

# Case Study: Improving Health and Wellbeing in UK Construction

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## SUMMARY

In the UK Construction Industry 3.8% of workers suffer from work related ill health, a trend that is not showing signs of improvement. This paper details a descriptive case study of the occupational health and wellbeing maturity assessment approach undertaken by a Principal Contractor using a health and wellbeing maturity matrix and how this could be a tool for benchmarking health and wellbeing across the sector.

## KEYWORDS

Construction, occupational health and wellbeing, maturity

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## The UK Construction Industry

In the UK, construction is worth over £100bn and employs over 2.4 million people. The Construction Industry is complex with many different organisations working together for limited periods of time to deliver projects, led by a Principal Contractor. A Principal Contractor is a key statutory duty holder for the planning, management and monitoring of health (and safety) within the construction phase of a project.

The nature of the work is inherently often hazardous to personal health (Haslam et al., 2005). HSE (2024) report states that 78,000 workers from the construction sector have suffered from work-related ill health (new or long-standing) averaged over the three-year period 2021 to 2024. The majority of ill health is musculoskeletal (40,000 workers), with 14,000 workers suffering from stress depression or anxiety. Lung disorders, occupational cancer, deafness, vibration-related conditions and occupational dermatitis combine for the remaining 14,000 cases (HSE 2024).

From a sociotechnical perspective, health outcomes emerge from the dynamic interaction between organisational arrangements, risk controls and worker behaviours, reinforcing the need for holistic maturity assessment approaches.

In 2018 the Health in Construction Leadership Group (HCLG) was formed with three priority areas to focus on: mental health, respiratory health and musculoskeletal disorders. To support the improvement the group published a Health and Wellbeing Maturity Matrix (HWMM) as a self-assessment tool to help improve occupational health and wellbeing in the sector. This tool is similar to safety culture maturity models (Reason 1997, Parker et al 2006, Cooper 2001, Fleming 2001) with different levels of maturity: level 1 being least mature, through to level 4 most mature. The criteria of the HCLG HWMM are against ten areas including wellbeing, employee engagement, mental health and leadership. The remainder of this paper makes reference to this tool for benchmarking the effectiveness of a Principal Contractors occupational health and wellbeing approach.

## Case Study of a Principal Contractor

This paper describes a case study of a Principal Contractor organisation employing over 500 people and with a turnover of £655 million working across a variety of demolition, civil engineering, rail, and commercial building projects. This organisation adopted the HWMM to benchmark their health and wellbeing maturity.

Similar to health and safety culture maturity matrices (Reason 1997, Parker et al 2006, Cooper 2001, Fleming 2001), the HWMM tool provides descriptions of activity and outputs that are associated with different levels of maturity for occupational health and wellbeing.

HWMM evaluates maturity on a scale 1-4.

- Level 1 – Beginner
- Level 2 – Committed
- Level 3 – Established
- Level 4 – Advanced/Leader

The HWMM requires all standards of the previous level to be achieved for progression to the next level. The achieved level is based on evidence including policy, procedures, performance indicators and also more subjective measures involving evidence from employees including surveys and interviews.

This study therefore adopted an integrated approach to the assessment of maturity for the Principal Contractor. The assessment included four key elements to identify what arrangements the organisation had in place and then how effectively these arrangements were being deployed in practice. Across each of these activities the ten areas within the HWMM were covered, as listed below:

- Governance - Evidence of policy/plan to ensure compliance with statutory requirements in relation to health and safety, including health surveillance and fit for role medicals
- Wellbeing - A health and wellbeing framework/plan is in place. This should include initiatives set up within the workplace and access to evidence-based support to enable promotion of health and wellbeing outside of work.
- Health by design - Elimination of ill health by effective management of all health risks with avoidance, prevention or adequate control systems of workplace exposures in place from the design phase throughout the life of the project.
- Employee engagement - Promote effective people engagement through line managers and supervisors. Engaging and empowering staff to look after their own health and wellbeing and also looking after it with in the workplace. Appreciation and understanding of the importance of Diversity and Inclusion and the importance of this in promoting a positive working environment.
- Mental health - Established and effective support in place to aid the management and support of mental health within the workplace.
- Leadership - Demonstrable leadership at all levels of business/project/site/function to embrace health and wellbeing and consider its place in strategic objectives. Treating health like safety. Leading by example with daily approach to health and wellbeing and reducing sickness absence.
- Learning and development - Providing learning and development opportunities and ensure inclusion. Employees feel they belong, have understanding of their opportunities for development, while working to clear objectives at work.

- Supply chain engagement - Engaging/sharing with your supply chain; promoting and educating in relation to best practice on health and wellbeing, including statutory requirements in relation to health.
- Innovation - Evidence of new health and wellbeing innovations being adopted, supported and rolled out across the organisation/business/project. (e.g. lifting aids, wearable technology, health monitoring).
- Worklife balance - Business supports employees to manage a positive work-life balance. This may include dynamic/flexible working where possible and fatigue management strategies.

Four Senior Leaders were interviewed individually for up to 1 hour duration by the author (a health and safety consultant with extensive construction experience). Each interview was followed a structured set of questions aligned to the HWMM categories. A thematic analysis was carried out between the four interviews. These themes were then transposed onto the criteria of the HWMM showing a leadership perspective of health and wellbeing.

Four focus groups were carried out with 32 participants representing different teams and functions within the business. The same questions used in the interviews were posed to each focus group individually with records generated by the author. A thematic analysis was carried out for all focus group records collectively. These themes were then transposed onto the criteria of the HWMM showing a workforce perspective of health and wellbeing.

A short multichoice survey was issued via email to all employees. The questions covered the same topic areas as identified on the HWMM. Participants were requested to provide information about their business unit, role, age, gender and length of tenure. In addition, specific questions were asked about their experience of occupational health and wellbeing since working for the organisation e.g. medicals, health surveillance, health hazard exposure. There were also set of questions relating to general wellbeing i.e. stress, exercise, sleep, nutrition. A total of 452 questionnaires were returned achieving a response rate of 88%. The data from the completed surveys were collated in excel for analysis. The data was analysed and conclusions documented within a report against the criteria within the HWMM. Example statements from this report include:

*A high percentage of those surveyed have never received medical or health screening.*

*Employees can identify multiple health hazards that they believe affect them.*

*The questionnaire results indicate a high percentage of individuals do not reach the recommended levels of water drank per day.*

*A high proportion of those responding have fairly good sleeping habits – routinely achieving more than 6 hours sleep per night.*

The qualitative review of the management system documentation involved the author reading company policies and procedures to determine the arrangements that were in place (or not in place) against the ten areas of the HWMM. These findings were then mapped directly onto the criteria of the HWMM against the different levels of maturity (levels 1-4).

The data from each of these activities were then transferred onto one combined HWMM assessment which showed the overall level of maturity of the Principal Contractor.

## **Findings**

Findings for each of the ten areas within the HWMM are outlined below.

**Governance, leadership and employee and supply chain engagement** – There were low levels of maturity in these four areas (level 1/2). Prior to the maturity assessment, the organisation had limited understanding of occupational health from legal, moral or financial perspectives. Although safety management systems were well developed, health considerations were largely absent or treated as secondary. Building a mature occupational health culture requires the same organisational conditions that underpin safety culture—leadership visibility, just culture principles and a proactive stance toward risk identification and learning (Reason, 1997)

**Health by design** – There were low levels of maturity (level 1) regarding consideration of health hazards and risks early in the design phase of a construction project.

**Mental health, personal wellbeing and work life balance** – were more mature with a mid-range maturity score (level 2/3) showing some attention for caring for employees although this was not consistent across all projects carried out by the Principal Contractor.

**Learning and development, and innovation** – There were limited examples of these aspects being embedded into the organisation and therefore also scored low on the HWMM – level 1.

The results of this initial assessment were reviewed at Board level which resulted a commitment to make improvements in the management of occupational health and wellbeing. A steering group was formed chaired by CEO, with representatives from each business and support unit to address leadership and engagement. Initial efforts focused on achieving legal compliance with health risk management, with subsequent annual assessments used to monitor progress and refine the strategy as health and wellbeing maturity improved. Although outside the scope of this study, over a three-year period, the Principal Contractor self-reported that all of the HWMM areas showed an improvement in maturity scores of at least one level from a repeat of the initial maturity assessment – albeit this was carried out internally by the organisation and not independently.

Through the continued use of the HWMM proactively managing health risks and supported consistent communication around wellbeing, reinforced both organisational and individual responsibilities became established as the norm for this Principal Contractor.

## Conclusions

While safety culture maturity approaches are well established in construction, occupational health and wellbeing remain less mature and requires increased focus to improve health outcomes. The HWMM is a tool for organisations seeking to understand their current maturity, and adopt improvements in the areas of organisational arrangements, risk controls and worker behaviours.

The HWMM tool can be used to assess organisational maturity of health and wellbeing arrangements. Adopting the tool as a baseline and then continuing to benchmark maturity annually, enable progress to be evaluated in order for suitable management attention to be focused on improvement priorities. The detailed criteria listed within the HWMM provide a route map for organisations to understand how to improve which aids progression and maturity development.

Further studies could use the HWMM to benchmark between different organisations working within the construction industry to provide an overall view of health and wellbeing cultural maturity in the sector. This in turn may shape wider industry investment, research and policy development for organisations such as Health in Construction Leadership Group (HCLG) and Construction Industry Council (CiC). A similar approach could be valuable for other industries seeking to understand and improve their occupational health and wellbeing performance.

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