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OCCUPATIONAL
HEALTH AND SAFETY
LOOK LIKE IN 2030?

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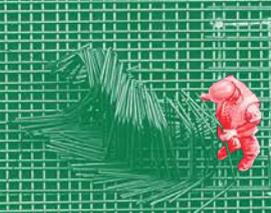
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Foreword

Health, Safety & Environment (HSE) professionals face an evolving world of occupational health and safety (OHS) expectations – which vary between their industry, management and the people they support. For example, standard guidance for occupational health from bodies like ISO¹, OSHA², WHO³, and ILO⁴ have introduced an increasing impetus on improving employee wellbeing beyond the more traditional ‘health and safety’ lens. The UN Sustainability Development Goals (SDGs) for wellbeing and work health, alongside revisions to GRI 403 (the global reporting standard for OHS), push for a revolution in the way HSE and OHS report on health: the world of only reporting on lost-time-injury and fatalities is coming to an end. Changing goalposts and compliance imperatives like this bring with them both positive and complex changes for HSE and OHS professionals to navigate.

We set about researching and writing this paper in order to uncover the most significant occupational health and safety changes the HSE community need to prepare for, and to forecast what their legacy impact will be by 2030. This view is what we are calling ‘HSE 2030’.

In many instances, health metrics can be one of the most straightforward measures to analyse within a company, and while complex, it is possible to capture detailed data and insights on a global basis.

The International SOS Foundation conducted a global survey targeted at those who organise, influence, or are responsible for, their organisation’s HSE or OHS policies and procedures. Our survey

Some organisations prefer to brand their occupational health & safety agenda as Health Safety, Environment (HSE) or Environment, Safety and Health (EHS). For the purpose of this document, OHS, HSE and EHS are arbitrarily interchangeable. The focus of this review and organisations that responded to this survey does not include specifics on environmental topics.

findings represent responses from 230 professionals who are responsible for HSE across the world: with representation from those working in the Americas, Asia Pacific, Middle East, Africa and Europe.

The survey sought to understand the increasing complexity of an HSE's role in terms of occupational health and safety and the key drivers behind those: What will have the biggest positive influence on the people they support? Will the investment in OHS grow? Will the HSE professional's seniority and influence within an organisation increase/decrease?

We also conducted a review of leading expert opinions that reveal some other influencers at play: for example, while 'safety' is often visible and top-of-mind

for OHS professionals due to its well-structured approach in many industries, health can be seen as more esoteric, less 'tangible' and thus harder to focus on.

But this does not need to be the case. In many instances, health metrics can be one of the most straightforward measures to analyse within a company, and while complex, it is possible to capture detailed data and insights on a global basis. Through this approach, we expect data to become less of a barrier and more of a transformational element.

We explore this theory and more within. There is no doubt that there is a busy road ahead for those responsible for OHS – and 2030 is looking like an exciting prospect for those involved.

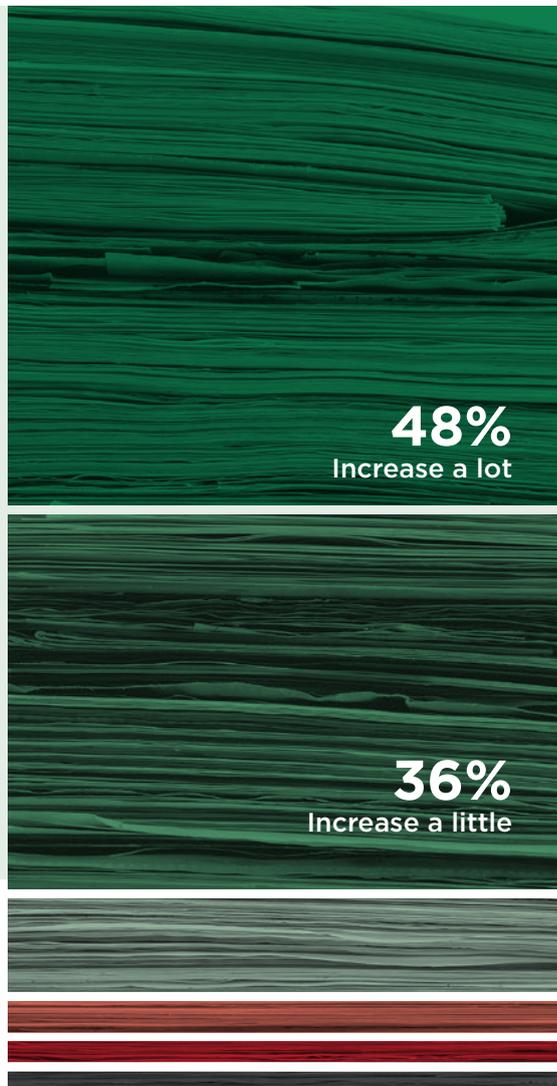


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The increasing complexity of OHS

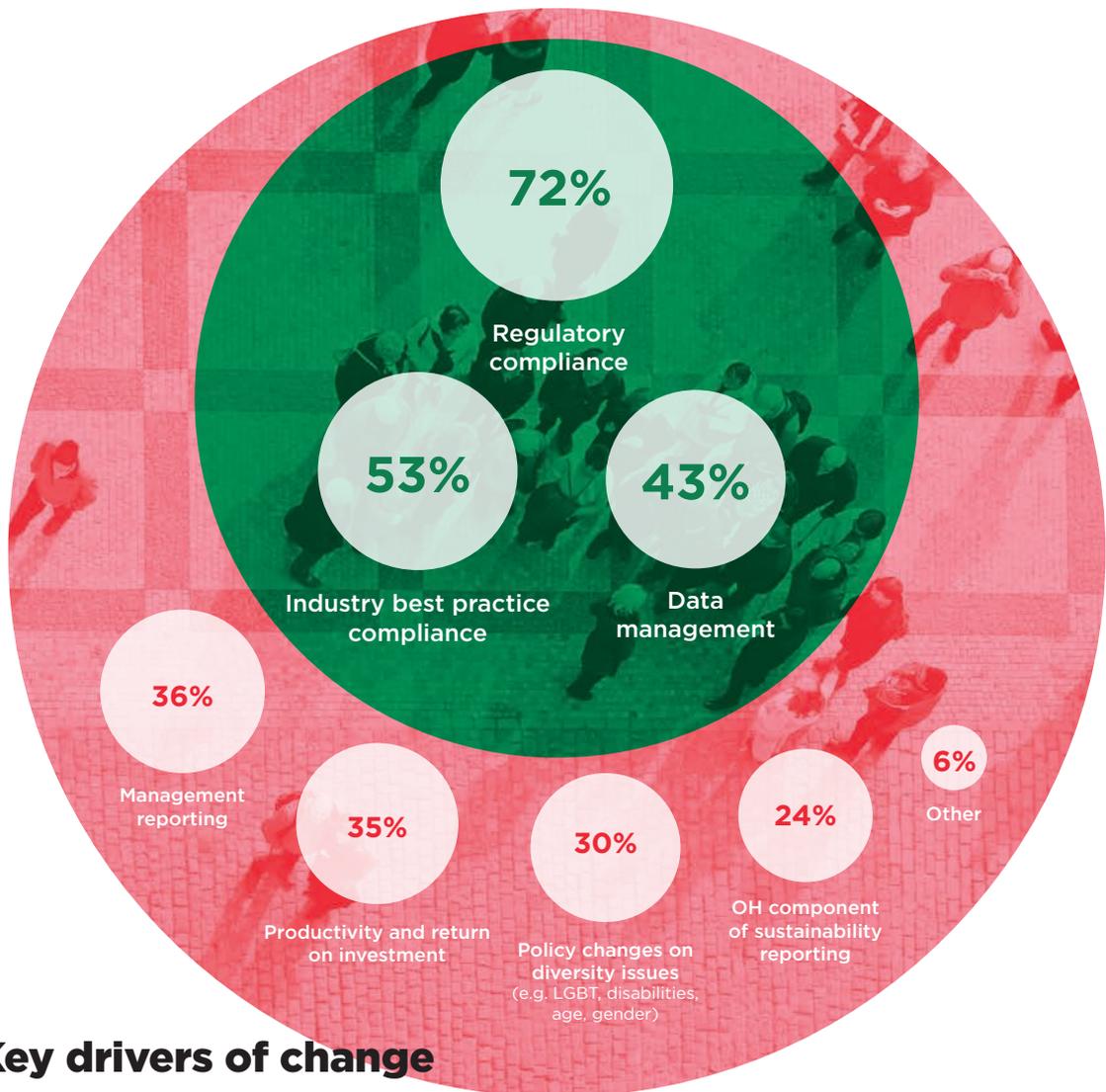
Size of change



84%

of survey respondents believe there will be an increase in complexity of health and safety requirements by 2030. More than half think that it will increase significantly by that time. As society adapts and business activity becomes more nuanced, things are going to get more complicated. What is driving this complexity?

- 9% Stay about the same
- 3% Decrease a little
- 2% Decrease a lot
- 2% Don't know



Key drivers of change

Regulatory compliance is predicted to be the biggest cause of change by 2030.

Interestingly, regulatory compliance was also rated as the top cause of change over the past 12 months. Compliance thus remains very much on the minds of the HSE community.

It is perhaps no surprise to see *industry best practice* in second place, as compliance changes often sit hand in hand with how an industry evolves. It is often considered that two types of people exist within this field: those who follow trends and those who set them. It is quite possible that those trail-blazers are also investing in lobbying industry bodies so that changes sit closer to their desires.

In nearly joint-third place and now linked inextricably are *data management* and *management reporting*. The issue of data management is by no means isolated to this role; while the fourth industrial revolution has brought many more positive data points than ever before, organisations are still wrestling with legacy systems, architecture, and how to invest for the future.

Management reporting gives us our first indicator in the research of the path an OHS professional feels is ahead of them; elevating their role to more strategic conversations. More on this later.

The change imperative today: new framework toward voluntary compliance

In our review, we found the four biggest global influencers today as follows:

UN 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs)⁵

The SDGs were adopted by 193 countries in 2015 at the UN Summit, making sustainability the foundation for today's leading global framework for international cooperation. The 17 SDGs have 169 underlying targets. These are not just limited to the country signatories of the UN or overall society, they are universally relevant to every company, regulator, investor, and employee.

The health & safety targets by 2030 are (exemplified) as follows:

- Reduce mortality from work-related non-communicable diseases and mental ill-health (SDG3, target 3.4)
- Reduce work-related deaths from air pollution and unintentional poisonings (SDG3, target 3.9)
- Universal health coverage of workers with financial protection and basic health services for prevention and control of occupational diseases (SDG3.8)
- Promotion of a safe and healthy working environment for all workers (SDG8, target 8.8)
- Protection of workers' health through measures for climate change adaptation and mitigation (SDG13)

Revised GRI 403: Occupational Health & Safety Global Reporting Initiative GRI Standard⁶

The Standard represents global best practice on reporting about occupational health and safety management systems, prevention of harm and promotion of health and wellbeing at work. The most recent revision of 403 in 2018 is expected to have a profound impact on how health and safety data will be reported. There is a specific focus on demonstrating the effectiveness of health and safety management systems toward material outcomes. It will provide OHS practitioners with an opportunity to gain more depth to their analysis of the health and safety of their workforce in a new paradigm beyond the traditional employer-employee relationships. The standard introduces the concept of all workers with a new paradigm for the future: embracing the dimension of work controlled (or not controlled) in a controlled (or not controlled) workplace, by each reporting organisation. Such a new sustainable reporting standard is often dubbed as the “how to report tool” by an organisation that supports the new UN Sustainable Development Goals & Targets.

BSI ISO 45001: International Occupational Health And Safety Standard⁷

Published in March 2018, this covers how to build and use an OHS management system, replacing the OHSAS 18001. The standard sets the minimum standard practice to protect employees worldwide. It is viewed as a “game-changer” in the OHS world for a responsible organisation. Its proposed OHS management system is used as a fundamental reference in the development of contemporary OHS guidance(s).

International Labour Organization (ILO): Guidelines On Occupational Safety and Health Management Systems⁸

The ILO framework is not recent but is found to remain one of the four key influencers in the reviewed OHS agenda. ILO has designed these guidelines as a practical tool for assisting organisations and competent institutions as a means of achieving continual improvement in occupational safety and health (OSH)

performance. The guidelines have been developed according to internationally agreed principles defined by the ILO's tripartite constituents. The practical recommendations of these guidelines are intended for use by all those who have responsibility for OSH management.



Regional regulatory trends

It would be pertinent to highlight that while global influencers should be monitored; there is an added regional complexity here. Failure to meet changing national regulatory frameworks, often secondary to sociocultural changes can ultimately lead to costly fines and/or litigation, threatening an organisation’s ability to conduct business in a given location.

Examples of regional trends to consider:



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Enhesa - a global environmental, health and safety consultancy that specialises in EHS regulatory compliance assurance - outline examples of current regional trends to consider:

Europe

Climate change

This is and will remain a clear priority in Europe. Companies will have to put more effort into reducing carbon outputs, but also into preparing for the inevitable impacts of climate change. Other policies aimed at tackling climate change include the potential for further regulation of the heavy-duty vehicle industry, as such vehicles are a significant source of green-house gas emissions. Although ostensibly an environmental issue, there are many potential occupational health issues that a changing climate throws up.

Ionizing radiation

One of the key trending topics in the EU that is likely to result in a higher compliance cost in companies relates to the protection of workers from the risks

of ionizing radiation. The foundation of many of these changes was laid by a 2013 Euratom Directive, which requires EU states to adopt a risk-based approach to permitting activities related to radiation.

Radon

It is also worth noting that in **Spain**, stricter measures have been proposed to restrict employee exposure to radon. Limits have also been set in **Bulgarian** workplaces for exposure to indoor radon concentrations.

These developments, coupled with the aforementioned ones on ionizing radiation are indicative of an on-going push across European workplaces to limit harmful consequences of radiation in various forms.

Middle East

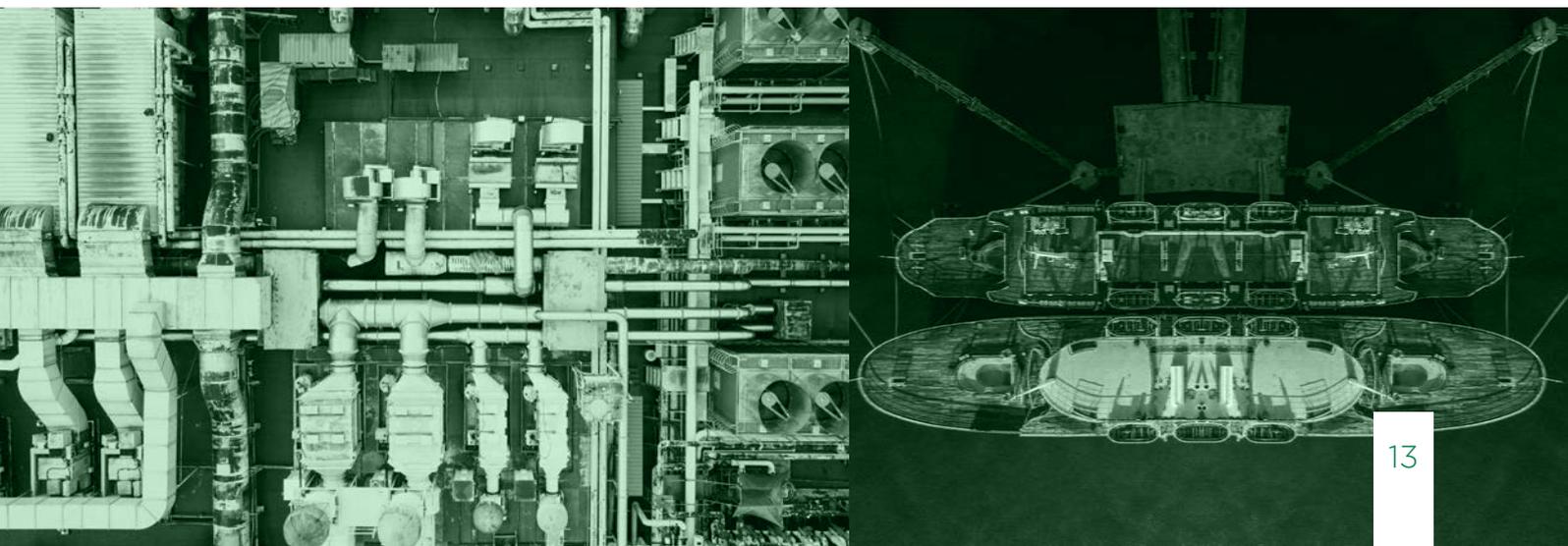
Worker protection

As some Middle Eastern countries see a push for further construction and development (particularly Gulf countries), companies need to ensure that construction sites are secure enough for workers to operate. This is particularly relevant to the Middle East as tough climate conditions might often encourage workers to remove their personal protective equipment. **Saudi Arabia** introduced OHS requirements for the first time, requiring companies to take specific measures according to the level of risk to workers. These factors, coupled with the drive in construction, indicate that such measures are likely to be on the rise in 2019.

Africa

Worker safety

A trend pervading Africa is that of worker safety. As it is quite a wide-ranging topic, different actions have been taken across the continent. **South Africa** has seen measures adopted with a view to protect workers in mines from explosives. This is done by the introduction of certification systems and written explosives procedures. Companies with operations in **Tanzania and Zambia** have, this year, seen more regulation to protect workers from the risks given rise to by lifting equipment such as hoists, lifts, chains and ropes. This means that companies will be required to undertake more inspections to ensure equipment is in good working order and is used safely.



Asia Pacific

Emergency response

The State Ministry of Work Safety of **China** has been reformed to become the Ministry of Emergency Management which implicates a shift of focus of the agency to strengthen emergency management matters in addition to worker safety regulations. Similar regulatory schemes can be found in **Japan**. Beginning this year, in **China**, companies are required to devise environmental accident emergency plans in accordance with the national guidance (Guide on Reviewing Companies' Environmental Accident Emergency Plans (Trial)). Moreover, firefighting measures, such as onsite fire brigades and fire emergency response plan requirements have been introduced in **China and Malaysia**.

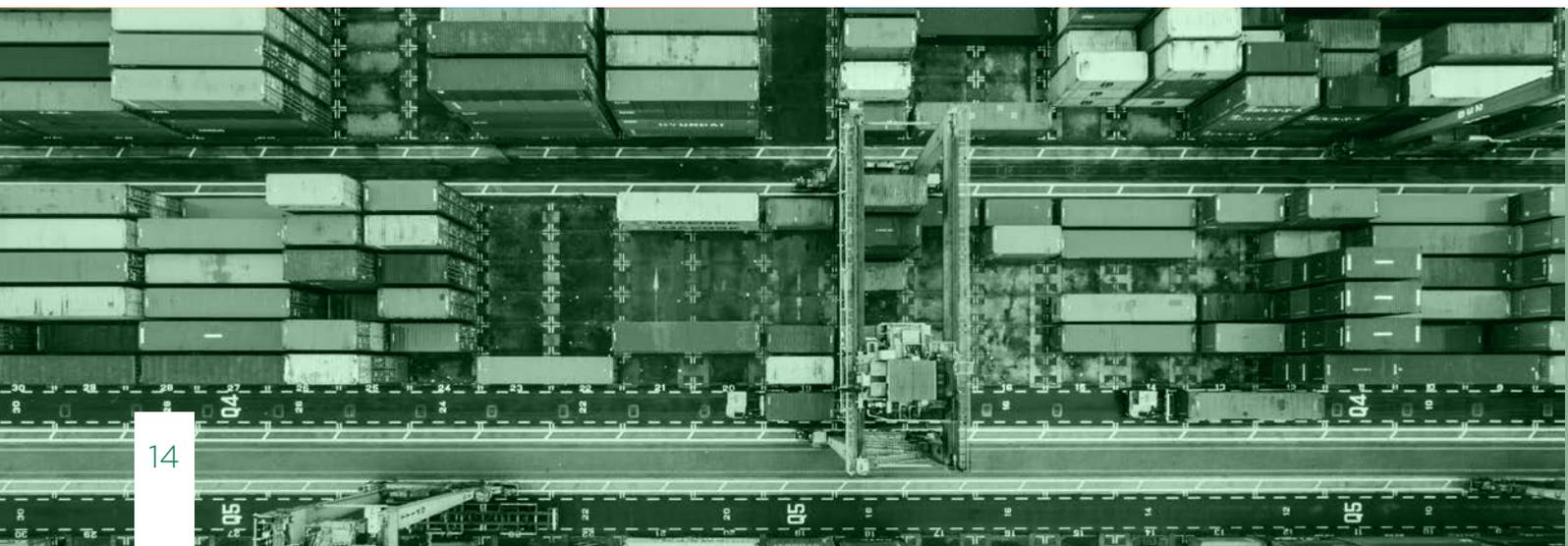
Workplace harassment & bullying

There are several examples of regulation on this topic across APAC. Under a proposal in **South Korea**, all facilities

except for those that are operated by family members would need to prepare and use a manual as part of the required training to prevent sexual harassment in the workplace.

In **Australia**, all companies will soon be able to access an updated version of the Australian 10-year work health and safety (WHS) strategy 2012-2022 to assist in reducing worker injuries and fatalities. This is due to a mid-term review of the strategy carried out by Safe Work Australia in 2017, which identified the need to make minor changes to the current strategy (such as the incorporation of explicit references to workplace bullying, harassment, and occupational violence).

In **Japan**, an investigative committee under the Ministry of Health, Labor and Welfare published a report to understand and take voluntary initiatives to prevent or reduce cases of power harassment at the workplace.



Latin America

Worker protection

In Buenos Aires, Argentina there is a proposal pending that would extend the period during which female workers are allowed to take breastfeeding breaks and require companies to provide childcare facilities. Uruguay has established specific requirements for breastfeeding rooms and spaces, which are mandatory since August 2017. Chile has a pending law proposal which would require companies to have nurseries or pay the costs. Colombia has established the minimum requirements that nursing rooms at workplaces must have as well as promoting breastfeeding and the use of the nursing rooms (nursing rooms have been mandatory since 2017). Costa Rica has also established the minimum requirements that nursing rooms must have.

Uruguay has adopted a Law that establishes comprehensive mechanisms, measures, and policies for prevention, care, protection, sanction, and reparation regarding gender-based violence, among others at the workplace. Costa Rica has a pending proposal which would prevent and sanction harassment at the workplace in the public and private sector. Mexico and Peru have adopted stricter criminal sanctions for workplace sexual harassment. Several states in Mexico have also adopted regulations on workplace harassment.

North America

Workplace violence and sexual harassment

In both **US and Canada**, states and provinces have been adopting and proposing rules to regulate workplace sexual harassment and workplace violence. In the US, this is not a topic regulated under OSHA, which means it is left to the states. In the era of #metoo, a few states and provinces have begun creating new sexual harassment policies or revising and strengthening existing rules, and we expect this trend to continue in 2019.

To take the **New Brunswick** development as an example, from 1 April 2019, companies operating in New Brunswick will be required to prepare a written assessment of the risk of violence at the place of employment, and to update it under amendments to General Regulation under the provincial Occupational Health and Safety Act.

Positive influencers

Our survey showed that in 2030, the biggest positive impact will, perhaps surprisingly, come from *wellbeing programmes*. This is closely followed by *partnering with specialist healthcare providers*. This introduces us to two new dimensions in the HSE 2030 forecast:



This implies that for a company to evolve to meet its changing needs, it may no longer wish to take the burden of education and change on itself. There is a recognition that the most logical path is to outsource to partner(s) where appropriate. Once again, the OHS world is not alone here: there is recognition that internal capabilities in health may not bring the same return on investment that a partner could. Predictions of new and emerging pests and diseases, strategies to deal with an obesity problem in the workforce, and the changes in occupational health legislation that will come with evolving workplaces, will ultimately lead to an increase in the need for analysis and advisory.



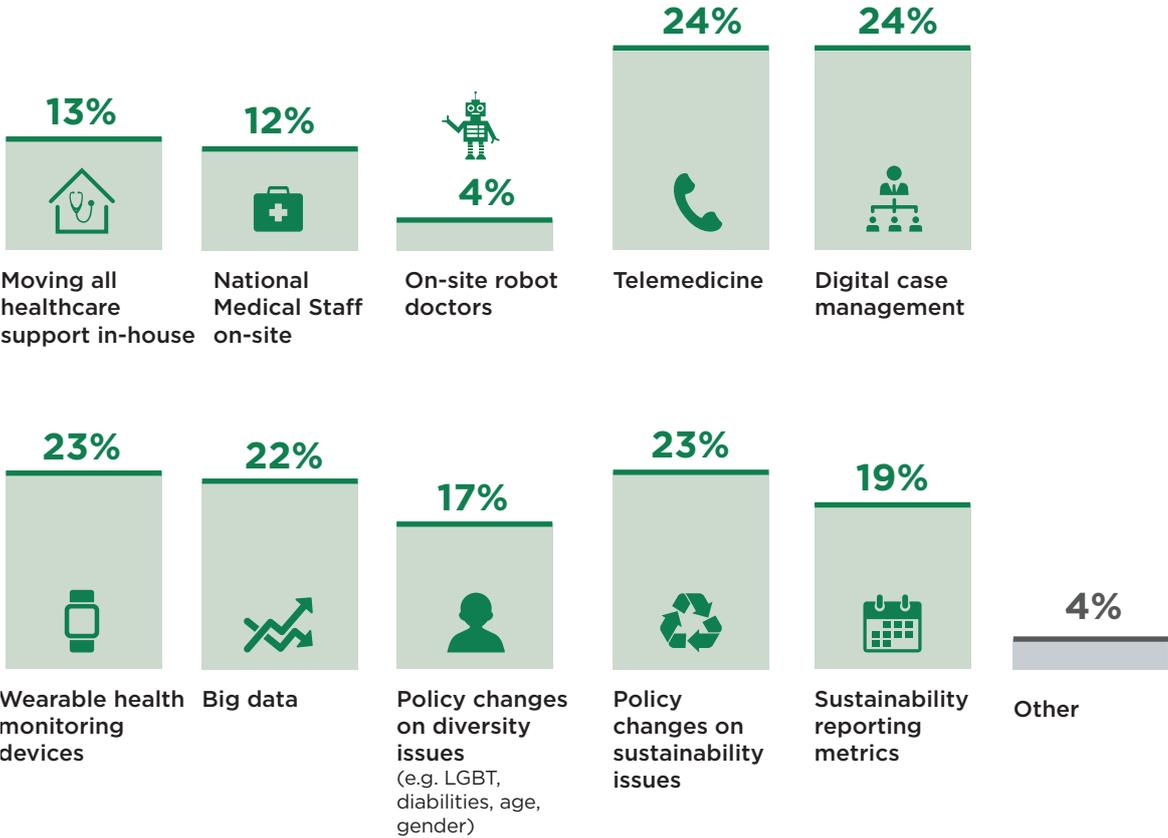
These are evolving in terms of scope and importance to an organisation's board, and seemingly at a rapid pace. In recent history, we have seen an increased focus on subjects such as employee mental health and its impact on productivity and absenteeism. In many countries it is cited as the number one reason for absenteeism. This is one component. Non-communicable disease is another.



Partnering with specialist healthcare providers



Wellness programmes



The wellbeing challenge

While many initiatives to enhance wellbeing in the workplace have been understood for a long time, companies will increasingly need to think about how to extend these benefits to their workers in the developing world in a pragmatic and evidence-based way. The role of NCDs (non-communicable diseases) in the developed world is long established. The impact of diseases such as diabetes and cardiovascular disease on workers in the developing world is likely to become an increasing focus for OHS, as these diseases become increasingly prevalent. This will need to be addressed head-on by HSEs, and better understood, if they are to ensure optimal health performance of their workers. With the increasing focus on business meeting the UN's Sustainable Development Goals (SDGs), it is expected that more and more countries could enact regulations that affect worker health positively. Both these trends will lead to more companies considering optimising and extending wellbeing programme delivery.



Mental health: building employee resiliency

It is likely that mental health will remain a hot topic for employers. An increasing number of countries are starting to recognise that it is an integral part of an employer's obligations, and are enacting regulations to confirm this. In many sectors it is the single biggest cost of spend on healthcare.

Key considerations:

Companies should move away from a focus on 'managing stress': which is a lagging indicator. Stress is to 'wellbeing' what accidents are to 'safety'.

Focus on building a resilient culture, rather than individual case management i.e. what can be done more holistically.

Mental health should be viewed also as an integral part of occupational health and safety and treated with equal importance as physical health.

There is likely to be increasing focus on the mobile worker and the provisions in place for this high risk group, as well as others.

Best practice examples in OHS and reporting

In their 2017 paper, Sancroft⁹ documented a number of organisations who were both pushing the boundaries in terms of wellbeing programmes and their reporting of those programmes:

Unilever¹⁰

Unilever's health and wellbeing commitment informs part of the company's wider corporate strategy. Protecting and promoting the health of its own employees is tied in with achieving a core aim of the Unilever Sustainable Living Plan: to improve the health and wellbeing of a billion people around the globe.

A cornerstone of Unilever's employee wellbeing initiative is its flagship programme: Lamplighter. Lamplighter offers a holistic vision of wellbeing; encompassing physical, mental, purposeful and emotional wellbeing.

The programme serves as a clear framework for interventions at the level of the business and the individual. It provides a standardised toolkit which can be applied across different countries, permitting a degree of flexibility to accommodate cultural differences.

Unilever measures standardised health metrics data to assess where health risks may occur with employees. This includes lifestyle factors (smoking, alcohol consumption, fruit and vegetable intake, exercise levels, perceived stress levels) and physiological/ biochemical measurements (glucose, cholesterol, blood pressure, BMI). It tracks the impact of its Lamplighter programme in reducing health risks over time.

Johnson & Johnson¹¹

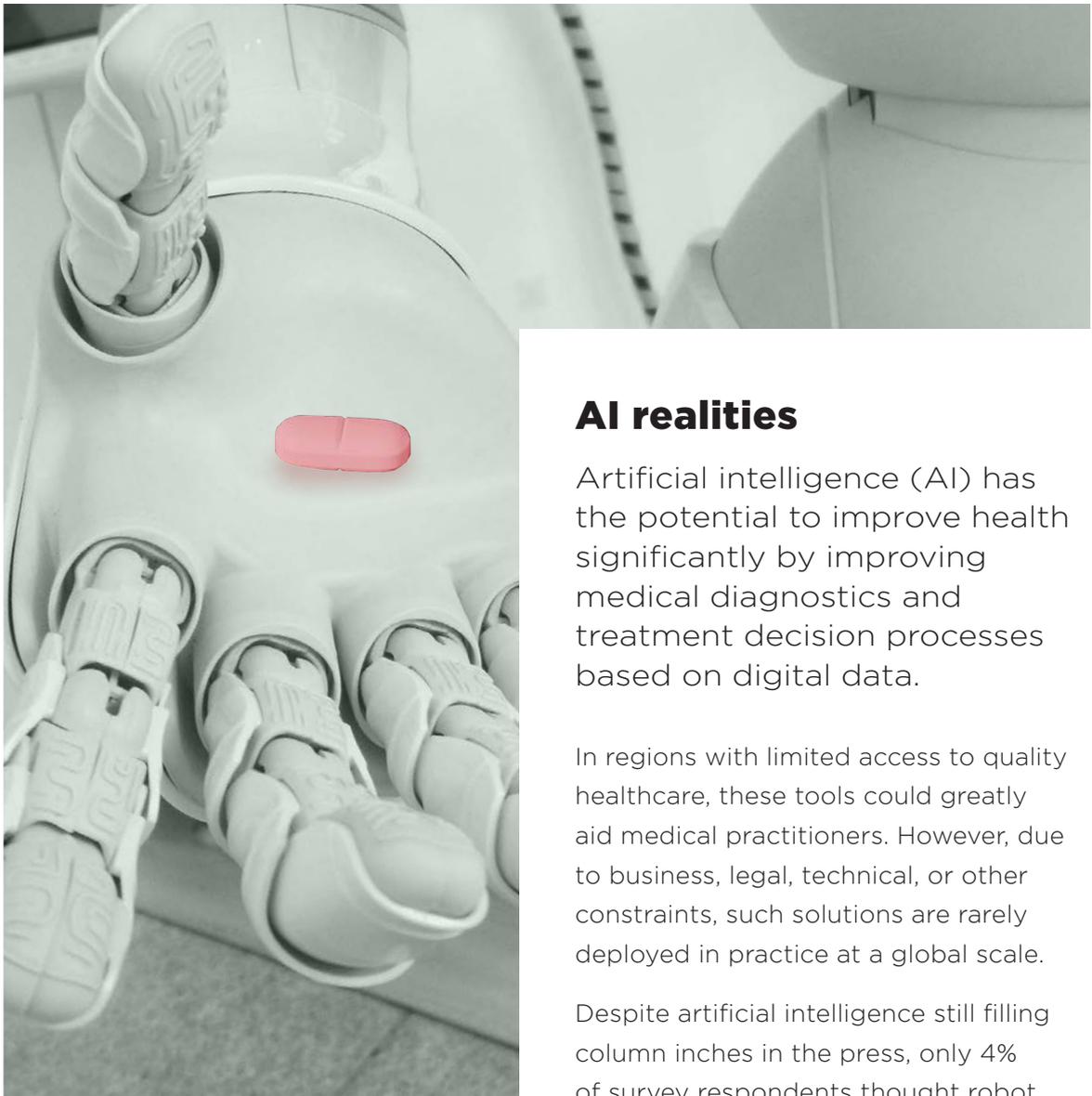
Johnson & Johnson has created a Health Vision. According to the company, this “expands the way [J&J has] thought about health and seeks new ways to make everyone, everywhere healthier”.

As part of its vision, Johnson & Johnson has developed a series of goals (22). These align with the business’ overarching Citizenship and Sustainability 2020 Goals. The goals have a threefold focus; People, Places and Practices. The latter is specifically concerned with the creation of a culture of health and wellbeing.

One of the goals included under Practices is to “Empower and engage the Johnson & Johnson family of employees to become the healthiest workforce”. To monitor progress against this goal, J&J has the following metric in place: “Empower and engage at least 100,000 employees toward a ‘personal best’ in health and wellbeing via the principles of Energy for Performance®, innovative digital health tools, and advancing a culture of healthy eating and physical activity”.

“

Empower and engage at least 100,000 employees toward a ‘personal best’ in health and wellbeing...



AI realities

Artificial intelligence (AI) has the potential to improve health significantly by improving medical diagnostics and treatment decision processes based on digital data.

In regions with limited access to quality healthcare, these tools could greatly aid medical practitioners. However, due to business, legal, technical, or other constraints, such solutions are rarely deployed in practice at a global scale.

Despite artificial intelligence still filling column inches in the press, only 4% of survey respondents thought robot doctors would bring a big positive impact. So we feel confident that the future will still involve real people. However, 'big data' was cited by a significantly larger portion (22%), with similar volumes for digital case management, and wearable health monitoring - so the involvement of technology and data is predicted to be present. But perhaps in less of a Hollywood movie style.

Perhaps more significantly, AI is also showing good signs in the development of mental health screenings that allow early detection and management of mental health issues in the workplace. Thanks to the tools being developed, mental health issues can be proactively addressed. This also brings new ethical and privacy questions to the table that are only being discussed in depth now.

The Fourth Industrial Revolution is on the lips of many business strategists. It builds on the Third, the digital revolution that has been occurring since the middle of the last century. It is characterised by a fusion of technologies that is blurring the lines between the physical, digital, and biological spheres. The particular question that is posed often now is: just where will AI land in different industries?

Our research shows there will be an increasing push to analyse large volumes of health data in future: therefore companies will need to invest in a consistent approach to data capture for their global operations. This will lead to them being best placed to completely analyse workforce health status. While AI is a reality in many sectors, it is yet to achieve its full potential in workplace health.

In a McKinsey Global Institute discussion paper, Artificial intelligence: The next digital frontier, which includes a survey of more than 3,000 AI-aware companies around the world, they found the following traits in companies in the forefront of AI:

- Early AI adopters tend to be closer to the digital frontier
- The companies are among the larger firms within their sectors
- They use AI in the most core part of their value chain
- The adoption of AI is used to increase revenue as well as reduce costs
- There is the full support of the executive leadership

However, there are numerous companies, both software developers and healthcare providers, who are looking to address this issue: but which AI or technology will be the most likely to be most relevant and useful to OHS? It is not clear as yet.

There will be an increasing push to analyse large volumes of health data in future: therefore companies will need to invest in a consistent approach to data capture for their global operations.

Drones deploying medical supplies and care

The era of drone usage also appears to be upon us. In July 2018, Airbus and International SOS¹² announced that they are defining and installing reliable aircraft or unmanned aerial medical cargo delivery technology. Their goal is to be able to use the drone technology in order to deploy medical supplies, specialist medical care and equipment to meet the requirements of preventive health programmes or in support of a medical emergency in urban as well as unfamiliar and remote locations. The studies will look into both urban-to-rural and ship-to-shore deliveries.

Crowd-Sourcing Emergency Medical Support

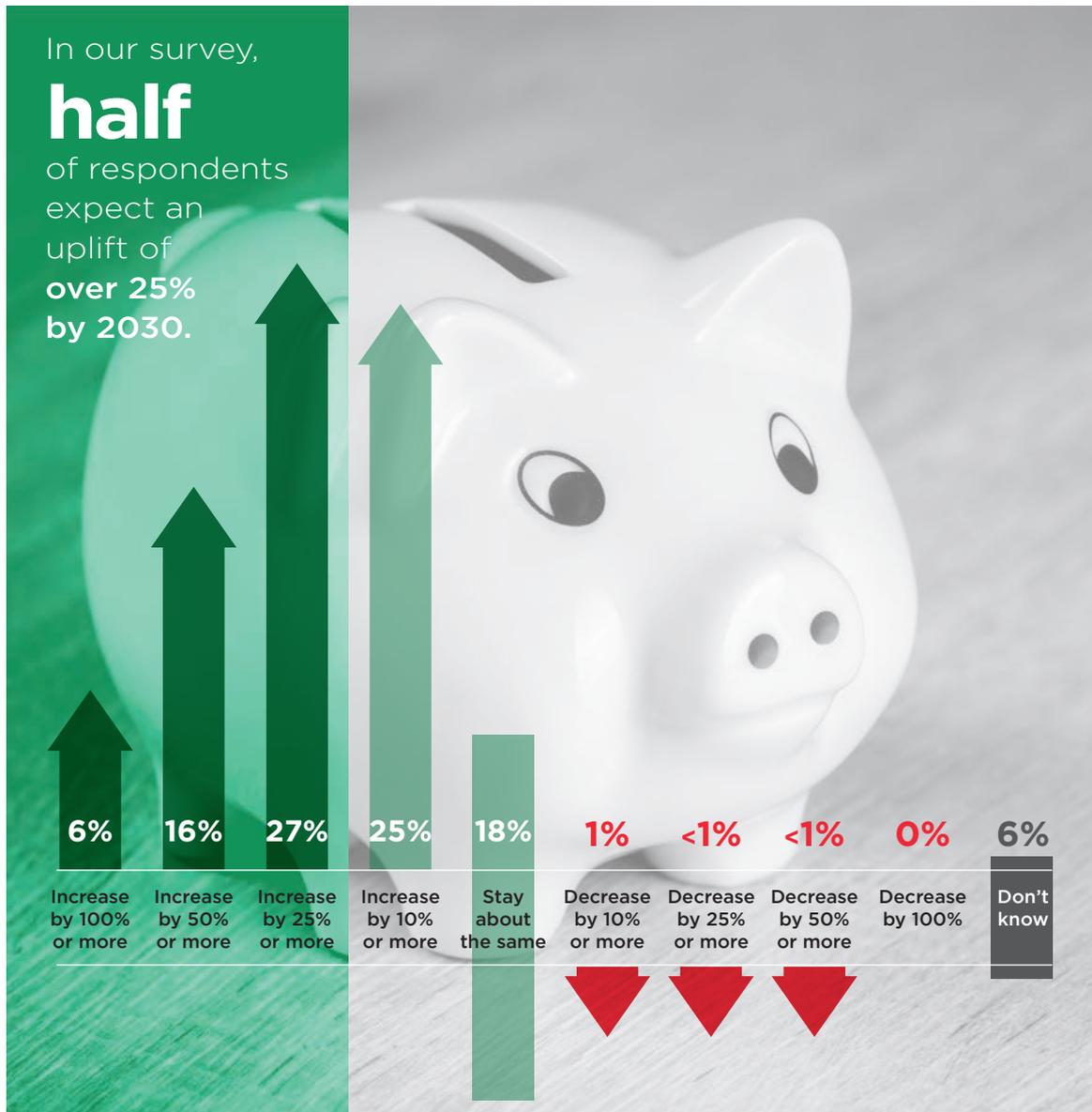
GoodSAM¹³ is a start-up business that utilises the very latest mobile App technology in order to crowdsource for medical support in an emergency. Their App alerts those with medical training to nearby emergencies so that potentially life-saving interventions can be given before the arrival of emergency services. It has started drone delivery of defibrillators to the field from various remote locations in the UK and Australia.

The GoodSAM system also has a built-in crowd-sourced defibrillator registry which allows responders to sight locations of AEDs. With this built-in function, GoodSAM users can register public access defibrillators throughout their communities.

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Investment forecast

In 2018, worldwide EHS budgets were expected to rise by 5.4%¹⁴ with technology as the highest spend predicted.



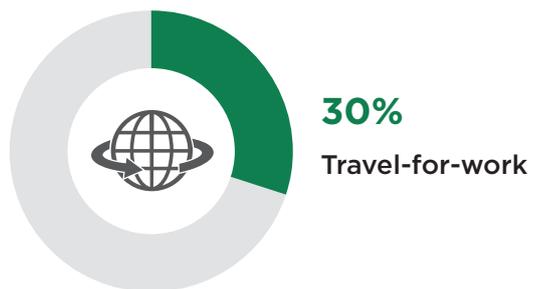
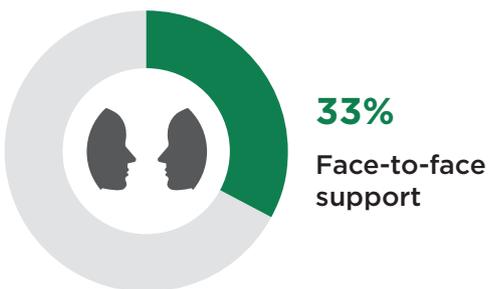
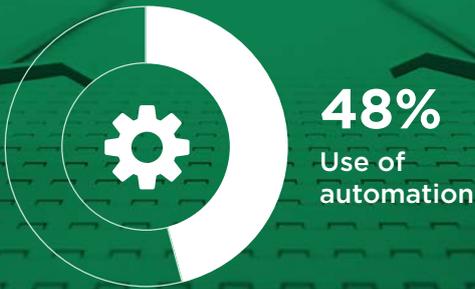
The World Economic Forum argues a business rationale for wellbeing investment¹⁵. They note that countries such as Brazil, China, Russia and India currently lose more than 20 million productive life-years annually to non-communicable diseases, and that number is expected to grow 65% by 2030. Organisations have a clear interest in prevention of these chronic diseases for four major reasons:

- Chronic disease drives healthcare costs
- Productivity losses associated with chronic disease are even greater
- Workplace wellbeing efforts can positively impact human capital investments
- Sustainability is threatened by the epidemic of chronic disease

In 2017, UBS Wealth Management¹⁶ stated that 'corporate health' is the physical, mental, and emotional health of a company's workforce and its healthiness as an environment for employees. In their white paper, they demonstrate that companies with best-in-class health programmes may also show strong business results including long-term share price returns. This does not necessarily suggest a cause and effect from a share price perspective, but it does appear to support the theory that a relationship exists. In doing so, they argue that company management and shareholders are incentivised to support such programmes as well as identify and minimise corporate health risks. The paper also outlines challenges that companies face with respect to employees' health as well as emerging solutions.

The drivers of investment

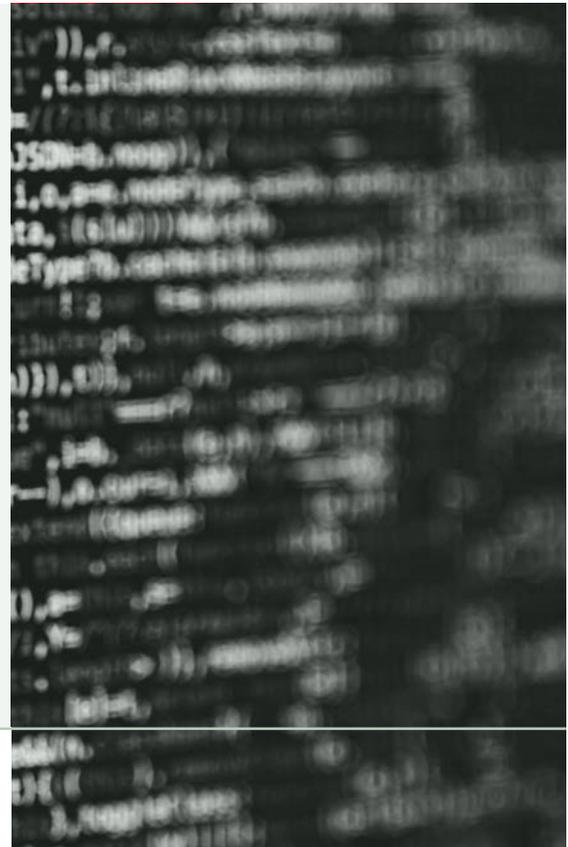
Investment will be primarily influenced by data analytics and use of automation.



Companies that can analyse and interpret health data, and can implement measures and programmes to address gaps will have the edge in health performance

Data at the core

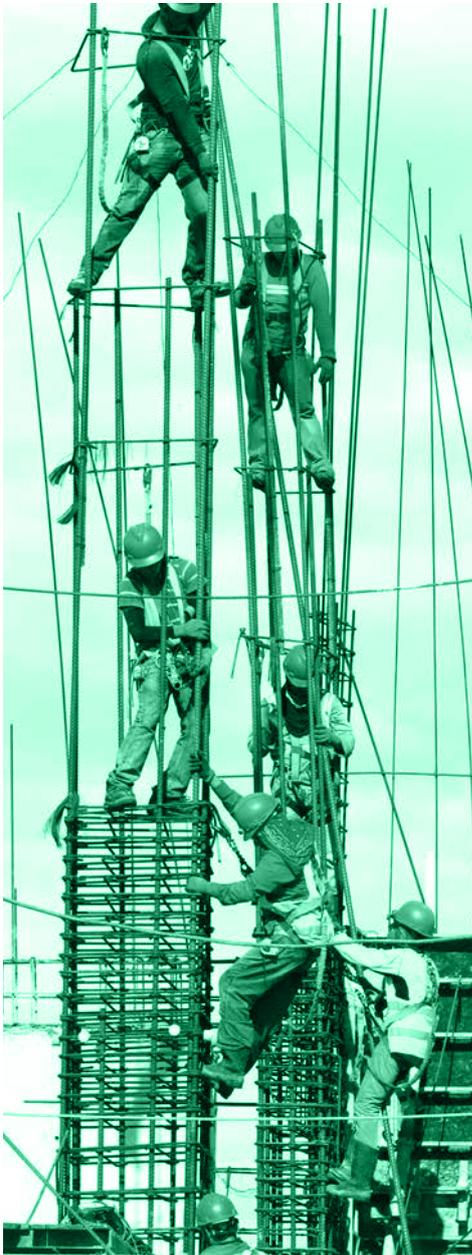
Data is perhaps today viewed as an enabler to better safety management by OHS but complex data capture has traditionally focussed on safety. In health, although some of the data capture tools are available, their take-up is variable. As GRI 403 places an added focus on OHS, companies will however need to develop better systems for health data capture and analysis, along with a reliable way of collecting this across regions and countries. As the tools for analysis become more available, the insights that will become available will become more complex; this will lead to a need for more interpretative skills within organisations



to make sense of this new-found wealth of health data that companies will have access to. Those companies that can analyse and interpret this, and can implement measures and programmes to address gaps in health will have the edge in health performance. With research confirming the strong link between healthy workplaces and stronger business performance, such companies may thus have the edge in the market.

4

Demonstrating a return on investment



Can an investment in occupational health pay dividends?

In a 2017 report published by ICOH – Global estimates of occupational accidents and work-related illnesses 2017¹⁷ – they estimated that work-related injuries, including those that are fatal, cost the global economy €2680bn (£2354bn) every year, or roughly the equivalent of the entire GDP of Great Britain.

But what sort of occupational health programmes can help HSE and OHS see a return on investment (ROI)? We look at a few examples where the benefits of implementing significantly outweigh the operating costs of the programme:



Implementing pre-travel health checks for mobile workers

Aimed at identifying pre-existing medical issues before assigning employees to a foreign country. This ensures employees are fit for the proposed assignment and its working conditions. It identifies general and work-related health problems before the assignment begins:

- **reduce lost time and costs of failed international trips/ assignments.**

Cost-benefit analysis showed that US\$1 invested returns a benefit ranging from US\$1.6 (minimum scenario) to US\$2.53 (maximum scenario).

Illustration of ROI found in Return on Prevention study, Prevent (2015).¹⁸



Malaria prevention measures

- **reduce lost time to treatment of symptoms and reduce fatality rates.**

Cost benefit analysis showed that US\$1 invested returns a benefit of US\$1.32.

70% reduction in the occurrence of fatal cases of malaria.

Illustration of ROI found in Return on Prevention study, Prevent (2015).¹⁸



Vaccination programmes for staff

- **reduce time lost and absenteeism to preventable viruses and diseases.**

Benefit per vaccinated employee of up to €20 per year and a total benefit saving of €86,458.

Illustration of ROI found in Occupational Health: The Global Evidence and Value, SOM (2018).¹⁹



Sharps collection protocols

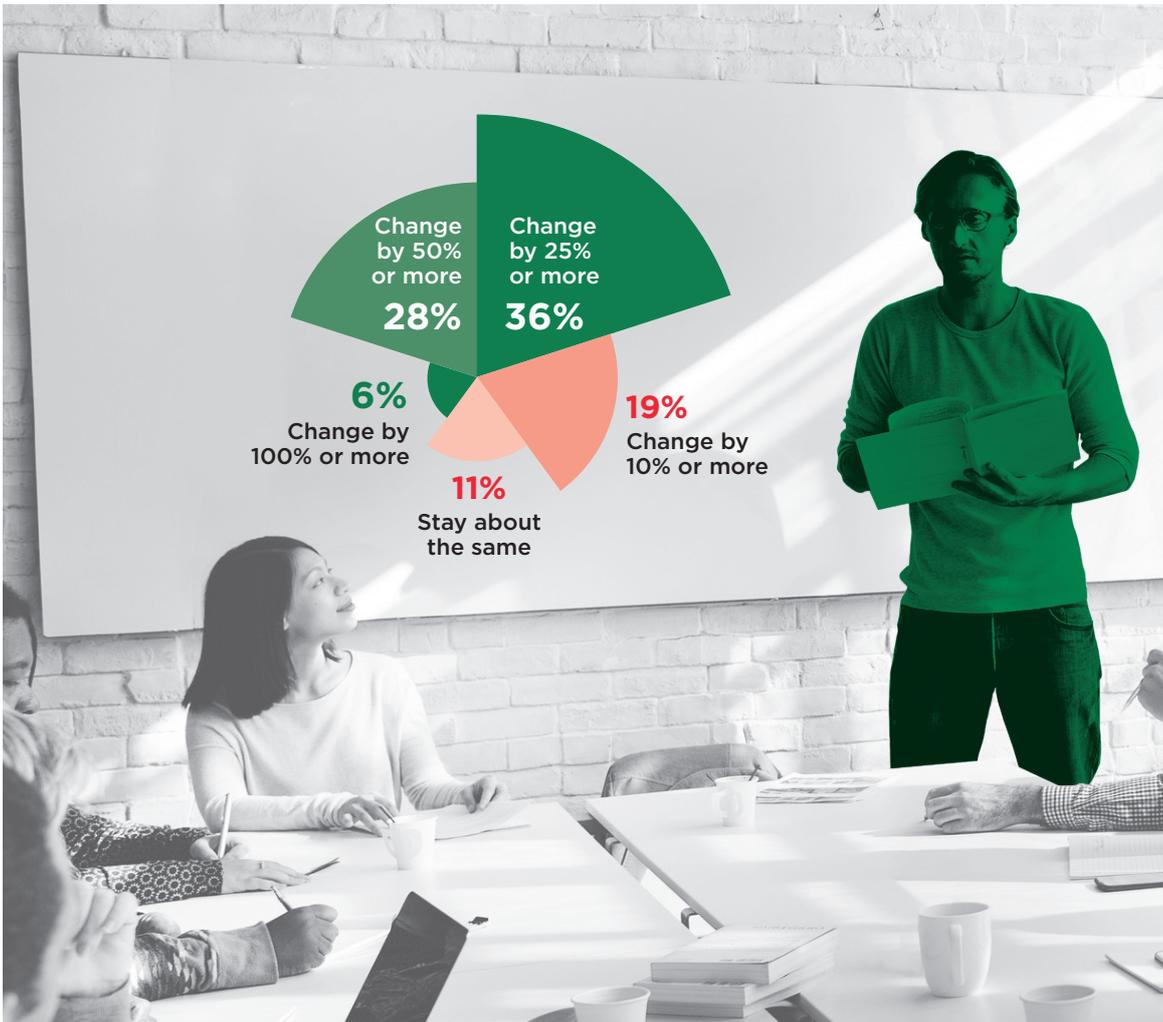
- **reduce needlestick injuries in medical centres.**

Needlestick injury rates reduced by two-thirds, representing total cost savings to a medical centre of more than US\$62,000 per annum.

Illustration of ROI found in Occupational Health: The Global Evidence and Value, SOM (2018).¹⁹

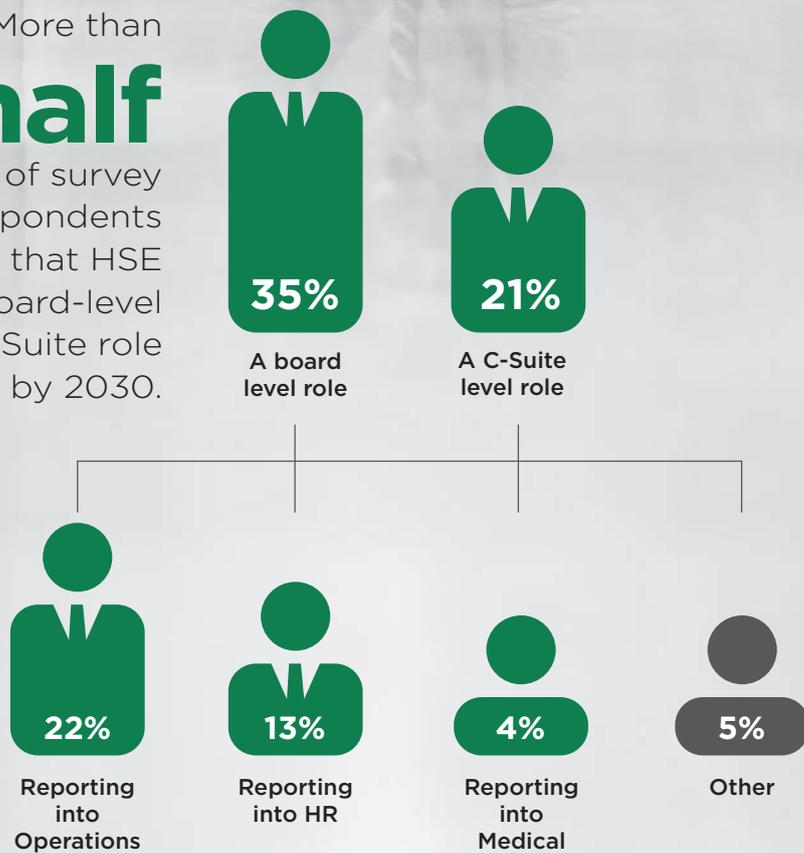
The evolution of the HSE professional

Three in four believe their scope and responsibilities will increase by **more than 25%** by 2030. With the advent of compliance and legislation, more focus is likely to be within the realm of sustainability reporting: In order to establish this, HSE professionals will need to interact with a wider variety of stakeholders within their organisation.



Is it time for OHS to enter the boardroom?

More than **half** of survey respondents anticipate that HSE will be a board-level or C-Suite role by 2030.



Getting OHS into the boardroom

Several measures are suggested to help edge OHS into the boardroom. In general our work with OHS professionals has found that they feel that they would benefit from speaking the language of business more.

Second, seeking and obtaining real leadership commitment to OHS is seen as key. Third, ensuring that return on investment is captured early and reported visibly is crucial. Fourth, there should be active engagement with management with both bottom-up and top down communication used frequently.

Lastly, in the era of sustainable development goals, OHS will increasingly be used as a positive discriminator to win work. Yet it is clear that networking more with the Sustainability departments will be needed in order to leverage sustainability as an opportunity to get OHS higher on the agenda.

What will the role of health be? With safety seen as more 'visible', health performance has traditionally been seen by OHS as less tangible to track. Will this significance increase or decrease? It is likely, with the increased focus on OHS, and in particular the GRI 403 changes, business will have better tools at its fingertips to enable better health performance monitoring. However, HSE and OHS professionals will need to understand medical risks better in order to maximise on this, and in particular to understand how to move towards more leading health indicators.



Businesses will have better tools at their fingertips to enable better health performance monitoring.

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An aerial photograph of a construction site, overlaid with a green grid pattern. Several workers in red safety suits are visible, working on the ground. There are white rectangular markings on the ground, some of which contain the number '14'. The overall scene is a top-down view of a large-scale construction project.

About the International SOS Foundation

The International SOS Foundation is dedicated to improving the health, safety and security of mobile workers around the world. Started with a grant from International SOS in 2011, it is an independent, not-for-profit organisation.

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