# Manufacturing statistics in Great Britain, 2020

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This document can be found at [www.hse.gov.uk/statistics/industry/manufacturing.pdf](http://www.hse.gov.uk/statistics/industry/manufacturing.pdf)
Key statistics in the Manufacturing sector in Great Britain, 2020

85,000 workers suffering from work-related ill health (new or long-standing) each year

The rate of self-reported work-related ill health has been broadly flat in recent years.

Source: LFS, annual average 2017/18-2019/20

15 fatal injuries to workers in 2019/20

This is below the annual average number of 20 fatalities for 2015/16-2019/20, though numbers have fluctuated over this period.

Source: RIDDOR, 2019/20

66,000 Workers sustain non-fatal injuries at work each year

Since 2001/02, the rate of self-reported non-fatal injury to workers shows a downward trend

Source: LFS, annual average 2017/18-2019/20

Source: Non-fatal injuries reported under RIDDOR 2017/18-2019/20. RIDDOR is used here as the LFS is not able to provide a breakdown to this level of detail. Accident kinds are shown that account for 10% or more of injuries.
Introduction

This report provides a profile of workplace health and safety in the Manufacturing\textsuperscript{1} sector. Broadly speaking Manufacturing includes activities that involve the physical or chemical transformation of materials, substances or components into new products. Outputs may be finished products (ready for use) or semi-finished in the sense that it is to become an input for further manufacturing. The 2007 Standard Industrial Classification (SIC) divides manufacturing into 24 divisions. For the purpose of this report, to ensure reliable statistical estimates, these 24 divisions have been grouped into 6 broad sub-sectors, namely:

- Manufacture of food and drink products (SIC 10 and 11).
- Manufacture of non-metallic products, covering manufacture of:
  - wood and wooden products (SIC 16);
  - paper and paper products (SIC 17);
  - rubber and plastic products (SIC 22);
  - other non-metallic products such as glass, ceramics, brick, cement and plaster (SIC 23);
  - furniture (SIC 31).
- Manufacture of chemical and pharmaceutical products, covering manufacture of:
  - coke and refined petroleum products (e.g. petrol refinery) (SIC 19);
  - manufacture of chemicals and chemical products, which includes the transformation of organic and inorganic raw materials by a chemical process (SIC 20);
  - basic pharmaceutical products and preparations (SIC 21).
- Manufacture of metallic products covering the manufacture of basic metals (SIC 24) and fabricated metal products (except machinery and equipment) (SIC 25).
- Manufacture of transport and transport products, covering manufacture of motor vehicles, trailers (SIC 29) and other transport equipment such as ships, boats, rail locomotives and rolling stock, air and space crafts (SIC 30).
- Other manufacturing including manufacture of:
  - textiles, wearing apparels and leather and related products (SIC 13-15);
  - tobacco products (SIC 12);
  - printing and reproduction of recorded media (SIC 18);
  - computer, electronic and optical products, electrical equipment and other machinery and equipment (SIC 26-28);
  - repair and installation of machinery and equipment and other manufacturing (SIC 32-33).

The Manufacturing sector is a major employer accounting for around 9% of the GB workforce\textsuperscript{2}.

\textsuperscript{1} The Manufacturing sector is defined by section C within the 2007 Standard Industrial Classification. See www.ons.gov.uk/methodology/classificationsandstandards/ukstandardindustrialclassificationofeconomicactivities/uksic2007 for more details

\textsuperscript{2} Annual Population Survey 2019
Work-related ill health

All illness

In Manufacturing:
- There were an estimated **85,000** work-related ill health cases annually (new or long-standing)
- **40%** were musculoskeletal disorders, **38%** were stress, depression or anxiety
- The rate of total self-reported work-related ill health has been broadly flat in recent years

*Source: LFS, annual average 2017/18-2019/20*

At-a-glance breakdown of ill health cases by grouped sub-sectors

*Source: LFS, annual average 2015/16-2019/20. A five-year period has been used in order to improve the reliability of the sub-sector estimates. The grouped sub-sectors are defined in the introduction of this publication.*

Comparing ill health rates of sub-sectors in Manufacturing

*Source: LFS, annual average 2015/16-2019/20. A five-year period has been used in order to improve the reliability of the sub-sector estimates. The grouped sub-sectors are defined in the introduction of this publication. 95% confidence intervals are shown on the chart.*

- Around **2.8%** of workers in manufacturing suffered from work-related ill health (new or long-standing cases), which is **statistically significantly lower** than the rate for workers across all industries (**3.3%**).
- While, there is some variation in the sub-sector rates, only Chemicals and pharmaceuticals is **statistically significantly lower** compared to the All manufacturing rate.
Work-related ill health
Musculoskeletal disorders

In Manufacturing:
- There were an estimated **34,000** work-related cases of musculoskeletal disorders annually (new or long-standing), about 40% of all ill health in this Sector
- The rate of self-reported work-related musculoskeletal disorders has been broadly flat in recent years

*Source: LFS, annual average 2017/18-2019/20*

At-a-glance breakdown of musculoskeletal disorders by grouped sub-sectors

<table>
<thead>
<tr>
<th>Sector</th>
<th>Rate per 100,000 workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and drink</td>
<td>1,330 (1.3%)</td>
</tr>
<tr>
<td>Non-metallic</td>
<td>1,690 (1.7%)</td>
</tr>
<tr>
<td>Metallic</td>
<td>1,430 (1.4%)</td>
</tr>
<tr>
<td>Transport and transport products</td>
<td>1010 (1.0%)</td>
</tr>
<tr>
<td>Chemicals and pharmaceuticals</td>
<td></td>
</tr>
<tr>
<td>Other manufacturing</td>
<td></td>
</tr>
</tbody>
</table>

*Source: LFS, annual average 2015/16-2019/20. A five-year period has been used in order to improve the reliability of the sub-sector estimates. The grouped sub-sectors are defined in the introduction of this publication.*

Comparing rates of musculoskeletal disorders in Manufacturing

- Around **1.1%** of workers in manufacturing suffered from work-related musculoskeletal disorders (new or long standing cases), which is not statistically significantly different to the rate for workers across All industries (1.2%)
- There is some variation in the sub-sector rates, but these differences are not statistically significant compared to All manufacturing

*Source: LFS, annual average 2015/16-2019/20. A five-year period has been used in order to improve the reliability of the sub-sector estimates. The grouped sub-sectors are defined in the introduction of this publication. 95% confidence intervals are shown on the chart. Figures in italics are bases on fewer than 30 sample cases*
Work-related ill health
Stress, depression or anxiety

In Manufacturing:

- There were an estimated 32,000 work-related cases of stress, depression or anxiety annually (new or long-standing), about a third of all ill health in this Sector.
- The rate of self-reported work-related stress, depression or anxiety shows no clear trend.

*Source: LFS, annual average 2017/18-2019/20*

**At-a-glance breakdown of stress, depression or anxiety by grouped sub-sectors**

*Source: LFS, annual average 2015/16-2019/20. A five-year period has been used in order to improve the reliability of the sub-sector estimates. The grouped sub-sectors are defined in the introduction of this publication. As estimates for Non-metallic, Metallic and Chemicals and pharmaceuticals are not available (due to too few sample cases), the hatched area is the difference between the total estimate (32,000) and the sum of the other sub-sectors for which an estimate has been calculated.*

**Comparing rates of stress, depression or anxiety in Manufacturing**

*Source: LFS, annual average 2015/16-2019/20. A five-year period has been used in order to improve the reliability of the sub-sector estimates. The grouped sub-sectors are defined in the introduction of this publication. 95% confidence intervals are shown on the chart. Figures in italics are bases on fewer than 30 sample cases.*

- Around 1.0% of workers in manufacturing suffered from work-related stress depression or anxiety (new or long standing cases), which is statistically significantly lower than the rate for workers across All industries (1.5%).
- There is some variation in the sub-sector rates, but these differences are not statistically significant compared to All manufacturing.
Work-related ill health

Changes over time

All work-related ill health (new and long-standing cases)

The rate of self-reported work-related ill health has been broadly flat in recent years

Work-related musculoskeletal disorders (new and long-standing cases)

The rate of self-reported work-related musculoskeletal disorders has been broadly flat in recent years

Work-related stress, depression or anxiety (new and long-standing cases)

The rate of self-reported work-related stress, depression or anxiety shows no clear trend

Source: LFS, annual rates.
Work-related ill health
Lung disorders

Manufacturing compared with the All industries rate

- Annually, around **4,000** workers were suffering with breathing or lung problems caused or made worse by their work (new and long-standing cases)
- This is equivalent to **0.14%** of workers in the sector
- This rate is not statistically significantly higher than the rate for workers across all industries (**0.10%**)

<table>
<thead>
<tr>
<th>Manufacturing</th>
<th>140 (0.14%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All industries</td>
<td>100 (0.10%)</td>
</tr>
</tbody>
</table>

Rate per 100,000 workers

Source: LFS, annual average 2013/14-2019/20. 95% confidence intervals are shown on the chart

Occupational asthma

- The chest physician reporting scheme suggests that manufacturing has a rate of occupational asthma about five times higher than the all industries average
- The parts of the manufacturing sector with the highest rates of annual reported cases during 2009-2018 were Manufacture of food products (SIC 10), Manufacture of vehicles and trailers (SIC 29) and Manufacture of chemicals and chemical products (SIC 20).
- Occupations with the highest rates of annual reported cases during the 2010-2019 were Vehicle paint technicians and Bakers and flour confectioners.
- The most common causes of occupational asthma include isocyanates, flour dust, solder/colophony, wood dust and cutting oils and coolants; these are exposures often found in manufacturing

Source: THOR-SWORD (see annex 1)
Work-related ill health

Other conditions

Self-reports of work-related ill health from the Labour Force Survey give the best indication of the overall scale of work-related ill health in Great Britain. However, since estimates are based on a survey, this source can be limited when looking at less common work-related ill health cases. There is a range of supporting ill health data sources to supplement the Labour Force Survey estimates, including specialist physician surveillance schemes (THOR) and epidemiological research.

Skin disease
The dermatologist reporting scheme for occupational skin disease (THOR-EPIDERM – see annex 1) shows that a number of parts of the manufacturing sectors have high rates of contact dermatitis. During the period 2010-2019, the highest rates of annual reported cases were seen in the following industry groups: Manufacture of chemicals (SIC 20), Manufacture of basic metals (SIC 24 and Manufacture of fabricated metal products (SIC 25). These industries all had rates of contact dermatitis at least treble the all-industry average.

Occupational cancer
A research study published in 2012 on the occupational burden of cancer in Great Britain showed that for each year, known and probable occupational carcinogens are estimated to account for:

- 5% of cancer deaths (8,000 deaths in 2005)
- 4% of all new cancer registrations (13,600 registrations in 2004)

Of the estimated 8,000 deaths in 2005:

- Around 2,200 were attributed to past work in manufacturing industries
- About half of these cases were caused by past exposure to mineral oils (associated with lung and bladder cancer) and asbestos (associated with lung cancer and mesothelioma)

Of the 13,600 registrations in 2004:

- Around 3,900 were attributed to past work in manufacturing industries
- Similar to deaths, exposure to mineral oils and asbestos accounted for a large proportion
- More than half of the cancer registrations relating to mineral oils were non-melanoma skin cancer

More details of this research is available at www.hse.gov.uk/cancer/research.htm
Workplace injuries

Fatal injuries

In Manufacturing:
- There were 15 fatal injuries in 2019/20
- This is below the annual average number of 20 fatalities for 2015/16-2019/20, though numbers have fluctuated over this period
- Over the same five year period, 15% of deaths were falls from height, 14% contact with moving machinery and 14% struck by a moving/falling object

Source: RIDDOR

Manufacturing compared with All industry

<table>
<thead>
<tr>
<th></th>
<th>Rate per 100,000 workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturing</td>
<td>0.71</td>
</tr>
<tr>
<td>All industry</td>
<td>0.42</td>
</tr>
</tbody>
</table>

The manufacturing sector has a rate of fatal injury over 1.5 times the average rate across All industries

Source: RIDDOR, annual average 2015/16-2019/20

Changes over time

The rate of fatal injury to workers shows a downward trend

Workplace injuries

Non-fatal injuries

HSE’s preferred data source for non-fatal injuries is the Labour Force Survey (LFS)

In Manufacturing:

- There were an estimated **66,000** workers each year who sustained an injury at work
- About a **quarter** of these cases resulted in absence from work of over 7 days
- The rate of self-reported non-fatal injury to workers shows a downward trend

*Source: LFS, annual average 2017/18-2019/20*

**At-a-glance breakdown of non-fatal injuries by grouped sub-sectors**

**Comparing rates of non-fatal injuries in Manufacturing**

<table>
<thead>
<tr>
<th>Sub-sector</th>
<th>Rate per 100,000 workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and drink</td>
<td>2,840 (2.8%)</td>
</tr>
<tr>
<td>Non-metallic</td>
<td>2,510 (2.5%)</td>
</tr>
<tr>
<td>Metallic</td>
<td>3,100 (3.1%)</td>
</tr>
<tr>
<td>Transport and transport products</td>
<td>3,080 (3.1%)</td>
</tr>
<tr>
<td>Chemicals and pharmaceuticals</td>
<td>Sample cases too small to provide estimate</td>
</tr>
<tr>
<td>Other Manufacturing</td>
<td>1,680 (1.7%)</td>
</tr>
<tr>
<td>All manufacturing</td>
<td>2,250 (2.3%)</td>
</tr>
<tr>
<td>All industries</td>
<td>1,800 (1.8%)</td>
</tr>
</tbody>
</table>

- **Around 2.3%** of workers in manufacturing sustained a workplace injury annually which is **statistically significantly higher** than the rate for workers across All industries (**1.8%**)
- Transport and transport products is the only sub-sector with a rate **statistically significantly higher** than the rate for All manufacturing. In contrast, the rate in Other manufacturing is **statistically significantly lower** than the All manufacturing rate.

*Source: LFS, annual average 2015/16-2019/20. A five-year period has been used in order to improve the reliability of the sub-sector estimates. The grouped sub-sectors are defined in the introduction of this publication.*
Supporting information from RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) supports this trend picture. The rate of non-fatal injury to employees reported by employers to RIDDOR also shows a downward trend over this period.

Source: LFS 2002/03 – 2019/20

*The LFS gives the best indication of the scale of workplace injury within the sector. RIDDOR provides additional information for non-fatal injuries, but needs to be interpreted with care since it is known that non-fatal injuries are substantially under-reported. Variations in reporting rates both between industries and over time make such comparisons difficult. However, RIDDOR is often useful in providing analysis at a detailed level not available through the LFS, mainly around the type of accident itself.
Workplace injuries
Non-fatal injuries

In Manufacturing:
- There were **11,245** non-fatal injuries to employees reported by employers to RIDDOR in 2019/20
- **2,589** (23%) were specified injuries## and **8,656** (77%) were over 7-day injuries

Source: RIDDOR, 2019/20

Breakdown of non-fatal injuries by accident kind for the latest five years (2015/16 – 2019/20)


##Specified injuries are a defined list of injuries. The full list is at [www.hse.gov.uk/riddor/reportable-incidents.htm](http://www.hse.gov.uk/riddor/reportable-incidents.htm)
Physical risks were more widely reported as being present than psychosocial risks, and is consistent with the lower-than-average levels of stress, depression or anxiety seen in the sector.

The most common reported workplace risk was ‘machines or tools’. Comparing to what we know about causes of injury, around one in seven of all fatal injuries in the sector over the last five years were due to contact with machinery and it accounts for over 10% of employer reported non-fatal injuries.

Lifting or moving people or heavy loads was the second most common reported physical risk factor, present in around three-quarters of manufacturing workplaces; Lifting/handling is a significant cause of non-fatal injury, accounting for around a quarter of employer reported non-fatal injuries.

A 2014 survey, commissioned by the European Union Occupational Safety and Health Agency (in collaboration with the Health and Safety Executive), explored the extent that various risks are present in the workplace (regardless of whether the risk is under control), as reported by the person who knows most about safety and health in the workplace. The chart shows the extent of these various risk factors in workplaces for the manufacturing in the UK. Full details of the UK results, including measures of how risks are managed within the sector can be found at [www.hse.gov.uk/statistics/oshman.htm](http://www.hse.gov.uk/statistics/oshman.htm). The source is known as ESENER 2014.

For workplaces with five or more employees reporting the presence of various workplace risks, regardless of whether risk is under control.
Economic cost

Economic cost of workplace injury and new cases of work-related ill health in Manufacturing

- The total economic cost in 2018/19 is estimated at £1.2 billion
- This accounts for 7% of the total cost across all industries (£16.2 billion)

Injury

- £658M

Illness

- £563M

95% confidence interval

Source: HSE Costs to Britain, 2018/19. Workplace injury and ill health impose costs: both financial (for example in terms of lost output and healthcare costs) and non-financial (the monetary valuation of the human cost of injury and illness in terms of loss of quality of life, and for fatalities, loss of life). Taken together, this gives the total economic cost to society. This cost is shared between individuals, employers and government/taxpayers.

Enforcement

Enforcement notices issued by HSE to businesses in this Sector, 2019/20p

- In addition to the 3,161 enforcement notices issued, 93 prosecution cases# were brought by HSE and, in Scotland, COPFS and had a verdict reached in 2019/20p; 89 cases (96%) resulted in a guilty verdict for at least one offence.
- The resulting fines from these prosecutions totalled £16.1M in 2019/20, with an average fine per case of £181,000

Source: HSE Enforcement Data

HSE and local authorities are responsible for enforcing health and safety legislation. For the most serious offences, inspectors may serve improvement notices and prohibition notices and they may prosecute (or in Scotland, report to the Crown Office and Procurator Fiscal Service (COPFS) with a view to prosecution).

#Cases refer to a prosecution against a single defendant. The defendant may be an individual person or a company. There may be one or more breach of health and safety legislation (offences) in each case.
Annex 1: Sources and definitions

The Labour Force Survey (LFS): The LFS is a national survey run by the Office for National Statistics of currently around 33,000 households each quarter. HSE commissions annual questions in the LFS to gain a view of self-reported work-related illness and workplace injury based on individuals’ perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

- Self-reported work-related illness: People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. Estimated total cases include long-standing as well as new cases. New cases consist of those who first became aware of their illness in the last 12 months.
- Self-reported injuries: Workplace injuries sustained as a result of a non-road traffic accident, as estimated by the LFS.

Specialist physician surveillance schemes (THOR): Cases of work-related respiratory and skin disease are reported by specialist physicians within The Health and Occupation Reporting network (THOR) surveillance schemes. Reporting of respiratory diseases by chest physicians is through the Surveillance of Work-Related and Occupational Respiratory Disease scheme (THOR-SWORD). Reporting of skin disease cases by consultant dermatologists is through the occupational skin surveillance scheme (THOR-EPIDERM).

Ill health assessed for disablement benefit (IIDB): New cases of specified ‘prescribed diseases’ (with an established occupational cause) assessed for compensation under the Industrial Injuries Disablement Benefit scheme.

RIDDOR: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, under which fatal and defined non-fatal injuries to workers and members of the public are reported by employers. Certain types of work-related injury are not reportable under RIDDOR, hence excluded from these figures. Particular exclusions include fatalities and injuries to the armed forces and injuries from work-related road collisions.

European Survey of Enterprises on New and Emerging Risks (ESENER): A large Europe-wide survey of establishments with five or more employees including all sectors of economic activity except for private households (SIC 2007 Section T) and extraterritorial organisations (SIC 2007 Section U). The surveys asks those ‘who know best’ about safety and health in establishments about the way safety and health risks are managed at their workplace, with a particular focus on psychosocial risks.
HSE Costs to Britain Model: Developed to estimate the economic costs of injury and new cases of ill health arising from current working conditions. The economic cost estimate includes estimates of financial (or direct) costs incurred (either in terms of payments that have to be made or income/output that is lost) and the monetary valuation of the impact on quality and loss of life of affected workers.

HSE Enforcement data: The main enforcing authorities are HSE and local authorities. In Scotland, HSE and local authorities investigate potential offences but cannot institute legal proceedings and the Crown Office and Procurator Fiscal Service (COPFS) makes the final decision whether to institute legal proceedings and which offences are taken.

Enforcement notices cover improvement, prohibition and deferred prohibition. Offences prosecuted refer to individual breaches of health and safety legislation; a prosecution case may include more than one offence. Where prosecution statistics are allocated against a particular year, unless otherwise stated, the year relates to the date of final hearing with a known outcome. They exclude those cases not completed, for example adjourned.

Potential impact of COVID-19 on HSE’s main statistical data sources in 2019/20: Disruption to the economy towards the end of 2019/20 due to the emergence of COVID-19 as a national health issue had the potential to have impacted on workplace injury and work-related ill health data for 2019/20. A paper setting out the issues in more detail along with results of analysis of the headline data from the Labour Force Survey and RIDDOR found that COVID-19 does not appear to be the main driver of changes seen in the latest year’s data. For more details see www.hse.gov.uk/statistics/adhoc-analysis/covid19-impact19-20.pdf

Rate per 100,000: The number of annual workplace injuries or cases of work-related ill health per 100,000 employees or workers.

95% confidence interval: The range of values within which we are 95% confident contains the true value, in the absence of bias. This reflects the potential error that results from surveying a sample rather than the entire population.

Statistical significance: A difference between two sample estimates is described as ‘statistically significant’ if there is a less than 5% chance that it is due to sampling error alone.

For more information, see www.hse.gov.uk/statistics/sources.pdf
# Annex 2: Links to detailed tables

The data in this report can be found in the following tables:

<table>
<thead>
<tr>
<th>Tables</th>
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<tr>
<td>Enforcement</td>
<td></td>
</tr>
<tr>
<td>Other tables can be found at:</td>
<td></td>
</tr>
</tbody>
</table>
National Statistics

National Statistics status means that statistics meet the highest standards of trustworthiness, quality and public value. They are produced in compliance with the Code of Practice for Statistics, and awarded National Statistics status following an assessment and compliance checks by the Office for Statistics Regulation (OSR). The last compliance check of these statistics was in 2013.

It is Health and Safety Executive’s responsibility to maintain compliance with the standards expected by National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the OSR promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.
Details of OSR reviews undertaken on these statistics, quality improvements, and other information noting revisions, interpretation, user consultation and use of these statistics is available from www.hse.gov.uk/statistics/about.htm.

An account of how the figures are used for statistical purposes can be found at www.hse.gov.uk/statistics/sources.htm

For information regarding the quality guidelines used for statistics within HSE see www.hse.gov.uk/statistics/about/quality-guidelines.htm

A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/
Additional data tables can be found at www.hse.gov.uk/statistics/tables/

General enquiries: Statistician: sam.wilkinson@hse.gov.uk
Journalists/media enquiries only: www.hse.gov.uk/contact/contact.htm

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