Health and Safety Executive Board			HSE/11/38
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Outcome from the public consultation on statistics priorities

Purpose of the paper

1. To present the results from an external consultation about statistics priorities which ran on the HSE website between 28 February and 11 April. The consultation asked users which data they use, what they use it for and what the impact would be on them if it were to change or reduce in frequency.

2. To inform the Board about the planned publication of the results of the consultation in July.

Background

3. 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. One of the core protocols contained with the Code concerns user engagement and this states "Consult users before making changes that affect statistics".

4. In light of HSE's SR 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. A data strategy paper was put to SMTand the Board last year which proposes some core principles to guide future decisions about the prioritisation of spend on statistics. The paper was informed extensively by the views of internal statistics users. However, external users had not had the opportunity to comment.

5. Hence, we launched a six-week external consultation on the HSE Statistics website ending on 11 April 2011. The consultation was publicised via the 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 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)?

Argument

6. 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 our statistics.

7. Around two-thirds of the respondents provided sufficient contact information for them to be categorised into user types. Of these, 70% were companies including training providers and consultants as well as a large number of production companies (for example, Balfour Beatty, Toyota, Siemens, Kodak, Warburtons, Scottish Power, BAE systems). 11% 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 including TUC, UNISON, UNITE, RMT and NASUWT.

8. 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 company respondents.

Data source	% of all consultation respondents who report to use the data source	% of company respondents who report to use the data source	% of other known users who report to use the data source
RIDDOR – reported injury data	81%	86%	83%
Enforcement data	67%	81%	67%
Fatal injury data	67%	72%	63%
Mesothelioma/Asbestosis data	36%	41%	48%
Labour Force Survey ill health data	25%	21%	41%
Labour Force Survey injury data	24%	24%	35%
THOR-GP data	20%	17%	37%
SWORD respiratory specialist data	17%	12%	33%
EPIDERM skin specialist data	17%	16%	27%
OPRA data reported by Occ Health professionals	13%	10%	30%
IIDB (Industrial Injuries Disability Benefit)	8%	3%	24%

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

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

- RIDDOR uses
  - 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 LFS and THOR 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%)

10. 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. This aligns with the conclusion we had reached internally which was communicated in the data strategy paper: 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.

11. 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.

Leading indicator data

12. 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.

13. 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.

Focus on specific respondents

14. As mentioned above, there were a number of responses from the trade unions. As a group they were stronger supporters of the ill health data sources than the industry respondents. In particular they were keen to ensure that sufficient quality information would continue to be available for campaigning on health issues.

15. DWPs' Health Work and Well-Being team use the LFS injury and ill health data as one of their performance measures in relation to the Dame Carol Black review. They have made a specific request for the information to remain annual for that purpose.

Action

16. The purpose of the consultation was to help inform decisions about future priorities in the statistics area. Whilst there were supporters and users for all our existing data sources, it was clear that the injury and enforcement data is more widely used than the ill health sources.

17. RIDDOR was found to be the most widely used source. This data is a by-product of the notification system and hence not subject to the same budgetary pressures as other sources which are collected for purely statistical reasons. Nonetheless, the planned changes to the notification system later this year and the proposed move to over-seven-day reporting will have a significant impact on the use of RIDDOR as a statistical source over the coming years. It will be crucial that we do all we can to understand and communicate the impact that the changes have had on the statistics series. This issue will be further considered as part of the response to the RIDDOR consultation which the board will discuss in August.

18. Many of the consultation respondents said that they use RIDDOR data for benchmarking. In light of this, we should consider whether we can do more to assist with that aim, including highlighting how to incorporate the LFS injury

data which does not suffer from systematic under-reporting. It was noticeable in the responses that this survey measure of workplace injury has far fewer users than RIDDOR and this is something we should try and address since arguably it has greater statistical value.

19. The enforcement data was also well used. This data series is not subject to budget cuts and in fact we are developing proposals to expand the range of information we routinely present about prosecutions at the annual statistics release. These proposals will be put to SMT in July.

20. The response on leading indicators was mixed: whilst there were some strong supporters, the majority view was that these should not be developed at the expense of the outcome measures. As part of the data strategy paper which was prepared last year, we had proposed a new series of working condition surveys. It has since been decided that these whole economy surveys should not progress at this time although there will continue to be periodic surveys for the construction sector.

21. Regarding leading indicators for long latency disease, the key information gap is statistically representative exposure data for known hazardous substances. A pilot exercise with HSL will begin this year considering how we might collect better exposure data.

22. As mentioned above, our ill health data sources were less well used than those related to safety. These are the Labour Force Survey (LFS) and the various THOR surveillance schemes. The earlier data strategy paper proposed reducing the frequency of the LFS ill health questions to biennial. This was partly in recognition of the bank of information we now have from previous surveys and that annual updates have not proved to be particularly useful. The responses from the consultation generally support that view, although some users (including DWP) have asked for the information to remain annual.

23. We are in the process of retendering for the four remaining THOR surveillance schemes (THOR-GP, SWORD – respiratory specialists, EPIDERM – skin specialists and OPRA – occupational health professionals). In the data strategy paper it was suggested that HSE may be unable to continue funding for EPIDERM and OPRA. However, we are tendering for all elements so that we can make an informed decision based on affordability. It is possible that it will transpire that the bids are unaffordable even for our priority source, THOR-GP. If this turns out to be the case, we will need contingency measures to ensure that our evidence base on work-related ill health is not completely eroded, particularly in view of the reduced frequency of the LFS. One approach to this may be to sponsor questions in an established cohort survey. However, this is not something that has been extensively explored to date.

24. We intend to respond to the consultation with a report on the HSE Statistics website in July. This report will summarise the findings as detailed in the argument section above and present our proposal in relation to LFS ill health data. It will also make clear that we will not be progressing work on working condition surveys at this time.

25. A decision on the THOR schemes is unlikely to go to the minister before September. Hence, we are not yet in a position to be definitive about future availability of statistics. In the consultation response we propose to simply refer to the tender process and repeat the wording which was included in the specification to indicate that we may be unable to continue to fund all elements of the scheme. The wording used was as follows:

Whilst it would be desirable to continue the current surveillance activities on a like for like basis, it seems unlikely that this scale of surveillance will be affordable. Tenderers should therefore provide costings in a manner that allows HSE to consider a variety of levels of service provision and coverage in light of emerging budgetary constraints.

Paper clearance

26. This paper has been cleared by the SMT.