Health and Safety
Statistics Highlights 2002/03

national STATISTICS

HSC

Health and Safety Statistics Highlights 2002/03

Contents

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

Introduction

This *Health and Safety Statistics Highlights* summarises the latest statistics on workplace fatalities, injuries and work-related ill-health in Great Britain. It also includes summary information on dangerous occurrences, gas safety and enforcement action by the Health and Safety Executive (HSE) and local authorities. More detailed data and commentary are available on HSE's website at www.hse.gov.uk/statistics. Statistics of fatalities and enforcement for 2002/03, and the latest figures on work-related ill health, have been released earlier in the year.

The key new statistics this year are the 2002/03 figures on non-fatal injuries notified by employers and others under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), supplemented by injury statistics from the Labour Force Survey (LFS). Comparable statistics of non-fatal injuries are only available from 1996/97 on the introduction of revised RIDDOR 95 (see safety technical note on page 35).

These, alongside previously published data on ill health and working days lost, inform the measurement of progress against the three targets set in the *Revitalising Health and Safety* strategy, following the principles set out in a *Statistical Note* (for more information see the document on HSE's website at www.hse.gov.uk/statistics/statnote.pdf). For the ill health target, the judgement on progress involves integrating data from several different sources, using newly developed methods that are presented here for the first time and on a provisional basis (see ill health technical note on page 38). The statistics also provide information on the eight priority programmes identified by the Health and Safety Commission, as well as permitting a range of other analyses.

The statistics are derived from a number of different sources, some of which are surveys and are therefore subject to sampling errors (because the estimates are based on a sample rather than the whole population). Where possible, '95% confidence intervals' are quoted to indicate the range of uncertainty due to this: each of these shows the range of values which we are 95% confident contains the true value. Correspondingly, a difference between two estimates is described as 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone. Rates are expressed per 100 000 workers, employees or self-employed people as appropriate.

This is the second year that health and safety statistics have been published in this way in a slim *Highlights* publication backed up by a wide range of detailed information available on the HSE website: www.hse.gov.uk/statistics. Our aim continues to be to offer users a clear means of presentation and convenient access to the data, and we would welcome feedback on our approach, or indeed on any other aspects of the statistics. For this, or for enquiries relating to the statistics published in this document, contact details are listed below:

For statistics relating to injuries arising from work activity, gas safety, dangerous occurrences and enforcement action:

Safety and Enforcement Statistics Unit
Health and Safety Executive
Room 403, Daniel House, Trinity Road, Bootle,
Merseyside L20 3TW
Tel: 0151 951 3864/4600
Fax: 0151 951 3827

For statistics relating to work-related ill health:

Epidemiology and Medical Statistics Unit
Health and Safety Executive
Room 244, Magdalen House, Trinity Road, Bootle,
Merseyside L20 3QZ
Tel: 0151 951 3479/3051
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Summary

INJURIES

Fatal injuries

The number of workers fatally injured in 2002/03 was 226, a decrease of 10% from 2001/02 when there were 251 fatalities. The rate of fatal injury to workers also decreased by 10% in 2002/03 to 0.8 fatal injuries per 100 000 workers compared with the rate of 0.9 in 2001/02. The trend in both the number and rate of fatal injury was generally downwards in the 1990s, and the rate is currently a third of that recorded in 1981. These statistics were first released in July 2003 in the HSE publication *Statistics of Fatal Injuries 2002/03*. More detailed data and commentary are available on HSE's website at www.hse.gov.uk/statistics/overall/fatl0203.pdf.

Major injuries

The number of reported major injuries to employees rose by 1.5% to 28426 in 2002/03 from 28011 in 2001/02. The rate of major injury to employees rose by 1.9% in 2002/03 to 113.0 per 100 000 employees, from 110.9 in 2001/02. The rate of reported major injury to employees increased in 2002/03 in agriculture, construction, manufacturing and services sectors, and fell in the extractive and utility supply sector. The most common cause of major injury to employees continues to be slipping and tripping, accounting for 37% of all major injuries. Being struck by a moving or falling object accounted for 14% of major injuries to employees, falling from a height also accounted for 14% and being injured while handling, lifting or carrying objects accounted for 12%.

Over-3-day injuries

The number of reported over-3-day injuries to employees fell by 2.8% in 2002/03 to 126004 compared to 129655 in 2001/02. The rate of over-3-day injury fell by 2.4% in 2002/03 to 501.1 over-3-day injuries per 100 000 employees. The most common causes of over-3-day-injuries in 2002/03 were handling, lifting and carrying, accounting for 39% of over-3-day injuries to employees, and slipping and tripping, accounting for 24%. Almost two-thirds of over-3-day injuries occurred in the services sector.

Labour Force Survey (LFS)

The averaged rate of reportable injury to workers as measured by the LFS was estimated to be 1510 per 100 000 in 2001/02, based on the latest three year average. The LFS rate has fluctuated around this level for the last four years. When compared with the RIDDOR rate of reported major and over-3-day injury, the LFS allows us to estimate the level of reporting of non-fatal injuries. The global estimate for the level of reporting of non-fatal injury based on the LFS was 41.3% in 2001/02. This global estimate has fallen steadily since 1997/98.

ILL HEALTH

Overall self-reported work-related ill health prevalence in Great Britain stood at 2.3 million people in 2001/02, accounting for 33 million working days lost. Males accounted for more of the prevalence and the working days lost than females, and had a higher prevalence rate (as a percentage of people who had ever worked). The latest figures from various data sources show a mixed picture for specific types of work-related illness: for example the numbers of deaths from mesothelioma and of new disablement benefit cases of asbestosis continue to rise, reflecting past exposures to asbestos, while specialist doctor surveillance data for occupational asthma indicate a possible decrease in incidence in the last three years. These statistics were previously released in September 2003 in the HSE publication *Occupational Health Statistics Bulletin 2002/03*, available on HSE's website at www.hse.gov.uk/statistics/overall/ohsb0203.pdf.

DANGEROUS OCCURRENCES AND GAS SAFETY

There was an 11% decrease in the number of dangerous occurrences reported to HSE in 2002/03 to 9201 from 10349. Both the number of fatal injuries and the number of reported non-fatal injuries relating to the supply and use of flammable gas fell in 2002/03, by 4% and 16% respectively.

ENFORCEMENT

In 2001/02, the most recent year for which data from all enforcing authorities are available, there were 17042 enforcement notices issued, a 1% increase on the previous year.

REVITALISING HEALTH AND SAFETY TARGETS

Incidence rate of fatal and major injury

In 2002/03, to allow for changes seen in the rate of reported major injury relative to the rate of reported over-3-day injury to employees, adjustments were made to the methodology used for the calculation of the estimate of major injury reporting used in the indicator for this target. These adjustments were also applied retrospectively to 2001/02. The adjustment should be regarded as provisional, pending further work to validate its underlying assumptions. In 2002/03, using the revised basis, the indicator shows a reduction from 1999/2000, the base year, of 3.8%. On an un-revised basis, the indicator would rise by 5.7%. Both these estimates are subject to statistical uncertainty of 5-6%. The indicator depends heavily on estimates of the level of major injury reporting. If reporting levels of major injuries have been maintained, then the drop in the rate of reported major injury reflects a genuine reduction in the rate of all major injury. If the change in the pattern of reported major injuries reflects a genuine change in their occurrence, this implies a rise in the rate of all major injury. There is insufficient evidence to choose confidently between these alternatives. The true position is likely to be somewhere in-between: leading to the conclusion that there is no clear evidence of change, which is also in line with the flat trend in the LFS.

HSE will be undertaking further analysis and commissioning research to clarify the uncertainties discussed above.

Incidence rate of cases of work-related ill health

The balance of evidence suggests that the overall incidence of work-related ill health is likely to have risen since 1999/2000, the base year of *Revitalising*. This is essentially because the latest information suggests work-related stress is rising, while musculoskeletal disorders – the other major cause of ill health – shows no change (though there is some evidence of improved risk control). A reduction in asthma, and hints of a reduction in dermatitis, are not enough to offset the stress increase.

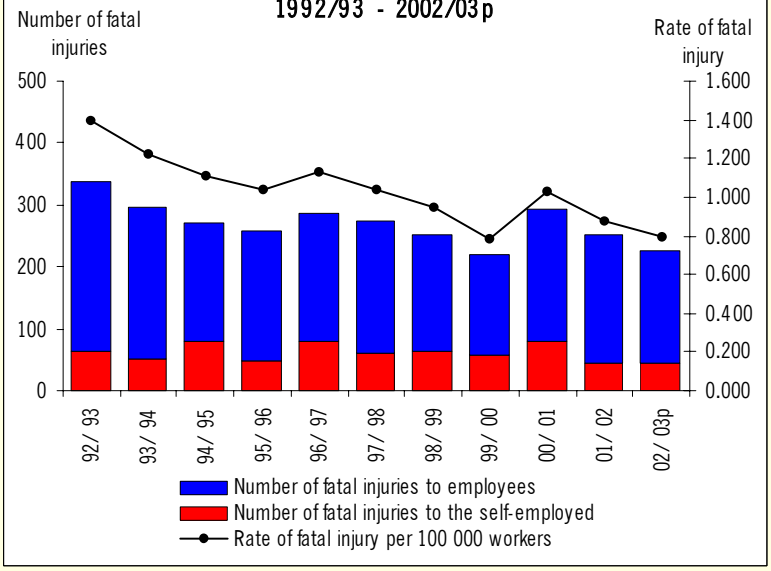
Number of working days lost per 100 000 workers from work-related injury and ill health

There are no new data this year. The latest information from self-reporting surveys, published in last year's *Highlights*, estimates that there were 40.2 million days lost per year in 2000/02, the base year. The next estimate of days lost will be for 2003/04 and will be available in a progress report in 2004.

Fatal injuries reported under RIDDOR

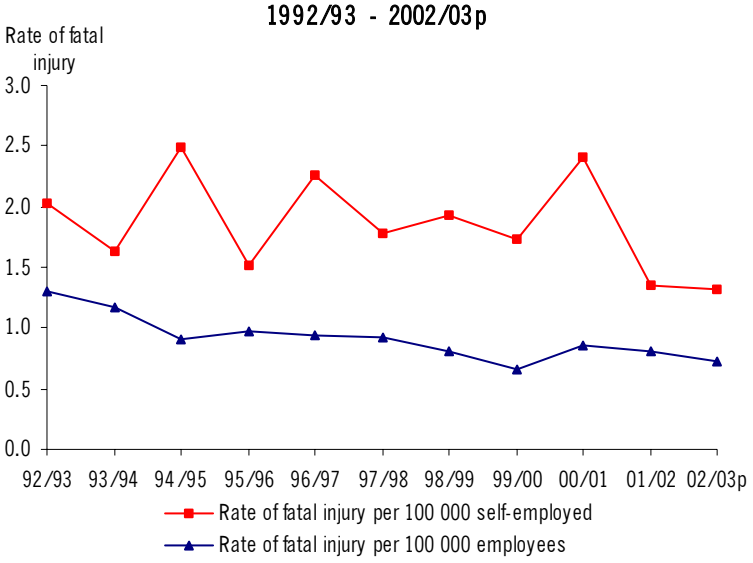
(See supplementary tables 1 and 4)

Figure 1: Number and rate of fatal injury to workers 1992/93 - 2002/03p



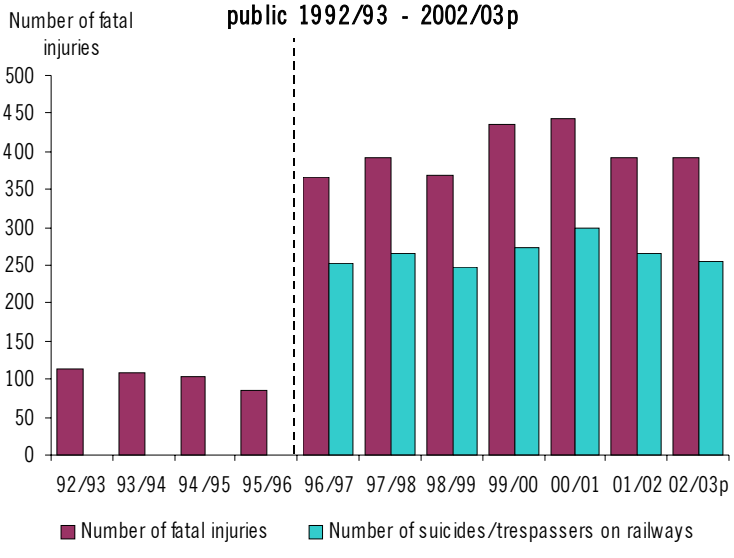
- The number of fatal injuries to workers decreased in 2002/03 by 10% to 226 from 251 in 2001/02.
- The number of fatal injuries to employees decreased in 2002/03 to 182 from 206 in 2001/02.
- To account for annual changes in the size of the workforce and allow for year on year comparison HSE publishes rates of injuries per 100 000 members of the workforce. HSE publishes statistics for three categories of the workforce; employees, self-employed and workers. The category of workers encompasses employees and the self-employed.
- The rate of fatal injury to workers decreased to 0.8 in 2002/03 from 0.9 in 2001/02. This represents a return to the level of 1999/2000, the lowest point in the eleven-year period 1992/93 to 2002/03.
- The current rate is around a third of that recorded in 1981.

Figure 2: Rate of fatal injury to employees and the self-employed 1992/93 - 2002/03p



- In 2002/03 the rate of fatal injury to employees decreased to 0.7 from 0.8 in 2001/02.
- The rate of fatal injury to the self-employed remained unchanged from 2001/02 at 1.3.
- The difference in rate between employees and the self-employed reflects the fact that a larger proportion of the workforce in the higher risk industries of agriculture and construction are self-employed.
- The rate of fatal injury to self-employees is more susceptible to annual fluctuation than the rate of fatal injury to employees. This is because the number of people classed as self-employed is much lower than the number of employees.

Figure 3: Number of fatal injuries to members of the public 1992/93 - 2002/03p

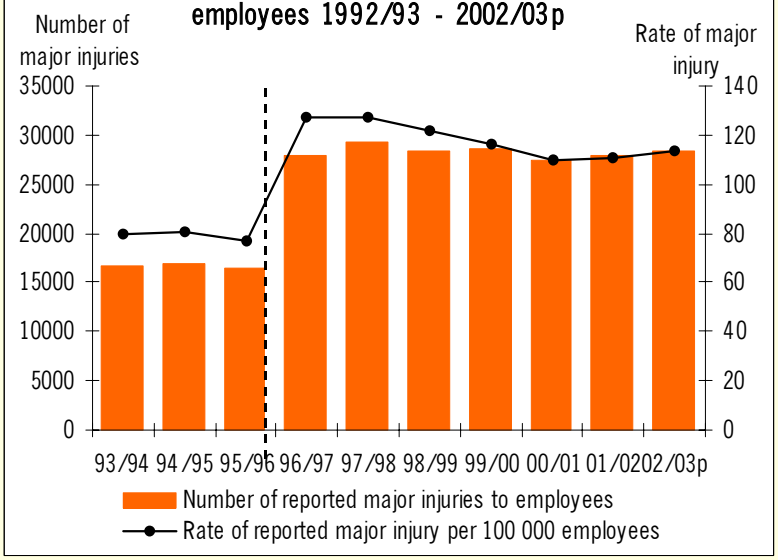


- In 2002/03, there was a slight decrease in the number of fatal injuries to members of the public to 392 from 393 in 2001/02.
- About two-thirds of fatal injuries in 2002/03 were due to acts of suicide or trespass on railway systems. This proportion has remained relatively constant over the period 1996/97 to 2002/03.
- In 2002/03, there were also 45 fatal injuries to members of the public related to railways, an increase of 9 (25%) on the 2001/02 figures. A further 91 fatal injuries occurred in other industries; this figure is unchanged from 2001/02.
- In 2002/03, of the 91 non-railway fatal injuries, 80 were in the services industries, of which 45 (56%) were in health and social services.
- The number of fatal injuries to members of the public has been in decline in agriculture and fluctuating in construction over the past ten years.

Non-fatal injuries reported under RIDDOR

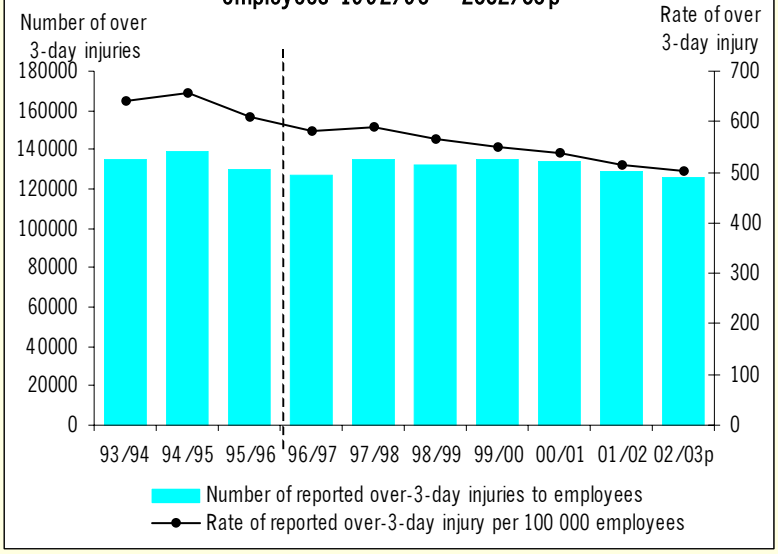
(See supplementary tables 2, 3 and 4)

Figure 4: Number and rate of major injury to employees 1992/93 - 2002/03p



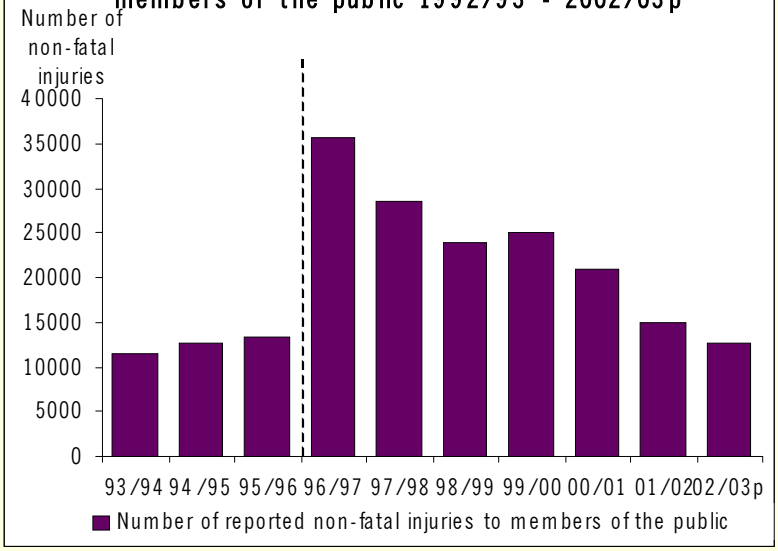
- The number of reported major injuries to employees rose by 1.5% to 28426 in 2002/03 from 28011. The figure for 2002/03 is provisional; a finalised figure will be reported in next year's report. The figure will be expected to rise slightly as a result of late reports.
- The rate of reported major injuries increased by 1.9% in 2002/03 to 113.0 from 110.9 in 2001/02.
- In the longer term the number of reported major injuries has changed little since the new reporting regulations were introduced in 1996/97. The rate of reported major injury fell steadily from 1996/97 until 2000/01 largely as a result of increasing employment. However, in the two years since 2000/01 the rate and number have increased steadily.
- The rate of major injury increased in agriculture (26%), manufacturing (0.7%) and some of the service sectors most notably land transport (10.2%), retail (9.4%) and public administration (9.1)

Figure 5: Number and rate of over-3-day injury to employees 1992/93 - 2002/03p



- The number of reported over-3-day injuries to employees decreased by 2.8% in 2002/03 to 126004 compared to 129655 in 2001/02.
- In 2002/03 the rate of over-3-day injury decreased by 2.4% to 501.1 from the 2001/02 rate of 513.5.
- The number of over-3-day injuries has fallen over the last three years. The rate of over-3-day injury has steadily decreased since 1997/98 and is now the lowest for the period 1992/93 to 2002/03.
- Injuries sustained to employees when handling, lifting and carrying accounted for 39% of over-3-day injuries in 2002/03.
- Injuries resulting from slipping or tripping accounted for 24% of reported over-3-day injuries.
- The services sector accounted for 65% of all over-3-day injuries.

Figure 6: Number of non-fatal injuries to members of the public 1992/93 - 2002/03p



- The number of non-fatal injuries to members of the public decreased by 15% to 12646 in 2002/03 from 14834 in 2001/02. This continues the general downward trend seen since 1996/97 and is the lowest reported figure since the introduction of new regulations in 1996/97.
- 96% (12187) of non-fatal accidents to members of the public were in the services sector in 2002/03. This proportion is consistent with the 2001/02 proportions when 14187 of 14834 non-fatal injuries to members of the public were in the services sector.
- Of the 12646 non-fatal accidents to members of the public 23% occurred in education, 23% occurred in land transport industries and 15% occurred in retail industries.
- The number of non-fatal injuries to members of the public occurring in the construction injury fell from 381 in 2002/03 to 259 in 2001/02, a reduction of 32%.

Non-fatal injuries – Labour Force Survey and reporting rates

(See supplementary tables 2, 3 and 5)

Figure 7: Rate of reported non-fatal injury to employees and the self-employed, and the averaged LFS rate of reportable non-fatal injury to workers 1994/95 - 2002/03p

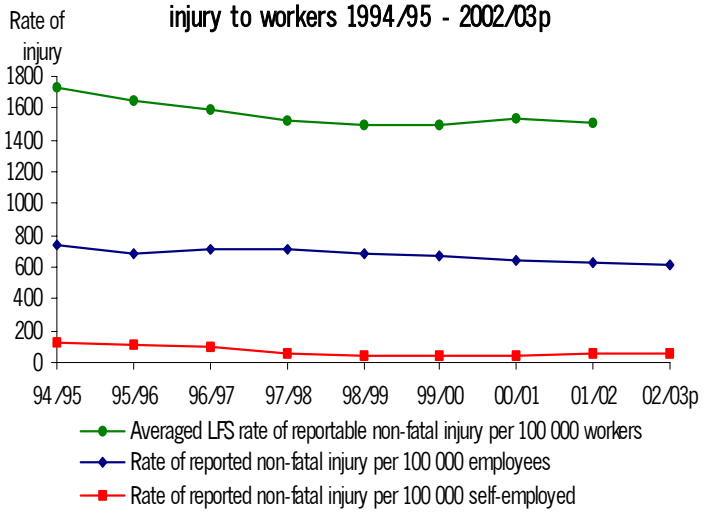


Figure 8: Rate of reported non-fatal injury to employees and the averaged and annual LFS rate of reportable non-fatal injury to workers 1993/94 - 2002/03p

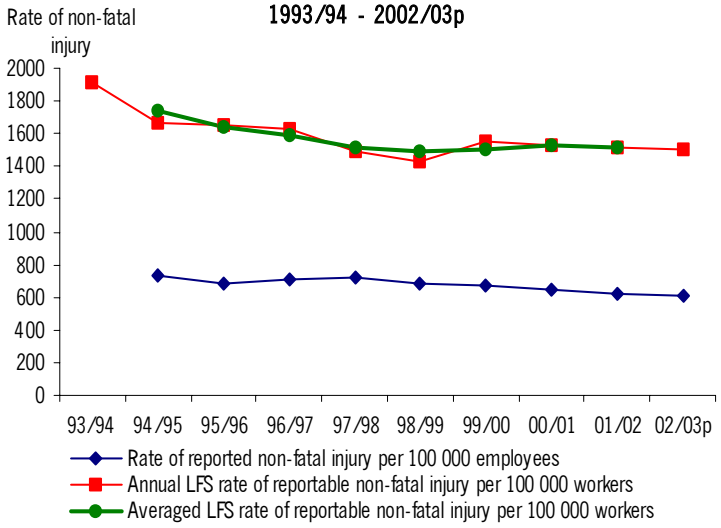
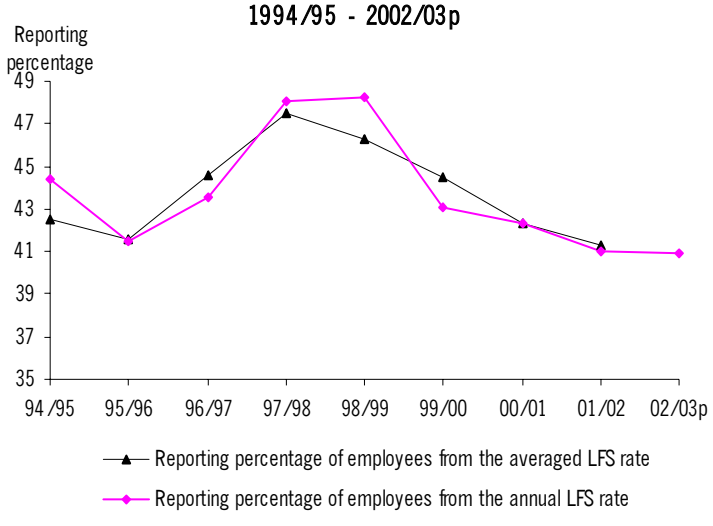


Figure 9: Reporting percentage of reportable non-fatal injuries to employees from the annual and averaged LFS 1994/95 - 2002/03p



- Rates of reportable injury from the Labour Force Survey (LFS) are presented mostly as three-year averages, smoothing sampling error fluctuations in the annual series, particularly for specific industries (further details on the LFS can be found in the technical note on page 35). The averaged LFS rate is available for 1994/95 to 2001/02 and the annual series for 1993/94 to 2002/03.
- The averaged LFS rates for reportable injury are higher than rates of reported non-fatal injury, confirming suspected under-reporting of non-fatal injuries. The averaged LFS rate for 2001/02 is estimated to be 1510 while the rate of reported non-fatal injury is 624. The estimated level of reporting of employee injuries based on the averaged LFS rate is 41.3% in 2001/02.
- Rates of reported non-fatal injury for the self-employed are substantially lower. The rate of reported non-fatal injury in 2001/02 is 55.3. This marks an improvement in reporting levels in 2001/02 to 3.7% from 2.7% in 2000/01.
- The LFS and RIDDOR sources jointly provide a picture on trends in non-fatal injury rates. The averaged LFS rate fell by 14% between 1994/95 and 1998/99 and has fluctuated since. As promised last year, this section gives a fuller assessment of reporting levels for 2001/02 and 2002/03.
- The rate of reported non-fatal injury to employees fell by 7% between 1994/95 and 1998/99 and also fell in 2000/01, 2001/02 and 2002/03. This recent downward trend in rates of reported non-fatal injury coupled with a levelling-off of averaged LFS rates suggests that reporting levels have fallen from 1999/2000 to 2001/02. This stems mainly from a reduction in reported over-3-day injury.
- Estimation of reporting levels is based on the averaged LFS as outlined in the statistical note. A full judgement on reporting levels for 2002/03 will only be possible when the average rate of LFS reportable injury for 2002/03 is available in summer 2004.
- In the interim, the annual rate of reportable injury from the LFS can give us some information about reporting in 2002/03, though the annual rate varies considerably year on year. In 2002/03 the LFS rate fell by 1.7% to 1490 from 1517 in 2001/02. Coupled with a similar decrease in the rate of reported non-fatal injury to employees (1.6%), this suggests that the estimate of reporting based on the annual LFS is broadly unchanged in 2002/03.
- The global estimate of the reporting level based on the annual LFS rate has fallen from 43.2% in 1999/2000 to 41.0% in 2002/03. Modelling this downward trend gives a figure of 41.5% for the reporting level of employee injuries in 2001/02 and 40.8% in 2002/03.
- The final estimated reporting level for 2002/03 will be derived from the averaged LFS rate for 2002/03 when the annual LFS rate for 2003/04 is available. Since the LFS does not distinguish between major and over-3-day injuries, there is an implicit assumption that employers report both major and over-3-day injuries to the same extent.

Non-fatal injuries – Labour Force Survey and reporting rates

(See supplementary tables 2, 3 and 5)

Figure 10: Percentage change in reported major injury rate between 2000/01 and 2002/03

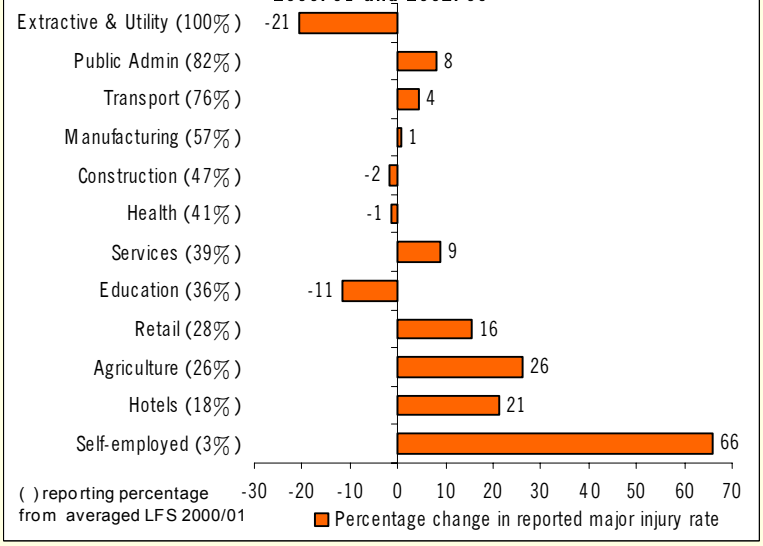


Figure 11: Percentage change in reported over-3-day injury rate between 2000/01 and 2002/03

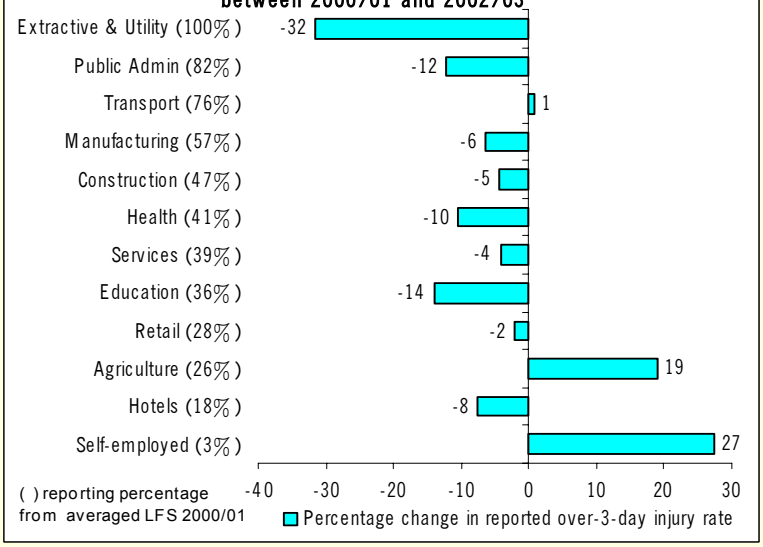
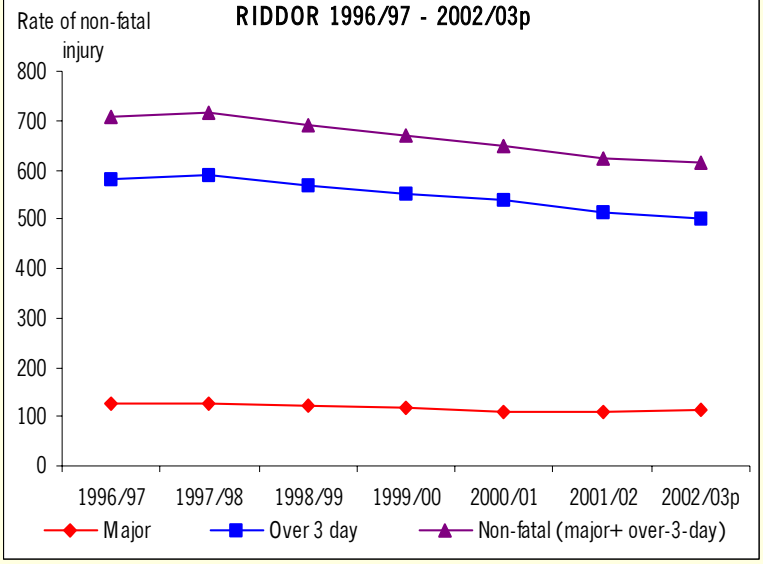


Figure 12: Rate of non-fatal injury to employees as reported under RIDDOR 1996/97 - 2002/03p



- In 2001/02, the most recent year for which LFS three-year averages are available, there were reductions in global reporting levels in some service industries such as education and consumer/leisure, and in the extractive and utility supply industries. Overall, the level of reporting fell by one percentage point from 42.3% to 41.3%, from 2000/01 to 2001/02, with similar decreases seen in manufacturing, construction, health services and hotels and catering. The levels of reporting increased in agriculture and public administration.
- The pattern of reporting of major injuries relative to over-3 day injuries appears to be changing (fig 10 and 12). There is an increase in the rate of reported major injuries in four areas where under-reporting had been particularly severe: agriculture, hotels, retail and the self-employed. Of these, only agriculture and the self-employed showed an increase in the rate of reported over-3-day injuries. For all sectors the change in the rate of reported major injuries from 2000/01 to 2002/03 has been more positive (or less negative) than the change in the over-3-day rate.
- The rate of reported major injuries to employees fell from 1996/97 to 2000/01, but has since increased by 2.5% in the two years to 2002/03 (from 110.2 to 113.0).
- The rate of reported over-3-day injuries to employees rose slightly in 1997/98 but has fallen since, and from 2000/01 to 2002/03 fell by 6.7% (from 536.9 to 501.1).
- The industries where the rate of reported major injury to employees increased and the rate of reported over-3-day injury to employees fell in the two years from 2000/01 to 2002/03 are public administration, manufacturing, retail and hotels, and the services sector as a whole.
- Given that there has been little change in the LFS rate of reportable non-fatal injury, there appears to be a change in the relationship between the reporting of major and over-3-day injuries. From 2000/01 to 2002/03, the rate of over-3-day injuries fell, and the rate of major injuries increased. This can be illustrated by change in the ratio of the rate of major injury to the rate of over-3-day injury.

- By their sheer volume, over-3-day injuries dominate non-fatal injuries (there are more than four over-3-day injuries for each major injury reported) and thus they drive the estimate of reporting levels obtained using the LFS. As the rate of reported major injury to employees has increased in the two years from 2000/01 to 2002/03 and the corresponding rate of reported over-3-day injuries has fallen over the same period, the ratio of the rate of major injuries to over-3-day injuries has increased.
- These opposing trends imply either that major and over-3-day injuries are actually moving in different directions, or that their relative chances of being reported have changed (or some mixture of these two explanations). If the relative chances of major and over-3-day injuries being reported have changed, our usual method of calculating a major injury rate corrected for under-reporting will be incorrect, since this assumes that the reporting level is the same for major and over-3-day injuries.

Figure 13: Ratio of reported major to over-3-day injuries to employees 1996/97 to 2002/03p

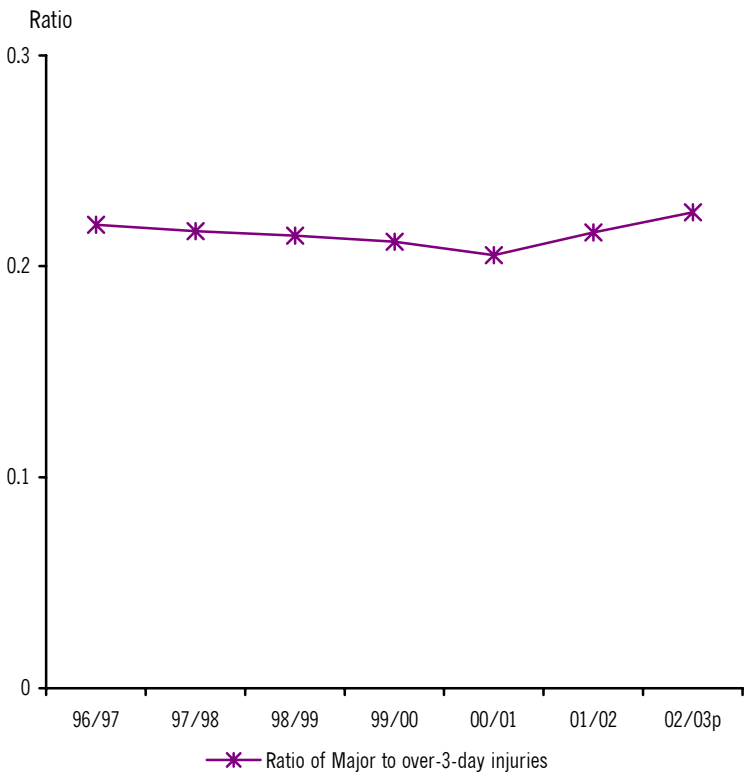
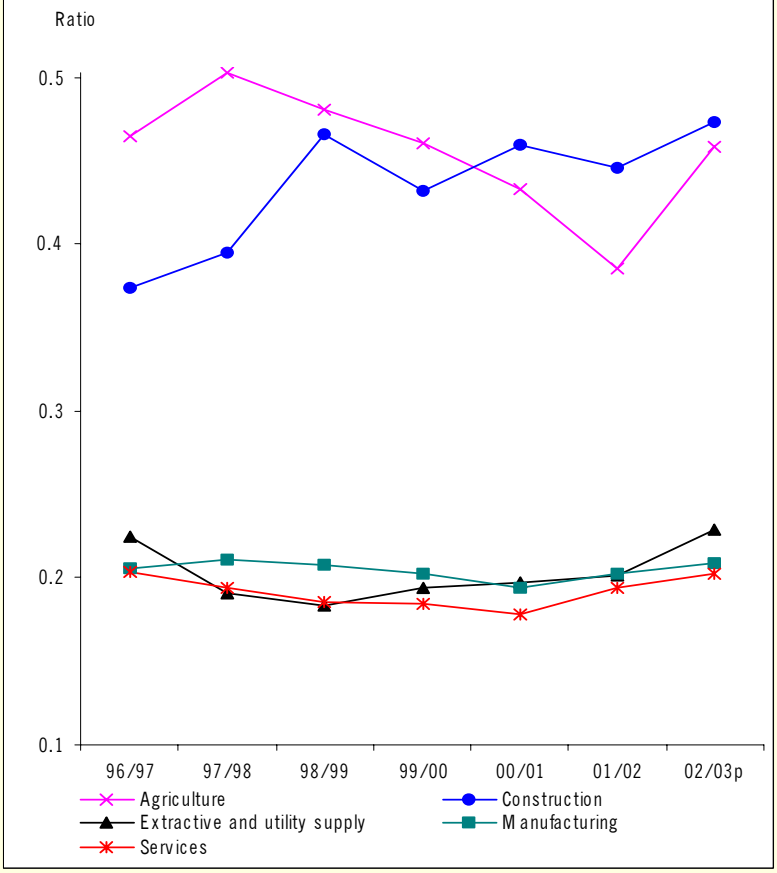
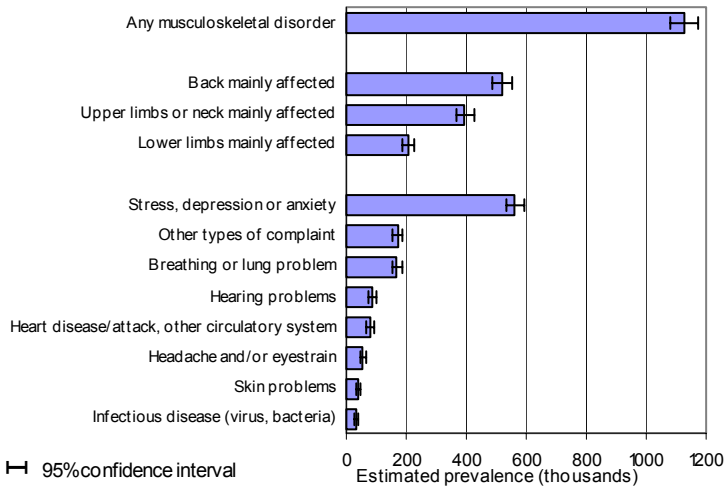


Figure 14: Ratio of reported major to over-3-day injuries to employees by industry sector 1996/97 - 2002/03p



- The ratio of the rate of reported major injuries to reported over-3-day injuries to employees fell slightly from 1996/97 to 2000/01 and then rose in both 2001/02 and 2002/03. This pattern was not seen across all sectors but was mirrored in the two largest: the manufacturing and service industries (figure 14). Across all industries, the ratio rose by 5.2% in 2001/02 and 4.4% in 2002/03 (a rise of 9.9% over the two years).
- In effect, in 2001/02 there were 5.2% more major injuries to employees than expected if the relationship of 2000/01 had remained the same, and 9.9% more in 2002/03. If the relationship had carried forward, then we would have expected 26626 major injuries to employees in 2001/02. The actual number was 28011, 5.2% higher, as indicated by the change in the ratio of the rate of major to over-3-day injuries to employees (see the technical note on page 36 for fuller details, including the 2002/03 calculation).
- In 2001, there was a change to the way in which accidents were notified to HSE and local authorities, with the introduction of the Incident Contact Centre. This allowed employers and others to report cases of injury and ill health in a variety of ways such as over the telephone, by letter and electronically. Since 2000/01 HSE has published its *Revitalising Health and Safety* programmes, focusing on fatal and major injuries across key hazards and industries. Both of these changes could have raised awareness of injury reporting and may have impacted on the reporting of major injuries in particular.
- The true picture is likely to be complex, and there may be a mix of reasons for the changes seen. Research is planned to consider the extent of change in reporting levels of major and over-3-day injuries to employees, including a detailed study of hospital attendance. Also, the Workplace Health and Safety Survey, planned for 2004/05, should provide a benchmark for confirming the reporting levels of major injuries in the future. What is clear, however, is that the decline in the rate of reported over-3-day injury to employees has driven the downward trend in the global reporting estimate. In contrast, the rate of major injury to employees has increased recently, suggesting that the global estimate is no longer suitable for major injuries, since this estimate assumes that major and over-3-day injuries to employees are equally reported. If, as is suspected, this is changing, then a revision of the estimate of any improvement in the reporting of major injuries relative to over-3-day injuries is required. This is important because the reporting estimate is used to up-rate the major injury element of the *Revitalising* indicator (full details of this are in the technical note).
- If the changed relationship is entirely due to relatively better reporting of major injuries since 2000/01, the under-reporting correction applied to the major injury rate to derive the fatal and major *Revitalising* indicator needs to be adjusted. The global reporting estimates are therefore increased by 5.2% and 9.9% respectively. The revised reporting estimates of major injuries are therefore 43.4% in 2001/02 and 44.8% in 2002/03. For the purposes of this report, these figures will be used but their provisional status must be borne in mind.

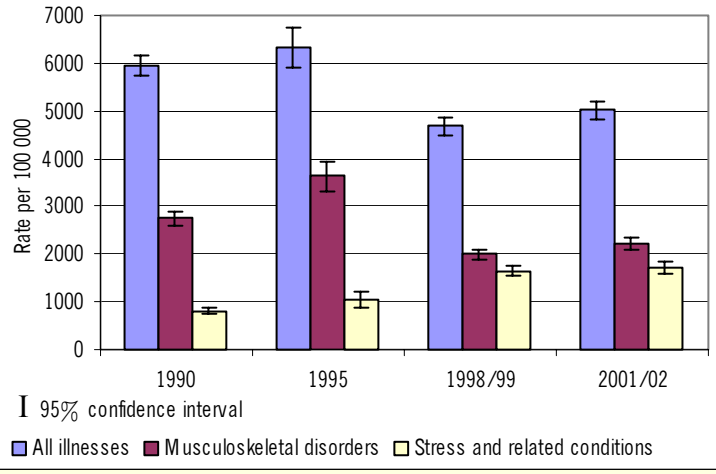
Figure 15: Estimated 2001/02 prevalence of self-reported illness caused or made worse by work, by type of illness, for people ever employed



- A self-reporting household survey carried out in 2001/02 (SWI01/02) estimated that 2.3 million individuals in Great Britain were suffering from an illness which they believed was caused or made worse by their current or past work. This prevalence estimate includes long standing as well as new cases.
- Musculoskeletal disorders (bone, joint or muscle problems) were by far the most commonly reported work-related illness, with an estimated prevalence of 1 126 000 people ever employed affected.
- Stress, depression or anxiety was the second most commonly reported illness, with an estimated prevalence of 563 000 people ever employed affected, followed by breathing and lung problems (168 000) and hearing problems (87 000).

More at: http://www.hse.gov.uk/statistics/pdf/swi3p5.pdf

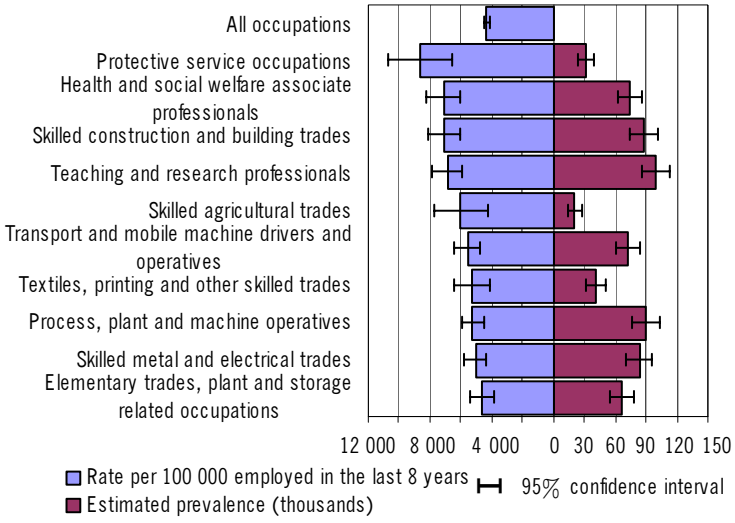
Figure 16: Comparison of estimated 1990, 1995, 1998/99 and 2001/02 prevalence rate of self-reported illness caused or made worse by work, by type of illness, for people working in the last 12 months in England and Wales



- Comparisons between the latest figures and those from HSE's previous three SWI surveys have to be based on a restricted coverage (e.g. limited to people who worked in the last 12 months), and even on this basis are affected by differences in survey design.
- These comparisons suggest that over the past decade the overall rate of self-reported work-related illness prevalence has fallen; the rate in 2001/02 was somewhat higher than in 1998/99, but both were below the levels recorded for 1990 and 1995.
- The estimated prevalence rate of stress and related (mainly heart) conditions has increased over time and is now around double the level it was in 1990.
- Musculoskeletal disorders had a higher prevalence rate in 2001/02 than in 1998/99, but lower than a decade ago.

More at: http://www.hse.gov.uk/statistics/pdf/swihigh.pdf

Figure 17: Estimated 2001/02 prevalence and rate of self-reported illness caused or made worse by current or most recent job, by occupational sub-major group, for people working in the last 8 years: 'Top 10'



- The SWI survey results can be analysed by the affected person's occupation – in their current or most recent job in the last 8 years – for sub-major groups of the Standard Occupational Classification 2000, where sample numbers were large enough to provide reliable estimates.
- Occupation groups with the highest estimated prevalence rates of self-reported work-related illness; at between 1½ and 2 times the overall average, included protective service occupations (e.g. police officers), health and social welfare associate professionals (e.g. nurses), skilled construction and building trades, and teaching and research professionals.
- Other groups with rates which were statistically significantly above the average were transport and mobile machine drivers and operatives, process/plant/machine operatives, and skilled metal and electrical trades.

More at: http://www.hse.gov.uk/statistics/pdf/swihigh7.pdf

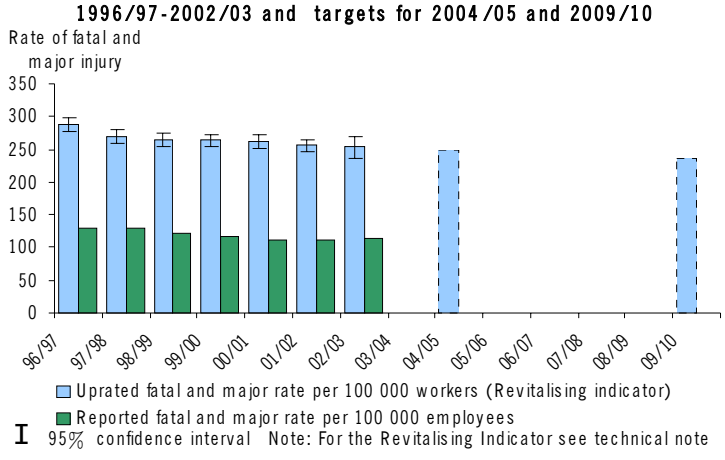
Revitalising Health and Safety targets – injuries

- The *Revitalising* indicator is the sum of two parts: the worker rate of fatal injury and the employee rate of major injury up-rated by the estimated reporting level of employee injuries (details of this are in the safety technical note). The target is to reduce the indicator by 10% in the ten-year period 1999/2000 to 2009/10 and by 5% by 2004/05. Progress against the target will be assessed from trends estimated in statistical models for the indicator series in the ten-year period (for full details see the statistical note at www.hse.gov.uk/statistics/statnote.pdf).
- The target for the incidence rate of fatal and major injury presents challenges for measurement since there are two principal sources of data; the number of injuries reported under RIDDOR and estimates on the levels of workplace injury taken from the LFS. For this reason, whilst the trend in the indicator is shown, supporting descriptive comment on progress to date is also provided.

	Incidence rate of fatal and major injury	
	Trends from various data sources	
Fatal injuries	→	The rate of **fatal** injury to workers is at the same level in 2002/03 as it was in the base year, 1999/2000. The rate rose in 2000/01 and then fell in the following two years (figure 1, page 4).
Labour Force Survey	→	Levels of **reportable non-fatal injury** to workers as measured by the averaged LFS rate have shown little change from 1999/2000 to 2001/02. The single year figure for 2002/03 is slightly below that for the previous year (figure 8, page 6).
Reported major injuries	→	The rate of **reported major injury** to employees shows no clear trend over the three-year period 1999/2000 to 2002/03. The rate in 2002/03 is 3.1% lower than in the base year. The rate fell in 2000/01, levelled off in 2001/02 and then rose slightly in 2002/03 (figure 4, page 5).
Reported over-3-day injuries	↘	The rate of **reported over-3-day injury** to employees has fallen steadily over the three-year period from 1999/2000 to 2002/03. The rate in 2002/03 is 9% lower than the rate in 1999/2000 (figure 5, page 5).
Reporting levels		From 2001/02 onwards, a modified estimate of major injury reporting is used. This allows for changes in the ratio of the rate of reported major injury to the rate of reported over-3-day injury and the decline in the reporting of over-3-day injuries (for further details, see pages 6-8 and the safety technical note). On this basis, the **level of reporting of major injuries** is estimated to be at a similar level in 2002/03 to that in the base year, 1999/2000. The estimated reporting level fell in the two years to 2001/02 and then rose in 2002/03.
		The **level of reporting of over-3-day injuries** is estimated to have fallen steadily from 1999/2000 to 2002/03 and is 8% lower in 2002/03 than in the base year.
Judgement of progress	→	• The rate of fatal injury is at the same level in 2002/03 as it was in 1999/2000. • The rate of reported major injury shows no uniform trend, but is 3% lower in 2002/03 than in 1999/2000. • Based on the modified estimation of major injury reporting, the level of reporting of major injuries, although appearing to have increased in 2002/03, is at a similar level in 2002/03 as in 1999/2000. The indicator depends heavily on estimates of the level of major injury reporting. If reporting levels of major injuries have been maintained, then the drop in the rate of reported major injury reflects a genuine reduction in the rate of all major injury. If the change in the pattern of reported major injuries reflects a genuine change in their occurrence, this implies a rise in the rate of all major injury. There is insufficient evidence to choose confidently between these alternatives. The true position is likely to be somewhere in-between: leading to the conclusion that there is no clear evidence of change, which is also in line with the flat trend in the LFS.

Key		
	↗	The balance of evidence suggests a rise since 1999/2000.
	→	There is no clear evidence of a change since 1999/2000.
	↘	The balance of evidence suggests a fall since 1999/2000.

Figure 18: Rate of fatal and major injury indicator 1996/97-2002/03 and targets for 2004/05 and 2009/10



- Figure 18 shows the trend in the *Revitalising* indicator using the modified estimate of major injury reporting.
- The *Revitalising* indicator decreased by 8.3% from 286.9 in 1996/97 to 263.2 in 1999/2000, the base year.
- Since the base year, the *Revitalising* indicator has fallen by 3.8% in three years, from 263.2 to 253.1, with a 95% confidence interval of 236.1 to 270.2. This confidence interval is wider than those in previous years as the estimate of reporting is derived from the single year LFS rather than the averaged LFS (for methods see pages 6-8 and the safety technical note).
- The indicator depends heavily on estimates of the level of major injury reporting. The value for 2002/03 will be updated with a finalised estimate of reporting next year when the results of the 2003/04 LFS are available.

Revitalising Health and Safety targets – ill health

- The *Revitalising target* for work-related ill health is to reduce the incidence rate (new cases) by 20% in the ten years to 2009/10 and by 10% by 2004/05. There is no single indicator that can be used to measure progress against this target: rather, information from different sources will need to be combined to give an overall judgement.
- This involves bringing together the latest figures from the various data sources on ill health incidence available to HSE, for example reports from specialist doctors and disablement benefit cases; and also taking account of supporting information on other factors, in particular an initial analysis of the scores given by HSE's inspectors on a number of 'risk control indicators' at the premises they visit.
- The results of integrating this information are presented in the following two boxes. The data are in Table 21 on page 34, with more explanation in the Technical Note on page 38. **It must be emphasised that the judgement of progress necessarily involves some subjectivity: it is presented here on a provisional basis. Comments are invited (to the contact on page 1) both on the judgement itself and on the method and presentation.**

Assessment for different types of work-related ill health

	Ill health incidence Trends from various data sources		Supporting information Initial analysis of scores on Risk Control Indicators (RCIs)	
Musculoskeletal disorders (MSDs)	→	Numbers of new cases of MSDs seen by specialist doctors have been fairly stable in recent years. The available data from self-reporting surveys, which have more complete coverage but give less frequent and up-to-date estimates, also show no fall in the numbers.	✓	Improvement in all three MSD indicators, especially 'management commitment/worker involvement' and 'instruction/training.'
Stress, depression or anxiety	↗	Both survey and specialist doctor data suggest that work-related stress has been increasing in the recent past. It is too early to say whether the small fall in specialist doctor cases this year represents a change in trend.	~	The two RCIs for stress are based on a limited dataset but 'awareness/hazard identification' shows some improvement.
Asthma and other short-latency respiratory disease	↘	Estimated cases of asthma, the main short-latency occupational lung disease, seen by specialist doctors in each of the last three years have been lower than in 1999 (and most of the 1990s), indicating a possible decrease in incidence.	~	No clear picture for asthma - some deterioration in 'control strategy' but improvement in 'health surveillance'.
Dermatitis & other skin disease	→	Specialist doctor data for dermatitis, the main occupational skin disease, have fluctuated from year to year; they have shown falls recently but the time series is too short to say whether these represent a change in trend.	NA	RCI data do not cover this topic.
Infections	→	Different sources give very different pictures of the incidence of work-related infectious disease and none shows a clear trend: the specialist doctor scheme has a short time series and annual numbers can fluctuate greatly.	NA	RCI data do not cover this topic.
Mesothelioma and other long-latency respiratory disease	↗	The numbers of deaths from mesothelioma and cases of asbestosis continue to rise, reflecting exposure to asbestos in the past (cases in younger workers are now falling). Trends in the incidence of other long-latency lung diseases are less clear.	NA	RCI data do not cover this topic.
Vibration-related disorders	→	Disablement benefit cases for Vibration White Finger and similar disorders has shown no clear trend recently. However the figures may be distorted by an increasing propensity to claim compensation among former coalminers.	~	The three indicators for Hand Arm Vibration Syndrome have shown relatively small and inconsistent movements.
Hearing loss	→	Since the 1980s there has been a long-term decline in cases of disablement benefit (the most established source) for noise-induced deafness, but in the last four years the numbers have shown little change.	✗	Some deterioration in most noise indicators, especially 'control of noise at source'.

Overall Assessment

Aggregation of ill health incidence data	The evidence on the different types of ill health, from different data sources, can be aggregated in different ways, depending on the weights given to each of them. However, the overall judgement described below is not very sensitive to the weights used. It is also largely unaffected by whether or not long-latency diseases are included (these are measured separately since actions taken during the ten years of the *Revitalising* period will mostly affect incidence at a later date).
Interpretation of supporting information	In terms of a model of the causation of work-related illness, the Risk Control Indicators provide information on precursors to ill health itself, although at present the RCI data relate to a period later than that for which incidence data are available. Any interpretation of changes over time must be done with extreme caution, but initial indications are of some signs of improvement in the area of musculoskeletal disorders.
Judgement of progress ↗	**The balance of evidence suggests that the overall incidence of work-related ill health is likely to have risen since 1999/2000, the base year of *Revitalising*. This is essentially because the latest information suggests work-related stress is rising, while musculoskeletal disorders – the other major cause of ill health – shows no change (though there is some evidence of improved risk control). A reduction in asthma, and hints of a reduction in dermatitis, are not enough to offset the stress increase.**

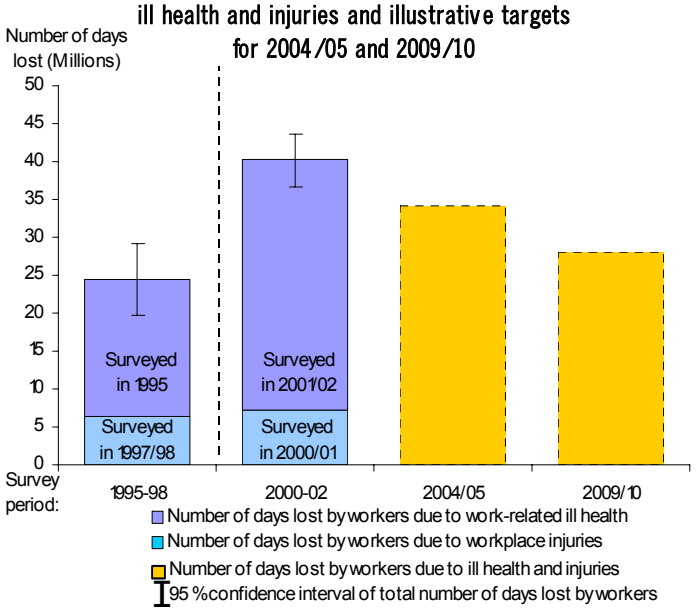
Key				
	↗	The balance of evidence suggests a rise in incidence since 1999/2000.	✗	Indication of deterioration over the year to 2003/04 Quarter 1.
	→	There is no clear evidence of a change in incidence since 1999/2000.	~	No clear indication of change over the year to 2003/04 Quarter 1.
	↘	The balance of evidence suggests a fall in incidence since 1999/2000.	✓	Indication of improvement over the year to 2003/04 Quarter 1.

Revitalising Health and Safety targets – working days lost

- The *Revitalising* target for working days lost is to reduce the rate of days lost per 100 000 workers by 30% by 2009/10 and by 15% by 2004/05. The figures presented here relate to absolute numbers rather than rates.
- The target is made up of two parts: days lost due to workplace injuries and days lost due to work-related ill health. At present, this information is gained from two different sources: the number of days lost due to workplace injuries is obtained from the LFS and the number of days lost due to work-related ill health is obtained from the SWI. These two surveys are currently undertaken in different years, although plans are that future surveys will be synchronised. The most recent data available come from the LFS in 2000/01 and the SWI in 2001/02. For the purposes of this target, the base year combines these two surveys and is classed as 2000/02.

	The number of working days lost per 100 000 workers from work-related injury and ill health	
	Trends from various data sources	
Judgement of progress		The combined estimate of the number of days lost for the base year, 2000/02 is 40.2 million days lost. The next estimate of days lost will be for 2003/04 and will be available in a progress report next year with the results of the 2003/04 LFS.

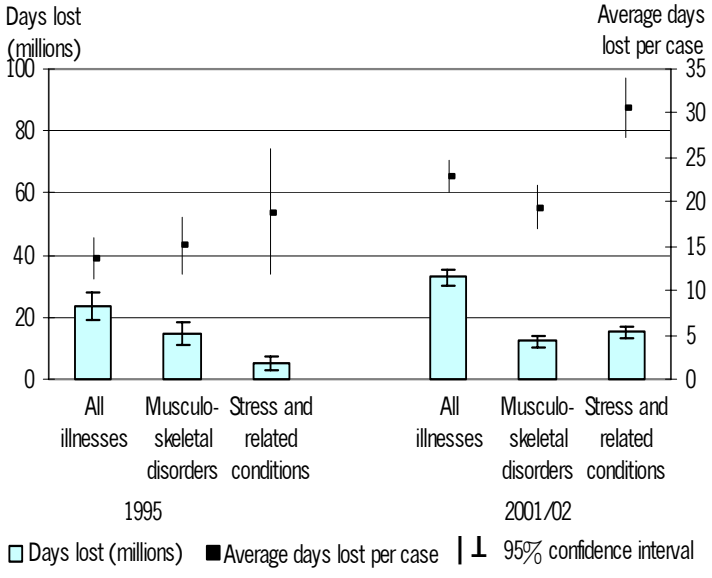
Figure 19: Estimated numbers of working days lost due to work-related ill health and injuries and illustrative targets for 2004/05 and 2009/10



Note: Estimates for 1995-98 and 2000-02 are not comparable.

- In the period before 2000/02, the combined estimate of the number of days lost due to workplace injury and ill health rose from 24.5 million in 1995/98 to 40.2 million in 2000/02. Based on this, illustrative targets would be 34 million in 2004/05 and 28 million in 2009/10.
- In 2000/01, an estimated 7.3 million days were lost through workplace injury, 11% higher than in 1997/98 (6.5 million). The increase is largely accounted for by a small increase in the number of long absences (6-12 months) and is not statistically significant.
- The SWI01/02 estimate of 32.9 million working days lost from work-related illness is much higher than previously estimated from SWI95. However some of this is due to technical differences between the two surveys.

Figure 20: Roughly comparable 1995 and 2001/02 estimated days (full day equivalent) off work and associated average days lost per case of self-reported work-related illness in Great Britain, by type of illness.



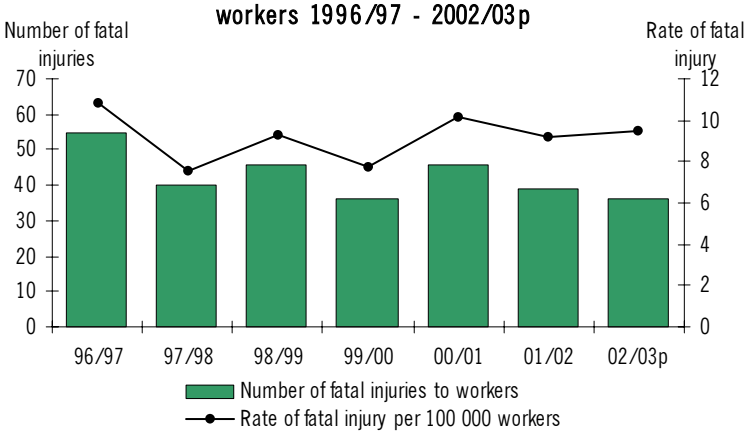
- An estimated 32.9 million working days (full-day equivalent) were lost in 2001/02 through illness caused or made worse by work. On average, each person suffering took an estimated 22.9 days off in that 12-month period. This equates to an average of 1.4 days per worker.
- In 2001/02, stress, depression or anxiety and musculoskeletal disorders accounted for the majority of days lost: an estimated 13.4 million and 12.3 million days off work respectively.
- The estimated annual working days lost from SWI01/02 was higher than estimated by SWI95, as was the average number of days taken off. However, these are only roughly comparable estimates and should be treated with caution.

More at http://www.hse.gov.uk/statistics/pdf/swi01/01.pdf

Revitalising Health and Safety priority sectors – agriculture

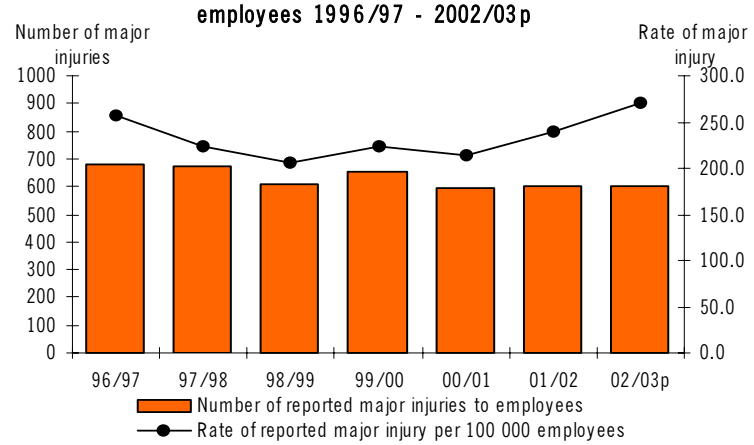
(See supplementary table 7)

Figure 21: Number and rate of fatal injury to workers 1996/97 - 2002/03p



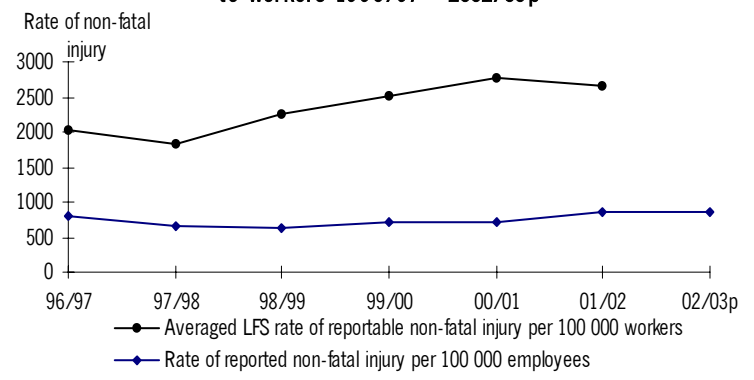
- The number of fatal injuries to workers has fluctuated in the past ten years with no overall trend. The number dropped by 8% in 2002/03 to 36 from 39 in 2001/02.
- The number of fatal injuries to employees fell in 2002/03 to 16 from 20 in 2001/02.The number of fatal injuries to the self-employed increased in 2002/03 to 20 from 19 in 2001/02.
- The rate of fatal injury to workers in agriculture increased in 2002/03 to 9.5 from 9.2 in 2001/02. The rate has fluctuated over the last seven years with no overall trend.
- 39% of fatal injuries to workers in agriculture were due to being struck by a moving or falling object.
- The most common agents for fatality in agriculture were vehicles, plant and earth moving equipment which were implicated in 13 of the 36 fatalities.

Figure 22: Number and rate of major injury to employees 1996/97 - 2002/03p



- The number of major injuries to employees remained unchanged at 601 in 2002/03 from 2001/02 and is the joint second lowest figure reported in the seven-year period 1996/97 to 2002/03.
- The rate of major injury to employees increased by 5% in 2002/03 to 269.7 from 238.5 in 2001/02. This is the highest reported rate in the period 1996/97 to 2002/03 and reflects a decrease in employment in this sector rather than an increase in numbers of injuries.
- In 2002/03, 22% (132 of 601) of the major injuries to employees resulted from slips or trips, 16% (96 of 601) resulted from being struck by a moving or falling object, and 16% (95 of 601) as a result of falling from a height.

Figure 23: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2002/03p



- The averaged LFS rate of reportable injury in agriculture fell by 3% in 2002/03 to 2670 from 2760 in 2001/02. This is the first time this rate has fallen since 1997/98.
- The rate of reported non-fatal injury has remained unchanged in 2002/03 at 857, which is the joint highest for the seven-year period 1996/97 to 2002/03. The reduction in the averaged LFS rate coupled with the increase in reported accidents would suggest that the reporting level has increased in 2002/03.
- The number of reported over-3-day injuries to workers in agriculture fell by 16% to 1333 in 2002/03 from 1597 in 2001/02.

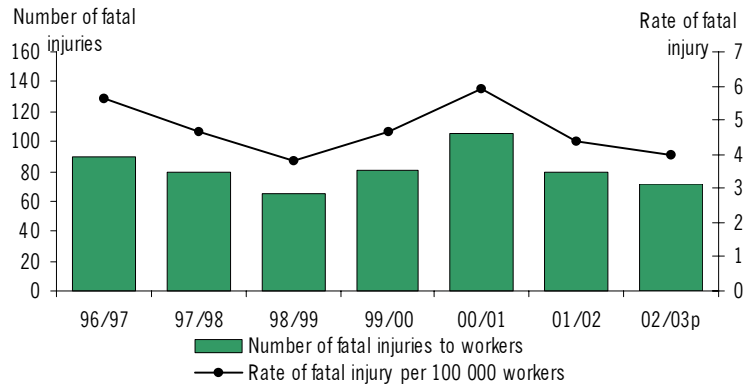
Ill health in the agriculture sector

- The SWI survey in 2001/02 estimated that 30 000 people whose current or most recent job in the last 8 years was in the agriculture, hunting, forestry and fishing industries suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rate, 6500 per 100 000 people working in the last 8 years, was statistically significantly higher than the average for all industries (see Figure 60 on page 26).
- The estimated incidence rate, between 1200 and 3300 new cases per 100 000 people working in the last 12 months, was around the same as the average for all industries. (Sample numbers in this sector were not large enough to give reliable estimates for days lost.)
- SWI01/02 also showed this sector as having among the highest prevalence rates for musculoskeletal disorders. Looking at the incidence of new cases reported by specialist doctors to the THOR scheme over the years 2000-2002, agriculture had a relatively high rate for asthma.

Revitalising Health and Safety priority sectors – construction

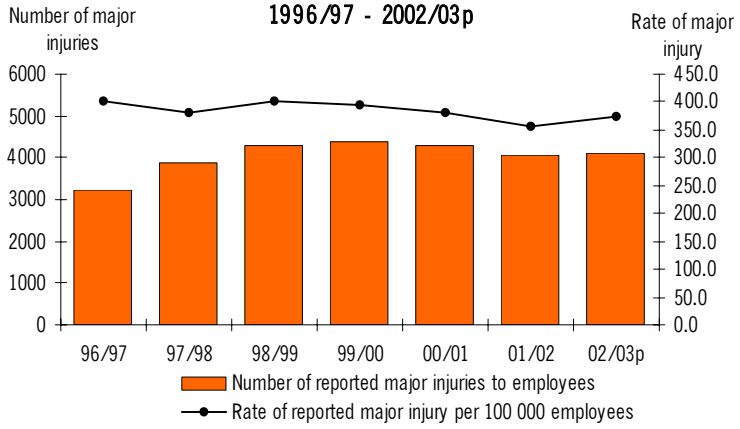
(See supplementary table 10)

Figure 24: Number and rate of fatal injury to workers 1996/97 - 2002/03p



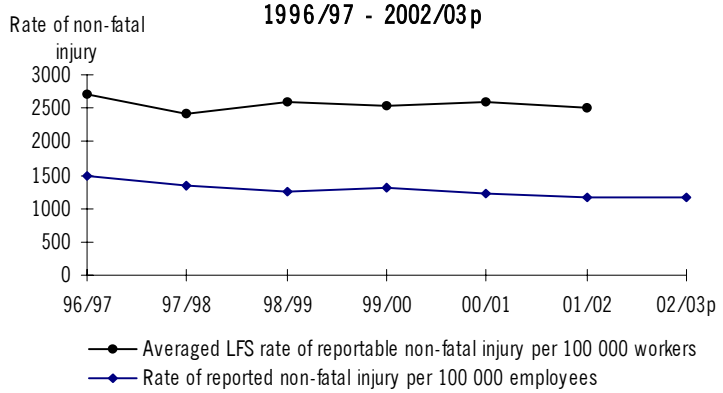
- The number of fatal injuries to workers dropped to 71 in 2002/03 from 80 in 2001/02. The construction industry accounted for 31% of all worker fatalities in 2002/03.
- The number of fatal injuries to employees dropped to 57 in 2002/03 from 60 in 2001/02. The number of fatal injuries to the self-employed also fell in 2002/03 to 14 from 20 in 2001/02.
- The rate of fatal injury to workers fell for the second consecutive year in 2002/03 to 4.0 from 4.4 in 2001/02. The rate in 2002/03 is the second lowest recorded in the seven-year period 1996/97 to 2002/03.
- 46% (33 of 71) of the fatal injuries to workers in this sector were due to falling from a height, 15% (11 of 71) were due to being struck by a moving or falling object.

Figure 25: Number and rate of major injury to employees 1996/97 - 2002/03p



- The number of major injuries to employees rose slightly in 2002/03 to 4098 from 4055 in 2001/02, an increase of 1%.
- The number of major injuries to the self-employed rose by 26% in 2002/03 to 682 from 540 in 2001/02.
- The rate of major injury to employees also rose by 5% in 2002/03 to 374.8 from 356.1 in 2001/02. This is the first increase in four years, however despite this increase the rate is 5% lower than in 1999/2000.
- 31% (1503 of 4780) of major injuries resulted from falls from heights, 25% (1218 of 4780) as a result of slips or trips, and 17% (792 of 4780) were due to being struck by a moving or falling object.

Figure 26: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2002/03p



- The averaged LFS rate of reportable injury to workers in construction has fallen slightly between 2000/01 and 2001/02 but over the five-year period 1997/98 to 2001/02 has fluctuated with no overall trend.
- The rate of reported non-fatal (major and over-3-day) injury to employees increased by 1% to 1167 in 2002/03 from 1155 in 2001/02. This is the first rise in four years.
- The number of reported over-3-day injuries to workers in construction fell by 4% in 2002/03 to 9265 from 9695 in 2001/02.

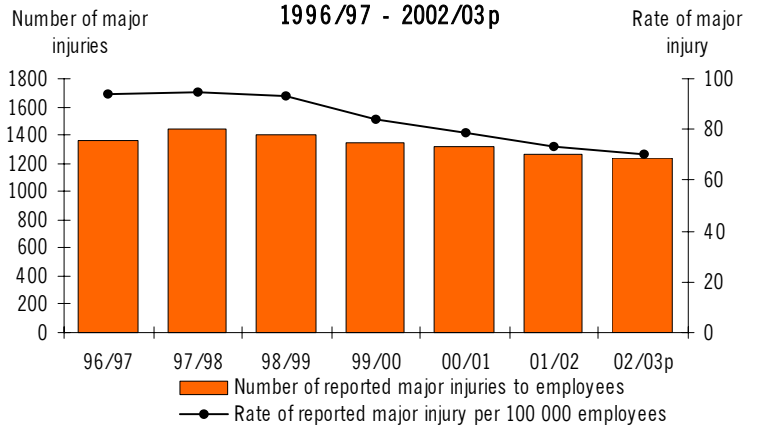
Ill health in the construction sector

- The SWI survey in 2001/02 estimated that 137 000 people whose current or most recent job in the last 8 years was in the construction industry suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rate, 5600 per 100 000 people working in the last 8 years, was statistically significantly higher than the average for all industries (see Figure 60 on page 26).
- The estimated incidence rate, 1800 new cases per 100 000 people working in the last 12 months, was around the same as the average for all industries. An estimated 2.8 million working days were lost in 2001/02 due to an illness caused or made worse by a current or most recent job in construction.
- SWI01/02 also showed construction as having among the highest prevalence rates for musculoskeletal disorders. Looking at the incidence of new cases reported by specialist doctors to the THOR scheme or assessed for compensation under the IIS over the years 2000-2002, construction had by far the highest rates for asbestosis and mesothelioma and relatively high rates for dermatitis and spine/back disorders.

Revitalising Health and Safety priority sectors – health services

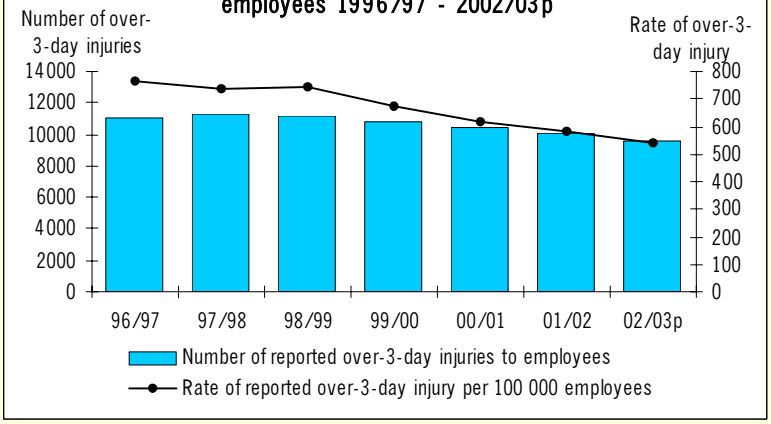
(See supplementary table 11)

Figure 27: Number and rate of major injury to employees 1996/97 - 2002/03p



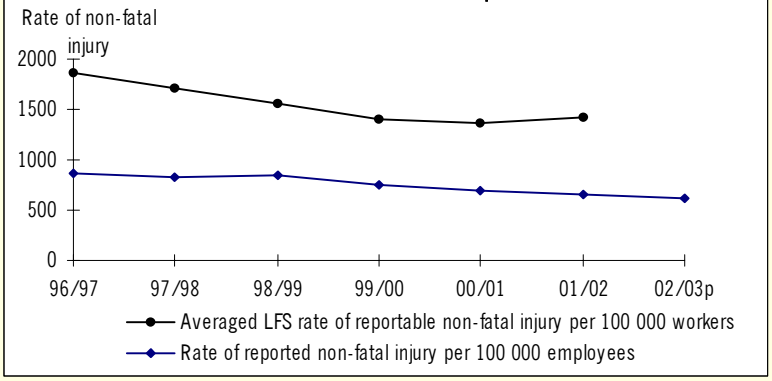
- In the period 1996/97 to 2002/03 there have been three fatal injuries to workers in health services.
- The number of major injuries to employees fell by 2% in 2002/03 to 1238 from 1267 in 2001/02.
- The rate of major injury to employees in health services decreased by 4% in 2002/03 to 70.4 from 73.2. This is the fifth consecutive year in which the rate has dropped and the rate is the lowest recorded in the seven-year period 1996/97 to 2002/03.
- 54% (667 of 1238) of major injuries to employees in health services were as a result of slips or trips, 12% (153 of 1238) resulted from handling accidents and 11% (138 of 1238) of major injuries resulted from physical assault.

Figure 28: Number and rate of over-3-day injury to employees 1996/97 - 2002/03p



- The number of over-3-day injuries to employees in the health services sector fell by 5% in 2002/03 to 9551 from 10077 in 2001/02.
- The rate of over-3-day injury to employees fell by 7% to 543.2 from 582.2 in 2001/02. This is the fourth consecutive year in which the rate and number have dropped and the rate and number are the lowest recorded in the seven-year period 1996/97 to 2002/03.
- 53% (5027 of 9551) of the over-3-day injuries to employees in the health services sector were as a result of handling accidents, 17% (1646 of 9551) were as a result of slips or trips, and 14% (1292 of 9551) were as a result of physical assault.

Figure 29: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2002/03p



- The averaged LFS rate of reportable injury to workers rose by 4% in 2001/02. This is the first rise following a four-year downward trend during the period 1996/97 to 2000/01.
- In 2001/02 the rate of reported non-fatal injury in health services decreased by 6% to 655 from 697 in 2000/01. This is greater in percentage terms than the drop in the averaged LFS, indicating a worsening in reporting levels. This continues the downward trend seen since 1999/2000.
- The reported rate of non-fatal injury decreased by a further 6% in 2002/03 to 614 from 655 in 2001/02. The averaged LFS rate in 2002/03 will be available next year to confirm if this drop represents a further deterioration in reporting.

Ill health in the health services sector

- The SWI survey in 2001/02 estimated that 199 000 people whose current or most recent job in the last 8 years was in health and social work (the SIC 92 Industry Section approximating to health services) suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rate, 5200 per 100 000 people working in the last 8 years, was statistically significantly higher than the average for all industries (see Figure 60 on page 26).
- The estimated incidence rate, 2300 new cases per 100 000 people working in the last 12 months, was statistically significantly higher than the average for all industries. An estimated 4.3 million working days were lost in 2001/02 due to an illness caused or made worse by a current or most recent job in health and social work.
- SWI01/02 also showed health and social work as having prevalence rates of self-reported musculoskeletal disorders and of stress, depression or anxiety that were statistically significantly higher than the average for all industries. Looking at the incidence of new cases reported by specialist doctors to the THOR scheme over the years 2000-2002, health and social work had relatively high rates for mental illness, spine/back disorders, dermatitis and infections.

Revitalising Health and Safety priority hazards – kinds of accident

(See supplementary tables 13, 14 and 15)

Figure 30: Number of fatal injuries to workers by kinds of accident in the RHS programme 1996/97 - 2002/03p

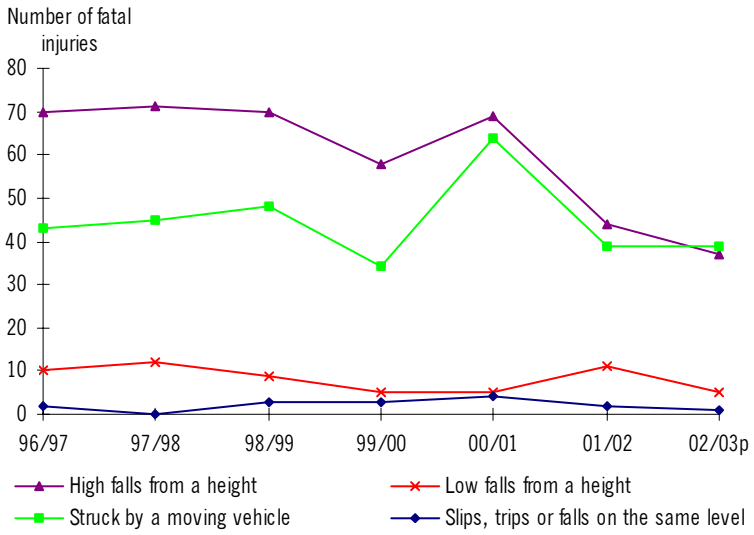


Figure 31: Number of reported major injuries to employees by kinds of accident in the RHS programme 1996/97 - 2002/03p

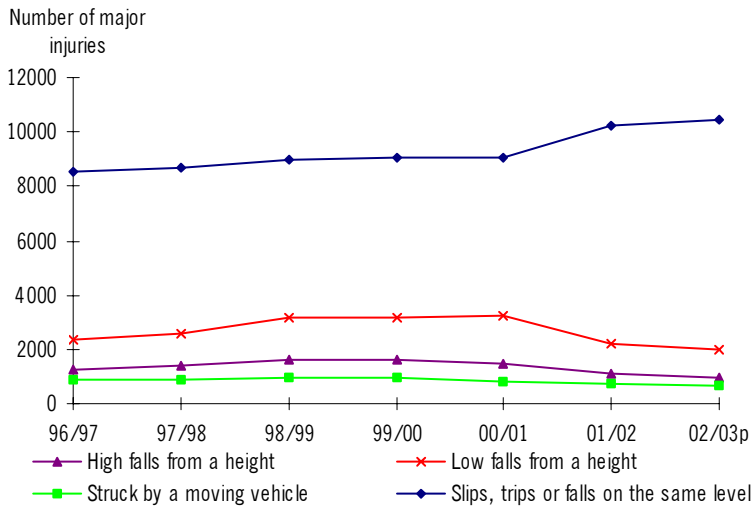
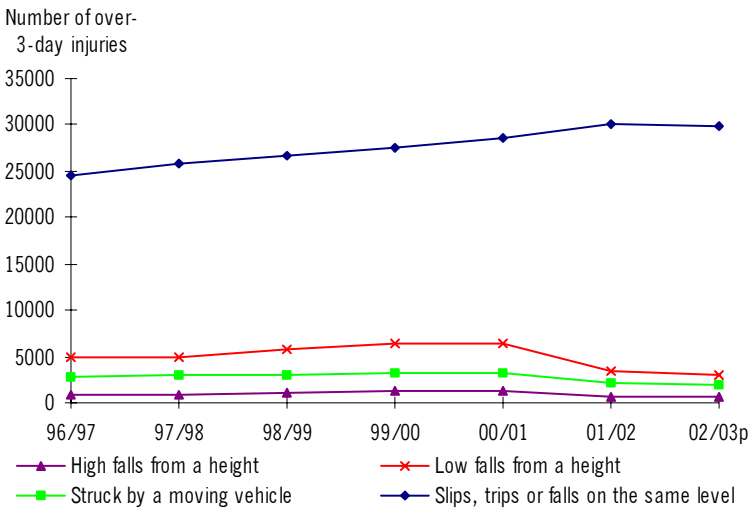


Figure 32: Number of reported over-3-day injuries to employees by kinds of accident in the RHS programme 1996/97 - 2002/03p

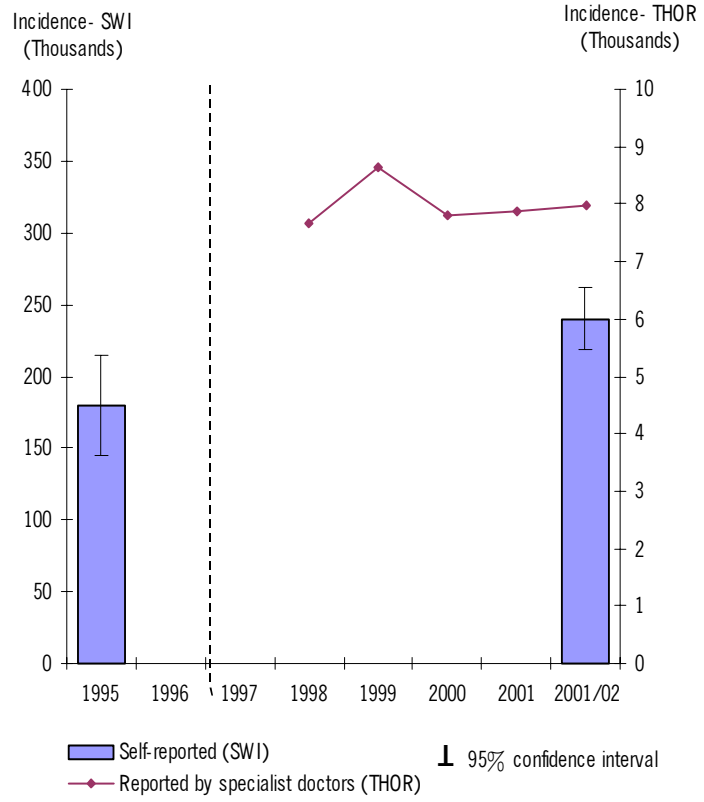


- The *Revitalising Health and Safety* programme focuses on three kinds of accident; falls from heights, slips and trips, and being struck by a moving vehicle. Statistics on other kinds of accident can be found on page 21.
- In 2002/03 the number of fatal injuries to workers due to falling from a high height (over 2 metres) decreased by 16% to 37 from 44 in 2001/02. This is the lowest reported figure for the period 1996/97 to 2002/03 and is 47% lower than in 1996/97.
- The number of fatal injuries due to falls from low heights (under 2 metres) fell 55% in 2002/03 to 5 from 11 in 2001/02.
- The number of fatal injuries due to slips and trips fell by one in 2002/03 from two in 2001/02. The number of fatalities due to slips and trips has fluctuated over the period 1996/97 to 2002/03 with no overall trend.
- The number of fatal injuries resulting from being struck by a moving vehicle remained unchanged in 2002/03 at 39.

- In 2001/02, new guidelines were introduced (see safety technical note for details). As a result some of the changes to the percentage share of accident kinds will be affected due to the change in classification, particularly slips/trips and low falls.
- The number of major injuries to employees resulting from slips or trips rose by 2% in 2002/03 to 10458 from 10268 in 2001/02. However slipping and tripping remained the most common cause of major injury in 2002/03 accounting for 37% of all major injuries.
- The number of major injuries to employees resulting from falls from a high height (over 2 metres) dropped in 2002/03 to 986 from 1079, a 9% decrease.
- The number of major injuries resulting from falls from a low height (under 2 metres) decreased by 7% in 2002/03 to 2015 from 2174 in 2001/02. This is the lowest reported figure for the period 1996/97 to 2002/03.
- The number of major injuries resulting from being struck by a moving vehicle fell by 11% in 2002/03 to 653 from 733 in 2001/02.

- The number of over-3-day injuries resulting from slips or trips fell slightly in 2002/03 to 29848 from 30106 in 2001/02. This is the first decrease since 1996/97. However, the number is still 22% higher than in 1996/97. Slips and trips account for 24% of all over-3-day injuries in 2002/03
- The number of over-3-day injuries resulting from high falls from a height (over 2 metres) decreased by 20% in 2002/03 to 560 from 703 in 2001/02. This is the lowest number reported in the period 1996/97 to 2002/03.
- The number of over-3-day injuries resulting from low falls from a height (under 2 metres) decreased by 14% in 2002/03 to 2929 from 3421 in 2001/02. This is the lowest recorded number for the period 1996/97 to 2002/03.
- Over-3-day injuries due to being struck by a moving vehicle decreased by 8% in 2002/03 to 1957 from 2116 in 2001/02. This is the lowest recorded number in the period 1996/97 to 2002/03.

Figure 33: Estimated incidence of work-related musculoskeletal disorders

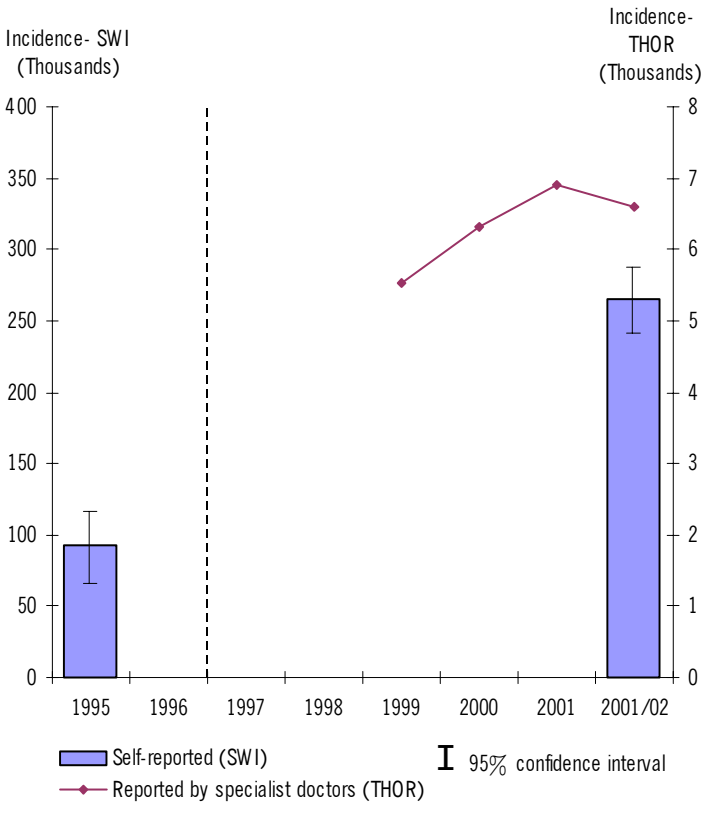


Note: SWI estimates for 1995 and 2001/02 are not comparable.

- In 2001/02, an estimated 1 126 000 people in Great Britain suffered from a musculoskeletal disorder which, in their opinion, was caused or made worse by their current or past work. This prevalence estimate equates to 2.6% of people who have ever worked.
- SWI01/02 estimated that 21% of sufferers, 240 000 people ever employed, first became aware of their work-related musculoskeletal disorder in the previous 12 months. In terms of people employed in the last 12 months, this equates to an estimated incidence rate of 0.76%.
- Estimates presented here from SWI, the most comprehensive source of data, on the incidence of work-related musculoskeletal disorders are not directly comparable between 2001/02 and 1995. However, the number of first visits to THOR specialists appears to have remained fairly stable in recent years; an estimated 8000 cases were seen for the first time in 2002 by rheumatologists and occupational physicians reporting to the THOR surveillance schemes.
- Occupations carrying above average prevalence rates in the SWI01/02 survey included skilled trades (e.g. painters and decorators, carpenters and joiners) and process plant and machine operatives (e.g. heavy goods vehicle drivers). Occupations in construction and other skilled trades along with those involving typing and repetitive tasks (e.g. typists and word processor operators, packers, bottlers, canners and fillers) were amongst those with the highest incidence rates reported by rheumatologists to THOR.

More at: http://www.hse.gov.uk/statistics/causdis/musc.htm

Figure 34: Estimated incidence of work-related stress, depression or anxiety



Note: SWI estimates for 1995 and 2001/02 are not comparable.

- The 2001/02 survey of Self-reported Work-related Illness gave a prevalence estimate of over half a million people in Britain who believed they were experiencing work-related stress at a level that was making them ill.
- The annual incidence of work-related mental health problems in Britain in 2002, as estimated from the THOR surveillance schemes, was just under 7000 new cases per year. However, this almost certainly underestimated the true incidence of these conditions in the British workforce. The most recent survey of work-related illness SWI01/02, indicates that an estimated 265 000 people who had ever worked first became aware of work-related stress, depression or anxiety in the previous 12 months.
- Survey and surveillance data suggest that work-related stress and related disorders had been increasing in the British population in the recent past. The latest year of THOR surveillance data shows a small fall, but it is too early to assess whether this represents any changing trend.
- Occupation and industry groups containing teachers and nurses, along with protective service occupations and some managerial groups have high prevalence rates of work-related stress in the SWI and SHAW surveys. The THOR datasets also report high incident rates of work-related mental illness for these occupational groups, along with other public sector workers such as police officers, social workers, probation officers, UK armed forces personnel and medical practitioners.
- More at: http://www.hse.gov.uk/statistics/causdis/stress.htm

Injuries and ill health in extractive and utility supply industries

(See supplementary table 8)

Figure 35: Number and rate of fatal injury to employees 1996/97 - 2002/03p

Figure 36: Number and rate of major injury to employees 1996/97 - 2002/03p

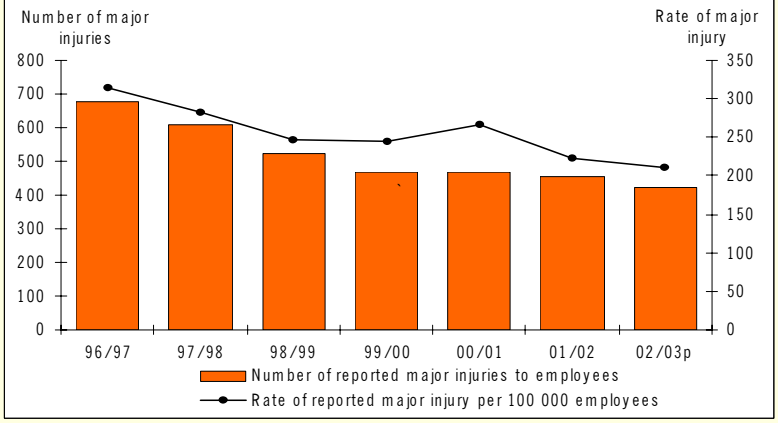
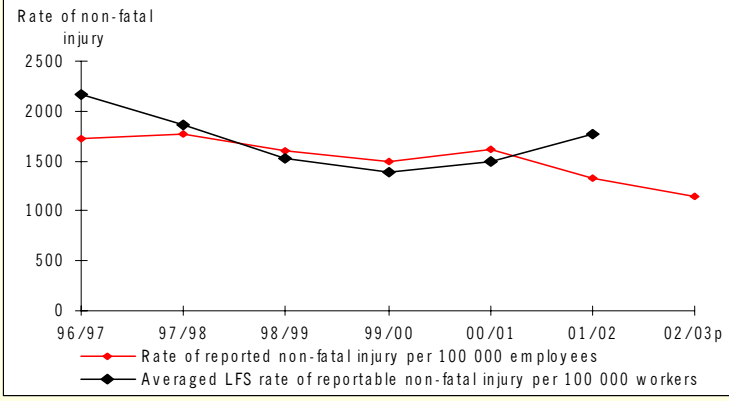


Figure 37: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2002/03p



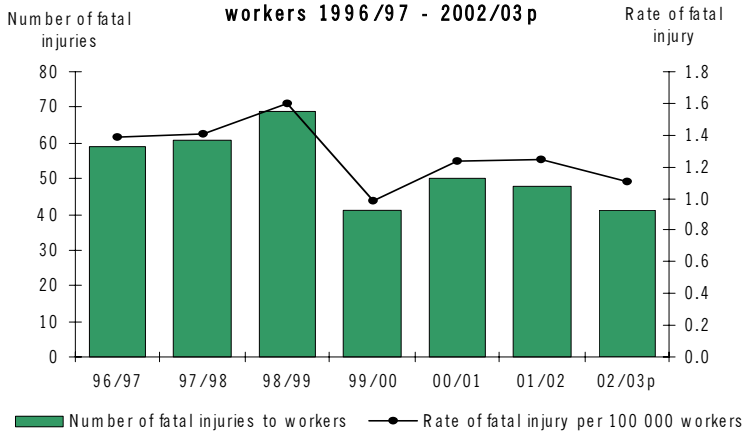
- The extractive industries include: coalmines, open cast mining, quarrying, extraction of oil and gas, and the supply of electricity, gas and water. The statistics cover employees, as there are relatively few self-employed people in these industries.
- The number of fatal injuries in the extractive and utility supply industries fell in 2002/03 to 3 from 14 in 2001/02. All of the fatal injuries in this sector in 2002/03 were to employees.
- The numbers of fatal injuries in this sector have fluctuated since 1996/97 with no overall trend.
- The rate of fatal injury to employees in this sector fell by 78% in 2002/03 to 1.5 from 6.9 in 2001/02. Since 1996/97 this rate has fluctuated with no overall trend.
- The number of major injuries reported in this sector in 2002/03 continued the general downward trend recorded from 1996/97 onwards to a seven-year low of 422 from 455 in 2001/02.
- The rate of major injury in this sector fell by 5% to 211.7 from 222.9 in 2001/02. This is the lowest recorded rate for the period 1996/97 to 2002/03.
- The rate of major injury in the mining of coal, lignite and peat fell by 21% in 2002/03 to 658.1 from 867.5 in 2001/02.
- Slipping or tripping was the most common kind of major accident in this sector accounting for 131 of 422 (31%) injuries, being struck by a moving object accounted for 95 of 422 injuries (23%)
- The rate of reported non-fatal injury in this sector decreased by 14% in 2002/03 to 1138 to 1326 in 2001/02.
- The averaged LFS estimate of reportable non-fatal injury increased by 18% in 2001/02 to 1770 from 1500 in 2000/01.
- Historically it has been the case that there has been near full reporting of non-fatal injury in this sector. However averaged LFS rates for 2001/02 indicates that this sector may now be suffering from under-reporting.
- The averaged LFS estimate for 2002/03 will be available in 2004 and will confirm whether there has been a further departure from this high level of reporting.

Ill health in extractive and utility supply industries

- The SWI survey in 2001/02 estimated that 22 000 people whose current or most recent job in the last 8 years was in the extractive and utility supply industries suffered from an illness which they believed was caused or made worse by this job, a prevalence rate of 5600 per 100 000 people working in the last 8 years (see Figure 60 on page 26).
- SWI01/02 also estimated that between 0.4 and 1.4 million working days were lost in 2001/02 due to an illness caused or made worse by a current or most recent job in extractive and utility supply industries. (Sample numbers in this sector were not large enough to give reliable estimates for incidence.)
- For musculoskeletal disorders, the estimated prevalence rate was between 2100 and 4600 per 100 000 people working in the last 8 years, statistically significantly higher than the average for all industries. Looking at the incidence of new cases reported by specialist doctors to the THOR scheme or assessed for compensation under the IIS over the years 2000-2002, the sector had relatively high rates for upper limb disorders, hearing loss, vibration white finger and dermatitis (although some of these rates should be treated with caution because of the marked contraction of the coal mining industry).

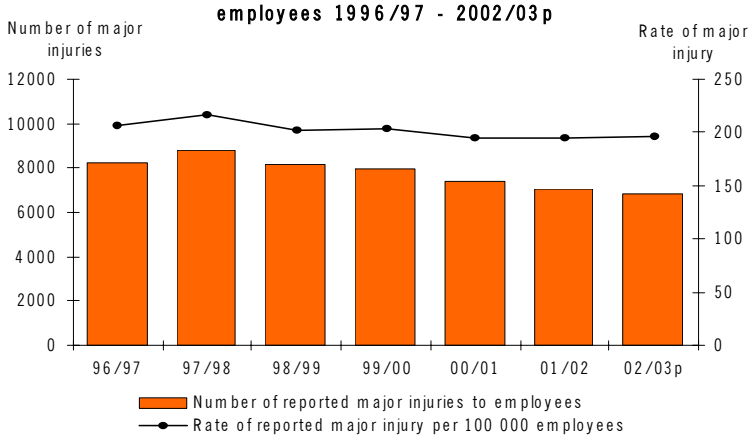
Injuries and ill health in manufacturing industries
(See supplementary table 9)

Figure 38: Number and rate of fatal injury to workers 1996/97 - 2002/03p



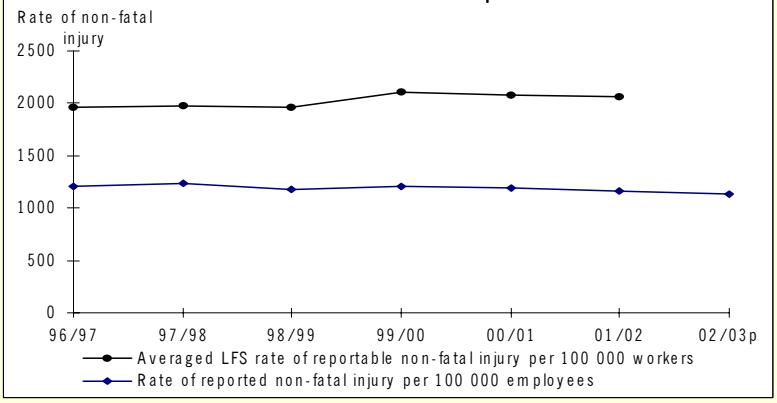
- The number of fatal injuries to workers in manufacturing fell by 15% in 2002/03 to 41 from 48 in 2001/02. This figure is the joint lowest for the eleven-year period 1992 to 2002/03.
- The number of fatal injuries to employees fell to 41 in 2002/03 from 47 in 2001/02. There were no fatal injuries to the self-employed in 2002/03.
- The rate of fatal injury to workers fell slightly in 2002/03 to 1.2 from 1.3 in 2001/02, and is lower than in most of the 1990's.
- Of the 41 fatal injuries in 2002/03 in the manufacturing sector, 11 were in the manufacture of fabricated metal products, 4 were in rubber and plastic manufacturing, 4 were in the manufacture of non-metallic mineral products and 3 were in food and beverages production.

Figure 39: Number and rate of major injury to employees 1996/97 - 2002/03p



- The number of reported major injuries to employees in manufacturing fell by 4% in 2002/03 to 6809 from 7080 in 2001/02. This is the lowest number reported during the seven-year period from 1996/97 to 2002/03.
- The rate of major injury to employees in manufacturing increased slightly in 2002/03 to 195.5 from 194.9 in 2001/02.
- 28% (1923 of 6809) major injuries to employees in manufacturing were as a result of slips or trips, 17% (1141 of 6809) resulted from being struck by a moving or falling object, 15% (1025 of 6809) resulted from handling accidents.

Figure 40: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2002/03p



- In 2001/02 the LFS averaged rate of reportable non-fatal injury to workers in manufacturing fell slightly to 2070 from 2080 in 2000/01 but has remained relatively steady since 1999/2000. The rate of reported injury during this period fell by 3% indicating slight deterioration in the level of reporting in manufacturing.
- The rate of reported injury to employees in manufacturing fell by 2% in 2002/03 to 1130 from 1153 in 2001/02. The averaged LFS figure for 2002/03 will be available for next year's report and this will confirm if there is a further deterioration in the reporting level.

Ill health in manufacturing industries

- The SWI survey in 2001/02 estimated that 251 000 people whose current or most recent job in the last 8 years was in the manufacturing industries suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rate, 4400 per 100 000 people working in the last 8 years, was around the same as the average for all industries (see Figure 60 on page 26).
- The estimated incidence rate, 1600 new cases per 100 000 people working in the last 12 months, was statistically significantly lower than the average for all industries. An estimated 5.1 million working days were lost in 2001/02 due to an illness caused or made worse by a current or most recent job in manufacturing.
- SWI01/02 also showed manufacturing as having a prevalence rate for musculoskeletal disorders that was statistically significantly higher than the average for all industries. Looking at the incidence of new cases reported by specialist doctors to the THOR scheme or assessed for compensation under the IIS over the years 2000-2002, manufacturing industries had relatively high rates for upper limb disorders, asthma, dermatitis and hearing loss.

Injuries and ill health in service industries
(See supplementary table 12)

Figure 41: Number and rate of fatal injury to workers 1996/97- 2002/03p

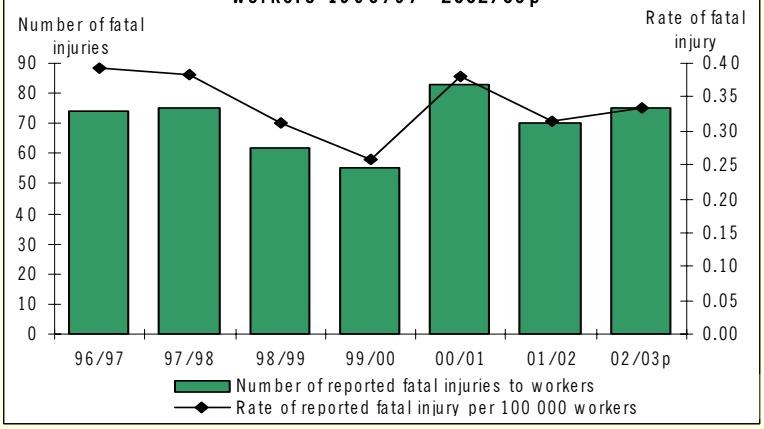


Figure 42: Number and rate of major injury to employees 1996/97 to 2002/03p

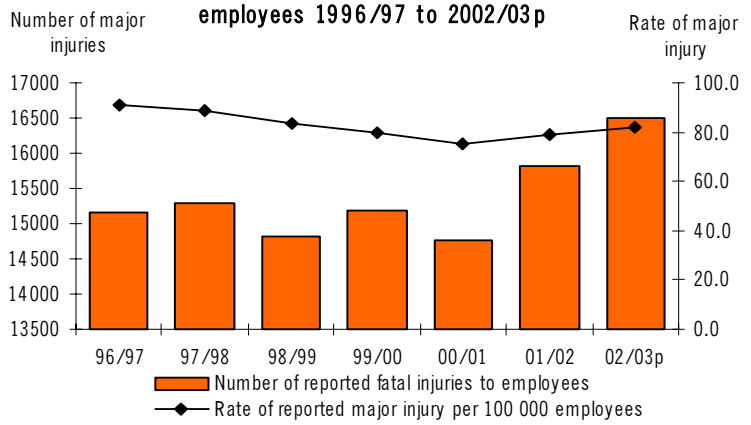
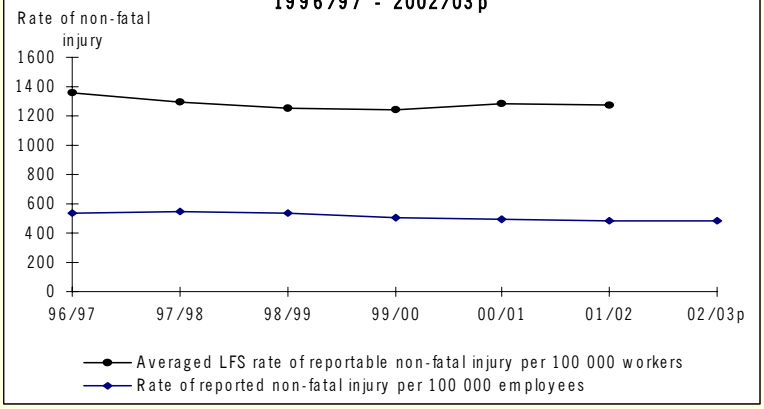


Figure 43: Rate of reported non-fatal injury to employees and the averaged LFS rate of reportable non-fatal injury to workers 1996/97 - 2002/03p



- In 2002/03 there were 75 fatal injuries to workers in the large and varied services sector, compared with 70 in 2001/02 and 83 in 2000/01. The number rose by 7% in 2002/03 having fallen by 16% in 2001/02.
- The rate of fatal injury to workers rose from 0.31 to 0.33 in 2002/03 but remains lower than in most the 1990s.
- The increase in the rate of fatal injury to workers in 2002/03 reflects the increase in the rate of fatal injury to the self-employed which rose to 0.4 from 0.2 in 2001/02. The rate of fatal injury to employees remained unchanged from 2001/02.
- The two industries that displayed the greatest increase in the number of fatal injuries were transport, which increased by 6 to 29 in 2002/03, and wholesale trade, which increased by 5 to 18 in 2002/03.
- The services sector accounted for just over 80% of employees and 58% of major injuries to employees in 2002/03.
- The number of major injuries in services rose by 4% in 2002/03 to 16496 from 15820. This is the highest reported figure since 1996/97.
- The rate of major injury to employees rose by 4% in 2002/03 to 81.9 from 79.0 in 2001/02.
- In 2002/03 there was a rise of 7% in the rate of major injury in the transport and communication sector to 182.8 from 171.1 in 2001/02.
- In 2002/03 there was a 9% increase in the rate of major injury in the public administration and defence sector to 171.6 from 157.7 in 2001/02.

- In 2001/02 the averaged LFS rate of reportable non-fatal injury to workers in the services sector decreased by 1% to 1270 from 1280 in 2000/01.
- The rate of reported injury to employees in this sector fell by 2% in 2001/02 to 487 from 499 on 2000/01 indicating a slight worsening in the reporting level for this sector.
- The rate of reported non-fatal injury in the services sector in 2002/03 decreased slightly to 487.1 from 487.5 in 2001/02.
- The rate of reported non-fatal injury understates the risk in service industries where reporting levels are relatively low. Rates of reported non-fatal injury in three large industries: retail/wholesale, hotel/catering and health/social work range between a fifth and half of the rate of reported injury in manufacturing. The LFS suggests that the risks in these three industries is at least two-thirds that of manufacturing as a whole.

Ill health in service industries

- The service sector accounts for over three quarters of total employment and covers a wide range of industries with very varied experiences of work-related ill health.
- The SWI survey in 2001/02 estimated that 123 000 people whose current or most recent job in the last 8 years was in the public administration and defence sector, 148 000 people in the education sector, and 118 000 in transport, storage and communication, suffered from an illness which they believed was caused or made worse by this job. The corresponding prevalence rates of 5700, 5400 and 5000 per 100 000 respectively, along with the rate for health and social work (see page 15) – were statistically significantly higher than the average for all industries.
- The SWI01/02 prevalence rates for hotels and restaurants (2700 per 100 000, representing 45 000 people), wholesale, retail and motor trade (2900 per 100 000, or 153 000 people) and real estate, renting and business activities (3300 per 100 000, or 128 000 people) were statistically significantly below the average for all industries (see Figure 60 on page 26).

Kinds of accident – fatal, major and over-3-day injuries

(See supplementary tables 13, 14 and 15)

Figure 44: Number of fatal injuries to workers by kinds of accident 1996/97 - 2002/03p

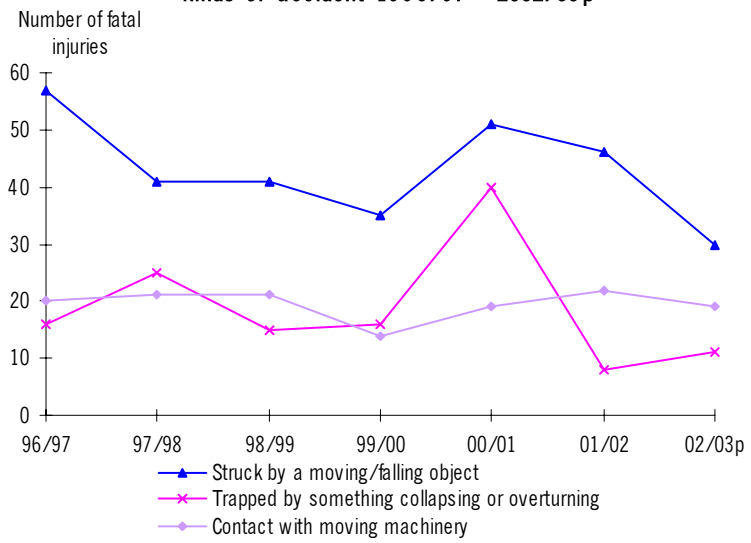


Figure 45: Number of reported major injuries to employees by kinds of accident 1996/97 - 2002/03p

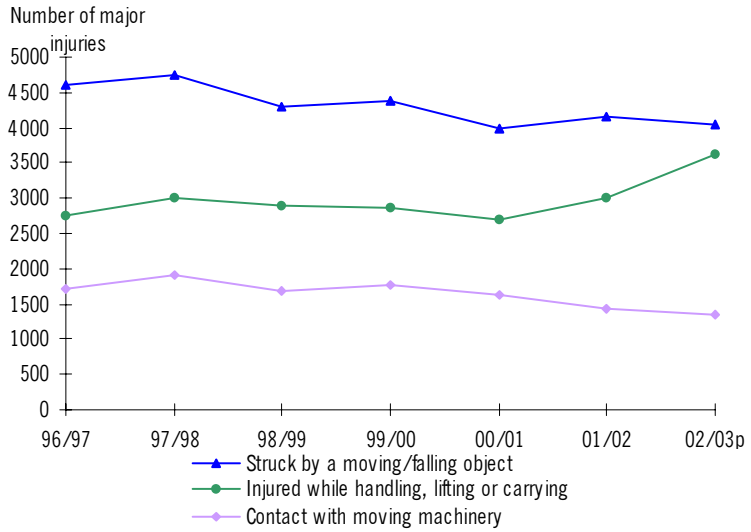
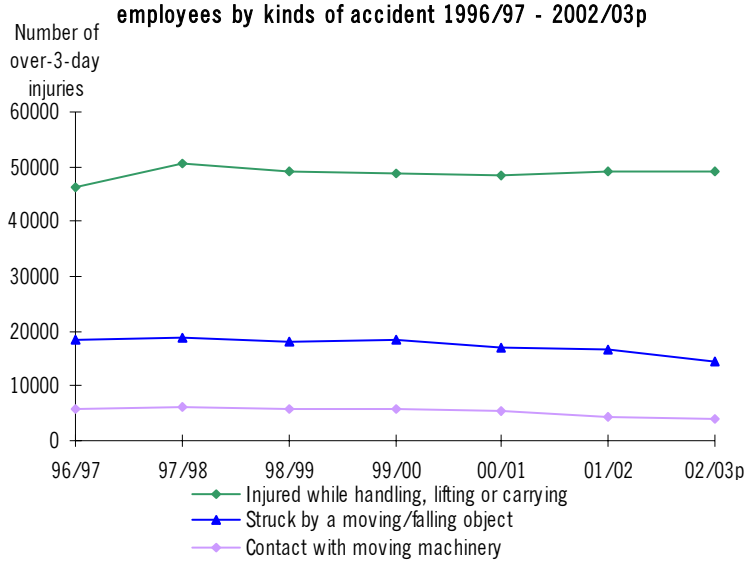


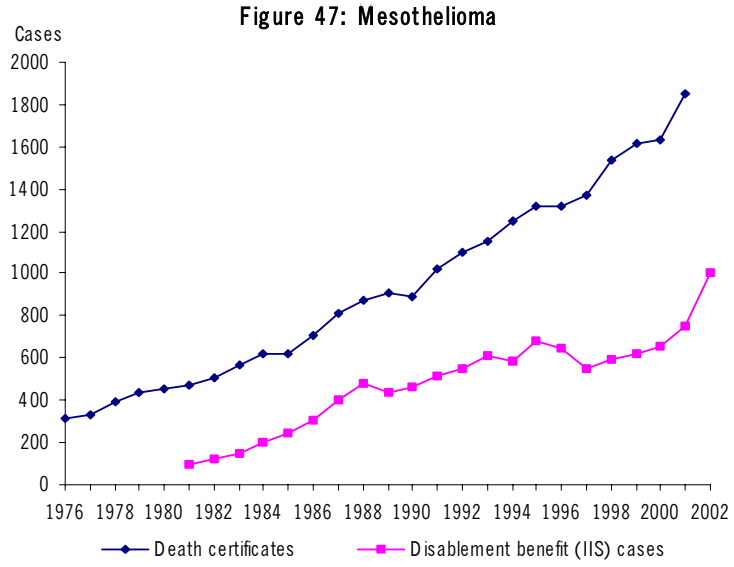
Figure 46: Number of reported over-3-day injuries to employees by kinds of accident 1996/97 - 2002/03p



- Statistics for accidents involving falls from a height, slips and trips, and being struck by a moving vehicle are reported under the *Revitalising* section of this publication on page 16.
- In 2002/03, 30 workers were fatally injured as a result of being struck by a moving or falling object compared with 46 in 2001/02, a decrease of 35%. This is the lowest recorded figure in the period 1996/97 to 2002/03.
- Fatal injuries due to being struck by a moving or falling object accounted for 13% of fatal injuries in 2002/03, contact with moving machinery accounted for 8% and being trapped by something collapsing or overturning accounted for 5%.
- In 2002/03 the number of workers fatally injured due to being trapped by something collapsing or overturning increased by 38% to 11 from 8 in 2001/02.
- The number of workers fatally injured as a result of contact with moving machinery decreased in 2002/03 to 19 from 22 in 2001/02, a decrease of 14%.
- The number of employees suffering major injury as a result of being struck by a moving or falling object decreased by 5% in 2002/03 to 3892 from 4016 in 2001/02, the second lowest recorded figure for the period 1996/97 to 2002/03.
- Major injuries to employees as a result of contact with moving machinery decreased by 5% in 2002/03 to 1351 from 1419 in 2001/02. This is the lowest recorded figure for the period 1996/97 to 2002/03.
- Major injuries arising from accidents involving handling, lifting or carrying increased in 2002/03 to 3551 from 2948 in 2001/02, an increase of 20% and the largest level recorded in the seven-year period 1996/97 to 2002/03.
- The number of major injury resulting from carrying and handling accidents is now 29% higher than in 1996/97.

- The number of over-3-day injuries resulting from being struck by a moving object decreased by 11% in 2002/03 to 14466 from 16288 in 2001/02. This figure is the lowest recorded since 1996/97.
- Over-3-day injuries due to accidents involving handling, carrying or lifting increased slightly in 2002/03 to 49097 from 48963 in 2001/02. The number of this kind of accident has remained steady with a few slight fluctuations since 1997/98.
- In 2002/03 there was a 10% decrease in the number of over-3-day injuries due to contact with moving machinery to 4033 from 4471 in 2001/02. This figure is the lowest recorded since 1996/97 and is 29% lower than the 1996/97 level.

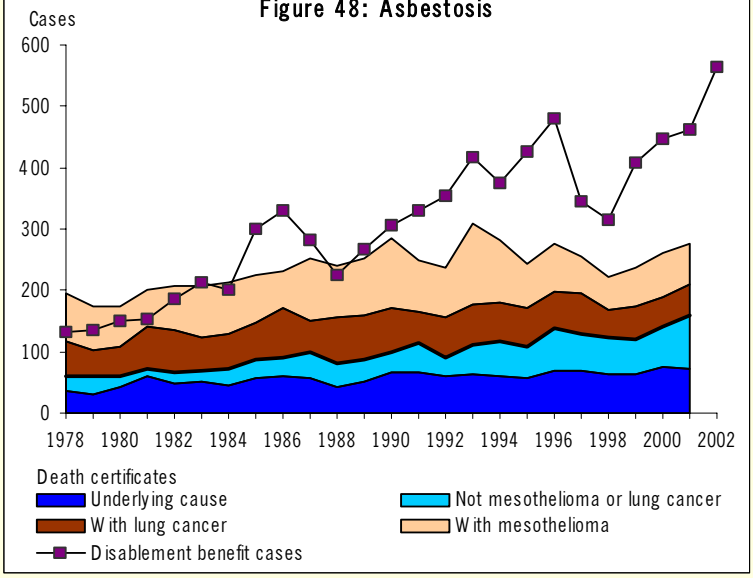
Figure 47: Mesothelioma



- The number of deaths from mesothelioma (an asbestos-related cancer) has increased from 153 in 1968 to 1848 in 2001. Of these deaths in 2001, 1579 were among males.
- Current projections suggest that male deaths from mesothelioma may peak around the year 2011, at about 1700 deaths per year. Modelling which includes the most recent year is now being carried out and the results will be published later in the autumn.
- Deaths occurring now, and most of those expected in the future, reflect past industrial conditions; deaths in males aged under 45 have been falling since the early 1990s.
- The industry groups with the highest incidence rates of Industrial Injuries Scheme assessments for mesothelioma in 2000-2002 were construction (including insulation and asbestos removal) and extraction, energy and water supply.

More at: http://www.hse.gov.uk/statistics/causdis/meso.htm

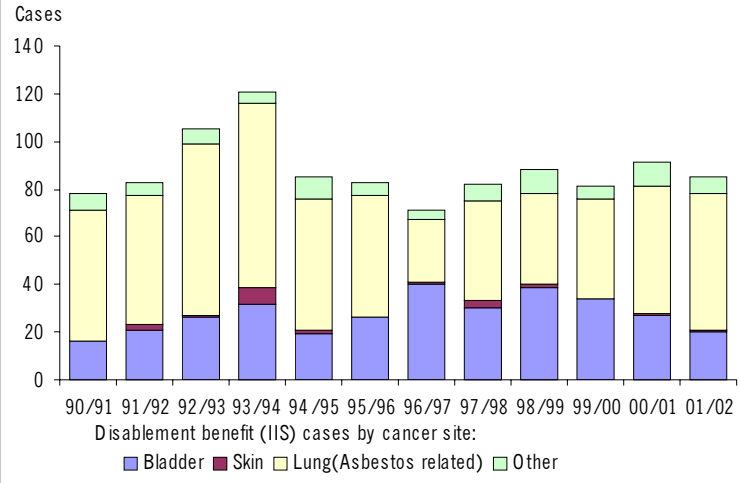
Figure 48: Asbestosis



- IIS disablement benefit cases for asbestosis, a type of lung fibrosis caused by inhalation of asbestos fibres, have risen erratically, but rather strongly since the early 1980s, and have reached a peak of 563 in 2002. This is an increase of over 100 compared to 2001.
- Based on death certificates mentioning asbestosis, the number of deaths due to the disease in 2001 is likely to have been at least 160.
- The industry groups with the highest incidence rates of DWP assessments for asbestosis, based on 2000-2002 figures, were construction (including insulation work and asbestos removal), extraction, energy and water supply, and manufacturing.

More at: http://www.hse.gov.uk/statistics/causdis/asbestos.htm

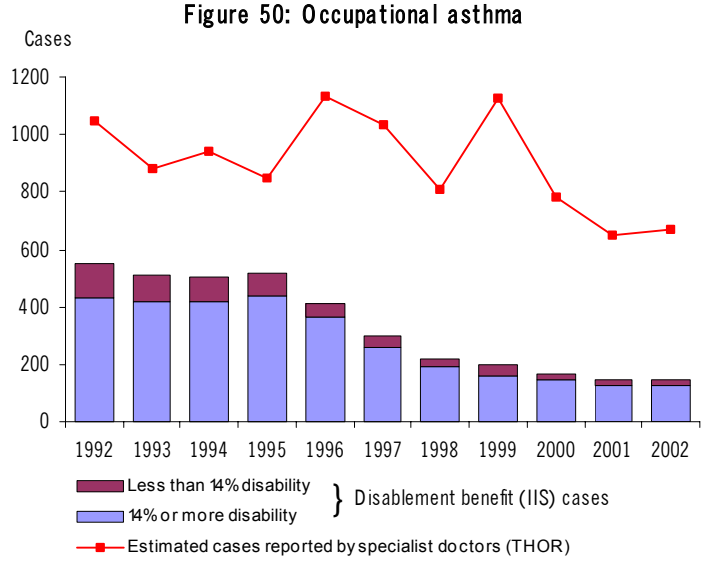
Figure 49: Occupational cancer other than mesothelioma



- The current best estimate of the proportion of cancer deaths in Great Britain due to occupational causes is 4%, with an associated uncertainty range of 2% to 8%. Applying these estimates to the latest 5 years' mortality data for Great Britain provides an estimated annual number of cancer deaths from work-related causes of 6 000 (uncertainty range 3 000 to 12 000).
- The total number of Industrial Injuries Scheme (IIS) disablement benefit cases of cancer other than mesothelioma has remained at around 80 per year since 1994/95.
- Asbestos-related lung cancers are hard to identify individually; the number of IIS cases is likely to be a substantial underestimate. From various studies, a reasonable rule of thumb is to allow for one or two lung cancers for each case of mesothelioma.

More at: http://www.hse.gov.uk/statistics/causdis/cancer.htm

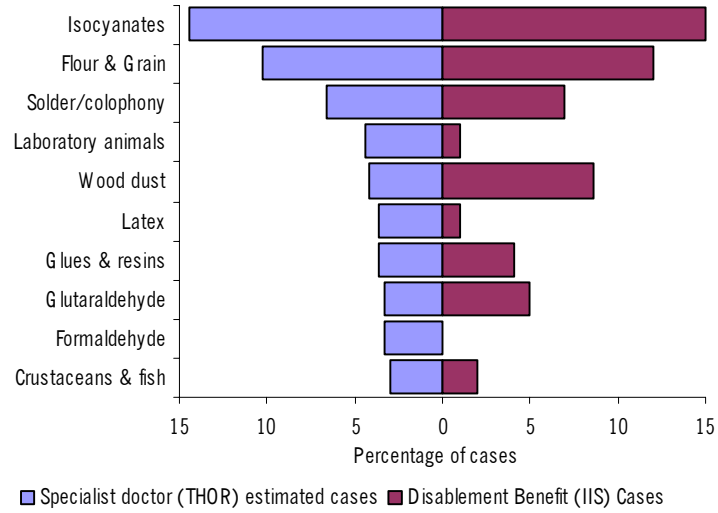
Figure 50: Occupational asthma



- The 2001/02 Self-reported Work-related Illness survey estimated that there were 168 000 people with breathing or lung problems which they believed to be work-related. In the corresponding 1995 survey, about 70 percent of those reporting work-related lower respiratory conditions described symptoms consistent with asthma.
- An estimated 670 cases of occupational asthma were seen for the first time by occupational and chest physicians who reported to the THOR surveillance schemes in 2002.
- Trends in occupational asthma are difficult to assess from the available data sources. Over the last ten years the number of estimated THOR cases has fluctuated around an average annual incidence approaching 1000 cases per year. However the estimated numbers for the last three years have all been well below this level, at around 700 cases per year, indicating a possible decrease in the incidence of occupational asthma.

More at: http://www.hse.gov.uk/statistics/causdis/asthma.htm

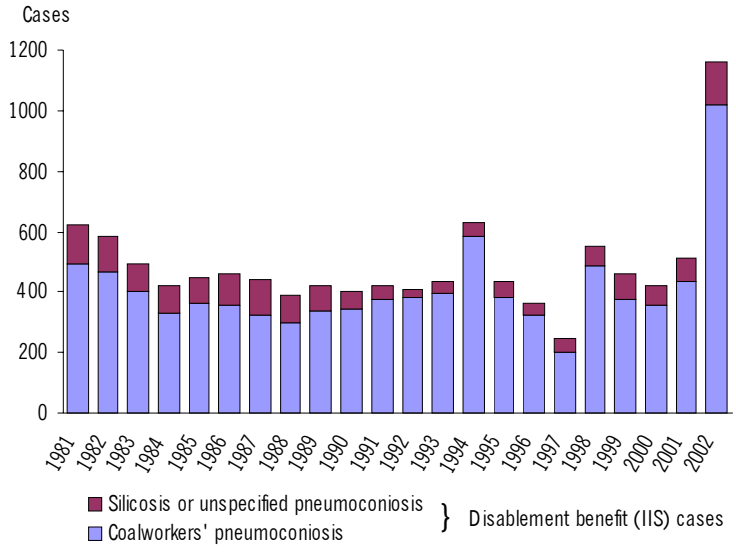
Figure 51: Top 10 agents for occupational asthma cases, 2000-2002



- Isocyanates (used e.g. in the manufacture of some paints and foams) were the most commonly cited agents for both THOR and Industrial Injuries Scheme cases in the three years 2000-2002, with flour & grain being the second and solder flux/colophony the third most common agents.
- The occupations with the highest incidence rate of occupational asthma as reported to chest physicians were bakers, flour confectioners, spray painters and those in the welding trades. For each of these occupations the estimated rate was over 20 times the overall rate for all occupations.
- Over half the cases reported by THOR doctors in the three years 2000-2002 came from the manufacturing sector, with the highest rates for chest physicians being in the manufacture of food products and beverages and of basic metals, both of which had rates of over five times the all industries figure.

More at: http://www.hse.gov.uk/statistics/causdis/asthma.htm

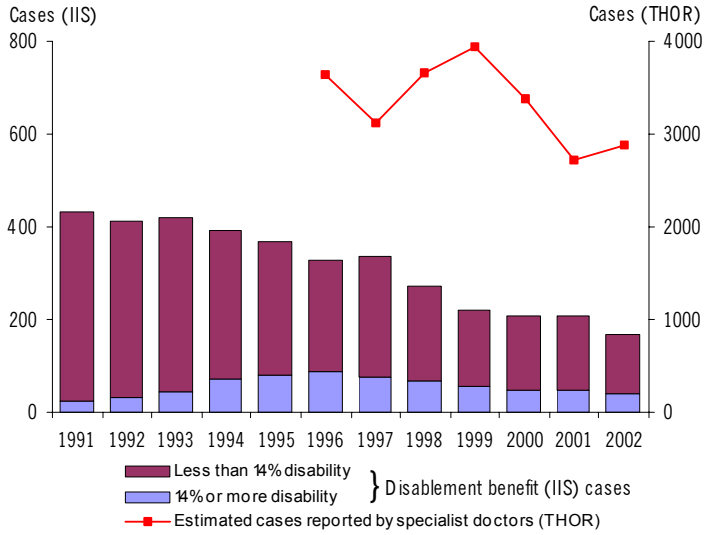
Figure 52: Pneumoconiosis other than asbestosis



- The Industrial Injuries Scheme (IIS) compensation figures for pneumoconiosis are believed to be a relatively good indication of disease incidence because compensation is well established within affected industries. However, they are subject to fluctuations from time to time in response to changes to the administration of the compensation system.
- There were 1164 new assessed cases of pneumoconiosis (excluding asbestosis) in the IIS in 2002, a large increase on previous years. This is believed to be due to a publicity campaign by the Department for Work and Pensions inviting people whose claims had been wrongly disallowed between 1994 and 1999 to re-claim, and also a more accurate method of data collection introduced in April 2002.
- Most new compensated cases of pneumoconiosis (excluding asbestosis) occur in retired workers, the majority from the coal mining industry; other industries affected are quarrying, foundries and potteries, where silica is the predominant cause.

More at: http://www.hse.gov.uk/statistics/causdis/coal.htm

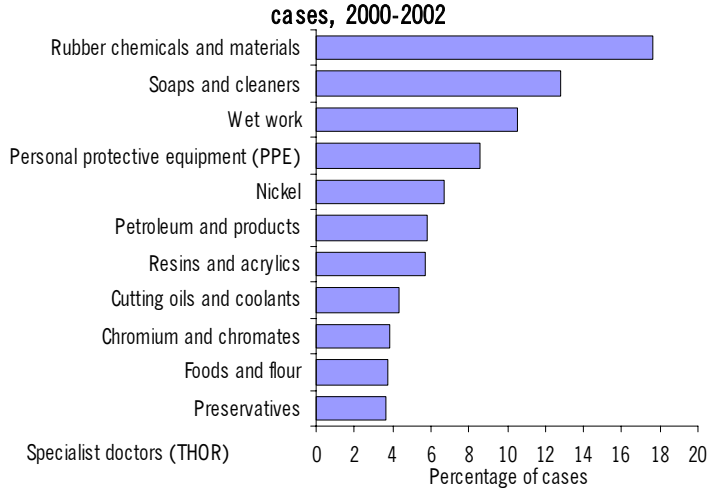
Figure 53: Occupational contact dermatitis



- An estimated average of 3900 new cases of work-related skin disease were diagnosed each year between 2000 and 2002 by dermatologists and occupational physicians reporting to the THOR surveillance schemes: approximately 80% of these were contact dermatitis.
- Trends in dermatitis incidence from the surveillance schemes are difficult to discern due to year-on-year fluctuations in the estimates, but the underlying incidence appears roughly constant at between 2700 and 3400 new cases per year.
- The annual number of workers with occupational dermatitis assessed as having some degree of disablement under the Industrial Injuries Scheme continued to fall from just over 400 in the early 1990s to just over 150 in 2001/2002.

More at: http://www.hse.gov.uk/statistics/causdis/skin.htm

Figure 54: Top 10 agents for contact dermatitis cases, 2000-2002

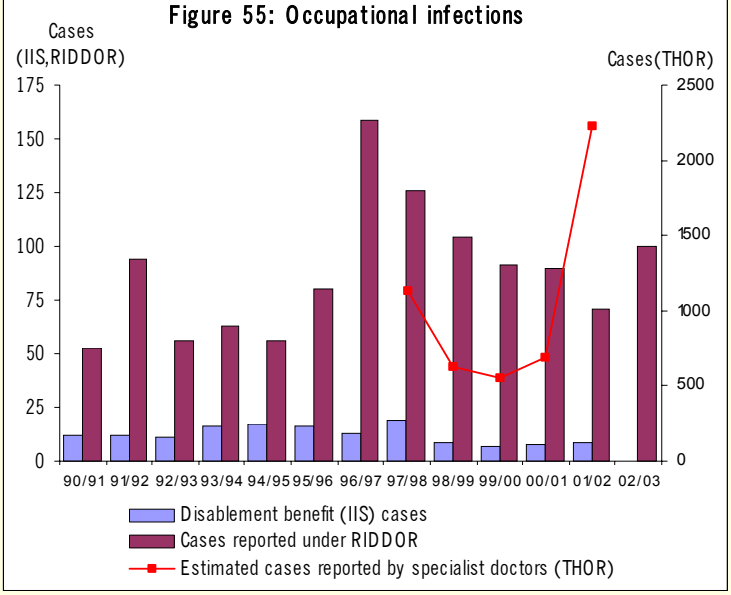


Note: Since some cases have more than one substance reported, the total percentage of all contact dermatitis cases exceeds 100.

- During 2000-2002, the most common agents cited by dermatologists and occupational physicians as causes of skin disease were rubber chemicals and materials, followed by wet work and soaps and cleaners.
- The occupations estimated to be at highest risk in 2000-2002, based on dermatologists' reports to THOR, were hairdressers and barbers, beauticians and related occupations, and printers.
- The industries where workers were estimated to be at highest risk in 2000-2002, according to dermatologists reporting to THOR, were other services (mainly hairdressing), manufacture of basic metals, and tanning and dressing of leather etc.

More at: http://www.hse.gov.uk/statistics/causdis/skin.htm

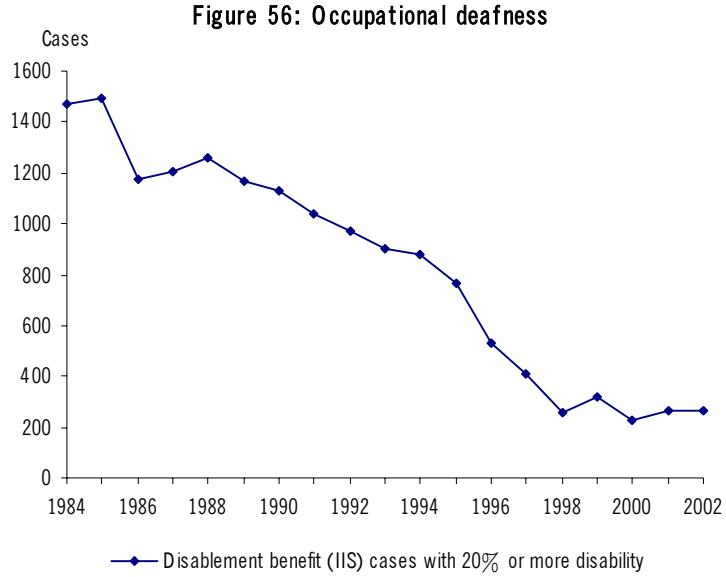
Figure 55: Occupational infections



- Consultants in communicable disease control in the THOR scheme reported 2233 new cases of occupationally acquired infection in 2002, an approximately threefold increase compared to the previous year; this was due mainly to several large outbreaks of diarrhoeal disease in 2002. The estimated number of new cases of occupational infections from THOR data probably substantially underestimates the true incidence of occupational infections in Great Britain.
- The underlying trend in recent years from RIDDOR and IIS data, which focus on a limited group of usually more serious infections, suggests no clear change in the numbers of occupational infections over time.
- THOR data for 2000-2002 indicates that fishmongers and poultry dressers had the highest estimated rates of occupational infections, at 121 per 100 000 workers per year. High rates of infections were also reported for healthcare and childcare occupations, especially for care assistants and attendants (108 per 100 000 workers per year).

More at: http://www.hse.gov.uk/statistics/causdis/infect.htm

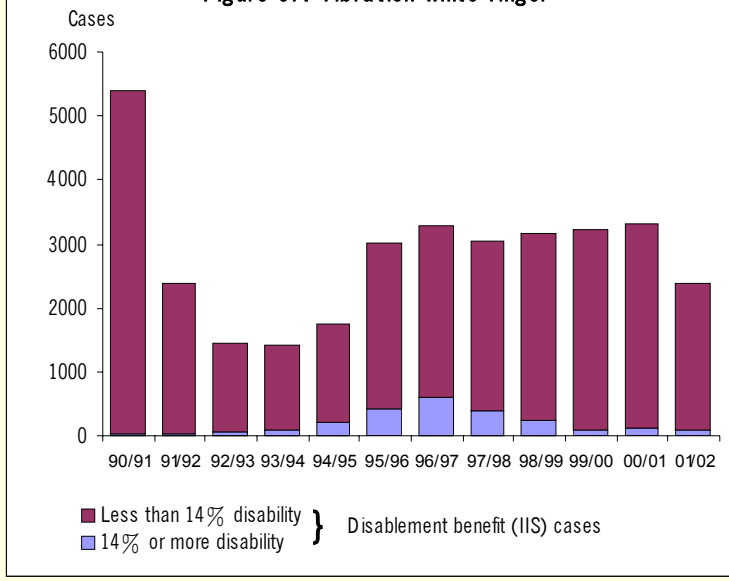
Figure 56: Occupational deafness



- A Medical Research Council survey in 1997/98 gave a prevalence estimate of 509 000 people in Great Britain suffering from hearing difficulties as a result of exposure to noise at work. This is much higher than estimates from the Self-reported Work-related Illness (SWI) surveys: the 2001/02 SWI survey estimated that 87 000 people in Great Britain were suffering from work-related hearing problems.
- Numbers of new cases of noise-induced deafness qualifying for Industrial Injuries Scheme disablement benefit fell steadily since the mid 1980s, reaching 226 in 2000. However since 1998 there has been little change and the number rose slightly to 263 in 2001 and 264 in 2002.
- The industry groups with the highest average annual incidence rates of new cases qualifying for benefit (based on 2000-02 figures) were extraction energy and water supply, manufacturing and construction.

More at: http://www.hse.gov.uk/statistics/causdis/noise.htm

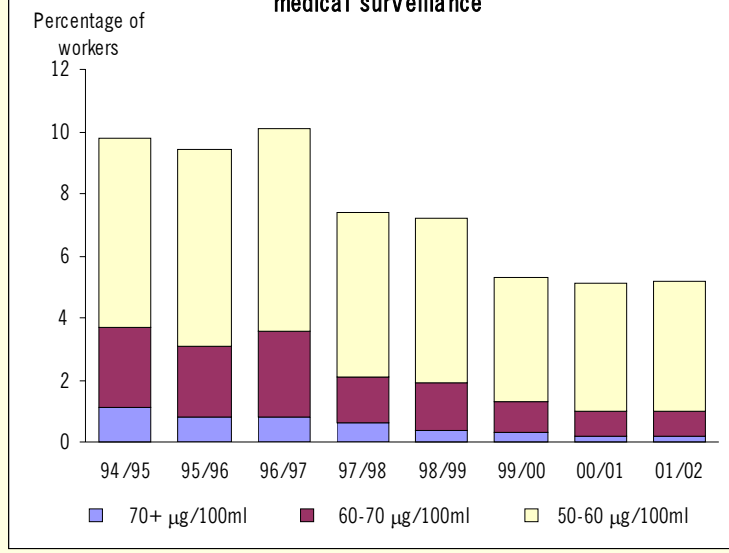
Figure 57: Vibration white finger



- A Medical Research Council survey in 1997/98 gave a national prevalence estimate of 301 000 sufferers from vibration white finger (VWF), a disorder of the blood supply to the fingers and hands. This is much larger than the available estimates from the Self-reported Work-related Illness (SWI) surveys – 36 000 in 1995.
- The number of new cases of VWF assessed for disablement benefit was 2428 in 2001/02, lower than in the preceding six years (there were 3317 in 2000/01). Figures for earlier years fluctuated widely, peaking at 5403 in 1990/91 and falling to 1425 in 1993/94.
- The number of new cases of carpal tunnel syndrome (arising from entrapment or compression of nerves in the wrist) assessed for disablement benefit continues to rise, with 797 cases in 2001/02 compared with 600 the previous year and 267 in 1993/94.

More at: http://www.hse.gov.uk/statistics/causdis/vibrate.htm

Figure 58: Blood-lead levels of male workers under medical surveillance



- The total number of lead workers under medical surveillance fell for the fourth consecutive year to 15 200 in 2001/02.
- The number of young people (aged under 18 years) under medical surveillance fell sharply in 2001/02 to 20 from 48 in 2000/01.
- The proportion of male workers with blood-lead measurements at or above 60µg/100ml remained level between 2000/01 and 2001/02 at 1.0%, the lowest ever recorded.
- Painting (of buildings and vehicles) and lead batteries were the industrial sectors where the proportion of male workers at or above 60µg/100ml was greatest.
- The proportion of female workers with blood-lead levels at or above 30µg/100ml fell but the proportions are small and tend to fluctuate from year to year.

More at: http://www.hse.gov.uk/statistics/causdis/lead.htm

Figure 59: Industries (SIC 92) with the highest rates of reported major injury per 100 000 employees, 2002/03p

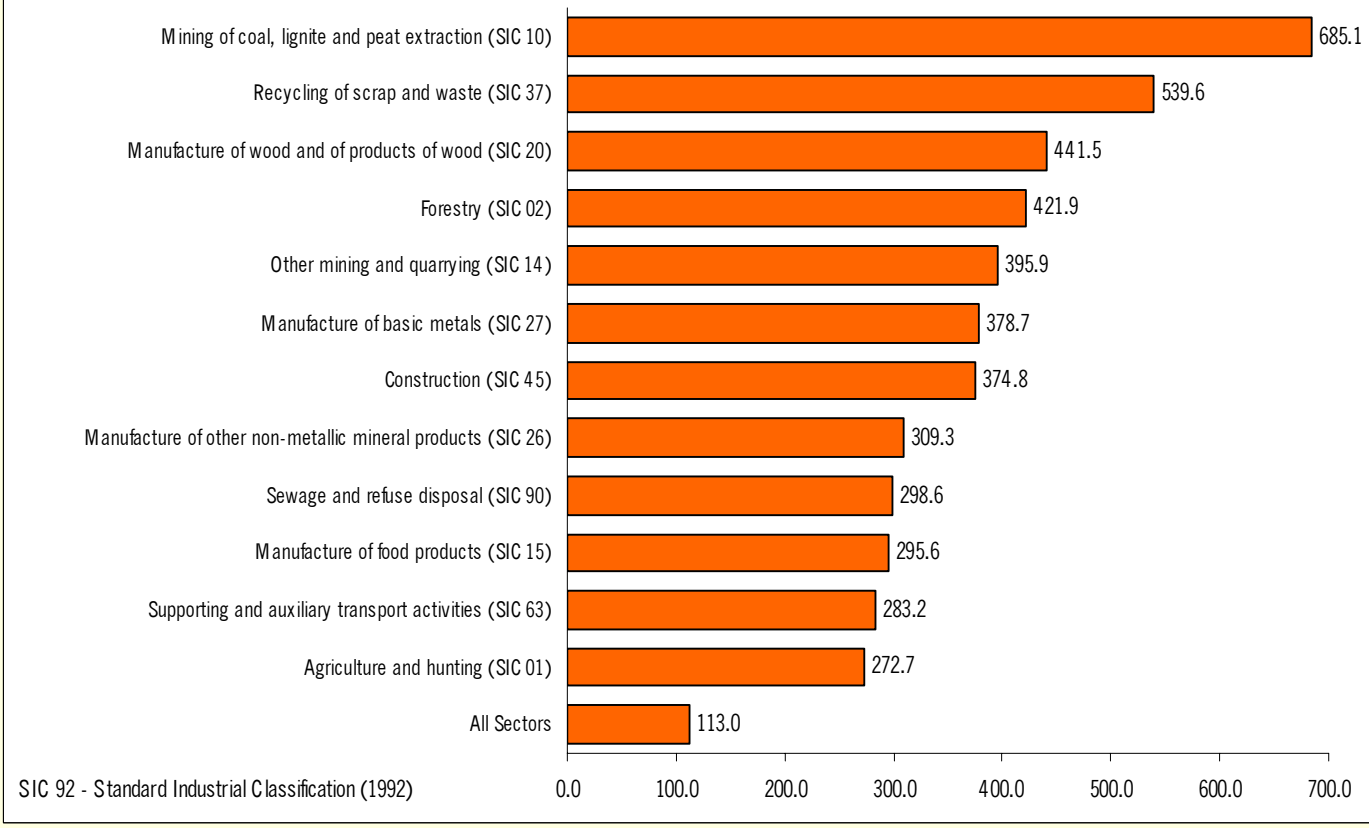
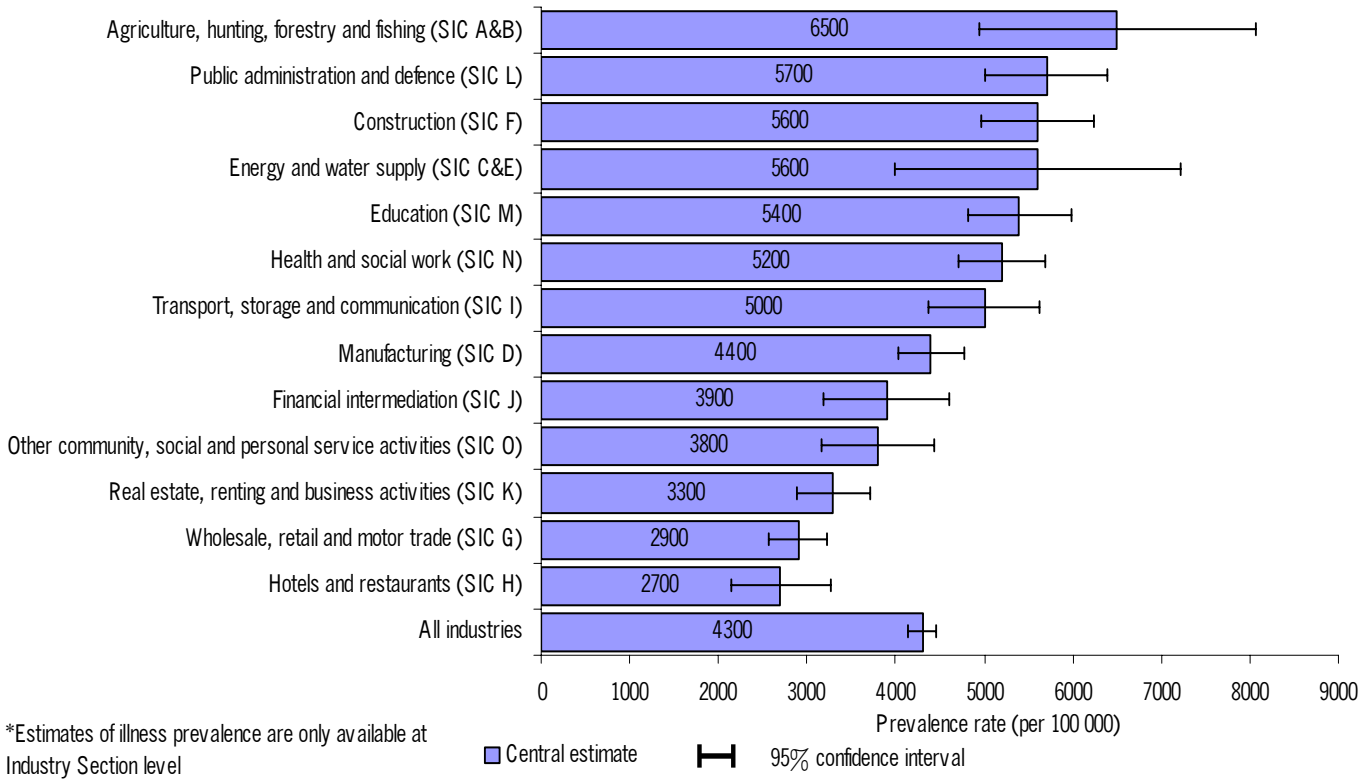
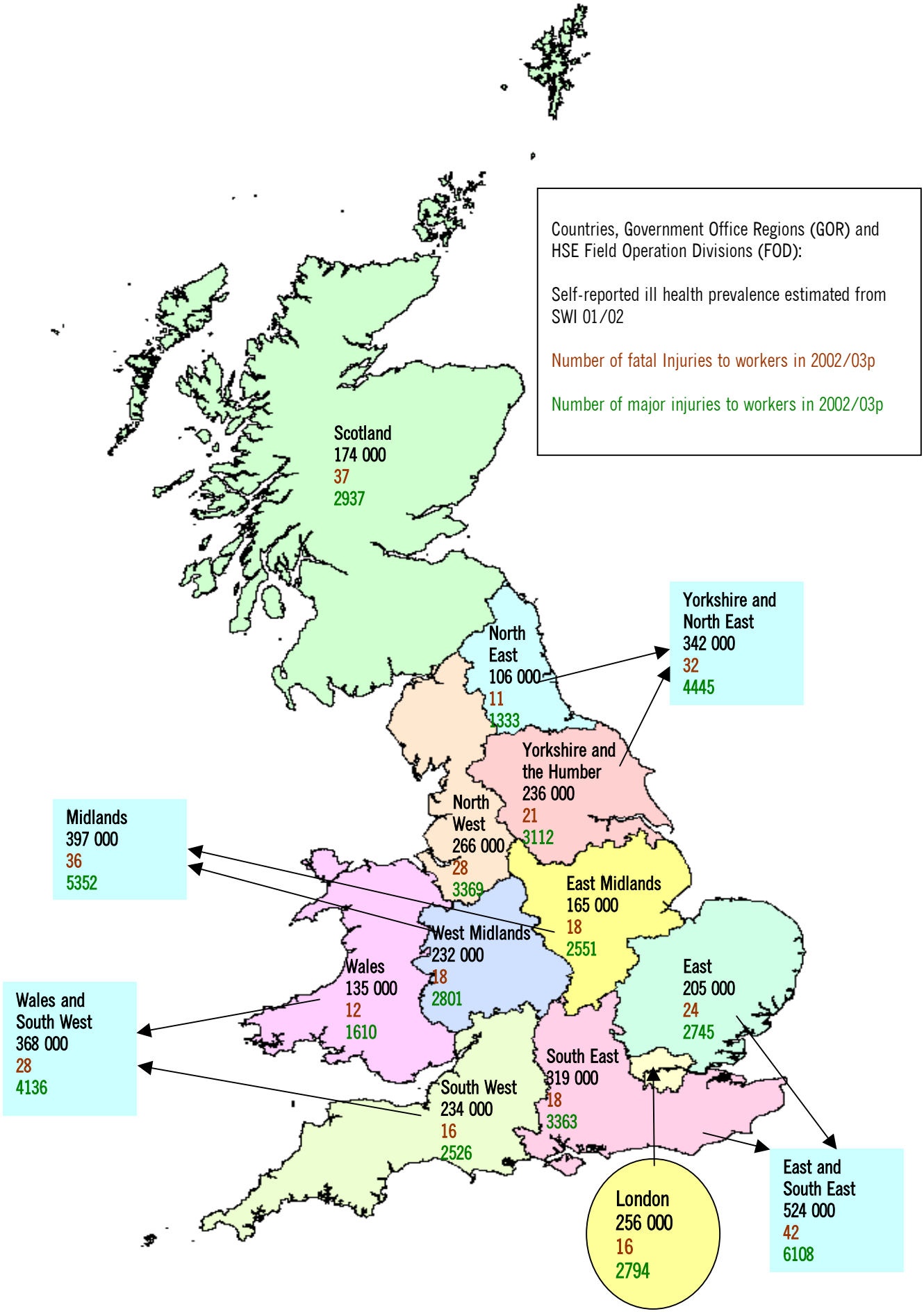


Figure 60: Estimated prevalence rates of self-reported illness caused or made worse by current or most recent job, by SIC 92 Industry Section*, per 100 000 people working in the last 8 years, 2001/02



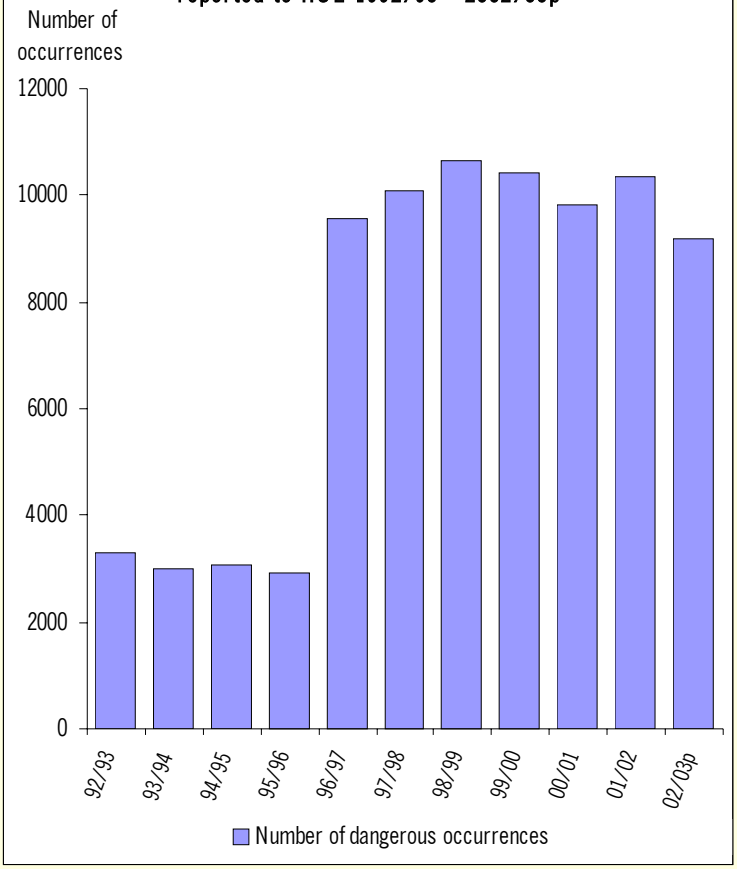
*Estimates of illness prevalence are only available at Industry Section level

Ill health and fatal and major injuries by region



Dangerous occurrences and gas safety
(See supplementary tables 16 and 17)

Figure 61: Number of dangerous occurrences reported to HSE 1992/93 - 2002/03p



- There was an 11% decrease in the number of dangerous occurrences reported to HSE in 2002/03 to 9201 from 10349. This is the lowest reported figure since the introduction of the RIDDOR 95 regulations.
- RIDDOR 95 reports dangerous occurrences under five sections. In 2002/03 the number of dangerous occurrences reported were:

  4548 (49%) in relation to railways.

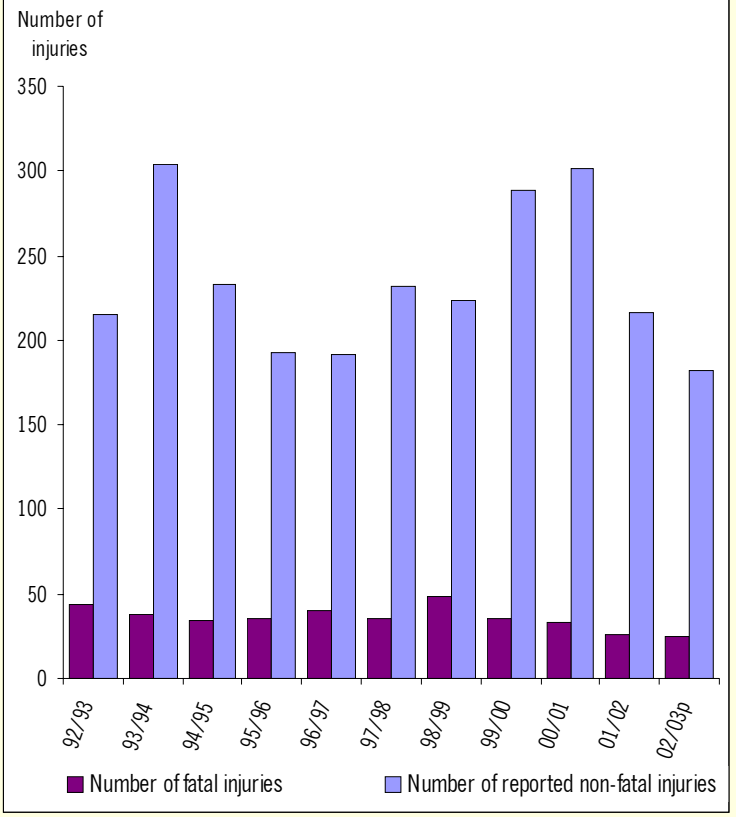
  4062 (44%) in relation to any place of work.

  443 (4.8%) in relation to offshore workplaces.

  82 (0.9%) in relation to quarries.

  66 (0.7%) in relation to mines.

Figure 62: Number of injuries relating to the supply and use of flammable gas 1992/93 - 2002/03p



- The number of fatal injuries relating to the supply and use of flammable gas decreased by 1 in 2002/03 to 25 from 26 in 2001/02, a decrease of 4%.
- This is the fourth consecutive year in which this figure has fallen and this figure is the lowest recorded in the period 1992/93 to 2002/03.
- Of the 25 fatal injuries relating to the supply and use of flammable gas, 4 (16%) were due to explosions or fires and 21 (84%) were due to carbon monoxide poisoning.
- The reported number of non-fatal injuries relating to the supply and use of flammable gas decreased by 16% in 2002/03 to 182 from 216. This is the second consecutive year in which a drop has occurred. The figure is now 40% lower than in 2000/01 and is the lowest in the 11-year period 1992/93 to 2002/03.
- Of the 182 non-fatal injuries in 2002/03 relating to the supply and use of flammable gas, 36 (20%) were due to explosions or fires and 146 (80%) were due to carbon monoxide poisoning.

Enforcement

(See supplementary tables 18, 19 and 20)

Figure 63: Number of enforcement notices issued by all enforcing authorities 1992/93 - 2001/02

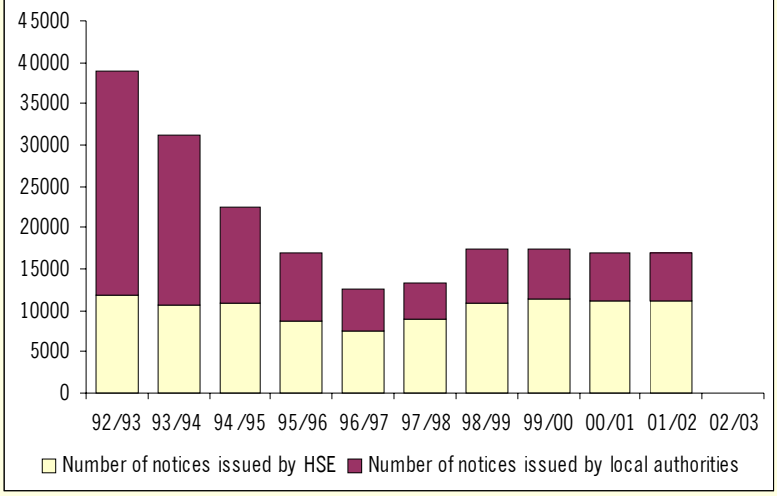


Figure 64: Number of informations laid and convictions by HSE 1992/93 - 2002/03p

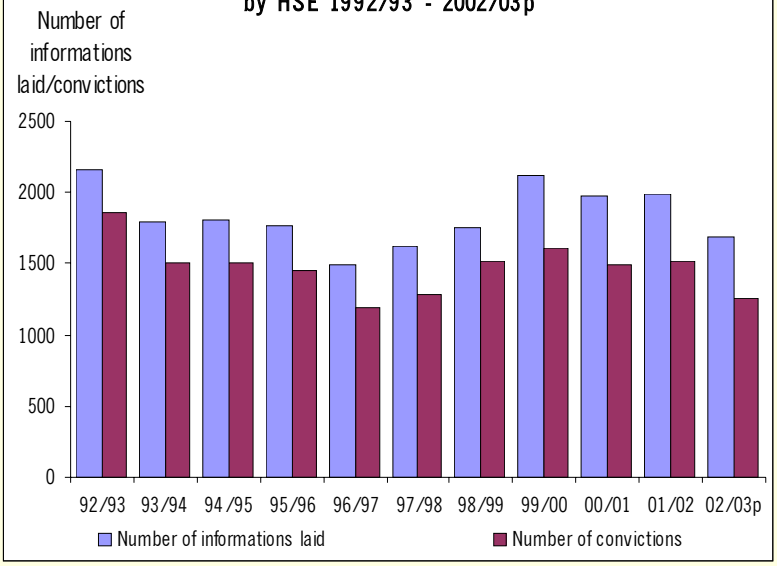
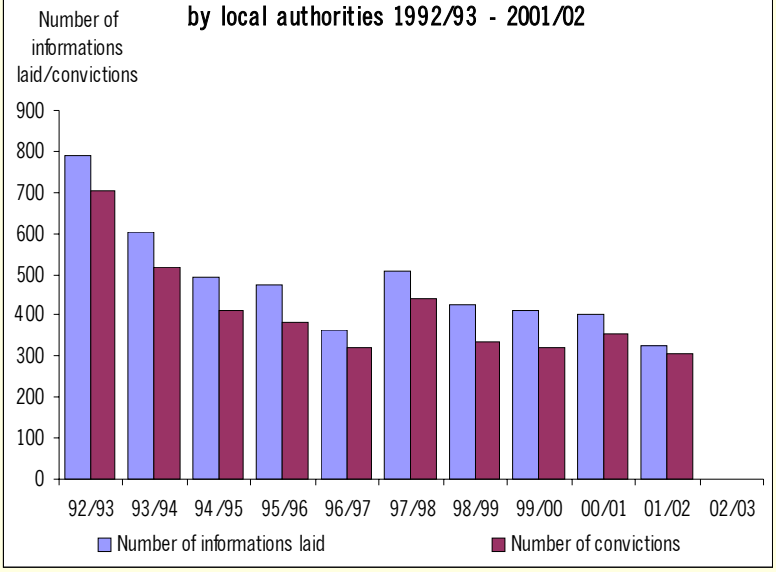


Figure 65: Number of informations laid and convictions by local authorities 1992/93 - 2001/02



- In 2001/02 there were 17042 enforcement notices issued by all enforcing authorities, a 1% increase from 2000/01. Statistics for enforcement notices issued by local authorities are not yet available for 2002/03, but the numbers have dropped substantially from 26980 in 1992/93 to 5960 in 2001/02.
- In 2002/03 HSE issued 13263 enforcement notices, 20% more than the year before. The number of notices issued by HSE fell in the early 1990s from 11914 in 1992/93 to 7444 in 1996/97 but has risen since.
- In 2002/03 there was a 350% increase in the number of improvement notices issued by HSE in the agriculture sector. This follows a 38% decrease in 2001/02.
- In 2002/03 there was a 32% increase in the number of improvement notices issued by HSE and a 26% increase in the number of immediate prohibition notices issued in the construction sector.
- Information regarding HSC enforcement policy can be found at www.hse.gov.uk/pubns/hsc15.pdf
- In 2002/03 the number of informations laid decreased by 15% to 1688 from 1986 in 2001/02.
- The number of convictions by HSE decreased by 17% in 2002/03 to 1260 from 1552 in 2001/02.
- In 2002/03 the proportion of informations laid that led to a conviction was 75%. This is slightly lower than the 2001/02 proportion of 76% and is the lowest in the period 1992/93 to 2002/03.
- In 2001/02 the average fine was £8234. However, this figure includes 22 fines in excess of £100 000. When these fines are excluded the average fine is £5468.
- The average penalty per conviction in 2002/03 was £6040. However this figure includes six fines in excess of £100 000 which when removed give an average of £5491.
- Further information about convictions secured by HSE can be found at www.hse.gov.uk/prosecutions/default.asp
- Statistics for prosecutions by local authority for 2002/03 are not yet available. In 2001/02 there were 325 informations laid by local authorities, a decrease of 19% compared with 2000/01. This is the lowest number recorded in the period 1992/93 to 2001/02 and is 56% lower than in 1992/93.
- In 2001/02 the proportion of informations laid by local authorities that led to conviction was 94% compared with 88% in 2000/01. This is the highest proportion in the period 1992/93 to 2001/02.
- In 2000/01 the average fine was £3903. However, this figure is distorted by an unusually large fine of £150 000 which when excluded gives an average fine of £3486.
- In 2001/02 the average fine was £3134 a reduction of 10% on the figure for 2000/01 of £3486. There were no unusually large fines in 2001/02.

Supplementary tables – injuries

Table 1: Number and rate of fatal injury to workers as reported to all enforcing authorities

	Employees		Self-employed		Workers	
Year	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
1992/93	276	1.3	63	2.0	339	1.4
1993/94	245	1.2	51	1.6	296	1.2
1994/95	191	0.9	81	2.5	272	1.1
1995/96	209	1.0	49	1.5	258	1.0
1996/97	207	0.9	80	2.3	287	1.1
1997/98	212	0.9	62	1.8	274	1.0
1998/99	188	0.8	65	1.9	253	0.9
1999/2000	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
2002/03p	182	0.7	44	1.3	226	0.8

Table 2: Number and rate of major* injury to workers as reported to all enforcing authorities

	Employees		Self-employed		Workers	
Year	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
1992/93	16938	80.3	1115	35.8	18053	74.6
1993/94	16705	79.3	1274	40.6	17979	74.2
1994/95	17041	80.4	1313	40.4	18354	75.1
1995/96	16568	77.1	1166	36.0	17734	71.7
1996/97	27964	127.5	1356	38.4	29320	115.1
1997/98	29187	127.6	815	23.3	30002	113.8
1998/99	28368	121.7	685	20.3	29053	108.8
1999/2000	28652	116.6	663	19.7	29315	104.9
2000/01	27524	110.2	630	19.2	28154	99.6
2001/02	28011	110.9	929	27.8	28940	101.2
2002/03p	28426	113.0	1065	31.9	29491	103.5

Table 3: Number and rate of over-3-day injury* to workers as reported to all enforcing authorities

	Employees		Self-employed		Workers	
Year	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
1992/93	141147	669.0	2136	68.5	143283	591.8
1993/94	134928	640.2	2531	80.7	137459	567.7
1994/95	139349	657.2	2869	88.4	142218	581.6
1995/96	130582	607.4	2394	73.8	132976	537.5
1996/97	127286	580.1	2282	64.6	129568	508.7
1997/98	134789	589.2	984	28.1	135773	514.8
1998/99	132295	567.3	849	25.2	133144	498.8
1999/2000	135381	550.9	732	21.8	136113	487.3
2000/01	134105	536.9	715	21.8	134820	477.1
2001/02	129655	513.5	917	27.5	130572	456.7
2002/03p	126004	501.0	928	27.7	126932	445.6

Table 4: Number of reported fatal and non-fatal injuries to members of the public

	1992/93	1993/94	1994/95	1995/96	1996/97	1997/98	1998/99	1999/2000	2000/01	2001/02	2002/03p
Fatal	113	107	104	86	367	393	369	436	444	393	392
Non-Fatal (d)	10669	11552	12642	13234	35694	28613	23800	25059	20836	14834	12646

(a) per 100 000 employees
(b) per 100 000 self-employed
(c) per 100 000 workers
(d) The definition of a non-fatal injury to members of the public is different to that of workers (see technical note)
* Non-fatal (major and over-3-day) injury statistics from 1996/97 cannot be directly compared with earlier years (see technical note)

Supplementary tables – injuries

Table 5: Rate of reported non-fatal injuries and averaged LFS rate of reportable non-fatal injury to workers

	89/90	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03p
RIDDOR reported injury rate to employees (a)	835	738	684	708	717	689	667	647	624	614
LFS reportable injury rate to workers (b)	2480	1740	1640	1590	1510	1490	1500	1530	1510	n/a
Percentage of injuries reported	33.6	42.5	41.6	44.6	47.4	46.2	44.4	42.3	41.3	n/a

Table 6: Revitalising indicator (†)- Rates of reported fatal and major injury

	96/97	97/98	98/99	1999/2000	00/01	01/02	02/03p
Rate of reported fatal and major injury (a)	128.6	128.6	122.6	117.4	111.2	111.8	113.8
Uprated rate of fatal and major injury (b)	286.9	270.4	264.1	263.2	261.6	256.5	253.1

Rates of reported fatal injury to; workers (b), employees (a) and averaged LFS rates of reportable injury to workers (b) by industry

Table 7: Agriculture, hunting, forestry and fishing.

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	1999/2000	00/01	01/02	02/03p
Fatal (b)	7.5	7.3	8.5	8.0	10.8	7.5	9.3	7.7	10.3	9.2	9.5
Major (a)*	144.2	147.1	142.6	158.6	256.9	223.3	205.6	224.4	213.9	238.5	269.7
Over 3 day (a)*	483.0	436.1	441.8	497.3	552.0	443.9	427.5	487.0	493.3	618.7	587.5
LFS reportable (b)	n/a	n/a	2290	2180	2020	1830	2270	2520	2760	2670	n/a

Table 8: Extractive and utility supply industries

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	1999/2000	00/01	01/02	02/03p
Fatal (b)	n/a	n/a	n/a	7.7	4.0	8.0	5.0	3.5	4.4	6.9	1.5
Major (a)*	255.6	235.5	194.6	225.9	315.1	282.7	246.8	244.1	267.0	222.9	211.7
Over 3 day (a)*	2066.9	1767.7	1587.0	1411.5	1402.8	1482.6	1347.9	1254.9	1354.7	1326.3	1138.1
LFS reportable (b)	n/a	n/a	2200	1920	2160	1860	1520	1390	1500	1770	n/a

Table 9: Manufacturing

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	1999/2000	00/01	01/02	02/03p
Fatal (b)	1.3	1.5	1.3	1.0	1.4	1.4	1.6	1.0	1.2	1.2	1.1
Major (a)*	136.2	138.6	138.9	130.5	206.4	216.1	201.5	204.1	194.2	194.9	195.5
Over 3 day (a)*	1219.0	1162.1	1193.7	1067.4	1002.8	1026.1	969.8	1007.9	998.8	962.6	934.7
LFS reportable (b)	n/a	n/a	2230	2130	1960	1980	1960	2110	2080	2070	n/a

Table 10: Construction

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	1999/2000	00/01	01/02	02/03p
Fatal (b)	5.9	5.7	5.1	5.0	5.6	4.6	3.8	4.7	5.9	4.4	4.0
Major (a)*	230.4	214.4	221.2	224.0	403.0	382.3	402.7	395.9	380.9	356.1	374.8
Over 3 day (a)*	1277.6	1127.4	1139.4	1030.3	1078.6	966.3	863.4	917.0	829.2	799.1	791.9
LFS reportable (b)	n/a	n/a	2970	2550	2700	2430	2590	2530	2580	2510	n/a

Table 11: Health services

	96/97	97/98	98/99	1999/2000	00/01	01/02	02/03p
Fatal (a)	0.1	-	-	-	0.1	0.1	-
Major (a)*	94.2	94.3	93.1	84.1	78.3	73.2	70.4
Over 3 day (a)*	766.2	737.5	745.5	671.2	618.7	582.2	543.2
LFS reportable (a)	1860	1710	1550	1400	1370	1420	n/a

Table 12: Service industries

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/2000	00/01	01/02	02/03p
Fatal (b)	0.7	0.5	0.5	0.4	0.4	0.4	0.3	0.3	0.4	0.3	0.3
Major (a)*	51.2	51.3	53.5	50.1	90.8	88.4	83.7	79.5	75.3	79.0	81.9
Over 3 day (a)*	462.3	459.9	479.4	447.5	444.9	456.1	450.8	430.0	423.4	408.5	405.2
LFS reportable (b)	n/a	n/a	1460	1410	1360	1290	1250	1240	1280	1270	n/a

(a) per 100 000 employees
(b) per 100 000 workers
* Non-fatal (major and over-3-day) injury statistics from 1996/97 cannot be directly compared with earlier years (see technical note)
n/a Not available
† The indicator is based on the modified estimate of major injury reporting.

Supplementary tables – injuries

Table 13: Number of fatal injuries to workers by kind of accident

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	1999/00	00/01	01/02	02/03p
Falls from a height (a)	90	81	79	64	88	92	80	68	74	69	49
Struck by a moving vehicle	51	46	45	42	43	45	48	34	64	39	39
Struck by moving/ falling object	45	33	39	32	57	41	41	35	51	46	30
Trapped by something overturning/ collapsing	36	52	33	41	16	25	15	16	40	8	11
Total accidents (b)	**339**	**296**	**272**	**258**	**287**	**274**	**253**	**220**	**292**	**251**	**226**

Table 14: Number of major injuries to employees by kind of accident

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	1999/00	00/01	01/02	02/03p
Falls from a height (a)	3741	3503	3552	3530	5023	5382	5454	5500	5286	4066	3880
Slips, trips or falls on the same level	5513	5962	5941	5800	5862	8671	9007	9087	9054	10268	10458
Struck by moving/ falling object	2013	2010	2046	1978	4606	4739	4287	4370	3988	4016	3892
Injured whilst handling, lifting or carrying	1092	1087	1235	1134	2745	3002	2894	2862	2695	2948	3551
Struck by a moving vehicle	565	524	574	572	903	915	928	959	823	733	653
Total accidents (b)	**16938**	**16705**	**17041**	**16568**	**27964**	**29187**	**28368**	**28652**	**27524**	**28011**	**28426**

Table 15: Number of over-3-day injuries to employees by kind of accident

	92/93	93/94	94/95	95/96	96/97	97/98	98/99	1999/00	00/01	01/02	02/03p
Slips, trips or falls on the same level	28501	28441	28537	26790	24537	25883	26687	27615	28552	30106	29848
Struck by moving/ falling object	19716	18809	20082	18663	18283	18772	18029	18293	16892	16288	14466
Injured whilst handling, lifting or carrying	49664	46885	48563	45015	46366	50640	49044	48729	48327	48963	49097
Struck by a moving vehicle	3427	3217	3460	3327	2810	3071	2934	3172	3128	2116	1957
Total accidents (b)	**141147**	**134928**	**139349**	**130582**	**127286**	**134789**	**132295**	**135381**	**134105**	**129655**	**126004**

Table 16: Number of dangerous occurrences reported to HSE

	96/97	97/98	98/99	1999/00	00/01	01/02	02/03p
Part 1 (Notifiable in relation to any place of work)	3829	4273	4333	4479	4333	4315	4062
Part 2 (Notifiable in relation to mines)	70	96	114	79	77	82	66
Part 3 (Notifiable in relation to quarries)	114	105	122	92	63	100	82
Part 4 (Notifiable in relation to railways)	5197	5218	5625	5309	4825	5388	4548
Part 5 (Notifiable in relation to offshore workplaces)	347	403	446	453	544	464	443
Total dangerous occurrences	**9557**	**10095**	**10640**	**10412**	**9842**	**10349**	**9201**

Table 17: Number of incidents relating to the supply and use of flammable gas (c)

		96/97	97/98	98/99	1999/00	00/01	01/02	02/03p
Number of incidents (d)	Explosion/ fire	40	45	37	56	38	43	30
	Carbon monoxide poisoning	103	119	114	118	136	110	86
	Total	**143**	**164**	**151**	**174**	**174**	**153**	**116**
Number of fatal injuries	Explosion/ fire	9	8	11	10	8	4	4
	Carbon monoxide poisoning	31	28	37	26	25	22	21
	Total	**40**	**36**	**48**	**36**	**33**	**26**	**25**
Number of non-fatal injuries	Explosion/ fire	35	43	30	61	36	47	36
	Carbon monoxide poisoning	156	189	194	228	265	169	146
	Total	**191**	**232**	**224**	**289**	**301**	**216**	**182**

(a) Falls from a height include falls from; up to and including 2 metres, over 2 metres and height not known.
(b) The total number of injuries, including other kinds of accident not shown in this table.
(c) Mainly piped gas but also includes bottled liquid petroleum gas (LPG)
(d) An incident can cause more than one fatality or injury

Supplementary tables – enforcement

Table 18: Number of enforcement notices (a) issued by all enforcing authorities

		Improvement notice	Deferred prohibition	Immediate prohibition	Total
97/98 (b)	HSE	4411	181	4319	8911
	Local authorities	3320	110	1070	4500
	Total	**7731**	**291**	**5389**	**13411**
98/99	HSE	6353	199	4348	10900
	Local authorities	5140	130	1200	6470
	Total	**11493**	**329**	**5548**	**17370**
1999/00	HSE	6972	196	4172	11340
	Local authorities	4850	80	1170	6100
	Total	**11822**	**276**	**5342**	**17440**
00/01	HSE	6671	147	4238	11056
	Local authorities	4720	60	1030	5810
	Total	**11391**	**207**	**5268**	**16866**
01/02	HSE	6712	116	4254	11082
	Local authorities	4820	50	1090	5960
	Total	**11532**	**166**	**5344**	**17042**
02/03p	HSE	8104	110	5049	13263
	Local authorities	n/a	n/a	n/a	n/a

Table 19: Number of proceedings instituted by all enforcing authorities

		Informations laid	Convictions
97/98 (b)	HSE	1627	1284
	Local authorities	506	440
98/99	HSE	1759	1512
	Local authorities	424	337
1999/2000	HSE	2115	1616
	Local authorities	412	322
000/01	HSE	1973	1490
	Local authorities	401	352
001/02	HSE	1986	1522
	Local authorities	325	307
02/03p	HSE	1688	1260
	Local authorities	n/a	n/a

Table 20: Number of enforcement notices issue by HSE by industry

	Type of notice	Agriculture, hunting, forestry & fishing	Extractive & utility supply industries	Manufacturing industries	Construction	Service Industries
98/99	Improvement	933	156	3087	582	1595
	Deferred prohibition	33	-	67	55	44
	Immediate prohibition	799	117	1055	2017	360
	Total	**1765**	**273**	**4209**	**2654**	**1999**
1999/00	Improvement	976	148	3493	681	1674
	Deferred prohibition	21	5	30	112	28
	Immediate prohibition	644	85	1090	1975	378
	Total	**1641**	**238**	**4613**	**2768**	**2080**
00/01	Improvement	694	195	**3851**	539	1392
	Deferred prohibition	21	1	64	55	24
	Immediate prohibition	590	55	1203	2036	354
	Total	**1305**	**251**	**5100**	**2630**	**1770**
01/02	Improvement	429	127	3953	588	1615
	Deferred prohibition	16	1	49	28	22
	Immediate prohibition	254	89	1308	2191	412
	Total	**699**	**217**	**5310**	**2807**	**2049**
02/03p	Improvement	1503	161	4088	779	1573
	Deferred prohibition	23	1	31	32	23
	Immediate prohibition	579	58	1207	2756	449
	Total	**2105**	**220**	**5326**	**3567**	**2045**

(a) Enforcement notice figures include estimates for local authorities that did not provide data. No such estimates are made for proceedings instituted

(b) In 1997/98 approximately 630 Notices of Intent led to work being completed within two weeks. Therefore, improvement notices were not issued. In the absence of the Notice of Intent Procedure, 1997/98 enforcement notice numbers would have been about 630 higher.

Supplementary tables – ill health

Table 21: Integration of ill health data from different sources

Type of ill health	Ill health incidence (a)					Ill health prevalence	Risk Control Indicator (RCI) scores (b)			
							Change from 2002/03 Q1 to 2003/04 Q1 in:			
	SWI	THOR	IIS	DCs	RIDDOR	SWI (working last 12 months)	Indicator	% low scores	Ave score	(No of contacts)
Musculoskeletal disorders							**Musculoskeletal disorders**			
1998/99		**7666**	465			563 000	A: Avoidance/control	-0.7	-0.02	(10 264)
1999/2000		**8635**	431				B: Instruction and training	**-1.9**	**-0.04**	(10 264)
2000/01		**7816**	377				C: Management commitment / worker involvement	**-2.8**	**-0.05**	(7 475)
2001/02	240 000	**7871**	358			633 000				
2002/03		**7970**					Aggregate score	-1.4	**-0.14**	(7 475)
Stress, depression or anxiety							**Stress**			
1998/99						438 000	A: Awareness and hazard identification	-1.2	**-0.10**	(901)
1999/2000		**5523**								
2000/01		**6327**					B: Implementation	3.4	-0.04	(638)
2001/02	265 000	**6903**				458 000	Aggregate score	-1.4	-0.09	(638)
2002/03		**6591**								
Asthma and other short-latency respiratory disease							**Occupational asthma**			
1998/99		**1289**	222			53 000*	A: Asthmagen management system	0.1	0.01	(3 837)
1999/2000		**1626**	196				B: Control strategy	1.2	0.04	(3 837)
2000/01		**1236**	168				C: Health surveillance	-3.9	-0.04	(2 158)
2001/02	36 000*	**1052**	146			58 000*	Aggregate score	-1.9	0.02	(2 158)
2002/03		**1081**	150							
Dermatitis and other skin disease										
1998/99		**4521**	220			30 000				
1999/2000		**4861**	208							
2000/01		**4322**	207							
2001/02	9-19 000†	**3647**	168			30 000				
2002/03		**3600**								
Infections										
1998/99		**1138**	9		104	43 000				
1999/2000		**622**	7		91					
2000/01		**560**	8		90					
2001/02	30 000	**694**	9		71	32 000				
2002/03		**2233**			100					
Mesothelioma and other long-latency respiratory disease										
1998/99		1721	5161	**1932**						
1999/2000		2791	3241	**2057**						
2000/01		2556	2437	**2050**						
2001/02		2373	2524	**2246**						
2002/03		2112	3662							
Vibration-related disorders							**Hand Arm Vibration Syndrome**			
1998/99		689	**3633**		720		A: Elimination/substitution	1.4	0.02	(2 047)
1999/2000		763	**3687**		1081		B: Awareness	1.1	0.00	(2 047)
2000/01		923	**3917**		985		C: Supply information	-1.9	-0.03	(2 047)
2001/02		879	**3225**		1102		Aggregate score	3.2	-0.02	(2 047)
2002/03		1169			818					
Hearing loss							**Noise**			
1998/99		932	**316**			20 000	A: Noise management system	-0.6	0.00	(4 400)
1999/2000		714	**226**				B: Control of noise at source	1.7	0.03	(3 347)
2000/01		627	**263**				C: Ear protection programme	0.5	0.01	(4 400)
2001/02		341	**264**			21 000	Aggregate score	1.1	0.04	(3 347)
2002/03		219								

Notes: **(a)** For details of the **types of ill health and sources**, please see Technical Note on page 37. Some sources relate to calendar years. RIDDOR: data not shown for all types. SWI: * relates to all breathing and lung problems; † range given because based on fewer than 30 sample cases. For each illness type, data from the source considered most suitable for this year's judgement is highlighted in **bold**.

(b) For an explanation of the **RCI data**, please see Technical Note on page 38. 'Low scores' means the two lowest ratings on individual RCIs, or four lowest on aggregate scores (three in the case of stress). 'Ave score' is a simple average of the scores (1 is the highest, 4 the lowest). Therefore a negative change in either summary measure represents an improvement. Statistically significant changes are highlighted in **bold**.

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 95

Injury and dangerous occurrence statistics given in this report for 1996/97 – 2002/03 were compiled from reports made to HSE and local authorities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95). These Regulations came into effect on 1 April 1996 and replaced RIDDOR 85, the Railways (Notice of Accidents) Order 1986, and certain provisions of the Offshore Installations (Inspectors and Casualties) Regulations 1973 and the Submarine Pipelines (Inspectors etc) Regulations 1977. Certain provisions of the Regulation of Railways Act 1871 and the Transport and Works Act 1992 were also repealed or amended.

Deaths of all employed people and members of the public arising from work activity are reportable to either HSE or the local authority. There are three categories of reportable injury to workers defined under the regulations: fatal, major and over-3-day injury. Examples of major injuries include: fractures (except to fingers, thumbs or toes), amputations, dislocations (of shoulder, hip, knee, spine) and other injuries leading to resuscitation or 24 hour admittance to hospital. Over-3-day injuries include other injuries to workers that lead to their absence from work, or inability to do their usual job, for over three days. A non-fatal injury to a member of the public is reportable if it results in the injured person being taken from the site of the incident to hospital.

Certain reporting requirements under RIDDOR 95 differ from those under the previous regulations, RIDDOR 85. For example, the definition of a major injury to workers was widened and that of members of the public was altered to include the hospital criterion. Therefore statistics of worker fatalities are comparable, but other injury statistics including major injuries and dangerous occurrences from 1996/97 cannot be compared with those for previous years. RIDDOR 95 also introduced acts of violence at work and acts of suicide or trespass on railways or other transport systems. In 2001/02, HSE introduced new guidelines to improve the quality of recording of kinds of accident and give more detail on equipment and material agents involved. As a result, there was a small change in the percentage share of in each kind, predominantly for major and over-3-day injuries.

Injuries which are not reportable under RIDDOR 95 are: road traffic accidents involving people travelling in the course of their work, which are covered by road traffic legislation; accidents reportable under separate merchant shipping, civil aviation and air navigation legislation; accidents to members of the armed forces; and fatal injuries to the self-employed arising out of accidents at premises which the injured person either owns or occupies.

Selected incidents that have a high potential to cause death or serious injury are reportable under RIDDOR 95 as dangerous occurrences. A dangerous occurrence is reportable whether or not someone is injured. Statistics reported from 1996/97 are reported under RIDDOR 95, while statistics prior to 1996/97 were reported under RIDDOR 85. The updated reporting requirements differ considerably from RIDDOR 85, for example, an extra section relating dangerous occurrences to offshore workplaces was added.

Employment estimates

Injury rates for employees produced by HSE are based on employment estimates produced by the Office for National Statistics (ONS). The Short Term Employment Survey is used to obtain top-level employment data and the Annual Business Inquiry has been used to obtain SIC 92 four-digit employment data since 2000/01; previously this was taken from the Annual Employment Survey. Such estimates are normally subject to a number of revisions based on information from the Annual Employment Survey. When HSE finalises the provisional injury statistics, rates are revised using the employment data available at that particular time. Injury rates are not revised to incorporate subsequent revisions to employment estimates by the ONS.

Labour Force Survey

HSE developed the Labour Force Survey (LFS) as a source of information on workplace injury to complement the flow of the injury reports made by employers and others under RIDDOR. HSE placed a supplement of detailed questions on workplace injury in the 1990 LFS, and has placed a limited set of injury questions annually since 1993. The LFS gives estimates on the levels of workplace injury that are not subject to under-reporting, and together with the rates of reported injury, gives estimates of the levels of reporting of injuries in industries. LFS injury rates are presented as three year moving averages, to reduce annual fluctuations that stem from sampling error

Every three years a further question is asked to establish the actual number of days off work following the workplace injury. The total working days lost figure is based on those injuries that result in at least one full day being taken off work. No estimates are made for the small proportion of people who are still off work following an injury at the time of interview, or expect never to return to work. Further results and background information are available in the LFS fact sheet (www.hse.gov.uk/statistics/2002/lfsfct01.pdf).

Enforcement

HSE inspectorates and local authorities issue three types of enforcement notices. These are: improvement notices (requiring employers to put right a contravention of health and safety legislation within a specified time limit); immediate prohibition notices (stopping work activity that gives, or will give, rise to a risk of serious personal injury); and deferred notices (stopping a work activity with a specified time).

Prosecution statistics are based on the informations laid by inspectors before the courts in England and Wales and on the charges preferred in Scottish courts. Conviction statistics are based on the number of informations laid which resulted in a conviction. The remaining informations laid are those that resulted in withdrawals, verdicts of not guilty etc. Informations laid are counted against sections of regulations cited in the case.

Progress measurement for the *Revitalising Health and Safety* injuries target

HSE set out its technical approach to assessing progress against the *Revitalising* targets in a Statistical Note published in 2001 (www.hse.gov.uk/statistics/statnote.pdf). The target for the incidence rate of fatal and major injury presents challenges for measurement since there are two principal sources of data; the number of injuries reported under RIDDOR and estimates on the levels of workplace injury taken from the LFS. Work is currently underway on the development of the Workplace Health and Safety Survey (WHASS) that will assist in the measurement of the target indicator, however the first survey will only be undertaken in 2004/05.

The indicator is made up of two elements: the rate of worker fatal injury and the rate of employee major injury. Whilst HSE is informed of all fatal injuries to workers, the number of major injuries is subject to under-reporting. The extent of under-reporting varies across different industries and is particularly severe among the self-employed. To allow for this, the rate of reported major injury is up-rated using estimates of the level of non-fatal injury taken from the LFS. The total number of non-fatal injuries is defined as the sum of the total number of major injuries and the total number of over-3-day injuries. The indicator for each year is calculated as follows:

$$\text{Indicator} = \text{Rate of worker fatal injury} + \frac{\text{Rate of reported employee major injury}}{\text{Reporting percentage}}$$

Since the LFS does not identify major injuries, this up-rating process assumes that major and over-3-day injuries are reported to the same extent. However, there appears to be a recent change in the relationship between the reporting of major and over-3-day injuries. In the period 2000/01 to 2002/03, the rate of over-3-day injuries has fallen, and the rate of major injuries has increased. This change can be illustrated by change in the ratio of the rate of major injury to the rate of over-3-day injury, as shown in the following table:

Year	1996/97	1997/98	1998/99	1999/2000	2000/01	2001/02	2002/03p
Ratio of major to over-3-day injuries	0.220	0.217	0.215	0.212	0.205	0.216	0.226

From 1996/97 to 2000/01, the ratio of the rate of major injuries to the rate of over-3-day injuries fell from 0.220 to 0.205. However, in 2001/02 this ratio increased by 5.2% and then by a further 4.4% in 2002/03 to 0.226, an increase over the two-year period of 9.9%. In effect, this means that there were 5.2% more major injuries reported in 2001/02 than would have been expected had the relationship seen up to 2000/01 continued, and 9.9% more major injuries reported in 2002/03. The actual number of reported major injuries in 2001/02 was 28011, which when divided by 1.052 (5.2% lower) gives 26626. In 2002/03, the actual number of reported major injuries was 28426, which when divided by 1.099 (9.9% lower) gives 25865. Therefore, we would have expected 26626 major injuries in 2001/02 and 25865 major injuries in 2002/03 had the previous relationship continued. To take account of this, in calculating the indicator, a revision to the estimate of the global level of reporting is needed to allow for these increases of 5.2% and 9.9%. The global estimate of reporting using the LFS is 41.3% for 2001/02 and projected to be 40.8% for 2002/03. Increasing these figures by 5.2% and 9.9% respectively results in revised reporting estimates of 43.4% for 2001/02 (41.3% x 1.052) and 44.8% for 2002/03 (40.8% x 1.099). The following table shows the effect on the indicator of using this revised method of calculation:

Year	Rate of fatal injury	Rate of reported major injury	Original reporting percentage	Revised reporting percentage for major injuries	Original indicator	Revised indicator
2001/02	0.88	110.9	41.3%	43.4%	269.8	256.4
2002/03p	0.79	113.0	40.8%	44.8%	278.1	253.1

However, the indicator for 2002/03 depends heavily on the global estimate of reporting of non-fatal injuries projected from the past trend. The projected global estimate at this stage is 40.8% and this will be finalised in 2004 when the averaged LFS for 2002/03 is available. If the finalised global estimate remains the same in 2002/03 as in 2001/02, ie at 41.3%, then the indicator would be close to 250.

As with any data series, the indicator can be subject to variation year on year. To reduce the effect of annual fluctuations and to allow for the sampling error in the LFS up-rating factor, the indicator series for the target period will be modelled to assess the overall trend. This will be subject to peer review. In addition research is planned to consider the extent of change of reporting levels of major and over-3-day injuries including a detailed study of hospital attendance.

Technical note – ill health

Background

The terms 'occupational' or 'work-related' ill health cover the wide range of disorders that can be attributed to a person's work. Some, such as lead poisoning and asbestosis, are clearly occupational since the exposures that cause them are unlikely to be found outside work. However, many conditions which can be linked to work exposures may arise from a variety of factors: for example, back pain may be due to poor posture at work or at home, while stress may come from work pressures or from problems in outside life.

Another special feature of occupational ill health is that, unlike workplace injuries and fatalities, it normally does not occur immediately after exposure to the hazard. There is a delay, or latency period, between exposure and ill health, which may range from a few hours (in the case of some infectious diseases) to several decades (for many cancers).

The multifactorial nature of ill health, combined with its usually delayed effects, can make it difficult to attribute individual cases of ill health to causation by work factors. Attribution will be done differently by different people – e.g. doctors, employers and individual workers – reflecting their own perspectives, knowledge and awareness. All of this means that work-related ill health cannot be defined or measured in a single, straightforward way.

Sources

Because of this, no single source of statistics is available in Great Britain on the nature and full extent of occupational or work-related ill health. HSE's policy is to make the fullest use of a range of data sources, and develop new ones where necessary. The statistics presented in this document are based on five main sources, mostly referred to by their acronyms:

- **SWI**: Household surveys of self-reported work-related illness, giving estimates of the number of people who have conditions that they think have been caused or made worse by work (regardless of whether they have been seen by doctors). SWI surveys have been carried out, in conjunction with the Office for National Statistics' Labour Force Survey (LFS), in 1990, 1995, 1998/99 and 2001/02. Headline results of the latest survey were published in December 2002; full results were published in June 2003 and are available at http://www.hse.gov.uk/statistics/causdis/swi0102.pdf.

- **THOR**: Voluntary medical surveillance schemes in The Health and Occupation Reporting network (formerly known as ODIN), counting new cases that are caused by work in the opinion of the specialist doctor who sees them. THOR data are available 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, up to 2002.

- **IIS:** Compensation under the Department for Work and Pensions' (DWP's) Industrial Injuries Scheme, recording new cases of specified 'prescribed diseases' (conditions whose occupational cause is well established) assessed for disablement benefit. IIS data are available annually from at least the 1980s up to 2002 (for lung diseases) and 2001/02 (for non-lung diseases).

- **RIDDOR:** Statutory reports by employers under HSE's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations of cases of a defined list of diseases (similar to the IIS list of prescribed diseases) occurring in their employees. RIDDOR data, which are subject to far greater under-reporting for ill health than for injuries, are available from the 1980s up to 2002/03.

- **DCs:** Death Certificates for some types of occupational lung disease, including mesothelioma and asbestosis (for these two diseases special registers are maintained by HSE). Again these are available for a long time series, the most recent data being for 2001.

In addition, more specific sources provide data for certain conditions or hazards:

- **SHAW**: The Stress and Health at Work household survey in 1998, which reported on how stressful individuals believed their jobs were.
- **MRC**: Two Medical Research Council studies in 1997/98, which gave estimates of the numbers of people suffering from work-related deafness and from vibration white finger based on the fractions of the national prevalence attributable to work.
- **Blood-lead**: The measurement of levels of lead in workers' blood samples, as part of the medical surveillance required under the Control of Lead at Work Regulations, from which annual statistics are produced, most recently for 2001/02.

More details of the sources are at: http://www.hse.gov.uk/statistics/causdis/sources.htm.

Technical note – ill health (continued)

Progress measurement for the *Revitalising Health and Safety ill* health incidence target

HSE set out its technical approach to assessing progress against the *Revitalising* targets in a Statistical Note published in 2001 and available at www.hse.gov.uk/statistics/statnote.pdf. For work-related ill health incidence there are several data sources, each of which has strengths and weaknesses and each of which may give a different picture of trends. To address this, the Statistical Note proposed, "Data from the various sources should be integrated to produce an overall judgement about progress against this target, for individual diseases and in aggregate" and that "Information collected on changes in … other relevant factors. will help inform our interpretation of the [health] outcome data".

Since then HSE has been developing its methodology for this **integration process**, drawing on best practice in the UK and internationally and consulting users and experts including the National Statistics Methodology Advisory Committee (MAC) [1]. We have concluded that some quantitative methods that are used to integrate data from different sources, in areas such as the National Accounts, may be applicable here. However, work-related ill health is so complex and subjective an area that a more flexible approach is appropriate, involving:

- assembling the data on each type of work-related ill health from all sources;
- looking at the different sources in terms of their conceptual basis (e.g. coverage) and statistical quality (e.g. sampling errors) to determine which are most suitable for each type of ill health;
- bringing together supporting information on other factors which are known to affect the level of work-related ill health – in particular on working conditions and the awareness, attitudes and behaviours of people in the workplace; and finally
- aggregating the results for different types of work-related ill health and arriving at a judgement on progress that takes all of this information into account.

The boxes on page 11 of this publication present initial results of applying such an integration process to the statistics available in November 2003. Eight broad types of work-related illness are considered separately:

1. Musculoskeletal disorders (MSDs) including those affecting the upper limbs, back and lower limbs.
2. Stress, depression or anxiety.
3. Respiratory diseases with short periods of latency: asthma, inhalation accidents, infectious diseases, allergic alveolitis and other diagnoses.
4. Skin disease: Contact dermatitis, contact urticaria, folliculitis/acne, nail conditions, other dermatoses, infective and mechanical disease.
5. Infectious diseases: Diarrhoeal diseases and other infections.
6. Respiratory diseases with long latency: Mesothelioma, asbestosis, other pneumoconioses, benign pleural disease, chronic bronchitis/ emphysema, and lung cancer (except from death certificates).
7. Vibration-related disorders: Hand-Arm Vibration Syndrome (including Vibration White Finger) and Carpal Tunnel Syndrome.
8. Noise-induced deafness: Sensorineural hearing loss.

Data on the incidence (new cases per year) of these types of illness in recent years – from the sources described on page 37 – along with the available figures on prevalence (i.e. including long standing cases too) are presented in Table 21 on page 34.

Because the data on different types of illness come from different sources they cannot simply be added together to give the overall picture. Instead they need to be aggregated using a set of weights to reflect their relative importance. The SWI incidence and prevalence estimates provide two possibilities for such weights. When aggregating the figures it is possible to measure progress separately for diseases with long latency periods (groups 6-8 above), as was also described in the Statistical Note.

For supporting information, the main source at present is the database of scores allocated by HSE inspectors since April 2002 on various **'Risk Control Indicators' (RCIs)**. Five of these correspond broadly to types of ill health listed above: musculoskeletal disorders, stress, Hand Arm Vibration Syndrome, noise and occupational asthma. For each of them, three indicators (two in the case of stress) are scored using a four-point scale ranging from full compliance (score 1) to limited or no compliance (score 4) in areas that matter.

The RCI data have many limitations: their coverage is limited to premises visited by HSE Field Operations Division staff and so is likely to be unrepresentative of the British economy as a whole; the reliability of the coding has not yet been subjected to rigorous quality assurance; and the data are new, having only been collected since April 2002. Nonetheless we believe there is some information to be gained by analysing movements in the data even over this short period. For this purpose, the data for the first quarter (actually weeks 5-16) of 2003/04 are compared with the same period in 2002/03, to avoid any effects of seasonality (and to exclude the first few weeks of data collection). Because the use of the data is in some ways experimental, they do not yet fulfil the criteria to be described as 'National Statistics'.

This is the third of the annual progress reports promised in the Statistical Note, and the first to present 'integrated' results in this way. We plan to develop the methodology further, incorporating additional data – notably from another SWI survey in 2003/04 and from new sources including a Workplace Health and Safety Survey (WHASS) in 2004/05 – and extending the theoretical model on which it is based. The judgement of progress to 2004/05 and 2009/10, the midpoint and end of the *Revitalising strategy* period, will also be exposed to independent peer review. We would welcome views (to the contact on page 1) on the use of the methodology so far and its further development.

1: The paper put by HSE to the MAC is at http://www.nationalstatistics.gov.uk/methods_quality/downloads/NSMAC04_2.pdf and the Committee's conclusions are at http://www.nationalstatistics.gov.uk/methods_quality/nsmac_fourth_meeting.asp.