



Health and safety statistics 2007/08



A National Statistics publication

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Key facts

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

Key facts for 2007/08 are:

Ill health

2.1 million people were suffering from an illness (long-standing as well as new cases) they believed was caused or made worse by their current or past work.

1.3 million of these cases were suffered by people working during the year, of which **563 000** were new cases.

2056 people died of mesothelioma (2006), and thousands more from other occupational cancers and lung diseases.

Injuries

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

136 771 other injuries to employees were reported under RIDDOR, a rate of 517.9 per 100 000 employees.

299 000 reportable injuries occurred, according to the Labour Force Survey (LFS), a rate of 1000 per 100 000 workers.

Working days lost

34 million days were lost overall (1.4 days per worker), 28 million due to work-related ill health and 6 million due to workplace injury.

Health and safety targets: progress to 2007/08

Ill health: probably not on track to meet *Revitalising* target.

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

Days lost per worker: probably not on track to meet *Revitalising* target.

Enforcement

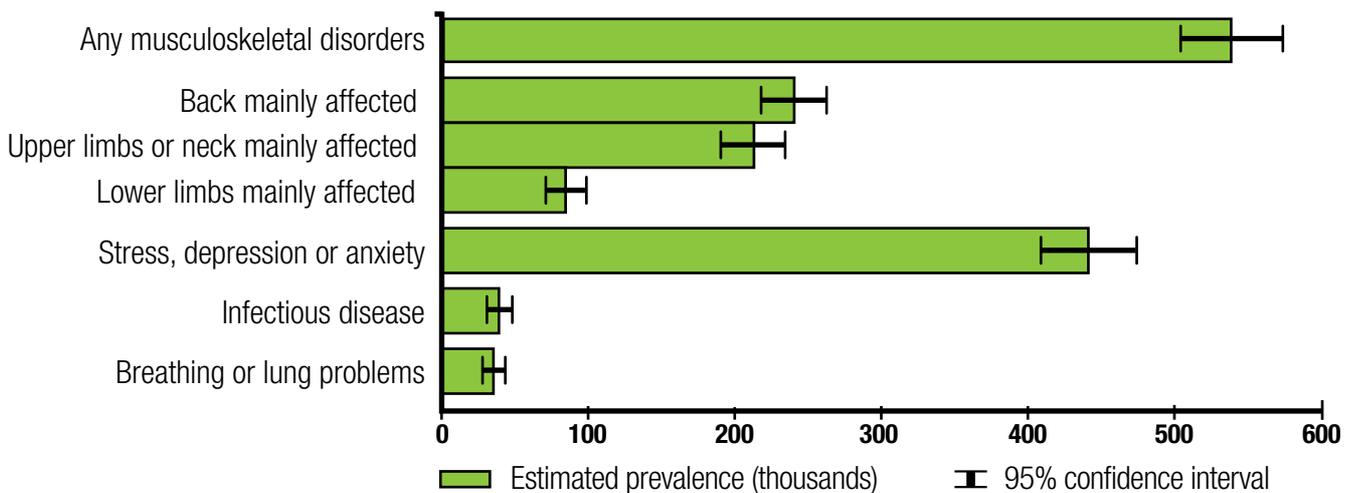
1028 offences were prosecuted by HSE.

354 offences were prosecuted by local authorities.

Self-reported ill health

- In 2007/08 an estimated 2.1 million people suffered from ill health which they thought was work-related, according to the LFS.
- Over half of these cases (1.3 million) are estimated to have been suffered by people who had worked in the last 12 months, with musculoskeletal disorders and stress being the most commonly reported illness type.

Figure 1: Estimated prevalence of self-reported work-related illness, by type of complaint, for people working in the last 12 months, 2007/08



Type of complaint	2007/08 prevalence* (thousands)		
	Central estimate	95% confidence interval	
		lower	upper
Musculoskeletal disorders	539	504	574
mainly affecting the back	241	218	264
mainly affecting the upper limbs or neck	213	191	235
mainly affecting the lower limbs	86	72	100
Stress, depression or anxiety	442	410	475
Infectious disease	40	30	50
Breathing or lung problems	36	27	45
Total	1 261	1 206	1 316

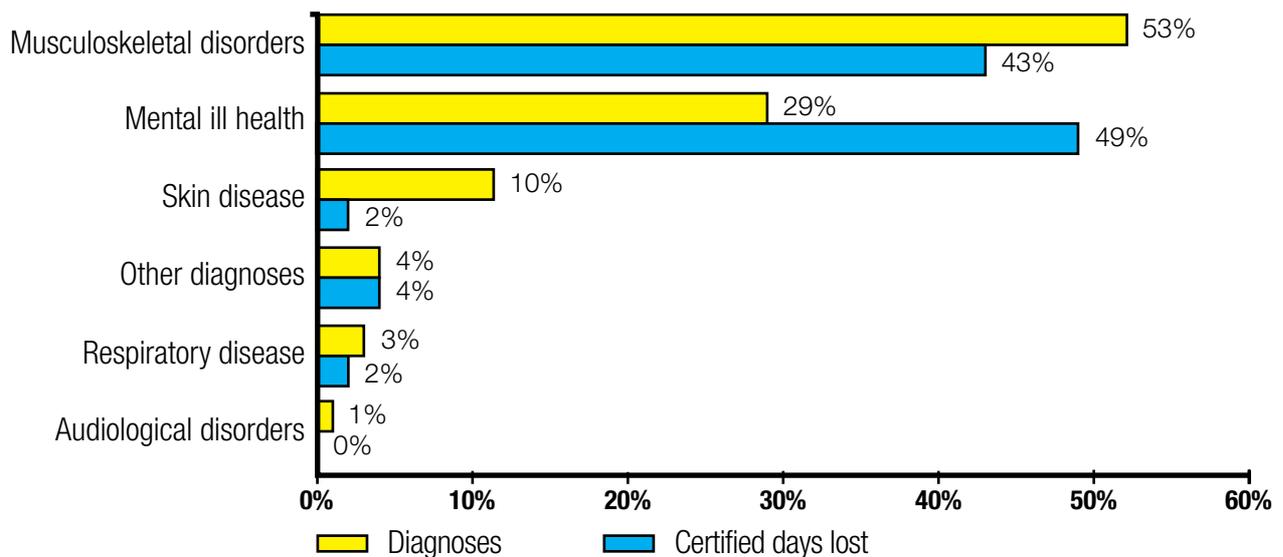
* for people working in the last 12 months

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

Reports of ill health by doctors and specialist physicians

- Since 2005 a surveillance scheme has collected reports of new cases of work-related ill health from a sample of around 300 general practitioners (GPs). The data confirms that musculoskeletal disorders are the most common type of work-related illness, but that mental ill health gives rise to more working days lost. Initial estimates for 2007 suggest the incidence of work-related ill health is roughly 1500 cases per 100 000 workers.
- Other surveillance schemes collect reports from specialist physicians on specific types of work-related ill health. For example, in 2007 the scheme involving hospital dermatologists recorded about 1400 confirmed cases of work-related dermatitis.

Figure 2: Proportion of cases and certified days lost by diagnosis as reported by General Practitioners for 2006–2007



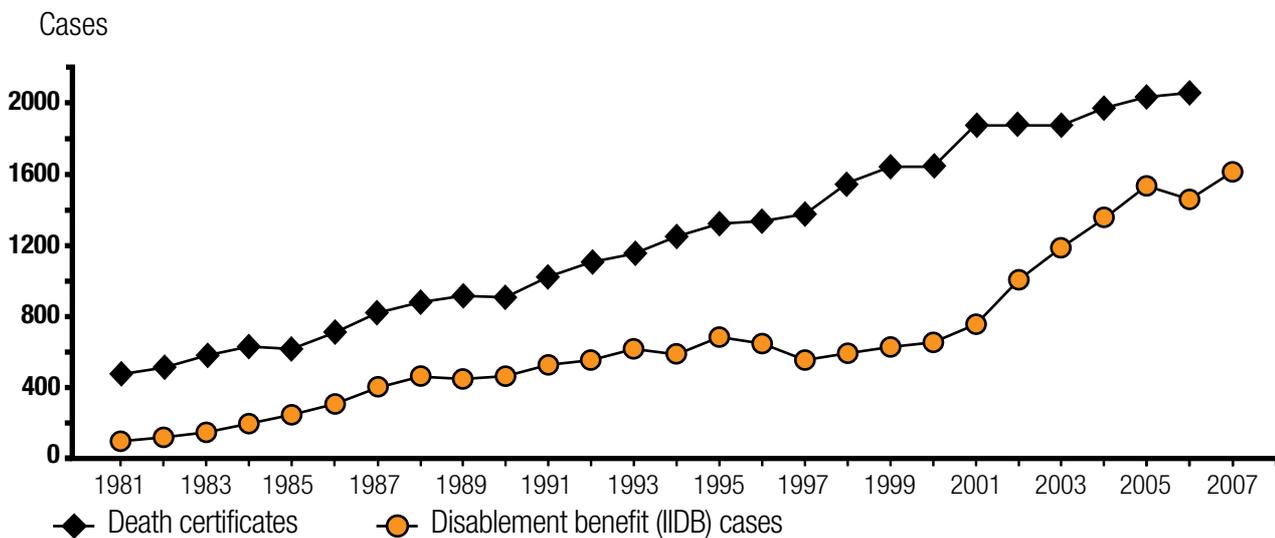
Ill health assessed for industrial injuries disablement benefit (IIDB)

- Figures for the last three years show that an average of about 5700 cases were assessed for IIDB. The largest categories were vibration white finger, carpal tunnel syndrome and respiratory diseases associated with past exposures to substances such as asbestos and coal dust.

Fatal diseases

- Each year thousands of people die from work-related diseases mainly due to exposures many years ago.
- The number of cancer deaths has to be estimated rather than counted. HSE is currently updating its estimates but the emerging information suggests that the annual number of work-related cancer deaths is likely to be in excess of 6000.
- About 4000 cancer deaths each year are due to past exposure to asbestos.
- In 2006 there were 111 deaths from asbestosis (as underlying cause), and 182 from other types of pneumoconiosis, mostly due to coal dust and silica.
- Around 15% of chronic obstructive pulmonary disease (COPD – including bronchitis and emphysema) may be work related. This suggests there could be some 4000 COPD deaths each year due to past occupational exposures to fumes, chemicals and dusts.

Figure 3: Mesothelioma

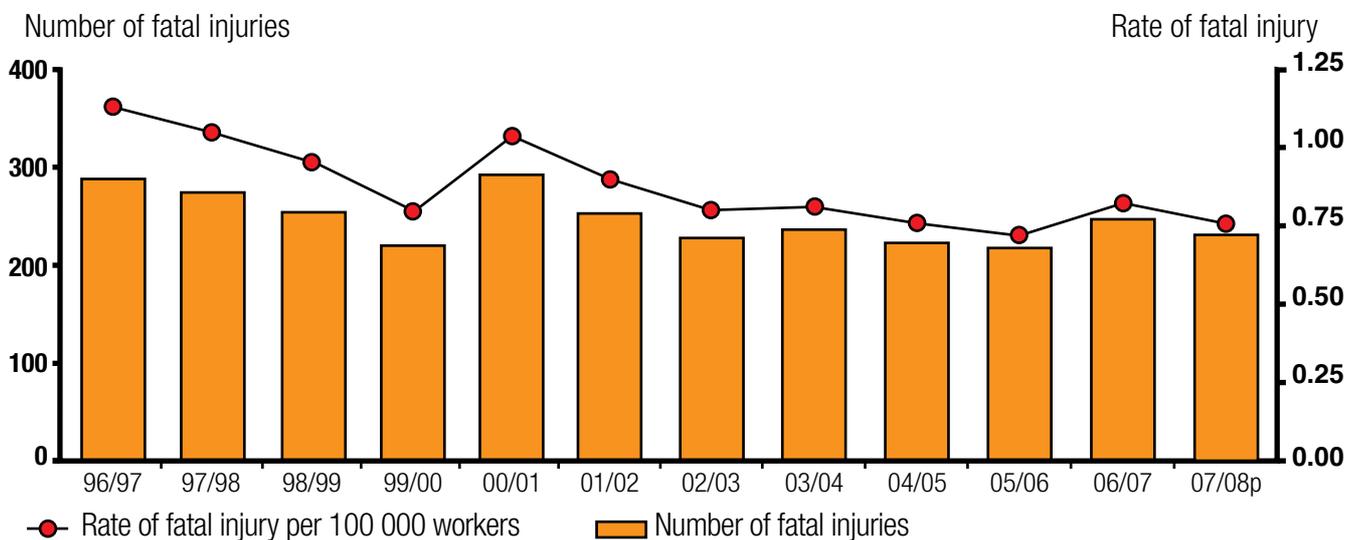


- The annual number of mesothelioma deaths has increased from 153 in 1968 to 2056 in 2006. Previous projections suggest that they will peak somewhere between current levels and 2450 deaths some time before 2015. Work is underway to provide more up-to-date estimates.
- Deaths occurring now reflect industrial conditions of the past. Male deaths under 55 have been falling since the mid-1990s.

Fatal injuries to workers

- There were 229 workers fatally injured in 2007/08 (provisional), equivalent to a rate of 0.8 fatalities per 100 000 workers.
- Although the longer-term trend in the fatal injury rate is downwards, there has been very little change over the last six years.
- Of the main industrial sectors, construction and agriculture have the highest rates of fatal injury. Together these two sectors account for nearly half of fatal injuries to workers, with 72 and 39 fatalities respectively.

Figure 4: Number and rate of fatal injuries to workers



Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
2000/01	213	0.9	79	2.4	292	1.0
2001/02	206	0.8	45	1.3	251	0.9
2002/03	183	0.7	44	1.3	227	0.8
2003/04	168	0.7	68	1.8	236	0.8
2004/05	172	0.7	51	1.3	223	0.8
2005/06	164	0.6	53	1.4	217	0.7
2006/07	191	0.7	56	1.4	247	0.8
2007/08p	179	0.7	50	1.2	229	0.8

(a) per 100 000 employees

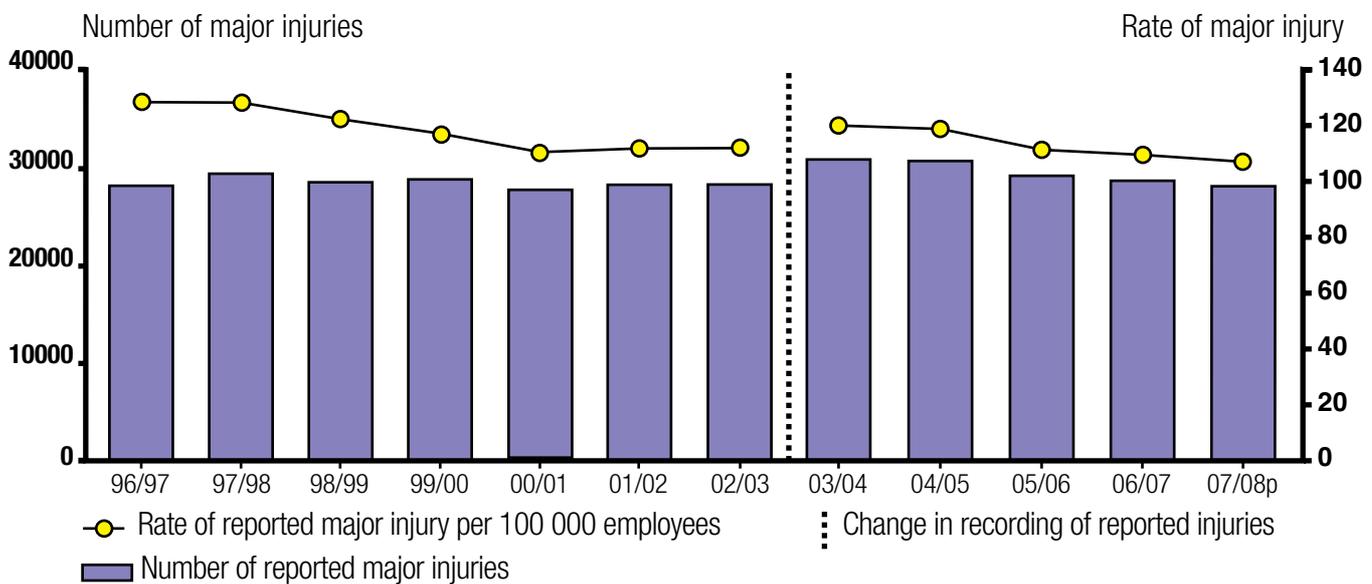
(b) per 100 000 self-employed

(c) per 100 000 workers

Reported non-fatal injuries

- There were 27 976 major injuries to employees reported in 2007/08, and the rate of injury was 105.9 per 100 000. Over one third were caused by slipping or tripping.
- There were 108 795 other injuries to employees causing absence from work of over 3 days, equivalent to a rate of 411.9. Around two fifths were caused by handling, lifting or carrying, and a quarter due to slipping or tripping.

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



Year	Employees		Self-employed		Workers	
	Number	Rate (a)	Number	Rate (b)	Number	Rate (c)
Major injury						
2005/06	28 914	110.5	1 303	34.0	30 217	100.7
2006/07	28 544	108.8	1 194	30.1	29 738	98.4
2007/08p	27 976	105.9	1 187	29.4	29 163	95.8
Over-3-day injury						
2005/06	119 045	454.7	1 223	31.9	120 268	400.8
2006/07	114 653	436.8	1 146	28.9	115 799	383.2
2007/08p	108 795	411.9	1 117	27.6	109 912	360.9

(a) per 100 000 employees

(b) per 100 000 self-employed

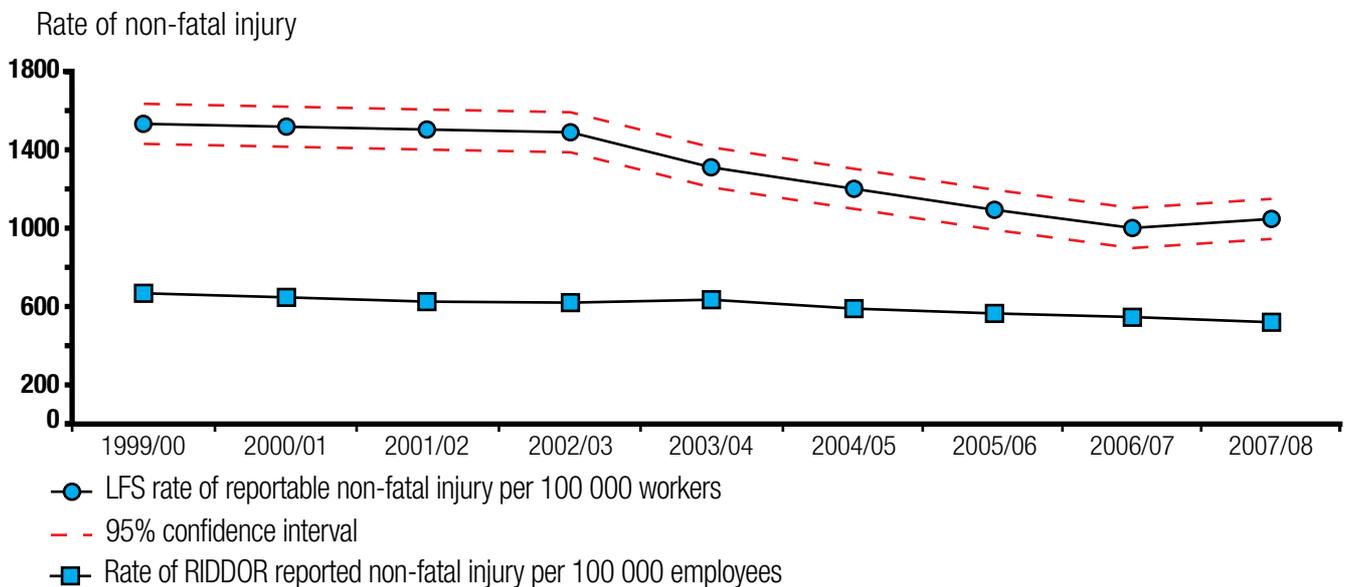
(c) per 100 000 workers

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

Labour Force Survey and reporting of injuries

- There were 299 000 reportable injuries in 2007/08, according to self-reports from the Labour Force Survey (LFS). This corresponded to a rate of 1000 injuries per 100 000 workers.
- The 2007/08 rate was of a similar order to those in recent years, but statistically significantly lower than that in 2004/05.
- Comparing this with the RIDDOR rate of reported major and over-3-day injury, the estimated level of reporting by employers was 49%.

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



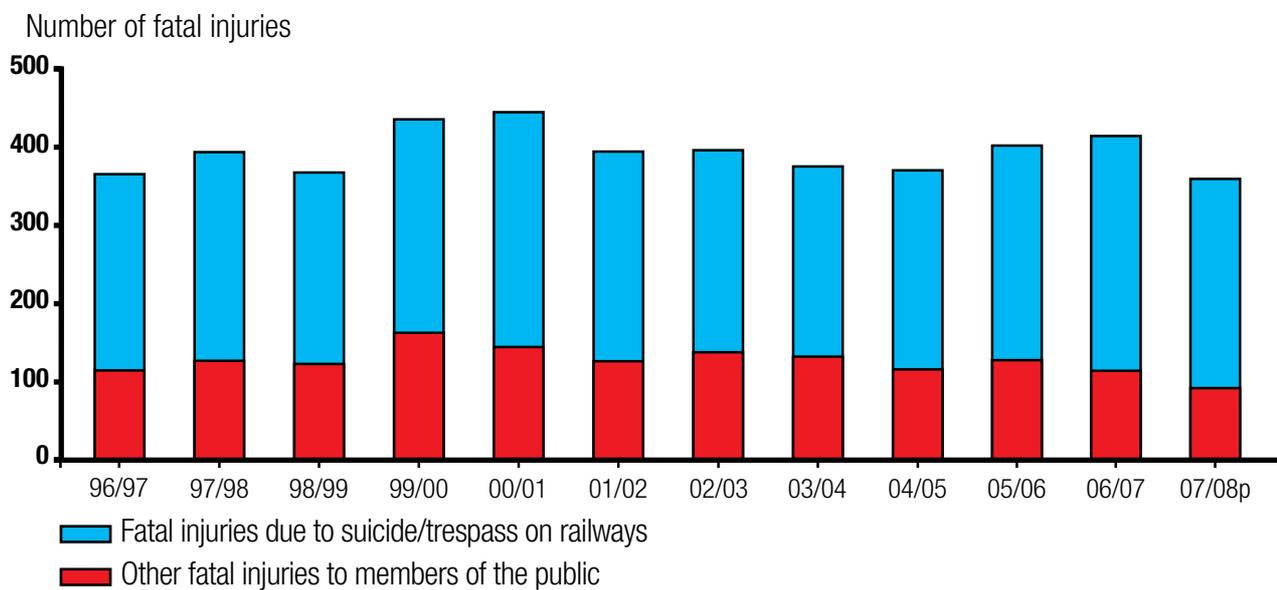
	RIDDOR-reported injury rate to employees (a)	LFS reportable injury rate to workers (b)			Estimated percentage of injuries reported
		Central estimate	95% confidence interval lower	95% confidence interval upper	
1999/00	667	1 530	1 430	1 630	44%
2004/05	590	1 200	1 100	1 290	49%
2005/06	565	1 090	990	1 180	52%
2006/07	546	1 000	910	1 090	55%
2007/08p	518	1 050	950	1 140	49%

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

Injuries to members of the public

- Under some circumstances members of the public who die, or who are injured, as a result of the work activity of others are reportable under RIDDOR.
- In 2007/08, 358 members of the public were killed, with over two thirds of these, 263, due to acts of suicide or trespass on the railways.
- There were 18 163 reported non-fatal injuries to members of the public.

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



	Fatal injuries	Non-fatal injuries*
2000/01	444	20 836
2001/02	393	14 834
2002/03	396	12 793
2003/04	374	13 679
2004/05	370	14 316
2005/06	401	15 868
2006/07	415	17 773
2007/08p	358	18 163

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

Ill health and injuries by industry sector

Figure 8: Estimated prevalence rates of self-reported work-related illness, 2007/08

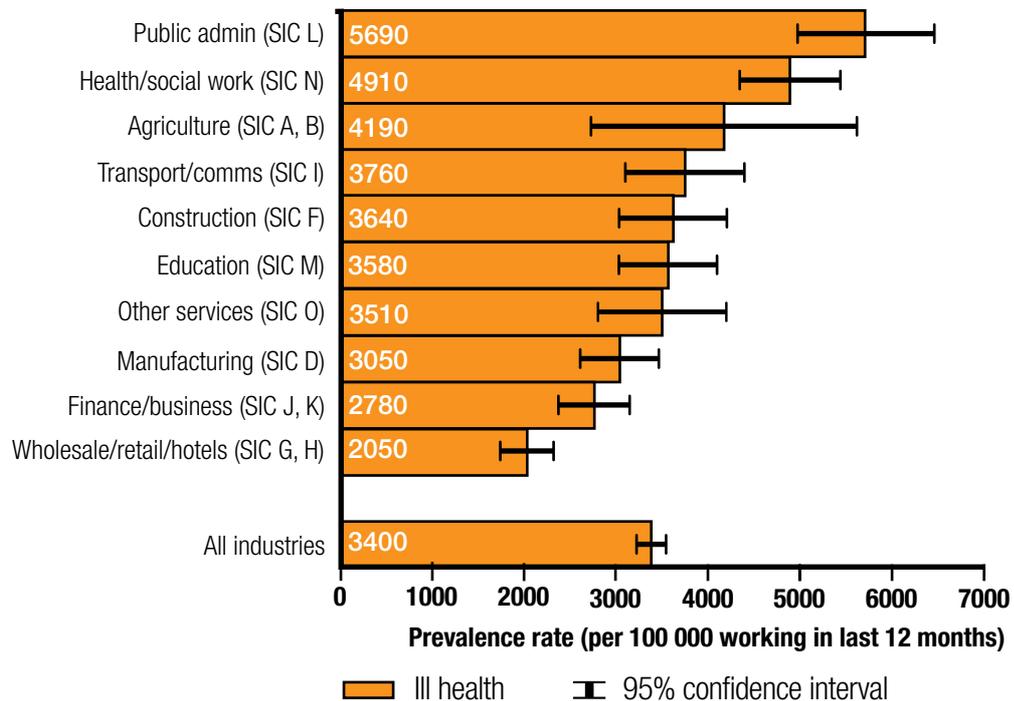
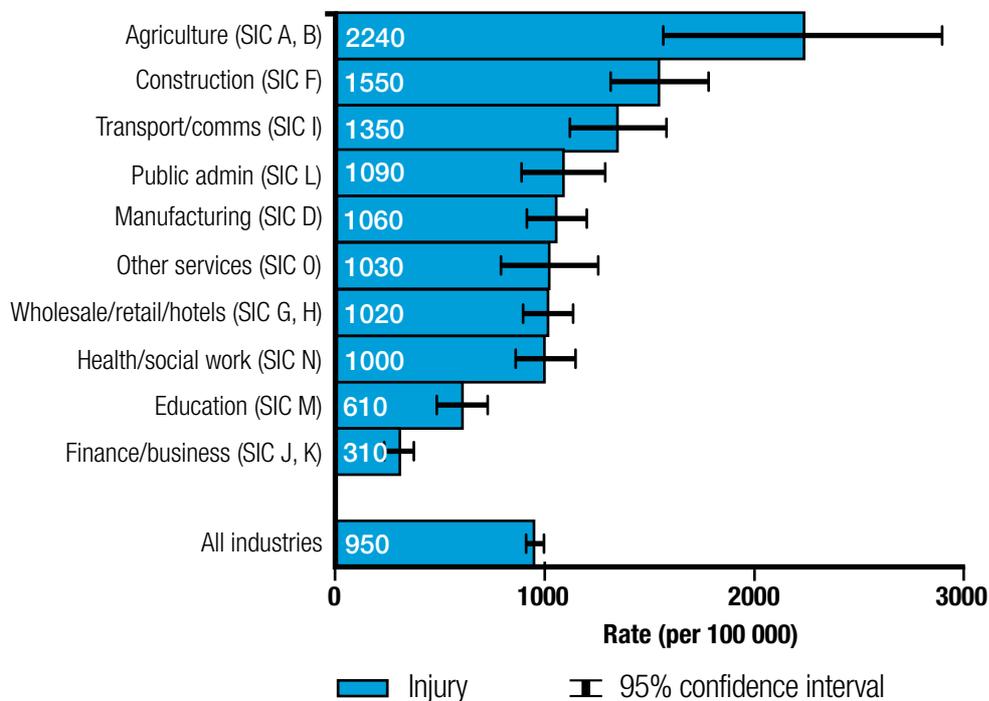


Figure 9: Estimated rates of reportable non-fatal injury to workers, average 2005/06–2007/08

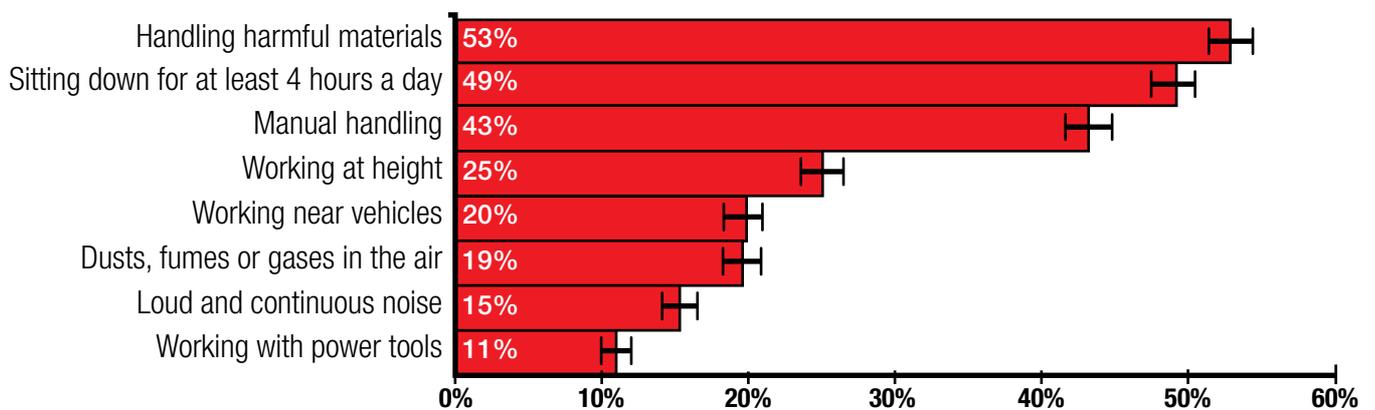


Source: Labour Force Survey. Restricted to injuries/ill health in current or most recent job.
 SIC: Standard Industrial Classification section (see page 30).
 Sample cases too small to provide reliable rates for Extraction and utility supply (SIC C, E).

Working conditions – Worker perspective

- In 2008, handling harmful substances, prolonged sitting, and manual handling were the most commonly reported hazards.
- Workers’ perception of workplace risk controls 2006–2008 shows no overall pattern of improvement.
- The Psychosocial Working Conditions (PWC) surveys indicate little change in self-reported psychosocial working conditions 2004–2008.

Figure 10: Percentage of British workers that report selected working condition in 2008*



* Source: Fit3 worker survey 2008.

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

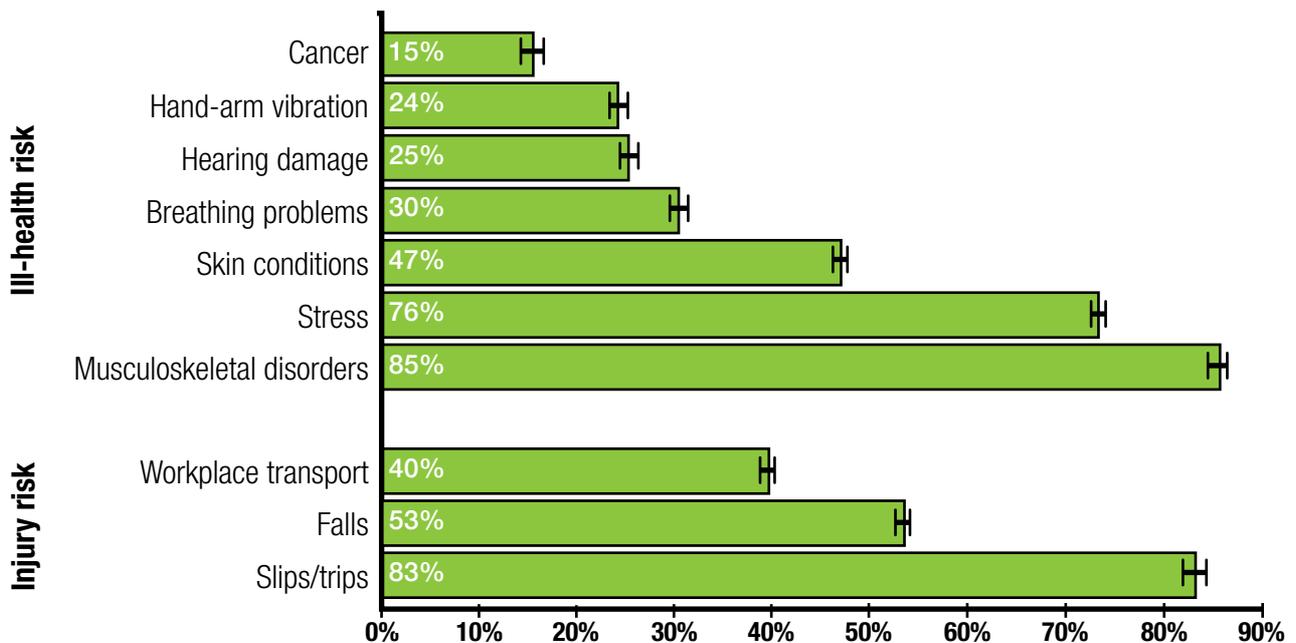
Risk associated with:	Percentage change 2006–2008	Statistical significance of change
Power tools	5.9%	-
Sitting down for at least 4 hours a day	4.5%	Significant change
Dust	4.2%	Significant change
Noise	4.2%	-
Working at height	3.2%	-
Workplace transport	-1.2%	-
Manual handling	-4.2%	Significant change
Slipping/tripping	-5.1%	Significant change
Skin irritants	-6.8%	-

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

Working conditions – Employer perspective

- Musculoskeletal disorders, slipping and tripping, and stress were the three most commonly reported health and safety risks by British employers in 2007.

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



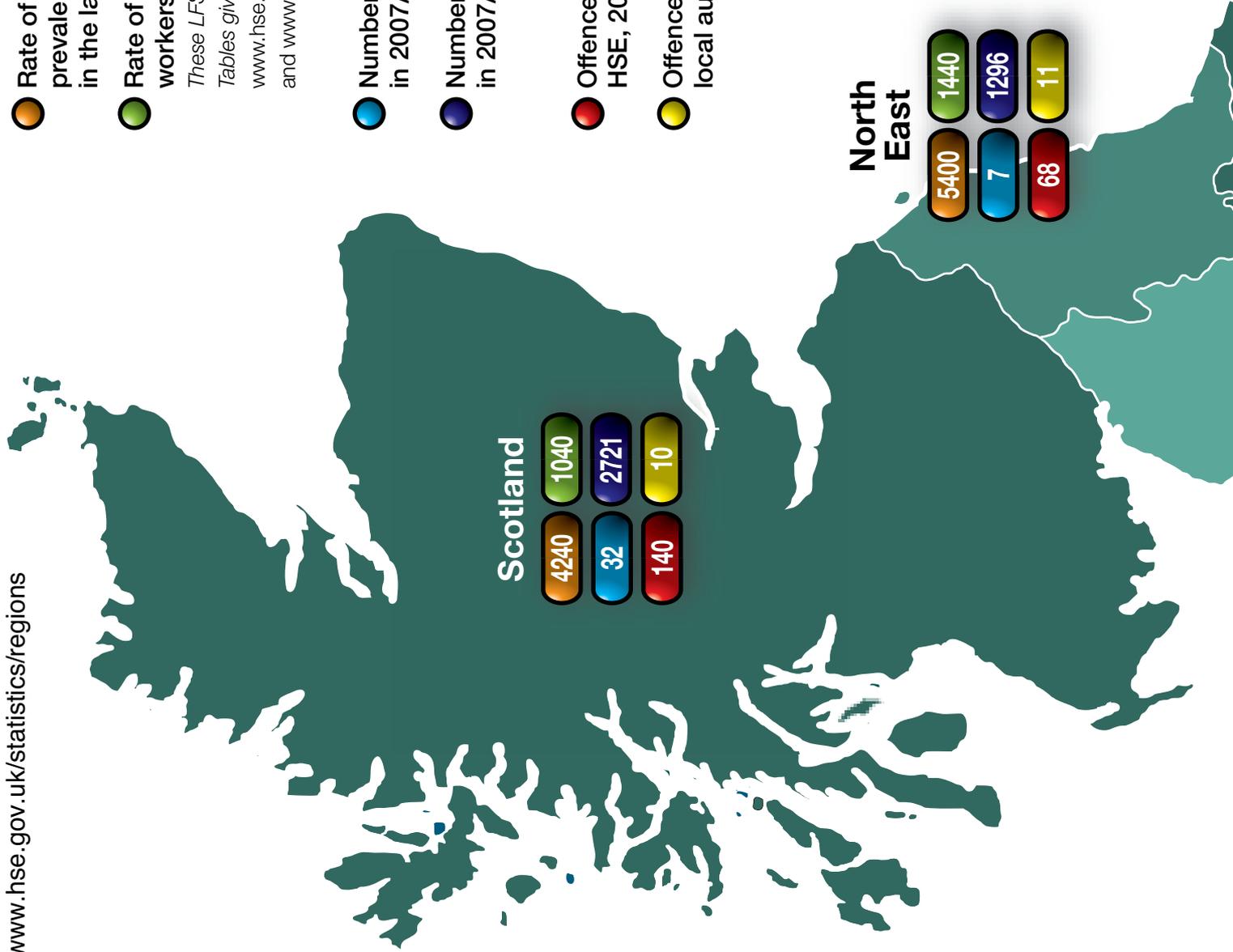
* Source: Fit3 employer survey 2007.

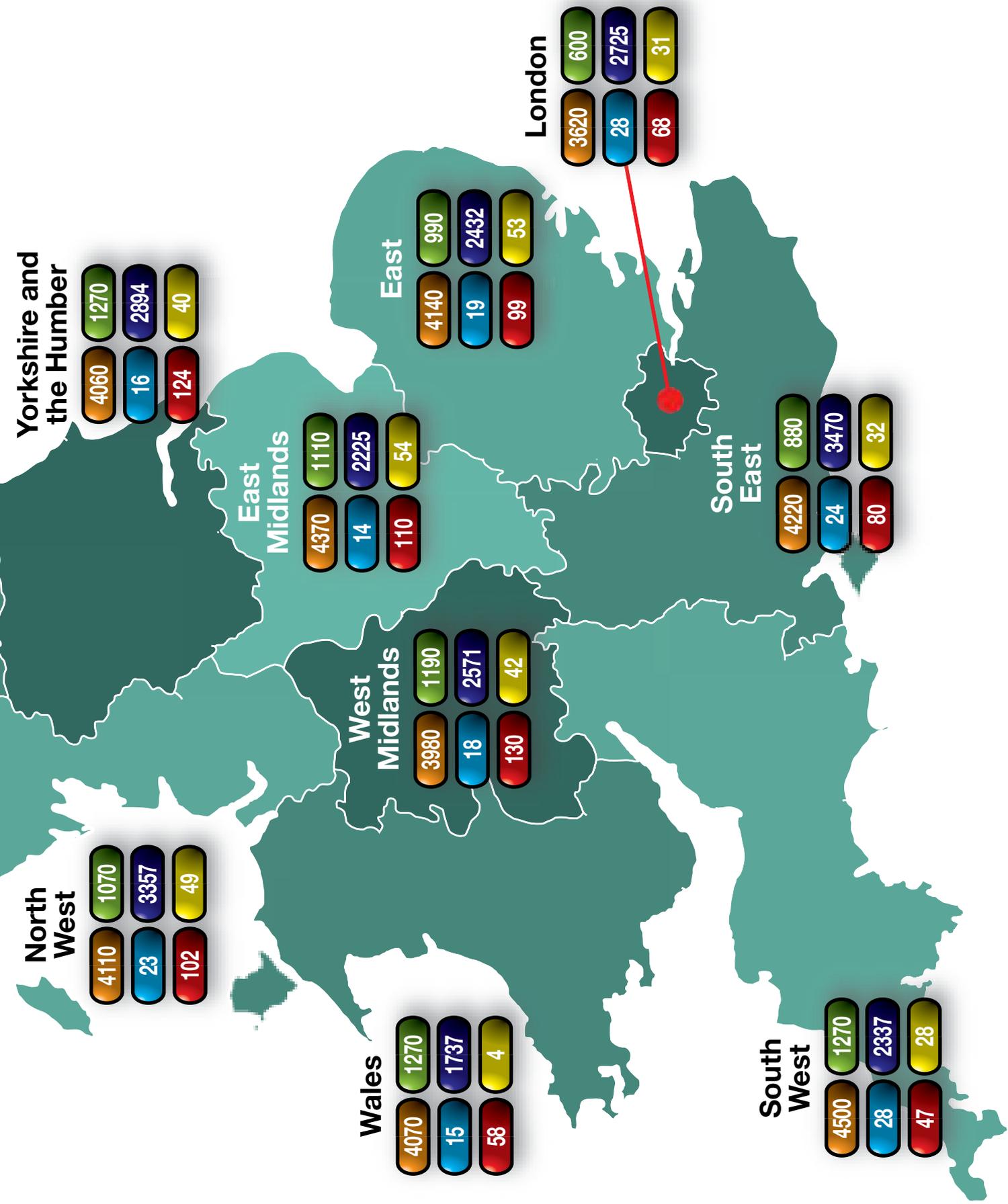
Note: Data on this page are not National Statistics. See 'Sources and definitions' for Fit3 employer survey.

Ill health, injuries and enforcement by country and region

- Rate of self-reported ill health prevalence per 100 000 people employed in the last 12 months 2007/08 (LFS)
 - Rate of reportable injury per 100 000 workers, 2006/07 (LFS averaged)
- These LFS estimated rates are subject to sampling error. Tables giving 95% confidence intervals are at www.hse.gov.uk/statistics/lfs/0708/wrigror1w12.htm and www.hse.gov.uk/statistics/lfs/0708/injor1_3yr.htm*

- Number of fatal injuries to workers in 2007/08p (RIDDOR)
- Number of major injuries to employees in 2007/08p (RIDDOR)
- Offences prosecuted by HSE, 2007/08
- Offences prosecuted by local authorities, 2007/08

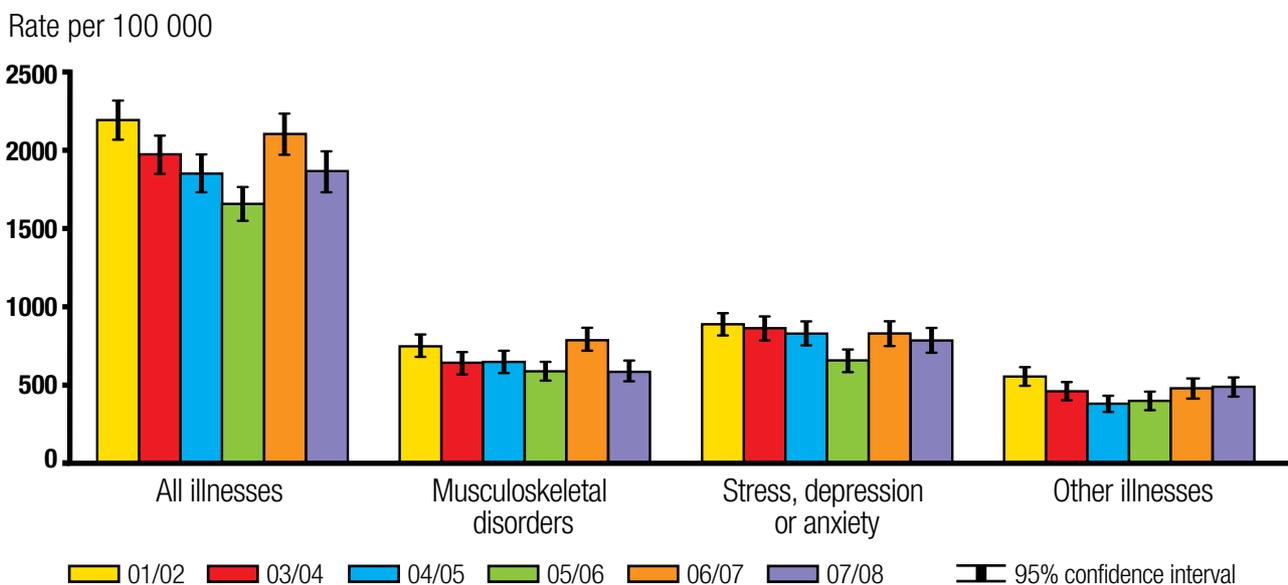




Progress on work-related ill health incidence

- The *Revitalising Health and Safety* target is to reduce the incidence rate of work-related ill health by 20% between 1999/2000 and 2009/10; the pro-rata target for 2007/08 is a 16% reduction.
- Despite improvements since the base year, progress is **probably not on track** to meet this *Revitalising Health and Safety* target.
- The Public Service Agreement (PSA) includes a target to reduce the incidence rate of work-related ill health by 6% in 2007/08 against a 2004/05 baseline.
- The judgement is that this PSA target has **not been met**

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



- The incidence rate of self-reported work-related ill health from the 2007/08 Labour Force Survey was similar to that in 2004/05, but statistically significantly lower than in 2001/02. The range of possibilities (95% confidence interval) for this fall was 7% to 23%.
- While this incidence rate has fluctuated significantly in recent years, research to date provides nothing to suggest that these fluctuations can be explained by changes in survey methodology.

- The 2007/08 incidence rate of self-reported work-related stress was similar to those in 2001/02 and 2004/05, whereas the musculoskeletal disorders rate was statistically significantly lower than that in 2001/02, but similar to that in 2004/05. Other data sources showed generally consistent patterns.
- Trends in the other smaller categories of work-related ill health show a mixed pattern. There are indications based on a range of data sources of falls in asthma, dermatitis and some long latency respiratory diseases, and a rise in mesothelioma.

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

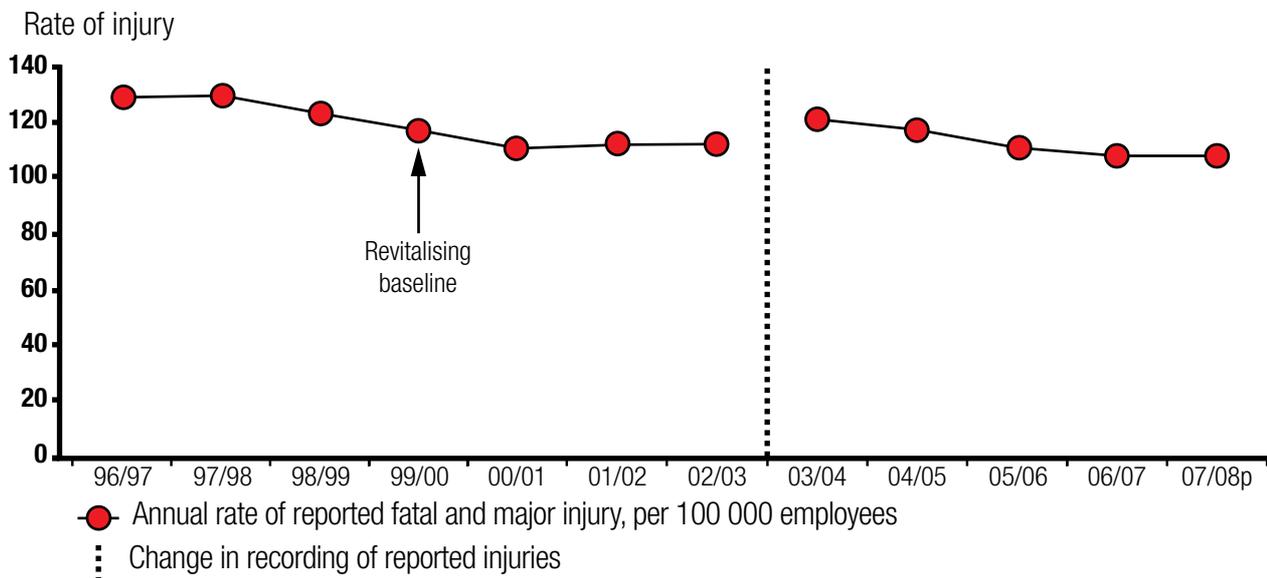
Type of complaint	Incidence rate per 100 000 employed in the last 12 months		
	Central estimate	95% confidence interval lower	95% confidence interval upper
All illnesses			
2001/02	2 190	2 070	2 310
2004/05	1 850	1 730	1 960
2007/08	1860	1 740	1 980
Musculoskeletal disorders			
2001/02	750	680	820
2004/05	650	580	710
2007/08	590	520	660
Stress, depression or anxiety			
2001/02	890	810	960
2004/05	820	750	900
2007/08	780	700	860
Other illnesses			
2001/02	550	490	610
2004/05	380	320	430
2007/08	490	430	550

Source: Labour Force Survey.

Progress on fatal and major injuries

- The *Revitalising Health and Safety* target is to reduce the incidence rate of fatal and major injury by 10% between 1999/2000 and 2009/10; the pro-rata target for 2007/08 is an 8% reduction.
- Progress is **on track** to meet this *Revitalising Health and Safety* target.
- The Public Service Agreement (PSA) includes a target to reduce the incidence rate of fatal and major injuries by 3% between 2004/05 and 2007/08.
- The judgment is that this PSA target has **been met**.

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



- Research indicates the rise in major injuries that took place in 2003/04 resulted from a change in recording systems. Work is ongoing to quantify this effect and produce an adjusted time series.
- The rate of employee major injury reported under RIDDOR shows a falling trend from 1997/98 to 2002/03, and again from 2003/04 to 2007/08. The overall change between 1999/2000 and 2007/08 shows a 9% fall, although an adjusted series would indicate a larger fall.

- The rate of fatal injury to employees has shown an overall falling trend since 1999/2000. However, most of this reduction occurred in the earlier part of the period, with the figures for more recent years showing some cause for concern.
- The rate of RIDDOR-reported over-3-day injury, that provides supporting evidence, has fallen by around 25% since 1999/2000.
- Other supporting evidence from the LFS shows a statistically significant fall in reportable injury since 1999/2000. The range of possibilities for this fall (95% confidence interval) in self-reported injury is from 23% to 41%.

Rate of fatal and major injury to employees

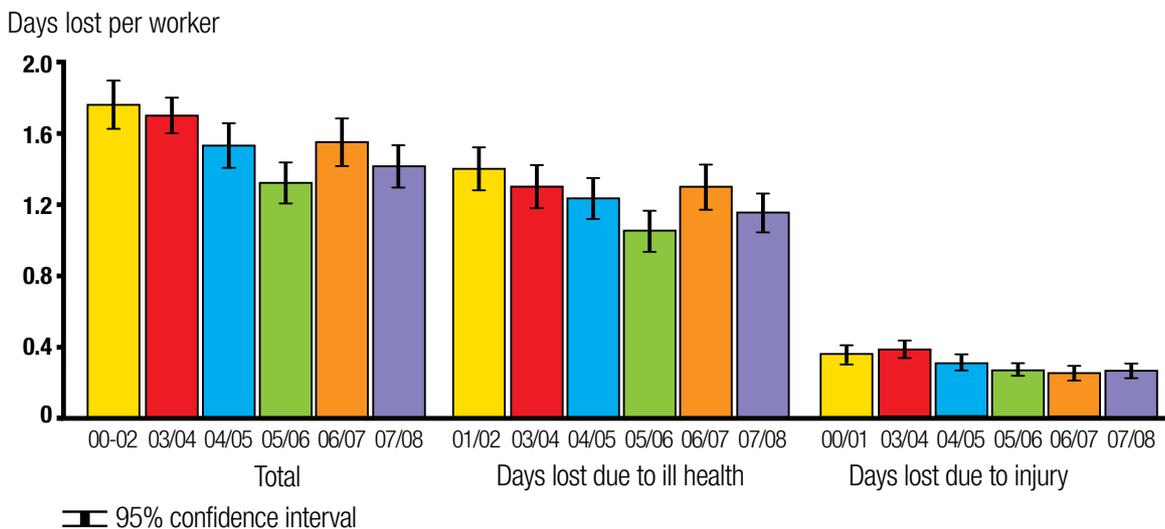
Year	Rate of reported injury (per 100 000 employees)		
	Fatal injury	Major injury	Fatal and major injury
1999/00	0.7	116.6	117.3
2000/01	0.9	110.2	111.1
2001/02	0.8	110.9	111.7
2002/03	0.7	111.1	111.8
2003/04	0.7	120.4	121.1
2004/05	0.7	117.9	118.6
2005/06	0.6	110.5	111.1
2006/07	0.7	108.8	109.5
2007/08p	0.7	105.9	106.6

Source: RIDDOR.

Progress on working days lost

- The *Revitalising Health and Safety* target is to reduce the number of working days lost per worker due to work-related injury and ill health by 30% between 1999/2000 and 2009/10; the pro-rata target for 2007/08 is a 24% reduction.
- Despite improvements since the base year progress is **probably not on track** to meet this *Revitalising* target.
- The Public Service Agreement (PSA) includes a target to reduce the number of working days lost per worker due to work-related injury and ill health by 9% in 2007/08 against a 2004/05 baseline.
- The judgement is that this PSA target has **probably not been met**.

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



- The baseline for the *Revitalising* target is taken as 2000–02, because comparable data on working days lost, from the LFS, are only available since 2000/01 (for injuries) and 2001/02 (for ill health).
- Since 2000–02 working days lost per worker has shown a statistically significant fall within a range of possibilities (95% confidence interval) of 10% to 30%. On the balance of probabilities, the fall was not as large as the 24% pro-rata target.
- Although the estimate of days lost per worker in 2007/08 was lower than that in 2004/05, the difference was not statistically significant. Considering the range of possibilities for the difference indicates that on the balance of probabilities the reduction of 9% has not been met.

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

Type of complaint	Days lost (thousands)			Days lost per worker*		
	Central estimate	95% confidence interval lower	95% confidence interval upper	Central estimate	95% confidence interval lower	95% confidence interval upper
Due to all ill health and injuries						
2000–02	39 817	36 746	42 888	1.76	1.62	1.90
2004/05	35 426	32 528	38 323	1.53	1.41	1.66
2007/08p	33 904	31 090	36 717	1.41	1.29	1.52
All illnesses						
2001/02	31 752	29 121	34 383	1.40	1.29	1.52
2004/05	28 404	25 722	31 086	1.23	1.11	1.34
2007/08p	27 641	25 006	30 276	1.15	1.04	1.26
Musculoskeletal disorders						
2001/02	11 810	10 231	13 389	0.52	0.45	0.59
2004/05	11 602	9 761	13 444	0.50	0.42	0.58
2007/08p	8 845	7 422	10 268	0.37	0.31	0.43
Stress, depression or anxiety						
2001/02	12 919	11 235	14 603	0.57	0.50	0.64
2004/05	12 820	11 100	14 540	0.55	0.48	0.63
2007/08p	13 539	11 631	15 447	0.56	0.48	0.64
All injuries						
2000/01	8 065	7 037	9 093	0.36	0.31	0.40
2004/05	7 021	6 035	8 008	0.30	0.26	0.35
2007/08p	6 262	5 298	7 227	0.26	0.22	0.30

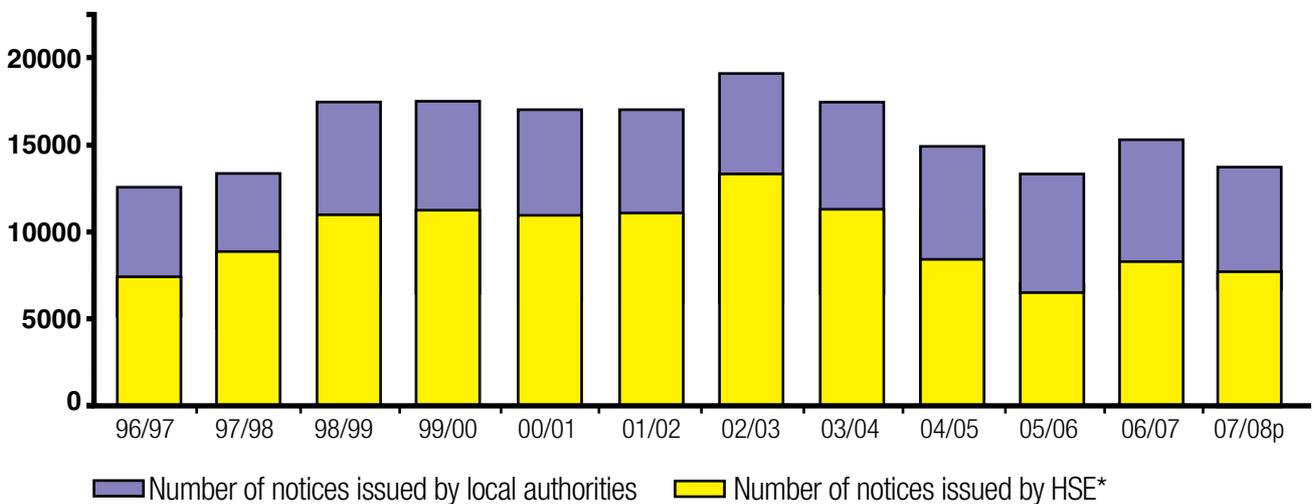
* Combined injury and illness rates differ from the sum of the parts due to rounding.

Enforcement notices

- In 2007/08, there were 7715 enforcement notices issued by HSE, compared to 8234 in 2006/07. In addition, the Office of Rail Regulation (ORR) issued 25 and 40 notices respectively for those years.
- In 2007/08 local authorities issued 6010 notices, compared to 6960 in 2006/07.
- This gives a total of 13 750 enforcement notices issued by all enforcing authorities in 2007/08.

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

Number of enforcement notices



		Improvement	Deferred	Immediate	Total
2005/06	HSE	3 925	38	2 630	6 593
	Local authorities	5 220	80	1 470	6 770
	Total	9 145	118	4 100	13 363
2006/07	HSE	5 139	54	3 041	8 234
	ORR	26	-	14	40
	Local authorities	5 270	50	1 640	6 960
	Total	10 435	104	4 695	15 234
2007/08p	HSE	4 512	44	3 159	7 715
	ORR	16	-	9	25
	Local authorities	4 470	60	1 480	6 010
	Total	8 998	104	4 648	13 750

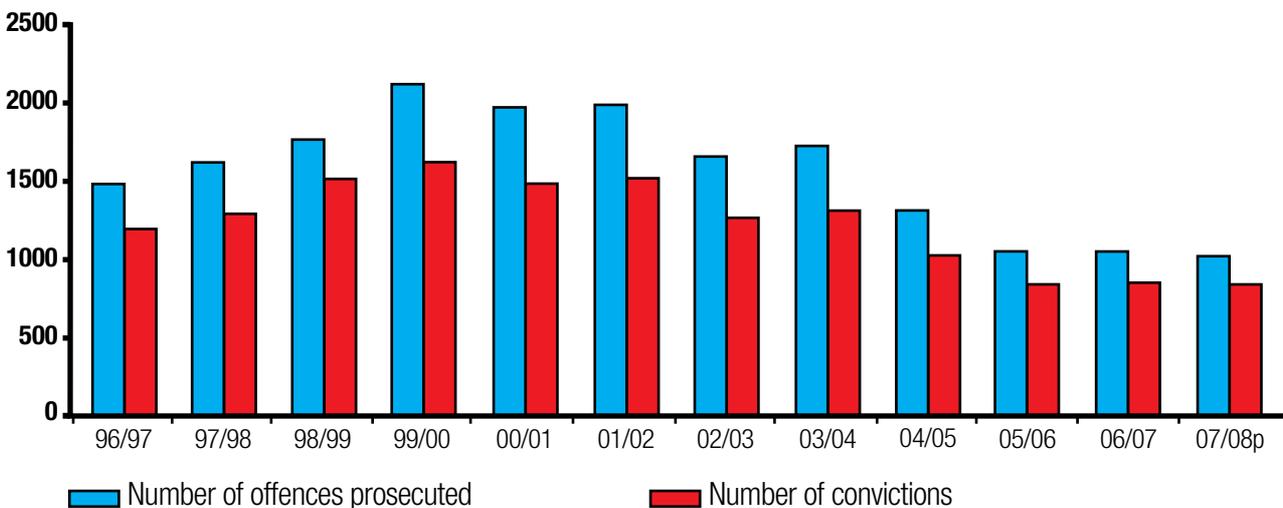
* From 2006/07, including ORR notices.

Prosecutions taken by HSE

- In 2007/08, there were 1137 offences prosecuted by HSE that were heard in that year. Of these, 1028 were completed, resulting in 839 convictions (82%). Two of these offences, both leading to convictions, relate to railways (now enforced by ORR).
- The average penalty per conviction in 2007/08 was £12 896. If fines of £100 000 and above are excluded, this gives an average penalty of £7809.
- The figure of 1028 offences prosecuted represents individual breaches of separate health and safety legislation, and a dutyholder may be prosecuted for more than one breach within the same prosecution case. In 2007/08, the 1028 offences prosecuted represents 565 cases, of which there were 537 cases (95%) where a conviction was secured against at least one breach.

Figure 16: Number of offences prosecuted and convictions – HSE

Number of offences prosecuted/convictions



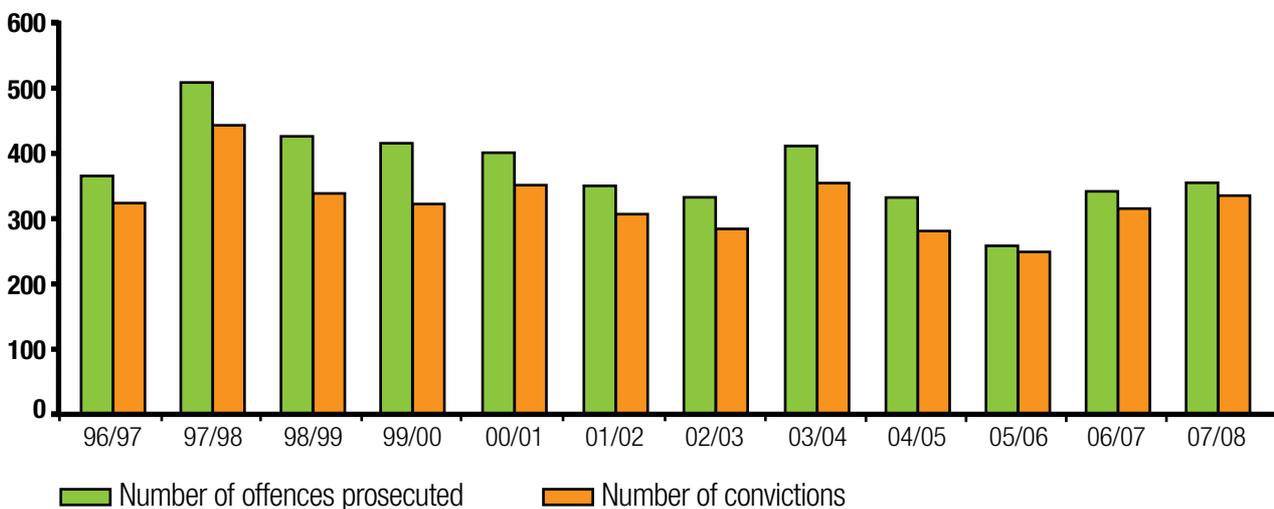
	Offences prosecuted	Convictions
2002/03	1 659	1 273
2003/04	1 720	1 317
2004/05	1 320	1 025
2005/06	1 056	840
2006/07	1 051	852
2007/08p	1 028	839

Prosecutions taken by local authorities

- In 2007/08 a total of 354 offences prosecuted were heard and completed in that year, resulting in 334 convictions, a rate of 94%.
- These offences relate to 156 cases, of which 152 (97%) secured a conviction against at least one breach.
- In 2007/08 the average penalty per conviction was £7663. If untypical large fines (more than £100 000) are omitted, the average is £5650.

Figure 17: Number of offences prosecuted/convictions

Number of offences prosecuted/convictions



	Offences prosecuted	Convictions
2002/03	330	285
2003/04	410	354
2004/05	332	281
2005/06	257	247
2006/07	340	314
2007/08	354	334

Sources and definitions

The Labour Force Survey (LFS): A national survey of over 50 000 households each quarter which provides information on the UK labour market. HSE commissions annual questions 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. Further details about the LFS, and more specifically the HSE commissioned questions, are available from www.hse.gov.uk/statistics/lfs/technicalnote.htm

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

Reports of ill health by doctors and specialist physicians: These reports of work-related ill health are gathered in surveillance schemes run by the The Health and Occupation Reporting network (THOR and THOR-GP). Statistical tables covering patients seen by specialists are available annually from the early 1990s for work-related respiratory disorders and skin disease, from 1998 for musculoskeletal disorders and from 1999 for mental ill health. THOR-GP has been fully established for two years and data are available for 2006 and 2007.

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

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

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

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

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

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

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

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

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

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

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

Psychosocial Working Conditions (PWC) surveys: The Psychosocial Working Conditions (PWC) surveys have run annually since 2004 within modules of the Office for National Statistics (ONS) Omnibus Survey. The latest available PWC survey is for 2008. These surveys of British employees measure the psychosocial working conditions of demand, control, managerial support, peer support, role, relationships and change at work. These are the working conditions that HSE is aiming to improve among British workers by means of employers implementing its Management Standards approach to tackling work-related stress, launched in November 2004. These surveys do not meet all the criteria to be described as 'National Statistics'. Further details are available within PWC survey reports available from:

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

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

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

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

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

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

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

p: Provisional.

n/a: Not available.

Further information

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

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