Health and safety in human health and social care in Great Britain, 2014

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This document is available from www.hse.gov.uk/statistics/
Self-reported injuries in the health and social care sector have generally declined over the past decade. There is no measurable trend in the rate of work-related ill-health, which has remained largely flat.

The latest results show:
- about 4.1 million lost working days (1.36 days per worker) due to self-reported work-related illness and injury. Around 90% of this was illness related (LFS);
- one of the highest numbers of working days lost per worker in any sector and higher than the average of 1.00 day per worker for all industries (LFS);
- an estimated 91,000 new cases of work-related ill health, with rates for stress, in particular, significantly above the average for all industries (LFS);
- 8,729 reported injuries to employees in the health sector and 4,881 in social care (RIDDOR);
- assaults account for 30% of over-seven-day reports in residential care, 20% in social work and 19% in healthcare. This compares to 7% in all GB industries. (RIDDOR).

Figure 1 Estimated averaged numbers of all self-reported workplace injury and of non-fatal injury with over-three-day and over-seven-day absence, for people working in health and social care in the last 12 months (LFS)
What is health and social care?

HSE uses the SIC 2007 classification scheme to define industries. Under SIC 2007\(^1\) health and social care (Section Q) includes:

- Human health activities – Division 86;
- Residential care activities – Division 87; and
- Social work activities without accommodation – Division 88.

For the purposes of this report the analysis of RIDDOR reports is grouped into two parts:

- Human health activities; and
- Residential care activities and social work activities without accommodation;

although residential care activities and social work activities are identified separately and the RIDDOR data for each is available separately. Some other data is only available for the whole section.

**Industry coding errors**

Since September 2011 people making RIDDOR reports have been carrying out much of the coding themselves, this includes selection of the industry. There are clearly errors in the industry chosen by reporters. This is particularly marked for social care reports. Many were reported as accommodation or personal services rather than social care with, or without, accommodation.

It is relatively easy to identify and correct the industry for most NHS reports, but social care ones are much harder to identify as they involve so many small businesses with names that do not clearly indicate the nature of their business. This means that there are much greater uncertainties in what should be coded to SIC Division 87 or 88 than to 86.

**Economic context**

Human health and social work activities grew by 1.5% between July 2013 and July 2014.\(^2\) Employment in the sector has increased by an average of just under 2% per year since 2004. The number of self-employed workers has increased by 3% per year and now accounts for 8.4% of the workforce.

**Figure 2 Output gross value added – Health and social care. (Source: Office for National Statistics\(^3\))**

![Graph showing output gross value added for health and social care activities from 1990 to 2012.](https://example.com/figure2.png)

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2. [www.ons.gov.uk/ons/dcp171778_376474.pdf](https://www.ons.gov.uk/ons/dcp171778_376474.pdf) page 9
Ill health

Overall, musculoskeletal disorder and mental ill health

The Labour Force Survey (LFS) and voluntary reporting of occupational diseases by doctors (THOR and THOR-GP) provide data about health risks in different industries and occupations. Available data for previous years may be found in the various tables.

When comparing results from THOR and the LFS it is important to understand that cases reported under THOR have been diagnosed by doctors while those reported under LFS are cases of self-reported illness caused or made worse by a current or most recent job for people working in the last 12 months.

The Labour Force Survey also estimated that 188 000 people whose current or most recent job in the last year was in the health and social care sector, suffered from an illness (long standing and new cases) which was caused or made worse by this job (Table WRIND2_3YR). The rate, 4 690 (4.7%) per 100 000 working in the last year, was statistically significantly higher than that for all industries (3 130 per 100 000 – 3.1%), It was not statistically significantly different from the average rates for the previous three year period.

An estimated 3.7 million working days or 1.2 days per worker, were lost in 2013/14 (annual estimate) due to self-reported work-related illness. This is one of the highest rates of all the sectors, statistically significantly higher than the rate of 0.8 days per worker for all industries. (WDLIND)

Figure 3 Estimated rate of total cases (new and longstanding) of self-reported illness, caused or made worse by the current or most recent job, for people working in the last 12 months (LFS)

Human health and social work activities had statistically significantly higher ill health rates than the rate for all industries.

Occupations with the highest average days lost per (full-time equivalent) worker due to self-reported illness caused or made worse by the current or most recent job, for people working in the last 12 months include:

- Caring personal services 1.26
- Nurses 1.87

Those with the highest estimated rate of new cases of self-reported illness caused or made worse by current or most recent job, by occupation, per 100 000 people working in the last 12 months included:

- Nurses 3 040
- Caring personal services 2 290
- Health and social care associate professionals 2 640

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4 For a discussion of the sources used in producing HSE Statistics, see [www.hse.gov.uk/statistics/sources.htm](http://www.hse.gov.uk/statistics/sources.htm)

5 Averaged over 2010/11, 2011/12, 2013/14

6 No ill health data was collected on the LFS in 2002/03 or 2012/13
The following table summarises other key estimates of work-related ill health for human health and social care combined from THOR and from the LFS.

### Table 1 Ill health data sources and latest figures

<table>
<thead>
<tr>
<th>Health issue</th>
<th>THOR GP (3 year average, 2011 to 2013)</th>
<th>LFS – estimated rate of new cases of self-reported illness per 100 000 employed in the last 12 months³</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases of work-related ill health (incidence rate per 100 000 persons employed)</td>
<td>This is 1.4 times the rate for all industries. (Table THORGP04).</td>
<td>2 360 (Table WRIIND4_3YR) This is the highest sector and significantly higher than the all industry rate (1 460). It is not significantly different from previous rates. There were an estimated 95 000 new cases of work-related ill health.</td>
</tr>
<tr>
<td>New cases of work-related musculoskeletal disorders (incidence rate)</td>
<td>This is the same as the rate for all industries. (THORGP05).</td>
<td>630 (MSDIND4_3YR) – statistically significantly higher than the all industry rate of 480. It is not significantly different from previous years rates.</td>
</tr>
<tr>
<td>Mental ill-health/self-reported stress, depression or anxiety (incidence rate)</td>
<td>This is nearly double the rate for all industries. (THORGP06).</td>
<td>1 190 (STRIND4_3YR) This is one of the highest rates amongst the sectors and is statistically significantly higher than the all industry rate (670).</td>
</tr>
</tbody>
</table>

The values quoted above are the central estimates from the LFS survey. The respective tables include the confidence interval (C.I. – an indicator of the reliability) for each estimate.

### Skin disease

The estimated average incidence rate (new cases) of contact dermatitis reported by dermatologists to EPIDERM between 2008 and 2013 was 10 per 100 000 persons in Human Health & Social Work Activities (Table THORS05). This compared with four for all industries. The rate of dermatitis in healthcare is, however, much greater than in social/residential care - 16 compared with two in social/residential care.

Soaps, detergents, sterilising and disinfecting agents with other activities that involve regularly wetting the hands are the most significant agents implicated in dermatitis. Protective clothing (latex and rubber) are also significant agents.
Injuries

A: Human health activities

Overview

Health accounted for 8% of employees\(^7\), but 11% (0% fatalities, 7% major/species and 13% over-seven-day) of reported injuries to employees in 2013/14\(^p\).

Fatal and major/species injuries

There were no fatalities to workers in human health activities in 2013/14. There have been a total of three in the last ten years.

In 2013/14\(^p\), there were 1 322 reported major/species injuries to employees, giving a rate of 66.1 per 100 000 employees. This compares with an average number and rate of 1 589 and 82.4 over the previous five years.

Figure 4 Number and rate of major/species injuries to employees in human health care (RIDDOR)

Changes to the definition of human health and to RIDDOR reporting arrangements make it difficult to judge trends. There was little change in rate and number from 2012/13 to 2013/14.

The most common causes of major/species injury in the last five years were:

Table 2 Kinds of major/species injury

<table>
<thead>
<tr>
<th>Injury Kind</th>
<th>Proportion of reported major/ specified injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Human Health 2013/14p</td>
</tr>
<tr>
<td>Slips/trips, and falls from height</td>
<td>62%</td>
</tr>
<tr>
<td>Assault</td>
<td>16%</td>
</tr>
<tr>
<td>Handling</td>
<td>5%</td>
</tr>
</tbody>
</table>

\(^7\) In 2011/12, the RIDDOR reporting system changed. There were also changes to what injuries had to be reported in 2012/13 (over 3 to over 7 day absence) and mid-way through 2013/14 (from major to specified injuries). \(\text{http://www.hse.gov.uk/statistics/sources.htm#riddor}\) provides further explanation.

\(^8\) The number of health workers describing themselves as self-employed has increased by about 10% since 2009 and they now make up about 9% of the workforce.
**Over-three-day and over-seven-day injuries**

In 2013/14p, the number of reported over-seven-day injuries to employees was 7,407 - a rate of 370.1 per 100,000 employees. In 2012/13 there were 7,076 over-seven-day injuries a rate of 365.8.

There were an average of 10,029 reported over-three-day injuries between 2007/08 and 2011/12, a rate of 521 per 100,000 employees.

Numbers and rates have been fairly static since 2004/05.

**Figure 5 Number and rate of over-three-day and over-seven-day injuries to employees in human health care (RIDDOR)**

The most common causes of over-three/seven-day injuries in the last five years were:

**Table 3 Kinds of over-three/over-seven-day injury**

<table>
<thead>
<tr>
<th>Injury Kind</th>
<th>Proportion of reported:</th>
<th>Over-seven-day injuries in</th>
<th>Over-three-day injuries between 2007/08-2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Human Health (averaged 2012/13 and 2013/14p)</td>
<td>All industries 2013/14</td>
</tr>
<tr>
<td>Handling⁹</td>
<td>37%</td>
<td>29%</td>
<td>45%</td>
</tr>
<tr>
<td>Slips and trips</td>
<td>21%</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>Assault</td>
<td>18%</td>
<td>7%</td>
<td>16%</td>
</tr>
</tbody>
</table>

⁹ Many reports that would previously have been coded as Handling are now being coded as Other.

This document is available from [www.hse.gov.uk/statistics/](http://www.hse.gov.uk/statistics/)
Labour Force Survey (LFS) injuries

The LFS indicates that the average rate of over-seven-day absence injury between 2011/12 and 2013/14 was about 660 (0.6%) per 100 000 workers\(^{10}\). This is statistically significantly higher than the average rate across all industries – 500 (0.5%). (Table INJIND4_3YR)

B: Residential care activities and social work activities without accommodation

Overview

Residential care activities accounted for about 3%\(^{11}\) of employees and about 4% (2% fatalities, 3.6% major and 4.5% over-seven-day) of reported injuries to employees in 2013/14p.

Social work activities accounted for about 3%\(^{12}\) of employees and about 2% (0% fatalities, 1.9% major and 2.1% over-seven-day) of reported injuries to employees in 2013/14p.

Fatal and major/specified injuries

There were two fatal injuries to employees in residential care activities – the first fatal injuries to workers since 2007/08. In the last ten years, there have been a total of four fatal injuries to workers in residential care activities and three in social work without accommodation.

Figure 6 Numbers and rates of major/specified injuries to employees in residential care & non-residential social work (RIDDOR)

In 2013/14p the number and rate of reported major/specified injuries to employees within:

- residential care activities was 689 and 80.8 compared with an average of 801 major injuries and rate of 115.0 over the previous 5 years;
- social work activities without accommodation was 359 and 43.0 compared with annual average major injuries and rates in the previous five years of 498 and 55.6.

The number and rate of reported major/specified injuries to employees within residential care and social work activities shows a rising trend since 2004/05 peaking in 2008/09 or 2009/10 and falling since then. The rapid fall in injury rates between 2008/09 and 2009/10 coincides with a sudden increase in employment in residential care. At the same time there was a much smaller fall in non-residential care. There was also a simultaneous fall in employment in public administration. These changes could, partially at least, be the result of coding or other system changes.

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\(^{10}\) i.e. about 6 in one thousand health workers sustained an over seven day absence injury

\(^{11}\) Only about 3% of the residential care workforce class themselves as self-employed.

\(^{12}\) About 12% of the social care workforce class themselves as self-employed.
The most common causes of major/specified injuries in the last six years were:

Table 4 Kinds of major/specified injury

<table>
<thead>
<tr>
<th>Injury Kind</th>
<th>Residential care activities</th>
<th>Social work</th>
<th>All industries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slips, trips &amp; falls on the level</td>
<td>50%</td>
<td>46%</td>
<td>52%</td>
</tr>
<tr>
<td>Assault</td>
<td>20%</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Falls from height</td>
<td>7%</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Handling</td>
<td>5%</td>
<td>9%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Over-seven-day injuries

In 2013/14p the number and rate of reported over-seven-day injuries to employees within:

- residential care activities were 2,625 and 308.0, compared to 2,718 and 335.7 in 2012/13. There were over-three-day averages of 3,502 and 567.7 between 2007/08 and 2011/12;
- social work activities without accommodation were 1,206 and 144.5; compared to 1,386 and 158.5 in 2012/13. The averages for over-three-day injuries between 2007/08 and 2010/12 were 1,641 and 182.1.

Figure 7 Numbers and rates of over-three-day and over-seven-day injuries to employees in residential care and non-residential social work (RIDDOR)

The most common causes of over-seven-day injuries in 2013/14p were:

Table 5 Kinds of over-seven-day injury

<table>
<thead>
<tr>
<th>Injury kind</th>
<th>Residential care activities</th>
<th>Social work</th>
<th>All industries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault</td>
<td>30%</td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
<td>Handling</td>
<td>20%</td>
<td>27%</td>
<td>29%</td>
</tr>
<tr>
<td>Slips trips and falls on the level</td>
<td>20%</td>
<td>24%</td>
<td>24%</td>
</tr>
</tbody>
</table>

13 Many of the injuries now coded as Other would previously have been coded as Handling

14 The over three-day figures are not included as differences in coding and severity make comparisons difficult.
Labour Force Survey (LFS) injuries

The LFS indicates that the average rate of non-fatal over-seven-day absence injury between 2011/12 and 2013/14 was about 960 for residential care activities per 100 000 workers – i.e. an estimated 1% of residential care workers sustained an over-seven-day absence injury. This is statistically higher than the average rate across all industries of 500 (0.5%). (INJIND4_3YR). The equivalent over-three-day rates can be found in INJIND1_3YR.

C: Human health and social care combined

Labour Force Survey (LFS) injuries and days lost

The Labour Force Survey (LFS) suggests that the health and social work sector accounted for around 17% of over-seven-day and 16% of over-three-day non-fatal injuries between 2010/11 and 2013/14.

The estimated rate of over-seven-day absence injury in health and social work was 660 per 100 000 workers (0.7%) averaged 2011/12 to 2013/14. The over-seven-day absence injury rate was statistically significantly higher than the corresponding average rate of 500 per 100 000 workers across all industries. (See INJIND4_3YR for further detail and Figure 1, page 2).

The LFS also estimated that the total number of days lost (full-day equivalent) due to workplace injury attributed to the current or most recent job was about 398 000, equating to 0.13 days per worker. Overall, there were about 4.1 million lost working days (1.36 days per worker) due to self-reported work-related illness and injury. Around 90% of this was illness related. This is among the highest level of working days lost per worker in any sector and higher than the average of 1 day per worker for all industries. (WDLIND15, but see also INJIND2_3YR)

The estimate of days lost due to illness per worker in health and social care is statistically significantly higher than the average across all industries.

Occupations

The risk of injury varies significantly with occupation. The occupations in human health and social care with the most reported injuries in 2013/14 are shown below.

Table 6 Non-fatal injuries to employees in human health & social care (main occupations) (RIDDOR)

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Non-fatal major injuries</th>
<th>Over-seven-day injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing auxiliaries and assistants</td>
<td>385</td>
<td>2347</td>
</tr>
<tr>
<td>Nurses</td>
<td>411</td>
<td>1979</td>
</tr>
<tr>
<td>Care workers and home carers</td>
<td>459</td>
<td>1833</td>
</tr>
<tr>
<td>Welfare &amp; housing associate professionals not elsewhere classified</td>
<td>217</td>
<td>909</td>
</tr>
<tr>
<td>Paramedics</td>
<td>48</td>
<td>721</td>
</tr>
<tr>
<td>Ambulance staff (excluding paramedics)</td>
<td>49</td>
<td>612</td>
</tr>
</tbody>
</table>

The Labour Force Survey also provides information about occupational risks, including estimated injury rates and lost time due to injury and illness.

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15 WDLIND is used for consistency with the health data, but INJIND2 provides more up to date estimates for injury.
Table 7 Estimated injury rates to workers and lost time due to injury and illness (LFS)

<table>
<thead>
<tr>
<th>Occupation</th>
<th>LFS central over-seven-day absence injury rate per 100 000 workers (averaged 2011/12-2013/14 INJOCC4_3YR)</th>
<th>LFS estimated days off work per worker caused or made worse by current or most recent job due to self-reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LFS central over-seven-day absence injury rate per 100 000 workers (averaged 2011/12-2013/14 INJOCC4_3YR)</td>
<td>LFS estimated days off work per worker caused or made worse by current or most recent job due to self-reported</td>
</tr>
<tr>
<td>Health professionals</td>
<td>*</td>
<td>0.061</td>
</tr>
<tr>
<td>Including nurses</td>
<td>*</td>
<td>0.23</td>
</tr>
<tr>
<td>Health and social care associate professionals</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>including Health associate professionals</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Caring personal services</td>
<td>860</td>
<td>0.35</td>
</tr>
<tr>
<td>Average for all occupations</td>
<td>500</td>
<td>0.18</td>
</tr>
</tbody>
</table>

* Sample numbers too small to provide reliable estimates.

The LFS central over-seven-day absence injury rate for *Caring personal services* is statistically significantly higher than average across all occupations.

The estimated averaged estimated days lost to work related illness are statistically significantly higher for *nurses* and for *caring personal services* than the average for all occupations.

The averaged estimated days lost by *health professionals* due to self-reported workplace injury was significantly higher than the average for all occupations.

**Reported injuries to members of the public**

There were 36 fatal injuries to members of the public in 2013/14 compared to an average of 45 a year over the previous five years. 26 of these fatalities were to those aged 65 or over. There were no fatalities to under 16 year olds.

Figure 9 Fatal injuries to members of the public in human health and residential care & non-residential social work (RIDDOR)

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16 Work-related deaths and injuries to persons not at work, usually referred to as members of the public, fall within scope of RIDDOR. Many of the fatally injured members of the public were residents in health and social care facilities.
The most common causes of fatalities to members of the public in human health and residential care and non-residential social work were:

**Table 8 Fatal injuries to members of the public in health and social care**

<table>
<thead>
<tr>
<th>Kind of injury</th>
<th>Percentage of fatalities (2009/10-2013/14p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>36%</td>
</tr>
<tr>
<td>Slips and trips</td>
<td>23%</td>
</tr>
<tr>
<td>Drowning or asphyxia</td>
<td>12%</td>
</tr>
</tbody>
</table>

Three quarters (75%) of these fatalities were to people aged 65 or over. Of the deaths as a result of fall or slips & trips on the level 91% and 83% respectively of those who died were aged 65 or over.

**Estimated costs to Britain**

Workplace injury and work-related ill health impose costs on employers (e.g. sick pay), on individuals (e.g. the human costs of pain, grief and suffering), and on the Government (e.g. health care expenditure).

Latest GB estimates show that injuries and new cases of ill health resulting largely from current working conditions\(^\text{17}\) in workers in human health and social work activities cost society an estimated £2.7 billion in 2012/13 (expressed in 2012 prices).

**Figure 8 Costs to Britain of workplace injury and work-related ill health in human health and social work activities industry 2012/13 (in 2012 prices)**

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\(^{17}\) Further work continues to estimate the cost of work-related conditions, such as cancer, caused by historic conditions.
Enforcement

HSE and local authorities are responsible for enforcing health and safety legislation. Each has a range of tools at their disposal in seeking to secure compliance with the law and ensure a proportionate response to offences. For more serious offences, inspectors may serve improvement notices and prohibition notices and they may prosecute (or in Scotland, report to the Procurator Fiscal with a view to prosecution).

In 2013/14 the number of cases heard was 8% lower than the average for the previous 3 years. Nearly 95% of cases resulted in a conviction.

There were 18 prosecution cases in health & social care, 16 of which resulted in a guilty verdict for at least one offence.

The average fine per offence was over £50,000.

Figure 10 Prosecutions in health and social care

![Graph showing prosecutions in health and social care from 2010/2011 to 2013/2014]

Figure 11 Enforcement notices in health and social care

![Graph showing enforcement notices from 2010/2011 to 2013/2014]

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18 See www.hse.gov.uk/statistics/enforcement.htm

19 Case refers to a prosecution against a single defendant. The defendant may be an individual person or a company. There may be one or more breaches of health and safety legislation (offences) in each case.
## Links to data sources and tables

<table>
<thead>
<tr>
<th>Tables</th>
<th>Web Address (URL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIDIND</td>
<td><a href="http://www.hse.gov.uk/statistics/lfs/ridind.xls">www.hse.gov.uk/statistics/lfs/ridind.xls</a></td>
</tr>
<tr>
<td>INJIND1_3YR</td>
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<td><a href="http://www.hse.gov.uk/statistics/lfs/wriind6_3yr.xls">www.hse.gov.uk/statistics/lfs/wriind6_3yr.xls</a></td>
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National Statistics

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Additional data tables can be found at www.hse.gov.uk/statistics/tables/.

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