

Annex D: Detailed comparison of ORR's health indicator measures during our 2010-14 health programme

This section provides details and commentary on ORR's health indicator measures on the incidence and cost of work-related ill health, and on industry leadership and awareness on health. Comparisons are made between the position at the start (2009/10) and the end (2013/14) of ORR's first health programme, including data from ORR's baseline and repeat surveys of industry duty holders.

The indicator measures on incidence and cost of work-related ill health for 2009/10 have been recalculated to improve reliability, details of which are summarised in Annex C.

D1 - ORR indicator measure on incidence of work-related ill health

Key findings from the 2009/10 and 2013/14 industry survey returns:

- Total hours lost due to work-related ill health in 2013/14 was 112,600 hours – this compares with a recalculated figure of 55,900 for 2009/10;
- This equated to 1.4 days sickness absence per employee in 2013/14, compared with 2 days per employee in 2009/10;
- The lost time incidence rate (proportion of total hours worked lost due to work-related ill health) for 2013/14 was estimated at 0.08% - this compares with a recalculated figure of 0.12% for 2009/10. In 2013/14, the reported lost time incidence rate among contractors was higher at 0.11%, than for non-contractors (infrastructure managers and rail operators) at 0.08%;
- In 2013/14, approximately two thirds of rail companies surveyed reported either zero hours lost, or were unable to provide data for time lost due to work-related ill health. In 2013/14, 15 companies employing more than 1,000 workers (of which four employed more than 4,000 workers) reported zero or no data available for time lost due to work-related ill health. This compares with 13 companies employing more than 1,000, including six employing more than 4,000, in the 2009/10 survey. This data suggests that there remains a lack of reliable data on work-related ill health across the industry, including among many larger rail employers;
- Overall, the proportion of all the companies surveyed who were able to identify time lost due to work-related ill health has increased by around 13% since 2009/10, however (and perhaps surprisingly) the number of larger companies unable to do so seems to have remained broadly static.

It is important to recognise that all the above estimates on time lost due to work-related ill health are based on limited data from a relatively small sample of the rail companies surveyed, as most companies were unable to provide work-related ill health absence data. The 2009/10 estimates are based on data from only a fifth of rail companies surveyed, capturing only 22% of the rail workforce (28,300 workers). The 2013/14 estimates are based on data from around a third of the rail companies surveyed, capturing around 54%

of the rail workforce (80,500 workers). On the basis on the small sample sizes, and the errors and inconsistencies we noted in reporting, we have limited confidence that ORR's indicator measure on incidence of work-related ill health is accurate or sufficiently representative of the true industry picture.

We recognise that it will take time for the industry to improve its understanding and recording of work-related ill health absence data. For the remainder of our 2014-19 health programme we propose the use of data on all sickness absence as a more deliverable and reliable indicator measure. Current industry estimates of the sickness absence lost time rate in rail compared with other industries indicates that rates in the rail industry are currently higher than in comparable sectors.

D2 - ORR indicator measure on costs of work-related ill health

Key findings from the 2009/10 and 2013/14 industry survey returns:

- The total cost of ELCI claims settled for work-related ill health in 2013/14 was just under £3 million. This compares with a recalculated figure of £3.08 million for the cost of health claims settled in 2009/10;
- This equates to an average claims cost for each employee of around £31 for both 2009/10 and 2013/14. This average figure masks a variation in the data between contractors and non-contractors (rail operators and infrastructure managers). In both years the average claims cost per worker was roughly three times higher for contractors than for non-contractors;
- In both years the majority of the total cost of settled claims, as well as the number of claims submitted, was for non-contractors. In 2013/14, rail operators and infrastructure managers accounted for 82% of the total cost of claims settled and 92% of the total number of new claims submitted. It is important to note that the claims data for contractors is based on a very small sample size and is therefore likely to be less representative and reliable than that for non-contractors;
- Although the total cost of claims settled was broadly unchanged in 2013/14 compared with 2009/10, the 2013/14 survey saw a marked upturn in the number of health related claims submitted that year. In 2013/14 the number of claims submitted increased to almost 1,500, a fourfold increase on the 336 claims submitted in 2009/10. Based on only two snapshots of what are independent datasets on claims value and numbers, it is not possible to infer any changes in cost per claim settled between 2009/10 and 2013/14.

The estimates on claims costs are based on a small number of companies surveyed who actually settled health related claims during the two survey years. In both the 2009/10 and 2013/14 survey returns, more than 80% of companies surveyed either reported zero cost of claims settled or cost data not available.

Major changes introduced during 2013 in how civil claims for compensation are brought may have affected the ELCI claims data for 2013/14. However, we are not able to make any assessment of whether this was the case, based on the data provided. It is possible that the upturn in the number of claims submitted by respondents in 2013/14 reflected the

widely predicted surge in civil claims before the removal of breach of statutory duty under health and safety law as grounds for a civil claim on 1 October 2013, under the Enterprise and Regulatory Reform Act 2013. The impact of this change for occupational diseases may be limited by the fact that many (although not all) duties relating to risks to health are qualified by reasonable practicability, rather than strict liability. Also legislative changes on claimants' costs introduced on 1 April 2013 (Qualified One-Way Costs Shifting Scheme) may offset any predicted fall in future claims. It is reasonable to suggest that the removal of strict civil liability from October 2013 may reduce the volume of health claims submitted in future years, but the impact on cost is uncertain (as identified in the government impact assessment for this change to the law). As it may be difficult to interpret any trends in ELCI disease claims in the short to medium term, it would be sensible for ORR to explore use of an alternative cost indicator measure.

D3 - ORR indicator measure on visible leadership on work-related ill health

Key findings from the 2009/10 and 2013/14 industry survey returns:

- For 2013/14, only 22% respondents (20 companies) reported on ill health against quantitative targets in their annual reports and accounts, a modest increase from the 16% (8 companies) who reported in 2009/10;
- 2013/14 saw a small increase in public reporting on health against quantitative targets by the rail operators and infrastructure managers, from 11% (three companies) in 2009/10 to 24% (nine companies), while the rate among contractor respondents remained at around 20% (11 companies in 2013/14);
- This compares with around 40% of companies surveyed who report on worker and passenger safety against quantitative targets in annual reports and accounts, unchanged between 2009/10 and 2013/14;
- For 2013/14, 22% respondents (21 companies) reported on ill health publicly (but not necessarily against quantitative targets) via Corporate Social Responsibility Reports or similar. This figure compares with 33% (17 companies) who reported in 2009/10.

The 2013/14 survey returns suggest a move towards improved public reporting on health however the numbers of companies who do so is still small. It is clear that worker and public safety still has a higher profile in terms of public reporting than ill health. Many respondents indicated in their survey returns an intention to develop quantitative performance indicators on health in the near future.

D4 - ORR indicator measures on industry awareness of occupational health

Our health indicators include some internal measures to reflect industry awareness on health. These include RIDDOR reports on health and the number of visits to ORR's web pages on health.

RIDDOR disease cases reported to ORR:

- The number of occupational disease cases reported to ORR under RIDDOR increased from a total of four cases in 2009/10 to 79 cases in 2013/14, with a total of 320 disease cases reported over the four years of our first health programme;
- Although the introduction of new reporting requirements under RIDDOR 2013 could have influenced the reporting of disease between 1 October 2013 and 31 March 2014, we believe that any such effect will be small. Changes introduced by RIDDOR 2013, including widening of the scope for reporting HAVS cases and the requirement to report worsening cases, might have had some impact on the numbers. However it is increased awareness, particularly by NR, rather than legislative change that has driven the increase. The marked increase in RIDDOR disease cases reported to us in the three years preceding the RIDDOR 2013 changes (241 cases reported between 2010/11 and 2012/13) provide evidence to support this assessment.

Number of visits to ORR's web pages on occupational health:

- In 2013/14 we recorded over 10,000 visits to the health pages on ORR's website, which represents 34% of the visit rate to ORR's main health and safety regulation page⁶⁰ over the same period. We reported an original baseline figure of 849 visits for the six months from 3 September 2010 (when ORR's first health pages went live) to 28 February 2011, representing 8.5% of the visit rate to our main health and safety page;
- Not surprisingly the occupational health landing page⁶¹, providing links to topic specific pages, was visited most frequently. Looking at the average monthly views in the 2013/14 data, the most frequently viewed health topic pages were managing work-related stress⁶² (140 views monthly average), good practice case studies⁶³ (100 monthly average for single page), rail manager competence on health⁶⁴ (77 monthly average) and occupational health quarterly updates⁶⁵ (76 monthly average);
- It is difficult to make a direct comparison between the 2013/14 data and the original baseline figures, as we made some important changes in how we monitor use of ORR's website during 2013. These changes included moving from capturing both internal (ORR) and external website visits prior to September 2013, to recording only those visits from outside ORR (external web page visits). This will have resulted in a downturn in the visits data from September 2013 onwards. From September 2013 we

⁶⁰ ORR health & safety regulation landing page: <http://orr.gov.uk/what-and-how-we-regulate/health-and-safety>

⁶¹ ORR occupational health landing page: <http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/occupational-health>

⁶² ORR stress guidance: <http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/guidance-and-research/occupational-health-guidance/work-related-stress>

⁶³ ORR health case studies: <http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/guidance-and-research/occupational-health-guidance/case-studies>

⁶⁴ ORR rail manager competence on health: <http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/guidance-and-research/occupational-health-guidance/rail-manager-competence>

⁶⁵ ORR quarterly health updates: <http://orr.gov.uk/what-and-how-we-regulate/health-and-safety/monitoring-and-reporting/occupational-health-quarterly-updates>

also changed from recording page visits, which does not count returns to the same page within a browser session, to page views, which provide a more accurate figure by counting returns visits to the same page. This will have resulted in a slight upturn in the data;

- Despite these changes, we are confident that the data reflects a real and substantial increase in use of ORR’s health web pages, as industry awareness increases. Increase in traffic on health issues will have been supported by us continuing to add more pages on health to support industry efforts under our health programme. By May 2015 we had increased the number of health web pages to 25.

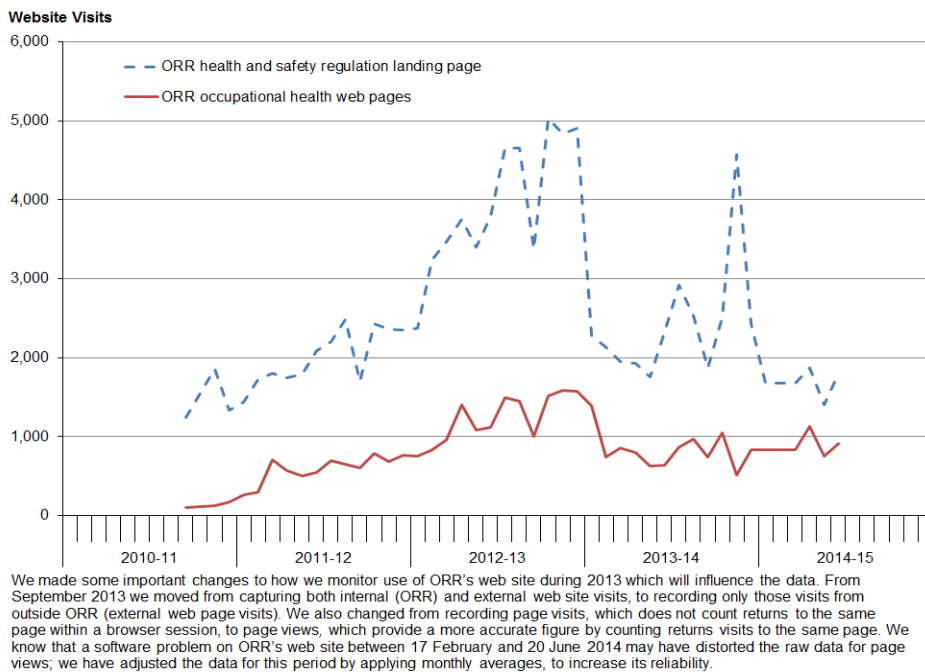
Figure 16 - ORR data on visits to ORR health web pages relative to main ORR health and safety landing page

Period	Total OH web page hits	No of OH page links (URLs) accessed	Visit rate for OH pages compared with H & S regulation landing page
Baseline Dec 2010⁶⁶ – March 2011 visits	519	5	8.7%
Year 1 - April 2011 – March 2012 visits	7,090	10	29%
Year 2 – April 2012 – March 2013 visits	14,974	11	31%
Year 3 – April 2013 – March 2014 views⁶⁷	10,045	15	34%
Six months April – Sept 2014 views	5,294	16	52%

⁶⁶ Due to a change in how ORR records website visits, comparable data is only available from December 2010.

⁶⁷ A third party coding issue on ORR’s website between 17 February and 20 June 2014 distorted the raw data for page views, inflating the figures artificially. We have adjusted the data for this period by applying monthly averages, to increase the reliability of the data. For the 2013/14 data, for the adjusted monthly estimate for March 2014 is based on the monthly average for April 2013 to February 2014. For the April to September 2014 data, the six monthly average figures were applied for April to June 2014.

Figure 18 - Trend in visits to ORR occupational health pages by month, 2010/11 to 2014/15



Source: ORR

Although not included in our dashboard of indicator measures, the independent research carried out for ORR to obtain direct industry feedback on our first health programme and the growth in ORR's quarterly health programme update support this indicator measure in demonstrating an increased awareness among rail companies on occupational health.