

**Date: 14 September 2021**

**Item: Measuring and Improving Employee Health**

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## **This paper will be considered in public**

### **1 Summary**

- 1.1 The health and wellbeing of our workforce, as well as their safety, is of paramount importance to Transport for London (TfL). The pandemic highlighted the impact preventable underlying conditions such as diabetes, hypertension and obesity could have by increasing the risk of poor outcomes amongst those suffering with COVID-19. Social inequalities also affected outcomes in COVID-19 and also impacted on general health and wellbeing. Improved health and wellbeing benefits not only individual employees but also the organisation resulting in improved attendance, engagement and productivity.
- 1.2 This paper arose from the work which TfL commissioned the Institute of Health Equity, University College London (UCL) to undertake with regards to the impact of COVID-19 on London bus drivers. It provides an update on the progress that has been made with regards to the development of a health and wellbeing programme for London bus drivers. In addition, it reports on the steps which TfL are undertaking to improve and support the health of their own employees.
- 1.3 There are several elements to ensuring that any health initiatives bring benefit to our employees. Firstly, ensuring that we establish health and wellbeing initiatives that are data driven and evidenced based. Any interventions and initiatives must be rigorously evaluated to determine their benefit. Health data and initiatives should be benchmarked both internally and externally as far as possible.

### **2 Recommendation**

- 2.1 **The Panel is asked to note the paper.**

### **3 Background**

- 3.1 The UCL reports (Phases [One](#) and [Two](#)) highlighted the need to be more proactive in understanding existing health conditions of bus drivers, supporting better health and identifying those most at risk. The findings were:
  - (a) Many bus drivers were at increased risk of COVID-19 due to their older age profile, male gender, and higher proportion of employees of Black and Asian ethnicity, residence in more deprived areas and pre-existing health conditions such as hypertension, diabetes and cardiovascular disease.
  - (b) 31 per cent of drivers who took part in the study aged 20 to 44 were overweight.

- (c) Drivers in the study were more likely to be obese at a younger age than the general population.
  - (d) There is some evidence of the earlier onset of some pre-existing conditions.
- 3.2 Unlike the London bus drivers, there is no recent study with regards to the health of TfL employees who form a diverse group in terms of their different job roles. We do, however, have employee sickness absence data and data gathered at occupational health appointments. The health of TfL employees may differ between different roles depending on income, shift work and a number of other factors. There is anecdotal evidence that the current health improvement plan and wellbeing initiatives are more likely to be accessible to office based/home-working employees and are less likely to be accessed by operational employees particularly those working night shifts. This situation is not unique to TfL.

## **4 Challenges in improving and measuring employee health**

- 4.1 As we move through the pandemic, our objective is to improve employee health and wellbeing in future; to build on what we have learnt during the crisis and to emerge as a stronger, fitter, healthier organisation. This ambition is not without a number of significant challenges. Such challenges are not unique to TfL and are typical of those faced across the transport sector, however they are important to take note of as we move to deliver improvements.
- 4.2 In particular:
- (a) it is difficult to reach some employees, such as operational employees and those who work night shift. They would benefit most from interventions, but it is often the “worried well” who engage with health promotion initiatives and those who have better access to online resources;
  - (b) it will take time to develop a “healthy culture” to match that of the “safety culture”. It requires leadership and role-modelling throughout the organisation and will benefit from reporting of health data publicly with cross industry benchmarking;
  - (c) there is a need to manage expectations in relation to health and wellbeing improvements. Achieving sustained behavioural change, especially in relation to health and wellbeing is difficult as evidenced by the problems the government has in tackling the major issue of obesity;
  - (d) there is a need to adequately fund future health and wellbeing initiatives. Application of the traditional return on investment (ROI) model for health care is unreliable and other success matrices may need to be considered; and
  - (e) there is a need for oversight of the current portfolio of planned health and wellbeing projects to ensure that the benefits are maximised for the business. It is proposed that the Occupational Health & Wellbeing team (OH&W), as the experts in this area should co-ordinate and oversee these projects.

## **5 Actions to measure and improve employee health at TfL**

- 5.1 In light of the above challenges, we aspire to design health and wellbeing initiatives that are evidence based and will reach employees who are typically harder to reach. To improve engagement at all levels of the business and make the change to a “healthy culture” we will enhance data reporting in line with industry best practice. This will be achieved through improved data collection and the initiatives outlined above, along with the use of the Rail Safety and Standards Board) RSSB data reporting tools.
- 5.2 At TfL there are currently several initiatives to support employee health which can largely be considered as either proactive or reactive.
- 5.3 For example, all interactions with the occupational health team are an opportunity for proactive health promotion advice (for example with regards to weight, smoking, management of chronic health conditions) and the wellbeing team run a series of health promotion initiatives and advice.
- 5.4 There are a number of employees who have undergone training to be “champions” of wellbeing and health in the business and a group trained in supporting colleagues who have experienced trauma at work which can reduce the risk of long term absence and post-traumatic stress disorder.
- 5.5 Reactive support through advice and treatment from the Employee Assistance Programme, the physiotherapy and counselling teams as well as OH is also available. Although employees requiring these services have already developed a health problem, the interventions offered may result in reduction in severity of symptoms and quicker recovery.

### **Reaching operational employees and designing evidence-based initiatives**

- 5.6 To address the challenge in reaching operational/shift workers we are using a grant from the Employer Health Innovation Fund, a new programme which aims to support employers develop new ways of improving the health and wellbeing of employees. Overall, the project is to understand the barriers TfL’s operational employees have in engaging with health and wellbeing tools and how to overcome them. Phase 1 of the project has started and consists of background research. This will lead into Phase 2 stakeholder engagement and understanding the issues. Phase 3 will be the design and implementation of a solution with a timeframe for delivery of 18 months from the start of the project (March 2023). This will be followed by a period of evaluation.
- 5.7 We are also working with Reset Health on a pilot designed for people living with type 2 diabetes, prediabetes or obesity to help reverse their metabolic conditions. We have set measures of success for the pilot and will evaluate the outcome to determine whether this is a cost-effective initiative which could be extended to more individuals. RSSB are looking to pilot a similar initiative through its Healthy Cultures Group and we will be sharing our findings and best practice with it.
- 5.8 Further measures to reach operational employees and develop evidence-based initiatives include a mobile health bus unit staffed by OH&W staff which has been commissioned to offer TfL employees a health and lifestyle assessment. It has

the benefit of bringing our occupational health services directly to staff to enhance awareness and take up. The “Well@TfL” assessment is focussed on the prime health and wellbeing issues of obesity, cardiovascular risk and psychological health. The objectives are to offer individualised lifestyle plans and to collect data to inform the development of further interventions. This is a one-year project commencing in September 2021.

- 5.9 In terms of evaluation of interventions, the “Well@TfL” project will also include a study which aims to develop an evidence-based model for assessing and addressing workplace health and wellbeing priorities, and one which can be implemented in all parts of the TfL business. A mixed methods approach (i.e. utilising both quantitative and qualitative analysis) will be used to assess the effectiveness of two models for delivering health and wellbeing programmes: Model 1 is focussed on delivering individualised / custom-tailored programmes to employees. Model 2 is centred around delivering a bespoke, evidenced based programme, which will be developed locally and delivered depot wide. Before implementation of programmes, data will be collected on mental and physical wellbeing, the purpose of which is to guide the development of the health programmes at both an individual and depot level and to be the baseline measurement for benchmarking further evaluations. Post implementation, a further set of data measurements will be taken. An Interim report will be available mid-2022 and final report early 2023.

### **Benchmarking and publishing health data**

- 5.10 It is intended that results from the project described will also be externally benchmarked against published research material, Government funded research and survey data and reports/data from industry bodies such as RSSB.
- 5.11 An internal review of how health and wellbeing data is collated in OH&W is underway. Currently a range of health data is collected by OH&W for health surveillance purposes and for the completion of statutory medicals. By December 2021 it is anticipated that the process for obtaining aggregated health data will be in place. The challenges of moving to a “healthy culture” and demonstrating the importance of investment in this area will be met by provision of improved anonymised aggregated data relating to the health of employees. We are aiming to report into the RSSB Health Dashboard, which is under development, so that we can benchmark against other employers in the transport sector and to utilise its Health and Wellbeing Index (HWI). HWI has been developed, with health economists, specifically for the rail sector. It combines a range of occupational health and wellbeing metrics based on established health economics valuations. It transforms those valuations into comparable units and costs.

### **Healthy Culture**

- 5.12 The Health and Wellbeing Steering group have identified three key priorities for the improvement of health and wellbeing at TfL: leadership commitment, improved communication and enhanced line manager support/training. A working group has been set up to determine how to achieve these priorities and are determining the key milestones, deliverables and measures.

## **6 Bus Driver Health and Wellbeing**

- 6.1 Historically bus operators have trialled a wide range of initiatives to improve bus driver health and wellbeing, ranging from providing healthy food in the canteens and nutrition advice to bike to work schemes and discounts for local gyms. The take up of these initiatives has been variable.

### **Reaching operational employees and improving data collection**

- 6.2 To enable bus drivers to become more aware of any underlying health issues TfL – in collaboration with Bus Operators – is introducing more frequent voluntary health assessments for drivers in the form of self-assessment kiosks to help detect health conditions such as hypertension, diabetes, and heart disease at an earlier stage. The kiosks assess basic health measurements and then signpost drivers to additional support available from their existing operator Employee Assistance Programmes and other external resources. This will enable bus operators to assist drivers in getting the help they need and marks the first step in the response to the UCL study.
- 6.3 The Bus Safety Development team also successfully bid for the Design Council Employee Health Innovation Fund and will receive a grant to research and pilot the best way to deliver bus driver health and wellbeing assessments in the longer term. This research will include benchmarking the use of health assessments across other industries and in local bus operators in other comparable countries. The project will help identify solutions to improving bus drivers' health and wellbeing and increase understanding of their needs and what their employers can do to support them. The project aims to raise awareness of the ways in which drivers can take responsibility for their own health by suitable lifestyle adjustments, and to provide early detection of potential health problems. The study will begin in September 2021 and will also analyse the effectiveness of various intervention in health and wellbeing checks and the key parameters of driver health and wellbeing engagement and participation at work.

### **Designing evidence-based initiatives**

- 6.4 TfL has committed to targeting the next round of bus safety innovation funding at measures that will help to reduce fatigue and in light of the findings of the UCL report, the fund was broadened to include innovation that could also improve health and wellbeing of bus drivers. The Fatigue and Wellbeing Innovation Challenge was launched in March 2021. There were over 50 responses from companies with solutions and the shortlisted companies were able to work with the Bus Operators to submit joint bids. Funding awards will be announced shortly with trials due to start in the autumn.

## **7 Summary**

- 7.1 TfL is an organisation which values employee health and wellbeing and has much already in place to support our employees. However, there is more that can be done and improved reporting on health data is key to this.
- 7.2 TfL works closely with its contractors to consider how it can influence the health and wellbeing of their staff, either through contractual obligations and/or as an

exemplar of employee health and wellbeing best practice. The work TfL is taking with the bus operators to improve health among bus drivers is an example of the commitment to support contractors.

7.3 We would value the opportunity to report back on progress made in six months.

**List of appendices to this report:**

None

**List of Background Papers:**

Bus Safety Programme, Safety, Sustainability and Human Resource Panel, 4 September 2019

Bus Safety Programme, Safety, Sustainability and Human Resource Panel, 12 February 2020

Initial Assessment of London Bus Driver Mortality from Covid-19, UCL Institute of Health Equity, July 2020

Bus Safety Programme and Driver Health and Wellbeing, Safety, Sustainability and Human Resource Panel, 10 February 2021

Report of the Second Stage of a Study of London Bus Driver Mortality from Covid-19, UCL Institute of Health Equity, March 2021

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