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.

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 employees.

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

629000 injuries occurred at work according to the Labour Force Survey, of which 148 000 led to over-7-days absence, with rates of 0.55 million per 100 000 workers respectively.

Working days lost

28.2 million days were lost due to work-related ill health or injury.

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

2.8 million days were lost due to workplace injury.

4.7 million days were lost due to workplace injury.

Economic costs to Britain

2140 and 500 per 100 000 workers respectively.

By their past work.

1489000 workers who were suffering from an illness which was caused or made worse by their current or past work.

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.

These were new conditions which started during the year.

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 from an illness (long-standing as well as new cases) that they believed was caused or made worse by their current or past work.

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.

13790 enforcement notices were issued by all enforcing authorities.

Sources and definitions

www.hse.gov.uk/statistics/
Fatal diseases

- Breast cancer due to shift work.
- Lung cancer due to silica, diesel engine exhaust, and mineral oils, and exposure to asbestos.
- The next four biggest categories of occupational cancer were lung cancer due to silica, diesel engine exhaust, and mineral oils, and exposure to asbestos.
- Mesothelioma (asbestos).
- Lung cancer due to diesel engine exhaust.
- Lung cancer due to silica.
- Lung cancer due to mineral oils.
- Breast cancer due to shift work.
- Asbestosis (asbestos).
- Lung cancer due to diesel engine exhaust.
- COPD (dust, gases, vapours, fumes).
- Other cancers.

Fatal diseases

- Estimated annual deaths due to work-related diseases

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- Asbestosis (asbestos).
- Lung cancer due to diesel engine exhaust.
- COPD (dust, gases, vapours, fumes).
- Other cancers.
Fatal diseases (continued)

There were 15,175 other pneumoconiosis deaths, mostly due to coal dust with a smaller number due to silica.

In 2012 there were 454 asbestos deaths where asbestos is likely to have contributed as a cause.

In 2012 there were 239 mesothelioma deaths, where mesothelioma is likely to be similar to the number of mesotheliomas.

The annual number of lung cancer deaths caused by asbestos is likely to be more rapidly than annual deaths, reflecting efforts to increase the proportion who claim over this period.

Since the late 1990s, annual IIDB cases have tended to increase more rapidly than annual deaths. 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.

This reflects a substantial increase compared with 2011.

In 2012 there were 2535 deaths due to mesothelioma (a cancer of the lung lining) caused by past exposure to asbestos.
Work-related ill health

Self-reported illness (LFS)

For people working in the last 12 months:

- These estimates come from the Labour Force Survey (LFS).
- Since 2008/09
  - n/a
  - 0.4

Since 2003/04

- 705 000 people suffering from work-related ill health in the last 12 months.

Since 2012/13

- 795 000 people working in the last 12 months.

Since 2008/09

- 530 000 cases of ill health started more than 12 months ago.

Since 2012/13

- 535 000 were new cases amongst those working in the last 12 months.

Since 2008/09

- 1.2 million were former workers.

Since 2012/13

- 2.0 million were made worse by their current or past work.

Since 2003/04

- 1.2 million were made worse by their current or past work.

Since 2008/09

- 0.8 million were made worse by their current or past work.

Since 2012/13

- 0.4 million were made worse by their current or past work.

Since 2003/04

- 0.4 million were made worse by their current or past work.

Since 2008/09

- 0.4 million were made worse by their current or past work.
## Health and Safety Statistics 2013/14

**www.hse.gov.uk**

### Key Facts

- **Work-related ill health**
- **Workplace injury**
- **Enforcement**
- **Other topics**

### Sources and Definitions


### Work-related ill health

**Self-reported illness (LFS)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of cases of work-related illness in the last 12 months (thousands)</th>
<th>New cases of work-related illness in the last 12 months (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>[Central, Lower, Upper] 95% Confidence Interval</td>
<td>[Central, Lower, Upper] 95% Confidence Interval</td>
</tr>
<tr>
<td>2009/10</td>
<td>1265, 1206, 1324</td>
<td>554, 515, 586</td>
</tr>
<tr>
<td>2010/11</td>
<td>1152, 1092, 1211</td>
<td>495, 455, 534</td>
</tr>
<tr>
<td>2011/12</td>
<td>1073, 1017, 1129</td>
<td>452, 416, 489</td>
</tr>
<tr>
<td>2013/14</td>
<td>1241, 1179, 1303</td>
<td>535, 494, 576</td>
</tr>
</tbody>
</table>

### Sources

- LFS: Labour Force Survey

### Notes

- No ill health data was collected in 2012/13.

---

### Stress, depression or anxiety

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of cases of illness in the last 12 months (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>[Central, Lower, Upper] 95% Confidence Interval</td>
</tr>
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</tr>
<tr>
<td>2013/14</td>
<td>1241, 1179, 1303</td>
</tr>
</tbody>
</table>

### Musculoskeletal disorders

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of cases of illness in the last 12 months (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
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<td>2013/14</td>
<td>1241, 1179, 1303</td>
</tr>
</tbody>
</table>

### All ill health

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of cases of illness in the last 12 months (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>[Central, Lower, Upper] 95% Confidence Interval</td>
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<td>1073, 1017, 1129</td>
</tr>
<tr>
<td>2013/14</td>
<td>1241, 1179, 1303</td>
</tr>
</tbody>
</table>

### By type of illness for people working in the last 12 months

- Estimated total and new cases of self-reported work-related ill health
New cases of self-reported work-related ill health

- Since 2008/09, no ill health data was collected.
- Since 2003/04, new cases of ill health have generally fallen, reaching a low of 452,000 in 2011/12.

Note:
- 95% confidence intervals on average ± 7% on the total.
- Since 2001/02, the estimated number of new cases of work-related illness amongst people who worked in the last 12 months has generally fallen, reaching a low of 452,000 in 2011/12. No ill health data was collected in 2012/13.

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).

For stress, depression or anxiety, the estimated number of new cases has remained broadly flat for more than a decade, with an estimate of 244,000 in the latest year.
Work-related ill health
Doctor reports (THOR)

**Work-related ill health**
Doctor reports (THOR)

- **Musculoskeletal disorders (MDS)** were the most common type of musculoskeletal disorders (MDS), the highest proportion of work-related ill health from a sample of around 250 general practitioners (GPs). In 2013:
  - Specific types of work-related ill health from a sample of around 250 general practitioners (GPs). In 2013:
  - Specific types of work-related ill health from a sample of around 250 general practitioners (GPs). In 2013:

- Skin specialists (EPIDERM)
  - Annual cases have fallen over the past 10 years.

- Respiratory specialists (SWORD)
  - The distribution of cases has broadly similar to the LFS but with a lower proportion of cases reported of work-related ill health.

- **Work-related ill health** from a sample of around 250 general practitioners (GPs). In 2013:
  - Specific types of work-related ill health from a sample of around 250 general practitioners (GPs). In 2013:

- Other surveillance schemes collected reports from specialist physicians on:
  - Stress, depression or anxiety
  - Musculoskeletal disorders
  - Respiratory disease
**Work-related ill health (IIDB)**

- 2013 to 40 cases in 2013.
- Dermatitis – the number of new cases has fallen from 190 cases in (83 in 2013).
- Asthma - the number of new cases has halved in the last 10 years.

- Although many diseases in IIDB are prescribed for very specific occupations and exposures, including:
  - broader range of occupations and exposures, including:
  - Apart from asbestos-related disease, the trend in numbers is generally downwards.

### New cases of prescribed diseases (IIDB)

![Graph showing new cases of prescribed diseases (IIDB)](image)

- Non-lung disease
- Lung disease

2003 to 735 in 2013.

### Benefit (IIDB) in 2013

- There were 6140 new IIDB cases, of which two-thirds were lung-related.

### Sources and Definitions

For further information please go to www.hse.gov.uk/statistics/tables/iidb03.xls and www.hse.gov.uk/statistics/tables/iidb05.xls
There were 133 workers fatally injured in 2013/14 (provisional), equivalent to a rate of fatal injury of 0.44 per 100 000 workers.

Since 2012/13, there was a 5% decrease in recorded fatal injuries. The rate for 2013/14 compares to an average rate of 0.56 per 100 000 workers for the previous five years. The rate for 2013/14 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 4% of fatal injuries to workers, respectively.

Due to the fluctuation of recent years, it is currently too early to confirm a further sustained improvement in fatality rates.

Since 2009/10, there has been a sustained improvement in the rate of fatal injuries to workers, from 0.58 to 0.35 per 100 000 workers.

Since 2008/09, the rate of fatal injuries to workers has decreased from 0.60 to 0.35 per 100 000 workers.

Since 2003/04, the rate of fatal injuries to workers has decreased from 0.51 to 0.35 per 100 000 workers.

There were 133 workers fatally injured in 2013/14 (provisional).
### Employer-reported non-fatal injuries to employees

- Since 2009/10, there have been slight year-on-year increases in the number of non-fatal injuries to employees reported under RIDDOR. However, the rate of non-fatal injury per 100,000 employees has been declining since 2003/04.

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### Work-related ill health

- Since 2003/04, there have been slight year-on-year increases in the number of non-fatal injuries to employees reported under RIDDOR. However, the rate of non-fatal injury per 100,000 employees has been declining since 2003/04.

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Self-reported injuries

Since 2003/04
Since 2008/09
Since 2012/13

Workers have fallen below half.

Early indications suggest reporting levels of non-fatal injuries to
the newer requirements (major and over-7-day) were actually reported.

Under the more recent requirements, employees were accurately reported.

Self-reported non-fatal injuries to employees have generally followed a
downward trend over the last ten years or so, but show signs of
levelling off in recent years.

Self-reported non-fatal injuries at work have generally followed a

---

**Non-fatal injury cases (thousands)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Over-3-day absence</th>
<th>All injury</th>
<th>Over-7-day absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008/09</td>
<td>724</td>
<td>692</td>
<td>675</td>
</tr>
<tr>
<td>2009/10</td>
<td>721</td>
<td>696</td>
<td>720</td>
</tr>
<tr>
<td>2010/11</td>
<td>603</td>
<td>766</td>
<td>200</td>
</tr>
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<td>591</td>
<td>721</td>
<td>246</td>
</tr>
<tr>
<td>2012/13</td>
<td>646</td>
<td>724</td>
<td>246</td>
</tr>
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<td>2013/14</td>
<td>629</td>
<td>724</td>
<td>246</td>
</tr>
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</table>

**Note:** 95% confidence interval on average +/- 6% on the total cases (thousands).

Source: Labour Force Survey.

For further information and detail on earlier years, see www.hse.gov.uk/statistics/causinj/index.htm and www.hse.gov.uk/statistics/statreg.htm.

Self-reported non-fatal injuries at work have followed a downward trend over the last 10 years or so, but show signs of levelling off in recent years. Around a quarter of non-fatal injuries have resulted in over-3-days absence from work and around a third in over-7-days absence.

There is a self-reported reporting requirement (major and over-7-day) that just over half of all reportable non-fatal injuries to employees are actually reported. Under the older RIDDOR requirement (major and over-3-day), self-reported results suggest that just over half of all over-3-day absence due to 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.

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**Key Facts**

**Work-related ill health**

**Workplace injury**

**Enforcement**

**Work-related ill health**

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**Health and Safety Statistics 2013/14**

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Health and Safety Statistics 2013/14

www.hse.gov.uk

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KEY FACTS

WORK-RELATED ILL HEALTH

WORKPLACE INJURY

ENFORCEMENT

OTHER TOPICS

SOURCES AND DEFINITIONS

www.hse.gov.uk/statistics/enforcement.htm

Enforcement

Cases instituted

HSE (England and Wales)

Local authorities (England and Wales)

Procurator Fiscal, on behalf of HSE and local authorities (Scotland)

2008/09

469

139

69

2009/10

439

110

38

2010/11

482

120

38

2011/12

499

94

33

2012/13

553

100

26

2013/14

517

85

34

r = revised

p = provisional

Cases resulting in at least one conviction

Prosecution cases resulting in at least one conviction

HSE (England and Wales)

Local authorities (England and Wales)

Procurator Fiscal, on behalf of HSE and local authorities (Scotland)

2008/09

2009/10

2010/11

2011/12

2012/13

2013/14

Cases prosecuted

Since 2008/09

Since 2010/11

Cases prosecuted

Since 2012/13

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

Across Great Britain, 674 cases were prosecuted for health and safety breaches in 2013/14p (including cases where multiple offences were brought).

The Crown Office and Procurator Fiscal Service (COPFS) make the final decision whether to institute legal proceedings and which charges to be brought. HSE and local authorities identify and provide information on breaches to the Crown Office and Procurator Fiscal Service (COPFS). COPFS makes a decision as to whether to institute legal proceedings. HSE and local authorities may take action independently of but complementary to legal proceedings.

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Since 2012/13

Since 2008/09

Since 2003/04

Change indicator for cases prosecuted

n/a

For further information, please go to www.hse.gov.uk/statistics/sources.htm#enforcement.

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The Procurator Fiscal heard 35 cases in Scotland, a rise of 25% on the previous year, and secured 34 convictions (97%).

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

■ Of these 674 cases:

• 517 were prosecuted by HSE in England and Wales, a decrease of 5% from the previous year, and secured 517 convictions (94%).

• 88 were prosecuted by local authorities in England and Wales, a decrease of 16% from the previous year, and secured 85 convictions (97%).

• 35 were prosecuted by the Procurator Fiscal, an increase of 25% on the previous year, and secured 34 convictions (97%).

* 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 makes the final decision whether to institute legal proceedings and which charges to be brought.
Enforcement Offences Prosecuted

Since 2003/04, 31% on the previous year, and secured 40 convictions (95%).
The Procurator Fiscal heard 42 offences in Scotland – a rise of 184 (44%) from the previous year, and secured convictions.

Wales, a decrease of 20% from the previous year, and secured 49 convictions.

Local authorities prosecuted 191 offences in England and Wales: a decrease of 20% from the previous year, and secured 84 convictions.

HSE prosecuted 954 offences in England and Wales, virtually unchanged from the previous year, and secured 894 convictions.

Over the 674 prosecution cases heard in Great Britain in 2013/14, a rate of 90% of these, 1073 offences resulted in a conviction, a decrease of 3% from the previous year.

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Since 2008/09, 103% on the previous year, and secured 927 convictions (96%).
HSE prosecuted 954 offences in England and Wales, virtually unchanged from the previous year, and secured 849 convictions.

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 51 (31%) on the previous year, and secured 40 convictions (95%).

For further information, please go to www.hse.gov.uk/statistics/sources.htm#enforcement.
### Enforcement Notices

<table>
<thead>
<tr>
<th>Year</th>
<th>Notices Issued by HSE</th>
<th>Notices Issued by Local Authorities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>4,655</td>
<td>3,888</td>
<td>8,543</td>
</tr>
<tr>
<td>2008/09</td>
<td>4,693</td>
<td>3,896</td>
<td>8,589</td>
</tr>
<tr>
<td>2009/10</td>
<td>4,938</td>
<td>3,939</td>
<td>8,877</td>
</tr>
<tr>
<td>2010/11</td>
<td>5,157</td>
<td>4,072</td>
<td>9,229</td>
</tr>
<tr>
<td>2011/12</td>
<td>5,465</td>
<td>4,200</td>
<td>9,665</td>
</tr>
<tr>
<td>2012/13</td>
<td>5,960</td>
<td>4,612</td>
<td>10,572</td>
</tr>
<tr>
<td>2013/14</td>
<td>6,664</td>
<td>5,119</td>
<td>11,783</td>
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<tr>
<td>2014/15</td>
<td>7,190</td>
<td>5,700</td>
<td>12,890</td>
</tr>
</tbody>
</table>

**Change Indicator for Enforcement Notices Issued**

- Since 2008/09: Up 2% from previous year.
- Since 2003/04: Up 2% from previous year.
- Since 2003/04: Up 2% from previous year.
- Since 2003/04: Up 2% from previous year.
- Since 2003/04: Up 2% from previous year.

**Notes**

- HSE = Health and Safety Executive
- Local authorities
- Total

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

#### Work-Related Ill Health
- Rate of total cases of ill health per 100,000 people employed in the last 12 months 2013/14 (LFS)
- Rate of non-malignant injury per 100 workers 2013/14 (LFS)
- Rate of non-malignant ill health per 100 workers 2013/14 (LFS)

#### Workplace Injury
- Number of fatal injuries to workers 2013/14
- Rate of non-fatal injury per 100,000 workers, three-year average 2011/12 to 2013/14 (LFS)

#### Enforcement
- Cases prosecuted 2013/14
- Number of cases 2013/14

### Other Topics
- Countries and regions

### Sources and Definitions
- 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.

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

---

**Great Britain**

- 2013/14: 67 cases
- 2011/12: 61 cases

---

**England**

- 2013/14: 60 cases
- 2011/12: 57 cases

---

**Wales**

- 2013/14: 4 cases
- 2011/12: 4 cases

---

**Scotland**

- 2013/14: 26 cases
- 2011/12: 26 cases

---

**Northern Ireland**

- 2013/14: 6 cases
- 2011/12: 7 cases
European Comparisons

Although health and safety systems differ across Europe in recording, enforcing and measuring work-related health problems and injuries, and with overall rates and severity measures within large economies, and with overall rates of fatal and non-fatal injuries in the UK, they are as standardised as possible. This table compares UK performance on key health and safety measures with those of large economies within the EU (Eurostat 2011).
KEY FACTS

WORK-RELATED ILL HEALTH

- Industry sectors with ill health rates statistically significantly higher than all activities, transport and storage, and manufacturing, construction, accommodation and food service, education, and health and social work activities.

- Ill-health rates for total cases are available for some of these industries.

WORKPLACE INJURY

- 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.

- Sample numbers are too small to provide reliable rates for extraction (SIC B).

OTHER TOPICS

- 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).

SOURCES AND DEFINITIONS

- 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).

- Ill-health rates for total cases are available for some of these industries.

- 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.

Ill-health rates for total cases are available for some of these industries.

- Illness

- Injury

- 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.

SIC: Standard Industrial Classification (see page 24).

For further information on non-fatal injuries and detail on earlier years see www.hse.gov.uk/statistics/lfs/injind3_3yr.xls.

For further information on total cases of ill health, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/wriind2_3yr.xls.

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).

Injuries - further information

Industry sectors with ill health rates statistically significantly higher than all activities, transport and storage, and manufacturing, construction, accommodation and food service, education, and health and social work activities.

- Ill-health rates for total cases are available for some of these industries.

- Illness

- Injury

- 95% confidence interval

- 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.

SIC: Standard Industrial Classification (see page 24).

For further information on total cases of ill health, and detail on earlier years, see www.hse.gov.uk/statistics/lfs/wriind2_3yr.xls.

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).

- Illness

- Injury

- 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.

SIC: Standard Industrial Classification (see page 24).
Self-reported ill-health and injuries by occupation — Three-year 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.

Workers in care, leisure and other personal service occupations have statistically significantly higher rates of both injury and ill-health compared to all occupations.

■ Professional occupations have 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.

■ Skilled trades have statistically significantly higher rates of both injury and ill-health compared to all occupations.

Occupation groups

SOC (Standard Occupational Classification — see page 25).

# 2010/11, 2011/12, 2012/13 for ill health and 2011/12 - 2013/14 for injuries. No ill health data was collected in 2012/13.

Source: Labour Force Survey


Occupation groups

SOC: Standard Occupational Classification (see page 25).

# 2010/11, 2011/12, 2012/13 for ill health and 2011/12 - 2013/14 for injuries. No ill health data was collected in 2012/13.

Source: Labour Force Survey


Other topics

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Illness</th>
<th>Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers/directors/senior officials (SOC 1)</td>
<td>5690</td>
<td>4910</td>
</tr>
<tr>
<td>Associate professional/technical (SOC 3)</td>
<td>3760</td>
<td>3580</td>
</tr>
<tr>
<td>Skilled trades (SOC 5)</td>
<td>3050</td>
<td>2820</td>
</tr>
<tr>
<td>Sales/customer service (SOC 7)</td>
<td>3050</td>
<td>2820</td>
</tr>
<tr>
<td>Elementary (SOC 9)</td>
<td>3050</td>
<td>2820</td>
</tr>
<tr>
<td>All occupations*</td>
<td>3050</td>
<td>2820</td>
</tr>
</tbody>
</table>

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 have 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.

Source: Labour Force Survey

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

# 2010/11, 2011/12, 2012/13 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).

Three-year average.

Estimated rates of total cases of self-reported work-related illness and injury.
The average days lost per case due to work-related ill health, stress, depression or anxiety, and musculoskeletal disorders (13 and 8.3 million days respectively) was higher than for musculoskeletal disorders (16 days).

Self-reported working days lost due to work-related incidents accounted for the majority of days lost due to work-related ill health.

On average, each person suffering took around 16 days off work, 19 days for ill health cases and 7.5 for injuries.

In 2013/14, 23.5 million days were lost due to work-related ill health.

Total number of working days, from 39.8 million in 2002-03 to 28.2 million in 2013/14, which is a downward trend since 2000-02, with a corresponding fall in the number of working days lost per worker has generally followed.
<table>
<thead>
<tr>
<th>Year</th>
<th>All illnesses and injuries</th>
<th>All injuries</th>
<th>All illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td>25 893</td>
<td>4723</td>
<td>20 878</td>
</tr>
<tr>
<td>2011/12</td>
<td>25 351</td>
<td>4411</td>
<td>20 011</td>
</tr>
<tr>
<td>2012/13</td>
<td>24 551</td>
<td>4111</td>
<td>19 420</td>
</tr>
<tr>
<td>2013/14</td>
<td>24 222</td>
<td>3991</td>
<td>19 220</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Estimated working days lost</strong></td>
<td></td>
<td><strong>Associated average days lost per case</strong></td>
</tr>
<tr>
<td></td>
<td>2009/10</td>
<td>2009/11</td>
<td>2009/12</td>
</tr>
<tr>
<td></td>
<td>2010/11</td>
<td>2010/12</td>
<td>2010/13</td>
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<tr>
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<td>2011/12</td>
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<td></td>
<td>2012/13</td>
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</tr>
<tr>
<td></td>
<td>2013/14</td>
<td>2013/15</td>
<td>2013/16</td>
</tr>
<tr>
<td></td>
<td>2014/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Labour Force Survey

Note: No ill health data was collected in 2012/13.

For further information and data on other years, see www.hse.gov.uk/statistics/swit1.xls.

Case refers to persons suffering from a workplace injury or a work-related illness.

*Case* refers to persons suffering from a workplace injury or a work-related illness.

*Estimated working days lost and associated average days lost per case due to self-reported work-related illnesses or workplace injuries.*
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 injury from current working conditions, cost society an estimated £6.0 billion.
- 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.

Since 2007/08 Change indicator for Costs to Britain of workplace injury and new cases of work-related ill health 2012/13 (2012 prices)

<table>
<thead>
<tr>
<th>Cost bearer</th>
<th>Total cost (£billions, 2012 prices)</th>
<th>% of total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>3.2</td>
<td>23%</td>
</tr>
<tr>
<td>Employer</td>
<td>2.9</td>
<td>20%</td>
</tr>
<tr>
<td>Individuals</td>
<td>8.1</td>
<td>57%</td>
</tr>
<tr>
<td><strong>Total cost</strong></td>
<td><strong>14.2</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: HSE Cost model 2010/11


**Injuries**

**Ill health**

Note: 95% confidence interval on average +/-9% on the total.
Health and Safety Statistics 2013/14

www.hse.gov.uk

Sources and definitions

KEY FACTS

WORK-RELATED ILL HEALTH

WORKPLACE INJURY

ENFORCEMENT

SOURCES AND DEFINITIONS

OTHER TOPICS

The Labour Force Survey (LFS)

has collected data on injuries through the LFS since 1990 and annually on work-related ill health since 2000/01. The LFS is a national survey run by the Office for National Statistics.
Sources and definitions

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

---

**Death Certificates**

Pages 2 and 3 refer to deaths from some types of occupational lung disease assessed for compensation under the industrial disablement benefit scheme (IDB); new cases of specified, presbyopic, diseases assessed in establishments with an established asbestos-related disease (IDB). for disablement benefit.

---

**Enforcement notices and offences prosecuted**

Enforcement notices cover improvement, prohibition, and deferred enforcement notices. The enforcing authorities are HSE, local authorities, and, in Scotland, the Crown Office and Procurator Fiscal Service (COPFS) in Scotland. Confidence is required in surveillance schemes run by the Health and Occupation Reporting network (THOR).

---

**Reports of ill-health by doctors and specialist physicians (THOR)**

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

---

**Ill health assessed for disablement benefit (IDB)**

New cases of specified, presbyopic, diseases assessed in establishments with an established asbestos-related disease (IDB) for disablement benefit.
Health and Safety Statistics 2013/14

www.hse.gov.uk

SOURCES AND DEFINITIONS

KEY FACTS

WORK-RELATED ILL HEALTH

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ENFORCEMENT

OTHER TOPICS

SOURCES AND DEFINITIONS

www.hse.gov.uk/statistics/sources.htm

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 previous 12 months. 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 fatality 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 on work-related accidents at work, work-related health problems, and work-related illnesses as well as several other topics. The size of the sample of the EU-LFS varies between 250,000 and 300,000 people. The results are published on the European Union Labour Force Survey website.

Definitions

Rate per 100 000: The number of annual injuries or cases of ill health among 100,000 employees or workers, either overall or for a particular 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 industrial classification for classifying businesses by the type of activity they undertake. It was introduced in 1948. The version used in this release is SIC 2007.

Statistical methods: To derive nationally representative estimates of work-related injury or illness, the HSE first estimates the number of cases in the workforce using the number of cases estimated from RIDDOR and the estimated number of people reporting a non-fatal workplace injury or work-related illness in the previous 12 months. The cost model approach uses similar methods to other Government Departments.

Accuracy:

The EU-LFS estimates 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.

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.

Additional sources of information include:

ONS

National Insurance contributions

NHS

Health care costs

DWP

Benefit rates

Statistical methods: To derive nationally representative estimates of work-related injury or illness, the HSE first estimates the number of cases in the workforce using the number of cases estimated from RIDDOR and the estimated number of people reporting a non-fatal workplace injury or work-related illness in the previous 12 months. The cost model approach uses similar methods to other Government Departments.

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National Insurance contributions

NHS

Health care costs

DWP

Benefit rates
www.hse.gov.uk/statistics/sources.htm

Standard Occupational Classification (SOC): The system used in this release is SOC 2010.

This outlines the main reasons why data revisions tend to occur, as well as detailing all large data revisions since July 2010.

Data revisions have been marked within this document with an ‘r’. This indicates that the revised data is in the public interest. If necessary, the HSE chief statistician will seek further advice from the National Statistician’s office before publishing a revision to published data. The Code of Practice for Official Statistics requires all producers of official statistics to publish a policy on revisions.

This document has been determined by statistical significance for LFS data and the cost model (i.e. whether the latest estimate is significantly different from the previous one). This has been done 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 year threshold for RIDDOR and enforcement data, the latest estimate is shown).

This document outlines the main reasons why data revisions tend to occur, as well as detailing all large data revisions since July 2010. Data revisions have been marked within this document with an ‘r’. This indicates that the revised data is in the public interest. If necessary, the HSE chief statistician will seek further advice from the National Statistician’s office before publishing a revision to published data. The Code of Practice for Official Statistics requires all producers of official statistics to publish a policy on revisions.
The statistics within this document refer to Great Britain only for:

Additional data tables can be found at www.hse.gov.uk/statistics/sourcedata/index.htm.

For information regarding the quality guidelines used for statistics within:

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

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