

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Health and Safety at Work

(produced by the Health and Safety Executive)

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About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*.

Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, reports may point to such questions if the Authority believes that further research would be desirable.

Assessment reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act gives the Statistics Authority power to re-assess whether the *Code of Practice for Official Statistics*³ continues to be complied with in relation to official statistics already designated as National Statistics. The report covers the sets of statistics (collectively referred to as health and safety statistics in this Assessment Report) about health and safety at work produced by the Health and Safety Executive (HSE) and reported in:

- *Health and Safety Executive; Annual Statistics Report (HSS)* – a compendium report⁴ and associated topic-specific statistical reports
- *Medical Surveillance of Blood Lead Levels in British Workers*⁵ (*Blood Lead*)
- *Statistics on fatal injuries in the workplace*⁶ (*Fatal Injuries*)

1.1.2 The previous assessment of these sets of statistics was reported in Assessment Report 42⁷. They have been re-assessed as part of the Statistics Authority's ongoing programme of re-assessment. This is discussed further in annex 4.

1.1.3 The Act allows an appropriate authority⁸ to request an assessment of other official statistics in order for them to gain National Statistics status. In response to such a request, this report also covers the set of statistics reported in *Costs to Britain of workplace injuries and work-related ill health*⁹ (*Costs to Britain*), produced by HSE.

1.1.4 Section 3 of this report adopts an 'exception reporting' approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment's consideration of aspects of risk and materiality¹⁰. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁴ <http://www.hse.gov.uk/statistics/index.htm>

⁵ <http://www.hse.gov.uk/statistics/causdis/lead/index.htm>

⁶ <http://www.hse.gov.uk/statistics/fatals.htm>

⁷ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/assessment-report-42---statistics-on-health-and-safety-at-work.pdf>

⁸ Subsection 12(7) of the Act defines 'appropriate authority' as Ministers of the Crown, Scottish Ministers, Welsh Ministers, Northern Ireland departments or the National Statistician

⁹ <http://www.hse.gov.uk/statistics/cost.htm>

¹⁰ <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

1.1.5 This report was prepared by the Authority's Assessment team, and approved by the Assessment Committee on behalf of the Board of the Statistics Authority, based on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics listed in paragraph 1.1.1 are designated as National Statistics, and has determined that the statistics listed in paragraph 1.1.3 can be designated as new National Statistics products subject to HSE implementing the enhancements listed in section 1.5 and reporting them to the Authority by December 2013.

1.2.2 HSE has informed the Assessment team that it has started to implement the Requirements listed in section 1.5. The Statistics Authority welcomes this.

1.3 Summary of strengths and weaknesses

1.3.1 HSE publishes a compendium report (*HSS*) that gives a summary of the main messages for the range of health and safety topics; it tends to include little description about trends over time or contextual information about the factors influencing the statistics. Fuller commentary is given in the associated topic reports but this further information is not signposted in *HSS*.

1.3.2 HSE has published an online tabulation tool that can be used to access statistics based on the Labour Force Survey (LFS) and *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995*¹¹ (RIDDOR) data, with some scope to manipulate the table design. However changes in the RIDDOR reporting system and to the information collected from employers mean that it cannot be updated with the latest year's statistics. This has impacted users' ability to access the latest statistics at the same level of detail previously available. HSE is currently reviewing whether it will make 2012/13 statistics accessible using this tabulation tool.

1.3.3 HSE publishes little information about the quality of the statistics for some topics. HSE has published a fuller description of quality issues associated with RIDDOR.

1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that HSE could strengthen its compliance with the *Code*. Those which the Assessment team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

¹¹ <http://www.hse.gov.uk/riddor/>

1.5 Requirements for designation as National Statistics

- Requirement 1** Provide an explanation of the nature and scale of revisions alongside the health and safety statistics (para 3.3).
- Requirement 2** Improve the supporting quality information alongside the health and safety statistics, including more information about the statistics' strengths and limitations, and provide clear signposting to other relevant documents (para 3.4).
- Requirement 3** Provide links to comparable statistics produced by the Health and Safety Executive for Northern Ireland (para 3.5).
- Requirement 4** Include an indication in *Fatal Injuries* of the additional number of work-related deaths that are not recorded by RIDDOR and signpost users to other relevant statistics and research (para 3.6).
- Requirement 5** Improve the commentary in the statistical reports so that it aids user interpretation of the health and safety statistics (para 3.7).
- Requirement 6** Improve the accessibility of the health and safety statistics through HSE's website, making it clear to users how the different statistical reports relate to *HSS* and each other, and ensure the appropriate use of the National Statistics logo (para 3.8).
- Requirement 7** Provide *Fatal Injuries* and *Blood Lead* statistics in forms that enable and encourage analysis and re-use, and provide clearer guidance to users on how to interpret statistics over time affected by the changes in data collection on the RIDDOR system (para 3.9).
- Requirement 8** Provide the name and contact details of the responsible statistician in the health and safety statistical reports (para 3.10).

2 Subject of the assessment

2.1 HSE was created by the *Health and Safety at Work etc. Act 1974*¹² and is the national independent watchdog for work-related health, safety and illness in Great Britain; it is an executive non-departmental public body sponsored by the Department for Work and Pensions.

2.2 HSE publishes the statistical compendium, *Health and Safety Executive; Annual Statistics Report (HSS)* each autumn alongside a suite of detailed statistical reports on a variety of health and safety topics. These reports include statistics on the following:

- workplace injuries reported by employers under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)¹³
- self-reported work-related illness and workplace injury from the Labour Force Survey (LFS)
- reports of work-related ill health by doctors and specialist physicians (known as the THOR and THOR-GP schemes)
- fatal diseases, including mesothelioma deaths
- fatal injuries to workers
- enforcement and prosecution for health and safety breaches

2.3 This re-assessment also includes the statistical reports: *Medical Surveillance of Blood Lead Levels in British Workers (Blood Lead)* and *Statistics on fatal injuries in the workplace (Fatal Injuries)*, which are published annually. This assessment also covers the set of official statistics *Costs to Britain of workplace injuries and work-related ill health (Costs to Britain)*.

2.4 To accompany *HSS* and the associated topic reports, HSE also publishes:

- *At a glance guide to Health and Safety Statistics*¹⁴ which provides a useful summary of the data available on workplace health and safety and types of work-related ill health
- Index of Data Tables¹⁵, a web page which includes links to the majority of data tables included within *HSS* and related statistical reports, presented as suites of tables for each data source (rather than by topic). Customised data tables for statistics based on RIDDOR and the LFS can also be accessed through HSE's HandS-On¹⁶ web tool
- Data Sources¹⁷ – a web page which provides detailed background on the data sources on which its statistics are based, such as their history, data coverage and any known limitations
- ad hoc research papers which explore longer-term trends, for example in *Analysis of the correlates of self-reported work related illness in the*

¹² <http://www.hse.gov.uk/legislation/hswa.htm>

¹³ <http://www.hse.gov.uk/riddor/>

¹⁴ <http://www.hse.gov.uk/statistics/at-a-glance.pdf>

¹⁵ <http://www.hse.gov.uk/statistics/tables/index.htm>

¹⁶ <http://www.hse.gov.uk/statistics/hands-on/index.htm>

¹⁷ <http://www.hse.gov.uk/statistics/sources.htm>

*Labour Force Survey*¹⁸ and *Violence at Work*¹⁹ based on the Crime Survey for England and Wales data provided by the Office for National Statistics (ONS)

The health and safety data tables are published in Excel format, while *HSS* and the related statistical reports are published in PDF. This equates to a level 2 rating under the Five Star Scheme proposed in the *Open Data White Paper: Unleashing the Potential*²⁰.

- 2.5 Administrative data on specified fatal and non-fatal injuries, occupational diseases and dangerous occurrences are collected under RIDDOR. The regulation places a legal duty on employers to report certain workplace incidents to the relevant enforcing authority, namely HSE, local authorities or the Office of Rail Regulation (ORR). RIDDOR legislation does not cover road traffic accidents involving people travelling in the course of their work; accidents reportable under separate merchant shipping, civil aviation or air navigation legislation; and accidents to members of the armed forces. As a result, these categories are not included in HSE's statistics. It is also known that there is significant under-reporting of workplace accidents²¹. In September 2011 the RIDDOR notification system²² used by employers changed, with HSE taking over responsibility for the data collection. Reporting became predominantly online, using newly designed forms and online guidance. Employers provide information about the incident using simplified drop-down lists; as a result less detailed information is available through the new system compared to the previous reporting arrangements.
- 2.6 HSE also commissions questions in the LFS relating to ill health and injuries. The LFS is a household survey run by ONS, which collects information about different aspects of individuals' employment. HSE uses the survey to provide a measure of the extent and types of self-reported ill health that people attribute to their work; to estimate the level of under-reporting in RIDDOR and to supplement RIDDOR data in meeting Eurostat's requirements. Eurostat publishes the statistics for the member states in *European Statistics of Accidents at Work*²³. From 2011/12, data collection changed from annual to every other year for ill health, resulting in only workplace injury data being collected in 2012/13.
- 2.7 Statistics on work-related ill health from specialist physicians and GPs are drawn from two data sources: The Health and Occupation Reporting network²⁴ (THOR) and THOR GP²⁵. These are voluntary surveillance schemes through which specialist doctors and GPs with training in occupational health systematically report all new cases. These reports are collated and analysed by a multidisciplinary team at the Centre for Occupational and Environmental Health at the University of Manchester. These provide alternative data sources to the LFS in estimating the extent of work-related ill health. The number of

¹⁸ <http://www.hse.gov.uk/research/rrpdf/rr953.pdf>

¹⁹ <http://www.hse.gov.uk/statistics/causinj/violence/index.htm>

²⁰ http://data.gov.uk/sites/default/files/Open_data_White_Paper.pdf

²¹ <http://www.hse.gov.uk/research/rrhtm/rr528.htm>

²² <http://www.hse.gov.uk/statistics/riddor-notification.htm>

²³ http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hsw_acc_work_esms.htm

²⁴ <http://www.hse.gov.uk/statistics/sources.htm#thor>

²⁵ <http://www.hse.gov.uk/statistics/sources.htm#odin>

incidents of work-related ill health collected annually through the THOR schemes is much greater than the number of cases estimated from the LFS. The THOR data also include details of causal factors, providing a richer data source for investigating causal factors associated with different work-related illnesses.

2.8 HSE also maintains several other administrative databases based on data drawn from other sources. These are summarised below:

- Mesothelioma and asbestosis statistics drawn from administrative records of deaths supplied to HSE electronically by ONS and National Records of Scotland (NRS) to populate a mesothelioma register. Information about the incidence of mesothelioma and asbestosis provides long-term measures used to monitor the impact of improvements to work practices and effectiveness of control measures
- Annual returns from an administrative system maintained under the *Control of Lead at Work Regulations 2002*²⁶, where all workers with significant exposure to lead²⁷ are required to be under medical surveillance by an appointed doctor or one of HSE's medical inspectors. These returns provide summary data for each workplace based on the maximum blood lead level recorded for each worker under surveillance and the number of workers who were suspended from working with lead due to blood levels reaching or exceeding a defined limit
- Data on enforcement notices and prosecutions are collected from the administrative systems of the different enforcing authorities – breaches of health and safety law are investigated by HSE, the local authority or ORR (depending on the nature of the breach)

2.9 HSE uses these statistics to inform decisions about where to target health and safety guidance, health and safety campaigns and enforcement activity. Researchers, trade unions, lobby groups, epidemiologists, employees and employers use the statistics to assess the levels and trends in workplace injury, illness and absence and to investigate causal factors, which are essential to ensuring that risks to people's health and safety from work-related activities are adequately managed. More specifically, many political observers use the latest injury figures from RIDDOR as a benchmark of whether the UK's health and safety is improving; enforcement statistics provide users with a measure of the level of activity of the enforcing authorities in punishing and deterring unsafe practice among employers; estimates of the costs of workplace injuries and work-related ill health are used by HSE to indicate the overall scale of the problem, how it is changing over time, as well as in impact assessment. All the statistics cover Great Britain, reflecting HSE's remit. Corresponding figures for Northern Ireland are produced by the Health and Safety Executive for Northern Ireland²⁸.

2.10 The UK provides Eurostat with an annual dataset of reported workplace injuries, for the purpose of producing a harmonised set of European Statistics

²⁶ <http://www.legislation.gov.uk/uksi/2002/2676/introduction/made>

²⁷ The definition of significant exposure to lead is provided here: <http://www.hse.gov.uk/statistics/sources.htm#lead>

²⁸ <http://www.hseni.gov.uk/>

on Accidents at Work²⁹ (ESAW). Currently, the UK deviates from the regulation as some data requirements within ESAW are not collected under RIDDOR (for example, injuries sustained in road traffic accidents while working). A current harmonisation programme seeks to establish a consistent set of data across all Member States. Historically, there has not been a legislative requirement for the publication of fatality statistics although HSE has voluntarily provided data to Eurostat annually due to the importance placed on this key indicator. HSE's voluntary provision of data was replaced by a legislative requirement in 2008; HSE has an exemption until 2015 for the data that it does not currently collect.

2.11 HSE told us that it estimated the annual cost in 2012/13 of producing those statistical reports included within this assessment scope to be:

- £340,000 relating to staff costs in the production and dissemination of National Statistics
- £300,000 relating to the cost of funding the THOR surveillance schemes
- £210,000 to maintain and quality assure the RIDDOR system within HSE
- £192,000, relating to the cost of the workplace injury module of questions in the LFS³⁰

²⁹ <http://epp.eurostat.ec.europa.eu/portal/page/portal/health/introduction>

³⁰ Note that the cost in 2013/14 will also include the work-related illness module which is now only collected every other year (the 2011/12 cost for both modules was £380,000)

3 Assessment findings

- 3.1 HSE maintains an extensive mailing list of around 34,000 members and uses its e-bulletin to advertise the release of its statistics and notify users of any forthcoming changes. Membership is open to all users. HSE conducted a user consultation³¹ in 2011 to seek feedback to inform its five-year statistical business plan³². HSE published a summary of the consultation responses and its future plans to prioritise resources on its website. HSE has a web page³³ with information about its approach to user engagement. HSE told us that it is planning to hold a user event at the end of 2013 in which it will give, as well as invite, presentations about the use of its statistics. We welcome this development. We suggest that HSE seek to actively involve users at its 2013 user event from a variety of sectors, such as unions, lobby groups and the third sector, as well as from central and local government and the commercial sector, to better understand their statistical uses and needs. We further suggest that HSE collate and publish the feedback from users, outlining where it is, and is not, able to make changes to its statistics as a result of users' views.
- 3.2 HSE's summary of responses from its 2011 user consultation includes broad descriptions of uses of its statistics. HSE also published³⁴ detailed information on the use of the two cost measures (presented in *Costs to Britain*) on its website but it does not provide specific information on uses for other health and safety topics. We suggest that HSE provide fuller descriptions, alongside the statistics, of the use made of the health and safety statistics, the types of decision they inform, and their strengths and limitations in relation to use. We further suggest that HSE refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*³⁵.
- 3.3 HSE has published its revisions policy³⁶ and has an associated web page³⁷ giving the details of scheduled revisions to source specific statistics. It also publishes a log of the revisions it has made to its statistics³⁸. *Fatal Injuries* explains the delay in finalising the numbers of worker fatalities in its background section, but it does not indicate the scale of change in the revised figures nor sufficiently clearly explain the differences between the provisional annual count of fatalities and the in-year figure³⁹. The other health and safety statistical reports do not include a similar explanation of the reasons for initially releasing statistics in a provisional form, such as, from RIDDOR, enforcement notifications and mesothelioma deaths. They also do not give an indication of the scale of change between the provisional and final statistics. The reports do not include a reference to the revisions policy or provide a link to the revision log. As part of the designation as National Statistics, HSE should provide an

³¹ <http://www.hse.gov.uk/statistics/about/engagement/previous-consultations.htm>

³² <http://www.hse.gov.uk/statistics/about/engagement/seu-delivery-plan-2013-14.pdf>

³³ <http://www.hse.gov.uk/statistics/about/engagement/index.htm>

³⁴ In *Costs to Britain of workplace injuries and work-related ill health*:

<http://www.hse.gov.uk/statistics/cost.htm>

³⁵ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-reviews/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

³⁶ <http://www.hse.gov.uk/statistics/about/revisions/index.htm>

³⁷ <http://www.hse.gov.uk/statistics/about/revisions/source-specific.htm>

³⁸ <http://www.hse.gov.uk/statistics/about/revisions/revision-log.htm>

³⁹ <http://www.hse.gov.uk/statistics/fatalquarterly.htm>

explanation of the nature and scale of revisions alongside the health and safety statistics⁴⁰ (Requirement 1).

3.4 HSE has published some documents that include information about the data sources and quality issues associated with the statistics, including:

- Data Sources⁴¹, a web page which provides information and guidance about the data sources, collection and quality issues associated with each set of statistics featured in *HSS*. It provides useful links to other relevant documents, such as the revision log and the LFS technical note but it does not provide information about all aspects of quality for each set of statistics according to the European Statistical System⁴² (ESS) quality dimensions
- Detailed method papers for the statistics from THOR and *Costs to Britain*, and a technical note about the LFS. These documents tend to be more suited to expert users. The *Costs to Britain* method document highlights the large confidence intervals associated with the estimates and that costs associated with occupational cancers cannot be estimated currently but does not include any more specific indication about the limitations of the statistics with respect to their use
- Two summary quality documents, *Background Quality Report*⁴³ for the RIDDOR statistics and a web page Enforcement data: methods and quality statement⁴⁴ provide helpful information about some aspects of quality. The RIDDOR note is particularly useful as it sets out aspects of quality in relation to the ESS quality dimensions. In particular, it explains the under-estimation of work-related non-fatal injuries and the impact of recent changes to the data collection system
- *Blood Lead* includes a paragraph in its introduction that highlights the impact of the extent of medical surveillance on the coverage of the statistics and provides a link to further information in Data Sources. The lead surveillance section of Data Sources highlights some of the limitations of the statistics, for example, of potential error in the returns completed by HSE appointed doctors and changes in measurement categories over time, but it does not explain the likely impact on the statistics

The statistical reports do not provide sufficient supporting information about the quality and reliability of the statistics or clearly signpost users to background documents. HSE additionally publishes topic-specific reports such as types of occupational illnesses or injuries. These include some information on quality issues but do not sufficiently explain the limitations of the statistics, such as the data collection, reporting and under-estimation issues associated with THOR and RIDDOR. As part of the designation as National Statistics, HSE should improve the supporting quality information alongside the health and safety statistics, including more information about the statistics' strengths and

⁴⁰ In relation to Principle 2, Practice 6 of the *Code of Practice*

⁴¹ See footnote 20

⁴² The six dimensions of the European Statistical System Quality Framework are: relevance; accuracy; timeliness and punctuality; accessibility and clarity; comparability; and coherence

⁴³ <http://www.hse.gov.uk/statistics/pdf/riddor-background-quality-report.pdf>

⁴⁴ <http://www.hse.gov.uk/statistics/data-quality-statement.htm>

limitations, and provide clear signposting to other relevant documents⁴⁵ (Requirement 2).

- 3.5 *HSS* presents summary statistics on ill-health, injury and prosecutions for the regions in Great Britain, and also includes a comparison of fatal injuries with the European average. *Fatal Injuries* contains more detailed comparisons with European countries. HSE's statistics cover Great Britain; comparable statistics for Northern Ireland are produced by the Health and Safety Executive for Northern Ireland (HSENI). No reference to these statistics is made in *HSS* or in the related statistical reports covered in this assessment. As part of the designation as National Statistics, HSE should provide links to comparable statistics produced by HSENI⁴⁶ (Requirement 3).
- 3.6 HSE's reporting of occupation-related mortality in the topic-specific reports tends to focus on statistics from individual data sources, rather than present the wider picture. Without this appropriate context there is a risk that the statistics may be misinterpreted as representing all work-related deaths. *HSS* and *At a glance* (see paragraph 2.4) do give some indication of the different scale of mortality for different causes; for example, *At a Glance* shows a chart of all work-related deaths by main cause (indicating the annual total number is greater than 12,000 deaths). In contrast, *Fatal Injuries* presents the latest provisional and finalised figures on workers fatally injured, showing most recently that there were 148 deaths from injury in 2012/13, compared with 172 in 2011/12. The report does not refer to the proportion of fatal injuries out of all work-related deaths or indicate the substantially larger numbers of deaths from occupational illnesses⁴⁷. It notes, however, that unlike other European countries, HSE's statistics for Great Britain do not include work-related road traffic accidents⁴⁸. The technical notes section of *Fatal Injuries* outlines the types of deaths that are excluded from the RIDDOR-based figures, including those that are the result of 'alleged illegal activity'; deaths while travelling by air or sea; and accidents to members of the armed forces. It is important that HSE provides context to support interpretation of the number of recorded fatal injuries by giving an indication of the number of work-related road traffic fatalities, the scale of fatal work-related injuries notified to other authorities and deaths from other causes in *Fatal Injuries*. As part of the designation as National Statistics, HSE should include an indication in *Fatal Injuries* of the additional number of work-related deaths that are not recorded by RIDDOR and signpost users to other relevant statistics and research⁴⁹ (Requirement 4).
- 3.7 HSE publishes most of its statistics alongside *HSS*. This helpfully provides an overview of the main findings for each topic, illustrated with trend charts and summary tables. The commentary concentrates on the change in the last year, but does not explain the reasons or likely reasons (where they can be evidenced) for the main trends, to help users interpret the statistics. HSE publishes topic-specific reports at the same time as the compendium, which

⁴⁵ In relation to Principle 4, Practices 1 and 2, and Principle 8, Practice 1 of the *Code of Practice*

⁴⁶ In relation to Principle 4, Practice 6 of the *Code of Practice*

⁴⁷ Unlike fatal injuries, deaths from work-related diseases generally relate to occupational exposure many years before – the difference would need to be made clear within the contextual narrative.

⁴⁸ Road traffic casualty statistics are the responsibility of the Department for Transport. There were around 570 reported deaths involving a driver/rider driving for work in 2011 (Table RAS30037).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/205511/ras30037.xls

⁴⁹ In relation to Principle 8, Practices 1 and 2 of the *Code of Practice*

give more detailed descriptions of the patterns in the statistics, such as changes over time, by occupation or industry and by geographic area. These reports also include more detailed explanations of reasons for changes in the statistics. While *HSS* signposts users to Data Sources, it does not provide links to the more detailed topic-specific reports or data tables. The topic-specific reports are not marked as National Statistics and their publication date is not clear. The statistical reports do not make clear that the coverage of the health and safety statistics is Great Britain. As part of the designation as National Statistics, HSE should improve the commentary in the statistical reports so that it aids user interpretation of the health and safety statistics⁵⁰ (Requirement 5). We suggest that in meeting this requirement HSE should consider the points detailed in annex 2.

- 3.8 HSE provides access to its health and safety statistics through a series of links, including an A-Z listing, on the statistics home page⁵¹ of its website. However, the statistics web page is not signposted on the main HSE home page⁵². Despite the different options to view and access HSE's statistics and supporting research, it is still unclear which topic-specific statistical reports relate to *HSS*. In addition, HSE does not always use consistent titles for its statistical reports listed on its website and on the National Statistics Publication Hub⁵³. For example, statistics on exposure to lead are labelled as *Lead Exposure* in the A-Z listing; *Exposure to lead* in the web report; *Medical Surveillance of Blood Lead Levels in British Workers* in the more in-depth statistical report; and *Blood Lead Exposure – Latest figures*⁵⁴ on the Publication Hub. There are also examples where data presented in charts and tables within HSE's reports cannot be accessed in the corresponding section of the Index of Data Tables. In addition, HSE does not clearly identify which of its statistics are National Statistics on either its own website or Publication Hub, which is also likely to cause confusion to users seeking to identify appropriate statistics for their needs. As part of the designation as National Statistics, HSE should improve the accessibility of the health and safety statistics through its website, making it clear to users how the different topic-specific statistical reports relate to *HSS* and each other, and ensure the appropriate use of the National Statistics logo⁵⁵ (Requirement 6).
- 3.9 HSE provides Excel spreadsheets which include data presented in *HSS* and related topic-specific statistical reports, grouped by data source, through the Index of Data Tables, as well as through its HandS-On web tool (for statistics based on RIDDOR and the LFS). The RIDDOR data tables in HandS-On are available from 2006/07 to 2010/11. These tables have not been updated with later statistics following the change to the RIDDOR notification system in 2011, which resulted in the latest (and future year's) statistics not being available to the same detail as in earlier years. It is not clear which RIDDOR tables in the Index of Data Tables and HandS-On have not been updated and HSE provides

⁵⁰ In relation to Principle 8, Practice 2 of the *Code of Practice*

⁵¹ <http://www.hse.gov.uk/statistics/>

⁵² <http://www.hse.gov.uk/>

⁵³ <http://www.statistics.gov.uk/hub/index.html>

⁵⁴ http://www.statistics.gov.uk/hub/release-calendar/index.html?newquery=*%u0026u0026month=0%u0026year=0%u0026title=Blood+Lead+Exposure%u0026pagetype=calendar-entry%u0026lmonth=%u0026lyear=

⁵⁵ In relation to Principle 8, Practice 4 and Protocol 1, Practice 2 of the *Code of Practice*

insufficient guidance to users about how to interpret statistics in the 'discontinued' data tables in light of the change in the data collection. *Fatal Injuries* presents data tables only within the PDF version of the statistical report; Excel or CSV formats are not available. *Fatal Injuries* also does not include a link to in the Index of Data Tables. The related spreadsheets are not updated until the release of *HSS* each October. HSE does not present time series statistics from the *Blood Lead* report in either Excel or CSV formats; the Index of Data Tables only provides the latest year figures for males and for females; *Blood Lead* includes tables showing historic blood-lead levels by industrial sector, by blood-lead ranges and for numbers of workers suspended. As part of the designation as National Statistics, HSE should provide *Fatal Injuries* and *Blood Lead* statistics in forms that enable and encourage analysis and re-use, and provide clearer guidance to users on how to interpret statistics over time affected by the changes in data collection on the RIDDOR system⁵⁶ (Requirement 7).

- 3.10 HSE does not include the name and contact details of the responsible statistician in its health and safety statistical reports. HSE told us that it is adding the details of the Chief Statistician to the latest edition of *HSS*. As part of the designation as National Statistics, HSE should provide the name and contact details of the responsible statistician in the health and safety statistical reports⁵⁷ (Requirement 8).

⁵⁶ In relation to Principle 8, Practice 6 of the *Code of Practice*

⁵⁷ In relation to Protocol 2, Practice 6 of the *Code of Practice*

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to HSE’s health and safety at work statistics, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

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| Suggestion 1 | Seek to actively involve users at its 2013 user event from a variety of sectors, such as employee-representatives, lobby groups and the third sector, as well as from central and local government and the commercial sector, to better understand their statistical uses and needs (para 3.1). |
| Suggestion 2 | Collate and publish the feedback from users, outlining where it is, and is not able to, make changes to its statistics as a result of users’ views (para 3.1). |
| Suggestion 3 | Provide fuller descriptions alongside the Health and safety of the use made of the health and safety statistics, the types of decision they inform, and their strengths and limitations in relation to use, alongside the statistics (para 3.2). |
| Suggestion 4 | Refer to the types of use put forward in the Statistics Authority’s Monitoring Brief, <i>The Use Made of Official Statistics</i> when documenting use (para 3.2). |
| Suggestion 5 | Consider the points detailed in annex 2, in seeking to improve the statistical reports (para 3.7). |

Annex 2: Compliance with Standards for Statistical Reports

- A2.1 In November 2012, the Statistics Authority issued a statement on *Standards for Statistical Reports*⁵⁸. While this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to the statistical reports associated with Health and Safety Statistics in Great Britain, this annex comments on compliance with the statement on standards.
- A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical reports, we encourage the producer body to apply the standards as fully as possible.

Include an impartial narrative in plain English that draws out the main messages from the statistics

- A2.3 The reports contain impartial commentary written in straightforward language, provide key points which are consistent with the statistics and generally include clear definitions of technical terms where they are referenced. The reports would benefit from including a glossary of terms in individual reports or alongside the suite of statistics on HSE's website. Some of the reports include useful references to published research which provide further context for these statistics, although not all reports make reference to, or include links to, relevant research which is published elsewhere on HSE's website.
- A2.4 HSE provides time series and some regional comparisons across England, Wales and Scotland where applicable. HSE makes no reference to similar statistics for Northern Ireland, produced by the Health and Safety Executive for Northern Ireland (HSENI), and makes little reference within the individual reports to related statistics. For example, the statistics covering health and safety enforcement, *Prosecutions* and *Notices* do not include any reference to each other.
- A2.5 The majority of the reports covered by this assessment describe the uncertainty associated with the estimates and present these in their longer term context. Only a few of the reports covered include a description of how the statistics relate to the economy or society. A good example of this is given in *Costs to Britain*, which includes a detailed description of the different types of economic cost estimated, by those bearing the costs.

Include information about the context and likely uses of the statistics

- A2.6 In 2011, HSE conducted a user consultation to inform its five-year statistical business plan (see paragraph 3.1). Part of HSE's consultation was to understand the use made of its statistics. HSE published a summary of user responses on its website, which includes a summary of uses, although these descriptions are fairly high level. *Costs to Britain* contains very detailed guidance on appropriate uses of the two cost measures presented in the report, as well as information on different types of uses. HSE does not include information on uses in *HSS* or in other associated statistical reports and no information is provided on strengths and limitations of the statistics in relation to their use.

⁵⁸ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-reports.html>

A2.7 HSE's website allows users to access key health and safety indicators by region, which helps to provide some context from the perspective of Great Britain. *Fatal Injuries* also includes some reference to comparisons with Europe. HSE provides little information about the policy or operational context within which the statistics have been produced. For example, since 2012 there are no longer government targets relating to health and safety. Overall, the regulatory context is generally unclear on HSE's website, for example what statistics HSE must provide to Eurostat.

Include information about the strengths and limitations of the statistics in relation to their potential use

A2.8 The statistical reports generally include information about potential errors, under-reporting and changes to data collection methods or industrial codes. However, HSE does not provide sufficient information about the likely impact of these limitations on the statistics or their use. For example, although the statistical commentary states the reporting issues and under-estimation associated with THOR and RIDDOR and the under-coverage associated with statistics on exposure to lead, there is little quantification of the impact of these limitations, and their implications in relation to the use of the statistics.

A2.9 Some of the statistical reports include a description of why estimates are released in a provisional form, for example in *Fatal Injuries*, but this practice isn't adopted consistently across all statistical reports where revisions are applicable. HSE provides no information alongside the statistics about the scale of revision applied, or on when provisional estimates will be revised. HSE publishes a revisions policy, but none of the statistical reports make reference to the policy.

Be professionally sound

A2.10 The reports include appropriate tables and charts to help readers to visualise the statistics. The text in the reports is impartial and descriptions of changes, trends and patterns are professionally sound and consistent with the statistics. The trends presented in the reports, however, are not sufficiently contextualised; very little information is given to explain trends. In addition, some topic-specific reports would benefit from including additional tables, for example, *Occupational Asthma*⁵⁹, where commentary describes data from several tables that are not presented in the report.

Include, or link to, appropriate metadata

A2.11 A few of the statistical reports include links to the Index of Data Tables and the Data Sources sections of HSE's website, and to relevant research papers, but their inclusion is inconsistent across the health and safety statistical reports. The reports do not provide sufficient supporting information about the quality and reliability of the statistics or clearly signpost users to supporting quality documents. *Costs to Britain* includes links to metadata and relevant methodological reports and is a good example of providing users with information to access relevant metadata.

⁵⁹ <http://www.hse.gov.uk/statistics/causdis/asthma/asthma.pdf>

- A2.12 There are some examples where data presented in charts and tables within HSE's health and safety statistical reports cannot be accessed in the Index of Data Tables. For example, data tables consistent with those presented in *Blood Lead* can be accessed only for the latest year's results, although historical data are presented in the statistical report. Similarly, users are unable to access data using the HandS-On web tool for the latest year's data for those tables relating to RIDDOR, due to recent changes made to the data collection method.
- A2.13 While HSE's remit does not cover health and safety in Northern Ireland, this may not be clear to new users of HSE's statistics. The coverage of *HSS* and other statistical reports considered is not explicitly stated in the reports, although this is implicitly communicated within the commentary in some reports. HSE is inconsistent in the way that it presents the reporting period to which the statistics relate – *HSS* clearly states the reporting period in its title, as do several of the associated statistical reports. However, the topic-specific reports, *Musculoskeletal Disorders*, *Work-related skin disease* and *Stress-related and psychological disorders in Great Britain*, for example, do not include a clear reference to the reporting period in their titles. *HSS* does not include a release date and there is no explicit statement of the frequency of reporting or the date of next release. The same was true for all associated statistical reports considered in this re-assessment.
- A2.14 HSE publishes revisions, confidentiality and user engagement policies on its website, but these are not referenced in *HSS* or associated topic-specific statistical reports. Few of the statistical reports include the National Statistics logo or a description of whether the statistics are National Statistics.
- A2.15 Following feedback from the Assessment team, contact details for HSE's Chief Statistician are now presented in *HSS*. Contact details of a responsible statistician or HSE's Chief Statistician are not presented in any of the associated statistical reports considered in the assessment scope, and contact details cannot be accessed on HSE's website.

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from April to September 2013.

A3.2 The Assessment team – Penny Babb and Sara James – agreed the scope of and timetable for this assessment with representatives of HSE in April. The Written Evidence for Assessment was provided on 7 June. The Assessment team subsequently met HSE during July to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A3.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare Assessment reports.

A3.4 The Assessment team received 45 responses from the user/supplier consultation. The respondents were grouped as follows:

Private sector	21
Academic	7
Central government	3
Health sector	3
Local authorities	2
Unions/trade associations	2
Charities and lobby groups	2
International organisations	1
Data suppliers	4

A3.5 Users and data suppliers were broadly satisfied with engagement with HSE statistical teams, although some users found it difficult to identify a person to contact to answer statistical enquiries. Most users were also satisfied that the statistics met their needs, but a few highlighted some areas where further detail would be helpful. These included more statistics by industry and sector (such as for agricultural accidents, construction, and fire and rescue), on occupational illnesses (for example cardiovascular diseases), chemicals and pharmaceuticals, exposure sites for mesothelioma and on enforcement activity and breaches. There was also interest in the statistics being presented by calendar year, as well as for financial years.

A3.6 Concerns were expressed about the coverage of RIDDOR. These reflect the loss of information when the data collection system was changed, and the reporting requirement changing from being for absences over three days to those over seven days. There was also a concern that HSE's reporting of fatal

injuries notified through RIDDOR did not fully reflect the scale of all work-related deaths.

Key documents/links provided

Written Evidence for Assessment document

Annex 4: Summary of Requirements from Assessment Report 42

A4.1 The health and safety statistics in this assessment were assessed in Assessment Report 42, published in May 2010⁶⁰. They have been re-assessed as part of the Statistics Authority's on-going programme of re-assessment.

A4.2 Assessment Report 42 identified the following Requirements in relation to the statistics being re-assessed here:

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| Requirement 1 | Take steps to engage more effectively with users outside HSE and make those steps known. HSE should also publish information on users' experiences of these statistics. |
| Requirement 2 | Adopt systematic statistical planning arrangements, including transparent priority setting that reflects the user need. |
| Requirement 3 | Review and publish the draft revisions policy for these statistics, and confirm that changes to methods or classifications will be announced in advance of the release of the changed statistics. |
| Requirement 4 | Confirm that the statistical Head of Profession has sole responsibility for the timing of the release of statistical information relating to enforcement notices and prosecutions. |
| Requirement 5 | Enhance the guidance provided to local authorities for the collection of prosecutions data to ensure that it is clear and complete. |
| Requirement 6 | Publish details of the arrangements for confidentiality protection and ensure that all staff dealing with confidential records have signed declarations covering their obligations under the <i>Code</i> . |
| Requirement 7 | Report annually the estimated costs of participating in HSE's THOR surveillance schemes. |
| Requirement 8 | Investigate the feasibility of producing statistics on the total number of work-related injuries and fatalities, including those not reportable under RIDDOR. |
| Requirement 9 | Ensure that the coverage of the statistics is clearly communicated when presenting statistics on fatal injuries to workers and blood lead exposure. |

⁶⁰ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/assessment-report-42---statistics-on-health-and-safety-at-work.pdf>

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| Requirement 10 | Provide information about the quality, methods and reliability of statistics on enforcement notices and prosecutions and provide factual information about the policy context of these statistics. |
| Requirement 11 | Take appropriate steps to deposit the statistics with the relevant national archive. |
| Requirement 12 | Include the name and contact details of the responsible statistician in statistical reports. |
| Requirement 13 | Review the lists of those granted pre-release access, with a view to reducing the numbers of individuals included in the lists. |
| Requirement 14 | Ensure that statements issued alongside official statistics are labelled clearly as policy statements. |
| Requirement 15 | Finalise and publish its Statement of Administrative Sources. |
- A4.3 The Statistics Authority confirmed the National Statistics designation of these statistics in a letter to HSE on 8 December 2010⁶¹.
- A4.4 Two Requirements within this report relate to aspects of *Code* compliance that resulted in Requirements in Assessment Report 42. These are:
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| Requirement 4 | Include an indication in <i>Fatal Injuries</i> of the additional number of work-related deaths that are not recorded by RIDDOR and signpost users to other relevant statistics and research (para 3.6). |
| Requirement 8 | Provide the name and contact details of the responsible statistician in the health and safety statistical releases (para 3.10). |
- A4.5 Requirements 8 and 9 in Assessment Report 42 related to Principle 8, Practices 1 and 2 of the *Code of Practice* and resulted from users highlighting that statistics on RIDDOR did not include fatalities that occur on the road, in the air or at sea. In meeting these Requirements, HSE investigated the possibility of producing an overall estimate, and included information about under-coverage of overall RIDDOR statistics with equivalent figures from the LFS. HSE's investigation following the assessment determined that a combined estimate was not feasible. It is however possible for HSE to provide an indication in the statistical report of the scale of work-related deaths from other sources, including the Department for Transport's road casualty statistics, as well as for other causes such as HSE's occupational disease statistics, leading to Requirement 4 in this report.

⁶¹ <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/confirmation-of-designation-letters/letter-of-confirmation-as-national-statistics---assessment-report-42.pdf>

A4.6 Requirement 12 in Assessment Report 42 related to Protocol 2, Practice 6 of the *Code of Practice* and resulted from the lack of the responsible statistician's contact information from the statistical releases. HSE subsequently provided the responsible statistician information in *HSS* and on the *Fatal Injuries* web page. It is HSE's policy not to include any staff names or contact detail on its website. When *HSS* was moved from a hard copy to an online interactive PDF in 2011, the contact information previously included for the Chief Statistician was inadvertently lost, leading to Requirement 8 in this report.

