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HEALTH AND SAFETY COMMISSION

HSE Access to Industrial Injuries Prescribed Disease Data

A Paper by John Hodgson, Statistics Branch

Advisor(s): Susan Mawer, Secretariat

Cleared by John Ewins, Head, Analytical Services Division on 30 January 2006

Issue

1. Securing access to detailed data on prescribed industrial disease cases for HSE analysts.

Timing

2. Routine

Recommendation

3. That the Commission agrees in principle to use its powers under section 27 of the Health and Safety at Work Act (HSWA) to obtain data on industrial injuries prescribed disease cases at the individual case level.

Background

4. Historically, case level data on prescribed disease have been shared between DWP and HSE. The developing interpretation of Data Protection legislation and DWP's data sharing policy has highlighted the legal and policy risks of disclosing sensitive information within statistics where it was potentially possible for an individual to be identified. DWP now requires specific legal authority for any transfer of individual case data outside DWP itself. Sharing of case by case DWP data with HSE was stopped. This restriction reduces the quality of intelligence underlying HSE's preventive activities on occupational disease.

5. In earlier discussions between HSE and DWP it was thought that the appropriate legal authority did not exist. Late last year DWP therefore raised with HSE the possibility of a clause in the proposed Welfare Reform Bill to create the desired legal basis. In subsequent discussion between DWP and HSE lawyers have recommended using the existing statutory provision in section 27 of the HSWA which gives the Health and Safety Commission, with the consent of the Secretary of State responsible for health and safety at work, powers to direct the disclosure of "any information which the Commission needs for the discharge of its functions".

Argument

6. More detailed information on trends and other patterns in the occurrence of cases of prescribed occupational disease would be a valuable addition to the data HSE uses in order to direct its preventative interventions in the most effective way. In order to make these analyses, HSE statisticians need to have access to case specific information on assessed cases of prescribed disease. These data would not explicitly identify individual

cases or their workplaces, but would be at a level of detail which would standardly be regarded as "disclosive" (ie providing a potential basis for making such individual identifications).

7. The need for case specific level data lies in the flexibility this gives to subsequent analysis. It is not possible to specify beforehand which tabulations of the data will be the most informative. The normal method of dealing with data that may lead to an individual being identified is to round all tabulations to the nearest five. If this were applied to the data before making it available to HSE it is likely that at least some of the usable information in the data would be removed.

8. The legal view both from DWP and HSE is clear that operating through section 27 of the HSWA provides a satisfactory legal basis for DWP to provide HSE with this data.

9. Data that might lead to someone being identified would not be made public by HSE. In any publications, HSE would adhere to standard Office for National Statistics and DWP disclosure control procedures.

Consultation

10. HSE and DWP legal departments (Anne Rees, Blair Sessions, Stephen Swan), DWP-WHD (Philip White), DWP-WRB team (Peter Haley), DWP Information Directorate (Sharon Jones, Nicky Tarry, Jerry Dudman), HSC secretariat (Susan Mawer), HSE Communications Directorate (Shelagh Molloy).

Presentation

11. This proposal does not create any presentational issues. There is no proposal to publish data that might lead to someone being identified, simply to provide HSE's statisticians with the necessary analytical flexibility. The existing legal position can be seen as a somewhat anomalous, given that its effect is to block access to data on occurring cases of occupational disease from the statutory body with the responsibility for preventing such cases. This runs against the logic expressed in placing HSE under the sponsorship of DWP.

Costs and Benefits

12. N/A

Financial/Resource Implications for HSE

13. N/A

Environmental Implications

14. N/A

Other Implications

15. N/A

Action

16. The Commission is invited to:

- i. agree in principle to exercising its section 27 powers in this way;
- ii. agree that HSE now seek ministerial consent to this proposal, as specified in section 27.

Once ministerial consent has been secured, a further paper will be put to the Commission to approve the exact terms of the data requirement. A preliminary draft of this document is annexed to this paper.

Contact

17. John Hodgson, HSE Statistics Branch (Sources and Delivery) 0151 951 4566.

ANNEX

NOTICE

Section 27(1) of the Health and Safety at Work etc Act 1974

To: The Department for Work and Pensions
Richmond House,
79 Whitehall,
London SW1 A 2NS.

1. **TAKE NOTICE** that the Department for Work and Pensions (“DWP”) is hereby required to furnish to the Health and Safety Commission the following information held by DWP in connection with each person entitled to industrial injuries benefit in accordance with sections 108 to 110 of the Social Security Contributions and Benefits Act 1992 (“the 1992 Act”) [*see terms of s.108(1) of the 1992 Act*] in respect of any prescribed disease-
 - (a) the identification number of the prescribed disease;
 - (b) the year in which the person was assessed in accordance with Schedule 6 to the 1992 Act in relation to the extent of his disablement;
 - (c) the person’s year of birth and gender;
 - (d) the industry in which the person was employed during the time he was exposed to the conditions that resulted in the prescribed disease;
 - (e) the person’s occupation during the period he was exposed to the conditions that resulted in the prescribed disease;
 - (f) the suspected causative agent for the prescribed disease;
 - (g) the year the person was first exposed to the conditions that resulted in the prescribed disease;
 - (h) the government region within which the person carried out his employment during the time that he was exposed to the conditions which resulted in the prescribed disease;
 - (i) the assessed extent of the person’s disablement attributable to the prescribed disease identified in subparagraph (a) above, expressed as a percentage; and

- (j) where the person concerned has been assessed in respect of diseases other than that identified in subparagraph (a), the total extent of the person's resulting disablement, expressed as a percentage.
- 2. Subject to paragraph 3, the information required in paragraph 1 shall be furnished to the Commission quarterly in conjunction with the DWP's quarterly release of prescribed disease statistics.
- 3. This Notice does not apply in any case where, at the date of this Notice, DWP has already furnished to the Health and Safety Executive the information referred to in paragraph 1.
- 4. In this notice, "assessed" and "assessment" means assessed, or, as the case may be, an assessment, in accordance with Schedule 6 to the 1992 Act; and "prescribed disease" has the same meaning as in section 108 of the 1992 Act.

Dated.....of.....20..

Signed.....
[position with HS[E] [C]].....
Authorised to sign on behalf of the Commission