

7. Assessing the impact of ORR’s first health programme

Comparing ORR’s health indicators between 2009/10 and 2013/14

- 7.1 A lack of reliable industry health data makes it difficult to accurately assess the impact of ORR’s health programmes. So, at the start of our first health programme we proposed five health indicators as markers for excellence in health management, leadership and awareness on health, to help us in assessing the impact of our health programmes. We used data from a 2011 survey of rail companies for the baseline indicators on incidence, cost and visible leadership on work-related ill health, and ORR data to measure awareness. For this report we have updated the indicator measures for 2013/14 using responses from a 2014 repeat of our rail industry survey and updated ORR data. Further details on the scope and analysis of the responses to ORR’s baseline (2011) and repeat (2014) surveys of rail companies can be found in Annex C.
- 7.2 Headline changes in our health indicator measures over the four years of our first health programme are outlined in Figure 13 below. More detailed discussion on our health indicator measures, including analysis of findings from our industry surveys, on RIDDOR disease reports, and visits to ORR’s health web pages, is set out in Annex D.

Figure 13 – Headline changes in ORR health indicator measures over our first health programme

Indicators on occupational health for ORR’s 2010-14 programme	2009/10 baseline measure	2013/14 updated measure	Progress
<p>Excellence in health management: a measure of incidence of work-related ill health</p> <ul style="list-style-type: none"> proportion of available working time lost due to work-related ill health, as reported to ORR by key duty holders 	<p>0.12% total hours lost due to work-related ill health (total 55,900 hours)⁵⁶</p>	<p>0.08% total hours lost due to work-related ill health (total 112,600 hours)</p>	<p>Unable to assess progress due to limited confidence in data reliability (as discussed in Annexes C and D)</p>

⁵⁶ 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

Indicators on occupational health for ORR's 2010-14 programme	2009/10 baseline measure	2013/14 updated measure	Progress
<p>Excellence in health management: a measure of cost of work-related ill health</p> <ul style="list-style-type: none"> number and value of employers' liability claims related to occupational ill health, as reported to ORR by key duty holders 	<p>Total value of claims settled for work-related ill health = £3.08 million⁵⁶</p> <p>Number of claims submitted for work-related ill health = 336</p>	<p>Total value of claims settled for work-related ill health = £2.99 million</p> <p>Number of claims submitted for work-related ill health = 1,494</p>	<p>Volume of claims increased markedly, but claims value stable</p>
<p>Industry leadership: a measure of visible leadership on OH</p> <ul style="list-style-type: none"> proportion of rail companies who report publicly (e.g. to their shareholders) on OH against quantitative targets, as reported to ORR by key duty holders 	<p>16% of respondents report publicly on ill health against quantitative targets, compared with 40% who do so for worker and public safety</p>	<p>22% of respondents report publicly on ill health against quantitative targets, compared with 39% who do so for worker and public safety</p>	<p>Modest increase in public reporting on health</p>
<p>Industry awareness on health: a measure of level of reporting under RIDDOR</p> <ul style="list-style-type: none"> number of reports of prescribed diseases reported under RIDDOR to ORR 	<p>4 cases of prescribed diseases reported – 3 cases of HAVS, and 1 case of dermatitis</p>	<p>79 cases of prescribed diseases reported – 76 cases of HAVS, 2 cases of carpal tunnel syndrome and 1 case of occupational asthma</p>	<p>Substantial increase in RIDDOR disease reports</p>
<p>Industry awareness on health:</p> <ul style="list-style-type: none"> number of visits to ORR's web pages on health 	<p>849 visits to ORR health web pages over 4 months (Sept 2010 to Feb 2011)</p> <p>8.5% of visit rate to ORR main health and safety regulation page</p>	<p>10,045 visits to ORR health web pages over 12 months</p> <p>34% of visit rate to ORR main health and safety regulation page</p>	<p>Substantial increase in use of ORR health web pages</p>

What progress has been made?

7.3 In our 2011 baseline report we identified a number of expected trajectories (or trends) in our health indicator measures, to help us to assess the impact of our health programmes. Progress seen for each indicator measure by the end of our 2010-14 health programme is summarised below.

Incidence of work-related ill health

- **What we expect to see on incidence of work-related ill health:** An increase in the proportion of rail companies who collect reliable data on work-related sickness absence. Allied to this, we predict a probable increase in the reported incidence of work-related ill health. In the longer term, once data collection has improved, we would expect to see a decreasing trend in the incidence of work-related ill health.
- **Progress by 2013/14:** Reporting on health has improved. Based on industry responses to ORR's health data surveys, we have seen a modest increase (of around 13%) in the proportion of respondents who are able to report reliable data on work-related ill health absence. The proportion of larger rail employers who do so has not increased. We have seen a marked increase in occupational diseases reported to us under RIDDOR, particularly of HAVS driven by improvements in NR's ill health recording and reporting arrangements. We expect to see this upturn in reported HAVS cases by NR continue in the short term as health surveillance outcomes for their remaining workers in higher risk jobs are reported. It should then decline as improvements in HAV risk management take effect. We might expect a modest increase in RIDDOR disease reports (for example in HAVS cases from rail contractors) resulting from better compliance on RIDDOR reporting across the rest of the industry during our current health programme.
- Trends in the incidence of work-related ill health over our 2010-14 health programme are more difficult to assess, with available data sources capturing different snapshots of the wider picture. HSE data from the LFS survey cannot be used to infer any changes in the extent of work-related ill health in railway operatives over our four year health programme, due to the large overlap in the baseline and updated data sets. The revised HSE data suggests that the prevalence of work-related ill health among railway operatives is broadly comparable with that in the construction industry, but that levels of respiratory disease may be higher than in the rest of the working population. An analysis of health referral data by a leading OHP suggests levels of work-related ill health in their rail clients are similar to the average for the rest of the transport sector, and below the all industry average. Recent RSSB research on impaired health suggests that sickness absence rates in the rail sector may be higher than those for all industry and construction.
- The data on the proportion of hours lost due to work-related ill health from ORR's health data surveys is not judged sufficiently reliable to assess progress on the

incidence of work-related ill health. Around two thirds of rail companies responding to our 2014 survey were either unable to provide data on work-related ill health absence, or (less credibly for all but the smaller employers) reported zero hours lost due to work-related ill health. As a result, we propose use of a more widely available measure of total sickness absence as an indicator measure for the remainder of our current health programme. If the impetus in the rail industry on health is maintained, we might expect to see sickness absence rates starting to decline by the end of our 2014-19 health programme.

Cost of work-related ill health

- **What we expect to see on cost of work-related ill health:** Decreasing trend in the value and/or number of Employers' Liability Compulsory Insurance (ELCI) health claims as one measure of the cost of work-related ill health.
- **Progress by 2013/14:** Based on industry responses to ORR's health data surveys, we have not seen a downward trend either in the cost of health claims settled or the number of health claims submitted, over the four years of our first health programme. Sample data from the ORR surveys indicate costs of health claims settled remained stable at around £3 million in both survey years, while the number of health claims submitted increased markedly in 2013/14. Major changes introduced during 2013 in how civil claims for compensation are brought may have affected the ELCI claims data for 2013/14. It is possible that the upturn in health claims submitted in 2013/14 may reflect the predicted surge in claims before the removal of strict liability for civil cases from 1 October 2013, although we cannot determine this from the survey data. Improvements in health risk management are unlikely to feed through to claims data in the short term, but we might expect to see a downward trajectory over the longer term as better worker health translates to a reduction in number and cost of health claims. Work planned under the Industry Roadmap to help rail companies to better understand and reduce their ill health costs, may, in time, feed through to reduced claims.
- Over the course of our current health programme, external factors may have had a greater impact on ELCI claims than any changes from within our industry. Legislative changes introduced in October 2013 removing the right to bring a civil claim for breach of statutory duty under health and safety law may reduce the number of health claims brought in the medium term, although other changes to limit claimants' costs introduced in April 2013 may offset this to some extent (discussed further in Annex D).

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 for assessing the impact of our health programmes.

Visible leadership on health

- **What we expect to see on visible leadership on health:** Increasing trend in the proportion of rail companies reporting publicly on worker health against quantitative targets.
- **Progress by 2013/14:** Based on industry responses to ORR's health data surveys, we have seen a modest increase (of around 6%) in the proportion of respondents reporting publicly on health against quantitative targets, as leadership and awareness have improved. Responses to our 2014 survey indicated that around a fifth of respondents report publicly on health against quantitative targets. There remains a significant gap between public reporting on worker health and that for worker and public safety. We expect to see this gap close during our 2014-19 health programme. The level of commitment shown by rail companies in reporting publicly against voluntary health pledges under the Department of Health PHR Deal will provide additional supporting evidence to track progress against this leadership measure.

Awareness on health

- **What we expect to see on awareness on health:** Increasing trend in awareness on health, as measured by improved reporting under RIDDOR 2013 requirements.
- **Progress by 2013/14:** There is clear evidence of improved reporting of occupational disease to ORR by Network Rail. Evidence of improved RIDDOR reporting by other parts of the industry is less convincing. We believe that there remains a degree of under-reporting, particularly among rail contractors. We are confident that the marked upturn in RIDDOR disease reports during our first health programme has been driven by improved awareness on health, particularly by Network Rail, rather than by the changes to RIDDOR in October 2013. We expect Network Rail's reporting of HAVS cases to remain relatively high in the next two to three years, as all their higher risk maintenance workers are captured by the rolling programme of health surveillance. We are also looking for other rail companies, including contractors, to review their RIDDOR reporting arrangements for work on rail infrastructure, and we might expect to see a modest upturn in disease reports, particularly HAVS cases, as result.

As industry HAV risk management improves, we might expect to see a gradual reduction towards the end of our current health programme.

Industry awareness on health

- **What we expect to see on industry awareness on health:** Increasing trend in awareness, as measured by increased use of ORR's web pages on health.
- **Progress by 2013/14:** Despite recent changes in how we record visits to ORR's website, we have seen sustained increases in external use of ORR's web pages on health. This is both in absolute numbers and also as a proportion of visits on other health and safety regulation issues. The improved response from rail companies to ORR's repeat health data survey in 2014 (81%), the sustained increases in subscription to ORR's quarterly health programme updates and health e-bulletins, and the addition of more good practice case studies by rail companies to our website, support our assessment of an increased industry awareness on health. The impact of ORR's 2010-14 health programme in raising awareness on health was also confirmed in an independent survey of the industry for ORR in 2014. As the industry matures and develops more rail-specific guidance on health, for example as outputs from the Industry Roadmap, we might expect to see the recent increase in use of ORR's health pages level out.