Annex C: ORR's 2011 and 2014 health data surveys of rail companies

C1 - scope of ORR health data surveys

Our baseline (2011) and repeat (2014) health data surveys involved us asking key rail duty holders for specific information on the incidence and cost of work-related ill health, and on public reporting on ill health. We wrote directly to infrastructure managers, train and freight operators, light rail and tram operators, as well as contractor members of the mainline Infrastructure Safety Liaison Group (ISLG) and the Rail Industry Contractors Association (RICA), but excluded heritage operators. Both the surveys were piloted with a small number of duty holders in advance and we changed the wording on the 2014 survey form, adding clearer explanatory notes, based on feedback received in 2011.

Copies of the survey forms used can be found on our website⁵⁹.

In our 2014 repeat survey we wrote to 113 rail companies, comprising 48 infrastructure managers and rail operators and 65 rail contractors, an increase on the 93 companies surveyed in the 2011 baseline survey. 81% of the target audience responded in 2014 (response rate of 85% for contractors and 77% for non-contractors), a marked improvement on the 56% response rate to the 2011 baseline survey. This is very encouraging and indicates an increased awareness and willingness across the industry to engage with us on health.

C2 - analysis of survey responses and data reliability

When comparing the repeat survey returns for 2013/14 with the baseline returns for 2009/10, we identified some apparently anomalous figures in both data sets which fell far outside the expected range. These were mainly on time lost due to work-related ill health, but also on health related claims. We contacted individual companies to clarify apparently anomalous data, but in the few cases where they were not able to do so, extreme outliers in the data were excluded from the analysis to improve its reliability. This data cleansing exercise revealed that in many cases, data originally reported in 2009/10 as hours lost due to work-related ill health was in fact hours lost due to all sickness absence. As data on the work-related element of absence was not available, more than 3 million hours previously and incorrectly reported as work-related ill health absence were removed from the lost time incidence rate calculations for 2009/10.

For each of the health indicator measures, only a proportion of the companies surveyed provided the requested data. We therefore treated the available responses for each indicator measure independently, with calculations based on the sub-set of respondents who actually provided data for that specific measure (rather than the whole survey population). This adjustment, and the exclusion of anomalous data as described above, means that the measures on incidence of work-related ill health and health related claims will not necessarily be an accurate reflection of the true industry picture, as they are based on a relatively small proportion of the rail companies surveyed.

⁵⁹ ORR health indicator survey forms: <u>http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/monitoring-and-reporting/occupational-health-assessment</u>