HSE

Health and Safety Executive

Health and Safety Statistics Highlights

2003/04

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Introduction and summary

Health and Safety Statistics Highlights sets out the latest statistics on work-related fatalities, injuries and ill health in Great Britain. The key new statistics this year are 2003/04 data on non-fatal injuries notified under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), along with injury data from the Labour Force Survey (LFS), and ill health data from the 2003/04 Self-reported Work-related Illness (SWI) survey.

Statistics of fatalities for 2003/04 were first released in *Statistics of Fatal Injuries 2003/04*, and ill health statistics from sources other than the new SWI survey were in the *Occupational Health Statistics Bulletin 2003/04*. Both of these are available on HSE's website at www.hse.gov.uk/statistics, along with more detailed data and commentary.

Injuries

There were 235 fatal injuries to workers in 2003/04, an increase of 4% on the 2002/03 figure of 227 …

The rate of fatal injury to workers increased in 2003/04 from 0.79 deaths per hundred thousand workers to 0.81, an increase of 3%. The trend in both the number and rate of fatal injuries was generally downwards in the 1990s; however there have been two rises since then, in 2000/01 and in 2003/04.

… and around half occurred in the two industries of construction and agriculture, forestry and fishing.

114 of the fatalities (49%) occurred in the two industries of construction (70) and agriculture, forestry and fishing (44). Nine per cent of all fatal injuries to workers in 2003/04 occurred in a single incident when 21 people drowned while harvesting cockles in Morecambe Bay.

The number of reported major injuries to employees was 30 666 in 2003/04, up 9% on the previous year, with increases in many service industries, which are likely to reflect changes in reporting behaviour …

The rate of reported major injury to employees rose by 9% in 2003/04, from 111.1 to 120.7 injuries per hundred thousand employees. The rate of reported major injury fell steadily from 1997/98 to 2000/01; however in the three years since then both the number and rate have increased, principally in public administration, retail and wholesale trade, hotels and catering, business activities and transport.

… and over a third of all reported major injuries were caused by slipping and tripping.

The most common kind of major injury to employees continues to be slipping and tripping, accounting for 37% of major injuries in 2003/04. Being injured while handling, lifting or carrying accounted for 14% of major injuries in 2003/04, being struck by a moving or falling object 13% and falling from a height 13%.

The number of reported over-3-day injuries to employees increased by 0.7% in 2003/04 to 129 143 …

The rate of over-3-day injury to employees increased in 2003/04, from 506.5 to 508.4 injuries per hundred thousand employees. The rate of over-3-day injury fell steadily from 1997/98 to 2002/03 but increased in 2003/04.

… of which two-fifths were caused by handling, lifting and carrying.

The most common kind of over-3-day injury to employees continues to be being injured while handling, lifting or carrying, accounting for 41% of over-3-day injuries in 2003/04. Slipping and tripping accounted for 24% of over-3-day injuries and being struck by a moving or falling object accounted for 11%.

The rate of reportable injury estimated from the Labour Force Survey was 1440 per 100 000 workers in 2002/03, down by 4.6% on the previous year …

Rates of reportable injury are available annually from the LFS and the latest is from 2003/04. Annual results are subject to sampling fluctuation and LFS rates are presented mostly as three-year averages to smooth such fluctuation. The averaged rate was previously relatively stable between 1997/98 and 2001/02; however, the annual LFS rate has fallen each year since 1999/2000, by 3.2% to 2002/03 and by a further 12.5% in 2003/04.

… while the global level of reporting of non-fatal injury was 42.9%, an increase from 41.3% in 2001/02.

When compared with the RIDDOR rate of reported major and over-3-day injury, the LFS allows us to estimate the level of reporting of non-fatal injuries. This increased in 2002/03 after falling steadily since 1997/98.

The rate of reportable injury estimated from the Labour Force Survey was highest in Wales, the East Midlands, the North East, Yorkshire and the Humber and the South West.

The rates per 100 000 workers in 2002/03 were 1670 in Wales, 1640 in the East Midlands, North East, and Yorkshire and the Humber, and 1590 in the South West, compared with the Great Britain average of 1440. Most differences are explained by the industrial and occupational composition of the regions.

Summary

Ill health

In 2003/04 an estimated 2.2 million people suffered from ill health which they thought was work-related, similar to the level in 2001/02 (2.3 million) …

A self-reported household survey carried out in 2003/04 (SWI03/04) estimated that 2 233 000 individuals in Great Britain suffered in that year from an illness which they believed was caused or made worse by their current or past work. This **prevalence** estimate includes long standing as well as new cases. The prevalence rate was 5200 per 100 000 ever employed, similar to the 5300 per 100 000 estimated by SWI01/02.

… and 609 000 first became aware of the illness in the last 12 months, compared with 662 000 in 2001/02.

SWI03/04 estimated that there were 609 000 new cases of work-related illness. This **incidence** estimate comprises people who first became aware of their illness in the last 12 months. The incidence rate was 2000 people per 100 000 who worked in the last 12 months (2.0%), which was lower than the 2200 per 100 000 (2.2%) estimated by SWI01/02.

Around three-quarters of the cases of work-related illness were musculoskeletal disorders or stress …

The most common types of work-related illness were musculoskeletal disorders (MSDs) – in particular those affecting the back and upper limbs – and stress, depression or anxiety. In 2003/04 the estimated prevalence of MSDs was 1 108 000 and the incidence 204 000, while for stress, depression or anxiety the prevalence was 557 000 and the incidence 254 000.

… but the total also includes diseases ranging from asthma and dermatitis to infections and deafness.

Other types of ill health with significant numbers of cases reported by doctors or compensated by the Government were lung diseases such as asthma and pneumoconioses; contact dermatitis and other skin diseases; diarrhoeal and other infections; and disorders related to vibration or noise.

Several thousand people die each year from diseases caused by past work exposures …

Each year an estimated 6000 people (uncertainty range 3000 to 12 000) die from cancer due to past exposures at work. Around 3500 cancer deaths are due to exposure to asbestos. For deaths other than cancer, in 2002 around 100 died from asbestosis and nearly 300 from other types of pneumoconiosis, mostly due to coal dust and silica.

… including nearly 1900 deaths in 2002 from mesothelioma, a cancer related to asbestos exposure.

The annual number of deaths in Great Britain from mesothelioma has increased from 153 in 1968 to 1862 in 2002. The latest projections suggest that the annual number will peak at a level around 1950 to 2450 deaths some time between 2011 and 2015. Deaths occurring now reflect past industrial conditions; deaths in males aged under 45 have been falling since the early 1990s.

Based on the latest self-reporting survey, work-related ill health prevalence rates were highest in the North East, Wales, and Yorkshire and the Humber.

The estimated rates per 100 000 people ever employed in 2003/04 were 7400 in the North East, 6200 in Wales and 6000 in Yorkshire and the Humber, compared with the Great Britain average of 5200.

Enforcement, dangerous occurrences and gas safety

The latest figures show a rise in the number of enforcement notices issued …

In 2002/03, the most recent year for which data from all enforcing authorities are available, there were 19 104 enforcement notices issued, a 12% increase on the previous year.

… and falls in the numbers of dangerous occurrences and gas-related fatalities.

There was an 8% decrease in the number of dangerous occurrences reported to HSE in 2003/04 from 9946 to 9120. The number of fatal injuries relating to the supply and use of flammable gas fell in 2003/04, from 25 to 18.

Summary

Progress against the *Revitalising Health and Safety* targets

HSE statisticians have produced an updated assessment of the progress made since 1999/2000 against the three targets set in the *Revitalising Health and Safety* strategy.

HSE set out its approach to measuring progress against the *Revitalising* targets in a *Statistical Note* published in 2001, on the website at http://www.hse.gov.uk/statistics/statnote.pdf. Among other things, this said that a report on progress would be prepared each autumn, comparing the latest data with those for the base year (1999/2000).

For the incidence rate of fatal and major injury, the latest data show little change in the rate of fatal injury …

The rate of fatal injury to workers is at a similar level in 2003/04 as it was in the base year, 1999/2000. The rate rose in 2000/01, fell in the following two years, and then rose in 2003/04.

… with a decrease in the rate of reported major injury in the more traditional production industries …

Rates of reported major injury have fallen since 1999/2000 in construction, manufacturing and the extractive and utility supply industries. In agriculture, the rate has fluctuated with no overall trend.

… and an increase in some service industries such as public administration, hotels/catering, transport …

Since 2000/01, the rate of reported major injury has increased across the services sector as a whole. Within major injuries, the pattern of the types of injury reported by employers has also changed over this period, with proportionally more injuries such as lacerations, sprains, strains, contusions and superficial injuries being reported than before. The numbers of these types of injuries have increased each year since 2000/01.

… along with evidence to suggest that reporting levels have increased …

The largest increases in reported major injuries tend to be in industries where the numbers of over-3-day injuries have also increased (or stayed level), and where comparison with the LFS suggests improved reporting of non-fatal injuries. Improved reporting stems mainly from increases in over-3-day injuries but there is likely to be an element of improved reporting for major injuries in services as well which would then be reflected in the recent increases in major injuries. However, we need more evidence about improved reporting of major injuries in services.

…. leading to an overall judgement of no clear evidence of change in the incidence rate of fatal and major injury since 1999/2000, the base year of *Revitalising*.

For work-related ill health, the latest data show a fall in the incidence rate of musculoskeletal disorders …

The latest self-reporting (SWI) survey shows a statistically significant fall in the incidence rate of work-related musculoskeletal disorders between 2001/02 and 2003/04, from 750 to 640 per 100 000 employed in the last 12 months, though there is a range of uncertainty around these figures. The estimated number of new cases seen by specialist doctors (in the THOR scheme) fell in the year to 2003, having previously been fairly stable.

… and a levelling off in the earlier rise in work-related stress …

The 2003/04 SWI survey shows no change since 2001/02 in self-reported stress incidence: the estimated rate was 860 per 100 000 in 2003/04 and 890 in 2001/02. The available data suggest that up to then, self-reported incidence had been increasing. THOR specialist doctor data had also been rising up to 2001, and have declined a little since. The level is still likely to be higher than in 1999/2000.

… along with falls in asthma and dermatitis and a continuing rise in asbestos-related cancer …

Estimated cases of asthma seen by specialist doctors in each of the last four years have been lower than in 1999 (and most of the 1990s), indicating a probable decrease in incidence. Specialist doctor data for dermatitis in the last three years have been consistently lower than in the late 1990s, also seeming to represent a downward trend. The number of deaths from mesothelioma has continued to rise, reflecting past asbestos exposures.

… leading to the overall assessment that there is no clear evidence of change in work-related ill health incidence since 1999/2000, the *Revitalising* base year.

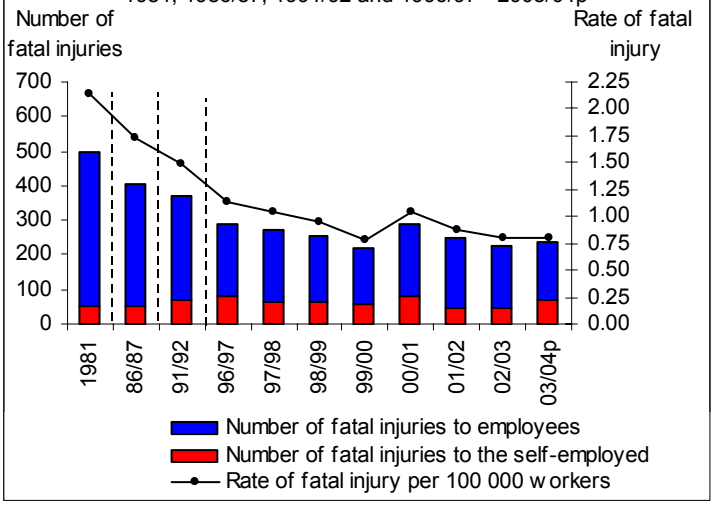
For working days lost per 100 000 workers, the figures for 2003/04 show no statistically significant change since 2000-02, the closest available to the *Revitalising* base year.

The figure was 170 000 per 100 000 workers in 2003/04 compared with 180 000 in 2000-02.

Fatal injuries – overview

(See supplementary tables 1 and 4)

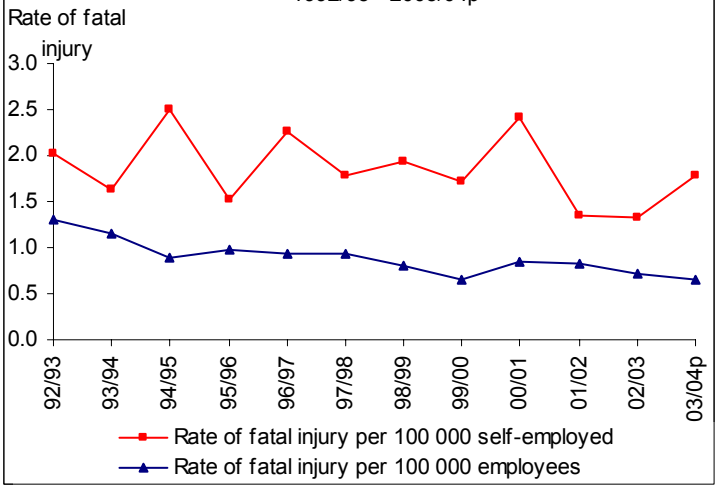
Figure 1 : Number and rate of fatal injury to workers
1981, 1986/87, 1991/92 and 1996/97 - 2003/04p



There were 235 fatal injuries to workers in 2003/04, an increase of 8 (4%) on the 2002/03 figure of 227. There was a reduction in the number of deaths to employees from 183 to 168 and an increase in the number of self-employed workers fatally injured from 44 to 67. Nine per cent of all fatal injuries to workers in 2003/04 occurred in one single incident when 21 people drowned while harvesting cockles in Morecambe Bay.

To account for annual changes in the size of the workforce and allow for year on year comparison, HSE publishes rates of injuries per 100 000 members of the workforce. In 2003/04, the rate of fatal injury to workers increased by 3% to 0.81 from 0.79. There was a general downward trend in the rate in the 1990s; however it has risen twice since then, in 2000/01 and in 2003/04.

Figure 2: Rate of fatal injury to employees and the self-employed
1992/93 - 2003/04p

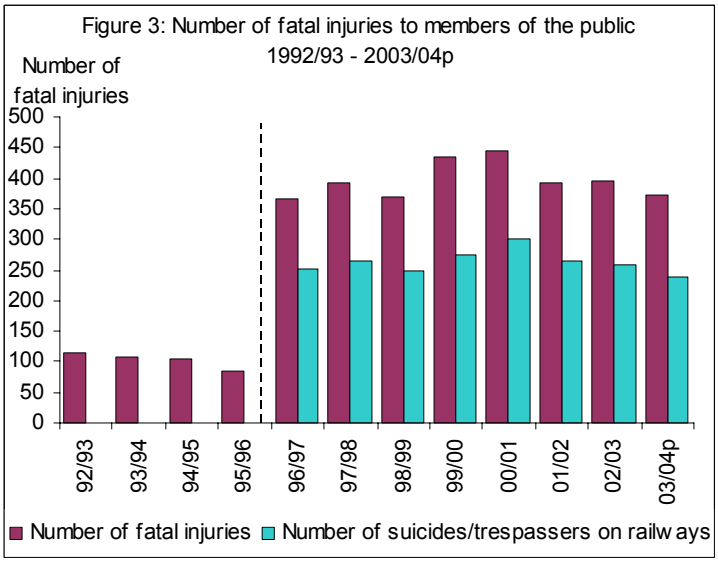


In 2003/04, the rate of fatal injury to employees fell by 8% to 0.66 from 0.72. The rate of fatal injury to the self-employed increased in 2003/04, from 1.32 to 1.79, an increase of 36%.

In recent years, the rate of fatal injury to the self-employed has been higher than for employees. This reflects the fact that proportionally more self-employed people than employees work in the higher risk industries of agriculture and construction, when compared with the economy as a whole.

The rate of fatal injury to the self-employed has fluctuated in recent years. Since the number of people classed as self-employed is much lower than the number of employees, the rate is more susceptible to change.

Figure 3: Number of fatal injuries to members of the public
1992/93 - 2003/04p



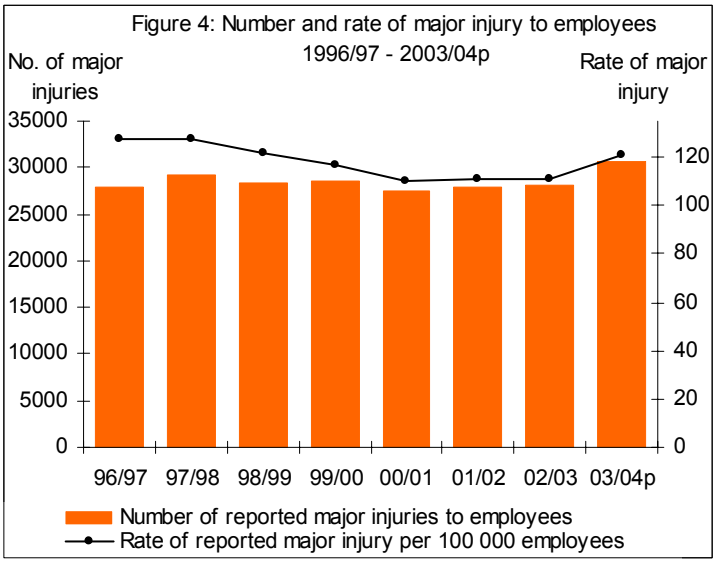
The number of fatal injuries to members of the public fell by 6% in 2003/04, to 371 from 396.

Of the 371 fatal injuries to members of the public, 240 (65%) were due to acts of suicide or trespass on railway systems. This proportion has remained relatively constant since 1996/97, when the requirement to report such incidents was introduced. In 2003/04, there were a further 36 fatal injuries to members of the public related to railways.

In 2003/04, there were 95 fatal injuries to members of the public occurring in industries other than on the railway network. Of these, 79 occurred in services industries, of which 45 were in health and social work.

Non-fatal injuries - overview

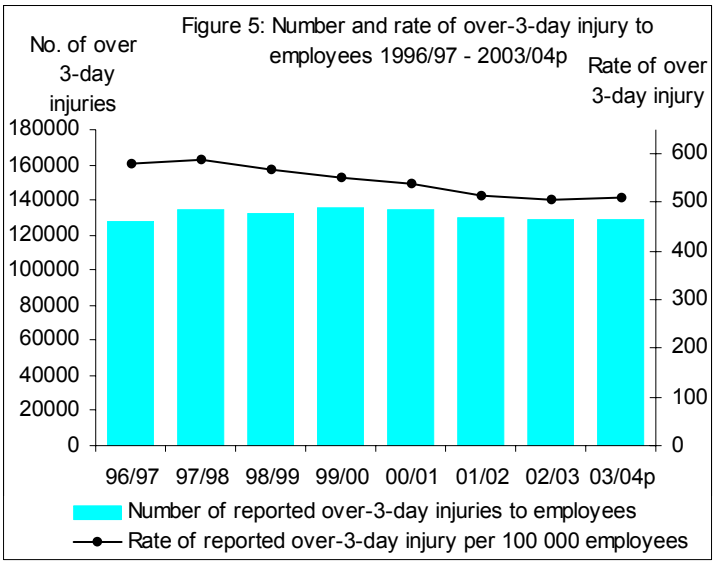
(See supplementary tables 2, 3 and 4)



The number of reported major injuries to employees rose by 9% in 2003/04, to 30 666 from 28 113. The rate of reported major injury to employees also rose by 9% in 2003/04, from 111.1 to 120.7.

The rate of reported major injury fell steadily from 1997/98 to 2000/01. However, in the three years since then, both the number and rate have increased, mainly in service industries.

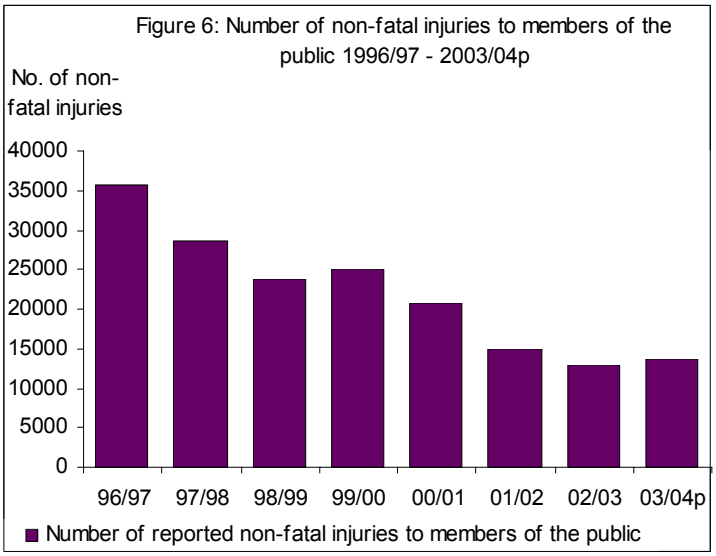
The most common kind of major injury to employees continues to be slipping and tripping, accounting for 37% of major injuries in 2003/04. Being injured while handling, lifting or carrying accounted for 14% of major injuries in 2003/04, being struck by a moving or falling object 13% and falling from a height 13%.



The number of over-3-day injuries to employees increased by 0.7% in 2003/04 from 128 184 to 129 143. The rate of over-3-day injury to employees also increased in 2003/04, from 506.5 to 508.4, an increase of 0.4%.

The rate of over-3-day injury fell steadily from 1997/98 to 2002/03 and the increase in 2003/04 is the first since 1997/98.

In 2003/04, the most common kinds of over-3-day injury to employees were being injured while handling, lifting or carrying (41% of all over-3-day injuries to employees), slips and trips (24% of all over-3-day injuries to employees) and being struck by a moving or falling object (11% of all over-3-day injuries to employees). These proportions have remained relatively constant since 1996/97.



The number of non-fatal injuries to members of the public increased by 6% in 2003/04, to 13 575 from 12 793. Overall, since 1996/97 the number of non-fatal injuries to members of the public has shown a downward trend and this is the first increase since 1999/2000.

Ninety-eight percent of all non-fatal injuries to members of the public in 2003/04 occurred in service industries (13 274 of 13 575), a similar proportion to that seen in previous years.

Of the total number of non-fatal injuries to members of the public, 20% occurred in land transport, 16% in public administration and defence, 16% in retail trade, 13% in education and 13% in health and social work.

Work-related ill health – overview

(See supplementary tables 20 and 21)

Figure 7: Estimated prevalence of self-reported work-related illness, by type of illness, for people ever employed, 2003/04

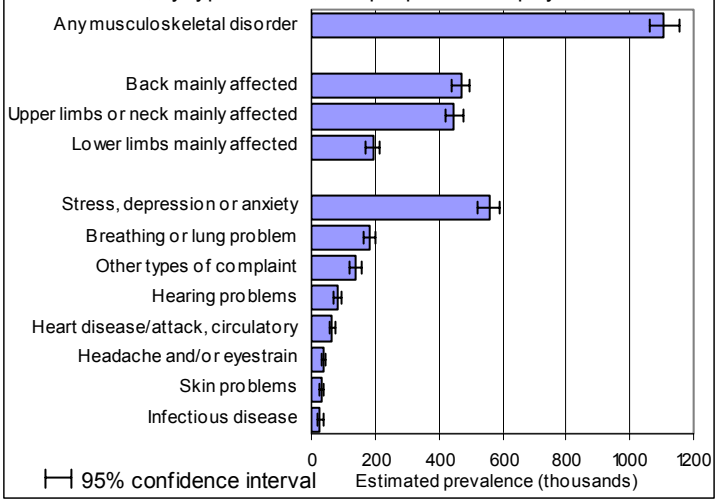


Figure 8: Comparison of estimated prevalence rates of self-reported work-related illness, for people working in the last 12 months in England and Wales, 1990 to 2003/04

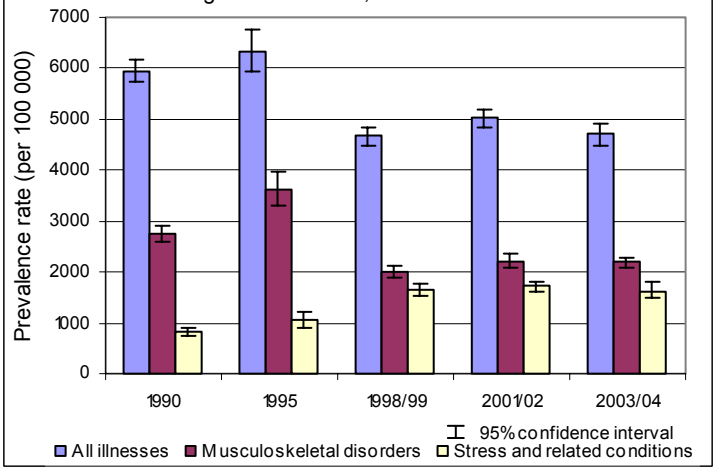
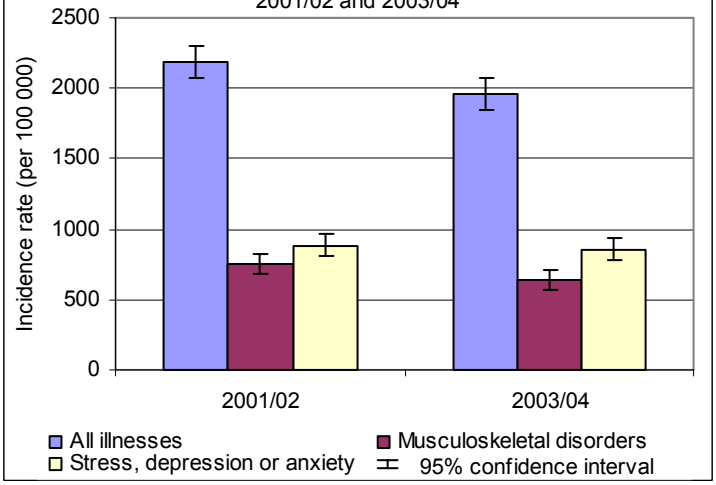


Figure 9: Comparison of estimated incidence rates of self-reported work-related illness, for people working in the last 12 months, 2001/02 and 2003/04



A self-reported household survey carried out in 2003/04 (SWI03/04) estimated that 2.2 million individuals in Great Britain suffered in that year from an illness which they believed was caused or made worse by their current or past work. This prevalence estimate includes long standing as well as new cases.

Musculoskeletal disorders (bone, joint or muscle problems) were by far the most commonly reported work-related illness, with an estimated 1 108 000 people ever employed affected.

Stress, depression or anxiety was the second most commonly reported illness, affecting an estimated 557 000 people ever employed, followed by breathing or lung problems (183 000) and hearing problems (81 000).

See www.hse.gov.uk/statistics/pdf/swit3.pdf

Comparisons between HSE's five SWI surveys have to be based on a restricted coverage (e.g. those who worked in the last 12 months), and even then are affected by differences in survey design.

These comparisons suggest that the overall rate of self-reported work-related illness prevalence has fallen since 1990. In 1990 and 1995 the rates were similar. More recently they have fluctuated, but are still lower than in 1990 and 1995.

The estimated prevalence rate of stress and related (mainly heart) conditions increased during the 1990s and appears to have levelled off since 1998/99, at around double the level of 1990.

The rate for musculoskeletal disorders in 2003/04 was similar to that in 2001/02, but higher than in 1998/99 and lower than in 1990 and 1995.

See www.hse.gov.uk/statistics/pdf/swit2.pdf

SWI03/04 estimated that there were 609 000 new (incident) cases of work-related illness, i.e. people who first became aware of their illness in the last 12 months. Stress, depression or anxiety accounted for a higher proportion of these, around two-fifths, followed by musculoskeletal disorders with around a third.

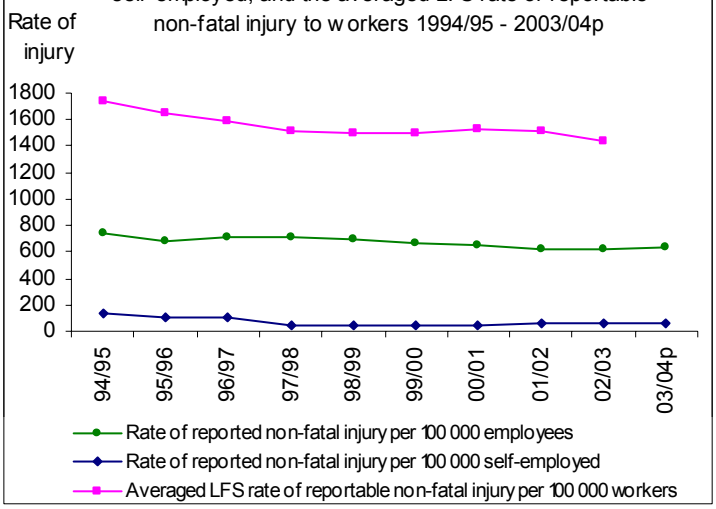
An estimated 2000 people per 100 000 who worked in the last 12 months (2.0%) first became aware of a work-related illness in the last 12 months, lower than the 2200 per 100 000 (2.2%) estimated by SWI01/02. The incidence rate for musculoskeletal disorders was also lower than in SWI01/02, whilst for stress, depression or anxiety the rates from both surveys were of a similar order (not statistically significantly different). There is a range of uncertainty around all these estimates.

See www.hse.gov.uk/statistics/pdf/swit6.pdf

Non-fatal injuries – Labour Force Survey and reporting of injuries

(See supplementary tables 2, 3 and 5)

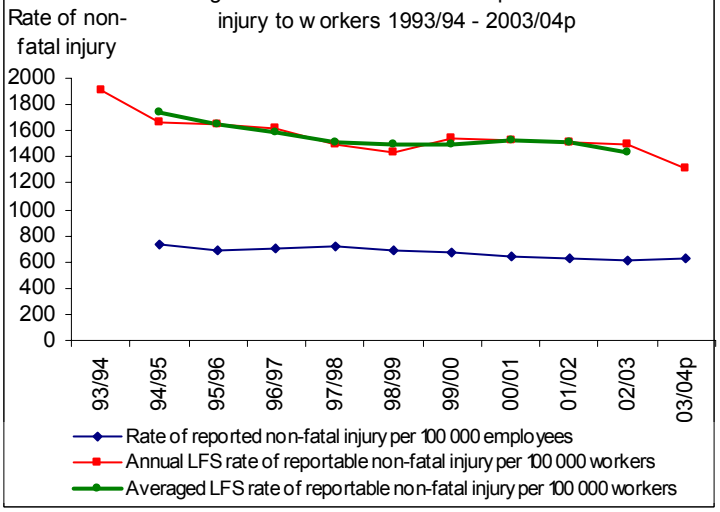
Figure 10: Rate of reported non-fatal injury to employees and the self-employed, and the averaged LFS rate of reportable non-fatal injury to workers 1994/95 - 2003/04p



Annual rates of reportable injury from the Labour Force Survey (LFS) can be subject to sampling error fluctuations, particularly for specific industries. Rates are therefore presented mostly as three-year-averages in order to smooth such fluctuations.

Averaged LFS rates for reportable injury are higher than rates of reported non-fatal injury. In 2002/03, the averaged LFS rate is estimated to be 1440 per 100 000 while the rate of reported non-fatal injury to employees is 618. The estimate of the proportion of employee injuries reported in 2002/03 based on the averaged LFS rate is therefore 42.9%. The rate of reported non-fatal injury to the self-employed is much lower than that for employees (63.4 in 2002/03). As a result, the estimate of the level of reporting based on the averaged LFS rate is also much lower, at 4.4%.

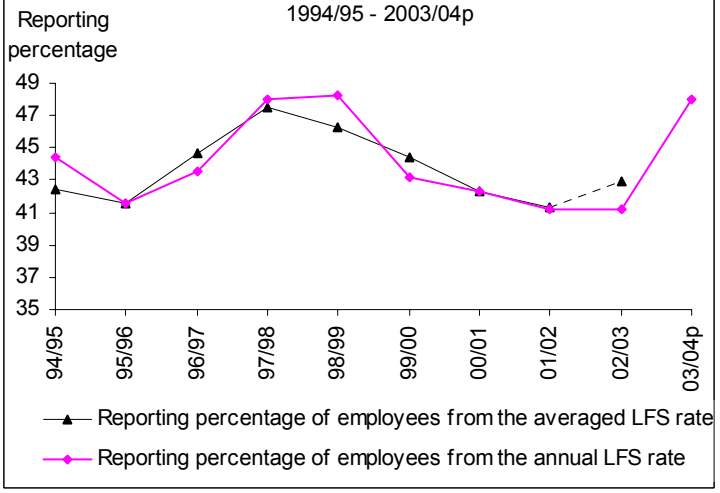
Figure 11: Rate of reported non-fatal injury to employees and the averaged and annual LFS rate of reportable non-fatal injury to workers 1993/94 - 2003/04p



The averaged LFS rate fell from 1994/95 to 1997/98, remained relatively stable until 2001/02, and then fell by 4.6% in 2002/03. The annual LFS rate has fallen each year since 1999/2000, by 3.2% to 2002/03 and by a further 12.5% in 2003/04, a decrease that is statistically significant. These recent reductions have driven the latest reduction in the averaged LFS rate.

The rate of RIDDOR reported non-fatal injury to employees decreased by 13.8% from 1997/98 to 2002/03, largely due to a reduction in the rate of reported over-3-day injury. However, the rate of reported non-fatal injury to employees rose in 2003/04 by 1.8% to 629, with increases seen in both the rate of reported major injury to employees (8.6%) and the rate of reported over-3-day injury to employees (0.4%).

Figure 12: Reporting percentage of reportable non-fatal injuries to employees from the annual and averaged LFS 1994/95 - 2003/04p



The estimate of the level of reporting of non-fatal injuries based on the averaged LFS rate fell from 1997/98 to 2001/02, and then increased in 2002/03 to 42.9%.

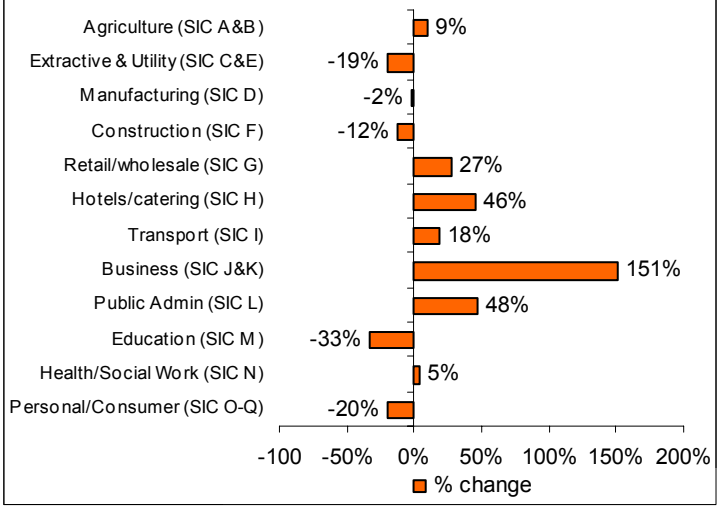
The estimated reporting level for 2003/04 will be derived from the averaged LFS rate for 2003/04 when the annual LFS rate for 2004/05 becomes available. In the interim, the annual rate of reportable injury from the LFS can give us some indication of reporting in 2003/04, although this rate can vary considerably from year to year.

In 2003/04, the annual LFS rate of reportable non-fatal injury fell from 1500 to 1310, and this, coupled with an increase in the level of RIDDOR reported non-fatal injury, suggests an improvement in reporting in 2003/04.

Non-fatal injuries – Labour Force Survey and reporting of injuries

(See supplementary tables 2, 3 and 5)

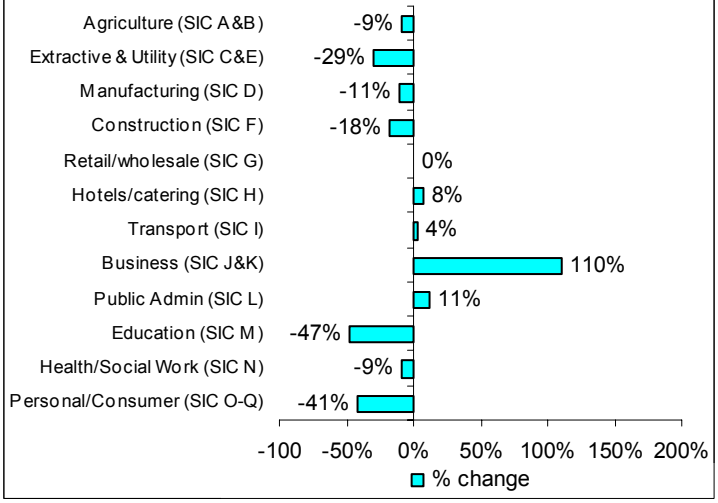
Figure 13: Percentage change in reported major injury rate between 2000/01 and 2003/04



Since 2000/01, the rate of reported major injury to employees has fallen in the more traditional production industries and risen across most of the service sectors. The principal increases have been seen in business activities, public administration, hotels and catering, retail and wholesale trade, and transport.

The number of major injuries reported over this period in the services sector as a whole has increased by 4668 (32%), from 14 751 in 2000/01 to 19 419 in 2003/04, with the largest increases seen in business activities, public administration and transport. In each of these sectors, there have also been increases in reporting since 2000/01, principally in transport and business activities, but also more recently in public administration.

Figure 14: Percentage change in reported over-3-day injury rate between 2000/01 and 2003/04

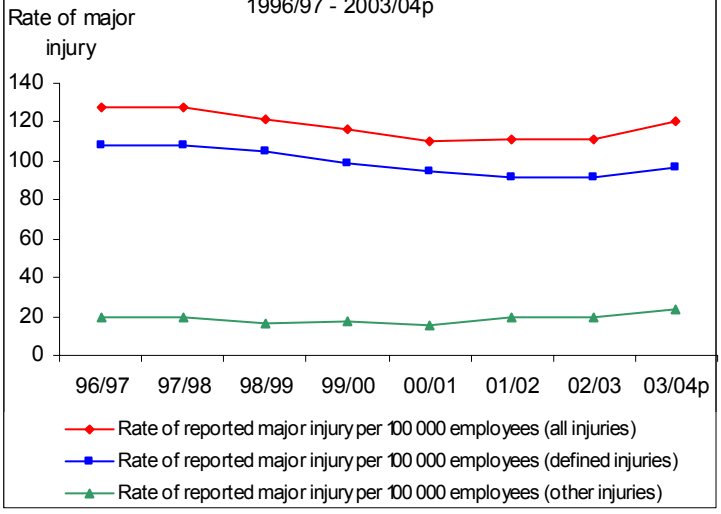


Since 2000/01, the rate of reported over-3-day injury to employees has fallen in all of the more traditional production industries: agriculture, extractive and utility supply, manufacturing and construction.

In the services sector generally, the rate of reported over-3-day injury to employees has risen since 2000/01, and shows a similar pattern to that seen for major injuries, with the overall increase seen coming primarily from the areas of business activities, public administration, hotels and catering, and transport; and retail/wholesale trade since 2002/03.

The level of reporting in education and the personal and consumer industries has fallen slightly recently. This is consistent with a fall in the rate of reported over-3-day injury to employees, with these two sectors showing the largest percentage reductions since 2000/01.

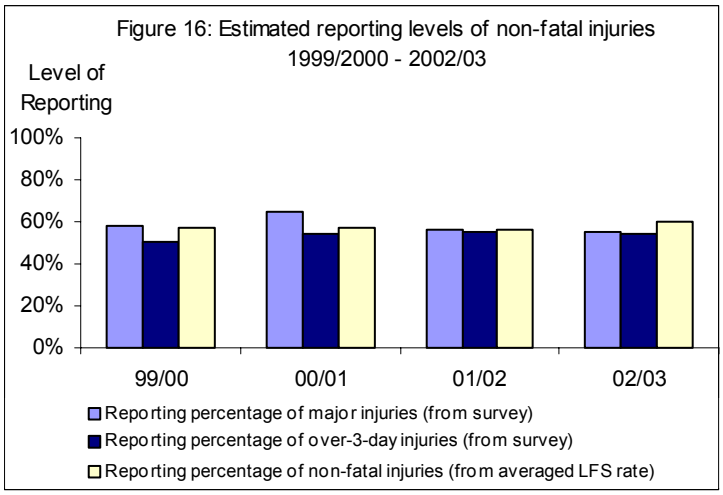
Figure 15: Rate of major injury to employees by type of injury 1996/97 - 2003/04p



Injuries are classified according to some common types of injury. Major injuries under RIDDOR can occur in two main ways: 'defined' types of injury such as amputations, fractures, dislocations, burns, loss of sight and electrocutions; and other types of injury which lead to unconsciousness, resuscitation or a 24 hour stay in hospital. Fractures are the most common type of major injury, generally accounting for around 70% of all major injuries.

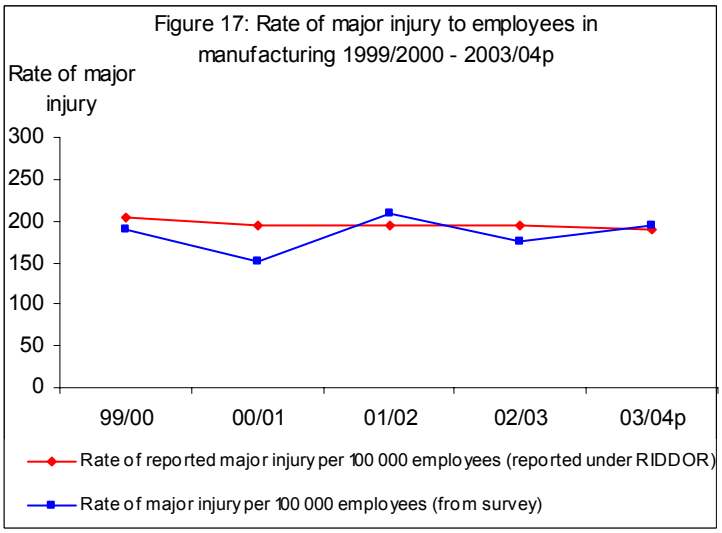
The pattern of types of injury reported by employers has changed since 1996/97. Overall, the rate of major injury to employees fell from 1997/98 to 2000/01. Since 2000/01, the rate of 'defined' major injury has risen by 2%, whilst the rate of major injury for other, non-defined injuries such as sprains/strains, lacerations and superficial injuries has risen by 57% over the same period.

Non-fatal injuries – Survey of employers



In 2004, HSE commissioned research among employers in the manufacturing sector. Each employer's completed questionnaire was matched to records reported under RIDDOR to ascertain the level and pattern of reporting of injuries.

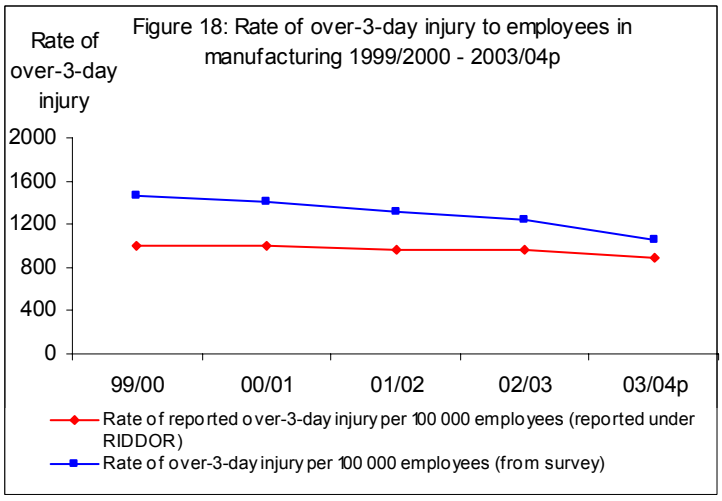
The estimate of the reporting of all non-fatal injuries from the survey is broadly in line with the reporting of all non-fatal injuries as estimated by the averaged LFS rate. There is no evidence of a difference between the level of reporting of major and over-3-day injuries from those employers who took part in the survey. The estimated reporting percentage of both major and over-3-day injuries remained relatively stable over the four-year period.



For those companies taking part in the study, trends in reported major and over-3-day injuries are a reasonable indication of trends in all injuries that were reportable.

The trends in the reported rate of all major and over-3-day injury rates from these companies are not dissimilar to the corresponding trends in injury rates reported under RIDDOR for the manufacturing sector as a whole.

There is no discernible difference between the rate of major injury for those employers in the survey and that reported under RIDDOR for the sector as a whole. Overall, the rate reported under RIDDOR fell slightly over the period of the survey, whilst the rate for the employers in the survey fluctuated with no clear change around a similar level. Both rates are of a similar order of magnitude.



Both the rate of over-3-day injury for those employers in the survey and that reported under RIDDOR for the manufacturing sector as a whole show a downward trend over the period of the survey, with the largest decrease seen from 2002/03 to 2003/04. However, the rate for those employers in the survey is higher in each year than the rate reported under RIDDOR.

The survey of employers in the manufacturing sector has been extended to employers in the services sector, with the first stage focusing on employers in the sectors of retail and wholesale trade, hotels and catering. Results of this survey in the services sector will be available in the autumn of 2005.

Background

The employers were drawn from a cross-section of companies and were representative of the manufacturing sector as a whole with respect to company size and the type of maufacturing undertaken. The survey asked for the number of employees injured in the past five years (1999/2000 - 2003/04) in various categories, specifically chosen so that major and over-3-day injuries could be identified. Records for 2003/04 were not matched due to a change in the data systems for that year. The survey comprised both postal and telephone questionnaires. In total, 1148 usable completed questionnaires were received. A full report will be available in 2005.

Revitalising Health and Safety targets – injuries

The *Revitalising* indicator is the sum of two parts: the worker rate of fatal injury and the employee rate of major injury up-rated by the estimated reporting level of employee injuries (details of this are in the Technical Note). The target is to reduce the indicator by 10% in the ten-year period 1999/2000 to 2009/10 and by 5% by 2004/05. Progress against the target will be assessed from trends estimated in statistical models for the indicator series in the ten-year period (for full details see the statistical note at www.hse.gov.uk/statistics/statnote.pdf).

The target for the incidence rate of fatal and major injury presents challenges for measurement since there are two principal sources of data: the number of injuries reported under RIDDOR and estimates of the levels of workplace injury taken from the LFS.

	Incidence rate of fatal and major injury	
	Trends from various data sources	
Fatal injuries	→	The rate of fatal injury to workers is at a similar level in 2003/04 (0.81) as it was in the base year 1999/2000 (0.79). The rate rose in 2000/01, fell in the following two years, and then rose in 2003/04 (figure 1, page 4).
Reported major injuries	↗	The rate of reported major injury to employees shows an increase over the four-year period 1999/2000 to 2003/04. The rate fell in 2000/01, but in the three years since has risen, mainly in service industries and also in the numbers of injuries such as lacerations, sprains, strains, contusions and superficial injuries. The rate in 2003/04 is 3.5% higher than in the base year (figure 4, page 5).
Reported over-3-day injuries	↘	The rate of reported over-3-day injury to employees shows a decrease over the four-year period 1999/2000 to 2003/04. The rate fell steadily from 1999/2000 to 2002/03 and then rose slightly in 2003/04. The rate in 2003/04 is 8% lower than in the base year (figure 5, page 5).
Labour Force Survey	↘	The rate of reportable non-fatal injury to workers as measured by the averaged LFS rate shows a decrease since the base year. The averaged rate was relatively stable until 2001/02, however the annual LFS rate has fallen each year since 1999/2000, by 3.2% to 2002/03 and by a further 12.5% in 2003/04. The averaged rate in 2002/03 is 4% lower than in the base year (figure 11, page 7).
Reporting levels		The level of reporting of non-fatal injuries as measured by the averaged LFS rate has decreased since the base year, although there has been an increase in 2002/03. Based on the annual LFS rate, the level of reporting has increased in 2003/04, and this has been reflected in the most recent level of reporting based on the averaged LFS rate. There are increases in reporting from 2000/01 onwards, primarily in the services sector. Specific industries showing increases in reporting levels are: transport, business activities, retail and wholesale trade, hotels and catering, and public administration.
Survey of companies		The survey showed no difference between the reporting levels of major and over-3-day injuries, and that reporting levels remained stable. For these companies, therefore, trends in their **reported** major and over-3-day injuries are a reasonable indication of trends in all their injuries that were **reportable**, and the trends in the companies' major and over-3-day injury rates are not dissimilar to the corresponding trends in injury rates as reported under RIDDOR for manufacturing as a whole.

Judgement of progress	→	▪ The rate of fatal injury to workers is at a similar level in 2003/04 as it was in the base year. ▪ Recent trends in the LFS are downward: the annual LFS rate of injury has fallen by 3.2% between 1999/2000 and 2002/03 and by 12.5% in 2003/04. This has led to a recent reduction in the averaged LFS rate of injury. ▪ The overall rate of reported over-3-day injury is generally showing a downward trend. The trends in production industries are generally downward, with the trends in manufacturing supported by the survey of manufacturing companies. ▪ The rate of reported major injury has risen since 2000/01 but the increases in major injuries are concentrated in service industries while there are decreases in the production industries. The largest increases in major injuries tend to be in industries where the numbers of over-3-day injuries have also increased (or stayed level), and where comparison with the LFS suggests improved reporting in these industries. Improved reporting stems mainly from increases in over-3-day injuries but there is likely to be an element of improved reporting for major injuries in services as well which would then be reflected in the recent increases in major injuries. However, until there is more evidence about improved reporting of major injuries in services, then the overall judgement is of no clear evidence of change in the occurrence of major injuries.

Key		
	↗	The balance of evidence suggests a rise in incidence since 1999/2000.
	→	The balance of evidence suggests no clear change in incidence since 1999/2000.
	↘	The balance of evidence suggests a fall in incidence since 1999/2000.

Revitalising Health and Safety targets – ill health

The *Revitalising* target for work-related ill health is to reduce the incidence rate (new cases) by 20% in the ten years to 2009/10 and by 10% by 2004/05. There is no single indicator that can be used to measure progress against this target: rather, information from different sources needs to be combined to give an overall judgement.

The judgement at this stage relates to whether ill health incidence has risen or fallen between 1999/2000, the base year for the strategy, and the latest year (generally 2003/04). It involves aggregating data on the incidence of different types of ill health, from different data sources, some of which are not available for the base year. It also takes account of supporting information on other factors – in particular the 'risk control indicators' scored by HSE's inspectors at the premises they visit (though changes over time in these must be interpreted with extreme caution).

The results are summarised in the following boxes. The underlying data are presented on pages 25-28 (key figures are in Table 19 on page 33), with more explanation in the Technical Note on page 38.

Assessment for different types of work-related ill health

	Ill health incidence		**Supporting information**	
	Analysis of all relevant data sources: balance of evidence on ***changes since 1999/2000*** (*Revitalising* base year)		Risk Control Indicators (RCIs): ***movements since 2002/03***	
Musculoskeletal disorders (MSDs)	↘	The latest self-reporting survey shows a statistically significant fall in the incidence rate of MSDs between 2001/02 and 2003/04. The estimated number of new cases seen by specialist doctors also fell in the year to 2003, having previously been fairly stable.	✓	There has been some improvement in all three MSD indicators (statistically significant for two of them).
Stress, depression or anxiety	↗	The 2003/04 survey shows no change since 2001/02 in self-reported stress incidence; the available data suggest that up to then it had been increasing. Specialist doctor data have declined a little since 2001 but had previously been rising.	~	The two stress RCIs, based on a limited dataset, show deteriorations which are not statistically significant.
Asthma & other short-latency respiratory disease	↘	Estimated cases of asthma, the main short-latency occupational lung disease, seen by specialist doctors in each of the last four years have been lower than in 1999 (and most of the 1990s), indicating a probable decrease in incidence.	~	One of the indicators for asthma shows a statistically significant improvement but two show deteriorations.
Dermatitis & other skin disease	↘	Specialist doctor data for dermatitis, the main occupational skin disease, have fluctuated from year to year but in the last three years they have been consistently lower than in the late 1990s, seeming to represent a genuine downward trend.		RCI data do not cover this topic.
Infections	→	Different sources (specialist doctor reports, disablement benefit cases and RIDDOR) give very different pictures of the incidence of work-related infectious disease and none shows a clear trend.		RCI data do not cover this topic.
Mesothelioma / long-latency respiratory disease	↗	The numbers of deaths from mesothelioma and cases of asbestosis continue to rise, reflecting past asbestos exposure (cases in younger workers are now falling). Trends in the incidence of other long-latency lung diseases are less clear.		RCI data do not cover this topic.
Vibration-related disorders	→	Disablement benefit cases for Vibration White Finger and similar disorders rose in the late 1990s and have subsequent fallen, but the trend has been distorted by changing propensity to claim compensation among former coalminers.	~	The three indicators for Hand Arm Vibration Syndrome mostly show small improvements.
Hearing loss	→	In the last four years the number of cases of disablement benefit (the most established source) for noise-induced deafness have shown little change, following a long-term decline since at least the 1980s.	~	The three noise indicators show small deteriorations but none was statistically significant.

Overall assessment

Judgement of progress	→	The latest evidence shows no overall change in work-related ill health incidence since 1999/2000, the base year of *Revitalising*. The incidence of work-related musculoskeletal disorders, which had been flat up to around 2001/02, is now falling (consistent with recent data on risk control). For the other main component of ill health, work-related stress, the available data suggest a rise in incidence up to 2001/02 which has now levelled off. There is also evidence of reductions since 1999 in the incidence of asthma and dermatitis, but a continued rise for mesothelioma.

Key	Balance of evidence from relevant sources suggests:		Analysis of Risk Control Indicator scores indicates:	
	↗	Rise in incidence since 1999/2000	×	Deterioration between 2002/03 and 2003/04
	→	No clear change in incidence since 1999/2000	~	No clear change between 2002/03 and 2003/04
	↘	Fall in incidence since 1999/2000	✓	Improvement between 2002/03 and 2003/04

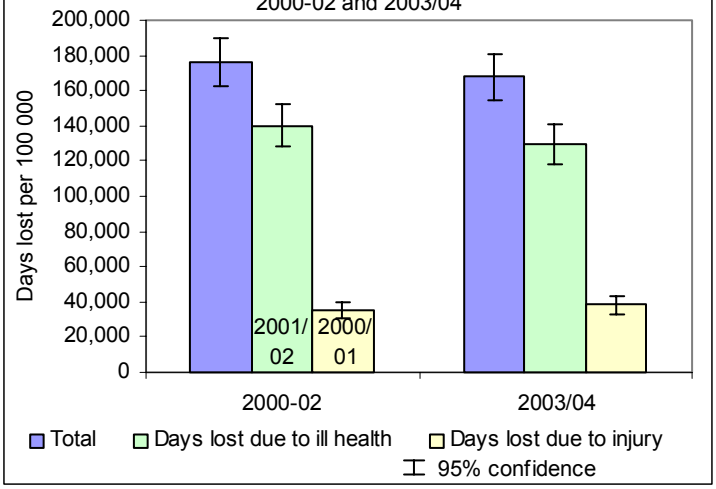
Revitalising Health and Safety targets – working days lost

The *Revitalising* target for working days lost is to reduce the number of days lost per 100 000 workers by 30% by 2009/10 and by 15% by 2004/05.

The target is made up of two parts: days lost due to workplace injuries and days lost due to work-related ill health. At present, this information is gained from two different (but related) sources: the LFS for workplace injuries and the SWI surveys for work-related ill health. The most recent data available come from the 2003/04 LFS and SWI survey. For the purposes of this target, the base year combines the 2000/01 LFS and 2001/02 SWI survey and is classed as 2000-02 – these estimates were derived from slightly different methodologies. To ensure greater consistency, for 2003/04 the same methodology has been used to estimate working days lost for injuries and for ill health, and previously published estimates have been revised. Further details on the methodology are in the Technical Note on page 38.

Days lost from workplace injury	→	The estimated number of working days lost per 100 000 workers was 38 000 in 2003/04 compared with 36 000 in 2000/01 (the closest available to the *Revitalising* base year); the change was not statistically significant. A similar picture emerges if the previously published methodology is used.
Days lost from work-related ill health	→	In 2003/04 the estimated number of days lost due to work-related ill health per 100 000 workers was not statistically significantly different from the level in 2001/02 (the closest available to the *Revitalising* base year): 130 000 compared with 140 000.
Overall judgement of progress	→	Taking ill health and injuries together, the overall estimate of working days lost per 100 000 workers has shown no statistically significant change since 2000-02: it was 170 000 in 2003/04 compared with 180 000 in the earlier period.

Figure 19: Estimated working days lost, per 100 000 employed in the last 12 months, due to work-related ill health and workplace injuries, 2000-02 and 2003/04

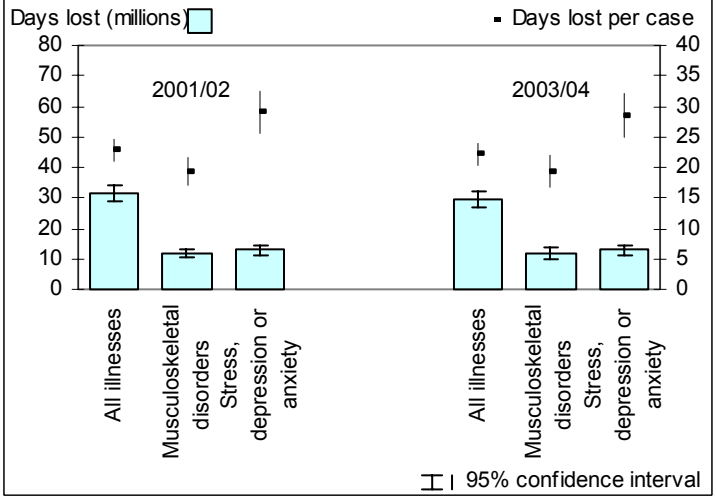


In 2003/04, the combined estimate of the number of working days lost (full-day equivalent) due to workplace injury and work-related ill health was 38.6 million, equating to an average annual loss of an estimated 170 000 days per 100 000 workers. This compares with an estimated rate for the period 2000-02 of 180 000 days per 100 000 workers. The difference between the two rates was not statistically significant.

Workplace injuries and work-related illness accounted for an estimated 8.8 and 29.8 million working days lost (full-day equivalent) respectively in 2003/04, with corresponding rates of 38 000 and 130 000 days per 100 000 workers. These were similar (not statistically significantly different) to those in the period 2000-02, of 36 000 and 140 000 days per 100 000 workers respectively.

See www.hse.gov.uk/statistics/pdf/swit1.pdf .

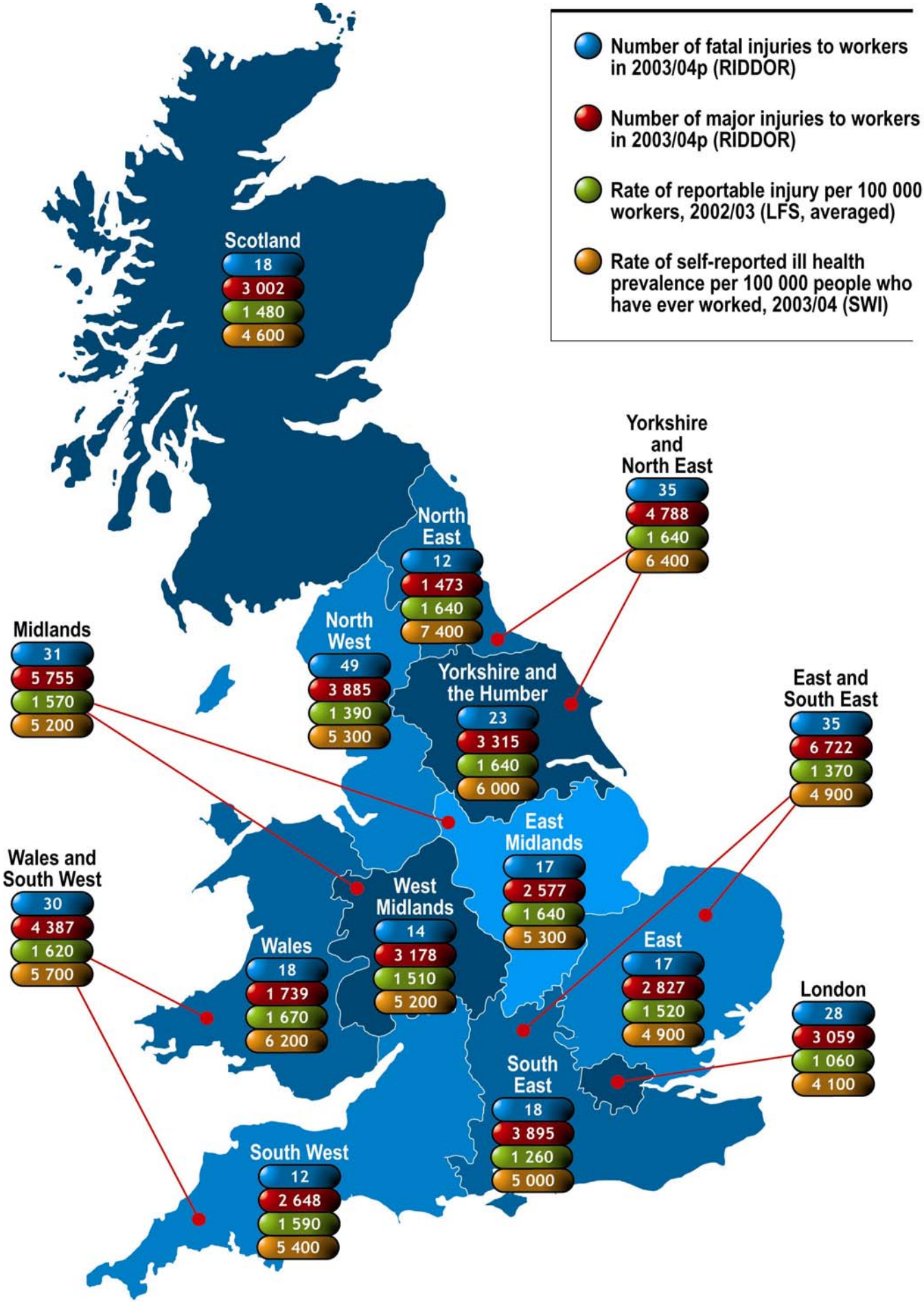
Figure 20: Estimated days lost and associated average days lost per case of self-reported work-related illness, 2001/02 and 2003/04



In 2003/04, an estimated 29.8 million working days (full-day equivalent) were lost through illness caused or made worse by work. On average, each person suffering took 22.2 days off in that year, which was similar (not statistically significantly different) to the rate of 22.8 days in 2001/02.

Stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost in 2003/04, with an estimated 12.8 and 11.8 million days respectively. The average days lost for stress, depression or anxiety (28.5 days per case) was statistically significantly higher than for all work-related illness and for musculoskeletal disorders (19.4 days). This was also true in 2001/02.

Injuries and ill health by region



For detailed data on self-reported ill health, see www.hse.gov.uk/statistics/pdf/swit4.pdf.

Injuries and ill health by industry

Figure 21: Industries (SIC 92) with the highest rates of reported major injury per 100 000 employees, 2003/04p

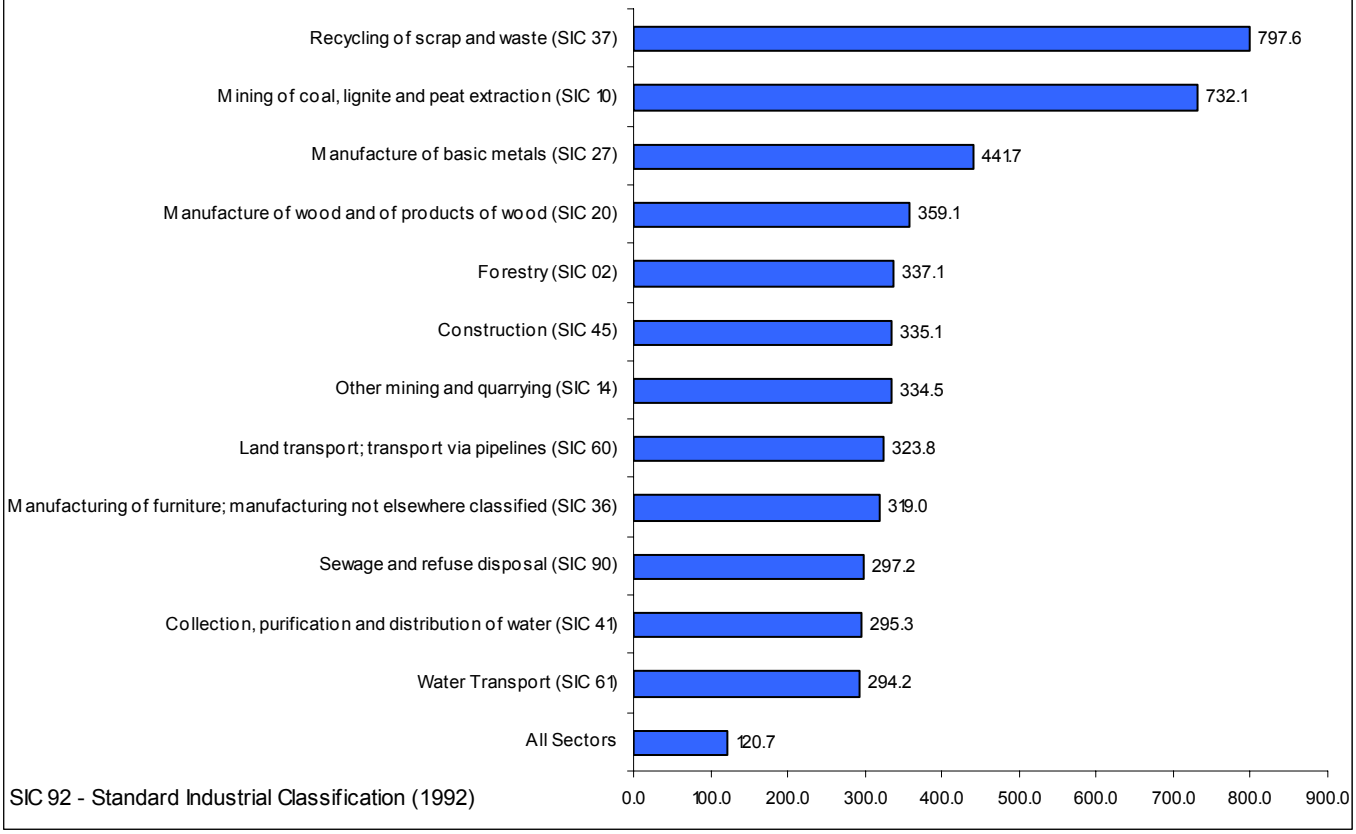
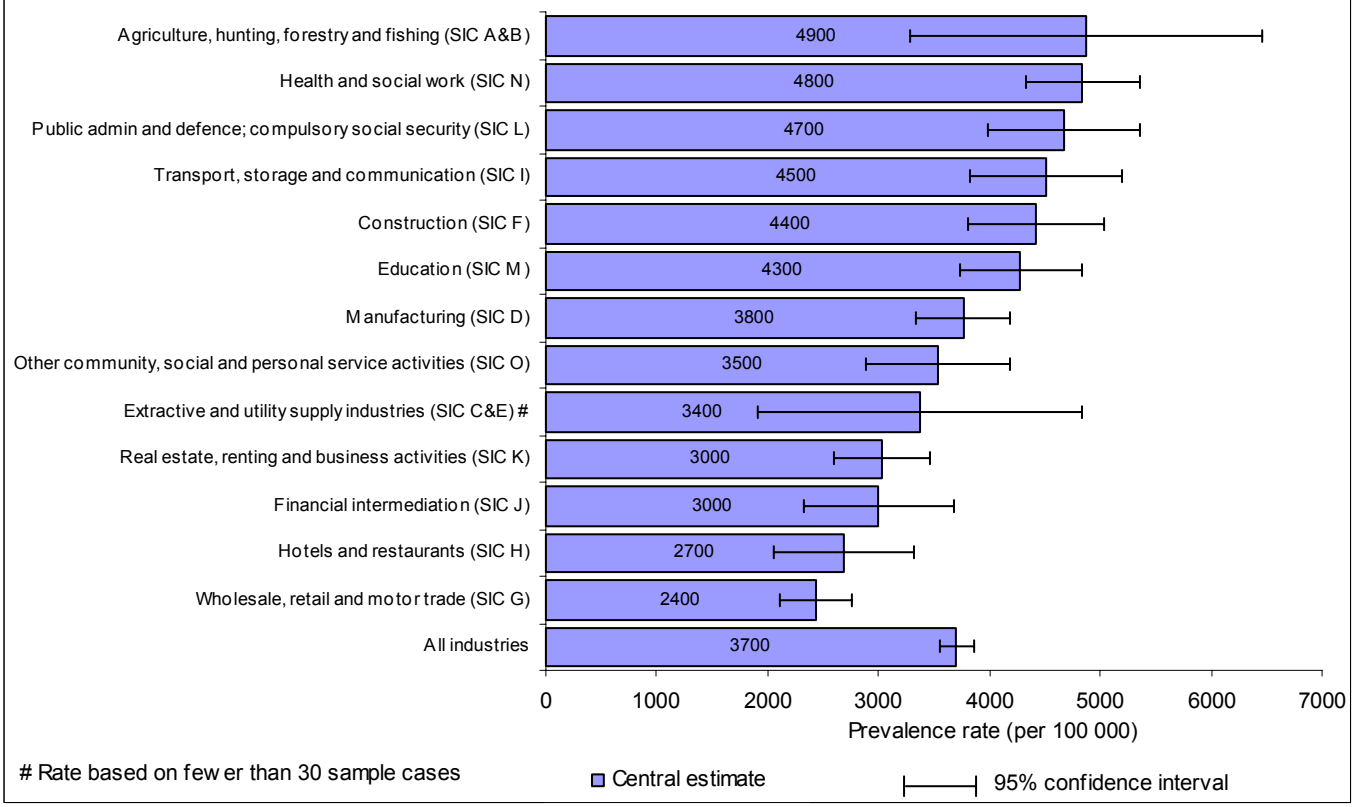


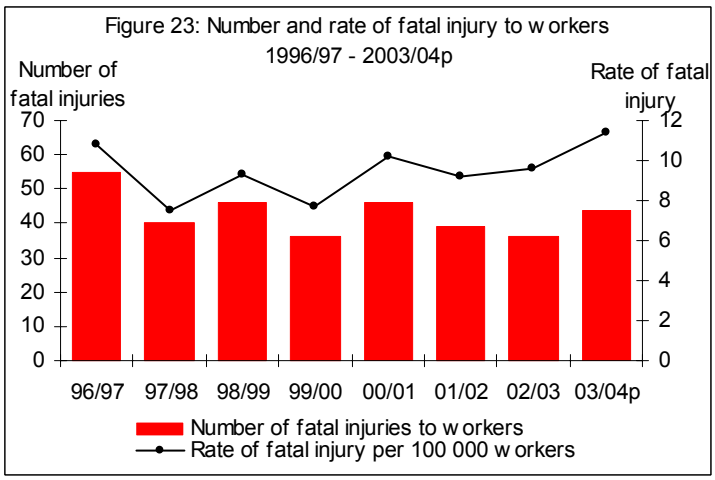
Figure 22: Estimated prevalence rates of self-reported illness caused or made worse by current or most recent job, by SIC 92 Industry Section, per 100 000 people working in the last 12 months, 2003/04



(See www.hse.gov.uk/statistics/pdf/swit5.pdf)

Injuries and ill health in agriculture

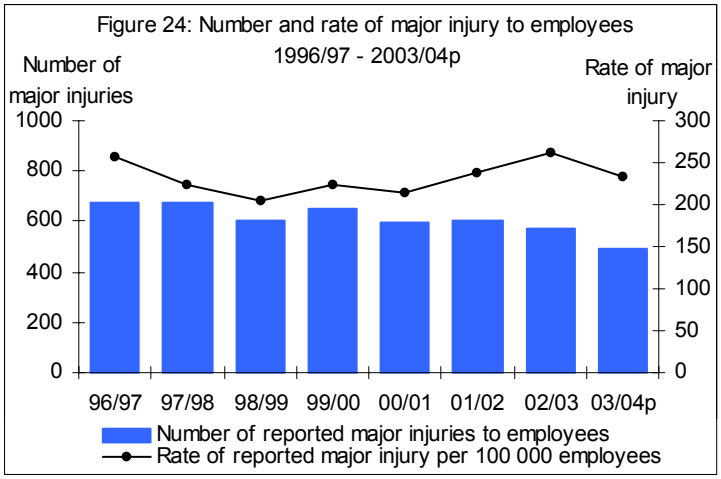
(See supplementary table 6)



There were 44 fatal injuries to workers in agriculture in 2003/04, an increase from 36 in 2002/03. Of these, six were fatal injuries to employees - the lowest recorded number for almost 20 years.

There were 38 fatal injuries to the self-employed in 2003/04, 21 of which occurred in a single incident, when a group of workers drowned while harvesting cockles in Morecambe Bay.

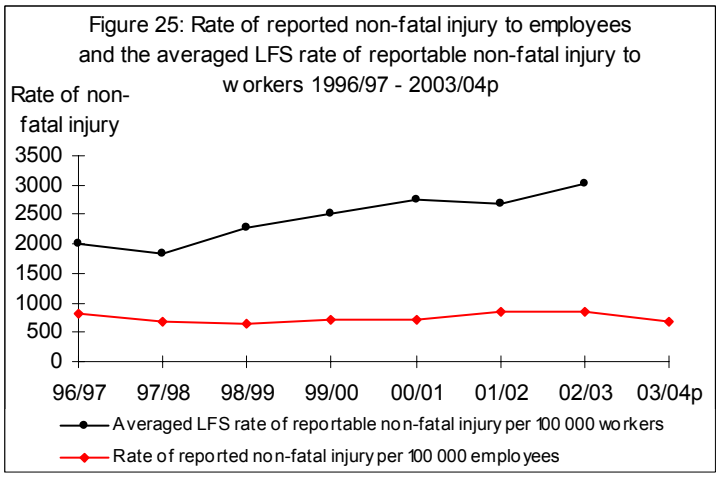
The rate of injury to workers rose to 11.4 in 2003/04 from 9.6 in 2002/03. Over the past eight years, the rate has fluctuated with no clear trend.



In 2003/04, the number of major injuries to employees was 496, the lowest of the eight-year period. There has been a general downward trend in the number of reported major injuries since 1999/2000.

Slips and trips were responsible for 20% of major injuries in 2003/04. Falls from height (16%), and being hit by a moving object (15%) were the next most common kinds of major injury.

The rate of major injury to employees in 2003/04 is 233.9, a decrease of 11% from 2002/03. The rate fell from 1996/97 to 1998/99 and then rose over the next four years to 2002/03.



The averaged LFS rate of reportable injury in agriculture rose by 12% from 2001/02 to 2002/03, continuing the general upward trend in LFS rates since 1997/98. Over the same period, the rate of reported non-fatal injury has remained relatively stable, indicating that reporting levels have generally fallen over this period.

In 2003/04, both the number and rate of reported non-fatal injuries to employees fell. The averaged LFS estimate for 2003/04 will be available in 2005 and this will confirm if there is a further deterioration in the reporting level.

Ill health in the agriculture sector

The SWI survey in 2003/04 estimated that 18 000 people whose current or most recent job in the last 12 months was in the agriculture, hunting, forestry and fishing industries suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rate of 4900 per 100 000 people working in the last 12 months was of a similar order to the average rate for all industries (see Figure 22 on page 14).

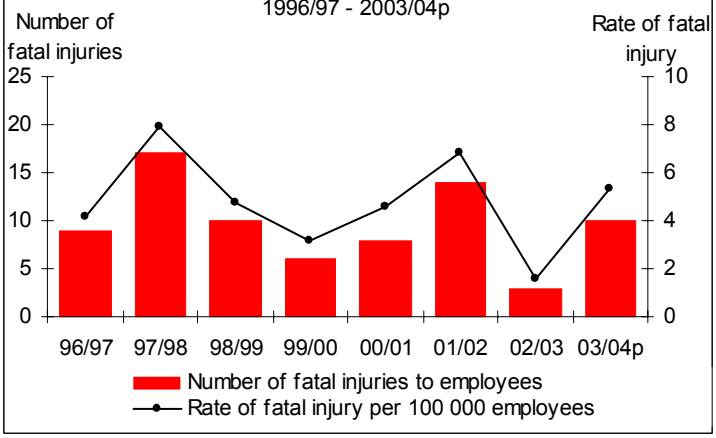
This was similar to the estimated prevalence rate in 2001/02, of 5900 per 100 000 people working in the last 12 months (the two rates are not statistically significantly different). The rate from SWI01/02 had been statistically significantly higher than the rate across all industries.

SWI01/02 showed this sector as having among the highest prevalence rates for musculoskeletal disorders, for people working in the last 8 years. (More detailed data are not yet available from SWI03/04).

Injuries and ill health in extractive and utility supply industries

(See supplementary table 7)

Figure 26: Number and rate of fatal injury to employees 1996/97 - 2003/04p



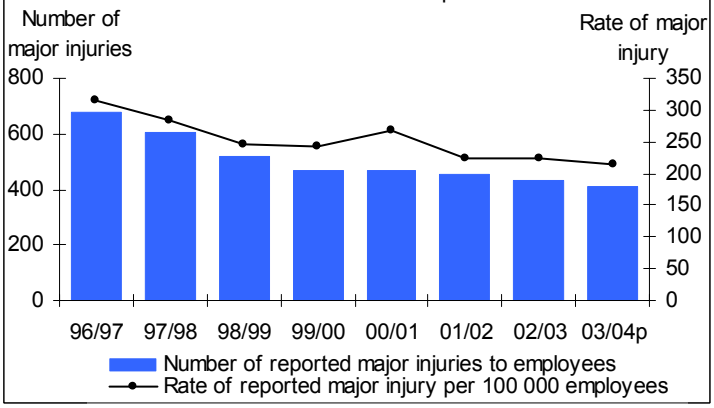
The extractive industries include: coalmines, open cast mining, quarrying, extraction of oil and gas and the supply of electricity, gas and water. The statistics cover employees, as there are relatively few self-employed people in these industries.

The number of fatal injuries in the extractive and utility supply industries rose from 3 in 2002/03 to 10 in 2003/04. All of the fatal injuries in 2003/04 were to employees.

The numbers of fatal injuries have fluctuated since 1996/97 with no overall trend.

The rate of fatal injury to employees rose from 1.6 in 2002/03 to 5.3 in 2003/04.

Figure 27: Number and rate of major injury to employees 1996/97 - 2003/04p



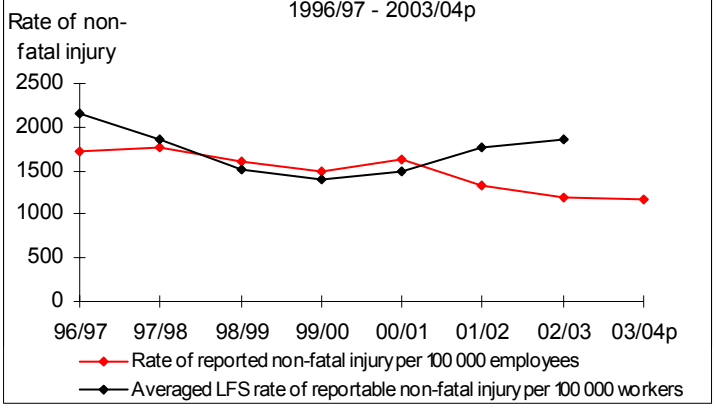
The number of major injuries reported fell to 408 in 2003/04 from 431 in 2002/03. This is the lowest in the eight-year period and continues the general downward trend from 1996/97.

The rate of major injury fell by 3% from 222.7 in 2002/03 to 215.9 in 2003/04. This is the lowest recorded rate for the period 1996/97 to 2003/04.

The rate of major injury in the electricity, gas, steam and hot water supply sector rose by 27% to 111.0 in 2003/04 from 87.3 in 2002/03.

Slipping or tripping was the most common kind of major accident in 2003/04 accounting for 124 of 408 (30%) injuries and being struck by a moving object accounted for 89 of 408 injuries (22%).

Figure 28: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2003/04p



The rate of reported non-fatal injury in this sector decreased by 10% from 1326 in 2001/02 to 1197 in 2002/03, and by a further 2% from 1197 in 2002/03 to 1174 in 2003/04.

The averaged LFS estimate of reportable non-fatal injury increased by 5% in 2002/03 to 1860 from 1770 in 2001/02.

Historically it has been the case that there has been near full reporting of non-fatal injury in this sector. However averaged LFS rates for 2001/02 and 2002/03 indicate that this sector now appears to be suffering from under-reporting.

Ill health in extractive and utility supply industries

The SWI survey in 2003/04 estimated that between 5 000 and 14 000 people whose current or most recent job in the last 12 months was in the extractive and utility supply industries suffered from an illness which they believed was caused or made worse by this job, giving a prevalence rate of between 1900 and 4800 per 100 000 people working in the last 12 months. This was around the same as the average rate for all industries (see Figure 22 on page 14).

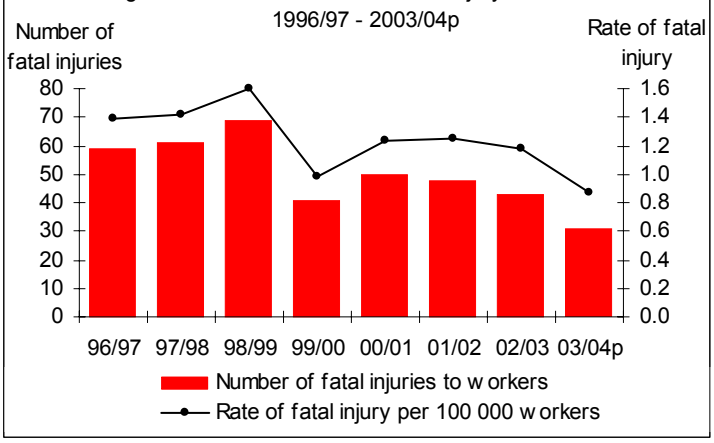
This was similar to the estimated prevalence rate in 2001/02, of 5000 per 100 000 people working in the last 12 months (the two rates are not statistically significantly different).

SWI01/02 showed that the prevalence rate for musculoskeletal disorders in extractive and utility supply industries was statistically significantly higher than the rate for all industries, for people working in the last 8 years. (More detailed data are not yet available from SWI03/04).

Injuries and ill health in manufacturing industries

(See supplementary table 8)

Figure 29: Number and rate of fatal injury to workers
1996/97 - 2003/04p

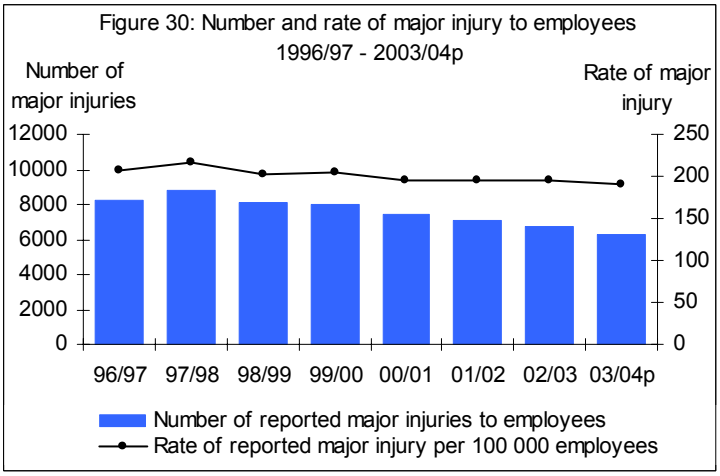


The number of fatal injuries to workers in manufacturing has decreased in each of the last three years, and in 2003/04 fell by 28% to 31, from 43 in 2002/03.

The rate of fatal injury to workers has fallen for the past two years from 1.24 in 2001/02 to 0.87 in 2003/04. This is the lowest level in the period 1992/93 to 2003/04.

Of the 31 fatal injuries in 2003/04, 7 were in fabricated metals manufacturing, 5 were in waste and scrap recycling, 4 were in the manufacture of non-metallic mineral products and 3 were in paper manufacturing, publishing and printing.

Figure 30: Number and rate of major injury to employees
1996/97 - 2003/04p

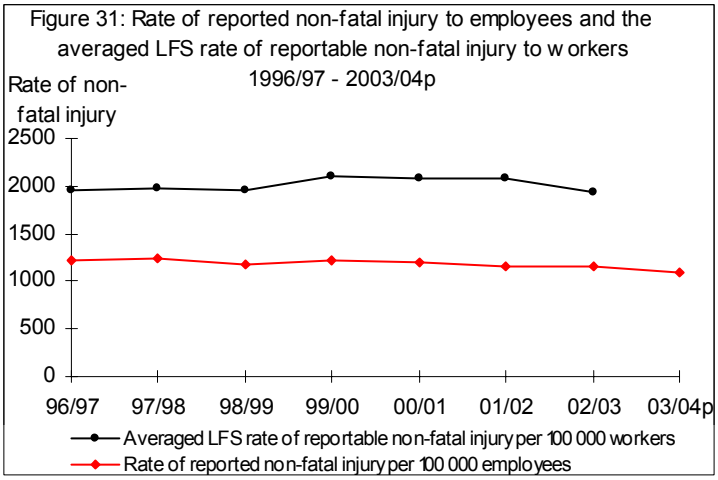


The number of reported major injuries to employees in manufacturing fell by 5% in 2003/04 to 6342 from 6688 in 2002/03. This is the lowest number reported in the eight-year period 1996/97 to 2003/04.

The rate of major injury to employees is the lowest across the eight-year period, decreasing to 190.6 in 2003/04 from 194.3 in 2002/03.

In 2003/04, 28% (1786 of 6342) of major injuries to employees in manufacturing were as a result of slips or trips, 16% (1018 of 6342) resulted from being struck by a moving or falling object and 15% (949 of 6342) resulted from handling accidents.

Figure 31: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers
1996/97 - 2003/04p



In 2002/03 the LFS averaged rate of reportable non-fatal injury to workers in manufacturing fell by 7% from 2070 to 1930. The rate had previously been relatively stable since 1999/2000.

The rate of reported non-fatal injury to employees in manufacturing fell slightly in 2002/03 to 1156 from 1158 in 2001/02. When compared with the averaged LFS rate this suggests that the level of reporting in manufacturing was around 60% in 2002/03.

Ill health in manufacturing industries

The SWI survey in 2003/04 estimated that 150 000 people whose current or most recent job in the last 12 months was in manufacturing suffered from an illness which they believed was caused or made worse by this job. The associated prevalence rate, 3800 per 100 000 people working in the last 12 months, was around the same as the average rate for all industries (see Figure 22 on page 14).

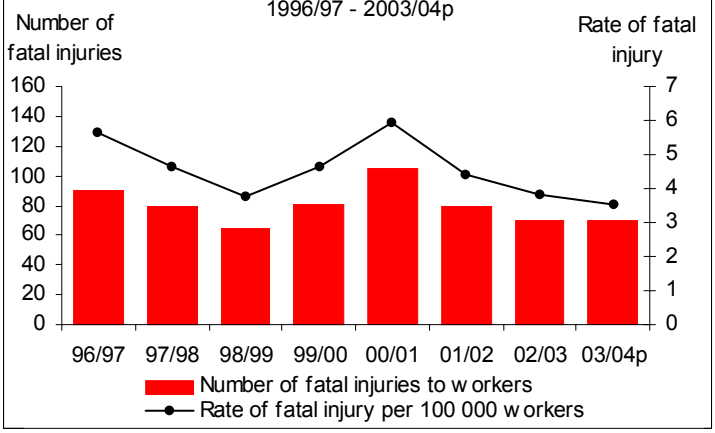
This was the same as the corresponding prevalence rate in 2001/02 (also 3800 per 100 000 people working in the last 12 months).

SWI01/02 indicated that the prevalence rate for musculoskeletal disorders in manufacturing was higher than the rate for all industries, for people working in the last 8 years, whilst that for stress, depression or anxiety was lower. Both differences were statistically significant. (More detailed data are not yet available from SWI03/04).

Injuries and ill health in construction

(See supplementary table 9)

Figure 32: Number and rate of fatal injury to workers 1996/97 - 2003/04p

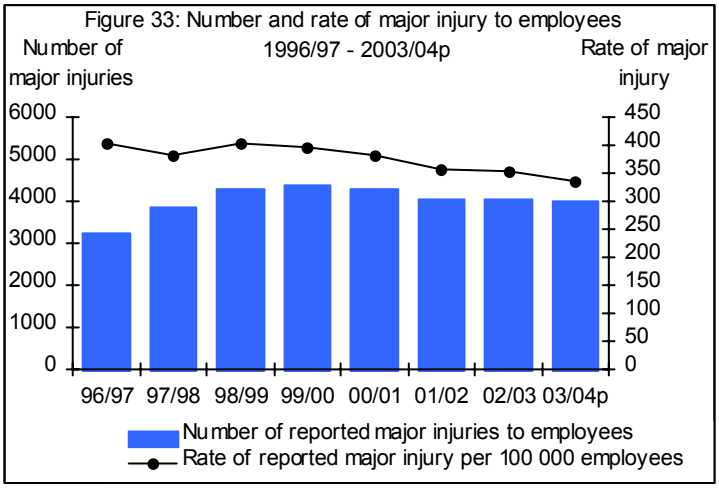


There were 70 fatal injuries to workers in construction in 2003/04, the same level as in 2002/03. Of these, 51 were to employees (a reduction from 56 in 2002/03) and 19 to self-employed workers (an increase from 14 in 2002/03).

In 2003/04, 30% of all worker fatalities occurred in the construction industry.

The rate of fatal injury to workers generally fell in the 1990s until 1998/99 but rose substantially in the two years to 2000/01. Since then, the rate has fallen to 3.55 deaths per hundred thousand workers in 2003/04. This is the lowest level seen in the last 12 years.

Figure 33: Number and rate of major injury to employees 1996/97 - 2003/04p

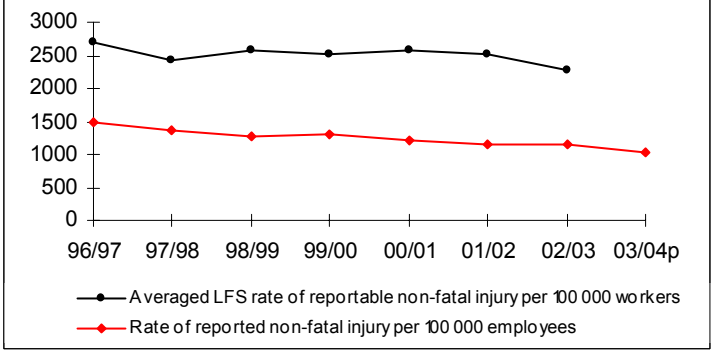


The number of major injuries to employees fell slightly in 2003/04 to 4001 from 4031.

The rate of major injury to employees fell by 6% in 2003/04, from 354.9 to 335.1. This reduction continues the general downward trend seen in the rate since 1998/99.

There were 1107 major injuries as a result of falling from a height in 2003/04, accounting for 28% of all major injuries to employees. This remains the most common kind of accident. Other common kinds of accident resulting in a major injury in 2003/04 were slipping and tripping (1073 injuries, 27%), being hit by moving or falling objects (637 injuries, 16%) and being injured while handling, lifting or carrying (564 injuries, 14%).

Figure 34: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2003/04p



The averaged LFS rate of reportable injury to workers in construction fell by 9% in 2002/03 from 2510 to 2280. Prior to this, from 1997/98 to 2001/02, the rate fluctuated with no real trend.

The rate of reported non-fatal (major and over-3-day) injury to employees fell by 11% in 2003/04, from 1143 to 1019, and continues the downward trend seen in the rate since 1999/2000.

The number of reported over-3-day injuries to employees fell by 9% in 2003/04 from 8949 to 8162. Of these, 37% (3042) were due to being injured while handling, lifting or carrying. The rate of reported over-3-day injury also fell in 2003/04 from 788.0 to 683.6, a decrease of 13%.

Ill health in the construction sector

SWI03/04 estimated that 96 000 people whose current or most recent job in the last year was in the construction industry suffered from an illness which was caused or made worse by this job. The associated prevalence rate, 4400 per 100 000 people working in the last year, was statistically significantly higher than that for all industries (see Figure 22 on page 14).

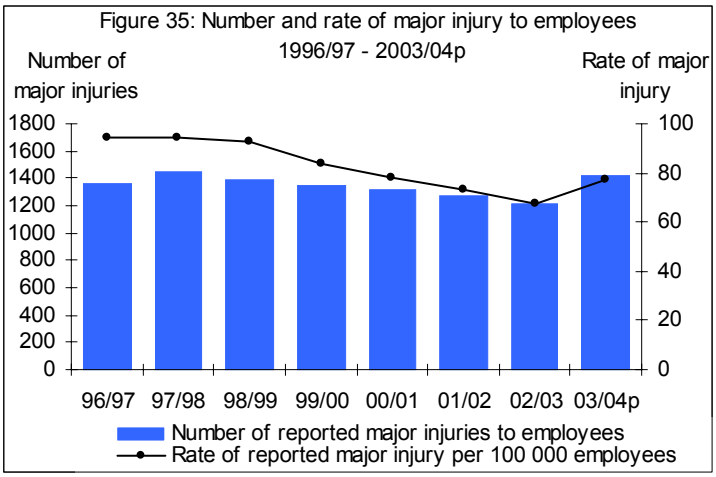
This was similar to the estimated prevalence rate of 4500 per 100 000 people in 2001/02 (the two rates are not statistically significantly different), although the 2001/02 rate had been around the average rate for all industries.

SWI01/02 showed construction as having among the highest prevalence rates for musculoskeletal disorders and one of the lowest rates for stress, depression or anxiety, for people working in the last 8 years. (More detailed data are not yet available from SWI03/04).

Injuries and ill health in health services

(See supplementary table 10)

Figure 35: Number and rate of major injury to employees 1996/97 - 2003/04p



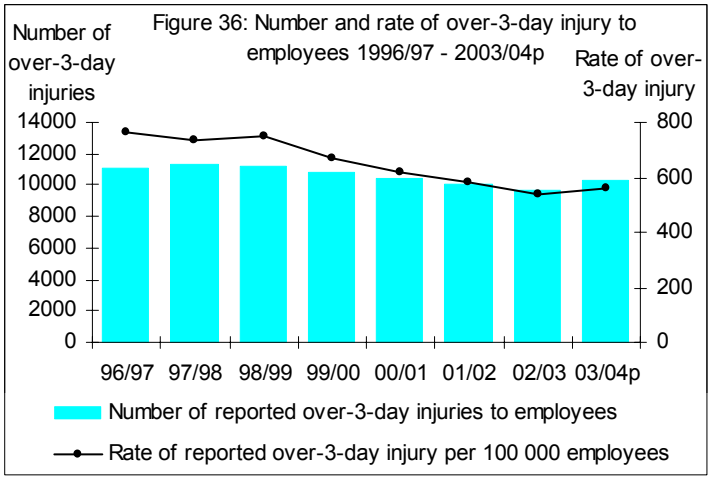
In the period 1996/97 to 2003/04 there have been five fatal injuries to employees in the health services.

The number of major injuries to employees rose by 17% in 2003/04 to 1420 from 1213 in 2002/03.

The rate of major injury to employees in health services increased by 14% in 2003/04 to 77.0 from 67.8. This is the first rise since 1997/98.

In 2003/04 54% (767 of 1420) of major injuries to employees in the health services were as a result of slips or trips, 13% (185 of 1420) resulted from handling accidents and 12% (174 of 1420) resulted from physical assault.

Figure 36: Number and rate of over-3-day injury to employees 1996/97 - 2003/04p

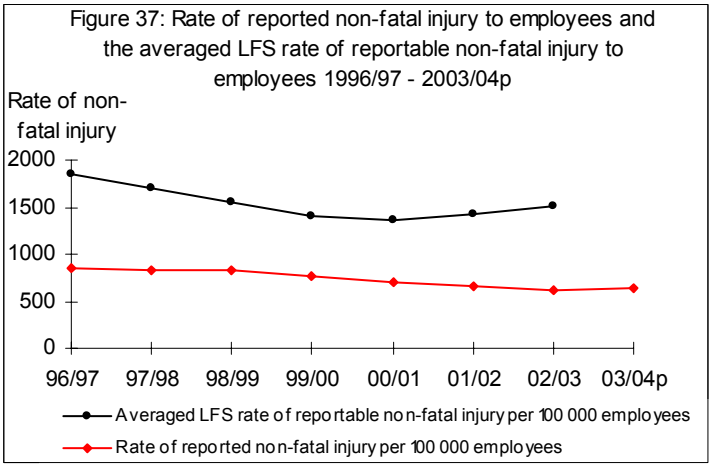


The number of over-3-day injuries to employees in the health services sector rose by 6% in 2003/04 to 10272 from 9677 in 2002/03.

The rate of over-3-day injury to employees rose by 3% to 556.7 from 540.9 in 2002/03, although this is still one of the lowest rates recorded in the eight-year period 1996/97 to 2003/04.

In 2003/04 53% (5456 of 10 272) of the over-3-day injuries to employees in the health services sector were as a result of handling accidents, 18% (1881 of 10 272) were as a result of slips or trips, and 13% (1307 of 10 272) were as a result of physical assault.

Figure 37: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to employees 1996/97 - 2003/04p



The averaged LFS rate of reportable injury to employees rose by 11% in the two years to 2002/03. This rise follows a general downward trend from 1996/97 to 2000/01.

In 2002/03 the rate of reported non-fatal injury in health services decreased by 7% to 609 from 655 in 2001/02, continuing the general downward trend from 1996/97.

This reduction, coupled with an increase in the LFS rate, would suggest a worsening reporting level.

The averaged LFS rate in 2003/04 will be available next year to confirm if this rise represents a further deterioration in reporting.

Ill health in the health services sector

The SWI survey in 2003/04 estimated that 165 000 people whose current or most recent job in the last year was in health and social work (the SIC 92 Industry Section approximating to health services) suffered from an illness which they believed was caused or made worse by this job. The associated prevalence rate, 4800 per 100 000 people working in the last year, was statistically significantly higher than the average rate for all industries (see Figure 22 on page 14).

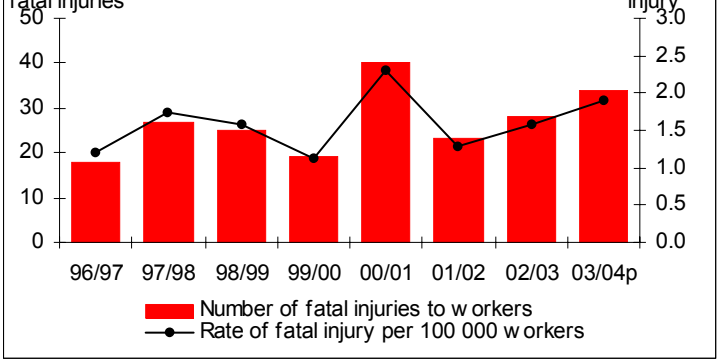
This was the same as the corresponding prevalence rate in 2001/02 (also 4800 per 100 000 people working in the last 12 months).

SWI01/02 showed health and social work as having prevalence rates for musculoskeletal disorders and stress, depression or anxiety that were statistically significantly higher than the rate for all industries, for people working in the last 8 years. (More detailed data are not yet available from SWI03/04).

Injuries and ill health in transport

(See supplementary table 11)

Figure 38: Number and rate of fatal injury to workers 1996/97 - 2003/04p

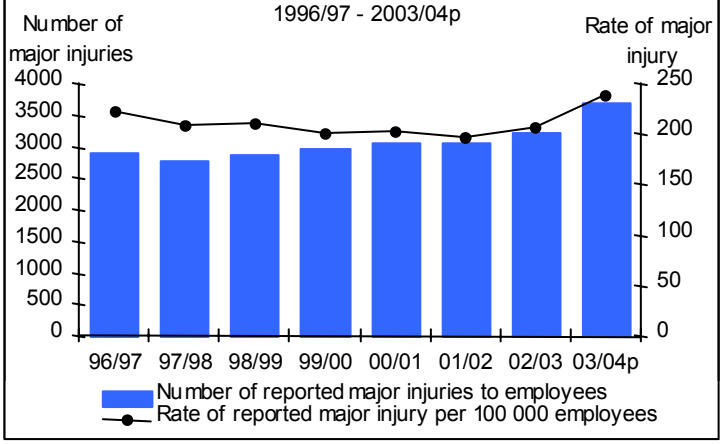


In 2003/04 there were 34 fatal injuries to workers an increase of 6 on the previous year. Of these 34 fatalities, 9 occurred on the railway network. Since 1996/97 the number of fatalities has fluctuated between 18 in 1996/97 and 40 in 2000/01.

Over the past two years, almost half the fatalities have occurred in freight transport and one quarter occurred on the railway network.

The rate of fatal injuries to workers in 2003/04 is 1.9, an increase of 19% from 2001/02. The rate of fatal injury has fluctuated in recent years, with no overall trend.

Figure 39 : Number and rate of major injury to employees 1996/97 - 2003/04p



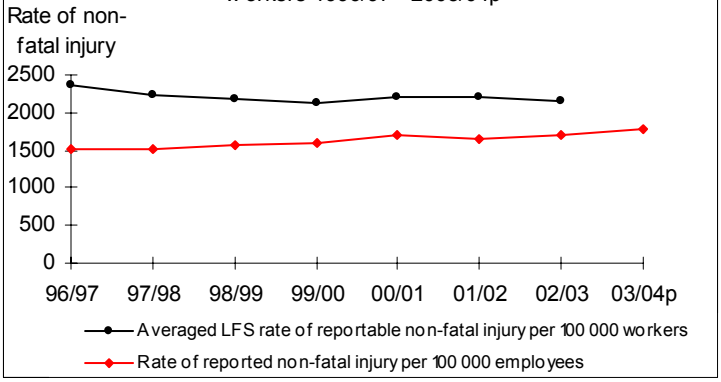
The number of major injuries to employees in the transport industry has steadily risen from 2760 in 1997/98 to 3675 injuries in 2003/04, an increase of 33%.

Over the past two years, freight transport by road has accounted for 25% of major injuries and National post activities have accounted for 16% of major injuries to employees.

The rate of major injuries to employees has increased in the past two years from 196.5 in 2001/02 to 238.9 in 2003/04. Previously, since 1996/97, the trend had been generally downward.

The rate of major injury to employees in the railway industry is higher than the all industry average, at 262.

Figure 40: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2003/04p



In 2002/03 the averaged LFS rate of reportable non-fatal injury to workers in the transport industry was 2160. Since 1996/97 the averaged rate has remained relatively stable.

Since 19967/97 the rate of reported non-fatal (major and over-3-day) injuries to employees has increased by 18% from 1519.6 to 1786.8 in 2003/04. This would suggest an increase in the level of reporting in the transport sector.

In 2003/04, being injured while handling and slip/ trip injuries were the most common kinds of non-fatal injuries in the transport sector, accounting for almost 65% of all non-fatal injuries.

Ill health in transport

The SWI survey in 2003/04 estimated that 88 000 people whose current or most recent job in the last year was in the transport, storage and communication industries suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rate, an estimated 4500 per 100 000 people working in the last year, was statistically significantly higher than the rate across all industries (see Figure 22 on page 14).

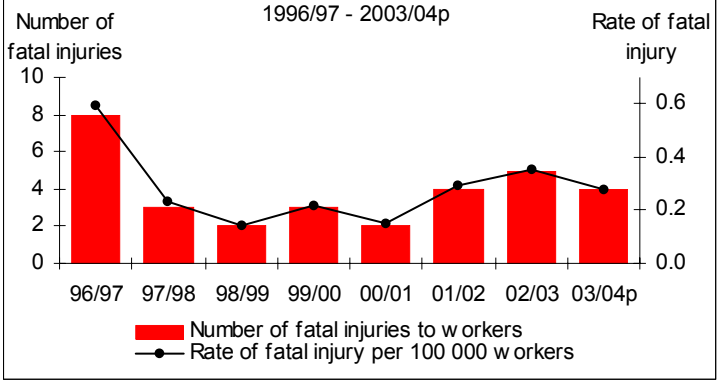
This is of a similar order to the estimated prevalence rate in 2001/02, of 4300 per 100 000 people working in the last year, which was not statistically significantly different to the rate across all industries.

SWI01/02 found that the prevalence rates for musculoskeletal disorders and stress, depression or anxiety in the transport, storage and communication industries were around the average for all industries, for people working in the last 8 years. (More detailed data are not yet available from SWI03/04).

Injuries and ill health in public administration

(See supplementary table 12)

Figure 41: Number and rate of fatal injury to workers 1996/97 - 2003/04p

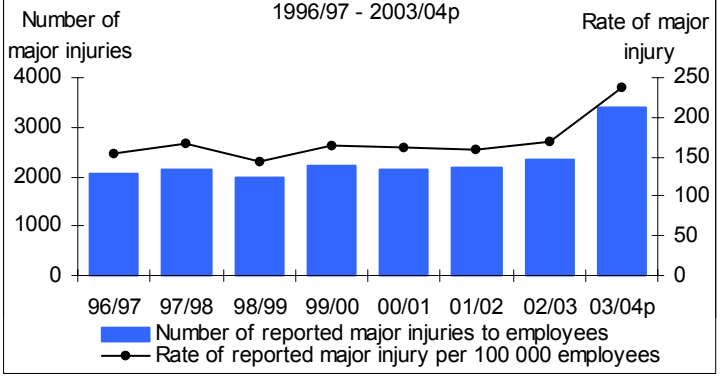


The number of fatal injuries to workers in the public administration sector fell from five in 2002/03 to four in 2003/04.

Since 1997/98, the numbers of fatal injuries to workers in public administration have fluctuated with no real trend. In the past eight years, the most common kinds of fatal injury to workers have been being hit by a moving vehicle and falling from a height.

The rate of fatal injury fell from 0.4 per 100 000 workers in 2002/03 to 0.3 in 2003/04. In recent years, the rate has fluctuated with no overall trend.

Figure 42: Number and rate of major injury to employees 1996/97 - 2003/04p

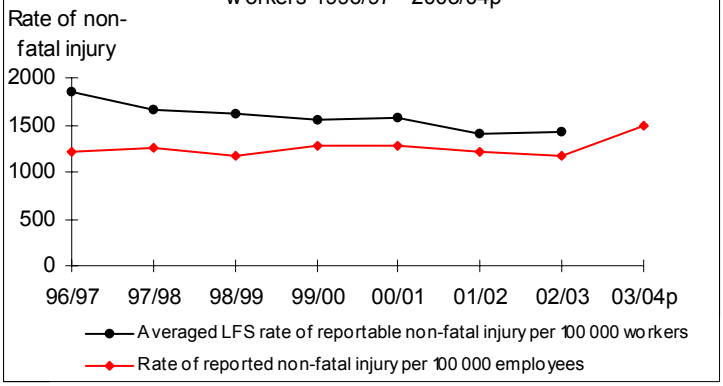


The number of reported major injuries to employees in public administration rose by 44% in 2003/04 to 3396 from 2356. This is the highest reported figure in the past eight years.

The rate of reported major injury per 100 000 employees rose by 40% in 2003/04 to 237.4 from 169.1 in 2002/03. Prior to this, from 1996/97 to 2002/03 the rate had remained relatively stable.

Slipping or tripping was the most common kind of major injury in 2003/04 accounting for 1543 of 3396 (45%) injuries. Handling, lifting or carrying accounted for 459 of 3396 injuries (14%).

Figure 43: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2003/04p



The rate of reported non-fatal injury in public administration increased by 27% in 2003/04 to 1486 from 1169 in 2002/03. In 2002/03 the averaged LFS estimate of reportable non-fatal injury increased slightly to 1420 from 1400 in 2001/02, although the trend since 1996/97 has been generally downward.

Historically there have been high levels of reporting in public administration. The general downward trend in the averaged LFS rate and the relatively stable trend in the rate of reported non-fatal injury suggests that reporting levels had improved from 1996/97 to 2001/02. The averaged LFS estimate for 2003/04 will be available in 2005 and will confirm whether there is a further improvement.

Ill health in public administration

SWI03/04 estimated that 88 000 people whose current or most recent job in the last year was in public administration and defence suffered from an illness which was caused or made worse by this job. The associated estimated prevalence rate of 4700 per 100 000 people working in the last year was lower than the corresponding rate of 5700 from SWI01/02 but still higher than the average rate across all industries in 2003/04 (see Figure 22 on page 14). Both differences were statistically significant.

Injuries and ill health in education

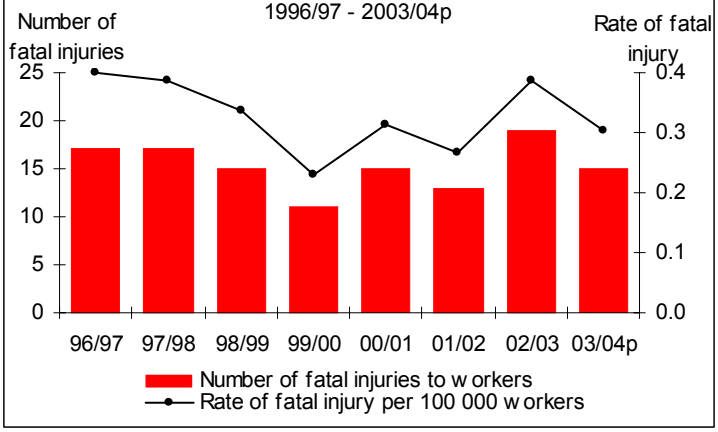
In 2003/04, there was one fatal injury to a worker in the education sector. There were 3688 non-fatal injuries to employees, of which 1043 were major injuries and 2645 were over-3-day injuries.

SWI03/04 estimated that 111 000 people whose current or most recent job in the last year was in education suffered from an illness which was caused or made worse by this job. The associated prevalence rate of 4300 per 100 000 people working in the last year was lower than the corresponding rate of 5200 from SWI01/02 but still higher than the average rate across all industries in 2003/04 (see Figure 22 on page 14). Both differences were statistically significant.

Injuries and ill health in retail/wholesale trade

(See supplementary table 13)

Figure 44: Number and rate of fatal injury to workers 1996/97 - 2003/04p



The number of fatal injuries to employees in retail and wholesale trade in 2003/04 remained the same as the previous year at 14.

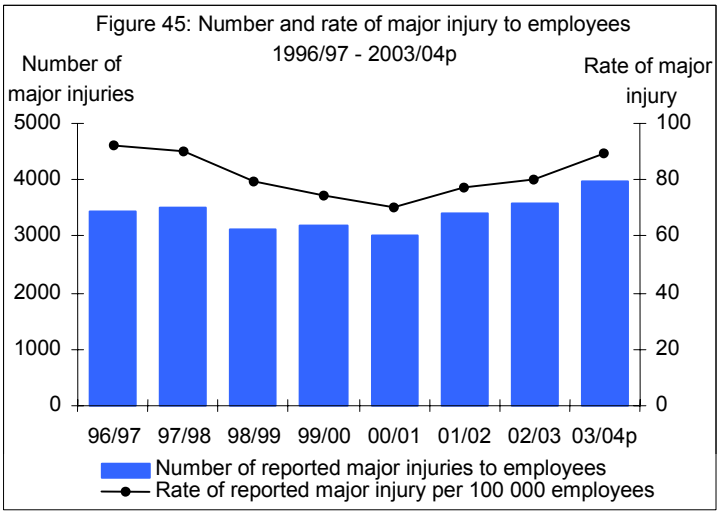
The number of fatal injuries to self-employed workers fell from five in 2002/03 to one in 2003/04.

40% (6 of 15) of the fatal injuries to workers in these sectors were due to being struck by a moving vehicle.

The rate of fatal injury to workers in these sectors fell from 0.4 in 2002/03 to 0.3 in 2003/04.

In the period 1996/97 to 2003/04 the rate of fatal injury to workers has fluctuated with no overall trend.

Figure 45: Number and rate of major injury to employees 1996/97 - 2003/04p

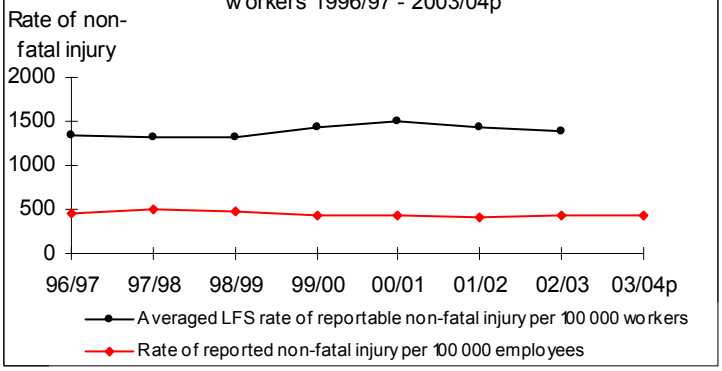


The number of major injuries to employees in retail and wholesale trade in 2003/04, at 3970, is the highest during the eight-year period from 1996/97, increasing by 11% from 3583 in 2002/03. This rise continues a general upward trend since 2000/01.

The rate of reported major injury per 100 000 employees in these sectors has increased from 80.4 in 2002/03 to 89.2 in 2003/04. The rate has risen in the last three years following a downward trend from 1996/97 to 2000/01.

38% (1509 of 3970) of major injuries resulted from employees slipping or tripping, 18% (718 of 3970) as a result of handling, lifting or carrying, and 15% (593 of 3970) were due to being hit by a moving, falling or flying object.

Figure 46: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2003/04p



The rate of reported non-fatal injury to employees in retail and wholesale trade increased from 425 in 2002/03 to 441 in 2003/04.

This increase is largely due to the 11% rise in the rate of major injury to employees. There was a slight increase in the rate of over-3-day injuries from 344.4 in 2002/03 to 351.7 in 2003/04.

The averaged LFS rate of reportable non-fatal injury fell from 1430 in 2001/02 to 1380 in 2002/03. The rate was relatively stable from 1996/97 to 1998/99, rose in the two years to 2000/01 and has fallen in the last two years.

Ill health in retail/wholesale trade

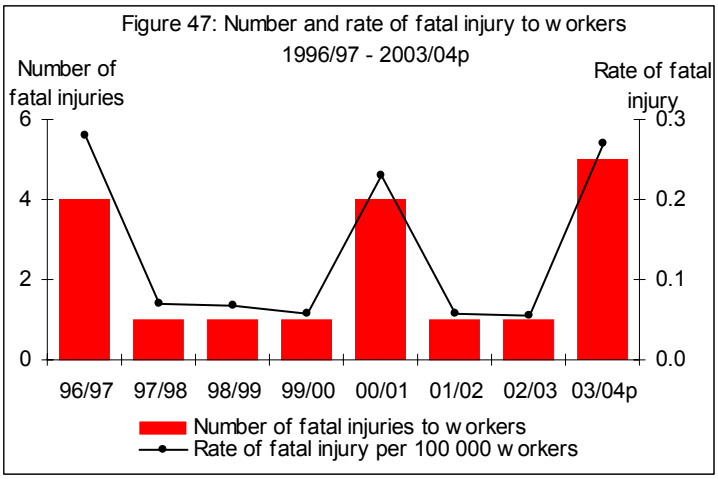
The SWI survey in 2003/04 estimated that 112 000 people whose current or most recent job in the last year was in wholesale and retail trade suffered from an illness which was caused or made worse by this job. The associated estimated prevalence rate of 2400 per 100 000 people working in the last year was statistically significantly lower than the rate across all industries (see Figure 22 on page 14).

This was similar to the estimated prevalence rate in 2001/02, of 2700 per 100 000 people working in the last 12 months (the two rates are not statistically significantly different).

SWI01/02 showed that the prevalence rates for musculoskeletal disorders and stress, depression or anxiety in wholesale and retail trade were both statistically significantly lower than that for all industries, for people working in the last 8 years. (More detailed data are not yet available from SWI03/04).

Injuries and ill health in hotels/catering

(See supplementary table 14)

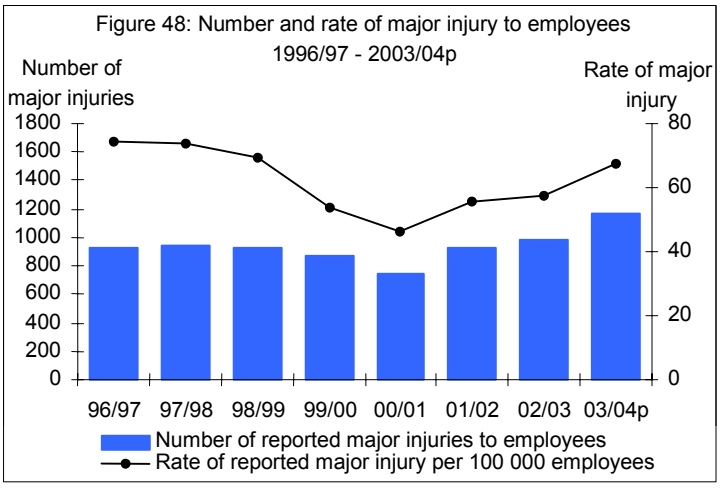


In 2003/04 there were five fatal injuries to workers in the hotels and catering sectors combined, compared with one fatality in each of the two previous years.

The numbers of fatal injuries in these sectors have fluctuated since 1996/97 with no overall trend.

Fatalities to workers in the hotels and catering sectors represented 2% of fatalities to workers in all sectors in 2003/04.

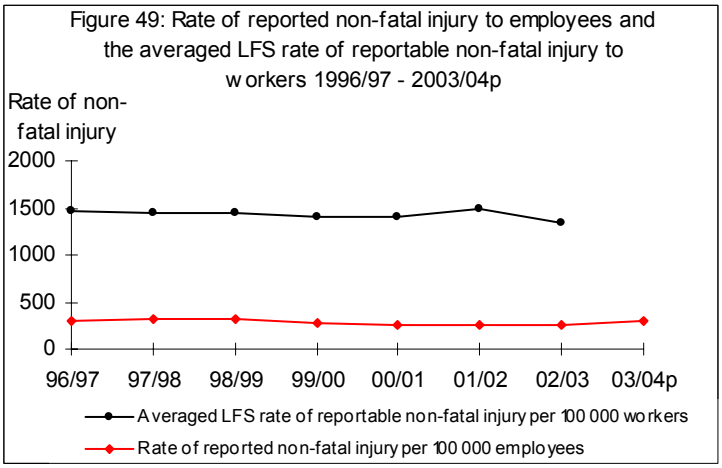
The rate of fatal injury to workers rose from 0.1 in 2002/03 to 0.3 in 2003/04. Since 1996/97, the rate has fluctuated with no overall trend.



The number of major injuries to employees in these sectors rose by 19% in 2003/04 to 1170 from 984 in 2002/03. This is the highest number reported during the eight-year period from 1996/97 to 2003/04 and continues an upward trend since 2000/01.

The rate of major injury to employees in hotels and catering increased from 57.7 per 100 000 employees to 67.7 in 2003/04. This continues the upward trend of the previous two years.

53% (624 of 1170) of major injuries to employees in hotels and catering were as a result of slips or trips.



The rate of reported non-fatal injury (major and over-3-day) in the hotel and catering sectors increased by 14% to 291 in 2003/04 from 255 in 2002/03.

This is the highest rate since the late 1990s and continues the upward trend of the previous two years.

The rate of reported over-3-day injuries to employees in hotels and catering rose by 13% in 2003/04 to 223.5.

The averaged LFS estimate of reportable non-fatal injury fell by 8% to 1350 in 2002/03 from 1480 in 2001/02. The is the lowest rate for the seven-year period 1996/97 to 2002/03.

Ill health in hotels/catering

The SWI survey in 2003/04 estimated that 36 000 people whose current or most recent job in the last year was in the hotel and catering industries suffered from an illness which was caused or made worse by this job. The associated estimated prevalence rate of 2700 per 100 000 people who worked in the last year was statistically significantly lower than the rate across all industries (see Figure 22 on page 14).

This was similar to the estimated prevalence rate in 2001/02, of 2400 per 100 000 people working in the last 12 months (the two rates are not statistically significantly different).

SWI01/02 showed that the prevalence rates for musculoskeletal disorders and stress, depression or anxiety in hotel and catering industries were both statistically significantly lower than the rate for all industries, for people working in the last 8 years. (More detailed data are not yet available from SWI03/04).

Kinds of accident – fatal, major and over-3-day injuries

(See supplementary tables 15, 16 and 17)

Figure 50: Number of fatal injuries to workers by kinds of accident 1996/97 - 2003/04p

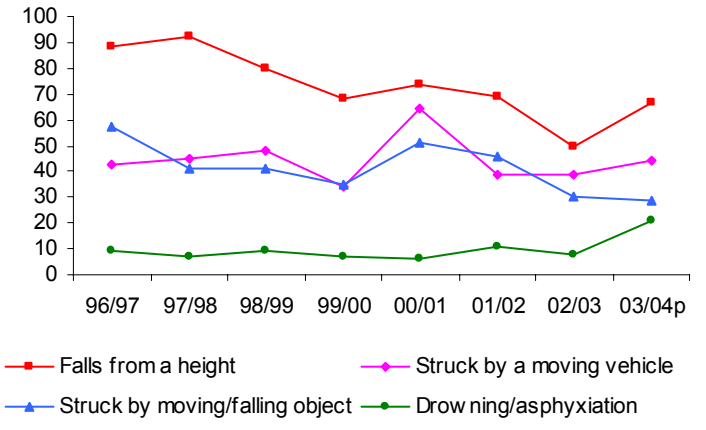


Figure 51: Number of major injuries to employees by kinds of accident 1996/97 to 2003/04p

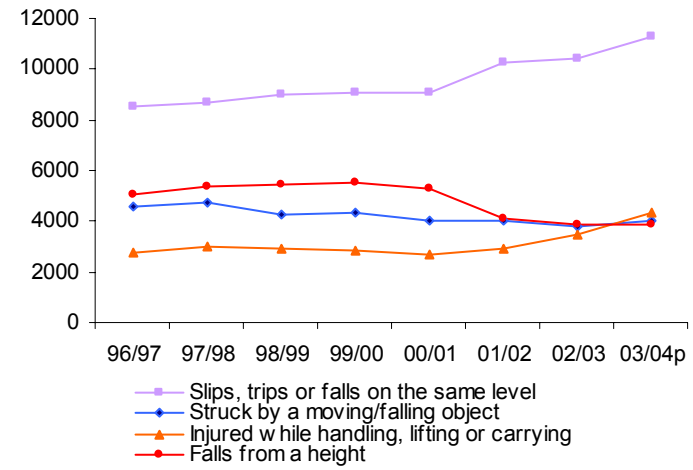
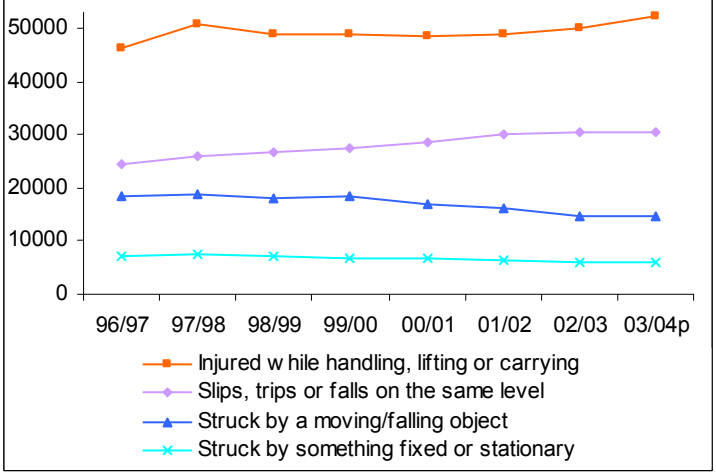


Figure 52: Over 3 day injuries to employees by kinds of accident 1996/97 to 2003/04p



The most common kinds of fatal injury to workers in recent years have been falling from a height, being struck by a moving vehicle and being struck by a moving or falling object. In 2003/04, these three kinds together accounted for 60% of all fatal injuries to workers.

The number of deaths due to falling from a height rose in 2003/04 from 50 to 67. This is the first increase since 2000/01 and comes after a general downward trend since 1997/98. The number of workers fatally injured as a result of being struck by a moving vehicle also increased in 2003/04, from 39 to 44, whilst the number of fatalities due to being struck by a moving or falling object fell by one from 30 to 29.

The number of workers fatally injured as a result of drowning or asphyxiation increased from 8 to 21 in 2003/04. All 21 deaths occurred in a single incident in Morecambe Bay.

The number of major injuries occurring as a result of slipping and tripping rose by 8% in 2003/04 from 10 458 to 11 269. Slipping and tripping remained the most common kind of major injury, accounting for 37% of all major injuries, a similar proportion to that seen in 2001/02 and 2002/03.

The number of major injuries sustained while handling, lifting or carrying rose by 25% in 2003/04 from 3466 to 4324.

There was a slight rise in the number of major injuries due to falling from a height in 2003/04 from 3860 to 3884. Of these, 55% (2119) were as a result of falling from a height of more than 2 metres.

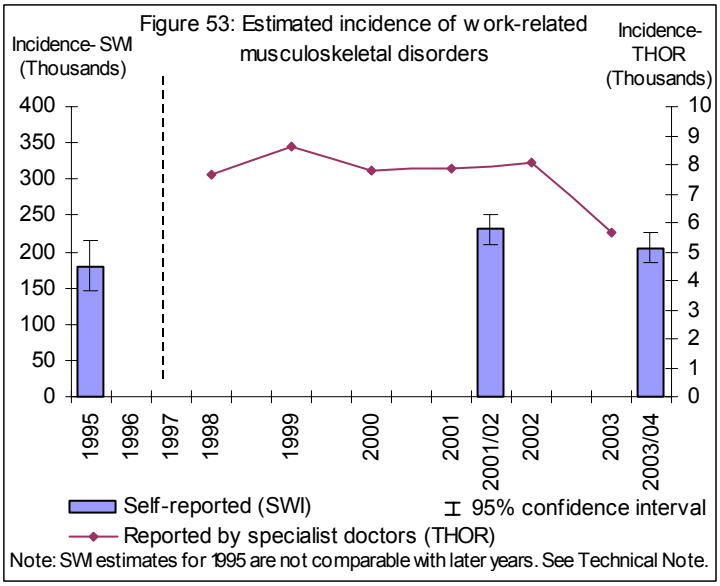
There were 4013 major injuries due to being struck by a moving or falling object in 2003/04, an increase from 3803 in 2002/03.

The number of over-3-day injuries sustained while handling, lifting or carrying increased by 5% in 2003/04 from 49 809 to 52 422, and accounted for 41% of all over-3-day injuries, remaining the most common kind of over-3-day injury.

There were 30 499 over-3-day injuries as a result of slipping and tripping in 2003/04, a slight increase from 30 316 in 2002/03. The number of such injuries has increased each year from 1996/97.

The number of over-3-day injuries as a result of being struck by a moving or falling object decreased slightly in 2003/04 from 14 796 to 14 780, accounting for 11% of all over-3-day injuries. The number of over-3-day injuries sustained as a result of being struck by something fixed or stationary also fell slightly in 2003/04 from 6067 to 6010.

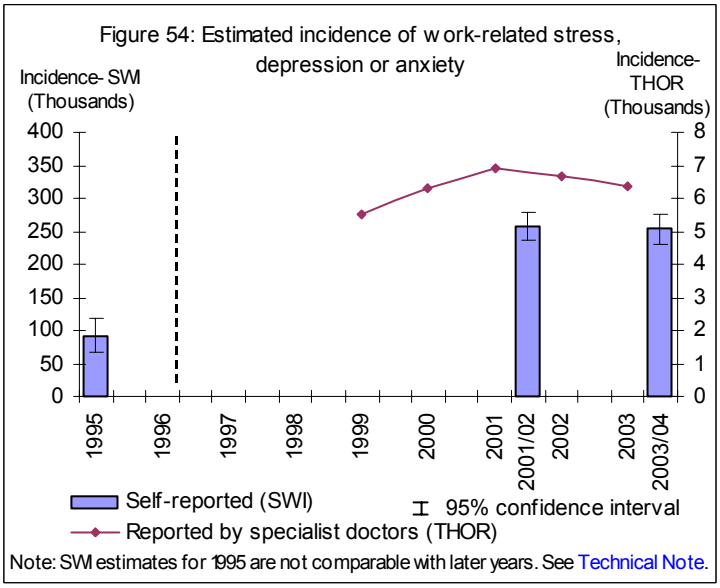
Ill health - musculoskeletal disorders, stress and violence at work



In 2003/04, an estimated 1 108 000 people in Great Britain suffered from a musculoskeletal disorder which they believed was caused or made worse by their current or past work. An estimated 204 000 of these first became aware of their illness in the last year, equating to 640 per 100 000 people working in the last year (0.64%). This was lower than the corresponding estimated rate of 750 per 100 000 people (0.75%) from SWI01/02 (the difference was statistically significant, though there is still a range of uncertainty around the estimates).

THOR data show an estimated 5700 cases were seen by specialist doctors for the first time in 2003. This was lower than during the preceding five year period, when around 8000 cases were seen each year.

See www.hse.gov.uk/statistics/causdis/musc.htm

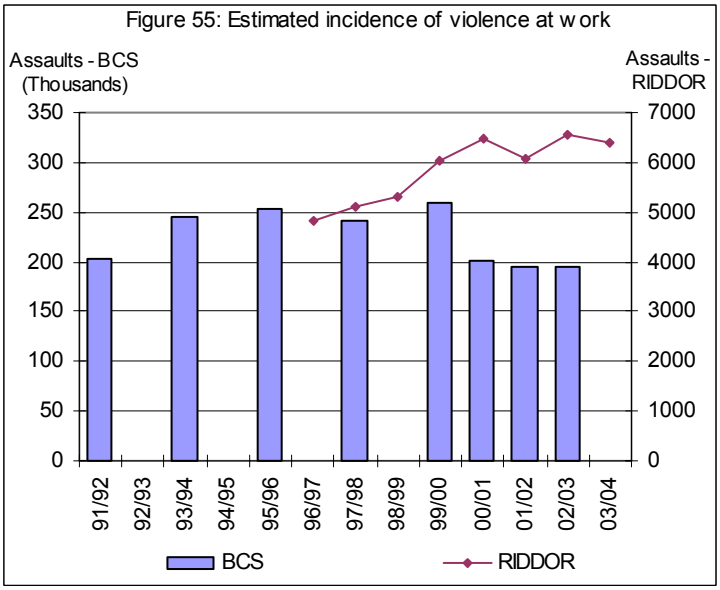


In 2003/04, an estimated 557 000 people in Great Britain believed they were experiencing work-related stress at a level that was making them ill. Of these, an estimated 254 000 people first became aware of their illness in the last year. This equates to an estimated 860 per 100 000 people working in the last year (0.86%), which was similar to the corresponding rate of 890 per 100 000 people (0.89%) from SWI01/02.

Between 2001 and 2003, an annual average of just over 6,500 new cases of work-related stress, depression or anxiety were reported to THOR.

The incidence of self-reported work-related stress was similar in the last two SWI surveys and the levels of work-related mental health problems reported to THOR have declined in the last two years.

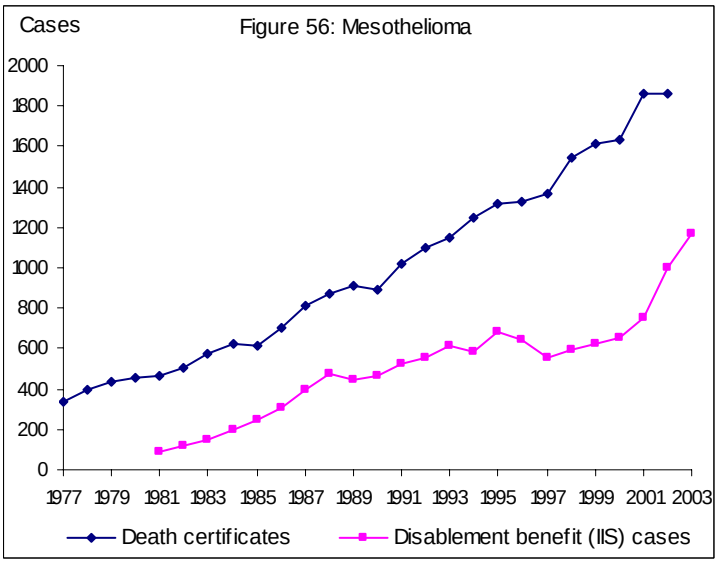
See www.hse.gov.uk/statistics/causdis/stress.htm



Estimates from the 2002/03 British Crime Survey (BCS) indicated that some 196 000 British workers suffered physical assaults by members of the public. These levels of assaults to workers were similar in the last two surveys but lower than estimates from the late 1990s.

In 2003/4 there were 6396 RIDDOR reportable injuries from violence at working including two fatalities. RIDDOR data suggests a rising trend in reportable injuries arising through violence at work.
See
www.hse.gov.uk/statistics/causdis/violence.htm

Ill health - mesothelioma, asbestosis and pneumoconiosis

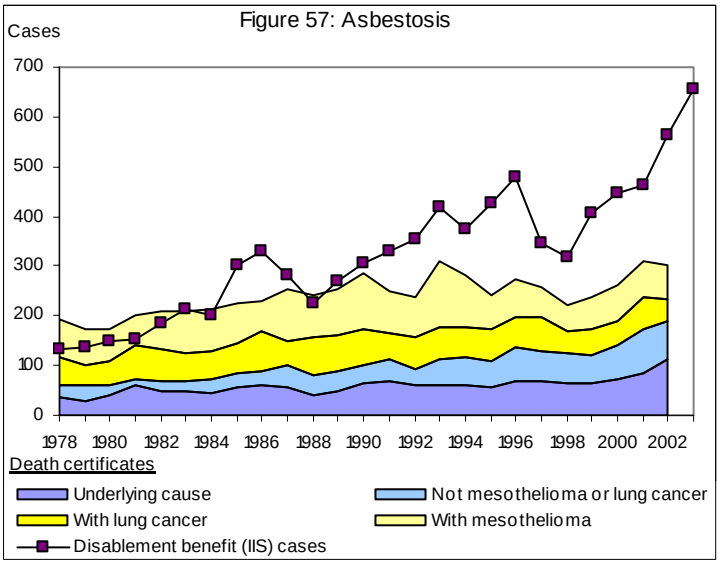


The annual number of deaths in Great Britain from mesothelioma (an asbestos-related cancer) has increased from 153 in 1968 to 1862 in 2002.

The latest projections suggest that the annual total number of mesothelioma deaths is estimated to peak at a level around 1950 to 2450 deaths some time between 2011 and 2015. Deaths occurring now reflect past industrial conditions; deaths in males aged under 45 have been falling since the early 1990s.

Occupations and geographical areas with highest mesothelioma risks are mainly those with a clear link to past use of asbestos in industries such as shipbuilding, railway engineering and asbestos product manufacture.

See www.hse.gov.uk/statistics/causdis/meso.htm



It is likely that there are around as many asbestos related lung cancer deaths annually as mesotheliomas.

See www.hse.gov.uk/statistics/causdis/lungcan.htm

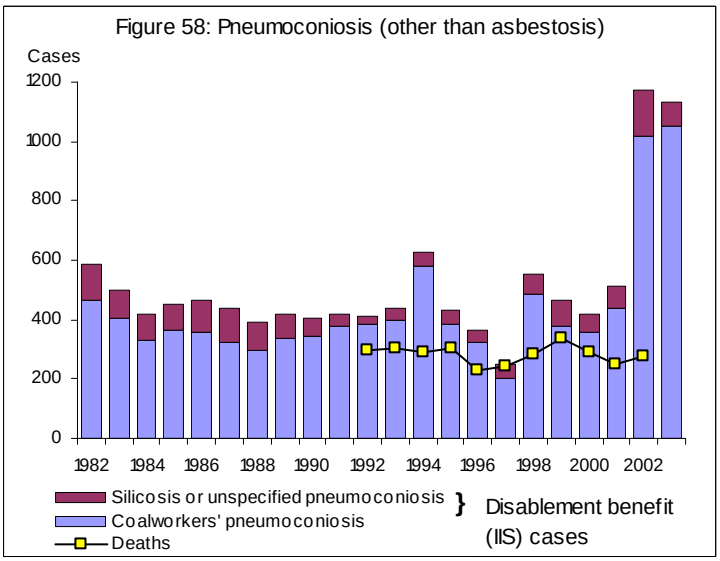
In total an estimated 6000 people (uncertainty range 3000 to 12 000) die from cancer in Britain each year due to past exposures at work.

See www.hse.gov.uk/statistics/causdis/cancer.htm

Disablement benefit cases for those living with asbestosis have risen since the early 1980s, reaching a peak of 655 in 2003.

Based on Death certificates where asbestosis is described as being the underlying cause, there were 112 deaths due to the disease in 2002.

See www.hse.gov.uk/statistics/causdis/asbestos.htm



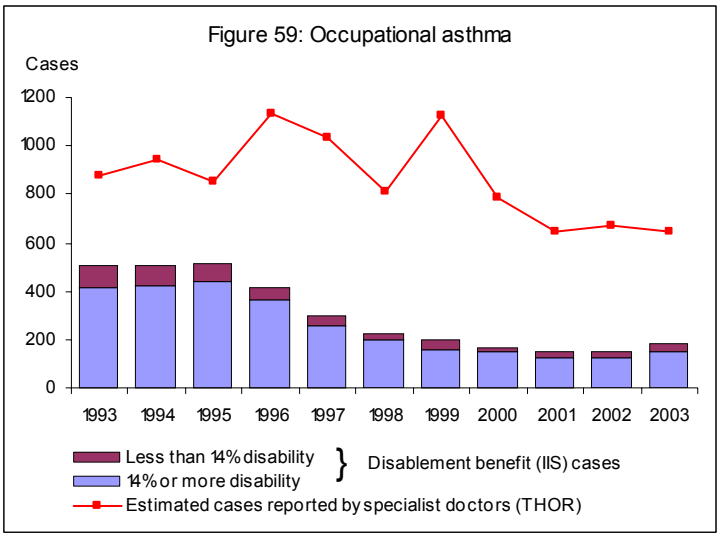
There were 1130 new assessed cases of pneumoconiosis (excluding asbestosis) in the Industrial Injuries Scheme (IIS) in 2003, similar to 2002 and a large increase on previous years. This is probably due to a publicity campaign and also a more accurate method of data collection introduced in 2002.

New compensated cases of pneumoconiosis (excluding asbestosis) mostly occur in retired workers, mainly from the coal mining industry; other industries affected are quarrying, foundries and potteries, where silica is the main cause.

The number of deaths with pneumoconiosis as the underlying cause fell in 2000 and 2001 to 279 and 240 cases respectively, but rose again to 271 cases in 2002. Deaths are on a long-term downward trend despite this small rise of late.

See www.hse.gov.uk/statistics/causdis/coal.htm

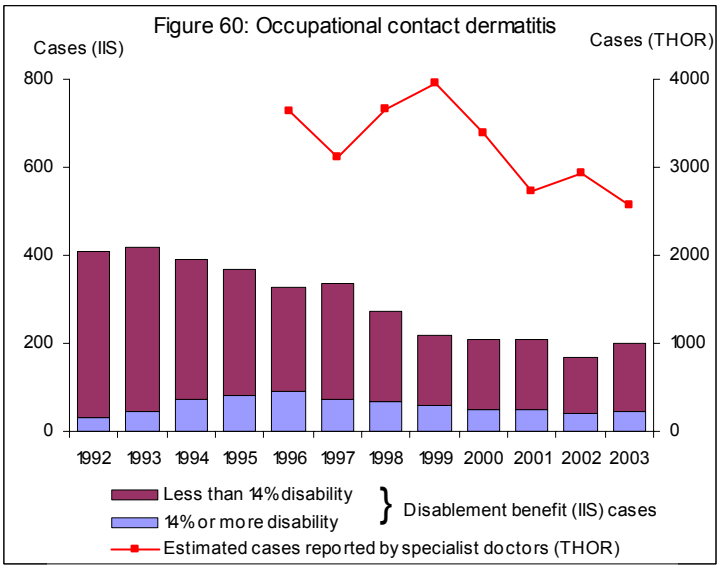
Ill health - asthma, dermatitis and infections



In the years 2001 to 2003, the annual average number of cases of occupational asthma seen for the first time by occupational and chest physicians who reported to the THOR monitoring scheme was around 650.

Trends in occupational asthma are difficult to assess from the available data sources. Over the last ten years, the number of estimated THOR cases has fluctuated around an average annual incidence of around 1000 cases per year. However, the estimated numbers for the last four years have been well below this level, indicating a probable decrease in the incidence of occupational asthma.

See
www.hse.gov.uk/statistics/causdis/asthma.htm

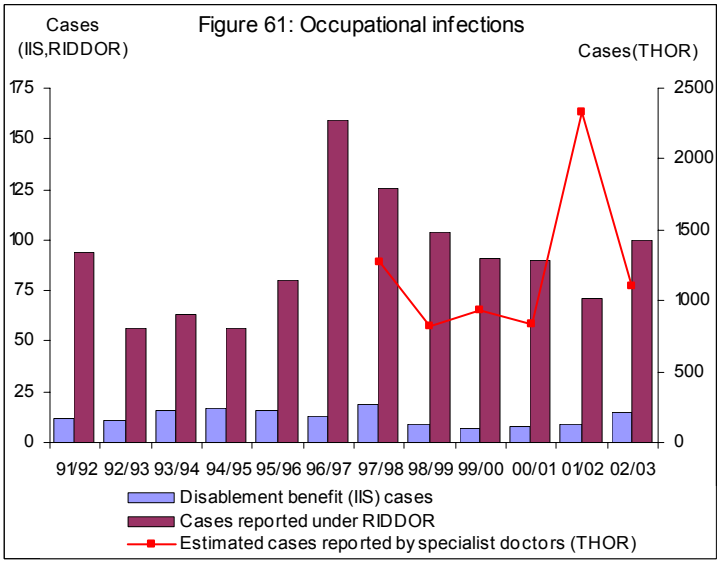


Specialist physicians diagnosed an estimated average of 3600 new cases of work-related skin disease each year between 2001 and 2003: approximately 80% of these were contact dermatitis.

The annual number of workers with occupational dermatitis assessed as having some degree of disablement under the Industrial Injuries Scheme fell from just over 400 in the early 1990s to 200 in 2002/2003.

Trends in dermatitis incidence are difficult to discern, but after fluctuating between 3000 and 4000 cases per year from 1996 to 2000, the estimated number of cases in the THOR surveillance schemes has now been below 3000 for the last three years, and seems to represent a genuine downward trend.

See www.hse.gov.uk/statistics/causdis/skin.htm

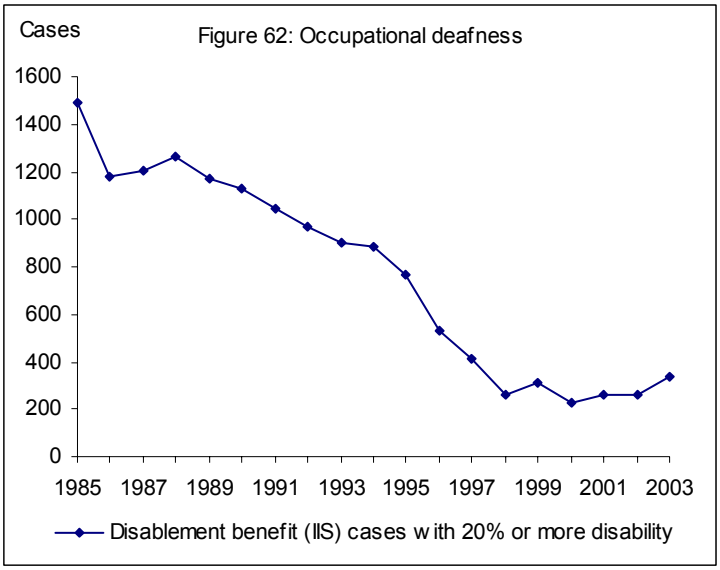


The annual incidence of work-related infections in Britain in 2003, as estimated from the THOR surveillance schemes, was approximately 1100 cases. Based on reports from disease specialists this is a fall of more than 50% on 2002, (although new cases in 2002 were marked by several large outbreaks of diarrhoeal disease). This estimate probably substantially underestimates the true incidence of occupational infections in Britain, as many will not be reported or referred for investigation.

The underlying trend in recent years from RIDDOR and IIS data, which focus on a limited group of usually more serious infections, suggests no clear change in the numbers of occupational infections over time.

See www.hse.gov.uk/statistics/causdis/infect.htm

Ill health - deafness, vibration white finger and lead exposure

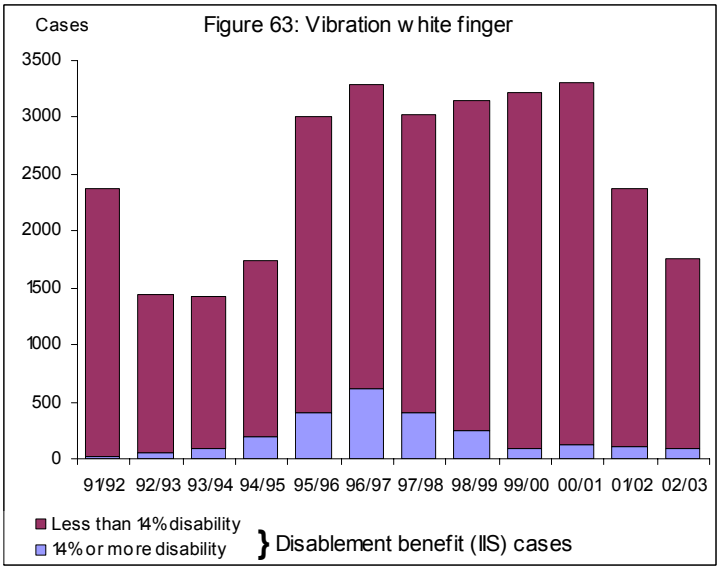


A Medical Research Council survey in 1997-98 gave a prevalence estimate of 509 000 people in Great Britain suffering from hearing difficulties as a result of exposure to noise at work. This is greater than the SWI03/04 estimate (81 000).

New cases of noise-induced deafness qualifying for Industrial Injuries Scheme disablement benefit fell steadily since the mid 1980s, reaching 226 in 2000. However since 1998 there has been little change and the number rose slightly to 264 in 2002 and 335 in 2003.

Occupations with high incidence rates based on audiologists' reports in 2001-2003 were foundry labourers, NCOs and other ranks in the armed forces, other labourers in making and processing and machine tool operatives.

See www.hse.gov.uk/statistics/causdis/noise.htm

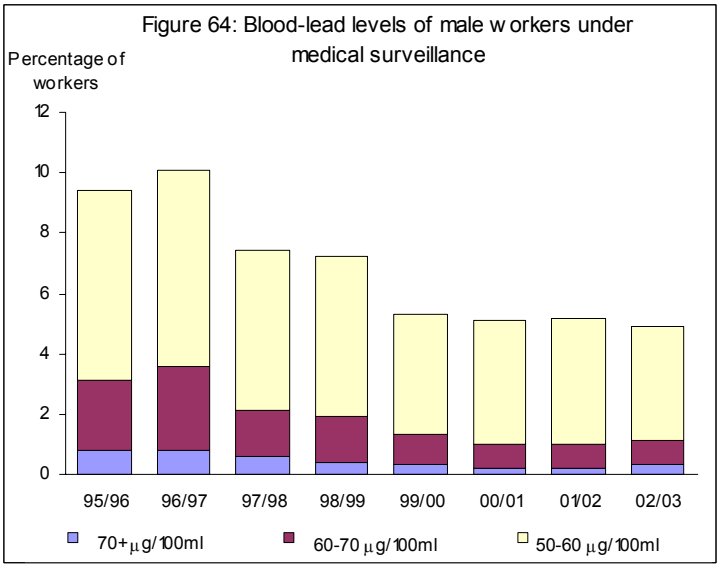


The number of new cases of Vibration White Finger (VWF) assessed for disablement benefit under the Industrial Injuries Scheme (IIS) was 1775 in 2002/03, of whom nearly all were males. These figures are lower than in the preceding seven years.

An estimated total of 303 cases of hand-arm vibration syndrome (HAVS) were seen by occupational physicians and rheumatologists in the THOR reporting schemes in 2003, compared with 1181 cases in 2002.

The Medical Research Council (MRC) survey in 1997-98 gave a prevalence estimate of 288 000 sufferers from VWF in Great Britain.

See www.hse.gov.uk/statistics/causdis/vibrate.htm



The total number of lead workers under medical surveillance in 2002/03 fell for the fifth consecutive year to 12 773.

The number of individuals suspended from work fell in 2002/03, with 68 males and 5 females suspended, a reduction of 32 and 5 respectively on the previous year.

The proportion of male workers with blood-lead measurements at or above 60µg/100ml remains at the same level for the last three years at 1.1%.

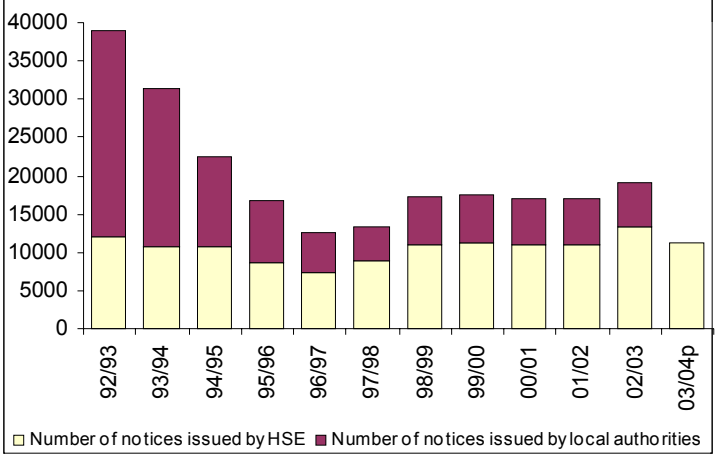
Smelting and refining, lead batteries and painting (of buildings and vehicles) were the industrial sectors where the proportion of male workers at or above 60µg/100ml was greatest.

See www.hse.gov.uk/statistics/causdis/lead.htm

Enforcement

(See supplementary tables 24, 25 and 26)

Figure 65: Number of enforcement notices issued by all enforcing authorities 1992/93 - 2003/04p

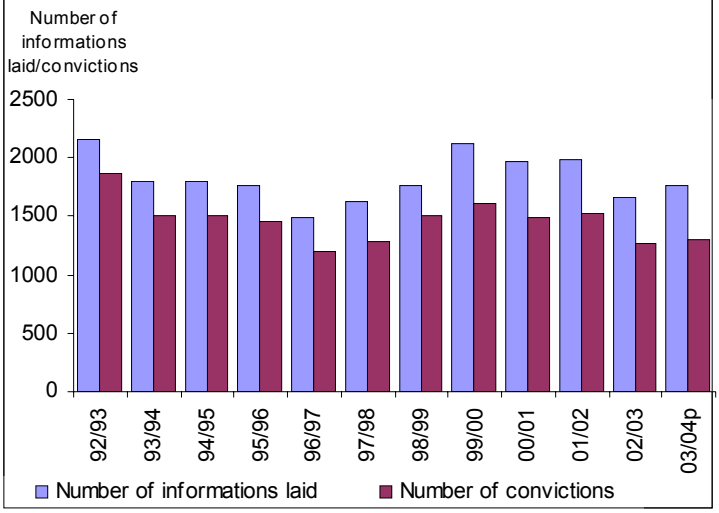


In 2002/03 there were 19104 enforcement notices issued by all enforcing authorities, a 12% increase from 2001/02. Statistics for enforcement notices issued by local authorities are not yet available for 2003/04, but the numbers have dropped substantially from 26980 in 1992/93 to 5780 in 2002/03.

In 2003/04 HSE issued 11295 enforcement notices, 15% fewer than the year before. The number of notices issued by HSE fell in the early 1990s from 11914 in 1992/93 to 7444 in 1996/97 but has risen since.

The number of enforcement notices issued by HSE in 2003/04, 11295, is a similar level as seen between 1999/00 and 2001/02.
Information regarding HSC enforcement policy can be found at www.hse.gov.uk/pubns/hsc15.pdf.

Figure 66: Number of informations laid and convictions by HSE 1992/93 - 2003/04p



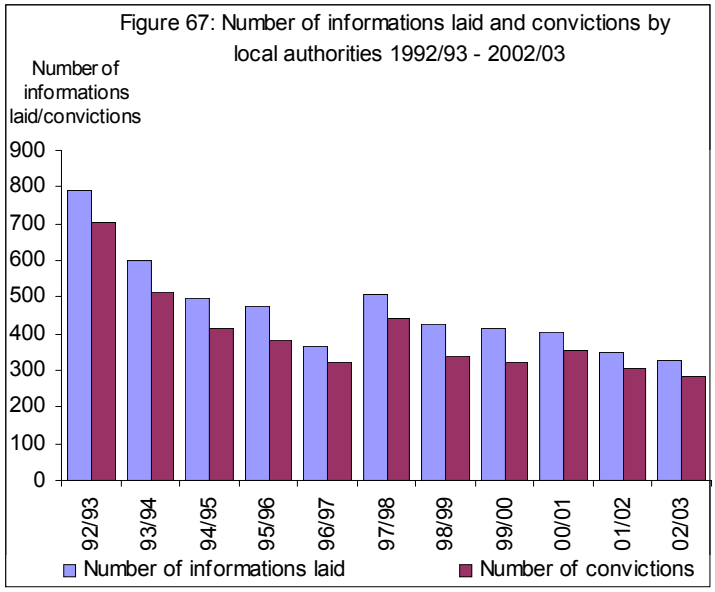
In 2003/04 the number of informations laid by HSE increased by 6% to 1756 from 1659 in 2002/03.

The number of convictions by HSE increased by 3% in 2003/04 to 1305 from 1273 in 2002/03.

In 2003/04 the proportion of informations laid that led to a conviction was 74%. This is slightly lower than the 2002/03 proportion of 77%.

The average penalty per conviction in 2003/04 was £9858. However this figure includes 24 fines in excess of £100 000 which, when removed, give an average of £6534.
Further information about convictions secured by HSE can be found at www.hse.gov.uk/prosecutions/default.asp.

Figure 67: Number of informations laid and convictions by local authorities 1992/93 - 2002/03



Statistics for prosecutions by local authorities are not yet available for 2003/04. In 2002/03 there were 330 informations laid, a decrease of 6% compared with 2001/02.

In 2002/03 the proportion of informations laid by local authorities that led to a conviction was 86% compared with 88% in 2001/02.

In 2001/02 the average penalty was £3134, 20% lower than in 2000/01 (£3903). If untypically large fines (more than £100 000) are omitted, the average fine in 2001/02 is still 10% lower than in 2000/01 (£3134 against £3486).

In 2002/03 the average penalty was £4100, an increase of 31% on the figure for 2001/02 of £3134. However this figure includes one fine of £100 000 which, when removed, gives an average of £3762.

Supplementary tables

Table 1: Number and rate of fatal injury to workers as reported to all enforcing authorities

	Employees		Self-employed		Workers	
Year	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
1992/93	276	1.3	63	2.0	339	1.4
1993/94	245	1.2	51	1.6	296	1.2
1994/95	191	0.9	81	2.5	272	1.1
1995/96	209	1.0	49	1.5	258	1.0
1996/97	207	0.9	80	2.3	287	1.1
1997/98	212	0.9	62	1.8	274	1.0
1998/99	188	0.8	65	1.9	253	0.9
1999/00	162	0.7	58	1.7	220	0.8
2000/01	213	0.9	79	2.4	292	1.0
2001/02	206	0.8	45	1.3	251	0.9
2002/03	183	0.7	44	1.3	227	0.8
2003/04p	168	0.7	67	1.8	235	0.8

Table 2: Number and rate of major injury to workers as reported to all enforcing authorities

	Employees		Self-employed		Workers	
Year	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
1996/97	27964	127.5	1356	38.4	29320	115.1
1997/98	29187	127.6	815	23.3	30002	113.8
1998/99	28368	121.7	685	20.3	29053	108.8
1999/00	28652	116.6	663	19.7	29315	104.9
2000/01	27524	110.2	630	19.2	28154	99.6
2001/02	28011	110.9	929	27.8	28940	101.2
2002/03	28113	111.1	1079	32.3	29192	101.9
2003/04p	30666	120.7	1275	34.0	31941	109.6

Table 3: Number and rate of over-3-day injury to workers as reported to all enforcing authorities

	Employees		Self-employed		Workers	
Year	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
1996/97	127286	580.1	2282	64.6	129568	508.7
1997/98	134789	589.2	984	28.1	135773	514.8
1998/99	132295	567.3	849	25.2	133144	498.8
1999/00	135381	550.9	732	21.8	136113	487.3
2000/01	134105	536.9	715	21.8	134820	477.1
2001/02	129655	513.5	917	27.5	130572	456.7
2002/03	128184	506.5	951	28.4	129135	450.7
2003/04p	129143	508.4	1104	29.4	130247	446.8

Table 4: Number of reported fatal and non-fatal injuries to members of the public

	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Fatal	367	393	369	436	444	393	396	371
Non-Fatal (d)	35694	28613	23800	25059	20836	14834	12793	13575

(a) per 100 000 employees
(b) per 100 000 self-employed
(c) per 100 000 workers
(d) The definition of a non-fatal injury to members of the public is different to that of workers (see technical note)

Supplementary tables

Table 5: Rate of reported non-fatal injuries and averaged LFS rate of reportable non-fatal injury to workers

	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
RIDDOR reported injury rate to employees (a)	738	684	708	717	689	667	647	624	618	629
LFS reportable injury rate to workers (b)	1740	1640	1590	1510	1490	1500	1530	1510	1440	n/a
Percentage of injuries reported	42.5	41.6	44.6	47.4	46.2	44.4	42.3	41.3	42.9	n/a

Rates of reported fatal injury to workers, non-fatal injury to employees and averaged LFS rates of reportable injury to workers by industry

Table 6: Agriculture, hunting, forestry and fishing

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (b)	7.5	7.3	8.5	8.0	10.8	7.5	9.3	7.7	10.3	9.2	9.6	11.4
Major (a)*	144.2	147.1	142.6	158.6	256.9	223.3	205.6	224.4	213.9	238.5	262.5	233.9
Over 3 day (a)*	483.0	436.1	441.8	497.3	552.0	443.9	427.5	487.0	493.3	618.7	591.7	450.9
LFS reportable (b)	n/a	n/a	2290	2180	2020	1830	2270	2520	2760	2670	3020	n/a

Table 7: Extractive and utility supply industries

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (a)	9.0	6.1	1.6	8.0	4.2	7.9	4.7	3.1	4.6	6.9	1.6	5.3
Major (a)*	255.6	235.5	194.6	225.9	315.1	282.7	246.8	244.1	267.0	222.9	222.7	215.9
Over 3 day (a)*	2066.9	1767.7	1587.0	1411.5	1402.8	1482.6	1347.9	1254.9	1354.7	1103.4	974.5	958.5
LFS reportable (b)	n/a	n/a	2200	1920	2160	1860	1520	1390	1500	1770	1860	n/a

Table 8: Manufacturing

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (b)	1.3	1.5	1.3	1.0	1.4	1.4	1.6	1.0	1.2	1.2	1.2	0.9
Major (a)*	136.2	138.6	138.9	130.5	206.4	216.1	201.5	204.1	194.2	194.9	194.3	190.6
Over 3 day (a)*	1219.0	1162.1	1193.7	1067.4	1002.8	1026.1	969.8	1007.9	998.8	962.6	961.7	891.4
LFS reportable (b)	n/a	n/a	2230	2130	1960	1980	1960	2110	2080	2070	1930	n/a

Table 9: Construction

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (b)	5.9	5.7	5.1	5.0	5.6	4.6	3.8	4.7	5.9	4.4	3.8	3.5
Major (a)*	230.4	214.4	221.2	224.0	403.0	382.3	402.7	395.9	380.9	356.1	354.9	335.1
Over 3 day (a)*	1277.6	1127.4	1139.4	1030.3	1078.6	966.3	863.4	917.0	829.2	799.1	788.0	683.6
LFS reportable (b)	n/a	n/a	2970	2550	2700	2430	2590	2530	2580	2510	2280	n/a

Table 10: Health services

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (a)	0.1	-	-	-	0.1	0.1	0.0	0.1
Major (a)*	94.2	94.3	93.1	84.1	78.3	73.2	67.8	77.0
Over 3 day (a)*	766.2	737.5	745.5	671.2	618.7	582.2	540.9	556.7
LFS reportable (a)	1860	1710	1550	1400	1370	1420	1520	n/a

Table 11: Transport

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (b)	1.2	1.7	1.6	1.1	2.3	1.3	1.6	1.9
Major (a)*	222.7	207.6	210.0	200.4	202.0	196.5	206.3	238.9
Over 3 day (a)*	1296.9	1302.8	1365.3	1391.5	1494.1	1452.7	1503.7	1547.9
LFS reportable (b)	2360	2230	2170	2130	2220	2210	2160	n/a

Table 12: Public Administration

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (b)	0.6	0.2	0.1	0.2	0.1	0.3	0.4	0.3
Major (a)*	154.4	166.6	144.0	165.4	160.8	159.1	169.1	237.4
Over 3 day (a)*	1052.3	1078.7	1030.9	1112.0	1120.6	1046.0	999.9	1248.3
LFS reportable (b)	1850	1670	1620	1550	1570	1400	1420	n/a

(a) per 100 000 employees
(b) per 100 000 workers
* Non-fatal (major and over-3-day) injury statistics from 1996/97 cannot be directly compared with earlier years (see technical note)
n/a not available

Supplementary tables

Table 13: Retail/wholesale trade

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (b)	0.4	0.4	0.3	0.2	0.3	0.3	0.4	0.3
Major (a)*	92.4	90.1	79.4	74.6	70.1	77.4	80.4	89.2
Over 3 day (a)*	369.1	419.8	396.7	363.2	351.2	325.6	344.4	351.7
LFS reportable (b)	1340	1320	1320	1430	1490	1430	1380	n/a

Table 14: Hotels/catering

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Fatal (b)	0.3	0.1	0.1	0.1	0.2	0.1	0.1	0.3
Major (a)*	74.5	74.0	69.4	53.7	46.5	55.8	57.7	67.7
Over 3 day (a)*	215.1	254.4	257.8	213.0	207.6	193.4	197.5	223.5
LFS reportable (b)	1460	1450	1450	1400	1400	1480	1350	n/a

(a) per 100 000 employees
(b) per 100 000 workers
* Non-fatal (major and over-3-day) injury statistics from 1996/97 cannot be directly compared with earlier years (see technical note)
n/a not available

Table 15 : Number of fatal injuries to workers by kinds of accident

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Falls from a height	90	81	79	64	88	92	80	68	74	69	50	67
up to and inc 2 metres	*15*	*13*	*6*	*3*	*10*	*12*	*9*	*5*	*5*	*11*	*5*	*6*
over 2 metres	*65*	*58*	*63*	*56*	*70*	*71*	*70*	*58*	*69*	*44*	*38*	*51*
height not stated	*10*	*10*	*10*	*5*	*8*	*9*	*1*	*5*	*0*	*14*	*7*	*10*
Struck by a moving vehicle	51	46	45	42	43	45	48	34	64	39	39	44
Struck by moving/ falling object	45	33	39	32	57	41	41	35	51	46	30	29
Trapped by something overturning/ collapsing	36	52	33	41	16	25	15	16	40	8	11	7
Drowning/asphyxiation	10	12	12	10	9	7	9	7	6	11	8	21
Total accidents (a)	339	296	272	258	287	274	253	220	292	251	227	235

Table 16: Number of major injuries to employees by kinds of accident

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Falls from a height	5023	5382	5454	5500	5286	4066	3860	3884
up to and inc 2 metres	*2387*	*2593*	*3140*	*3196*	*3205*	*2174*	*2009*	*2119*
over 2 metres	*1220*	*1392*	*1640*	*1616*	*1459*	*1079*	*983*	*845*
height not stated	*1416*	*1397*	*674*	*688*	*622*	*813*	*868*	*920*
Slips, trips or falls on the same level	8562	8671	9007	9087	9054	10268	10458	11269
Struck by moving/ falling object	4606	4739	4287	4370	3988	4016	3803	4013
Injured whilst handling, lifting or carrying	2745	3002	2894	2862	2695	2948	3466	4324
Total accidents (a)	27964	29187	28368	28652	27524	28011	28113	30666

Table 17: Number of over-3-day injuries to employees by kinds of accident

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Slips, trips or falls on the same level	24537	25883	26687	27615	28552	30106	30316	30499
Struck by moving/ falling object	18283	18772	18029	18293	16892	16288	14796	14780
Injured whilst handling, lifting or carrying	46366	50640	49044	48729	48327	48963	49809	52422
Struck by something fixed or stationary	7324	7458	7023	6891	6631	6252	6067	6010
Total accidents (a)	127286	134789	132295	135381	134105	129655	128184	129143

Table 18: Number of fatal injuries relating to the supply and use of flammable gas (b)

		96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Number of fatal injuries	Explosion/ fire	9	8	11	10	8	4	5	5
	Carbon monoxide poisoning	31	28	37	26	25	22	20	12
	Other exposure to unburnt gas	n/a	n/a	n/a	n/a	n/a	-	-	1
	Total	40	36	48	36	33	26	25	18

(a) The total number of injuries, including other kinds of accident not shown in this table.
(b) Mainly piped gas but also includes bottled liquid petroleum gas (LPG)
n/a not applicable

Supplementary tables

Table 19: Ill health data from various sources

Type of ill health	Ill health incidence (a)					Risk Control Indicator (RCI) scores (b)			
						Change from 2002/03 to 2003/04 in:			(No of contacts)
	SWI	THOR	IIS	DCs	RID-DOR	Indicator	% low scores	Ave score	
Musculoskeletal disorders						**Musculoskeletal disorders**			
1999/2000		8635	430			A: Avoidance/control	-0.4	-0.01	(39 643)
2000/01		7816	375			B: Instruction and training	**-1.6**	**-0.04**	(39 643)
2001/02	231 000	7870	360			C: Management commitment / worker involvement	**-2.3**	**-0.05**	(28 439)
2002/03		8043	390						
2003/04	204 000	5687				Aggregate score	**-1.4**	**-0.14**	(28 439)
Stress, depression or anxiety						**Stress**			
1999/2000		5523				A: Awareness and hazard identification	+2.3	-0.00	(3 565)
2000/01		6327							
2001/02	257 000	6879				B: Implementation	+2.2	+0.01	(2 580)
2002/03		6675				Aggregate score	+1.3	+0.02	(2 580)
2003/04	254 000	6373							
Asthma and other short-latency respiratory disease						**Occupational asthma**			
1999/2000		1626	195			A: Asthmagen management system	+2.2	+0.03	(14 963)
2000/01		1236	170			B: Control strategy	+2.1	+0.03	(14 963)
2001/02		1052	145			C: Health surveillance	**-1.0**	-0.03	(8 629)
2002/03		1082	150			Aggregate score	+0.4	+0.00	(8 629)
2003/04		1058	190						
Dermatitis and other skin disease									
1999/2000		4861	210						
2000/01		4322	210						
2001/02		3659	170						
2002/03		3746	200						
2003/04		3308							
Infections									
1999/2000		817	10		91				
2000/01		926	10		90				
2001/02		838	10		71				
2002/03		2331	15		100				
2003/04		1106							
Mesothelioma / other long-latency respiratory disease									
1999/2000		2791	3240	2057					
2000/01		2556	2435	2052					
2001/02		2374	2525	2258					
2002/03		2112	3660	2292					
2003/04		2358	3830						
Vibration-related disorders						**Hand Arm Vibration Syndrome**			
1999/2000		763	3685		1081	A: Elimination/substitution	-0.7	+0.00	(7 650)
2000/01		923	3915		985	B: Awareness	-1.1	-0.02	(7 650)
2001/02		879	3220		1102	C: Supply information	**-2.9**	**-0.04**	(7 650)
2002/03		1181	2810		818	Aggregate score	+0.6	-0.06	(7 650)
2003/04		423							
Hearing loss						**Noise**			
1999/2000		756	225			A: Noise management system	+0.6	+0.01	(17 332)
2000/01		648	265			B: Control of noise at source	+0.9	+0.01	(13 085)
2001/02		395	265			C: Ear protection programme	+1.1	+0.02	(17 332)
2002/03		222	335			Aggregate score	+1.2	+0.04	(13 085)
2003/04		352							

Notes: (a) For details of the **types of ill health and sources**, please see Technical Note on page 36.
Some sources relate to calendar years.
SWI: incidence estimates not yet available for ill health types other than musculoskeletal disorders and stress. 2001/02 estimates have been revised (see Technical Note on page 37).
IIS: data rounded to the nearest 5 to maintain anonymity.
RIDDOR: data not shown for all ill health types.

(b) For an explanation of the **RCI data**, please see Technical Note on page 37.
RCI scores range from 1 (the highest) to 4 (the lowest).
'% low scores' means the percentage scoring the two lowest ratings on individual RCIs, or the four lowest on the aggregate scores (three lowest in the case of stress). 'Ave score' is a simple average of the scores. Therefore a *negative* change in either summary measure represents an *improvement*. Statistically significant changes are highlighted in **bold**.

Supplementary tables

Table 20: Estimated prevalence of self-reported illness caused or made worse by work, by type of complaint, for people ever employed, 2003/04 and 2001/02

Type of complaint	2003/04 Estimated prevalence (thousands)			2001/02 Estimated prevalence (thousands)		
	Central estimate	95% C.I. lower	95% C.I. upper	Central estimate	95% C.I. lower	95% C.I. upper
Musculoskeletal disorders	**1108**	1060	1155	**1102**	1058	1146
mainly affecting the upper limbs or neck	**448**	418	477	**389**	363	415
mainly affecting the lower limbs	**192**	172	211	**206**	187	225
mainly affecting the back	**468**	437	499	**507**	477	538
Breathing or lung problems	**183**	165	201	**166**	149	183
Skin problems	**31**	23	39	**38**	29	46
Hearing problems	**81**	69	93	**88**	75	100
Stress, depression or anxiety	**557**	523	590	**548**	516	580
Headache and/or eyestrain	**37**	28	46	**53**	42	63
Heart disease/attacks, other circulatory system	**66**	55	77	**79**	67	91
Infectious disease (virus, bacteria)	**28**	20	35	**31**	24	39
Other types of complaint	**138**	122	155	**165**	148	182
Total	**2233**	2167	2300	**2276**	2211	2340

Note: 2001/02 estimates have been revised. See Technical Note on page 37.
Prevalence estimates will not sum to the total due to a small number not recording their illness type.

Table 21: Estimated incidence and rates of self-reported illness caused or made worse by work, by type of complaint, 2003/04 and 2001/02

Type of complaint	2003/04 Central estimate	95% C.I. Lower	95% C.I. upper	2001/02 Central estimate	95% C.I. lower	95% C.I. upper
Estimated incidence (thousands) for people ever employed						
All illnesses	**609**	574	644	**662**	627	697
Musculoskeletal disorders	**204**	184	225	**231**	211	252
Stress, depression or anxiety	**254**	231	277	**257**	235	279
Estimated incidence rate per 100 000 employed in the last 12 months						
All illnesses	**2000**	1800	2100	**2200**	2100	2300
Musculoskeletal disorders	**640**	570	700	**750**	680	820
Stress, depression or anxiety	**860**	780	940	**890**	810	1000

Note: 2001/02 estimates have been revised. See Technical Note on page 37.

Table 22: Estimated number of working days lost (full-day equivalent) and associated rates due to work-related ill health and workplace injuries, 2003/04 and 2000-02

Survey period	2003/04 Central estimate	95% C.I. lower	95% C.I. upper	2000-02 Central estimate	95% C.I. lower	95% C.I. upper
Days lost (thousands) due to work-related ill health				**(2001/02)**		
Total	**29766**	27079	32452	**31752**	29121	34383
Musculoskeletal disorders	**11844**	10143	13545	**11810**	10231	13389
Stress, depression or anxiety	**12803**	11014	14593	**12919**	11235	14603
Days lost (thousands) due to workplace injuries				**(2000/01)**		
Total	**8785**	7639	9931	**8065**	7037	9093
Days lost (thousands) due to work-related ill health and workplace injuries				**(2000-02)**		
Total	**38551**	35577	41524	**39817**	36746	42888
Days lost per 100 000 employed in the last 12 months due to work-related ill health				**(2001/02)**		
Total	**130000**	120000	140000	**140000**	130000	150000
Musculoskeletal disorders	**52000**	44000	59000	**52000**	45000	59000
Stress, depression or anxiety	**56000**	48000	64000	**57000**	50000	64000
Days lost per 100 000 employed in the last 12 months due to workplace injuries				**(2000/01)**		
Total	**38000**	33000	43000	**36000**	31000	40000
Days lost per 100 000 employed in the last 12 months due to work-related ill health and workplace injuries				**(2000-02)**		
Total	***170000**	160000	180000	****180000**	160000	190000

Note: 2000-02 estimates have been revised. See Technical Note on page 38.

* Combined injury & illness rates differ from the sum of the parts due to rounding – estimates are shown to 2 significant figures.

** Averaged employment between 2000/01 and 2001/02 is used as the denominator for the 2000-02 injury and illness rate.

Supplementary tables

Table 23: Number of dangerous occurrences reported to HSE

	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04p
Part 1 (Notifiable in relation to any place of work)	3829	4273	4333	4479	4333	4315	4462	4428
Part 2 (Notifiable in relation to mines)	70	96	114	79	77	82	66	83
Part 3 (Notifiable in relation to quarries)	114	105	122	92	63	100	82	60
Part 4 (Notifiable in relation to railways)	5197	5218	5625	5309	4825	5388	4896	4153
Part 5 (Notifiable in relation to offshore workplaces)	347	403	446	453	544	464	440	396
Total dangerous occurrences	9557	10095	10640	10412	9842	10349	9946	9120

Table 24: Number of enforcement notices (a) issued by all enforcing authorities

		Improvement notice	Deferred prohibition	Immediate prohibition	Total
99/00	HSE	6972	196	4172	11340
	Local authorities	4850	80	1170	6100
	Total	11822	276	5342	17440
00/01	HSE	6671	147	4238	11056
	Local authorities	4720	60	1030	5810
	Total	11391	207	5268	16866
01/02	HSE	6712	116	4254	11082
	Local authorities	4820	50	1090	5960
	Total	11532	166	5344	17042
02/03	HSE	8140	113	5071	13324
	Local authorities	4560	50	1170	5780
	Total	12700	163	6241	19104
03/04p	HSE	6776	81	4438	11295
	Local authorities	n/a	n/a	n/a	n/a

Table 25: Number of proceedings instituted by all enforcing authorities

		Informations laid	Convictions
99/00	HSE	2115	1616
	Local authorities	412	322
00/01	HSE	1973	1490
	Local authorities	401	352
01/02	HSE	1986	1522
	Local authorities	350	307
02/03	HSE	1659	1273
	Local authorities	330	285
03/04p	HSE	1756	1305
	Local authorities	n/a	n/a

Table 26: Number of enforcement notices issued by HSE by industry

	Type of notice	Agriculture, hunting, forestry & fishing	Extractive & utility supply industries	Manufacturing industries	Construction	Service Industries
99/00	Improvement	976	148	3493	681	1674
	Deferred prohibition	21	5	30	112	28
	Immediate prohibition	644	85	1090	1975	378
	Total	1641	238	4613	2768	2080
00/01	Improvement	694	195	3851	539	1392
	Deferred prohibition	21	1	64	55	24
	Immediate prohibition	590	55	1203	2036	354
	Total	1305	251	5100	2630	1770
01/02	Improvement	429	127	3953	588	1615
	Deferred prohibition	16	1	49	28	22
	Immediate prohibition	254	89	1308	2191	412
	Total	699	217	5310	2807	2049
02/03	Improvement	1508	159	4104	778	1591
	Deferred prohibition	23	1	35	32	22
	Immediate prohibition	583	56	1211	2772	449
	Total	2114	216	5350	3582	2062
03/04p	Improvement	1474	133	3033	798	1338
	Deferred prohibition	11	1	15	33	21
	Immediate prohibition	541	59	854	2647	337
	Total	2026	193	3902	3478	1696

(a) Enforcement notice figures include estimates for local authorities that did not provide data. No such estimates are made for proceedings instituted.

n/a not available

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Injuries

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 95

Injury and dangerous occurrence statistics given in this report for 1996/97–2003/04 were compiled from reports made to HSE and local authorities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95). These Regulations came into effect on 1 April 1996 and replaced RIDDOR 85, the Railways (Notice of Accidents) Order 1986, and certain provisions of the Offshore Installations (Inspectors and Casualties) Regulations 1973 and the Submarine Pipelines (Inspectors etc) Regulations 1977. Certain provisions of the Regulation of Railways Act 1871 and the Transport and Works Act 1992 were also repealed or amended.

Deaths of all employed people and members of the public arising from work activity are reportable to either HSE or the local authority. There are three categories of reportable injury to workers defined under the regulations: fatal, major and over-3-day injury. Examples of major injuries include: fractures (except to fingers, thumbs or toes), amputations, dislocations (of shoulder, hip, knee, spine) and other injuries leading to resuscitation or 24 hour admittance to hospital. Over-3-day injuries include other injuries to workers that lead to their absence from work, or inability to do their usual job, for over three days. A non-fatal injury to a member of the public is reportable if it results in the injured person being taken from the site of the incident to hospital. Selected incidents that have a high potential to cause death or serious injury are reportable under RIDDOR 95 as dangerous occurrences. A dangerous occurrence is reportable whether or not someone is injured.

Certain reporting requirements under RIDDOR 95 differ from those under the previous regulations, RIDDOR 85. Statistics of worker fatalities are comparable, but other statistics including major injuries and dangerous occurrences from 1996/97 cannot be compared with those for previous years. In 2001/02, HSE introduced new guidelines to improve the quality of recording of kinds of accident and give more detail on equipment and material agents involved. As a result, there was a small change in the percentage share of in each kind, predominantly for major and over-3-day injuries.

Injuries which are not reportable under RIDDOR 95 are: road traffic accidents involving people travelling in the course of their work, which are covered by road traffic legislation; accidents reportable under separate merchant shipping, civil aviation and air navigation legislation; accidents to members of the armed forces; and fatal injuries to the self-employed arising out of accidents at premises which the injured person either owns or occupies.

Employment estimates

Injury rates for employees produced by HSE are based on employment estimates produced by the Office for National Statistics (ONS). The Short Term Employment Survey is used to obtain top-level employment data and the Annual Business Inquiry has been used to obtain SIC 92 four-digit employment data since 2000/01; previously this was taken from the Annual Employment Survey. Such estimates are normally subject to a number of revisions based on information from the Annual Employment Survey. When HSE finalises the provisional injury statistics, rates are revised using the employment data available at that particular time. Injury rates are not revised to incorporate subsequent revisions to employment estimates by the ONS.

Labour Force Survey

HSE developed the Labour Force Survey (LFS) as a source of information on workplace injury to complement the flow of the injury reports made by employers and others under RIDDOR. HSE placed a supplement of detailed questions on workplace injury in the 1990 LFS, and has placed a limited set of injury questions annually since 1993. The LFS gives estimates on the levels of workplace injury that are not subject to under-reporting, and together with the rates of reported injury, gives estimates of the levels of reporting of injuries in industries. LFS injury rates are presented as three year moving averages, to reduce annual fluctuations that stem from sampling error. A revised LFS series, which takes account of improved methodology and recent changes to Great Britain population estimates following the 2001 Census, will be published in a separate report in 2005.

Ill health

Data sources

The terms ‘occupational’ or ‘work-related’ ill health cover the wide range of disorders which can be linked to a person’s work. Some – such as lead poisoning and asbestosis – are clearly occupational but many conditions – eg back pain or stress – can arise from many factors, both inside and outside work. Moreover, unlike workplace injuries, there is a delay between exposure and ill health outcome, which may range from a few hours to several decades.

All of this means that individual cases of ill health cannot be defined as work-related in a single, straightforward way, and this will be done differently by different people – eg doctors, employers and individual workers. Therefore no single source of statistics is available in Great Britain on the nature and full extent of work-related ill health, and HSE’s policy is to make use of a range of data sources. The statistics presented here are based on five main sources, mostly referred to by their acronyms:

- **SWI**: Household surveys of self-reported work-related illness, giving estimates of the number of people who have conditions which they think have been caused or made worse by work. SWI surveys have been carried out, in conjunction with the Labour Force Survey (LFS), in 1990, 1995, 1998/99, 2001/02 and 2003/04. More details of the 2003/04 survey are given below; a full report will be published in spring 2005.
- **THOR**: Voluntary medical surveillance schemes in The Health and Occupation Reporting network, counting new cases which are caused by work in the opinion of the specialist doctor who sees them. THOR data are available from 1999 for work-related mental ill health, from 1998 for hearing loss, musculoskeletal disorders and infections, and from the early 1990s for respiratory and skin disorders, up to 2003.

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- **IIS**: Compensation under the Department for Work and Pensions' (DWP's) Industrial Injuries Scheme, recording new cases of specified 'prescribed diseases' (conditions whose occupational cause is well established) assessed for disablement benefit. IIS data are available annually from at least the 1980s up to 2003 (for lung diseases) and 2002/03 (for non-lung diseases).
- **RIDDOR**: Statutory reports by employers under HSE's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations of cases of a defined list of diseases occurring in their employees. RIDDOR data, which are subject to far greater under-reporting for ill health than for injuries, are available from the 1980s up to 2002/03.
- **Death Certificates** for some types of occupational lung disease, including mesothelioma and asbestosis (for these two diseases special registers are maintained by HSE). Again these are available for a long time series, the most recent data being for 2002.

In addition, more specific sources provide data for certain conditions or hazards, for example:

- **BCS**: The British Crime Survey, a large household survey of criminal victimisation against people aged 16 or over in the previous 12 months, undertaken every two years from 1982-2000 and annually since 2000, which includes questions on violence at work.
- **SHAW**: The Stress and Health at Work household survey in 1998, which reported on how stressful individuals believed their jobs were.
- **MRC**: Two Medical Research Council studies in 1997/98, which gave estimates of the numbers of people suffering from work-related deafness and from vibration white finger based on the fractions of the national prevalence attributable to work.
- **Blood-lead**: The measurement of levels of lead in workers' blood samples, as part of the medical surveillance required under the Control of Lead at Work Regulations, from which annual statistics are produced, most recently for 2002/03.

More details of the sources are at: www.hse.gov.uk/statistics/causdis/sources.htm.

Self-reported Work-related Illness (SWI) surveys 2003/04 and 2001/02

For the SWI survey carried out in winter 2003/04, over 90 000 adults in Great Britain were asked the following question as part of the Labour Force Survey (LFS):

"Within the last twelve months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or work done in the past?"

People answering 'yes' to this were then asked further questions about their illness (most serious illness if they had more than one). This question was the same as asked in the 2001/02 (and 1998/99) SWI survey. Just over five per cent of respondents who were asked the question did not respond and adjustments have been made to take account of this non-response. There were no major methodological differences between the 2001/02 and 2003/04 SWI surveys. However, compared to earlier SWI surveys, there are differences in design, coverage and the level of information collected.

It has been necessary to revise the previously published SWI estimates for 2001/02, reflecting revisions made to the Great Britain population estimates following the 2001 Census. Since the LFS reflects only a sample of the population (around 1 in 400), responses have to be 'weighted' on the basis of population totals to give estimates for the entire population: any revisions to published population estimates result in revisions to the LFS weights and therefore to the SWI estimates. In addition, a new methodology for adjusting for non-response has been used in the 2001/02 survey to allow direct comparisons with 2003/04. As a result of these two types of revisions the SWI01/02 estimates show reductions (on average 2-4%) in the estimated levels of prevalence and incidence, and smaller changes in the rates (which are what the *Revitalising Health and Safety* target relates to).

Risk Control Indicators (RCIs)

Since April 2002 HSE has maintained a database of scores allocated by its Field Operations Directorate (FOD) inspectors on various 'Risk Control Indicators' (RCIs), some of which cover health hazards: musculoskeletal disorders, stress, Hand Arm Vibration Syndrome, noise and occupational asthma. For each of these, three indicators (two in the case of stress) are scored using a four-point scale ranging from full compliance (score 1) to limited or no compliance (score 4) in areas that matter.

The RCI data have many limitations: their coverage is limited to premises visited by HSE FOD staff and so is likely to be unrepresentative of the British economy as a whole; the reliability of the coding has not yet been subjected to rigorous quality assurance; and the data are new, having only been collected for two full years.

Nonetheless we believe the RCI data provide potentially useful information, especially for health hazards where there could be a delay between improvements in risk control and reductions in the incidence of ill health. Recent movements in the RCI data have been analysed with a view to providing supporting information for the judgement of progress against the *Revitalising* target for ill health incidence (see below). Because the use of the data is in some ways experimental, they do not yet fulfil the criteria to be described as 'National Statistics'.

Progress measurement for the *Revitalising Health and Safety* targets

HSE set out its technical approach to assessing progress against the three *Revitalising* targets in a Statistical Note published in 2001 (www.hse.gov.uk/statistics/statnote.pdf). This is the fourth of the annual progress reports promised in the Statistical Note.

Fatal and major injuries

The target for the incidence rate of fatal and major injury presents challenges for measurement since there are two principal sources of data: the number of injuries reported under RIDDOR and estimates of the levels of workplace injury taken from the LFS. The indicator is made up of two elements: the rate of worker fatal injury and the rate of employee major injury. Whilst HSE is informed of all fatal injuries to workers, the number of major injuries is subject to under-reporting. To allow for this, the rate of reported major injury is up-rated using estimates of the reporting of non-fatal injury based on the LFS. Since the LFS does not

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identify major injuries, this up-rating process assumes that major and over-3-day injuries are reported to the same extent. Over the past three years, the pattern of reporting appears to have changed, with evidence to suggest that the reporting of major injuries has improved, particularly in some of the service sector industries. Research is currently being undertaken to consider the extent of the change, and until there is more evidence about improved reporting of major injuries, the up-rating factor may not apply to major injuries. As a result, the indicator itself cannot be derived. This year, therefore, a descriptive judgement on progress based on the trends from various data sources has been provided.

Work-related ill health incidence

The different data sources for work-related ill health each have strengths and weaknesses and each may give a different picture of trends. To address this, HSE has developed an approach which involves assembling the data on each type of work-related ill health from all relevant sources; looking at the different sources in terms of their conceptual basis and statistical quality, to determine which are most suitable for each type of ill health; bringing together supporting information on factors such as risk control which are known to affect the level of work-related ill health; and aggregating the results for different types of work-related ill health and arriving at a judgement on progress since the base year (1999/2000) that takes all of this information into account.

The boxes on page 11 of this publication present results of applying such an integration process to the statistics available in November 2004. Eight broad types of work-related illness are considered separately:

1 Musculoskeletal disorders (MSDs) including those affecting the upper limbs, back and lower limbs.
2 Stress, depression or anxiety.
3 Respiratory diseases with short periods of latency: asthma, inhalation accidents, infectious diseases, allergic alveolitis and other diagnoses.
4 Skin disease: Contact dermatitis, contact urticaria, folliculitis/acne, nail conditions, other dermatoses, infective and mechanical disease.
5 Infectious diseases: Diarrhoeal diseases and other infections.
6 Respiratory diseases with long latency: Mesothelioma, asbestosis, other pneumoconioses, benign pleural disease, chronic bronchitis/ emphysema, and lung cancer (except from death certificates).
7 Vibration-related disorders: Hand-Arm Vibration Syndrome (including Vibration White Finger) and Carpal Tunnel Syndrome.
8 Noise-induced deafness: Sensorineural hearing loss.

For each of these, an assessment is made as to whether incidence has risen, fallen or shown no clear change since 1999/2000.

Working days lost

The same methodology has been used to estimate working days lost for workplace injuries and work-related ill health in 2000/01 (injuries), 2001/02 (illness) and 2003/04. Estimates of working days lost for workplace injuries and work-related ill health are expressed as full-day equivalent days, to take account of the variation in daily hours worked (for example part-timers who work a shorter day or people who work particularly long hours). They have been calculated by adjusting the days lost estimates using the ratio of the individual's usual weekly hours to the average usual weekly hours of all full-time workers estimated from the LFS. Estimates are based on post-census population estimates and reweighted to account of the small proportion of workers who did not respond to the questions on whether they had suffered from a workplace injury or work-related illness within the last 12 months. Working days lost rather than duration of absence for workplace injuries have been used.

In addition, estimates have been imputed for a small proportion of workers who answered 'don't know' or 'still off' to the question on days off before returning to work after an injury and for respondents not answering the ill health days off question. Estimates have also been imputed, where possible, for the rare cases where workers expect never to return to work following their injury. Hence, to ensure greater consistency between the injury and ill health estimates, previously published 2000/01 injury, and 2001/02 ill-health estimates have been revised and 2003/04 estimates have been produced on the same basis.

The effect of introducing the above methodology for workplace injuries has been to increase the previously published 2000/01 estimate of 7.3 million working days lost by 0.8 million. The key contributor to this increase has been the imputation for the small proportion of workers who were still off work because of their injury at the time of the survey. Revisions to the 2001/02 ill-health data show reductions (on average 3-4%) in the estimated working days (full-day equivalent) lost and small changes in the rates.

Enforcement

HSE inspectorates and local authorities issue three types of enforcement notices: improvement notices (requiring employers to put right a contravention of health and safety legislation within a specified time limit); immediate prohibition notices (stopping work activity that gives, or will give, rise to a risk of serious personal injury); and deferred notices (stopping a work activity with a specified time).

Sampling errors

The statistics are derived from a number of different sources, some of which are surveys and are therefore subject to sampling errors (because the estimates are based on a sample rather than the whole population). Where possible, '95% confidence intervals' (95% C.I.) are quoted to indicate the range of uncertainty due to this: each of these shows the range of values which we are 95% confident contains the true value. Correspondingly, a difference between two estimates is described as 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

Contacts

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