

Health and Safety Executive Annual **Statistics** Report

2011/12



Ill health

1.1 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.

2347 people died from mesothelioma in 2010 and thousands more from other occupational cancers and diseases such as COPD.

Injuries

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

111 164 other injuries to employees were reported under RIDDOR, a rate of **445.4** per 100 000 employees.

212 000 injuries leading to over-3-day absence occurred, according to the Labour Force Survey, a rate of **750** per 100 000 workers.

Working days lost

27 million days were lost overall (**17** days per case).

22.7 million due to work-related ill health and **4.3 million** due to workplace injury.

Economic costs to Britain

Workplace injuries and ill health (excluding cancer) cost society an estimated **£13.4 billion** in 2010/11.

Enforcement

551 cases were prosecuted by HSE in England and Wales.

95 cases were prosecuted by local authorities in England and Wales.

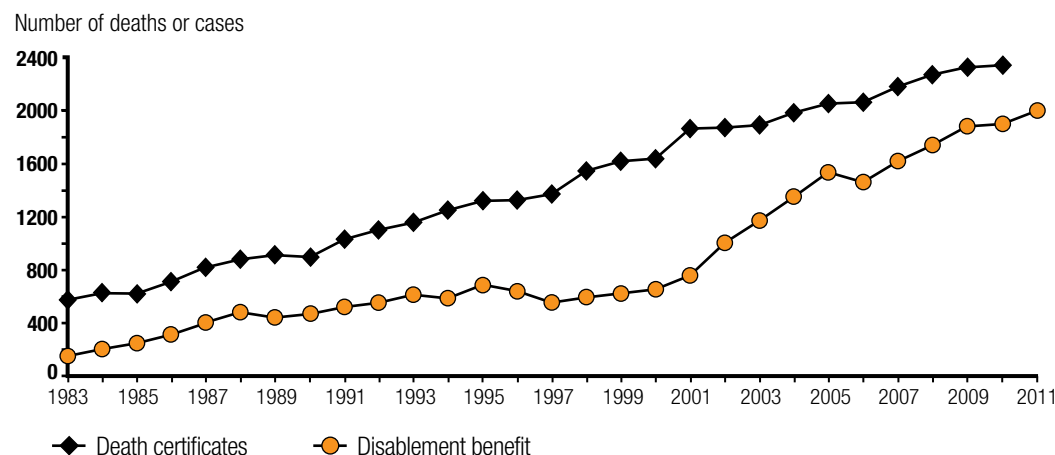
34 cases were prosecuted by the Procurator Fiscal in Scotland.

15 955 enforcement notices were issued by HSE and local authorities.

Fatal diseases

- Each year thousands of people die from work-related diseases mainly due to exposures many years ago.
- 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 (based on 2005 data).
- About 4500 cancer deaths each year are due to past exposure to asbestos.
- In 2010 there were 412 deaths where asbestosis is likely to have contributed as a cause. There were 169 deaths with asbestosis recorded as the underlying cause, and 144 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.

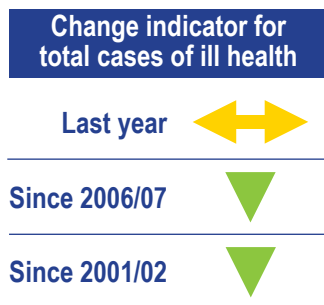
Mesothelioma deaths and disablement benefit cases 1983–2011



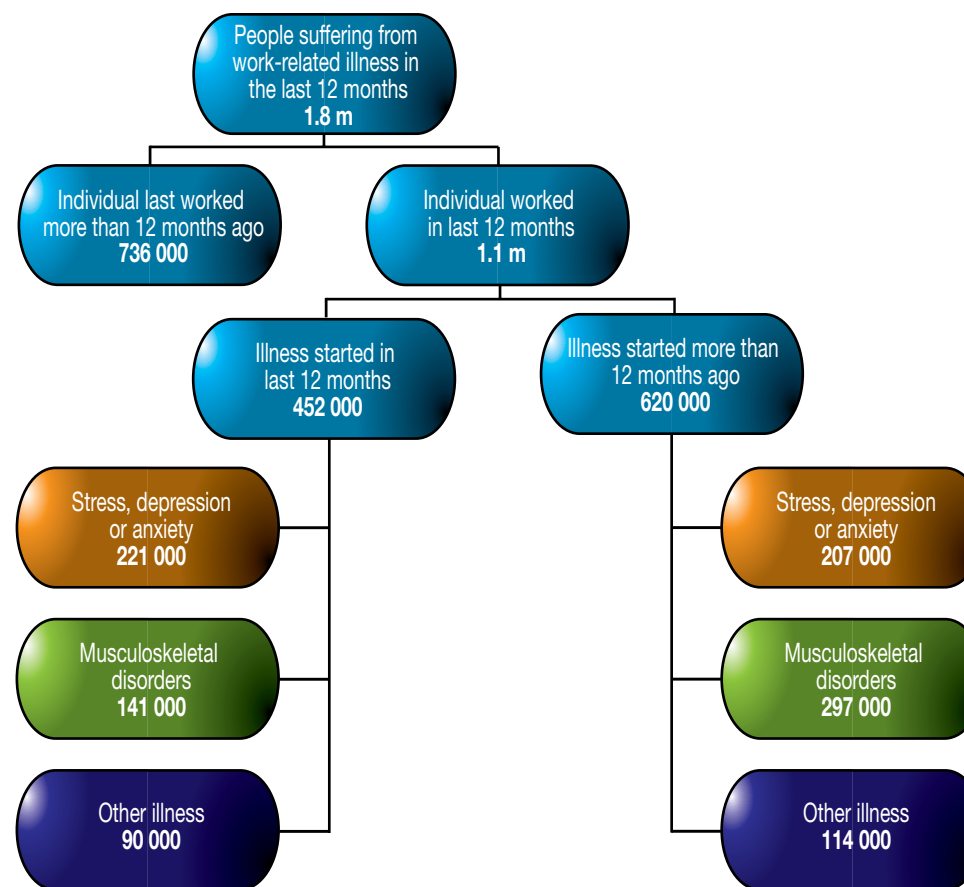
- The total number of mesothelioma deaths has increased from 153 in 1968 to 2347 in 2010. There were 1946 deaths among men in 2010 with the annual number predicted to increase to a peak of about 2100 around the year 2016.
- Mesothelioma deaths occurring now reflect industrial conditions of the past. Male deaths under 55 have been falling since the early 1990s.

Self-reported ill health

- In 2011/12 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.
- 1.1 million worked in the last 12 months, and a further 0.7 million were former workers.
- 452 thousand were new cases among those working in the last 12 months.
- Around 80% of new work-related conditions were either musculoskeletal disorders or stress, depression or anxiety.



Self-reported illness caused or made worse by work, 2011/12



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	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
	2011/12	452	416	489	1073	1017	1129
Musculoskeletal disorders	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
	2011/12	141	120	161	439	404	474
Stress, depression or anxiety	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
	2011/12	221	196	246	428	393	464

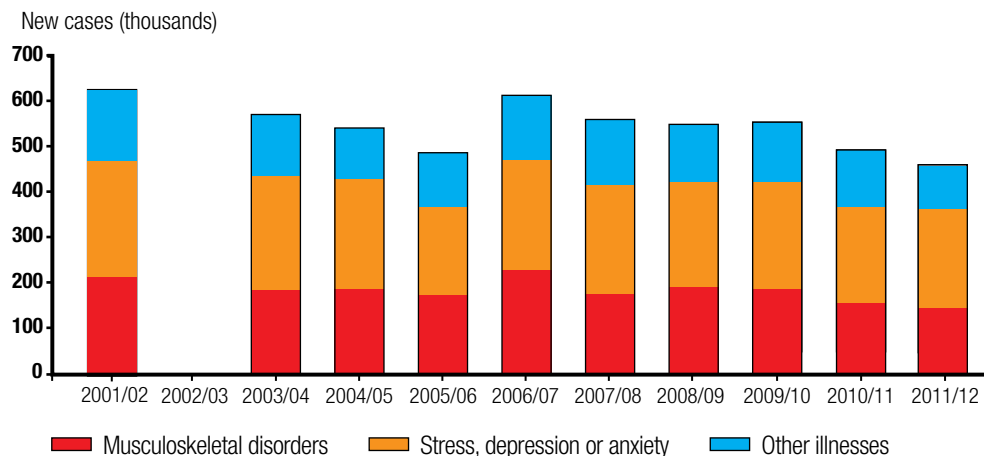
Source: Labour Force Survey

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 221 000 and musculoskeletal disorders from an estimated 216 000 in 2001/02 to 141 000.

Estimated new cases of self-reported work-related illness among 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

Change indicator for ill health incidence

Last year

Since 2006/07

Since 2001/02

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 2011:

- musculoskeletal disorders were the most common type of work-related illness.
- mental ill health gives rise to most working days lost.
- the overall rate of new cases of work-related ill health was roughly 1250 cases per 100 000 workers (about a quarter less than the estimate from the Labour Force Survey).

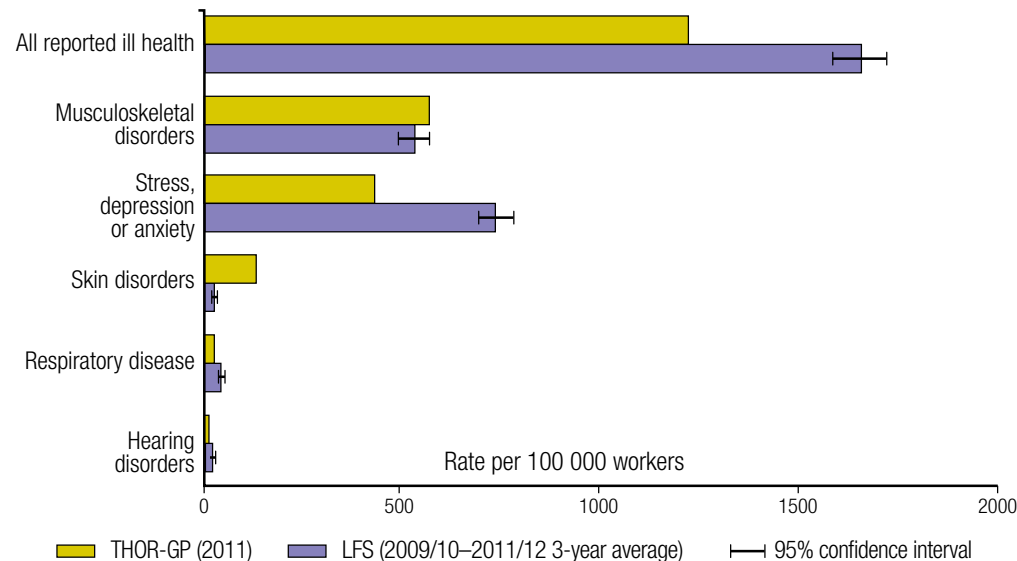
Other surveillance schemes collect reports from specialist physicians on specific types of work-related ill health. For example, in 2011 the scheme involving hospital dermatologists recorded 1200 confirmed cases of work-related dermatitis.

Ill health assessed for industrial injuries disablement benefit (IIDB) in 2011

- There were about 10 500 new IIDB cases, which is still above the annual figure of around 7000.
- This excess remains solely due to osteoarthritis of the knee in miners and carpet/floor fitters, which was added to the prescribed

- diseases list in July 2009 (28 000 cases in 2010 and 5100 in 2011).
- 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.

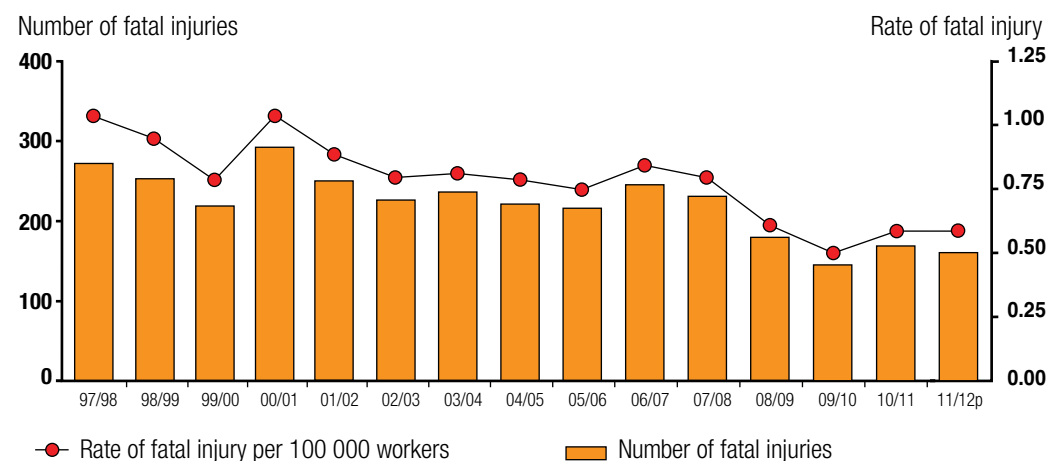
Comparison between THOR-GP and LFS rates for new cases of ill health



Fatal injuries to workers

- There were 173 workers fatally injured in 2011/12 (provisional), equivalent to a rate of fatal injury of 0.6 per 100 000 workers.
- With the inclusion of the 2011/12 data into the time series, the trend for the latest four years appears to show a levelling-off in the previous downward trend.
- The rate for 2011/12 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 49, 33, and five fatal injuries to workers, respectively.

Number and rate of fatal injuries to workers



Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
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
2010/11	122	0.5	53	1.3	175	0.6
2011/12p	118	0.5	55	1.3	173	0.6

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

Change indicator for worker fatalities

Last year

Since 2006/07

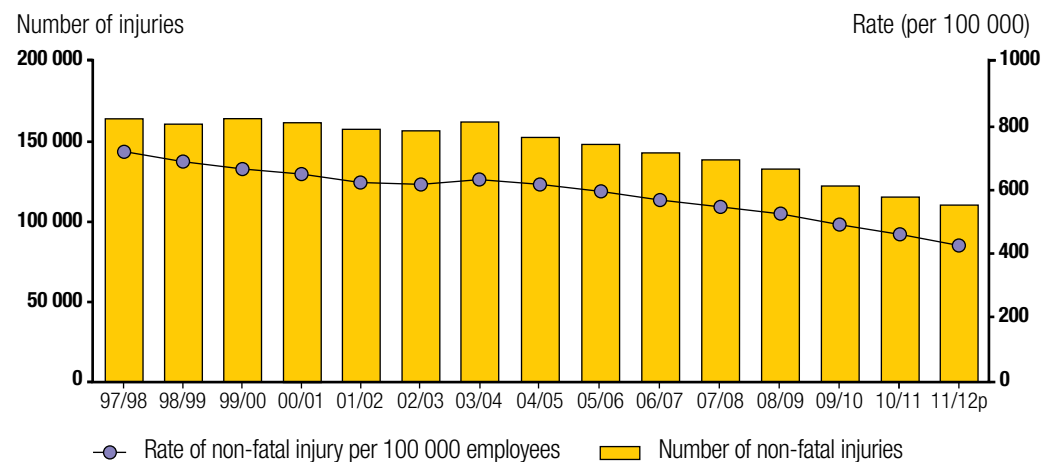
Since 2001/02

Employer-reported non-fatal injuries

In 2011/12 there were 111 164 reported non-fatal injuries to employees. The corresponding rate was 445.4 per 100 000.

- Of these, 22 433 were reported major injuries, with a rate of 89.9 per 100 000. The most common kinds of accident involved slips or trips (40%), and falls from a height (14%).
- There were 88 731 reported over-3-day injuries, with a corresponding rate of 355.5. Of these injuries, the most common kinds of accident were caused by handling, lifting or carrying (32%), and slips or trips (24%).

Employer-reported non-fatal injuries



Change indicator for non-fatal reported injuries	
Last year	▼
Since 2006/07	▼
Since 2001/02	▼

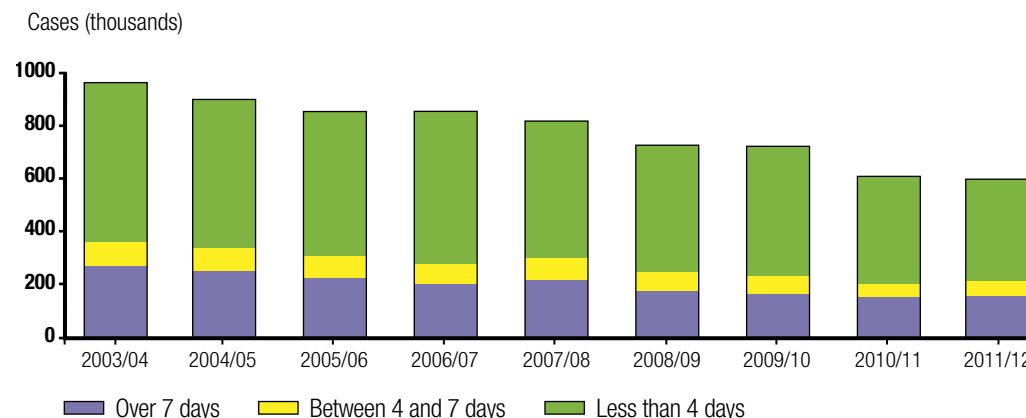
Year	Number of major injuries to employees	Rate of major injury (per 100 000 employees)	Number of over-3-day injuries to employees	Rate of over-3-day injury (per 100 000 employees)
2007/08	28 199	111.1	110 054	433.8
2008/09	27 894	109.4	105 261	412.7
2009/10	26 268	104.9	96 427	385.1
2010/11	24 944	99.9	91 742	367.5
2011/12p	22 433	89.9	88 731	355.5

Self-reported injuries

- Self-reported non-fatal injuries have fallen by an average 6% each year since 2003/04, as estimated by the Labour Force Survey.
- Around a quarter of non-fatal injuries have resulted in over 7 days absence from work and around one third over 3 days.
- Self-reported results suggest that just over half of reportable non-fatal injuries to employees are recorded under RIDDOR, with the self-employed reporting a much smaller proportion.

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

Note: average sample variability +/-6% on the total



Non-fatal injury cases (thousands)

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
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
2011/12	379	345	413	56	43	69	156	134	178

Source: Labour Force Survey

Change indicator for self-reported injuries

Last year

Since 2006/07

Since 2001/02

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

Across Great Britain, 680 cases were prosecuted for health and safety breaches in 2011/12p (including cases where multiple offences were brought). These cases led to 630 convictions for at least one offence, a conviction rate of 93%, and total fines received of £16.9 million.

Of these 680 cases:

- HSE prosecuted 551 cases in England and Wales, an increase of 6% from the previous year, and secured 506 convictions (92%).
- Local authorities prosecuted 95 cases in England and Wales, a fall of 23% from the previous year, and secured 92 convictions (97%)
- The Procurator Fiscal heard 34 cases in Scotland, a drop of 11% on the previous year, and secured 32 convictions (94%).

Change indicator for cases prosecuted

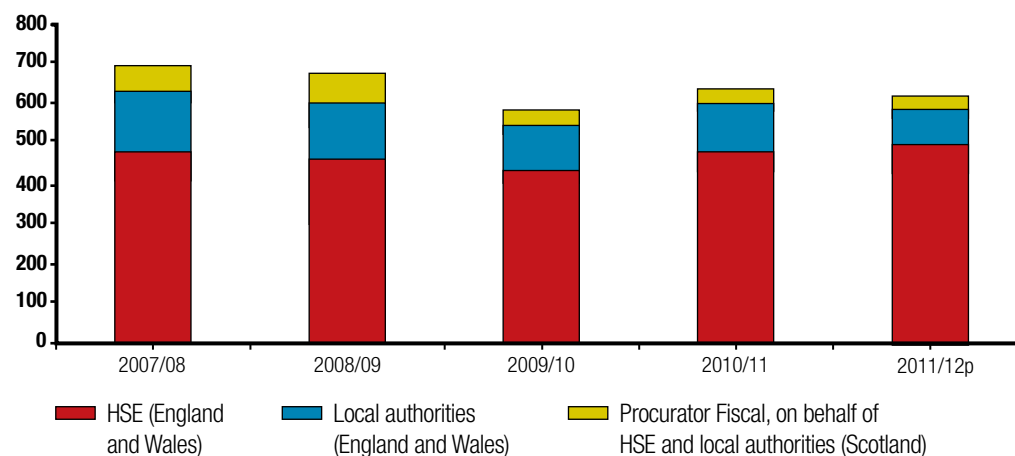
Last year

Since 2006/07

Since 2001/02 n/a

* 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* 2007/08–2011/12p



		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	2007/08	484	147	66
	2008/09	469	139	69
	2009/10	439	110	38
	2010/11	482	120	38
	2011/12p	506	92	32

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

Over the 680 prosecution cases heard in Great Britain in 2011/12p, there were 1165 offences prosecuted, a drop of 3% from the previous year. Of these, 968 offences resulted in a conviction, a rate of 83%. Out of the 1165 offences prosecuted:

- HSE prosecuted 929 offences in England and Wales, an increase of 6% from the previous year, and secured 744 convictions (80%).
- Local authorities prosecuted 195 offences in England and Wales, a fall of 31% from the previous year, and secured 187 convictions (96%).
- The Procurator Fiscal heard 41 offences in Scotland, a drop of 9% on the previous year, and secured 37 convictions (90%).

** 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.*

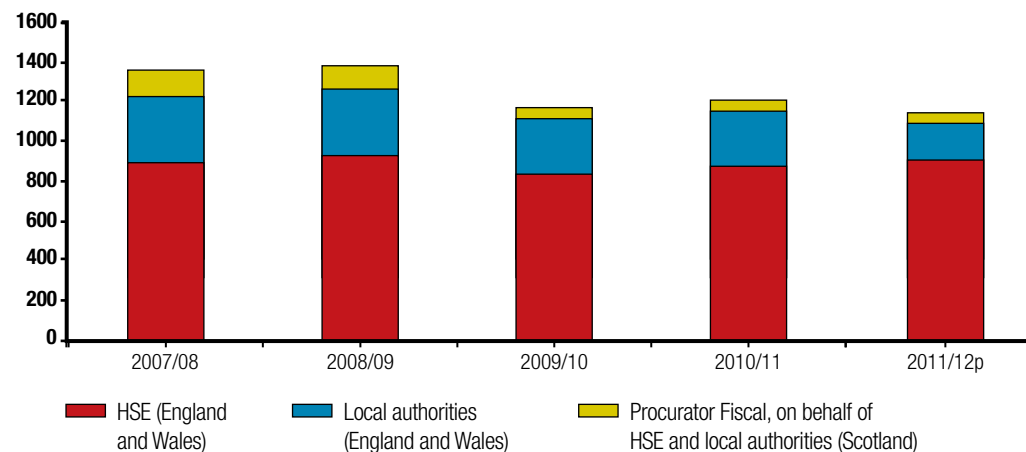
Change indicator for breaches prosecuted

Last year ▼

Since 2006/07 ▼

Since 2001/02 ▼

Offences instituted by HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service* 2007/08–2011/12p



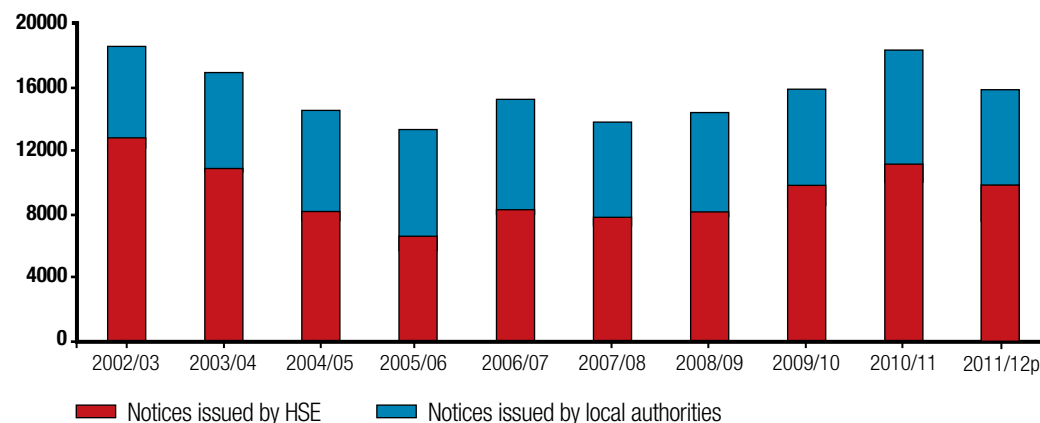
	HSE (England & Wales)	Local authorities (England & Wales)	Procurator Fiscal, on behalf of HSE and local authorities (Scotland)
2007/08	891	344	122
2008/09	926	335	112
2009/10	838	280	51
2010/11	878	283	45
2011/12p	929	195	41

Enforcement notices

The number of notices issued by HSE and local authorities fell in the latest year after increases in each of the last three years.

- 15 955 notices were issued by HSE and local authorities in 2011/12, a decrease of 13% from the previous year.
- 9910 enforcement notices were issued by HSE, a fall of 10% from the previous year.
- Local authorities issued 6045 notices, down 17% from the previous year.

Enforcement notices issued by HSE and local authorities



Change indicator for enforcement notices issued

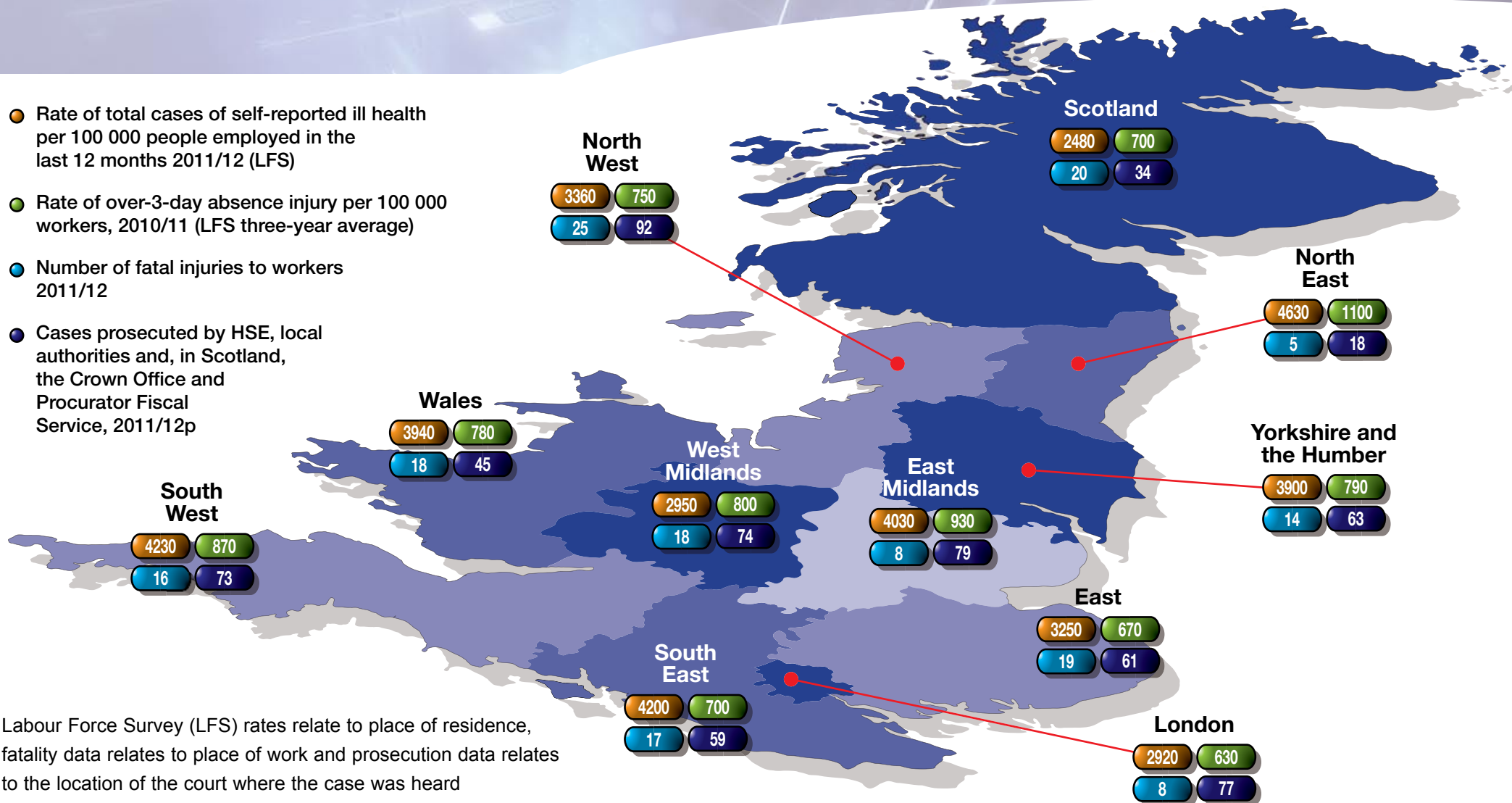
Last year ▼

Since 2006/07 ↔

Since 2001/02 ↔

		Improvement	Deferred prohibition	Immediate prohibition	Total
09/10	HSE	5749	47	3888	9727
	Local authorities	4680	50	1380	6110
	Total	10 474	97	5266	15 837
10/11	HSE	7127	48	3863	11 038
	Local authorities	5620	50	1600	7270
	Total	12 747	98	5463	18 308
11/12p	HSE	6132	20	3758	9910
	Local authorities	4620	25	1400	6045
	Total	10 752	45	5158	15 955

- Rate of total cases of self-reported ill health per 100 000 people employed in the last 12 months 2011/12 (LFS)
- Rate of over-3-day absence injury per 100 000 workers, 2010/11 (LFS three-year average)
- Number of fatal injuries to workers 2011/12
- Cases prosecuted by HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service, 2011/12p



Labour Force Survey (LFS) rates relate to place of residence, fatality data relates to place of work and prosecution data relates to the location of the court where the case was heard

European comparisons

Summary of performance

Although health and 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 2009 the rate of fatal injuries in GB was the second lowest of those published by Eurostat. GB performs well against other large economies such as Germany, France, Spain, Italy and Poland.
- 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 2009)			
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

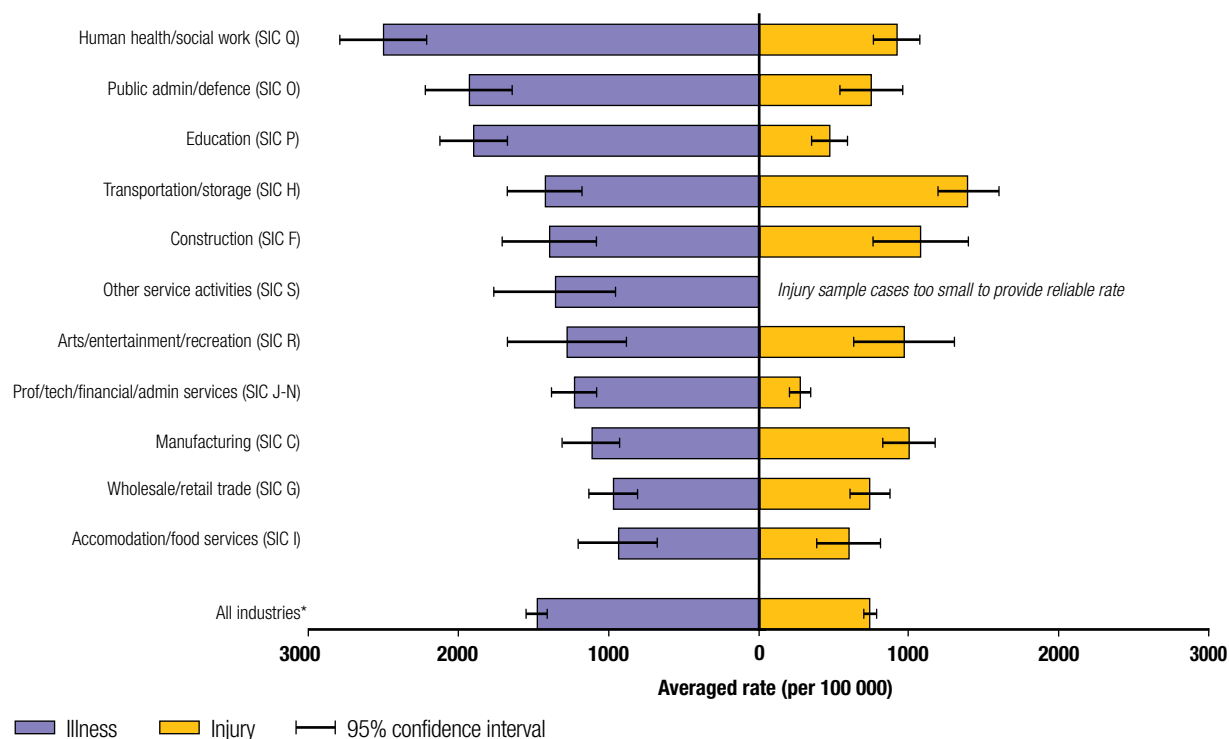
- UK performance exceeds comparators
- UK performance in line with comparators

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, public administration and defence, and education.
- 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 non-fatal injury with over-3-day absence, by industry, for people working in the last 12 months, average 2009/10–2011/12



Source: Labour Force Survey

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

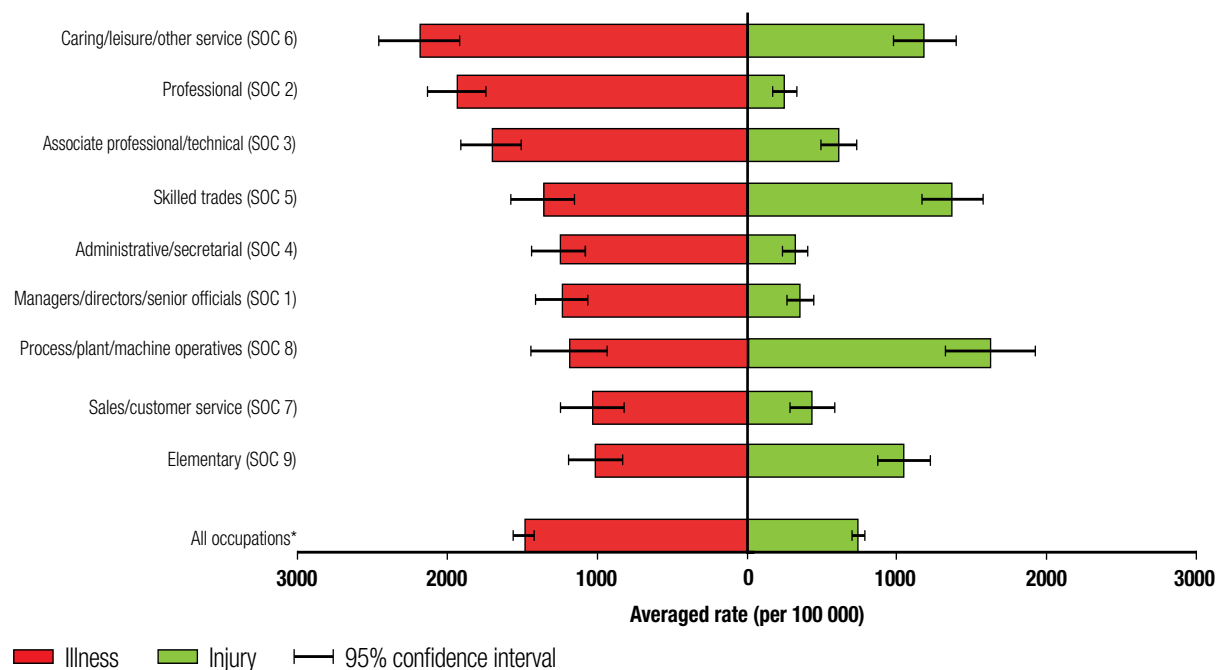
SIC: Standard Industrial Classification (see page 22).

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 www.hse.gov.uk/statistics/lfs/wriind2_3yr.xls

Self-reported ill health and injuries by occupation

- Workers in caring, leisure and other service occupations have statistically significantly higher rates of both injury and ill health compared to all occupations.
- Professional 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 non-fatal injury with over-3-day absence, by occupation, for people working in the last 12 months, average 2009/10–2011/12



Source: Labour Force Survey

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

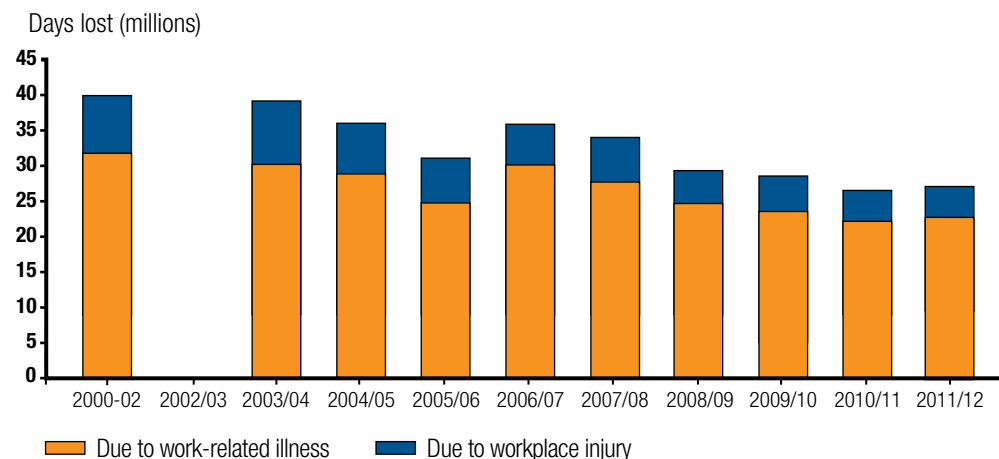
SOC: Standard Occupational Classification (see page 23).

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 27 million.
- In 2011/12, 22.7 million days were lost due to work-related illness and 4.3 million due to workplace injuries.
- On average, each person suffering took around 17 days off work, 21 days for ill health and 7.3 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, 10.4 and 7.5 million days respectively.
- The average days lost per case for stress, depression or anxiety (24 days) was higher than for musculoskeletal disorders (17 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.

Change indicator for working days lost

Last year

Since 2006/07

Since 2000-02

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	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
	2011/12	22 681	20 011	25 351	21.1	18.9	23.4
All injuries	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
	2011/12	4320	3467	5173	7.3	6.0	8.7
All illnesses and injuries	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
	2011/12	27 001	24 165	29 837	16.8	15.2	18.4

Source: Labour Force Survey

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

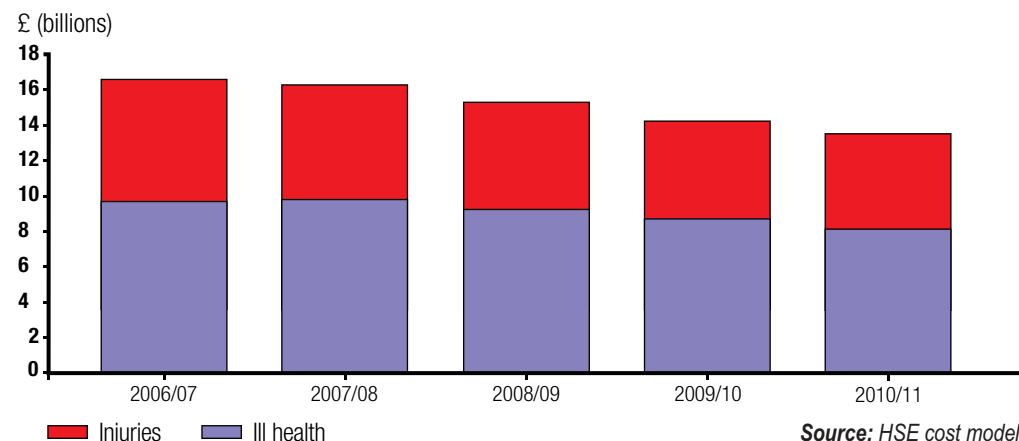
Economic costs to Britain

New estimates show the total cost associated with workplace injuries and ill health in Great Britain to be some £13.4 billion in 2010/11. This total has fallen in the last four years, reflecting the downward movements in injury and illness numbers.

- The cost estimates aim to reflect the economic costs of injuries and common ill-health complaints resulting from current working conditions.
- Of the total cost in 2010/11, workplace illness cost society an estimated £8.2 billion; workplace injury (including fatalities) an estimated £5.2 billion.
- Somewhat over half of the total cost in 2010/11 fell on individuals while the remainder was shared between employers and government.
- £5.76 billion of the total cost in 2010/11 represents financial costs; the remaining £7.66 billion represents the monetary value given to individuals' 'pain, grief and suffering'.
- Between 2006/07 and 2010/11 the estimated total cost fell by around £3 billion (£13.4 billion in 2010/11 compared with £16.3 billion in 2006/07).
- Cost estimates for 2006/07 and onwards are not directly comparable with previously published figures, being based on amended, 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.

Costs to Britain of injuries and ill health 2006/07–2010/11 (2010 prices)

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



Costs to Britain of injuries and ill health (2006/07 – 2010/11) (2010 prices)

Cost bearer	Period	Estimated cost (£billions, 2010 prices)			% of total cost
		central	95% confidence interval		
			lower	upper	
Individuals	2006/07	9.6	8.7	10.4	59%
	2010/11	7.2	6.4	8.0	54%
Employers	2006/07	3.6	3.5	3.7	22%
	2010/11	3.2	3.1	3.2	24%
Government	2006/07	3.1	2.6	3.6	19%
	2010/11	3.1	2.5	3.6	23%
Total cost to society	2006/07	16.3	15.0	17.6	100%
	2010/11	13.4	12.2	14.7	100%

Note: Confidence intervals are not additive so do not sum to the total. Other breakdowns may not sum exactly due to rounding

Sources and definitions

The Labour Force Survey (LFS): A national survey run by the Office for National Statistics of over 40 000 households each quarter. HSE commissions annual questions in the LFS to gain a view of work-related illness and workplace injury based on individuals' perceptions. Further details about the LFS, and more specifically the HSE commissioned questions, are available from

www.hse.gov.uk/statistics/lfs/technicalnote.htm

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, through the LFS, periodically since 1990 and annually since 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.

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. 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.

RIDDOR 95: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, under which fatal and specified non-fatal injuries to workers and members of the public are reported by employers.

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.

In September 2011, the reporting system for RIDDOR changed with some impact on the resulting statistics. For more information about the coverage of RIDDOR and the effect of recent changes, see www.hse.gov.uk/statistics/sources.htm.

Reported major injuries: These are 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.

Self-reported injuries from the Labour Force Survey (LFS): HSE has placed a set of injury questions on the LFS in 1990 and annually since 1993. Over-3-day absence injuries include all those sustained as a result of non-road traffic accidents, leading to more than three consecutive (working and non-working) days away from work (not counting the day on which the accident happened). All workplace injuries include all those sustained as a result of a non-road traffic accident, regardless. 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.

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 makes the final decision whether to institute legal proceedings and which offences are taken.

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.

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.

Eurostat

Fatal injuries: Despite issues with comparability, Eurostat publishes data on fatal accidents at work in as standardised a form as possible. Fatalities cover eight 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

European Union Labour Force Survey (EU LFS): 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.

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.



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 2010.

Change indicators: The traffic light indicators of change over the past year, five years and ten years which are shown on many pages of this document have been determined by statistical significance for LFS data (ie whether the latest estimate is significantly higher or lower than the relevant reference year) and using a 2% per year categorisation for RIDDOR and enforcement data (for example, if a data series has fallen by more than 2% per year over the reference period, a downward indicator is shown).

p: Provisional.

n/a: Not available

