HSE

Health and Safety Executive

Health and Safety Statistics

Annual Report for Great Britain

2013/14

National Statistics

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 **0.8 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.

2535 people died from mesothelioma in 2012 and thousands more from other occupational cancers and diseases such as COPD.

Injuries

133 workers were killed at work, a rate of **0.44** fatalities per 100 000 workers.

77 593 other injuries to employees were reported under RIDDOR, a rate of **304.6** per 100 000 employees.

629 000 injuries occurred at work according to the Labour Force Survey, of which **148 000** led to over-7-days absence, with rates of **2140** and **500** per 100 000 workers respectively.

Enforcement

551 cases were prosecuted by HSE in England and Wales.

88 cases were prosecuted by Local authorities in England and Wales.

35 cases were prosecuted by the Procurator Fiscal in Scotland.

13 790 enforcement notices were issued by all enforcing authorities.

Working days lost

28.2 million days were lost due to work-related ill health or injury (16 days per case).

23.5 million days were lost due to work-related ill health and **4.7 million** due to workplace injury.

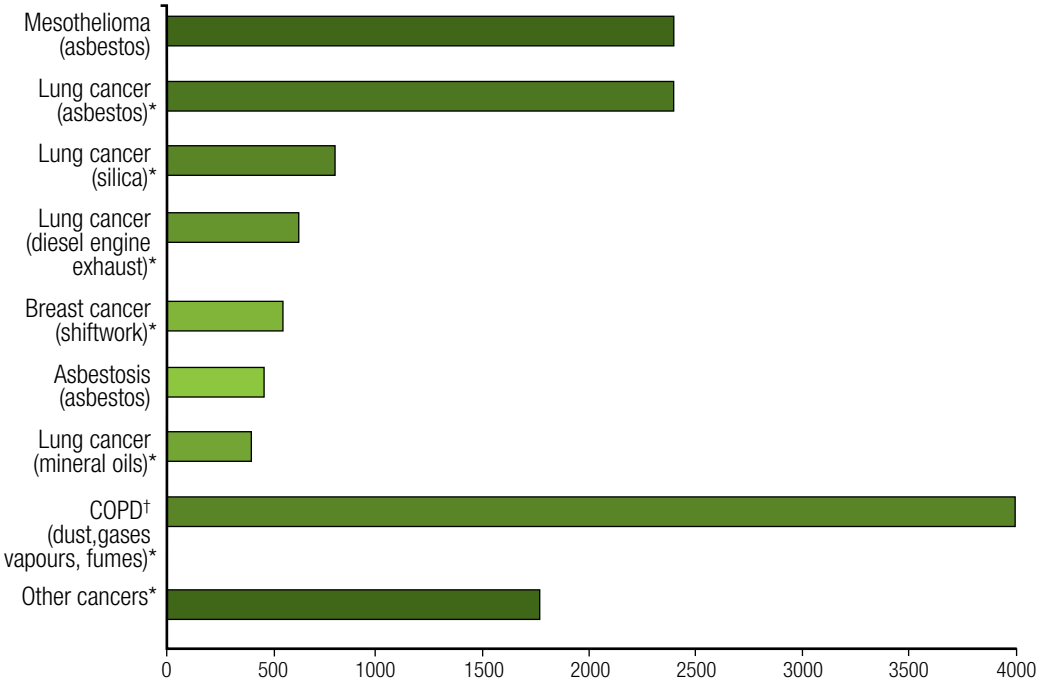
Economic costs to Britain

Injuries and new cases of ill health resulting largely from current working conditions cost society an estimated **£14.2 billion** in 2012/13 (based on 2012 prices).

Fatal diseases

- Around 13 000 deaths each year from occupational lung disease and cancer are estimated to have been caused by past exposure, primarily to chemicals and dust at work.
- This figure includes diseases for which it is possible to either count individual deaths directly, or where there is sufficient data to produce statistical estimates.
- Most of these diseases take many years to develop and so deaths occurring now are largely a result of past workplace conditions.
- Most of these deaths were occupational cancers or Chronic Obstructive Pulmonary Disease (COPD).
- Current estimates (based on 2005 data) suggest there are at least 8000 occupational cancer deaths each year in Great Britain.
- More than half of these cancer deaths were caused by past exposures to asbestos (either mesothelioma or asbestos-related lung cancer).
- The next four biggest categories of occupational cancer were lung cancer due to silica, diesel engine exhaust, and mineral oils, and breast cancer due to shift work.

Estimated current annual deaths due to work-related diseases (with causal agents in brackets)



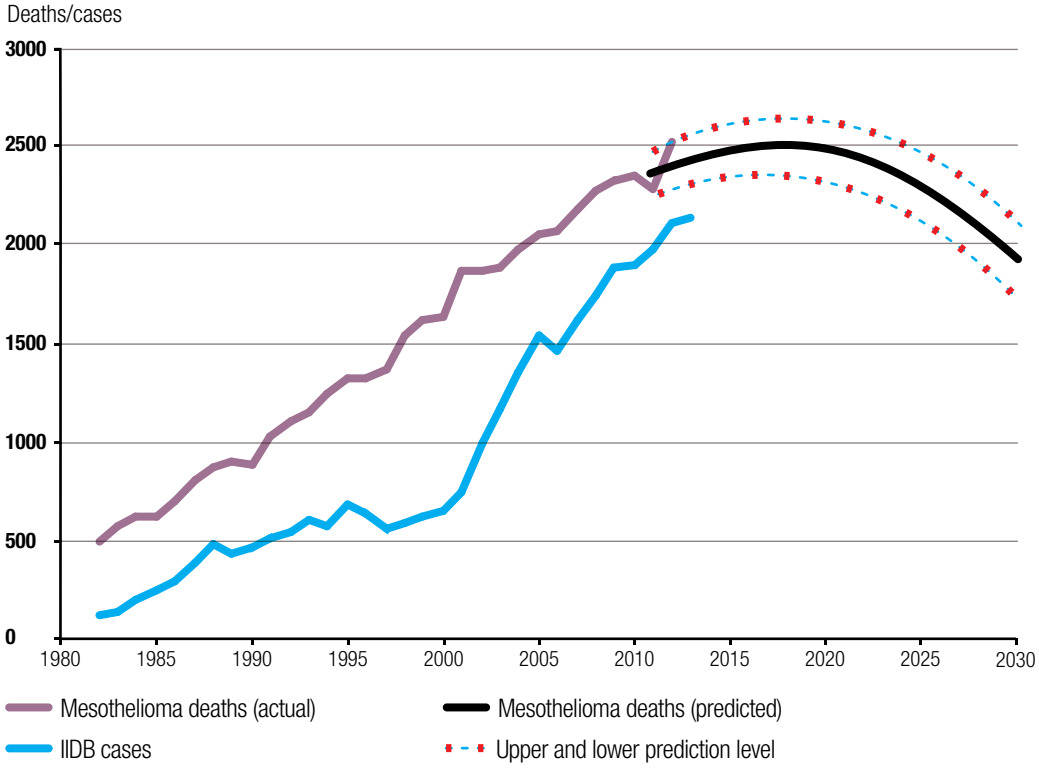
* *Figures are estimated based on epidemiological data and are subject to considerable uncertainty.*
† *Research is underway to identify more specific causal agents for COPD.*

For further information go to www.hse.gov.uk/statistics/tables/can02.xls

Fatal diseases (continued)

- In 2012 there were 2535 deaths due to mesothelioma (a cancer of the lung lining) caused by past exposure to asbestos.
- This represents a substantial increase compared with 2011, following an annual decrease in that year. It is close to the maximum number of predicted deaths expected to occur towards the end of this decade.
- There were 2145 new cases of mesothelioma assessed for Industrial Injuries Disablement Benefit (IIDB) in 2013 compared with 2125 in 2012.
- Since the late 1990s, annual IIDB cases have tended to increase more rapidly than annual deaths, reflecting efforts to increase the proportion who claim over this period.
- The annual number of lung cancer deaths caused by asbestos is likely to be similar to the number of mesotheliomas.
- In 2012 there were 464 asbestosis deaths where asbestos is likely to have contributed as a cause.
- There were 151 other pneumoconiosis deaths, mostly due to coal dust with a smaller number due to silica.

Mesothelioma in Great Britain: annual actual and predicted deaths, and IIDB cases



For further information go to www.hse.gov.uk/statistics/tables/meso01.xls

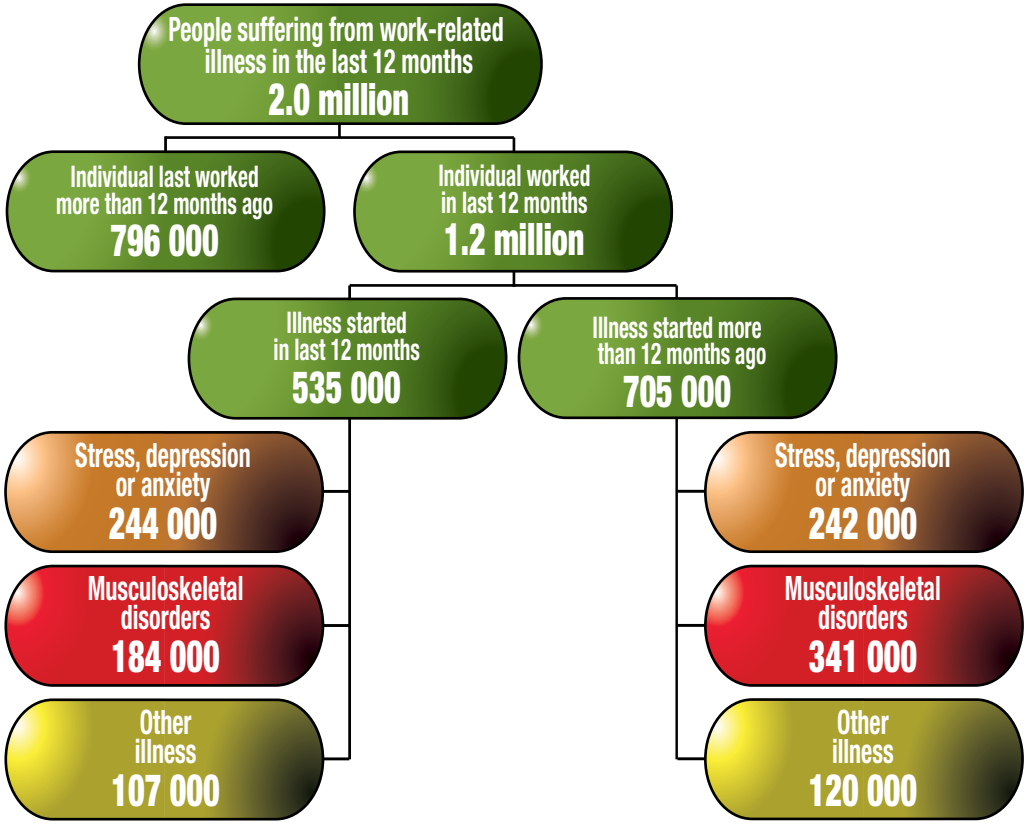
Self-reported illness

- In 2013/14 an estimated 2.0 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 0.8 million were former workers.
- 535 000 were new cases amongst those working in the last 12 months.
- Around 80 per cent of new work-related conditions were either musculoskeletal disorders or stress, depression or anxiety.
- These estimates come from the Labour Force Survey (LFS); no ill health data was collected in 2012/13.

Change indicator for total cases* of ill health	
Since 2012/13	n/a
Since 2008/09	◀ ▶
Since 2003/04	▼

** For people working in the last 12 months*

Self-reported illness caused or made worse by work, 2013/14



Source: *Labour Force Survey*

For further information, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/swit3w12.xls and www.hse.gov.uk/statistics/lfs/swit6w12.xls

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

		Total number of cases of work-related illness in the last 12 months (thousands)			New 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	2008/09	**1179**	1124	1234	**549**	511	586
	2009/10	**1265**	1206	1324	**554**	515	593
	2010/11	**1152**	1092	1211	**495**	455	534
	2011/12	**1073**	1017	1129	**452**	416	489
	2013/14	**1241**	1179	1303	**535**	494	576
Musculoskeletal disorders	2008/09	**536**	500	573	**191**	169	212
	2009/10	**572**	532	612	**190**	166	214
	2010/11	**508**	469	548	**158**	135	180
	2011/12	**439**	404	474	**141**	120	161
	2013/14	**526**	486	565	**184**	160	208
Stress, depression or anxiety	2008/09	**414**	382	446	**229**	205	254
	2009/10	**435**	401	468	**233**	209	258
	2010/11	**400**	365	435	**211**	186	237
	2011/12	**428**	393	464	**221**	196	246
	2013/14	**487**	448	525	**244**	216	271

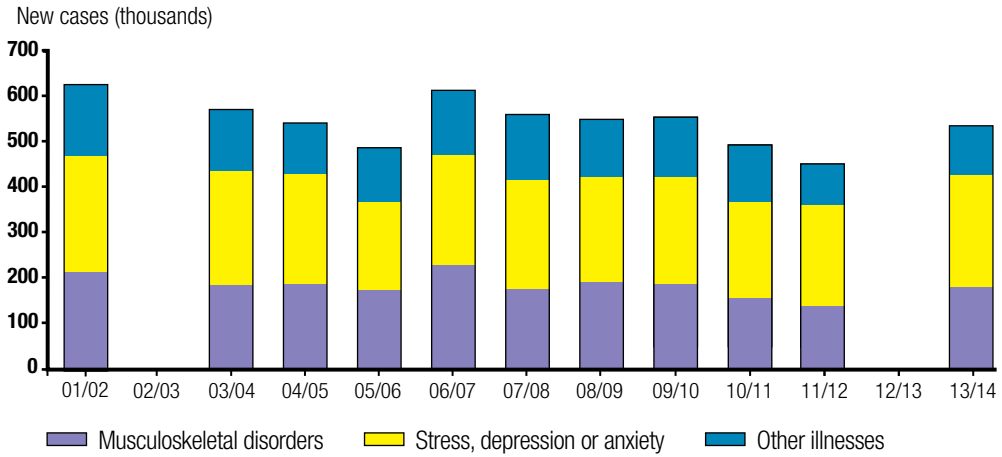
Source: *Labour Force Survey.*
For further information, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/swit3w12.xls and www.hse.gov.uk/statistics/lfs/swit6w12.xls
Note: *No ill health data was collected in 2012/13.*

New cases of self-reported work-related illness

- New cases of ill health have generally fallen since 2001/02, reaching a low of 452 000 in 2011/12. No ill health data was collected in 2012/13, but in 2013/14 the number of new cases increased to 535 000, a similar level to that in 2009/10.
- The estimated number of new cases of stress, depression or anxiety has remained broadly flat for more than a decade, with an estimate of 244 000 in the latest year.
- For musculoskeletal disorders, the estimated number of new cases fell from 216 000 in 2001/02 to 141 000 in 2011/12, but increased to 184 000 in 2013/14 (no data was collected in 2012/13).

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

Note: *95% confidence interval on average +/- 7% on the total*



Source: *Labour Force Survey*
For further information, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/swit6w12.xls
Note: *No ill health data was collected in 2002/03 and 2012/13*

Change indicator for new cases of ill health

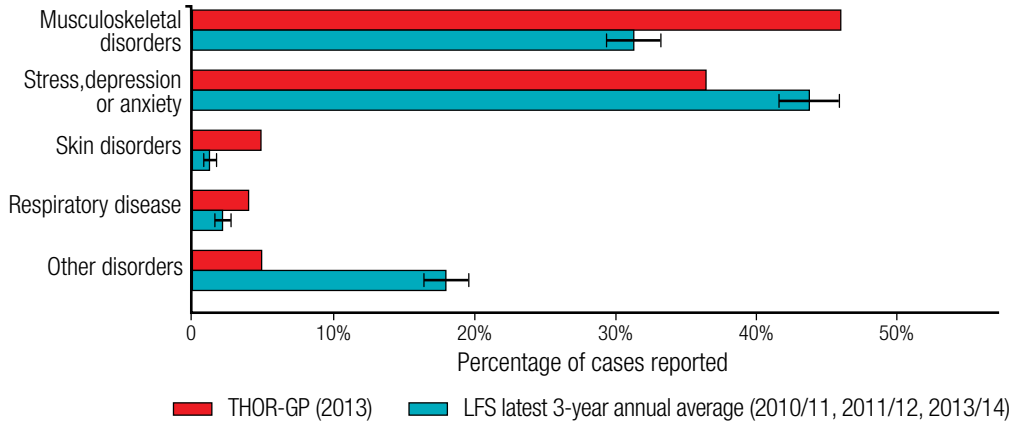
Since 2012/13	n/a
Since 2008/09	◀ ▶
Since 2003/04	▼

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 250 general practitioners (GPs). In 2013:

- Musculoskeletal disorders (MSDs) were the most common type of work-related illness.
- Mental ill health gave rise to most working days lost.
- The distribution of cases was broadly similar to the LFS but with a higher proportion of MSDs, which could partly reflect the inclusion of some injuries reported by GPs and the different perceptions of work-attribution between GPs and individual workers.

Comparison between THOR-GP and LFS: proportions of new cases of ill health



Other surveillance schemes collect reports from specialist physicians on specific types of work-related ill health:

Skin specialists (EPIDERM)

- In 2013, there were an estimated 1268 new cases of skin disease reported by dermatologists, of which three quarters were suffering from contact dermatitis.
- Annual cases have fallen over the past 10 years.
- Hairdressers/barbers and florists are the occupations with the highest rates of contact dermatitis.

Respiratory specialists (SWORD)

- In 2013, there were 177 new cases of asthma reported to chest physicians.
- Annual cases have remained broadly constant over the past five years, having fallen in the previous five years.
- Vehicle spray painters and bakers are the occupations with the highest rates of asthma.

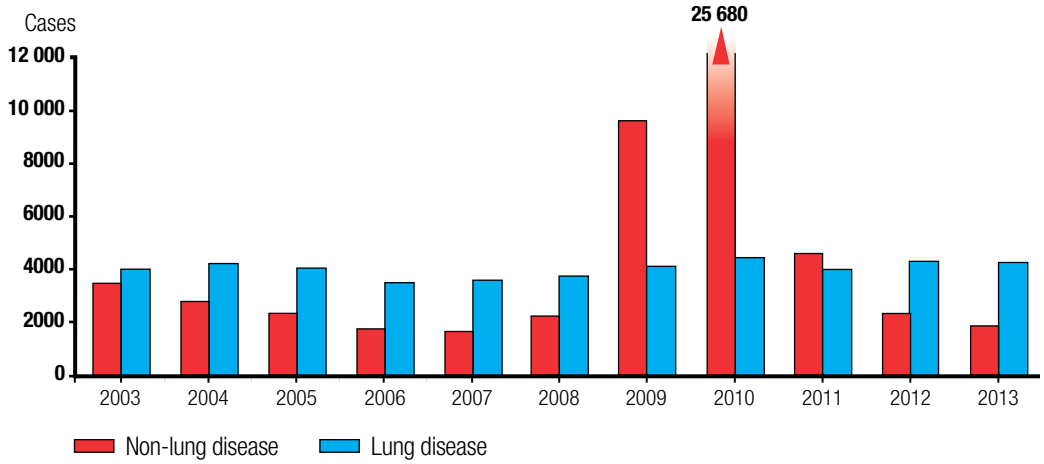
Ill health assessed for Industrial Injuries Disablement Benefit (IIDB) in 2013

- There were 6140 new IIDB cases, of which two-thirds were lung-related diseases.
- In 2009 and 2010 there was an increase solely due to osteoarthritis of the knee in miners and carpet/floor fitters, which was added to the prescribed diseases list in July 2009 (23 500 cases in 2010, falling to 735 in 2013).
- 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, the trend in numbers is generally downwards.

Although many diseases in IIDB are prescribed for very specific occupations and/or exposure to specific agents, some diseases are prescribed across a broader range of occupations and exposures, including:

- Asthma - the number of new cases has halved in the last 10 years (85 in 2013).
- Dermatitis – the number of new cases has fallen from 190 cases in 2003 to 40 cases in 2013.
- Deafness – the number of new cases has fallen by two-thirds in the past 10 years (120 in 2013).

New cases of prescribed diseases (IIDB)



For further information please go to www.hse.gov.uk/statistics/tables/iidb03.xls and www.hse.gov.uk/statistics/tables/iidb05.xls

Fatal injuries to workers

- There were 133 workers fatally injured in 2013/14 (provisional), equivalent to a rate of fatal injury of 0.44 per 100 000 workers.
- The rate for 2013/14 compares to an average rate of 0.56 for the previous five years.
- Due to the fluctuation of recent years, it is currently too early to confirm a further sustained improvement in fatality rates.
- Of the main industrial sectors, construction, agriculture, and waste and recycling have the highest rates. These sectors accounted for 42, 27, and four fatal injuries to workers, respectively.

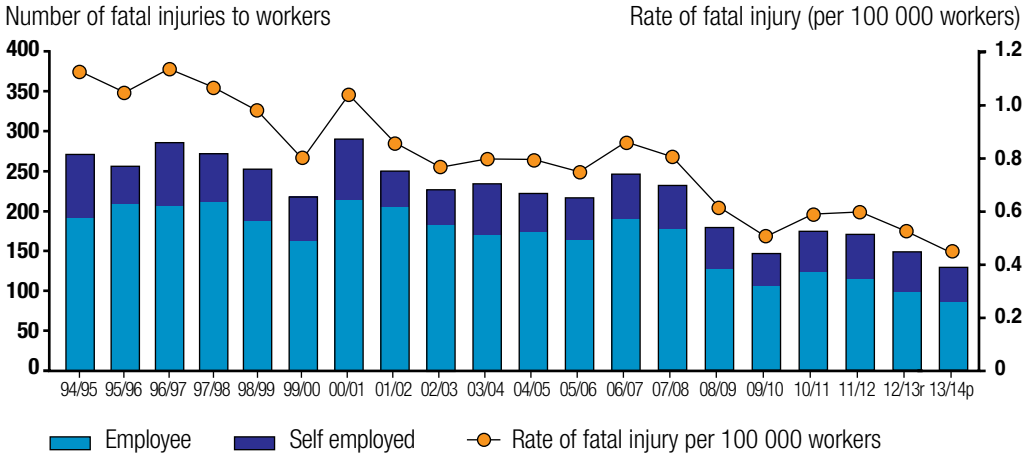
Change indicator for worker fatalities

Since 2012/13 ▼

Since 2008/09 ▼

Since 2003/04 ▼

Number and rate of fatal injuries to workers



Source: *RIDDOR* ***r*** *= revised* ***p*** *= provisional*

Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
2009/10	104	0.42	43	1.05	147	0.50
2010/11	122	0.49	53	1.26	175	0.60
2011/12	114	0.46	57	1.32	171	0.58
2012/13r	99	0.39	51	1.14	150	0.51
2013/14p	89	0.35	44	0.96	133	0.44
Five-year average (2008/09 - 2012/13r)	113	0.45	51	1.21	164	0.56

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

Employer-reported non-fatal injuries

- For non-fatal injuries reported by employers under RIDDOR, analysis of the trend in the rate is complicated by changes in the reporting regulations over the past two years. Allowing for these changes, there may be signs the downward trend over the past 10 years is slowing down.
- There were 77 593 non-fatal injuries to employees reported in 2013/14 (provisional). Of these injuries, the most common kinds of accident were caused by slips and trips (28%), handling, lifting or carrying (24%), and being struck by moving objects (10%).
- There were 80 368 non-fatal injuries reported in the previous year. However as the reporting regulations changed in October 2013 (that is, mid-way through the 2013/14 year), direct comparison of the latest year with the previous year should be avoided.

Employer-reported non-fatal injuries to employees

Source: *RIDDOR*

Change indicator for non-fatal reported injuries	
Since 2012/13	n/a
Since 2008/09	▼
Since 2003/04	▼

Year	Number of major/specified injuries to employees	Number of over-3-day/over-7-day injuries to employees	Total number of non-fatal injuries to employees	Rate of non-fatal injury (per 100 000 employees)
2009/10	26 268	96 427	122 695	490.1
2010/11	24 944	91 742	116 686	467.8
2011/12	22 094	89 205	111 299	446.0
2012/13r	20 214	60 154	80 368	320.1
2013/14p	18 877	58 716	77 593	304.6

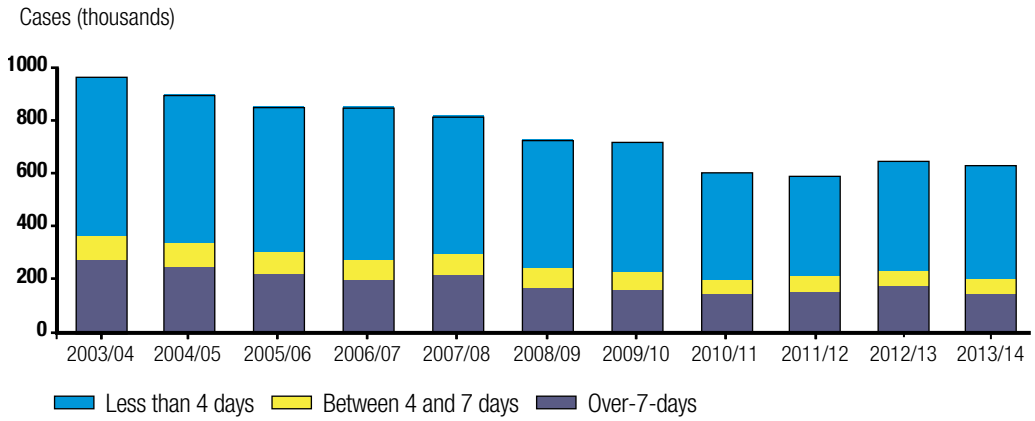
r *= revised* ***p*** *= provisional*

Self-reported injuries

- Self-reported non-fatal injuries at work have generally followed a downward trend over the last ten years or so, but show signs of levelling off in recent years.
- Around a quarter of non-fatal injuries have resulted in over-7-days absence from work and around a third in over-3-days.
- Under the old RIDDOR reporting requirement (major and over-3-day) self-reported results suggested that just over half of all reportable non-fatal injuries to employees were actually reported. Under the newer requirements (major/specified and over-7-day), early indications suggest reporting levels of non-fatal injuries to employees have fallen below half.

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

Note: *95% confidence interval on average +/- 6% on the total*



Change indicator for self-reported injuries

Since 2012/13 ◀▶

Since 2008/09 ▼

Since 2003/04 ▼

Non-fatal injury cases (thousands)

Year	All injury			Over-3-day absence			Over-7-day absence		
	central	95% Confidence interval		central	95% Confidence interval		central	95% Confidence interval	
		lower	upper		lower	upper		lower	upper
2008/09	**724**	681	767	**246**	221	270	**174**	153	194
2009/10	**721**	676	766	**231**	206	255	**164**	143	185
2010/11	**603**	559	646	**200**	175	225	**150**	129	172
2011/12	**591**	548	633	**212**	187	238	**156**	134	178
2012/13	**646**	600	692	**231**	204	259	**175**	151	199
2013/14	**629**	583	675	**203**	178	229	**148**	127	170

Source: *Labour Force Survey.*
For further information, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/lfsinj1.xls and www.hse.gov.uk/statistics/lfs/injtme.xls

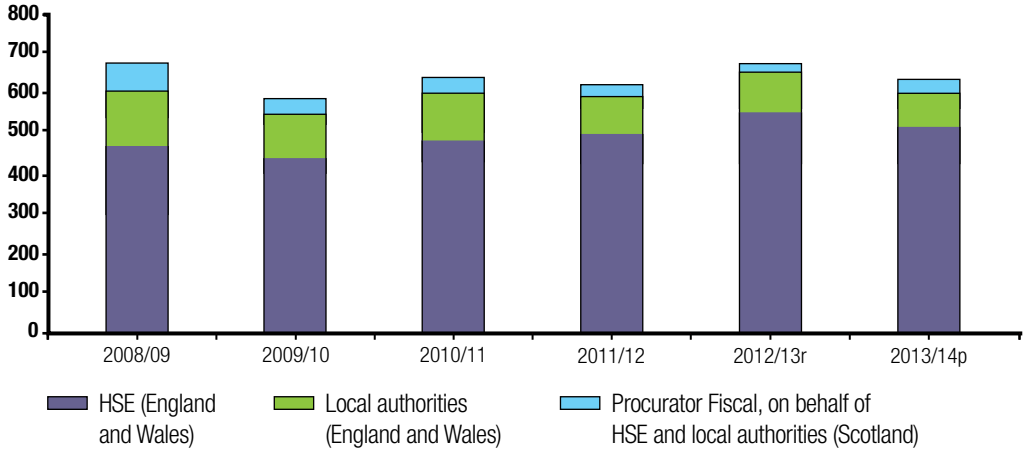
Cases instituted by HSE, local authorities and, in Scotland, the Crown Office and Procurator Fiscal Service*

- Across Great Britain, 674 cases were prosecuted for health and safety breaches in 2013/14p (including cases where multiple offences were brought).
- These cases led to 636 convictions for at least one offence, a conviction rate of 94%, and total fines received of £18m.
- Of these 674 cases:
  - HSE prosecuted 551 cases in England and Wales, a decrease of 5% from the previous year, and secured 517 convictions (94%).
  - Local authorities prosecuted 88 cases in England and Wales, a decrease of 16% from the previous year, and secured 85 convictions (97%).
  - The Procurator Fiscal heard 35 cases in Scotland, a rise of 25% on the previous year, and secured 34 convictions (97%).

Change indicator for cases prosecuted	
Since 2012/13	▼
Since 2008/09	◀▶
Since 2003/04	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.*

Prosecution cases resulting in at least one conviction



For further information, please go to www.hse.gov.uk/statistics/tables/ef1.xls

		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	2008/09	469	139	69
	2009/10	439	110	38
	2010/11	482	120	38
	2011/12	499	94	33
	2012/13r	553	100	26
	2013/14p	517	85	34

r = revised *p = provisional*

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

- Over the 674 prosecution cases heard in Great Britain in 2013/14p, there were 1187 offences prosecuted, a decrease of 3% from the previous year. Of these, 1073 offences resulted in a conviction, a rate of 90%.
- Out of the 1187 offences prosecuted:
  - HSE prosecuted 954 offences in England and Wales, virtually unchanged from the previous year, and secured 849 convictions (89%).
  - Local authorities prosecuted 191 offences in England and Wales, a decrease of 20% from the previous year, and secured 184 convictions (96%).
  - The Procurator Fiscal heard 42 offences in Scotland, a rise of 31% on the previous year, and secured 40 convictions (95%).

Change indicator for breaches prosecuted

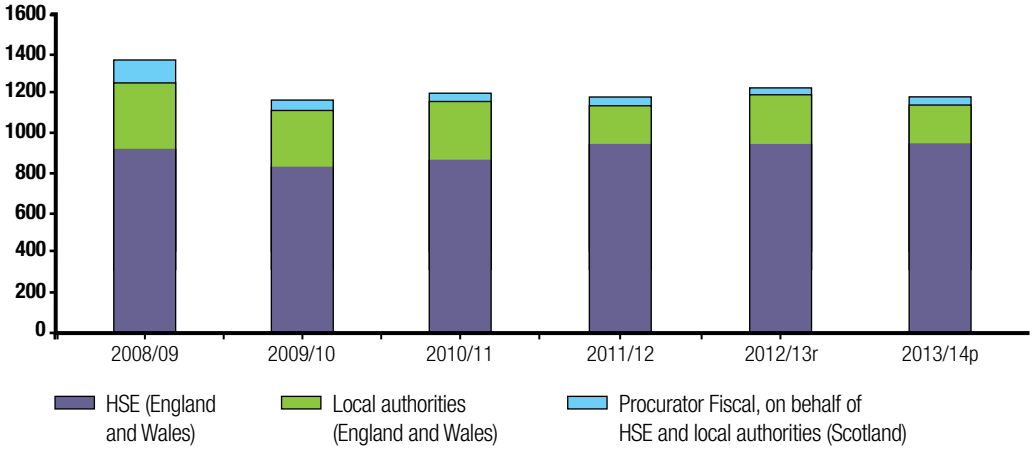
Since 2012/13 ▼

Since 2008/09 ▼

Since 2003/04 ▼

** 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.*

Prosecution offences instituted



For further information, please go to www.hse.gov.uk/statistics/tables/ef3.xls

	HSE (England & Wales)	Local authorities (England & Wales)	Procurator Fiscal, on behalf of HSE and local authorities (Scotland)
2008/09	926	335	112
2009/10	838	280	51
2010/11	878	283	45
2011/12	951	198	41
2012/13r	957	240	32
2013/14p	954	191	42

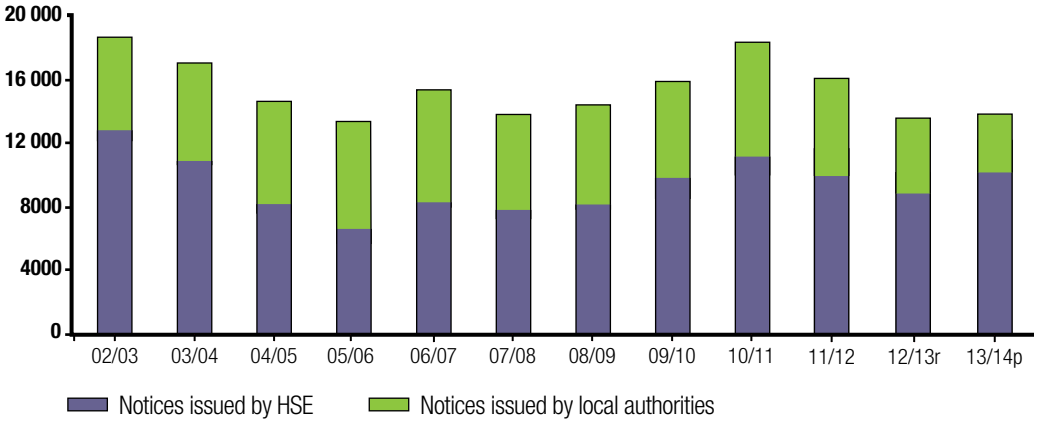
***r** = revised* ***p** = provisional*

Enforcement notices

There was an overall rise in the number of notices issued in 2013/14p compared to 2012/13.

- 13 790 notices were issued by HSE and local authorities in 2013/14p, an increase of 2% from the previous year.
- 10 119 enforcement notices were issued by HSE, a rise of 15% from the previous year.
- Local authorities issued 3671 notices, down 22% from the previous year.

Enforcement notices issued by HSE and local authorities 2002/03 - 2013/14p



For further information, please go to www.hse.gov.uk/statistics/tables/ef6.xls

		Improvement notice	Deferred prohibition	Immediate prohibition	Total
2011/12	HSE	6130	21	3757	9908
	Local authorities	4620	25	1400	6045
	Total	**10 750**	**46**	**5157**	**15 953**
2012/13r	HSE	5752	17	3038	8807
	Local authorities	3358	14	1321	4693
	Total	**9110**	**31**	**4359**	**13 500**
2013/14p	HSE	6664	25	3430	10 119
	Local authorities	2412	24	1235	3671
	Total	**9076**	**49**	**4665**	**13 790**

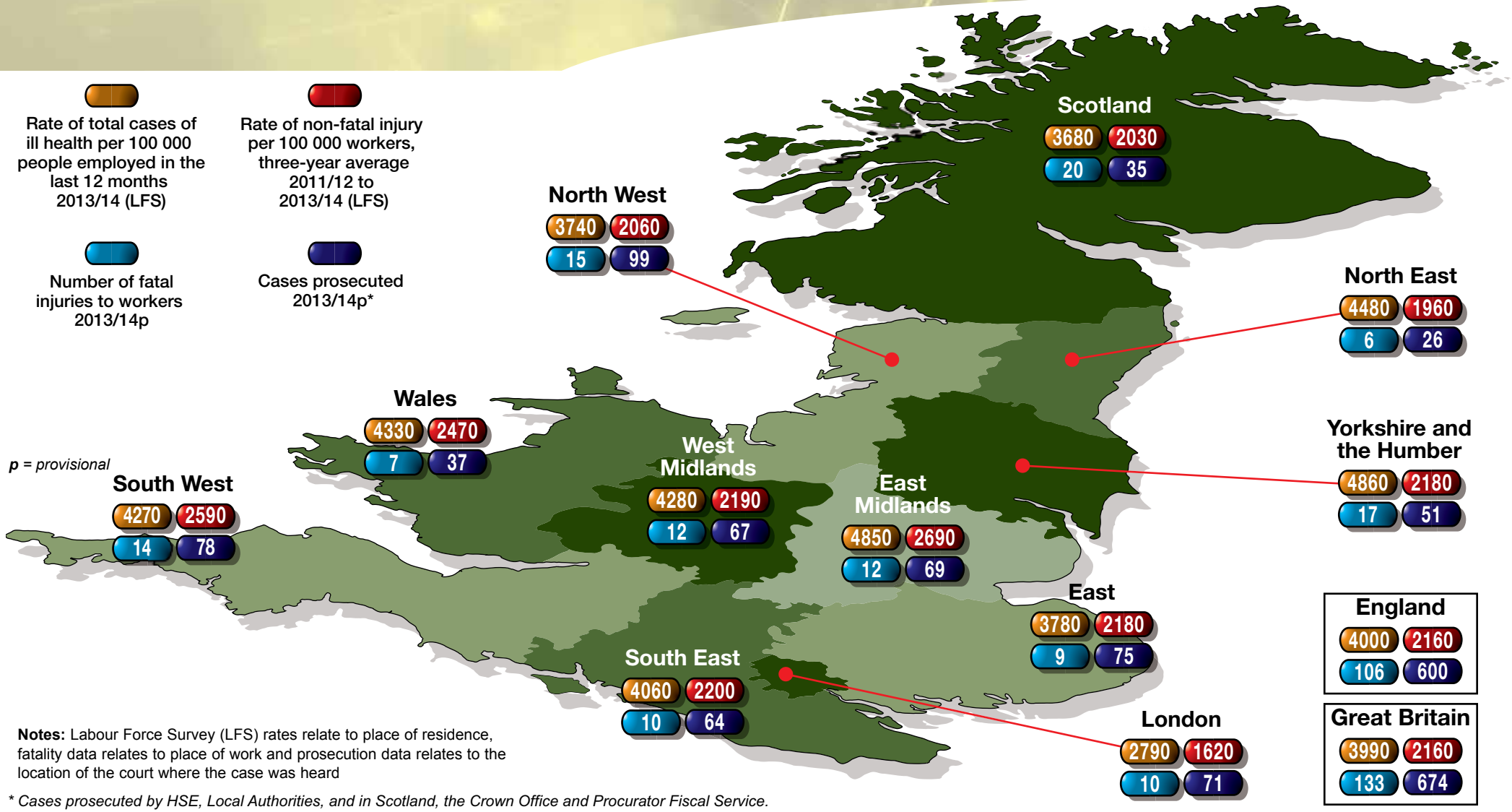
***r** = revised* ***p** = provisional*

Change indicator for enforcement notices issued

Since 2012/13 ▲

Since 2008/09 ◀ ▶

Since 2003/04 ▼



Notes: 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

** Cases prosecuted by HSE, Local Authorities, and in Scotland, the Crown Office and Procurator Fiscal Service.*

European Comparisons

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, and with overall rates for the EU-15 and EU-27 groups of countries.

Overall, UK performance is better than many other European countries in the key outcome areas; injuries, fatalities and levels of self-reported work-related ill health.

- In 2011, the standardised rate of fatal injuries in the UK was the third lowest of those published by Eurostat. The UK consistently performs well compared to other large economies such as Germany, France, Italy, Spain and Poland.
- Non-fatal injuries in the UK were at a similar level to other large economies in 2007, but better than the overall EU-27 rate.
- Rates of work-related ill health resulting in sick leave were lower in the UK in 2007 than most other EU countries.

	Peers Germany, France, Italy, Spain, Poland	EU-15	EU-27
Fatalities - standardised incidence rate per 100 000 employed (Eurostat 2011)	▲	▲	▲
Self-reported work-related injuries resulting in sick leave (LFS 2007)†	▶	▲	▲
Self-reported work-related health problems resulting in sick leave (LFS 2007)†	▲	▲	▲

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

Key

▲ *UK performance better than comparators*

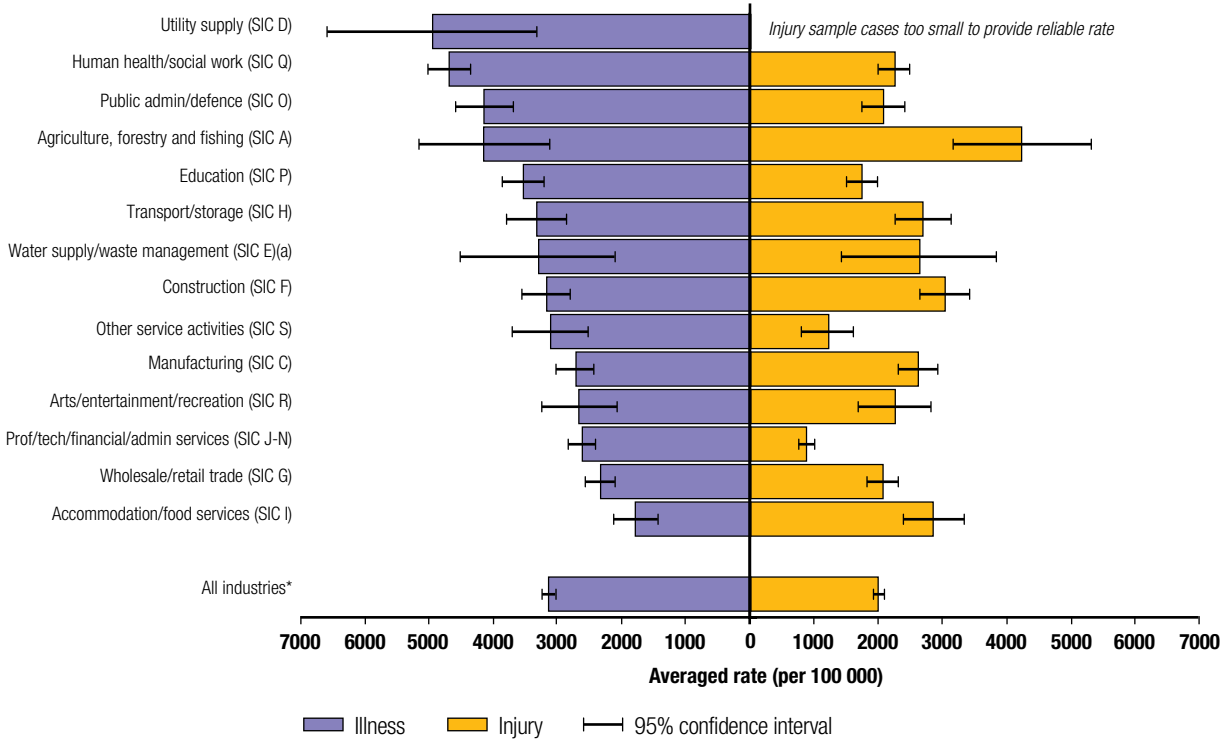
▶ *UK performance in line with comparators*

▼ *UK performance worse than comparators*

Self-reported illness and injuries by industrial sector

- Industry sectors with ill health rates statistically significantly higher than the rate for all industries were utility supply, human health and social work activities, public administration and defence, and education.
- For injuries, agriculture, forestry and fishing, construction, accommodation and food service activities, transport and storage, and manufacturing had statistically significantly higher rates than for all industries.

Estimated rates of total cases of self-reported work-related illness and non-fatal injury, by industry, for people working in the last 12 months, three-year average#



Ill health - further information
For further information on total cases of ill health, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/wriind2_3yr.xls.
Sample numbers are too small to provide reliable rates for Extraction (SIC B).

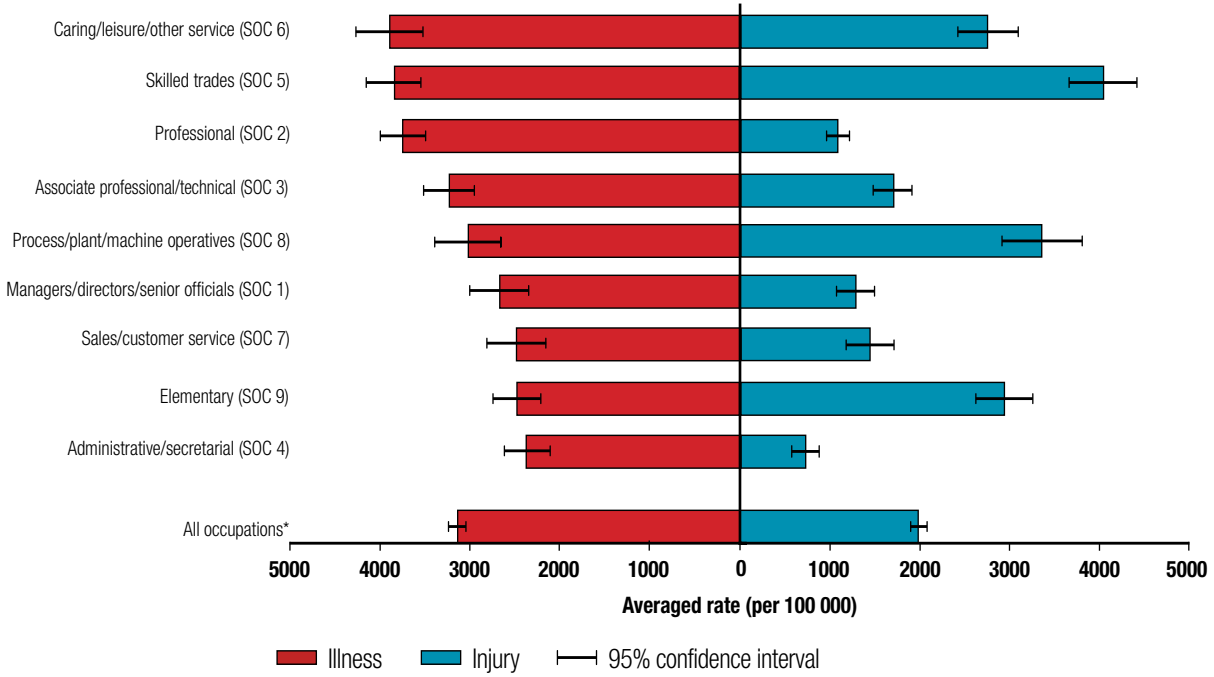
Injuries - further information
For further information on non-fatal injuries, and detail on earlier years see www.hse.gov.uk/statistics/lfs/injind3_3yr.xls.
Sample numbers are too small to provide reliable rates for Extraction (SIC B).

Source: *Labour Force Survey*
* Restricted to injuries/ill health in current or most recent job.
# 2010/11, 2011/12, 2013/14 for ill health and 2011/12 - 2013/14 for injuries. No ill health data was collected in 2012/13.
(a) Injury and ill health rates based on fewer than 30 sample cases.
SIC: Standard Industrial Classification (see page 24).

Self-reported illness and injuries by occupation

- Workers in care, leisure and other personal service occupations and skilled trade occupations have statistically significantly higher rates of both injury and ill health compared to all occupations.
- Professional occupations has a statistically significantly higher rate for ill health, but relatively low injury rate.
- Process, plant and machine operatives, and elementary occupations have injury rates which are statistically significantly higher than the average.

Estimated rates of total cases of self-reported work-related illness and non-fatal injury, by occupation, for people working in the last 12 months, three-year average#



Ill health - further information
For further information on total cases of ill health, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/wriocc2_3yr.xls

Injuries - further information
For further information on non-fatal injuries, and detail on earlier years see www.hse.gov.uk/statistics/lfs/injocc3_3yr.xls

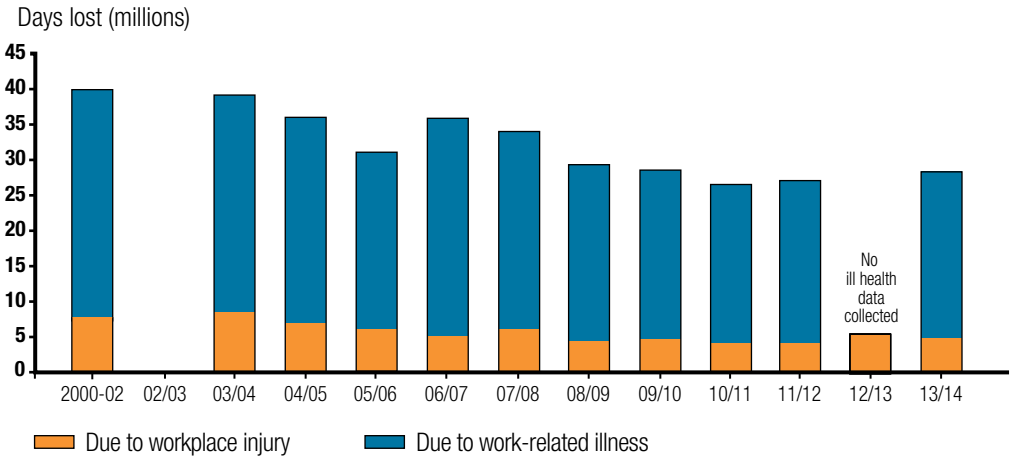
Source: *Labour Force Survey*
* Restricted to injuries/ill health in current or most recent job.
# 2010/11, 2011/12, 2013/14 for ill health and 2011/12 - 2013/14 for injuries. No ill health data was collected in 2012/13.
SOC: Standard Occupational Classification (see page 25).

Self-reported working days lost

- The number of working days lost per worker has generally followed a downward trend since 2000-02, with a corresponding fall in the total number of working days, from 39.8 million in 2000-02 to 28.2 million in 2013/14.
- In 2013/14, 23.5 million days were lost due to work-related ill health and 4.7 million due to workplace injuries.
- On average, each person suffering took around 16 days off work, 19 days for ill health cases and 7.5 for injuries.
- Stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost due to work-related ill health, 11.3 and 8.3 million days respectively.
- The average days lost per case for stress, depression or anxiety (23 days) was higher than for musculoskeletal disorders (16 days).

Estimated working days lost due to work-related incidents

Note: *95% confidence interval on average +/-9% on the total*



Source: *Labour Force Survey*
For further information see www.hse.gov.uk/statistics/lfs/swit1.xls.
Notes: *No data on working days lost was collected in 2002/03, and only data for injuries in 2012/13.*
2000-02 refers to 2000/01 injury data and 2001/02 illness data combined.

Change indicator for working days lost	
Since 2012/13	n/a
Since 2008/09	◀ ▶
Since 2003/04	▼

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

		Estimated days lost (thousands)			Average days lost per case*			Average days lost per worker		
		central	95% Confidence interval		central	95% Confidence interval		central	95% Confidence interval	
	Year		lower	upper		lower	upper		lower	upper
All illnesses	**2009/10**	**23 427**	20 878	25 976	**18.5**	16.7	20.4	**1.01**	0.90	1.12
	2010/11	**22 083**	19 420	24 745	**19.2**	17.1	21.3	**0.94**	0.83	1.06
	2011/12	**22 681**	20 011	25 351	**21.1**	18.9	23.4	**0.97**	0.85	1.08
	2013/14	**23 511**	20 809	26 212	**19.0**	17.0	20.9	**0.96**	0.85	1.07
All injuries	**2009/10**	**5056**	4004	6109	**7.0**	5.6	8.4	**0.22**	0.17	0.26
	2010/11	**4358**	3406	5311	**7.2**	5.7	8.7	**0.19**	0.15	0.23
	2011/12	**4320**	3467	5173	**7.3**	6.0	8.7	**0.18**	0.15	0.22
	2012/13	**5222**	4091	6353	**8.1**	6.4	9.8	**0.22**	0.17	0.27
	2013/14	**4723**	3593	5853	**7.5**	5.8	9.2	**0.19**	0.15	0.24
All illnesses and injuries	**2009/10**	**28 483**	25 698	31 269	**14.9**	13.5	16.2	**1.23**	1.11	1.35
	2010/11	**26 441**	23 551	29 331	**15.5**	13.9	17.1	**1.13**	1.00	1.25
	2011/12	**27 001**	24 165	29 837	**16.8**	15.2	18.4	**1.15**	1.03	1.27
	2013/14	**28 234**	25 293	31 175	**15.6**	14.1	17.1	**1.15**	1.03	1.27

Source: *Labour Force Survey*
** "case" refers to persons suffering from a workplace injury or a work-related illness.*
For further information, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/swit1.xls.
Note: No ill health data was collected in 2012/13.

Economic costs to Britain

- In 2012/13, injuries and new cases of ill health in workers resulting largely from current working conditions* cost society an estimated £14.2 billion.
- Somewhat over half of this total cost fell on individuals whilst the remainder was shared between employers and Government.
- Financial costs, such as those associated with lost productivity or healthcare, represents £6.0 billion of the total cost; the remaining £8.2 billion represents the monetary value given to individuals' 'pain, grief and suffering'.
- New cases of workplace illness account for around £8.6 billion of the total cost; workplace injury (including fatalities) around £5.6 billion.
- Between 2006/07 and 2012/13 the estimated total cost fell by around £2.3 billion (£14.2 billion in 2012/13 compared with £16.5 billion in 2006/07, all in 2012 prices). The total cost shows signs of levelling off in recent years.

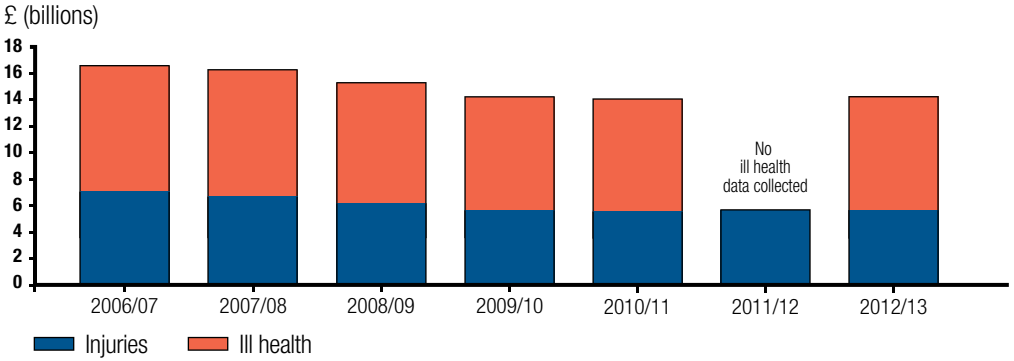
** Further work is underway to estimate the cost of work-related conditions, such as cancer, caused by historic working conditions.*

Change indicator for Costs to Britain

Since 2007/08 ▼

Costs to Britain of workplace injury and new cases of work-related ill health (2012 prices)

Note: *95% confidence interval on average +/-9% on the total*



Costs to Britain of workplace injury and new cases of work-related ill health 2012/13 (2012 prices)

Cost bearer	Total cost (£billions, 2012 prices)			% of total cost
	central	95% Confidence interval		
		lower	upper	
Individuals	**8.1**	7.3	9.0	57%
Employer	**2.9**	2.8	3.0	20%
Government	**3.2**	2.7	3.8	23%
Total cost	**14.2**	12.9	15.6	100%

Source: *HSE Cost model*

Sources and definitions

The Labour Force Survey (LFS)

The LFS is a national survey run by the Office for National Statistics of currently around 44 000 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. The analysis and interpretation of these data are the sole responsibility of HSE. See *www.hse.gov.uk/statistics/lfs/technicalnote.htm* for more details.

Self-reported work-related illness: 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 collected data on ill health through the LFS, periodically since 1990 and annually from 2003/04 to 2011/12. In 2012/13, the ill health data collection was suspended but from 2013/14 returned to annual data collection.

Self-reported injuries: Workplace injuries sustained as a result of a non-road traffic accident, as estimated by the LFS. Over-3-day and over-7-day absence injuries include all those with more than three and more than seven consecutive (working and non-working) days away from work (not counting the day on which the accident happened). HSE has collected data on injuries through the LFS in 1990 and annually since 1993/94. 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 by 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 to 2011/12. In 2012/13, the ill health data collection was suspended but from 2013/14 returned to annual data collection.

RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (as amended), under which fatal and defined 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, hence excluded from these figures. Particular exclusions include fatalities and injuries to the armed forces and injuries from work-related road collisions.

A number of key changes to the reporting system and legal requirements have occurred in recent years, with some impact on the resulting statistics:

- ***September 2011:*** the notification system used by employers changed to a predominantly online system.
- ***April 2012:*** a legislative change introduced the requirement to report injuries to workers that lead to absence from work or inability to do their usual job, for over seven days (over-7-day injuries). This replaced the previous 'over-3-day' legal requirement.
- ***October 2013:*** more extensive legislative changes were introduced to simplify the reporting of workplace injuries. One key change was the introduction of 'specified injuries', which replaced the previous 'major injury' category.

For more information about the coverage of RIDDOR and the effect on statistics of recent changes, *see www.hse.gov.uk/statistics/sources.htm*.

Reports of ill health by doctors and specialist physicians (THOR and THOR-GP)
Reports of work-related ill health are gathered in surveillance schemes run by The Health and Occupation Reporting network (THOR); statistical tables covering patients seen by specialists are available annually from the early 1990s for work-related respiratory disorders and skin disease. In THOR-GP (since 2005), a sample of general practitioners are asked to report new cases of work-related ill health.

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 2003, although earlier historical data is available.

Death Certificates
Pages 2 and 3 refer to deaths from some types of occupational lung disease, including the asbestos-related diseases mesothelioma and asbestosis.

Enforcement notices and offences prosecuted
The 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 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

This was developed to estimate the costs of injury and new cases of ill health in workers resulting 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 (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.

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: Eurostat publishes data on fatal accidents at work standardised to take account of the different structure of working populations across European Union (EU) member states. Fatalities due to road traffic accidents are removed, as GB and Ireland do not record work-related road traffic accidents. For further details on the scope and coverage of the fatalities data please see:
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.

Definitions

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

95% confidence interval: 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.

Statistical significance: A difference between two sample estimates is described as 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

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 this release 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 this release 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 and the cost model (i.e. whether the latest estimate is significantly higher or lower than the relevant reference year) and using a 2% per year threshold 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.

r: Revised (see HSE statistics revision policy on this page)

n/a: Not available.

HSE statistics revision policy

The Code of Practice for Official Statistics requires all producers of Official Statistics to publish a policy on revisions.

HSE aims to avoid the need for large revisions to National Statistics unless absolutely necessary and has procedures in place to minimise the number and scale of any revisions made. Where any changes to previously-published data come to the attention of HSE statisticians, they will form a professional view as to whether a revision to published data is in the public interest. If necessary, the HSE chief statistician will seek further advice from the National Statistician's office.

Data revisions have been marked within this document with an '**r**'. This includes figures published in 2012/13 as 'provisional' but which have since been finalised, and also in some cases to previously finalised data. A full revisions policy and log can be seen at *www.hse.gov.uk/statistics/about/revisions/index.htm*.
This outlines the main reasons why data revisions tend to occur, as well as detailing all large data revisions since July 2010.

National Statistics

The RIDDOR, LFS, deaths from occupational lung diseases, THOR, IIDB, enforcement and Costs to Britain figures in this report are National Statistics.

National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

More information about our data sources can be found at *www.hse.gov.uk/statistics/sources.htm*.

For information regarding the quality guidelines used for statistics within HSE see *www.hse.gov.uk/statistics/about/quality-guidelines.htm*.

Additional data tables can be found at *www.hse.gov.uk/statistics/tables/*.

The statistics within this document refer to Great Britain only – for information on health and safety statistics in Northern Ireland please go to *www.hseni.gov.uk/about-hseni/statistics.htm*.

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