# Health and safety in the Manufacturing sector in Great Britain, 2017

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Health and safety in the Manufacturing sector in Great Britain

80,000 workers suffering from a work-related illness each year (LFS)

19 fatal injuries to workers in 2016/17

60,000 non-fatal injuries to workers each year (LFS)

Work-related ill health by illness type
(Source: LFS annual average estimate 2014/15-2016/17)

- Musculoskeletal disorders: 43%
- Other illness: 29%
- Stress, depression or anxiety: 28%

Fatal injuries to workers by most common accident kinds
(Source: Fatal injuries reportable under RIDDOR, 2012/13-2016/17)

- Fall from height: 20%
- Contact with machinery: 18%
- Struck by object: 14%
- Trapped by something collapsing/overturning: 10%

Non-fatal injuries to employees by most common accident kinds
(Source: Non-fatal injuries reported under RIDDOR 2014/15-2016/17)

- Lifting/handling: 24%
- Slip, trip, fall on same level: 22%
- Struck by object: 12%
- Contact with machinery: 12%

Note:
LFS: Labour Force Survey (annual average estimates in 2014/15-2016/17). Illness estimates include both new and longstanding cases
RIDDOR: Reporting of Injuries Diseases and Dangerous Occurrences Regulations
The most common accident kinds included in the charts above are those that account for 10% or more of injuries
Introduction

This report provides a profile of workplace health and safety in the Manufacturing sector. Broadly speaking, Manufacturing includes activities that involve the physical or chemical transformation of materials, substances or components into new products. Outputs may be finished products (ready for use) or semi-finished in the sense that it is to become an input for further manufacturing. The 2007 Standard Industrial Classification (SIC) divides manufacturing into 24 divisions. For the purpose of this report, to ensure reliable statistical estimates, these 24 divisions have been grouped into 6 broad sub-sectors, namely:

- Manufacture of food and drink products (SIC 10 and 11).
- Manufacture of non-metallic products (SIC 16,17,22,23,31), covering manufacture of:
  - wooden products;
  - pulp paper and converted paper products;
  - rubber and plastic products;
  - other non-metallic products such as glass, ceramics, brick, cement and plaster;
  - furniture.
- Manufacture of chemical and pharmaceutical products (SIC 19-21), covering manufacture of:
  - coke and refined petroleum products (e.g. petrol refinery);
  - manufacture of chemicals and chemical products, which includes the transformation of organic and inorganic raw materials by a chemical process;
  - basic pharmaceutical products and preparations.
- Manufacture of metallic products (SIC 24,25) covering the manufacture of basic metals and fabricated metal products (except machinery and equipment).
- Manufacture of transport and transport products (SIC 29,30), covering manufacture of motor vehicles, trailers and other transport equipment such as ships, boats, rail locomotives and rolling stock, air and spacecrafts.
- Other manufacturing (SIC 12-15,18,26-28,32-33) including manufacture of:
  - Textiles, wearing apparels and leather and related products;
  - Tobacco products;
  - Printing and reproduction of recorded media;
  - Computer, electronic and optical products, electrical equipment and other machinery and equipment;
  - Repair and installation of machinery and equipment and other manufacturing.

The Manufacturing sector is a major employer accounting for around 9% of the UK workforce. This report considers the current health and safety situation in the sector.

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2 Annual Population Survey 2016
Work-related illness and workplace injury in the manufacturing sector

Work-related illness

All work-related illness

Between 2014/15 and 2016/17:
- Annually, around 80,000 manufacturing workers in GB were suffering from an illness they believe was caused or made worse by their work.
- Around 40% of these cases were new conditions which started during the year, while the remainder were long-standing conditions.

Of the estimated 80,000 annual cases:
- 43% (34,000 cases) were musculoskeletal disorders (MSD), of which around a third were new conditions;
- 28% (23,000 cases) were stress, depression or anxiety cases, of which about half were new conditions;
- 29% (23,000 cases) were other illness conditions (such as skin or respiratory conditions), of which around half were new conditions.

Expressing the total number of work-related illness cases as a rate:
- Annually between 2014/15 and 2016/17 around 2.6% of workers in the Manufacturing 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 lower than the rate for workers across all industries (3.1%).
Figure 3: Estimated annual cases of self-reported work-related illness by sub-sector

Manufacturing covers a diverse range of sectors, from heavy traditional manufacturing industries, such as ship building through to precision engineering such as manufacture of optical products.

Figure 3 opposite looks at data from the Labour Force Survey from the last five years and shows the spread of work-related ill health cases across the different sub-sectors within manufacturing.

While it is interesting to see the spread of work-related ill health across the sub-sectors within manufacturing, it will be heavily influenced by variations in the number of people employed in these sub-sectors. To make comparisons between different industry groups we generally consider the rate of work-related ill health rather than the number of cases, as the rate accounts for variations in the number of people in work between different groups.

Figure 4: Estimated rate of all self-reported work-related illness (per 100,000 workers) in the sub-sectors within Manufacturing

While the rate of work-related ill health in food and drink manufacture appears higher than the average rate across all industries (3.4% compared with 3.1%), the difference is not statistically significant (i.e. the difference may be due to sampling error that results from surveying a sample of workers rather than the full population).

Conversely, while the rate of work-related ill health in chemical and pharmaceutical manufacturing appears lower than the average across all industries (2.4% compared with 3.1%) the difference is not statistically significant. Similarly there is no significant difference between the rate in non-metallic product manufacturing and the average across all industries.

In contrast, transport and transport product manufacture, metallic product manufacture and other manufacturing all have rates of work-related ill health that are statistically significantly lower than the average across all industries.

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3 Estimates for the more detailed industry groups in manufacturing have been based on the five year period 2011/12, 2013/14-2016/17. This is in order to improve the reliability of the estimates and thus be able to better draw out any inferences on performance of health and safety in these sectors compared to the average across all industries. Since estimates are based on a slightly different time period than they may differ slightly to estimates based on the three year period 2014/15-2016/17.
On average, stress and musculoskeletal disorders account for around 70% of the work-related illness cases in the Manufacturing sector (Source: Labour Force Survey 2014/15-2016/17). Looking at how the Manufacturing sector compares to all industries for these two illness types:

**Musculoskeletal Disorders**

**Figure 5: Estimated rate of all self-reported work-related musculoskeletal disorders (per 100,000 workers) in the Manufacturing sector**

Expressing the total number of musculoskeletal disorder cases in the Manufacturing sector as a rate:

- Annually around 1.1% of workers in the sector were suffering from a musculoskeletal disorder they believed was work-related.
  - This rate is similar (not statistically significantly different) to the rate across all industries (1.3%).

**Figure 6: Estimated rate of all self-reported work-related musculoskeletal disorders (per 100,000 workers) in the sub-sectors within Manufacturing**

While there is some apparent variation in the rate of work-related musculoskeletal disorders between the different sub-sectors within the manufacturing sector, taking into account the sampling uncertainty in the estimates none of the differences in rate for the sub-sectors compared to the average rate across all industries are statistically significant.
Stress

Figure 7: Estimated rate of all self-reported work-related stress, depression or anxiety (per 100,000 workers) in the Manufacturing sector

Expressing the total number of stress, depression or anxiety cases in the Manufacturing sector as a rate:

- Annually around 0.7% of workers in the sector were suffering from stress, depression or anxiety they believed was work-related.
  - This rate is statistically significantly lower than the rate across all industries (1.2%)

Source: LFS, annual average 2014/15-2016/17

Figure 8: Estimated rate of all self-reported work-related stress, depression or anxiety (per 100,000 workers) in the sub-sectors within Manufacturing

- The rate of work-related stress, depression or anxiety in both food and drink manufacturing and chemical and pharmaceutical manufacturing is not statistically significantly different to the average rate across all industries.
- However, the rate of stress, depression or anxiety in both non-metallic product manufacturing and other manufacturing is significantly lower than the average rate across all industries.

Source: LFS annual average 2011/12, 2013/14-2016/17
Other work-related illness conditions

Self-reports of work-related ill health from the Labour Force Survey give 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 types of work-related ill health. We therefore have a range of supporting ill health data sources to supplement the Labour Force Survey estimates.

Occupational lung disease

Breathing and lung problems

Between 2009/10 and 2016/17

- Annually, around 4,000 workers in the Manufacturing sector were suffering with breathing and lung problems they believed were caused or made worse by their work, equivalent to 0.14% of workers in the sector.
  - This rate is statistically significantly higher than the rate for workers across all industries (0.09%).

- When asked about exposures contributing to their illness conditions, around 30% of individuals with breathing and lung problems identified ‘airborne materials from spray painting or manufacturing foam products’, ‘airborne materials while welding, soldering, or cutting/grinding metals’, or ‘dusts from flour, grain/cereal, animal feed or straw’ as causing or making their condition worse. These exposures are often associated with activities in the manufacturing sector.

(Source: LFS 2009/10-2011/12)

Occupational asthma

- The chest physician reporting scheme for occupational respiratory disease (THOR-SWORD) suggests that the manufacturing sector as a whole has rates of occupational asthma that are about five times higher than the all-industry average.
  - the parts of the manufacturing sector with the highest rates of annual reported cases during 2008-2016 were manufacture of vehicles and trailers (SIC 29), manufacture of basic metals (SIC 24), and manufacture of food products (SIC 10).
  - Occupations with the highest rates of annual reported cases during the 10-year period 2007-2016 were Vehicle paint technicians and Bakers and flour confectioners. However, there is some evidence that rates among these groups may have declined over this period.

- THOR-SWORD reports suggest that exposures to isocyanates, flour dust, solder/colophony, wood dust and cutting oils and coolants (exposures often found in manufacturing) are the most common causes of occupational asthma.

Skin Disease

- The dermatologist reporting scheme for occupational skin disease (THOR-EPIDERM) shows that a number of parts of the manufacturing sectors have high rates of contact dermatitis. During the period 2008-2016 the highest rates of annual reported cases were seen in the industry groups: manufacture of chemicals (SIC 20), manufacture of basic metals (SIC 24), manufacture of other transport equipment (SIC 30) and manufacture of fabricated metal products (SIC25). These industries all had rates of contact dermatitis at least double the all-industry average.
Occupational Cancer

HSE commissioned research to look at the burden of occupational cancer in Great Britain. More details of this research can be found at [www.hse.gov.uk/statistics/cancer/research.htm](http://www.hse.gov.uk/statistics/cancer/research.htm).

Current occupational cancer burden

The occupational cancer burden research indicates:

- **Past occupational exposure** to known and probable carcinogens is estimated to account for about 5% of cancer deaths and 4% of cancer registrations currently occurring each year in Great Britain, equating to about 8,000 cancer deaths and 13,600 new cancer registrations annually.

- Of the estimated 8,000 occupational cancer deaths in 2005:
  - Around 2,200 were attributed to **past work** in manufacturing industries.
  - Around half of these estimated cases in manufacturing were caused by **past exposure** to mineral oils (associated with lung and bladder cancer) and asbestos (associated with lung cancer and mesothelioma).

- Of the estimated 13,600 occupational cancer registrations in 2004:
  - Around 3,900 were attributed to **past work** in manufacturing industries.
  - Like cancer deaths, exposure to mineral oils and asbestos accounted for a large proportion of these estimated cases in manufacturing. More than half of cancer registrations relating to mineral oils were non-melanoma skin cancer.

- The researchers have also developed methods to estimate the number of occupational cancer cases in the future for a range of scenarios. This will enable us to compare the potential impacts of different interventions on occupational cancer reduction.
Changes over time

Figure 12: Estimated rate per 100,000 workers of self-reported work-related illness in the Manufacturing sector

(i) All work-related illness

(ii) Musculoskeletal disorders

(iii) Stress, depression and anxiety

The rate of total self-reported work-related ill health showed a generally downward trend up to around 2010/11; more recently the rate has been broadly flat.

The downward trend in the rate of self-reported work-related musculoskeletal disorders has continued in recent years.

The rate of self-reported work-related stress, depression or anxiety showed no clear trend.
Workplace Injury

Fatal injuries

There were 19 fatal injuries to workers in the Manufacturing sector in 2016/17, broadly the same as the annual average for 2012/13-2016/17 (20). This brings the total number of fatal injuries to workers in the sector over the last five years to 101.

Figure 13 below shows the breakdown of these 101 fatal injury cases by accident kind.

- Around half of all worker fatalities over the last five years were accounted for by just three accident kinds: fall from a height, contact with machinery and being struck by a moving object.
- Injuries caused by other accident kinds (24% of total cases) include deaths due to exposure to fire (four cases, 4%), being exposed to a harmful substance (three cases, 3%). Being injured by handling or lifting, slipping, tripping or falling on the same level, drowning or being asphyxiated and contact with electricity or electrical discharge accounted for two deaths each (2%) and there was one death (1%) resulting from being injured by an animal. The remaining eight deaths were categorised as 'another kind of accident'.

Figure 13: Fatal injuries to workers in the Manufacturing sector by accident kind, 2012/13-2016/17p

- Fall from height 20%
- Contact with machinery 18%
- Struck by object 14%
- Trapped by something collapsing/overturning 10%
- Struck by moving vehicle 8%
- Exposure to explosion 7%
- Other 24%

Source: RIDDOR

The worker fatal injury rate in 2016/17p in the Manufacturing sector is about one and a half times as high as the average rate across all industries (0.66 per 100,000 workers, compared to 0.43), similar to earlier years.

Figure 14: Rate of fatal injuries per 100,000 workers in the Manufacturing sector, 2016/17p

- Manufacturing (SIC C) 0.66
- All industries 0.43

Source: RIDDOR
Non-fatal injuries

Between 2014/15 and 2016/17:

- Annually, around 60,000 manufacturing workers in GB sustained an injury at work.
- Around a quarter of these cases resulted in absence from work of over 7-days.

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

  - This rate is not statistically significantly different to the average rate for workers across all industries (1.9%).
Figure 17: Estimated annual cases of all self-reported workplace injury by sub-sector

Source: LFS, annual average 2012/13 - 2016/17

Figure 18: Estimated rate of all self-reported workplace injury (per 100,000 workers) in the sub-sectors within Manufacturing

Source: LFS, annual average 2012/13 - 2016/17

Looking over a five-year period (2012/13-2016/17), rather than the last three years (2014/15-2016/17) shows that the rate of injury in manufacturing is statistically significantly higher than the average rate across all industries (2.3% compared with 1.9%).

Food manufacture, metallic product manufacture and non-metallic product manufacture all show rates that are statistically significantly higher than the average rate across all industries.

The rates of injury in transport and transport product manufacture, chemical and pharmaceutical product manufacture and in other manufacturing industries are not statistically significantly different than the average rate across all industries.

Estimates for the more detailed industry groups in manufacturing have been based on the five year period 2012/13-2016/17. This is in order to improve the reliability of the estimates and thus be able to better draw out any inferences on performance of health and safety in these sectors compared to the average across all industries. Since estimates are based on a slightly different time period they may differ slightly to estimates based on the three year period 2014/15-2016/17.
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-reported\(^5\), 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.

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**Figure 19: Employer reported non-fatal injuries to employees in the Manufacturing sector**

- Provisional figures show over 12,300 reported non-fatal injuries to employees in the Manufacturing sector in 2016/17.
- Reported non-fatal injuries are categorised as either specified (a pre-defined list of certain injury types which includes for example fractures, amputations, serious burns\(^6\)) or as resulting in over 7-days off work.
  - Around 20% of the manufacturing injury reports in 2016/17 were for specified injuries.

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- Around half of employer reported non-fatal injuries to employees were accounted for by just two accident kinds: lifting and handling accidents and slip, trip or falls on the same level.
- While falls from a height was the most common cause of fatal injury to workers in the Manufacturing sector (figure 13), it accounted for only 6% of all reported non-fatal injuries.

**Figure 20: Employer reported non-fatal injuries to employees in the Manufacturing sector by accident kind**

- Lifting/handling: 24%
- Slip, trip, fall on same level: 22%
- Struck by object: 12%
- Contact with machinery: 12%
- Fall from height: 6%
- Struck against something fixed or stationary: 4%
- Struck by moving vehicle: 2%
- Exposure to harmful substance: 2%
- Other: 14%

Source: RIDDOR 2014/15 - 2016/17p

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\(^5\) It is estimated that, across all industries, just under a half of all reportable non-fatal injury to employees are actually reported.

\(^6\) For the full list of specified injuries, see [www.hse.gov.uk/riddor/reportable-incidents.htm](http://www.hse.gov.uk/riddor/reportable-incidents.htm)
Changes over time

Fatal injury

Figure 21: Rate of fatal injury per 100,000 workers in the Manufacturing sector, 1981-2016/17p

Source: RIDDOR

- Over the last 30 years or so the rate of self-reported non-fatal injury to workers showed a downward trend
Non-fatal injury

Figure 22(i): Estimated rate per 100,000 workers of all self-reported workplace injury in the Manufacturing sector

![Graph showing estimated rate per 100,000 workers of all self-reported workplace injury from 2003/04 to 2015/16.](source: Labour Force Survey)

Figure 22(ii): Rate (per 100,000 employees) of employer reported non-fatal injury to employees in the Manufacturing sector

![Graph showing rate (per 100,000 employees) of employer reported non-fatal injury from 2004/05 to 2016/17.](source: RIDDOR)

- The rate of self-reported non-fatal injury to workers showed a downward trend.
- The rate of non-fatal injury to employees reported by employers (which only includes certain injuries) also showed a long-term downward trend.
Workplace risks

A 2014 survey, commissioned by the European Union Occupational Safety and Health Agency (in collaboration with the Health and Safety Executive), explored the extent that various risks are present in the workplace (regardless of whether the risk is under control), as reported by the person who knows most about safety and health in the workplace. Figure 23 below shows the extent of these various risk factors in workplaces in the Manufacturing sector in the UK. Full details of the UK results, including measures of how risks are managed within the sector can be found at www.hse.gov.uk/statistics/oshman.htm

Figure 23: Percentage of workplaces in the Manufacturing sector with 5 or more employees reporting the presence of various workplace risks, 2014

- Physical risks were much more widely reported being present than psychosocial risks. This is consistent with the lower than average levels of stress, depression or anxiety seen in the sector.
- The most common reported workplace risk was ‘machines or tools’. Comparing to what we know about causes of injury, around one in five of all fatal injuries in the sector over the last five years were due to contact with machinery and it accounts for over 10% of employer reported non-fatal injuries (see figures 13 and 20).
- Lifting or moving people or heavy loads was the second most common reported physical risk factor, present in around three-quarters of manufacturing workplaces. Lifting/handling is a significant cause of non-fatal injury, accounting for a quarter of employer reported non-fatal injuries (figure 20).
- Around two-thirds of workplaces in manufacturing reported ‘Risk of accidents with vehicles in the course of work but not on the way to and from work’ as a risk factor present in the workplace. Over the last five years there were 8 (out of 101) fatal injuries to workers caused by being ‘struck by moving vehicle’. In terms of non-fatal injury it accounted for around 2% of all employer-reported non-fatal injury over the last three years.
- ‘Increased risk of slips, trips and falls’ was reported by just over half of workplaces. This is one of the most common causes of non-fatal injury in the Manufacturing sector, accounting for around a fifth of employer reported injuries.
Impacts of health and safety failings.

Working days lost

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.

Annually between 2014/15-2016/17:
- Around 2.2 million working days (full-day equivalent) were lost in the Manufacturing sector due to workplace injury (0.5 million) and work-related illness (1.7 million). (However, it should be noted that there is a wide degree of sampling uncertainty attached to this estimate making year-on-year comparisons difficult).
- That is the equivalent of 0.81 working days lost per worker, broadly similar to the average days lost per worker across all industries (0.96 days).
- Assuming a full-time working year equates to 225 working days, this is equivalent to around 10,000 full-time workers being absent from the workforce for the whole year in the Manufacturing sector.

Economic cost

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 ill health in manufacturing in 2015/16 is estimated to be around £1 billion (£521 million injury, £481 million illness) and accounts for around 7% of the total cost across all industries - £14.9 billion.
- This total 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).
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 2016/17 show a total of 4,121 notices issued by HSE inspectors in the Manufacturing sector: 3,624 improvement notices and 497 prohibition notices.
  - This figure compares to 3,597 notices issued in 2015/16.

- There were 163 prosecution cases\(^7\) in 2016/17\(^\text{p}\), 159 (98%) of which resulted in a guilty verdict for at least one offence.
  - The resulting fines from these prosecutions totalled over £25 million\(^8\).

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\(^7\) 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.

\(^8\) 2016/17 is the first full year where new sentencing guidelines have been in effect. A feature of these guidelines is that fines are related to the turnover of organisations and, as a result, large organisations convicted of offences are receiving larger fines than seen prior to these guidelines.
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 37,000 households each quarter. HSE commissions annual questions in the LFS to gain a view of self-reported work-related illness and workplace injury based on individuals’ perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

- **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. (Note: 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.

- **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.

Specialist physician surveillance schemes (THOR): Cases of work-related respiratory and skin disease are reported by specialist physicians within The Health and Occupation Reporting network (THOR) surveillance schemes.

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.

RIDDOR: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 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.

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 surveys 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 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.

HSE Enforcement data: The main enforcing authorities are HSE and local authorities. In Scotland, HSE and local authorities investigate potential offences but cannot institute legal proceedings and the Crown Office and Procurator Fiscal Service (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.

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.pdf](http://www.hse.gov.uk/statistics/sources.pdf)
Annex 2: Links to detailed tables

The data in this report is mostly published in a range of web tables. See:

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**Work-related illness (including working days lost)**

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**Workplace injuries (including working days lost)**

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**Costs to Britain of workplace injury and illness**

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**Management of Health and Safety at the workplace**

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**Enforcement**

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**Other tables can be found at:**

www.hse.gov.uk/Statistics/tables/index/
National Statistics

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Health and Safety Executive’s responsibility to maintain compliance with the standards expected by National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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/.

Last updated: November 2017
Next update: October 2018

General enquiries: Statistician heidi.edwards@hse.gov.uk
Journalists/media enquiries only: www.hse.gov.uk/contact/contact.htm