

# ***The ORR occupational health programme and you***

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OFFICE OF RAIL REGULATION

## *Cover today*

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- Why have a health programme ?
- What's in the programme ?
- What is our view on where the industry is now on managing occupational health?
- What it means for you?

## *Headline*

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- Our vision is an industry that consistently achieves best practice in occupational health
- Our health programme aims to
  - Change how health is led and managed by organisations in the rail industry
  - Improve how health is regulated by ORR
- Key part of our achieving excellence agenda

## ***Why have a health programme?***

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Known that widespread ill health across GB industry

- **1.3 million** people who had worked in the last 12 months, and a further 0.8 million former workers, suffered from ill health which they thought was work related. **555 000** of these were new cases.
- **28.5 million** days were lost overall (1.2 days per worker), **23.4 million (82%) due to work-related ill health** and 5.1 million due to workplace injury.
- Around 4000 deaths from asbestos related cancers annually.

# ***Rail workers report a higher incidence of work related ill health than similar occupation groups.***

**HSE Labour force survey data - estimated prevalence and rates of self-reported illness caused or made worse by current or most recent job, by occupation, for people working in the last 12 months, averaged 2003/04-2009/10**

	Illness ascribed to their current/most recent job					
	Averaged estimated prevalence (thousands)			Averaged rate per 100 000 employed in the last 12 months		
	central	95% C.I.		central	95% C.I.	
		lower	upper		lower	upper
Railway Operatives <sup>a</sup>	<b>3</b>	2	4	<b>5850</b>	3780	7920
Transport associate professionals (inc.pilots/train drivers) (SOC: 351)	<b>3</b>	2	5	<b>5460</b>	3810	7110
Construction operatives (SOC: 814)	<b>7</b>	6	9	<b>4800</b>	3820	5790
Transport drivers and operatives (SOC: 821)	<b>33</b>	30	36	<b>3510</b>	3170	3850
Transport (SIC: Section I)	<b>73</b>	68	78	<b>3740</b>	3490	3980
All Industry (illness ascribed to current or most recent job)	<b>1027</b>	1008	1046	<b>3470</b>	3410	3540

<sup>a</sup> Defined by the following SOC codes (3514, 8143 & 8216)

## ***Why have a health programme?***

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- Some statistics point to “no problem” :
  - Low number of reports of ill-health via RIDDOR
- But, few statistics on size and cost of work related ill health in rail sector
- So, we listened to
  - Health professionals in railway companies
  - Trade Unions & other stakeholders

# ***Why have a health programme?***

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- Listened to our own Inspectors. They confirmed potential health risks and scope for improved compliance:
  - Musculoskeletal disorders
  - Stress
  - Cardiovascular diseases
  - Vibration
  - Noise
  - Substances hazardous to health, such as isocyanates
  - Lead
  - Asbestos
  - Microbiological hazards

***Health risks present...lead, noise, vibration, isocyanates in bridge stripping & repainting***





***Health risks present...manual cleaning of train under-frames - toilet waste deposits***



# ***What is in the ORR health programme?***

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- **Purpose**
  - To promote and deliver our vision of an industry that consistently achieves best practice in occupational health.
- **Aims**
  - External
    - Change how health is led and managed by organisations in the rail industry
  - Internal
    - Improve how health is regulated by ORR
- **Covers**
  - The effect of work on health.
  - Suitability of individuals for work.
  - General health management – lifestyle, sickness absence management and rehabilitation.

# *How to make the change?*

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- ***Leadership***
  - Encourage industry to lead
- ***Awareness***
  - Incentives – Reputation, publicity, awards & recognition
  - Using partners, such as institutions
  - Web information including case studies of benefits
- ***Excellence in management***
  - Inspect companies and judge them using our management maturity model
  - Focus on health assistance and risk assessment
  - Enforce where necessary and publicise

## *Top 10 items in health programme 2010/11*

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- Baseline paper – our view on where the industry is on health
- Gathering of case studies
- Raising competence internally in ORR
- Promotion of occupational health / leadership & management
- Constructing Better Health: making industry aware.
- Gathering /use of health data
- Strategic monitoring
- Inspection activities
- Web pages and web links – information provision
- Event on Worker's Memorial Day 28 April 2011

## ***Baseline paper - where is the industry now?***

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- Pockets of excellence but..
- Variable practice and patchy compliance with the law
- Few companies with occupational health advisor directly employed
- Strong focus on pre-employment screening, rehabilitation and managing for attendance – less on proactive ill health prevention
- Role of line manager to manage occupational health not fully embedded – seen as role of HR or OH advisor?

## ***Baseline paper - where is the industry now?***

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- Absence real industry leadership on health and limited sharing of good practice
- Scope for RSSB to take stronger co-ordinating role but no mandate
- Less public visibility and accountability on health compared with worker and passenger safety
- Potential for significant economic and performance benefits from better occupational health management

## ***ORR baseline survey on occupational health***

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- Survey direct to 92 dutyholders December 2010
- Seeking few baseline indicators on current state of health risk management across industry (except heritage)
- Evaluate impact of ORR health programme by looking again 2014
- Good response rate 56% - industry willing to engage
- Responses to be aggregated to industry level and published on our website

# *Measures of occupational health management*

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## Excellence

- Measure of **incidence of work related ill health** - proportion working time lost due to work related ill health
- Measure of **cost of work related ill health** - number and value of employers' liability claims arising from work related ill health

## Leadership

- Measure of **visible leadership on occupational health** – reporting publicly on health via annual reports?

## Awareness

- Measure of level of reporting ill health under RIDDOR
- Hits on ORR's web pages



## ***What does baseline survey tell us?***

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- Emerging findings - analysis to go to ORR Board April 2011
- Many companies do not know how much of their sickness absence may be work related – many reported zero work related ill health absence
- Cost is a significant issue – 3.5 million hours lost and £2.76 million in Employers Liability Claims alone over 12 month baseline period
- Far fewer rail employers report publicly on health than on worker and passenger safety
- Encouraging signs of recognition of need to do more on all these indicators

## ***What next?***

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- Developing top ten workstreams for 2011-12, from the baseline
- Key themes
  - better and more visible leadership
  - sharing of good practice
  - proactive management of ill health by line managers
  - competence in health management
- Inspection work 2011/12 to focus on key health risks, particularly stress, HAVs and noise, plus known areas of poor compliance (COSHH)

# *Information sources*

- [www.rail-reg.gov.uk](http://www.rail-reg.gov.uk)
  - ORR Health Programme
- [www.riddor.gov.uk](http://www.riddor.gov.uk) For railway premises on-line reporting form at [www.rail-reg.gov.uk/server/show/nav.1210#hsreporting](http://www.rail-reg.gov.uk/server/show/nav.1210#hsreporting)
- [www.rssb.co.uk](http://www.rssb.co.uk)
  - T389 Guidance Notes 1-9
    - Organisational arrangements, Leadership, Data collection,
    - Job design, OH business case development, Getting best value,
    - Insurance costs, Best from the NHS, Health promotion
- [www.hse.gov.uk](http://www.hse.gov.uk)
  - Extensive guidance on specific health risks including stress, MSDs, noise, hazardous substances, asbestos

## *Summary*

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