



OFFICE OF RAIL REGULATION

# ORR HEALTH PROGRAMME 2010 TO 2014

To promote and deliver our vision of an industry that consistently achieves best practice in occupational health

Director of Rail Safety

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## PURPOSE

**By implementing this programme, we will promote and deliver our vision of a rail industry that consistently achieves best practice in occupational health**

**We aim to improve how health is led and managed by organisations in the rail industry**

**For organisations in the rail industry, the programme will:**

- encourage industry leadership on health;
- promote awareness of health;
- encourage a culture of excellence in the management of health, by:
  - > underpinning competence in health;
  - > stimulating investment in health assistance for managers;
  - > seeking compliance with legal duties on preventing work-related ill health;
  - > encouraging the gathering and use of good health data and effective monitoring of health;
  - > encouraging organisations to achieve best practice on health by actively sharing information;
- deliver what the safety regulator alone can provide on health, particularly enforcement;

so that the rail industry consistently achieves best practice in occupational health.

**We aim to improve how health is regulated by ORR**

**Within ORR the programme will:**

- provide leadership on health regulation;
- deliver activities to encourage industry players towards our vision;
- provide links to sources of information and advice, particularly any legal duties and how organisations should comply with them;
- review the resources (people, time and money) we devote to health;

- define and deliver our competence needs for health;
- encourage a culture that proactively responds to health issues;

so that we can secure compliance by the rail industry with its regulatory obligations and help it achieve best practice in occupational health.

### What we mean by “health”

#### “Health” refers to three areas:

- the effect of work on health
- fitness for work
- general well-being including health and life-style, sickness absence management and rehabilitation.

The effect of work on health includes (for example) the adverse effects of exposure to dust, asbestos, noise, vibration or the causes of musculoskeletal disorders or work-related stress.

Fitness for work includes people’s fitness for safety critical tasks and covers (for example) drugs and alcohol management, and periodic health assessments.

#### General well-being and sickness absence management includes:

- action to adjust the working environment to support people with certain conditions to work effectively;
- rehabilitation of people who have suffered health disorders.

### What aspect of health is most important?

We believe that organisations in the rail industry should give most attention to the prevention of ill health caused by work activities. The law sets minimum standards in this area. An excellent organisation delivers compliance with these laws efficiently, and seeks to go beyond the law by investing in rehabilitation and well-being, amongst other things.

ORR will encourage excellence, but not enforce beyond the standard set down in law.

## ACTIVITIES IN THE PROGRAMME AIMED AT CHANGING HOW HEALTH IS LED AND MANAGED BY ORGANISATIONS IN THE RAIL INDUSTRY

### Encourage industry leadership on health

#### Our aim is:

- leadership by the industry for the industry, and leadership on health that integrates with leadership on safety. This will result in:
  - ownership of health by the people and businesses most affected and
  - initiatives on health created and delivered by the industry players themselves.

#### The programme includes:

- work to secure commitment of senior people to lead and champion health both within their own companies and across the industry, including an industry leadership forum;
- work to persuade the existing health and safety leadership forum organised by RSSB to firmly include health in its remit, only setting up a separate health leadership forum if necessary;
- creating opportunities to help cross-industry leaders to emerge through (for example) using existing industry forums, such as RIAC;
- using meetings of the Network Rail Board with the ORR Board to champion health leadership;
- using other high-level meetings to champion health leadership.

#### How we will achieve our aim:

- canvassing for senior people in the industry who have a personal commitment to health and the organisational authority to lead others, and are able to join in leadership across the industry;
- supporting any leaders who agree to undertake the role across the industry with administrative and managerial help; such as funds for meetings, website content, conferences etc;

- using the agenda of existing high level meetings with railway undertakings so that health is regularly raised.

#### Web-links

- Link to website of the organisation from which the leaders come.
- Link on ORR website to any leadership forum that may be set up.

#### Timing

- Set up leadership by the industry on health in 2010, and then work to support those leaders in their activities in each subsequent year.

#### Resources

- ORR senior team.
- RSD Director.
- Operational Support team will arrange for the director and senior team to receive assistance to fulfil their role at appropriate times.

## PROMOTE AWARENESS OF HEALTH

**Our aim is to build awareness of health as important to businesses and their people.**

#### The programme includes:

- incentives that encourage businesses and their people to adopt good health practice;
- information to persuade businesses of the economic benefits from adopting good health practice;
- activity by us to build awareness in the industry about health.

#### We will focus on:

- the effect of work on health and
- general well-being including health and life-style, sickness absence management and rehabilitation.

#### How we will achieve our aim:

- by producing case studies to show the economic case for good practice in health. The target audience will be chief executive officers, managing directors and finance directors who are responsible for committing funds;
- incentives to enhance a company's reputation:
  - > ORR sponsorship of an industry award for good practice in health;
  - > ORR praising publicly any suitable examples of good practice in health;
- incentives to avoid damage to reputation:
  - > actively publicising any suitable enforcement we undertake in relation to health, going beyond just placing enforcement notices on our website;

- incentives arising from our role in economic regulation:
  - agreeing a health performance measure, or series of measures, for Network Rail's annual return.
- developing and using case studies of low cost health improvement measures to show how efficient and effective they can be;
- bringing together packs of information suitable for various media, taking information from HSE's websites for ORRacle and the ORR web site and adjusting it as necessary to be relevant to the railway industry;
- work to build awareness of health through various media communication routes:
  - our own website, which should have a prominent statement on health and details of case studies and links to HSE material;
  - rail industry conferences and events;
  - the professional institution lecture circuit, targeting those linked to Human Resources professionals and operational managers (such as IRO, IRSE, IMechE)
  - articles in the rail trade press;
- work to build awareness of health through contacts with stakeholder organisations able to influence their members about health (trade associations like ATOC, Rail Freight (RFOG) and Heritage Railways (HRA), CIRAS and suppliers of plant). Using the Society of Occupational Health Nursing, Society of Occupational Medicine; ARIOPs, BUPA, and the insurance trade organisations to indirectly influence railway stakeholders.
- contact with Trade Unions to coordinate our activities.

**Weblinks:**

- ORR website
  - Statement on health
  - Details of case studies, examples of best practice to show what can be achieved

- Case studies on HSE's website showing what organisations outside the rail industry have delivered and how much it has cost. See <http://www.hse.gov.uk/sh2/index.htm> and <http://www.hse.gov.uk/sh2/casestudies.htm>
- Link to award sponsorship website (for applications, nominations, etc)
- Open welcome to requests for presentations on health from any organisation linked to the rail industry, and a "request form", and a sample presentation.
- Drafting and maintaining a standard article on health that is free to download for the trade press.
- Links to HSE website

**Timing:**

- in 2011/2012, consider seeking suitable sponsorship of an industry award and then sustain that sponsorship each year thereafter if appropriate;
- in 2010, work to gather case study information for "selling packs" that will be used to persuade senior stakeholders, focusing on statutory and economic benefits, with a view to building up a portfolio of studies each year to 2014;
- in 2010, draw together information packs ("selling packs") and seek out suitable opportunities to present on health at conferences, lectures and contacts with stakeholder organisations. Target the HR community. Sustain this activity in each year thereafter;
- in 2010, establish the health performance measure for Network Rail's annual return;
- in 2010, publicising any suitable enforcement activity that is undertaken in accordance with our enforcement policy statement, and take similar opportunities in later years.

**Resources:**

- RSD Operational support team, in liaison with staff in External Affairs, and appropriate sections of RME and RPP (particularly for the economic aspects of case studies).

## ENCOURAGE A CULTURE OF EXCELLENCE IN THE MANAGEMENT OF HEALTH, BY:

- **underpinning competence in health;**
- **stimulating investment in health assistance for managers;**
- **seeking compliance with legal duties on preventing work-related ill health;**
- **encouraging the gathering and use of good health data and effective monitoring of health;**
- **encouraging organisations to achieve best practice on health by actively sharing information.**

Managing health is a common task for all railway duty-holders, although the health risks that need to be managed may be particular to each organisation.

Our aim is that duty-holders have excellent management of health and of the particular health risks present in their business. Often, these are issues where work affects health, such as noise, vibration, asbestos or musculoskeletal disorders.

Our intelligence shows that there are certain occupational health risks prevalent in the railway industry. Table 1 gives a list of these main health issues. Some of these risks are more likely to be found in an infrastructure manager than a train operating company; and some more prevalent in the heritage sector than in a freight operating company. Some of the health issues only affect a particular trade or profession within a company.

Intelligence suggests that there may be different health standards for workers on site depending on their employer's status as a contractor or sub-contractor and the tendering process controlled by the client.

We aim to encourage excellent management of health. We will target a number of the risks each year so that, over time, we have systematically examined the management of most of the important occupational health risks prevalent in the industry.

Our purpose will be to examine how these targeted health risks are managed as an indication of how well all health risks are managed.

### The programme therefore includes:

- proactive inspection, using techniques for the evaluation of management systems (TEMS), focused on the management of particular health risks;
- judgments on the capability of companies to manage health by using ORR's management maturity model to analyse the results of inspections;
- discussion of the results with companies as a way of encouraging improvement.

### How we will achieve our aim:

- we will decide which companies to target for inspection. The purpose of the inspections will be to:
  - evaluate management capability to control health risks against the benchmark in HS(G)65, our Techniques for the Evaluation of Management Systems (TEMS) guidance and our management maturity model;
  - evaluate compliance with the law applicable to the particular health risk and take enforcement action in line with our enforcement policy statement to secure any necessary improvements;
- we may focus on infrastructure managers and other major clients to inspect how they control their contractors' management of health risks.

### Timing

- Proactive inspection of a sample of duty-holders, including those that manage contractors, to begin in 2010 and be sustained each year to 2014.

### Web links

- ORR guidance on TEMS and the management maturity model
- ORRacle and HSE's website for legislation and guidance on the main health risks prevalent in the industry.
- HSE guidance on managing contractors.



**Encourage a culture of excellence in the management of health by:****• underpinning competence in health**

Our aim is to encourage knowledge of health by people in the rail industry and to promote training in health risk management.

**The programme therefore includes:**

- making our website a hub for accurate information on health;
- partnership working with organisations that provide advice and information to people in the rail industry;
- work with training organisations in the industry.

**How we will achieve our aim:**

- by using our website to provide access and signposts to health-related information and legal requirements, particularly from HSE, Dept of Health (encouraging “wellness”) at <http://www.dh.gov.uk/en/Publichealth/Healthimprovement/index.htm>.; and “Working for health” at [www.workingforhealth.gov.uk](http://www.workingforhealth.gov.uk).
- by working in collaboration with professional institutions that may be expected to act as sources of advice to their members, so that those institutions have access to appropriate health related information. We intend to focus on institutions that support HR professionals, as most employers manage health through HR departments;
- proactive contact with, and support to, organisations that provide training to rail staff so that they can train effectively on health issues and management. This would include contact with Network Rail’s apprenticeship scheme and GoSkills (the rail sector Skills Council) which is responsible for developing and maintaining National Occupational Standards in partnership with employers and RSSB.
- devising, in partnership with others, or sourcing a syllabus for health management training for managers in the rail industry and making it available on our website;
- recognising that infrastructure managers are engaged in construction activities, and encouraging these organisations to adopt “Constructing Better Health” (CBH) as a route to best practice in managing health in construction. CBH has:
  - published industry standards and guidance for the management of occupational health in construction;

- developed and implemented a fully operational national database with access to an online occupational health management system, which interfaces with a Smart-Card.

**Web links:**

- ORR Guidance on competence management (“Developing and maintaining staff competence”).
- GoSkills website link.
- HSE website guidance on competence and any specific competence for particular health risks (e.g. asbestos, noise).
- Links to websites of professional institutions, specifically those that provide health information to their members, and especially those in the HR profession.
- Link to the occupational health standards of the Faculty of Occupational Medicine, and accreditation scheme for occupational health providers.
- Link to [www.constructingbetterhealth.com](http://www.constructingbetterhealth.com).

**Timing**

- Work to set up our website and web-links to begin in 2010 and continue as necessary each year thereafter;
- List of professional institutions and an analysis of their membership reach undertaken in 2010 with a view to establishing contacts with the most important in that year and then sustaining contact thereafter;
- In 2010, listing rail industry training organisations and making a decision on which to approach. Contacts begun in 2010 and sustained each year to 2014.
- In 2010, contact facilitated between infrastructure managers and Constructing Better Health.
- In 2010, seeking a partner to devise a syllabus for training in management of health. NEBOSH may have a suitable syllabus.

**Resources:**

- Web team.
- RSD Operational support team.

**Encourage a culture of excellence in the management of health by:**

- **stimulating investment in competent health assistance for managers.**

**Our aims are to:**

- encourage investment in health arrangements by organisations in the industry;
- encourage more companies to engage competent occupational health assistance under Regulation 7 of the Management of Health & Safety at Work Regulations.

“Competent health assistance” means people engaged by an organisation to help its managers comply with laws aimed at preventing the ill-health of employees. It is distinct from people employed by organisations to deliver (for example) medical fitness assessments or to provide counselling.

People engaged to provide competent health assistance would support managers in dealing with the effect of work on health and could be an “intelligent customer” for contracted health services, such as medical fitness.

The programme therefore includes interventions by us with duty-holders to check compliance with Regulation 7 and that competent occupational health assistance is available and effective.

**How we will achieve our aims.**

- TEMS inspections of health-risk management systems with a focus on whether duty-holders have competent occupational health assistance;
- investigations of health incidents, with a focus on competent occupational health assistance.
- influence the way the industry manages contractors, to require explicit provision of competent health assistance.

**Web-links:**

- Guidance (on HSE website) on the Management Regulations and Regulation 7 duty for competent health and safety assistance.

**Timing:**

- Proactive inspection of a sample of duty-holders, including those that manage contractors, to begin in 2010 and be sustained each year to 2014.

**Resources:**

- Operational teams in RSD, Network Rail Division & TOC/FOC Division.

**Encourage a culture of excellence in the management of health by:**

- **seeking compliance with legal duties on preventing work-related ill health**

We expect that organisations should manage health to at least the minimum standard set by law. An excellent organisation delivers compliance with these laws efficiently, and seeks to go beyond the law by investing in rehabilitation and well-being, amongst other things.

The programme therefore includes interventions by us with duty-holders to check that legal requirements are being met, and to enforce them in line with our enforcement policy.

**How we will achieve our aims:**

- organisations will have access to the legal requirements and guidance through our website;
- Inspectors will have knowledge of the legal requirements, and of our enforcement policy;
- during TEMS inspections of health-risk management systems and during investigations of health incidents, compliance with other legal aspects will be sampled and decisions made on enforcement in line with our policy. We will focus on:
  - > work activities being properly risk assessed for health hazards;
  - > decisions on precautions being appropriately based on the hierarchy of control (the possibility of elimination to be considered first, then substitution by a less hazardous alternative, then control of the hazard by engineering means and personal protective equipment as a last resort);
  - > whether appropriate control measures are being implemented in line with the legislation and any approved codes of practice;
  - > correct reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995(RIDDOR);
  - > competence of managers, particularly those who are construction, design and management (CDM) co-ordinators for construction work or who specify standards that could affect the health of those who implement them.



- Enforcement will be in line with our enforcement policy statement. During the programme, there may be more enforcement of law related to health than in previous years, but any increase will only result from us targeting health for more inspection and investigation activity than previously.

#### Timing

- Proactive inspection of a sample of duty-holders to begin in 2010 and be sustained each year to 2014;
- Investigation of a sample of health incidents begun in 2010 and continued each year thereafter.

#### Resources:

- Operational teams in RSD, Network Rail Division & TOC/FOC Division.
- RSD Operational support team.

#### Encourage a culture of excellence in the management of health by:

- **encouraging the gathering and use of good health data and effective monitoring of health.**

Our aim is that the industry proactively monitors occupational health so that they can use this information to prevent health problems occurring to their employees in the future.

By knowing what work activities cause particular health problems, companies can either individually or collectively develop solutions to prevent these risks occurring.

The scale of health problems across the industry will only be known if companies monitor these issues and appropriately report them to ORR.

#### The programme includes:

- gathering more information on what all railway companies are doing to collect information and how they are using it;
- work to build on existing good practice on monitoring in some companies so that it becomes the norm across the industry;
- possible commissioned research to collect data on occupational health to act as a baseline for the scale of the health challenge in the industry.

#### How we will achieve our aim.

##### Gathering information:

- seeking information from occupational health service providers, particularly anonymised data on the numbers of referrals and types of health conditions and the cost of treating specific health conditions;
- encouraging ATOC and RSSB to help establish what currently happens in the industry. In influencing RSSB, we would use our existing links with them and use:
  - > the ORR review of how RSSB functions and is structured, to ensure health is championed and monitoring and sharing of best practice encouraged;
  - > ORR's status as an observer on RSSB's Board to ensure any commitment to health is sustained;
  - > RSSB meetings on research to ensure the appropriate research is undertaken and then used to address the issues that come to light;
  - > and RSSB meetings on data collection and analysis to ensure they supply us with good quality data on occupational health incidents;

- evaluating the ORR initiative to encourage better reporting of health issues under RIDDOR, including the link to the industry's SMIS database (launched in April 2010);
- evaluating a pilot project under way in 2009/10 to gather information from TOCs on the health data they collect and what they do currently to monitor and tackle health problems. If worthwhile, this can be expanded to cover all RSD front line teams to get a nationwide picture of the current situation;
- evaluating in 2014 whether data collection and monitoring have improved by either commissioning independent research or using the same method as the pilot project.

### **Building on existing good practice**

Our aim is to encourage a proactive approach to health monitoring.

- Contact those companies who already collect data for reactive purposes to persuade them to change their existing approach and use it instead to predict and anticipate issues, (for example, recognition that a particular task leads to a higher likelihood of certain types of disease). The most likely drivers to this are:
  - to demonstrate from their own data that there are occupational health problems that are costing them significant amounts of time and money; and/or
  - to have examples of how collecting data and monitoring the health effects is of benefit financially and operationally to the company.
- Other companies may need to be encouraged to start collecting and analysing data centrally. Existing good examples from London Underground and South West Trains could be used to show the benefits of doing this for getting employees back to work.
- Seeking case studies of good practice in proactive monitoring within the rail industry, particularly in construction activities, and publicising those on our website.
- Using economic case studies to secure commitment from senior managers to the benefits of monitoring.

### **Commissioned research**

- Commission research to collect data on occupational health to act as a baseline for the scale of the health challenge in the industry if the pilot project with TOCs is not successful.
- Contact with HSE's Epidemiology and statistics unit to consider industry specific data on prevalence and incidence rates of occupational health issues, as a base-line.

### **Timing**

- In 2010, evaluate health monitoring information and commission appropriate research to obtain a baseline.
- In 2012 produce a good practice guide on gathering data and monitoring occupational health.
- In 2013/14, undertake research into how well the industry is adopting best practice.
- In 2012 review RIDDOR as a means of obtaining occupational health data by the regulator.

### **Resources:**

- RSD Operational support team.

**Encourage a culture of excellence in the management of health by:**

- encouraging organisations to achieve best practice on health by actively sharing information.

Our aim is to encourage the industry to share information to facilitate an improvement in the management of health risks.

**The programme includes:**

- incentives to encourage rail organisations to share solutions in health management practice;
- ORR focussing on specific target groups to clarify problem areas, devise new ways of working and share information in both formal (e.g. business standards) and informal media;
- ORR to facilitate mechanisms for actively sharing information.

**How we will achieve our aim:**

- activities associated with sharing information emerging from the Health Leadership Forum;
- writing to rail organisations to establish what health issues are discussed at their Health & Safety Committees and exploring the potential for a networking opportunity with other managers, supervisors, and employees to review health management;
- working in partnership with the trade unions on specific health topics to set out what best practice looks like in health management;
- engaging with railway human resources managers to establish areas of information need and how best to promote sharing of information;
- facilitating an active learning session at the Association of Railway Industry Occupational Health Practitioners (ARIOPS) conference to permit sharing of experiences;
- setting up a community of managers with an interest in health and hosting periodic meetings to share experiences;
- seeking the support and involvement of the Association of Train Operating Companies (ATOC) HR forum for sharing information on best practice in managing health across the TOC community;
- liaising with RSSB to encourage the development of a good practice guide on the management of health risks or further development of health standards.

**Timing**

- In 2010 establish contacts with company health and safety committees, trade unions, railway HR managers, ARIOPS, ATOC HR forum and RSSB and sustain them thereafter.

**Resources:**

- RSD Operational support team.

## DELIVER WHAT THE SAFETY REGULATOR ALONE CAN PROVIDE ON HEALTH, PARTICULARLY ENFORCEMENT

ORR is the combined economic and safety regulator and has a number of roles that only it can fulfil. Amongst other things, only it can:

- review and enforce legislation;
- set and enforce licence conditions;
- promulgate industry specific regulatory guidance.

Our aim is to make sure that the legal and compliance framework will support and sustain excellence in health management.

### The programme therefore includes:

- regular review of aspects of the legal framework, in conjunction with HSE who have the government lead on occupational health legislation;
- regular review of economic regulation aspects to keep them aligned with our health vision.

### How we will achieve our aim.

- periodic review of evidence arising from proactive inspections against the legislative provisions and guidance, and discussions with HSE if changes are needed to generic legislation;
- consideration of a health performance measure, or series of measures, for Network Rail's annual return;
- making use of our position as joint economic and safety regulator by espousing the economic argument for reducing work-related ill-health, which can be compelling in terms of business efficiency and performance;

- involvement in setting standards for medical fitness. The Faculty of Occupational Medicine have launched a voluntary accreditation scheme for all providers in January 2010. It will take some time for providers to become accredited, but ORR needs to consider its policy on whether to require industry to only use accredited occupational health service providers. In around two years time (if the Faculty's scheme is a success) there may be enough competent providers for ORR to consider its policy;
- emphasis in inspector training on using our enforcement policy statement and enforcement management model for health risks, so that we take consistent and proportionate enforcement decisions;
- Liaise with HSE and consult with the rail industry on proposals for changes to law on health, such as the proposed Musculoskeletal Disorders/Regulations.

### Web links

- ORR website for licence conditions and Network Rail's annual return.
- Possible link to the Faculty of Occupational Medicine (FOM) web site if and when the accreditation scheme is successfully operating.

### Timing

- Ongoing review of the legal framework on health each year under ORR's memorandum of understanding with HSE.
- In 2011-12, work with the Faculty of Occupational Medicine on their voluntary accreditation scheme.

### Resources:

- RSD Operational support team, in liaison with staff in External Affairs and appropriate sections of RME and RPP.

## ACTIVITIES IN THE PROGRAMME AIMED AT IMPROVING HOW

Our aim is that, for ORR staff, the programme will, over time:

- provide leadership on health for their activities
- plan activities by ORR to encourage industry players towards our vision;
- link to sources of information and advice, particularly any legal duties and how organisations should comply with them;
- review our resources (people, time and money) devoted to health;
- set and deliver our competence needs for health;
- encourage through all that we do a culture that health matters;

so that we can secure compliance by the industry with its regulatory obligations and help it achieve best practice in occupational health.

### Leadership

ORR leadership of this health programme will be provided by a Board and a manager.

The Board will set strategic direction. The manager will drive activities. Together, they will steer the programme and adjust it to circumstances, whilst keeping its aims to the fore.

The manager will seek internal communications opportunities to keep health issues in staff's consciousness.

### Planning

The programme runs from 2010 to 2014.

The aims of the programme will be achieved by sustained activity on each key aspect of the programme every year under the direction of the Board and health manager.

The main aspects are:

- Leadership in the industry:
  - Set up leadership by the industry on health in 2010, and then work to support those leaders in their activities in each subsequent year.
- Awareness of health:
  - in 2011/2012, consider seeking suitable sponsorship of an industry award and then sustain that sponsorship each year thereafter if appropriate;
  - In 2010, work to gather case study information for "selling packs" that will be used to persuade senior stakeholders, focusing on statutory and economic benefits, with a view to building up a portfolio of studies each year to 2014;
  - In 2010, draw together information packs ("selling packs") and seek out suitable opportunities to present on health at conferences, lectures and contacts with stakeholder organisations. Target the HR community. Sustain this activity in each year thereafter;
  - in 2010, establish the health performance measure for Network Rail's annual return; and
  - In 2010, publicising any suitable enforcement activity that is undertaken in accordance with our enforcement policy statement, and take similar opportunities in later years.
- Encouraging a culture of excellence in the management of health:
  - Proactive inspection of a sample of duty-holders, including those that manage contractors, to begin in 2010 and be sustained each year to 2014;
  - Investigation of a sample of health incidents begun in 2010 and continued each year thereafter;
  - Work to set up our website and web-links to begin in 2010 and continue as necessary each year thereafter;
  - List of professional institutions and an analysis of their membership reach undertaken in 2010 with a view to establishing contacts with the most important in that year and then sustaining contact thereafter;
  - In 2010, listing rail industry training organisations and making a decision on which to approach. Contacts begun in 2010 and sustained each year to 2014.

- In 2010, contact facilitated between infrastructure managers and Constructing Better Health.
- In 2010, seeking a partner to devise a syllabus for training in management of health. NEBOSH may have a suitable syllabus.
- In 2010, evaluate health monitoring information and commission appropriate research to obtain a baseline. In 2012 produce a good practice guide on gathering data and monitoring occupational health. In 2013/14, undertake research into how well the industry is adopting best practice. In 2012 review RIDDOR as a means of obtaining occupational health data by the regulator.
- In 2010 establish contacts with company health and safety committees, trade unions, railway HR managers, ARIOPS, ATOC HR forum and RSSB and sustain them thereafter.
- Deliver what the safety regulator alone can provide on health
  - Ongoing review of the legal framework on health each year under ORR's memorandum of understanding with HSE.
  - In 2011-12, work with the Faculty of Occupational Medicine on their voluntary accreditation scheme.

A detailed annual plan will be produced under ORR's normal planning cycle for each year.

The plan to implement ORR's activities under this programme in 2010 – 2011 is at <http://www.rail-reg.gov.uk/upload/pdf/business-plan-2010.pdf>.

### **Sources of information and advice**

We will produce consistent internal guidance for each of the main occupational health risks prevalent in the rail industry (see table 1).

The guidance will be designed to equip our staff to understand, pursue, influence positively and (if necessary) enforce on these risks. Our guidance will be consistent with that from HSE.

The guidance will be communicated to appropriate staff, normally through our intranet, and include:

- specialist support available and how to access it;
- guidance material on the issue, such as guidance from HSE, or in Rail Guidance Documents; and
- a synopsis of the relevant regulatory requirements.

We will brief the CCT team in ORR who deal with general inquiries so that they have information to respond to requests for health information.

We will produce a list of “matters of evident health concern”, which would guide inspectors about health issues that they should not ignore if they find them when visiting for other purposes.

### **Review our resources and set and deliver our competence needs for health**

#### **Encourage a culture in ORR that proactively responds to health issues**

We will develop a business case for specialist occupational health resource.

We will develop a business case for medical resource to be involved in the medical aspects of train driver licensing.

We will liaise with HSE to develop common competence standards for health for inspectors, RICOs and other staff and then deliver them through our competence management system.

We will proactively manage occupational health issues that affect our own staff using our own management systems.



**Table 1A: Health issues related mainly to the effect of work on health**

Health issue	Law and guidance	Notes
Musculoskeletal disorders	Management of Health and Safety at Work Regulations 1999, plus  Manual Handling Operations Regulations 1992	Infrastructure Managers (IMs): Track work  Signallers: lever pulls  TOCs/FOC maintenance staff: size of sand bags for filling sanding hoppers (usually 50kg)  Groundstaff and shunters: lever pulls on ground frames.
Stress	Management of Health and Safety at Work Regulations 1999, plus Guidance in management standards on HSE website: <a href="http://www.hse.gov.uk/stress/standards/index.htm">http://www.hse.gov.uk/stress/standards/index.htm</a>	TOCs/FOCs: trauma from suicides; workplace violence; verbal & physical assaults (revenue protection); shift work.
Hand arm vibration  Whole body vibration	Management of Health and Safety at Work Regulations 1999, plus  Control of Vibration at Work Regulations 2005	IMs and construction contractors  Tamper machines.

Noise	Management of Health and Safety at Work Regulations 1999, plus  Control of Noise at Work Regulations 2005	IMs, TOCs, FOCs and construction contractors.  Cab noise on locomotives.
Substances hazardous to health	Management of Health and Safety at Work Regulations 1999, plus  Control of Substances Hazardous to Health Regulations (COSHH) 2002	Diesel engine exhaust emissions, silica dust, isocyanates.
Lead	Management of Health and Safety at Work Regulations 1999, plus  Control of Lead at Work Regulations 2002	Particular problem for IMs re-painting structures.
Asbestos	Management of Health and Safety at Work Regulations 1999, plus  Control of Asbestos Regulations 2006	Issue for heritage maintenance of old rolling stock. May be found in buildings that are owned by Network Rail but leased to the TOCs. Asbestos may be found lineside in cabinets as well as buildings.
Microbial hazards	Management of Health and Safety at Work Regulations 1999, plus  COSHH	Legionella, leptospirosis, those associated with needle stick injuries and train cleaning where exposure to body fluids can include blood-borne viruses.

**Table 1B: Health issues mainly related to general well-being including health and life-style, and sickness absence management**

Health issue	Notes
Obesity and high blood pressure	
Fatigue, sleep disorders, and possible links to higher rates of heart disease	Shift work issues.
Hypertension	<p>Encouraging ‘wellness’ through better diet and exercise will help to prevent certain types of occupational health problems such as obesity and related illnesses. The Department of Health has information in this area on the health improvement part of the website: <a href="http://www.dh.gov.uk/en/Publichealth/Healthimprovement/index.htm">http://www.dh.gov.uk/en/Publichealth/Healthimprovement/index.htm</a>.</p> <p>There is also a web site Working For Health <a href="http://www.workingforhealth.gov.uk">www.workingforhealth.gov.uk</a> which DoH, HSE, NHS and Scottish Government and Welsh Assembly jointly run as part of an initiative started in 2005 to improve workforce health.</p> <p>Dutyholders should be encouraged to include reference to this in their health and safety training courses and their HR Departments to include details through their internal communication channels. We are aware that one of the TOCs been running a health and well being course. It might be an example that could be shared with other companies.</p>
Cardiovascular problems	
Back pain	

**For further information**

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