The Health and Safety Executive
Statistics 2009/10

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A National Statistics publication

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Key facts

Ill health

1.3 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. **555 000** 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.

2249 people died from mesothelioma in 2008 and thousands more from other occupational cancers and diseases such as COPD.

Injuries

152 workers were killed at work, a rate of **0.5** fatalities per 100 000 workers.

121 430 other injuries to employees were reported under RIDDOR, a rate of **473** per 100 000 employees.

233 000 reportable injuries occurred, according to the Labour Force Survey, a rate of **840** per 100 000 workers.

Working days lost

28.5 million days were lost overall (**1.2** days per worker),
23.4 million due to work-related ill health and **5.1** million due to workplace injury.

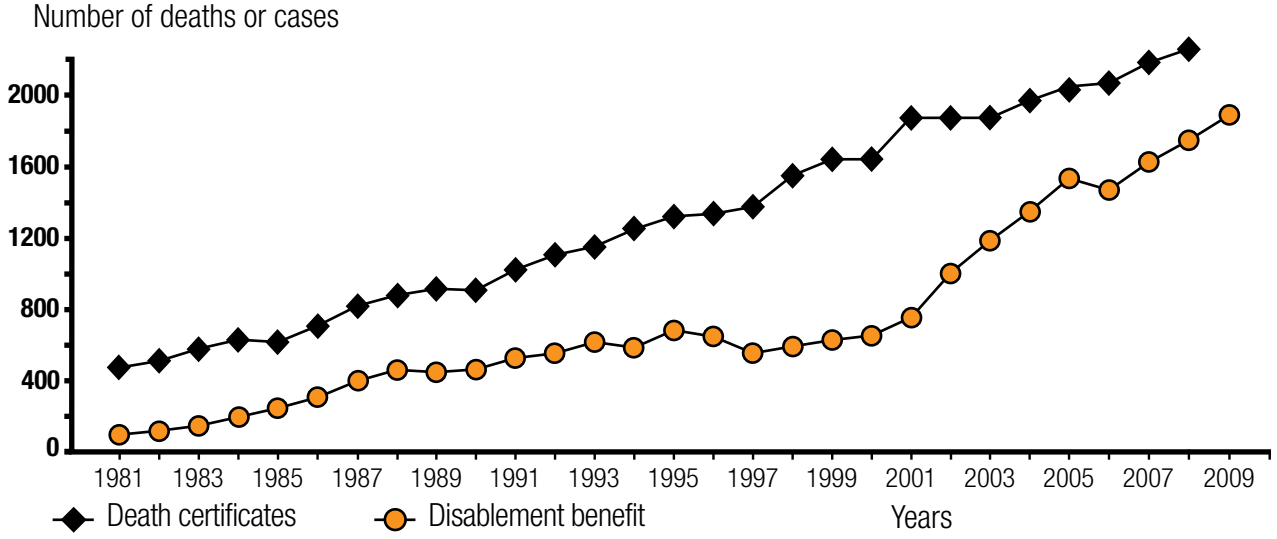
Enforcement

1033 offences were prosecuted by HSE and ORR.
287 offences were prosecuted by local authorities.
15 881 enforcement notices were issued by all enforcing authorities

Fatal diseases

- Each year thousands of people die from work-related diseases mainly due to past working conditions.
- An estimated 8000 cancer deaths in Britain each year are attributable to past exposure to occupational carcinogens. Around half of these are asbestos related (including mesothelioma).
- Research to estimate the number of cancers that result from current working conditions is underway.
- 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.
- In 2008, asbestosis was the underlying cause of 117 deaths. There were 147 other pneumoconiosis deaths, mostly due to coal or silica.

Figure 1 Mesothelioma deaths and disablement benefit cases 1981–2009

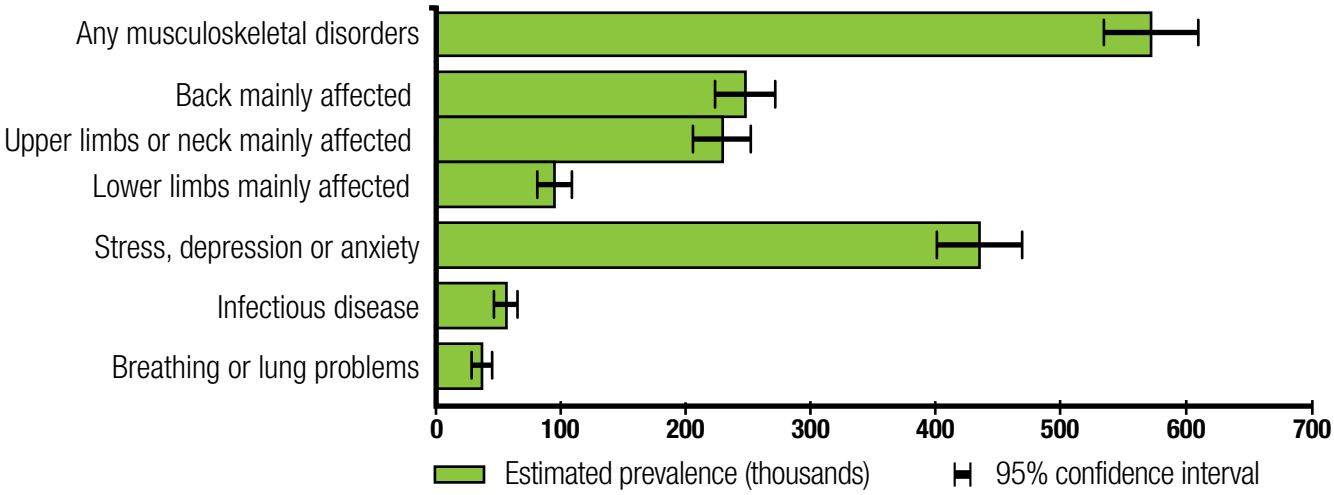


- Deaths due to the asbestos-related cancer mesothelioma continue to increase annually – a legacy of heavy asbestos use in the past.
- There were 2249 mesothelioma deaths in 2008, 1865 among men.
- The annual number of male deaths is predicted to increase to a peak of over 2000 around the year 2016.

Self-reported ill health

- In 2009/10 an estimated 1.3 million people who had worked in the last 12 months, and a further 0.8 million former workers, suffered from ill health which they thought was work related.
- Musculoskeletal disorders and stress were the most commonly reported illness types.

Figure 2 Estimated prevalence of self-reported work-related illness, by type of illness, for people working in the last 12 months, 2009/10



Type of illness	2009/10 prevalence* (thousands)		
	Central estimate	95% confidence interval	
		lower	upper
Musculoskeletal disorders	572	532	613
Mainly affecting the back	248	222	274
Mainly affecting the upper limbs or neck	230	205	255
Mainly affecting the lower limbs	94	78	111
Stress, depression or anxiety	435	401	469
Breathing or lung problems	57	44	70
Infectious disease	38	28	48
Total	1266	1207	1326

** for people working in the last 12 months*

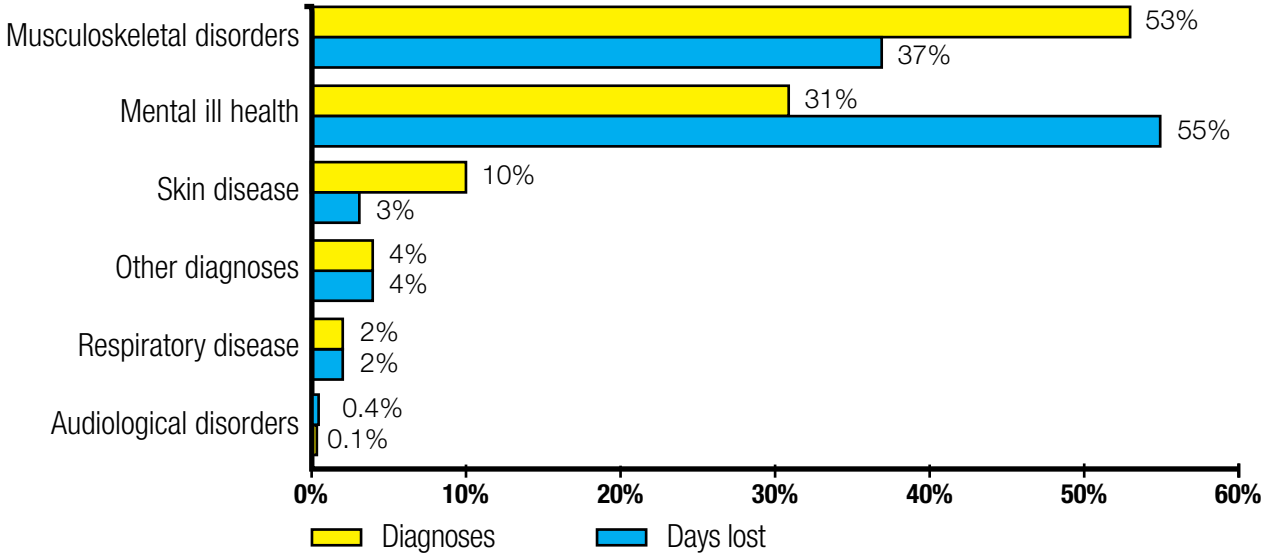
Source: Labour Force Survey

Note: *Some types of complaint are not listed (eg heart disease, skin problems) so the estimates do not sum to the total.*

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). The data confirms that musculoskeletal disorders are the most common type of work-related illness, but that mental ill health gives rise to more working days lost. According to these data the overall incidence of work-related ill health is roughly 1500 cases per 100 000 workers (similar to the estimate from the LFS – see page 19).
- Other surveillance schemes collect reports from specialist physicians on specific types of work-related ill health. For example, in 2009 the scheme involving hospital dermatologists recorded over 1300 confirmed cases of work-related dermatitis.

Figure 3 Proportion of cases and days lost by diagnosis as reported by General Practitioners for 2007–2009



Ill health assessed for industrial injuries disablement benefit (IIDB)

- In 2009 the number of new IIDB cases was around 7100. The largest categories were arthritis of the knee in miners (added to the prescribed diseases list in July 2009), vibration white finger, carpal tunnel syndrome and respiratory diseases associated with past exposures to substances such as asbestos and coal dust. The trend in numbers is generally downwards, except for diseases associated with asbestos.

Fatal injuries to workers

- There were 152 workers fatally injured in 2009/10 (provisional), equivalent to a rate of 0.5 fatalities per 100 000 workers.
- The inclusion of the 2009/10 data into the time series is fully consistent with a continuing downward trend.
- The rate for 2009/10 represents a statistically significant decrease compared to the average rate for the previous five years.
- Of the main industrial sectors, construction and agriculture have the highest rates. These sectors accounted for 42 and 38 fatalities respectively.

Figure 4 Number and rate of fatal injuries to workers

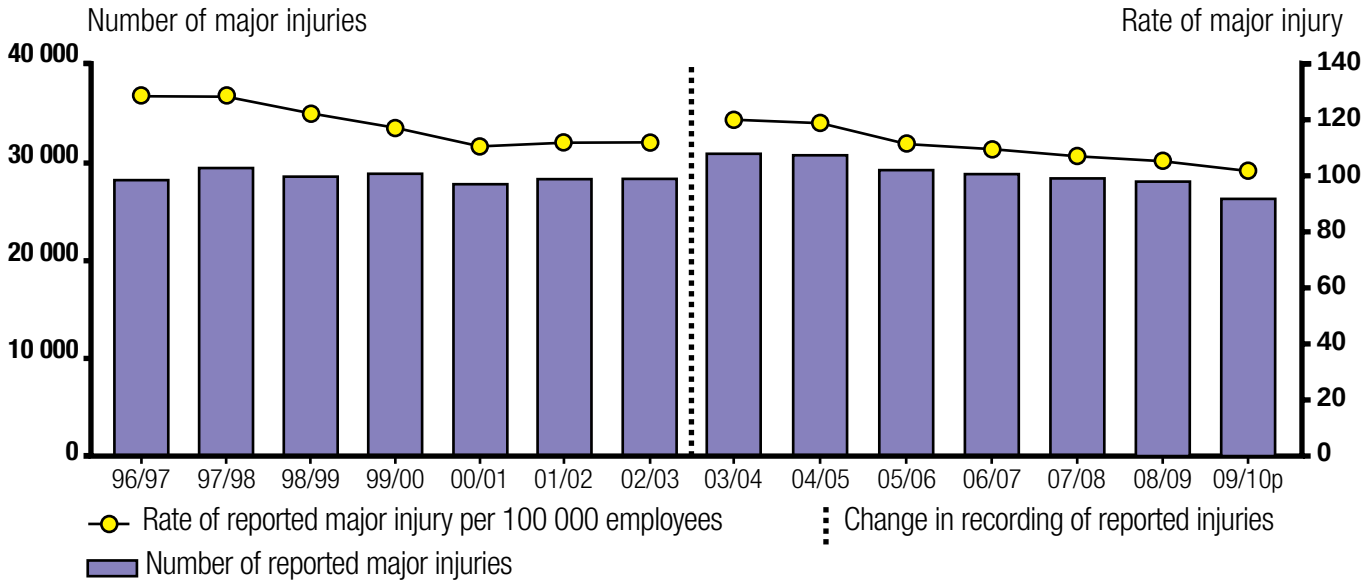
Year	Employees Number	Employees Rate (a)	Self-employed Number	Self-employed Rate (b)	Workers Number	Workers Rate (c)
2003/04	168	0.7	68	1.8	236	0.8
2004/05	172	0.7	51	1.3	223	0.8
2005/06	164	0.6	53	1.4	217	0.7
2006/07	191	0.7	56	1.4	247	0.8
2007/08	178	0.7	55	1.4	233	0.8
2008/09	127	0.5	52	1.3	179	0.6
2009/10p	111	0.4	41	1.0	152	0.5

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

Reported non-fatal injuries

- In 2009/10 there were 26 061 reported injuries to employees classified as major injuries. The corresponding rate was 101.5 per 100 000. The most common accidents involved slipping or tripping (41%), and falls from a height (16%).
- A further 95 369 reported injuries to employees caused an absence from work of over three days. The corresponding rate was 371.5. Of these injuries, the most common kinds of accident were caused by handling, lifting or carrying (36%), and slipping or tripping (24%).

Figure 5 Number and rate of reported major injuries to employees



Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
Major injury						
2007/08	28 199	106.4	1 190	29.5	29 389	96.2
2008/09	27 894	105.6	1 106	27.3	29 000	95.2
2009/10p	26 061	101.5	1 035	25.3	27 096	91.0
Over-3-day injury						
2007/08	110 054	415.1	1 121	27.8	111 175	363.9
2008/09	105 261	398.4	931	23.0	106 192	348.5
2009/10p	95 369	371.5	902	22.0	96 271	323.5

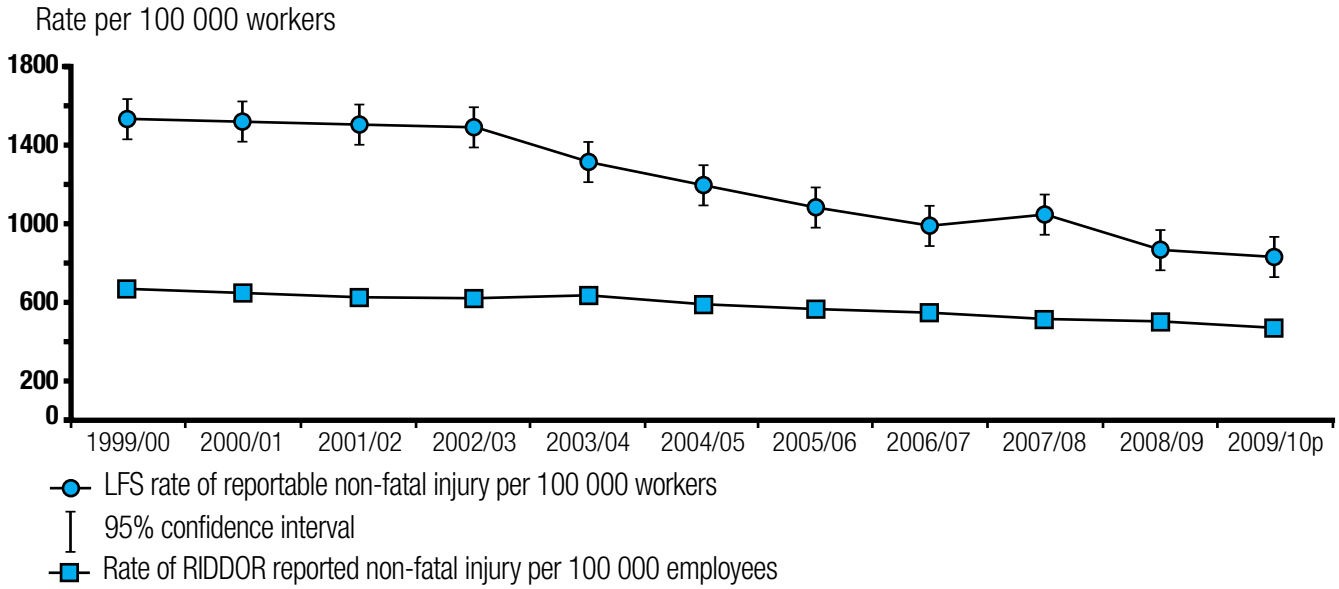
(a) per 100 000 employees *(b) per 100 000 self-employed* *(c) per 100 000 workers*

Note: *See page **25** for definitions of major and over-3-day injuries.*

Labour Force Survey and reporting of injuries

- The rate of reportable injury estimated from the Labour Force Survey (LFS) was 840 per 100 000 workers in 2009/10, a similar order to that in 2008/09, but statistically significantly lower than those in earlier years.
- Comparing this with the RIDDOR rate of reported major and over-3-day injury, the estimated level of reporting by employers was 57%.

Figure 6 Rate of reportable non-fatal injury to employees and LFS rate of reportable non-fatal injury to workers



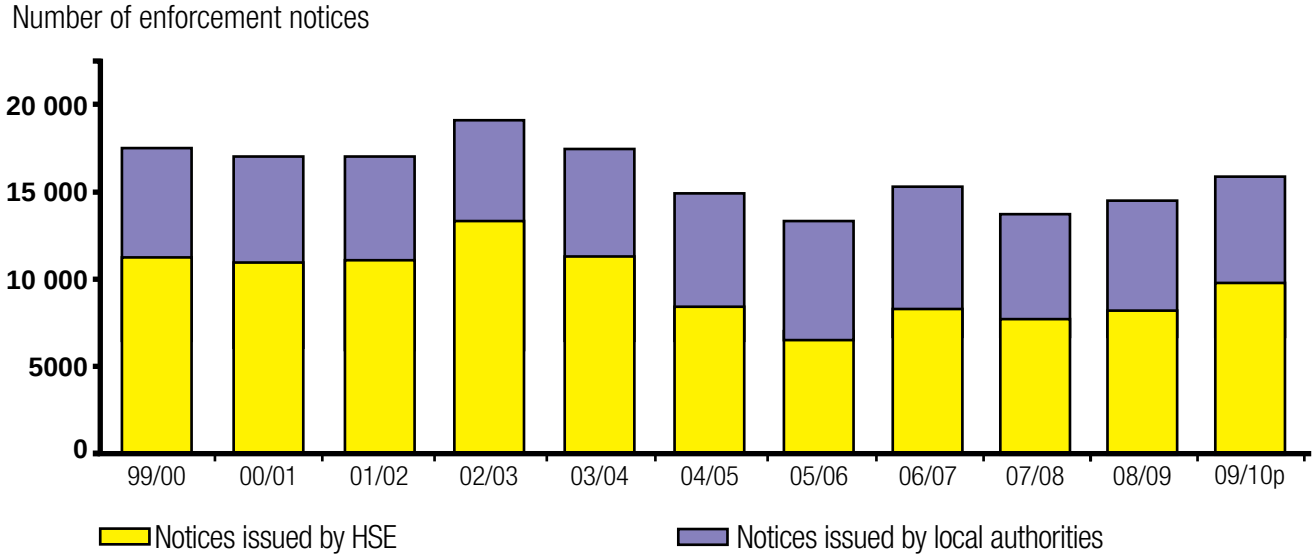
	RIDDOR-reported injury rate to employees (a)	LFS reportable injury rate to workers (b)			Estimated percentage of injuries reported
		Central estimate	95% confidence interval lower	upper	
2005/06	566	1 090	990	1 180	52%
2006/07	543	1 000	910	1 090	54%
2007/08	521	1 050	950	1 140	50%
2008/09	504	870	780	960	58%
2009/10	473	840	750	930	57%

(a) per 100 000 employees (b) per 100 000 workers

Enforcement notices

- In 2009/10, there were 9734 enforcement notices issued by HSE, compared to 8079 in 2008/09. In addition, the Office of Rail Regulation (ORR) issued 36 notices in 2008/09 and 37 notices in 2009/10.
- In 2009/10, local authorities issued 6110 notices, compared to 6340 in 2008/09.
- This gives a total of 15 881 enforcement notices issued by all enforcing authorities in 2009/10.

Figure 7 Number of enforcement notices issued by all enforcing authorities



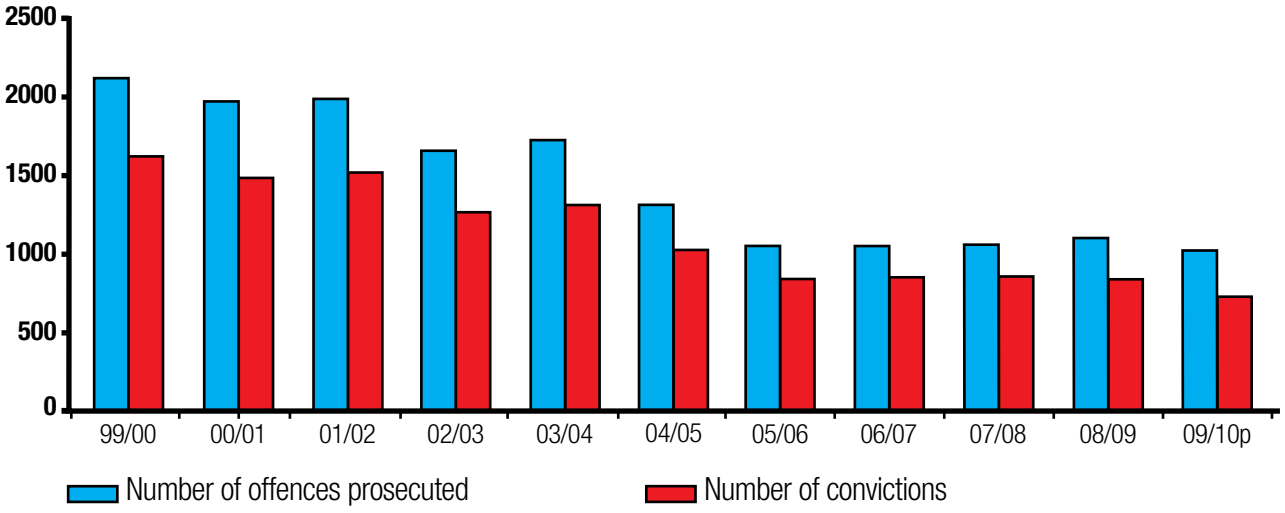
		Improved notice	Deferred prohibition	Immediate prohibition	Total
2007/08	HSE	4 525	45	3 188	7 758
	ORR	15	-	6	21
	Local authorities	4 470	60	1 480	6 010
	Total	9 010	105	4 674	13 789
2008/09	HSE	4 825	44	3 210	8 079
	ORR	31	2	3	36
	Local authorities	4 930	40	1 370	6 340
	Total	9 786	86	4 583	14 455
2009/10p	HSE	5 811	47	3 876	9 734
	ORR	25	1	11	37
	Local authorities	4 680	50	1 380	6 110
	Total	10 516	98	5 267	15 881

Prosecutions taken by HSE*

- In 2009/10, there were 1033 offences prosecuted in Great Britain by HSE and ORR, and which were heard in that year. Of these, 922 were completed, resulting in 737 convictions (80%). Within the 922 figure, seven offences, two of which resulted in convictions, relate to railways, now enforced by ORR.
- Offences prosecuted count individual breaches of separate health and safety legislation. A dutyholder may be prosecuted for more than one breach within the same case. In 2009/10, 512 cases led to the 922 offences with a conviction secured in 474 cases (93%).
- In 2009/10, those organisations found guilty of health and safety offences received fines totalling £11.6 million, giving average penalties on conviction of £15 817 per breach (figures exclude ORR).

Figure 8 Prosecutions by HSE*

Number of offences prosecuted/convictions



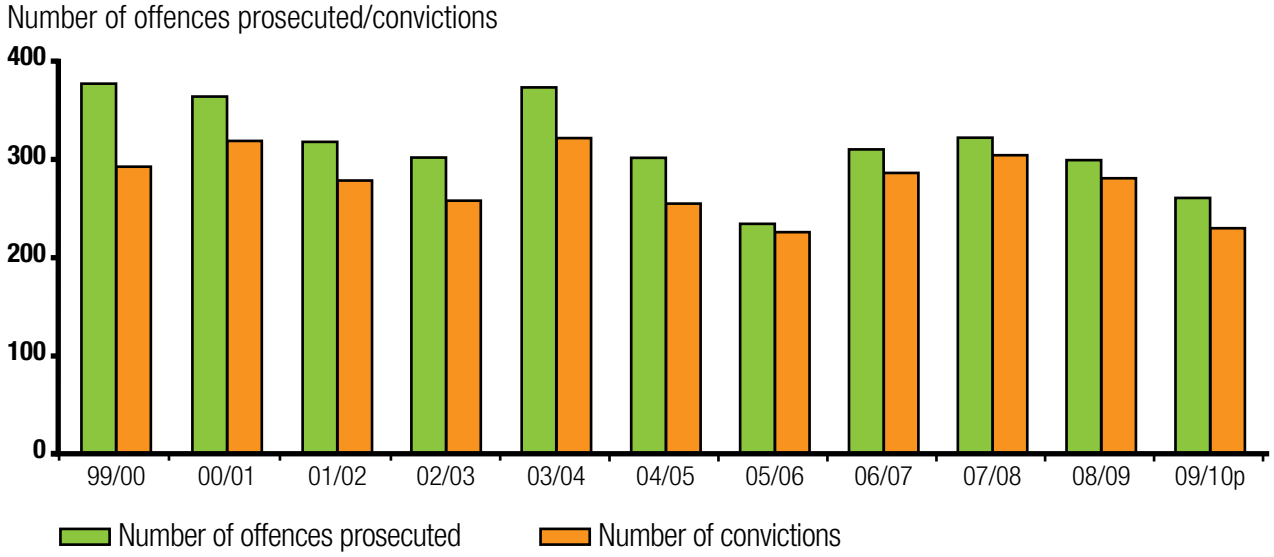
	Offences prosecuted		Convictions	
	HSE	ORR	HSE	ORR
2005/06	1 056	-	840	-
2006/07	1 041	10	846	6
2007/08	1 060	2	853	2
2008/09	1 099	16	837	16
2009/10p	1 026	7	735	2

**In Scotland, the Procurator Fiscal prosecutes on behalf of HSE; such prosecutions are included in the above figures.*

Prosecutions taken by local authorities

- In 2009/10 a total of 287 offences prosecuted (breaches) were heard in that year, resulting in 254 convictions, a rate of 89%.
- These offences relate to 118 cases, of which 114 (97%) secured a conviction against at least one breach.
- In 2009/10, those organisations found guilty of health and safety breaches received fines totalling £2.1 million, giving average penalties on conviction of £8,102 per breach.

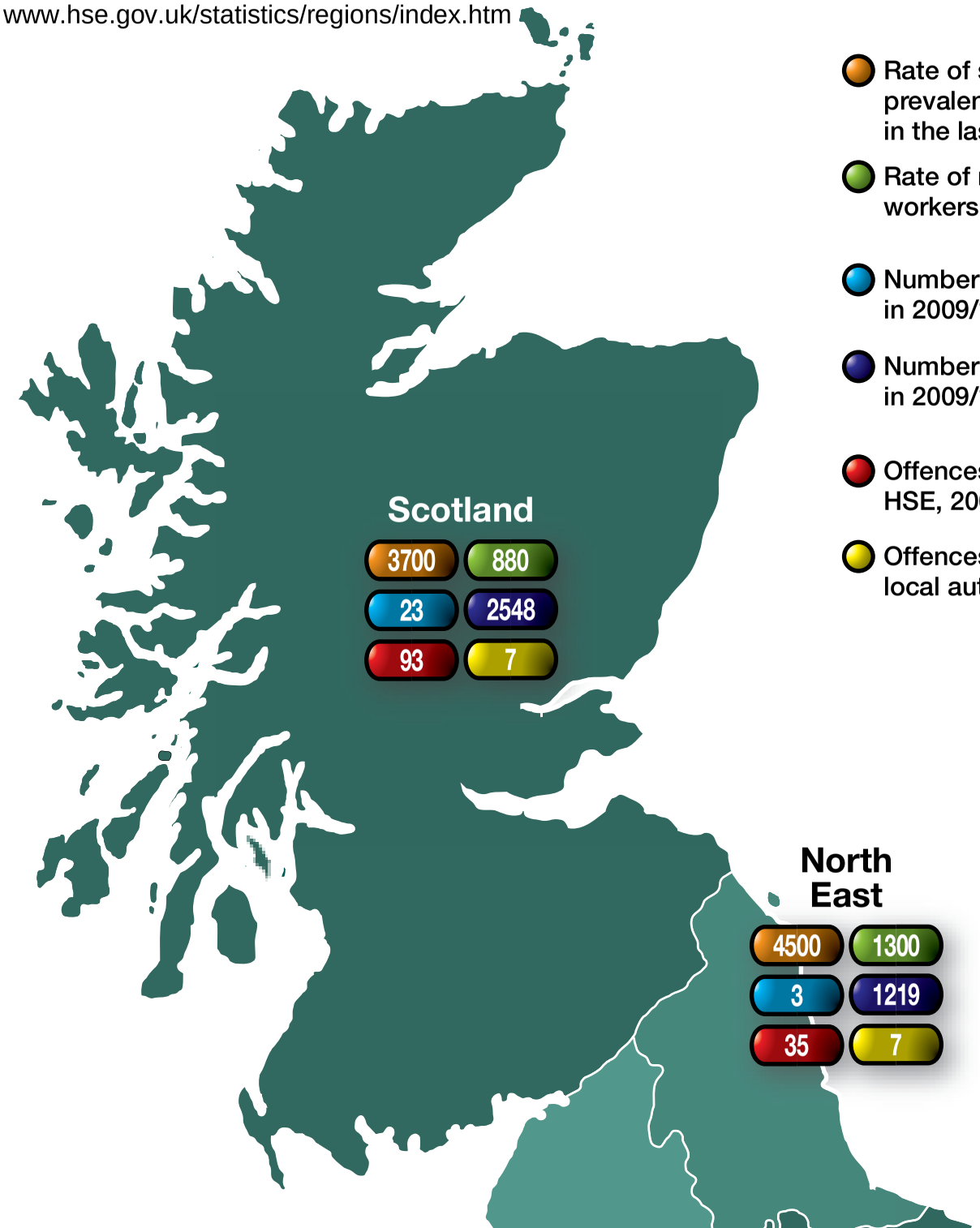
Figure 9 Prosecutions taken by local authorities



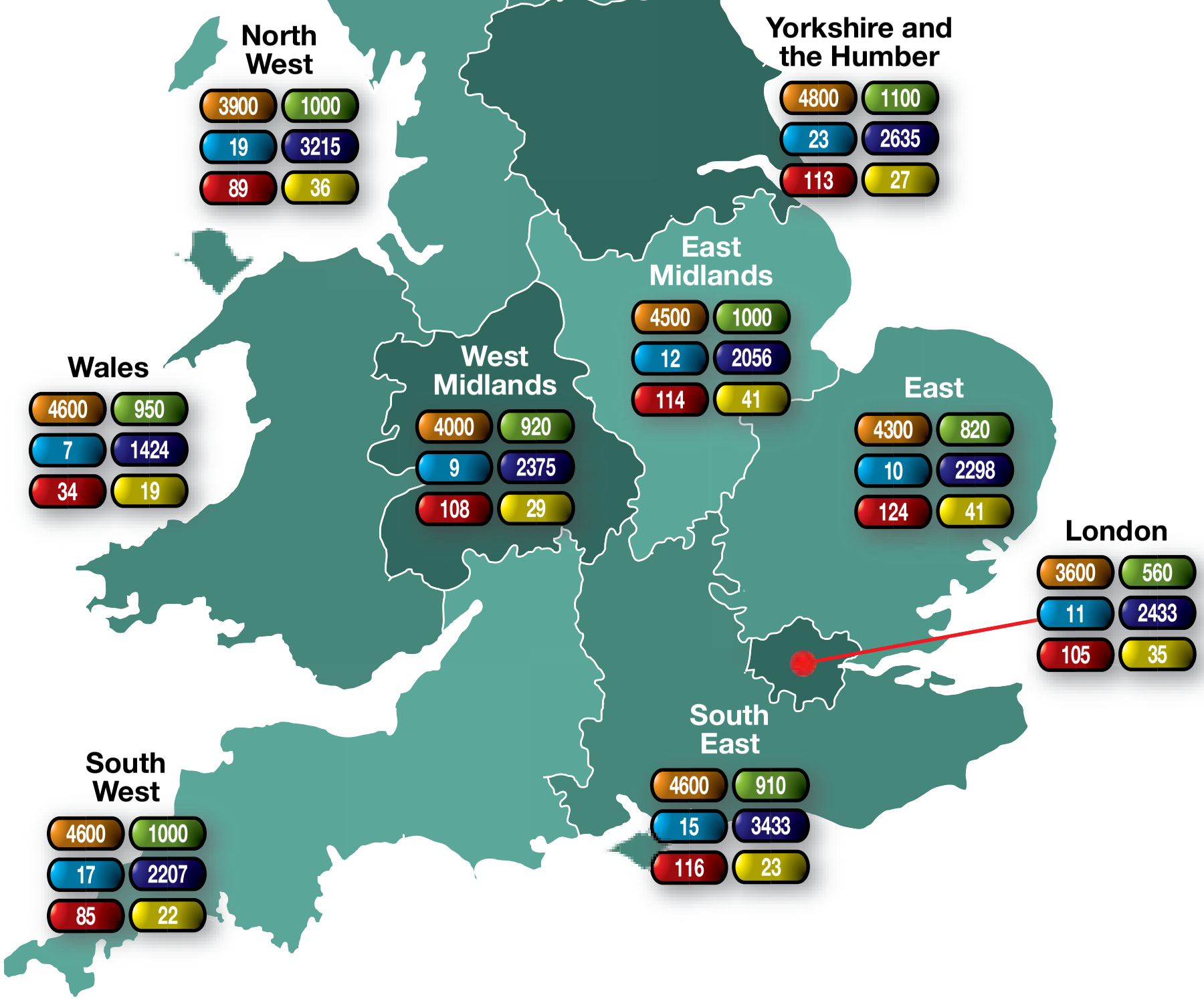
	Offences prosecuted	Convictions
2005/06	257	247
2006/07	340	314
2007/08	354	334
2008/09	329	309
2009/10p	287	254

www.hse.gov.uk/statistics/regions/index.htm

Ill health, injuries and enforcement by country and region



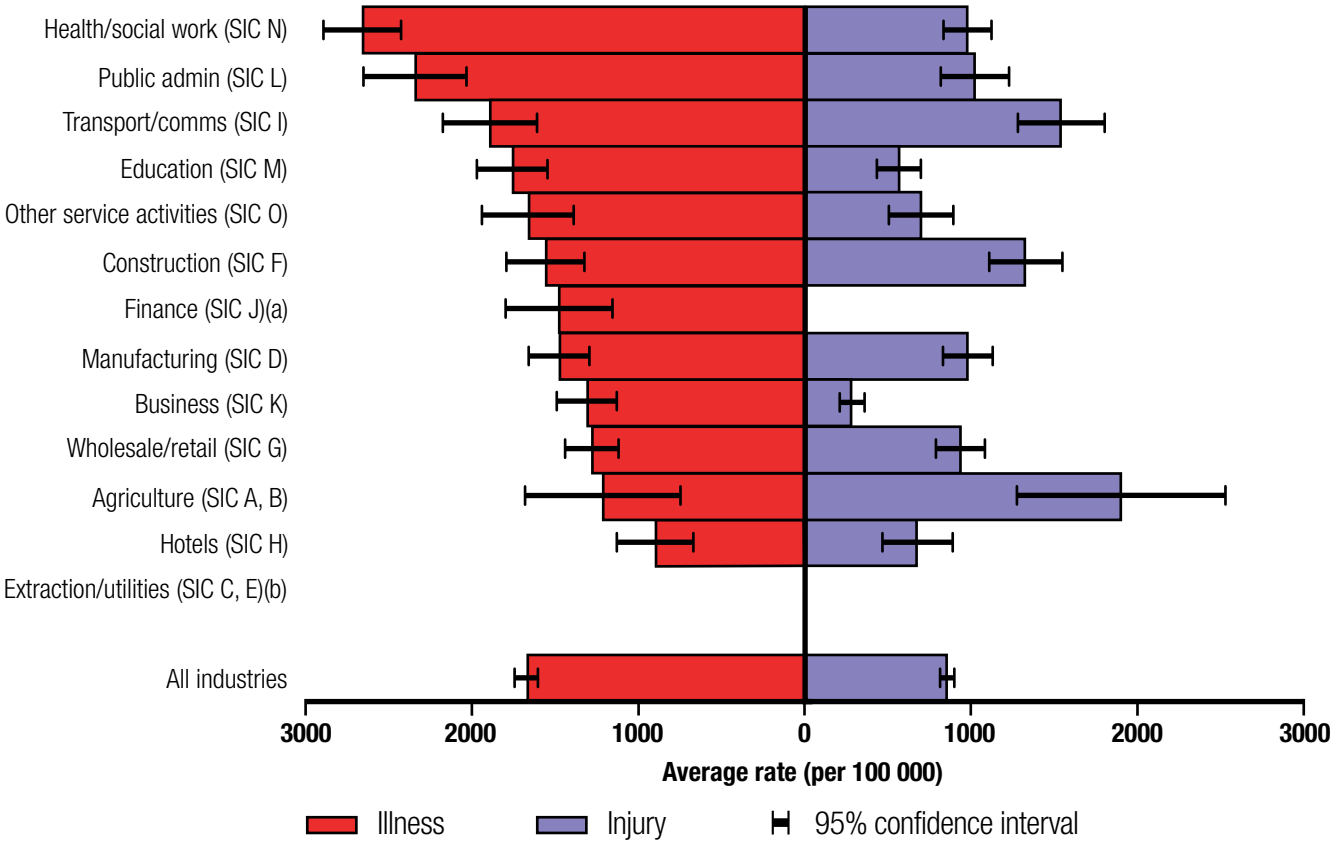
- Rate of self-reported ill health prevalence per 100 000 people employed in the last 12 months 2009/10 (LFS)
- Rate of reportable injury per 100 000 workers, 2008/09 (LFS averaged)
- Number of fatal injuries to workers in 2009/10p (RIDDOR)
- Number of major injuries to workers in 2009/10p (RIDDOR)
- Offences prosecuted by HSE, 2009/10p
- Offences prosecuted by local authorities, 2009/10



www.hse.gov.uk/statistics/regions/index.htm

Ill health and injuries by industry sector

Figure 10 Estimated incidence rates of self-reported work-related illness and reportable non-fatal injury, by industry, for people working in the last 12 months, average 2007/08–2009/10

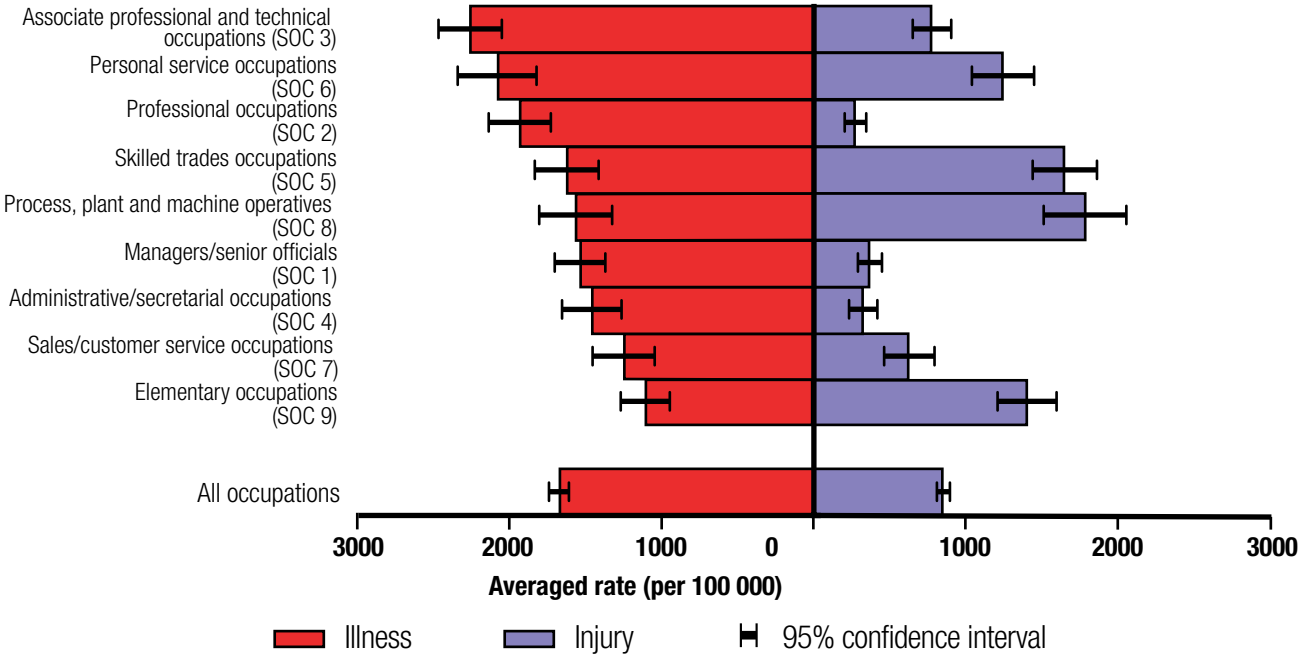


Source: Labour Force Survey.
Restricted to injuries/ill health in current or most recent job.
SIC: Standard Industrial Classification section (see page 26).
(a) Injury sample cases too small to provide reliable rate.
(b) Ill health and injury sample numbers too small to provide reliable rates.

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

Ill health and injuries by occupation groups

Figure 11 Estimated incidence rates of self-reported work-related illness and reportable non-fatal injury, by occupation, for people working in the last 12 months, average 2007/08–2009/10



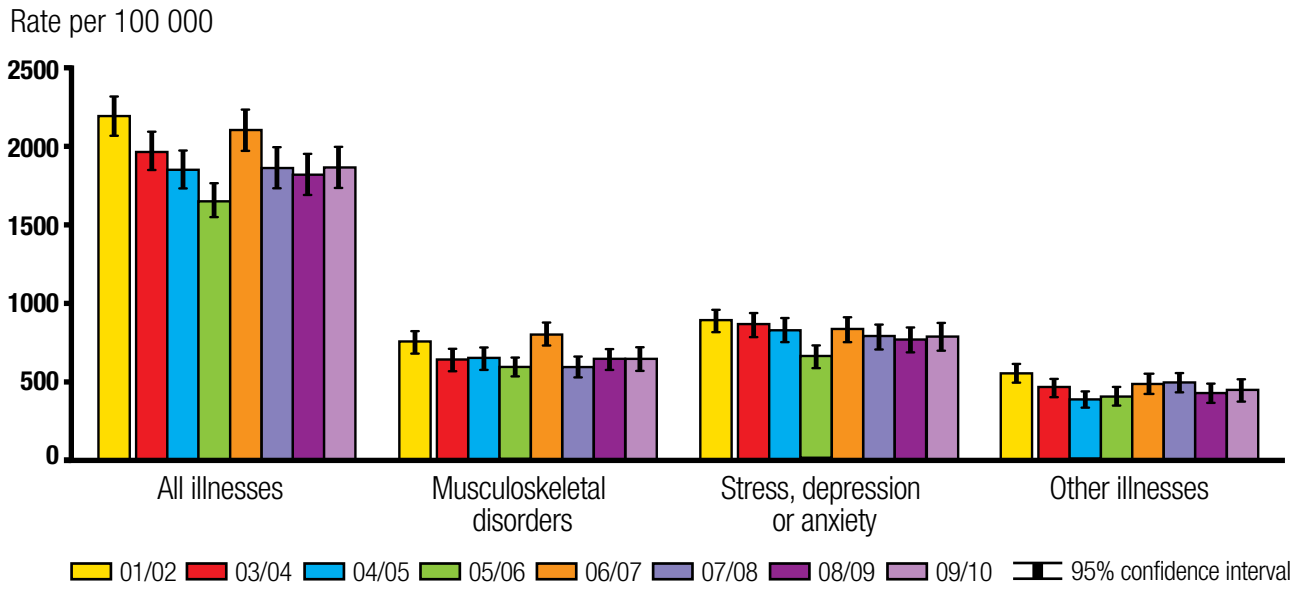
Source: Labour Force Survey.
Restricted to injuries/ill health in current or most recent job.
SOC: Standard Industrial Classification section (see page 26).

- Workers in personal service occupations have statistically significantly higher rates of both injury and ill health compared to all occupations.
- Associate professional and technical occupations and professional occupations have statistically significantly higher rates for ill health but relatively low injury rates.
- Skilled trades, plant and machine operatives and elementary occupations have injury rates which are statistically significantly higher than the average.

Progress on work-related ill health incidence

- The incidence rate of self-reported work-related ill health from the Labour Force Survey fell by 15% between 2001/02 and 2009/10, a statistically significant fall. The range of possibilities (95% confidence interval) for this fall was 7% to 23%.
- The 2009/10 incidence rates for self-reported work-related stress was of a similar order to that in 2001/02, whereas the musculoskeletal disorders rate was statistically significantly lower than that in 2001/02.
- Trends in the other smaller categories of work-related ill health show a mixed pattern. There are indications of falls in asthma and dermatitis, and a rise in mesothelioma, while other categories, such as noise-induced deafness, remain flat.

Figure 12 Estimated incidence rates of self-reported work-related illness, for people working in the last 12 months



Estimated incident rate of self-reported work-related illness by type of complaint

Type of complaint	Incidence rate per 100 000 employed in the last 12 months		
	Central estimate	95% confidence interval	
		lower	upper
All illnesses			
2001/02	2 190	2 070	2 310
2004/05	1 850	1 730	1 960
2009/10	1 860	1 730	1 990
Musculoskeletal disorders			
2001/02	750	680	820
2004/05	650	580	710
2009/10	630	550	710
Stress, depression or anxiety			
2001/02	890	810	960
2004/05	820	750	900
2009/10	780	700	870
Other illnesses			
2001/02	550	490	610
2004/05	380	320	430
2009/10	440	380	500

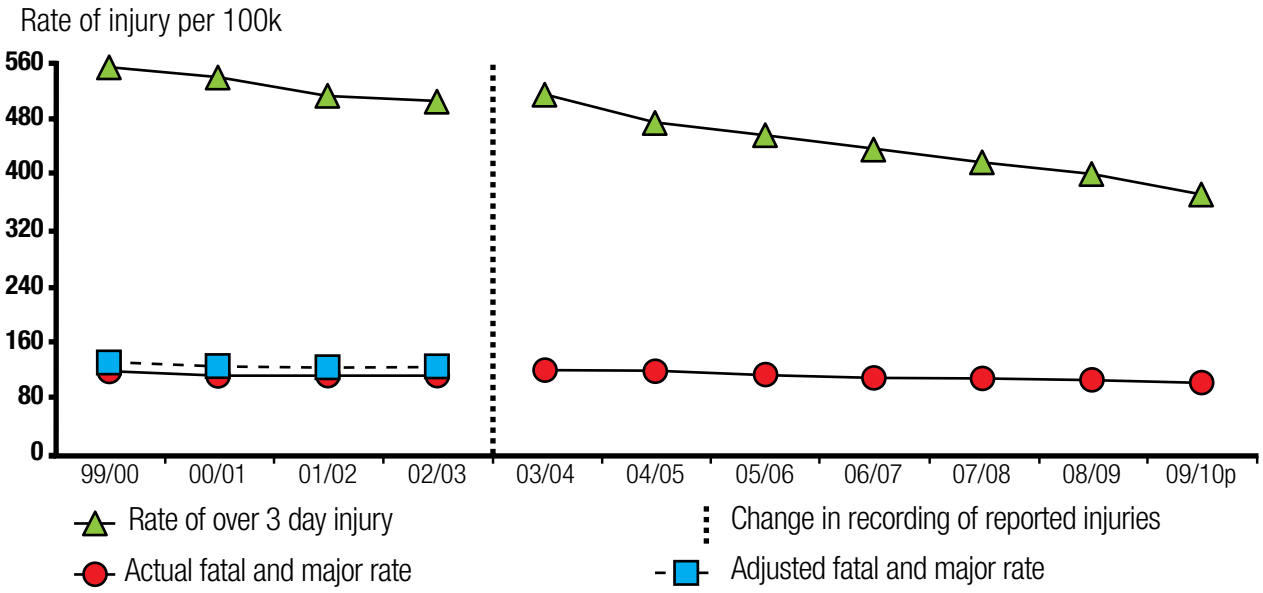
Source: Labour Force Survey.

www.hse.gov.uk/statistics/lfs/swit6w12.xls

Progress on injuries since 2000

- Over the ten-year period from 1999/00 to 2009/10, the rate of reported fatal and major injury to employees fell by 13%.
- Research has shown that the rise in major injuries that occurred in 2003/04 resulted from a change in recording systems. Work has been undertaken to quantify this effect and produce an adjusted time series which is shown on the chart below.
- After adjusting for the discontinuity, the rate of fatal and major injury reported under RIDDOR fell by 22% between 1999/2000 and 2009/10.
- The rate of reported over-3-day injury to employees fell by 33% over the same ten-year period.

Figure 13 Rate of reported injury to employees



Note on revisions

There have been minor revisions to reported injury rates from 2001/02 in light of revisions made to the employee job series by ONS in July 2010.

- Other data on workplace injuries from the Labour Force Survey shows a statistically significant fall of 45% in reportable non-fatal injury since 1999/2000. The range of possibilities for this fall in self reported injury (95% confidence interval) is from 37% to 54% (see Figure 6 on page 10).

Rate of reported injury to employees

Year	Fatal and major injury rate	Adjusted fatal and major rate	Over 3 day injury rate
1999/00	117.3	131.1	550.9
2000/01	111.1	124.4	536.9
2001/02	111.1	124.2	510.7
2002/03	111.3	124.2	504.0
2003/04	120.8	n/a	512.9
2004/05	118.6	n/a	471.6
2005/06	111.2	n/a	455.4
2006/07	108.9	n/a	434.7
2007/08	107.0	n/a	415.1
2008/09	106.1	n/a	398.4
2009/10p	102.0	n/a	371.5

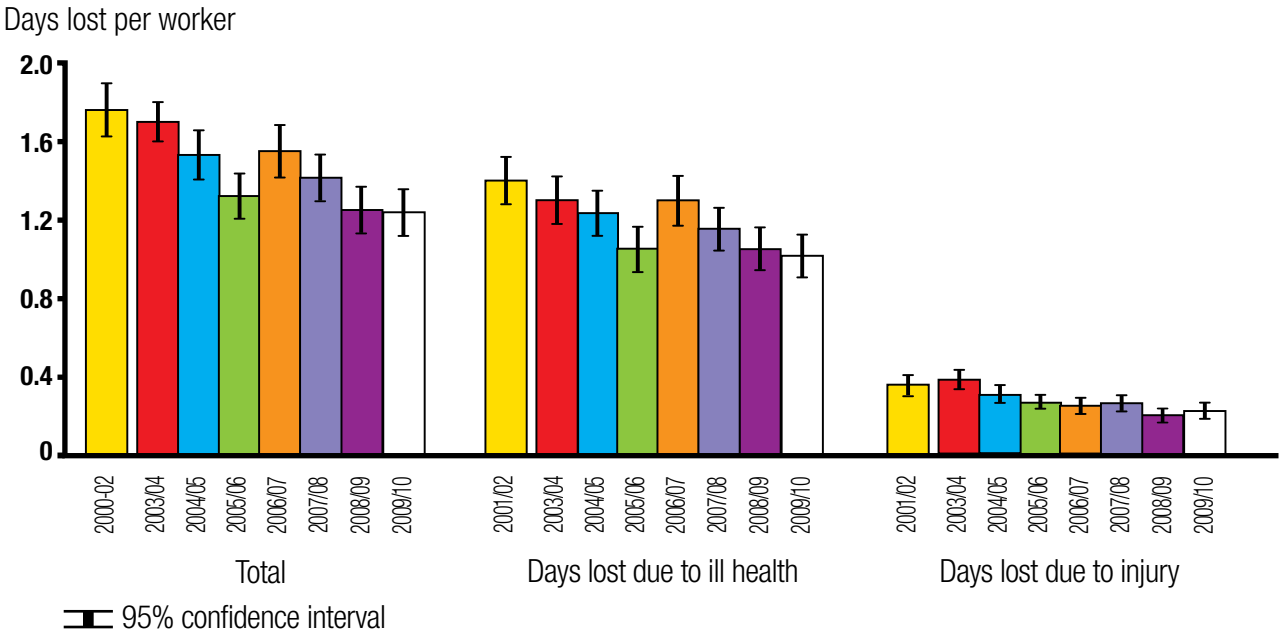
Note on revisions

There have been minor revisions to reported injury rates from 2001/02 in light of revisions made to the employee job series by ONS in July 2010.

Progress on working days lost since 2000

- Comparable data on working days lost, from the LFS, are only available since 2000/01 (for injuries) and 2001/02 (for ill health). These datasets can be combined to provide a 2000–02 figure.
- Since 2000–02 working days lost per worker have shown a statistically significant fall of 30% with a range of possibilities (95% confidence interval) of 20% to 40%.
- There have been statistically significant falls over the period for both injury absence and days lost resulting from work-related illness.
- Average working days lost per worker as a result of work-related ill health fell by 28% over the decade (95% confidence range from 17% to 40%) with statistically significant reductions for both musculoskeletal disorders and stress.

Figure 14 Estimated working days lost per worker due to work-related ill health and workplace injuries



Estimated number of working days lost due to work-related ill health and workplace injuries

Type of complaint	Days lost (thousands)			Days lost per worker*		
	Central estimate	95% confidence interval		Central estimate	95% confidence interval	
		lower	upper		lower	upper
Due to all ill health and injuries						
2000–02	39 817	36 746	42 888	1.76	1.62	1.90
2004/05	35 426	32 528	38 323	1.53	1.41	1.66
2009/10	28 527	25 735	31 319	1.23	1.11	1.35
All illnesses						
2001/02	31 752	29 121	34 383	1.40	1.29	1.52
2004/05	28 404	25 722	31 086	1.23	1.11	1.34
2009/10	23 430	20 878	25 982	1.01	0.90	1.12
Musculoskeletal disorders						
2001/02	11 810	10 231	13 389	0.52	0.45	0.59
2004/05	11 602	9 761	13 444	0.50	0.42	0.58
2009/10	9 308	7 777	10 839	0.40	0.33	0.47
Stress, depression or anxiety						
2001/02	12 919	11 235	14 603	0.57	0.50	0.64
2004/05	12 820	11 100	14 540	0.55	0.48	0.63
2009/10	9 830	8 232	11 428	0.42	0.35	0.49
All injuries						
2000/01	8 065	7 037	9 093	0.36	0.31	0.40
2004/05	7 021	6 035	8 008	0.30	0.26	0.35
2009/10	5 097	4 039	6 155	0.22	0.17	0.26

** Combined injury and illness rates differ from the sum of the parts due to rounding.*
Source: Labour Force Survey.

www.hse.gov.uk/statistics/lfs/swit1.xls

Sources and definitions

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

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. 'Prevalence' estimates include long-standing as well as new cases; 'incidence' comprises those who first became aware of their illness in the last 12 months. HSE has carried out SWI surveys, linked to the LFS, periodically since 1990 and annually since 2003/04.

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

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

Death certificates: Page 5 refers to deaths from some types of occupational lung disease, including the asbestos-related diseases mesothelioma and asbestosis.

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 arising from work activity are reported by employers and others to the relevant enforcing authority. These are HSE, local authorities and the Office of Rail Regulation (ORR). Prior to 1 April 2006 safety on railways was enforced by HSE, and ORR since. The RIDDOR figures include railways data, provided by ORR, although the breakdown by country/region on pages 14–15 excludes railways.

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

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

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

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

Level of reporting: Reported non-fatal injury rate (from RIDDOR) as a percentage of the reportable injury rate (from the LFS).

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.

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, SIC 2003, made minor revisions to SIC 1992.

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

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. For reported injuries, the rates use estimates of the number of jobs produced by the Office for National Statistics (ONS). For reportable injuries from the LFS, and ill-health cases from various sources, the rates are based on LFS employment estimates. In the light of revisions made by the ONS to the employee job series in July 2010, the RIDDOR-reported injury rates have been revised back to 2001/02. The impact on whole economy rates is less than 1%.

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.

Enforcement notices and offences prosecuted: The relevant enforcing authorities are HSE, local authorities and the Office of Rail Regulation (ORR) – prior to 1 April 2006 safety on railways was enforced by HSE, and ORR since. The numbers of enforcement notices issued and offences prosecuted are provided by the relevant enforcing authority.

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

p: Provisional.

n/a: Not available.

Further information

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This document contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This document is available at: www.hse.gov.uk/statistics/overall/hssh0910.pdf

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