

HELA National Picture 2004

Health and safety in local authority enforced sectors



Introduction

The HELA National Picture 2004 presents a picture of local authority (LA) work in enforcing health and safety law. Included in this publication are:

- The latest statistics of workplace injuries reported to local authorities, including 2003/04 provisional figures; numbers of injuries are as reported to LAs whereas rates include some injuries reported to HSE as employment data cannot distinguish between enforcing authorities.
- The latest available data on work-related ill health;
- Figures supporting the 'Revitalising Health and Safety' strategy in the local authority enforced sector;
- Detailed breakdowns for each of the main local authority enforced sectors;
- Key figures for England, Wales and Scotland;
- Summary details of inspection and enforcement activity (first released in July); and
- Comparisons between risk of injury and inspection activity.

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Summary

The key injury messages, including 2003/04 (provisional) data are:

The number of fatal injuries to employees increased from 15 in 2002/03, to 25 in 2003/04 (provisional). The rate of fatal injury increased from 0.20 to 0.21 fatalities per 100 000 employees. The number of fatal injuries reported to local authorities fluctuates, however the rate, which includes some injuries reported to HSE in the mainly LA enforced sectors, has increased from 1999/2000.

There were provisionally 38 fatal injuries to members of the public in 2003/04, compared with 31 in 2002/03. Since 1996/97, there has been an upward trend in reported fatal injuries to members of the public. In 2003/04, 22 of the 38 fatalities were in care homes, where the average number of deaths per year has increased from 5 between 1997/98 and 2000/01, to 20 since 2001/02.

The number of reported major injuries increased by 9.3% in 2003/04 to 7341 (provisional), whilst the rate, which includes some injuries reported to HSE, increased by 15.4% to 66.0 injuries per 100 000 employees. The rate decreased between 1996/97 and 2000/01, but has increased in each of the past three years.

The number of reported over-3-day injuries rose by 4.8% to 30 006 in 2003/04, whilst the rate increased to 228.5 injuries per 100 000 employees, 5.1% higher than in 2002/03 (217.5)

The three-year average LFS rate of reportable non-fatal injury decreased by 5.4% to 1060 per 100 000 workers in 2002/03. Between 1997/98 and 2001/02 the rate was relatively stable. However, the annual LFS rate has been falling since 2000/01, leading to the latest reductions in the averaged LFS rate.

The key ill health messages are:

A new self-reporting household survey carried out in 2003/04 (SWI03/04) estimated that 1 071 000 people who worked in the last 12 months suffered from an illness which they believe was caused or made worse by their current or most recent job. Of these, an estimated 338 000 people attributed their illness to their current or most recent job in a mainly LA enforced sector.

The estimated prevalence rate for people whose illness was caused or made worse by their current or most recent job in a mainly LA enforced sector was 2900 per 100 000 people working in the last 12 months. This was statistically significantly lower than the corresponding rate of 3700 per 100 000 people for all industries.

The highest prevalence rate within the mainly LA enforced sector was in residential care homes, affecting an estimated 6300 per 100 000 of those who worked in the last 12 months. Retail had one of the lowest rates, affecting an estimated 2300 per 100 000 people. Both rates were statistically significantly different to the average rate across all mainly LA enforced sectors.

Musculoskeletal disorders (bone, joint or muscle problems) and stress, depression or anxiety were the most commonly reported illnesses ascribed to the current or most recent job in a mainly LA enforced sector in the last 12 months, affecting an estimated 139 000 and 123 000 people respectively in 2003/04. Their corresponding estimated prevalence rates were 1200 and 1100 per 100 000 people employed in the last 12 months.

The key Revitalising messages are:

The rate of fatal injury to employees has increased from 0.12 per 100 000 in 1999/00 to 0.21 in 2003/04. Reported major and over-3-day injury rates are up since 2000/01 (by 38.9% and 8.1% respectively), while recent trends in the LFS are downwards. This suggests that the recent increase in reported injury rates reflect improved reporting, from 23.0% in 2000/01 to 26.0% in 2002/03. Increases in reporting mainly reflect changes in over-3-day injuries, but could reflect changes in major injuries also. However, until there is more evidence of improvements in major injury reporting in the services sector, there is no clear evidence of a change in the rate of reported major injury in the main LA enforced sectors since 1999/00.

Based on SWI03/04, an estimated 171 000 people whose current or most recent job in the last 12 months was in a mainly LA enforced sector became aware of an illness in 2003/04 which was attributed to this job. This equates to an estimated 1500 per 100 000 people who worked in the last 12 months, which was similar (not statistically significantly different) to the corresponding rate of 1600 per 100 000 people from SWI01/02.

Based on the 2003/04 LFS, an estimated 1.9 million working days (full-day equivalent) were lost by workers in the mainly LA enforced sector injured in their current or most recent job, in the last 12 months. This equates to an estimated 22 000 working days lost per 100 000 workers, compared with 20 000 in 2000/01. The change is not statistically significant. Based on SWI03/04 an estimated 6.6 million working days (full day equivalent) were lost through illness ascribed to a current or most recent job, in the past 12 months, in the mainly LA enforced sector. This equates to an annual loss of an estimated 77 000 days per 100 000 workers, which was of a similar order (not statistically significantly different) to the corresponding rate of 71 000 per 100 000 workers from SWI01/02.

The overall injury and ill-health estimate of 100 000 working days lost per 100 000 workers in 2003/04 is not statistically significantly different to the 2000-02 rate of 89 000.

The key inspection and enforcement messages are:

(First released in the HELA Health and Safety Activity Bulletin in July 2004)

Over the past five years, there has been no substantial change in the total number of premises where local authorities (LAs) are responsible for enforcing health and safety. Within the total, the number of retail premises has dropped by 9% since 1998/99.

Full time equivalent (FTE) inspectorial resources have increased by 7% in 2002/03, to 1130. The numbers had decreased year on year, in the past five years.

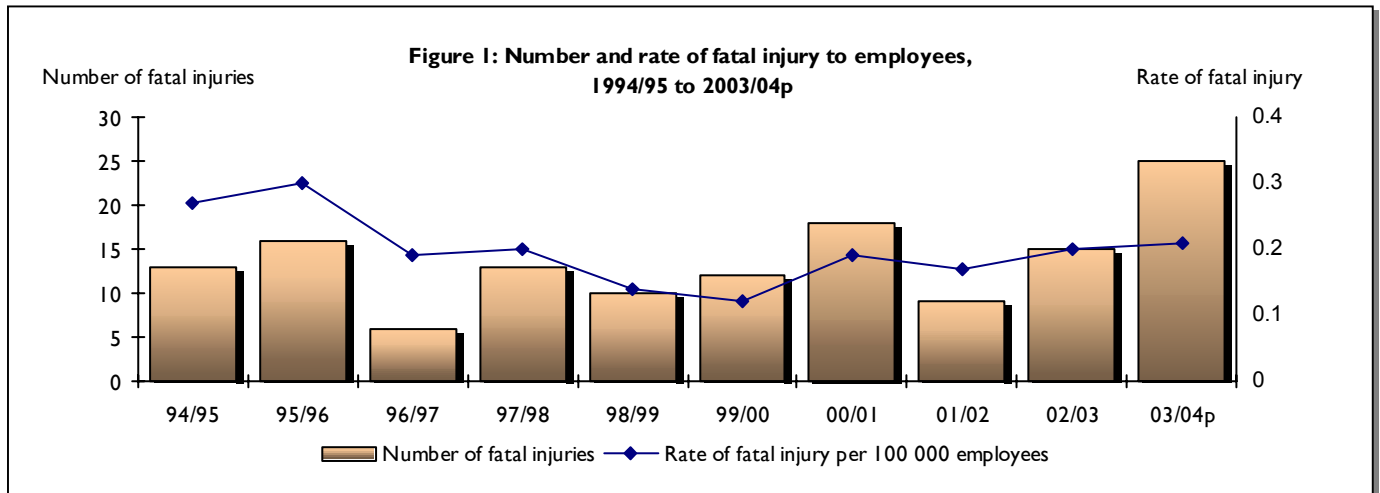
LA inspectors made 260 000 visits during 2002/03, 2% fewer than the previous year. The overall number and rate of visiting (per 1000 premises) have dropped over the past five years. However, LAs are maintaining or increasing the relative priority of visits in wholesale premises and residential care homes, where risks of both fatal and non-fatal injury are high.

LAs issued 5780 enforcement notices in 2002/03, compared with 5960 the previous year. The overall rate of issuing notices (per 1000 premises) has remained relatively stable since 1998/99.

LAs secured 285 convictions in 2002/03, from 330 informations laid/complaints taken, leading to an average fine of £4100 per conviction. This compares with an average fine per conviction of £3134 in 2001/02.

Fatal injuries

(See tables 1, 2 & 3)



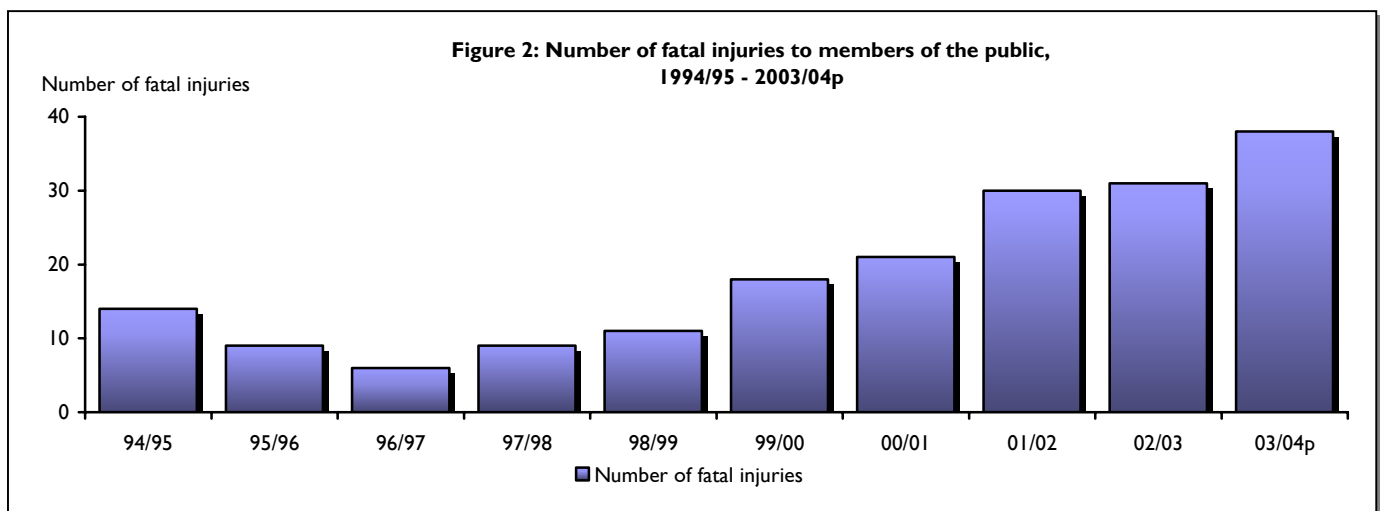
Fatal injuries to employees in the mainly LA enforced sectors have increased from 15 to 25, when comparing 2003/04 provisional figures with the previous year.

Numbers of fatal injuries fluctuate year on year, though the underlying trend since 1996/97 appears to be rising. There were increases in most industry sectors in 2003/04, although within individual industry sectors numbers of fatalities fluctuate year on year with no discernible trends.

The rate of fatal injury has increased marginally when comparing 2003/04 to 2002/03, from 0.20 to 0.21 fatalities per 100 000 employees (rates include some fatalities reported to HSE in the mainly LA enforced sectors).

There is an increasing trend in the rate of fatal injury since 1999/2000. Prior to 1999/2000, there was a downward trend.

In 2003/04, provisionally there is one fatality to a self-employed person in the LA enforced sectors, compared to two in 2002/03, and three in 2001/02.



In 2003/04, provisional figures indicate 38 fatal injuries to members of the public, compared with 31 in 2002/03. This rise is not statistically significant.

Since 1996/97, there has been an upward trend in the number of fatalities to members of the public.

The large increase in fatalities since 2001/02 is primarily due to the increase in fatalities in residential care homes, where the average number of fatalities each year has risen to 20.

In the remaining industries within the LA enforced sectors, figures have fluctuated in recent years with no overall trend.

Non-fatal injuries

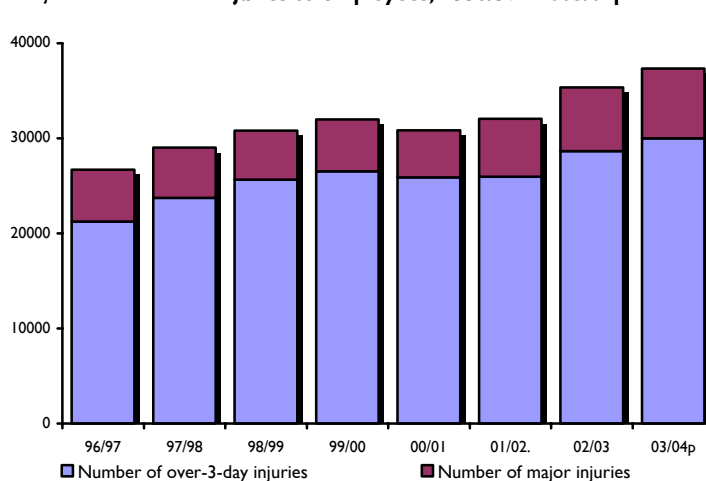
(See tables 4 & 5)

The number of reported major injuries to employees in 2003/04 has provisionally increased to 7341, a 9.3% rise compared to the previous year. Reported over-3-day injuries have also increased, by 4.8% in the same period, to 30 006.

Slipping and tripping continues to be the most common kind of major injury, accounting for over 40% of major injuries each year. Around 40% of over-3-day injuries each year result from handling, lifting or carrying, and a further 23% from slipping and tripping.

Reported non-fatal injuries to the **self-employed** increased to 199 in 2003/04, from 157 the previous year. However, the reporting level for the self-employed is low, estimated at around 5%.

Figure 3: Number of reported major and over-3-day injuries to employees, 1996/97 - 2003/04p

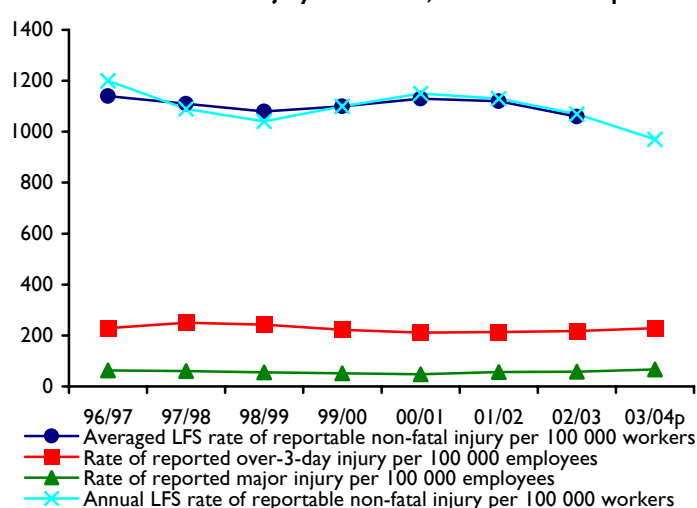


The rate of reported major injury has increased by 15.4% in 2003/04, to 66.0 injuries per 100 000 employees, compared with 57.2 in 2002/03. This rate decreased between 1996/97 and 2000/01, but has increased in each of the past three years. The rate of over-3-day injury has also increased, from 217.5 injuries per 100 000 employees in 2002/03 to 228.5 in 2003/04 (5.1%).

The three-year average LFS rate of reportable non-fatal injury to employees in mainly LA enforced sectors decreased by 5.4% in 2002/03, to 1060 injuries per 100 000 workers. The rate was relatively stable between 1997/98 and 2001/02. However, the annual LFS rate has fallen each year since 2000/01, leading to the latest reductions in the averaged LFS rate.

The corresponding RIDDOR non-fatal injury rate, dominated by over-3-day injuries, increased to 274.7 in 2002/03, suggesting an increase in the reporting level to 26.0%, from 23.0% in 2000/01.

Figure 4: Reported major and over-3-day injury rates to employees, and annual & averaged LFS rate of non-fatal injury to workers, 1996/97 - 2003/04p



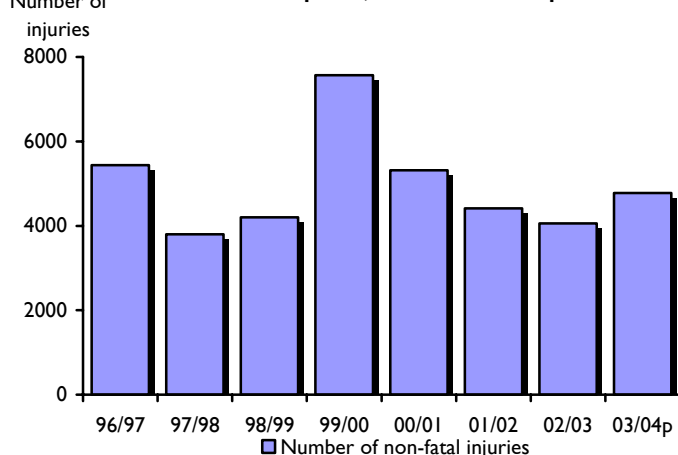
There were 4781 reported non-fatal injuries to members of the public in 2003/04, 17.9% more than in 2002/03, but the figure is still 36.8% lower than in 1999/2000.

There is a 43.6% increase in reported injuries to members of the public in residential care homes in 2003/04, although numbers fluctuate each year with no clear trend.

There were also relatively large increases in retail and public houses and bars in 2003/04.

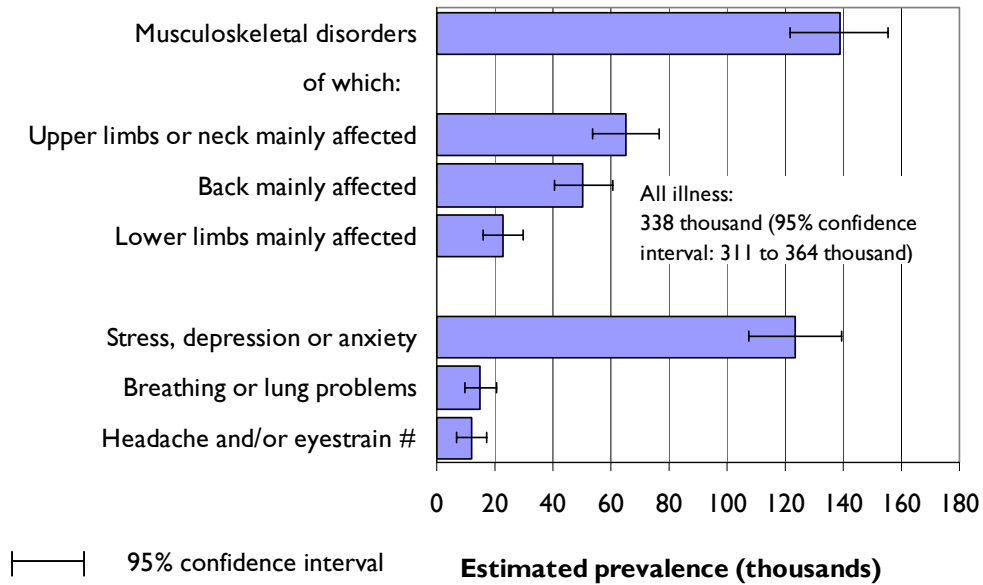
Longer term, trends indicate that injuries in most sectors are showing a decline, from a peak in 1999/2000.

Figure 5: Number of reported non-fatal injuries to members of the public, 1996/97 - 2003/04p



Work-related ill health

Figure 6: Estimated 2003/04 prevalence of self-reported illness caused or made worse by the current or most recent job in a mainly LA enforced sector, by type of illness, for people working in the last 12 months



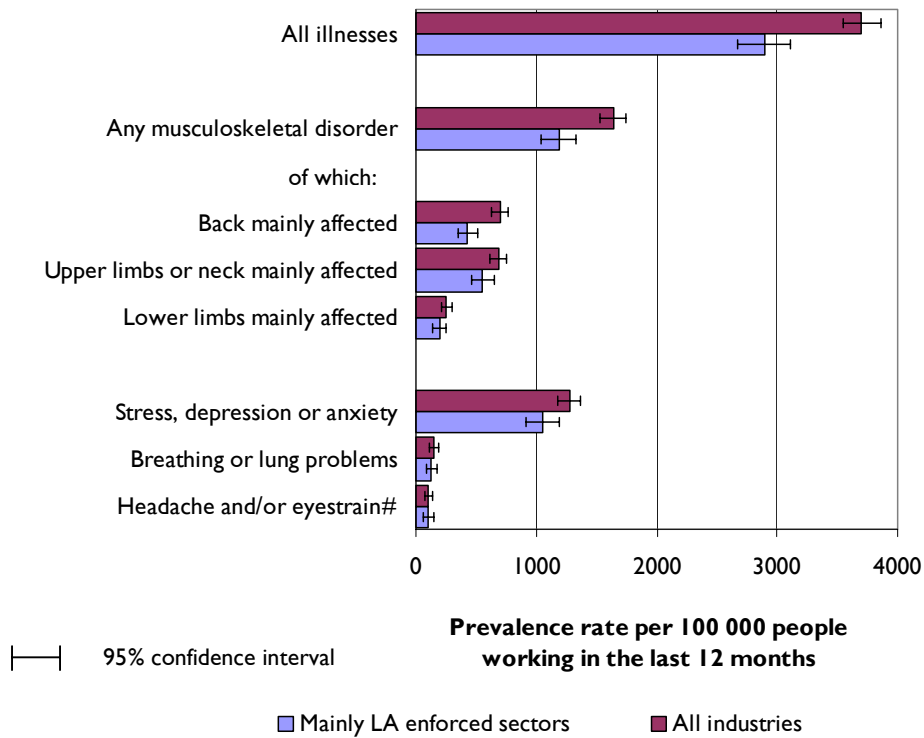
Notes:

Estimates based on fewer than 30 sample cases
See Table 17 for detail

SWI03/04 estimated that 338 000 (CI: 311 000 to 364 000) people in Great Britain whose current or most recent job in the last 12 months was in a mainly LA enforced sector suffered in 2003/04 from an illness which they believe was caused or made worse by this job.

Musculoskeletal disorders and stress, depression or anxiety were the most commonly reported work-related illnesses, affecting an estimated 139 000 (CI: 122 000 to 155 000) and 123 000 (CI: 108 000 to 139 000) people respectively.

Figure 7: Estimated 2003/04 prevalence rates of self-reported illness caused or made worse by the current or most recent job, by type of illness, for people working in the last 12 months

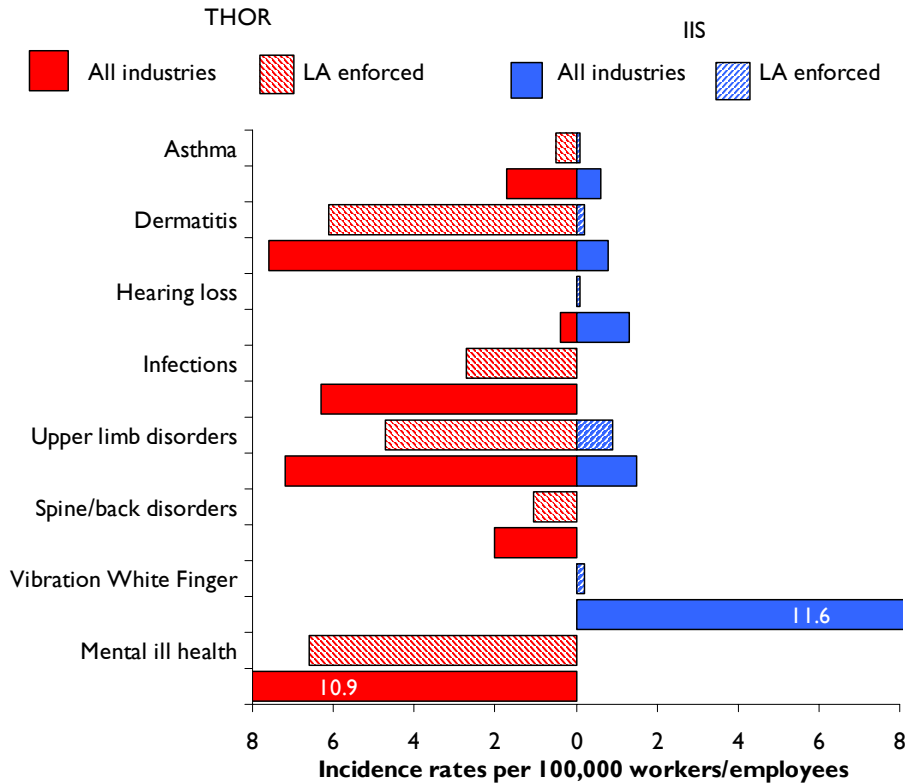


Notes:
 # Estimates for mainly LA enforced sectors based on fewer than 30 sample cases
 See Table 17 for detail.

SWI03/04 estimated that 2900 (CI: 2700 to 3100) per 100 000 people whose current or most recent job in the last 12 months was in a mainly LA enforced sector suffered from an illness ascribed to this job in 2003/04. This was statistically significantly lower than the corresponding rate of 3700 (CI: 3500 to 3900) for all industries. Where sample numbers were sufficiently large to provide reliable estimates, the corresponding rates for most types of illness were statistically significantly lower in the mainly LA enforced sector than across all industries. The only exceptions were breathing or lung problems and headaches and/or eyestrain, where the rates were of a similar order (not statistically significantly different).

SWI03/04 results can be compared with an earlier SWI survey, conducted in 2001/02. In the mainly LA enforced sector, the overall prevalence rates in the two surveys were of a similar order (not statistically significantly different). However, the rate for musculoskeletal disorders mainly affecting the upper limbs or neck rose in 2003/04 and the rate for musculoskeletal disorders mainly affecting the back fell. Both changes were statistically significant.

Figure 8: Annual average incidence rates of occupational diseases reported to disease specialist doctors (THOR) or assessed for disablement benefit (IIS), 2001-2003



Data on the incidence (new cases) of different occupational diseases comes from a variety of sources, notably reports by specialist doctors in The Health and Occupation Reporting network (THOR), and assessed disablement benefit cases under the Department for Work and Pensions' Industrial Injuries Scheme (IIS).

Figure 8 presents 2001-03 data on incidence rates in the mainly LA enforced sectors and in all industries, from THOR (per 100 000 workers) and the IIS (per 100 000 employees). The rates must be regarded as approximations, because of uncertainties about the denominators; these use recent employment estimates although in some cases people will have been employed in the industry, which caused their disease several years ago.

For each of the eight diseases, and from both sources (where data are available), the rate in the mainly LA enforced sector is below that for all industries, sometimes by a large margin. This confirms the picture for 2000-2002 presented in last year's *National Picture*.

The two diseases for which the rates in the mainly LA enforced sector come closest to the all industries average are dermatitis, where many cases are in from "floral arrangers, florists" and "beauticians and related occupations", and upper limb disorders, including many cases in retail sales and other business activities.

Revitalising Health and Safety

Fatalities and major injuries

The *Revitalising* target for injuries is to reduce the incidence rate of fatal and major injury by 10% in the ten years to 2009/10, and by 5% by 2004/05. This target related to all industries.

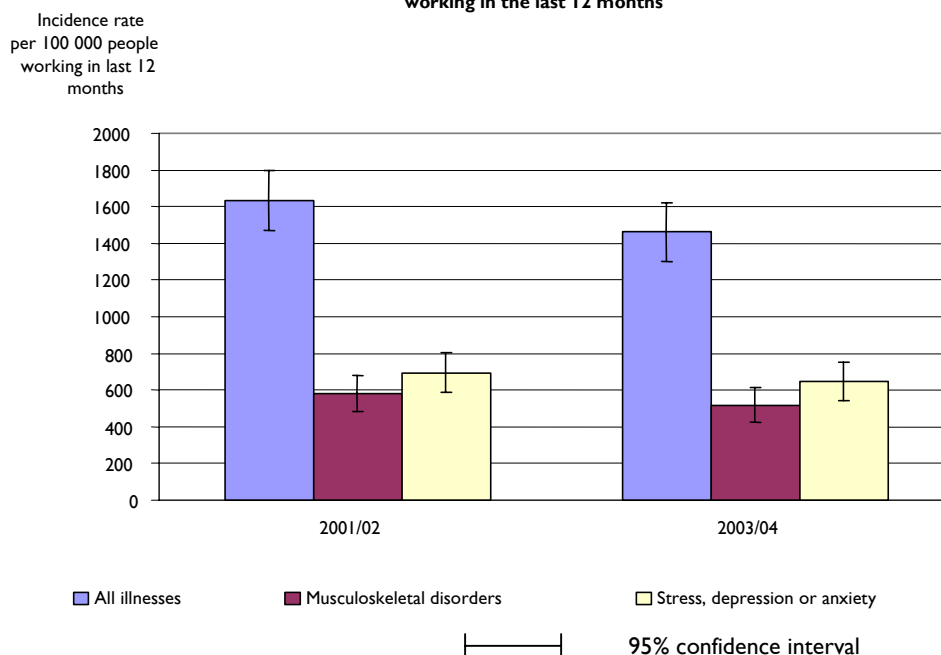
The rate of fatal injury to employees has increased from 0.12 per 100 000 in 1999/00 to 0.21 in 2003/04. The rate of reported major injury fell between 1996/97 and 2000/01, but has increased in each of the past three years and is now 27.9% higher than the 1999/00 rate (66.0 compared with 51.6). The biggest increases have occurred in office-based industries, public houses and bars, and in non-defined major injury types (such as lacerations, sprains, strains, contusions and superficial injuries), which have increased to more than four times the 2000/01 level. Reported over-3-day injuries have followed a similar trend to major injuries. The 2003/04 rate (228.5) is 2.7% higher than in 1999/00 (222.5). Again, the biggest increases have been in office-based industries and public houses and bars.

Between 1997/98 and 2001/02 the averaged LFS rate of non-fatal injury remained relatively stable. However, the annual LFS rate has been falling since 2000/01, leading to reductions in the averaged rate in 2001/02 and 2002/03.

Overall, recent trends in the LFS are downwards, while reported major and over-3-day rates are up since 2000/01, indicating improved reporting (from 23.0% in 2000/01 to 26.0% in 2002/03, and expected to rise in 2003/04). Although changes in non-fatal injury rates, and thus reporting, are dominated by over-3-day injuries, there is likely to be an element of improved major injury reporting. However, more evidence of improvements in major injury reporting in services is needed, and until we have this there is no clear evidence of a change in the rate of reported major injury since 1999/00.

Work related ill health incidence (See table 19)

Figure 9: Estimated 2001/02 and 2003/04 incidence rates of self-reported illness caused or made worse by the current or most recent job in a mainly LA enforced sector, by type of illness, for people working in the last 12 months



Note: See Table 19 for detail.

The *Revitalising* target for work-related ill health is to reduce the annual incidence rate (new cases) by 20% in the ten years to 2009/10 and by 10% by 2004/05. Progress against this target will be judged by integrating data from several sources. This target relates to all industries, and to all illnesses ascribed to the current or any past job.

Based on SWI03/04, an estimated 171 000 (CI: 152 000 to 190 000) people whose current or most recent job in the last 12 months was in a mainly LA enforced sector became aware of an illness in 2003/04 which was ascribed to this job. This equates to an estimated 1500 (CI: 1300 to 1600) per 100 000 people working in the last 12 months, which was of a similar order (not statistically significantly different) to the corresponding rate of 1600 (CI: 1500 to 1800) from SWI01/02. It was, however, statistically significantly lower than the rate of 1700 (CI: 1600 to 1800) per 100 000 people working in the last 12 months for all industries in 2003/04.

Working days lost

The Revitalising Target for working days lost is to reduce the number of working days lost per 100 000 workers by 30% by 2009/10 and by 15% by 2004/05. Again, this target relates to all industries, and to illnesses ascribed to the current or any past job, and all those injured within the last twelve months.

Injury: Based on the 2003/04 LFS, an estimated 1.9 million working days (full-day equivalent) were lost by workers in the mainly LA enforced sector injured in their current or most recent job, in the last 12 months. This equates to an estimated 22 000 working days lost per 100 000 workers, and compares with an estimated 1.6 million working days lost, or 20 000 working days lost per 100 000 workers, in 2000/01. The change between 2000/01 and 2003/04 is not statistically significant.

Ill health: Based on SWI03/04, for people whose current or most recent job in the last 12 months was in a mainly LA enforced sector, an estimated 6.6 million (CI: 5.4 to 7.8 million) days (full-day equivalent) were lost in 2003/04 through illness ascribed to this job. On average, each person suffering took an estimated 19.6 (CI: 16.4 to 22.7) days off work in this year because of their illness, equating to an average annual loss of an estimated 77 000 (CI: 63 000 to 90 000) days per 100 000 workers. This compares with a corresponding estimated total of 5.9 million (CI: 4.9 to 7.0 million) days lost in 2001/02, which equates to an average of 17.4 days (CI: 14.6 to 20.2 days) per person suffering or an estimated 71 000 (CI: 58 000 to 83 000) days per 100 000 workers. The rates from the two surveys were not statistically significantly different.

Injuries and ill health: Taking injuries and ill health together, the overall estimate of 100 000 working days lost per 100 000 workers in 2003/04 is not statistically significantly different to the 2000-02 rate (89 000 per 100 000 workers).

Revitalising health and safety - key hazards

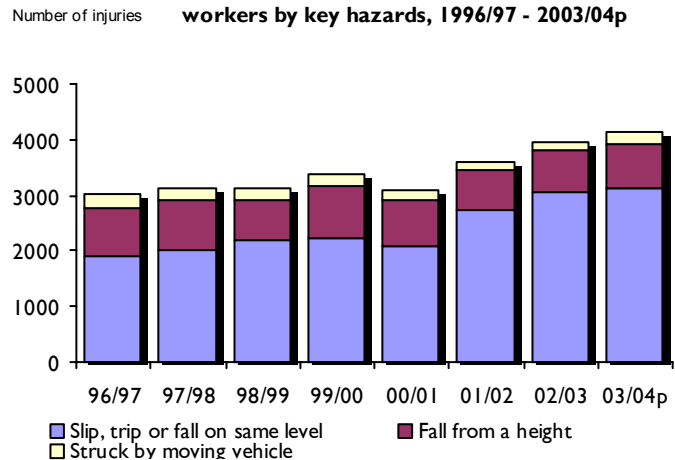
(See tables 6 & 7 for injury data, and 19 & 21 for ill health)

For reported **major injuries**, each year *slips, trips or falls on the same level* represent over 40% of all such injuries to workers. Major injuries to workers have provisionally increased to 3146 in 2003/04, compared to 3049 in 2002/03, and 2716 in 2001/02*. About 35% of slip and trip injuries occur in the retail sector.

Falls from a height have increased slightly to 765 in 2003/04 from 753 the previous year.

Injuries resulting from being *struck by a moving vehicle* had declined steadily since 1996/97, to 150 in 2002/03. However, there has been an increase of 44.0% in 2003/04 to 216.

Figure 10 : Number of reported major injuries to workers by key hazards, 1996/97 - 2003/04p

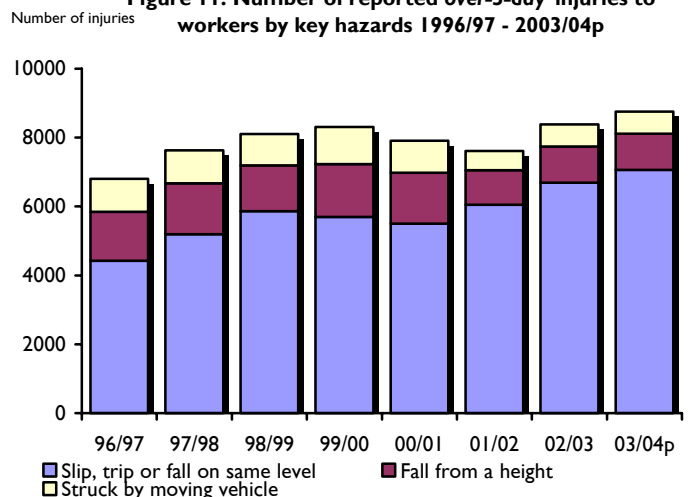


Slips trips and falls on the same level contribute to over 20% of all reported **over-3-day injuries** to workers. As with major injuries, slips, trips and falls on the same level resulting in over-3-days injury to workers have increased sharply from 5505 in 2000/01, to 7065 in 2003/04*.

Falls from a height have increased slightly to 1053 in 2003/04 from 1043 the previous year, although these figures had fallen steadily since the late 1990's.

Reported injuries resulting from being struck by a vehicle have increased by 16.0% to 639 in 2003/04p, from 551 in 2001/02. However, this still represents a large fall, when compared to the late 1990's.

Figure 11 : Number of reported over-3-day injuries to workers by key hazards 1996/97 - 2003/04p



* These increases are partly due to new guidance, which clarifies the distinction between *slip, trips and falls on the same level*, and *falls from a height*.

Ill health hazards – types of ill health

Work-related musculoskeletal disorders

SWI03/04 estimated that 61 000 (CI: 49 000 to 72 000) people whose current or most recent job in the last 12 months was in a mainly LA enforced sector became aware of a musculoskeletal disorder ascribed to that job in 2003/04. This equates to an estimated 520 (CI: 420 to 610) per 100 000 people employed in the last 12 months, which was of a similar order (not statistically significantly different) to both the rates of 580 (CI: 520 to 650) per 100 000 for all industries in 2003/04 and 580 (CI: 480 to 680) per 100 000 for the mainly LA enforced sector in 2001/02 (See Table 19).

SWI03/04 also indicated that an estimated 2.3 million (CI: 1.6 to 3.0 million) working days (full-day equivalent) were lost in 2003/04 through musculoskeletal disorders ascribed to the current or most recent job in a mainly LA enforced sector. On average, each person suffering took an estimated 16.4 (CI: 11.7 to 21.0) days off work in this year because of their illness, equating to an annual loss of an estimated 26 000 (CI: 18 000 to 34 000) days per 100 000 workers. This compares with an estimated total of 1.8 million (CI: 1.3 to 2.3 million) days lost in 2001/02, which equates to an average of 13.5 (CI: 9.8 to 17.1) days per person suffering or an estimated 22 000 (CI: 15 000 to 28 000) days per 100 000 workers. The rates from the two surveys were not statistically significantly different (See Table 21).

III health hazards – types of ill health (continued)

Work-related stress, depression or anxiety

SWI03/04 estimated that 76 000 (CI: 63 000 to 88 000) people whose current or most recent job in the last 12 months was in a mainly LA enforced sector became aware of stress, depression or anxiety ascribed to that job in 2003/04. This equates to an estimated 650 (CI: 540 to 750) per 100 000 people employed in the last 12 months, which was of a similar order (not statistically significantly different) to the corresponding rate of 690 (CI: 590 to 800) in 2001/02 and the rate of 730 (CI: 660 to 810) for all industries in 2003/04 (See Table 19).

According to SWI03/04, an estimated 3.1 million (CI: 2.3 to 3.9 million) working days (full-day equivalent) were lost in 2003/04 through stress, depression or anxiety ascribed to the current or most recent job in a mainly LA enforced sector. On average, each person suffering took an estimated 25.0 (CI: 19.6 to 30.5) days off work in this year because of their illness, equating to an annual loss of an estimated 36 000 (CI: 27 000 to 45 000) days per 100 000 workers. This compares with an estimated total of 2.9 million (CI: 2.1 to 3.7 million) days lost in 2001/02, which equates to an average of 23.0 (CI: 17.4 to 28.6) days per person suffering or an estimated 35 000 (CI: 25 000 to 44 000) days per 100 000 workers. The rates from the two surveys were not statistically significantly different (See Table 21).

Injuries and ill health in retail industries

(See tables 8-11 for injury data, and table 18 for ill health)

Injuries in retail industries:

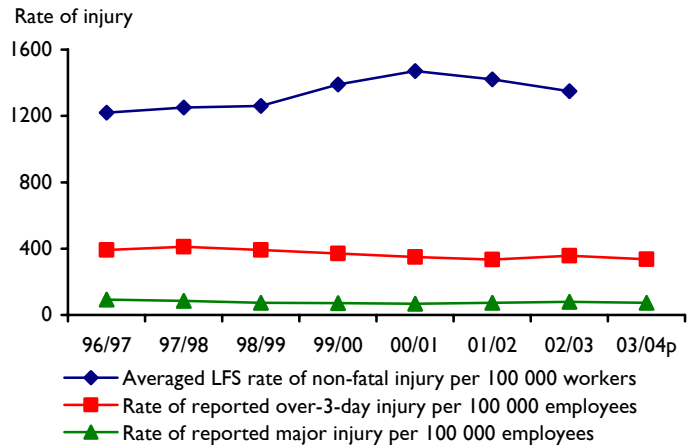
In 2003/04, the provisional rate of reported major injuries to employees in the retail sector is 73.0 injuries per 100 000 employees, a decrease of 7.2% compared to the previous year (78.7).

Reported over-3-day injuries indicate a 5.6% decrease in injury rate from 356.5 injuries per 100 000 employees in 2002/03 to 336.6 in 2003/04.

The averaged LFS rate of non-fatal injury has recently fallen slightly to 1350 injuries per 100 000 workers in 2002/03.

The reporting level for non-fatal injuries to employees in the retail sector is 32.3% in 2002/03, the highest level since 1998/99.

Figure 12 : Reported major and over-3-day injury rates to employees, and averaged LFS rate of non-fatal injury to workers in retail industries 1996/97 - 2003/04p



Fatal injuries to employees in the retail sector have increased to three in 2003/04, from one in 2002/03, but numbers generally fluctuate each year with no clear trend.

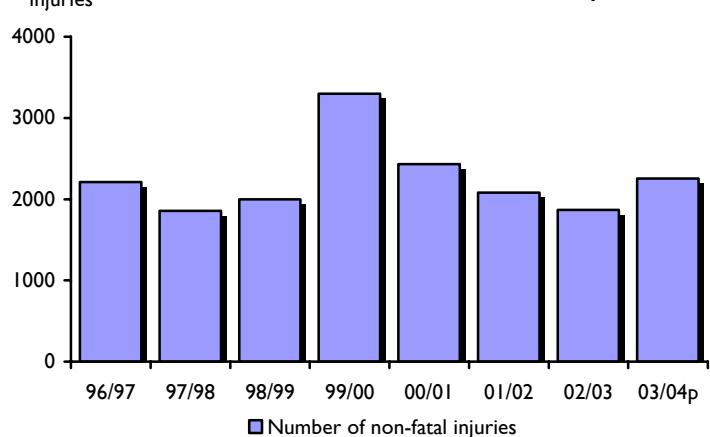
Reported major injuries to employees in the retail sector in 2003/04 show that 42% resulted from slips, trips or falls on the same level, and 42% of over-3-day injuries to employees resulted from handling, lifting or carrying.

Non-fatal injuries to members of the public in retail industries typically contribute almost half of all non-fatal injuries in the mainly LA enforced sector.

The overall pattern of injuries is therefore similar to all LA enforced industries: rising steadily during the late 1990's, but declining from 3299 injuries in 1999/2000 to 1868 in 2002/03, and increasing in 2003/04p to 2253.

In 2003/04, 59% of all reported non-fatal injuries to members of the public in retail premises result from a slip, trip or fall on the same level. The number of retail premises enforced by LAs has declined over the past five years, although the number of employees has increased, suggesting that this sector is still expanding.

Figure 13: Non-fatal injuries to members of the public in retail industries 1996/97 - 2003/04p



Ill health in retail industries:

SWI03/04 estimated that 84 000 (CI: 71 000 to 97 000) people whose current or most recent job in the last 12 months was in the retail sector suffered from an illness in 2003/04 which they believe was caused or made worse by this job. This equates to an estimated 2300 (CI: 1900 to 2600) per 100 000 people employed in the last 12 months, which was statistically significantly lower than the average rate for all mainly LA enforced sectors.

This was similar to the estimated prevalence rate in 2001/02, of 2600 (CI: 2200 to 3000) people working in the last 12 months (the two rates are not statistically significantly different) (See Figure 26 and Table 18).

According to SWI01/02, for people working in the last 8 years, the prevalence rate for musculoskeletal disorders was of a similar order to that across all mainly LA enforced industries, whilst the rate for stress, depression or anxiety was statistically significantly lower. More detailed data are not yet available from SWI03/04.

Injuries and ill health in wholesale industries

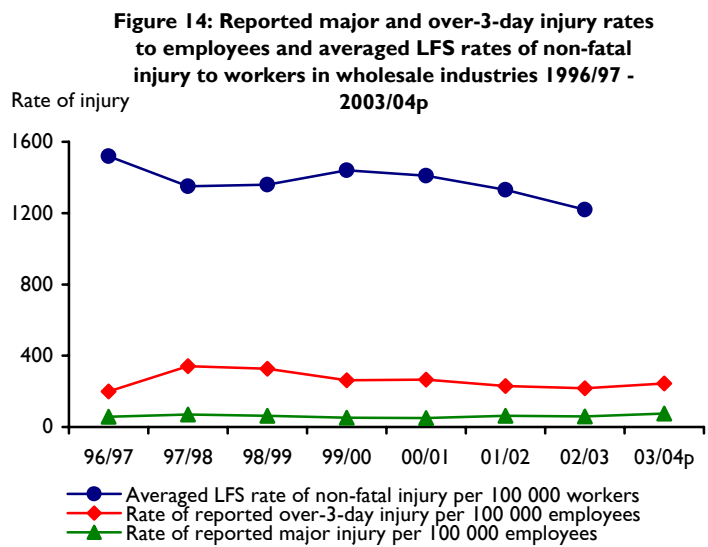
(See tables 8 to 11 for injury data, and table 18 for ill health)

Injuries in wholesale industries:

The rate of reported major injury to employees in wholesale industries has increased in 2003/04p, to 75.7 injuries per 100 000 employees, from 58.6 in 2002/03. The rate has fluctuated in recent years.

The rate of reported over-3-day injury has risen to 243.7 injuries per 100 000 employees in 2003/04, but generally there has been a downward trend since 1997/98.

The averaged LFS rate of non-fatal injury to workers has fallen to 1220 injuries per 100 000 workers, and continues a downward trend since 1999/00. The reporting level of non-fatal injuries in wholesale industries has remained relatively stable since 1999/2000.



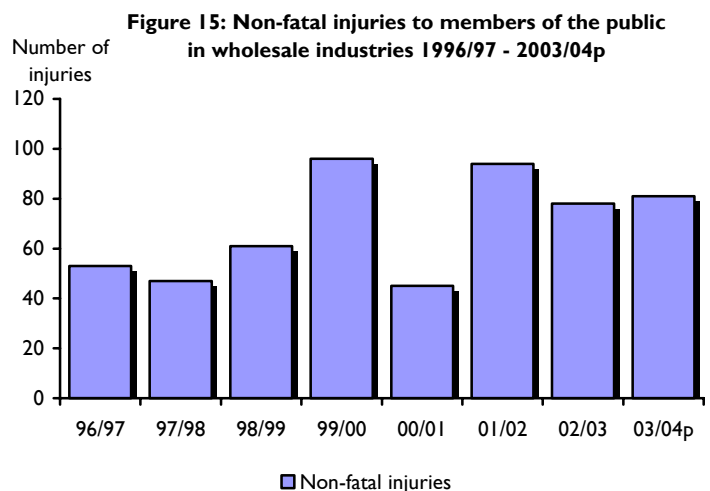
There are three fatalities in 2003/04, compared to two in 2002/03, and one in 2001/02.

Reported major injuries in the wholesale sector in 2003/04 show that 28% resulted from a slip, trip or fall on the same level, and 46% of over-3-day injuries resulted from handling, lifting or carrying.

There were 81 non-fatal injuries to members of the public reported in wholesale premises in 2003/04, the same number as the previous year.

The number of non-fatal injuries to members of the public in wholesale industries fluctuates each year. The numbers are relatively small, typically less than 2% of all injuries to members of the public in the mainly LA enforced sectors.

About 41% of all non-fatal injuries reported in 2003/04 to members of the public in wholesale premises resulted from a slip, trip or fall on the same level.



Ill health in wholesale industries:

SWI03/04 estimated that 20 000 (CI: 13 000 to 26 000) people whose current or most recent job in the last 12 months was in a wholesale industry suffered from an illness in 2003/04 which they believe was attributed to this job. This equates to an estimated 2800 (CI: 1900 to 3700) per 100 000 people employed in the last 12 months, which was of a similar order (not statistically significantly different) to the average rate across all mainly LA enforced sectors.

This was also similar (not statistically significantly different) to the estimated prevalence rate in 2001/02, of 3300 (CI: 2400 to 4100) per 100 000 people working in the last 12 months. (See Figure 26 and Table 18)

For people working in the last 8 years, SWI01/02 indicated that the prevalence rates of musculoskeletal disorders and stress, depression or anxiety in wholesale industries were of a similar order (not statistically significantly different) to the equivalent rates for all mainly LA enforced sectors. More detailed data are not yet available from SWI03/04.

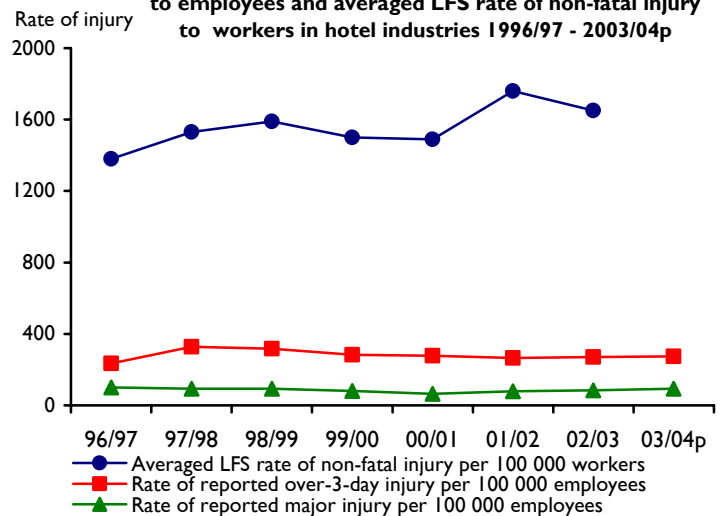
Injuries and ill health in hotels, restaurants and bars

(See tables 8-11 for injury data, and table 18 for ill health)

Injuries in hotels:

There was one fatality to an employee in 2003/04. The rate of reported major injury to employees in hotels increased for the third consecutive year, to 92.4 injuries per 100 000 employees in 2003/04. Between 1996/97 and 2000/01, the reported major injury rate had fallen steadily to 64.5 injuries per 100 000 employees. The reported over-3-day injury rate has increased to 274.6 in 2003/04 from 270.6 in 2002/03. Prior to this, the injury rate had fallen from 327.6 in 1997/98 to 266.0 in 2001/02. The averaged LFS rate of non-fatal injury, based on a relatively small number of sample cases, has decreased by 6.2% in 2002/03 to 1650 injuries per 100 000 workers, compared with 1760 in 2001/02. Levels of reporting have increased slightly from 19.5% in 2001/02 to 21.6% in 2002/03, having previously fallen since 1997/98.

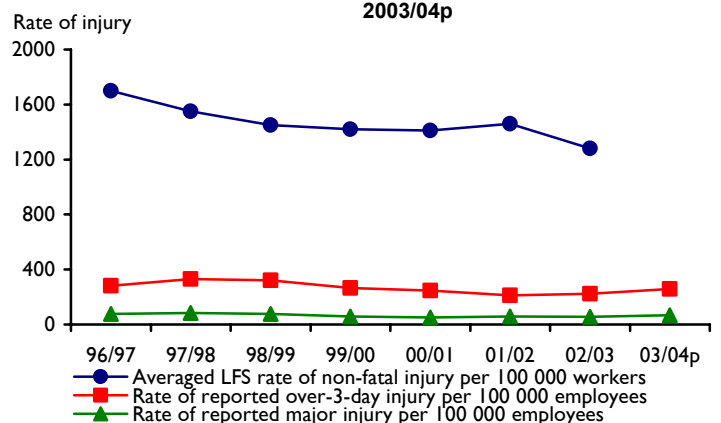
Figure 16: Reported major and over-3-day injury rates to employees and averaged LFS rate of non-fatal injury to workers in hotel industries 1996/97 - 2003/04p



Injuries in restaurants and catering:

There was one fatality to an employee in 2003/04. Provisional figures for 2003/04 indicate the rate of reported major injury to employees in restaurant and catering industries has increased by 19.0%, to 66.9 injuries per 100 000 employees. The rate has increased by 30.9% since 2000/01, and had previously been in decline since 1997/98. There has been a 14.9% increase in the over-3-day reported injury rate when comparing 2003/04 with the previous year, to 257.5 injuries per 100 000 employees. The rate fell between 1997/98 and 2001/02, but has increased in each of the past 2 years. The averaged LFS rate of non-fatal injury fell by 12.3% to 1280 injuries per 100 000 workers in 2002/03. Levels of reporting have increased from 18.3% in 2001/02 to 22.0% in 2002/03, but show no clear change from 1999/00.

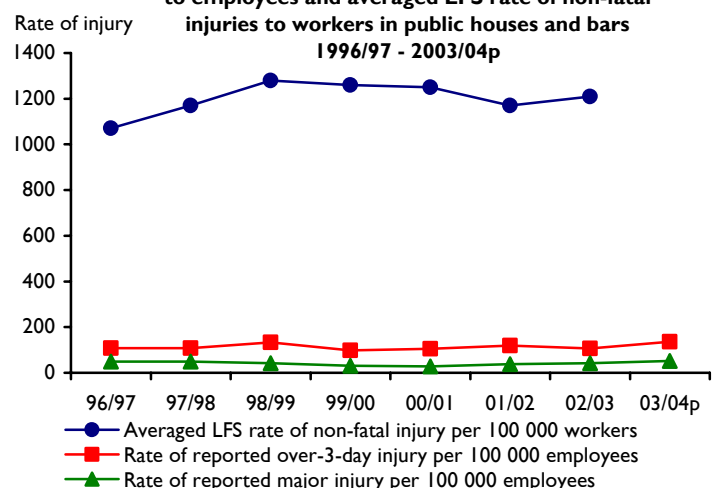
Figure 17: Reported major and over-3-day injury rates to employees and averaged LFS rate of non-fatal injury to workers in restaurants and catering 1996/97 - 2003/04p



Injuries in public houses and bars:

There were three fatalities in bars in 2003/04, compared to one in 2002/03. The rate of reported major injury to employees in public houses and bars increased by 24.2% to 52.4 injuries per 100 000 employees in 2003/04. The rate has increased in each of the last 3 years. The over-3-day injury rate has risen by 26.9% from 106.9 injuries per 100 000 employees in 2002/03 to 135.7 in 2003/04. The underlying trend has increased since 1999/00. The averaged LFS rate of non-fatal injury, based on a relatively small number of sample cases, has increased to 1210 injuries per 100 000 workers in 2002/03. This follows a downward trend from 1998/99 to 2001/02. The non-fatal reporting level of 12.4% in 2002/03 compares to 13.5% in the previous year, and is one of the lowest levels of reporting across industry.

Figure 18: Reported major and over-3-day injury rates to employees and averaged LFS rate of non-fatal injuries to workers in public houses and bars 1996/97 - 2003/04p



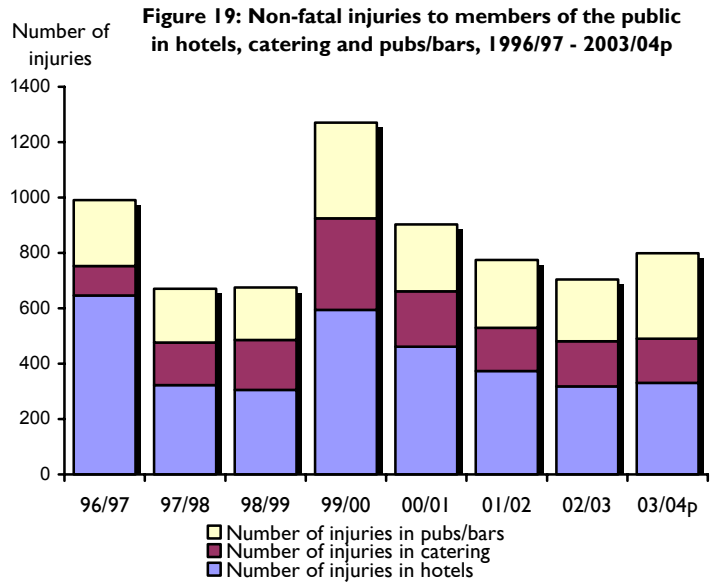
Injuries to members of the public in hotels, restaurants and catering, and bars:

There were two fatalities in each of hotels, catering and bars during 2003/04p, compared to one in hotels and two in bars in the previous year.

The provisional number of reported injuries to members of the public in hotel establishments has increased by 4.7% to 331.

There was a slight decrease in the number of reported injuries to members of the public in catering premises, from 163 in 2002/03, to 159 in 2003/04, continuing the downward trend from 1999/2000.

In public houses and bars, the number of reported non-fatal injuries to members of the public was 309 in 2003/04, a rise of 38.6% compared to the previous year, but numbers generally reduced between 1999/00 and 2002/03.



Ill health in hotels, restaurants and bars:

According to SVI03/04, an estimated 36 000 (CI: 28 000 to 45 000) people whose current or most recent job in the last 12 months was in the hotel, restaurant and bar sector suffered from an illness in 2003/04 which they believe was caused or made worse by this job. This equates to an estimated 2700 (CI: 2100 to 3300) per 100 000 people working in the last 12 months, which was of a similar order (not statistically significantly different) to the average rate for all mainly LA enforced sectors.

This was also similar (not statistically significantly different) to the estimated prevalence rate in 2001/02, of 2400 (CI: 1800 to 3000) per 100 000 people working in the last 12 months. (See Figure 26 and Table 18).

For people working in the last 8 years, SVI01/02 showed that the prevalence rates of work-related musculoskeletal disorders and stress, depression or anxiety in the hotel, restaurant and bar sector were both similar (not statistically significantly different) to the average across all mainly LA enforced sectors. More detailed data are not yet available from SVI03/04.

Injuries and ill health in office-based industries

(See tables 8-11 for injury data, and table 18 for ill health)

Injuries in office-based industries:

In 2003/04 the rate of reported major injury to employees in office-based industries has increased by 67.1% to 54.8 injuries per 100 000 employees.

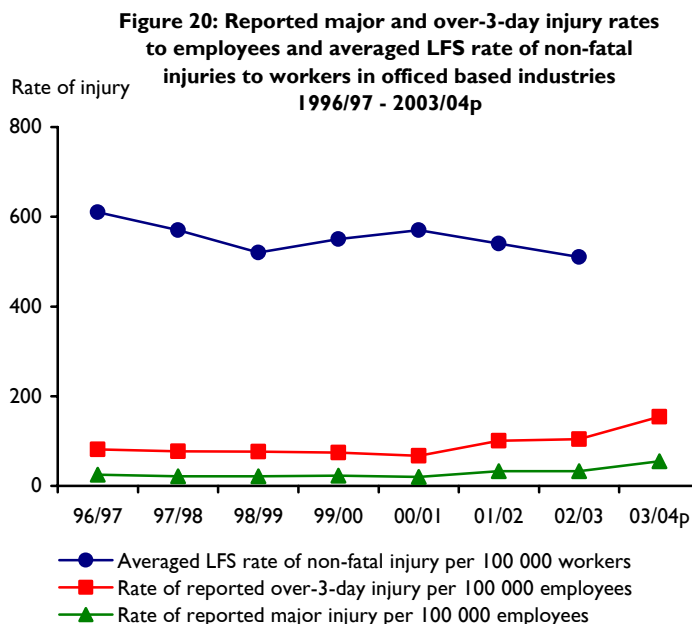
The over-3-day injury rate to employees increased by 48.4% to 154.2 injuries per 100 000 employees in 2003/04. The rates of major and over-3-day injury include a substantial number of injuries reported to HSE.

The averaged LFS rate of non-fatal injury to workers fell by 5.6% to 510 injuries per 100 000 workers in 2002/03.

Office-based industries exclude head offices of businesses where the main economic activity is not office-based.

The large proportionate increase in reported non-fatal injuries in offices since 2000/01 primarily reflects an increase in reporting.

The reporting level of non-fatal injuries in office-based industries has increased to 27% in 2002/03 and is expected to rise again in 2003/04, based on annual LFS estimates.



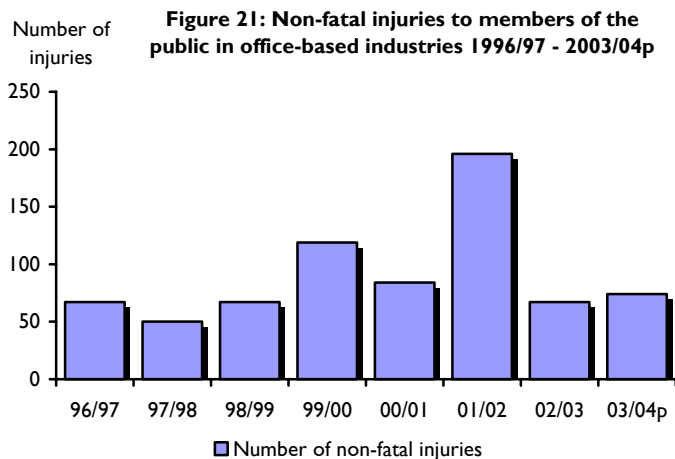
There were two fatalities to employees in office-based premises in 2003/04, compared to three in 2002/03.

Slips, trips or falls on the same level accounted for 50% of reported major injuries to employees in office-based industries in 2003/04. For over-3-day injuries, 31% resulted from slip, trip or fall on the same level, and 33% from handling, lifting or carrying.

There was one fatal injury to a member of the public in office-based industries in 2003/04.

There were 74 non-fatal injuries reported in 2003/04, a similar number to the previous year. Since 1996/97 numbers have fluctuated with no clear trend.

The most common kind of non-fatal injury to members of the public in offices is a slip, trip or fall on the same level, accounting for around half of the injuries in offices in 2003/04.



Ill health in office-based industries:

SWI03/04 estimated that 126 000 (CI: 110 000 to 142 000) people whose current or most recent job in the last 12 months was in an office-based industry suffered from an illness in 2003/04 which was caused or made worse by this job. This equates to an estimated 3000 (CI: 2600 to 3400) per 100 000 people working in the last 12 months, which was similar (not statistically significantly different) to the average rate across all mainly LA enforced sectors.

This was also similar (not statistically significantly different) to the estimated prevalence rate in 2001/02, of 3300 (CI: 2900 to 3700) per 100 000 people working in the last 12 months. (See Figure 26 and Table 18).

For people working in the last 8 years, SWI01/02 indicated that the prevalence rate for musculoskeletal disorders in office-based industries was lower than the average rate across all mainly LA enforced sectors, whilst the rate of stress, depression or anxiety was higher. Both differences were statistically significant. More detailed data are not yet available from SWI03/04.

Injuries and ill health in consumer service and leisure industries

(See tables 8-11 for injury data, and table 18 for ill health)

Injuries in consumer service industries:

The rate of reported major injury to employees in consumer service industries has fallen by 31.1%, to 40.8 injuries per 100 000 employees, when comparing 2003/04 with the previous year.

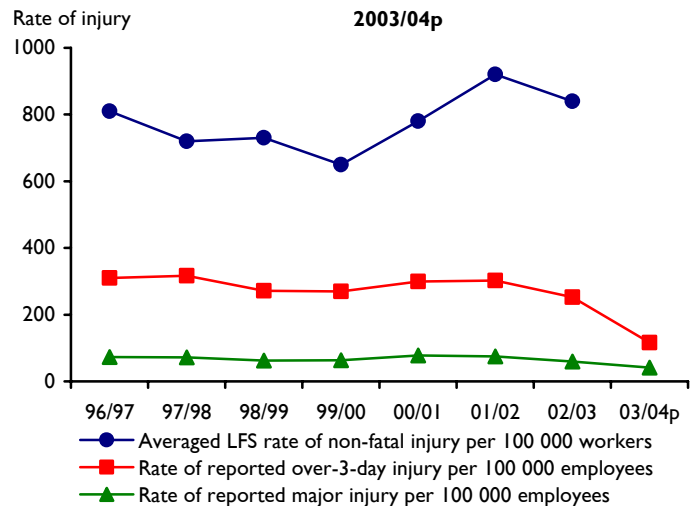
The rate has fallen in each of the past three years, having fluctuated between 1996/97 and 2000/01.

The rate of reported over-3-day injury to employees has followed a similar pattern to major injuries, with a 53.8% fall to 116.4 in 2003/04, following a 16.7% decrease in 2002/03.

The averaged LFS rate of non-fatal injury to workers, based on a relatively small number of sample cases, has decreased from 920 injuries per 100 000 workers in 2001/02, to 840 in 2002/03. This follows increases in the previous two years.

There has been a fall in the reporting level to 37.0% in 2002/03, from 40.9% in 2001/02.

Figure 22: Reported major and over-3-day injury rates to employees and averaged LFS rate of non-fatal injury to workers in consumer service industries 1996/97 - 2003/04p



Injuries in leisure industries:

There were four fatalities to employees in 2003/04, compared to one in 2002/03 and two in 2001/02.

The rate of reported major injury to employees in leisure industries has increased marginally to 88.1 injuries per 100 000 employees in 2003/04. The rate fell between 1998/99 and 2001/02 and has increased in each of the past two years.

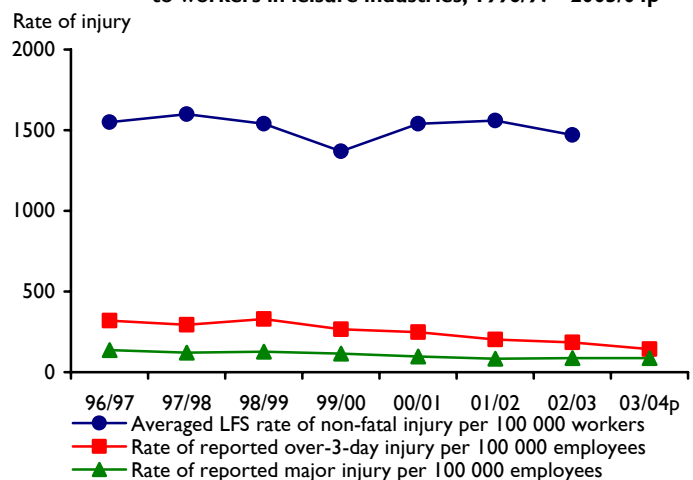
The employee reported over-3-day injury rate has fallen to 142.1 injuries per 100 000 employees in 2003/04, continuing the downward trend since 1998/99.

Whilst the reported major injury rate is above the LA all-industry average, the over-3-day rate is below average.

The averaged LFS non-fatal injury rate has decreased to 1470 injuries per 100 000 workers in 2002/03.

The reporting level has reduced from 29.9% in 1998/99, to 18.4% in 2002/03.

Figure 23: Reported major and over-3-day injury rates to employees and averaged LFS rate of non-fatal injury to workers in leisure industries, 1996/97 - 2003/04p



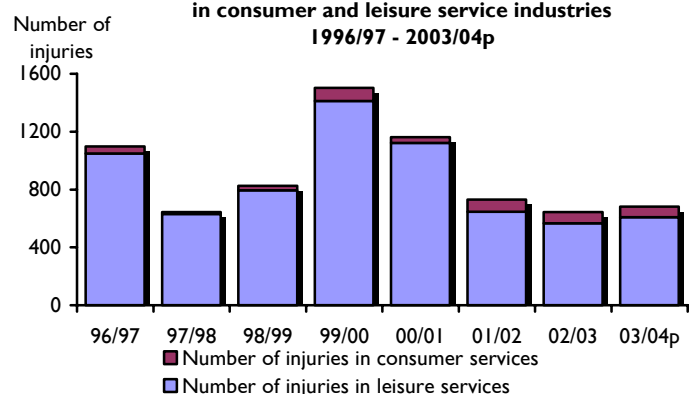
In 2003/04 there were 73 non-fatal injuries to members of the public in consumer services. Numbers are relatively low each year, with no overall pattern.

In 2003/04 there were four fatal injuries to members of the public in leisure service industries, the same as the previous year.

There were 608 non-fatal injuries to members of the public in leisure services in 2003/04.

35% of reported non-fatal injuries to members of the public in consumer and leisure services resulted from slip, trip or fall on the same level.

Figure 24: Non-fatal injuries to members of the public in consumer and leisure service industries 1996/97 - 2003/04p



Ill health in consumer service and leisure industries:

According to SWI03/04, an estimated 41 000 (CI: 32 000 to 50 000) people whose current or most recent job in the last 12 months was in consumer and leisure services suffered from an illness in 2003/04 which they believe was caused or made worse by this job. This equates to an estimated 3500 (CI: 2700 to 4200) per 100 000 people employed in the last 12 months, which was of a similar order (not statistically significantly different) to the average rate across all mainly LA enforced sectors.

This was also similar (not statistically significantly different) to the estimated prevalence rate in 2001/02, of 3200 (CI: 2400 to 3900) per 100 000 people working in the last 12 months. (See Figure 26 and Table 18).

For people working in the last 8 years, SWI01/02 showed that neither of the estimated prevalence rates for work-related musculoskeletal disorders or stress, depression or anxiety in consumer or leisure services was statistically significantly different to the corresponding rate across all mainly LA enforced sectors. More detailed data are not yet available from SWI03/04.

Injuries and ill health in residential care homes

(See table 11 for injury data, and table 18 for ill health)

Injuries in residential care homes:

Reported major injuries to employees in care homes have increased to 280 in 2003/04 (provisional), compared to 271 the previous year. The rate of reported major injury has increased by 2.9%, to 91.7 injuries per 100 000 employees in 2003/04. The rate has increased in each of the last three years.

The over-3-day injury rate has increased, to 440.9 injuries per 100 000 employees in 2003/04, compared with 430.5 in 2002/03. The rate of over-3-day injury has generally increased since 1997/98.

The averaged LFS rate of non-fatal injury has increased by 6.8% over the past two years, to 2030 injuries per 100 000 workers in 2002/03. This follows year on year reductions in the rate between 1996/97 and 2000/01. The rise in reported injuries is primarily due to increased reporting, from 12.8% in 1996/97 to 25.6% in 2002/03.

There were 22 fatalities to members of the public in care homes in 2003/04. The average number of fatalities each year in care homes has increased from 5 between 1997/98 and 2000/01, to 20 from 2001/02.

The number of non-fatal injuries to members of the public has increased from 291 in 2002/03 to 418 in 2003/04. The non-fatal figure fluctuates each year with no clear trend.

Ill health in residential care homes:

SWI03/04 estimated that 31 000 (CI: 23 000 to 39 000) people whose current or most recent job in the last 12 months was in a residential care home suffered from an illness in 2003/04 which they believe was caused or made worse by this job. This equates to an estimated 6300 (CI: 4700 to 7900) per 100 000 people who worked in the last 12 months, which was statistically significantly higher than the average rate across all mainly LA enforced sectors.

This was also statistically significantly higher than the estimated prevalence rate in 2001/02, of 3900 (CI: 2700 to 5100) per 100 000 people working in the last 12 months. (See Figure 26 and table 18).

For people working in the last 8 years, SWI01/02 indicated that the prevalence rate for work-related musculoskeletal disorders in residential care homes was statistically significantly higher than that across all mainly LA enforced sectors, whilst that of stress, depression or anxiety was not statistically significantly different. More detailed data are not yet available from SWI03/04.

Riskiest industries for injury and ill health

(See table 12 for injury data , and table 18 for ill health)

Comparison of injury rates from RIDDOR with those from the Labour Force Survey (LFS) reflects the different nature of the two sources. The LFS shows that the level of reporting varies substantially between industry sectors.

Within the mainly local authority enforced sector, social work activities with accommodation (SIC 85.31) e.g. care homes, has the highest averaged injury rate at 2030 injuries per 100 000 workers, compared to an average of 1060 for the mainly LA enforced sector.

Both reported injuries and the LFS show that the lowest risk is within the office-based industry sector.

Figure 25: Industries (SIC 92) with highest averaged rates of reportable non-fatal injury per 100 000 workers, LFS 2002/2003

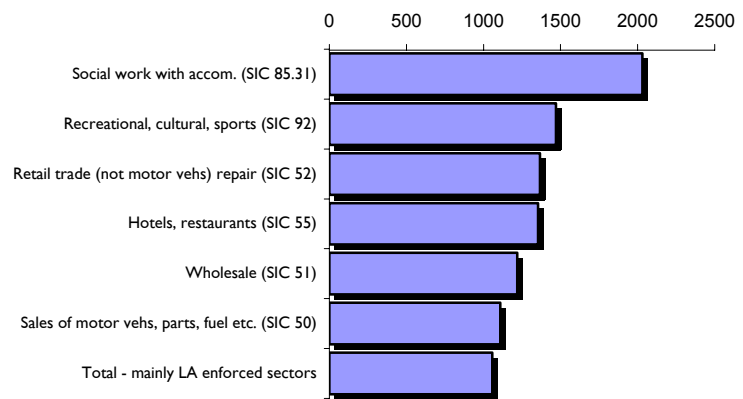
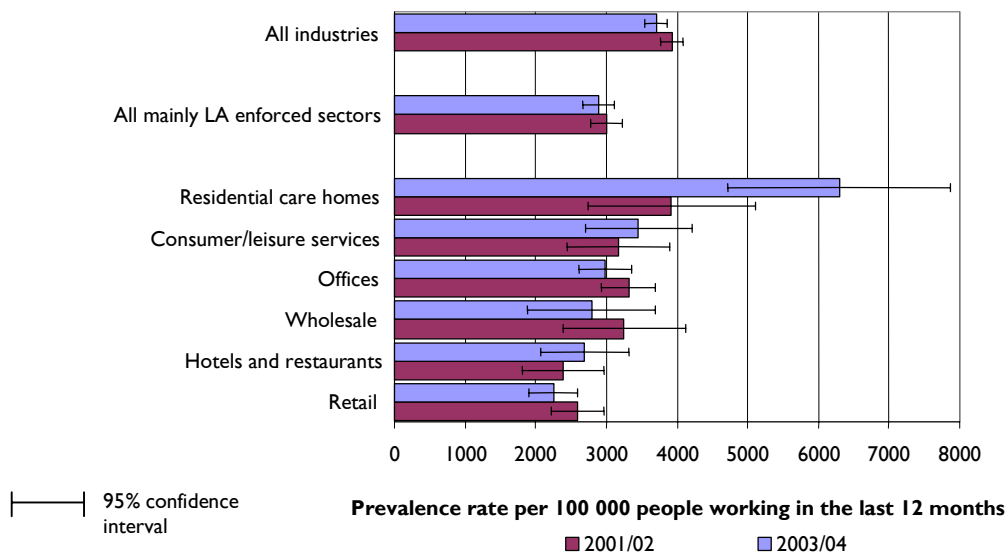


Figure 26: Estimated 2001/02 and 2003/04 prevalence rates of self-reported illness caused or made worse by the current or most recent job, by sector, for people working in the last 12 months



Notes:
See Table 18 for detail.

In SWI03/04, the highest prevalence rate was in residential care homes, where an estimated 6300 (CI: 4700 to 7900) per 100 000 people whose current or most recent job in the last 12 months was in this sector suffered from an illness in 2003/04 which they attributed to this job. This rate was higher than the rate of 2900 (CI: 2700 to 3100) for all mainly LA enforced sectors and that of 3700 (CI: 3500 to 3900) across all industries. At the other end of the scale, the estimated prevalence rate of 2300 (CI: 1900 to 2600) for retail was lower than the average rates across all mainly LA enforced sectors and all industries. All differences were statistically significant.

The prevalence rate for residential care homes in 2003/04 was also statistically significantly higher than the corresponding rate in 2001/02, of 3900 (CI: 2700 to 5100) per 100 000 people working in the last 12 months. The prevalence rates for retail were of a similar order (not statistically significantly different) in both surveys.

For people working in the last 8 years, SWI01/02 showed that the highest prevalence rate for work-related musculoskeletal disorders was in residential care homes, whilst the lowest was in office-based industries. The latter, however, had the highest prevalence rate of stress, depression or anxiety, whilst retail industries carried the lowest. All four rates were statistically significantly different to the average rate across all mainly LA enforced sectors. More detailed data are not yet available from SWI03/04.

Riskiest occupations for injury and ill health

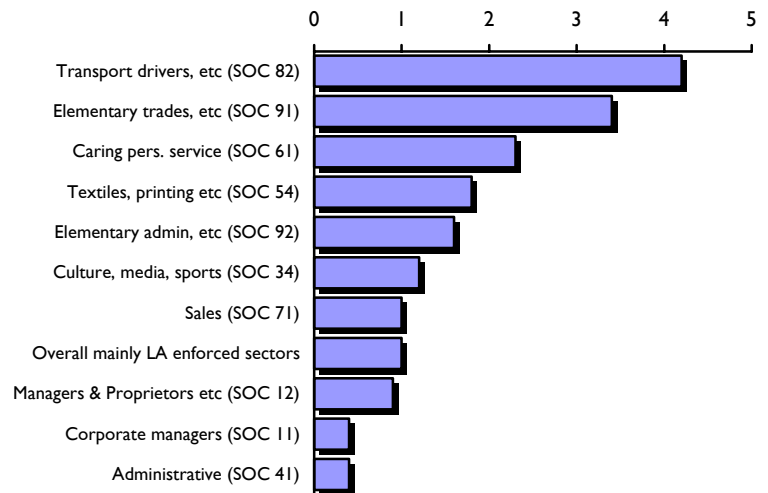
(See table 13 for injury)

The occupation of an injured person is a key discriminator of risk of injury. Non-fatal injury rates to workers for the mainly LA enforced sectors are provided here by the Labour Force Survey (LFS), using SOC 2000 (see Technical Note).

Transport & mobile machine drivers and operatives (SOC 82) have an averaged injury rate about four times the all-LA figure, whilst workers in elementary trades etc occupations e.g. farm workers or construction labourers (SOC 91) have an averaged injury rate of three times above the all-LA figure.

Managers and proprietors in agriculture and services (SOC 12) have an averaged injury rate just below the all-LA rate, whilst corporate managers (SOC 11) and administrative occupations (SOC 41) have an averaged injury rate less than half the all-LA rate.

Figure 27: Occupations (SOC 2000) with highest relative risk of injury in specified occupations, based on averaged LFS rate 2002/03

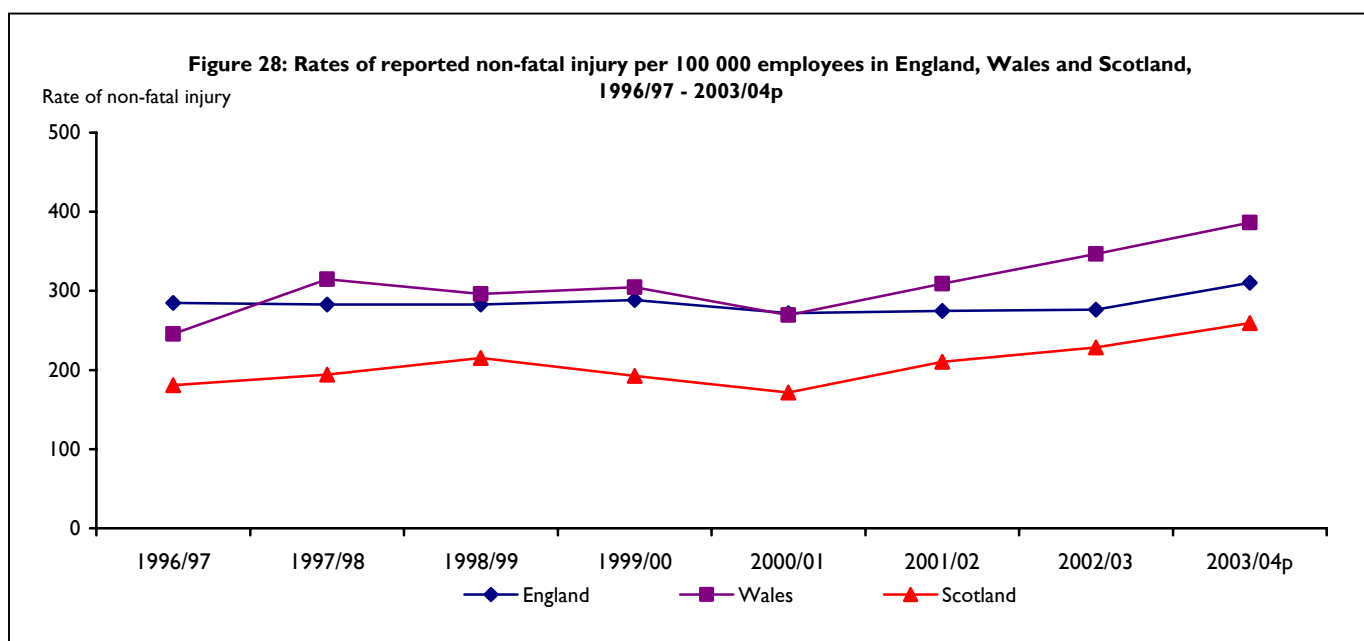


Occupational data from SWI03/04 are not yet available. However, for people whose current or most recent job in the last eight years was in a mainly LA enforced sector, SWI01/02 indicated that personal service occupations (major group 6) and managers and senior officials (major group 1) carried above average prevalence rates of illness ascribed to these jobs. At the other end of the scale, sales and customer service occupations (major group 7) carried a below average rate. All these rates were statistically significantly different to the average rate across all mainly LA enforced sectors.

In terms of occupational sub-major groups, where sample numbers were sufficiently large to provide reliable estimates, only caring personal service occupations (sub-major group 61) carried an above average prevalence rate. In contrast, the rates for sales occupations (sub-major group 71) and elementary administration and service occupations (sub-major group 92) were below average. All these rates were statistically significantly different to the overall rate across all mainly LA enforced sectors.

Injuries and ill health in England, Wales and Scotland

(See tables 14-16 for injury data, and 20 for ill health)



Reported injuries to employees in England, Wales and Scotland in the mainly local authority enforced sectors. In 2003/04, provisional figures indicate that of the reported 37 347 non-fatal injuries to employees in Great Britain, there were 33 512 in England, 1498 in Wales, and 2337 in Scotland. Non-fatal injury rates to employees are highest in Wales in 2003/04 at 386.3 injuries per 100 000 employees, compared to 310.2 in England, and 259.4 in Scotland. The rate of reported non-fatal injury has increased by 11.5% in Wales in 2003/04, 12.3% in England, and 13.4% in Scotland.

Further information on reported injuries identified by County can be found in the 'LA County LAEI and Injury Table' at: <http://www.hse.gov.uk/statistics/industry/county04.pdf>

Reported injuries to members of the public in England, Wales and Scotland in the local authority enforced sectors. In England, there were 36 fatalities, of which 22 occurred in residential care homes: and 4180 non-fatal injuries, of which 46% occurred in retail premises. In Scotland, there was one fatality and 351 non-fatal injuries (of which, 54% occurred in retail premises). In Wales, there was one fatality and 250 non-fatal injuries (of which, 54% occurred in retail premises).

Work-related ill health in England, Wales and Scotland.

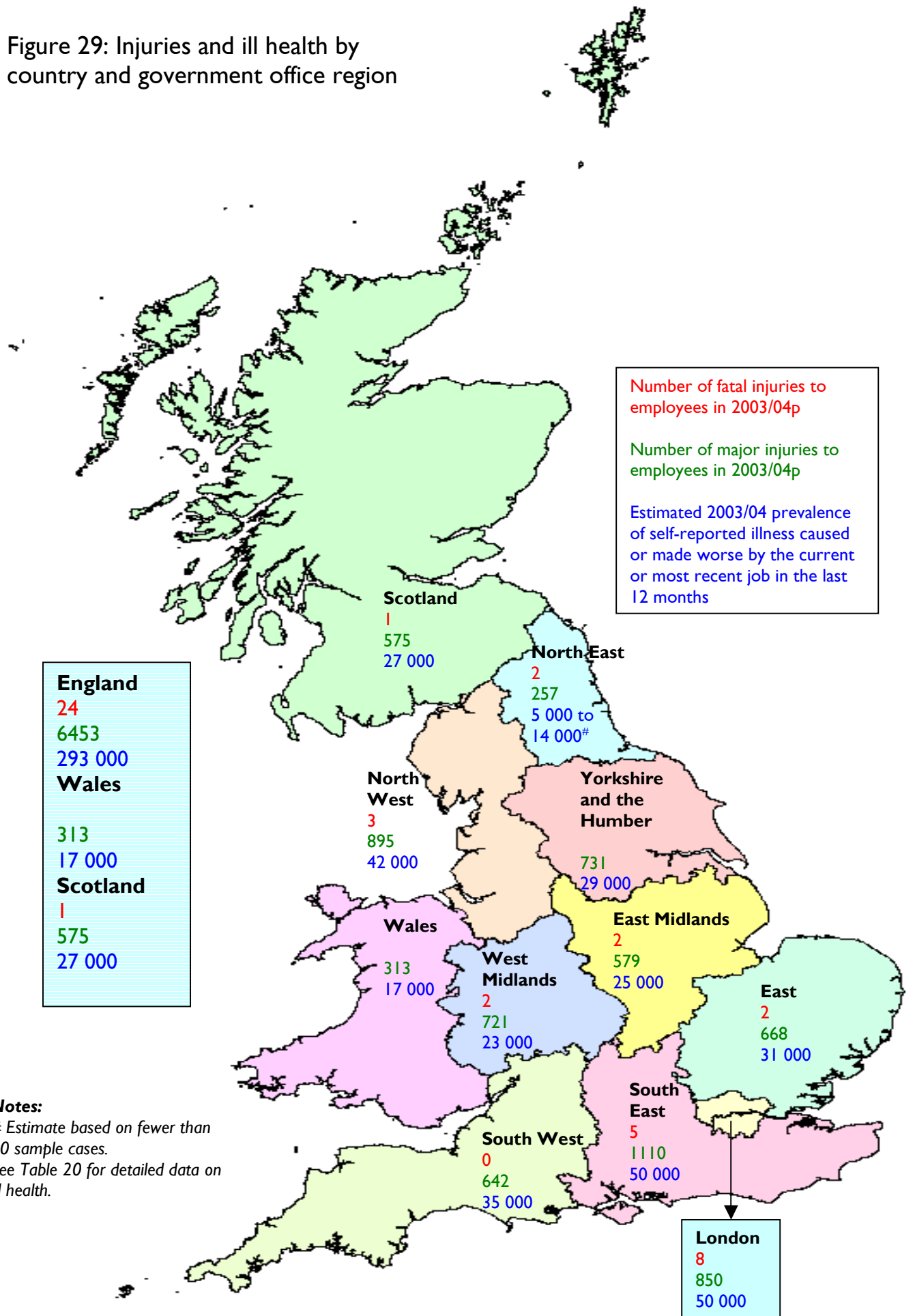
SWI03/04 estimated that 293 000 (CI: 269 000 to 318 000) people living in England whose current or most recent job in the last 12 months was in a mainly LA enforced industry suffered from an illness in 2003/04 which they believe was caused or made worse by this job. The corresponding estimates for Wales and Scotland were 17 000 (CI: 11 000 to 24 000) and 27 000 (CI: 20 000 to 34 000) respectively.

For people working in the last 12 months, the prevalence rates of work-related illness for England (2900 per 100 000, CI: 2600 to 3100 per 100 000), Wales (3500 per 100 000, CI: 2300 to 4600 per 100 000) and Scotland (2800 per 100 000, CI: 2100 to 3500 per 100 000) were of a similar order (not statistically significantly different).

These were also similar (not statistically significantly different) to the corresponding rates in 2001/02, for people working in the last 12 months (See Figure 29 and Table 20).

For people working in the last 8 years, SWI01/02 indicated that the estimated prevalence rates of musculoskeletal disorders for people living in England and Scotland were of a similar order (not statistically significantly different), whilst for stress, depression or anxiety, the rate for Scotland was statistically significantly lower than those for England and Great Britain. Sample numbers were too small to provide reliable estimates for Wales. More detailed data are not yet available from SWI03/04.

Figure 29: Injuries and ill health by country and government office region



Inspection and enforcement activity

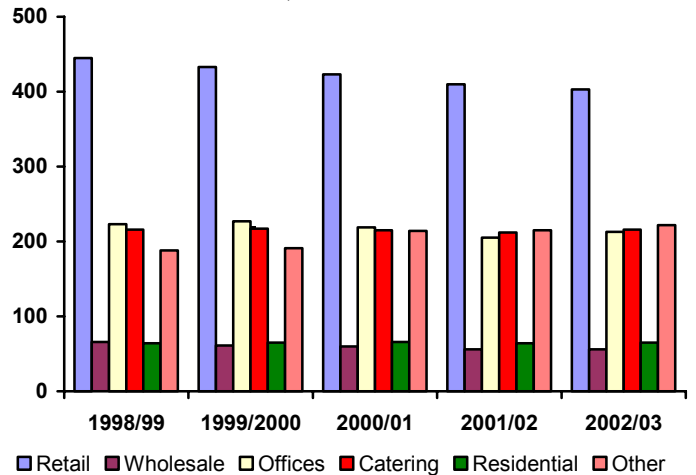
These are the key messages from latest **HELA Inspection and Enforcement Bulletin**, released July 2004. Further detail can be viewed at www.hse.gov.uk/statistics/industry/iebltn04.pdf

In 2002/03 local authorities were responsible for enforcing health and safety in an estimated 1 175 000 premises, 1% higher than the previous year and 2% lower than in 1998/99.

In 2002/03 the number of premises increased or remained the same for each premise category, except for retail premises, where the number fell by 2% to 403 000

The Small and Medium Enterprise (SME) Statistics for 2002 (produced by the Small Business Service) indicate that almost all businesses in the main LA enforced sectors employ less than 50 employees and over 95% employ less than 10 employees. In consumer and leisure services almost 80% of businesses employ no staff (i.e. sole proprietors and partnerships comprising self-employed or an employee director). In contrast, in the hotel and catering sector less than 15% of businesses employ no staff.

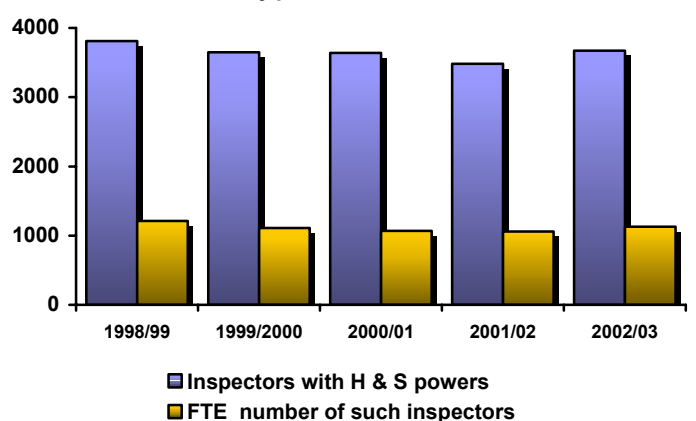
Figure 30 : Premises enforced by LAs, by industry sector, 1998/99 - 2002/03



Many local authority inspectors (environmental health/technical officers) combine health and safety duties with other public protection work. A key indicator of staff resources for health and safety is the full-time equivalent (FTE) number of such inspectors.

In 2002/03 there were an estimated 3670 inspectors holding and using health and safety powers, 5% higher than in 2001/02. The full-time equivalent number of such inspectors was 1130, almost 7% higher than the 2001/02 estimate of 1060.

Figure 31 : Numbers of inspectors with health and safety powers, 1997/98 - 2002/03

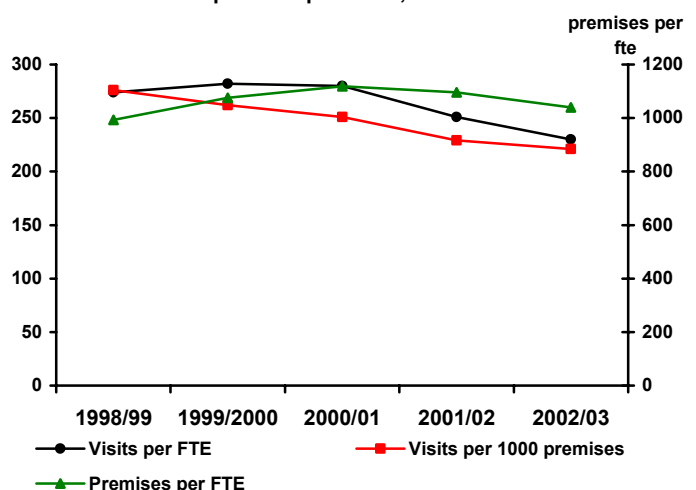


In 2002/03 there were on average 1040 premises per FTE inspector, compared with 1096 in 2001/02 and 993 in 1998/99. The rate of premises per FTE shows the resources available to assist business in complying with health and safety law (the higher the rate the lower the resource available).

On average, there were 230 visits per FTE inspector in 2002/03, 8% less than in 2001/02 (251).

In the same year there were 221 visits per 1000 premises, compared with 229 in 2001/02, and 276 in 1998/99. Up to 2000/01, the reduction in the rate of visits per 1000 premises was due mainly to the increase in premises per FTE, with visits per FTE remaining relatively stable. However, since 2000/01 the pattern has changed and it is the recent decrease in visits per FTE, which is now driving the fall in visits per 1000 premises.

Figure 32 : Rates of visits and premises per FTE, and visits per 1000 premises, 1998/99 - 2002/03



Around 57% of all visits in 2002/03 were to retail or catering premises, which together form over half of all premises in the LA enforced sector.

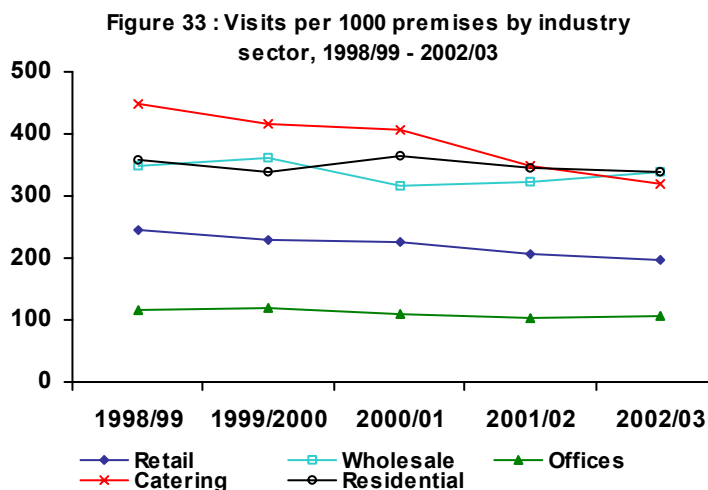
Of the 69 000 visits to catering premises, 60% were joint food inspections.

The overall rate of visiting has fallen by 20%, from 276 visits per 1000 premises in 1998/99 to 221 visits per 1000 premises in 2002/03.

The rate of visiting has remained relatively stable in residential accommodation and wholesale premises since 1998/99. Rates of both fatal and non-fatal injury in these sectors are high.

Offices attract the lowest rate of visiting each year and have the lowest rates of injury.

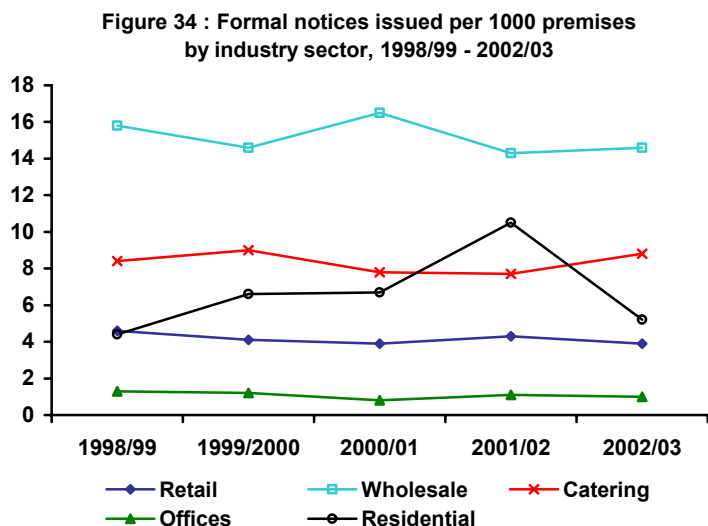
The rate of visiting catering premises has fallen by almost 9% on the previous year, and by 24% since 1998/99.



In 2002/03, LAs issued on average 4.9 formal notices per 1000 premises, compared with 5.1 in 2001/02.

This rate:

- has remained relatively stable since 1998/99;
- is highest in the wholesale industry, nearly three times the average;
- is lowest in office-based premises; and
- tends to fluctuate within each industry, with no overall trend.

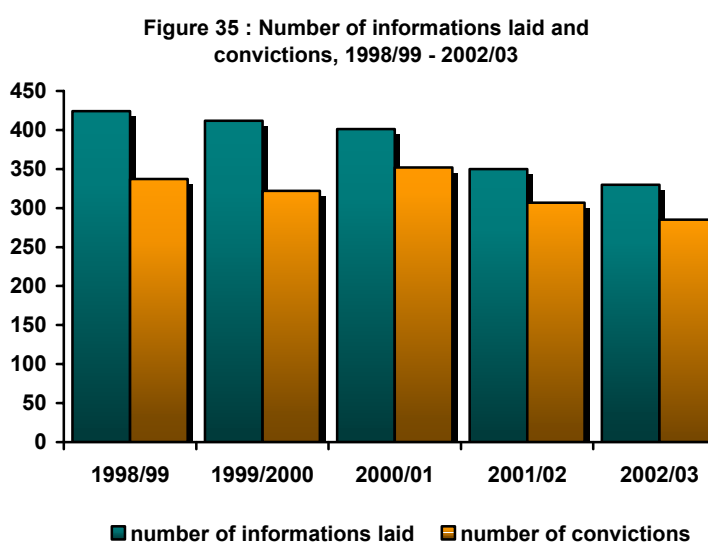


A total of 330 informations laid/ complaints taken were completed in 2002/03, leading to 285 convictions. The conviction rate has remained relatively stable over the past three years.

60% of informations laid/complaints taken completed in 2002/03 related to breaches of the Health and Safety at Work Act 1974, and 19% to the Management of Health and Safety at Work Regulations.

In 2002/03 the average fine per conviction was £4100, 31% higher than in 2001/02 (£3134).

The average fine per conviction for breaches of the Health and Safety at Work Act was £4698, 5% lower than 2001/02 (£4949).



Comparison of injury risk with inspection activity

This section brings together both inspection and injury data to look at targeting of inspection activity. Although the categories of industry on the local authority return (LAEI form) differ slightly from industry classifications used to categorise injuries, they do allow some comparison of rate of inspection and risk of injury to be made.

Table A shows the rate of inspection in each type of premise with indicators of safety performance, for example, numbers and rates of injury. The table shows both the rate of reported injury and the averaged rate estimated by the LFS. See also Figure 33, which gives details on visits per 1000 premises for each main LA enforced sector.

Table A: Comparison of injury risk with inspection activity

Type of premises (a)	INJURY INFORMATION				INSPECTION	
	Rate of injury to employees (b)		Injuries to members of the public			
	Rate of fatal injury 99/00-03/04p	Rate of non-fatal injury	Fatal injuries 99/00-03/04p	Non-fatal injuries 2003/04p		
	Reported 2003/04p	LFS 01/02-03/04			Visits per 1000 premises 2002/03	
Catering services (c)	0.1	271.4	1260	9	468	319
Residential accommodation (d)	0.2	458.5	1880	84	749	338
Wholesale	0.4	319.5	1220	0	81	339
Consumer/leisure services	0.3	198.6	1210	25	681	216
Retail	0.1	409.6	1350	10	2253	196
Offices	0.2	209.0	510	2	74	108
All above	0.2	294.6	1060	130	4306	221

(a) Injury figures are based on industry activity according to the SIC; 'Type of premise' (on LAEI form) is based on groupings of SIC.

(b) Injury rates are the number of injuries per 100 000 employees, and include injuries reported to both LAs and HSE.

(c) Includes catering, restaurants, takeaways, pubs and bars.

(d) Includes residential care homes, hotels and other short stay accommodation.

Catering premises continue to attract a high rate of visiting, reflecting visits made in conjunction with food hygiene regulations. However, the relative priority of visits to catering premises has decreased over the past five years.

LAs have increased the relative priority of visits to residential accommodation and wholesale premises. There is a high level of fatalities in these premises, either as the number of fatal injuries to members of the public, or rate of fatal injury to employees. There is also a high rate of non-fatal injury to employees in residential accommodation.

Office premises have the lowest rate of non-fatal injuries to employees (based on LFS results) and numbers of non-fatal injuries to members of the public, attracting the lowest visit rates each year.

There are many factors that influence LAs relative priority of visits to premises. The relationship between the rate of visiting and the range of fatal and non-fatal injury indicators is complex. LAs are maintaining or increasing the relative priority of visits in those premises where risks of injury, in some form, are high.

Technical note

Injury and enforcement

There are two sources of information on workplace injury. The first source is injury reports made by employers under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95).

Deaths of all employed people and members of the public arising from work activity are reportable to either HSE or the local authority. There are three categories of reportable injury defined under the regulations: fatal, major and over-3-day injury. Examples of major injuries include fractures (except to fingers, thumbs or toes), amputations, certain dislocations and other injuries leading to resuscitation or 24-hour hospital admittance. Over-3-day injuries include other injuries to workers resulting in absence from work, or inability to do their usual job, for more than three days. A non-fatal injury to a member of the public is reportable if it results out of or in connection to work activity, and leads to the injured person being taken from the site of the incident to hospital.

The latest injury figures for 2003/04 are provisional. These figures are finalised 12 months after the end of the year of collection, to allow for late reports. Such changes are usually small.

Certain reporting requirements under RIDDOR 95 differ from those under the previous regulations, RIDDOR 85. Statistics of worker fatalities are comparable, but other statistics including major injuries from 1996/97 cannot be compared with those for previous years. In 2001/02, HSE introduced new guidelines to improve the quality of recording of kinds of accident and give more detail on equipment and material agents involved. As a result, there was a small change in the percentage share of in each kind, predominantly for major and over-3-day injuries.

Secondly, HSE has developed the Labour Force Survey as a source of information on workplace injury to complement the flow of injury reports made by employers and others under RIDDOR. HSE placed a supplement of detailed questions on workplace injury in the 1990 LFS, and has placed a limited set of injury questions annually since 1993. The LFS gives estimates of the levels of workplace injury that are not subject to under-reporting, and together with rates of reported injury, gives estimates of the levels of reporting of injuries in industries. LFS injury rates are presented as three year moving averages, to reduce annual fluctuations that stem from sampling error. A revised LFS series, which takes account of improved methodology and recent changes to Great Britain population estimates following the 2001 Census, will be published in a separate report in 2005.

Figures 25 and 27 show the highest risk industries and occupations, coded to SIC Division or SOC Minor groups respectively. The riskiest industries and occupations are chosen to be those with the highest injury rates, where the estimated number of injuries is at least 10 000 (averaged over three years), and consequently reliable to publish.

The source for employment figures used to produce reported injury rates is the Office for National Statistics. The Short Term Employment Survey (STES) provides top-level employment detail, and the Annual Business Inquiry (ABI) provides more detailed SIC 4-digit breakdowns. Such estimates are normally subject to a number of revisions based on information from the Annual Employment Survey. When HSE finalises the provisional injury statistics, rates are revised using the employment data available at that particular time. Injury rates are not revised to incorporate subsequent revisions to employment estimates by the ONS. Industry breakdowns are based on Standard Industrial Classification 2003 (SIC). However, employment figures do not distinguish between enforcing authorities, i.e. LA or HSE, for any activity. Therefore, incidence rates are based on employee injury reports enforced by LAs, and some injuries reported to HSE within mainly LA enforced sectors.

Each year local authorities are requested to complete a health and safety return (LAEI form). The LAEI forms are the sole source of information about LA staff resources, premises, visits, complaints, and enforcement activity. The figures derived from the LAEI returns are estimates for the LA sector throughout Great Britain (unless otherwise stated). For 2002/03, LAEI forms were received from 387 LAs (94% of the 410 LAs with health and safety enforcement responsibility).

Ill health

No single source of statistics is available in Great Britain on the nature and full extent of occupational or work-related ill health. HSE's policy is to make the fullest use of a range of data sources, and develop new ones where necessary. The ill health statistics presented in this document are based on three sources, mostly referred to by their acronyms:

- **SWI:** Household surveys of self-reported work-related illness, giving estimates of the number of people who have conditions, which they think have been caused or made worse by work. SWI surveys have been carried out, in conjunction with the Labour Force Survey (LFS), in 1990, 1995, 1998/99, 2001/02 and 2003/04. Headline results of the latest survey were published in November 2004. Full results will be published in spring 2005.

- **THOR:** Voluntary medical surveillance schemes in The Health and Occupation Reporting network counting new cases which are caused by work in the opinion of the specialist doctor who sees them. THOR data are available from 1999 for work-related mental ill health, from 1998 for hearing loss, musculoskeletal disorders and infections, and from the early 1990s for respiratory and skin disorders, up to 2003.
- **IIS:** Compensation under the Department for Work and Pensions' (DWP's) Industrial Injuries Scheme, recording new cases of specified 'prescribed diseases' (conditions whose occupational cause is well established) assessed for disablement benefit. IIS data are available annually from at least the 1980s up to 2003 (for lung diseases) and 2002/03 (for non-lung diseases).

More details of the sources are at: www.hse.gov.uk/statistics/causdis/sources.htm.

Self-reported Work-related Illness (SWI) surveys 2003/04 and 2001/02

For the SWI survey carried out in winter 2003/04, over 90 000 adults in Great Britain were asked the following question as part of the Labour Force Survey (LFS):

"Within the last twelve months have you suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job or work done in the past?"

People answering 'yes' to this were then asked further questions about their illness (most serious illness if they had more than one). This question was the same as asked in the 2001/02 (and 1998/99) SWI survey. Just over five per cent of respondents who were asked the question did not respond and adjustments have been made to take account of this non-response. There were no major methodological differences between the 2001/02 and 2003/04 SWI surveys. However, compared to earlier SWI surveys, there are differences in design, coverage and the level of information collected.

It has been necessary to revise the previously published SWI estimates for 2001/02, reflecting revisions made to the Great Britain population estimates following the 2001 Census. Since the LFS reflects only a sample of the population (around 1 in 400), responses have to be 'weighted' on the basis of population totals to give estimates for the entire population: any revisions to published population estimates result in revisions to the LFS weights and therefore to the SWI estimates. In addition, a new methodology for adjusting for non-response has been used in the 2001/02 survey to allow direct comparisons with 2003/04. As a result of these two types of revisions the SWI01/02 estimates show reductions (on average 2-5%) in the estimated levels of prevalence and incidence, and small changes in the rates.

Working days lost

The same methodology has been used to estimate working days lost for workplace injuries and work-related ill health in 2000/01 (injuries), 2001/02 (illness) and 2003/04. Estimates of working days lost for workplace injuries and work-related ill health are expressed as full-day equivalent days, to take account of the variation in daily hours worked (for example part-timers who work a shorter day or people who work particularly long hours). They have been calculated by adjusting the days lost estimates using the ratio of the individual's usual weekly hours to the average usual weekly hours of all full-time workers estimated from the LFS. Estimates are based on post-census population estimates and reweighted to account of the small proportion of workers who did not respond to the questions on whether they had suffered from a workplace injury or work-related illness within the last 12 months. Working days lost rather than duration of absence have been used for workplace injuries.

In addition, estimates have been imputed for a small proportion of workers who answered 'don't know' or 'still off' to the question on days off before returning to work after an injury, and for respondents not answering the ill health days off question. Estimates have also been imputed, where possible, for the rare cases where workers expect never to return to work following their injury. Hence, to ensure greater consistency between the injury and ill health estimates, previously published 2000/01 injury and 2001/02 ill-health estimates have been revised, and 2003/04 estimates have been produced on the same basis.

The effect of introducing the above methodology for workplace injuries has been a net decrease of the previously published 2000/01 estimate of 2.1 million working days lost, by 0.5 million to 1.6 million. The net decrease results from an increase due to the imputation and reweighting to account for non-response, and larger decreases due to adjustments for variation in daily hours worked and the need to restrict analysis to persons injured in their current or most recent job (due to lack of industry information when persons are injured in other jobs). Ill-health estimates for 2001/02 have also been revised to take account of post-census population changes and non-response weightings. These revisions to the 2001/02 ill health data show reductions (on average 3-5%) in the estimated working days (full-day equivalent) lost and small changes in the rates.

Sampling errors

The statistics are derived from a number of different sources, some of which are surveys and are therefore subject to sampling errors, because the estimates are based on a sample rather than the whole population. Where possible, "95% confidence intervals" are quoted to indicate the range of uncertainty due to this: each of these shows the range of values

which we are 95% confident contains the true value. Correspondingly, a difference between two estimates is described as “statistically significant” if there is a less than 5% chance that it is due to sampling error alone.

Classification by occupation and industry

The injury and occupational health statistics presented here use the following standard statistical classification systems:

Standard Occupational Classification 2000 (SOC 2000): The current system used in UK official statistics for classifying jobs in terms of the kind of work performed and the skill required. This is used in the LFS and was used for the 2001/02 and 2003/04 SWI surveys. For more details please see www.nationalstatistics.gov.uk/nsbase/methods_quality/ns_sec/soc2000.asp

Standard Industrial Classification (SIC): The system used in UK official statistics for classifying business establishments and other statistical units by the type of economic activity in which they are engaged, and which has been used to define the mainly LA enforced sectors. The definitions used in the SIC are slightly different from the ‘type of premise’ used on the LAEI form, and take no account of enforcing authority boundaries. This is why HSE injury statistics are included when calculating injury rates, although LAs enforce health and safety in parts of other industry sectors where HSE is the main enforcer. For more details please see www.nationalstatistics.gov.uk/methods_quality/sic/default.asp

Table D briefly describes the mainly local authority enforced activities for injuries, ill health and working days lost.

Table B: Mainly local authority enforced industries

Industry	Description	SIC 92 code	
		Injury and enforcement statistics	Ill health and working days lost statistics
Retail	Retail sale of motor vehicles and motorcycles, their parts and accessories; retail of automotive fuel.	501, 503-505	501, 503-505
	Retail sale of all other goods	52	52
	Activities of travel agents		633
Wholesale	Wholesale and commission trade, except of motor vehicles and motorcycles.	51	51
Offices	Financial intermediation	65	65
	Insurance and pension funding	66	66
	Activities auxiliary to financial intermediation	67	67
	Real estate activities		703
	Computer and related activities	72	72
	Other business activities (inc. legal, accounting, architectural, advertising & industrial cleaning)	74	74
	Activities of membership organisations		91 (excl. 9131)
Hotels	Hotels, camp sites and other tourist and short-stay accommodation	551	55
		552	
Catering services	Restaurants, canteens and catering services	553	
		555	
Public houses & bars	Public houses and bars (inc. night clubs)	554	
Residential care homes	Social work activities with accommodation	8531	8531
Consumer services	Activities of membership organisations	91	9131 93
	Activities of religious organisations		
	Other service activities	93	
Leisure	Recreational, cultural and sporting activities	92	9231, 9232, 9234 924 – 927
	Other entertainment activities		
	News agencies, cultural, sporting and other recreational activities		

Note:

Ill health statistics are largely based on the surveys of Self-reported Work-related Illness in 2001/02 and 2003/04, which allow for a more detailed industrial breakdown than the Short Term Employment Survey, which provides the employment data for most injury rates.

Injury and ill health tables

Injury tables

Table 1: Fatal injuries to workers and members of the public 1994/95 to 2003/04p

Fatal injuries	1994/95	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
To employees	14	16	6	13	10	12	18	9	15	25
To employees (per 100 000)	0.27	0.30	0.19	0.20	0.14	0.12	0.19	0.17	0.20	0.21
To members of the public	14	9	6	9	11	18	21	30	31	38
To self employed	6	1	3	2	2	2	1	3	2	1

Table 2: Number of fatal injuries to employees by sector 1994/95 to 2003/04p

Industry sector	1994/95	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Retail	0	4	0	1	2	1	4	2	1	3
Wholesale	5	2	1	3	0	2	2	1	2	3
Hotels	0	1	0	0	0	1	2	0	0	1
Restaurants & catering	0	0	0	0	1	0	0	0	0	1
Pubs & bars	1	0	2	0	0	0	2	1	1	3
Office-based	1	3	0	2	3	1	2	1	3	2
Residential Homes	0	0	0	1	0	0	0	1	0	1
Consumer	0	0	0	0	0	1	0	0	0	0
Leisure	2	1	0	2	1	2	2	2	1	4
Other	5	5	3	4	3	4	4	1	7	7
Total	14	16	6	13	10	12	18	9	15	25

Table 3: Number of fatal injuries to members of the public by sector 1994/95 to 2003/04p

Industry sector	1994/95	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Retail	0	1	2	0	3	1	2	3	4	0
Wholesale	0	0	0	0	0	0	0	0	0	0
Hotels	3	0	0	0	0	5	3	3	1	2
Restaurants & catering	0	0	0	0	0	1	1	0	0	2
Pubs & bars	3	0	0	1	2	0	0	1	2	2
Office-based	1	0	0	0	0	1	0	0	0	1
Residential Homes	6	3	2	4	5	5	6	19	18	22
Consumer	0	0	1	0	0	1	0	2	0	1
Leisure	1	3	1	4	1	4	8	1	4	4
Other	0	2	0	0	0	0	1	1	2	4
Total	14	9	6	9	11	18	21	30	31	38

Table 4: Non-fatal injuries to workers 1996/97 to 2003/04p

Reported non-fatal injuries to employees								
	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Major injuries	5 473	5 278	5 179	5 446	4 929	6 091	6 714	7 341
Over-3-day injuries	21 236	24 682	25 642	26 537	25 904	25 965	28 638	30 006
Reported non-fatal injury rates (per 100 000 employees)								
	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Major injuries	62.4	59.8	55.0	51.6	47.5	55.5	57.2	66.0
Over-3-day injuries	228.1	250.2	243.0	222.5	211.4	213.4	217.5	228.5
Non-fatal injuries (major + o-3-d)	290.5	310.0	298.0	274.1	258.9	268.9	274.7	294.6
Three-year average LFS rate of non-fatal injury (per 100 000 workers)								
	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Non-fatal reportable injuries	1 140	1 110	1 080	1 100	1 130	1 120	1 060	~
Reporting level %	25.5%	28.0%	27.7%	25.0%	23.0%	24.1%	26.0%	~

~ data not yet available

Table 5: Non-fatal injuries to members of the public 1996/97 – 2003/04p

Reported non-fatal injuries to members of the public								
	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Non-fatal injuries	5 434	3 802	4 202	7 567	5 315	4 416	4 054	4 781

Table 6: Number of reported major injuries to workers by key hazards, 1996/97 to 2003/04p

Kind of injury	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Struck by moving vehicle	232	220	196	211	159	151	150	216
Slip, trip or fall on same level	1 898	2 022	2 186	2 245	2 098	2 716	3 049	3 146
Falls from a height	877	879	740	909	819	731	753	765
All major injuries	5 577	5 308	5 209	5 508	4 966	6 171	6 801	7 458

Table 7: Number of reported over-3-day injuries to workers by key hazards 1996/97 to 2003/04p

Kind of injury	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Struck by moving vehicle	835	959	909	1 081	935	551	641	639
Slip, trip or fall on same level	4 427	5 198	5 862	5 696	5 505	6 049	6 695	7 065
Falls from a height	1 416	1 475	1 330	1 530	1 471	1 007	1 043	1 053
All over-3-day injuries	21 313	24 724	25 673	26 580	25 949	26 059	28 708	30 088

Table 8: Rate of reported major injury per 100 000 employees by sector 1996/97 to 2003/04p

Industry sector	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Retail	92.0	85.2	73.8	71.7	67.3	73.3	78.7	73.0
Wholesale	57.9	70.7	63.7	52.6	50.8	62.3	58.6	75.7
Hotels	100.5	92.4	93.9	80.7	64.5	78.3	84.5	92.4
Restaurants & catering	77.8	83.9	76.6	57.8	51.1	57.4	56.2	66.9
Pubs & bars	48.8	49.0	42.7	30.8	27.5	38.4	42.2	52.4
Offices	25.3	21.4	21.2	23.1	19.9	32.9	32.8	54.8
Consumer	73.3	72.0	62.7	63.3	77.7	74.5	59.2	40.8
Leisure	134.6	121.3	127.0	114.1	98.0	83.0	87.3	88.1

Table 9: Rate of reported over-3-day injury per 100 000 employees by sector 1996/97 to 2003/04p

Industry sector	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Retail	392.1	412.0	392.1	370.7	348.9	334.6	356.5	336.6
Wholesale	199.9	341.0	327.6	262.8	266.2	229.2	216.9	243.7
Hotel	234.1	327.6	316.9	283.1	277.2	266.0	270.6	274.6
Restaurants & catering	282.4	330.6	321.9	265.3	246.6	211.0	224.1	257.5
Pubs & bars	108.2	108.2	132.7	98.3	104.7	119.1	106.9	135.7
Offices	81.6	76.8	76.4	74.4	66.9	100.5	103.9	154.2
Consumer	310.0	316.7	271.6	269.9	299.9	302.6	252.0	116.4
Leisure	320.1	294.2	329.9	265.6	247.2	202.8	183.9	142.1

Table 10: Averaged LFS reportable injury rate per 100 000 workers by sector 1996/97 to 2002/03

Industry sector	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03
Retail	1 220	1 250	1 260	1 390	1 470	1 420	1 350
Wholesale	1 520	1 350	1 360	1 440	1 410	1 330	1 220
Hotel	1 380	1 530	1 590	1 500	1 490	1 760	1 650
Restaurants & catering	1 700	1 550	1 450	1 420	1 410	1 460	1 280
Pubs & bars	1 070	1 170	1 280	1 260	1 250	1 170	1 210
Offices	610	570	520	550	570	540	510
Consumer	810	720	730	650	780	920	840
Leisure	1 550	1 600	1 540	1 370	1 540	1 560	1 470

Figures in italics are estimates based on fewer than 30 sample cases

Table 11: Number of reported non-fatal injuries to members of the public by sector 1996/97 to 2003/04p

Industry sector	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
Retail	2 211	1 858	1 999	3 299	2 432	2 080	1 868	2 253
Wholesale	53	47	61	96	45	94	78	81
Hotel	646	322	305	594	461	373	318	331
Restaurants & catering	107	154	181	331	200	157	163	159
Pubs & bars	238	194	189	346	242	245	223	309
Offices	67	50	67	119	84	196	67	74
Residential care homes	684	269	293	757	352	172	291	418
Consumer	49	14	30	91	41	85	78	73
Leisure	1 049	630	795	1 411	1 121	646	566	608

Table 12: Industries (SIC 92) with the highest averaged rate of non-fatal injury in the mainly local authority enforced sectors, 2002/03 (LFS)

Industry sector (SIC 92)	Injuries per 100 000 employees
Social work with accommodation (SIC 85.31)	2 030
Recreational, culture, sport (SIC 92)	1 470
Retail excluding motor vehicle (SIC 52)	1 370
Hotels & restaurants (SIC 55)	1 350
Wholesale (SIC 51)	1 220
Retail - motor vehicle etc (SIC 50)	1 110
OVERALL	1 060

Table 13: Occupations (SOC 2000) with the highest relative risk of injury in mainly local authority enforced sectors, based on the averaged LFS rate for 2002/03

Occupation (SOC 2000)	Relative risk
Transport drivers etc (SOC 82)	4.2
Elementary trades (SOC 91)	3.4
Caring personal service occupations (SOC 61)	2.3
Textiles, printing & other skilled trades (SOC 54)	1.8
Elementary admin & service occupations (SOC 91)	1.6
Culture, media, sports (SOC 34)	1.2
Sales occupations (SOC 71)	1.0
Overall mainly LA enforced sectors	1.0
Managers & prop. in agriculture & services (SOC 12)	0.9
Corporate managers (SOC 11)	0.4
Administrative occupations (SOC 41)	0.4

Table 14: Number of reported injuries to employees in England, Scotland and Wales 2003/04p

Industry sector	England		Wales		Scotland	
	Fatal	Non-fatal	Fatal	Non-fatal	Fatal	Non-fatal
Retail	3	11 901	0	576	0	869
Wholesale	2	1 881	0	97	1	142
Hotels	1	1 128	0	48	0	112
Restaurants & catering	1	1 837	0	88	0	123
Pubs & bars	3	901	0	37	0	50
Office based	2	3 209	0	118	0	243
Consumer	0	281	0	19	0	21
Leisure	4	870	0	24	0	62
Residential care homes	1	1 267	0	60	0	82
Other	7	10 237	0	431	1	633
	24	33 512	0	1 498	1	2 337

Table 15: Reported non-fatal injury rates per 100 000 employees in England, Scotland and Wales 1996/97 - 2003/04p

	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04p
England	284.6	282.6	282.9	288.3	271.8	274.8	276.2	310.2
Wales	245.6	314.6	296.2	304.8	269.5	309.2	346.6	386.3
Scotland	180.8	194.1	215.4	192.5	171.4	210.5	228.7	259.4

Table 16: Reported injuries to members of the public in England, Scotland and Wales 2003/04p

Industry sector	England		Wales		Scotland	
	Fatal	Non-fatal	Fatal	Non-fatal	Fatal	Non-fatal
Retail	0	1929	0	136	0	188
Wholesale	0	76	0	2	0	3
Hotels	1	288	0	18	1	25
Restaurants & catering	2	136	0	9	0	14
Pubs & bars	1	272	1	18	0	19
Office based	1	62	0	4	0	8
Consumer	1	67	0	2	0	4
Leisure	4	551	0	20	0	37
Residential care homes	22	383	0	24	0	11
Other	4	416	0	17	0	42
Total	36	4180	1	250	1	351

III health tables

Table 17: Estimated 2001/02 and 2003/04 prevalence and rates of self-reported illness caused or made worse by the current or most recent job, by type of illness, for people working in the last 12 months

Type of complaint	Illness ascribed to their current/most recent job							
	Sample cases	Estimated prevalence (thousands)				Rate per 100 000 people working in the last 12 months		
		central	95% confidence interval		central	95% confidence interval		
			lower	upper		lower	upper	
2003/04								
Mainly LA enforced sectors +								
Musculoskeletal disorders	272	139	122	155	1200	1000	1300	
mainly affecting the upper limbs or neck	129	65	54	77	560	460	650	
mainly affecting the lower limbs	45	23	16	30	200	140	250	
mainly affecting the back	98	51	40	61	430	350	520	
Breathing or lung problems	30	15	10	20	130	82	180	
Skin problems	16	*	*	*	*	*	*	
Hearing problems	9	*	*	*	*	*	*	
Stress, depression or anxiety	241	123	108	139	1100	920	1200	
Headache and/or eyestrain	22	12	7	17	100	59	150	
Heart disease/attack, other circulatory system	12	*	*	*	*	*	*	
Infectious disease (virus, bacteria)	17	*	*	*	*	*	*	
Other types of complaint	37	21	14	28	180	120	240	
All illnesses	656	338	311	364	2900	2700	3100	
All industries								
Musculoskeletal disorders	944	475	444	506	1600	1500	1700	
mainly affecting the upper limbs or neck	400	199	179	219	690	620	760	
mainly affecting the lower limbs	147	74	61	86	250	210	300	
mainly affecting the back	397	202	182	222	700	630	770	
Breathing or lung problems	88	44	34	53	150	120	180	
Skin problems	35	19	13	25	66	44	88	
Hearing problems	35	16	11	21	56	37	74	
Stress, depression or anxiety	726	369	342	396	1300	1200	1400	
Headache and/or eyestrain	58	30	22	38	100	77	130	
Heart disease/attack, other circulatory system	49	24	17	31	82	59	110	

Type of complaint	Illness ascribed to their current/most recent job						
	Sample cases	Estimated prevalence (thousands)			Rate per 100 000 people working in the last 12 months		
		central	95% confidence interval		central	95% confidence interval	
			lower	upper		lower	upper
Infectious disease (virus, bacteria)	46	23	16	30	81	57	100
Other types of complaint	136	71	58	83	240	200	290
Missing	3	..	..	..	..	..	..
All illnesses	2120	1071	1025	1118	3700	3500	3900
2001/02							
Mainly LA enforced sectors +							
Musculoskeletal disorders	288	134	118	149	1200	1000	1300
mainly affecting the upper limbs or neck	106	48	39	57	420	340	500
mainly affecting the lower limbs	43	20	14	26	180	120	230
mainly affecting the back	139	65	54	76	570	480	670
Breathing or lung problems	27	12	8	17	110	66	150
Skin problems	14	*	*	*	*	*	*
Hearing problems	2	*	*	*	*	*	*
Stress, depression or anxiety	268	127	111	142	1100	1000	1300
Headache and/or eyestrain	31	15	10	20	130	84	180
Heart disease/attack, other circulatory system	20	9	5	13	82	46	120
Infectious disease (virus, bacteria)	13	*	*	*	*	*	*
Other types of complaint	60	29	21	36	250	190	320
Missing	2	..	..	..	..	..	..
All illnesses	725	341	316	367	3000	2800	3200
All industries							
Musculoskeletal disorders	1037	481	451	511	1700	1600	1800
mainly affecting the upper limbs or neck	381	175	157	193	610	550	680
mainly affecting the lower limbs	160	75	63	86	260	220	300
mainly affecting the back	496	232	211	253	810	740	890
Breathing or lung problems	97	45	36	54	160	130	190
Skin problems	41	20	14	26	69	48	90
Hearing problems	25	11	7	16	39	24	55
Stress, depression or anxiety	809	373	346	399	1300	1200	1400
Headache and/or eyestrain	84	41	32	50	140	110	180
Heart disease/attack, other circulatory system	66	30	23	38	110	81	130
Infectious disease (virus, bacteria)	62	29	22	37	100	77	130
Other types of complaint	189	89	76	101	310	270	360
Missing	3	..	..	..	..	..	..
All illnesses	2413	1120	1074	1166	3900	3800	4100

Notes:

* Sample numbers too small to provide reliable estimates

Figures in italics are estimates based on fewer than 30 sample cases

+ See Table D in Technical Note for details of the Standard Industrial Classification (SIC) 1992 codes used to define each of the mainly LA enforced sectors.

2001/02 estimates have been revised. See technical note on pages 26 -28.

Table 18: Estimated 2001/02 and 2003/04 prevalence and rates of self-reported illness caused or made worse by the current or most recent job, by sector, for people working in the last 12 months

Year	Industry sector +	Illness ascribed to their current/most recent job						
		Sample cases	Estimated prevalence (thousands)			Rate per 100 000 people working in the last 12 months		
			central	95% confidence interval		central	95% confidence interval	
				lower	upper		lower	upper
2003/04								
	Retail	165	84	71	97	2300	1900	2600
	Wholesale	37	20	13	26	2800	1900	3700
	Office-based	242	126	110	142	3000	2600	3400
	Hotels, restaurants and bars	70	36	28	45	2700	2100	3300
	Residential care homes	61	31	23	39	6300	4700	7900
	Consumer/leisure services	81	41	32	50	3500	2700	4200
	All mainly LA enforced sectors	656	338	311	364	2900	2700	3100
	All industries	2120	1071	1025	1118	3700	3500	3900
2001/02								
	Retail	193	89	76	102	2600	2200	3000
	Wholesale	54	25	18	31	3300	2400	4100
	Office-based	296	143	126	159	3300	2900	3700
	Hotels, restaurants and bars	66	31	23	39	2400	1800	3000
	Residential care homes	41	18	13	24	3900	2700	5100
	Consumer/leisure services	75	35	27	43	3200	2400	3900
	All mainly LA enforced sectors	725	341	316	367	3000	2800	3200
	All industries	2413	1120	1074	1166	3900	3800	4100

Notes:

+ See Table D in Technical Note for details of the Standard Industrial Classification (SIC) 1992 codes used to define each of the mainly LA enforced sectors

2001/02 estimates have been revised. See technical note on pages 26 - 28.

Table 19: Estimated 2001/02 and 2003/04 incidence and rates of self-reported illness caused or made worse by the current or most recent job, by type of illness, for people working in the last 12 months

Year	Type of illness	Illness ascribed to their current/most recent job						
		Sample Cases	Estimated incidence (thousands)			Rate per 100 000 people working in the last 12 months		
			central	95% confidence interval		central	95% confidence interval	
				lower	upper		lower	upper
2003/04	Mainly LA enforced sectors +							
	All illnesses	327	171	152	190	1500	1300	1600
	Musculoskeletal disorders	118	61	49	72	520	420	610
	Stress, depression or anxiety	145	76	63	88	650	540	750
	All industries							
	All illnesses	974	498	466	530	1700	1600	1800
	Musculoskeletal disorders	329	169	150	187	580	520	650
	Stress, depression or anxiety	417	212	192	233	730	660	810
2001/02	Mainly LA enforced sectors +							
	All illnesses	397	186	167	205	1600	1500	1800
	Musculoskeletal disorders	142	66	55	77	580	480	680
	Stress, depression or anxiety	170	79	67	91	690	590	800
	All industries							
	All illnesses	1188	554	522	586	1900	1800	2100
	Musculoskeletal disorders	410	193	174	212	680	610	740
	Stress, depression or anxiety	484	222	202	243	780	710	850

Notes:

+ See Table D in Technical Note for details of the Standard Industrial Classification (SIC) 1992 codes used to define each of the mainly LA enforced sectors

2001/02 estimates have been revised. See technical note on pages 26 - 28.

Table 20: Estimated 2001/02 and 2003/04 prevalence and rates of self-reported illness caused or made worse by the current or most recent job in a mainly local authority enforced sector[#], by country and government office region, for people working in the last 12 months

Year	Country or Government Office Region	Illness ascribed to their current/most recent job						
		Sample Cases	Estimated prevalence (thousands)			Rate per 100 000 people working in the last 12 months		
			central	95% confidence interval		central	95% confidence interval	
				lower	upper		lower	upper
2003/04	England	565	293	269	318	2900	2600	3100
	North East	20	9	5	14	2300	1300	3300
	North West	75	42	32	52	3200	2500	4000
	Yorkshire and the Humber	62	29	21	36	3100	2300	3900
	East Midlands	46	25	18	32	3100	2200	4000
	West Midlands	45	23	16	30	2500	1700	3200
	East	64	31	23	39	2700	2000	3300
	London	81	50	39	61	2800	2200	3400
	South East	103	50	40	59	2700	2200	3200
	South West	69	35	26	43	3200	2500	4000
	Wales	35	17	11	24	3500	2300	4600
	Scotland	56	27	20	34	2800	2100	3500
	Great Britain - mainly LA enforced sectors #	656	338	311	364	2900	2700	3100
	Great Britain - all industries	2120	1071	1025	1118	3700	3500	3900
2001/02	England	650	307	283	331	3100	2800	3300
	North East	15	*	*	*	*	*	*
	North West	64	33	24	41	2800	2100	3500
	Yorkshire and the Humber	79	34	27	42	3600	2800	4500
	East Midlands	47	22	16	28	2900	2100	3700
	West Midlands	71	33	25	41	3700	2800	4500
	East	75	33	25	40	2900	2200	3500
	London	100	55	44	67	3100	2500	3700
	South East	120	55	45	65	3100	2500	3600
	South West	79	35	27	42	3400	2600	4200
	Wales	27	13	8	17	2700	1700	3700
	Scotland	48	21	15	27	2200	1600	2900
	Great Britain - mainly LA enforced sectors #	725	341	316	367	3000	2800	3200
	Great Britain - all industries	2413	1120	1074	1166	3900	3800	4100

Notes:

* Sample numbers too small to provide reliable estimates

Figures in italics are estimates based on fewer than 30 sample cases

See Table D in Technical Note for details of the Standard Industrial Classification (SIC) 1992 codes used to define each of the mainly LA enforced sectors.

2001/02 estimates have been revised. See technical note on pages 26 - 28.

Table 21: Estimated number of working days lost (full-day equivalent) and associated rates due to work-related ill health and workplace injuries ascribed to the current or most recent job in a mainly local authority enforced sector⁺, 2003/04 and 2000-02

Survey period	2003/04			2000-02		
	central	95% confidence interval		central	95% confidence interval	
		lower	upper		lower	upper
Days lost (thousands) due to work-related ill health				(2001/02)		
Total	6614	5433	7796	5925	4877	6972
Musculoskeletal disorders	2267	1567	2967	1799	1265	2333
Stress, depression or anxiety	3089	2316	3862	2915	2129	3700
Days lost (thousands) due to workplace injuries				(2000/01)		
Total	1859	1376	2342	1639	1243	2034
Days lost (thousands) due to work-related ill health and workplace injuries				(2000-02)		
Total	8473	7180	9767	7563	6409	8718
Days lost per 100 000 employed in the last 12 months due to work-related ill health				(2001/02)		
Total	77000	63000	90000	71000	58000	83000
Musculoskeletal disorders	26000	18000	34000	22000	15000	28000
Stress, depression or anxiety	36000	27000	45000	35000	25000	44000
Days lost per 100 000 employed in the last 12 months due to workplace injuries				(2000/01)		
Total	22000	16000	27000	20000	15000	25000
Days lost per 100 000 employed in the last 12 months due to work-related ill health and workplace injuries				(2000-02)		
Total	*100000	83000	110000	**89000	76000	100000

Notes:

+ See Table B in Technical Note for details of the Standard Industrial Classification (SIC) 1992 codes used to define each of the mainly LA enforced sectors.

* Combined injury & illness rates differ from the sum of the parts due to rounding – estimates are shown to 2 significant figures.

** Averaged employment between 2000/01 and 2001/02 is used as the denominator for the 2000-02 injury and illness rate.

To take account of the variation in the daily hours worked, particularly part-time workers who work a shorter day, estimated working days lost are expressed in the form of full-day equivalent working days. This involves adjusting working days lost using the ratio of usual weekly hours to the average weekly usual hours worked by full-time workers.

2000-02 estimates have been revised. See technical note on pages 26 - 28.