Maturity Matrix

Occupational health management - focus on the workplace to reduce the impact of work on health, maintaining fitness for role and supporting optimal health

	Category	Aware		Committed		Established		Advanced		Score	Tools
		Focus on safety with basic awareness of occupational health - meeting legal compliance, basic health assessment and some wellbeing activities		Mostly compliant with occupational health risk management, fitness for work and well being, with plans to achieve minimum standards		Can evidence full compliance with good practice in occupational health and wellbeing management.		Evidence of OH and wellbeing management at all levels and throughout the supply chain, with some work on improving industry/UK practice.			
		Level 0	RAG	Level 1	RAG	Level 2	RAG	Level 3	RAG		
Healthy Company	1	Leadership and management WI 19.4.1/WI 19.4.6	Focus on traditional occupational health requirements; work related health risk management and routine health assessments. Limited engagement by senior managers.		Organisational structures and processes have been developed to manage the impact of health on work and work on health, with some measurements of outcomes. Senior management promoting both proactive and reactive aspects of health management.		Organisation developing a culture of 'health as part of business'. Focus on developing operational excellence though standardised good practice and sharing of information. Embedding a programme of continuous improvement in order to achieve sustainable health management and demonstrate value. Health lead established.		Championing health management strategy to optimise performance and create future value. Benchmarking practice against leading companies to create innovation and business agility. Performance and health culture seen as leading edge. Integration of health as part of the business with clear commitment from the Board and senior management.			OH & wellbeing strategy
	2	Health management system WI 19.4.1	Organisation has no or limited management documents and systems in place that include health aspects but not proactively supported or developed.		Occupational health Standard and supporting documentation and systems developed but not fully implemented.		Integrated occupational health management system in place, monitored and updated regularly.		Identifying limitations in best practice, consulting with stakeholders and peers to develop new systems and processes that address the needs of the organisation/industry.			OH Standard template
	3	Health performance monitoring WI 19.4.6	Performance limited to sickness absence data and activity data from health assessments.		Health performance indicators in place and tracked on a periodic basis. Health immprovment plan in place		Health performance indicators established with plan to continuously improve scoring. Incident investigations include root causes due to health and wellbeing. Occupational illnesses monitored and managed		Key performance measures for the business include health topics			Health improvement plan
	4	Health Auditing WI 19.4.6/19.4.7	H&S audits do not include the assessment of health against management system requirements.		Health is included as part of H&S audits to ensure compliance with management system requirements. Does not include an audit of the occupational health service providers quality assurance process.		Health audits conducted to ensure compliance with management system requirements and good practice in key health risk management, fitness for work and wellbeing.		Lead OH Advisor on industry/professional quality committee or involved in consultations Health performance indicators(HPI's) used in business decisions.			Audit checklist
	5	Health competence WI 19.4.2/19.4.3	OH service provider is not SEQOHS accredited and in house service without quality assurance programme in place.		OH service provider is SEQOHS accredited and provides services as required. These services are limited to health assessment and wellbeing toolbox talks, with minimal advice of health risks, fitness for work and wellbeing. All occupational health staff have knowledge and experience required for role.		OH service provider demonstrates performance both operationally and clinically and provides a full range of services. OH staff have relevant competencies for role. Instruction and training is provided to line managers and supervisors on the management of health at work. Occupational health staff have suitable CPD in place.		Occupational health service provider is an integrated member of the health & safety team, supporting strategy development and implementation and providing targeted occupational health and wellbeing programme. Attends the OH forum to share good practice and contributes to discussion and debate.			KPI's
Fitness for work	6	Health assessments WI 19.4.2/ 19.4.9	No formal process for assessing fitness to work.		Pre placement assessments for fitness to work are conducted. Results are recorded on local systems.		Health assessment programme developed dependent on role and workplace setting. Fitness for work health assessments are in place to recognised good practice standards. Outcomes of health assessments are managed and appropriate action taken i.e. exposure control, workplace restrictions, referral to specialist and follow up.		Programme outcomes are monitored, analysed, results used to inform proactive activities to promote worker health improvement. Policy/ framework in place for managing workers who no longer meet the fitness for work standards for their specified role due to health issues.			Health assessment matrix
	7	Drug and alcohol testing WI 19.4.5/19.4.16 - 19.4.23	No formal process for drug and alcohol testing.		Drug and alcohol testing policy and programme developed and in place. Results are reported and recorded as required.		Drug and alcohol process management in place, including: monitoring of tester training, legally defensible testing procedures, assessments laboratory standards, management of results.		Process monitored and results used to inform process change and education programme. Benchmarking and review with providers to ensure best practice in place.			
	8	Attendance Management WI 19.4.3	No attendance management/sickness absence management policy is in place. Sickness/ill health issues are inadequately managed.		Attendance management/sickness absence management policy is in place. Largely reactive or inconsistent approach to management of sickness absence/ill health issues e.g. work related or long term only.		Wider management are trained in attendance management policy and procedures and are competent in its application e.g. Return to work interviews are conducted during periods of sickness absence and phased return to work programmes are implemented with input from OH/medical specialists as appropriate. Consistent but still largely reactive approach to all sickness/ill health issues.		Metrics are produced from sickness/ill health records to inform the health and wellbeing programme. Proactive case management approach to absenteeism/presenteeism health with early referral to OH. Best practice in case management including case conferencing.			
Health risk management	9	Health hazard identification WI 19.4.7/19.4.14	Health hazards inadequately detailed in risk assessments i.e. not all hazards (chemical, biological, physical, ergonomic and psychological), no measurement, gaps in activities.		Health hazard identification exercise completed, either specific or part of health and safety risk assessment process. Some gaps in identification i.e. psychological wellbeing, fatigue, cleaning chemicals. Health not considered as part of design phase.		Health risks considered as part of organisation/process change and risk assessments reviewed and updated. Health considerations are included in design risk registers and procurement specifications.		Strategic approach to hazard identification, including full supply chain engagement or industry wide collaboration.			HRA template
	10	Health risk management WI 19.4.7/19.4.19	No health risk assessment in place. No suitable controls.		Risk assessments completed. Controls identified and implemented. Over-reliance on PPE without adequate training or monitoring of compliance. Health risks included in inductions but no regular communications.		Clear evidence of collective protective measures are considered before use of PPE. PPE used to manage residual risk. Health risk management is discussed at senior management health & safety meetings. Prioritise risk and implement key risk managmeent programmes		Strategic approach to health risk management and continuous improvement including full supply chain engagement.			Health improvement plan template
	11	Health monitoring WI 19.4.2/19.4.3	Minimal or no health monitoring in place (qualitative only).		Health monitoring identified from risk assessment and baseline data obtained. (Quantitative) Result of monitoring programme reviewed and immediate action taken.		Health monitoring programme established - routine or significant change in exposure. Data analysed and action plan with clear priorities and follow up.		Commissioning or supporting research on qualitative and quantitative measurement and management of health risks.			Health monitoring template
	12	Health surveillance WI 19.4.3/19.4.10	Limited statutory health surveillance programme in place.		Health surveillance programme introduced as indicated by health risk assessment. Routine follow up and not exposure specific.		Comprehensive health surveillance programme in place for all identified risks. Trend analysis conducted and feedback into risk control measures. Follow up health surveillance based onindustry standards, results and changes in exposure.		Health surveillance trends used to inform risk assessment and review of management system. Data used to inform industry risk and reduction programme. Occupational illness reporting includes actual and potential near misses			HRA template
	13	First aid and emergency response WI 19.4.4/19.4.15	First aiders and facilities are available but not based on risk assessment or assessment of local capabilities. No treatment service in place.		First aider in place and trained appropriately. First aid facilities are in place with regular monitoring or maintenance. Treatment service available, where indicated, but limited to first aid with referral to GP/Hospital/Pharmacy. Emergency response not tested.		First aid procedures in place with full implementation and regular monitoring and review. Annual emergency exercise to test arrangements with review of procedures.		Regular testing of emergency procedures, including rescue and treatment of multiple casualties and liaison with emergency services. Regular refresher training for first aiders.			Casualty union
Wellbeing	14	Mental health WI 19.4.3/19.4.11 - 19.4.13	Minimal or no mental health initiatives in place i.e. EAP.		Mental health programme in place but at an initial stage of development.		Mental health programme in place to address stigma, provide practical tool and opportunities to manage mental health issues.		Working with industry partners and other organisations to develop a mental health programme for the Construction industry.			Six steps programme. MIND workplace index
	15	Wellbeing WI 19.4.3/19.4.11 - 19.4.13/19.4.24	Few if any wellbeing activities undertaken, i.e. toolbox talks, poster campaigns. No structured education programme, wellbeing not discussed in key H&S meetings.		Wellbeing initiatives and campaigns undertaken and based on national campaigns, lifestyle risk factors, disease management and health risk reduction. Basic education programme in place but in its initial stages with events at local level only.		Comprehensive wellbeing programme in place covering physical and psychological wellbeing, with targeted campaigns on key health risks (work related and non work related) and skills development. Wellbeing discussed at key health and safety and senior management meetings.		Strategy in place that supports local needs and demonstrates externally the commitment to wellbeing. Wellbeing champions in place and establishing a culture of wellbeing. Commission or support research on wellbeing.			Wellbeing plan. PHRD

RAG
Fully meets requirement	Documentation and implementation
Partially meets requirement	Partial documentation and implementation
Non compliant	Not documented or implemented

Level
0 Awareness
1 Committed
2 Established
3 Advanced

NB: Must achieve levels 'aware' & 'committed' to demonstrate basic compliance with statutory requirements relating to workplace & worker issues and Crossrail Works Information
NB: If you do not fully meet the requirements of a level then you will be assessed at the lower level