health Report 2002: Reducing Risks, Promoting Healthy Life.* Geneva: World Health Organization.

4   Boutelle KN, Jeffery RW et al. 2001. Using signs, artwork, and music to promote stair use in a public building. *American Journal of Public Health;* 91: 2004-06.

5   *Working Time Regulations 1998. Statutory Instrument 1998 No 1833.* London: HMSO.

8
Healthy eating

The workplace is an ideal setting in which to offer information on healthy eating and to provide attractive, healthy food for employees. By encouraging healthy eating choices and educating workers, employers can help reduce the risks of obesity, hypertension (high blood pressure), coronary heart disease and some cancers. In addition, the benefits of a workforce that is well-educated and knowledgeable about healthy eating can extend beyond the workplace to the home and to the employees' families.

What we know

An unhealthy diet has been shown to be associated with increased ill health and disease, whereas eating the right sort of foods, in the right amounts, can protect and enhance health.

Simple healthy eating messages[1]

- Base your meals on starchy foods.
- Eat lots of fruit and vegetables.
- Eat more fish – including a portion of oily fish each week.
- Cut down on saturated fat and sugar.
- Try to eat less salt – no more than 6 grams a day for adults.
- Get active and try to be a healthy weight.
- Drink plenty of water.
- Don't skip breakfast.

Eating too much and exercising too little can lead to weight gain and obesity. Obesity is an important issue for employers because obese employees may have medical conditions caused by their excess weight. These include diabetes, coronary heart disease and high blood pressure. This can mean absence from work for treatment, or reduced performance due to chronic ill health. There may also be a need for custom-made personal protective equipment or uniforms (as standard sizes may be too small), more expensive travel costs (as airlines insist on booking two seats not one), and increased risk of road traffic[2] and occupational accidents.[3]

Providing healthy food and encouraging healthy choices at home, combined with active measures to encourage activity, can reduce the risks of obesity and produce a healthy and productive workforce.

What the employer must do

In the UK, under the Health and Safety at Work Act 1974,[4] all employers have a legal duty to ensure the health, safety and welfare of their employees. Specific regulations apply to the provision of clean drinking water and eating facilities, but there is no legal duty for employers to provide food.

Under the Workplace (Health, Safety and Welfare) Regulations 1992,[5] employers must provide an adequate supply of "wholesome" drinking water for all people at work in the workplace. This should be readily accessible and accompanied by cups or be of a water-jet design. Adequate supplies of drinking water are essential for all workers but particularly for those in jobs which have high vocal demands such as teaching and telesales, as dehydration can lead to hoarseness and voice loss and thus affect performance.

Employers are also required to provide "suitable and sufficient" rest facilities which include arrangements to protect people from the discomfort of tobacco smoke and allow them to eat their meals.[5]

Adequate washing facilities and toilets are needed, including a supply of hot and cold water or warm water, soap and towels or another means of drying the hands.[5]

The frequency and lengths of rest breaks are outlined in the Working Time Regulations 1998.[6] Adults working more than 6 hours are entitled to rest breaks of not less than 20 minutes, while young people (less than 18 years of age) working more than $4^1/_2$ hours are entitled to a break of at least 30 minutes.

Easy steps an employer can take

1 Ensure that eating facilities are clean and attractive, to encourage employees to take a break away from their workstation and to eat in a hygienic area.

2 Make sure that vending machines contain low-sugar drinks, water and fruit, rather than just high-sugar soft drinks, chocolate and crisps. Experiment with pricing of vending items – for example, subsidising the healthier ones and increasing the price of less healthy ones.

If you have in-house catering facilities:

3 Make sure that you provide a range of healthy foods and drinks, and that portions are not too large. Remove salt from tables; provide it on demand instead.

4 Identify the healthier options on menus – for example with simple labels, or with a traffic lights or logo system. Provide information on food content.

5 Provide information on healthy eating and support 'healthy eating weeks'. www.healthatwork.org.uk, www.food.gov.uk, www.5aday.nhs.uk, www.nutrition.org.uk

Special groups

Shift workers

Shift work is now a common way of working in industries such as manufacturing, and in the 24/7 culture. Specific arrangements need to be made so that shift workers have access to food and drink when working. This is particularly important for people with medical conditions such as diabetes, or when a person needs food in order to safely take their

medication. Where canteen facilities are only open for part of the working day, vending facilities can provide healthy food.

Under the Disability Discrimination Act 1995,[7] providing access to food and facilities for shift workers because of their health needs may be considered necessary as an example of making "reasonable accommodation" for disabled people, which the Act requires. Ultimately only the Employment Tribunal can determine both if a person is disabled as defined in the Act and if the employer has made reasonable accommodation to meet his or her needs.

CASE STUDY

Healthy eating in the staff canteen: Birmingham Heartlands and Solihull NHS Trust

In response to the Improving Working Lives initiative in the NHS, Birmingham Heartlands and Solihull NHS Trust Catering Department revised its menus in the staff canteen. Using expert dietetic advice, initially used to make sure that patients' meals were nutritious and well balanced, the Trust now labels healthy options on menus using a healthy heart logo. So it is now easier for employees to identify meals which are low in fat, low in saturated fat and which help with weight reduction.

Working with colleagues in the Communications Department of the Trust, the next stage is to extend the labelling to include the value of each meal in 'Weight Watchers Points', so helping those employees already committed to managing their weight.

Another step forward is that the Catering Department now controls the content of its vending machines and provides a range of low-calorie (diet) drinks and waters in addition to the standard full-calorie options.

Resources

ORGANISATIONS AND WEBSITES

British Nutrition Foundation
www.nutrition.org.uk
For information on healthy eating, food and health, and food labelling.

Five A Day campaign
www.dh.gov.uk/fiveaday
www.5aday.nhs.uk
For information on the 5 A DAY campaign and the use of the Five A Day logo by those in the food industry.

Food Standards Agency
www.foodstandards.gov.uk
For information on food labelling.

www.salt.gov.uk
For information on recommended salt intake and how to interpret information on food labels.

References

1   Food Standards Agency. 2005. *Eat Well: Your Guide to Healthy Eating. 8 Tips for Making Healthier Choices*. London: Food Standards Agency.

2   Teran-Santos J, Jimenez-Gomez A and Cordero Guevara J, for the Co-operative Group Burgos-Santander. 1999. The association between sleep apnea and the risk of traffic accidents. *New England Journal of Medicine;* 340: 847-851.

3   Lindberg E, Carter N, Gislason T and Janson C. 2001. Role of snoring and daytime sleepiness in occupational accidents. *American Journal of Respiratory and Critical Care Medicine;* 164: 2031-2035.

4   *Health and Safety at Work etc Act 1974*. London: HMSO.

5   *The Workplace (Health, Safety and Welfare) Regulations 1992. Statutory Instrument 1992 No 3004*. London: HMSO.

6   *Working Time Regulations 1998. Statutory Instrument 1998 No 1833*. London: HMSO.

7   *Disability Discrimination Act 1995*. London: HMSO.