



# ORR occupational health programme update

July 2016

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## Introduction

This quarterly brief updates you on progress with some of the work under [ORR's Occupational Health programme 2014-19](#), to inform discussions on health with ORR inspectors. We have identified key messages for rail duty holders and would welcome [feedback](#).

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### This issue focuses on:

- A need for change: HAVS Health Surveillance among contractors and labour suppliers
- New occupational health data shows both progress and challenges
- ORR's Annual Health and Safety Report – “there remains more for the industry to do to improve the sectors' management of occupational health”
- RSSB Health and Wellbeing Conference – 22nd November 2016

## 1. A need for change: HAVS health surveillance among contractors and labour suppliers

ORR recently reviewed arrangements within the mainline contractor community for capturing diagnoses of hand arm vibration syndrome (HAVS) through health surveillance, and for reporting any diagnosed HAVS cases to us under RIDDOR 2013. This was prompted by the [apparent low level of HAVS reports from contractors](#) in the RIDDOR data. A review of responses to an ORR questionnaire targeted at Network Rail's key contractors and labour suppliers identified pockets of excellence, but also significant gaps in current

HAVS health surveillance arrangements. Key elements of good practice guidance HSE [L140](#) are missing in many cases.

Although almost all companies use initial and annual HAVS screening questionnaires for self-reporting of symptoms, return of the repeat annual questionnaires is not always being robustly monitored, meaning that some at risk workers may be slipping through the annual screening process. The use of periodic face to face clinical assessments (for example by an occupational health nurse) to check that symptoms are not being missed, is also patchy. Complying fully with the good practice guidance set out in [HSE L140](#) is a particular challenge for labour suppliers, where efforts to manage the HAVS health surveillance process are hampered by lack of vibration exposure information from those controlling the work on site, as well as frequent movement of contingent labour between sites and suppliers.

Questionnaire responses suggest that some contractors' employees and a significant part of the contingent labour workforce, are not currently under a level of health surveillance needed to detect HAVS at an early stage to prevent disease progression. Legal duties on contractors and labour suppliers in relation to their own employees are straightforward and there should be no reason why standards cannot improve to achieve full compliance with existing good practice guidance [HSE L140](#).

For contingent labour, employment relationships and legal duties are less straightforward, and industry will need to work together to agree a common and workable solution.

## Key messages:

- **We are looking for all mainline contractors and labour suppliers to critically review their current HAVS health surveillance arrangements and put in place plans to achieve full compliance with existing guidance [HSE L140](#), which is mirrored in Network Rail standard [NR/L2/OHS/00113](#). NR contractors are expected to comply with this standard or have equivalent arrangements in place by June 2016. Pay particular attention to adequacy of checks and escalation procedures for failure to return annual screening questionnaires, and to periodic (e.g. 3 yearly) face to face assessments, even if no symptoms are self-reported. Better monitoring and reporting of HAVS health surveillance compliance rates as key performance indicators could help to drive improvements.**
- **Even the good contractors and labour suppliers can still learn from the best. We encourage larger contractors to show leadership in sharing their practical experience of what works with smaller contractors and suppliers. A planned workshop by RSB later in 2016 may provide a good opportunity to do this.**

- We want to see NR lead work with its external supply chain to clarify responsibilities and accountabilities for HAVS health surveillance and reporting, particularly for contingent labour, and seek a fair and workable solution for all rail workers regardless of their employment status. We encourage members of the Rail Industry Contractors' Association to work together to seek a consensus on current challenges and solutions. ORR wants to support the industry in moving this forward.
- Any formal diagnosis of new or significantly worsening HAVS symptoms among rail industry workers need to be [reported to ORR](#) under RIDDOR. Some contractors with employees working on both rail and non-rail infrastructures may be unsure whether a HAVS diagnosis should be reported to ORR or HSE. Use your best judgement on where the most significant vibration exposure (consider the duration and extent of the exposure) is likely to have taken place. If the most significant vibration exposure was on railway infrastructure, [report the HAVS case to ORR](#). If it was likely to have been on non-rail sites, report the HAVS case to [HSE](#).

## 2. New occupational health data shows both progress and challenges

ORR has recently published updated [occupational health data](#) for 2015-16 on our National Rail Trends data portal. This provides insight into the direction of travel on key health risk areas such as manual handling and shock/trauma, as well as RIDDOR reportable disease, particularly Hand Arm Vibration Syndrome (HAVS).

2015-16 saw the lowest number of [occupational disease cases](#) reported to us under RIDDOR in the last six years. In 2015-16, 30 cases of occupational disease were reported, a reduction of two thirds on the 87 cases reported in 2014-15.

Musculoskeletal disorders and stress are major causes of work related ill health in our industry. The latest data on the overall trends in manual handling and shock/trauma incidents for the mainline and for London Underground Limited (LUL) show a mixed picture. It is encouraging that overall trends in these key areas are downwards, but the data suggest some challenges remain. Following the upward trend in LUL [shock/trauma](#) incidents since 2013-14, the 2015-16 data suggest an encouraging downturn. For both the [mainline](#) and [LUL](#), the recent trend in total numbers of manual handling incidents is downwards. However, the trend in lost time manual handling incidents remains broadly flat, suggesting a challenge for the industry in achieving and sustaining improvements in tackling the more serious manual handling injuries resulting in time off work.

While almost half the [lost time manual handling](#) incidents in 2015-16 involved Network Rail (47%), the train operators (20%) and LUL (23%) also contributed significantly to the overall data. It is also worth noting that the majority of mainline contractors are not captured in this data as they do not have access to SMIS. Not surprisingly, [lost time shock/trauma](#) incidents were dominated by passenger rail operators.

## Key messages:

- **Is reliable data on work related ill health embedded in your health and safety management system, particularly in planning, monitoring, and review arrangements? Are current interventions on manual handling and work related stress properly targeted and effective? Can your health data help to demonstrate that you are achieving compliance efficiently?**
- **With the direct and indirect sickness absence costs on mainline rail estimated at £316 million, the case for use of common health data to identify priorities and target investment is clear. Work under the [Industry Roadmap](#) to develop a mainline [health data collection system](#) and related health metrics as part of SMIS+ is well underway. But for any health data in SMIS+ to be meaningful, we need maximum participation across mainline duty holders.**
- **Now is the time to shape the future of this new health data collection system. [Can you help](#) to steer this important RSSB-led work? Will your company commit to input health data into SMIS+ to support future trend analysis, benchmarking and investment priorities?**

### 3. ORR's Annual Health and Safety Report – “there remains more for the industry to do to improve the sectors' management of occupational health”

The Office of Rail and Road's Chief Executive and Director of Railway Safety have published the [Annual Report](#) which sets out the performance of Britain's railways for the year to the end of March 2016.

Occupational health performance can be found on page 22 but reference to occupational health within the industry can be found across the report. The key areas requiring further work have been identified as the risks from Hand Arm Vibration Syndrome (HAVS) from the extensive use of power tools, musculoskeletal risks from poor manual handling arrangements and avoiding exposure to silica dusts. This is reflected in ORR's Occupational Health five year plan referred to in April's quarterly update.

## Key messages:

- Have you seen the [annual report](#)? Is there more you and your company can do to improve occupational health management in your sector?

## 4. RSSB Health and Wellbeing Conference 22<sup>nd</sup> November 2016

The RSSB annual Health and Wellbeing conference will take place on Tuesday 22nd November 2016 in London.

The focus of this year's conference is on how companies, employees and occupational health can work better together to achieve the best possible outcomes for employees.

RSSB are looking forward to welcoming all those with an interest in health and wellbeing to attend so don't forget to put the date in your diaries. Further details will be available in our October issue.

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The next quarterly update will be published in October. Don't forget that you can also subscribe to our [E-Bulletin](#) - the next issue will be published on **14th September 2016**.



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