



Better health is happening

Assessing the impact of ORR's first health programme 2010-14 & looking forward to 2019

The extent of the challenge we still face on health: our analysis of health in rail up to 2014

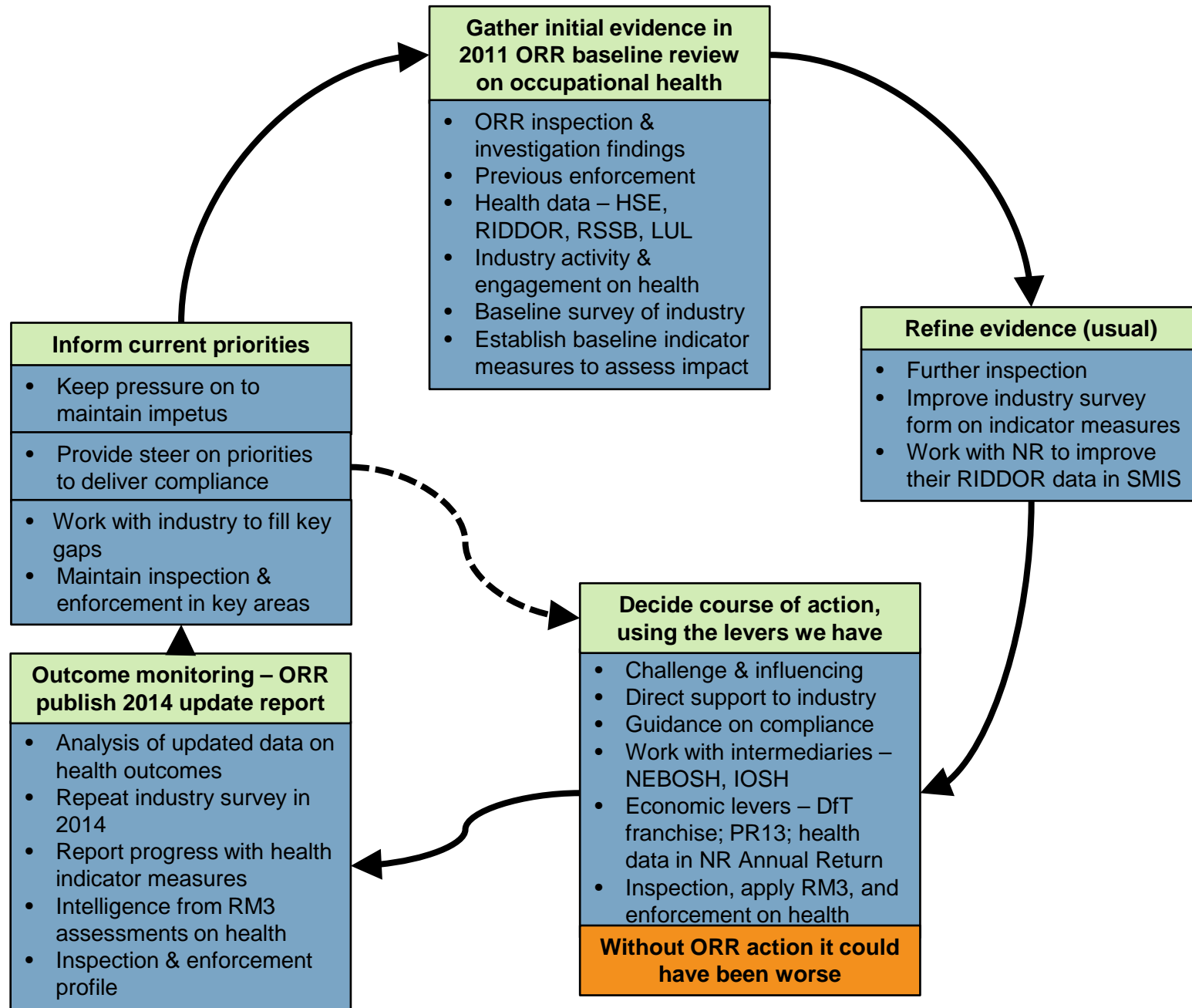
Incomplete health data remains a challenge but evidence suggests that:

- Sickness absence rate in rail (3.9%) higher than in private sector (1.8%)
- Work-related ill health in rail is at a similar level to construction, with higher levels of work-related respiratory diseases than all workers
- Little data available for rail industry workers on occupational cancers but potential for exposures from poor management of asbestos, silica, & diesel engine fumes, key contributors to overall GB cancer burden
- Musculoskeletal disorders (MSDs) and mental health dominate rail industry data, in common with other industry sectors
- Hand arm vibration syndrome (HAVS) is an issue for Network Rail
- Obtained baseline data from a health provider on management referrals in rail companies relative to other industries – scope for future benchmarking

How did our 2010-14 health programme seek to move the industry from the low baseline on occupational health?

- Move the industry towards excellence by consistently achieving best practice in occupational health
- To change how health is led and managed by rail industry organisations, with focus on:
 - Industry leadership on health
 - Industry awareness on health
 - Actively sharing good practice
 - Competence and health assistance for managers
 - Use of good health data and effective monitoring
- To improve how health is regulated by ORR
- Shift the balance – health like safety





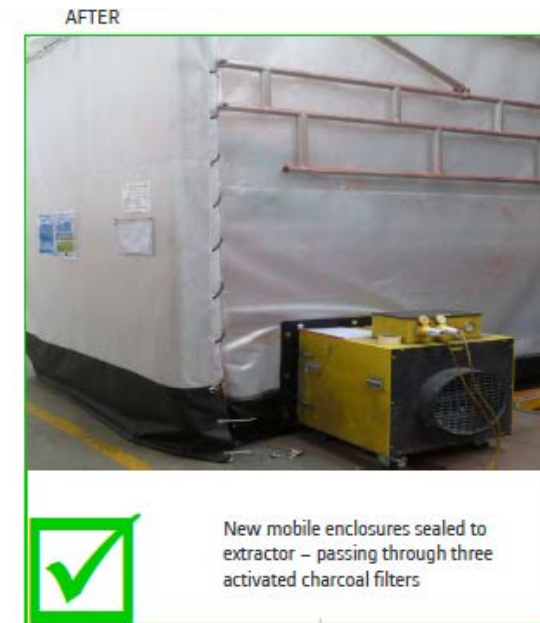
We maximised our impact on health 2010-14 by:

- Lobbying and influencing
- Direct support to industry
- Guidance on what compliance looks like
- Work with intermediaries
- Use of regulatory powers
 - Health and safety enforcement
 - Economic regulation



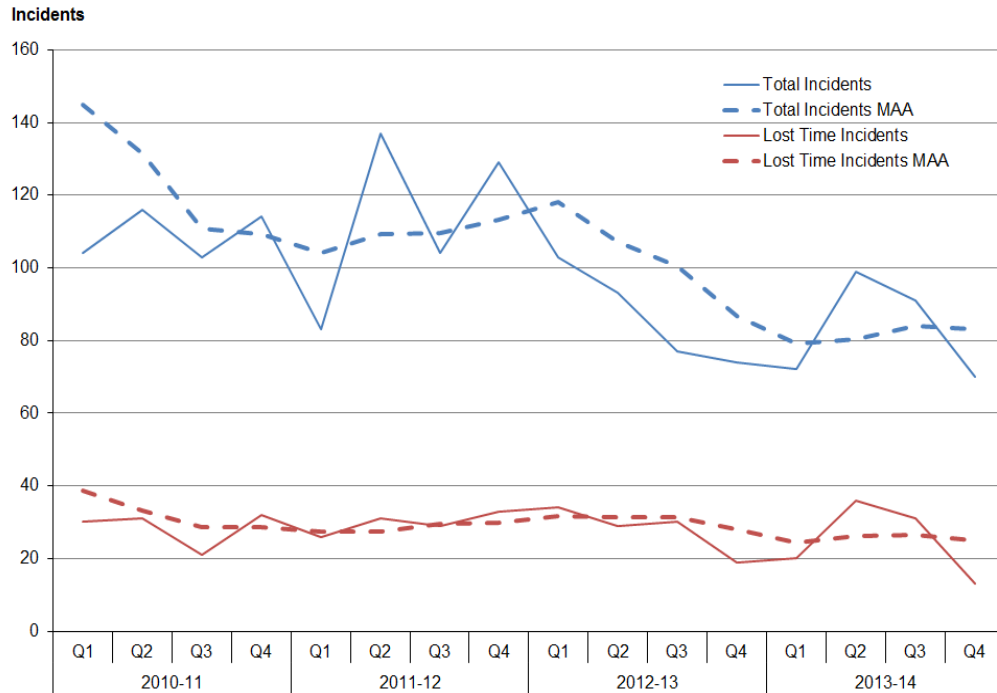
We have enforced on health in 2010-14:

- 5 Prohibition Notices - isocyanate paint spraying, asbestos, manual handling at height
- 15 Improvement Notices – asbestos, isocyanate paint, welding fumes, concrete dust, hand arm vibration syndrome (HAVS), train under-frame cleaning, washing facilities
- NR & contractors (12)
- Rail operators & contractors (6)
- Heritage operator (2)

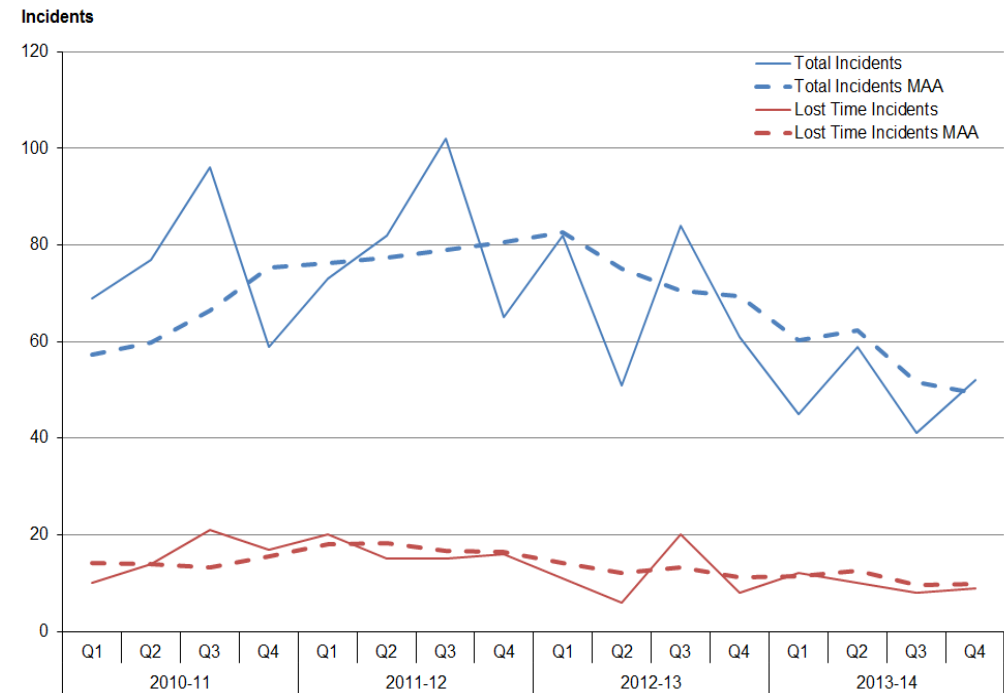


Isocyanate paint spraying in train carriage refurbishment

Extent of work-related ill health: downward trends in manual handling incidents 2010-14



Mainline manual handling: 35% fewer lost time incidents in Q4 2013/14 compared with Q1 2010/11



LUL manual handling: 32% fewer lost time incidents in Q4 2013/14 compared with Q1 2010/11

MAA: Moving Annual Average trend

Our impact: reporting on work-related ill health up to 2014

- More companies collect and report on health data, but no common measures
- Improved RIDDOR reporting of diseases, driven mainly by NR HAVS reports
- 320 RIDDOR diseases reported over 4 year programme – compares with only 7 reports in previous 5 years
- Differences in HAVS reporting by NR and rail contractors a challenge?
- NR now reports publicly on range of health metrics via Annual Return
- ORR reports on health via data portal

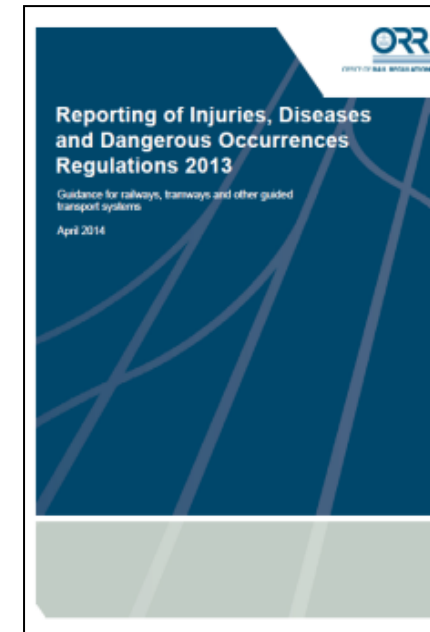
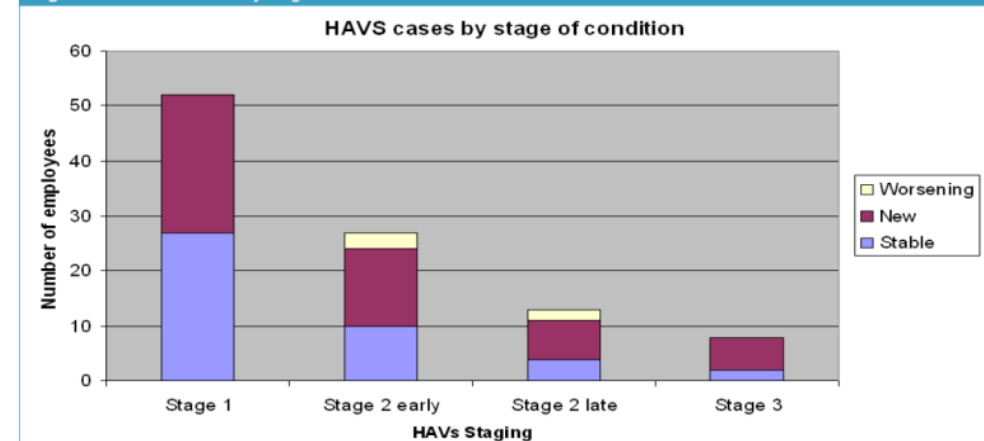


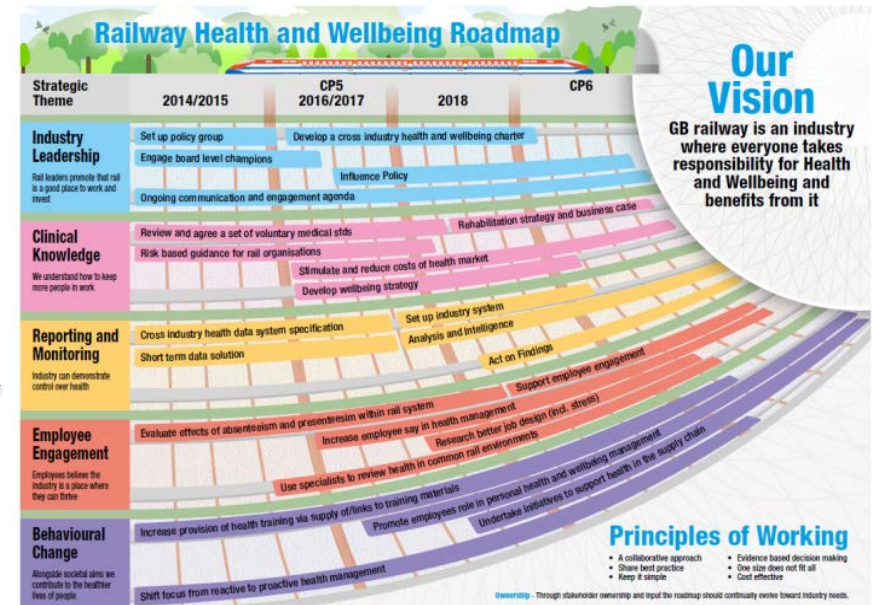
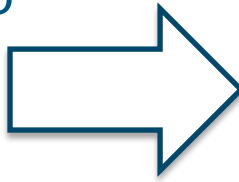
Figure 1.4: HAVS causes by stage of condition



HAVS reporting in NR Annual Return 2014

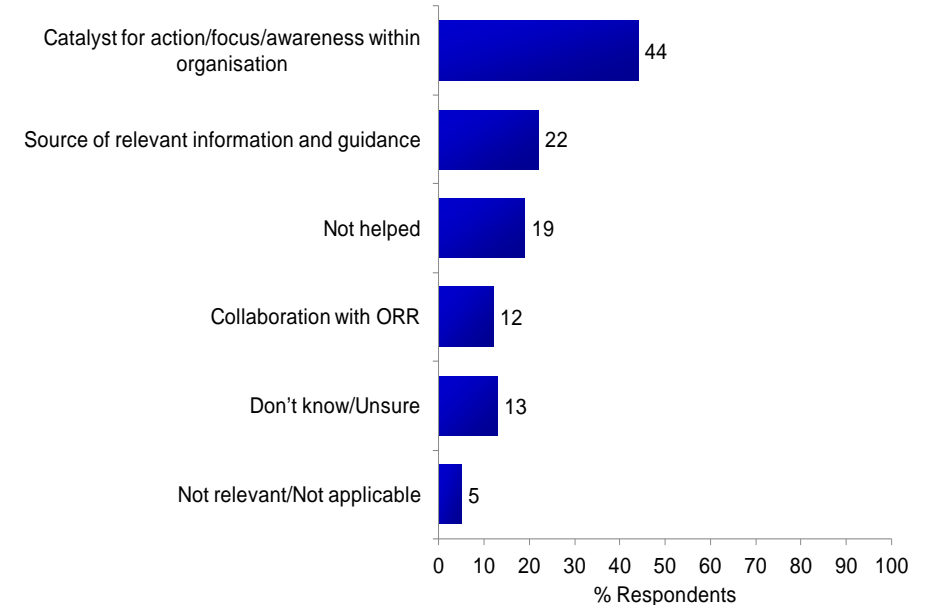
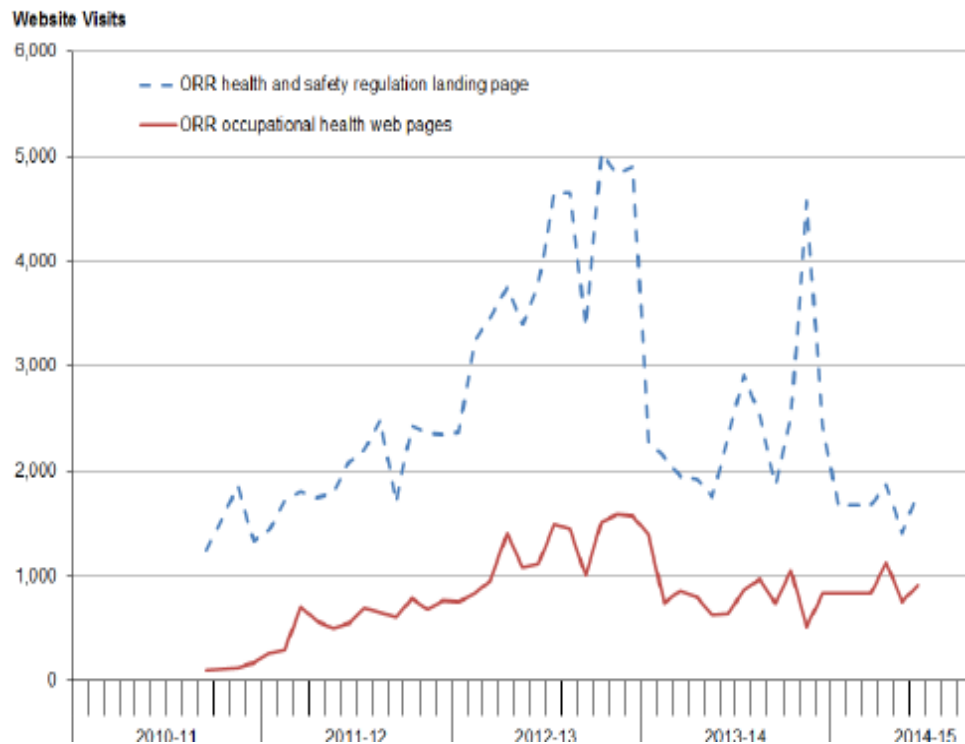
Our impact: leadership, and awareness of costs on health up to 2014

- Remains a gap between public reporting on health (22%) compared with safety (40%)
- Clearer industry leadership, collaboration, and public commitment on health – Industry Roadmap
- RSSB sickness absence cost estimate - £316 million per year
- HSE estimate £2.5 to £5 million per year for new cases of work related ill health
- ORR industry surveys - cost of health claims around £3m in 2009/10 and 2013/14



Our impact: industry awareness on health up to 2014

- Independent survey of industry confirmed our 2010-14 health programme as catalyst for change
- **80% thought our 2010-14 health programme had an impact on their organisation**



Source: Accent evaluation report: How the programme has helped and/or informed the organisation

- Sustained increases in traffic on ORR's health web pages: > 32,500 hits over our first health programme
- Increasing subscriptions to ORR's quarterly health programme updates: >400 by 2014

Our impact: maturity in managing health up to 2014

- More innovation, good practice and sharing what works... but
- Disconnect between stated commitment and delivery
- Continued enforcement on health (for basics)
- Lower RM3 scores on health
- Freight, tram, and heritage could be more visible and collaborative on health



What does this mean for our current health programme 2014-19?

- Our 2014-19 health programme sets out priorities: excellence, engagement, efficiency, and enabling
- What we expect of rail companies in these areas and what we will do to drive this
- Our assessment of progress by 2014 supports these priorities and direction: still work to be done
- Opportunity to reinforce these priorities using evidence from latest report
- Use our website and health updates/bulletins to communicate to the industry our findings, expectations, and where action is needed



Maximising impact through our 2014-19 programme

We should:

- Keep the pressure on... we've only started to make it happen
- Give a strong steer on priorities and what compliance looks like
- Work with industry to fill key gaps on:
 - Common health data collection framework (led by RSSB)
 - More use of RM3 for health management
 - Pilot training courses on health for managers
 - Tools to demonstrate costs and efficiency savings on health (led by RSSB)
 - Common health metrics to improve reporting and benchmarking (led by RSSB)
- Maintain our planned inspection and mandatory investigations on health
- From analysis of evidence from inspections, as well as the data, our priorities for 2014-19 are: MSDs, HAVS, carcinogens (asbestos, silica, DEEE), and RIDDOR reporting
- Refine our indicator measures on incidence and cost to better assess the impact of our 2014-19 health programme

What will success in 2019 look like?

- Clear progress towards meaningful health data collection, led by the industry
- Evidence of proactive health risk management systems with:
 - Health policies with clear objectives, given direction by good leadership;
 - Excellent risk assessments, surveys, and reporting, with health assurance that is data driven;
 - Strong engagement of employees and managers, who are well trained and competent;
 - Public commitment to ill health reduction, and to legal compliance and striving for excellence, with an understanding of costs;
- Whole industry, including FOCs, trams, and larger heritage companies, actively engaged and sharing what works
- More intelligence on RM3 scores for health risk management to inform benchmarking between duty holders and drive improved performance
- More reliable health indicator measures on extent and cost of work-related ill health to assess ORR's impact, with better assurance on the reliability of RIDDOR reporting