HSE

NATIONAL STATISTICS

Helping Great Britain work well




# Health and safety at work

## Summary statistics for Great Britain 2018

Key facts | Ill health | Injury | Costs to Britain | Industries | European comparisons | Enforcement | Sources | Definitions

# Key facts

**1·4 million**
Work-related ill health cases (new or long-standing) in 2017/18
Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

**0·6 million**
Work-related stress, depression or anxiety cases (new or long-standing) in 2017/18
Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

**0·5 million**
Work-related musculoskeletal disorder cases (new or long-standing) in 2017/18
Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

**£9·7 billion**
Annual costs of new cases of work-related ill health in 2016/17, excluding long latency illness such as cancer
Source: Estimates based on HSE Costs to Britain Model

**0·6 million**
Non-fatal injuries to workers in 2017/18
Source: Estimates based on self-reports from the Labour Force Survey

**71,062**
Non-fatal injuries to employees reported by employers in 2017/18
Source: RIDDOR

**144**
Fatal injuries to workers in 2017/18
Source: RIDDOR

**£5·2 billion**
Annual costs of workplace injury in 2016/17
Source: Estimates based on HSE Costs to Britain Model

**30·7 million**
Working days lost due to work-related ill health and non-fatal workplace injuries in 2017/18
Source: Estimates based on self-reports from the Labour Force Survey

**12,000**
Lung disease deaths each year estimated to be linked to past exposures at work
Source: Counts from death certificates and estimates from epidemiological information

**2,595**
Mesothelioma deaths in 2016, with a similar number of lung cancer deaths linked to past exposures to asbestos
Source: Counts from death certificates and estimates from epidemiological information

**£15·0 billion**
Annual costs of work-related injury and new cases of ill health in 2016/17, excluding long latency illness such as cancer
Source: Estimates based on HSE Costs to Britain Model

# Work-related ill health

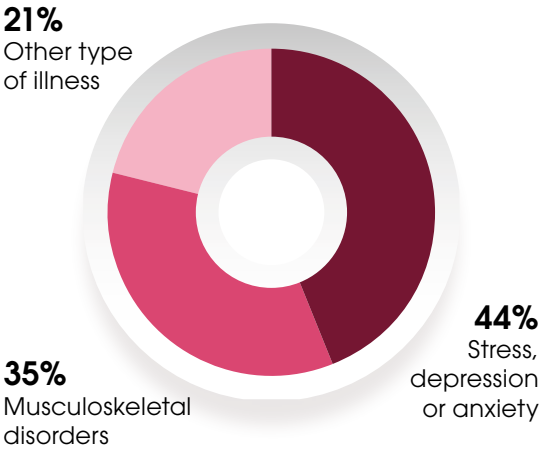
**1.4 million**
Workers suffering from work-related ill health (new or long-standing) in 2017/18

**541,000**
Workers suffering from a new case of work-related ill health in 2017/18

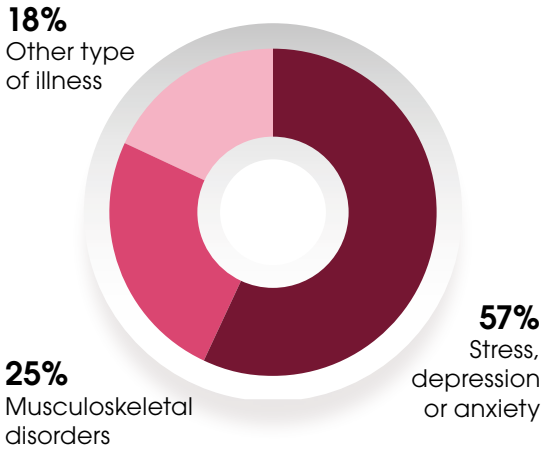
**26.8 million**
Working days lost due to work-related ill health in 2017/18

**13,000**
Deaths each year estimated to be linked to past exposure at work, primarily to chemicals or dust

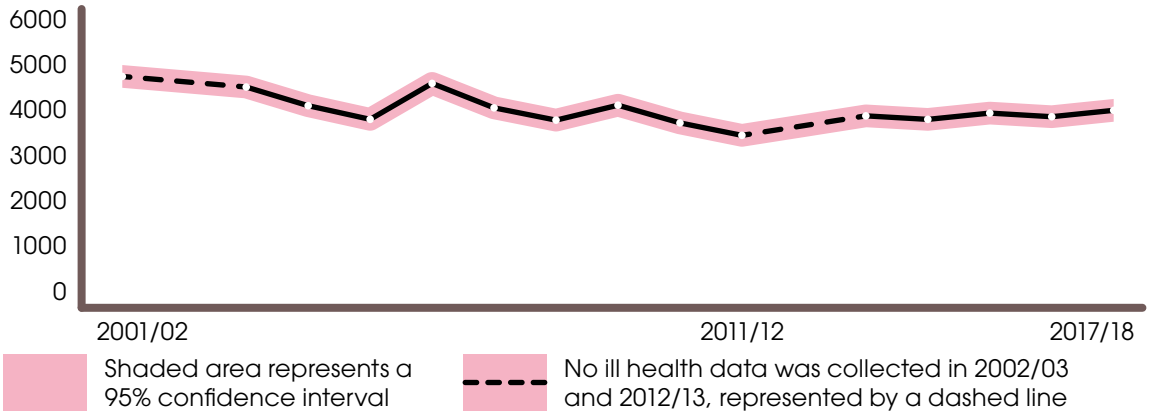
## New and long-standing cases of work-related ill health by type, 2017/18




## Working days lost by type of ill health, 2017/18




## Work-related ill health per 100,000 workers: new and long-standing




The rate of self-reported work-related ill health showed a generally downward trend to around 2011/12; since then the rate has been broadly flat.

Working days lost per worker due to work-related illness showed a generally downward trend up to around 2010/11; since then the rate has been broadly flat.

Estimates of ill health based on Labour Force Survey (LFS) self-reports and deaths based on counts from death certificates and estimates from epidemiological information.

To find out the story behind the key figures, visit www.hse.gov.uk/statistics/causdis/

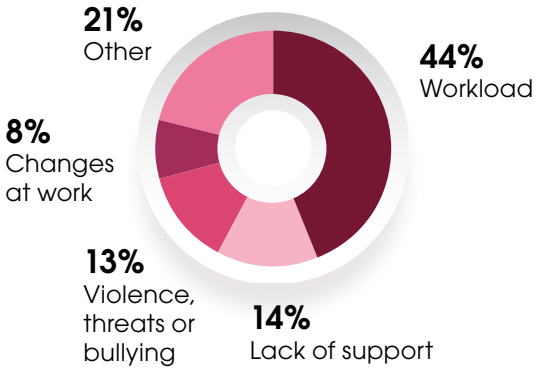
# Work-related stress, depression or anxiety

**595,000**
Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2017/18

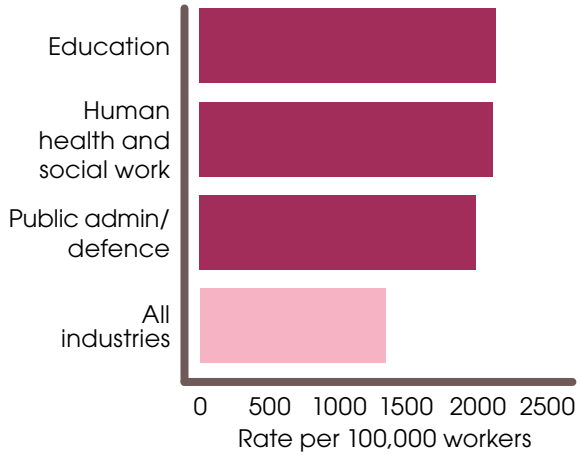
**239,000**
Workers suffering from a new case of work-related stress, depression or anxiety in 2017/18

**15.4 million**
Working days lost due to work-related stress, depression or anxiety in 2017/18

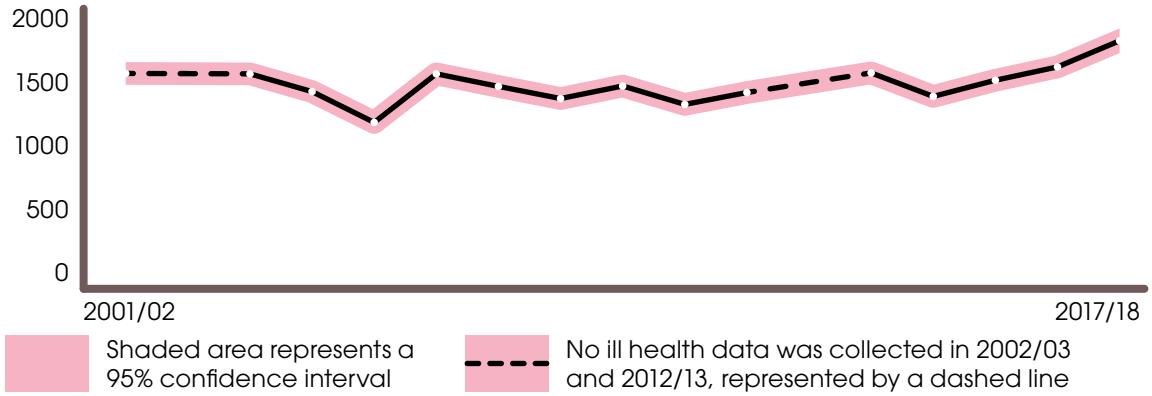
## Stress, depression or anxiety by cause, averaged 2009/10–2011/12




## Industries with higher than average rates of stress, depression or anxiety, 2015/16–2017/18




## Stress, depression or anxiety per 100,000 workers: new and long-standing




Shaded area represents a 95% confidence interval

No ill health data was collected in 2002/03 and 2012/13, represented by a dashed line

The rate of self-reported work-related stress, depression or anxiety was broadly flat but has shown signs of increasing in recent years.

Working days lost per worker due to self-reported work-related stress, depression or anxiety shows no clear long-term trend.

Working days lost due to stress, depression or anxiety account for 57% of all working days lost due to ill health.

Estimates of work-related stress, depression or anxiety based on self-reports from the Labour Force Survey (LFS).

To find out the story behind the key figures, visit www.hse.gov.uk/statistics/causdis/

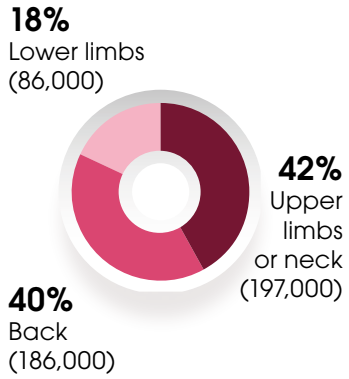
# Work-related musculoskeletal disorders

**469,000**
Workers suffering from work-related musculoskeletal disorders (new or long-standing) in 2017/18

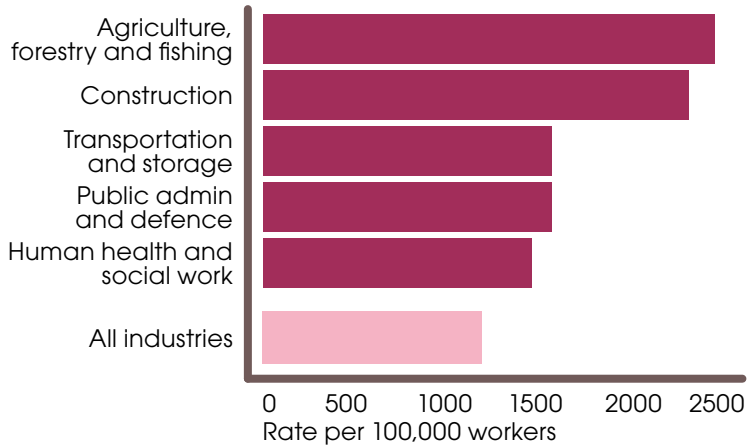
**156,000**
Workers suffering from a new case of work-related musculoskeletal disorder in 2017/18

**6.6 million**
Working days lost due to work-related musculoskeletal disorders in 2017/18

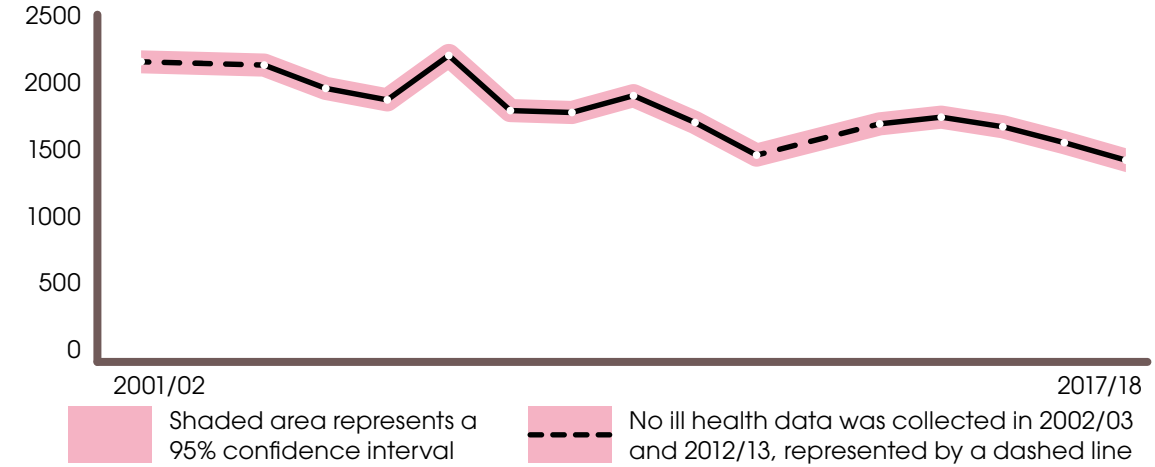
## Musculoskeletal disorders by affected area, 2017/18




## Industries with higher than average rates of musculoskeletal disorders, averaged 2015/16–2017/18




## Musculoskeletal disorders per 100,000 workers: new and long-standing




The rate of self-reported work-related musculoskeletal disorders showed a generally downward trend.

Working days lost per worker showed a long-term downward trend.

Manual handling, awkward or tiring positions and keyboard work or repetitive action are estimated to be the main causes of work-related musculoskeletal disorders based on 2009/10-2011/12 LFS data.

Estimates of work-related musculoskeletal disorders based on self-reports from the Labour Force Survey (LFS).

**To find out the story behind the key figures, visit www.hse.gov.uk/statistics/causdis/**

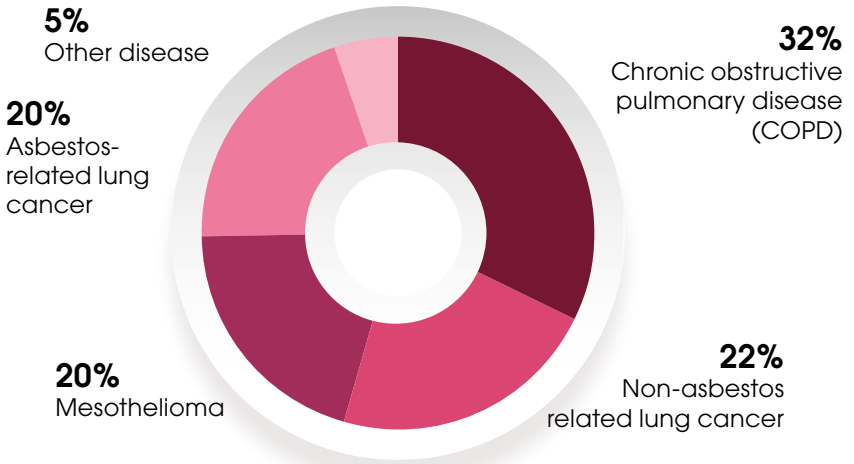
# Occupational lung disease

**12,000**
Lung disease deaths each year estimated to be linked to past exposures at work

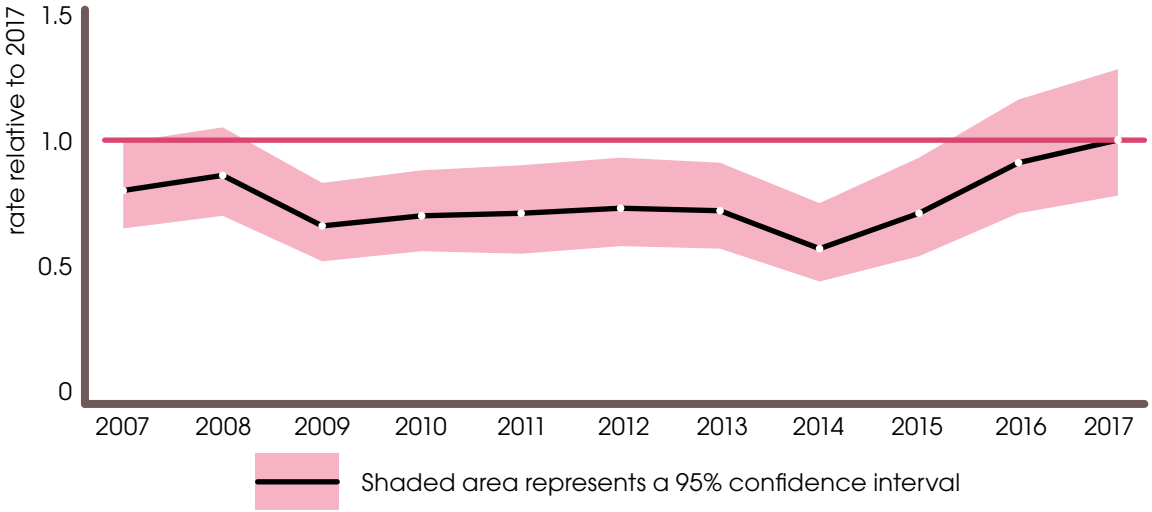
**2,595**
Mesothelioma deaths in 2016, with a similar number of lung cancer deaths linked to past exposures to asbestos

**20,000**
New cases of breathing or lung problems caused or made worse by work each year on average over the last three years according to self-reported estimates from the Labour Force Survey

## Lung diseases contributing to estimated current annual deaths




## Estimated rate of new cases of occupational asthma relative to 2017




There are projected to be around 2,500 mesothelioma deaths per year for the rest of the decade before numbers begin to decline.

There were 212 new cases of occupational asthma seen by chest physicians in 2017, similar to the number 10 years ago.

Occupational lung diseases account for around 12,000 of the 13,000 total deaths estimated to be linked to past exposures at work.

To find out the story behind the key figures, visit www.hse.gov.uk/statistics/causdis/

# Workplace injury

**144**
Workers killed at work in 2017/18

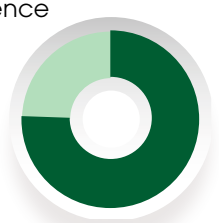
**555,000**
Non-fatal injuries to workers according to self-reported estimates from the Labour Force Survey in 2017/18

**71,062**
Employee non-fatal injuries reported by employers under RIDDOR in 2017/18

**3.9 million**
Working days lost due to non-fatal workplace injuries according to self-reported estimates from the Labour Force Survey in 2017/18

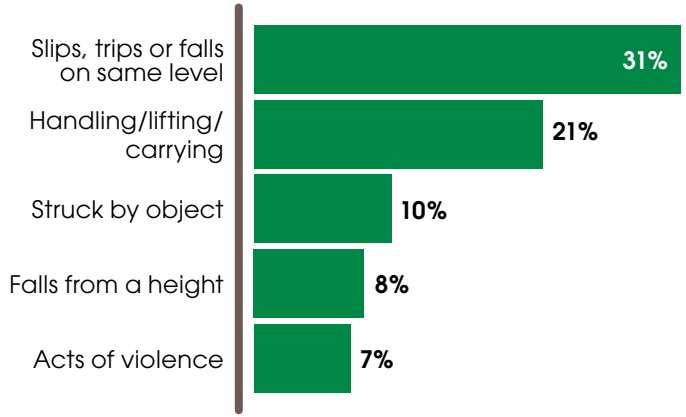
## Estimated self-reported non-fatal injuries, 2017/18

**135,000**
Injuries with over 7 days absence

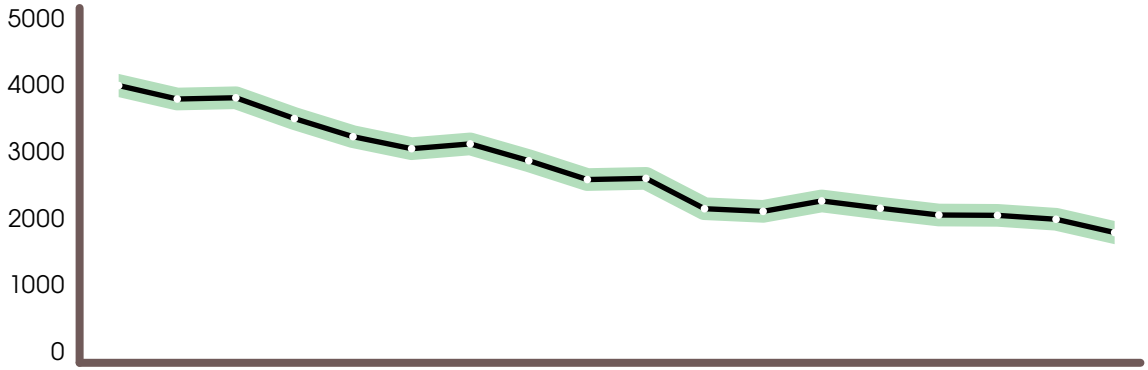


**420,000**
Injuries with up to 7 days absence

## Non-fatal injuries to employees by main accident kinds (as reported by employers), 2017/18




## Estimated self-reported workplace non-fatal injury per 100,000 workers




Shaded area represents a 95% confidence interval

There has been a long-term downward trend in the rate of fatal injury to around 2012/13; more recently the rate has been broadly flat.

The rate of self-reported non-fatal injury to workers showed a generally downward trend.

The rate of non-fatal injury to employees reported by employers also showed a long-term downward trend.

**To find out the story behind the key figures, visit www.hse.gov.uk/statistics/causinj/index.htm**

# Costs to Britain

**£15.0billion**
Annual costs of work-related injury and new cases of ill health in 2016/17, excluding long latency illness such as cancer

**£9.7billion**
Annual costs of new cases of work-related ill health in 2016/17, excluding long latency illness such as cancer

**£5.2billion**
Annual costs of workplace injury in 2016/17

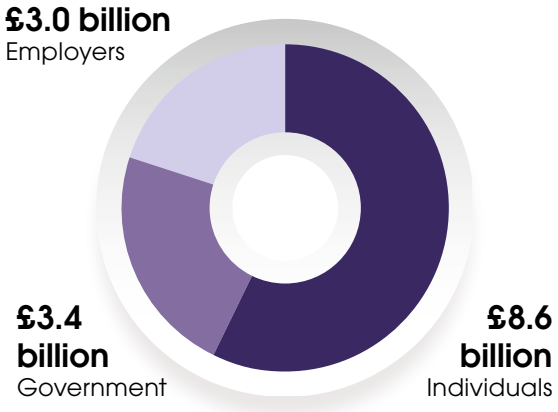
Estimates based on Labour Force Survey and RIDDOR for 2015/16-2017/18, and HSE Costs to Britain Model

Costs to Britain of workplace injury and new cases of work-related ill health in 2016/17 by:

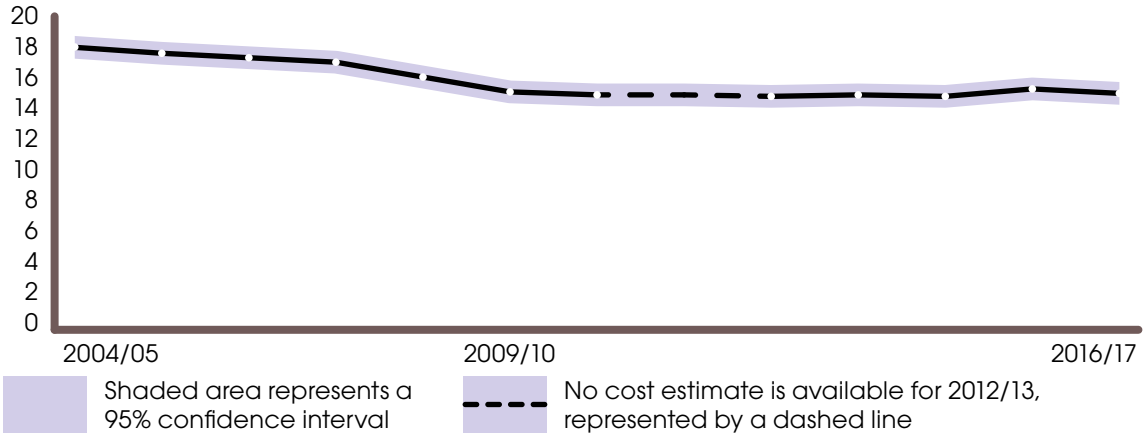
– type of incident




– cost bearer




Costs to Britain of workplace injury and new cases of work-related ill health (£ billion, 2016 prices)




Total costs showed a downward trend between 2004/05 and 2009/10; this fall was driven by a reduction in the number of workplace injuries. Since then, the annual cost has been broadly level.

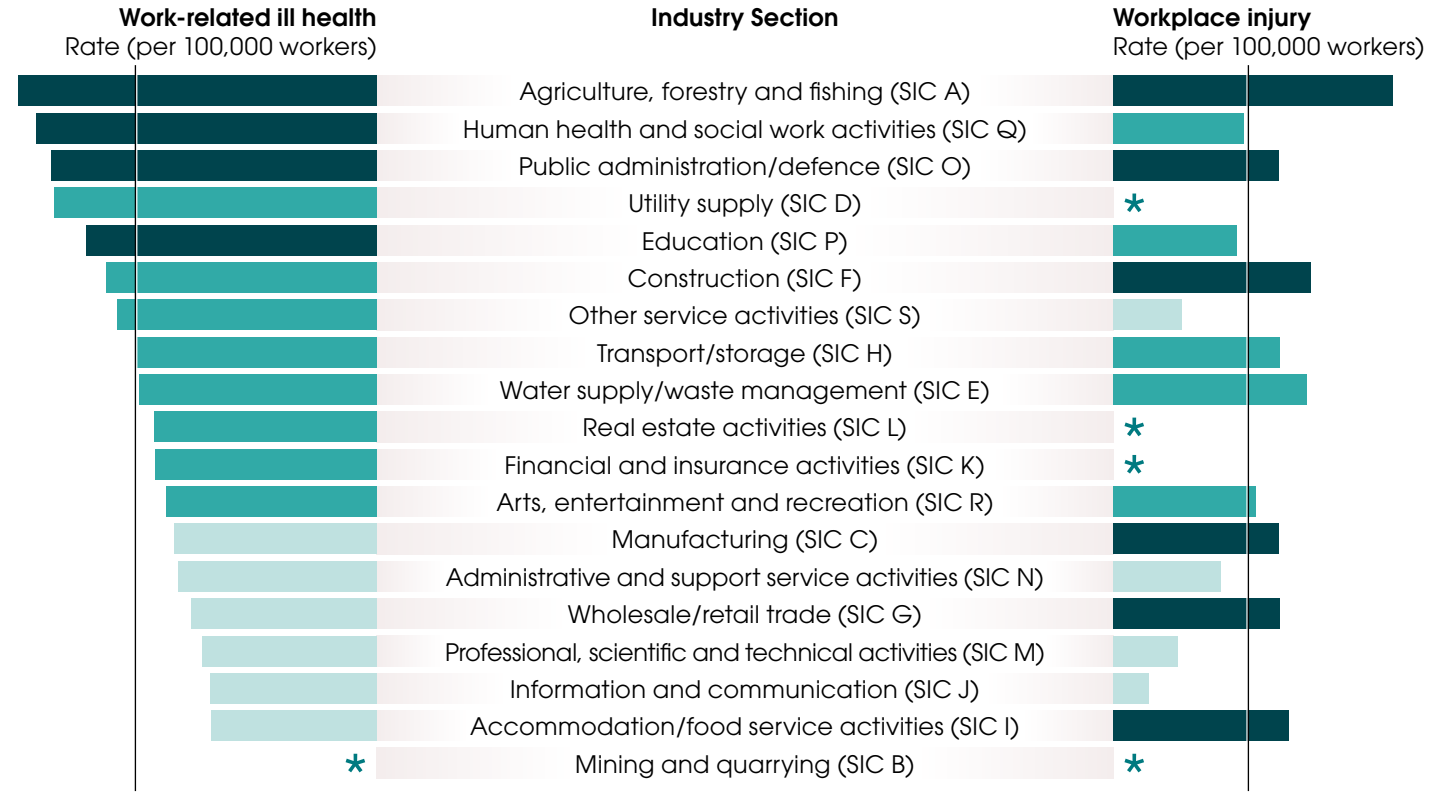
Total costs include financial costs and human costs. Financial costs cover loss of output, healthcare costs and other payments made. Human costs are the monetary valuation given to pain, grief, suffering and loss of life.

**To find out the story behind the key figures, visit www.hse.gov.uk/statistics/cost/htm**

**For estimates of the costs of work-related cancer in Great Britain, visit www.hse.gov.uk/research/rrhtm/rr1074.htm**

# Industries

## Rate of self-reported work-related ill health and non-fatal injury by industry




Source: Labour Force Survey annual average estimate 2015/16–2017/18

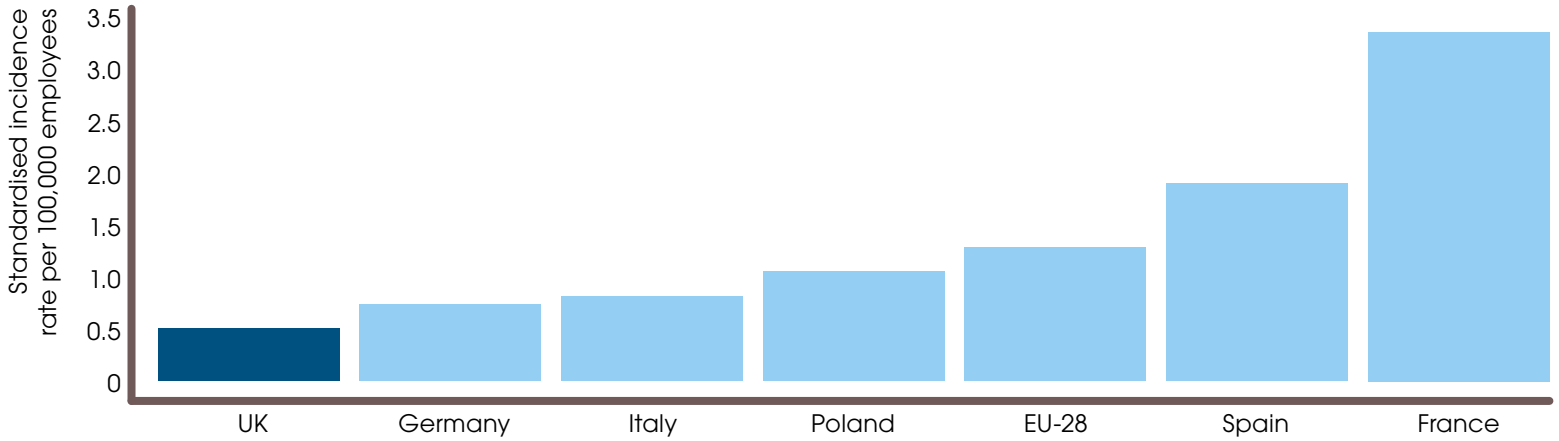
Industries with ill health rates statistically significantly higher than the rate for all industries were Agriculture, forestry and fishing, Human health and social work activities, Public administration and defence and Education.

Agriculture, forestry and fishing, Construction, Accommodation and food service activities, Wholesale and retail trade (including motor vehicle repair), Public administration and defence and Manufacturing had statistically significantly higher injury rates than for all industries.

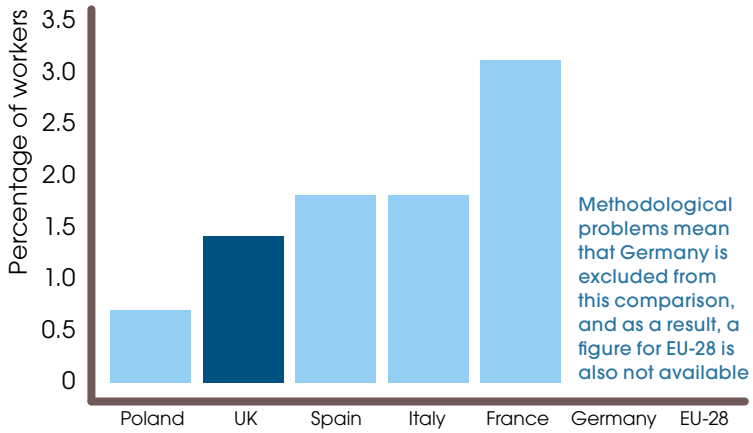
**To find out the story behind the key figures, visit www.hse.gov.uk/statistics/industry**

# European comparisons

## Fatal injuries in large EU economies (Eurostat 2015)

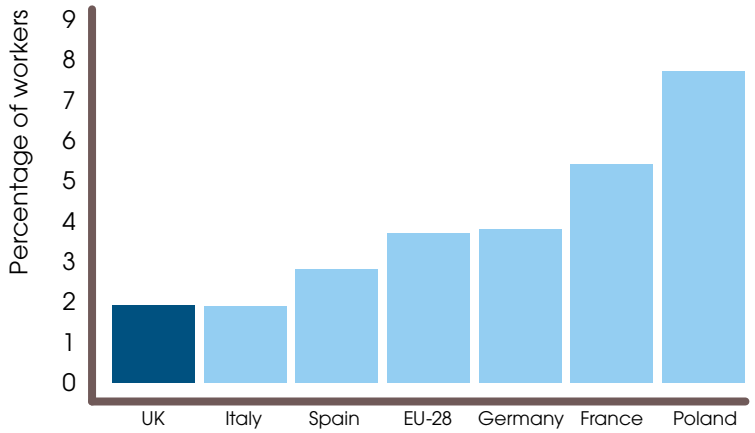



## Self-reported work-related injuries resulting in sick leave (EU Labour Force Survey 2013)




Methodological problems mean that Germany is excluded from this comparison, and as a result, a figure for EU-28 is also not available

## Self-reported work-related health problems resulting in sick leave (EU Labour Force Survey 2013)




The UK consistently has one of the lowest standardised rates of fatal injury across the EU, lower than other large economies and the EU average.

Non-fatal injuries in the UK were at a similar level to other large economies in 2013.

UK rates of work-related ill health resulting in sick leave were lower than most other EU countries.

**To find out the story behind the key figures, visit www.hse.gov.uk/statistics/european/**

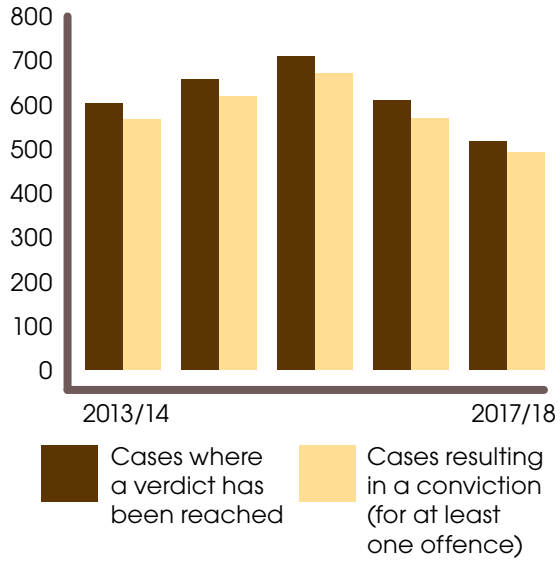
# Enforcement

**493**
Cases prosecuted, or referred to COPFS for prosecution in Scotland, by HSE where a conviction was achieved in 2017/18

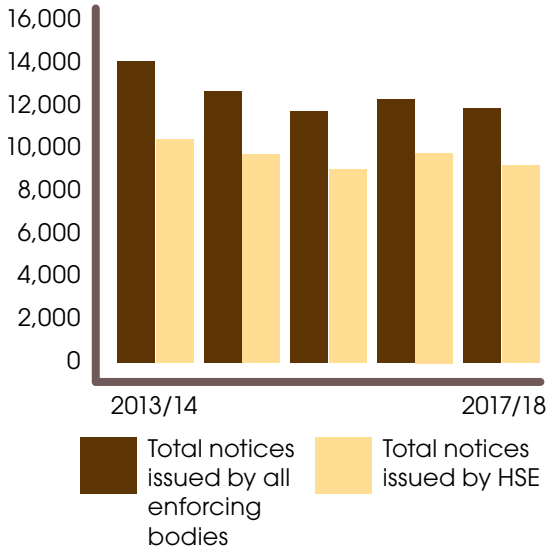
**11,522**
Notices issued by all enforcing bodies in 2017/18

**£72.6million**
In fines resulting from prosecutions taken, or referred to COPFS for prosecution in Scotland, by HSE where a conviction was achieved in 2017/18

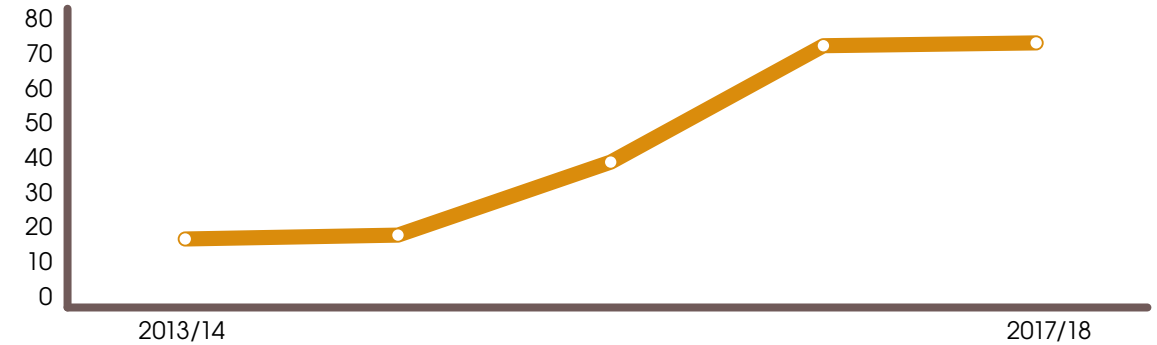
## Prosecution cases brought by HSE and, in Scotland, COPFS




## Enforcement notices issued by local authorities and HSE




## Total fines for health and safety offences prosecuted by HSE and, in Scotland, the Crown Office and Procurator Fiscal Service (COPFS) (£million)




This year has seen a fall in the number of cases prosecuted, continuing the trend from the previous year.

The number of notices issued by all enforcing bodies showed a small decrease compared to the previous year.

The level of fine issued in 2017/18 is comparable to the previous year following an increase after the introduction of new sentencing guidelines. A feature of these guidelines is that the fine is related to the turnover of organisations and, as a result, large organisations convicted of offences are receiving larger fines than seen prior to their introduction.

**To find out the story behind the key figures, visit www.hse.gov.uk/statistics/enforcement.htm**

# Sources

**The Labour Force Survey (LFS)**
The LFS is a national survey run by the Office for National Statistics. Currently around 38,000 households are surveyed each quarter. HSE commissions annual questions in the LFS to gain a view of self-reported work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)**
Requirements under which fatal, and certain non-fatal injuries (generally the more serious) are reported by employers.

**Specialist physician and general practitioner reporting (THOR)**
Cases of work-related respiratory and skin disease are reported by specialist physicians within The Health and Occupation Research network (THOR).

**Deaths due to occupational disease**
Some occupational lung diseases, including the asbestos-related diseases mesothelioma and asbestosis, can be identified from the recorded cause of death. In other cases the number is estimated from epidemiological information.

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

**HSE Costs to Britain Model**
Developed to estimate the economic costs of injury and new cases of ill health arising largely from current working conditions. The economic cost estimate includes both financial and human costs.

**Eurostat**
Eurostat (the statistical section of the European Commission) publishes data on fatal accidents at work. Fatality rates are standardised to take account of the different industrial structure of employment across European Union member states, and exclude road traffic accidents and accidents on board of any means of transport in the course of work.

**European Labour Force Survey (EU-LFS)**
A large household survey carried out in the Member States of the European Union. In 2013 the EU-LFS included an ad-hoc module asking about accidents at work and work-related health problems in the previous 12 months.

More information about our data sources can be found at www.hse.gov.uk/statistics/sources.htm

# Definitions

**Rate per 100,000** The number of annual injuries or cases of ill health per 100,000 employees or workers, either overall or for a particular industry.

**95% confidence Interval** The range of values which we are 95% confident contains the true value, in the absence of bias. This reflects the potential error that results from surveying a sample rather than the entire population.

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

**Standard Industrial Classification (SIC)**
The system used in UK official statistics for classifying business by the type of activity they are engaged in. The current version is SIC 2007. Industry estimates presented here are at SIC Section level.

**National Statistics**
The LFS, RIDDOR, deaths from occupational lung disease, THOR, enforcement and Costs to Britain figures in this report are National Statistics.

National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

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Next update **October 2019**

More information about our data sources can be found at www.hse.gov.uk/statistics/sources.htm

HSE's statistics revisions policy can be seen at www.hse.gov.uk/statistics/about/revisions/index.htm

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

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

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