

Health and Safety Executive Annual Statistics Report

2010/11



Ill health

1.2 million people who worked during the last year were suffering from an illness (long-standing as well as new cases) they believed was caused or made worse by their current or past work. **0.5 million** of these were new conditions which started during the year.

A further **0.7 million** former workers (who last worked over 12 months ago) were suffering from an illness which was caused or made worse by their past work.

2321 people died from mesothelioma in 2009 and thousands more from other occupational cancers and diseases such as COPD.

Enforcement

551 cases were prosecuted by HSE (including **33** by the Procurator Fiscal in Scotland).

129 cases were prosecuted by Local authorities (including **5** by the Procurator Fiscal in Scotland).

18 290 enforcement notices were issued by all enforcing authorities.

Injuries

171 workers were killed at work, a rate of **0.6** fatalities per 100 000 workers.

115 379 other injuries to employees were reported under RIDDOR, a rate of 462.1 per 100 000 employees.

200 000 reportable injuries (defined as over 3 day absence) occurred, according to the Labour Force Survey, a rate of **710** per 100 000 workers.

Working days lost

26.4 million days were lost overall, on average 15 days per case of work-related illness or workplace injury.

22.1 million due to work-related ill health and **4.4 million** due to workplace injury.

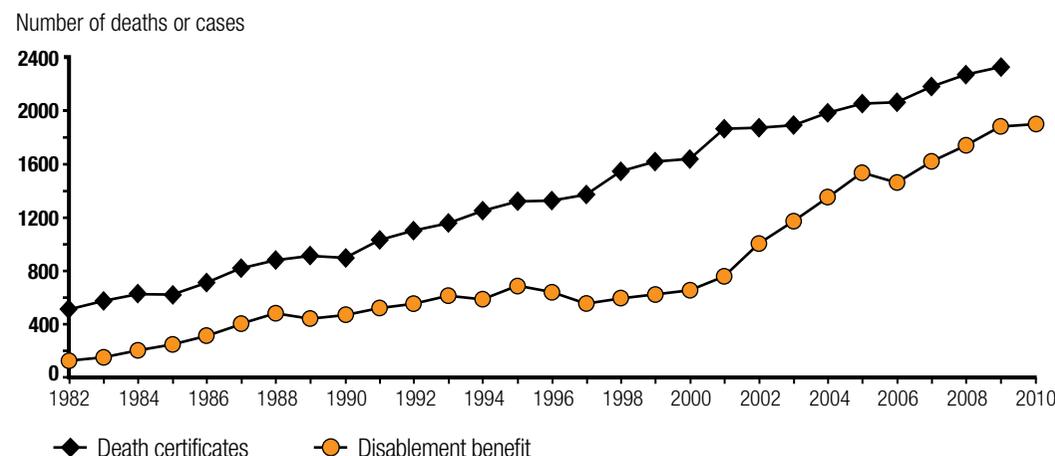
Economic costs to Britain

Workplace injuries and ill health (excluding cancer) cost society an estimated **£14 billion** in 2009/10.

Fatal diseases

- Each year thousands of people die from work related diseases mainly due to exposures many years ago.
- Numbers of deaths from diseases that can be caused by both occupational and non-occupational factors, such as cancer, usually have to be estimated rather than counted.
- The current estimate of the annual number of occupational cancer deaths in Great Britain is around 8000. Results of work to estimate the number of cancers that result from current working conditions will be published in due course.
- About 4000 cancer deaths each year are due to past exposure to asbestos.
- In 2009 there were 411 deaths where asbestosis is likely to have contributed as a cause. There were 189 deaths with asbestosis recorded as the underlying cause, and 158 from other types of pneumoconiosis, mostly due to coal dust and silica.
- Around 15% of Chronic Obstructive Pulmonary Disease (COPD – including bronchitis and emphysema) may be work related. This suggests there could be some 4000 COPD deaths each year due to past occupational exposures to fumes, chemicals and dusts.

Mesothelioma deaths and disablement benefit cases 1982–2010

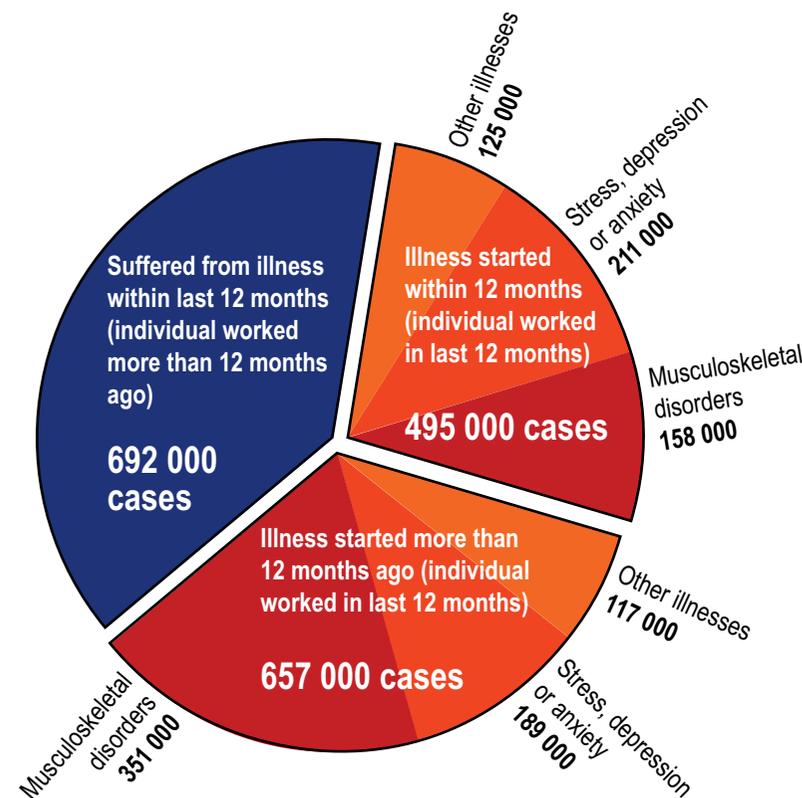


- The total number of mesothelioma deaths has increased from 153 in 1968 to 2321 in 2009. There were 1933 deaths among men in 2009 with the annual number predicted to increase to a peak of about 2100 around the year 2016.
- Mesothelioma deaths occurring now reflect industrial conditions of the past. Male deaths under 55 have been falling since the early 1990's

Self-reported ill health

- In 2010/11 an estimated 1.8 million people were suffering from an illness (long standing as well as new cases) they believed was caused or made worse by their current or past work.
- 1.2 million worked in the last 12 months, and a further 0.7 million were former workers.
- 0.5 million were new cases amongst those working in the last 12 months.
- Around three-quarter of new work-related conditions were either musculoskeletal disorders or stress, depression or anxiety.

Self-reported illness caused or made worse by work, 2010/11



Source: Labour Force Survey

Estimated new and total cases of self-reported work-related illness by type of illness, for people working in the last 12 months

| | | New cases of work-related illness in the last 12 months (thousands) | | | Total number of cases of work-related illness in the last 12 months (thousands) | | |
|--------------------------------------|---------|---|-------------------------|-------|---|-------------------------|-------|
| | | central | 95% Confidence interval | | central | 95% Confidence interval | |
| | | | lower | upper | | lower | upper |
| All illnesses | 2006/07 | 612 | 575 | 649 | 1384 | 1328 | 1439 |
| | 2007/08 | 562 | 526 | 599 | 1260 | 1205 | 1314 |
| | 2008/09 | 549 | 511 | 586 | 1179 | 1124 | 1234 |
| | 2009/10 | 554 | 515 | 593 | 1265 | 1206 | 1324 |
| | 2010/11 | 495 | 455 | 534 | 1152 | 1092 | 1211 |
| Musculoskeletal disorders | 2006/07 | 230 | 207 | 253 | 642 | 605 | 680 |
| | 2007/08 | 178 | 158 | 198 | 539 | 504 | 574 |
| | 2008/09 | 191 | 169 | 212 | 536 | 500 | 573 |
| | 2009/10 | 190 | 166 | 214 | 572 | 532 | 612 |
| | 2010/11 | 158 | 135 | 180 | 508 | 469 | 548 |
| Stress, depression or anxiety | 2006/07 | 242 | 219 | 265 | 455 | 424 | 487 |
| | 2007/08 | 236 | 213 | 260 | 441 | 409 | 474 |
| | 2008/09 | 229 | 205 | 254 | 414 | 382 | 446 |
| | 2009/10 | 233 | 209 | 258 | 435 | 401 | 468 |
| | 2010/11 | 211 | 186 | 237 | 400 | 365 | 435 |

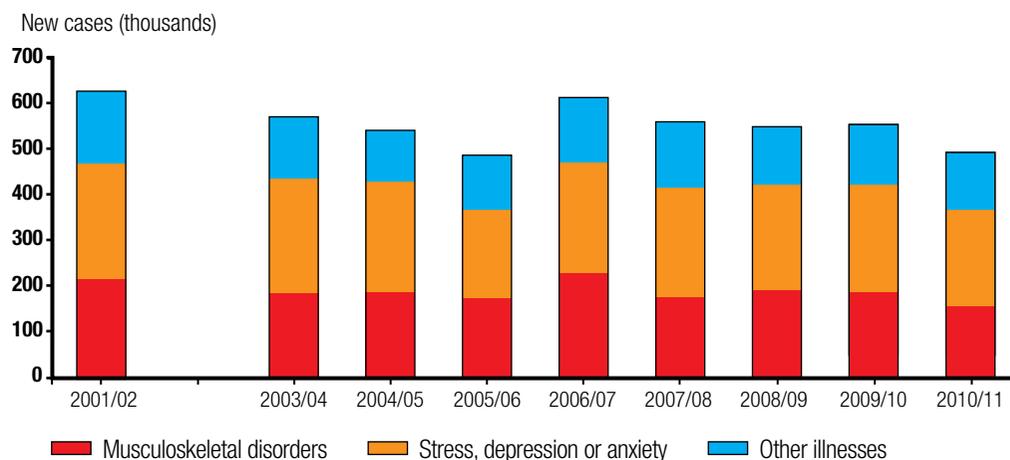
Source: Labour Force Survey

New cases of self-reported work-related illness

- New cases of self-reported work-related ill health have generally fallen over the past decade.
- The number of new cases of stress, depression or anxiety has fallen from an estimated 254 000 in 2001/02 to 211 000 and musculoskeletal disorders from an estimated 216 000 in 2001/02 to 158 000.

New cases of self-reported work-related illness amongst people who worked in the last 12 months

Note: average sample variability +/-7% on the total



Source: Labour Force Survey

Note: No data on work-related ill health was collected in 2002/03

Reports of ill health by doctors and specialist physicians

Since 2005, a surveillance scheme has collected reports of new cases of work-related ill health from a sample of around 300 general practitioners (GPs). In 2010:

- Musculoskeletal disorders were the most common type of work-related illness.
- Stress, depression or anxiety gives rise to most working days lost.
- The overall rate of new cases of work related ill health is roughly 1500 cases per 100 000 workers (similar to the rate from the LFS).

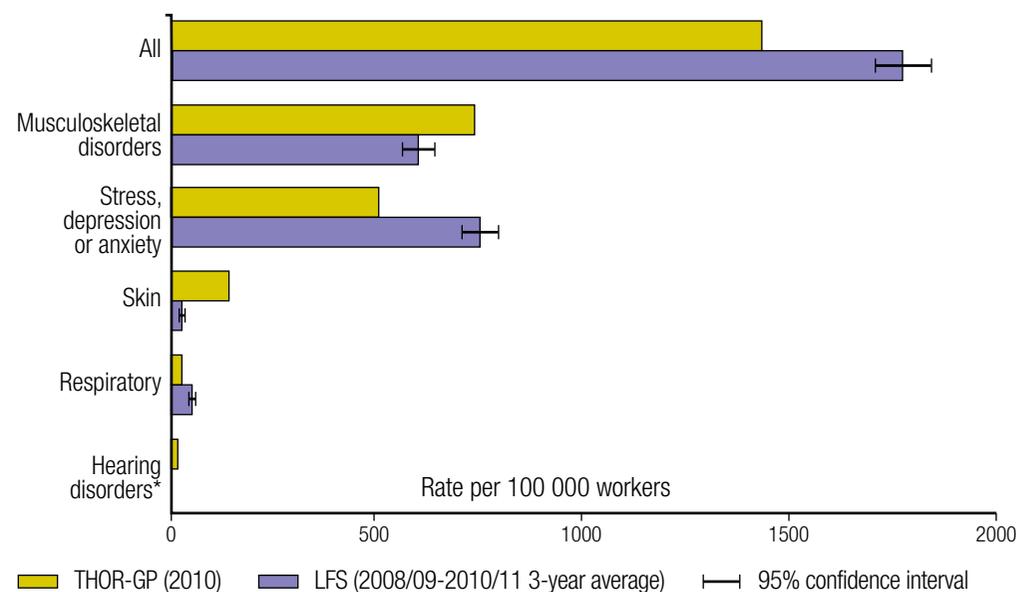
Other surveillance schemes collect reports from specialist physicians on specific types of work-related ill health. For example, in 2010 the scheme involving hospital dermatologists recorded over 1100 confirmed cases of work-related dermatitis.

Ill health assessed for industrial injuries disablement benefit (IIDB) in 2010

- There were about 34 000 new IIDB cases, an increase from an annual figure of around 7000.
- This increase was solely due to osteoarthritis of the knee in miners which was added to the prescribed diseases list in July 2009 (28 000 cases in 2010).

- The next largest categories were vibration white finger, carpal tunnel syndrome and respiratory diseases associated with past exposures to substances such as asbestos and coal dust.
- Apart from asbestos related disease and osteoarthritis of the knee, the trend in numbers is generally downwards.

Comparison between THOR-GP and LFS rates for new cases of ill health

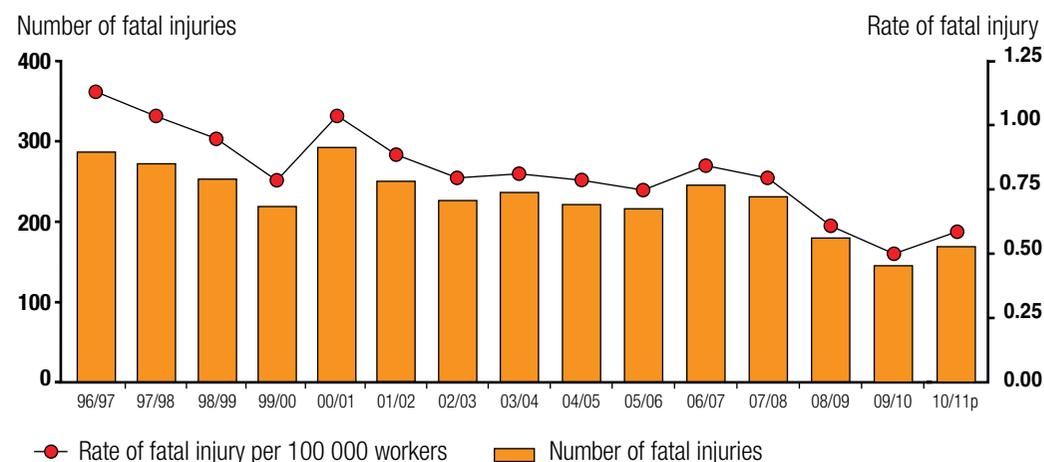


*Labour Force Survey sample numbers are too small to provide reliable rate

Fatal injuries to workers

- There were 171 workers fatally injured in 2010/11 (provisional), equivalent to a rate of fatal injury of 0.6 per 100 000 workers.
- The latest rate shows an increase compared to the previous year, although the inclusion of the 2010/11 data into the longer-term time series is consistent with a continuing downward trend.
- The rate for 2010/11 compares to a rate of 0.7 when an average of the previous five years is examined.
- Of the main industrial sectors, construction, agriculture and waste and recycling have the highest rates. These sectors accounted for 50, 34 and nine fatal injuries respectively.

Number and rate of fatal injuries to workers



| Year | Employees | | Self-employed | | Workers | |
|----------|-----------|----------|---------------|----------|---------|----------|
| | Number | Rate (a) | Number | Rate (b) | Number | Rate (c) |
| 2006/07 | 191 | 0.8 | 56 | 1.4 | 247 | 0.8 |
| 2007/08 | 178 | 0.7 | 55 | 1.4 | 233 | 0.8 |
| 2008/09 | 127 | 0.5 | 52 | 1.3 | 179 | 0.6 |
| 2009/10 | 104 | 0.4 | 43 | 1.0 | 147 | 0.5 |
| 2010/11p | 120 | 0.5 | 51 | 1.2 | 171 | 0.6 |

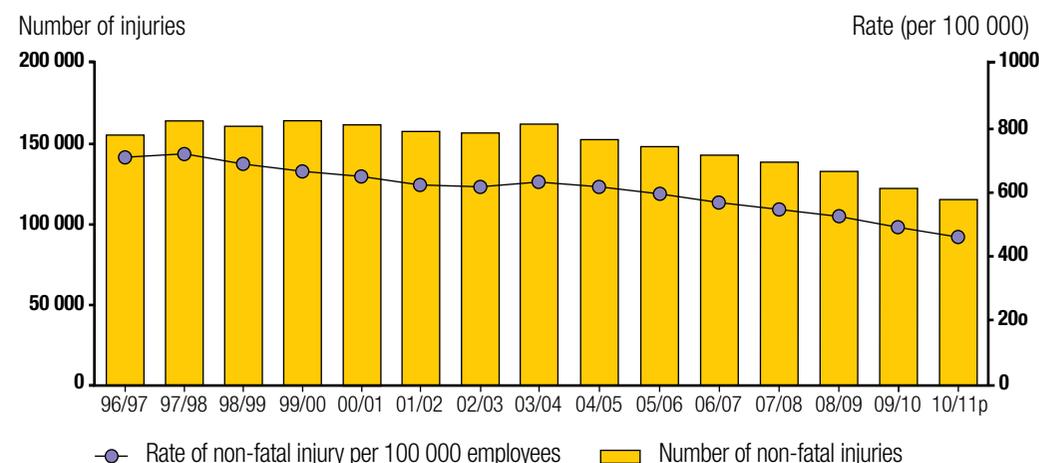
(a) per 100 000 employees (b) per 100 000 self-employed (c) per 100 000 workers

Employer reported non-fatal injuries

In 2010/11 there were 115 379 reported non-fatal injuries to employees. The corresponding rate was 462.1 per 100 000.

- Of these, 24 726 were reported major injuries, with a rate of 99.0 per 100 000. The most common kinds of accident involved slipping or tripping (40%), and falls from a height (16%).
- There were 90 653 over-3-day injuries, with a corresponding rate of 363.1. Of these injuries, the most common kinds of accident involved were caused by handling, lifting or carrying (36%), and slipping or tripping (23%).

Employer reported non-fatal injuries



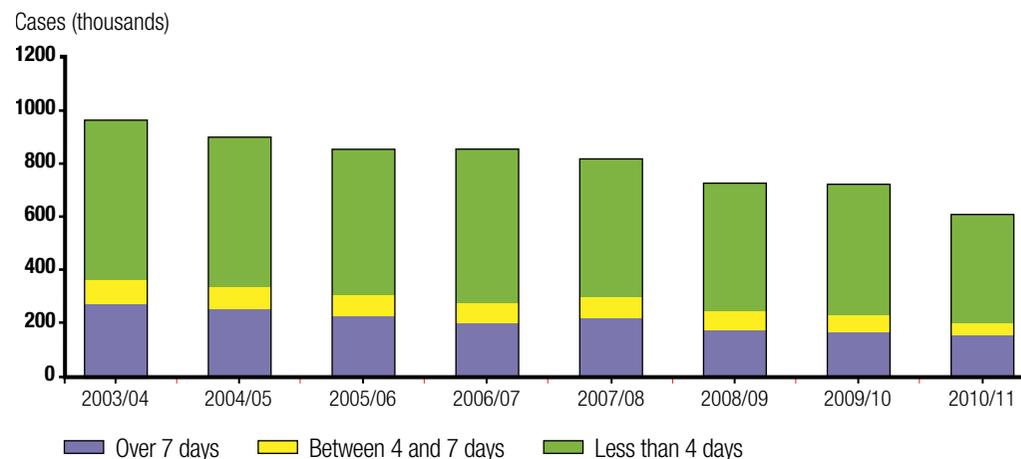
| Year | Number of major injuries to employees | Rate of major injury (per 100 000 employees) | Number of over-3-day injuries to employees | Rate of over-3-day injury (per 100 000 employees) |
|----------|---------------------------------------|--|--|---|
| 2006/07 | 28 544 | 113.5 | 114 653 | 455.8 |
| 2007/08 | 28 199 | 111.1 | 110 054 | 433.8 |
| 2008/09 | 27 894 | 109.4 | 105 261 | 412.8 |
| 2009/10 | 26 268 | 104.8 | 96 427 | 384.7 |
| 2010/11p | 24 726 | 99.0 | 90 653 | 363.1 |

Self-reported injuries

- Self-reported non-fatal injuries have fallen over the last decade, as estimated by the Labour Force Survey.
- Around a quarter of non-fatal injuries have resulted in over 7 days off work and around one third over 3 days.
- Self-reported results suggest that around half of reportable non-fatal injuries (defined as over 3 day absence) are recorded under RIDDOR.

Estimated cases of self-reported non-fatal injury amongst people who worked in the last 12 months, by absence duration

Note: average sample variability +/-11% on the total



| Year | Less than 4 days | | | Between 4 and 7 days | | | Over 7 days | | |
|---------|------------------|-------------------------|-------|----------------------|-------------------------|-------|-------------|-------------------------|-------|
| | central | 95% Confidence interval | | central | 95% Confidence interval | | central | 95% Confidence interval | |
| | | lower | upper | | lower | upper | | lower | upper |
| 2005/06 | 545 | 510 | 580 | 83 | 69 | 97 | 223 | 201 | 246 |
| 2006/07 | 576 | 540 | 613 | 73 | 60 | 85 | 201 | 180 | 223 |
| 2007/08 | 517 | 482 | 552 | 81 | 67 | 95 | 217 | 195 | 240 |
| 2008/09 | 478 | 443 | 513 | 72 | 58 | 86 | 174 | 153 | 194 |
| 2009/10 | 491 | 453 | 528 | 66 | 53 | 80 | 164 | 143 | 185 |
| 2010/11 | 403 | 367 | 439 | 50 | 37 | 62 | 150 | 129 | 172 |

Source: Labour Force Survey

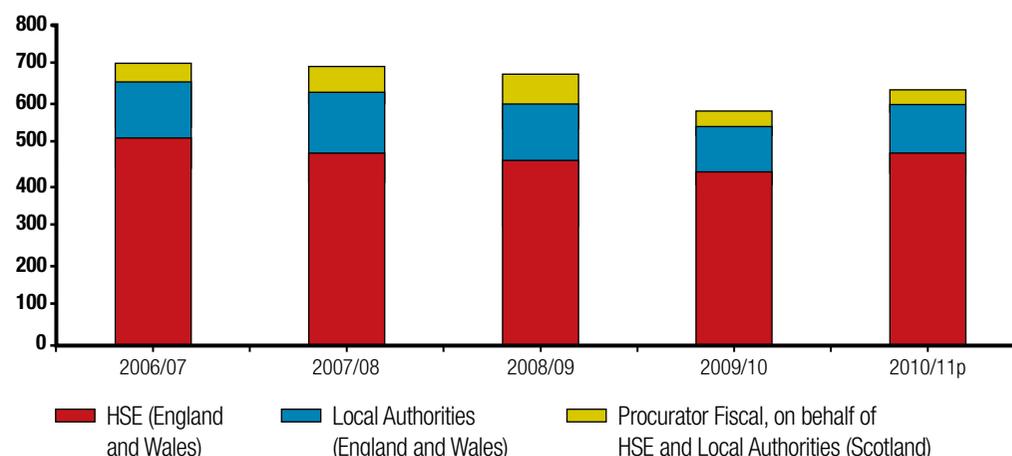
Cases instituted by HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service*

A duty holder may be prosecuted for more than one offence within the same case. The latest information for health and safety cases shows:

- In 2010/11p, HSE prosecuted 551 cases (33 through the Procurator Fiscal in Scotland), an increase of 9% from the previous year.
- Of these 551 cases, a conviction was secured against at least one offence in 517 cases (a conviction rate of 94%).
- Duty holders found guilty of health and safety offences received fines totalling £18.6 million, giving average penalties on conviction of £35 938 per case.
- In 2010/11, local authorities prosecuted 129 cases (5 through the Procurator Fiscal in Scotland), an increase of 10% from the previous year.
- Of these 129 cases, a conviction was secured against at least one offence in 125 cases (97% of all cases proposed).
- Duty holders found guilty of health and safety offences received fines totalling £2.2 million, giving average penalties on conviction of £17 612 per case.

* In Scotland HSE and local authorities investigate potential offences but cannot institute legal proceedings. HSE and local authorities send a report to the Crown Office and Procurator Fiscal Service (COPFS). COPFS makes the final decision whether to institute legal proceedings and which offences are taken. For more information, please see www.hse.gov.uk/statistics/sources.htm#enforcement.

Number of prosecution cases resulting in at least one conviction instituted by HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service* 2006/07-2010/11p



| | | HSE (England and Wales) | Local authorities (England and Wales) | Procurator Fiscal, on behalf of HSE and local authorities (Scotland) |
|--|----------|-------------------------|---------------------------------------|--|
| Cases resulting in at least one conviction | 2006/07 | 517 | 144 | 46 |
| | 2007/08 | 484 | 147 | 66 |
| | 2008/09 | 469 | 139 | 69 |
| | 2009/10 | 439 | 110 | 38 |
| | 2010/11p | 484 | 120 | 38 |

Offences instituted by HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service*

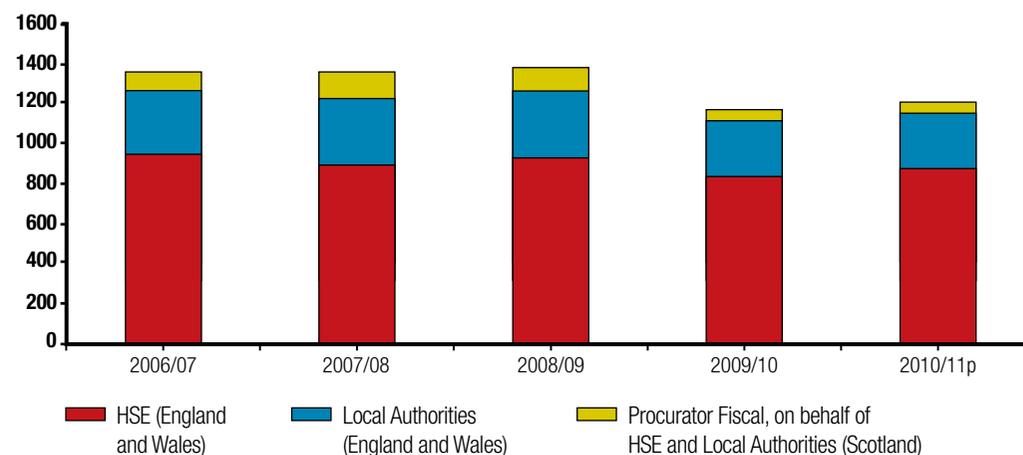
The latest information for health and safety offences shows:

- There were 912 offences prosecuted in Great Britain by HSE (including 34 through the Procurator Fiscal in Scotland), an increase of 3% from the previous year.
- Of these, 774 offences resulted in a conviction, a rate of 85%.
- Duty holders found guilty of health and safety offences received fines totalling £18.6 million, giving average penalties on conviction of £24 005 per breach.
- Local authorities prosecuted a total of 294 offences (including 11 through the Procurator Fiscal in Scotland), an increase of 4% from the previous year.
- These 294 prosecutions resulted in 270 convictions (92%).
- Duty holders found guilty of health and safety offences received fines totalling £2.2 million, an average penalty of £8 154 per breach.

* In Scotland HSE and local authorities investigate potential offences but cannot institute legal proceedings. HSE and local authorities send a report to the Crown Office and Procurator Fiscal Service (COPFS). COPFS makes the final decision whether to institute legal proceedings and which offences are taken.

For more information, please see www.hse.gov.uk/statistics/sources.htm#enforcement.

Offences instituted by HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service* 2006/07-2010/11p



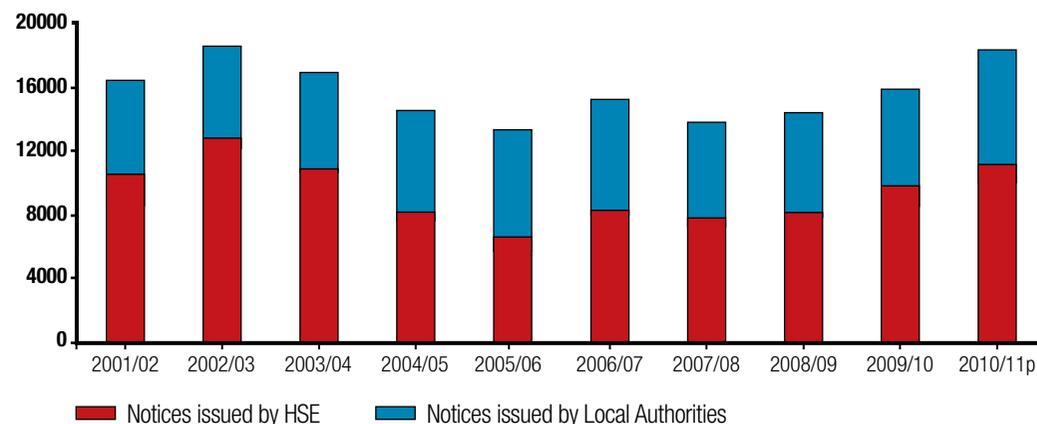
| | HSE (England & Wales) | Local authorities (England & Wales) | Procurator Fiscal, on behalf of HSE and local authorities (Scotland) |
|-----------------|-----------------------|-------------------------------------|--|
| 2006/07 | 945 | 334 | 80 |
| 2007/08 | 891 | 344 | 122 |
| 2008/09 | 926 | 335 | 112 |
| 2009/10 | 838 | 280 | 51 |
| 2010/11p | 878 | 283 | 45 |

Enforcement notices

The number of notices issued by HSE and local authorities fell in the first half of the last decade but increased in each of the last three years.

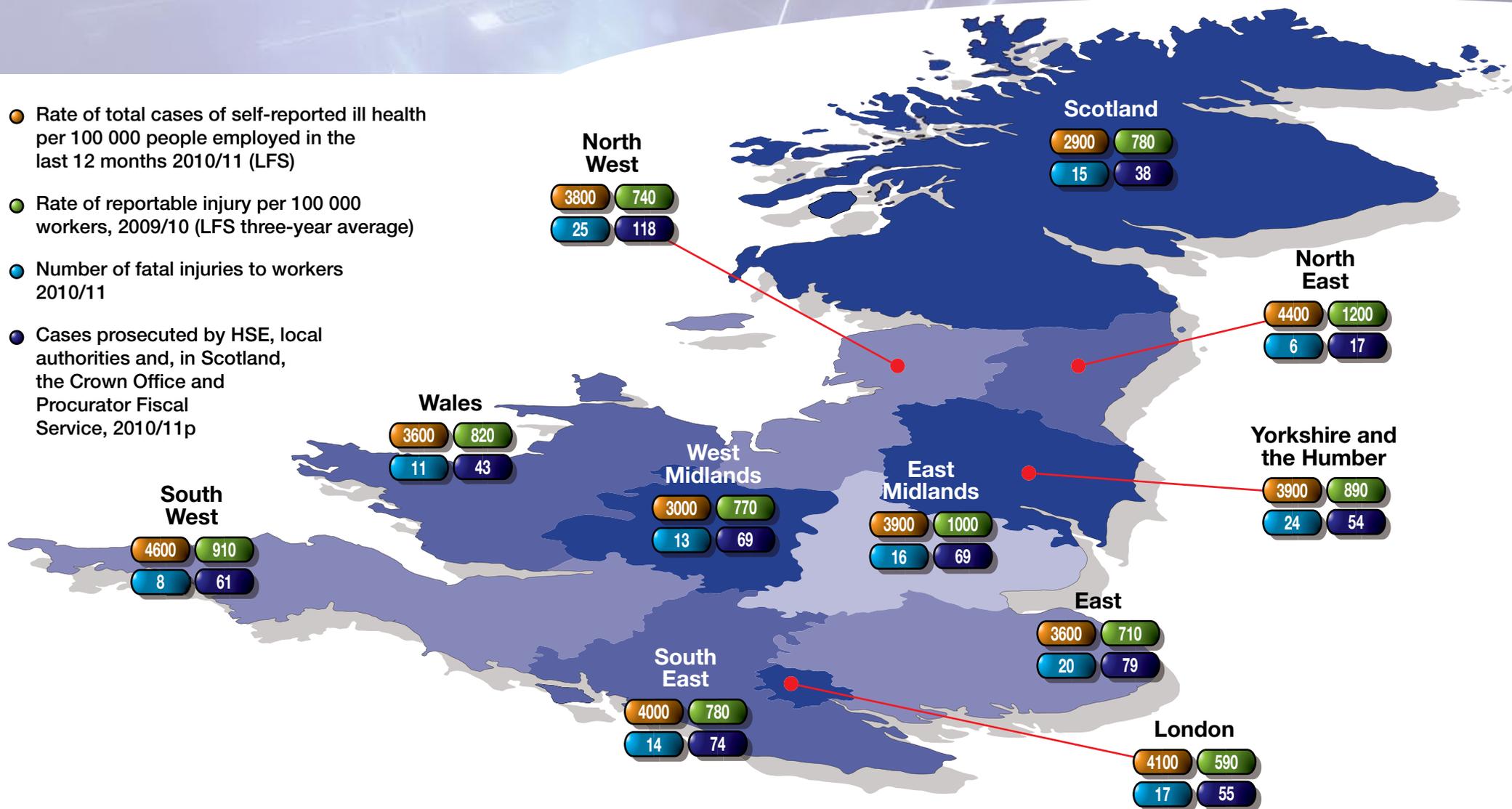
- 18 290 notices were issued by HSE and local authorities in 2010/11, an increase of 16% from the previous year.
- 11 020 enforcement notices were issued by HSE, an increase of 13% from the previous year.
- Improvement notices have shown the greatest increase, up 23% from the previous year.
- Local authorities issued 7 270 notices, an increase of 19% from the previous year.
- Improvement notices have shown the greatest increase, up 20% from the previous year.

Enforcement notices issued by HSE and local authorities



| | | Improvement | Deferred prohibition | Immediate prohibition | Total |
|--------|-------------------|---------------|----------------------|-----------------------|---------------|
| 08/09 | HSE | 4825 | 44 | 3208 | 8077 |
| | Local authorities | 4930 | 40 | 1370 | 6340 |
| | Total | 9755 | 84 | 4578 | 14 417 |
| 09/10 | HSE | 5749 | 47 | 3888 | 9727 |
| | Local authorities | 4680 | 50 | 1380 | 6110 |
| | Total | 10 474 | 97 | 5266 | 15 837 |
| 10/11p | HSE | 7137 | 48 | 3835 | 11 020 |
| | Local authorities | 5620 | 50 | 1600 | 7270 |
| | Total | 12 757 | 98 | 5435 | 18 290 |

- Rate of total cases of self-reported ill health per 100 000 people employed in the last 12 months 2010/11 (LFS)
- Rate of reportable injury per 100 000 workers, 2009/10 (LFS three-year average)
- Number of fatal injuries to workers 2010/11
- Cases prosecuted by HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service, 2010/11p



European Comparisons

Summary of Performance

Although health & safety systems differ across Europe in recording, reporting and enforcement, Eurostat publishes data in as standardised a form as possible. This table compares UK performance on key health and safety measures with other large economies such as Germany, France, Italy, Spain and Poland, and with overall rates for the EU-15 and EU-27 groups of countries, where available.

Key Findings

- In 2008 the rate of fatal injuries in GB was the lowest of those published by Eurostat. GB performs well against other large economies such as Germany, France, Spain, Italy, Poland and France.
- Non-fatal accidents in GB were at a similar level to other large economies in 2007, but better than the overall EU-15 and EU-27 rates.
- Rates of work related ill health resulting in sick leave were lower in GB in 2007 than most other EU countries.
- Overall, GB performance is better than many other European countries in the key outcome areas; accidents, fatalities and levels of self-reported work-related ill health.

| | Peers Germany, France, Italy, Spain, Poland | EU-15 | EU-27 |
|--|---|-------|-------|
| Fatalities - incidence rate per 100 000 employed (Eurostat 2008) | | | |
| Self-reported work related accidents resulting in sick leave (LFS 2007) | | | |
| Self-reported work related health problem resulting in sick leave (LFS 2007)* | | | |

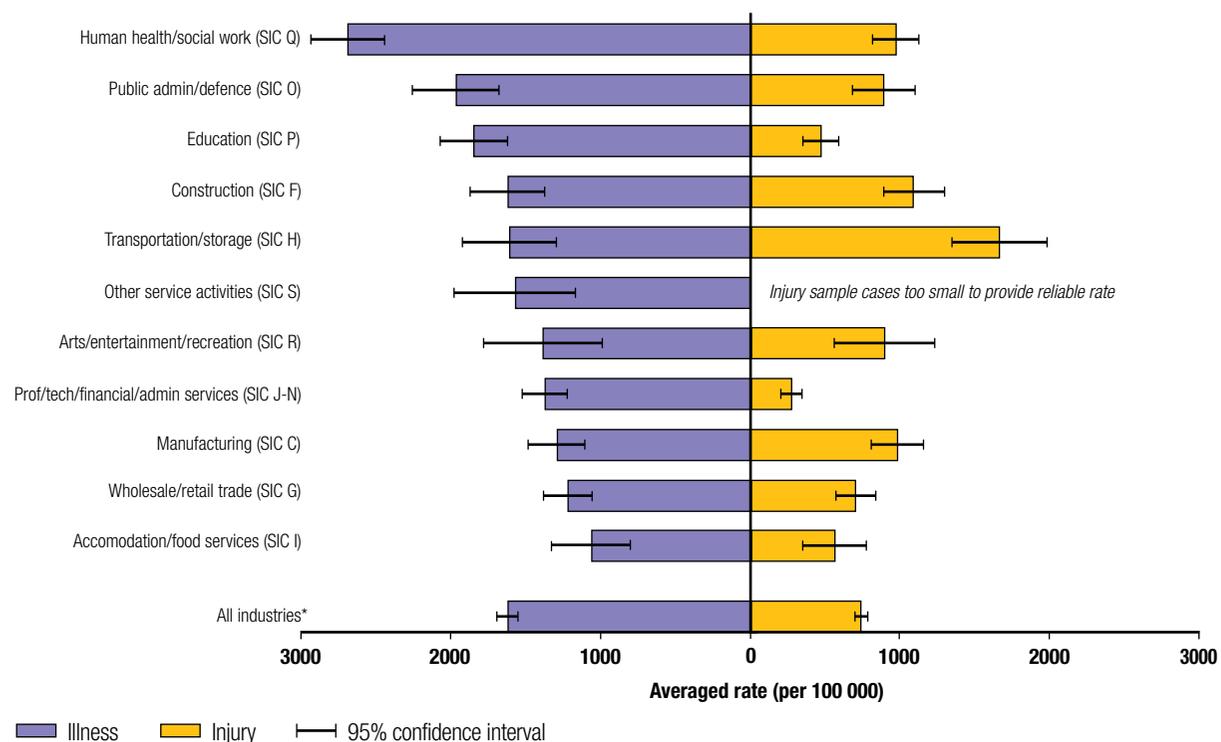
*Methodological differences in data collection mean France is excluded from these comparisons

- UK performance exceeds comparators
- UK performance in line with comparators
- Comparison not available

Self-reported ill health and injuries by industrial sector

- Industry sectors with ill health rates statistically significantly higher than the rate for all industries were human health and social work activities, and public administration and defence.
- For injuries, transport and storage, construction, manufacturing and human health and social work activities had statistically significantly higher rates than for all industry.

Estimated rates of new cases of self-reported work-related illness and reportable non-fatal injury, by industry, for people working in the last 12 months, average 2008/09–2010/11



Source: Labour Force Survey

*Restricted to injuries/ill health in current or most recent job.

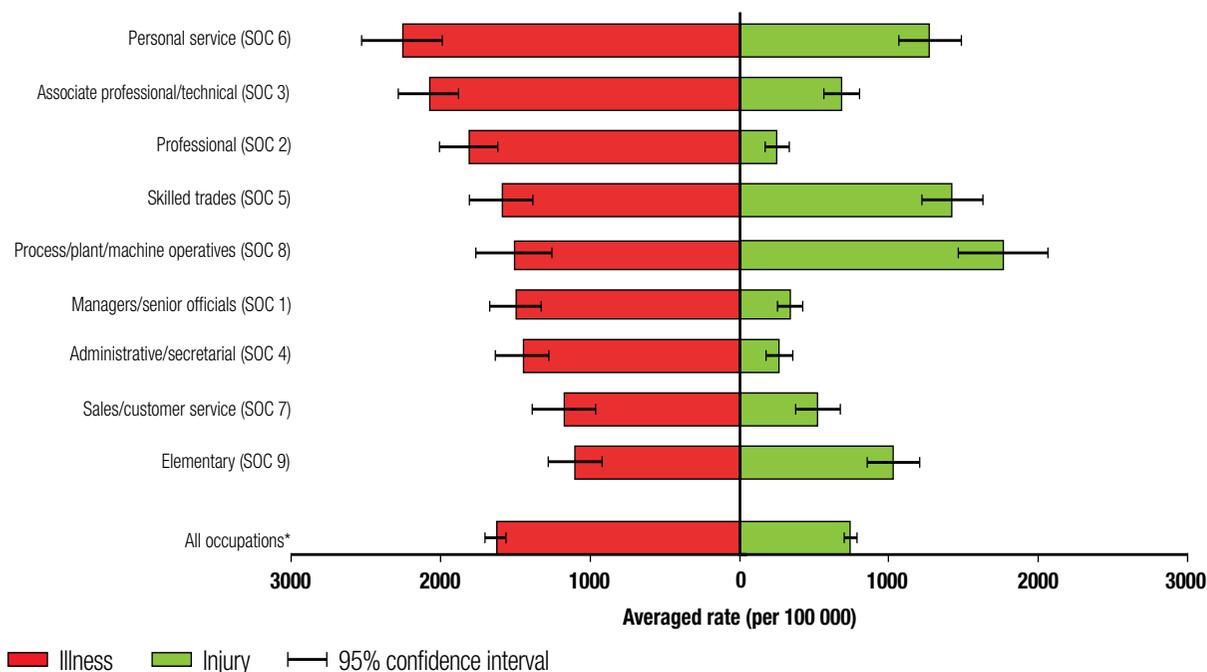
SIC: Standard Industrial Classification (see page 21).

Sample numbers are too small to provide reliable rates for Agriculture, Extraction, Utility supply and Water supply (SIC A, B, D, E), ill health rates for total cases are available for some of these industries http://www.hse.gov.uk/statistics/ifs/wriind2_3yr.xls

Self-reported ill health and injuries by occupation

- Workers in personal service occupations have statistically significantly higher rates of both injury and ill health compared to all occupations.
- Associate professionals and technical occupations had a statistically significantly higher rate for ill health, but relatively low injury rate.
- Process, plant and machine operatives, skilled trade occupations and elementary occupations have injury rates which were statistically significantly higher than the average.

Estimated rates of new cases of self-reported work-related illness and reportable non-fatal injury, by occupation, for people working in the last 12 months, average 2008/09–2010/11



Source: Labour Force Survey

*Restricted to injuries/ill health in current or most recent job.

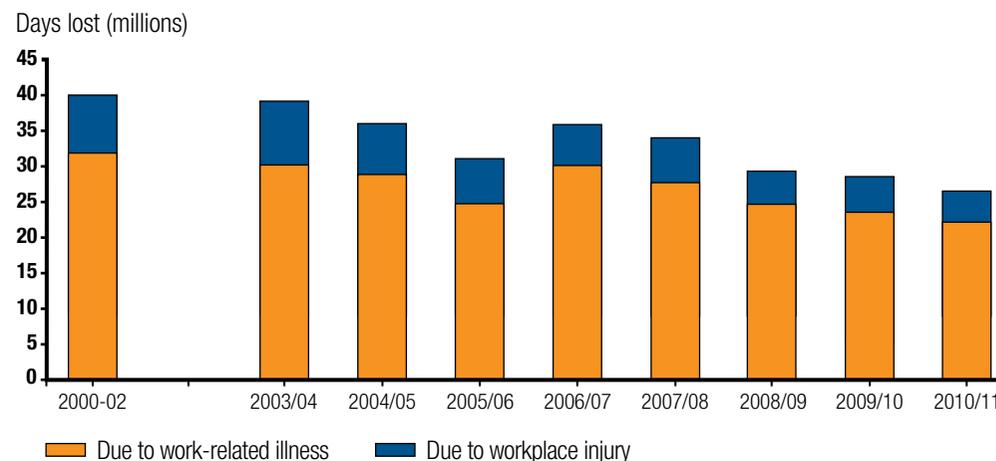
SOC: Standard Occupational Classification (see page 21).

Self-reported working days lost

- Comparable data on working days lost, from the LFS, are only available since 2000/01 (for injuries) and 2001/02 (for ill health). These data sets can be combined to provide a 2000-02 figure.
- The total number of working days lost has fallen over the past decade from an estimated 39.8 million in 2000-02 to 26.4 million
- In 2010/11, 22.1 million days were lost due to work-related illness and 4.4 million due to workplace injuries.
- On average, each person suffering took around 15 days off work, 19 days for ill health and 7.2 days for injuries on average.
- Stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health, 10.8 and 7.6 million days respectively.
- The average days lost per case for stress, depression or anxiety (27 days) was higher than for musculoskeletal disorders (15 days).

Estimated self-reported working days lost due to work-related incidents

Note: average sampling variability +/-9% on the total



Source: Labour Force Survey

Note: No data on working days lost was collected in 2002/03.

Estimated working days lost and associated average days lost per case due to self-reported work-related illness or workplace injuries

| | Year | Estimated days lost (thousands) | | | Average days lost per case* | | |
|-----------------------------------|----------------|---------------------------------|-------------------------|--------|-----------------------------|-------------------------|-------|
| | | central | 95% Confidence interval | | central | 95% Confidence interval | |
| | | | lower | upper | | lower | upper |
| All illnesses | 2007/08 | 27 619 | 24 984 | 30 254 | 21.9 | 20.1 | 23.8 |
| | 2008/09 | 24 510 | 21 899 | 27 120 | 20.8 | 18.8 | 22.8 |
| | 2009/10 | 23 427 | 20 878 | 25 976 | 18.5 | 16.7 | 20.4 |
| | 2010/11 | 22 083 | 19 420 | 24 745 | 19.2 | 17.1 | 21.3 |
| All injuries | 2007/08 | 6248 | 5286 | 7210 | 7.7 | 6.6 | 8.8 |
| | 2008/09 | 4694 | 3927 | 5461 | 6.5 | 5.5 | 7.5 |
| | 2009/10 | 5056 | 4004 | 6109 | 7.0 | 5.6 | 8.4 |
| | 2010/11 | 4358 | 3406 | 5311 | 7.2 | 5.7 | 8.7 |
| All illnesses and injuries | 2007/08 | 33 867 | 31 055 | 36 680 | 16.9 | 15.6 | 18.2 |
| | 2008/09 | 29 204 | 26 474 | 31 933 | 15.9 | 14.5 | 17.3 |
| | 2009/10 | 28 483 | 25 698 | 31 269 | 14.9 | 13.5 | 16.2 |
| | 2010/11 | 26 441 | 23 551 | 29 331 | 15.5 | 13.9 | 17.1 |

Source: Labour Force Survey

* "case" refers to persons suffering from a workplace injury or a particular type of work-related illness.

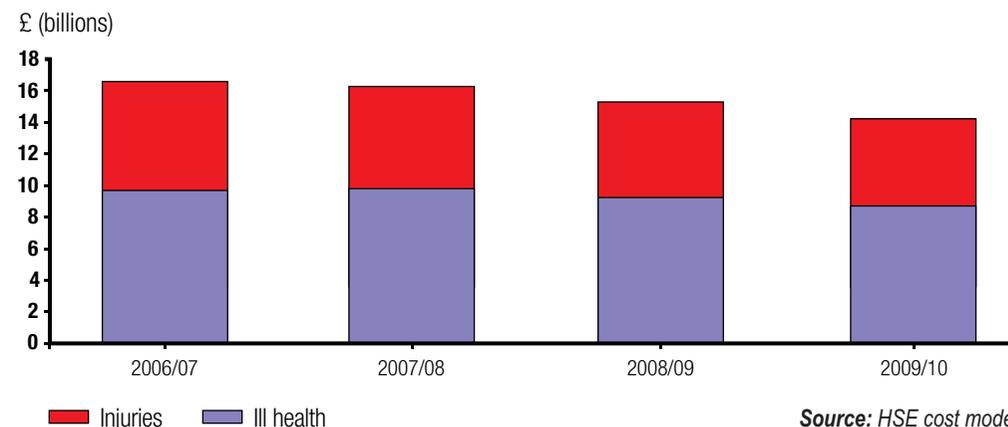
Economic costs to Britain

New estimates show the total cost associated with workplace injuries and ill health in Great Britain (excluding occupational cancer) to be some £14 billion in 2009/10. This total has fallen in the last 3 years, reflecting the downward movements in injury and illness numbers.

- These estimates aim to reflect the economic costs of injuries and common ill health complaints resulting from current working conditions.
- Of the total cost in 2009/10, workplace illness cost society an estimated £8.5 billion; workplace injury (including fatalities) an estimated £5.4 billion.
- Somewhat over half of the total cost in 2009/10 fell on individuals whilst the remainder was shared between employers and government.
- £6.3 billion of the total cost in 2009/10 represents financial costs; the remaining £7.6 billion represents the monetary value given to individuals' 'pain, grief and suffering'.
- Between 2006/07 and 2009/10 the estimated total cost fell by around £2 billion (£14 billion in 2009/10 compared with £16 billion in 2006/07).
- Cost estimates for 2006/07 and onwards are not directly comparable with previously published figures, being based on new, more accurate methods.
- Further work is underway to estimate costs of less common work-related illness conditions such as cancer. These costs could be considerable.

Total cost of workplace fatalities, injuries and ill health in Great Britain, 2006/07-2009/10 (2009 prices)

Note: average sampling variability +/-8% on the total



Estimated costs to Britain of work related injuries and ill health by cost bearer (2006/07 and 2009/10)

| Cost bearer | Period | Estimated cost (£billions, 2009 prices) | | | % of total cost |
|-----------------------|---------|---|-------------------------|-------|-----------------|
| | | central | 95% Confidence interval | | |
| | | | lower | upper | |
| Individuals | 2006/07 | 9.4 | 8.5 | 10.2 | 58% |
| | 2009/10 | 7.6 | 6.8 | 8.4 | 55% |
| Employers | 2006/07 | 3.4 | 3.3 | 3.5 | 21% |
| | 2009/10 | 3.1 | 3.0 | 3.1 | 22% |
| Government | 2006/07 | 3.5 | 3.1 | 3.9 | 21% |
| | 2009/10 | 3.3 | 2.9 | 3.7 | 24% |
| Total cost to society | 2006/07 | 16.3 | 15.0 | 17.5 | 100% |
| | 2009/10 | 13.9 | 12.7 | 15.1 | 100% |

Sources and definitions

The Labour Force Survey (LFS): A national survey of over 50 000 households each quarter which provides information on the UK labour market. HSE commissions annual questions in the LFS to gain a view of work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE. Further details about the LFS, and more specifically the HSE commissioned questions, are available from www.hse.gov.uk/statistics/lfs/technicalnote.htm

2001/02-2009/10 results have been revised (November 2011) as LFS data sets have been reweighted using the 2010 revised population estimates for each quarter (back to mid 2001).

Self-reported work-related illness (SWI): People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. Estimated total cases include long-standing as well as new cases. New cases consist of those who first became aware of their illness in the last 12 months. HSE has carried out SWI surveys, linked to the LFS, periodically since 1990 and annually since 2003/04.

Reports of ill health by doctors and specialist physicians:

These reports of work-related ill health are gathered in surveillance schemes run by the The Health and Occupation Reporting network (THOR and THOR-GP). Statistical tables covering patients seen by specialists are available annually from the early 1990s for work-related respiratory disorders and skin disease, from 1998 for musculoskeletal disorders and from 1999 for mental ill health. THOR-GP has been fully established since 2006.

Ill health assessed for disablement benefit (IIDB): New cases of specified 'prescribed diseases' (with an established occupational cause) assessed for compensation under the Industrial Injuries Disablement Benefit scheme. IIDB statistics are available annually from the 1980s or earlier.

Death certificates: Page 2 refers to deaths from some types of occupational lung disease, including the asbestos-related diseases mesothelioma and asbestosis

Standard Industrial Classification (SIC): The system used in UK official statistics for classifying businesses by the type of activity they are engaged in. This has been revised several times since first introduced in 1948. The version used in these statistics is SIC 2007 which is the first major revision to the classification since 1992. For more information, please see <http://www.hse.gov.uk/statistics/industry/sic2007.htm>

Standard Occupational Classification (SOC): The system used in UK official statistics for classifying workers by the type of job they are engaged in. The version used in these statistics is SOC 2000.

Employment Data: With the release of the Annual Statistics Report in November 2011, HSE will be changing its source of employment data to the Annual Population Survey (APS). The APS is a comprehensive single data source that will provide HSE with insight into a wide range of working structures, as well as ensuring that employment data being used for ill health and injury rate calculations is consistent and therefore comparable.

p: Provisional.

n/a: Not available

RIDDOR 95: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, under which fatal and specified nonfatal injuries to workers and members of the public arising from work activity are reported by employers and others to the relevant enforcing authority. These are HSE, local authorities and the Office of Rail Regulation (ORR). Prior to 1 April 2006 safety on railways was enforced by HSE, and ORR since. The RIDDOR figures include railways data, provided by ORR, although the breakdown by country/region on page 13 excludes railways.

Certain types of work-related injury are not reportable under RIDDOR and hence are excluded from these figures. Particular exclusions include fatalities and injuries to the armed forces and injuries from work-related road collisions. For more information on the coverage of RIDDOR, see www.hse.gov.uk/statistics/sources

Reported major injuries: Specified serious injuries to workers, including most fractures, amputations and other injuries leading to resuscitation or 24-hour admittance to hospital.

Reported over-3-day injuries: Other (non-major) injuries to workers that lead to absence from work, or inability to do their usual job, for over three days.

Reportable injuries from the Labour Force Survey (LFS): Injuries to workers which meet the criteria to be reportable under RIDDOR because the injured person was absent from work for more than 3 days, as estimated from the LFS. HSE has placed a set of injury questions on the LFS in 1990 and annually since 1993. LFS injury rates are generally presented as three-year averages to provide a more robust series of estimates.

Working days lost: Days off work due to workplace injuries and work-related ill health, as estimated from the LFS. The figures are expressed as full-day equivalents, to allow for variation in daily hours worked, and are available for 2000/01 (injuries), 2001/02 (ill health), and annually (for both injuries and ill health) from 2003/04.

Rate per 100 000: The number of injuries or cases of ill health per 100 000 employees or workers, either overall or for a particular industry or area.

95% confidence intervals: The range of values which we are 95% confident contains the true value, in the absence of bias. This reflects the potential error that results from surveying a sample rather than the entire population. A difference between two estimates is 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

HSE cost model: developed to estimate the costs of injury and common ill health complaints arising from current working conditions. It uses the number of fatalities reported under RIDDOR and the estimated number of people reporting a non-fatal workplace injury or work-related illness in the LFS/SWI (the latter are restricted to reports of newly occurring illness to best capture costs arising from current working conditions). The cost model allows for those people who permanently leave the workforce as a result of their workplace injury or illness, again estimated from the LFS/SWI. Information on financial costs comes from various sources including ONS surveys on earnings, NHS data on treatment costs and DWP figures on benefit rates. Non-financial costs are based on the value that individuals would be willing to pay to have reduced risk of death or avoid reductions in quality of life which result from injury or illness. The cost model approach uses similar methods to other Government Departments.

Enforcement notices and offences prosecuted: The relevant enforcing authorities are HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service (COPFS). In Scotland, HSE and local authorities investigate potential offences but cannot institute legal proceedings. HSE and local authorities send a report to the COPFS and the COPFS make the final decision whether to institute legal proceedings and which offences are taken. The numbers of enforcement notices issued and offences prosecuted are provided by the relevant enforcing authority.

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

Eurostat

Fatal Injuries: Despite issues with comparability, Eurostat publishes data on fatal accidents at work in as standardised a form as possible. Fatalities cover 8 common industry groupings, are standardised to take account of the different structure of working populations across member states, and fatalities due to road traffic accidents are removed to account for GB and Ireland who do not record work-related road traffic accidents.

For further details on the scope and coverage of the fatalities data please see the metadata provided by Eurostat: http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/EN/hsw_acc_work_esms.htm

Labour Force Survey (LFS): The European Union Labour Force Survey (EU LFS) is a large household survey carried out in the 27 Member States of the European Union, 3 candidate countries and 3 countries of the European Free Trade Association (EFTA). In 2007 the EU-LFS included an ad hoc module asking about accidents at work, work-related health problems, and exposure to factors that can adversely affect mental well-being or physical health in the previous 12 months.