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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT
2019/20

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Industrial Injuries Advisory Council

Annual Report 2019/2020

Foreword

The year has been a busy and productive one for the Council. Our programme of work has included review and evaluation of several major occupational health issues and resulted in publication of a Command paper, several Position papers and information notes. The Council welcomed seven new members last year and a further four this year. The enthusiasm and dedication of both new and existing members has ensured that the outcomes from the Council are based on sound scientific evidence and that decision-making processes are clear and transparent.

A major issue considered by the Council was cutaneous malignant melanoma where a review of the substantial literature available confirmed a clearly increased risk among aircraft pilots and cabin crew. Our evaluation benefitted from information and discussion with several experts and stakeholders. Discussion with, and input from, toxicological colleagues from another UK expert committee enabled the Council to evaluate the potential mechanisms and key exposures which influenced the increased risk in this group of workers.

We welcome enquiries from MPs, stakeholders and the general public and these often lead to a formal review of evidence by the Council. An example this year concerned a possible relationship between exposure to silica and asbestos and development of anti-neutrophil cytoplasmic antibodies (ANCA)- associated vasculitis. We also ensure we are aware of issues raised in the media or through prominent court cases. As example of the latter, we evaluated the risk of chronic obstructive pulmonary disease (COPD) in coke oven workers. Although neither of the reviews led to a recommendation for prescription, the Council will continue to monitor for new evidence as part of its regular searches of published literature.

As part of its work the Council may be asked to advise on the wording of the legislation arising from their recommendations or comment on the guidance given to the Medical Assessors. This year IIAC strengthened the wording of the original recommendation for Dupuytren's contracture to reflect the Council's intentions that it was the disabling condition which should be prescribed. The difficulties that assessors have in diagnosing vascular HAVS was also raised and the Council re-examined the evidence for the use of objective testing methods; these were not recommended due to practical considerations and insufficient evidence. However, the Council did suggest that digital photographs/videos taken by claimants might be useful additional evidence of episodes of white finger.

As in previous years, we held four full meetings of the Council and four meetings of the Research Working Group, with much additional work undertaken out of committee by individual members or small working groups. A public meeting was held in Leeds in July 2019 which enabled interested members of the public to meet the new Chair and Council members, to hear presentations from them and to discuss directly some of the varied topics that the Council has been addressing. The wide-ranging discussions raised some important issues and provided helpful and interesting views on the topics presented. Additionally, new and relevant concerns were raised, which

the Council will consider going forward. One of the recommendations of a tailored review carried out on the Council this year was to continue holding biennial public meetings and, in addition, to hold an open meeting in years in which a public meeting is not held. This was originally planned for July 2020 but is now anticipated to be held at a later date.

Our forward programme includes some topics which are likely to be challenging and include evaluation of the risk of cancer in firefighters at the request of the parliamentary Environmental Audit Committee. By the end of March 2020 the UK was in lockdown due to the coronavirus (COVID-19) epidemic. The Council is already aware of recent papers reporting the risks in frontline workers, particularly healthcare workers. It is anticipated that this topic will be a major concern for IIAC over the next year and for some years to come.

I would like to thank all the Council members, the HSE, MOD and other observers, the Secretariat and officials of the Department for Work and Pensions for their hard work and dedication this year and am reassured that this will continue over what is anticipated to be some challenging times ahead.

Dr Lesley Rushton
IIAC Chair

Introduction

The Industrial Injuries Advisory Council (IIAC) is a non-departmental public body (NDPB) established under the National Insurance (Industrial Injuries) Act 1946, which came into effect on 5 July 1948. The Council provides independent advice to the Secretary of State for Work and Pensions in Great Britain and the Department for Communities (DfC) in Northern Ireland on matters relating to Industrial Injuries Disablement Benefit and its administration. The historical background to the Council's work and its terms of reference are described in **Appendix A** and **Appendix B** respectively.

The Role of the Council

The statutory provisions governing the Council's work and functions are set out in sections 171 to 173 of the Social Security Administration Act 1992 and corresponding Northern Ireland legislation. The Council has three main roles:

- To consider and advise on matters relating to Industrial Injuries Disablement Benefit or its administration referred to it by the Secretary of State for Work and Pensions in Great Britain or the DfC in Northern Ireland.
- To advise on any other matter relating to Industrial Injuries Disablement Benefit or its administration.
- To consider and provide advice on any draft regulations the Secretary of State proposes to make on Industrial Injuries Disablement Benefit or its administration.

IIAC is a scientific advisory body and has no power or authority to become involved in individual cases nor in the decision-making process for benefit claims. These matters should be taken up directly with the Department for Work and Pensions, details of which can be found on the gov.uk website.

Composition of the Council

IIAC usually consists of around seventeen members, including the Chair. It is formed of independent members with relevant specialist skills, representatives of employees and representatives of employers. The independent members currently include medical and scientific experts and two lawyers. Membership of the Council during 2019/20 is described in **Appendix C**.

Legislation leaves it to the Secretary of State to determine how many members to appoint, but requires that IIAC includes an equal number of representatives of employees and employers (Social Security Administration Act 1992, Schedule 6).

Conditions for 'Prescribing' Diseases

Much of the Council's time is spent considering which diseases, and the occupations that cause them, should be included in the list of diseases ('prescribed diseases' (PD)) for which people can claim IIDB.

The conditions which must be satisfied before a disease may be prescribed in relation to any employed earners are set out in section 108(2) of the Contributions and Benefits Act 1992. This requires that the Secretary of State for Work and Pensions should be satisfied that the disease:

- Ought to be treated, having regard to its causes and incidence and any other relevant considerations, as a risk of occupations and not as a risk common to

all persons; and
- Is such that, in the absence of special circumstances, the attribution of particular cases to the nature of the employment can be established or presumed with reasonable certainty.

In other words, a disease can only be prescribed if the risk to workers in a certain occupation is substantially greater than the risk to the general population and the link between the disease and the occupation can be established in each individual case or presumed with reasonable certainty.

In some instances, recommendations for prescription of a disease can be made on the basis of clinical features which confirm occupational causation in the individual claimant. Increasingly, however, the Council has to consider diseases which do not have clinical features that enable the ready distinction between occupational and non-occupational causes (e.g. chronic obstructive pulmonary disease, which can be caused by tobacco smoking as well as having occupational causes). In these circumstances, in order to recommend prescription, IIAC seeks epidemiological evidence that the disease can be attributed to occupation on the balance of probabilities under certain defined exposure conditions (generally corresponding to evidence from several independent research reports that the risk of developing the disease is more than doubled in a given occupation or exposure situation), and thus is more likely than not to have been caused by the work. In 2015, the Council prepared a lay person's guide to prescription, which was published on the gov.uk website.

Research

The Council relies on research carried out independently, which is published in the specialist medical and scientific literature. IIAC does not have its own research budget to fund medical and scientific studies (other than limited funding from DWP for the occasional commissioning of reviews). When IIAC decides to investigate a particular area its usual practice is to ask other bodies and interested parties to submit any relevant research in that field. IIAC has a sub-committee, the Research Working Group (RWG), which meets separately from the full Council to consider the scientific evidence in detail. The Council's Secretariat includes a Scientific Adviser who researches and monitors the medical and scientific literature in order to keep IIAC abreast of developments in medical and scientific research and to gather evidence on specific topics which the Council decides to review.

Key achievements of 2019/2020

The following reports were completed in 2019/20:

[1]Command Papers
A review (*Cutaneous malignant melanoma and occupational exposure to (natural) UV radiation in pilots and aircrew*) recommending the addition of melanoma in aircrew to the list of prescribed diseases was completed but not published until 12 May 2020.

[2]Position Papers
Position Paper 43 - Hand arm vibration: A review of the assessment of objective testing of the vascular component – published 15 July 2019;
Position paper 44: Osteoarthritis of the knee in professional football players – published 3 April 2020;
Position paper 45: Chronic obstructive pulmonary disease and coke oven workers – published 3 April 2020
Position paper 46: Occupational exposure to Silica or Asbestos and anti-neutrophil cytoplasmic antibodies (ANCA)-associated vasculitis – published 3 April 2020.

[3]Information Notes
Dupuytren's contracture: clarification of intention and amendment of the prescription – published 20 December 2019
Dupuytren's contracture: revision of the information note to clarify involvement of knuckle joints in the condition – published May 2020

Regulations proposed by the Secretary of State
The law requires that draft regulations proposed by the Secretary of State which concern the Industrial Injuries Disablement Benefit Scheme are referred to the Council for its advice and consideration.

Following the announcement in the October 2018 Budget Statement that Dupuytren's contracture would to be added to the list of prescribed diseases eligible for IIDB, DWP asked the Council to clarify its original recommendations that only the disabling aspects of the condition would be eligible for compensation. IIAC provided additional advice on its intention to prescribe for the most disabling aspect of the disease and the Regulations came into force on 9 December 2019.

Stakeholder Engagement
The Council held a Public Meeting in Leeds on 11 July 2019.

Professor Anna Stec, Professor in fire chemistry and toxicity at the University of Central Lancashire attended the Council meeting in January 2020 to discuss her findings from the Grenfell Tower disaster. Professor Stec had been an expert witness

[1] A Command Paper is a Council report that includes a review of the relevant literature and contains recommendations which require changes to legislation (e.g. recommending a disease and/or an exposure be added to the list of prescribed diseases for the purposes of prescription). These papers are laid before Parliament.
[2] A Position Paper is a Council report which details a review of a topic that did not result in recommendations requiring legislative changes. These papers are deposited in House libraries.
[3] An Information Note is a short summary of an IIAC review which did not result in recommendations requiring legislative changes and where the evidence base is still emerging and may be liable to change, or where there was insufficient evidence to warrant a Position Paper.

to the Environmental Audit Committee review.

Appointments
Three members were reappointed for four years from 1 May 2019.

One new member, deemed appointable from the recruitment exercise held in 2018, was appointed, following a resignation in April, from 1 May 2019 for five years.

Following an open competition, three further members were recruited from 1 September 2019 for five years.

Tailored Review of the Industrial Injuries Advisory Council
Tailored reviews are periodic reviews that provide assurance and challenge about the continuing need, efficiency and good governance of public bodies. All tailored reviews are carried out in line with the Cabinet Office 'Tailored Reviews: Guidance on Reviews of Public Bodies'.

As a non-departmental public body (NDPB), the Industrial Injuries Advisory Council (IIAC) is subject to a tailored review at least once in the lifetime of a parliament. IIAC was the subject of a previous triennial review in 2015.

A tailored review of IIAC was carried out during 2019 and its findings were published on 6 February 2020. In addition to written materials supplied by IIAC and the DWP's Partnership team, one to one interviews were conducted with several Members of the Council.

The review was favourable and made the following recommendations:

- IIAC should retain its classification as an Advisory Non-Departmental Public Body.
- IIAC should continue to actively maintain their existing connections with other organisations that deal with occupational health, such as the Health and Safety Executive, to encourage knowledge sharing and collaboration on cross-cutting topics.
- DWP Medical Policy and Industrial Injuries Benefit Policy officials should attend all meetings of the full council, in order to support IIAC to provide high quality advice to the department. Medical Policy officials would also be able to aid the council by attending Research Working Group meetings.
- IIAC should ensure all members have a clear understanding of the roles and objectives of DWP Policy officials before officials join and take part in meetings.
- IIAC should publish statistics related to the sources and outcomes of investigations to improve transparency.
- IIAC should introduce open meetings, to provide transparency in years in which a public meeting is not held.
- The DWP should review and benchmark the day rate paid to IIAC Members.
- IIAC should produce and publish a 12 month forward look, regularly updated by the council, to increase transparency to stakeholders and to ensure work is more effectively prioritised.

The recommendations, which lie within the remit of the Council, were accepted and have either been progressed or are in the process of being so.

Summary of work undertaken in 2019/2020

The Council continued to undertake its advisory function effectively and the work programme undertaken is summarised below.

Evidence update of the relationship between occupational exposures and selected malignant and non-malignant respiratory disease.
Some of the current prescriptions for respiratory diseases have been re-evaluated more than once since their inception many decades ago. However, they do not always reflect occupations and modern work practices where exposure may occur more frequently than in the past, for example:
The construction industry, which employs large numbers of workers, is now an industry where silica exposure commonly occurs and is not specifically mentioned in current prescriptions.

New products may also cause unforeseen relevant exposures; for example, there are several recent reports of younger workers diagnosed with silicosis in relation to the use of newer products made of artificial/composite stone which often contains a high percentage of quartz.

Currently COPD is only prescribed in relation to coal mining. However, there is a large literature in many different industries showing consistent associations from several occupational-related exposures with increased risk of death or incidence of COPD, for example: work in construction, tunnelling, manufacture of ceramic fibres, iron and steel foundry work, cotton manufacture, grain handling, welding, and agriculture.

For lung diseases, a particular challenge for prescription is how to take account of important confounding exposures, and in particular, smoking. This is illustrated in the current prescription for COPD and coal mining, which was based on data that included both smokers and non-smokers; smoking habits of claimants are thus ignored.

Stakeholders have also raised the issue of toxic dusts of unknown composition in various workplaces but particularly construction, for example in house renovations.

Against this background, IIAC discussed commissioning a comprehensive review and evaluation of the literature on selected work-related malignant and non-malignant respiratory diseases (including lung cancer and COPD) to inform update and potential expansion of the IIDB scheme.

The Council agreed to proceed with this comprehensive review and funding was secured, but due to the coronavirus crisis, the commissioning process was put on hold and will resume when appropriate.

Cutaneous malignant melanoma and occupational exposure to (natural) UV radiation in pilots and aircrew.
IIAC undertook an extensive investigation into the risks of developing cutaneous malignant melanoma as a consequence of working as a pilot or as cabin crew on commercial aircraft. This came about after the Council received correspondence from a worker who developed skin cancer as a result of spending extended periods of time exposed to natural ultraviolet (UV) radiation i.e. sunlight. The current list of prescribed diseases includes ‘primary carcinoma of the skin’ (PD C21) following exposure to

arsenic or arsenic compounds, tar, pitch, bitumen, mineral oil (including paraffin) or soot. It does not include skin cancer arising from exposure to sunlight during the course of outdoor working.

The Council reviewed the case for prescription of skin cancer in workers with high outdoor exposure to UV radiation but found that theexposures were generally insufficient to increase the relative risk by as much as two; The council did not therefore recommend prescription for either of these skin cancers in respect of occupational exposure to sunlight. However, evaluation of the literature on cutaneous malignant melanoma ('melanoma') and sun exposure during work highlighted evidence that there was a consistent excess in pilots and aircrew.

An in-depth analysis of the scientific literature of melanoma incidence conclusively demonstrated a consistent doubling of risk for both pilots and cabin crew, and for pilots in particular, after 5,000 aggregated hours' flying time. This corresponds to approximately 5 or more years aggregated duration of employment.

From currently available evidence, the Council concluded that neither cosmic radiation nor occupational exposures to UV during flights are likely to contribute substantially to the excess risk. The most likely causes are:

(i) UV exposure outside the aircraft, but there is uncertainty about the nature and patterns of UV exposure that might occur during non-flight work and during flight stopovers and the potential contribution of exposure during recreational activities; together with

(ii) disruption of the circadian rhythm through shift work, although the exact relationship of this combination is as yet uncertain.

This Command Paper, published in May 2020, sets out how the Council arrived at its conclusion and details the evidence it has reviewed. Given the clearly doubled risk, the Council recommended that malignant melanoma in pilots and cabin crew be added to the list of prescribed diseases for which benefit is payable, following 5 or more years' duration of employment.

Hand Arm Vibration Syndrome (HAVS)

At the public meeting in 2017 a stakeholder voiced concerns that the recommended wording in the Council's 2004 Command Paper had been amended changing it's meaning to the potential disadvantage of claimants. The concern was in a minority of claims for sensorineural only HAVS and the use of 'continuous' instead of 'persistent' numbness or tingling.

The Council had previously considered the question through Ministerial correspondence. A small audit had been undertaken which did not find any significant unmet need among claimants. However, given continuing concerns, a further audit of over 100 claims was carried out. This indicated that claimants with sensorineural symptoms were unlikely to be adversely impacted by the wording of the prescription and that the prescription was being applied as intended; the Council decided not to recommend a change to the prescription.

However, the audit highlighted some possible inconsistencies in the way in which assessors appeared to be making a judgement about the vascular component of HAVS; in the absence of any objective test for vascular function, the diagnosis of

HAVS is reliant on a careful history. The audit also found that a number of claims were being rejected with reference to the claimant's description of the time course over which the symptoms (onset and progression) were reported.

In its Position Paper 43, IIAC recognised the difficulties for assessors in substantiating a diagnosis of vascular HAVS in the absence of any gold standard objective testing. The Council re-examined the evidence for recommending objective testing methods to assess vascular function for the diagnosis of HAVS, but found that there are practical considerations, as well as insufficient evidence, which preclude any of the available testing methods being required in substantiation of the diagnosis. However, the Council advised that digital photographs/videos, taken in such a way that the face of the applicant is visible, would be a useful adjunctive way of providing evidence of finger blanching at the assessment. That said, the Council did not mandate that photographs should be an absolute requirement for diagnosis.

It was the Council's view that the present guidance on interpreting the history of reported symptoms may be too restrictive and not reflect the natural history of HAVS found in practice. Therefore, the Council recommended that the guidance notes for healthcare practitioners should be re-written to clarify the following:

- In some individual cases, symptoms of HAVS may develop very rapidly after exposure to hand-transmitted vibration (HTV).
- Symptoms of HAVS may plateau despite ongoing exposure to HTV with minimal progression of stages even with long term exposure.
- Symptoms of HAVS may occur for the first time up to 12 months after cessation of exposure to HTV.

The Council has reviewed the guidance for assessors regarding interpretation of medical histories and areas where clarification might be needed.

Chronic obstructive pulmonary disease (COPD)

COPD is a common condition in the general population and one which has important non-occupational causes, notably cigarette smoking.

The topic of COPD has been revisited by the Council on several occasions following correspondence from a number of sources, one of which was the incidence of COPD in coke oven workers. This followed a landmark test case, reported in the media, where the widow of a former British Coal worker was awarded compensation; four other test cases were settled out of court. The Council considered the implications of this judgement and whether the prescription for COPD should be revised.

A literature search identified several relevant studies, both of mortality and of lung function. Many of the mortality studies were fairly old, including those from the UK, with mortality rates which were less than doubled the risk for respiratory disease. The lung function studies tend to show a reduction in lung function in coke oven workers; however, the quality of the studies varied.

In its Position Paper 45, the Council considered the possible prescription of chronic obstructive pulmonary disease (COPD) in coke oven workers under the Industrial Injuries Scheme (IIS). It found a body of evidence which showed an association between coke oven exposures and non-malignant pulmonary disease, but established a lack of detail in some studies and inconsistency in the nature and magnitude of the

effects in others. In the view of the Council the published evidence was insufficient to recommend prescription.

Dupuytren's contracture

Dupuytren's disease is a disorder of the hand in which thickening of fibrous tissue of the palm and finger tendons leads, in more advanced cases, to the fingers becoming permanently bent (flexed) into the palm, this final stage being called "*Dupuytren's contracture*". In 2014, the Council recommended the contracture stage of the disease be added to the list of prescribed diseases for which IIDB is payable.

Dupuytren's contracture was subsequently added to the list of prescribed diseases in December 2019.

However, prior to the legislation being drafted, DWP policy officials asked that the 2014 command paper be reviewed by the Council and feedback provided to ensure the Regulations were written to reflect the Council's intentions that it is the disabling condition which should be prescribed.

A group of Council members with expertise in this area then considered in more detail the severity of disease that should be considered for a diagnosis under the prescription and also how to assess the severity. A member presented a paper describing the progression of the disease and information on severity staging together with illustrative diagrams. Members felt that the prescription should be worded to reflect the intention that only the disabling element of the condition should be applicable.

In its information notes published in December 2019 and revised in May 2020, IIAC explained the terminology used in the original prescription needed to be strengthened and made more explicit, so revised the recommendation of the wording of the prescription to read "…. fixed flexion deformity of one or more interphalangeal joints of one or more of the digits". In the revised information note, IIAC stated fixed flexion deformity will include metacarpophalangeal deformity in the overall assessments, and also will take into account cases of isolated involvement of the metacarpophalangeal joint (the joint between the digit and the palm) where the deformity is significant.

As Dupuytren's disease is progressive, it is possible that early signs of contracture may develop during a qualifying job and progress after leaving the job. In these cases, documented contemporary medical evidence of early milder contracture will need to be submitted.

Osteoarthritis of the knee in footballers

In 2005, the Council considered prescription of knee and hip OA amongst footballers in its Position Paper 15 – Sporting Injuries. The Council concluded that there was insufficient evidence that OA of the hip or knee in footballers could arise in the absence of identifiable accidental injury and therefore, the Council could not recommend extending the terms of the prescription.

In 2018, the Council received requests from stakeholders representing footballers to review this decision in the light of new evidence published in the UK. A cross-sectional study submitted to the Council concluded the prevalence of all knee osteoarthritis outcomes were two to three times higher in male ex-footballers compared with men in

the general population group. Knee injury is the main attributable risk factor. After adjustment for recognised risk factors, the study concluded knee osteoarthritis appeared to be an occupational hazard of professional football.

A comprehensive review of the recent published literature relating to osteoarthritis (OA) in footballers was carried out by members with musculoskeletal expertise to understand whether, and to what extent, there was a risk of OA associated with playing professional football.

Although the newer studies were of better quality than before, the research was hampered by reliance on recall of past injuries, inconsistencies in defining and diagnosing OA and low response rates. The Council concluded that there was not sufficient consistent evidence that the risk of knee OA is doubled amongst football players in the absence of a traumatic knee injury. The Council therefore decided against recommending prescription for OA of the knee in footballers, but it remained open to the possibility of reviewing its position as the research evidence base continues to grow.

The Council did, however, encourage ex-professional footballers who had a documented knee injury during their playing career, and later developed osteoarthritis in that knee, to consider making a claim under the accident provision of IIDB in Position Paper 44.

Anti-Neutrophilic Cytoplasmic Autoantibody (ANCA) vasculitis
The Council received correspondence from an MP on behalf of a constituent who asked it to investigate if there were any links between asbestos or silica exposure and Anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis, which is an autoimmune disease affecting small blood vessels in the body.

In its Position Paper 46, a substantial amount of research over the last 25 years was summarised which indicated there was some evidence relating crystalline silica exposures to an increased risk of ANCA-associated vasculitis. However, the evidence was not consistent and mostly derived from small studies which were potentially subject to selection and publication biases. IIAC found much less evidence relating asbestos exposure to ANCA-associated vasculitis. Consequently, the Council decided against recommending prescription under the Industrial Injuries Scheme (IIS) for both silica and asbestos exposure, but it remained open to the possibility of reviewing its position as the research evidence base continues to grow.

Other work carried out in 2019/2020

An important component of the Council's work is reactive. Various *ad hoc* queries relating to prescription were raised with the Council by stakeholders over the course of the year.

Environmental Audit Committee recommendation – firefighters and cancer.
The Environmental Audit Committee (EAC) published the Toxic Chemicals in Everyday Life inquiry. This was referred to IIAC by the DWP to consider as the report made a recommendation:

"The Government should update the Social Security Regulations so that the cancers most commonly suffered by firefighters are presumed to be industrial injuries. This

should be mirrored in the UK's Industrial Injuries Disablement Benefits Scheme."

The Council reviewed firefighters in its commissioned review published in 2010 which set out to identify circumstances in which the risks of disease were more than doubled in fire-fighters relative to a suitable comparator population. The report concluded no such evidence was found. The Council judged that the evidence base for prescription explored by this review was insufficiently compelling to warrant recommendation of prescription in relation to any particular health problem of fire-fighters.

However, given the recommendations from the EAC, IIAC launched a review of the published scientific literature and engaged with external experts who gave evidence to the Toxic Chemicals in Everyday Life inquiry. Literature searches were conducted and the evidence is currently being scrutinized.

This investigation is ongoing and IIAC expects to be in a position to respond to the EAC at some point in 2020.

COPD in mineworkers
At the public meeting in 2019, representatives of mineworkers raised a query relating to the 20-year rule for eligibility for the prescription PD D12, COPD in mineworkers. It was stated that a change in working practices resulted in longer shifts and asked if the 20-year rule could be re-examined. This topic should be covered in the commissioned review into respiratory diseases.

Osteoarthritis of the knee (PD A14) in mineworkers
The Council received correspondence from a MP on behalf of a constituent who contracted OA of the knee when working an underground miner, but was ineligible for benefit as they did not meet the 10-year rule. IIAC has yet to consider this in detail but will review its advice in due course.

Noise-induced hearing loss
IIAC received correspondence from an MP on behalf of a constituent whose work potentially caused hearing loss but is not covered by the Industrial Injuries Scheme. The Council is looking into the original prescription and this work is ongoing.

Neurodegenerative brain disease in professional footballers
The Council received correspondence from a charity stating a verdict of 'death by industrial disease' on Jeff Astle, a former professional footballer, had been recorded by the Coroner. A consultant neuropathologist found considerable evidence of trauma to Mr. Astle's brain likely to have been exacerbated by his profession. Evidence was submitted to support this claim and a request was made for IIAC to investigate the potential link to neurodegenerative disease in professional football players. IIAC has had provisional discussions on this topic and work will resume when the Council is able to function at full capacity following the coronavirus crisis.

IIAC Work Programme
Following recommendations from the Tailored Review, it was decided to publish a 12 month forward look, regularly updated by the council, to increase transparency to stakeholders and to ensure work is more effectively prioritized.
This has subsequently been placed on the IIAC gov.uk website: IIAC work programme: at-a-glance progress report (May 2020)

Graphical Summaries

The 2019 Tailored Review recommended IIAC should publish statistics related to the sources and outcomes of investigations to improve transparency.
The information shown below illustrates the breakdown in sources of referrals made to the Council and the outputs of these investigations.

Figure 1: Source of IIAC Investigations in 2019/2020

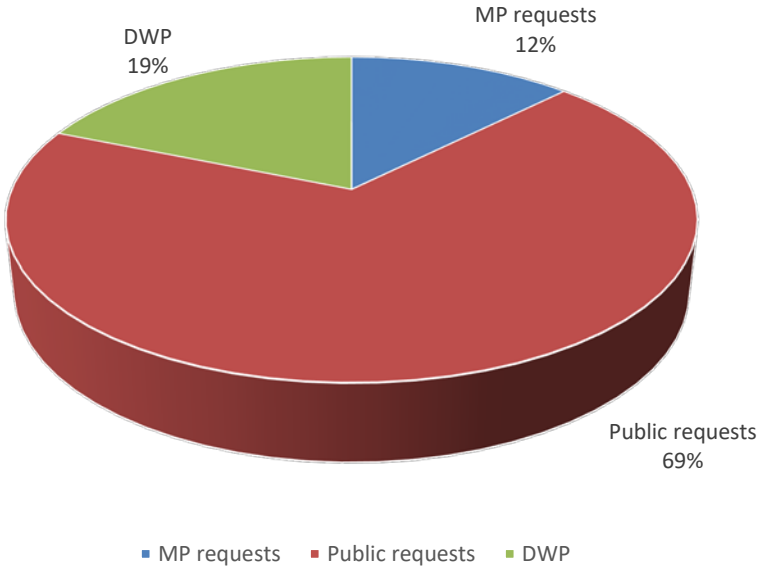
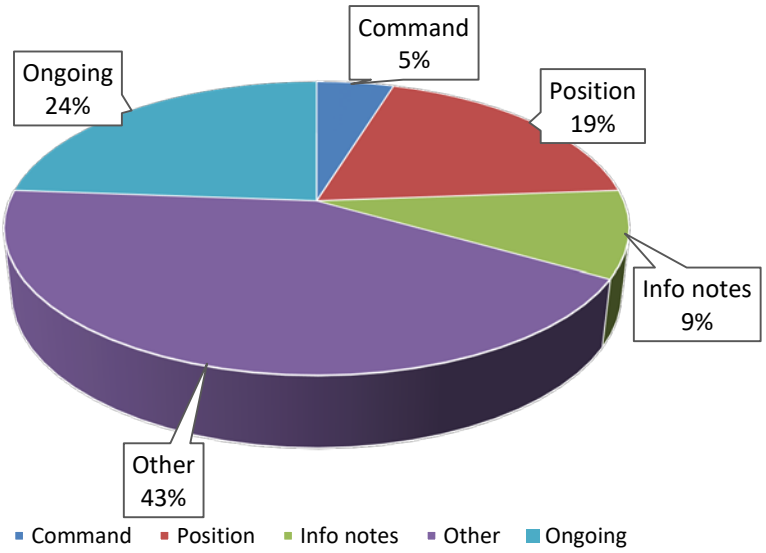


Figure 2: Outcomes of IIAC Investigations in 2019/2020



Stakeholder Engagement

IIAC Public Meeting
The Council held its biennial Public Meeting in Leeds in July 2019, where topics discussed included:

- How IIAC evaluates evidence on health risks associated with occupational exposure;
- HAVS: objective testing for vascular disease;
- COPD: extending prescription to non-mining occupations and exposures;
- An overview of IIACs other work, including diseases with multiple causes, osteoarthritis of the knee in footballers and melanoma in pilots and aircrew.

The proceedings were published in February 2020.

External experts
Professor Anna Stec, Professor in fire chemistry and toxicity at the University of Central Lancashire attended the Council meeting in January 2020 to discuss her findings from the Grenfell Tower disaster. She had been an expert witness to the Environmental Audit Committee review.

The following experts provided insight to support command paper CP216, '*Cutaneous malignant melanoma and occupational exposure to (natural) UV radiation in pilots and aircrew'*:

- Dr Rob Hunter from BALPA.
- Dr Sally Evans from the CAA.
- Dr John O'Hagan, Marina Khazova and Dr Rick Tanner from Public Health England.
- Dr Rosemary Waring, Honorary Reader in Human Toxicology, University of Birmingham.

Calls for additional research; highlighting occupational risks for prevention
IIAC does not have its own research budget and its remit does not extend to commissioning primary research studies. Thus, IIAC must rely on published research when considering whether a disease and exposure warrant prescription. IIAC strives to identify robust evidence from the peer-reviewed scientific literature, but where such information is lacking will seek other avenues to provide information, such as approaching researchers directly to ask for additional analyses of, or further information about, their data.

The Council regularly makes calls for evidence to the wider scientific community via its site on gov.uk/iiac, the Society of Occupational Medicine's newsletter and through a targeted approach to the occupational sectors involved.

It also consults with external parties on a range of topics (acknowledged in written reports). In 2019/20, as part of its work in response to a recommendation from the House of Commons Environmental Audit Committee to consider adding cancer in firefighters to the list of diseases for which industrial injuries benefits can be paid, the Council consulted an expert in fire chemistry and toxicity from the University of Central Lancashire.

Future Work of the Council

In addition to maintaining its reactive brief, the Council continued its horizon scanning of the recently published scientific research literature which will inform its work programme for 2020/21.

Membership

Under the Social Security Administration Act 1992 (Schedule 6) the Secretary of State appoints a Chair and any other number of members as they may determine. Legislation requires that there shall be an equal number of persons to represent employers and employed earners.

Since April 2018 the IIAC chair receives an annual fee, however, the Chair and members of IIAC are not salaried. For each meeting they attend members receive a fee and reimbursement of travelling expenses and subsistence (where appropriate) in line with civil service arrangements.

IIAC members are required, at the start of each meeting, to declare any conflict of interest in relation to the business of the meeting. For transparency they are recorded in the minutes of meetings, and on a register of members' interests, both of which are published on gov.uk/iiac.

Appointments and reappointments

Appointments:

The following appointments were made following open, fair and transparent competition, complying with Cabinet Office guidance which includes the Commissioner for Public Appointment's Code of Practice:

- Professor Raymond Agius was appointed as an independent member from 1 May 2019 for five years. Professor Agius has experience in occupational and environmental medicine and epidemiology;
- Dr Jennifer Hoyle was appointed as an independent member from 1 September 2019 for five years. Dr Hoyle has experience as a consultant respiratory physician and in occupational lung diseases;
- Lesley Francois was appointed as an independent member with legal expertise for five years from 1 September 2019; and
- Daniel Shears was appointed as a representative of employed earners for 5 years, also from 1 September 2019.

The following reappointments were made:

- Professor Karen Walker-Bone and Keith Corkan, both independent members; and
- Dr Sayeed Khan, a representative of employers, were all reappointed for four years from 1 May 2019.

Members leaving:

- Professor Anthony Seaton CBE stepped down from the Council on 30 April 2019 following six years' service.
- Hugh Robertson having retired as a Senior Policy Officer with the TUC, stepped down as a representative of employed earners from 31 July 2019.
- Dr Valentina Gallo, an independent member with epidemiological expertise stepped down from 31 January 2020 to take up a new post within the European Union.

Appendix A – Historical background to the Council's work

The first Workmen's Compensation Act passed in 1897 made no provision for industrial diseases. Subsequently, a Departmental Committee identified a need for additional statutory provision and a Schedule was added to the Workmen's Compensation Act of 1906 listing industrial diseases for which compensation was available. Initially only six diseases were prescribed (anthrax, poisoning by lead, mercury, phosphorus, and arsenic, and ankylostomiasis) in respect of specific work processes. The 1906 Act also empowered the Home Secretary to add other diseases to the Schedule, though the criteria to be applied in doing so were not specified.

The Samuel Committee was appointed in 1907 to inquire into this and set out to identify diseases currently not covered by the Act which, firstly, caused incapacity for more than one week and, secondly, were so specific to the given employment that causation could be established in each individual case. Using these criteria, the Committee recommended that eighteen diseases should be added to the Schedule. Further diseases were added to the schedule later, but there were no significant changes to the scheme until the setting up of the Welfare State after the Second World War. By 1948 compensation was available for 41 diseases.

IIAC was established under the National Insurance (Industrial Injuries) Act 1946. Under this Act, which came into effect on 5 July 1948, a new Industrial Injuries Scheme was established, financed by contributions from employers, employees and the Exchequer. The State, through the Scheme, assumed direct responsibility for paying no-fault compensation for work related injury and diseases. The Council's terms of reference, set down in the Act, were to advise the Minister on proposals to make regulations under the Act and to advise and consider such questions relating to the Act that the Minister might, from time to time, refer.

The 1946 Act also contained provisions for the prescription of diseases (section 55 of the 1946 Act, now section 108(2) of the Contributions and Benefits Act 1992). The Minister could prescribe a disease if he or she was satisfied that it ought to be treated as a risk of occupation and not as a risk common to the general population, and that the attribution of individual cases to the nature of the occupation could be established or presumed with reasonable certainty. An employee disabled by a prescribed disease would have a right to claim benefit under the Act.

In 1947 the Government appointed the Dale Committee. Part of its brief was to advise on the principles governing the selection of diseases for insurance under the National Insurance (Industrial Injuries) Act, having regard to the extended system of insurance which was about to be set up by the National Insurance Act 1948 and any other relevant considerations. The advice of the Dale Committee included proposals that a small specialised standing committee should be appointed by the Minister to consider the prescription of diseases specifically referred to it, to review periodically the schedule of prescribed diseases and to recommend subjects on which more research was needed. The Minister concluded that this was a suitable task for a newly established IIAC. In 1982 the Government widened the Council's terms of reference allowing it to advise the Secretary of State on any matter relating to the Industrial Injuries Disablement Benefit Scheme or its administration.

Appendix B – Terms of Reference

PURPOSE AND CONSTITUTION
To advise the Secretary of State for Work and Pensions, the Medical Advice Team of the Department for Work and Pensions (DWP) and the Department for Communities in Northern Ireland on the Industrial Injuries Scheme.

The Social Security Administration Act 1992 sets out the Council's remit. The Council exists to provide consideration and advice to the Secretary of State on matters relating to Industrial Injuries Disablement Benefit (IIDB) or its administration, and to consider any draft regulations the Secretary of State proposes to make in relation to that scheme. In particular, this includes advising which diseases and occupations should give entitlement to Industrial Injuries Disablement Benefits.

MEMBERSHIP
The Council consists of a Chair appointed by the Secretary of State and such number of other members so appointed as the Secretary of State shall determine. Currently, independent members include specialists in occupational medicine, epidemiology, toxicology and the law. Legislation also requires an equal number of representatives from employers and employees.

Appointments shall be made by the Secretary of State or another Minister of the DWP as determined by the Secretary of State. Appointments shall be made in accordance with guidance provided for Non-Departmental Public Bodies by the Cabinet Office and the Commissioner for Public Appointments Code of Practice.

Members serve an initial term specified within their terms of appointment, usually an initial five years and can be reappointed (dependent on satisfactory appraisal) allowing a maximum of ten years in total.

Other persons, who are not members of the Council, will at the Council's invitation attend meetings of the Council as advisers or observers.

DEPUTY-CHAIR AND SUB-GROUPS
The Chair shall determine who should deputise for them in their absence, and in the case of any sub-group of the Council, who shall chair that sub-group.

The Council has a standing sub-group – the Research Working Group (RWG), which undertakes the detailed scientific investigations required by the Council's work, particularly with reference to the prescription of diseases within the Industrial Injuries Disablement Benefit Scheme. The make-up of the RWG is decided by the Chair, in discussion with the RWG Chair.

The Chair will determine the need for other sub-groups as required by the Council's work programme. In agreement with the Council they will set their terms of reference, membership and Chair.

AUTHORITY
The Council has no executive or operational functions in relation to the Industrial Injuries Disablement Benefit Scheme, which is operated by the DWP and has no authority in relation to individual benefit decisions or appeals.

CONDUCT AND FREQUENCY OF MEETINGS
Current arrangements are that the full Council meets four times a year, and in addition the RWG also meets four times a year. Further meetings will be arranged if required and as directed by the Chair. Subject to availability of Departmental funding, the Council will conduct a regular open public meeting in different locations of the United Kingdom, offering opportunities for members of the public to question the Council members on matters relating to its advice to Government.

PARTNERSHIP OF THE COUNCIL
The Private Pensions and Arm's Length Body Partnership Division within DWP will partner the Council. Partnership will consist of ensuring the Council has the means to carry out its advisory function efficiently and independently and that it operates in line with Government guidance for Non-Departmental Public Bodies and Scientific Advisory Committees.

Partnership of the Council will take place in line with the high level Framework of Principles set out in the Departmental Framework published by the DWP for managing the relationships of the Department with its Arm's Length Bodies.

The DWP will provide staff to act as the Secretariat for the Council (including experienced scientific support) and provide financial resources for the Council to carry out its business, administered by the Secretariat.

The Department will carry out tailored reviews of the Council as both a Non-Departmental Public Body and a Scientific Advisory Committee, as required by Cabinet Office and Government Office of Science guidance.

These terms of reference will be reviewed, updated and agreed in consultation with the sponsor Department once in each parliament.

ANNUAL REPORT
The Council will publish an annual report, by the end of July each year, setting out its work in the previous year and its forward work programme for the ensuing year.

PUBLICATIONS
Where the Council advises the Secretary of State to make legislative changes to the Industrial Injuries Disablement Benefit Scheme, the Council will prepare a Command Paper to be presented to Parliament by the Secretary of State for Work and Pensions by Command of Her Majesty. Where the Council has carried out a full review of a topic, but is not advising the Secretary of State to make legislative changes, the Council will prepare a Position Paper for publication, setting out its conclusions and reasoning. Where there is little evidence to allow the Council to carry out a full review, an Information Note will be published.

The Council shall, with the aid of the Department, provide a website on gov.uk where minutes of its meetings will be published, copies of its advice to Ministers shall be

made available, details of membership, the Council's remit and other matters and items of information shall be published.

METHOD OF ENQUIRY

The Council's task is to advise the Secretary of State on the Industrial Injuries Disablement Benefit Scheme. The majority of this work concerns updating the list of Prescribed Diseases and the occupations that cause them for which IIDB can be paid.

Identifying areas of investigation

The Council's work programme has reactive and proactive elements.

Reactive elements

The Council interprets its reactive role liberally, to include responsiveness to stakeholder questions and the emerging research literature. Its work programme therefore considers requests from many parties, including (but not limited to): The Secretary of State, Members of Parliament, the DWP, medical specialists, trade unions, health and safety professionals and agencies, victim support groups, delegates of public meetings, and Council members themselves. It also takes account of new peer-reviewed research reports, items in the scientific and general press and the decisions of IIDB Upper Tier Tribunals.

This reactive element is an essential ongoing component of the work, valued by stakeholders, and which makes the Council accessible and open to reasonable enquiry, adaptable, and an intelligent user of information.

Proactive elements

The Council employs a range of tools to directly and continuously monitor changing scientific evidence and new topics that may impact on the Industrial Injuries Scheme. These include: periodic review of existing Prescribed Diseases and their terms; a watch list of topics from earlier reports; periodic review of IIDB statistics; review of an annual compendium of research abstracts; benchmarking exercises which compare the IIDB list with lists of other schemes; and, when budgetary constraints allow, commissioned reviews of topics of relevance to the work plan.

The Council's approach

Once an area of investigation has been identified the Council's approach will typically be to:

- Check original sources
- Conduct a review of the relevant scientific peer-reviewed literature
- Check the reports of major authorities (such as the International Agency for Research on Cancer)
- Take evidence from subject experts
- Make a public call for evidence and, where appropriate, direct calls for evidence to key informants (e.g. trade unions, health and safety professionals, Health and Safety Executive)
- Collate the evidence, summarise it, and formulate a view in the context of the Scheme
- Draft an appropriate report, agreed by the RWG and the full Council, setting out the Council's advice to the Secretary of State for Work and Pensions and to other stakeholders.

Openness and transparency - this requirement to be met in various ways:

- Regular public meetings and other stakeholder engagement
- Publication and laying Command Papers in the Houses of Parliament Libraries
- Publication and depositing Position Papers in the Houses of Parliament Libraries
- Publication of Information Notes
- Publication and deposit of an Annual Report
- Publication of the minutes of Council and RWG meetings
- Accessibility to stakeholder enquiries
- Information published on the IIAC pages on gov.uk.

Where inquiries are more than trivial and of sufficient public interest there is always an intention to publish and to respond constructively to the original inquirer. Reports shall cite the considered background literature (to allow a transparent audit trail) and offer a glossary where required (to promote understanding).

Appendix C – Members of the Council in 2019/2020

Dr Lesley Rushton Chair OBE BA MSc PhD CStat Hon FFOM
Appointed to the Council on 1 April 2018 for a five-year term

Independent scientist

Emeritus Reader in Occupational Epidemiology, Department of Epidemiology and Biostatistics, Imperial College London
Member, UK Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment
Honorary Fellow, Faculty of Occupational Medicine

Professor Raymond Agius MD DM FRCP FRCPE FFOM
Appointed on 1 May 2019 for five years

Independent member with expertise in occupational and environmental medicine and epidemiology

Emeritus Professor of Occupational and Environmental Medicine, University of Manchester
Medical School Fellow, Royal College of Physicians
Fellow, Royal College of Physicians, Edinburgh Fellow, Faculty of Occupational Medicine

Professor Kim Burton OBE PhD Hon FFOM
Appointed 1 November 2018 for a five-year term

Independent member with particular expertise in musculoskeletal disorders

Occupational Health Research Consultant
Professor of Occupational Healthcare, University of Huddersfield Honorary Fellow, Faculty of Occupational Medicine

Professor John Cherrie BSc PhD CFFOH
Appointed 1 November 2018 for a five-year term

Independent member with expertise in exposure measurement

Professor of Human Health, Heriot Watt University and Principle Scientist, Institute of Occupational Medicine, Edinburgh
Member of the Health and Safety Executive's Workplace Health Expert Committee
Chartered Fellow, Faculty of the British Occupational Hygiene Society

Mr Keith Corkan BA
Appointed to the Council on 1 May 2013, reappointed for a final four-year term from 1 May 2019

Independent member with legal expertise

Consultant, Woodfines Solicitors

Member of the Employment Lawyers Association Member of the International Bar Association Member of the Global Employment Institute

Ms Lesley Francois LLB(Hons) MA LLM
Appointed 1 September 2019 for a five-year term.

Independent member with legal expertise

Solicitor

Member of Law Society's Personal Injury Panel
Member of Association of Personal Injury Lawyers accredited with
Senior Litigator Status, Occupational Disease Specialist Status
Asbestos Disease Specialist Status

Dr Valentina Gallo MD LSHTM-MSc PhD
Appointed 1 November 2018 for a five-year term. Stepped down from 31 January 2020

Independent member with expertise in epidemiology and neuroepidemiology

Senior Lecturer in Epidemiology, Centre for Primary Care and Public Health, Bart's and The London School of Medicine, University of London
Honorary Associate Professor at London School of Hygiene and Tropical Medicine
Honorary Lecturer in Epidemiology, Imperial College London School of Public Health
Member, General Medical Council

Dr Max Henderson MSc PhD MRCP MRCPsych HonFFOM
Appointed 1 November 2018 for a five-year term

Independent member with expertise in psychiatry

Associate Professor, University of Leeds
Consultant Liaison Psychiatrist, St James' University Hospital, Leeds Member, Royal College of Physicians
Member, Royal College of Psychiatrists
Honorary Fellow, Faculty of Occupational Medicine

Dr Jennifer Hoyle MRCP Edin FRCP
Appointed 1 September 2019 for a five-year term

Independent member with expertise in general and respiratory medicine with an interest in occupational lung disease

Consultant Physician, North Manchester General Hospital
Member, Royal College of Physicians, Edinburgh
Fellow, Royal College of Physicians

Dr Sayeed Khan BMedSci DM FFOM FRCGP FRCP
Appointed to the Council on 1 May 2013, reappointed for a final four-year term from 1 May 2019

Representative of employers

Chief Medical Adviser, Make UK, The Manufacturers' Organisation Professorial Fellow, University of Nottingham
Chief Medical Officer, Collingwood Health Fellow, Faculty of Occupational Medicine Fellow, Royal College of Physicians

Dr Ian Lawson MB BS FFOM FRCP FRSPH
Appointed 1 November 2018

Representative of employers, with expertise in hand arm vibration syndrome

Retired Occupational Health Physician, formerly Chief Medical Officer, Rolls-Royce plc
Fellow, Faculty of Occupational Medicine Fellow, Royal College of Physicians
Fellow, Royal Society for Public Health

Ms Karen Mitchell LLB
Appointed to the Council on 1 December 2014, reappointed for a second term for five years from 1 December 2017

Representative of employed earners

Retired Legal Officer and Solicitor, National Union of Rail, Maritime and Transport

Professor Neil Pearce BSc DipSci DipORS PhD DSc FMedSci FFPH
Appointed to the Council on 1 October 2011, reappointed for a third and final term of four years from 1 October 2017

Independent member with specialist skills in epidemiology, particularly asthma, cancer and occupational health and biostatistics

Professor of Epidemiology and Biostatistics, London School of Hygiene and Tropical Medicine, London
Honorary Life Member, Australasian Epidemiological Association Fellow, Royal Society of New Zealand

Mr Hugh Robertson
Appointed to the Council on 8 April 2015, reappointed for five years from 1 April 2018. Stepped down from 31 July 2019.

Representative of employed earners

Senior Policy Officer, Trade Union Congress, London

Mr Douglas Russell BSc (Hons) MSc CMIOSH
Appointed to the Council on 1 December 2014, reappointed for a second term for five years from 1 December 2017

Representative of employed earners

National Health and Safety Officer, Union of Shop, Distributive and Allied Workers

Mr Daniel Shears
Appointed 1 September for a five-year term

Representative of employed earners

National Health, Safety and Environment Director, GMB Trade Union

Dr Chris Stenton BSc MB BCh BAO FRCP FFOM
Appointed 1 December 2018 for a five-year term

Independent member with expertise in respiratory medicine

Locum Consultant Physician, Royal Victoria Infirmary Fellow, Royal College of Physicians
Fellow, Faculty of Occupational Medicine

Professor Karen Walker-Bone BM FRCP PhD Hon FFOM
Appointed to the Council on 1 May 2013, reappointed for a final four-year term from 1 May 2019

Independent member with expertise in the epidemiology of rheumatic diseases

Professor and Honorary Consultant in Occupational Rheumatology
Director, MRC Versus Arthritis Centre for Musculoskeletal Health and Work, MRC Lifecourse Epidemiology Unit (University of Southampton)
Member, British Society of Rheumatology Member, National Osteoporosis Society
Fellow, Faculty of Occupational Medicine

Dr Andrew White BSc (Hons) PhD CMIOSH AIEMA
Appointed to the Council on 1 December 2014, reappointed for a second term of five years from 1 December 2017

Representative of employers

Director of Risk & Assurance, The Pirbright Institute

Appendix D: IIAC Secretariat, Officials and Observers

IIAC has a secretariat, supplied by the DWP, dedicated to the Council's requirements. It consists of the Secretary, a Scientific Adviser and an administrative secretary.

Members of the Secretariat

Mr Stuart Whitney	Secretary
Mr Ian Chetland	Scientific Adviser
Ms Catherine Hegarty	Administrative Secretary

Contact Details

Industrial Injuries Advisory Council Level 1, Caxton House
Tothill Street London SW1H 9NA

Email: iiac@dwp.gsi.gov.uk Website: www.gov.uk/iiac

Officials and Observers attending meetings

Officials from the DWP attend Council meetings to give advice and guidance to IIAC on policy matters and the operation of the IIDB Scheme. Representatives from the HSE and the Ministry of Defense attend as observers.

From the DWP:

Dr Emily Pikett	Disability Employment and Support Directorate
Mr Neil Walker	Disability Employment and Support Directorate
Mr Jamal Saddique	Disability Employment and Support Directorate
Ms Maryam Masalha	DWP Legal Services
Mr Ian Pratt	Benefit Services Directorate

From the HSE:

Ms Lucy Darnton - Science, Engineering and Analysis Division

From the MoD:

Dr Anne Braidwood - Medical Adviser, Armed Forces Compensation Schemes

Appendix E: Expenditure

The Council does not have a budget of its own. However, DWP provide a small administrative budget of £55,000 to allow the Council to function. This includes:

The IIAC Chair fee of £15,000 per annum, in place from April 2018;

Fees for members attending IIAC meetings were set from April 2007 as follows:

Full Council meetings:	IIAC member	£142
Sub-Committee meetings:	RWG Chair	£182
	RWG member	£142

Travel expenses are also payable in accordance with DWP rates and conditions.

The full Council met four times in 2019/20 and its RWG sub-committee also met four times during the year. IIAC also held a Public Meeting in July 2019.

An overview of expenditure for 2019/20 was as follows:

Professional fees	£27,555
Expenses	£9,480
Printing	£1,290
Public Meeting	£6,100
Research Material	£115
Catering	£1,025
Total	**£51,665**