

Note: more recent data are now available

This document is the most recent *detailed description* of data for this sector, but does not include data for the latest year published on 2 November 2016.

The latest *data tables* are now available at: www.hse.gov.uk/statistics/tables/index.htm

A summary of the latest headline figures is available at:
www.hse.gov.uk/Statistics/industry/healthservices/index.htm

Health and safety in the health and social care sector in Great Britain, 2014/15

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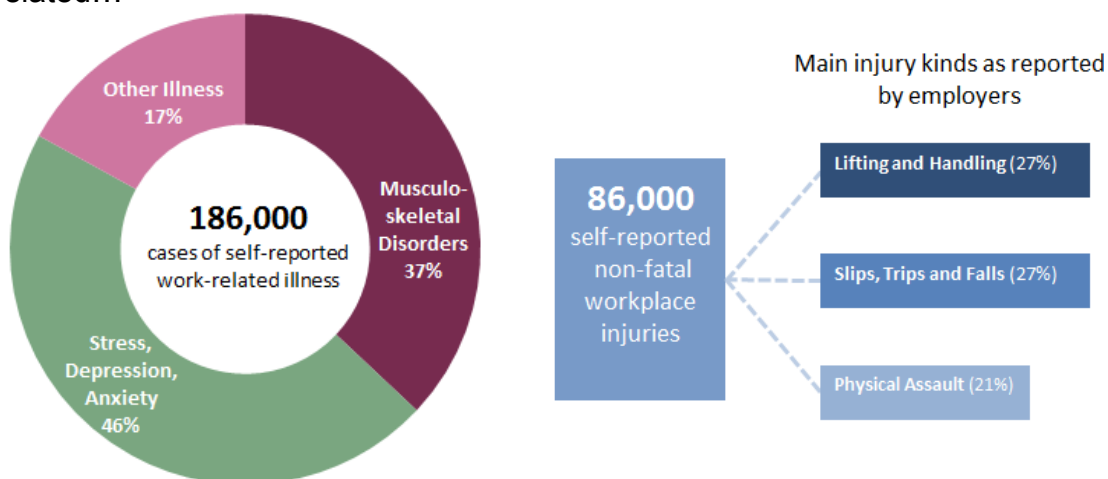
Summary

The information in this document relates to health and safety statistics for 2014/15. The document can be found at: www.hse.gov.uk/statistics/industry/healthservices/health.pdf

Each year in the health and social care¹ sector around...

...**5%** of workers suffer from an illness they believe to be work-related...

...and **2%** of workers sustain a work-related injury...



....leading to

5.7 million working days lost



Source:

Illness prevalence, Labour Force Survey annual average 2011/12, 2013/14, 2014/15

Injury incidence, Labour Force Survey annual average 2012/13-2014/15

Injury Kind, RIDDOR non-fatal injury 2013/14-2014/15

Days Lost, Labour Force Survey 2014/15 (* indicates estimate is based on fewer than 40 sample cases)

Introduction

This report provides a profile of workplace health and safety in the 'Health and Social Care'¹ sector.

Health and Social Care includes three broad industry groups:

- Human Health activities – covering hospital activities, medical and dental practices and other health activities such as speech therapy, chiropody, homeopathy;
- Residential Care activities – this covers the provision of residential care combined with nursing, supervisory or other care as required by the residents; and
- Social Care activities (without accommodation) – covering the provision of social assistance services directly to clients.

The Health and Social Care sector is a major employer accounting for over 10% of the UK workforce². This report considers the current health and safety situation in the sector, focusing on three aspects:

1. The scale and profile of work-related illness and injury in workers. A range of data sources is considered to allow a full assessment of the current health and safety situation. The most comprehensive data source for both work-related illness and workplace injury is the Labour Force Survey, a large scale, nationally representative survey of households. This is supplemented with a range of data from other sources (e.g. for injuries, statutory notifications of workplace injuries under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)) to ensure as complete a picture as possible. More details on the data sources used can be found at Annex 1.
2. The profile of workplace risks in the sector and the procedures and policies in place for managing these risks;
3. The impacts of health and safety failings in terms of working days lost, costs to society and enforcement action taken against employers within the sector.

¹ The Health and Social Care sector is defined by section Q within the 2007 Standard Industrial Classification. See www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/standard-industrial-classification/index.html for more details

² Office for National Statistics estimate www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-375224 table A01

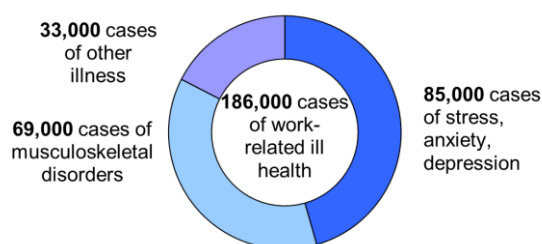
Work-related illness and workplace injury in the health and social care sector

Work-related illness

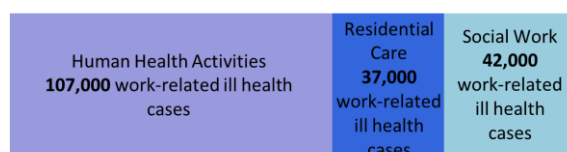
Overall scale

Figure 1: Estimated annual number of cases of self-reported work-related illness in the Health and Social Care sector by:

(i) Illness kind



(ii) Detailed industry grouping



Source: Labour Force Survey, 2011/12, 2013/14, 2014/15

Between 2011/12 and 2014/15:

■ Annually, around **186,000** health and social care workers in GB were suffering from an illness they believe was caused or made worse by their work.

■ Around half these cases were new conditions which started during the year, while the remainder were long-standing conditions.

Of these 186,000 cases, around:

■ **85,000** were cases of stress, depression or anxiety cases, of which almost 60% were new conditions;

■ **69,000** were cases of musculoskeletal disorders (MSD), of which just over a third were new conditions;

■ **33,000** were cases of other illness (such as skin or respiratory conditions), of which over 60% were new conditions.

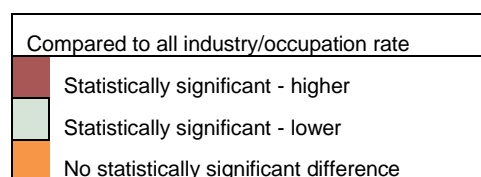
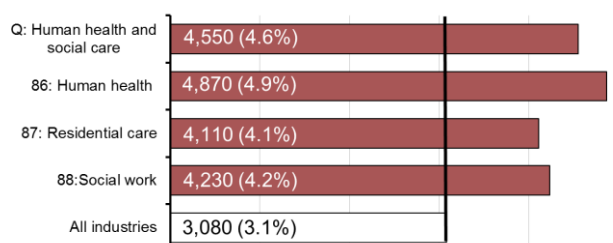
By more detailed industry groupings within the Health and Social Care sector, of these 186,000 cases:

■ **107,000** were to workers in 'Human health activities'

■ **37,000** were to workers in 'Residential Care' activities; and

■ **42,000** were to workers in 'Social work'.

Figure 2: Prevalence rate of self-reported work-related illness in the Health and Social Care sector (per 100,000 workers)



Source: Labour Force Survey, 2011/12, 2013/14, 2014/15

Expressing the total number of work-related illness cases as a rate:

■ Annually between 2011/12 and 2014/15 around 4.6% of workers in the Health and Social Care sector in GB were suffering from an illness that they believe was caused or made worse by their work in the sector.

○ This rate is statistically significantly higher than the rate for workers across all industries (3.1%).

■ This elevated risk is evident in each of the 3 industry sub-sections of the Health and Social Care sector.

Figure 3: New cases of work-related illness in Health and Social Care sector workers seen by GPs



Source: THOR GP, 2012-2014

Data from a GP reporting scheme of new cases of occupational illness presenting at GP surgeries (THOR-GP) provides an alternative source of intelligence on work-related illness. Like the Labour Force Survey, this data provides intelligence on a broad range of conditions, although the severity threshold is generally greater since medical intervention has been sought.

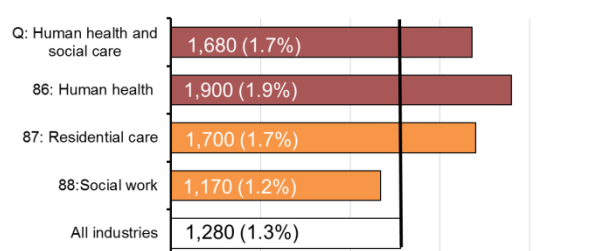
- Data from the GP reporting scheme, while capturing a different severity range of illness cases to the LFS, similarly shows the rate of work-related illness in the Health and Social Care sector to be higher than that seen across all industries

Musculoskeletal disorders and Stress

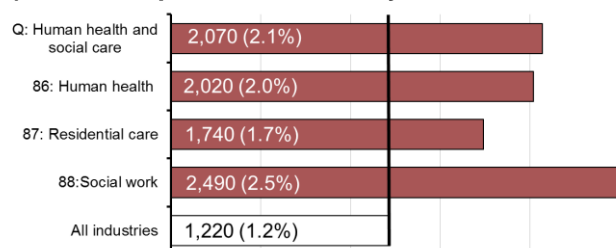
On average, stress and musculoskeletal disorders account for over 80% of the work-related illness cases in the Health and Social Care sector (Source: Labour Force Survey). Looking at how the Health and Social Care sector compares to all industries for these 2 illness types:

Figure 4: Prevalence rate of self-reported work-related illness in the Health and Social Care sector (per 100,000 workers) for:

(i) Musculoskeletal disorders



(ii) Stress, depression or anxiety



Compared to all industry/occupation rate

	Statistically significant - higher
	Statistically significant - lower
	No statistically significant difference

Source: Labour Force Survey, 2011/12, 2013/14, 2014/15

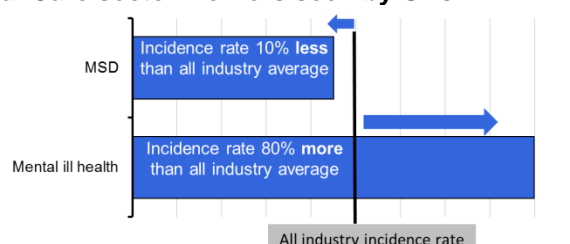
Expressing the total number of **musculoskeletal disorder** cases in the Health and Social Care sector as a rate:

- Annually around 1.7% of workers in the sector were suffering from a musculoskeletal disorder they believed was work-related.
 - This rate is statistically significantly higher than the rate across all industries (1.3%)
- This elevated rate is evident in the Human Health sub-sector. However, the rate in both the Residential Care and Social Work sub-sectors is not statistically significant to that across all industries (i.e. the observed difference may be down to sampling error alone).

Expressing the total number of '**Stress, depression or anxiety**' cases in the Health and Social Care sector as a rate:

- Annually around 2.1% of workers in the sector were suffering from stress, depression or anxiety they believed was work-related.
 - This rate is statistically significantly higher than the rate across all industries (1.2%).
- This elevated risk is evident in each of the 3 industry sub-sections of the Health and Social Care sector.

Figure 5: New cases of work-related musculoskeletal disorders (MSD) and mental ill health in Health and Social Care sector workers seen by GPs



Source: THOR GP, 2012-2014

Data from the GP reporting scheme, which captures a different severity range of illness cases to the LFS, suggests:

- the rate of work-related musculoskeletal disorder in the Health and Social Care sector to be slightly less than the rate across all industries. This is in contrast to what is shown by the LFS and may reflect a different severity range of cases between the 2 sources
- the rate of work-related mental ill health disorders in the Health and Social Care sector to be almost twice the rate across all industries, a similar picture to the LFS.

Other work-related illness conditions

Self-reports of work-related ill health from the Labour Force Survey gives the best indication of the overall scale of work-related ill health in Britain today. However, since estimates are based on a sample survey, this source is limited when looking at less common work-related ill health cases. We therefore have a range of supporting ill health data sources to supplement the Labour Force Survey estimates.

Table 1: Contact dermatitis: estimated number of cases reported by dermatologists to THOR-EPIDERM and estimated rates per 100,000 workers per year 2008-2014.

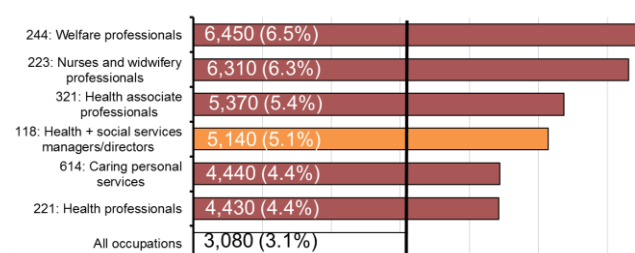
Industry	Average annual estimates with rate per 100 000 workers in brackets	
Q: Human health and social work activities	364	(9)
86: Human health activities	329	(15)
87: Residential care activities	17	(2)
88: Social work without accommodation	18	(2)
All industries	1195	(4)

- A surveillance scheme of dermatologists (THOR-EPIDERM) indicate that occupational contact dermatitis is greater in the Health and Social Care sector (particularly so in the Human health activities sub-sector) as compared to all industries. The average annual rate of contact dermatitis reported by dermatologists for workers in the Health and Social Care sector is more than double that for workers across all industries (9 per 100,000 compared to 4 per 100,000 across all industries).

- Reports from chest physicians participating in a surveillance scheme for occupational respiratory disease (SWORD) provide no indication of elevated risks of occupational asthma in the Health and Social Care sector.

Work-related illness in selected health and social care occupations

Figure 6: Prevalence rate of self-reported work-related ill health for selected occupations (per 100,000 workers)



Source: Labour Force Survey, 2011/12, 2013/14, 2014/15

Note: Estimates for 118 'Health & social services manager/directors' based on less than 30 sample cases, so there is a larger margin of sampling uncertainty on this estimate compared to other occupations.

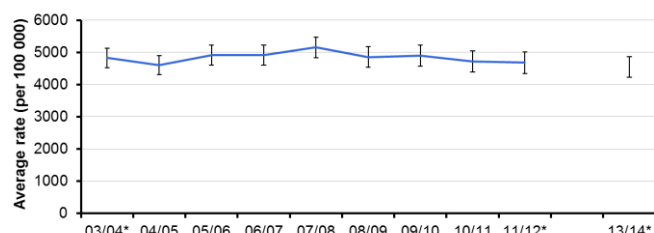
Looking at ill health by occupation ³ shows that some of the highest rates of work-related illness are in occupations that are predominately found in the Health and Social Care sector, namely:

- Welfare professionals, including for example social workers and probation officers (6.5%);
- Nurses and midwifery professionals (6.3%);
- Health associate professionals, including for example paramedics, pharmaceutical, medical and dental technicians (5.4%);
- Health and social services managers and directors (5.1%);
- Caring personal services, including for example nursing auxiliaries, care workers and home carers (4.4%);
- Health professionals, including for example medical and dental practitioners, medical radiographers (4.4%).

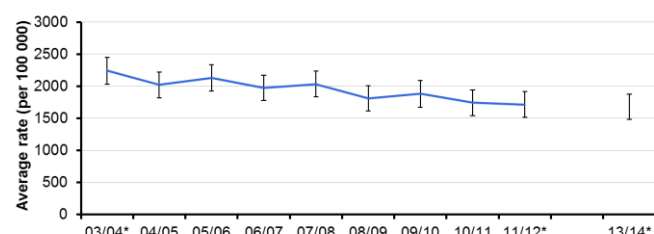
³ Occupations are defined using the 2010 Standard Occupational Classification. For more details see www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/index.html

Figure 7: Prevalence rate of self-reported work-related illness in the Health and Social Care sector

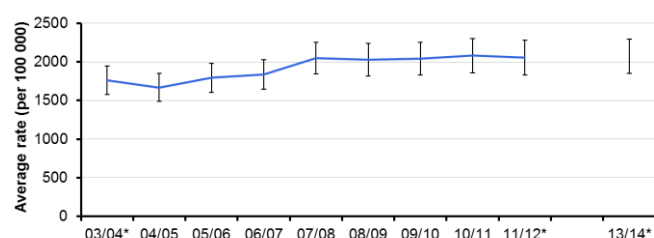
(i) All work-related illness



(ii) Musculoskeletal disorders



(iii) Stress, depression and anxiety



I 95 % confidence interval.

Source: Labour Force Survey

(* annual estimates are actually based on the average estimate for a rolling 3 year period. Generally the 3 year average is based on consecutive years e.g. 2004/05 is based on the average for 2003/04-2005/06. However no ill health data was collected in 2002/03 or 2012/13 so the annual average for 2003/04, 2011/12 and 2013/14 is based on non-consecutive years e.g. 2013/14 is based on the average for 2011/12,2013/14,2014/15)

Within the Health and Social Care sector:

- Over the last decade the rate of work-related illness has remained broadly flat.
- However, the overall picture masks changes in the rate of musculoskeletal disorders and stress, depression, anxiety in the sector

- The overall rate of musculoskeletal disorders shows an overall downward trend over the last decade, with signs of levelling off more recently.
- The annual average rate for 2013/14^a is around a quarter less than that in 2003/04^b.

- The overall rate of work-related stress, depression and anxiety has increased over the last decade, though more recently the rate has remained broadly level.
- Compared to 2003/04^b the annual average rate for 2013/14^c is around 20% higher.

a based on the average annual rate for 2011/12, 2013/14, 2014/15

b based on the annual average rate for 2001/02, 2003/04, 2004/05

Workplace Injury

Fatal injuries

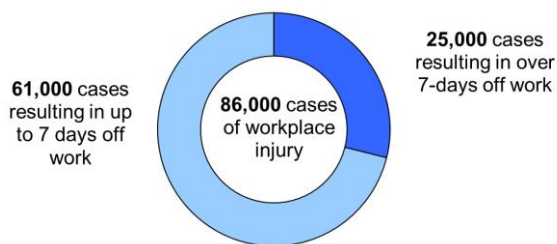
- Provisional figures show that two workers in the Health and Social Care sector were fatally injured in 2014/15 (both in Human Health Activities); there were a total of four fatalities in the sector over the last five years.

Source: RIDDOR

Non-fatal injuries

Figure 8: Estimated annual cases of all self-reported workplace injury in the Health and Social Care sector by

(i) Duration of time off work



(ii) Detailed industry grouping



Source: Labour Force Survey, 2012/13 - 2014/15

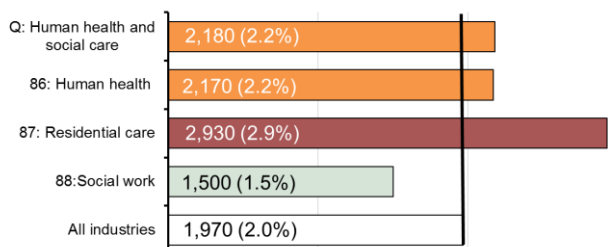
Between 2012/13 and 2014/15:

- Annually, around **86,000** health and social care workers in GB sustained an injury at work.
- Around a quarter of these cases resulted in absence from work of over 7-days.

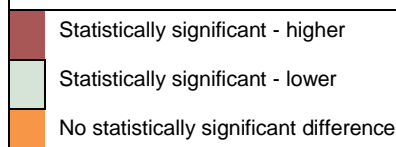
By more detailed industry groupings within the Health and Social Care sector, of these 86,000 workplace injury cases, around:

- 46,000** were to workers in Human health activities;
- 25,000** were to workers in Residential Care activities; and
- 14,000** were to workers in Social work.

Figure 9: Incidence rate of all self-reported workplace injury in the Health and Social Care sector (per 100,000 workers)



Compared to all industry/occupation rate



Source: Labour Force Survey, 2012/13 - 2014/15

Expressing the total number of workplace injury cases as a rate:

- Annually between 2012/13 and 2014/15 around 2.2% of workers in the Health and Social Care sector in GB sustained an injury in the sector.
 - This rate is not statistically significantly different to the rate for workers across all industries (2.0%).

However, the injury rate for the sector as a whole is masking differences in injury risks for the more detailed industry sub-groups.

- Workers in Residential Care have an elevated risk of injury compared to all industries (2.9%);
- Whereas workers in the Social Work sector have a below average rate of injury (1.5%).

The survey estimates of non-fatal workplace injury numbers presented above give the best indication of the scale of workplace injury within the sector. A further source of intelligence on workplace non-fatal injuries comes from statutory notifications from employers under the 'Reporting of Injuries, Diseases and Dangerous Occurrence' regulations (RIDDOR). However, RIDDOR data need to be interpreted with care since it is known that non-fatal injuries are substantially under-reported⁴, especially for the self-employed. Variations in reporting rates both between industries and over time make such comparisons difficult. However, RIDDOR (as a data source) may sometimes be useful in providing analysis at a detailed level not available through the LFS, mainly around the type of accident itself.

Figure 10: Employer-reported non-fatal injuries to employees in the Health and Social Care sector

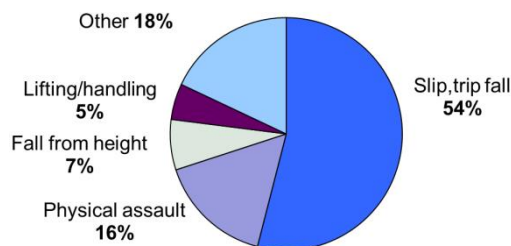


Source: RIDDOR 2014/15p

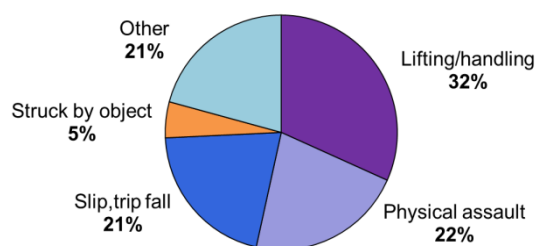
- Provisional figures show over 13,000 reported injuries to employees in the Health and Social Care sector in 2014/15.
- Reported non-fatal injuries are categorised as either specified (a pre-defined list of certain injury types which includes for example fractures, amputations, and serious burns⁵) or as resulting in over 7-days off work.
 - Around 20% of the injury reports in 2014/15 were for specified injuries.

Figure 11: Employer-reported non-fatal injuries to employees in the Health and Social Care sector by injury kind

(i) Specified Injuries⁶



(ii) Over 7-day injuries



Source: RIDDOR 2013/14r and 2014/15p

Specified Injuries:

- Over half of all reported 'specified' injuries in the Health and Social Care sector are due to slips, trips and falls on the same level.
- Although not shown, the profile of specified injuries by kind is broadly similar for the three industry sub-groups within the Health and Social Care sector.

Over 7-day injury:

- Around a third of reported 'over 7-day' injuries in the Health and Social Care sector are due to lifting/handling accidents, with physical assault accounting for a further 22% of injuries.
- There is some variation in injury composition within the three industry subgroups:
 - In Human Health Activities, lifting/handling injuries account for a larger proportion of over 7-day injuries (37%) than the all sector average, while in Social Work they accounts for a lower proportion of over 7-day injuries (25%).
 - In Residential Care Activities the largest single injury kind is physical assault which accounts for around a third of all over 7-day injury cases.

⁴ It is estimated that, across all industries, just under a half of all reportable non-fatal injury to employees are actually reported.

⁵ For the full list of specified injuries, see www.hse.gov.uk/riddor/reportable-incidents.htm

⁶ Prior to October 2013, reported non-fatal injuries were categorised as either 'major' or 'over 7-day', with major being a pre-defined list of injuries. This list of pre-defined injury types was revised in October 2013, and such injuries are now referred to as 'specified' (many injuries previously categorised as major continue to be categorised as specified, primarily most fractures and amputations). The 'Kind' breakdown for specified injuries presented here includes major injuries for the first half of 2013/14 and specified injuries thereafter.

Table 2: Risks of violence at work for adults of working age in employment, by selected occupations

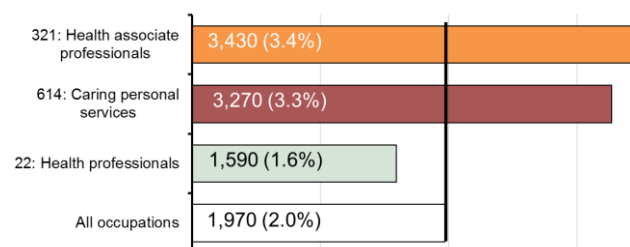
Occupation (SOC 2010)	% workers encountering violence at work
22 Health professionals	3.1%
32 Health and social care associate professionals	3.4%
61 Caring personal service occupations	1.3%
Average for all occupations	1.2%

Source: CSEW 2013, 2014

- Employer-reported injury shows physical assault to be one of the most common injury kinds in the Health and Social Care sector.
- Further information on violence at work is available from the Crime Survey for England and Wales (CSEW)⁷. Results from CSEW show health care related occupations have some of the highest rates of violence against workers of all occupations.

Workplace injury in selected health and social care sector occupations

Figure 12: Incidence rate of all self-reported workplace injury for selected occupations (per 100,000 workers)



Source: Labour Force Survey, 2011/12, 2013/14, 2014/15

Note: Estimates for 321 'Health associate professionals' based on less than 30 sample cases, so there is a larger margin of sampling uncertainty on this estimate compared to other occupations.

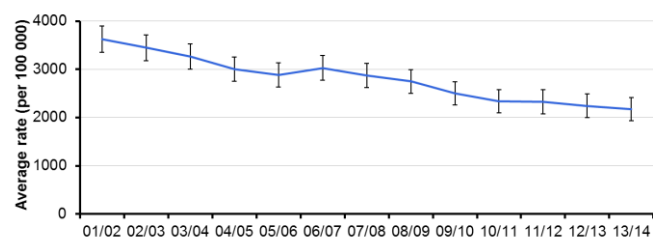
Looking at injury by occupation presents a mixed profile for occupations that are predominately found in the Health and Social Care sector:

- Caring personal services, including for example nursing auxiliaries, care workers and home carers have a statistically significant elevated injury rate compared to all occupations;
- Despite the comparatively high injury rate for health associate professionals (including for example paramedics, pharmaceutical, medical and dental technicians) the difference in rate compared to the average across all occupations is not statistically significant (i.e. the observed difference may be down to sampling error alone).
- Health professionals, including medical and dental practitioners, medical radiographers, nurses and midwifery professionals have a statistically significant lower injury rate compared to all occupations.

⁷ For further details see www.hse.gov.uk/statistics/causinj/violence/

Changes over time

Figure 13: Incidence rate of all self-reported workplace injury in the Health and Social Care sector



I 95 % confidence interval.

Source: Labour Force Survey

(* annual estimates are actually based on the average estimate for a rolling 3 year period. The 3year average is based on consecutive years e.g. 2013/14 is based on the average for 2012/13-2014/15)

■ There has been an overall downward trend in the rate of all workplace injury in the Health and Social Care sector since 2001/12.

- The rate in 2013/14^a was around 40% less than in 2001/02^b.

^a based on the average annual rate for 2012/13-2014/15

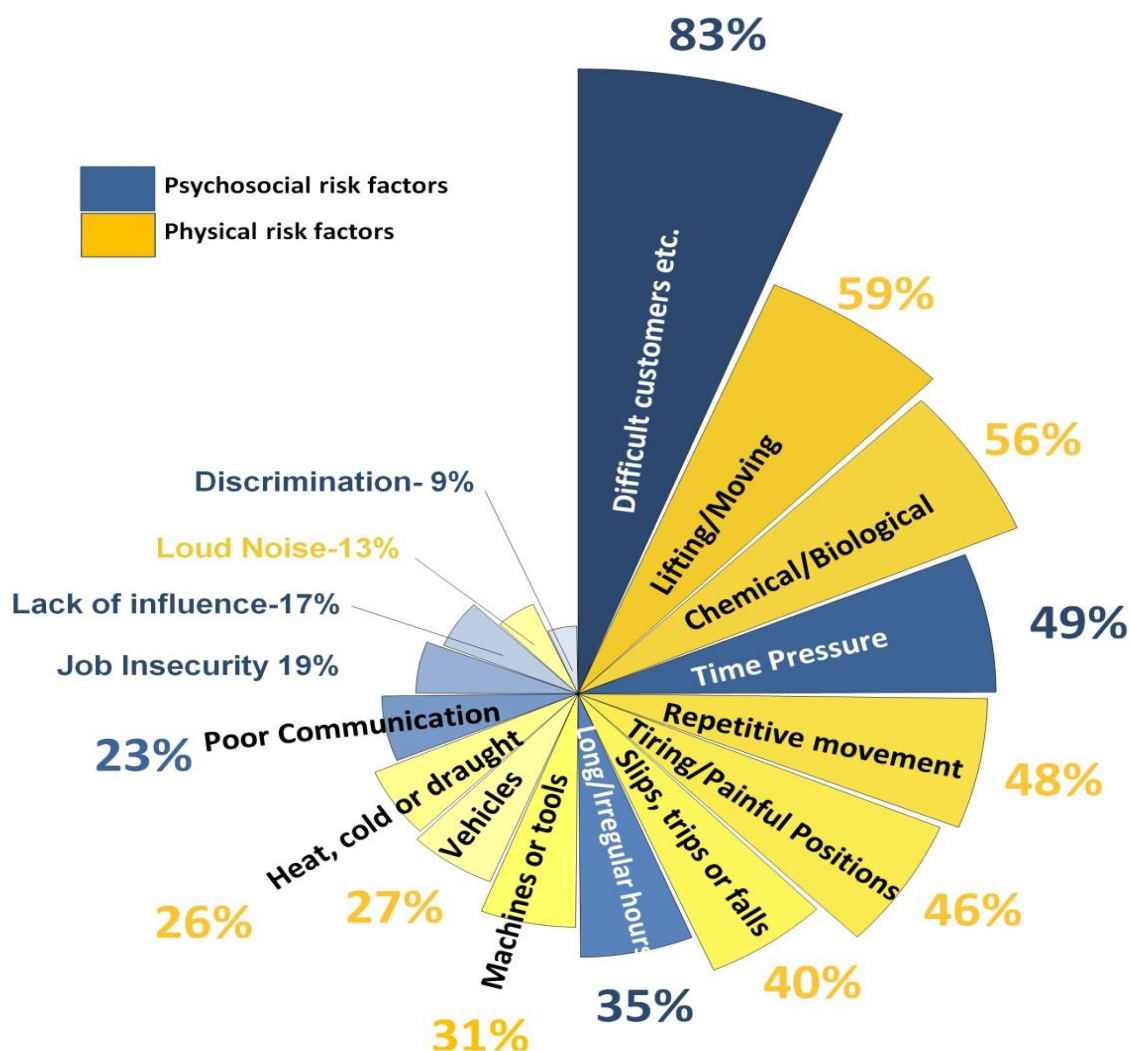
^b based on the average annual rate for 2000/01-2002/03

Workplace risks and measures in place for managing these risks

Workplace risks

A 2014 survey, commissioned by the European Union Occupational Safety and Health Agency (in collaboration with the Health and Safety Executive), explores how health and safety risks are managed at the workplace. Full details of the UK results can be found at www.hse.gov.uk/statistics/oshman.htm

Figure 14: Percentage of workplaces in the Health and Social Care sector with 5 or more employees reporting the presence of various workplace risks, 2014

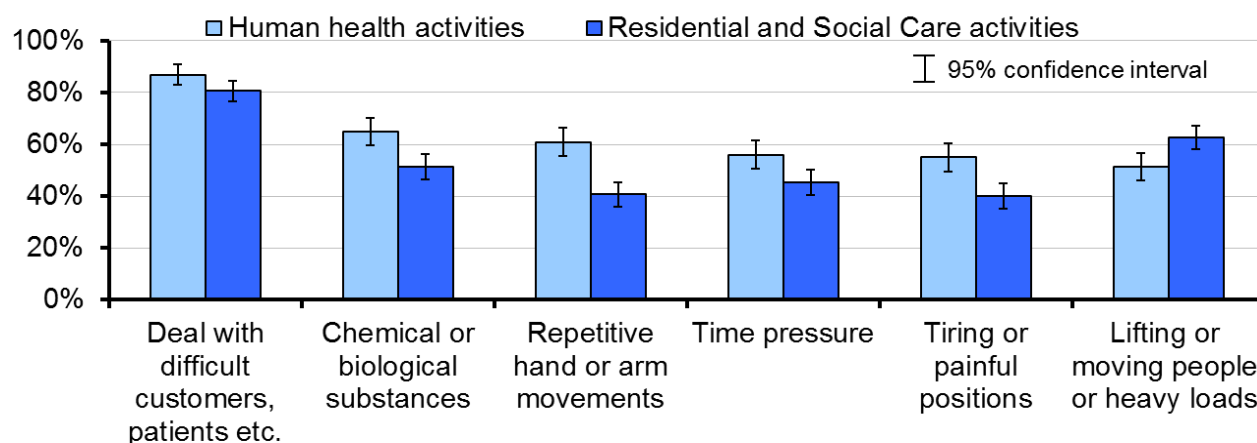


Source : ESENER 2014

For 16 recognised workplace risks, the survey asked “Which of the following risk factors are present in your establishment?” Results show that within the Health and Social Care sector:

- The most common reported workplace risk is ‘dealing with difficult customers, patients, pupils etc’. This presents both a psychosocial risk, but as seen in the reported workplace injury statistics, is a major physical risk factor too (see figure 11 and table 2).
- Time pressure and long irregular hours, both recognised psychosocial risk factors, are estimated to be present in a large proportion of workplaces (49% and 35% respectively).
- Lifting and moving is the biggest physical risk factor, present in over 59% of workplaces. This is demonstrated in employer reported injuries where around a third of over 7-day injuries are as a result of manual handling (see Figure 11(ii)).

Figure 15: Main reported workplace risks in the Health and Social Care sector by more detailed industry group



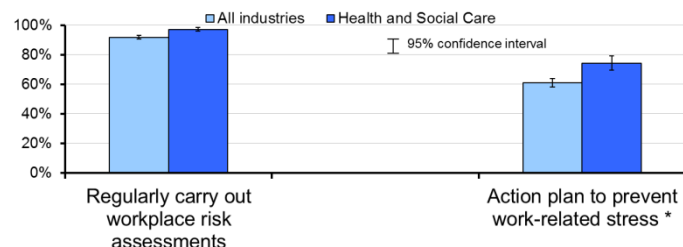
Source : ESENER 2014

Looking at how workplace risks vary between Human Health Activities and Residential and Social Care Activities:

- The top-6 self-reported workplace risks are the same for both Human Health Activities and Residential and Social Care Activities, although there is some difference in the prevalence of these risks between the 2 industry groups.
- 'Lifting or moving people or heavy loads' is more prevalent in workplaces in Residential and Social Care, while for the other top-6 risks they are more prevalent in the Human Health Activities sector.

Risk control measures

Figure 16: Proportion of workplaces (i) regularly carrying out risk assessments and (ii) with a stress action plan



(i) Workplaces with 5 or more employees

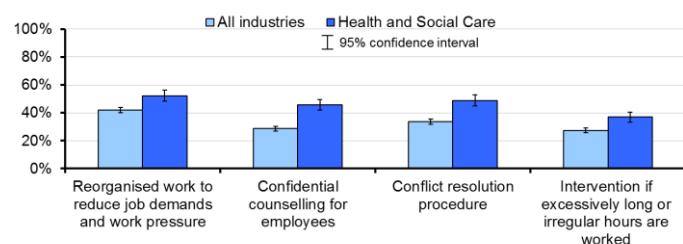
(ii) Workplaces with 20 or more employees

Source : ESENER 2014

The survey asked about how health and safety risks are managed in the workplace. Within the Health and Social Care sector:

- an estimated 97% of workplaces with 5 or more employees report that they regularly carry out risk assessments. This is slightly higher than the proportion across all industries (92%). (Though note this does not indicate anything about the quality of the completed risk assessments).
- an estimated 74% of workplaces with 20 or more employees have an action plan to prevent work-related stress. This is statistically significantly higher than the proportion across all industries (61%) and may reflect the fact that work-related stress is a greater issue in this sector than others.

Figure 17: Proportion of workplaces with 5 or more employees implementing various measures to prevent psychosocial risks

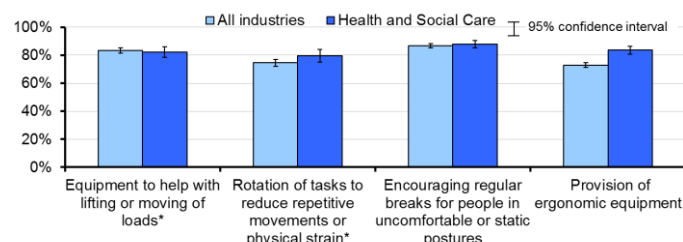


Source : ESENER 2014

Figure 17 opposite shows the proportion of workplaces implementing a range of different measures to prevent psychosocial risk.

- The proportion of establishments in the Health and Social Care sector implementing each measure ranges between 37%-52%.
- On every measure, the Health and Social Care sector is significantly higher than the average across all industries. As above, this may reflect the fact that work-related stress is a greater issue in this sector than others.

Figure 18: Proportion of workplaces with 5 or more employees implementing various measures to prevent musculoskeletal problems



* Percentage based on those workplaces with risk present (either lifting/moving loads or repetitive tasks)

Source : ESENER 2014

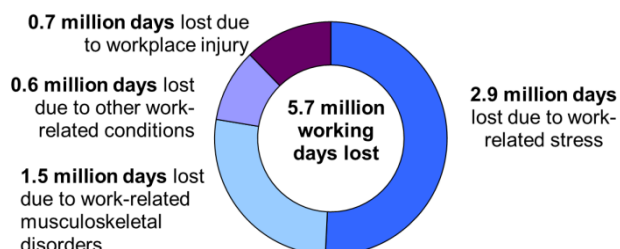
Figure 18 opposite shows the proportion of workplaces implementing a range of different measures to prevent musculoskeletal problems.

- Workplaces in the Health and Social Care sector are more likely to provide ergonomic equipment as a way of preventing musculoskeletal disorders compared to the average across all industries (84% compared with 73%).
- On other measures, the proportions are more similar.

Impacts of health and safety failings

Working days lost

Figure 19: Estimated working days lost due to work-related illness and workplace injury in the Health and Social Care sector



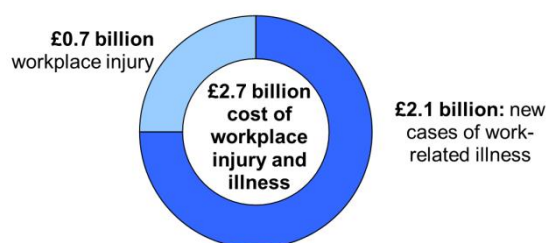
Source: Labour Force Survey, 2014/15

An immediate impact of workplace injury and work-related illness (aside from the human suffering) is the impact on business in terms of lost working time due to sickness absence.

- In 2014/15 an estimated 5.7 million working days (full-day equivalent) were lost in the Health and Social Care sector due to workplace injury (0.7 million) and work-related illness (5.0 million).
- That is the equivalent of 1.8 working days lost per worker, statistically significantly higher than the average days lost per worker across all industries (0.9 days).
- Assuming a full-time working year equates to 225 working days, this is equivalent to around 25,000 full-time workers being absent from the workforce for the whole year in the Health and Social Care sector in 2014/15

Economic cost

Figure 20: Economic cost of workplace injury and new cases of work-related ill health in the Health and Social Care sector (2013 prices)

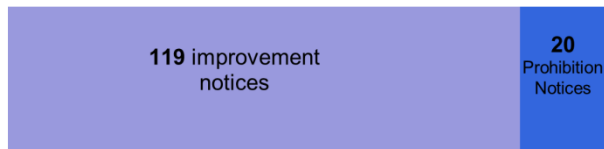


Source: HSE Cost to Britain Model, 2013/14

Workplace injury and ill health impose costs: both financial (for example in terms of lost output and healthcare costs) and non-financial (the monetary valuation of the human cost of injury and illness in terms of loss of quality of life, and for fatalities, loss of life). Taken together this gives the total economic cost to society.

- The total economic cost of workplace injury and new cases of work-related illness in the Health and Social Care sector in 2013/14 is estimated to be £2.7billion (£0.7 billion injury, £2.1billion illness), accounting for around 20% of the total cost across all industries - £14.3billion).
- This cost is shared between individuals (e.g. the monetary valuation of the human costs), employers (e.g. sick pay costs) and government/taxpayers (e.g. healthcare costs)

Figure 21: Enforcement notices issued in the Health and Social Care sector by HSE, 2014/15p



Source: HSE Enforcement Data

HSE and local authorities are responsible for enforcing health and safety legislation. For the most 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).

- Provisional figures for 2014/15 show a total of 139 notices issued by HSE inspectors in the Health and Social Care sector: 119 improvement notices and 20 prohibition notices.
 - This figure is comparable to the 148 notices issued in 2013/14.
- There were 19 prosecution cases⁸ in 2014/15p, all of which resulted in a guilty verdict for at least one offence.
 - The resulting fines from these prosecutions totalled £1,167,000.

⁸ This figure reflects proceedings instituted by HSE, and in Scotland, the Crown Office and Procurator Fiscal Service. Cases refer to a prosecution against a single defendant. The defendant may be an individual person or a company. There may be one or more breach of health and safety legislation (offences) in each case.

Annex 1: Sources and definitions used

The Labour Force Survey (LFS)

The LFS is a national survey run by the Office for National Statistics of currently around 41,000 households each quarter. HSE commissions annual questions in the LFS to gain a view of work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE. See www.hse.gov.uk/statistics/lfs/technicalnote.htm for more details.

Self-reported work-related illness: People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. Estimated total cases include long-standing as well as new cases. New cases consist of those who first became aware of their illness in the last 12 months. HSE has collected data on ill health through the LFS, periodically since 1990 and annually from 2003/04 to 2011/12. In 2012/13, the ill health data collection was suspended but from 2013/14 reverted back to an annual data collection.

Self-reported injuries: Workplace injuries sustained as a result of a non-road traffic accident, as estimated by the LFS. Over-7-day absence injuries include all those with more than seven consecutive (working and non-working) days away from work (not counting the day on which the accident happened). HSE has collected data on injuries through the LFS in 1990 and annually since 1993/94. LFS injury rates are generally presented as three-year averages to provide a more robust series of estimates.

Working days lost: Days off work due to workplace injuries and work-related ill health. 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 to 2011/12. In 2012/13, the ill health data collection was suspended but from 2013/14 reverted back to annual data collection.

Reports of ill health by specialist physicians and General practitioners (THOR & THOR-GP)

Reports of work-related ill health are gathered in surveillance schemes run by The Health and Occupation Reporting network (THOR); statistical tables covering patients seen by specialists are available annually from the early 1990s for work-related respiratory disorders and skin disease. In THOR-GP (since 2005), general practitioners are asked to report new cases of work-related ill health.

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 2003, although earlier historical data is available.

RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (as amended), under which fatal and defined non-fatal injuries to workers and members of the public are reported by employers.

Certain types of work-related injury are not reportable under RIDDOR, hence excluded from these figures. Particular exclusions include fatalities and injuries to the armed forces and injuries from work-related road collisions.

A number of key changes to the reporting system and legal requirements have occurred in recent years, with some impact on the resulting statistics:

- September 2011: the notification system used by employers changed to a predominately online system.
- April 2012: a legislative change introduced the requirement to report injuries to workers that lead to absence from work or inability to do their usual job, for over seven days (over-7-day injuries). This replaced the previous 'over-3-day' legal requirement.
- October 2013: more extensive legislative changes were introduced to simplify the reporting of workplace injuries. One key change was the introduction of 'specified injuries', which replaced the previous 'major injury' category.

HSE Costs to Britain Model

Developed to estimate the economic costs of injury and new cases of ill health arising from current working conditions. The economic cost estimate includes estimates of both financial (or direct) costs incurred, either in terms of payments that have to be made or income/output that is lost and the monetary valuation of the impact on quality and loss of life of affected workers.

European Survey of Enterprises on New and Emerging Risks (ESENER)

A large Europe-wide survey of establishments with five or more employees including all sectors of economic activity except for private households (SIC 2007 Section T) and extraterritorial organisations (SIC 2007 Section U). The survey asks those 'who know best' about safety and health in establishments about the way safety and health risks are managed at their workplace, with a particular focus on psychosocial risks.

HSE Enforcement data

The enforcing authorities are HSE, Local Authorities and, in Scotland, the Crown Office and Procurator Fiscal Service (COPFS). In Scotland, HSE and local authorities investigate potential offences but cannot institute legal proceedings and the COPFS makes the final decision whether to institute legal proceedings and which offences are taken.

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. Where prosecution statistics are allocated against a particular year, unless otherwise stated, the year relates to the date of final hearing with a known outcome. They exclude those cases not completed, for example adjourned.

Definitions

Rate per 100,000: The number of annual injuries or cases of ill health per 100,000 employees or workers

95% confidence interval: 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

Statistical significance: A difference between two sample estimates is described as 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

For more information, see www.hse.gov.uk/statistics/sources.htm

National Statistics

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.

An account of how the figures are used for statistical purposes can be found at www.hse.gov.uk/statistics/sources.htm.

For information regarding the quality guidelines used for statistics within HSE see www.hse.gov.uk/statistics/about/quality-guidelines.htm

A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/

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

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Next update: To be announced

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