

6. Key priorities for the industry in moving towards excellence in managing health

- 6.1 ORR's second health programme for 2014-19 identifies priority areas for action under the themes of enabling, efficiencies, excellence and engagement. Our assessment of progress by 2014 supports the need for sustained effort across the industry to deliver against these priorities, which align broadly with those in the Industry Roadmap. The evidence in this report suggests that a number of fundamental weaknesses need to be addressed in order for the industry to close the compliance and performance gap on health and move towards excellence.

Manager competence (Enabling)

- 6.2 Inspection findings indicate that a key challenge for the industry in moving towards excellence is a lack of adequate knowledge, experience and skills among many front line managers and supervisors on what the law requires, and on what good health risk management looks like. We welcome proposed work under the Industry Roadmap to identify health training requirements to support behavioural change, but recognise that delivery may be some way off.
- 6.3 ORR has already produced comprehensive guidance for the industry on developing rail manager competence on health⁵⁴, which identifies the key areas of knowledge that most rail managers should need. Early in our 2010-14 health programme we worked with the National Examining Board for Occupational Safety and Health (NEBOSH) on potential development of a NEBOSH Certificate on Health and Wellbeing in the rail industry, to be taken forward with sufficient industry support. Although we saw little initial progress, as a result of our further recent work with NEBOSH and the National Construction College, there are plans to pilot a series of shorter Level 3 courses on health specifically for rail managers during 2015/16. We believe that strengthening the competence of front line managers in occupational health will be essential to delivering real improvement on the ground. We are looking for industry support to make this happen over the next two years.

Better health data (Enabling)

- 6.4 The absence of reliable health data at industry level, to inform better targeting of effort and resource, remains a challenge. Early work under the RSSB Workforce Health and Wellbeing Project to explore and specify health data collection needs across mainline rail was complex and challenging, resulting in limited progress. ORR is keen to see substantive progress and an escalation in pace under the Industry Roadmap.
- 6.5 Many rail companies still have much to do to collect and make use of meaningful health data. The results of ORR's repeat health data survey for 2013/14 indicate that around two thirds of the rail companies who responded were not able to identify the

⁵⁴ ORR guidance on rail manager competence: <http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/guidance-and-research/occupational-health-guidance/rail-manager-competence>

extent (and therefore costs) of work-related ill health (more detail is in Annex D). At individual level, we expect each rail company to have systems for recording and monitoring relevant health data, linked to outcomes from health surveillance, which support setting of priorities and legal compliance on employee health.

- 6.6 Improved RIDDOR reporting of HAVS cases by Network Rail seen during our first health programme is not evident in the rail contractor community. Many contractors will undertake higher risk work with vibrating tools, for example in bridge or rail vehicle refurbishment. This leads us to suspect a degree of under-reporting by some rail contractors. We will continue to challenge rail companies on their reporting arrangements under RIDDOR and expect rail contractors to review both their health surveillance and reporting arrangements for HAVS in particular.

Making the business case (Efficiency)

- 6.7 Making a convincing business case for investment in better health management remains a priority for many rail businesses. Much has been done since 2010 to demonstrate the financial case, including the ORR event in November 2012 which showcased examples of where properly targeted, modest funding in improving employee health resulted in efficiency gains for the business. Many of the good practice case studies on our website demonstrate clear benefits, but only in a few cases have these been quantified. However, for the industry to really move forward, companies need to be more aware of the direct and indirect costs of failing to manage health risks and the efficiency savings that better health management can deliver. We recognise that this is not straightforward and will continue to support the industry to develop information on return on investment and evaluating the impact of health initiatives. RSSB has started work in this area and we want to see continued progress. Our expectation for 2014-19 is that rail companies should 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.

Monitoring and assurance (Excellence)

- 6.8 ORR's use of RM3 for health by 2014 confirms that maturity in managing health is less well developed than for safety. Key RM3 elements on local accountability, competence, control of contractors, target setting, and proactive monitoring typically scored poorly. We now want to see rail companies make more use of RM3 for health to identify key areas where improvements are needed in managing key health risks, particularly carcinogens, hand arm vibration, musculoskeletal risk, and work-related stress. We will continue to build our evidence base on RM3 for health so that by 2019 we can look towards benchmarking between duty holders.
- 6.9 Since 2010, we know that many rail companies have been working to improve their health data collection and use of health metrics as KPIs. Greater monitoring of health performance indicators and metrics by rail companies is encouraging, and should now become the industry norm. In particular we want rail companies to develop activity (leading) indicators on health rather than just rely on outcome indicators which focus on measures of sickness absence and ill health referrals or diagnoses.

ORR guidance on assurance⁵⁰ for health risk management should support rail companies to design and use more meaningful health performance indicators.

- 6.10 By 2019 we want the mainline industry, under the Reporting and Monitoring strategic theme in the Industry Roadmap, to have agreed a common set of health performance indicators/metrics to inform future benchmarking. This might, for example, be informed by ORR's 2014 proposal to RSSB for a balanced dashboard of health measures and targets.

Public reporting on health (Engagement)

- 6.11 Public reporting on worker health is not only an important indicator of visible leadership, but there is evidence⁴² to show a positive correlation with financial performance. By 2019 we want to see the remaining gap between reporting on health and on safety closed. We are looking for rail companies to deliver on commitments to treat health like safety by publicly reporting on worker health against quantitative targets. We would also encourage more rail companies to show public commitment and leadership on health by signing up to voluntary health pledges, in particular the Department of Health Public Health Responsibility (PHR) Deal⁴³ and the IOSH No Time to Lose occupational cancer campaign.⁵⁵

⁵⁵ IOSH No Time to Lose pledge: <http://www.iosh.co.uk/NTTL/Home/Get-involved.aspx>