

# Health and safety statistics 2004/05

## 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 detailed data and commentary are on the HSE website at [www.hse.gov.uk/statistics](http://www.hse.gov.uk/statistics).

Key facts for 2004/05 are:

### Fatal injuries

**220** workers were killed, a rate of 0.7 per 100 000 workers.

**361** members of the public were fatally injured.

### Non-fatal injuries

**150 559** other injuries to employees were reported, a rate of 587 per 100 000 employees.

**363 000** reportable injuries occurred, according to the Labour Force Survey, a rate of 1330 per 100 000 workers (2003/04).

### Ill health

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

**576 000** of these were new cases in the last 12 months.

### Working days lost

**35 million** days were lost overall (1.5 days per worker), 28 million due to work-related ill health and 7 million due to workplace injury.

### Revitalising Health and Safety targets: progress to 2004/05

**Injuries: no change** in incidence rate of fatal and major injury.  
5% target not met.

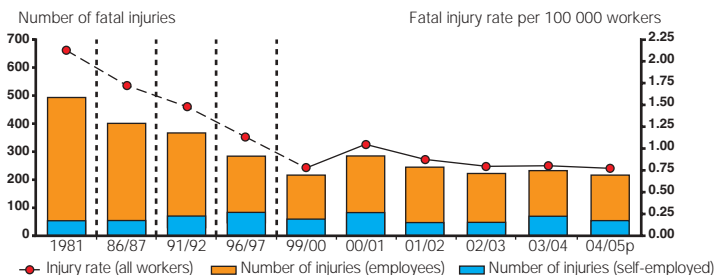
**Ill health: a reduction** in incidence rate of work-related ill health.  
10% target probably met.

**Days lost: a reduction** in working days lost per worker.  
15% target possibly met.

## Fatal injuries to workers

- There were 220 fatal injuries to workers in 2004/05, a decrease of 7% on the 2003/04 figure of 236.
- Around half occurred in two industries, construction (71) and agriculture, forestry and fishing (42).
- The rate of fatal injury to employees declined throughout the 1980s and 1990s. The rate rose by 30% in 2000/01 and has dropped since then.

**Figure 1: 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
2004/05p	169	0.7	51	1.3	220	0.7

(a) per 100 000 employees

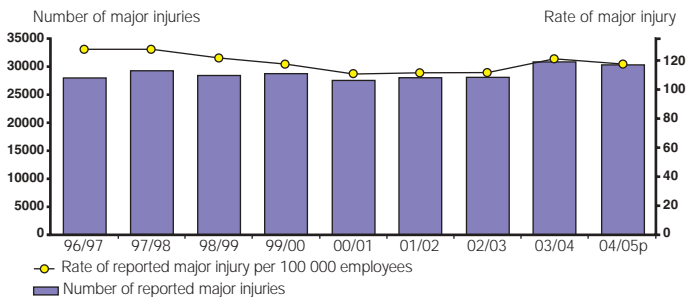
(b) per 100 000 self-employed

(c) per 100 000 workers

## Reported non-fatal injuries

- 30 213 major injuries to employees were reported in 2004/05, a rate of 117.7 per 100 000. This was down 2% on the previous year. Over a third were caused by slipping and tripping.
- There were 120 346 other injuries to employees causing them to be off work for over 3 days, down 8% on 2003/04. Two fifths were caused by handling, lifting or carrying.

**Figure 2: Number and rate of reported major injuries to employees**



Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
<b>Major injury</b>						
2002/03	28 113	111.1	1 079	32.3	29 192	101.9
2003/04	30 689	120.4	1 283	33.9	31 972	109.3
2004/05p	30 213	117.7	1 246	32.9	31 459	106.8
<b>Over-3-day injury</b>						
2002/03	128 184	506.5	951	28.4	129 135	450.7
2003/04	131 017	514.2	1 114	29.5	132 131	451.5
2004/05p	120 346	469.0	1 135	29.9	121 481	412.5

(a) per 100 000 employees

(b) per 100 000 self-employed

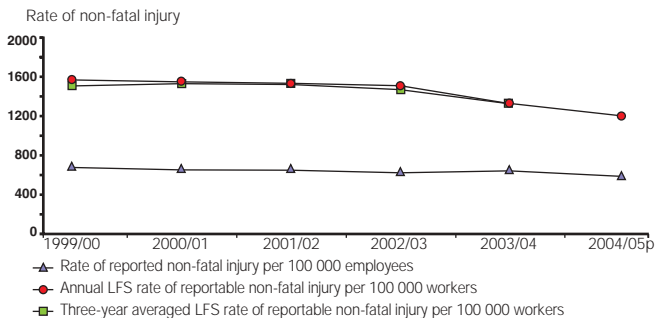
(c) per 100 000 workers

**Note:** See page 21 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 1330 per 100 000 workers in 2003/04 (three-year average), down by 7% on the previous year.
- Comparing this with the RIDDOR rate of reported major and over-3-day injury, the level of reporting by employers was 47.6%, up from 43.0% in 2002/03.

**Figure 3:** 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	95% confidence interval upper	
1999/00	667	1 490	1 430	1 550	44.9%
2000/01	647	1 520	1 460	1 580	42.7%
2001/02	624	1 500	1 440	1 560	41.5%
2002/03	618	1 430	1 380	1 490	43.0%
2003/04	635	1 330	1 280	1 390	47.6%
2004/05p	587	n/a	n/a	n/a	n/a

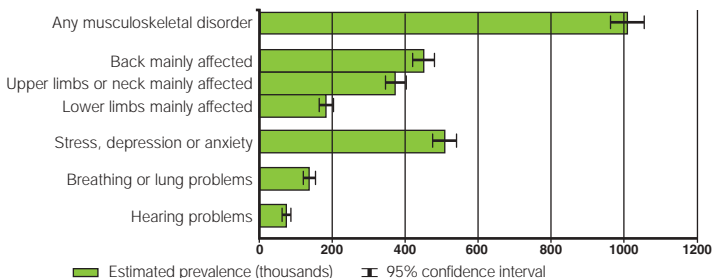
(a) per 100 000 employees (b) per 100 000 workers, three-year average



## Self-reported ill health

- In 2004/05 an estimated 2.0 million people suffered from ill health which they thought was work-related, lower than the level in 2003/04 (2.2 million).
- Around three-quarters of the cases were musculoskeletal disorders (eg upper limb or back problems) or stress, depression or anxiety.

**Figure 4:** Estimated prevalence of self-reported work-related illness, by type of complaint, 2004/05



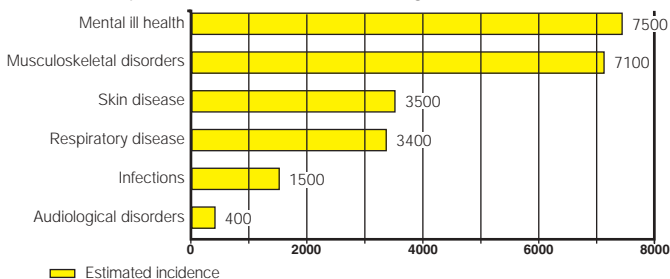
Type of complaint	2004/05 prevalence (thousands)		
	Central estimate	95% confidence interval	
		lower	upper
Musculoskeletal disorders	1 012	967	1 057
<i>mainly affecting the back</i>	452	422	483
<i>mainly affecting the upper limbs or neck</i>	375	347	402
<i>mainly affecting the lower limbs</i>	185	166	204
Stress, depression or anxiety	509	477	542
Breathing or lung problems	137	121	154
Hearing problems	74	63	86
<b>Total</b>	<b>2 006</b>	<b>1 942</b>	<b>2 070</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

- Each year between 2002 and 2004, an estimated 23 000 new cases of occupational or work-related illness were seen by disease specialist doctors and occupational physicians who reported to the THOR surveillance scheme.
- 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 5:** Estimated incidence of work-related illness reported by specialist doctors, annual average 2002-04



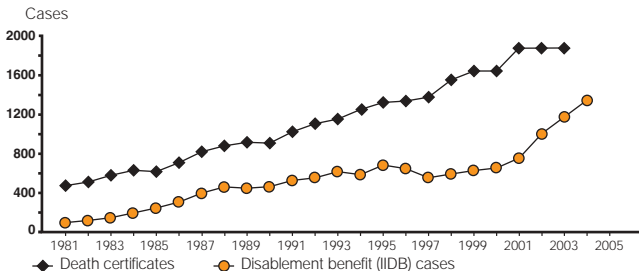
## Ill health assessed for industrial injuries disablement benefit (IIDB)

- In each of the latest three years an average of over 7500 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.

## Asbestos-related and other fatal diseases

- Several thousand people die each year from diseases caused by past work exposures, including nearly 1900 deaths in 2003 from mesothelioma, a cancer related to asbestos exposure.

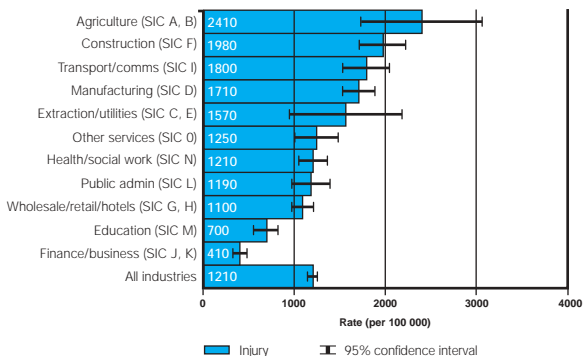
**Figure 6:** Mesothelioma



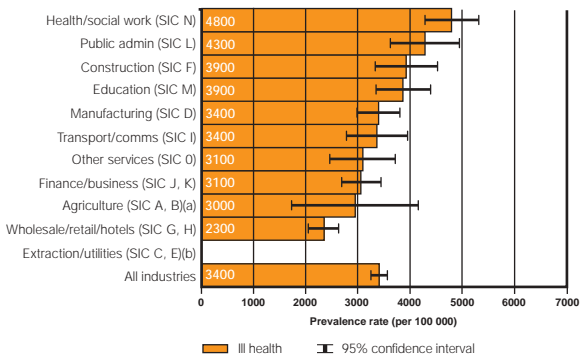
- Each year an estimated 6000 people (uncertainty range 3000 to 12 000) die from cancer due to past exposures at work. Around 3500 cancer deaths are due to exposure to asbestos.
- For deaths other than cancer, in 2003 over 110 died from asbestosis and nearly 250 from other types of pneumoconiosis, mostly due to coal dust and silica.
- The annual number of deaths in Great Britain from mesothelioma has increased from 153 in 1968 to 1874 in 2003. The latest projections suggest that the annual number will peak at a level around 1950 to 2450 deaths some time between 2011 and 2015.
- Deaths occurring now reflect past industrial conditions; deaths in males aged under 45 have been falling since the early 1990s.

## Injuries and ill health by industry sector

**Figure 7:** Estimated rates of reportable non-fatal injury to workers by SIC industry section, per 100 000 people, average 2002/03-2004/05



**Figure 8:** Estimated prevalence rates of self-reported work-related illness, by SIC industry section, per 100 000 people working in the last 12 months, 2004/05

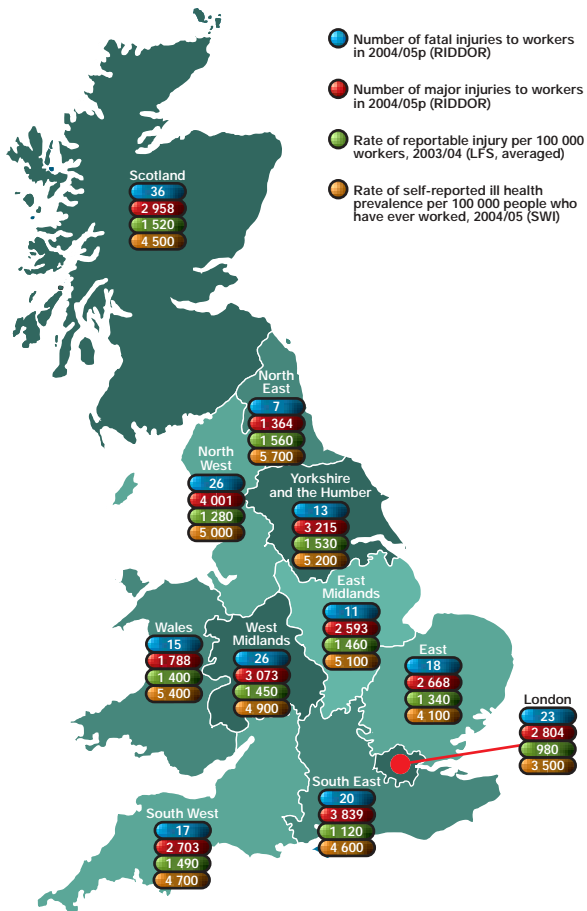


Source: Labour Force Survey. Restricted to injuries/ill health in current or most recent job.

SIC: Standard Industrial Classification (see page 23).

(a) Based on fewer than 30 sample cases. (b) Sample size too small to give reliable estimates.

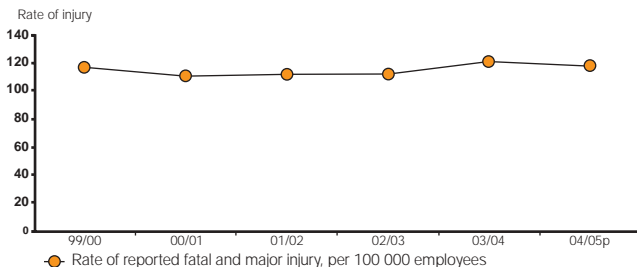
## Injuries and ill health by country and region



## Progress on fatal and major injuries

- The *Revitalising Health and Safety* target for 2004/05 is to reduce the incidence rate of fatal and major injury by 5% from 1999/2000.
- The available sources indicate no clear change since the base year in the rate of fatal and major injury to employees. The target has therefore not been met.

**Figure 9:** Rate of reported fatal and major injury to employees



- The rate of employee major injury (reported by employers) dropped by 2.2% in 2004/05, the first reduction since 2000/01. There is no clear trend since 1999/2000, the *Revitalising* base year. The rate of major injury is 117.7 in 2004/05, about 1% higher than in 1999/2000.
- The rate of fatal injury to employees in 2004/05 is about 0.5% lower than in 1999/2000. Because of the relatively small numbers of fatal injuries, their impact on the injuries target is small.

- In contrast, the rate of reported over-3-day injury has generally decreased since 1997/98, and is now the lowest on record. The LFS rates, mainly dominated by over-3-day injuries, have also decreased recently.
- The picture emerging from surveys of employers is that:
  - the rate of major injury has fluctuated in manufacturing with no clear trend, and is higher in the most recent two years in some service industries (retail, wholesale and hotels);
  - the rate of over-3-day injury has decreased in these industries, mainly in large firms.
- The results of these surveys and the reported injury data indicate that:
  - there is no clear change in the rate of major injury since 1999/2000, but a decrease in the rate of over-3-day injury;
  - changes in reporting behaviour have not contributed to the trends in reported major injuries.

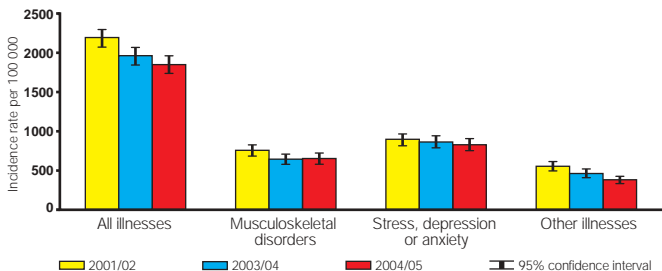
## Rate of reported fatal and major injuries to employees

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
2004/05p	0.7	117.7	118.4

## Progress on work-related ill health incidence

- The *Revitalising Health and Safety* target for 2004/05 is to reduce the incidence rate of work-related ill health by 10% from 1999/2000.
- The evidence suggests that incidence has fallen for most major categories of work-related ill health. Overall, the 10% target has probably been achieved.

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



- Since 2001/02 (the closest to the 1999/2000 baseline), self-reporting surveys show a statistically significant fall in the ill-health incidence rate, to 1800 per 100 000 (1.8%) in 2004/05. The range of possibilities (95% confidence interval) for this fall is from 8% to 23%.
- For the period between 1999/2000 and 2001/02, evidence from other sources suggests that ill-health incidence was flat or rising. Allowing for this, the fall over the whole period since 1999/2000 is still probably at least 10%.
- For work-related stress, the evidence (from specialist doctors as well as SWI surveys) is that an earlier rise in incidence has levelled off and it may now be falling.
- For musculoskeletal disorders, the same sources show incidence falling between 2001/02 and 2004/05 after previously being fairly stable.



- The other, smaller categories of work-related ill health have shown a mixed pattern, but taken together show statistically significant falls between 2001/02 and 2004/05.
- New cases of asthma and dermatitis show recent falls, supported by specialist doctor reports and by data on risk control (including from the new Workplace Health and Safety Survey).

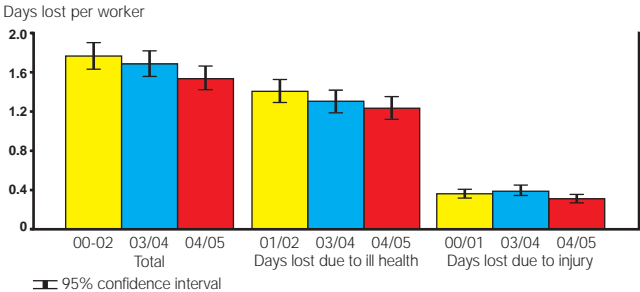
## Estimated incidence and rates of self-reported work-related illness by type of complaint

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	2 200	2 100	2 300
2003/04	609	574	644	2 000	1 800	2 100
2004/05	576	541	610	1 800	1 700	2 000
Musculoskeletal disorders						
2001/02	231	211	252	750	680	820
2003/04	204	184	225	640	570	700
2004/05	206	185	227	650	580	710
Stress, depression or anxiety						
2001/02	257	235	279	890	810	960
2003/04	254	231	277	860	780	940
2004/05	245	222	268	820	750	900
Other illnesses						
2001/02	173	155	191	550	490	610
2003/04	150	132	167	460	400	520
2004/05	124	108	140	380	320	430

## Progress on working days lost

- The *Revitalising Health and Safety* target for 2004/05 is to reduce the number of working days lost per worker due to work-related injury and ill health by 15% from 2000-02.
- There has been a significant fall in working days lost since the base period, possibly enough to meet the 15% target.

**Figure 11:** 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 self-reporting surveys, are only available since 2000/01 (for those due to workplace injuries) and 2001/02 (for those arising from work-related ill health).
- Since 2000-02 the number of working days lost has shown a statistically significant fall, to 1.5 days lost per worker in 2004/05. The range of possibilities (95% confidence interval) for this fall is from 3% to 23%. It is therefore possible that the fall was as large as 15%.
- The total number of days lost in 2004/05 was 35.4 million (28.4 million due to ill health and 7.0 million due to injuries).

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

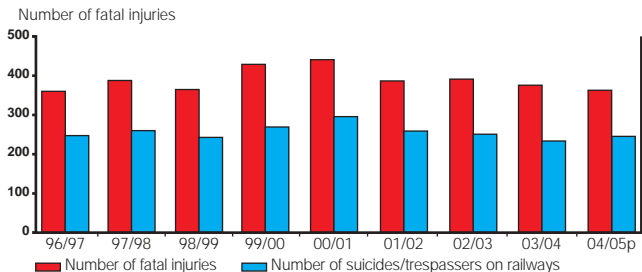
Type of complaint	Days lost (thousands)			Days lost per worker*		
	Central estimate	95% confidence interval lower upper		Central estimate	95% confidence interval lower upper	
Due to all ill health and injuries						
2000-02	39 817	36 746	42 888	1.8	1.6	1.9
2003/04	38 551	35 577	41 524	1.7	1.6	1.8
2004/05	35 426	32 528	38 323	1.5	1.4	1.7
All illnesses						
2001/02	31 752	29 121	34 383	1.4	1.3	1.5
2003/04	29 766	27 079	32 452	1.3	1.2	1.4
2004/05	28 404	25 722	31 086	1.2	1.1	1.3
Musculoskeletal disorders						
2001/02	11 810	10 231	13 389	0.52	0.45	0.59
2003/04	11 844	10 143	13 545	0.52	0.44	0.59
2004/05	11 602	9 761	13 444	0.50	0.42	0.58
Stress, depression or anxiety						
2001/02	12 919	11 235	14 603	0.57	0.50	0.64
2003/04	12 803	11 014	14 593	0.56	0.48	0.64
2004/05	12 820	11 100	14 540	0.55	0.48	0.63
All injuries						
2000/01	8 065	7 037	9 093	0.36	0.31	0.40
2003/04	8 785	7 639	9 931	0.38	0.33	0.43
2004/05	7 021	6 035	8 008	0.30	0.26	0.35

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

## Injuries to members of the public

- There were 361 fatal injuries to members of the public in 2004/05, down by 3% on the previous year. Around two-thirds were due to acts of suicide or trespass on the railways.
- There were 14 321 reported non-fatal injuries to members of the public, an increase of 5% on 2003/04.

Figure 12: Number of fatal injuries to members of the public



	Fatal	Non-fatal (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
2004/05p	361	14 321

(a) The definition of a non-fatal injury to a member of the public is different to that for workers (see page 21)

## Sources and definitions

**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.

**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 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 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 (a national survey of 60 000 households each quarter). HSE has placed a set of injury questions on the LFS in 1990 and annually since 1993. LFS injury rates are 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).

**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 periodically since 1990. Headline results from the 2004/05 survey have now been published.

**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 data 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 data are available annually from the 1980s or earlier.

**Death certificates:** On page 11, refers to deaths from some types of occupational lung disease, including the asbestos-related diseases mesothelioma and asbestosis.

**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 equivalent days, to allow for variation in daily hours worked, and are available for 2000/01 (injuries), 2001/02 (ill health), 2003/04 and 2004/05 (both).

**Workplace Health and Safety Survey (WHASS):** A new programme of surveys sponsored by HSE focusing on how health and safety is managed in Britain's workplaces. The results of initial surveys of employers and workers are scheduled to be published in late 2005.

**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 (and half of each reduction by 2005). HSE set out its technical approach to measuring progress against the three *Revitalising* targets in a Statistical Note published in 2001.

**Progress judgements:** The assessments by HSE statisticians of progress against the three *Revitalising* targets since the base year, taking account of information from all relevant sources. The Statistical Note promised an annual progress report containing these judgements. These 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 employed, 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, reflecting the sampling error around estimates from surveys. A difference between two estimates is 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

**p:** provisional

**n/a:** not available

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