1. Purpose of the paper
1.1 To secure board approval for a cross-industry group to help employers improve workforce health and wellbeing via a roadmap.

2. Background
2.1 Over the past two years RSSB has highlighted the importance of health and well-being, both for the benefit to rail’s workforce and for the economic benefits to the industry. This was underlined by the Department of Health’s expert advisor at the RSSB Industry Safety Meeting (ISM) in February 2012.

2.2 Under the direction of the board, RSSB has engaged with its members to consider the management of workforce health and wellbeing within the rail sector. The project has developed tools to assist industry professionals in the management of health policy and health assessment and worked to better understand the risks and opportunities presented by health and wellbeing. More information on deliverables to date will be presented at the board meeting. Significantly the RSSB project has generated interest, engagement and collaboration which has been recognised by the ORR.

3. Health and wellbeing of the workforce in the modern railway - risk and opportunities
3.1 The challenges and opportunities surrounding the modern railway workforce are numerous.

3.2 The demographics of the workforce across the UK are changing and rail is no exception. Increased obesity, an ageing workforce, and employees working until later in life all have an impact on businesses performance. Though not strictly the responsibility of an employer, jointly, the industry, alongside government and citizens, can address these issues through guidance and promotion of wellbeing. Such a consistent approach can improve business performance and address on an industry basis, the future availability of the workforce.

3.3 Since privatisation there has been an absence of rail specific senior clinical support to provide advice, expertise and guidance to third party providers and line managers. This lack of guidance has resulted in both physicians (who have limited understanding of the rail workplace) and line managers being more risk averse, causing unnecessary delay in returning individuals to the workplace. Lack of clinical guidance in the rail environment has also restricted the number of qualified health providers willing to enter the market.
3.4 Addressing the lack of guidance would help the industry benefit from the latest technology and medical advice and ensure a consistency of approach that would significantly reduce industry costs and improve employee wellbeing. In this respect, GB rail can look to other sectors and countries for good examples. The Australian railways have collaborated to sponsor the development of medical standards and physician guidance similar to that used by the DVLA in the UK.

3.5 The RSSB board has already recognised the poor quality of health and wellbeing data and the difficulty this creates for proactive management and informed investment. The NHS and TfL are examples of businesses that have benefited from benchmarking different trusts/business units enabling targeted investment in health service provision. The GB railway already benefits from cross-industry safety data collection through RSSB in terms of business performance and reputation. The same is possible with health.

3.6 Diversity in both geography and tasks performed means that different roles are exposed to different health hazards and employers face different challenges. The ORR has highlighted that within this distribution of risk there are areas of non-compliance to legal requirements, resulting from a lack of health risk management, control and identification of health hazards. By providing tools and guidance (e.g. health risk assessment resource currently piloted by four companies) RSSB can support organisations in reducing the cost of complying with legislation.

3.7 Finally, whilst industry has made progress in the past few years, with many individual companies significantly more engaged in this subject; in overall terms railway system management of health and wellbeing still lags behind other industries. Aviation, nuclear, and TfL are all performing considerably better than mainline rail specifically in areas of board commitment, clinical leadership, training and education. The construction industry, which has many similar characteristics to rail (but on a larger scale) has a framework to collectively manage standards, risks and collect data that is widely regarded as good practice.

3.8 The associated cost of ‘absenteeism’ caused by impaired health in GB railway is in the region of £320m pa. If coupled with ‘presenteeism’ it could be as high as £790m pa. It is estimated that working collaboratively across the industry could save the industry up to £32m pa. This can be achieved through access to expertise, economies of scale and addressing market failure issues. Further, investment that cannot be justified locally may be beneficial at a system level. This is important as typically rail employees work for multiple rail employers in their working life, therefore all benefits will be retained within the rail industry and its businesses.

3.9 Collective promotion and support of industry effort creates consistency of approach within the industry and between third party providers. Sharing good practice, improves management approach, saves time and increases knowledge. Overall competency of line managers and use of health
professionals can be increased and in turn reduce absenteeism and improve our workforce health and wellbeing.

4. **Way forward – roadmap to improving health and wellbeing on GB railway**

4.1 Proactive management of workforce health and wellbeing is an important part of business performance and workforce engagement. Recognising the above challenges and opportunities, over 100 people from within and outside the industry participated in the development of a health and wellbeing vision and its supporting roadmap. The roadmap captures the strategy and priorities for CP5 and loosely over CP6 in order to achieve the industry’s vision - “**GB railway is an industry where everyone takes responsibility for health and wellbeing and benefits from it**”. It seeks to increase business knowledge and availability of options through a menu of products and initiatives that the business can draw upon as required. The roadmap attached (Annex A) is centred on activities across:

- Industry leadership
- Clinical knowledge
- Reporting and monitoring
- Employee engagement
- Behavioural change

4.2 To coordinate the delivery of the roadmap, a cross-industry ‘Health and Wellbeing Policy Group’ is proposed, building on the work already undertaken by RSSB. The group would be responsible for sponsoring delivery of the roadmap and encouraging its adoption. The group should report to the RSSB board and work with other industry forums and groups.

4.3 The key priorities, from the roadmap, for the coming two years include:

- Engaging or securing boardroom commitment and industry direction for health and wellbeing
- Developing cross industry data collection requirements and common classification
- Developing a strategy for developing clinical knowledge

5. **Recommendations**

5.1 The RSSB board is asked to:

- **DISCUSS** the risks and opportunities presented in this paper
- **COMMIT** to a cross-industry group to support all employers and systematically improve their health and wellbeing via the roadmap.

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1. Definition; The ‘effects of work on health’, ‘the effects of health on work’ and ‘wellbeing’
2. Hesketh Work and Health (2013) Mini study to compare health performance between industries
3. RSSB (2014) The costs of impaired health across the rail network
Annex A

Railway Health and Wellbeing Roadmap

**Our Vision**
GB railway is an industry where everyone takes responsibility for Health and Wellbeing and benefits from it.

**Principles of Working**
- A collaborative approach
- Share best practice
- Keep it simple
- Evidence based decision making
- One size does not fit all
- Cost effective

**Ownership**
The roadmap should continually evolve toward industry needs.

**Strategic Themes**
- Industry Leadership
- Clinical Knowledge
- Reporting & Monitoring
- Employee Engagement
- Behavioural Change

**Timeline**
- 2014/2015
- CP5: 2016/2017
- 2018
- CP6

**Key Activities**
- Set up policy group
- Engage board level champions
- Influence policy
- Ongoing communication and engagement agenda
- Review and agree a set of voluntary medical standards
- Risk based guidance for rail organisations
- Stimulate and reduce costs of health market
- Develop wellbeing strategy
- Rehabilitation strategy and business case
- Cross industry health data system specification
- Short term data solution
- Set up industry system
- Analysis and intelligence
- Act on findings
- Evaluate effects of absenteeism and presenteeism within rail system
- Increase employee say in health management
- Research better job design (incl. stress)
- Use Specialists to review health in common rail environments
- Increase provision of health training via supply of/links to training materials
- Promote employees role in personal health & wellbeing management
- Undertake initiatives to support health in the supply chain