

# Health and social care

## Work-related injuries and ill health

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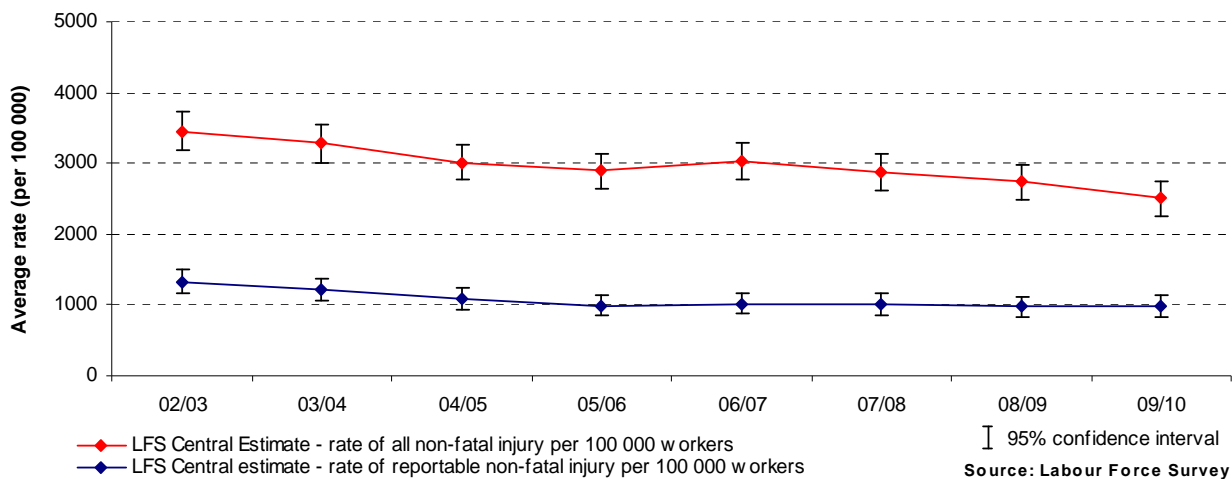
# Summary

Self-reported injuries in the health and social care sector have declined over the past decade whilst employer-reported injuries have increased. There is no measurable trend in the rate of work-related ill-health which has remained largely flat.

In 2010/11 there were:

- about **4.7 million lost working days** (1.6 days per worker) due to self-reported work-related illness or workplace injury. Almost 90% of this was illness related (LFS);
- this is the **highest days lost per worker in any sector** and significantly higher than the average of 0.98 days per worker for all industries (LFS);
- an estimated **104 000** new cases of work-related ill health with rates for stress in particular significantly above the average for all industries (LFS);
- **11 390** reported injuries to employees in the health sector and **6 453** in social care. The majority of the reported injuries are handling injuries (39% for health and 29% for social care) and a quarter are slips and trips (RIDDOR);
- over half of all the reported injuries involving assault arise in the health and social care sector (RIDDOR).

**Figure 1 Estimated incidence rates of non-fatal injury per 100 000 people working in health and social care in the last 12 months (all injuries and reportable injuries with over 3 day absence)**



## What is health and social care?

HSE now uses the SIC 2007 classification scheme to define industries, rather than the SIC 2003 scheme, which we used in previous years see [www.hse.gov.uk/statistics/industry/sic2007.htm](http://www.hse.gov.uk/statistics/industry/sic2007.htm). The industry for RIDDOR reports before April 2010 was coded using the older classification whilst the Labour Force Survey (LFS) was coded using SIC2003 prior to 2008/09. This data has been computer recoded to allow for comparisons over time. There may be errors as a result of this recoding.

Under SIC 2003 Health and Social Work (including veterinary activities) were combined into a single division. Under SIC 2007 they have been divided into four divisions:

- Human health activities (86);
- Residential care activities and Social work activities without accommodation (87-88); and
- Veterinary activities now has its own distinct division (75).

The first three divisions form a new section (Q), which is covered by this report. Apart from this structural change, medical nursing homes have been moved from human health to the other two divisions, roughly half to each. There are also other smaller changes between sections. This means that the risk profiles of the new divisions may be quite different to those under SIC2003.

For the purposes of this report the analysis of RIDDOR reports is grouped into two parts:

- Human health activities; and
- Residential care activities and social work activities without accommodation;

although residential care activities and social work activities are identified separately and the RIDDOR data for each is available separately. Some other data is only available for the whole section.

The LFS also introduced a new automatic coding tool at the same time as the change to SIC2007. A more detailed explanation of the impact to the LFS can be found on the Office of National Statistics website, see [www.statistics.gov.uk/](http://www.statistics.gov.uk/) in the LFS User Guide – Volume 3.

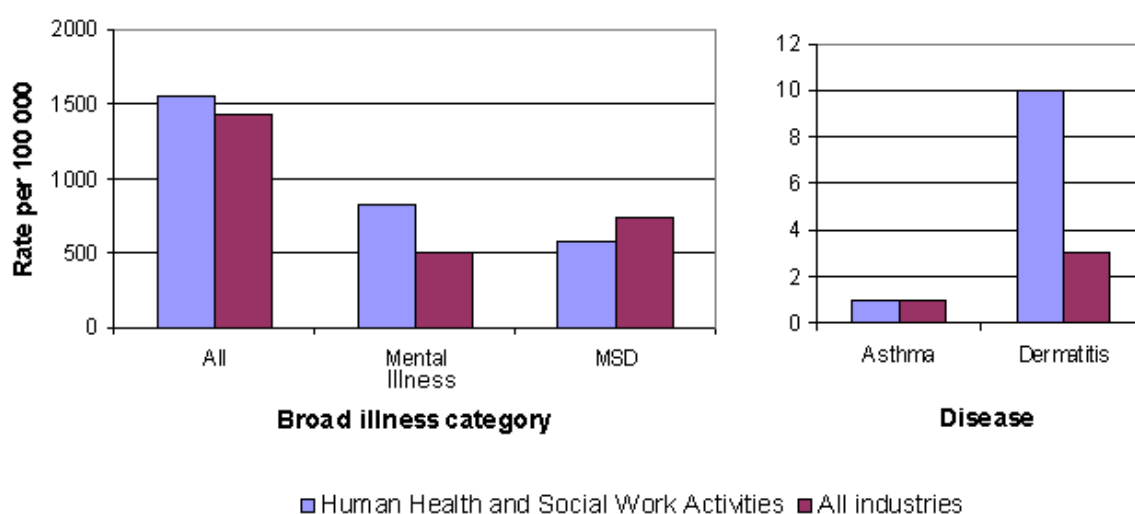
# Ill health

## LFS and THOR

The Labour Force Survey (LFS) and voluntary reporting of occupational diseases by doctors (THOR and THOR-GP) provide data about health risks in different industries and occupations. Additional data, for example, for previous years may be found in the various tables. For further information on these data sources see [www.hse.gov.uk/statistics/sources.htm](http://www.hse.gov.uk/statistics/sources.htm)

When comparing results from THOR and the LFS it is important to understand that cases reported under THOR have been **diagnosed by doctors** while those reported under LFS are cases of **self-reported illness** caused or made worse by current or most recent job for people working in the last 12 months.

**Figures 2 and 3 Work related ill health identified:  
in General Practice (THOR GP) by Consultants (SWORD and EPIDERM)**



The estimated average incidence rate (new cases) per 100 000 persons in Human Health & Social Work Activities between 2008 and 2010 of:

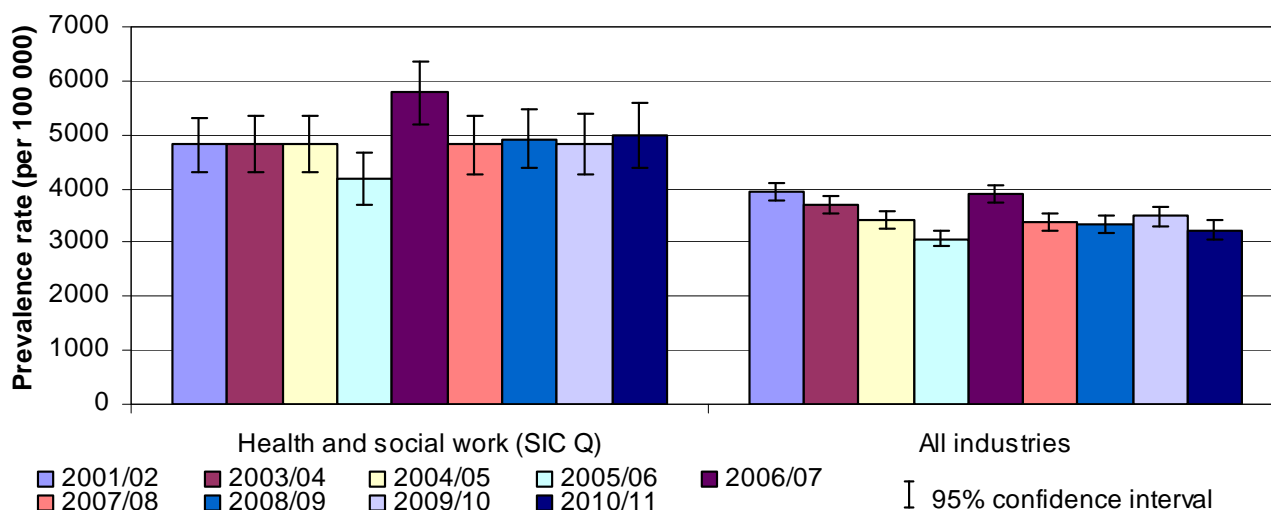
- contact dermatitis reported by dermatologists to EPIDERM was 10 see compared with 3 for all industries see [www.hse.gov.uk/statistics/tables/thors05.xls](http://www.hse.gov.uk/statistics/tables/thors05.xls). This is about 2.3 times the average rate for all industries. The rate of dermatitis in healthcare is, however, much greater than in residential care 16 compared with 3; and
- the estimated days lost per worker due to self-reported stress, depression or anxiety caused or made worse by current or most recent job, for people working in the last 12 months in Human health and social work activities, 2010/11 is statistically significantly higher (0.74 days) than the all industry average – 0.42 days see [www.hse.gov.uk/statistics/lfs/strind6.xls](http://www.hse.gov.uk/statistics/lfs/strind6.xls).

The Labour Force Survey also estimated that in 2010/11, 201 000 people whose current or most recent job in the last year was in the health and social care sector suffered from an illness (long standing and new cases) which was caused or made worse by this job (WRIIND2). The associated prevalence rate, 5 000 (5.0%) working in the last year, was statistically significantly higher than that for all industries (3 200 per 100 000 people – 3.2%).

The prevalence rate was of a similar order (not statistically significantly different) to that in 2001/02, the earliest year for which comparable data is available.

A total of 4.1 million working days, or 1.39 days per worker, were lost in 2010/11 due to self-reported work-related illness. This is the highest rate of all the sectors and significantly higher than that of 0.82 days per worker for all industries. See [www.hse.gov.uk/statistics/lfs/wdlind.xls](http://www.hse.gov.uk/statistics/lfs/wdlind.xls) for further details.

**Figure 3 Estimated prevalence rates of self-reported<sup>1</sup> illness caused or made worse by the current or most recent job, per 100 000 people working in the last 12 months**



The following table summarises other key estimates of work-related ill health for human health and social care combined from THOR and from the LFS.

Health issue	THOR – The estimated average rate per 100 000 persons between 2008 and 2010	LFS – The estimated average rate of self-reported illness per 100 000 persons between 2008/09 and 2010/11
New cases of work-related ill health (incidence rate)	1 551 (THORGP04) This is a little higher than the rate (1 429) for all industries and the highest rate of the main industry sections.	2 700 (WRIIND4_3YR) This is the highest sector and significantly higher than the all industry rate. (1 600).
New cases of work-related musculoskeletal disorders (incidence rate)	581 (THORGP05). This is lower than the rate (734) for all industries. This seems low in comparison with other indicators – see, e.g. table THORM04, which shows that Nurses, Midwives, Paramedics, Nursing auxiliaries & assistants, Ambulance staff, Care assistants & home carers and Medical radiographers all had relatively high rates of work-related musculoskeletal disorders.	810 (MSDIND4_3YR) – statistically significantly higher than the all industry rate of 550.
Mental ill-health/self-reported stress, depression or anxiety (incidence rate)	817 (THORGP06). This is almost two thirds higher than the rate (500) for all industries and similar to that in Public Administration & Defence (966)	1 200 (STRIND4_3YR) This is one of the highest rates amongst the sectors and is statistically significantly higher than the all industry rate (680).
	See <a href="http://www.hse.gov.uk/statistics/tables/index.htm">www.hse.gov.uk/statistics/tables/index.htm</a> for further information	<i>The values quoted above are the central estimates from the LFS survey. The respective tables include the <b>confidence interval</b> (C.I. – an indicator of the reliability) for each estimate.</i>

<sup>1</sup> The breakdown by industry section for 2008/09 onwards is not entirely consistent with those of previous years. This is because:

- (i) the LFS data was coded directly to SIC92 for years up to 2008/09 and then mapped to the new industrial classification, SIC2007, according to the assumed relationship between the two classifications;
- (ii) data from 2008/09 onwards has been coded directly to SIC2007; and
- (iii) a new method of coding industry data, using an automatic tool, was introduced with the new classification.

## Occupational cancer

Shift work may be a factor in health and social work as 54% of occupational cancer registrations in women are attributed to shift work (breast cancer).

Further information is available from our cancer page (see [www.hse.gov.uk/statistics/causdis/cancer/index.htm](http://www.hse.gov.uk/statistics/causdis/cancer/index.htm)) or from research report 800 "The burden of occupational cancer in Great Britain" (see [www.hse.gov.uk/research/rrpdf/rr800.pdf](http://www.hse.gov.uk/research/rrpdf/rr800.pdf))

# Injuries

## A: Human health activities

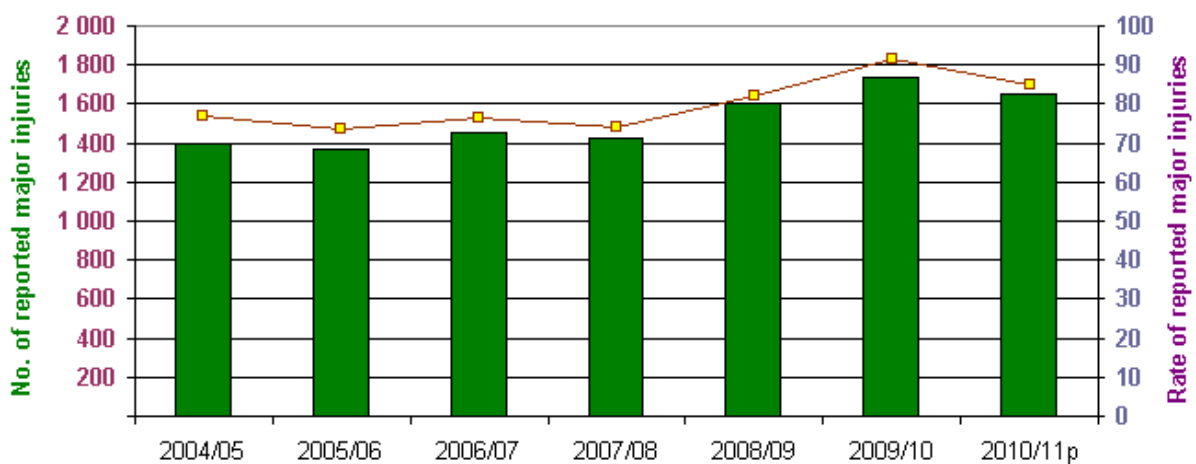
### Fatal and major Injuries

There were no fatal injuries to workers in Human health activities in the last four years, but there have been a total of four since 2000/01.

In 2010/11p, there were 1 649 reported major injuries to employees, giving a rate of 85.0 per 100 000 employees. This compares with an average number and rate of 1 518 and 79.6 over the previous five years.

The changes to the definition of human health and recoding to SIC 2007 make it difficult to judge trends, but it appears to have been static or to have increased slightly over the last seven years.

**Figure 4 Number and rate of major injuries to employees in human health activities**

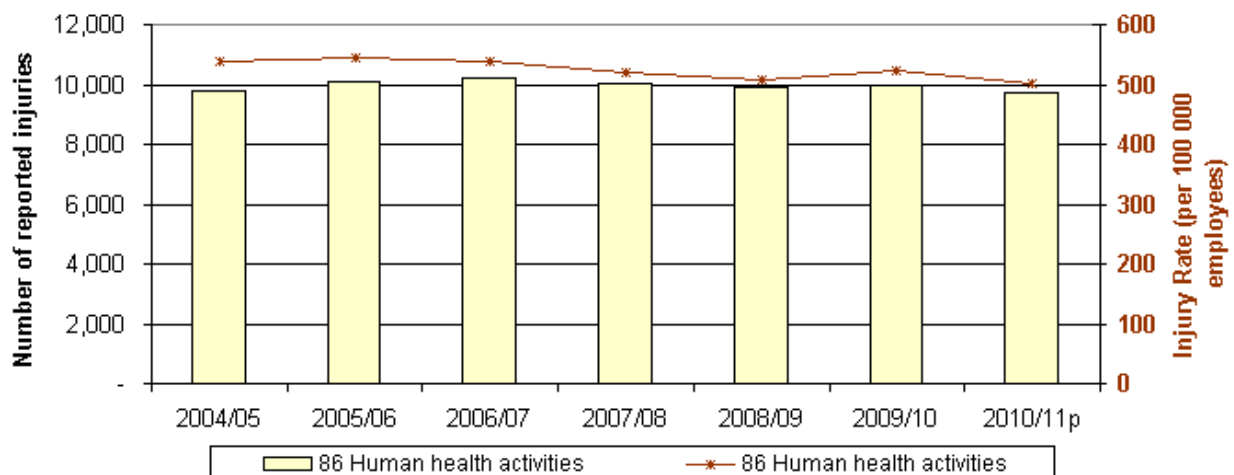


### Over three day injuries

In 2010/11p, the number of reported over-3-day injuries to employees was 9 741, giving a rate of 502.0 per 100 000 employees. This compares with averages of 10 041 and 526.4 over the previous five years.

Again the changes make it difficult to judge trends, but the number of reported over three day injuries have been quite variable over the last seven years, finishing a little lower than they started. In contrast the rate has fallen more consistently.

**Figure 5 Number and rate of over 3 day injuries to employees in human health activities**



### ***Labour Force Survey (LFS) injuries***

The LFS indicates that the average rate of reportable injury between 2008/09 and 2010/11 was about 970 per 100 000 workers – i.e. just under 1% said that they had suffered a reportable injury. This is significantly higher than the average rate across all industries – 750 (0.75%). For further information see [www.hse.gov.uk/statistics/lfs/injind1\\_3yr.xls](http://www.hse.gov.uk/statistics/lfs/injind1_3yr.xls).

### ***Industry profile***

Health accounts for 7% of employees, but 11% (0% fatalities, 7% major and 11% over three day injuries) of reported injuries to employees in 2010/11p.

Handling and slip & trip injuries accounted for 39% and 25% of reported injuries to health employees in 2010/11p (compared with 31% and 27% respectively across all industries). The sector also accounts for 30% (1 850 cases) of all reported injuries involving assault and 12% (4 429) caused by handling.

## B: Residential care activities and social work activities without accommodation

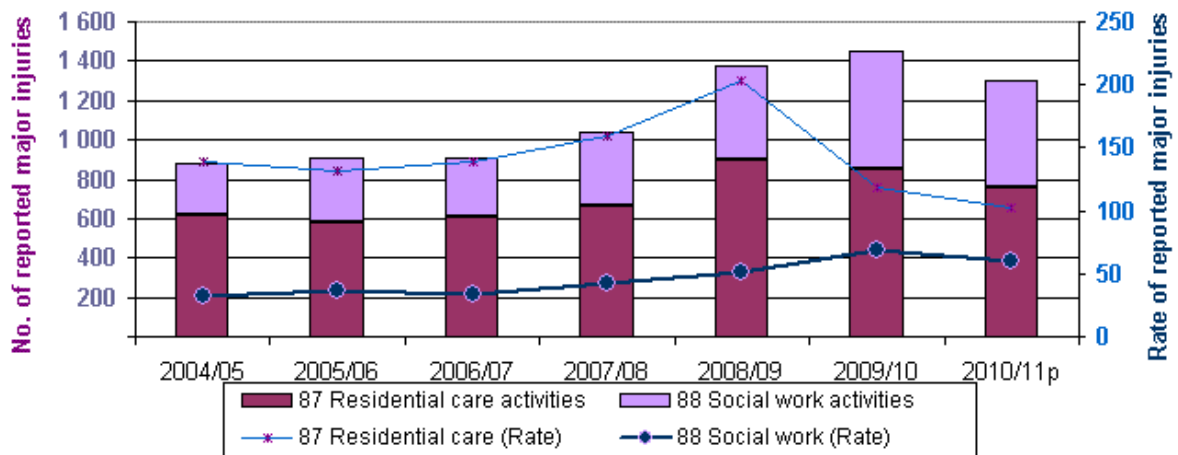
### Fatal and major injuries

There have been no fatal injuries to employees in residential care activities in the last three years, but there have been a total of five fatal injuries since 2000/01. In social work activities without accommodation there have been no fatal injuries to employees in the last four years, but there have also been a total of five fatal injuries since 2000/01.

In 2010/11p the number and rate of reported major injuries to employees within:

- residential care activities was 760 and 102.8 compared with an average of 721 and 146.6 over the previous 5 years
- social work activities without accommodation was 540 and 60.4 compared with an average of 416 and 46.5.

Figure 6 Number and rate of major injuries to employees in social work and residential care



The rate of reported major injuries to employees within social work activities shows a rising trend since 2000/01 although the number of reported injuries peaked in 2009/10. For residential care both the number and rate peaked in 2008/09. These apparent trends should, however, be treated with caution as there have been several changes to the way that injuries in these divisions have been coded during this period. Some are referred to earlier and others are addressed in our discontinuity articles see [www.hse.gov.uk/statistics/discontinuity2.pdf](http://www.hse.gov.uk/statistics/discontinuity2.pdf) for further information.

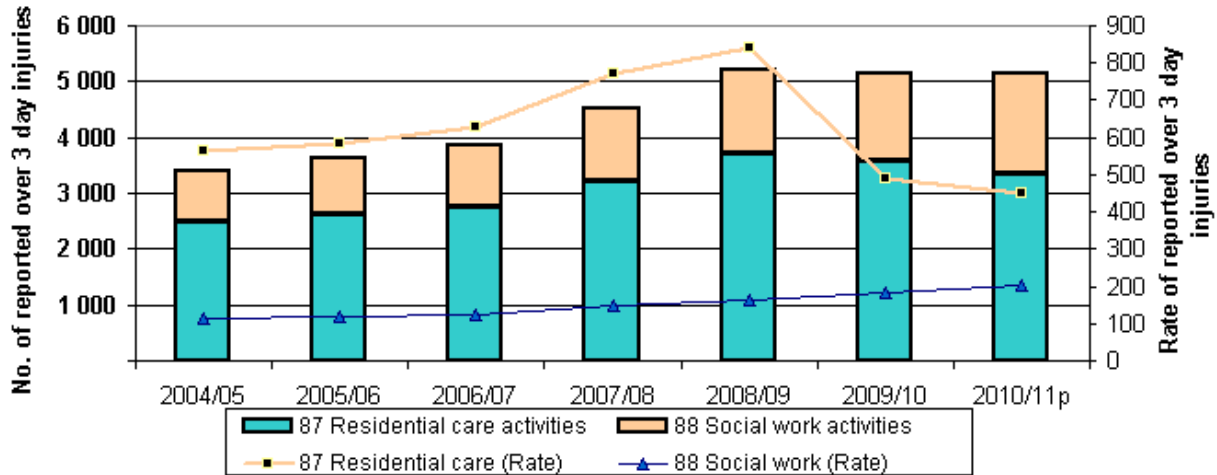
## Over-3-day injuries

In 2010/11p the number and rate of reported over three day injuries to employees within:

- residential care activities was 3 345 and 452.3 compared with an average of 3 151 and 641.1 over the previous 5 years;
- social work activities without accommodation was 1 808 and 202.4 compared with an average of 1 318 and 147.2.

The trends are similar to those for major injuries, but the same uncertainties apply.

**Figure 7 Number and rate of over-3-day injury to employees in social work and residential care**



## ***Labour Force Survey (LFS) injuries***

The LFS indicates that the average rate of reportable non-fatal injury between 2008/09 and 2010/11 was about:

- 1 400 for residential care activities per 100 000 workers – i.e. 1.4% said that they had suffered a reportable injury;
- Between 410 and 920 (0.41% and 0.92%) for social work activities without accommodation.

The average rate across all industries was 750 (0.75%). See [www.hse.gov.uk/statistics/lfs/injind1\\_3yr.xls](http://www.hse.gov.uk/statistics/lfs/injind1_3yr.xls) for further information.

## ***Industry profile***

Results from the LFS suggest that around half of reportable injuries are recorded under RIDDOR, the level for human health and social work is similar to this.

The smoothed incidence rate trend indicates a fall of around 29% in reportable non-fatal injuries between 2001/02 and 2010/11, with a range of possibilities (95% confidence interval) 9% to 49%.

**Residential care activities** accounted for 2.5% of employees and 3.6% (0% fatalities, 3.1% major and 3.7% over three day injuries) of reported RIDDORs to employees in 2010/11p.

Handling and slip & trip injuries accounted for 30% and 22% of reported injuries to residential care employees in 2010/11p (compared with 31% and 27% respectively across all industries). Another 25% (1 038 cases) involved assault – 17% of all reported injuries involving assault.

**Social work activities** without accommodation accounted for 3.1% of employees and 2.0% (0% fatalities, 2.2% major and 2.0% over three day injuries) of reported RIDDORs to employees in 2010/11p.

Handling and slip & trip injuries accounted for 27% and 34% of all reported injuries to social work employees in 2010/11p (compared with 31% and 27% respectively across all industries). Another 11% (260 cases) involved assault.

## C: Human health and social care combined

### Reported injuries to members of the public

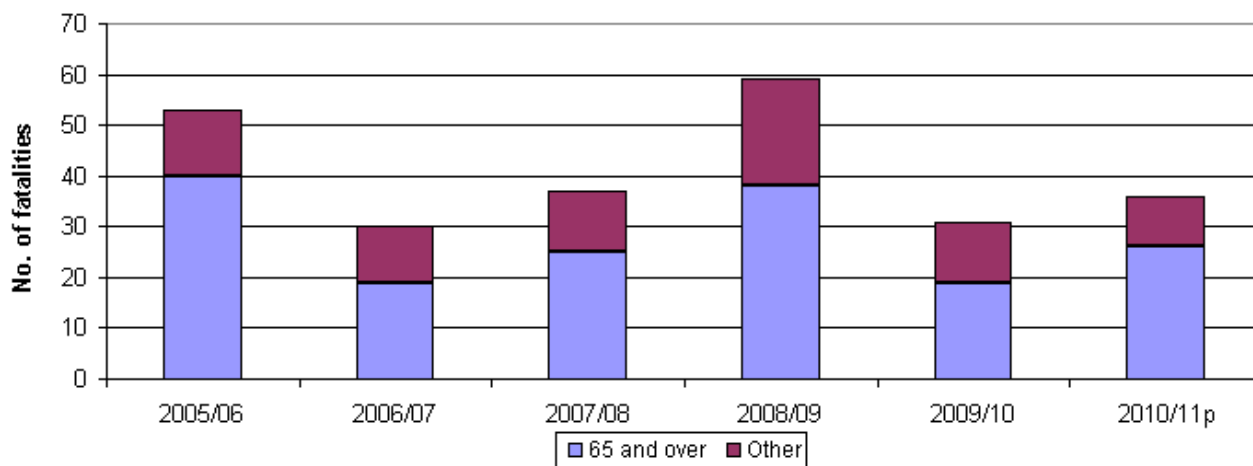
There were 36 fatal injuries to members of the public in 2010/11p compared to an average of 42 a year over the previous five years. 26 of these fatalities were to those aged 65 or over.

Over half of these fatalities were in residential care activities.

37% of fatalities since 2005/06 were due to falls, 19 % were due to slips and trips and 13% to drowning or asphyxia.

Over 80% of the fatal falls, slips and trips were to people over 65 years old. The average age of those who were fatally injured since 2005/06 was 77.

**Figure 8 Fatal injuries to members of the public**



There were 3 261 reported non-fatal injuries to members of the public in 2010/11p compared to an average of 2 247 a year over the previous five years. 1 905 of these injuries were to those aged 65 or over.

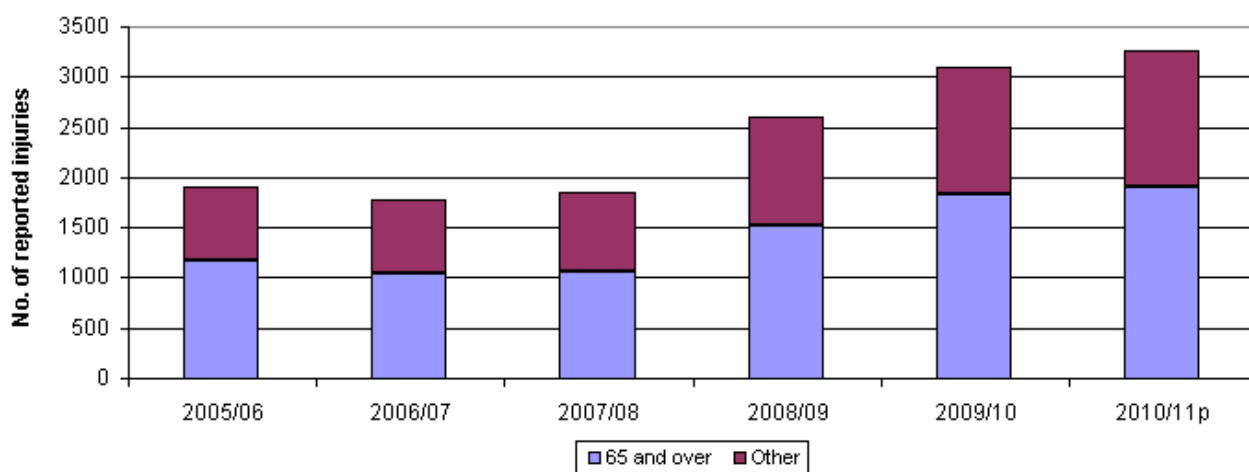
Almost half of these reported injuries were from human health activities.

The increase in the number of reported injuries to members of the public since 2005/06 is greatest among those under 20 or over 65 years old.

54% of reported non-fatalities since 2005/06 were due to slips and trips while 17 % were due to falls.

71% of these slips and trips were to people over 65 years old as were 54% of falls. The average age of those whose non-fatal injuries that were reported was 63.

**Figure 9 Non-fatal injuries to members of the public**



## The Labour Force Survey (LFS) injuries and days lost

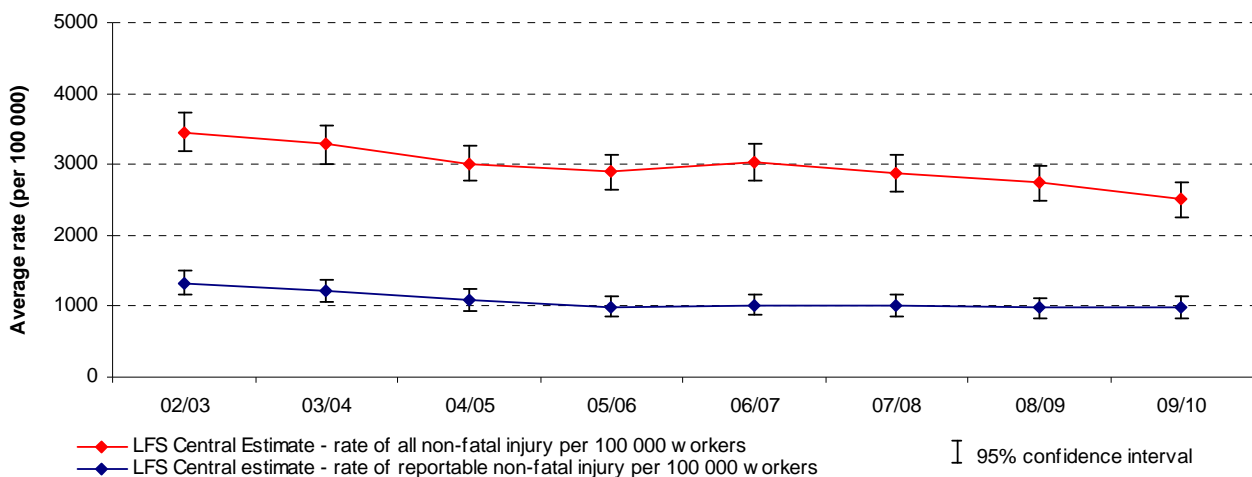
The Labour Force Survey (LFS) suggests that the health and social work sector accounted for around an estimated 17% of reportable non-fatal injuries and an estimated 14% of all non-fatal injuries in 2009/10 (three-year average).

The estimated incidence rates of reportable non-fatal injury and all non-fatal injuries for the health and social work industry were 980 and 2 500 per 100 000 workers respectively (0.98% and 2.5%) in 2009/10 (three-year average). The reportable non-fatal injury rate was statistically significantly higher than the corresponding average rate of 750 per 100 000 workers across all industries whilst the all non-fatal injury rate was similar, not statistically significantly different, to the corresponding average rate of 2 300 per 100 000 workers across all industries. For reportable non-fatal-injury rates see [www.hse.gov.uk/statistics/lfs/injind1\\_3yr.xls](http://www.hse.gov.uk/statistics/lfs/injind1_3yr.xls).

Examining the non-fatal reportable injury rates over time using smoothing techniques, which aim to reduce irregularities (random fluctuations) in the times series, suggests a downward trend. The smooth trend indicates a fall of around 29% between 2001/02 and 2010/11, with a range of possibilities (95% confidence interval) 9% to 49%.

Results from the LFS suggest that around half of reportable non-fatal injuries are recorded under RIDDOR, and the level for human health and social work is similar to this.

**Figure 10 Estimated incidence rates of non-fatal injury per 100 000 people working in health and social care in the last 12 months (all injuries and reportable injuries with over 3 day absence)**



The Labour Force Survey (LFS) data on days lost is only available for health and social care combined. The LFS also indicates that in 2010/11 the total number of days lost (full-day equivalent) due to workplace injury attributed to the current or most recent job was about 560 000, equating to approximately about a fifth of a day per worker. See [www.hse.gov.uk/statistics/lfs/injind2.xls](http://www.hse.gov.uk/statistics/lfs/injind2.xls) for further information.

The average rate for all industries was 0.16 days per worker and the rate for health and social care is not statistically significantly different from the average across all industries.