

Background Quality Report

Self-reported workplace injury and work-related illness statistics from the Labour Force Survey

20 November 2025



Contents

Introduction	2
Assessment of statistics against quality dimensions and principles	4
Relevance	4
Accuracy and Reliability	7
Timeliness and Punctuality	11
Accessibility and Clarity	11
Coherence and comparability	12
Trade-offs between output quality components	14
Assessment of user needs and perceptions.	15
Performance, Cost and Respondent Burden	15
Confidentiality, transparency and security	16

Introduction

This report provides users with an evidence-based assessment of the quality of the statistical output from the module of questions on workplace injury and work-related illness included annually in the Labour Force Survey (LFS). It does this by reporting against the nine quality dimensions and principles of the European Statistical System (ESS) quality framework.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Statistics. In particular, ensuring that official statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors, and other aspects of the European Statistical System definition of quality.

The Labour Force Survey (LFS) is a nationally representative quarterly survey currently consisting of around 31,000 responding households each quarter. It provides a rich source of information about the UK labour market, and is designed, developed and managed by the Office for National Statistics (ONS) in Great Britain and by the Central Survey Unit of the Northern Ireland Statistics and Research Agency (NISRA) in Northern Ireland on behalf of the Economic Labour Market Statistics Branch (ELMSB) of the Department of Finance and Personnel.

The Health and Safety Executive (HSE) commission a set of questions annually in the LFS, taking advantage of existing arrangements for sampling and interviewing a large nationally representative sample, to gain a view of work-related illness and workplace injury based on individuals' perceptions. This includes a core set of questions, and a small number of additional questions asked periodically. Whilst information is collected from Northern Ireland, this information is not routinely published since HSE's jurisdiction is restricted to Great Britain only.

An annual series of workplace injury questions have been included in the LFS since 1993/94 and work-related illness questions since 2003/04 (and periodically prior to this since 1990). Questions were included in the LFS winter quarter prior to 2006/07, and in quarter one since then when the LFS moved from seasonal to calendar quarters. Information about the number of days off work due to workplace injury and work-related ill health has also been collected since 2003/04 (and periodically prior to then). In 2012/13, the ill health data collection was suspended for one year, but from 2013/14 returned to annual data collection.

The ONS carry out extensive testing and quality assurance work before releasing the LFS data sets. Any new questions or changes to the LFS are tested and evaluated before being rolled out. On receipt of the full LFS data set from the ONS, various processes are

completed including validating the HSE questions, adjusting for non-response to the screening questions (which identify cases of work-related illness and workplace injury) and deriving a range of variables for analysis purposes.

Prior to 2025, analysis of the Labour Force Survey (LFS) was conducted using the statistical software Stata, which accounted for the survey's complex design. This approach enabled the calculation of 95% confidence intervals as well as estimates of levels and rates of work-related ill health and workplace injury.

Since 2025, the analysis has transitioned to using the open-source, versatile statistical computing environment R, which provides comparable functionality for handling complex survey data.

Statistics are released annually through the HSE statistics web pages (www.hse.gov.uk/statistics/), alongside statistics on work-related illness and workplace injury from other data sources. The release includes a range of detailed tables (www.hse.gov.uk/statistics/lfs/tables.htm) and written commentary embedded throughout the web pages.

Results are only released where sample numbers are sufficiently large to provide reliable estimates and disclosure standards are adhered to. Published tables include 95% confidence intervals.

Documentation on the data source and methodological issues can be found at:

- Data sources (www.hse.gov.uk/statistics/sources.htm)
- Technical note (www.hse.gov.uk/statistics/lfs/technicalnote.htm)

Assessment of statistics against quality dimensions and principles

Relevance

This dimension covers the degree to which the statistical product meets user need in both coverage and content.

LFS respondents are asked to recall events over the previous 12 months and so results reflect an average of the previous 12-month period. For example, respondents administered the questions in the LFS quarter one in 2008 (January 2008-March 2008) cover the 12 months prior to each interview. The results reflect an average of 12-month periods ending January 2008 to March 2008, and this is described as 2007/08.

The LFS gives estimates on the levels of workplace injury. All estimates are based on an individual's most recent workplace injury in the 12-month reference period, and exclude injuries caused by road accidents since they fall outside HSE's jurisdiction. Information is presented as estimated incidence and rates of all non-fatal injuries, over-3-day absence injuries and over-7-day absence injuries where:

- Estimated injury incidence is the estimated number of people sustaining injuries in a workplace accident in the 12 months prior to interview (the reference period);
- Injury incidence rate is defined as the injury incidence estimate divided by the estimated average number of people in employment in the 12-month reference period (this is taken as the average number of people currently employed in January to March);
- All non-fatal injuries include all self-reported workplace injuries;
- Over-3-day absence injuries include those self-reported injuries resulting in more than three consecutive (working and non-working) days away from work (not counting the day on which the accident happened);
- Over-7-day absence injuries include those self-reported injuries resulting in more than seven consecutive (working and non-working) days away from work (not counting the day on which the accident happened).

The estimate of the number of people in employment from the LFS is consistent with the International Labour Organisation (ILO) definition of employment. Under this definition employment includes both those who are in work during the reference period and those who are temporarily away from a job (for example, because they were on holiday or off sick).

Injury measures by demographic and employment related variables are generally presented as three-year averages to provide more robust estimates.

More details about the definitions and formulae can be found at www.hse.gov.uk/statistics/lfs/injury.htm

For illness, the LFS gives estimates of the number of people who have conditions which they think have been caused or made worse by work (regardless of whether they have been seen by doctors). Estimates are based on the most serious work-related illness, if an individual has more than one. Information is presented as estimated prevalence and rates of self-reported illness and estimated incidence and rates of self-reported illness where:

- Estimated prevalence is the estimated number of people with a work-related illness at any time during the 12-month reference period. It includes the full range of illnesses from long-standing to new cases;
- Prevalence rate is defined as the prevalence estimate divided by the population at risk of having a work-related illness;
- Estimated incidence is the estimated number of new cases of work-related illness occurring in the 12-month reference period i.e. people first becoming aware of their illness in this 12-month period;
- Incidence rate is defined as the incidence estimate (restricted to individuals working in the 12-month period) divided by the population at risk of experiencing a new case of work-related illness during the reference period.

As a result of a routing error in the LFS questionnaire 2007/08 and 2008/09 ill health measures are restricted to people working in the last 12 months rather than people ever employed (as in earlier surveys). Hence, all published estimates are generally restricted to people working in the last 12 months for comparison purposes.

More details about the definitions and formulae can be found at www.hse.gov.uk/statistics/lfs/illness.htm.

Two measures have been developed to measure the impact of coronavirus on self-reported work-related illness, and therefore to better understand work-related ill health in 2020/21 and 2021/22 in the context of the coronavirus pandemic, namely estimates of:

- COVID-19 which may have been due to exposure to coronavirus at work.
- Work-related illness caused or made worse by the effects of the coronavirus pandemic.

More details can be found in our technical reports on the impact of the coronavirus pandemic on health and safety statistics at www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm

The LFS also provides estimates and rates of the total number of days off work due to work-related illness and/or workplace injury where:

- Working days lost are expressed as full-day equivalent days to allow for variation in daily hours worked and includes days lost due to all non-fatal injuries and all work-related illness (new and long-standing cases);
- Working days lost due to work-related illness is a measure of the total time lost due to all episodes of the illness over the 12-month reference period whereas working days lost due to workplace injury is a measure of the elapsed time between injury and returning to work and does not include any subsequent time taken off work;
- Rates presented are in the form of average annual working days lost (full-day equivalent) per case of work-related illness or workplace injury and average annual working days lost (full-day equivalent) per full-time equivalent worker.

More details about the definitions and formulae can be found at www.hse.gov.uk/statistics/lfs/dayslost.htm

The coronavirus (COVID-19) pandemic and the government's response has impacted recent trends in work-related illness and workplace injuries based on results from the Labour Force Survey. It has also affected certain data collections and consequently, no data on working days lost is available for 2020/21. More details can be found in our technical reports on the impact of the coronavirus pandemic on health and safety statistics at www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm

All measures of both workplace injury and work-related illness from the LFS are referred to as 'self-reported'. For ill health in particular, estimates represent an individual's perception of the contribution that work made to the illness, rather than a medically verified estimate. Research indicates that self-reports of work-related illness are broadly reliable <https://webarchive.nationalarchives.gov.uk/ukgwa/20241206182956/https://www.hse.gov.uk/research/rrhtm/rr970.htm>.

Each measure, with corresponding 95% confidence intervals (see www.hse.gov.uk/statistics/lfs/errors.htm), is presented by a range of demographic and employment-related variables, including age and sex, region, occupation, industry and workplace size. The level at which the data is presented is dependent on the level at which it was collected in the LFS (and also the number of sample cases for any given analysis – see www.hse.gov.uk/statistics/lfs/errors.htm). Individual characteristics such as age and sex and region are available for all survey subjects. However, employment-related information such as occupation and industry are only available for those who are currently in work or whose most recent job was in the last 8 years.

The LFS provides an essential source of regular outcome data for HSE, ensuring an evidence base for decisions about targeting and prioritisation. It also forms a major

component of the economic cost model of health and safety failings. These statistics are also used by the wider community e.g. industry, academics, members of the public, students.

To ensure these statistics meet the needs of the user, they are reviewed using a variety of methods. In 2011 HSE ran an external user-engagement exercise and in 2014 HSE hosted a statistics user conference for external users. The aim of the conference was to allow users to meet with data source leads to find out more about the information currently available, as well as to provide HSE with the opportunity to engage directly with its external customers.

Two further user engagement exercises have been conducted, one in 2016 to explore user personas and another in 2017 to assess improvements made to the health and safety at work summary statistics booklet and the refresh of the published statistical web tables. Results of the consultations and details about the conference can be found at www.hse.gov.uk/statistics/about/engagement/previous-consultations.htm.

We also make available contact details of the responsible Statistician in the main statistical documents, and provide a feedback form on the website, to allow users to comment on any aspect of the statistical outputs. In addition, we have a popular electronic email bulletin service, providing regular information to users and reminding them of forthcoming releases and other relevant key events.

HSE's statisticians are continually looking to improve the service for users. The 2016 annual statistics release included a new style summary booklet and data tables with improved usability - these were developed in line with current good practice for Government Departments' statistical releases, and also working with HSE's communications experts to make sure we made full use of the most appropriate platforms for engaging our user community.

In 2025, the accessibility of the published tables was further improved, in line with the Government Statistical Service (GSS) guidance on releasing statistics in spreadsheets (<https://analysisfunction.civilservice.gov.uk/policy-store/releasing-statistics-in-spreadsheets/>).

Accuracy and Reliability

The proximity between an estimate and the unknown true value

Estimates from the LFS are subject to various sources of error, namely sampling and non-sampling error, where non-sampling error includes coverage error, non-response error, measurement error and processing error. The errors encountered are described in detail in the Labour Force Survey User Guide Volume 1: Background and Methodology (www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/labourforcesurveyuserguidance).

Sampling errors and confidence intervals

The LFS survey data is used to make inferences about the whole population. When data obtained from a sample is used in this way, there is an element of sampling error, or uncertainty, about the sample estimate. Sampling errors relate to the fact that the chosen sample is only one of a very large number of samples which may have been chosen, each giving rise to different sample estimates. The spread of these results is the sampling variability, which generally reduces with increasing sample size. A confidence interval is a range of values, defined by a lower and upper bound, which indicates the variability of an estimate. Statistical methods are used to calculate the sampling variability from which the confidence interval can be determined. For example, with a 95 per cent confidence interval, it is expected that in 95 per cent of the survey samples, the resulting confidence interval will contain the true value that would be obtained by surveying the whole population (see www.hse.gov.uk/statistics/lfs/errors.htm).

Results are only released where sample numbers are sufficiently large to provide reliable estimates (see www.hse.gov.uk/statistics/lfs/errors.htm) and disclosure standards are adhered to. Published tables (<https://www.hse.gov.uk/statistics/lfs/tables.htm>) include 95% confidence intervals.

A difference between two rates is 'statistically significant' if there is less than 5% chance that it is due to sampling error alone (see www.hse.gov.uk/statistics/lfs/errors.htm). Most of the published tables include statistical significance tests. For example, testing whether rates for independent groups, such as males and females, or a rate for a particular group compared with the overall rate, such as the construction industry compared to all industries, are statistically significantly different.

One way of increasing the reliability of survey data is to increase the sample size on which it is based. Whilst the annual sample size is fixed, several years' worth of data can be pooled to produce estimates for the average of the combined years. Injury and ill health measures by demographic and employment-related variables are generally presented in this way by pooling three years' worth of data. Results by occupation and industry, where the number of sample cases at the detailed levels tend to be low, are also presented as five-year averages.

Non-sampling errors

Many of the sources of non-sampling error are difficult to measure. However, in the LFS 'Performance and Quality monitoring Report (PQM) www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/labourforcesurveyperformanceandqualitymonitoringreports detailed response rates are published.

The LFS collects data on a sample of the population. To convert this information to give estimates for the population, the sample data is weighted. Each case is given a weight which can be thought of as the number of people that case represents. This weighting factor takes account of differential non-response among different sub-groups in the population. This weighting procedure involves grossing data to sub-regional population estimates and then adjusting for the estimated age and sex composition, by region. These weighting factors are provided to HSE by the Office for National Statistics (ONS) along with the LFS dataset.

Typically, prior to the coronavirus pandemic, ONS revised the LFS weights every two years to reflect the latest population estimates and projections, incorporating any changes to the level and composition of the UK population.

In response to the coronavirus (COVID-19) pandemic, ONS made some changes to the LFS data collection and various refinements to the weighting¹ methodology. From March 2020 (with the onset of the coronavirus pandemic), face-to-face interviews for respondents newly joining the survey² were moved to telephone interviews. With a corresponding fall in response rates, the issued sample size for wave 1 was increased to maintain the achieved sample at the pre-pandemic level and a field strategy referred to as 'Knock to Nudge'³ was introduced. As the survey transitioned to telephone only interviews, ONS found that certain characteristics were not as well represented as in earlier surveys, introducing an increased non-response bias to the survey. To address this, various improvements were made to the ONS weighting methodology during the coronavirus pandemic. For further details see www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/impactofreweightingonlabourforcesurveykeyindicators/2022

In line with other countries conducting household surveys, the LFS response rates have been falling in recent years, increasing sampling variability, and widening 95% confidence intervals around estimates. In response to this, ONS launched an improvement plan in late 2023 covering both data collection and methodological improvements. For more details see

www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/labourforcesurveyplannedimprovementsanditsreintroduction.

Following on from the 2021 Census for England and Wales and the 2022 Census for Scotland, ONS has reverted to a more typical pre-pandemic approach to population

¹ The LFS collects data on a sample of the population. To convert this information to give estimates for the population, the sample data is weighted.

² For the LFS, people are interviewed in five consecutive quarters, with the first interview (wave 1) generally being face-to-face.

³ Interviewers visit sampled addresses where no telephone number can be obtained and encourage respondents to provide their phone number and arrange an appointment by knocking on the door.

weighting for the LFS using the most up-to-date UK population projection estimates. For further information see

www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/impactofreweightingonlabourforcesurveykeyindicators/2024 and www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/impactofreweightingonlabourforcesurveykeyindicators/december2024

Whilst the LFS weights take account of non-response to the LFS itself, they do not take account for non-response to individual questions, in particular the screening questions which identify cases of work-related illness and workplace injury. To reduce non-response bias in the health and safety specific estimates, an adjustment is made to the weights to take account of this non-response (see www.hse.gov.uk/statistics/lfs/weighting.htm).

When ONS update the LFS weights, any revisions made to the work-related illness and workplace injury published estimates are noted in the revision log at www.hse.gov.uk/statistics/about/revisions/revision-log.htm.

Workplace injury and work-related ill health measures from the LFS are based on self-reports. The very nature of ill health means that there will always be some level of under-reporting. Ill health is more difficult to define than a workplace injury as the person first has to acknowledge they have an illness and then attribute that illness to current or previous work. Self-reports from the Labour Force Survey capture the most widely based definition of work-related illness from a large well established representative sample. However, just as some individuals will not recognise or report conditions genuinely caused by work this will to some extent be counter balanced by individuals ascribing the cause of their illness to work when there is no such link. Even with these discrepancies, individuals are uniquely well-placed to assess the role that work factors play in their illness. They are in a position to follow in detail how particular aspects of work have impacted them and to observe their body's response to this.

There is no gold standard measure of work-related illness, all available sources are subject to some kind of error, and we cannot rely on just one to cover all aspects of ill health. Research undertaken in 1995 (www.hse.gov.uk/statistics/publications/swi.htm) and 2010 (www.hse.gov.uk/statistics/causdis/research/index.htm) indicate a reasonable degree of reliability in self-reports of work-related ill health in the LFS, and when sensibly interpreted, such surveys provide valid and relevant information not available from other sources.

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period.

Punctuality refers to the gap between planned and actual publication dates.

The time period between the end of the reference period and the delivery of the LFS data set by ONS to HSE is six weeks. The scheduled availability date is included in the LFS Performance and Quality Monitoring report

www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/labourforcesurveyperformanceandqualitymonitoringreports

The release of results on self-reported work-related illness and workplace injuries are brigaded with other health and safety statistics and published at the end of October or beginning of November, approximately five months after the receipt of the LFS data set e.g. 2015/16 data was published on 2nd November 2016.

Results are published in accordance with the UKSA Code of Practice for statistics (www.statisticsauthority.gov.uk/code-of-practice/). HSE pre-announce the actual date of release one month in advance, on the HSE website and the UKSA publication hub, and through a subscriber-based email bulletin. The processes involved to achieve this publication deadline are well-established and have not resulted in a delayed release. However, should a delay to the release date be unavoidable, relevant information will be provided to users in advance.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

Results on work-related illness and workplace injuries from the LFS are published on the HSE statistics web site (www.hse.gov.uk/statistics/) each October or November. A wide range of detailed tables and charts are available, with interpretation, free of charge.

Top-level results and commentary are presented as conventional web pages, with further analysis contained in stand-alone PDF documents. For more experienced users and those requiring specific data, supporting interactive Excel files containing aggregated tables are also provided, allowing users to tailor their analyses and outputs. PDF and Excel files are viewable by anyone, using freely available software.

For confidentiality reasons, suppression rules are employed to avoid inappropriate disclosure. A HSE statistical confidentiality policy is publicly available at www.hse.gov.uk/statistics/about/confidentiality.htm . Reliability thresholds

(www.hse.gov.uk/statistics/lfs/errors.htm) are also implemented to meet ONS' recommended requirements for publication of LFS data.

The UK data archives at Essex University provide free access to various LFS datasets and can be contacted via the UK Data Archive website. The HSE module of questions is made available after the annual 'first release' of results, but only the standard LFS weights are included on the datasets.

The HSE website aims to be as accessible as possible and complies with recognised web standards, current legislation and UK Government guidelines regarding accessibility (see www.hse.gov.uk/help/accessibility.htm).

Documentation on the data source and methodological issues can be found at:

- Data sources (www.hse.gov.uk/statistics/sources.htm); and
- Technical note (www.hse.gov.uk/statistics/lfs/technicalnote.htm).

LFS specific published information e.g. charts, tables contain links to relevant explanations within the technical note, to assist the user.

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

Coherence

A range of data sources are used to measure work-related illness, including the Department for Work and Pensions' (DWP) Industrial Injuries Disablement Benefit scheme (IIDB) which assesses new cases of specified 'prescribed diseases' (with an occupational cause) for compensation, the statutory employers reports (under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations) which are restricted to well established occupational diseases and voluntary medical surveillance schemes (The Health and Occupation Reporting Network – THOR) which require consultation with a medical practitioner or specialist doctor. Self-reports from the LFS are the most inclusive. The self-management of more minor cases of ill health is not included in any of these schemes. However, all available data sources have strengths and weaknesses, and we cannot rely on one data source to cover all aspects of work-related ill health. The HSE uses a range of data sources, and a table of preferred statistical sources for different categories of ill health can be found at www.hse.gov.uk/statistics/sources.htm

Comparisons between self-reports of work-related ill health and GP assessed cases (THOR GP) show a good degree of correlation

(www.hse.gov.uk/statistics/causdis/research/index.htm). Results also confirm the preferred statistical sources for different categories of ill health.

The workplace injury questions incorporated in the LFS were designed to cover injuries reportable under the administrative reporting system RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations), as well as all non-reportable workplace injuries. The LFS provides a more complete view than RIDDOR, and by comparing results directly with RIDDOR it provides an indication of the levels of reporting.

Standard questions on workplace injuries and work-related illness form the basis of a Eurostat ad hoc module included in the LFS in EU countries. Four such surveys have been undertaken (1999, 2007, 2013 and 2020).

Comparability

An annual series of workplace injury questions have been included in the LFS since 1993/94 and work-related illness questions since 2003/04 (and periodically prior to this since 1990). Questions were included in the LFS winter quarter prior to 2006/07, and in quarter one since then when the LFS moved from seasonal to calendar quarters. Since 2003/04 (and periodically prior to then), information about the number of days off work due to workplace injury and work-related ill health has also been collected. In 2012/13, the ill health data collection was suspended for one year, but from 2013/14 returned to an annual data collection.

The definitions and formulae associated with measures of work-related illness, workplace injury and working days lost can be found at www.hse.gov.uk/statistics/lfs/survey.htm.

Results are available on a broadly consistent time series, with the exception of 2019/20-2021/22 for:

- Workplace injury from 2000/01;
- Work-related illness from 2001/02;
- Working days lost due to workplace injury from 2000/01 and due to work-related illness from 2001/02.

Whilst the small change in survey period from December-February for years prior to 2006/07 to January-March from 2006/07 onwards may have potentially introduced a discontinuity to these data series, investigations suggested that this change in survey design has not affected the top level injury, ill health and working days lost data (see www.hse.gov.uk/statistics/publications/swi.htm).

The 2020/21 data and to a lesser extent 2021/22 are affected by the impacts of the coronavirus pandemic. While 2019/20 falls largely outside of the pandemic period,

disruption to data collection processes in early 2020 may be a contributory factor to changes in data in 2019/20. This should be considered when comparing across time periods. For more details see our reports on the impact of the coronavirus pandemic on health and safety statistics at www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm.

The above surveys had the same design and coverage (with the exception of the small change in survey time period in 2006/07) and used the same methods to adjust for non-response to the screening questions in each survey.

It is only possible to make broad comparisons with the earlier surveys because of differences in design, coverage, the level of information collected and methods used to adjust for non-response to the screening question in each survey. To achieve even these broad based comparisons of illness data, a number of adjustments have to be made to the data to ensure comparability, and these need to be treated with caution.

The LFS uses standard classifications e.g. Standard Industrial Classification (SIC) and Standard Occupational (SOC) and incorporates harmonised questions e.g. to collect demographic and employment related information, which are used in other UK surveys.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

The main trade off is one of timelines, against accuracy and or/detail.

The aim has always been to publish the full range of LFS results to meet customer needs as quickly as possible, but ensuring that the quality of the product is maintained. In the past, results have been published in two parts, headline results in October or November (brigaded with other health and safety statistics) and more detailed results in the following March. With more efficient systems in place to produce tables, and the move to publishing results in excel tables, rather than html files, the full range of LFS tables have been published alongside the Annual Statistics Report from October 2011.

Assessment of user needs and perceptions.

This dimension covers the processes for finding out about users and uses, and their views on the statistical products.

We have published a policy on 'user engagement' on the HSE website:

www.hse.gov.uk/statistics/about/engagement/

This policy explains how we engage with and encourage feedback from users, allowing them to provide views in ways that suit them. We have also published the results from various large-scale user-engagement exercises and information about a HSE hosted user conference in 2014. In addition to the formal consultation exercises, we regularly analyse or engage with:

- Statistics web page usage;
- Ad-hoc statistical requests;
- New ideas, and pro-actively engage with our statistical peers, to gain insights into 'what works' with analysis and presentation of statistics;
- ONS and other Government department developers/users.

We also frequently seek views on different statistical issues from subscribers to our bi-monthly statistics e-bulletin.

Performance, Cost and Respondent Burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

The estimated annual burden on individuals responding to the questions sponsored by HSE on the LFS is around 50 person days (but will vary when occasionally additional questions are added). This is based on the number of respondents and the estimated time to respond.

As described in the above quality measures, there is ongoing work carried out by statistical staff in HSE in the processing, analysing and presenting the data.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

A Confidentiality Policy (which also covers data security) is available on the HSE website: www.hse.gov.uk/statistics/about/confidentiality.htm

In summary, this says:

All of our data is handled, stored and accessed in a manner which complies with Government and Departmental standards regarding security and confidentiality, and fully meets the requirements of the Data Protection Act. Access to this data is controlled by a system of passwords and strict business need access control.

To ensure transparency of data release, any revisions to our publications are handled in accordance with the Department's revisions policy, which is published on the statistics section of the HSE web site. This gives details on the circumstances of when a revision might take place, as well as a log of past revisions:

www.hse.gov.uk/statistics/about/revisions/

These statistics also comply with the UK Statistics Authority Code of Practice on release protocols. In particular, pre-release access to the data is strictly controlled. The Policy can be viewed at www.hse.gov.uk/statistics/about/

LFS results are only released on the HSE Statistics web site where sample numbers are sufficiently large to provide reliable estimates and disclosure standards are adhered to (see www.hse.gov.uk/statistics/lfs/errors.htm).

National Statistics

This publication is part of HSE's suite of Accredited Official Statistics.

HSE's official statistics practice is regulated by the Office for Statistics Regulation (OSR). Accredited Official Statistics are a subset of official statistics that have been independently reviewed by the OSR and confirmed to comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics. Accredited official statistics were previously called National Statistics (and still referenced as such in Statistics and Registration Service Act 2007). See uksa.statisticsauthority.gov.uk/about-the-authority/uk-statistical-system/types-of-official-statistics/ for more details on the types of official statistics.

From 7 June 2024 the Accredited Official Statistics badge has replaced the previous National Statistics badge.

These statistics were last reviewed by OSR in 2013. It is Health and Safety Executive's responsibility to maintain compliance with the standards expected. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the OSR promptly. Accredited Official 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.

You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

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 [Jacky Jones](#)

Feedback on the content, relevance, accessibility and timeliness of these statistics and any non-media enquiries should be directed to:

Email: statsfeedback@hse.gov.uk

Journalists/media enquiries only: www.hse.gov.uk/contact/contact.htm





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