

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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(produced by the Health and Safety Executive)

ASSESSMENT AND DESIGNATION

Under the provisions of the *Statistics and Registration Service Act 2007*, the UK Statistics Authority has a statutory function to assess sets of statistics against the Code of Practice for Official Statistics, with a view to determining whether it is appropriate for the statistics to be designated, or to retain their designation, as National Statistics.

Designation as National Statistics means that the statistics are deemed to be compliant with the Code of Practice. Whilst the Code is wide-ranging, designation may be broadly interpreted to mean that the statistics meet identified user needs; are produced, managed and disseminated to high standards; and are well explained.

Designation also signifies that, subject to any caveats in this report, the Statistics Authority judges that the statistics are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest.

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

Designation as National Statistics will sometimes be granted in cases where some changes still need to be made to meet fully the requirements of the Code, on condition that steps are taken by the producer body, within a stated timeframe, to address the weaknesses. This is to avoid public confusion and does not reduce the obligation to comply with the Code.

Designation is granted on the basis of the information provided to the Statistics Authority, primarily by the organisation that produces the statistics. The information includes a range of factual evidence and also assurances by the producer organisation. The views of users are also sought. Should further information come to light subsequently which changes the Authority's analysis, the Assessment report may be withdrawn and revised as necessary.

Once designated as National Statistics, it is a statutory requirement on the producer organisation to ensure that the set of statistics continues to be produced, managed and disseminated 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 report covers six sets of National Statistics on work-related ill health and injury produced by the Health and Safety Executive (HSE). Five of these sets of statistics are released through an annual compendium, *Health and Safety Statistics* while blood lead exposure statistics are released separately. See section 2 for further details.
- 1.1.2 This report also covers official statistics on enforcement notices and prosecutions (see section 2 for further details). These statistics are included in the annual compendium. The Health and Safety Executive has requested that the UK Statistics Authority assess these statistics for designation as National Statistics.
- 1.1.3 Assessments of compendium publications against the Code of Practice relate to the processes involved in preparing the publication, rather than in producing the statistics that are included. Designation of a compendium publication as National Statistics therefore means that the producer body has, for example: identified and met user needs in terms of the content of the publication; considered the appropriateness of each series for inclusion; and written appropriate commentary.
- 1.1.4 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

- 1.2.1 The Statistics Authority confirms that the work-related ill health and injury statistics detailed in paragraph 1.1.1 are redesignated as National Statistics, and has determined that the statistics on enforcement notices and prosecutions detailed in paragraph 1.1.2 are designated as National Statistics, subject to the Health and Safety Executive implementing the enhancements listed in section 1.5 and reporting them to the Authority by September 2010.

1.3 Summary of strengths and weaknesses

- 1.3.1 The *Health and Safety Statistics* compendium provides a summary of health and safety statistics, including time series, clear information about data reliability and a description of how the statistics are used to measure progress towards national targets. HSE's website provides access to data tables, analysis, commentary and information about data collection methods. HSE is developing a web-based tabulation tool, which will allow users to interrogate the main data sets.

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

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

- 1.3.2 HSE uses a range of administrative and survey data sources to build a picture of work-related injury and ill health and monitors data reliability by comparing statistics from different sources. HSE has collaborated with academics and healthcare professionals to undertake research and develop new ways of measuring the extent of work-related illness.
- 1.3.3 There appears to be good engagement with users within HSE, but there is no regular engagement with users outside of HSE, and it is not clear how the needs and concerns of users influence statistical planning processes.
- 1.3.4 Statistics on work-related injuries and fatalities exclude those injuries that take place on the roads, in the air, at sea, and exclude the armed forces. Although this is clearly acknowledged on HSE's website, it is not always made clear in the presentation of the statistics – for example, when addressing the organisation's targets in the compendium publication. HSE does not produce an overall figure for work-related fatalities in Great Britain.

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that the Health and Safety Executive 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.

1.5 Requirements for designation as National Statistics

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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 (para 3.1). |
| Requirement 2 | Adopt systematic statistical planning arrangements, including transparent priority setting that reflects the user need (para 3.2). |
| 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 (para 3.4). |
| 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 (para 3.5). |
| Requirement 5 | Enhance the guidance provided to local authorities for the collection of prosecutions data to ensure that it is clear and complete (para 3.10). |
| 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 Code (para 3.13). |
| Requirement 7 | Report annually the estimated costs of participating in HSE's THOR surveillance schemes (para 3.14). |
| Requirement 8 | Investigate the feasibility of producing statistics on the total number of work-related injuries and fatalities, including those not reportable under RIDDOR (para 3.20). |
| Requirement 9 | Ensure that the coverage of the statistics is clearly communicated when presenting statistics on fatal injuries to workers and blood lead exposure (para 3.21). |
| 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 (para 3.22). |

- Requirement 11** Take appropriate steps to deposit the statistics with the relevant national archive (para 3.25).
- Requirement 12** Include the name and contact details of the responsible statistician in statistical reports (para 3.29).
- Requirement 13** Review the lists of those granted pre-release access, with a view to reducing the numbers of individuals included in the lists (para 3.30).
- Requirement 14** Ensure that statements issued alongside official statistics are labelled clearly as policy statements (para 3.31).
- Requirement 15** Finalise and publish its Statement of Administrative Sources (para 3.33).

2 Subject of the assessment

- 2.1 Every year the Health and Safety Executive (HSE) publishes a statistical compendium entitled *Health and Safety Statistics*³. This Assessment covers the compendium report and six of the sets of statistics that are released through the compendium:
- Fatal diseases (including mesothelioma, asbestosis and other work-related cancers);
 - Fatal injuries to workers;
 - Accidents reported by employers under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR⁴);
 - Self-reported work-related illness and workplace injuries;
 - Work-related ill health from specialist physicians and General Practitioners (GPs); and
 - Enforcement notices and prosecutions.
- 2.2 This assessment also covers the statistics released in *Blood lead exposure – Latest figures*⁵, which is published annually.
- 2.3 HSE publishes more detailed analysis of some of the statistics presented in the compendium in the following annual reports:
- *Self-reported work-related illness and workplace injuries*⁶;
 - *Mesothelioma deaths: latest figures*⁷; and
 - *Fatal injury statistics from RIDDOR*⁸.
- 2.4 There are no separate publications for statistics on work-related ill health from specialist physicians and GPs, accidents reported by employers under RIDDOR, and enforcement notices and prosecutions. HSE provides more detailed analysis and commentary on its website for all of the statistics listed in para 2.1, including analyses by disease, by region and by occupation. These analyses are linked to web-based data tables indexed by data source.
- 2.5 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 these statistics to investigate the extent of work-related illness and injury in GB and the links to potential causal factors. These statistics underpin HSE's estimates of costs to the British economy of workplace injury and work-related ill health. They are used to measure HSE's progress towards three national targets set out under the *Revitalising Health and Safety*⁹ strategy statement, launched in June 2000. 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 Ireland¹⁰.

³ <http://www.hse.gov.uk/statistics/index.htm>

⁴ http://www.opsi.gov.uk/SI/si1995/Uksi_19953163_en_1.htm

⁵ <http://www.hse.gov.uk/statistics/bloodlead09.htm>

⁶ <http://www.hse.gov.uk/statistics/lfs/lfs0708.pdf>

⁷ <http://www.hse.gov.uk/statistics/meso09.htm>

⁸ <http://www.hse.gov.uk/statistics/publications/injuries.htm>

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

¹⁰ <http://www.hseni.gov.uk/>

- 2.6 Administrative data on specified fatal and non-fatal injuries are collected under RIDDOR. RIDDOR places a legal duty on employers and other specified duty holders to report certain workplace incidents to the relevant enforcing authority, namely HSE, local authorities or the Office of Rail Regulation (ORR). Many political observers, including trade unions, use the latest RIDDOR figures as a benchmark of whether health and safety in GB is improving. 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 accidents.
- 2.7 HSE commissions questions in the Labour Force Survey (LFS). The LFS is a household survey run by the Office for National Statistics, which collects information about different aspects of individuals' employment. HSE uses the survey to provide a measure of the extent and types of ill health that people attribute to their work. The LFS also explores whether respondents have suffered injuries that are reportable under RIDDOR. HSE use these data to estimate the level of under-reporting in RIDDOR.
- 2.8 Statistics on *work-related ill health from specialist physicians* and GPs are drawn from two surveys: The Health and Occupation Reporting network (THOR) and THOR GP. These are voluntary surveillance schemes through which specialist doctors and general practitioners 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 Manchester University. THOR and THOR GP provide alternative data sources to the LFS for estimating the extent of work-related ill health and can be used to investigate the level of misattribution in self-reported data. The number of incidents of work-related ill health collected annually through the THOR schemes is much greater than the number of cases collected through the LFS. The THOR data also include details of causal factors. As a result, the THOR surveys provide a richer data source for investigating causal factors associated with different conditions and to estimate occupation/industry-specific rates.
- 2.9 Mesothelioma and asbestosis statistics are drawn from administrative records of deaths supplied to HSE electronically by the Office for National Statistics (ONS) and the General Register Office for Scotland (GROS). These statistics were developed in response to the emerging evidence about the association between mesothelioma and asbestos. Information about the incidence of mesothelioma and asbestosis provides a long-term measure used to develop policies for controlling exposure to asbestos, and to evaluate their effectiveness.
- 2.10 Under the Control of Lead at Work Regulations¹¹ 2002 (CLAW) and the former 1980 and 1998 Regulations, all workers with significant exposure to lead are required to be under medical surveillance by an appointed doctor or one of HSE's medical inspectors. Annual returns from this administrative system give summary statistics for each workplace based on the maximum blood lead level recorded for each worker under surveillance.

¹¹ <http://www.england-legislation.hmso.gov.uk/si/si2002/20022676.htm>

2.11 Breaches of health and safety law are investigated by the relevant enforcing authority – HSE, the local authority or ORR. The enforcing authority can issue an enforcement notice, of which there are three types (improvement, prohibition and deferred prohibition notices) or offences can be prosecuted. Each prosecution may cover more than one breach of health and safety law. The data on enforcement notices and prosecutions are collected from the administrative systems of the different enforcing authorities. These statistics provide Parliament and the general public with a measure of the level of activity of the enforcing authorities in punishing and deterring unsafe practice among employers.

3 Assessment findings

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

- 3.1 In 2007 HSE statisticians carried out a review of users within HSE to find out about their experiences of using these statistics. In 2009 HSE organised a one-off 'Measuring ill health' workshop which identified some areas for improvement and further research. While the workshop included external experts, the focus of the workshop was how HSE could better meet its strategic needs. HSE also carried out a web-survey in 2008 to collect information about who uses its website and how easily users can find what they are looking for. HSE has not published any of this information about users' experiences of the statistics. HSE statisticians produce an 'e-bulletin' – an email news update – that is circulated to around 30,000 subscribers every two months. However, it is only used to inform subscribers about recent and forthcoming releases. There is no other regular engagement with external users, for example to present progress with research or plans to develop the statistics. As part of the designation as National Statistics, HSE should take steps to engage more effectively with users outside HSE and make those steps known. It should also publish information on users' experiences of these statistics¹² (Requirement 1).
- 3.2 Some users who contacted us in response to this assessment suggested that HSE's statistical outputs focus too heavily on the organisation's targets, and that more could be done to address the limitations of some of the sets of statistics. The Assessment team recognises the range of work HSE has already undertaken to investigate and account for known issues with the statistics, and the work currently underway. HSE also told us about a range of new work it could consider in order to address known limitations with the statistics. However, there is no clear, published statistical work plan and so priority setting is not transparent. As part of the designation as National Statistics, HSE should adopt systematic statistical planning arrangements, including transparent priority setting that reflects the user need¹³ (Requirement 2).

¹² In relation to Principle 1 Practices 1, 2 and 5 of the Code of Practice

¹³ In relation to Principle 1 Practice 3 and Principle 7 Practices 2, 3 and 5 of the Code of Practice

Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

- 3.3 The Assessment team considers that the commentary in HSE's statistical outputs is impartial and objective. HSE publishes statistics on the internet free of charge, and does not charge for responding to data requests. HSE statisticians told us that very large data requests would be handled according to Freedom of Information legislation, which sets an upper limit for the amount of time to spend on a request.
- 3.4 During the course of this assessment HSE provided a draft revisions policy which sets out the arrangements for scheduled revisions to the data series. The policy also outlines the steps HSE will take if there is a change in the data sources or methodology, but it is not clear how users would be notified of such a change, or whether this has consistently happened in the past. For example, when the THOR survey changed to web data collection there was no announcement of the change or discussion of possible impact on the statistics. As part of the designation as National Statistics, HSE should 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 statistics¹⁴ (Requirement 3).

¹⁴ In relation to Principle 2 Practices 4 and 6 of the Code of Practice

Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

- 3.5 *Health and Safety Statistics 2008/09* stated that the statistics on enforcement notices and prosecutions did not meet the criteria for designation as National Statistics because the responsibility for the release arrangements did not rest with HSE statisticians¹⁵. The statistics come from operational data, and are used as a management tool. HSE releases details of cases on request. This is now accompanied by a clear statement that the data are taken from the operational database and are not National Statistics. As part of the designation as National Statistics, HSE should confirm that the statistical Head of Profession has sole responsibility for the timing of the release of statistical information relating to enforcement notices and prosecutions¹⁶ (Requirement 4).
- 3.6 In 2009 there was a complaint to the HSE statistics team about the inadvertent release of address details in response to a Freedom of Information request. The Code requires that the National Statistician should be informed about all complaints that relate to professional integrity, quality or standards. HSE informed us that it is aware of its obligations under the Code and will ensure that the National Statistician is informed about any future complaints. HSE also provided guidance to staff to ensure that confidential address details are not disclosed in future.
- 3.7 The statistical Head of Profession in HSE is not a member of the Senior Civil Service. This may limit the Head of Profession's effectiveness if a threat to the integrity of these statistics were to arise. The Head of Profession told us that this had not been a problem so far, but that it might be difficult should the need arise to challenge more senior staff on statistical issues. We suggest that HSE work to raise awareness of the principles of statistical good practice within HSE, for example, through promoting the Code. We also suggest that HSE statisticians establish close links with the National Statistician's Office, to ensure that HSE statisticians have appropriate support on statistical issues.

¹⁵ see page 27 of *Health and Safety Statistics 2008/09*

¹⁶ In relation to Principle 3, Practice 3 of the Code of Practice

Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

- 3.8 HSE publishes a range of information about its statistical sources. The compendium includes summary details about sources and definitions and provides links to further information on its website. HSE's website provides more detail about the sources, their comparability and any major discontinuities and quality issues, including under-coverage. Data on mesothelioma and asbestosis come from death certificates, and so are limited to the information collected at the point when a death is registered. HSE's documentation is clear about the limitations of the data. HSE statisticians keep up to date with research in their areas. The HSE THOR team are part of the Centre for Occupational and Environmental Health which is run by Manchester University, so have close links with the wider medical and statistical communities in the University.
- 3.9 There are limitations with many of the administrative data sources HSE uses to compile its statistics. To account for this HSE has developed alternative data sources and undertakes research, which enables it to investigate data reliability and comparability. For example, the questions on the LFS were initially developed in 1990 to monitor under-reporting of injuries through RIDDOR. These questions have been repeated annually since 1992/3 and were adopted by Eurostat (the statistical office for the EU) as the basis for a module of questions in LFS surveys across the EU in 1999 and 2007. The data enable HSE to present an estimate of the proportion of all injuries that are reported under RIDDOR. HSE has also commissioned research to investigate the reliability of the self-reported data on ill health collected through the LFS.
- 3.10 The data on enforcement notices and prosecutions come from the enforcing authorities – HSE, local authorities and ORR. HSE statisticians quality assure the data but it is not clear that the guidance HSE issues to local authorities regarding the submission of the prosecutions data is sufficient to ensure the quality of the data. The guidance focuses on the data submission process, rather than what local authorities should include and how the data should be categorised. As part of the designation as National Statistics, HSE should enhance the guidance provided to local authorities for the collection of prosecutions data to ensure that it is clear and complete¹⁷ (Requirement 5).
- 3.11 HSE's outputs cover GB, reflecting the organisation's remit. HSE supplies annual data on reported workplace injuries in GB to Eurostat and takes part in working groups seeking to establish consistent data across all EU Member States. HSE's website provides data on European comparisons, and background information about the data sources, comparability and quality.

¹⁷ In relation to Principle 4 Practice 3 of the Code of Practice

Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

- 3.12 HSE databases hold detailed information about fatalities, injuries, ill health, prosecutions and enforcements. Many of the databases include information about individuals or businesses, but this information is not always confidential. For example, HSE statisticians told us that information about fatalities, prosecutions and enforcements is already in the public domain. Where the information is confidential – for example, the LFS data – HSE told us that it keeps the data secure.
- 3.13 HSE does not have Statistical Disclosure Control processes in place for reported injuries data, which means that it is theoretically possible that individual businesses or workers could be identified in published injuries statistics. HSE statisticians told us that previous rulings from the Information Commissioner support the release of case-level information on injuries, which means that the data are not regarded as confidential. HSE does not have a confidentiality policy that clearly sets out which of the data it holds are confidential or how it protects confidentiality. HSE staff are not required to sign confidentiality declarations. As part of the designation as National Statistics, HSE should 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 Code ¹⁸ (Requirement 6).

¹⁸ In relation to Principle 5 Practices 2 and 4 of the Code of Practice

Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

- 3.14 The information HSE publishes on its website about the burden of its business surveys is clear and complete, but it does not report the burden to respondents of its THOR surveillance schemes. The LFS is conducted by ONS, which is responsible for managing and reporting the burden on respondents. As part of the designation as National Statistics, HSE should report annually the estimated costs of participating in its THOR surveillance schemes¹⁹ (Requirement 7). We also suggest that HSE report the average time taken by respondents to answer the HSE-funded section of the LFS.
- 3.15 Many of HSE's statistical outputs are based on administrative sources, so the burden of collecting these data is minimal. However, it is likely that the statistical requirements that are built in to the administrative systems do add to the burden on respondents. It is difficult to establish how much of the burden is due to statistical requirements, but it would be relatively straightforward to collect total burden, in terms of the time it takes to provide the information. This may provide useful evidence to inform and monitor any future changes to the administrative systems. We suggest that HSE investigate options for monitoring the burden of administrative data collections.

¹⁹ In relation to Principle 6 Practice 1 of the Code of Practice

Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

- 3.16 The production of health and safety statistical outputs appears to be adequately resourced to produce data at the current level of quality. However, it is not clear that there are sufficient resources to support the range of developments and improvements that users are keen to see. As a result, it is important that resources are directed towards the highest priority developments and that users are able to provide input to this planning process. This is addressed by Requirement 2 under Principle 1.

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

- 3.17 The *Health and Safety Statistics* compendium presents headline figures, together with graphs and tables that clearly show confidence intervals. HSE provides commentary and analysis to aid interpretation, including time series and comparisons between statistics from different data sources. The way that these statistics are used to measure progress against targets is also explained.
- 3.18 HSE presents analyses of these statistics by disease, injury, industry and region on its website. These analyses include links to detailed data tables for the relevant statistics, and present data from different sources where appropriate. In general, the range of analyses presented on HSE's website and the number of entry-points is helpful to users. However, sometimes related data, for example on illness from THOR and the LFS, are presented in different ways, making direct comparisons difficult. The commentary does not always make it clear to users which source best meets different needs. Some of the commentary is quite technical and there is no clear layman's guide to the terms used. We suggest HSE publish further guidance for users to enable them to identify and access the most appropriate data for their needs.
- 3.19 HSE is developing a tabulation tool for RIDDOR and LFS data, as a direct response to user requests. This will enable flexible interrogation of both datasets. It is due to be delivered by late summer 2010.
- 3.20 As discussed in section 2, HSE statistics on work-related injuries and fatalities reportable under RIDDOR do not include those injuries and fatalities that occur on the road, in the air or at sea. Users told us that this was an unmet need, particularly in the case of fatal injuries. HSE statisticians told us that it might be possible to produce such estimates by combining data from different sources. As part of the designation as National Statistics, HSE should investigate the feasibility of producing statistics on the total number of work-related injuries and fatalities, including those not reportable under RIDDOR²⁰ (Requirement 8).
- 3.21 HSE's website provides clear information on data quality and under-coverage of fatal injuries data and blood lead levels, but this information is not consistently presented alongside the statistics. In particular, the *Health and Safety Statistics* compendium does not clearly explain the under-coverage in the chapter that presents the progress towards HSE's target on fatal and major injuries. As part of the designation as National Statistics, HSE should ensure that the coverage of the statistics is clearly communicated when presenting statistics on fatal injuries to workers and blood lead exposure²¹ (Requirement 9).
- 3.22 There is very little commentary provided about the quality, methods or reliability of statistics on enforcement notices and prosecutions and no mention of how changes in legislation may have impacted on the figures. As part of the designation as National Statistics, HSE should provide information about the

²⁰ In relation to Principle 8, Practices 1 and 2 of the Code of Practice

²¹ In relation to Principle 8, Practices 1 and 2 of the Code of Practice

quality, methods and reliability of statistics on enforcement notices and prosecutions and provide factual information about the policy context of these statistics²² (Requirement 10).

- 3.23 There is no separate statistical release for statistics on work-related ill health from specialist physicians and GPs. Some academic papers report analysis of aspects of the quality of these statistics, and HSE publishes a summary of the methods and caveats for statistics on incidence rates extrapolated from THOR-GP data²³. However, there is no complete, easily accessible documentation about quality. We suggest HSE prepare and disseminate documentation presenting methods and quality issues for statistics on work-related ill health from specialist physicians and GPs. We also suggest HSE provide clear links to quality information for the LFS, including response rates. This information is not currently clearly accessible on HSE's website.
- 3.24 *Blood lead exposure – latest figures* presents statistics on the proportion of workers under surveillance with blood lead levels above the action levels set out in the 1998/2002 Regulations²⁴ (50µg/100ml for males and 25µg/100ml for females). Some users said that they would like to see statistics on workers with lower blood lead levels. We suggest HSE present statistics on the blood lead levels of all workers under surveillance, including workers with blood lead levels below those set out in regulation.
- 3.25 HSE stores its data on its own systems. As part of the designation as National Statistics, HSE should take appropriate steps to deposit the statistics with the relevant national archive²⁵ (Requirement 11).

²² In relation to Principle 8, Practice 1 and 2 of the Code of Practice

²³ <http://www.hse.gov.uk/statistics/calculation-thor-gp-data.pdf>

²⁴ <http://www.hse.gov.uk/statistics/causdis/lead/index.htm>

²⁵ In relation to Principle 8, Practice 7 of the Code of Practice

Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

3.26 The requirements for this Protocol are covered elsewhere in this report.

Protocol 2: Release practices

Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.

- 3.27 HSE publishes a timetable of its statistical releases for twelve months ahead. This timetable includes the publications covered by this assessment (see para 2.1 and 2.2) and these publications are available through the National Statistics Publication Hub. For most of these statistics the first release is through the compendium publication *Health and Safety Statistics* which presents the headline figures. HSE statisticians told us that the more detailed statistics on the website are updated on the same day that *Health and Safety Statistics* is released. However, this is not made clear on the website. We suggest HSE make clear to users the date on which web based statistical tables are updated.
- 3.28 The release of some sets of statistics is delayed until they are all ready for publication together in the compendium publication. The publication date of the compendium is determined by the availability of the LFS data. HSE statisticians told us that they adopt this approach because some of the statistics – such as RIDDOR and THOR data – rely on LFS data to provide context, including estimates of under-reporting. The statisticians told us that they will be reviewing this publication strategy in consultation with HSE users of the data.
- 3.29 The publications do not include the name or contact details of the responsible statistician. As part of the designation as National Statistics, HSE should include the name and contact details of the responsible statistician in statistical reports²⁶ (Requirement 12).
- 3.30 HSE publishes lists of those granted pre-release access to these statistics. The list for the compendium includes 46 individuals and the list for fatal injury statistics includes 39 individuals. As part of the designation as National Statistics, HSE should review the lists of those granted pre-release access, with a view to reducing the number of individuals included in the lists²⁷ (requirement 13).
- 3.31 When *Health and Safety Statistics 2008/09* was released, HSE issued a press release with a statement from the Chair of HSE. The press release was not labelled clearly as a policy statement. As part of the designation as National Statistics, HSE should ensure that statements issued alongside official statistics are labelled clearly as policy statements²⁸ (requirement 14).

²⁶ In relation to Protocol 2, Practice 6 of the Code of Practice

²⁷ In relation to Protocol 2, Practice 7 of the Code of Practice

²⁸ In relation to Protocol 2, Practice 9c of the Code of Practice

Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

- 3.32 HSE statistics are drawn from administrative systems, with the exception of the LFS work-related ill health and injury data and the THOR survey data. All of the statistics drawn from administrative sources are also used as management and operational information. The case-level data are often publicly available before the release of the relevant statistics, for example through Freedom of Information requests. HSE statisticians told us that they take steps to ensure that no action is taken that might undermine the independence of the statistics when released. For example, they have encouraged those responsible for HSE publicity campaigns to use published National Statistics outputs rather than operational data, which may not have been quality assured.
- 3.33 HSE provided a draft Statement of Administrative Sources as part of the written evidence for this assessment. The Statement provides good background about HSE's existing use of administrative data, but would benefit from more detail about the use of externally-sourced administrative data, and in particular the steps that are taken to ensure the quality of these data. As part of the designation as National Statistics, HSE should finalise and publish its Statement of Administrative Sources²⁹ (Requirement 15).

²⁹ In relation to Protocol 3 Practice 5 of the Code of Practice

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to HSE's 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 | Work to raise awareness of the principles of statistical good practice within HSE, for example, through promoting the Code (para 3.7). |
| Suggestion 2 | Establish close links with the National Statistician's Office, to ensure that HSE statisticians have appropriate support on statistical issues (para 3.7). |
| Suggestion 3 | Report the average time taken by respondents to answer the HSE-funded section of the LFS (para 3.14). |
| Suggestion 4 | Investigate options for monitoring the burden of administrative data collections (para 3.15). |
| Suggestion 5 | Publish further guidance for users to enable them to identify and access the most appropriate data for their needs (para 3.18). |
| Suggestion 6 | Prepare and disseminate documentation presenting methods and quality issues for statistics on work-related ill health from specialist physicians and GPs (para 3.23). |
| Suggestion 7 | Provide clear links to quality information for the LFS, including response rates (para 3.23). |
| Suggestion 8 | Present statistics on blood lead levels of all workers under surveillance, including workers with blood lead levels below those set out in regulation (para 3.24). |
| Suggestion 9 | Make clear to users the date on which web based statistical tables are updated (para 3.27). |

Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from January to May 2010.

A2.2 The Assessment team agreed the scope of and timetable for this assessment with representatives of HSE in January. The Written Evidence for Assessment was provided on 5 February. The Assessment team subsequently met with HSE during February 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

A2.3 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.

A2.4 The Assessment team received 49 responses from the user and supplier consultation. The respondents were grouped as follows:

Central government	13
Local authorities	4
Academics	7
Non-government (including trade associations and unions)	16
Data suppliers	9

A2.5 Users and suppliers were generally positive about their relationship with HSE statisticians, saying that HSE is responsive and helpful. Some users are happy with the data that are available, but many users need more detailed data, particularly data that provide a finer breakdown by industry and occupation. This is because many users represent the health and safety concerns of particular occupations or specific industry sectors. Many users, particularly those from outside government, have concerns over the coverage and quality of some of the published statistics. The concerns that were raised include: the exclusion of some categories of fatal injury; differential over- and under-reporting of self-reported injury and ill health; lack of precision in reporting mesothelioma deaths; and limitations in coverage of blood lead levels. The majority of HSE data are drawn from administrative sources, but some suppliers commented that differences in the systems used, for example between local authorities and HSE, increases the complexity and therefore burden of data supply.

A2.6 There was a perception among some users that HSE focuses on collecting data that enables it to report against its targets, rather than on collecting data to enable complete monitoring of health and safety issues across the economy. Users were of the view that the data must be complete and accurate in order to

ensure that health and safety legislation and monitoring is focused on the areas of greatest need.

Key documents/links provided

Written Evidence for Assessment document

