

Знайомимося з Програмою професійного здоров'я на 2014—2019 рр. Управління залізниць Великобританії

Керівництво і кожен громадянин у мріях бачать Україну європейською державою. На сьогодні вона є такою більше за географічною ознакою, ніж за політичними, юридичними, економічними та соціальними засадами. Треба докласти багато зусиль, щоб по-справжньому стати європейською країною.

Ніхто за нас цю роботу не зробить, маємо виконувати її в усіх сферах, і медицина залізниць не є винятком.

За визначенням Прем'єр-міністра країни, найкращий спосіб вирішення цього надважливого завдання — накласти на наш, тобто український, спосіб життя європейську матрицю.

Для залізничної медицини в питаннях професійного здоров'я такою матрицею, прикладом для організації та втілення може бути Програма професійного здоров'я на 2014—2019 рр. Управління залізниць Великобританії.

Оскільки Президент України оголосив 2016 рік роком англійської мови, то природно опублікувати цей документ в оригіналі.

Публікація документа буде корисною для всіх, хто має стосунок до медицини залізниць, і сподіваюся, допоможе в її реформуванні.

З повагою

Микола Яблучанський, зав. кафедри внутрішньої медицини Харківського національного університету імені В.Н. Каразіна

The ORR Occupational Health Programme 2014—19: making it happen

INTRODUCTION

The health of its workforce is crucial to our industry's success. It's fundamental to running an efficient and responsible business. For an industry turning over £18bn annually and employing more than 150,000 people, the business case is pretty straightforward.

Between April 2009 and March 2010, our research showed that at least 3.5 million working hours were lost to work-related ill health in the rail industry, while only 15 per cent of companies reported publicly against ill-health targets.

Against this backdrop, in 2010 ORR launched its first occupational health programme for industry. This four year plan has seen improvements right across the industry¹. For example, Network Rail now has senior leadership of its health and well-being agenda, and there are increasing signs of collaboration between partners throughout the sector. Industry groups including the Rail Safety and Standards Board (RSSB), the Association of Train Operating Companies (ATOC), and the mainline Ballast Dust Working Group, have developed guidance for the

industry on key occupational health issues, from legionella to silica dust.

Many rail companies have also introduced healthy lifestyle initiatives to improve the wider well-being of their workforce. For example, Merseyrail's 'Get your heart on track' pilot scheme showed that the cumulative sickness absence for participating employees fell from 155 to only 35 days over 12 months, gaining the company thousands of pounds in productivity.

Over the last four years we have seen the positive impact of trade union campaigns on health and well-being, such as that by the TSSA on understanding the impact on work performance for those with dyspraxia and dyslexia. We encourage companies to work in partnership with the trade unions for the benefit of their business and the individuals concerned.

A recent RSSB report² highlights that for every £13 lost to sickness absence amongst employees only £1 is spent on supporting their health. Therefore, rather than spend on sickness, the rail industry should proactively focus on the prevention of ill health.

ORR is also playing its part to encourage good practice, including running occupational health work-

¹ See case studies on our website at <http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/guidance-and-research/occupational-health-guidance/case-studies>

² «Costs of impaired health across the network» B. Juniper (2014) to be published by RSSB

shops, distributing a free quarterly rail industry health newsletter, and publishing a range of helpful guidance and case studies on our website.

While progress has been made, we cannot be complacent and there is still more to be done to see all of the rail industry consistently achieve excellence in managing health issues. For the first time, occupational health has been formally included in our periodic review for the next five year control period which has just started this April. Through this, we will be expecting Network Rail to achieve at least £50m in efficiencies as a result of better occupational health management by 2018–19. We will be looking to see how the company delivers its health and well-being strategy in delivery units and at route level.

We will be looking very closely at the lessons learned from our 2010–14 health programme and will be repeating our industry baseline occupational health survey to assess progress. All of this provides the focus for our next five year occupational health programme, which will ensure that we keep industry focused on building upon progress towards excellence in health risk management. This not only matters to rail companies, but also ensures that passengers, customers and taxpayers benefit from a safer railway, healthier workforce and more efficient railway.

Scope of this programme

This health programme is for everyone right across the industry. It includes all those who design, construct, renew, lease, and operate or dismantle the mainline or metro railways, the activities of infrastructure managers, train and freight operators, light rail and metro operators, heritage, ROSCOs, suppliers, and contractors.

When we use the term «health» we mean three things:

- **The effect of work on health** — for example, the adverse effects of exposure to dust, asbestos, noise, vibration, musculoskeletal risk or work-related stress. In some rail companies health management will be co-ordinated by specialists such as occupational hygienists or ergonomists, in others by safety professionals.
- **Fitness for work** — this includes people's fitness for safety critical or safety-related tasks and covers, for example, drug and alcohol management, medical assessments and capability for work. This is usually delivered by the Human Resources personnel working with information supplied by the doctors or medical examiners.
- **General well-being** — including health and life-style, sickness absence management and rehabilitation.

Our role in making this happen

As the independent economic and health and safety regulator, we play a key role in ensuring that industry focuses on delivering better health management for its

employees. We will do this in conjunction with other bodies such as HSE, RSSB, ATOC and the trade unions who all play a part in delivering and encouraging better practice across industry. **We will continue to promote the importance of managing health with the same rigour and attention as safety**, recognising that there can be an overlap in some areas, for example for manual handling and fatigue risks.

ORR's legal functions include two roles: First is to assist and encourage other people in their activities that control health risks faced by people at work*, be they employer organisations, employee trade unions, trade associations or RSSB. Second is to ensure companies comply with the law on health and safety. The law principally requires employers to ensure, so far as reasonably practicable, the health, safety and **welfare** at work of all their employees. We have considered the extent to which **welfare** and wider notions of **well-being** are related. This is important in order to demarcate the scope of our enforcement responsibility (which includes **welfare at work**) from the wider scope of **well-being** activities in the workforce (which tend to focus on the promotion of healthier behaviours among workers such as campaigns to stop smoking, tackle obesity etc.). However some welfare issues are within the scope of our powers such as the provision of facilities for drinking water and toilets. Thus we seek to make a distinction between what is a legal requirement to control risks from work activities, and matters which an employer may choose to do (e.g. because they see business benefits and/or they wish to support employees to improve their general health).

Over the next five years we will focus on those activities best delivered by ORR, and will be careful to not duplicate or hinder work being done by RSSB, and other industry groups. Where appropriate, industry will lead on areas of work such as dust control or measuring vibration exposure, with ORR providing support as required. There may, therefore, be some areas of work where we will devote less ORR resource than previously, so that the industry can lead with appropriate support and collaboration from us. ORR's Corporate Strategy for 2009–14 gives much more emphasis to the needs of passengers and our new health programme reflects this in a series of activities aimed at passengers.

OUR PRIORITIES

Excellence Engagement Efficiency Enabling

Over the next five years we want to see railway companies improve the health of their workers by striving for:

- Excellence in health risk management;
- Greater engagement with employees and others;

* The Railway Act, 2005 Schedule 3 para 2 (1) (b)

- Better efficiency and reduced costs from people suffering work-related ill-health; and
- Enabling improvements in competency, information, co-ordination and control.

What success looks like.....a more proactive management approach

A health risk management system that includes:

Health policies and clear objectives — documented processes;

Health risk management — risk assessments, surveys, reporting;

Health assurance — data driven, audits, performance reviews;

Health promotion & employee engagement e.g. health fairs, communications, training.

Leadership and public commitment to ill-health reduction

Meets legal compliance and striving for excellence

Rail companies informed on the cost of work-related ill-health

Credible, informed, engaged active service-provider — internal/external

Collaboration and working together across industry including trade unions

Raised awareness at managerial/supervisory level and active role for line managers

Pride and communicating to others what works!

We want to see a proportionate effort by all train, freight, tram, and heritage operators as well as infrastructure managers and railway contractors to:

- Proactively manage health risks by identifying, managing and controlling them on a daily basis in line with the law. While the three areas of most widespread concern are hand-arm vibration syndrome, stress management and musculoskeletal disorders, each rail company needs to demonstrate adequate arrangements for complying with a broad range of legal requirements on health, including risk assessment, health surveillance arrangements and RIDDOR reporting.
- Have clear leadership on health risk management at company level by the implementation of a health policy showing senior level commitment to: identifying health risks; preventing adverse health outcomes from work; providing adequate resources; arrangements for driving continuous improvements in health and well-being; and for reducing the direct/indirect costs of ill-health.
- Sign up as partners to the Government Public Health Responsibility Deal³ and commit to playing their part in improving public health. Collective pledges on alcohol, food, health at work and physical activity identify specific actions to take in support of the core commitments. For those involved in infrastructure renewals and construction the construction pledge⁴ might be more relevant.
- Drive innovation in health risk management by better use of specialist resource: ergonomists, hygienists, physiotherapists, etc.; applying emerging findings from the on-going work by the National Institute for Health and Care Excellence (NICE) on the importance of good people management, preventing cardiovascular disease or promoting physical activity; and formalising the role of ARIOPS in setting clinical leadership.
- Take ownership and pursue the activities prioritised in the Occupational Health Industry Roadmap, supported by RSSB's Workforce Health & Well-being Project.
- Pursue early intervention to reduce the length of absence associated with trauma or musculoskeletal disorders, consistent with good clinical practice.
- Improve the use of good health data, and develop the use of trend and comparator data on health, working collaboratively, where appropriate. ORR will continue to monitor the extent and nature of public reporting on health.
- Work openly with the trade unions and safety representatives/employee representatives in developing engagement on health, in securing legal compliance, and reducing costs for risk control.
- Share good practice on what works. We are keen to further promote good practice case studies via ORR's web site. In addition rail companies might share good practice via the Change4Life initiative⁵.
- Support their employees to be more physically active every day to prevent a wide range of illnesses including heart disease, stroke, depression, type 2 diabetes and some cancers.
- Participate in events and initiatives beyond the rail sector on health and employee engagement, for example those led by BIS, BITC⁶ or Engage4Success (E4S). Consideration should be given to the development of an industry-wide strategy for engagement.
- Be aware of their costs, and be able to demonstrate that the direct and indirect costs associated with ill-health are at least as good as comparators within and outside the industry.

³ Public Health Responsibility Bill <https://responsibilitydeal.dh.gov.uk/pledges/>

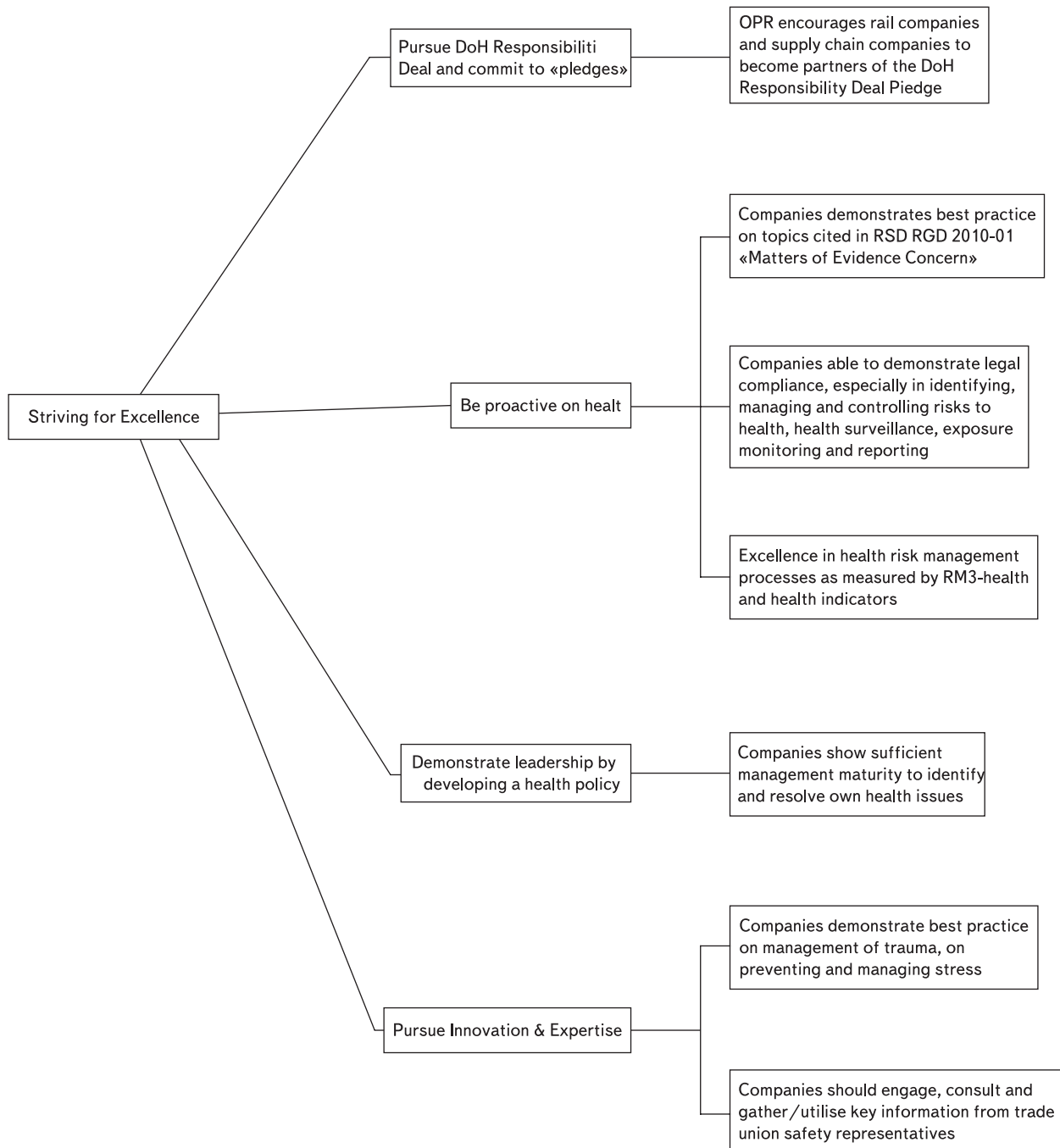
⁴ Construction pledge : <https://responsibilitydeal.dh.gov.uk/construction-pledge-announced-to-improve-workforce-health-and-well-being>

⁵ Change 4 life initiative <http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>

⁶ Business In the community <http://www.bitc.org.uk/programmes/workwell/public-reporting>

- Participate in the RSSB Roadmap Economics Project Working Group to develop information on the business benefit of adopting good practices.
- Raise awareness and competence on health risk management, particularly among employees, managers and supervisors. Participation in the EU-OSHA European Week For Safety & Health at Work⁷, organised in October each year is one way of raising awareness.
- Raise the standard of passenger experience and satisfaction on perceptions of health risks and cleanliness.

STRIVING FOR EXCELLENCE



⁷ <https://osha.europa.eu/en/campaigns>

To encourage industry excellence in health risk management in the first two years we will:

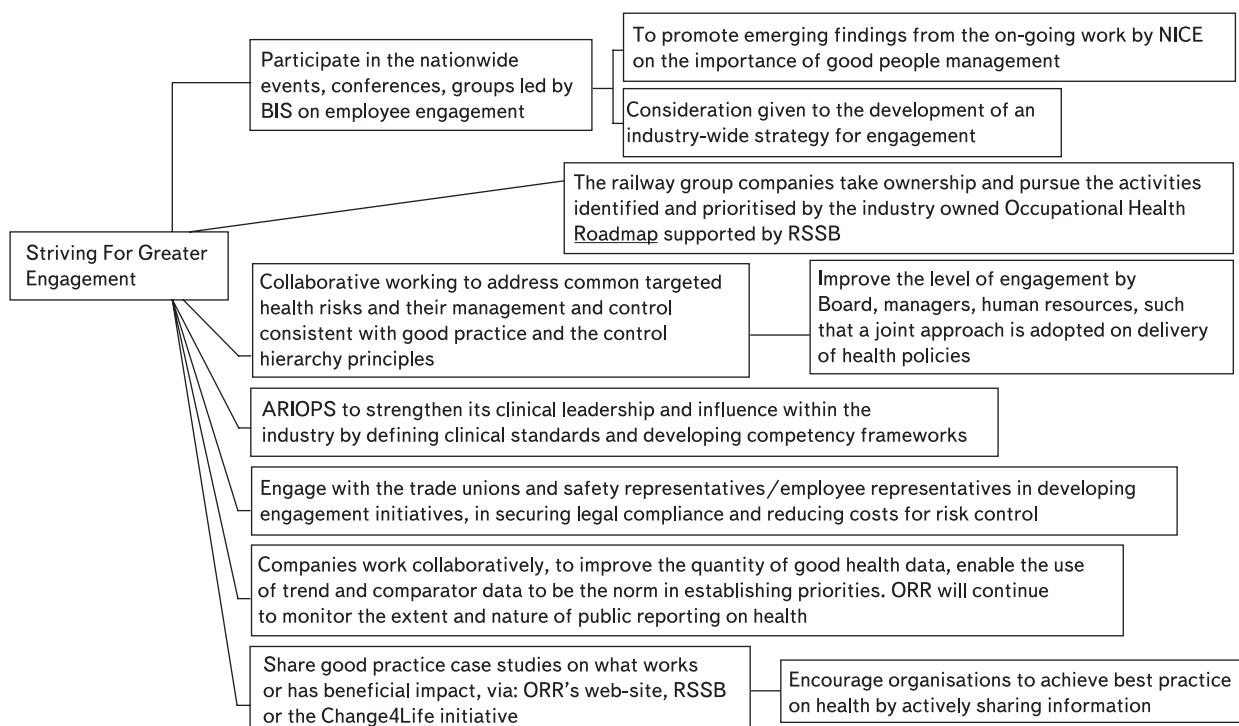
1. Encourage duty-holders to develop a health policy which specifically addresses key health risks including musculoskeletal disorders and work- related stress;
2. Carry out targeted inspections on key health risk areas for example HAVS, lead exposure, asbestos management and activities where there is a risk of musculoskeletal disorders;
3. Carry out targeted inspection to secure compliance with health surveillance requirements, exposure monitoring, fitness for duty regime, RIDDOR reporting arrangements, and health risk management processes;
4. Liaise with Route Directors and Delivery Unit Managers responsible for implementing Network Rail’s Health and Well-being Strategy and action plan;
5. Carry out RM3-health evaluation of the management of key health risks;
6. Pursue our stress strategy with focus on preventing stress at an organisational level;
7. Encourage duty-holders and supply chain companies to become partners in the Public Health Responsibility Deal Pledge, or similar. For those engaged in construction or renewals activity, the Department of Health construction specific pledge may be more relevant;
8. Review and consider inclusion of appropriate health topics in our list of mandatory investigations;

9. Alert inspectors to matters of evident concern on health (in RGD 2010—10) and provide an enforcement steer.

Examples of stakeholder activity:

1. Be able to demonstrate excellence in health risk management processes as measured by RM3-health, particularly for identifying, managing and controlling risks to health, health surveillance, exposure monitoring and reporting arrangements;
2. Industry groups and individual rail companies to have a health policy/strategy and action plan on how to raise the standard of performance for health risk management;
3. Companies should have a policy on its commitment to improve activities liable to give rise to musculoskeletal disorders;
4. Companies should have a policy on its commitment to addressing mental health, including stress and trauma and an action plan for implementing the policy. This should be consistent with industry good practice and NICE guidelines (or similar);
5. Duty-holders should engage, consult and use key information from trade union representatives;
6. Duty-holders should support their employees to be more physically active every day to prevent a wide range of illnesses including heart disease, stroke, depression, type 2 diabetes and some cancers.

STRIVING FOR GREATER ENGAGEMENT



To encourage industry engagement to deliver best practice in health, in the first two years we will:

1. Implement ORR’s Health and Safety Communication Strategy, particularly ORR Board members engaging with Network Rail Board members, and including trade press articles, webinars, industry conference presentations, and work with professional institutes;
2. Promote events on engagement outside the rail industry, for example BIS, BITC & Engage4Success (E4S);
3. Continue to develop our web-site making it a hub for accurate information on health management;
4. Publish our quarterly update for industry on progress under our health programme;
5. Support the mainline Health and Well-being Industry Roadmap activities, led by the RSSB Health & Well-Being Project;
6. Publish a regular e- bulletin on forthcoming training opportunities, HSE-led initiatives or events on health;
7. Collaborate on a regular health conference to be led by RSSB, ARIOPS, ORR and ATOC working together;
8. Provide targeted input to collaborative industry working groups: e.g. Ballast Dust, HAVS;
9. Explore opportunities to link up with, and promote, relevant NHS or local government-led initiatives and events run by health charities, such as MIND;

10. Collaborate with trade unions on improving engagement on health: by, for example, their safety reps conferences, and exploring better briefings on health for safety reps;

11. Hold a seminar with the Heritage Community on asbestos management;

12. Collaborate with ARIOPS and health providers to strengthen their clinical leadership role; define clinical standards and competency framework;

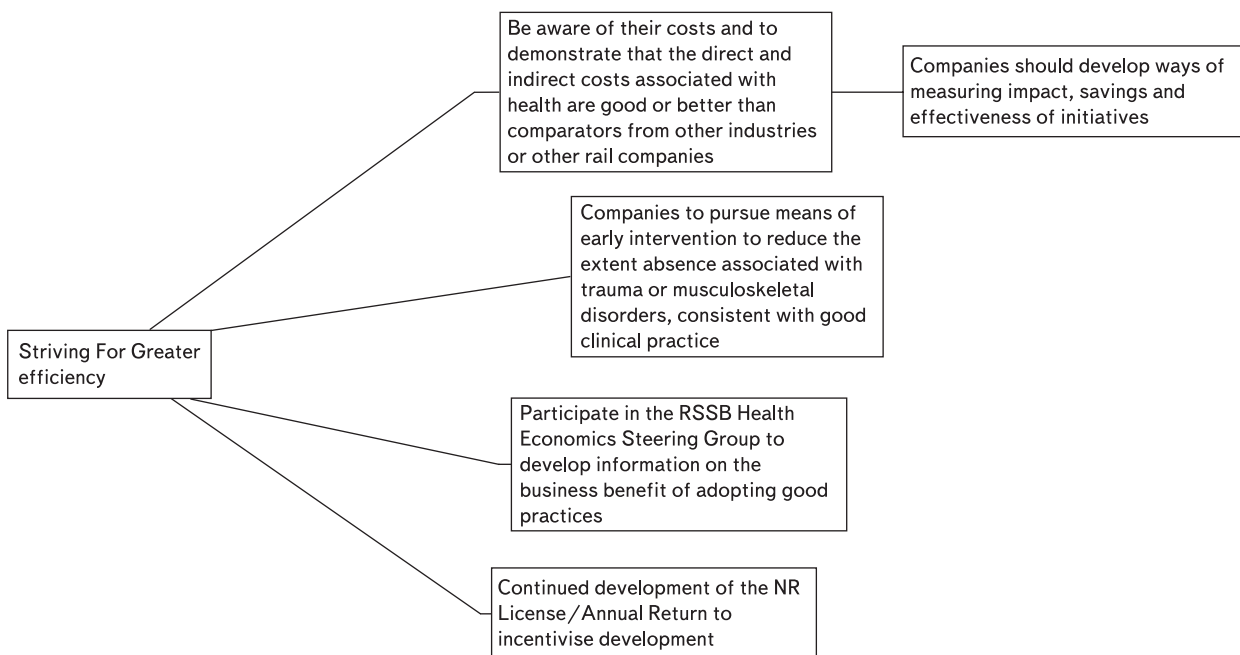
13. Collaborate with NEBOSH on delivery of a certificate level training course for rail managers on health risks;

14. Collaborate with HSE construction policy team on relevant health management initiatives, for example on Leading Indicators of Damaging Exposure to Noise (LIDEN), cancer burden research.

Examples of stakeholder activity:

1. Actively consider how to improve employee engagement;
2. Take ownership of the RSSB-led Industry Occupational Health Roadmap and make it happen;
3. Engage with Trade Union Safety representatives on ways to secure legal compliance and reduce the costs for risk control;
4. Work collaboratively on developing arrangements for gathering and analysing health data and development of health performance benchmarks;
5. Working collaboratively on addressing common health risks.

STRIVING FOR GREATER EFFICIENCY



To encourage industry to achieve efficiency savings from better health risk management, in the first two years we will:

1. Participate in the RSSB Roadmap Working Group on Economics activities;
2. Continue to develop and report health metrics via Network Rail’s Licence & published Annual Return;
3. Work with our economic colleagues, Network Rail and Transport For London economists/health teams to discuss: the different financial cost models; establish a view on the assumptions for PR18; the dashboard of ‘indicators’ for measuring efficiency savings in CP5; and monitoring to secure assurance that Network Rail is making efficiency gains on health without driving adverse behaviours;
4. Work with RSSB to consider how best to promote and share comparator data on health for rail and wider industry;
5. Benchmark and compare cost data. Develop information on Return on Investment; develop/promote case studies showing methods, and what has beneficial impact. This could incorporate adoption of

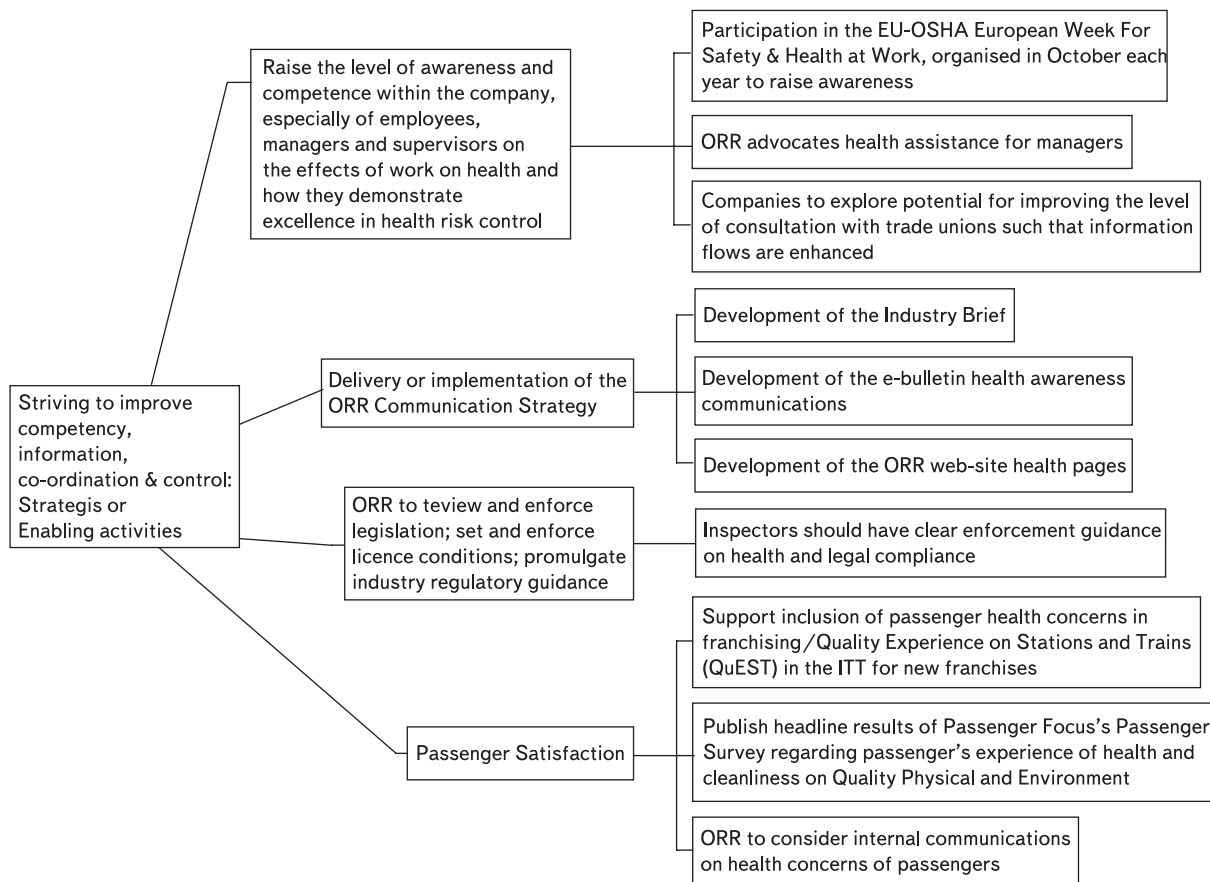
the NICE clinical guidelines for trauma and time before return to work;

6. To consider the DWP initiatives on sickness absence and promote use of the proposed «Health and Work Assessment and Advisory Service» on its inception.

Examples of stakeholder activity:

1. Duty-holders should be aware of their costs on ill-health and develop metrics to inform targeting of health and well-being interventions;
2. Participate in the RSSB Health Economics Steering Group activities;
3. Duty-holders should develop ways of measuring impact, savings and showing the effectiveness of health initiatives;
4. Duty-holders should adopt good practice by early intervention (e.g. physiotherapy for musculoskeletal disorders; trauma focussed cognitive behavioural therapy or Eye Movement and Desensitisation Reprogramming (EMDR) for trauma management to reduce length of absence and quality of rehabilitation.

ENABLING — STRIVING TO IMPROVE COMPETENCY, INFORMATION, CO-ORDINATION & CONTROL



To encourage industry improvements in competency, information, co-ordination and control, in the first two years we will:

1. Manage the migration of the ORR occupational health web-pages to the new ORR web-site;
2. Develop web-page of some frequently asked questions on health;
3. Continue to publish RIDDOR data on health on our National Rail Trends data portal and develop further reports;
4. Explore development of an e-community for health promotion;
5. Publish an updated position paper on the 2010-14 Occupational Health Programme;
6. Brief our Inspectors on the RM3-Health, and our Enforcement Management Model applied to health;
7. Review relevant aspects of the legal and compliance framework to support and sustain excellence in health management;
8. Support inclusion of passenger health concerns in franchising/Quality Experience on Stations and Trains (QuEST) in the Invitation to Tender for new franchises;
9. Publish headline results from Passenger Focus's Passenger Survey on passenger's experience of health and cleanliness;
10. ORR Passenger Team to consider developing internal communications on health concerns for passengers.

Examples of stakeholder activity:

1. Participate in the EU-OSHA European Week for Safety & Health at Work each October;
2. Provide improved health assistance for managers;
3. Explore potential for improved consultation and exchange of information with trade unions on health;
4. Participate fully in the repeat of the baseline survey in 2014 to inform ORR's revised position paper on health risk management in the industry in 2014.

WHAT WILL MAKE THIS HAPPEN?

Health Risks identified, managed and controlled as the law requires

The key focus of ORR's Occupational Health Programme is securing legal compliance. We will continue to assess working practices and health risk management standards against legal requirements and enforce in line with our enforcement policy statement. We will continue to measure the maturity of health management systems against the ORR Railway Management Maturity Model (RM3). We will look at compliance on health across all duty holder groups, including train operators, metro, heritage, and light rail companies, infrastructure managers, and suppliers/

contractors, on a risk basis. The rail industry is seeing an unprecedented level of renewals and construction activity and this will be reflected in the targeting of inspection work on health; we will continue to liaise with HSE on a case by case basis to establish the enforcement boundary for construction activities. We have found that often it is the maintenance, cleaning, and construction work where the health hazards are most visible.

Leadership and Planning

ORR has consistently called for stronger, more visible leadership on health by railway companies since 2010. The RSSB-led Industry Roadmap similarly calls for a cross-industry leadership group to show commitment and provide strategic direction. At a working level, this has already been achieved by a number of co-ordinating groups: Network Rail's contractors pursuing the ISLG Health Manifesto; mainline Ballast Dust Working Group on silica; ATOC and train operators producing guidance on specific topics such as legionella and manual handling for Passenger Assist. Many individual companies have increased their visible commitment and activity on health, which is encouraging. However, we have yet to see a clear strategy across all parts of the industry to drive progress on health, or visible Board level commitment on health across all duty holders. ORR recognises that ill-health and associated sickness absence continues to impose significant personal, business and societal costs, and we will continue to push for better leadership and planning to improve compliance and reduce the direct and indirect costs of health.

Organisational approach and systems focus on health

This programme is largely about ensuring that companies have systematic arrangements in place to identify, and manage risks to health, taking a proactive approach. Similarly, we will adopt an organisational approach to our inspection, seeking evidence of a managed systems approach on health; and so we will not routinely get involved in health risk management at individual case level (for example on stress). We expect to see a clear health policy, supported by systems for health risk assessment and control, which include for example health surveillance, exposure monitoring and health reporting. We will be looking for:

- risk based implementation plans;
- roles and responsibilities on health clearly assigned;
- necessary competences in place particularly for managers and supervisors; and
- trade union representatives and employees actively involved and consulted on health policy and practice.

We seek a positive culture and continuous improvement, even from the best. Companies need to have a

realistic view of «where they are at»: what their costs are, what their key health risks are, and what issues take up disproportionate resource. ORR has been developing its RM3 to more explicitly cover occupational health management, including a risk control system for stress management, to assist our inspectors and industry to measure their capability to manage health risks.

Healthy job design and culture

Better management of health and well-being brings increased employee engagement and productivity, as well as better safety performance. The McNulty report recognised the need to ‘increase the focus on occupational health, which will reduce levels of sickness and absenteeism as well as encouraging a healthier workforce’. Independent RSSB research suggests a total cost to the industry associated with the direct and indirect cost of absenteeism to be about £320m pa. and an additional £480m pa cost for presenteeism. Network Rail has recently estimated direct and indirect cost associated with health and well-being at around £180m.

In order to get the best from its people, rail companies need to reduce the inefficiencies associated with sickness absence, presenteeism and lack of engagement. Good job design and a positive culture, where employees have a real voice and social support, are essential to maintaining good mental health in what can often be a challenging work environment. ORR is keen to encourage rail employment to be «good» in job design; the equipment used; the working environment; and in the culture of the business. ORR’s health programme includes further work under our strategy aimed at reducing ill-health caused by stress, with a focus on promoting a preventive, organisational approach to stress management using the HSE Stress Management Standards and Manager Competence Tools.

There is a legacy of concern among rail trade unions of examples where health and Managing for Attendance policies have been perceived by them as aimed at managing workers out of the business. We want to see health policies which promote a fair and just culture; shared responsibility for health; and support for reporting health concerns without fear of reprisal. We want to see working in the rail sector as a long, productive and attractive career, with a norm that it is not shortened by poor health, physical impairment, or mental illness.

Resources and Constraints

ORR recognises many of the challenges for the rail industry in managing health risks. Positioning of occupational health within the company, and mapping key responsibilities of managers and supervisors, as well as external health providers has been a challenge for some. Best outcomes are achieved where Human

Resource professionals work collaboratively with the Health and Safety Function, health specialists such as occupational hygienists and ergonomists, and occupational health providers. We commend the example provided by Southern Railway of re-gaining control of its health services by bringing it back in house, and sharing its understanding on costs and benefits at the Industry Safety Leaders meeting. We have heard much of the «transactional» nature of external health service providers and the repeated frustrations of companies not being able to gain access to detailed health data.

Our health programme aims to help rail companies make much better use of existing resources and expertise on health. We are keen to see trade union health and safety representatives make even more use of their training and expertise on health within individual companies, and also in support of the ORR, RSSB and industry health programmes. There is also scope for more rail companies to make use of help and support on health and well-being from outside the industry, including initiatives within DWP, NHS, and health charities such as MIND and the British Heart Foundation. Some rail companies have already used a range of excellent free resources from these sectors to support their health promotion activities, and we believe there is scope to do more. As ORR also has limited resources, we aim to work collaboratively with groups both inside and outside the rail industry, in order to move us all towards the goal of better health management.

Communication, involvement and engagement

Our 2010—14 health programme has shown us the importance of communication and engagement with the workforce in managing health. MacLeod and Clarke (2013) highlighted the potential benefits from an effective, working workplace relationship between employee and employer. During the period of this programme, we are keen to see more rail organisations explore how improved employee engagement can contribute to better health risk management, and build this into their Corporate Social Responsibility (CSR) policies and public reporting. There is good evidence that those companies with strong CSR policies and high levels of workforce engagement find it easier to recruit and retain good employees.

Therefore, ORR encourages the industry to take a collaborative approach to common health issues.

ORR inspectors will continue to liaise with local managers and trade union health and safety representatives to ensure adequate representation and consultation on health matters, and over the next five years we will continue to share best practice examples from both within an outside the rail industry to ensure that everyone can benefit from this learning.

Economic Growth

Health economics is a new area for inclusion in ORR’s 2014–19 health programme, reflecting closer alignment of ORR’s economic and safety regulation roles. We aim to work with the industry to gain a better understanding of the costs on health, and ways of measuring impact and effectiveness of health interventions.

Flexibility

We have chosen to retain flexibility on what activities we will undertake within this programme so that we can target resource as key health issues emerge. This has been an important learning point from our initial four year programme.

Equivalence and comparators within rail and other industries

In principle, each rail company should have systems for recording and monitoring health data, linked to outcomes from medical surveillance, that enable setting of priorities and compliance with statutory reporting requirements on health. Many in the rail industry have

much to do in this area. Some companies still do not know the cause of most sickness absence. ORR will work with the industry to agree suitable benchmarks on health performance; we would expect the rail sector to be at least as good as European comparators.

HOW WE WILL MEASURE OUR IMPACT AND TRACK PROGRESS

Use of baseline health measures to assess our impact

While measurement can be difficult due to the availability and accuracy of data, in our 2010 baseline review we proposed a few baseline indicators to assess progress in excellence in management of health, leadership and awareness. We intend to use these measures to assess the impact of this new health programme, but will need to factor in recent changes to RIDDOR reporting and the removal of strict liability from health and safety legislation, which will impact on future ELCI claims. Progress with the first three indicators in the table below will be assessed by a repeat of our initial baseline survey, with the results published in 2015.

Table 1

Baseline health measures to measure impact of the ORR health programme

| Baseline health measures 2009/10 | Reported findings in 2009/10 | Position to date |
|--|---|--|
| <p>A measure of incidence of work-related ill-health</p> <ul style="list-style-type: none"> • Proportion of available working time lost due to work-related ill-health, as reported to ORR by key duty-holders | <p>Total number hours lost due to work-related ill-health = 3.5 million, representing 27 hours absence for every one of 129,000 employed.</p> <p>Lost time absence rate = Proportion of the total hours worked lost due to work-related sickness absence = 1.4 % but when contractor data is excluded, the lost time absence rate for non-contractor companies increases to 1.7 % total hours worked</p> | <p>Work is underway now to obtain data and this will be published in our final review paper in June 2015</p> |
| <p>A measure of cost of work-related ill-health</p> <ul style="list-style-type: none"> • Number and value of employers’ liability claims related to occupational ill-health, as reported to ORR by key duty-holders | <p>Total cost of Employers’ Liability Insurance Claims settled for work-related ill-health = £2.76 million</p> <p>This represents an insurance claim cost for every employee = £21</p> <p>Number of claims lodged for work-related ill-health = 336</p> | <p>Work is underway now to obtain data and this will be published in our final review paper in June 2015</p> |
| <p>A measure of visible leadership on occupational health</p> <ul style="list-style-type: none"> • Proportion of rail companies who report publically (e.g. to their shareholders) on OH against quantitative targets, as reported to ORR by key duty-holders | <p>15 % respondents (8) report on ill-health against quantitative targets in annual reports and accounts — three-quarters of these are contractors.</p> <p>46 % respondents (24) report on worker and /or passenger safety against quantitative targets in their annual reports and accounts — 14 out of 24 are contractors.</p> <p>29 % respondents (15) report on ill-health publically (but not necessarily against quantitative targets) via CSR reports or similar</p> | <p>Work is underway now to obtain data and this will be published in our final review paper in June 2015</p> |

Continuation of table 1

| Baseline health measures 2009/10 | Reported findings in 2009/10 | Position to date |
|--|--|--|
| A measure of level of reporting under RIDDOR • Number of reports of prescribed diseases (Reg8/9 in RIDDOR 2013 formerly Schedule 3 in RIDDOR, 1995) received by ORR | Number of RIDDOR reports = 4 (1 dermatitis, plus 3 HAVS) | 2010/11 — 39 (includes 33 HAVS) 2011/12 — 97 (includes 95 HAVS) 2012—13 — 105 (includes 98 HAVS, 2 leptospirosis) 1 April — 30 Sept 2013 — 39 (includes 36 HAVS, 2 Carpal Tunnel Syndrome, 1 Occupational Asthma) |
| A measure of industry awareness on health • Number of «hits» on ORR's web pages on health | Number of «hits» on ORR's webpage on health = 849, which represents 8.5 % of hit rate to ORR main health and safety regulation page over the same 6 month period | Overall figures for all web hits on the main health web page were five times higher than the 2010 figure in the six months to June 2013. Changes to the reporting method to record only external hits from July 2013 indicate the external hits figure is between 2 and 3 times higher than the 2010 all hits figure at March 2014 |

We identified a number of expected trajectories for these baseline measures in 2010:

- An increase in the proportion of duty-holders who collect reliable data on work-related sickness absence, and allied to this a probable increase in the reported incidence of work-related ill-health. In the longer term, once data collection has improved, we would expect to see a decreasing trend in the incidence of work-related ill-health;
- Decreasing trend in the value and/or number of Employers' Liability claims as one measure of the cost of work-related ill-health;
- Increasing trend in the visible leadership measures, particularly in those companies reporting publically on worker health against quantitative targets;
- Increasing trend in awareness on health, as measured by improved reporting under RIDDOR 2013 requirements;
- Increasing trend in awareness, as measured by increased use of ORR's webpages on health.

Use of RM3 to track progress

We will continue to measure the maturity of health and safety management systems against the ORR Railway Management Maturity Model (RM3), and use this to track progress by the industry. In particular we will use Risk Control System (RCS 6) — Occupational Health Management to specifically monitor the effectiveness of the systematic management of occupational health within duty holders. Specific measures include:

- An upward trajectory in overall RM3 assessment scores as duty-holders improve the systematic management of occupational health issues;

- Greater awareness of good practice in management of occupational health and sharing of good practice;
- More consistent and higher assessments of occupational health management using RCS 6.

Development of key performance indicators on occupational health management

Most health performance indicators use ill-health as a measure of poor performance; leading indicators which show that occupational ill-health risks are being controlled before ill-health effects occur are preferable. Use of leading activity and outcome indicators for risk control systems has been developed in the off-shore and on-shore major hazard sectors, and we have been proactive in educating and encouraging the rail sector in their use for safety risk controls. To move the health agenda forward we will lead in the development of key performance indicators for occupational health risks, in particular HAVs, stress management and musculoskeletal disorders. We will learn from experience in the off-shore and on-shore major hazard industries, and consult with the rail industry to trial and agree suitable indicators.

Once health indicators have been agreed we will use them to measure the effectiveness of risk controls on health within the rail industry.

Reporting progress

We will publish an updated position paper on the industry's management of occupational health in 2015, covering the period April 2010 — March 2014. To inform this review we have commissioned market research to gauge the rail industry's view on the impact of our 2010—14 Health Programme. We will

also be repeating the baseline survey carried out in 2010, and report the results in our 2015 position paper. We will publish a review of progress of the 2014–2019 ORR Health Programme in 2020.

Setting ambitious targets

On completion of the 2015 position paper, we will publish a balanced scorecard (or «dash-board») of measures and targets related to this programme.

APPENDIX A

Health issues and working practices and associated legislative requirements

Table 2

| Health Issue | Law and guidance | Notes |
|--|---|--|
| Musculoskeletal Disorders | Management of Health And Safety At Work Regulations, 1999, plus Manual Handling Operations Regulations, 1992 Provision & Use of Work Equipment Regulations, 1998 The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended) | Route Directors: track work Signallers: lever pulls Shunters: lever pulls on ground frames Welding Teams: postural and transport of welding gear TOCs: removal of rubbish from trains; use of catering trollies Stations: passenger assists and trolley loading/unloading |
| Stress | Management of Health and Safety at Work Regulations, 1999, plus guidance in management standards on HSE website: http://www.hse.gov.uk/stress/standards/downloads.htm | All: Poor job design or managerial style NR/TOCs/FOCs: trauma from suicides |
| Trauma | NICE Clinical Guidance: http://guidance.nice.org.uk/index.jsp?action=find | Revenue Protection: verbal and physical assaults |
| Hand arm vibration syndrome (HAVS) | Management of Health and Safety at Work Regulations, 1999, plus | Maintenance/Renewals/ Contractors: using power tools |
| Whole Body vibration | Control of Vibrations at Work Regulations, 2005 | Yellow plant/Tamper machines |
| Health risks from shift work / fatigue / lack of sleep | Management of Health and Safety at Work Regulations, 1999, plus Guidance entitled: «Managing Rail Staff Fatigue», located at: http://orr.gov.uk/__data/assets/pdf_file/0005/2867/managing_rail_fatigue.pdf Working Time Regulations, 2003 Managing Shift Work HSG256 www.hse.gov.uk/pubns/books/hsg256.htm | Shift workers Night workers |
| Noise | Management of Health and Safety at Work Regulations, 1999, plus Control of Noise at Work Regulations, 2005 | Renewals/Contractors: construction work FOCs: Cab noise |
| Dusts, Microbes, Fumes, Substances hazardous to health | Management of Health and Safety at Work Regulations, 1999, plus Control of Substances Hazardous to Health Regulations (COSHH), 2002 Personal Protective Equipment at Work Regulations, 1992 | Renewals/contractors: Diesel engine exhaust emissions, respirable silica dust, isocyanates in paint, welding fume, solvents Train/tram operators-legionella, DEEE, dust, fume, solvents |
| Lead | Management of Health and Safety at Work Regulations, 1999, plus Control of Lead at Work Regulations, 2002 Personal Protective Equipment at Work Regulations, 1992 | Route Directors: re-painting structures Heritage/Metro's: painting of locomotives/coaches |
| Asbestos | Management of Health and Safety at Work Regulations, 1999, plus Control of Asbestos at Work Regulations, 2012 | Heritage: maintenance of old rolling stock Route Directors/TOCS: Asbestos may be found in lineside cabinets as well as buildings/stations/signal boxes |

Continuation of table 2

| Health Issue | Law and guidance | Notes |
|---|---|--|
| Health Surveillance Exposure Monitoring | Management of Health and Safety at Work Regulations, 1999, plus Control of Substances Hazardous to Health Regulations (COSHH), 2002 | All |
| Designing out health risks during the phases of construction and co-operation | The Construction, Design and Management Regulations, 2014 Co-operation duty — The Railways and Other Guided Transport Systems (Safety) Regulations 2006 (ROGS), Reg 22 HSWA 1974 Section 6 | Route Directors: those involved in renewals or construction activity Principal Contractors & Contractors: e.g. engaged in Station/bridge refurbishment; rail renewals and construction; supply of rail renewals equipment |
| Consultation | Safety Representative and Safety Committees Regulations, 1977 Health and Safety (Consultation with Employees) Regulations 1996 | All |
| Emergency response | First Aid at Work Regulations, 2011 | Station managers |
| To identify, manage and control health risk | Management of Health and Safety at Work Regulations, 1999 | All |
| Reporting | RIDDOR, 2013 http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/investigating-health-and-safety-incidents/reporting-riddor-incidents | All: New diagnoses or cases where symptoms significantly worsened Carpal Tunnel Syndrome, where the person's work involves regular use of percussive or vibrating tools Cramp in the hand or forearm, where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm Occupational dermatitis, where the person's work involves significant or regular exposure to a known skin sensitizer or irritant Hand-arm vibration syndrome («HAVS»), where the person's work involves regular use of percussive or vibrating tools, or the holding of materials which are subject to percussive processes, or processes causing vibration Occupational asthma, where the person's work involves significant or regular exposure to a known respiratory sensitizer Tendonitis or tenosynovitis in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movement Any cancer attributed to an occupational exposure to a known human carcinogen or mutagen (including ionising radiation) Any disease attributed to an occupational exposure to a biological agent |

APPENDIX B

Table 3

Glossary

| Acronym | Expanded Acronym |
|----------------|---|
| ARIOPS | Association of Railway Industry Occupational Health Practitioners |
| ASLEF | Associated Society of Locomotive Engineers and Firemen |
| ATOC | Association of Train Operating Companies |
| BIS | Business Innovation & Skills |
| BITC | Business In The Community |
| COSHH | Control of Substances Hazardous to Health |
| CP5 | Control Period 5 i.e. 2014-19 |
| CSR | Corporate Social Responsibility |
| DEEE | Diesel Engine Exhaust Emissions |
| DWP | Department for Work & Pensions |
| E4S | Engage4Success |
| ELCI | Employers' Liability Compulsory Insurance |
| EMDR | Eye Movement Desensitisation and Reprogramming, a form of Cognitive Behavioural therapy |
| EU-OSHA | European Union – Occupational Safety & Health Agency |
| FOC | Freight Operating Companies |
| HAVS | Hand Arm Vibration Syndrome |
| HSWA | Health & Safety at Work etc. Act, 1974 |
| HSE | Health & Safety Executive |
| ISLG | Infrastructure Safety Liaison Group |
| ITT | Invitation to tender |
| LIDEN | Leading Indication of Damaging Exposure To Noise |
| MIND | The National Association for Mental Health |
| NEBOSH | National Examination Board in Occupational Safety & Health |
| NHS | National Health Service |
| NICE | National Institute for Health & Care Excellence |
| NR | Network Rail |
| PR13/18 | Periodic Review 2013 or 2018 |
| ORR | Office of Rail Regulation |
| RCS 6 | Risk Control System 6 of the Rail Management Maturity Model |
| RGD | Rail Guidance Document – an ORR series of publications |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations |
| RM3 | Rail Management Maturity Model |
| RMT | Rail, Maritime and Transport trade union |
| ROGS | Railway and Other Guided Transport Systems (Safety) Regulations |
| RSD | Railway Safety Division of the ORR |
| RSSB | Rail Safety & Standards Board |
| QuEST | Quality Experience on Stations & Trains |
| TOCS | Train Operating Companies |
| TfL | Transport for London |
| TSSA | Transport Salaried Staffs' Association |