### **Foreword**

#### From Ian Prosser HM Chief Inspector of Railways

#### **Director of Railway Safety and Health**



For safety, we say zero harm from work activities is achievable.

For health, we say the same:

#### Zero harm arising from work activities is achievable.

I'm pleased to see in this report that better health is happening, although there is still some way to go.

This report shows that, broadly speaking, management of work-related ill health in the GB rail industry has improved since 2010. It shows benefits to the industry as a whole, to the companies that have made progress and to the lives of their workers.

But there is still more to do, particularly to make management of health risks a reality on the ground.

That's why ORR has drawn up a second programme on occupational health to take us to 2019.

We want to see a constant focus on managing work that could cause ill health in the same way that the best companies manage work so that it is safe.

If the rail industry builds on the progress it has made during our first programme, then I anticipate that they will achieve the goal of our second programme, which is for each company to run a proactive **health risk management system** that includes:

- 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, legal compliance and striving for excellence, with an understanding of costs; and
- Collaboration and working together across industry to widely adopt what works.

When this is in place, we will be on course for zero harm.

LAN. TOSSAT.

Ian Prosser

# **Executive summary**

## Summary

This report provides our updated assessment on the management of work-related ill health in the rail industry by the end of our first four year health programme.

It covers the period 1 April 2010 to 31 March 2014 and aims to:

- highlight those areas where good progress has been made in managing occupational health;
- shine a spotlight on areas where there is still more to do; and
- set out where we expect the industry to take action under our 2014-19 programme.

Trends in a number of health indicator measures are reported to assess the impact of ORR's 2010-14 health programme.

Over the four years of ORR's first health programme there has been a step change in rail industry awareness on worker health, and evidence of stronger commitment to better health risk management. Real progress has been made both at industry and individual company level. Sustained effort by all parts of the industry will be essential over the coming years to maintain the impetus and deliver the vision in the Industry Roadmap.

Latest estimates on the extent and costs of ill health in rail workers reinforce the case for our industry to significantly improve its performance on worker health. The industry's own research indicates higher sickness absence rates in rail compared with other sectors. Available evidence on worker ill health cases suggests a need for action on key occupational health risks, including hand arm vibration syndrome (HAVS), musculoskeletal disorders (MSDs), respiratory diseases, and mental health.

As well as the impact on affected individuals, the financial costs to rail employers from worker ill health, potentially running to several £100 million annually, cannot be ignored and provide a real opportunity for the industry to invest in order to save.

Despite good progress so far, the industry cannot be complacent. There is still more to be done to see all of the rail industry consistently achieve legal compliance and move towards excellence in managing health.

Our second health programme for 2014-19 sets out priorities for delivering excellence in health risk management, improved efficiencies and stronger engagement, all enabled by better data and improved competence. This assessment of progress by 2014 should help the industry, as well as ORR, to prioritise effort and resources to deliver in these key areas.

During our first health programme we too often found a significant gap between corporate intention and the reality on the ground. Rail companies now need to refocus efforts to ensure that their safety management arrangements which state strong commitment to legal compliance on occupational health, actually deliver this consistently in practice. More effective monitoring and assurance, particularly through the contractor supply chain, and improved competence on health among front line managers and supervisors, will be

essential to achieving this. We want to see more rail companies use RM3 for health to identify where improvements are needed in managing key health risks, particularly carcinogens, hand arm vibration, musculoskeletal risk, and work-related stress.

Better use of meaningful health data would help the industry to focus effort and resources on key priorities. We encourage RSSB to work with the industry to develop ORR's initial proposal for a balanced dashboard of health measures and targets, which might potentially be used for benchmarking across the industry. We want to see increasing use of activity (or leading) indicators on health, and more rail companies aware of their ill health costs. They should 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. We also look to rail contractors to review their health surveillance and reporting arrangements for occupational diseases such as HAVS, to provide assurance on compliance with the law.

We have learnt from our 2011 and 2014 health data surveys that the rail industry is currently not sufficiently mature to reliably capture data on work-related ill health absence. Use of a total sickness absence measure for monitoring and benchmarking would be more deliverable in the medium term at least. Solid industry support is now needed to drive an escalation in pace in agreeing a common health data reporting system for mainline rail.

Public reporting on health can play a crucial role in influencing business attitude and practice. The rail sector has some way to go in order to match the best in class on this. We want to see more rail companies report publicly on worker health in their annual reports or similar, and support relevant voluntary health pledges such as the government's Public Health Responsibility Deal and the Institution of Occupational Safety and Health's (IOSH) No Time to Lose occupational cancer campaign. We want to particularly encourage freight, tram, and heritage operators to play a more visible and collaborative role in sharing good practice in managing occupational health.

In 2014, for the first time, worker health was included by the Department for Transport in rail franchising and in ORR's 2014-19 Final Determination for Network Rail, providing additional regulatory levers for driving improved worker health. We expect Network Rail to achieve £55m in efficiencies as a result of better occupational health management by 2018-19, and will be looking to see how the company delivers its health and wellbeing strategy at route level.

We have looked very closely at the lessons learned from our 2010-14 health programme, including industry views captured in our independent evaluation research. We will ensure, through delivery of our current five year occupational health programme, that we work with the industry to continue building on recent progress towards excellence in health risk management, with a closer focus on the priority areas identified in this report.

This not only matters to rail companies, but also ensures that passengers, customers and taxpayers benefit from a safer and more efficient railway, and a healthier workforce.