

Health and safety statistics 2006/07



A National Statistics publication

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Key facts

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

Key facts for 2006/07 are:

Ill health

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

646 000 of these were new cases in the last 12 months.

2037 people died of mesothelioma (2005), and thousands more from other occupational cancers and lung diseases.

Injuries

241 workers were killed at work, a rate of 0.8 per 100 000 workers.

141 350 other injuries to employees were reported under RIDDOR, a rate of 535.1 per 100 000 employees.

274 000 reportable injuries occurred, according to the Labour Force Survey (LFS), a rate of 1000 per 100 000 workers.

Working days lost

36 million days were lost overall (1.5 days per worker), 30 million due to work-related ill health and 6 million due to workplace injury.

Health and safety targets: progress to 2006/07

Ill health: not on track to meet *Revitalising* or PSA targets.

Fatal and major injuries: on track to meet *Revitalising* and PSA targets.

Days lost per worker: not on track to meet *Revitalising* or PSA targets.

Enforcement

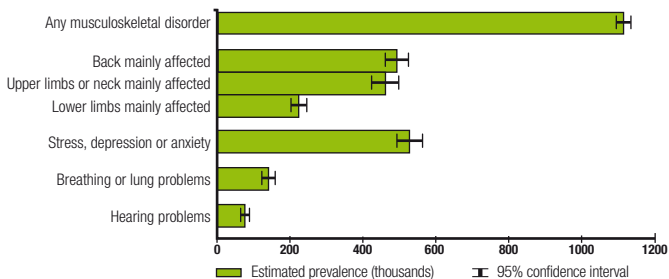
1141 offences were prosecuted by HSE.

257 offences were prosecuted by local authorities (2005/06).

Self-reported ill health

- In 2006/07 an estimated 2.2 million people suffered from ill health which they thought was work-related, according to the LFS.
- Around three quarters of the cases were musculoskeletal disorders (eg upper limb or back problems) or stress, depression or anxiety.

Figure 1: Estimated prevalence of self-reported work-related illness, by type of complaint, 2006/07



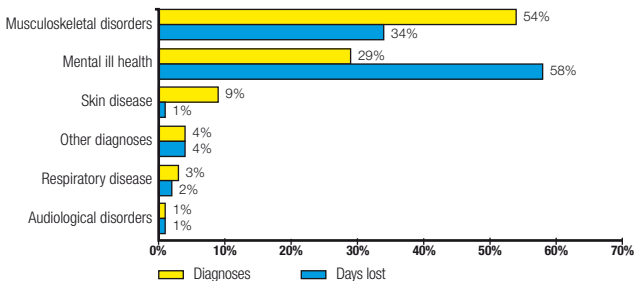
Type of complaint	2006/07 prevalence (thousands)		
	Central estimate	95% confidence interval	
		lower	upper
Musculoskeletal disorders	1 144	1 094	1 193
<i>mainly affecting the back</i>	493	461	526
<i>mainly affecting the upper limbs or neck</i>	426	396	456
<i>mainly affecting the lower limbs</i>	224	203	245
Stress, depression or anxiety	530	496	565
Breathing or lung problems	142	125	159
Hearing problems	75	63	87
Total	2 200	2 131	2 269

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

Reports of ill health by doctors and specialist physicians

- For a number of years surveillance schemes have monitored new cases of work-related ill health seen by hospital specialists and occupational physicians. Over the last three years these specialist schemes have, on average, identified about 22 000 new diagnoses of work-related illness per year.
- Since 2005 a new surveillance scheme has collected reports from a sample of around 300 general practitioners (GPs). In 2006 musculoskeletal disorders were the most common type of work-related illness reported to this scheme followed by mental ill health. This pattern is similar to that seen from the LFS.

Figure 2: Proportion of cases and days lost by diagnosis as reported by General Practitioners for 2006



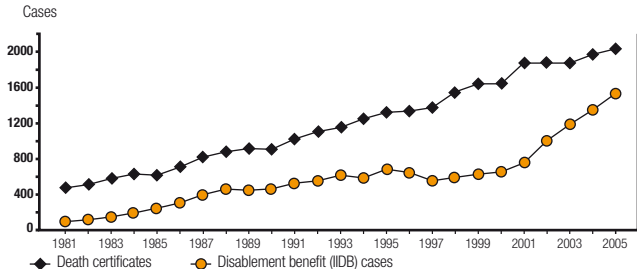
Ill health assessed for industrial injuries disablement benefit (IIDB)

- Figures for the last three years show that an average of just over 6300 cases were assessed for IIDB. The largest categories were vibration white finger, carpal tunnel syndrome and respiratory diseases associated with past exposures to substances such as asbestos and coal dust.

Fatal diseases

- Each year thousands of people die from work-related diseases mainly due to exposures many years ago.
- The number of cancer deaths must be estimated rather than counted. HSE is currently updating its estimates but the emerging information suggests that the annual number of work-related cancer deaths is likely to be in excess of 6000.
- An estimated 4000 cancer deaths each year are due to exposure to asbestos.
- In 2005 there were 134 deaths from asbestosis (as underlying cause), and 210 from other types of pneumoconiosis, mostly due to coal dust and silica.
- Around 15% of Chronic Obstructive Pulmonary Disease (COPD – including bronchitis and emphysema) may be work related. This suggests there could be some 4000 COPD deaths each year due to past occupational exposures to fumes, chemicals and dusts.

Figure 3: Mesothelioma

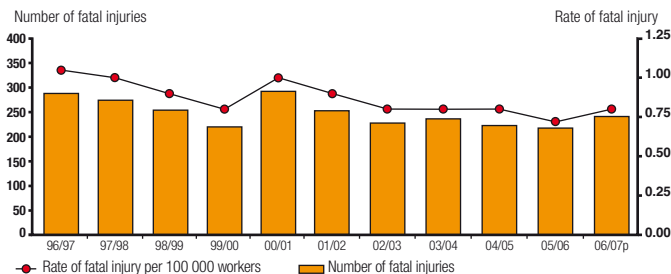


- Deaths from mesothelioma have increased from 153 in 1968 to 2037 in 2005. Latest projections suggest that they will peak somewhere between current levels and 2450 deaths some time between 2011 and 2015.
- Mesothelioma deaths reflect industrial conditions of decades ago; deaths in men aged under 55 have been falling since the mid-1990s, suggesting better control more recently.

Fatal injuries to workers

- There were 241 workers fatally injured in 2006/07 (provisional), and this corresponds to a rate of fatal injury of 0.80 per 100 000 workers. In 2005/06, the figures were 217 and 0.72 respectively.
- Although the longer-term trend in the fatal injury rate is downwards, there has been little change over the last five years.
- Of the main industrial sectors, construction and agriculture have the highest rates of fatal injury. In 2006/07, these two sectors together account for 46% of fatal injuries to workers, with 77 and 34 fatalities respectively.

Figure 4: Number and rate of fatal injuries to workers 1996/97 - 2006/07p



Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
1999/00	162	0.7	58	1.7	220	0.8
2000/01	213	0.9	79	2.4	292	1.0
2001/02	206	0.8	45	1.3	251	0.9
2002/03	183	0.7	44	1.3	227	0.8
2003/04	168	0.7	68	1.8	236	0.8
2004/05	172	0.7	51	1.3	223	0.8
2005/06	164	0.6	53	1.4	217	0.7
2006/07p	185	0.7	56	1.4	241	0.8

(a) per 100 000 employees

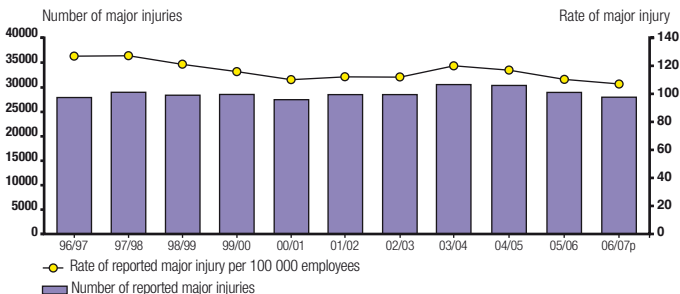
(b) per 100 000 self-employed

(c) per 100 000 workers

Reported non-fatal injuries

- 28 267 major injuries to employees were reported in 2006/07. The rate of injury was 107.0 per 100 000, down 3% on the previous year. Over one third were caused by slipping and tripping.
- There were 113 083 other injuries to employees causing absence of over 3 days. This is equivalent to a rate of 428.1, which is 6% lower than 2005/06. Two fifths were caused by handling, lifting or carrying.

Figure 5: Number and rate of reported major injuries to employees



Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
Major injury						
2004/05	30 451	117.9	1 251	33.0	31 702	107.1
2005/06	28 914	110.5	1 303	34.0	30 217	100.7
2006/07p	28 267	107.0	1 183	30.3	29 450	97.1
Over-3-day injury						
2004/05	121 779	471.7	1 143	30.2	122 922	415.2
2005/06	119 045	454.7	1 223	31.9	120 268	400.7
2006/07p	113 083	428.1	1 139	29.2	114 222	376.8

(a) per 100 000 employees

(b) per 100 000 self-employed

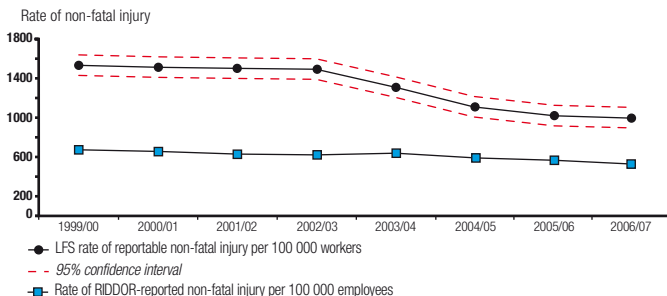
(c) per 100 000 workers

Note: See page 28 for definitions of major and over-3-day injuries.

Labour Force Survey and reporting of injuries

- The rate of reportable injury estimated from the Labour Force Survey (LFS) was 1000 per 100 000 workers in 2006/07, a statistically significant fall since 2004/05.
- Comparing this with the RIDDOR rate of reported major and over-3-day injury, the estimated level of reporting by employers was 54%.

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



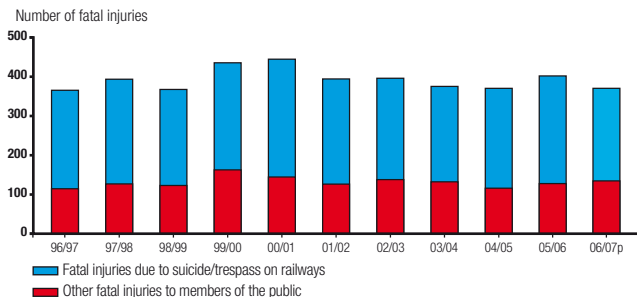
	RIDDOR-reported injury rate to employees (a)	LFS reportable injury rate to workers (b)			Estimated percentage of injuries reported
		Central estimate	95% confidence interval lower	95% confidence interval upper	
1999/00	667	1 530	1 430	1 630	44%
2001/02	624	1 500	1 400	1 600	42%
2002/03	618	1 490	1 390	1 600	41%
2003/04	635	1 310	1 210	1 410	48%
2004/05	590	1 200	1 100	1 290	49%
2005/06	565	1 090	990	1 180	52%
2006/07p	535	1 000	910	1 090	54%

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

Injuries to members of the public

- In 2006/07 there were 369 fatal injuries to members of the public reported under RIDDOR. Around two thirds of these, 246, were due to acts of suicide or trespass on the railways.
- There were 17 483 reported non-fatal injuries to members of the public.

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



	Fatal injuries	Non-fatal injuries (a)
1999/00	436	25 059
2000/01	444	20 836
2001/02	393	14 834
2002/03	396	12 793
2003/04	374	13 679
2004/05	370	14 316
2005/06	401	15 868
2006/07p	369	17 483

(a) The definition of a non-fatal injury to a member of the public is different to that for workers (see page 28).

Ill health and injuries by industry sector

Figure 8: Estimated prevalence rates of self-reported work-related illness, 2006/07

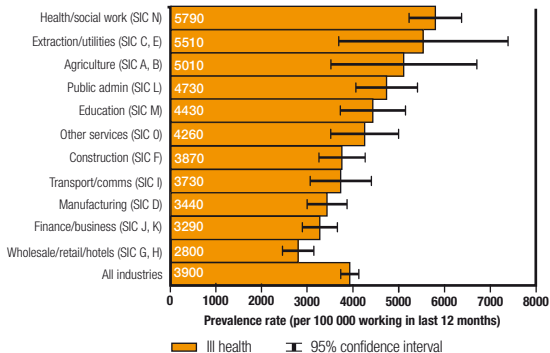
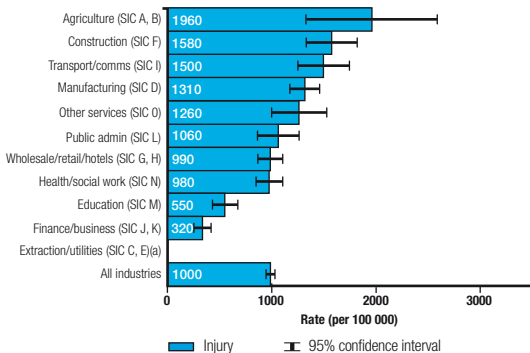


Figure 9: Estimated rates of self-reported non-fatal injury to workers, average 2004/05 – 2006/07



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

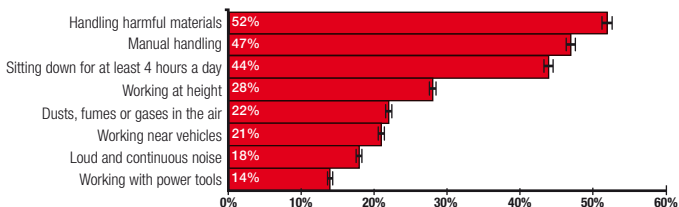
SIC: Standard Industrial Classification section (see page 30).

(a) Sample cases too small to provide reliable rates

Working conditions – Worker perspective

- In 2005 around half of all British workers reported their jobs involved handling harmful substances and manual handling.
- Workers thought the standard of workplace risk control changed little between 2005 and 2006.
- The Psychosocial Working Conditions (PWC) survey indicates little change in self-reported psychosocial working conditions 2004 to 2007.

Figure 10: Percentage of British workers that report selected working condition in 2005*



* Source Fit3 worker survey 2005.

Change in the percentage of workers who thought that risk control was *very effective* (by selected risks)

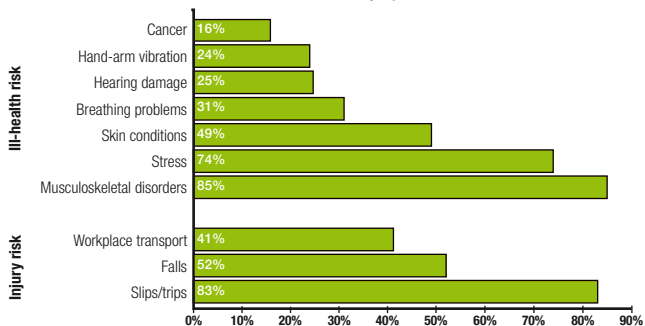
Risk associated with:	Percentage change 2005 to 2006	Statistical significance of change
Noise	7.6%	Significant change
Power tools	4.8%	-
Sitting down for at least 4 hours a day	3.5%	Significant change
Dust	3.3%	-
Working at height	0.7%	-
Workplace transport	-1.5%	-
Slipping/tripping	-1.7%	-
Skin irritants	-2.5%	-
Manual handling	-3.3%	Significant change

Note: Data on this page are not National Statistics. See 'Sources and definitions' for Fit3 worker survey and PWC survey.

Working conditions – Employer perspective

- Musculoskeletal disorders, slipping and tripping, and stress were the three most commonly reported health and safety risks by British employers.

Figure 11: Percentage of employers stating their workers could be exposed to various work-related ill-health or injury risks*



* Source Fit3 employer survey 2006.

Note: Data on this page are not National Statistics. See 'Sources and definitions' for Fit3 employer survey.

Ill health, injuries and enforcement by country and region

● Rate of self-reported ill health prevalence per 100 000 people who have ever worked, 2006/07 (LFS)

● Rate of reportable injury per 100 000 workers, 2005/06 (LFS, averaged)

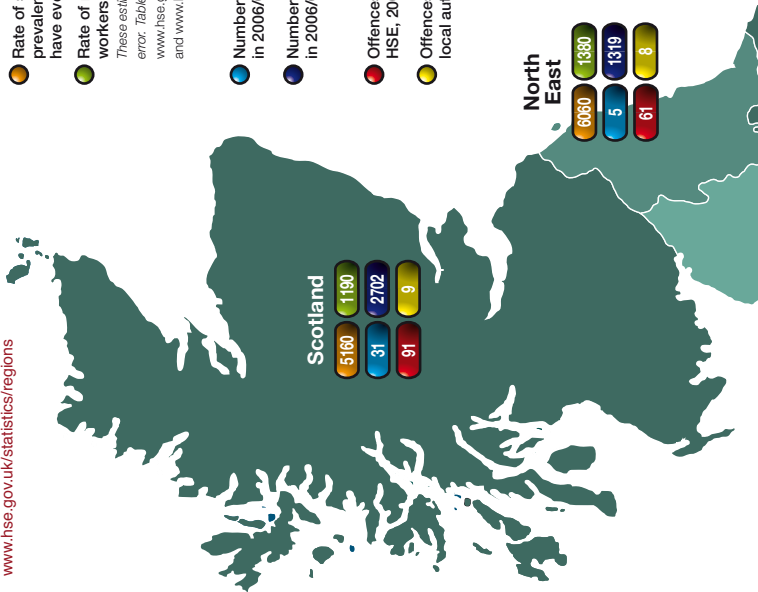
These estimated rates are subject to sampling error. Tables giving 95% confidence intervals are at www.hse.gov.uk/statistics/lfs/0607/wrigror1e_0607.htm and www.hse.gov.uk/statistics/lfs/0607/lrigror1_3yr.htm

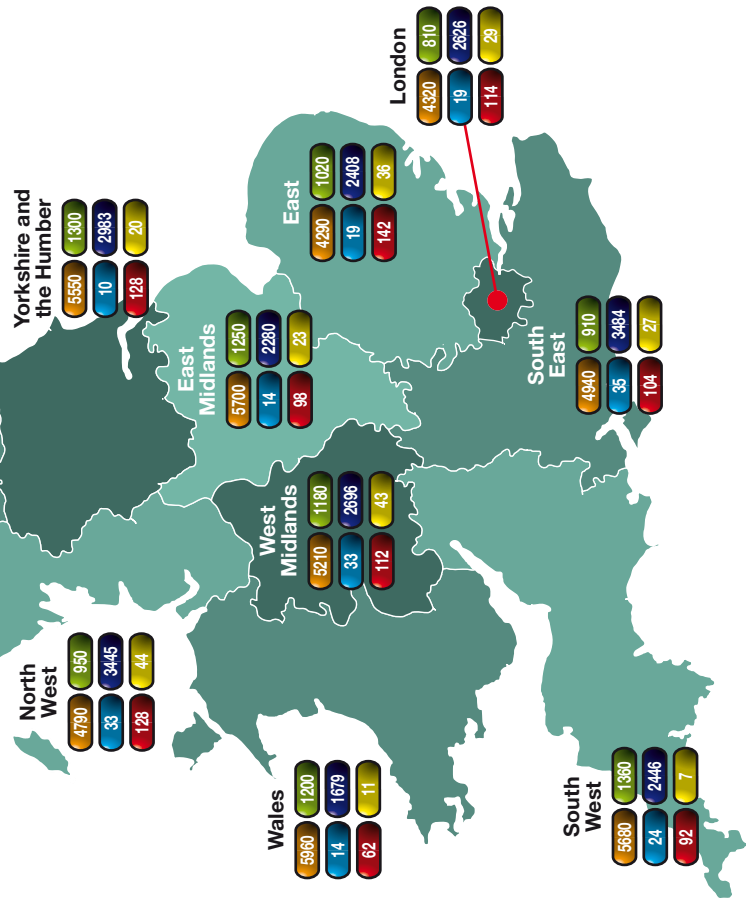
● Number of fatal injuries to workers in 2006/07p (RIDDDOR)

● Number of major injuries to employees in 2006/07p (RIDDDOR)

● Offences prosecuted by HSE, 2006/07

● Offences prosecuted by local authorities, 2005/06

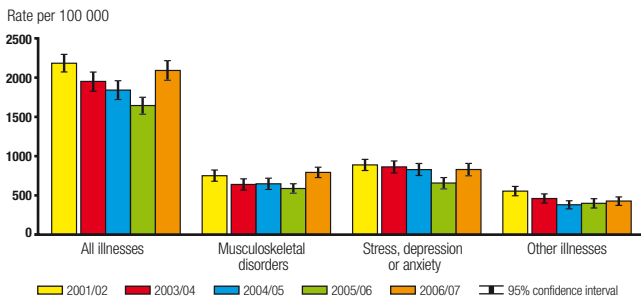




Progress on work-related ill health incidence

- The *Revitalising Health and Safety* target is to reduce the incidence rate of work-related ill health by 20% between 1999/2000 and 2009/10; the pro rata target for 2006/07 is a 14% reduction.
- At this stage progress is **not on track** to meet this *Revitalising Health and Safety* target.
- The Public Service Agreement (PSA) includes a target to reduce the incidence rate of work-related ill health by 6% in 2007/08 against a 2004/05 baseline, the pro rata target for 2006/07 is a 4% reduction.
- At this stage progress is **not on track** to meet this PSA target.

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



- The incidence rate of self-reported work-related ill health from the 2006/07 Labour Force Survey is of a similar order to that in 2001/02 despite earlier indications of a downward trend from 2001/02 to 2005/06.
- Further analysis is needed to understand the sudden rise in self-reported work-related ill health between 2005/06 and 2006/07. First findings provide nothing to suggest this was related to any changes in survey design.

- Self-reported work-related stress and musculoskeletal disorders both show a fall from 2001/02 to 2005/06, and a rise between 2005/06 and 2006/07, reaching levels similar to 2001/02.
- Trends in the other smaller categories of work-related ill health show a mixed pattern. There are indications of falls in asthma, dermatitis and some long-latency respiratory diseases, a rise in mesothelioma and no clear changes in other conditions.

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

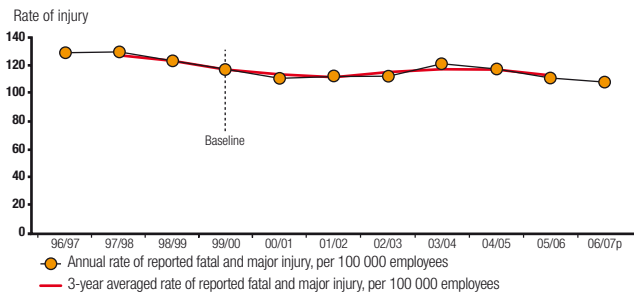
Type of complaint	Incidence rate per 100 000 employed in the last 12 months		
	Central estimate	95% confidence interval lower	95% confidence interval upper
All illnesses			
2001/02	2 190	2 070	2 310
2004/05	1 850	1 730	1 960
2006/07	2 090	1 970	2 220
Musculoskeletal disorders			
2001/02	750	680	820
2004/05	650	580	710
2006/07	790	710	870
Stress, depression or anxiety			
2001/02	890	810	960
2004/05	820	750	900
2006/07	830	750	910
Other illnesses			
2001/02	550	490	610
2004/05	380	320	430
2006/07	480	420	540

Source: Labour Force Survey

Progress on fatal and major injuries

- The *Revitalising Health and Safety* target is to reduce the incidence rate of fatal and major injury by 10% between 1999/2000 and 2009/10; the pro rata target for 2006/07 is a 7% reduction.
- The available sources indicate that at this stage progress is **on track** to meet this *Revitalising Health and Safety* target.
- The Public Service Agreement (PSA) includes a target to reduce the incidence rate of fatal and major injuries by 3% in 2007/08 against a 2004/05 baseline, the pro rata target for 2006/07 is a 2% reduction.
- At this stage progress is **on track** to meet this PSA target.

Figure 13: Rate of reported fatal and major injury to employees



- The rate of employee major injury reported under RIDDOR shows a falling trend from 1997/98 to 2002/03, and again from 2003/04 to 2006/07. The overall change between 1999/2000 and 2006/07 shows a fall within the range of 7% to 11%.

- Despite a rise in 2006/07 the rate of fatal injury to employees has shown an overall falling trend since 1999/2000. However, most of this reduction occurred in the earlier part of the period, with the figures for more recent years showing some cause for concern.
- The rate of RIDDOR reported over-3-day injury, that provides supporting evidence, has fallen by around 22% since 1999/2000.
- Other supporting evidence from the LFS shows a statistically significant fall of 35% in reportable injury since 1999/2000. The range of possibilities (95% confidence interval) for this fall in self-reported injury is from 26% to 44%.
- Work is ongoing to improve understanding of the rise in major injuries that took place in 2003/04, and the reporting of major injuries generally.

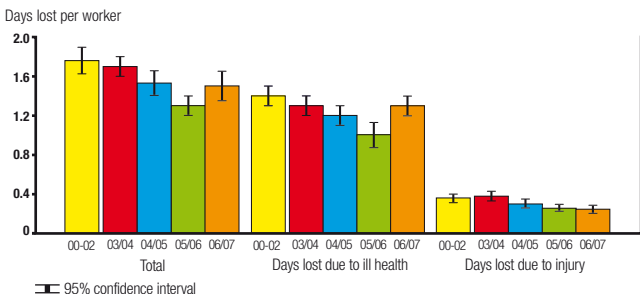
Year	Rate of reported injury (per 100 000 employees)		
	Fatal injury	Major injury	Fatal and major injury
1999/00	0.7	116.6	117.3
2000/01	0.9	110.2	111.1
2001/02	0.8	110.9	111.7
2002/03	0.7	111.1	111.8
2003/04	0.7	120.4	121.1
2004/05	0.7	117.9	118.6
2005/06	0.6	110.5	111.1
2006/07p	0.7	107.0	107.7

Source: RIDDOR

Progress on working days lost

- The *Revitalising Health and Safety* target is to reduce the number of working days lost per worker due to work-related injury and ill health by 30% between 2000-02 and 2009/10; the pro rata target for 2006/07 is a 21% reduction.
- There was a downward trend in working days lost per worker from 2000-02 to 2005/06, although in 2006/07 there was a statistically significant rise back to 2004/05 levels. At this stage progress is **not on track** to meet this *Revitalising Health and Safety* target.

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



- The Public Service Agreement (PSA) includes a target to reduce the number of working days lost per worker due to work-related injury and ill health by 9% in 2007/08 against a 2004/05 baseline, the pro rata target for 2006/07 is a 6% reduction.
- Given the significant rise in days lost per worker in 2006/07, at this stage progress is **not on track** to meet this PSA target.
- The baseline for the *Revitalising* target is taken as 2000-02, because comparable data on working days lost, from the LFS, are only available since 2000/01 (for injuries) and 2001/02 (for ill health).
- Since 2000-02 working days lost per worker has fallen by 12% within a possible range (95% confidence interval) of 2% to 23%. The pro rata *Revitalising* target falls close to the top end of this range.

- The rise between 2005/06 and 2006/07 is strongly influenced by the significant rise in days lost per worker attributed to self-reported work-related ill health in the LFS. Further analysis is needed to understand this sudden rise. First findings provide nothing to suggest this was related to any changes in survey design.

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

Type of complaint	Days lost (thousands)			Days lost per worker*		
	Central estimate	95% confidence interval lower upper		Central estimate	95% confidence interval lower upper	
Due to all ill health and injuries						
2000-02	39 817	36 746	42 888	1.76	1.62	1.90
2004/05	35 426	32 528	38 323	1.53	1.41	1.66
2006/07	35 736	32 750	38 723	1.55	1.42	1.68
All illnesses						
2001/02	31 752	29 121	34 383	1.40	1.29	1.52
2004/05	28 404	25 722	31 086	1.23	1.11	1.34
2006/07	29 963	27 155	32 771	1.30	1.18	1.42
Musculoskeletal disorders						
2001/02	11 810	10 231	13 389	0.52	0.45	0.59
2004/05	11 602	9 761	13 444	0.50	0.42	0.58
2006/07	10 715	8 973	12 457	0.46	0.39	0.54
Stress, depression or anxiety						
2001/02	12 919	11 235	14 603	0.57	0.50	0.64
2004/05	12 820	11 100	14 540	0.55	0.48	0.63
2006/07	13 760	11 887	15 633	0.60	0.51	0.68
All injuries						
2000/01	8 065	7 037	9 093	0.36	0.31	0.40
2004/05	7 021	6 035	8 008	0.30	0.26	0.35
2006/07	5 773	4 838	6 708	0.25	0.21	0.29

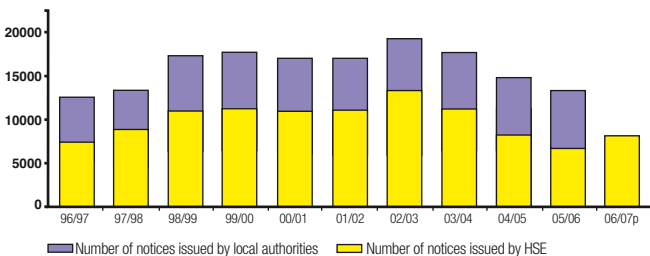
Note: * Combined injury and illness rates differ from the sum of the parts due to rounding.

Enforcement notices

- In 2005/06 there were 13 363 enforcement notices issued by all enforcing authorities, compared to 14 891 in 2004/05.
- Since 1 April 2006 enforcement of railway safety has been the responsibility of the Office of Rail Regulation (ORR). In 2006/07 HSE issued 8071 enforcement notices, and ORR issued 28. The combined figure of 8099 compares to the 6593 notices issued by HSE in 2005/06.
- Statistics for enforcement notices issued by local authorities are not yet available for 2006/07. Between 2000/01 and 2005/06 the number issued increased by 17% to 6770.

Figure 15: Number of enforcement notices issued by all enforcing authorities

Number of enforcement notices



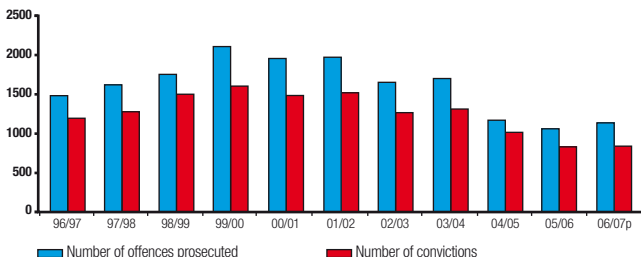
		Improvement notice	Deferred prohibition	Immediate prohibition	Total
2004/05	HSE	5 186	49	3 236	8 471
	Local authorities	5 110	50	1 260	6 420
	Total	10 296	99	4 496	14 891
2005/06	HSE	3 925	38	2 630	6 593
	Local authorities	5 220	80	1 470	6 770
	Total	9 145	118	4 100	13 363
2006/07p	HSE	5 069	50	2 952	8 071
	ORR	23	-	5	28
	Local authorities	n/a	n/a	n/a	n/a

Prosecutions taken by HSE

- In 2006/07, the number of offences prosecuted by HSE increased to 1141, from 1056 in 2005/06. Of the 2006/07 figure, nine offences related to railways. These were initiated by HSE, although this industry is now enforced by ORR.
- The number of convictions increased in 2006/07 to 848 (of which, six convictions related to railways).
- The average penalty per conviction in 2006/07 was £15 370. If fines in excess of £100 000 are excluded, this gives an average of £8723.

Figure 16: Number of offences prosecuted and convictions - HSE

Number of offences prosecuted/convictions

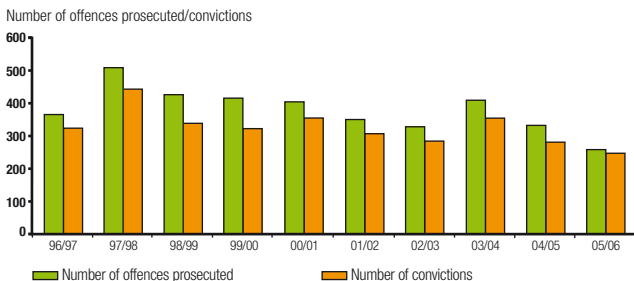


	Offences prosecuted	Convictions
2001/02	1 986	1 522
2002/03	1 659	1 273
2003/04	1 720	1 317
2004/05	1 320	1 025
2005/06	1 056	840
2006/07p	1 141	848

Prosecutions taken by local authorities

- Statistics for prosecutions by local authorities are not yet available for 2006/07.
- In 2005/06 a total of 257 offences prosecuted led into 247 convictions; both figures are continuing the downward trend since 1995/96.
- In 2005/06, the proportion of offences prosecuted by local authorities that led to conviction was 96%, which is the highest conviction rate over a ten-year period.
- In 2005/06, the average penalty per conviction was £9674, approximately two thirds higher than in 2004/05 (£5899). If untypical large fines (more than £100 000) are omitted, the average fine in 2005/06 is slightly higher than in 2004/05 (£4935 against £4848).

Figure 17: Number of offences prosecuted and convictions by - local authorities 1996/97 - 2005/06



	Offences prosecuted	Convictions
2001/02	350	307
2002/03	330	285
2003/04	410	354
2004/05	332	281
2005/06	257	247
2006/07	n/a	n/a

Sources and definitions

The Labour Force Survey (LFS): A national survey of over 50 000 households each quarter which provides information on the UK labour market. HSE commissions annual questions which have mostly been included in the winter quarter (December to February). In 2006/07, a realignment in the LFS from seasonal to calendar quarters has seen the HSE questions move to quarter 1 (January to March). This small change in survey period has introduced a potential discontinuity to the time series. Although initial investigations have suggested that this change in survey design has not affected the top-level injury, ill health and working days lost data, comparison of 2006/07 data with earlier years at more disaggregated levels should be made cautiously.

Self-reported work-related illness (SWI): People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. 'Prevalence' estimates include long-standing as well as new cases; 'incidence' comprises those who first became aware of their illness in the last 12 months. HSE has carried out SWI surveys, linked to the LFS, periodically since 1990 and annually since 2003/04. Headline results from the 2006/07 survey are published here for the first time.

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

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

Death certificates: Page 8 refers to deaths from some types of occupational lung disease, including the asbestos-related diseases mesothelioma and asbestosis.

RIDDOR 95: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, under which fatal and specified non-fatal injuries to workers and members of the public arising from work activity are reported by employers and others to the relevant enforcing authority. These are HSE, local authorities and the Office of Rail Regulation (ORR). Prior to 1 April 2006 safety on railways was enforced by HSE, and ORR since. The RIDDOR figures include railways data, provided by ORR, although the breakdown by country/region on pages 16-17 excludes railways.

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

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

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

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

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

Working days lost: Days off work due to workplace injuries and work-related ill health, as estimated from the LFS. The figures are expressed as full-day equivalents, to allow for variation in daily hours worked, and are available for 2000/01 (injuries), 2001/02 (ill health), and annually (for both injuries and ill health) from 2003/04. Headline results from the 2006/07 survey are published here for the first time.

Fit3 surveys: The Fit3 (Fit for Work, Fit for Life, Fit for Tomorrow) programme has been developed by HSE to help deliver health and safety targets. The Fit3 surveys are an annual series of employer and employee surveys that measure the working conditions the Fit3 programme aims to influence. They include among other things assessments of exposure to risk, risk control, and the effectiveness of risk control. The Fit3 employer survey first ran in autumn 2005 and the Fit3 worker survey first ran in spring 2006. These surveys do not meet all the criteria to be described as 'National Statistics' Further details are available from:

www.hse.gov.uk/statistics/publications/fit3.htm

Psychosocial Working Conditions (PWC) surveys: The Psychosocial Working Conditions (PWC) surveys have run annually since 2004 within modules of the Office for National Statistics (ONS) Omnibus Survey. The latest available PWC survey is for 2007. These surveys of British employees measure the psychosocial working conditions of demand, control, managerial support, peer support, role, relationships and change at work. These are the working conditions that HSE is aiming to improve among British workers by

means of employers implementing its Management Standards approach to tackling work-related stress, launched in November 2004. These surveys do not currently meet all the criteria to be described as 'National Statistics'. Further details are available within PWC survey reports available from:

www.hse.gov.uk/statistics/publications/illhealth.htm

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

Standard Industrial Classification (SIC): The system used in UK official statistics for classifying businesses by the type of activity they are engaged in. This has been revised several times since first introduced in 1948. The latest version, SIC 2003, made minor revisions to SIC 1992.

Rate per 100 000: The number of injuries or cases of ill health per 100 000 employees or workers, either overall or for a particular industry or area. For reported injuries, the rates use estimates of the number of jobs produced by the Office for National Statistics (ONS). For reportable injuries from the LFS, and ill-health cases from various sources, the rates are based on LFS employment estimates.

95% confidence intervals: The range of values which we are 95% confident contains the true value, in the absence of bias. This reflects the potential error that results from surveying a sample rather than the entire population. A difference between two estimates is 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

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

Enforcement notices cover improvement, prohibition and deferred prohibition. Offences prosecuted refer to individual breaches of health and safety legislation; a prosecution case may include more than one offence. These statistics do not meet all the criteria to be described as ‘National Statistics’. In particular, responsibility for the release arrangements does not rest with HSE statisticians.

p: Provisional.

n/a: Not available.

Further information

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e-mail: hse.infoline@natbrit.com or write to HSE Information Services, Caerphilly Business Park, Caerphilly CF83 3GG.

For further details, visit: www.hse.gov.uk/statistics

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