HSE statistics consultation response – July 2011

Background

1. The majority of the statistics published by the Health and Safety Executive (HSE) have been classified as National Statistics by the UK Statistics Authority and we comply with the Code of Practice for Official Statistics in their production. One of the core protocols contained within the Code concerns user engagement and this states "Consult users before making changes that affect statistics".

2. In light of HSE's Spending Review settlement there will be less money available to procure data via surveys or other methods. Hence, some of our National Statistics will need to change. We launched a six-week external consultation from 28 February to 11 April to help inform the decisions which need to be taken.

3. The consultation was publicised via the HSE statistics eBulletin service for which we currently have 34,000 registered subscribers. The National Statistician's Office were also made aware and, through them, the Royal Statistical Society. The consultation questionnaire is attached in the annex to this report.

4. The essence of the consultation was to establish:

   - Which statistics are most used?
   - What are they used for?
   - What would the impact be on users if they were to change?
   - How do users prioritise our statistics and where do they rate the need for leading indicator data against the availability of outcome data (e.g. injuries and ill health)?

Response summary

5. We received 558 responses to the consultation. This is a substantial response, exceeding even the number the Office for National Statistics achieved when they consulted on their forward work plan, and shows both the value of the eBulletin community and the level of interest there is in health and safety statistics.

6. Around two-thirds of the respondents provided sufficient contact information for them to be categorised into user types. Of these, 70% were private sector companies including training providers and consultants as well as a large number of production companies. Eleven per cent of respondents were from the NHS or occupational health area. There was also a sizable response from central and local government and from academia as well as a number of responses from the trade unions.

7. The table below shows the top line responses to the questions about which data sources are used. Over 80% of the respondents said that they used RIDDOR data and two-thirds reported using enforcement data. The ill health sources, with the exception of asbestos-related disease, were less well used, particularly amongst the large group of private sector respondents. However, this is not surprising as this data is not available at the same level of detail as the safety-related data and hence can not be used as readily for benchmarking.

Data source	% of all consultation respondents who report to use the data source	% of private sector/company respondents who report to use the data source	% of other known users who report to use the data source
Reported injury data (RIDDOR)	81%	86%	83%
Enforcement data *	67%	81%	67%
Fatal injury data	67%	72%	63%
Mesothelioma/Asbestosis data	36%	41%	48%
Self-reported ill health data (LFS)	25%	21%	41%
Self-reported injury data (LFS)	24%	24%	35%
GP reported data (THOR-GP)	20%	17%	37%
Respiratory specialist data (SWORD)	17%	12%	33%
Skin specialist data (EPIDERM)	17%	16%	27%
Data reported by Occupational Health professionals (OPRA)	13%	10%	30%
Industrial Injuries Disability Benefit claims	8%	3%	24%

* it seems likely from the responses received that some users were referring to the Notices and Prosecutions database in their comments about enforcement data rather than the summary tables produced on the HSE statistics website which is what the consultation was focussed on. Hence the apparently high priority assigned to this source may not be a true reflection of the value of the National Statistics tables.

Frequently used acronyms

LFS – **L**abour **F**orce **S**urvey
RIDDOR – **R**eporting of **I**njuries, **D**iseases and **D**angerous **O**ccurrences **R**egulations
THOR – **T**he **H**ealth and **O**ccupation **R**eporting network
SWORD – **S**urveillance of **W**ork-related and **O**ccupational **R**espiratory **D**isease
OPRA – **O**ccupational **P**hysicians **R**eporting **A**ctivity

8. In response to the questions about how the information was used, several themes emerged repeatedly:

- Use of reported injury data
  - To provide training and awareness raising including presentations and company guidance (44%)
  - For benchmarking of own performance against sector and for setting targets (41%)
  - For risk identification and management (13%)

- Use of enforcement data
  - To provide training and awareness raising including presentations and company guidance (36%)
  - To identify bad practice and learn lessons from others (27%)
  - To check on sub-contractors and suppliers (23%)

- To persuade senior managers of the importance of health and safety (13%)

- Use of ill health data
  - To provide training and awareness raising including presentations and company guidance (60%-65%)
  - For benchmarking of own performance against sector and for setting targets (25%-35%)

9. Respondents were also asked what impact any changes to the data (in terms of frequency or amount of detail provided) would have on them. The majority view was that detail was more important than frequency. The health and safety environment and associated risks do not change quickly and hence it is more important to have detailed understanding, particularly for work-related ill health, than timely information.

10. Some respondents expressed concerns that with less up-to-date information it would be even more difficult to make the case for health and safety and particularly occupational ill health. Others were concerned about reverting to a historical position of limited knowledge and that they would be unable to evaluate the impact of current prevention strategies or to identify new and emerging hazards. A small number of supporters of the THOR specialist schemes made the point that these schemes report far more cases than cross-sectional surveys such as the LFS or generalist reporting schemes such as THOR-GP. Hence these schemes offer the best opportunity for detailed understanding, albeit for a narrowly defined set of conditions.

11. In addition to being asked about existing data sources, respondents were asked for their opinion on the development of new sources of leading indicator data. 47% of respondents said that they thought this information would be useful to them but most ranked it as an equivalent or lower priority to the existing outcome data. Only a few users were able to articulate how they might use this information.

12. A sizeable group of users felt that this sort of data would allow them to be proactive rather than reactive and would be a strong complement to the outcome data. Others who worked in companies where leading indicators are being used could see the benefit in having national benchmarks. However, concerns were also raised about the difficulty in collecting this information consistently and the fact that there is limited evidence of a link between leading indicators and improved outcomes.

Next steps

13. Taking into account the views of both internal and external users and the current budgetary position, we have taken the following decisions in respect of data procurement:

    i) Questions about work-related ill health from the Labour Force Survey will move from annual to biennial frequency from 2012/13. We now have a large bank of data from the LFS and we have recognised that the key benefits of this data source come from combining data and drilling down rather than from annual updates which have proved to be of less value. Questions about workplace injury from the LFS will continue to be asked annually in order to meet European requirements;

ii) We will not be progressing at this time work to develop whole economy working condition surveys. There will however continue to be periodic surveys for the construction sector;

iii) We are in the process of retendering for the THOR surveillance schemes. However, we have recognised in the tender documentation that our ability to continue with the schemes is dependent on affordability and that it is unlikely that we will be able to continue with all four elements (THOR-GP, SWORD – respiratory specialists, EPIDERM – skin specialists and OPRA – occupational health professionals) . A decision on the future of these schemes is expected to go to ministers in the autumn.

Kate Sweeney
Chief Statistician for HSE
July 2011

Annex – consultation questionnaire

External consultation about the health and safety statistics which are published by HSE

Background and aims

The majority of HSE's published statistics have been classified as National Statistics by the UK Statistics Authority and we comply with the Code of Practice for Official Statistics in their production. A core principle of the code concerns user engagement, particularly where statistics may be subject to change.

In line with all government bodies, HSE's Spending Review settlement for 2011-2015 represents a significant reduction in our government grant. One implication of this reduction is that there will be less money available to procure data via surveys or other methods. Hence, some of our National Statistics will need to change.

We are seeking the views of users both inside and outside government to determine what the priorities should be for HSE's statistics over the next five years. We would welcome your responses to the questions below to inform this prioritisation process.

Timetable for consultation

The consultation will be open for six weeks until 11/04/2011. A report of the responses received will be published on the statistics website.

Response template

We have listed below the regular statistics which HSE currently publish. Could you please indicate which of these sources you use, how you use them and what the impact would be on you if they were to change.

Current regular data sources

Data Source and web link	Do you use this data? (Yes, No)	If yes, how do you use it?	What would be the impact on you if this data were no longer available or it changed (e.g. available less frequently or less detail available)
Fatal injury statistics http://www.hse.gov.uk/statistics/fatals.htm			
Reported injury statistics (RIDDOR) http://www.hse.gov.uk/statistics/tables/index.htm#riddor			

Self-reported injury data from the Labour Force Survey http://www.hse.gov.uk/statistics/swi/index.htm#allinjuries			
Self-reported work-related ill health data from the Labour Force Survey http://www.hse.gov.uk/statistics/swi/index.htm#ill			
Occupational disease data from GPs (known as THOR-GP) http://www.hse.gov.uk/statistics/tables/index.htm#thor			
Data on respiratory conditions reported by chest physicians (known as SWORD) http://www.hse.gov.uk/statistics/tables/index.htm#thor			
Data on occupational skin disease reported by dermatologists (known as EPIDERM) http://www.hse.gov.uk/statistics/tables/index.htm#thor			
Data on occupational disease reported by Occupational Phyisicans (known as OPRA) http://www.hse.gov.uk/statistics/tables/index.htm#thor			
Statistics about deaths due to Mesothelioma and Asbestosis http://www.hse.gov.uk/statistics/tables/index.htm#lung			

Industrial Injuries disablement benefit data (IIDB) http://www.hse.gov.uk/statistics/tables/index.htm#iidb			
Enforcement data (notices served and prosecutions for health and safety breaches) http://www.hse.gov.uk/statistics/tables/index.htm#enforcement			

New data sources required

In a peer review of HSE's commissioned survey programme in 2006 the external experts we consulted gave strong support to the development of precursor measures to complement the data we collect on health and safety outcomes. Such measures could include information about health and safety awareness, attitudes and workplace practice such as was collected through the previous WHASS and Fit3 surveys (see http://www.hse.gov.uk/statistics/sources.htm#whass) and could also include data on levels of exposure to certain hazards. **We would be interested in knowing whether leading indicator data such as this would be of interest and use to our users**. It is also important for us to understand **the priority you would give to such data in comparision with the data sources related to outcomes** (listed above). Could you please respond on these two points below.

For some conditions, such as many types of cancer, it is only possible to estimate how many cases are caused by work using evidence from epidemiological studies (rather than by identifying individuals with injuries or occupational illnesses from our various regular surveys and sources). We would welcome your views on any aspects of these wider statistics that HSE produce, some of which are based on commissioned research

Are there any other comments or suggestions you would like to make

Respondent details

Name	
Organisation	
Please indicate whether you are responding as a individual or representing a group Individual / Group (delete as applicable)	
Contact details (optional)	

Unfortunately, we can not gaurantee the confidentiality of your response due to obligations placed upon us by the Freedom of Information Act.

For further information please contact Kate Sweeney, HSE's Chief Statistician, on (0151) 951 3221 or by email: kate.sweeney@hse.gsi.gov.uk