



Health and Safety  
Commission

# Health and safety statistics 2005/06



## A National Statistics publication

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## Key facts

This document gives the latest statistics on work-related health and safety in Great Britain. More detail is at [www.hse.gov.uk/statistics](http://www.hse.gov.uk/statistics).

Key facts for 2005/06 are:

### Ill health

**2.0 million** people were suffering from an illness they believed was caused or made worse by their current or past work.

**523 000** of these were new cases in the last 12 months.

**1969** people died of mesothelioma (2004), and thousands more from other occupational cancers and lung diseases.

### Injuries

**212** workers were killed at work, a rate of 0.7 per 100 000 workers.

**146 076** other injuries to employees were reported under RIDDOR, a rate of 562.4 per 100 000 employees.

**328 000** reportable injuries occurred, according to the Labour Force Survey, a rate of 1200 per 100 000 workers (2004/05).

### Working days lost

**30 million** days were lost overall (1.3 days per worker), 24 million due to work-related ill health and 6 million due to workplace injury.

### Revitalising Health and Safety targets: progress to 2005/06

**Ill health: on track** to meet the ten-year target, and falling in 2005/06.

**Fatal and major injuries: not on track** to meet the ten-year target, but falling in 2005/06.

**Days lost per worker: probably on track** to meet the ten-year target, and falling in 2005/06.

### Enforcement

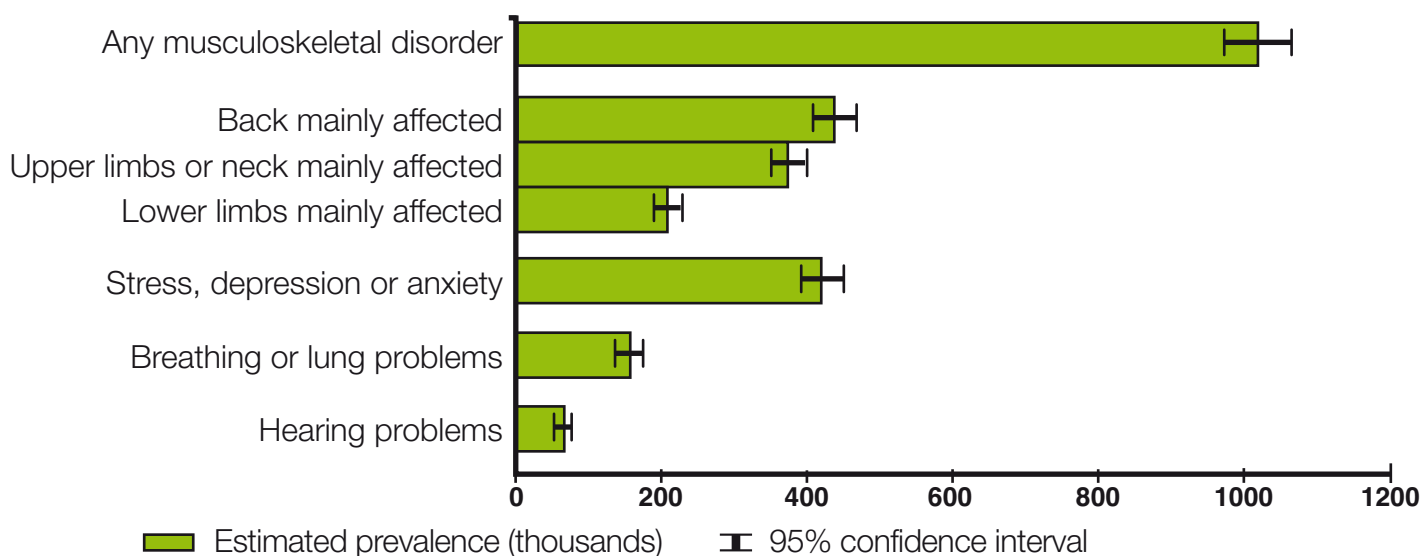
**1012** offences were prosecuted by HSE.

**332** offences were prosecuted by local authorities (2004/05).

## Self-reported ill health

- In 2005/06 an estimated 2.0 million people suffered from ill health which they thought was work-related, according to the Labour Force Survey (LFS).
- Around three quarters of the cases were musculoskeletal disorders (eg upper limb or back problems) or stress, depression or anxiety.

**Figure 1:** Estimated prevalence of self-reported work-related illness, by type of complaint, 2005/06



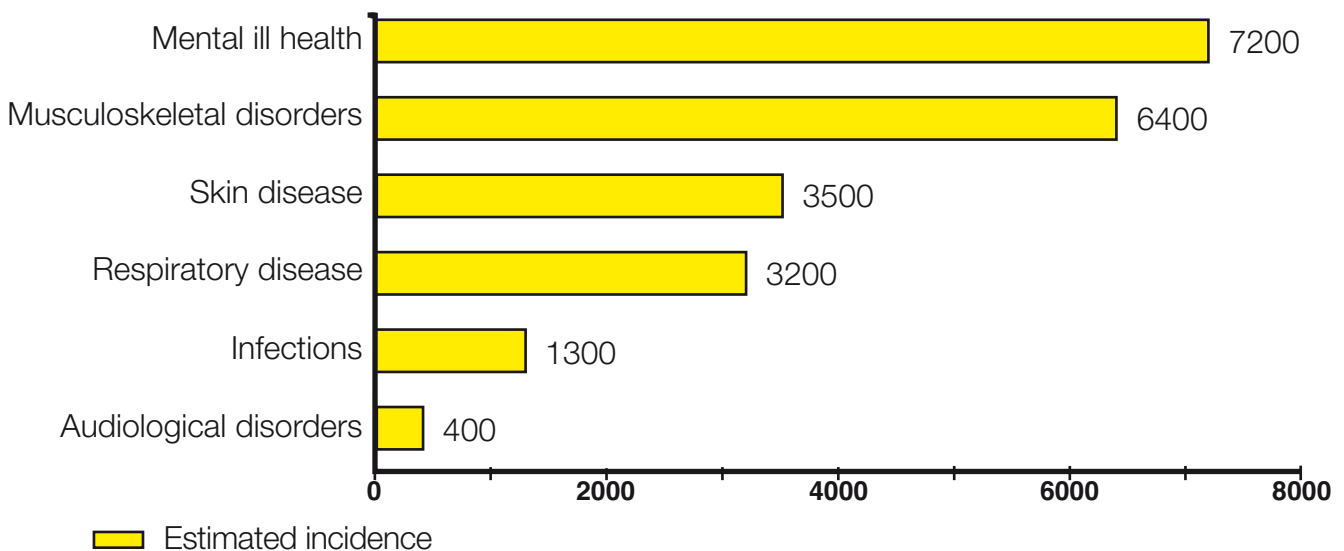
Type of complaint	2005/06 prevalence (thousands)		
	Central estimate	95% confidence interval	
		lower	upper
Musculoskeletal disorders	1020	974	1067
<i>mainly affecting the back</i>	437	407	468
<i>mainly affecting the upper limbs or neck</i>	374	346	401
<i>mainly affecting the lower limbs</i>	209	188	230
Stress, depression or anxiety	420	390	451
Breathing or lung problems	156	139	174
Hearing problems	68	56	79
<b>Total</b>	<b>1958</b>	<b>1893</b>	<b>2022</b>

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

## Ill health seen by specialist doctors

- Based on data from hospital specialists and occupational physicians in the THOR surveillance schemes, from 2003 to 2005 there were about 22 000 new cases of work-related illness per year. This is a partial estimate as the THOR schemes do not have complete coverage and many of the specialists will only see more serious cases.
- As with self-reported cases, mental ill health and musculoskeletal disorders were the most common types of illness: each accounted for just under a third of the total.

**Figure 2:** Average annual incidence of work-related illness reported by specialist doctors, based on data for 2003-05



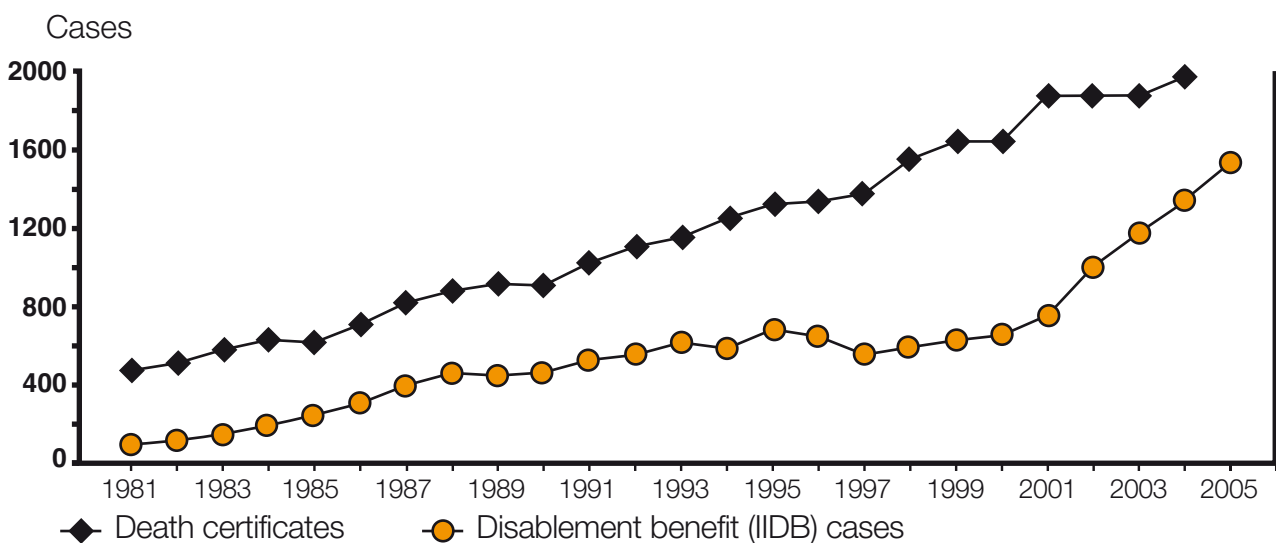
## Ill health assessed for industrial injuries disablement benefit (IIDB)

- Figures for the last three years show that an average of over 7000 cases were assessed for IIDB. The largest categories were vibration white finger, carpal tunnel syndrome and respiratory diseases associated with past exposures to substances such as asbestos and coal dust.

## Fatal diseases

- Thousands of people die each year from work-related diseases, mostly because of exposures many years previously.
- HSE's current estimate is that there are 6000 occupational cancer deaths per year (true figure likely to be between 3000 and 12 000). This is based on old research and is currently being updated.
- In 2004 there were 100 deaths from asbestosis and around 200 from other types of pneumoconiosis, mostly due to coal dust and silica.
- Around 15% of Chronic Obstructive Pulmonary Disease (COPD - including bronchitis and emphysema) may be work-related. This suggests there could be some 4000 COPD deaths each year due to past occupational exposures to fumes, chemicals and dusts.
- An estimated 4000 of the cancer deaths are due to exposure to asbestos, including nearly 2000 in 2004 from mesothelioma.

**Figure 3: Mesothelioma**



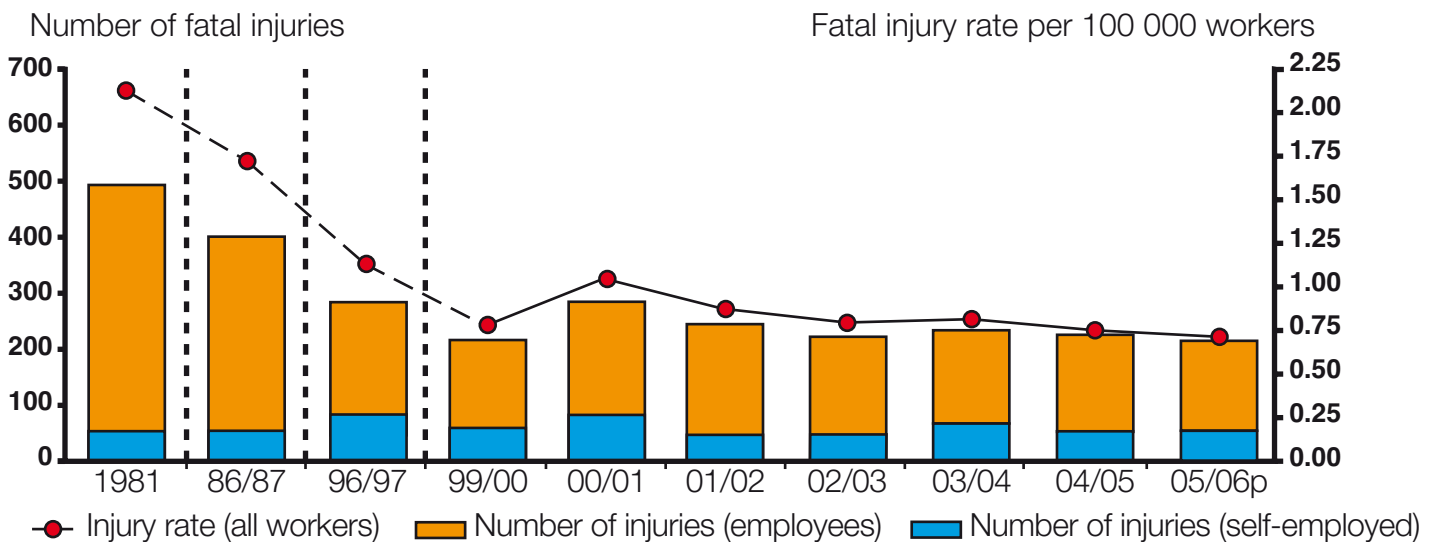
- Deaths from mesothelioma have increased from 153 in 1968 to 1969 in 2004. Latest projections suggest that they will peak somewhere between current levels and 2450 deaths some time between 2011 and 2015.
- Mesothelioma deaths reflect industrial conditions of decades ago; deaths in men aged under 55 have been falling since the mid 1990s, suggesting better control more recently.



## Fatal injuries to workers

- There were 212 fatal injuries to workers in 2005/06, a decrease of 5% compared to 223 in 2004/05.
- Just over 40% occurred in two industries: construction (59) and agriculture, forestry and fishing (33).
- The rate of fatal injury declined throughout the 1980s and 1990s. The rate rose to 1.0 per 100 000 workers in 2000/01 and has dropped since then to 0.7 in 2005/06.

**Figure 4:** Number and rate of fatal injuries to workers



Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
1999/00	162	0.7	58	1.7	220	0.8
2000/01	213	0.9	79	2.4	292	1.0
2001/02	206	0.8	45	1.3	251	0.9
2002/03	183	0.7	44	1.3	227	0.8
2003/04	168	0.7	68	1.8	236	0.8
2004/05	172	0.7	51	1.3	223	0.8
2005/06p	160	0.6	52	1.4	212	0.7

(a) per 100 000 employees

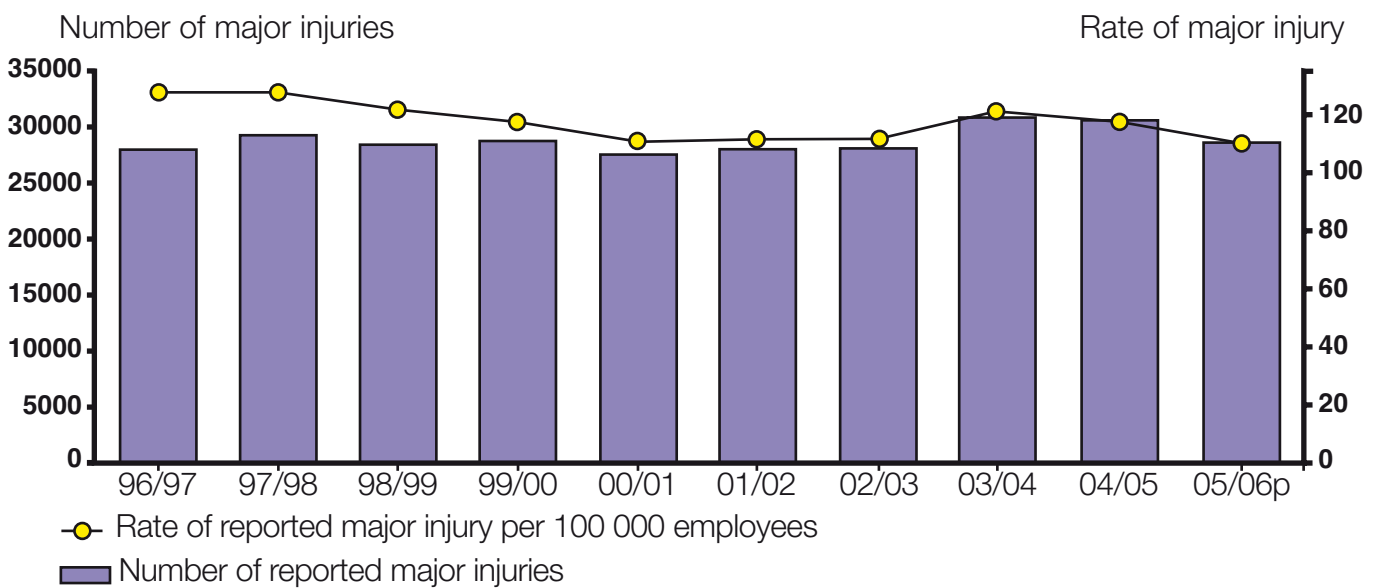
(b) per 100 000 self-employed

(c) per 100 000 workers

## Reported non-fatal injuries

- 28 605 major injuries to employees were reported in 2005/06. The rate of injury was 110.1 per 100 000, down nearly 7% on the previous year. Over one third were caused by slipping and tripping.
- There were 117 471 other injuries to employees causing absence of over 3 days. This is equivalent to a rate of 452.2, which is 4% lower than 2004/05. Two fifths were caused by handling, lifting or carrying.

**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						
2003/04	30 689	120.4	1 283	33.9	31 972	109.3
2004/05	30 451	117.9	1 251	33.0	31 702	107.1
2005/06p	28 605	110.1	1 251	32.9	29 856	100.3
Over-3-day injury						
2003/04	131 017	514.2	1 114	29.5	132 131	451.5
2004/05	121 779	471.7	1 143	30.2	122 922	415.2
2005/06p	117 471	452.2	1 174	30.8	118 645	398.4

(a) per 100 000 employees

(b) per 100 000 self-employed

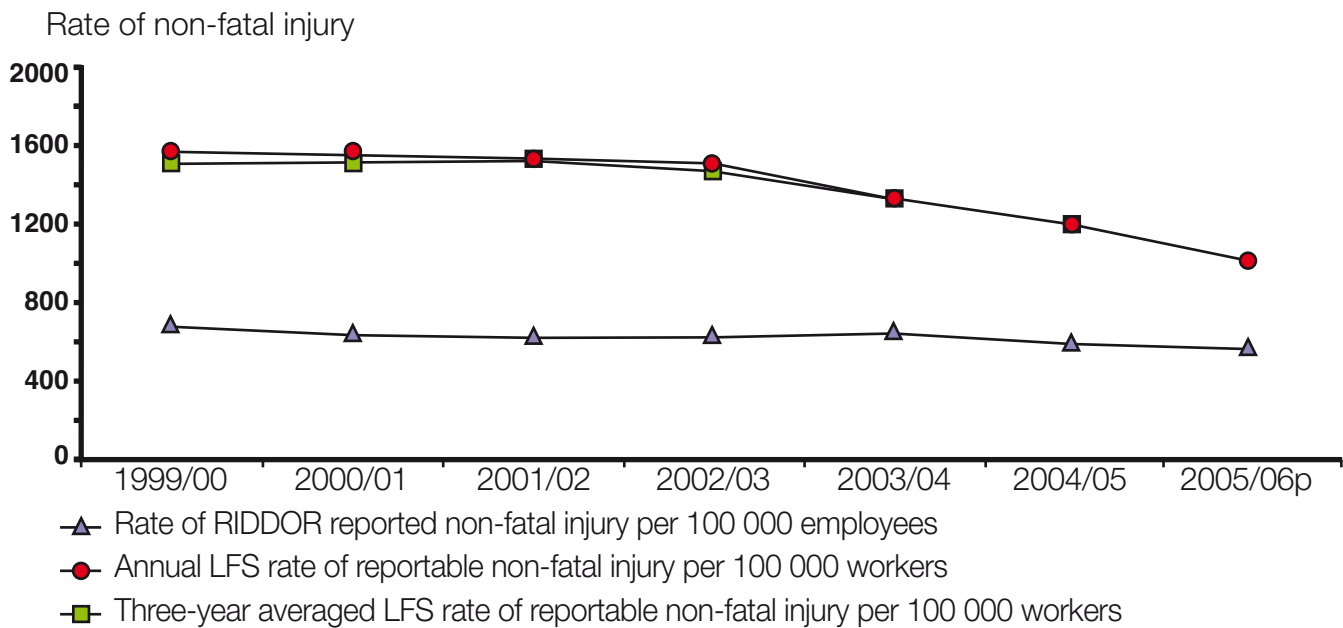
(c) per 100 000 workers

**Note:** See page 26 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 1200 per 100 000 workers in 2004/05 (three-year average), a statistically significant fall since 2001/02.
- Comparing this with the RIDDOR rate of reported major and over-3-day injury, the level of reporting by employers was 49%.

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



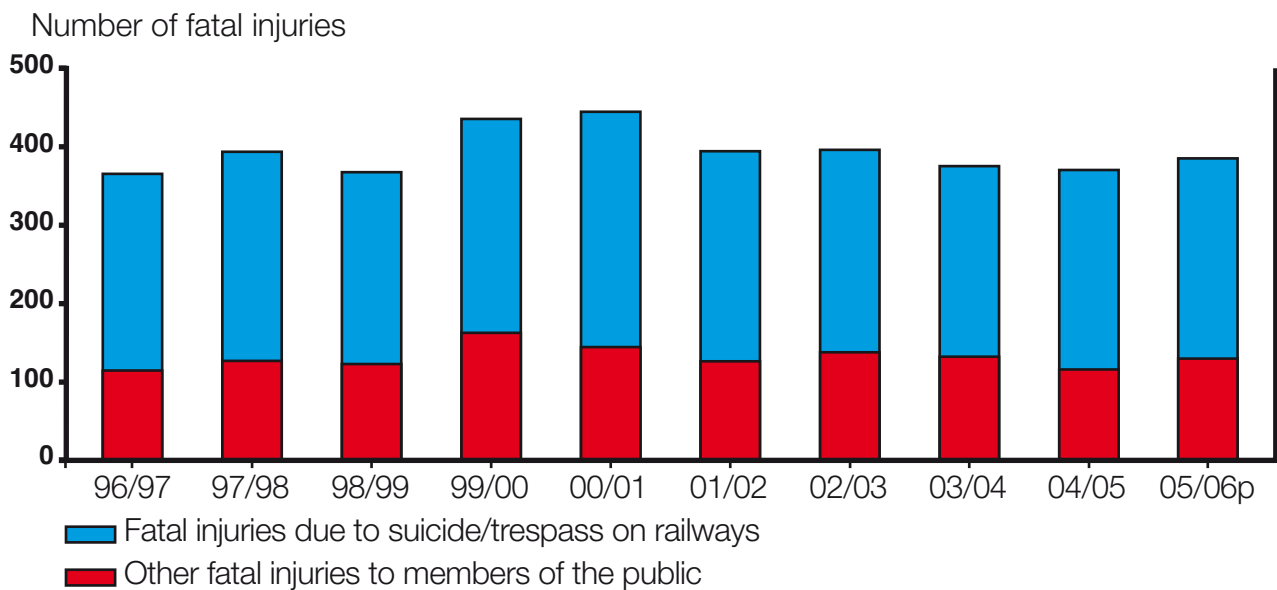
	RIDDOR-reported injury rate to employees (a)	Averaged LFS reportable injury rate to workers (b)			Percentage of injuries reported
		Central estimate	95% confidence interval lower      upper		
1999/00	667	1490	1430	1550	45%
2001/02	624	1500	1440	1560	42%
2002/03	618	1430	1380	1490	43%
2003/04	635	1330	1280	1390	48%
2004/05	590	1200	1140	1250	49%
2005/06p	562	n/a	n/a	n/a	n/a

(a) per 100 000 employees      (b) per 100 000 workers, three-year average

## Injuries to members of the public

- There were 384 fatal injuries to members of the public in 2005/06, a rise of 4% on the previous year. Around two thirds were due to acts of suicide or trespass on the railways.
- There were 15 374 reported non-fatal injuries to members of the public, an increase of 7% on 2004/05.

**Figure 7:** Number of fatal injuries to members of the public

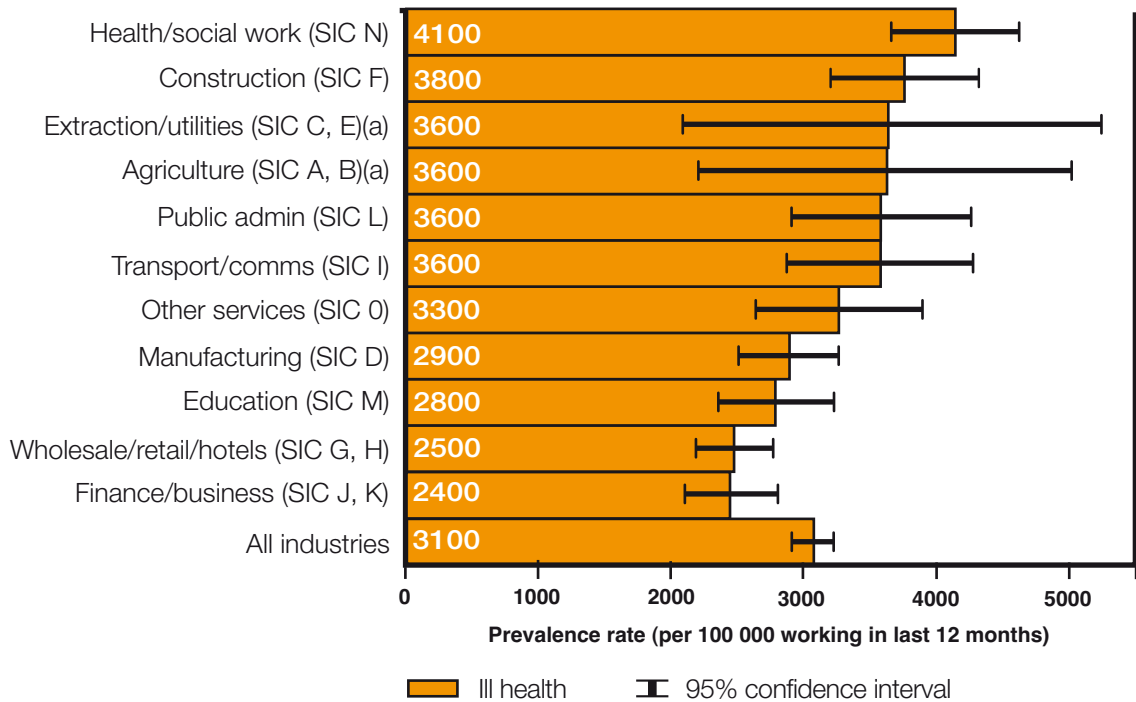


	Fatal injuries	Non-fatal injuries (a)
1999/00	436	25 059
2000/01	444	20 836
2001/02	393	14 834
2002/03	396	12 793
2003/04	374	13 679
2004/05	370	14 316
2005/06p	384	15 374

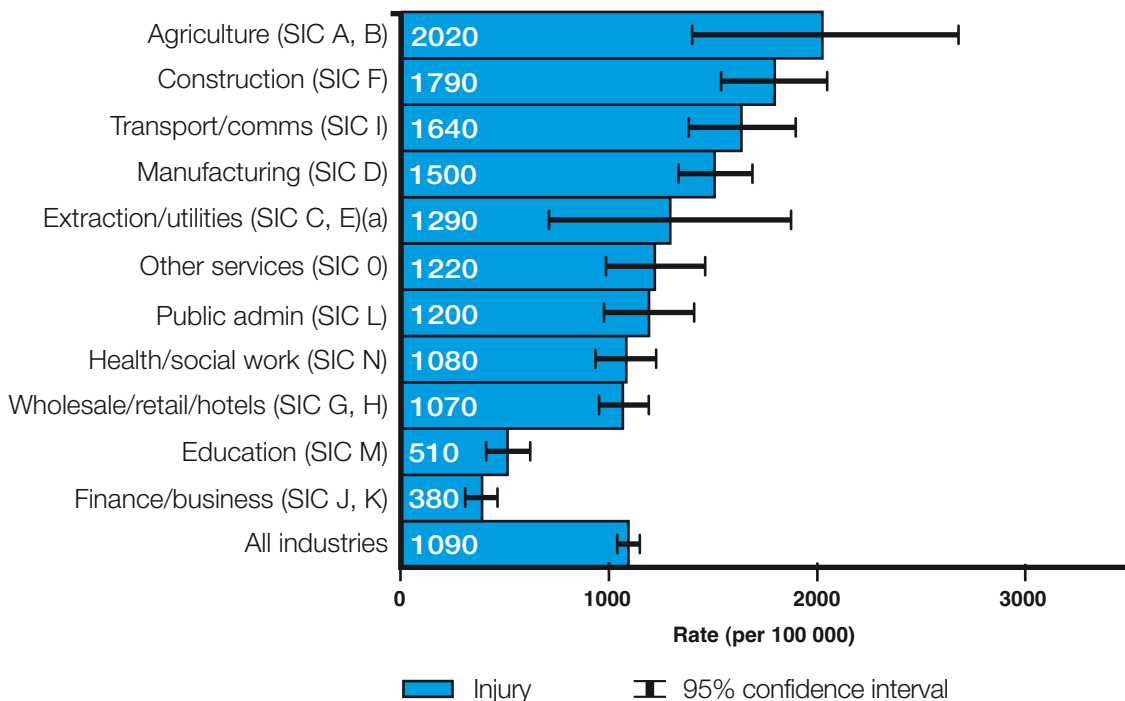
(a) The definition of a non-fatal injury to a member of the public is different to that for workers (see page 26).

### Ill health and injuries by industry sector

**Figure 8:** Estimated prevalence rates of self-reported work-related illness 2005/06



**Figure 9:** Estimated rates of reportable non-fatal injury to workers, average 2003/04 - 2005/06



Source: Labour Force Survey. Restricted to injuries/ill health in current or most recent job.

SIC: Standard Industrial Classification section (see page 27).

(a) Based on fewer than 30 sample cases.

# Ill health, injuries and enforcement by country and region

● Rate of self-reported ill health prevalence per 100 000 people who have ever worked, 2005/06 (LFS)

● Rate of reportable injury per 100 000 workers, 2004/05 (LFS, averaged)

*These estimated rates are subject to sampling error. Tables giving 95% confidence intervals are at [www.hse.gov.uk/statistics/tables/0506/swit4.htm](http://www.hse.gov.uk/statistics/tables/0506/swit4.htm) and [www.hse.gov.uk/statistics/tables/lfsqor.htm](http://www.hse.gov.uk/statistics/tables/lfsqor.htm)*

● Number of fatal injuries to workers in 2005/06p (RIDDOR)

● Number of major injuries to employees in 2005/06p (RIDDOR)

● Offences prosecuted by HSE, 2005/06

● Offences prosecuted by local authorities, 2004/05

## Scotland



## North East



**Yorkshire and the Humber**

5200	1440
21	2966
133	14

**East Midlands**

5400	1370
13	2268
92	37

**West Midlands**

4700	1360
12	2810
105	43

**Wales**

4600	1410
13	1647
36	23

**East**

3800	1160
19	2462
190	25

**South East**

4400	990
23	3467
60	47

**South West**

4200	1360
17	2482
56	31

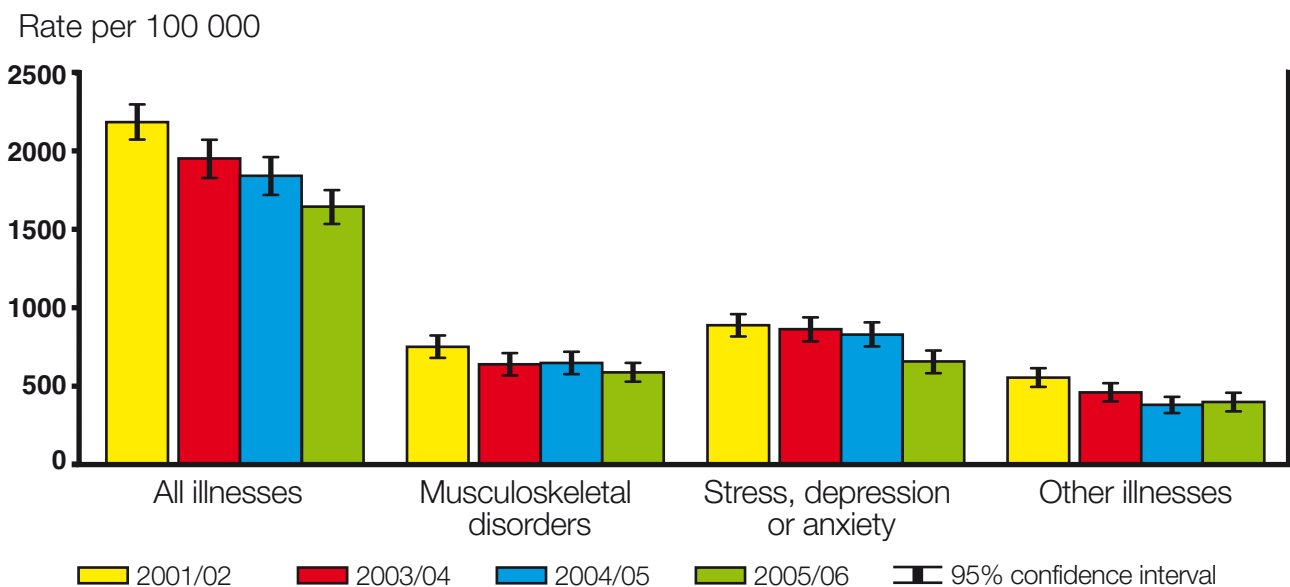
**London**

3900	900
15	2531
80	40

## Progress on work-related ill health incidence

- The *Revitalising Health and Safety* target is to reduce the incidence rate of work-related ill health by 20% between 1999/2000 and 2009/10; the pro-rata target for 2005/06 is a 12% reduction.
- The evidence suggests that incidence has fallen significantly since 1999/2000 for most categories of work-related ill health, and is **on track** to meet the ten-year target.
- There has also been a significant reduction in 2005/06, the first year of HSE's three-year Public Service Agreement (PSA) target.

**Figure 10:** Estimated incidence rates of self-reported work-related illness, for people working in the last 12 months



- Since 2001/02, the Labour Force Survey shows a statistically significant fall in the ill-health incidence rate, to 1600 per 100 000 (1.6%) in 2005/06. The range of possibilities (95% confidence interval) for this fall is from 17% to 33%.
- For the period between 1999/2000 and 2001/02, the available sources suggest that ill-health incidence showed a small rise. Allowing for this, the fall over the whole period since 1999/2000 was still at least as large as the 12% pro-rata target.
- For work-related stress, the evidence suggests that an earlier rise in incidence has levelled off and it is now falling.



- For musculoskeletal disorders, the available sources show incidence falling between 2001/02 and 2005/06 after previously being fairly stable.
- The other, smaller categories of work-related ill health have shown a mixed pattern, but taken together they show statistically significant falls between 2001/02 and 2005/06, including falls for asthma and dermatitis.

## Estimated incidence and rates of self-reported work-related illness by type of complaint

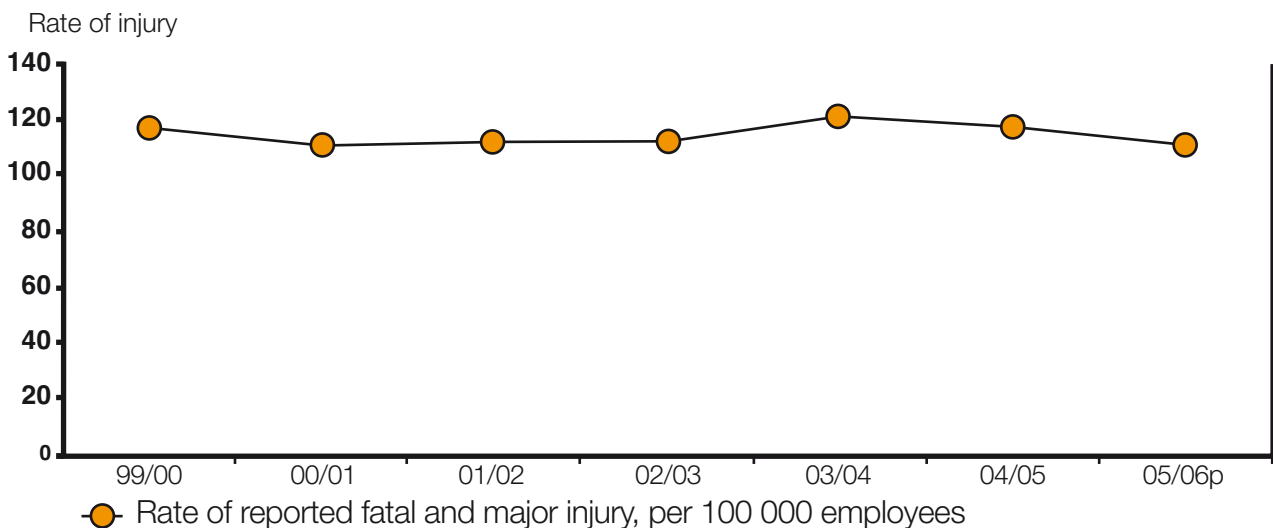
Type of complaint	Incidence (thousands) for people ever employed			Incidence rate per 100 000 employed in the last 12 months		
	Central estimate	95% confidence interval lower	95% confidence interval upper	Central estimate	95% confidence interval lower	95% confidence interval upper
All illnesses						
2001/02	662	627	697	2200	2100	2300
2004/05	576	541	610	1800	1700	2000
2005/06	523	489	557	1600	1500	1800
Musculoskeletal disorders						
2001/02	231	211	252	750	680	820
2004/05	206	185	227	650	580	710
2005/06	190	170	210	580	520	650
Stress, depression or anxiety						
2001/02	257	235	279	890	810	960
2004/05	245	222	268	820	750	900
2005/06	195	174	216	660	590	730
Other illnesses						
2001/02	173	155	191	550	490	610
2004/05	124	108	140	380	320	430
2005/06	137	120	155	400	340	460

Source: Labour Force Survey

## Progress on fatal and major injuries

- The *Revitalising Health and Safety* target is to reduce the incidence rate of fatal and major injury by 10% between 1999/2000 and 2009/10; the pro-rata target for 2005/06 is a 6% reduction.
- The available sources indicate no clear change since the base year in the rate of fatal and major injury to employees. It is therefore **not on track** to meet the ten-year target.
- There has been a reduction in the last two years including 2005/06, the first year of HSE's three-year Public Service Agreement (PSA) target.

**Figure 11:** Rate of reported fatal and major injury to employees



- The rate of employee major injury reported under RIDDOR shows no clear trend since 1999/2000, the *Revitalising* base year. After falling in 2000/01 and rising up to 2003/04 it has fallen to 110.1 injuries per 100 000 in 2005/06.
- The rate of fatal injury to employees in 2005/06 was the lowest on record, at 0.6 fatalities per 100 000. Because of the relatively small numbers of fatal injuries, their impact on the injuries target is small.

- Other indicators, such as the rate of RIDDOR reported over-3-day injury and total reportable injuries from the LFS, have declined since the base year.
- Surveys of employers undertaken between 1999/2000 and 2004/05 generally support the picture from RIDDOR and the LFS on rates of major and over-3-day injury.
- The surveys show that the reporting of injuries is higher for major than for over-3-day, but provide no evidence of changes in reporting practices during the survey period. Hence this assessment of trends is based on reported major injuries, without any adjustment for under-reporting.
- Further work is planned to give an improved understanding of recent major injuries trends, in the context of the observed reductions in other injury indicators.

## Rate of reported fatal and major injuries to employees

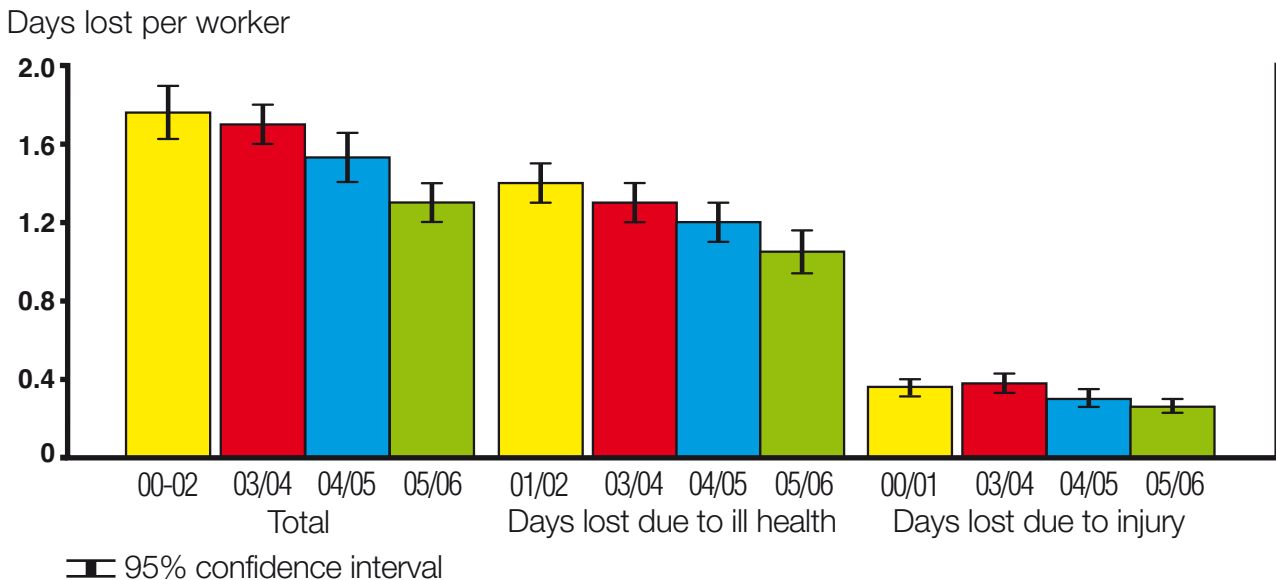
Year	Rate of reported injury (per 100 000 employees)		
	Fatal injury	Major injury	Fatal and major injury
1999/00	0.7	116.6	117.3
2000/01	0.9	110.2	111.1
2001/02	0.8	110.9	111.7
2002/03	0.7	111.1	111.8
2003/04	0.7	120.4	121.1
2004/05	0.7	117.9	118.6
2005/06p	0.6	110.1	110.7

Source: RIDDOR

## Progress on working days lost

- The *Revitalising Health and Safety* target is to reduce the number of working days lost per worker due to work-related injury and ill health by 30% between 2000-02 and 2009/10; the pro-rata target for 2005/06 is an 18% reduction.
- There has been a significant fall in working days lost per worker since the base period and it is **probably on track** to meet the ten-year target.
- There has also been a significant reduction in 2005/06, the first year of HSE's three-year Public Service Agreement (PSA) target.

**Figure 12:** Estimated working days lost per worker due to work-related ill health and workplace injuries



- The baseline for this target is taken as 2000-02, because comparable data on working days lost, from the Labour Force Survey, are only available since 2000/01 (for workplace injuries) and 2001/02 (for work-related ill health).
- Since 2000-02 the number of working days lost has fallen to 1.3 days lost per worker in 2005/06. The range of possibilities (95% confidence interval) for this fall is from 15% to 35%. It is therefore probable that the fall was as large as the 18% pro-rata target.
- The total number of work-related days lost in 2005/06 was 30 million – 24 million due to ill health and 6 million due to injuries.

## Estimated number of working days lost (full-day equivalent) due to work-related ill health and workplace injuries

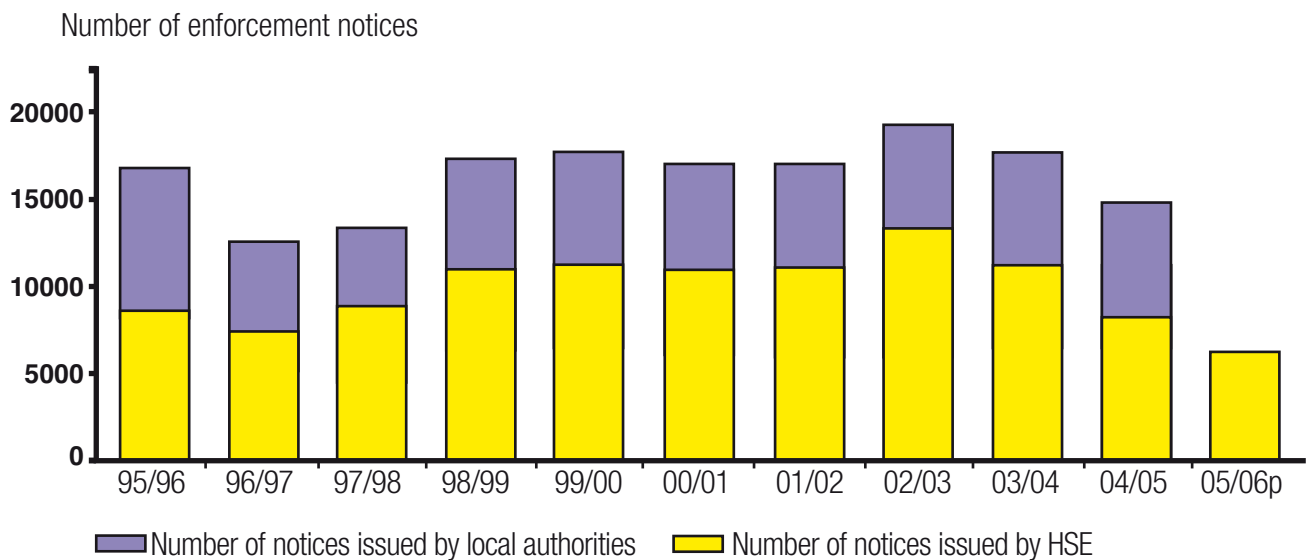
Type of complaint	Days lost (thousands)			Days lost per worker*		
	Central estimate	95% confidence interval lower	95% confidence interval upper	Central estimate	95% confidence interval lower	95% confidence interval upper
Due to all ill health and injuries						
2000-02	39 817	36 746	42 888	1.8	1.6	1.9
2004/05	35 426	32 528	38 323	1.5	1.4	1.7
2005/06	30 458	27 801	33 115	1.3	1.2	1.4
All illnesses						
2001/02	31 752	29 121	34 383	1.4	1.3	1.5
2004/05	28 404	25 722	31 086	1.2	1.1	1.3
2005/06	24 319	21 829	26 809	1.0	0.94	1.2
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
2005/06	9 450	7 885	11 015	0.41	0.34	0.48
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
2005/06	10 537	8 934	12 139	0.45	0.39	0.52
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
2005/06	6 139	5 232	7 047	0.26	0.23	0.30

**Note:** \* Combined injury and illness rates differ from the sum of the parts due to rounding – rates are shown to two significant figures.

## Enforcement notices

- In 2004/05 there were 14 891 enforcement notices issued by all enforcing authorities, a 14% decrease from 2003/04.
- In 2005/06 HSE issued 6383 enforcement notices, 25% fewer than the year before. The number issued by HSE in the last two years is similar to the level seen in the mid 1990s.
- Statistics for enforcement notices issued by local authorities are not yet available for 2005/06. Between 2000/01 and 2004/05 the number issued increased by 10% to 6420.

**Figure 13:** Number of enforcement notices issued by all enforcing authorities

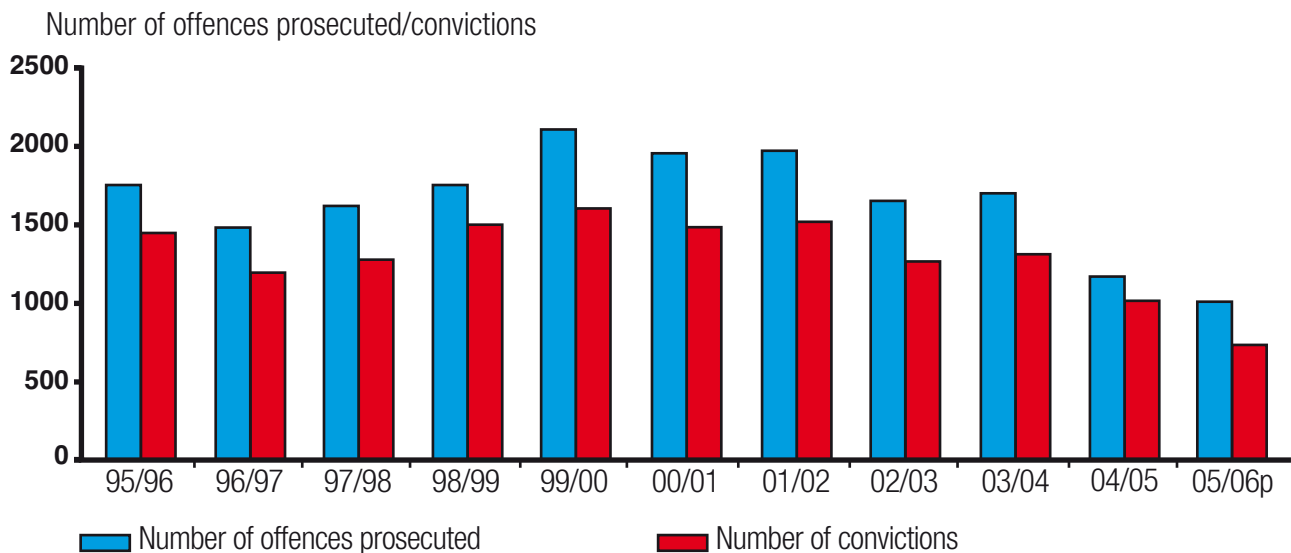


		Improvement notice	Deferred prohibition	Immediate prohibition	Total
2003/04	HSE	6 798	81	4 456	11 335
	Local authorities	4 800	80	1 200	6 080
	Total	11 598	161	5 656	17 415
2004/05	HSE	5 186	49	3 236	8 471
	Local authorities	5 110	50	1 260	6 420
	Total	10 296	99	4 496	14 891
2005/06p	HSE	3 787	38	2 558	6 383
	Local authorities	n/a	n/a	n/a	n/a

## Prosecutions taken by HSE

- In 2005/06 the number of offences prosecuted by HSE decreased by 23% to 1012 from 1320 in 2004/05. The number of offences prosecuted has been steadily decreasing since 1999/2000.
- The number of convictions decreased by 28% in 2005/06 to 741 from 1025 in 2004/05.
- In 2005/06 the proportion of offences prosecuted that led to a conviction was 73%, slightly lower than the 2004/05 proportion of 78%.
- The average penalty per conviction in 2005/06 was £29 997. This figure includes 13 fines in excess of £100 000 which, when removed, gives an average of £6219.

**Figure 14:** Number of offences prosecuted and convictions - HSE

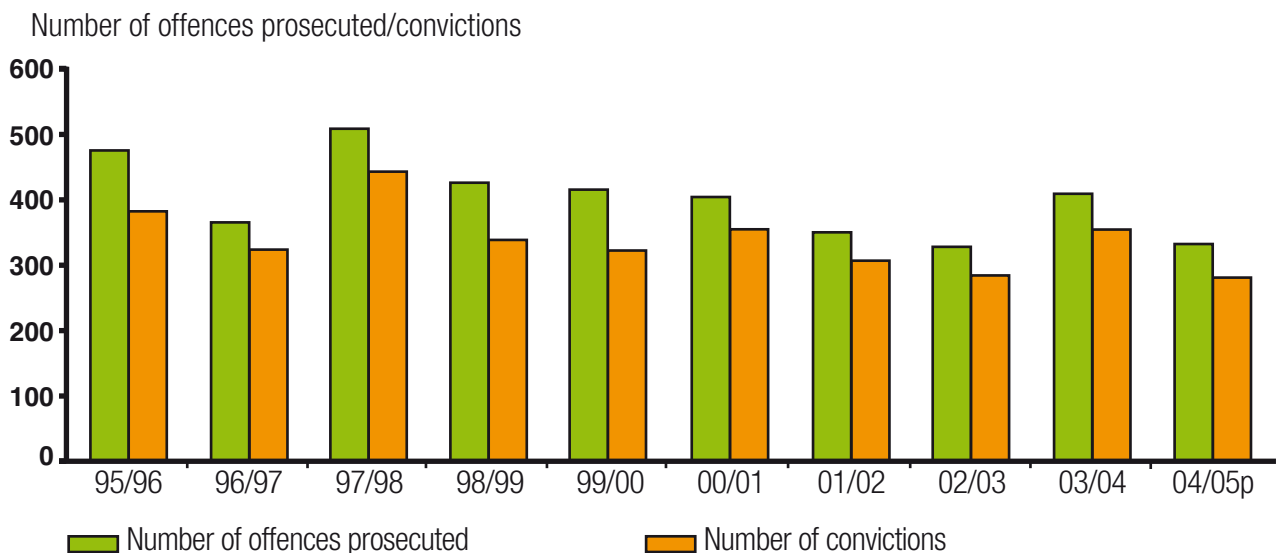


	Offences prosecuted	Convictions
2001/02	1986	1522
2002/03	1659	1273
2003/04	1720	1317
2004/05	1320	1025
2005/06p	1012	741

## Prosecutions taken by local authorities

- Statistics for prosecutions by local authorities are not yet available for 2005/06. In 2004/05 there were 332 offences prosecuted, a decrease of 19% compared with 2003/04.
- The number of convictions decreased by 21% in 2004/05 to 281 from 354 in 2003/04.
- In 2004/05 the proportion of offences prosecuted by local authorities that led to a conviction was 85%, slightly lower than the 2003/04 proportion of 86%.
- In 2004/05 the average penalty per conviction was £5899. This figure includes one fine of £300 000 which, when removed, gives an average of £4848.

**Figure 15: Number of offences prosecuted and convictions - local authorities**



	Offences prosecuted	Convictions
2001/02	350	307
2002/03	330	285
2003/04	410	354
2004/05	332	281
2005/06p	n/a	n/a



## Sources and definitions

**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 Labour Force Survey (LFS - a national survey of over 50 000 households each quarter).

‘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. Headline results from the 2005/06 survey are published here for the first time.

**Ill health seen by specialist doctors (THOR):** New cases seen by occupational physicians and disease specialists in The Health and Occupation Reporting network and diagnosed as work-related by the doctor who sees them. THOR statistics are available annually from 1999 for work-related mental ill health, from 1998 for hearing loss, musculoskeletal disorders and infections, and from the early 1990s for respiratory and skin disorders.

**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:** Refers (on page 8) 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 non-fatal injuries to workers and members of the public arising from work activity are reported by employers and others, to either HSE or the local authority. Since 1 April 2006 health and safety on railways has been enforced by the Office of Rail Regulation (ORR); the RIDDOR figures will continue to include railways data (provided by ORR). The breakdown by country/region on pages 14-15 excludes railways.

**Reported major injuries:** Specified serious injuries to workers, including fractures, amputations and other injuries leading to resuscitation or 24-hour admittance to hospital. Figures from 1996/97 onwards are not comparable with earlier years, due to changes in the reporting requirements under RIDDOR 95.

**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.

**Reported non-fatal injuries to members of the public:** Injuries arising from work activity which result in the injured person being taken directly to hospital.

**Reportable injuries from the Labour Force Survey (LFS):** Injuries 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 moving averages to reduce annual fluctuations from sampling error.

**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), 2003/04, 2004/05 and 2005/06.

**Revitalising Health and Safety targets:** Targets for workplace health and safety set by the Government and the Health and Safety Commission in 2000, to achieve specific percentage reductions in fatal and major injuries, work-related ill health incidence and working days lost by 2010. HSE set out its technical approach to measuring progress against the three *Revitalising* targets in a Statistical Note published in 2001. This promised an annual report containing judgements on progress, which are published at [www.hse.gov.uk/statistics/targets.htm](http://www.hse.gov.uk/statistics/targets.htm).

**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 latest version, SIC 2003, made minor revisions to SIC 1992.

**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.

**95% confidence intervals:** The range of values which we are 95% confident contains the true value. 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:** Enforcement notices cover improvement, prohibition and deferred prohibition notices issued by HSE and local authorities. Offences prosecuted refer to individual breaches of health and safety legislation; a prosecution case may include more than one offence. The numbers of enforcement notices issued and offences prosecuted are provided by the enforcing authorities. Unlike the rest of the statistics presented in this publication, they do not meet all the criteria to be described as 'National Statistics' (see inside front cover) - in particular, responsibility for the release arrangements does not rest with HSE statisticians - but they are included here for completeness.

**p:** provisional

**n/a:** not available

## Further information

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