

**Note: more recent data are now available**

This document is the most recent *detailed description* of data for this sector, but does not include data for the latest year published on 2 November 2016.

The latest *data tables* are now available at: [www.hse.gov.uk/statistics/tables/index.htm](http://www.hse.gov.uk/statistics/tables/index.htm)

A summary of the latest headline figures is available at:  
[www.hse.gov.uk/Statistics/industry/construction/index.htm](http://www.hse.gov.uk/Statistics/industry/construction/index.htm)

# Health and safety in construction sector in Great Britain, 2014/15

## Contents

<b>Summary</b>	<b>2</b>
<b>Introduction</b>	<b>3</b>
<b>Work-related illness and workplace injury in the construction sector</b>	<b>4</b>
<b>Work-related illness</b>	<b>4</b>
Overall scale	4
Musculoskeletal disorders and Stress	6
Other work-related illness conditions	8
Changes over time	11
<b>Workplace Injury</b>	<b>12</b>
Fatal injuries	12
Non-fatal injuries	12
Changes over time	15
<b>Workplace risks and measures in place for managing these risks</b>	<b>16</b>
<b>Workplace risks</b>	<b>16</b>
<b>Risk control measures</b>	<b>17</b>
<b>Impacts of health and safety failings</b>	<b>18</b>
<b>Working days lost</b>	<b>18</b>
<b>Economic cost</b>	<b>18</b>
<b>Enforcement</b>	<b>19</b>
<b>Annex 1: Sources and definitions used</b>	<b>20</b>

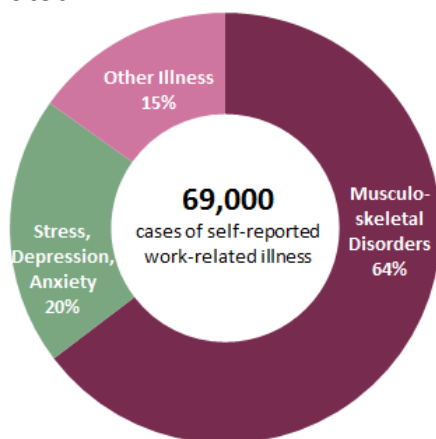


## Summary

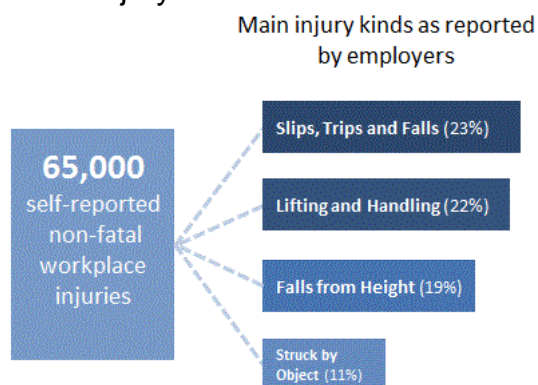
The information in this document relates to health and safety statistics for 2014/15. The document can be found at: [www.hse.gov.uk/statistics/industry/construction/construction.pdf](http://www.hse.gov.uk/statistics/industry/construction/construction.pdf)

Each year in the construction<sup>1</sup> sector around...

...**3%** of workers suffer from an illness they believe to be work-related...



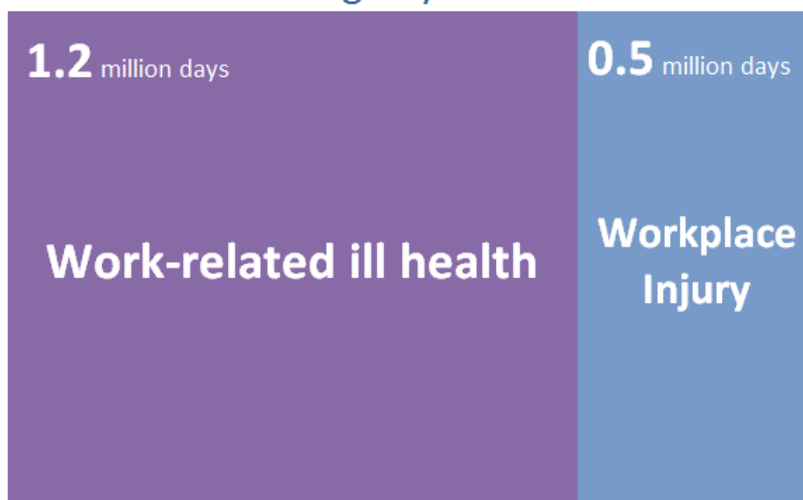
...and **3%** of workers sustain a work-related injury...



There were **35** workers fatally injured in the Construction sector 2014/15

....leading to

**1.7 million** working days lost



### Source:

Illness prevalence, Labour Force Survey annual average 2011/12, 2013/14, 2014/15

Injury incidence, Labour Force Survey annual average 2012/13-2014/15

Injury Kind, RIDDOR non-fatal injury 2013/14-2014/15

Days Lost, Labour Force Survey 2014/15

# Introduction

This report provides a profile of workplace health and safety in the construction<sup>1</sup> sector.

Construction includes three broad industry groups:

- Construction of buildings – covering general construction of buildings, including new work, repair, additions and alterations;
- Civil Engineering – covering general construction for civil engineering works, including road and railway construction, and utility projects; and
- Specialised construction activities – covering trades that are usually specialised in one aspect common to different structures. For example: demolition, electrical and plumbing installation, joinery installation, plastering, painting and glazing.

The Construction sector is a major employer accounting for around 6% of the UK workforce<sup>2</sup>. This report considers the current health and safety situation in the sector, focusing on three aspects:

1. The scale and profile of work-related illness and injury in workers. A range of data sources is considered to allow a full assessment of the current health and safety situation. The most comprehensive data source for both work-related illness and workplace injury is the Labour Force Survey, a large scale, nationally representative survey of households. This is supplemented with a range of data from other sources (e.g. for injuries, statutory notifications of workplace injuries under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)) to ensure as complete a picture as possible. More details on the data sources used can be found at Annex 1.
2. The profile of workplace risks in the sector and the procedures and policies in place for managing these risks;
3. The impacts of health and safety failings in terms of working days lost, costs to society and enforcement action taken against employers within the sector.

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<sup>1</sup> The Construction sector is defined by section F within the 2007 Standard Industrial Classification. See [www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/standard-industrial-classification/sic2007---explanatory-notes.pdf](http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/standard-industrial-classification/sic2007---explanatory-notes.pdf) for more details

<sup>2</sup> Office for National Statistics estimate [www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-375224](http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-375224) table A01

# Work-related illness and workplace injury in the construction sector

## Work-related illness

### Overall scale

**Figure 1: Estimated annual number of cases of self-reported work-related illness in the Construction sector by:**

**(i) Illness kind**



**(ii) Detailed industry grouping**



Source: Labour Force Survey, 2011/12, 2013/14, 2014/15

Between 2011/12 and 2014/15:

- Annually, around **69,000** construction workers in GB were suffering from an illness they believe was caused or made worse by their work.
- Around 40% of these cases were new conditions which started during the year, while the remainder were long-standing conditions.

Of these 69,000 cases:

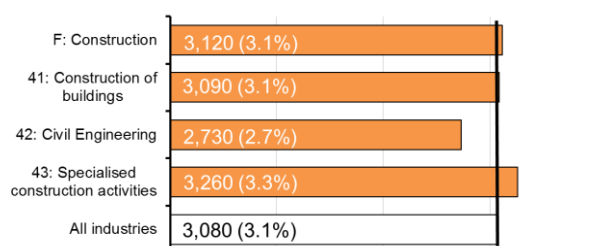
- **45,000** were cases of musculoskeletal disorders (MSD), of which just under a third were new conditions;
- **14,000** were cases of stress, depression or anxiety cases, of which around 60% were new conditions;
- **10,000** were cases of other illness (such as skin or respiratory conditions), of which around 40% were new conditions.

By more detailed industry groupings within the Construction sector, of these 69,000 cases, around:

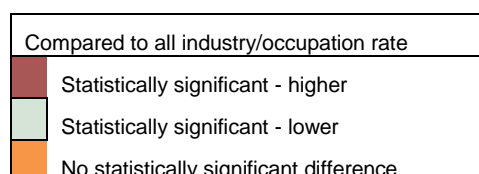
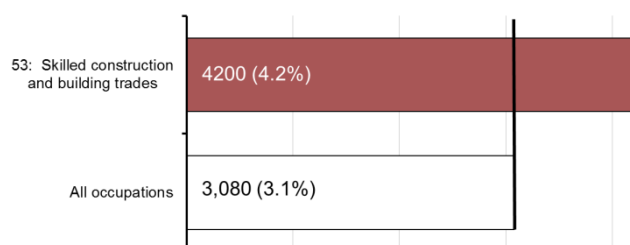
- **25,000** were to workers in 'Construction of buildings'
- **36,000** were to workers in 'Specialised construction activities'; and
- **9,000** were to workers in 'Civil engineering'.

**Figure 2: Prevalence rate of self-reported work-related illness (per 100,000 workers) in:**

**(i) Construction sector**



**(ii) 'Skilled Construction and building trade' workers**



Source: Labour Force Survey, 2011/12, 2013/14, 2014/15

Expressing the total number of work-related illness cases as a rate:

- Annually between 2011/12 and 2014/15 around 3.1% of workers in the Construction sector in GB were suffering from an illness that they believe was caused or made worse by their work in the sector.
  - This rate is similar to the rate for workers across all industries (3.1%).
- The rate of work-related illness is broadly similar in each of the three industry sub-sections of the Construction sector.

Within construction, there are a broad range of jobs, some more hazardous than others and there are likely to be groups of workers within the sector who are more at risk of suffering work-related illness.

- The occupation group 'Skilled construction and building trades'<sup>3</sup> includes jobs such as builders, roofers, steel erectors, plumbers, carpenters and joiners and glaziers. These occupations are predominately employed in the construction sector.
- Annually between 2011/2 and 2014/15 around 4.2% of workers in this occupational group were suffering from an illness that they believe was caused or made worse by their work in the sector.
  - This rate is statistically significantly higher than the rate for workers across all occupations (3.1%).

**Figure 3: New cases of work-related illness in Construction sector workers seen by GPs**



Source: THOR GP, 2012-2014

Data from a GP reporting scheme of new cases of occupational illness presenting at GP surgeries (THOR-GP) provides an alternative source of intelligence on work-related illness. Like the Labour Force Survey, this data provides intelligence on a broad range of conditions, although the severity threshold is generally greater since medical intervention has been sought.

- Data from the GP reporting scheme, while capturing a different severity range of illness cases to the LFS, suggests the rate of work-related illness in the Construction sector to be slightly higher than that seen across all industries.

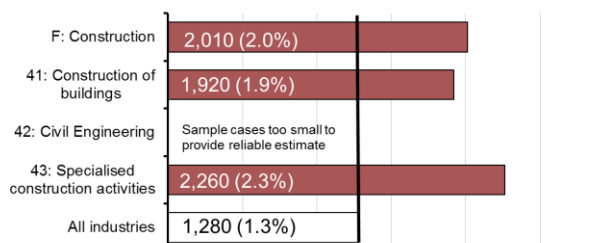
<sup>3</sup> Occupations are defined using the 2010 Standard Occupational Classification. For more details see [www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/index.html](http://www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/soc2010/index.html)

## Musculoskeletal disorders and Stress

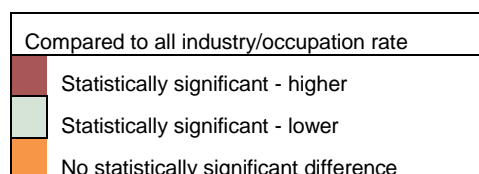
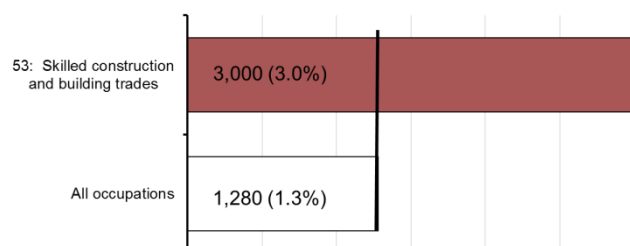
On average, stress and musculoskeletal disorders account for around 85% of the work-related illness cases in the Construction sector (Source: Labour Force Survey). Looking at how the Construction sector compares to all industries for these 2 illness types:

**Figure 4: Prevalence rate of self-reported work-related musculoskeletal disorders (per 100,000 workers) in:**

### (i) Construction' sector



### (ii) 'Skilled Construction and building trade' workers

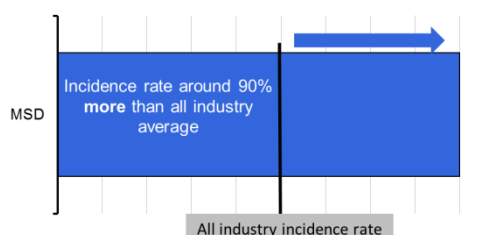


Source: Labour Force Survey, 2011/12, 2013/14, 2014/15

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

- Annually around 2.0% of workers in the sector were suffering from a musculoskeletal disorder they believed was work-related.
  - This rate is statistically significantly higher than the rate across all industries (1.3%)
- This elevated rate is evident across the industry sub-sections of the Construction sector.
- Within workers in 'Skilled construction and building trade' occupations the rate of work-related musculoskeletal disorders is more than twice that seen in workers across all occupations (3% compared with 1.3%).

**Figure 5: New cases of work-related musculoskeletal disorders (MSD) in Construction sector workers seen by GPs**

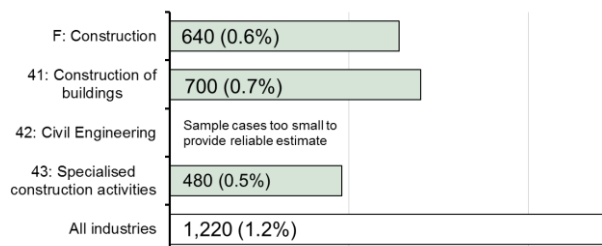


Source: THOR GP, 2012-2014

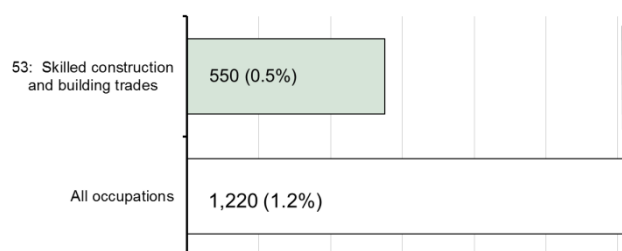
- Data from the GP reporting scheme suggests the rate of work-related musculoskeletal disorder in the Construction sector to be almost twice the rate across all industries, broadly confirming the findings from the Labour Force Survey of an elevated risk in this sector.

**Figure 6: Prevalence rate of self-reported work-related stress, depression or anxiety (per 100,000 workers) in:**

**(i) Construction' sector**



**(ii) 'Skilled Construction and building trade' workers**



Compared to all industry/occupation rate	
<span style="display:inline-block; width:10px; height:10px; background-color:darkred; border:1px solid black;"></span>	Statistically significant - higher
<span style="display:inline-block; width:10px; height:10px; background-color:lightgreen; border:1px solid black;"></span>	Statistically significant - lower
<span style="display:inline-block; width:10px; height:10px; background-color:orange; border:1px solid black;"></span>	No statistically significant difference

**Source: Labour Force Survey, 2011/12, 2013/14, 2014/15**

**Note:** estimates for 41 'Construction of buildings' and 43 'Specialised construction activities' are based on less than 30 sample cases so there is a larger margin of sampling uncertainty on this estimate compared to other estimates.

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

- Annually around 0.6% of workers in the sector were suffering from stress, depression or anxiety they believed was work-related.
  - This rate is statistically significantly lower than the rate across all industries (1.3%)
- This lower rate is evident across the industry sub-sections of the Construction sector.

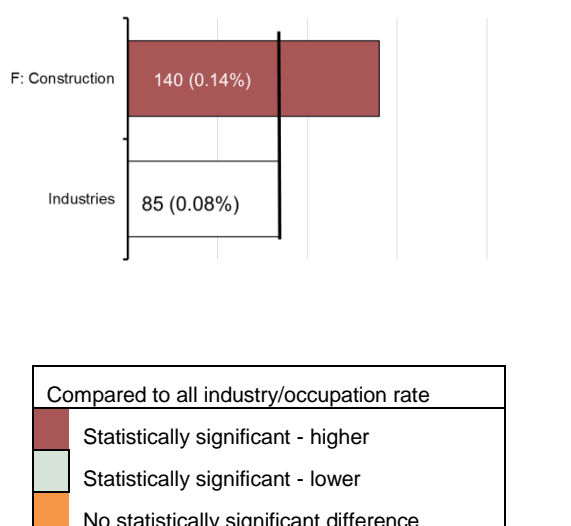
- Within workers in skilled construction and building trade jobs, the rate of work-related stress, depression or anxiety is also statistically significantly lower than the average rate across all workers.

## Other work-related illness conditions

Self-reports of work-related ill health from the Labour Force Survey gives the best indication of the overall scale of work-related ill health in Britain today. However, since estimates are based on a sample survey, this source is limited when looking at less common types of work-related ill health. We therefore have a range of supporting ill health data sources to supplement the Labour Force Survey estimates.

## Respiratory disease

**Figure 7: Prevalence rate of self-reported work-related 'breathing and lung' problems in the Construction sector (per 100,000 workers)**



Source: Labour Force Survey, 2007/08-2011/12, 2013/14, 2014/15

### Breathing and lung problems

Between 2007/08 and 2014/15

- Annually, around 3,000 workers in the Construction sector were suffering with 'breathing and lung problems' they believed were caused or made worse by their work, equivalent to 0.14% of workers in the sector.
- This rate is statistically significantly higher than the rate for workers across all industries (0.08%)
- When asked about exposures contributing to their illness conditions, almost 20% of workers reporting work-related respiratory problems identified 'dusts from stone, cement, bricks or concrete' as contributing to their condition. These exposures are often associated with construction. (Source: Labour Forces Survey 2009/10-2011/12)

### Occupational asthma

- The construction sector is not among those industries with high rates of occupational asthma according to reports from the chest physician reporting scheme for occupational respiratory disease (THOR-SWORD).
- However, small numbers of cases associated with certain construction-related jobs have been reported through THOR-SWORD.

### Silicosis

- Although THOR-SWORD and the Industrial Injuries Disablement Benefit (IIDB) scheme likely underestimate the true scale of silicosis, both sources highlight the important role of exposures in construction: at least 16% of silicosis cases reported to THOR-SWORD over the period 2003-2012 and over 20% of the 700 IIDB cases assessed in the same period were in construction-related jobs.

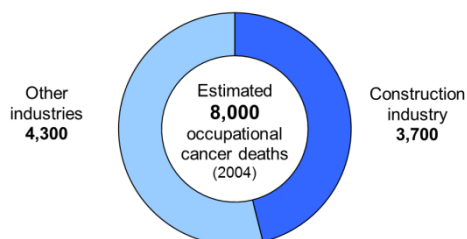
### Chronic Obstructive Pulmonary Disease (COPD)

- Epidemiological evidence suggests an association between work in construction and an increased risk of COPD which could be due past exposure to a number of agents including respirable crystalline silica and diesel engine exhaust.
- However, it is not clear, based on currently available evidence, what proportion of the estimated 4000 annual work-related COPD deaths may be attributed to such exposures.

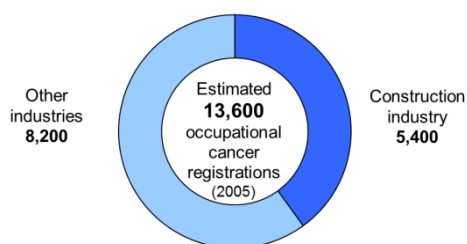
## Occupational Cancer

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

**Figure 8 (i) Estimated number of cancer deaths in 2005 that could be attributed to the ten leading occupational carcinogens**



**Figure 8 (ii) Estimated number of cancer registrations in 2004 that could be attributed to the ten leading occupational carcinogens**



Source: HSE Research report

### Current occupational cancer burden

The occupational cancer burden research indicates:

- **Past occupational exposure** to known and probable carcinogens is estimated to account for about 5% of cancer deaths and 4% of cancer registrations currently occurring each year in Great Britain, equating to about 8,000 cancer deaths and 13,600 new cancer registrations annually.
- Of the estimated 8,000 occupational cancer deaths in 2005:
  - The construction industry had the largest number of occupational cancer deaths - 3,700.
  - The majority of these cases in Construction were caused by **past exposure** to asbestos (2,600) and silica (600). These two carcinogens are associated with lung cancer and mesothelioma.
- Of the estimated 13,600 occupational cancer registrations in 2004:
  - The construction industry had the largest number of occupational cancer registrations - 5,400.
  - Like cancer deaths, the majority of these cases in Construction were caused by **past exposure** to asbestos (2,800) and silica (700) but also solar radiation (800) and coal tars and pitches (500) mostly causing non-malignant skin cancer (skin cancer other than melanoma).
- The researchers have also developed methods to estimate the number of occupational cancer cases in the future for a range of scenarios. This will enable us to compare the potential impacts of different interventions on occupational cancer reduction.

### Mesothelioma

The cancer burden research includes estimates of the asbestos-related cancer mesothelioma. Separate occupational analyses of national mesothelioma deaths based on HSE's mesothelioma register reinforce the important role of past occupational asbestos exposures in construction-related jobs such as carpenters, plumber and electricians in the current burden of this cancer.

## ***Skin Disease and other ill health conditions***

### **Skin disease**

- Data on new assessments for Industrial Injury Disablement Benefit (IIDB) suggest an elevated incidence of contact dermatitis for workers in the construction industry, whereas reports from dermatologists participating in a surveillance scheme for occupational skin disease (THOR-EPIDERM) suggest the incidence is similar to that for all industries. However, THOR-EPIDERM does suggest that certain specific construction-related occupations may have a higher incidence, particularly bricklayers and masons, and painters and decorators.
- A substantially elevated risk among bricklayers and masons was clearly seen prior to 2008 which is likely to have been due to the presence of chromates in cement. A recent analysis of trends in cases attributed to chromates suggests that this risk may now have been substantially reduced following EU restrictions on their use.

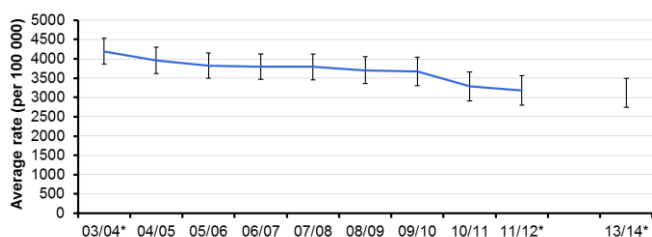
### **Other conditions**

- Other conditions that can affect construction workers include
  - occupational deafness; and
  - Hand Arm Vibration (largely made up of two conditions, Vibration White Finger and Carpal Tunnel Syndrome)
- Our main source of information on both these conditions is from new claims from the Industrial Injuries Disablement Benefit scheme (IIDB). The relative frequency of new IIDB assessments for these conditions is higher for workers in construction than most other sectors.

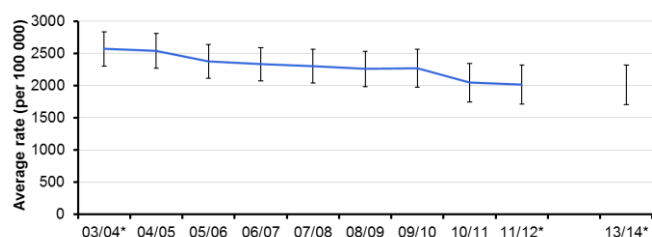
## Changes over time

**Figure 9: Prevalence rate of self-reported work-related illness in the Construction sector**

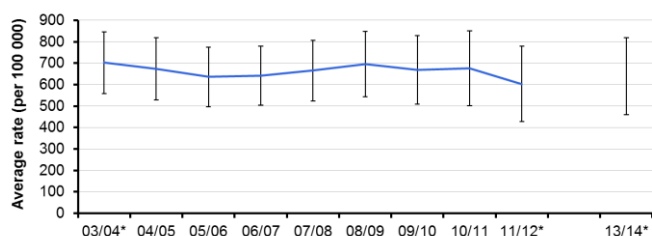
### (i) All work-related illness



### (ii) Musculoskeletal disorders



### (iii) Stress, depression and anxiety



95 % confidence interval.

Source: Labour Force Survey

(\* annual estimates are actually based on the average estimate for a rolling 3 year period. Generally the 3 year average is based on consecutive years e.g. 2004/05 is based on the average for 2003/04-2005/06. However no ill health data was collected in 2002/03 or 2012/13 so the annual average for 2003/04, 2011/12 and 2013/14 is based on non-consecutive years e.g. 2013/14 is based on the average for 2011/12, 2013/14, 2014/15)

### Within the Construction sector:

- Over the last decade the rate of work-related illness shows an overall downward trend.
  - The annual average rate for 2013/14<sup>a</sup> is around a quarter less than that in 2003/04<sup>b</sup>.
- There is an overall downward trend in the overall rate of musculoskeletal disorders over the last decade.
  - The annual average rate for 2013/14<sup>a</sup> is over 20% less than that in 2003/04<sup>b</sup>.
- However, the overall rate of work-related stress, depression and anxiety has remained broadly level over the last decade.

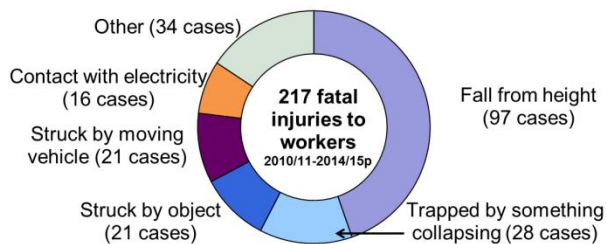
<sup>a</sup> based on the average annual rate for 2011/12, 2013/14, 2014/15

<sup>b</sup> based on the annual average rate for 2001/02, 2003/04, 2004/05

## Workplace Injury

### Fatal injuries

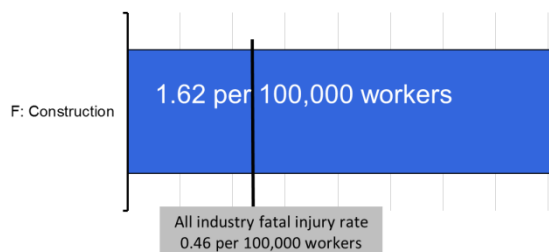
**Figure 10: Fatal injuries to workers in the Construction sector by injury kind, last 5 years**



Source: RIDDOR

- There were 35 fatal injuries to workers in the Construction sector in 2014/15, around 20% lower than the five year average for 2010/11-2014/15 (43). This brings the total number of fatal injuries to workers in the sector over the last five years to 217.
- Almost half of the fatal injury cases were caused by fall from heights.

**Figure 11: Rate of fatal injuries to workers in the Construction sector per 100,000 workers, 2014/15p**



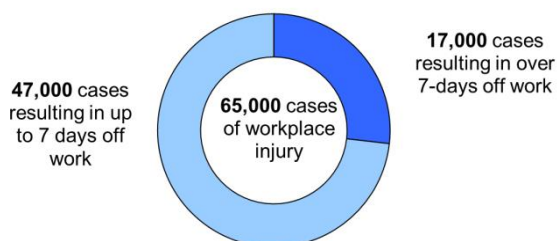
Source: RIDDOR

- The worker fatal injury rate in the 'Construction sector (1.62 per 100,000 workers) is over 3.5 times the average rate across all industries (0.46 per 100,000 workers).

### Non-fatal injuries

**Figure 12: Estimated annual cases of all self-reported workplace injury in the Construction sector by:**

**(i) Duration of time off work**



**(ii) Detailed industry grouping**



Source: Labour Force Survey, 2012/13 - 2014/15

Between 2012/13 and 2014/15:

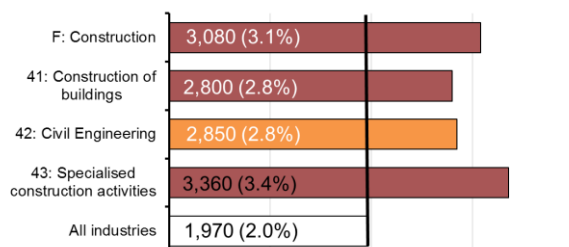
- Annually, around **65,000** construction workers in GB sustained an injury at work.
- Around a quarter of these cases resulted in absence from work of over 7-days.

By more detailed industry groupings within the Construction sector, of these 65,000 workplace injury cases, around:

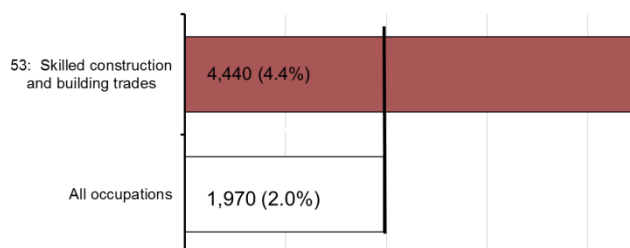
- **22,000** were to workers in 'Construction of buildings'
- **34,000** were to workers in 'Specialised construction activities'; and
- **8,000** were to workers in 'Civil engineering'.

**Figure 13: Incidence rate of all self-reported workplace injury (per 100,000 workers) in:**

**(i) Construction sector**



**(ii) 'Skilled Construction and building trade' workers**



Compared to all industry/occupation rate	
<span style="display:inline-block; width:10px; height:10px; background-color:darkred;"></span>	Statistically significant - higher
<span style="display:inline-block; width:10px; height:10px; background-color:lightgreen;"></span>	Statistically significant - lower
<span style="display:inline-block; width:10px; height:10px; background-color:orange;"></span>	No statistically significant difference

Source: Labour Force Survey, 2012/13 - 2014/15

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

- Annually between 2012/13 and 2014/15 around 3.1% of workers in the Construction sector in GB sustained an injury in the sector.
- This rate is statistically significantly higher than the rate for workers across all industries (2.0%).
- Both the industry sub-groups: Construction of buildings; and Specialised construction activities have statistically significant elevated rates of injury.
- The injury estimate for Civil Engineering, being based on a smaller sample size, has a larger margin of sampling uncertainty. Hence the difference in injury rate from the average across all industries is not judged to be statistically significant.
- The injury rate for skilled construction and building trade workers is even higher (4.4%), more than twice the all industry average rate.

The survey estimates of non-fatal workplace injury numbers presented above give the best indication of the scale of workplace injury within the sector. A further source of intelligence on workplace non-fatal injuries comes from statutory notifications from employers under the 'Reporting of Injuries, Diseases and Dangerous Occurrence' regulations (RIDDOR). However, RIDDOR data need to be interpreted with care since it is known that non-fatal injuries are substantially under-reported<sup>4</sup>, especially for the self-employed. Variations in reporting rates both between industries and over time make such comparisons difficult. However, RIDDOR (as a data source) may sometimes be useful in providing analysis at a detailed level not available through the LFS, mainly around the type of accident itself.

**Figure 14: Employer-reported non-fatal injuries to employees in the Construction sector**

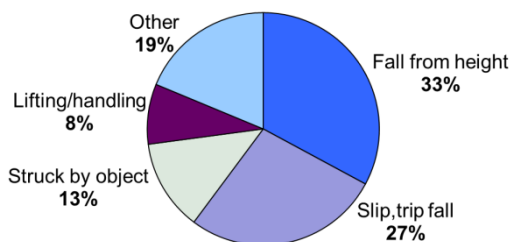


Source: RIDDOR 2014/15p

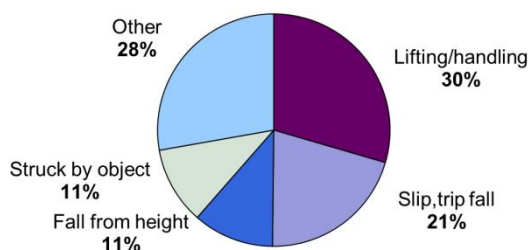
- Provisional figures show over 5,400 reported non-fatal injuries to employees in the Construction sector in 2014/15.
- Reported non-fatal injuries are categorised as either specified (a pre-defined list of certain injury types which includes for example fractures, amputations, serious burns<sup>5</sup>) or as resulting in over 7-days off work.
  - Around a third of the injury reports in 2014/15 were for specified injuries.

**Figure 15: Employer-reported non-fatal injuries to employees in the Construction sector by injury kind**

**(i) Specified Injuries<sup>6</sup>**



**(ii) Over 7-day injuries**



Source: RIDDOR 2013/14r and 2014/15p

**Specified Injuries:**

- Over half of all reported 'specified' injuries in the Construction sector are due to either falls from a height or slip, trip or fall on the same level.

**Over 7-day injury:**

- Around a half of reported 'over 7-day' injuries in the Construction sector are due to either lifting/handling accidents or a 'slip, trip or fall on the same level'.

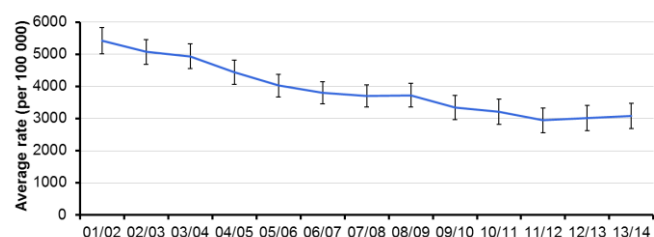
<sup>4</sup> It is estimated that, across all industries, just under a half of all reportable non-fatal injury to employees are actually reported.

<sup>5</sup> For the full list of specified injuries, see [www.hse.gov.uk/riddor/reportable-incidents](http://www.hse.gov.uk/riddor/reportable-incidents)

<sup>6</sup> Prior to October 2013, reported non-fatal injuries were categorised as either 'major' or 'over 7-day', with major being a pre-defined list of injuries. This list of pre-defined injury types was revised in October 2013, and such injuries are now referred to as 'specified' (many injuries previously categorised as major continue to be categorised as specified, primarily most fractures and amputations). The 'Kind' breakdown for specified injuries presented here includes major injuries for the first half of 2013/14 and specified injuries thereafter.

## Changes over time

**Figure 16: Incidence rate of all self-reported workplace injury in the Construction sector**



**I** 95 % confidence interval.

Source: Labour Force Survey

(\* annual estimates are actually based on the average estimate for a rolling 3 year period. The 3year average is based on consecutive years e.g. 2013/14 is based on the average for 2012/13-2014/15)

■ There has been an overall downward trend in the rate of all workplace injury in the Construction sector since 2001/02.

— The rate in 2013/14<sup>a</sup> was around 40% less than in 2001/02<sup>b</sup>.

<sup>a</sup> based on the average annual rate for 2012/13-2014/15

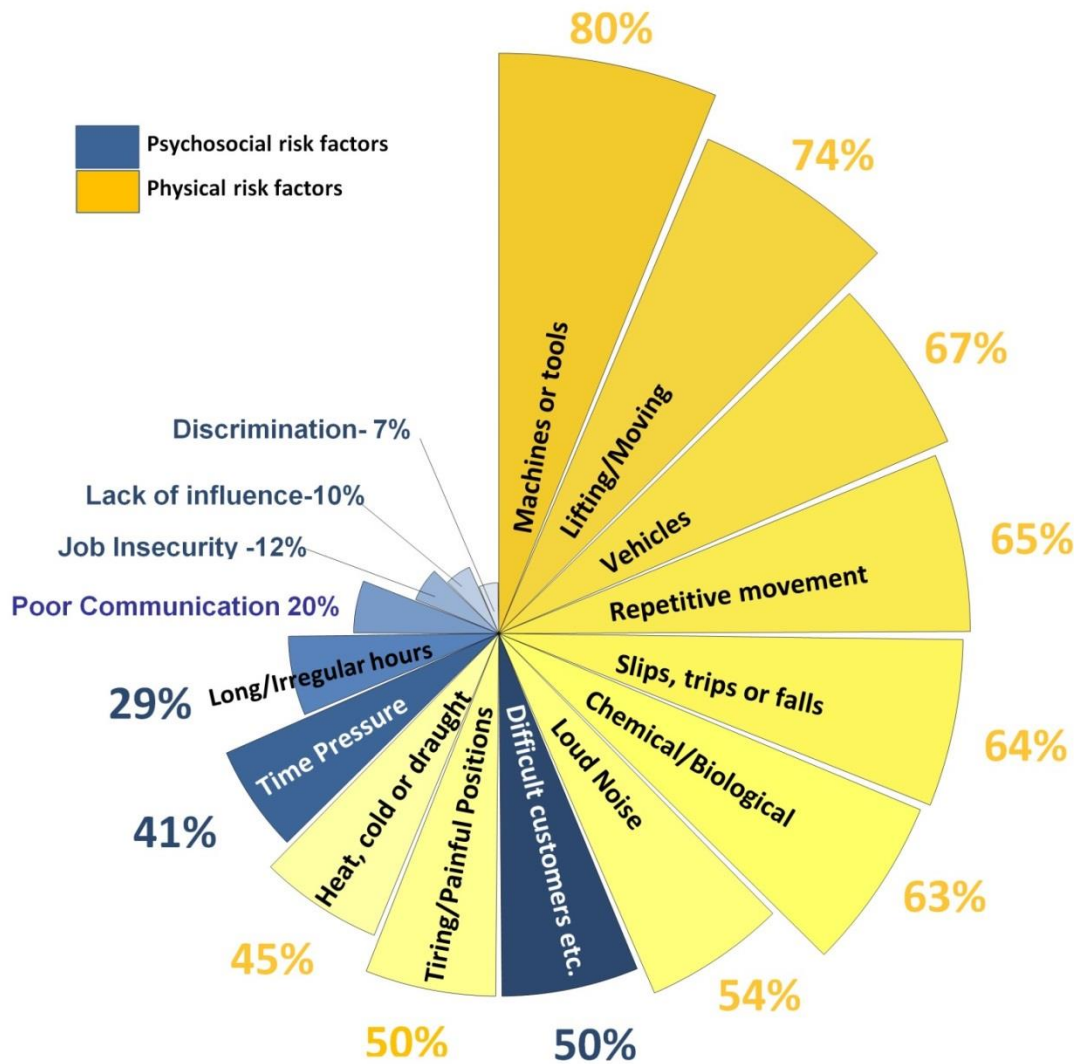
<sup>b</sup> based on the average annual rate for 2000/01-2002/03

# Workplace risks and measures in place for managing these risks

## Workplace risks

A 2014 survey, commissioned by the European Union Occupational Safety and Health Agency (in collaboration with the Health and Safety Executive), explores how health and safety risks are managed at the workplace. Full details of the UK results can be found at [www.hse.gov.uk/statistics/oshman.htm](http://www.hse.gov.uk/statistics/oshman.htm)

**Figure 17: Percentage of workplaces in the Construction sector with 5 or more employees reporting the presence of various workplace risks, 2014**



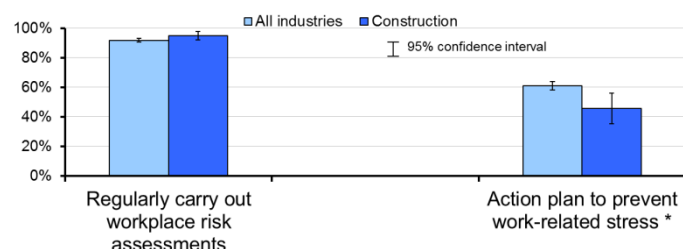
Source :  
ESENER 2014

For 16 recognised workplace risks, the survey asked “Which of the following risk factors are present in your establishment?” Results show that within the Construction sector:

- Physical risks were much more widely reported being present in construction workplaces than psychosocial risks. This is consistent with the lower than average levels of stress, depression or anxiety seen in the sector.
- The most common reported workplace risk was ‘machines or tools’. Interestingly, only around 5% of employer reported fatal and non-fatal injury were due to contact with machinery. Similarly, ‘vehicles’ is one of the top-3 self-reported risks. Struck by moving vehicle accounts for around 10% of fatal injuries and 2% of reported non-fatal injury (see figures 10 and 15).
- Lifting and moving is the second most common physical risk factor, present in around three-quarters of Construction workplaces. Lifting/handling is a significant cause of non-fatal injury.
- Increased risk of slips, trips and falls is reported by around two-thirds of workplaces. This is the most common cause of both fatal (falls from a height) and non-fatal injury (slips, trips and falls on the same level).

## Risk control measures

**Figure 18: Proportion of workplaces (i) regularly carrying out risk assessments and (ii) with a stress action plan**



(i) Workplaces with 5 or more employees

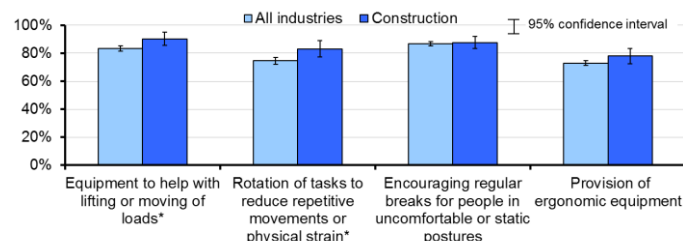
(ii) Workplaces with 20 or more employees

Source : ESENER 2014

The survey asked about how health and safety risks are managed in the workplace. Within the Construction sector:

- an estimated 95% of workplaces with 5 or more employees report that they regularly carry out risk assessments. (Though note this does not indicate anything about the quality of the completed risk assessments).
- an estimated 46% of workplaces with 20 or more employees have an action plan to prevent work-related stress. This is statistically significantly lower than the proportion across all industries (61%) and may reflect the fact that work-related stress is not as great an issue in this sector as in others.

**Figure 19: Proportion of workplaces with 5 or more employees implementing various measures to prevent musculoskeletal problems \***



\* Percentage based on those workplaces with risk present (either lifting/moving loads of repetitive tasks)

Source : ESENER 2014

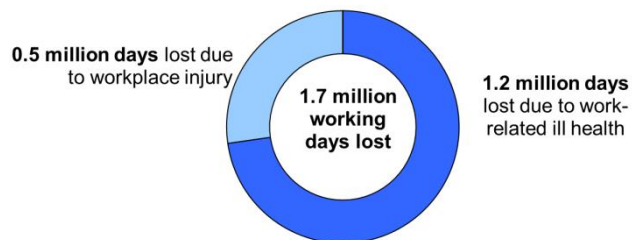
Figure 19 opposite shows the proportion of workplaces implementing a range of different measures to prevent musculoskeletal problems.

- Preventive measures for musculoskeletal disorders are widespread across workplaces in the Construction sector.
- Lifting and moving was the second most common reported risk factor in workplaces across the sector (see figure 17) and 90% of workplaces where the risk is present provide equipment to help control this risk. Across all industries (where the risk is present), the proportion is statistically significantly lower at 83%.

## Impacts of health and safety failings

### Working days lost

**Figure 20: Estimated working days lost due to work-related illness and workplace injury in the Construction sector.**



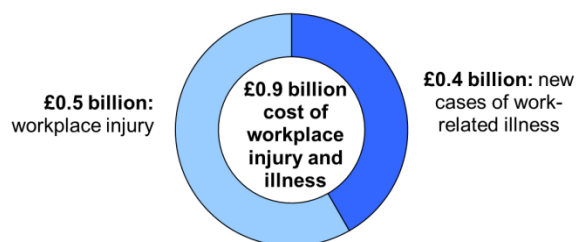
Source: Labour Force Survey, 2014/15

An immediate impact of workplace injury and work-related illness (aside from the human suffering) is the impact on business in terms of lost working time due to sickness absence.

- In 2014/15 an estimated 1.7 million working days (full-day equivalent) were lost in the Construction sector due to workplace injury (0.5 million) and work-related illness (1.2 million).
- That is the equivalent of 0.8 working days lost per worker, broadly similar to the average days lost per worker across all industries (0.9 days).
- Assuming a full-time working year equates to 225 working days, this is equivalent to around 7,000 full-time workers being absent from the workforce for the whole year in the Construction sector in 2014/15

### Economic cost

**Figure 21: Economic cost of workplace injury and new cases of work-related ill health in the Construction sector (2013 prices)**



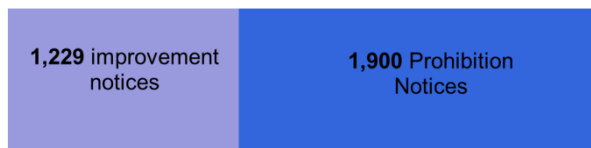
Source: HSE Cost to Britain Model, 2013/14

Workplace injury and ill health impose costs: both financial (for example in terms of lost output and healthcare costs) and non-financial (the monetary valuation of the human cost of injury and illness in terms of loss of quality of life, and for fatalities, loss of life). Taken together, this gives the total economic cost to society.

- The total economic cost of workplace injury and new cases of work-related illness in Construction in 2013/14 is estimated to be £0.9billion (£0.5 billion injury, £0.4billion illness), accounting for around 7% of the total cost across all industries - £14.3billion).
  - In the Construction sector, injury accounts for a larger share of the total cost as compared to all industries (over half of the total cost in Construction is from injuries, compared to around a third across all industries).
- This cost is shared between individuals (e.g. the monetary valuation of the human costs), employers (e.g. sick pay costs) and government/taxpayers (e.g. healthcare costs)

## Enforcement

**Figure 22: Enforcement notices issued in the Construction sector by HSE, 2014/15p**



Source: HSE Enforcement Data

HSE and local authorities are responsible for enforcing health and safety legislation. For the most serious offences, inspectors may serve improvement notices and prohibition notices and they may prosecute (or in Scotland, report to the Procurator Fiscal with a view to prosecution).

- Provisional figures for 2014/15 show a total of 3,129 notices issued by HSE inspectors in the Construction sector: 1,229 improvement notices and 1,900 prohibition notices (including 3 deferred prohibition notices).
  - This figure is slightly down on the 3,507 notices issued in 2013/14.
- There were 258 prosecution cases<sup>7</sup> in 2014/15p, 243 (94%) of which resulted in a guilty verdict for at least one offence.
  - The resulting fines from these prosecutions totalled £3,976,000.

<sup>7</sup> This figure reflects proceedings instituted by HSE, and in Scotland, the Crown Office and Procurator Fiscal Service. Cases refer to a prosecution against a single defendant. The defendant may be an individual person or a company. There may be one or more breach of health and safety legislation (offences) in each case.

# Annex 1: Sources and definitions used

## The Labour Force Survey (LFS)

The LFS is a national survey run by the Office for National Statistics of currently around 41,000 households each quarter. HSE commissions annual questions in the LFS to gain a view of work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE. See [www.hse.gov.uk/statistics/lfs/technicalnote.htm](http://www.hse.gov.uk/statistics/lfs/technicalnote.htm) for more details.

**Self-reported work-related illness:** People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. Estimated total cases include long-standing as well as new cases. New cases consist of those who first became aware of their illness in the last 12 months. HSE has collected data on ill health through the LFS, periodically since 1990 and annually from 2003/04 to 2011/12. In 2012/13, the ill health data collection was suspended but from 2013/14 reverted back to an annual data collection.

**Self-reported injuries:** Workplace injuries sustained as a result of a non-road traffic accident, as estimated by the LFS. Over-7-day absence injuries include all those with more than seven consecutive (working and non-working) days away from work (not counting the day on which the accident happened). HSE has collected data on injuries through the LFS in 1990 and annually since 1993/94. LFS injury rates are generally presented as three-year averages to provide a more robust series of estimates.

**Working days lost:** Days off work due to workplace injuries and work-related ill health. The figures are expressed as full-day equivalents, to allow for variation in daily hours worked, and are available for 2000/01 (injuries), 2001/02 (ill health), and annually (for both injuries and ill health) from 2003/04 to 2011/12. In 2012/13, the ill health data collection was suspended but from 2013/14 reverted back to annual data collection.

## Reports of ill health by specialist physicians and General Practitioners (THOR & THOR-GP)

Reports of work-related ill health are gathered in surveillance schemes run by The Health and Occupation Reporting network (THOR); statistical tables covering patients seen by specialists are available annually from the early 1990s for work-related respiratory disorders and skin disease. In THOR-GP (since 2005), general practitioners are asked to report new cases of work-related ill health.

## Ill health assessed for disablement benefit (IIDB)

New cases of specified 'prescribed diseases' (with an established occupational cause) assessed for compensation under the Industrial Injuries Disablement Benefit scheme. IIDB statistics are available annually from 2003, although earlier historical data is available.

## RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (as amended), under which fatal and defined non-fatal injuries to workers and members of the public are reported by employers.

Certain types of work-related injury are not reportable under RIDDOR, hence excluded from these figures. Particular exclusions include fatalities and injuries to the armed forces and injuries from work-related road collisions.

A number of key changes to the reporting system and legal requirements have occurred in recent years, with some impact on the resulting statistics:

- September 2011: the notification system used by employers changed to a predominately online system.
- April 2012: a legislative change introduced the requirement to report injuries to workers that lead to absence from work or inability to do their usual job, for over seven days (over-7-day injuries). This replaced the previous 'over-3-day' legal requirement.
- October 2013: more extensive legislative changes were introduced to simplify the reporting of workplace injuries. One key change was the introduction of 'specified injuries', which replaced the previous 'major injury' category.

## HSE Costs to Britain Model

Developed to estimate the economic costs of injury and new cases of ill health arising from current working conditions. The economic cost estimate includes estimates of both financial (or direct) costs incurred, either in terms of payments that have to be made or income/output that is lost and the monetary valuation of the impact on quality and loss of life of affected workers.

## **European Survey of Enterprises on New and Emerging Risks (ESENER)**

A large Europe-wide survey of establishments with five or more employees including all sectors of economic activity except for private households (SIC 2007 Section T) and extraterritorial organisations (SIC 2007 Section U). The survey asks those 'who know best' about safety and health in establishments about the way safety and health risks are managed at their workplace, with a particular focus on psychosocial risks.

### **HSE Enforcement data**

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 whether to institute legal proceedings and which offences are taken.

Enforcement notices cover improvement, prohibition and deferred prohibition. Offences prosecuted refer to individual breaches of health and safety legislation; a prosecution case may include more than one offence. Where prosecution statistics are allocated against a particular year, unless otherwise stated, the year relates to the date of final hearing with a known outcome. They exclude those cases not completed, for example adjourned.

### **Definitions**

**Rate per 100,000:** The number of annual injuries or cases of ill health per 100,000 employees or workers

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

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

For more information, see [www.hse.gov.uk/statistics/sources.htm](http://www.hse.gov.uk/statistics/sources.htm)

## 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.

An account of how the figures are used for statistical purposes can be found at [www.hse.gov.uk/statistics/sources.htm](http://www.hse.gov.uk/statistics/sources.htm).

For information regarding the quality guidelines used for statistics within HSE see [www.hse.gov.uk/statistics/about/quality-guidelines.htm](http://www.hse.gov.uk/statistics/about/quality-guidelines.htm)

A revisions policy and log can be seen at [www.hse.gov.uk/statistics/about/revisions/](http://www.hse.gov.uk/statistics/about/revisions/)

Additional data tables can be found at [www.hse.gov.uk/statistics/tables/](http://www.hse.gov.uk/statistics/tables/).

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**Next update:** To be announced

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