PROTECTING PEOPLE
AND PLACES

HSE

Health and safety at work

Summary statistics for Great Britain 2026



Key facts

Work-related ill health

1.8 million

Workers suffering from work-related ill health in 2025/26.[1]

Of which

0.9 million

Workers suffering from work-related stress, depression or anxiety in 2025/26.[1]

0.5 million

Workers suffering from work-related musculoskeletal disorders in 2025/26.[1]

Workplace injuries

126

Workers killed in work-related accidents in 2025/26.[2]

0.7 million

Workers sustaining a workplace non-fatal injury in 2025/26.[1]

58,298

Employee work-related non-fatal injuries reported by employers in 2025/26.[2]

Working days lost

39.6 million

Working days lost due to work-related ill health and workplace non-fatal injury in 2025/26.[1]

Occupational lung disease

11,000

Lung disease deaths each year estimated to be linked to past exposures at work.[3]

2,146

Mesothelioma deaths in 2024, with a similar number of lung cancer deaths linked to past exposures to asbestos.[4]

Costs to Britain

24.6 billion

Annual costs of workplace injury and new cases of work-related ill health in 2024/25, excluding long latency illness such as cancer.[5]

Of which

17.6 billion

Annual costs of new cases of work-related ill health in 2024/25, excluding long latency illness such as cancer.[5]

6.9 billion

Annual costs of workplace injury in 2024/25.[5]

Data shown represents the most recent available data as of November 2026. Estimates of work-related ill health include new and long-standing cases.

[1] Estimates based on self-reports from the Labour Force Survey for people who worked in the last 12 months. [2] Reports under RIDDOR. [3] Estimate based on death certificate counts and epidemiological information. [4] Counts from death certificates. [5] Estimates based on HSE Cost Model.

Work-related ill health

1.8 million

Workers suffering from work-related ill health (new and long-standing) in 2025/26 [1]

699,000

Workers suffering from a new case of work-related ill health in 2025/26 [1]

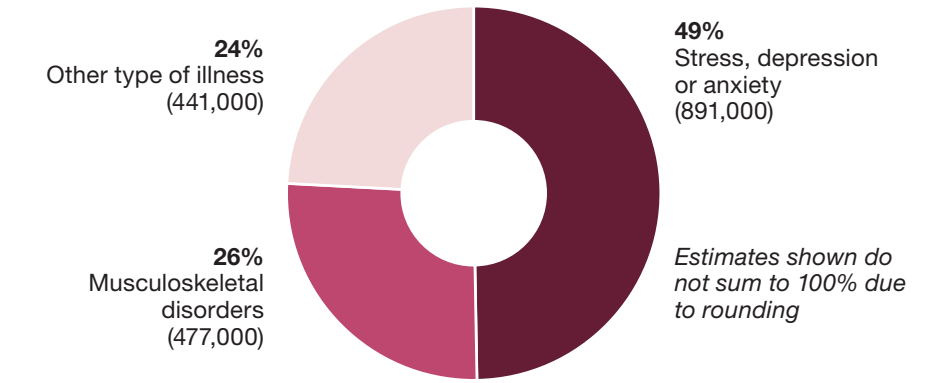
35.0 million

Working days lost due to work-related ill health (new and long-standing) in 2025/26 [1]

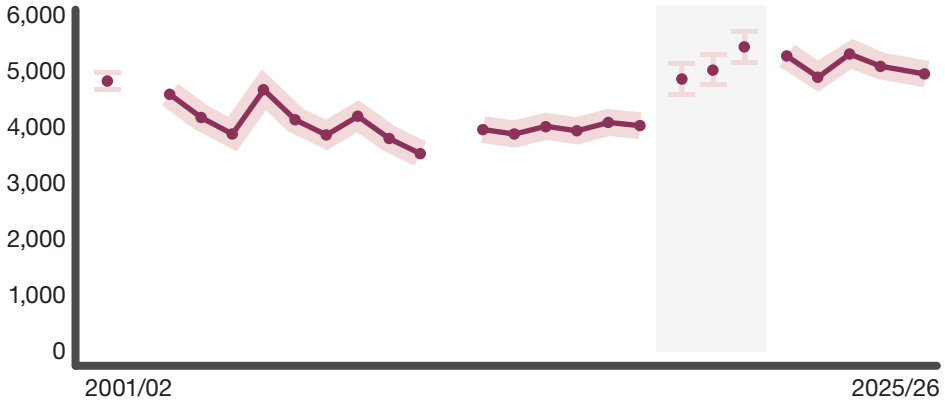
13,000

Deaths each year estimated to be linked to past exposure at work, primarily to chemicals or dust [2]

Work-related ill health by type (new and long-standing), 2025/26 [1]



Rate of work-related ill health per 100,000 workers (new and long-standing) [1]



The data for 2019/20 to 2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column.

Shaded area and error bars represent a 95% confidence interval

No ill health data was collected in 2002/03 or 2012/13

Change over time

The rate of **self-reported work-related ill health** has been broadly flat over the last four years but remains higher than pre-pandemic rates.[1]

Working days lost per worker due to self-reported work-related illness has been broadly flat over the last four years but remains higher than pre-pandemic rates.[1]

[1] Estimates of ill health based on self-reports from the Labour Force Survey (LFS) for people who worked in the last 12 months
[2] Death certificates and estimates from epidemiological information

Find out more about the ill health figures on the HSE website.

Work-related stress, depression or anxiety

891,000

Workers suffering from work-related stress, depression or anxiety (new and long-standing) in 2025/26

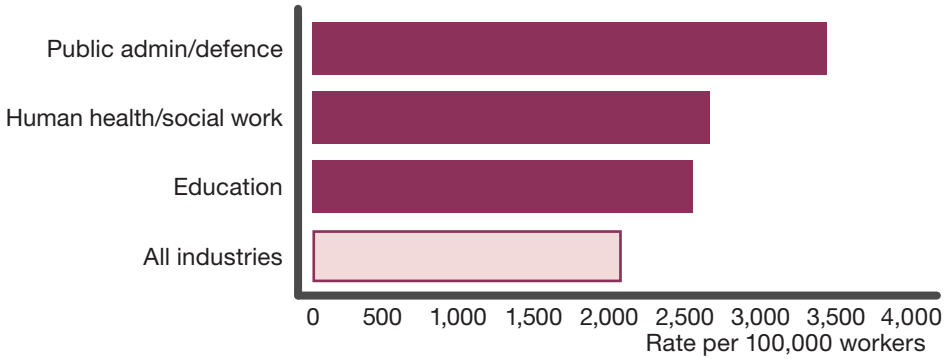
357,000

Workers suffering from a new case of work-related stress, depression or anxiety in 2025/26

18.2 million

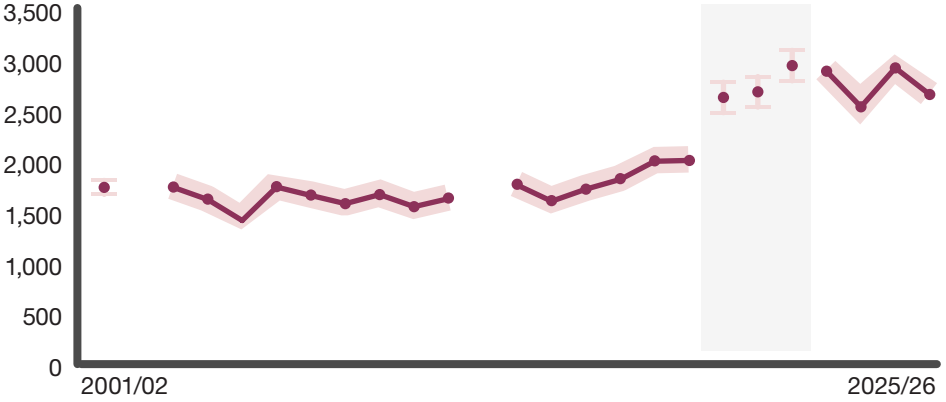
Working days lost due to work-related stress, depression or anxiety (new and long-standing) in 2025/26

Industries with higher-than-average rates of work-related stress, depression or anxiety (new and long-standing), 2023/24 to 2025/26



These estimates are restricted to ill health in current or most recent job

Rate of work-related stress, depression or anxiety per 100,000 workers (new and long-standing)



The data for 2019/20 to 2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column.

Shaded area and error bars represent a 95% confidence interval

No ill health data was collected in 2002/03 or 2012/13

Change over time

The rate of **self-reported work-related stress, depression or anxiety** has shown no consistent trend over the last four years but remains higher than pre-pandemic rates.

Working days lost per worker due to self-reported work-related stress, depression or anxiety has shown no consistent trend in the last four years but remains higher than pre-pandemic rates.

Estimates based on self-reports from the Labour Force Survey (LFS) for people who worked in the last 12 months

Find out more about the stress, depression or anxiety figures on the HSE website.

Work-related musculoskeletal disorders

477,000

Workers suffering from work-related musculoskeletal disorders (new and long-standing) in 2025/26

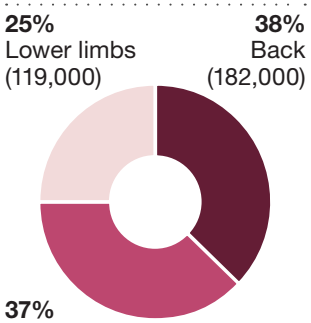
172,000

Workers suffering from a new case of a work-related musculoskeletal disorder in 2025/26

7.5 million

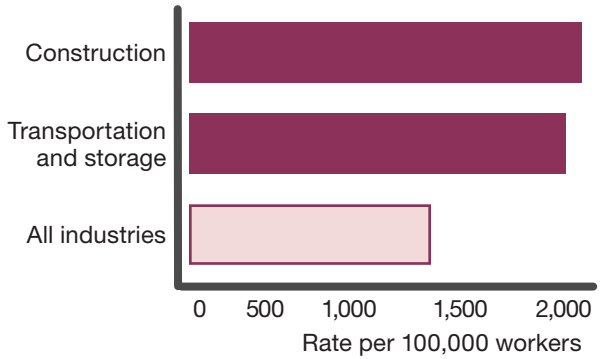
Working days lost due to work-related musculoskeletal disorders in 2025/26

Work-related musculoskeletal disorders by affected area, 2025/26



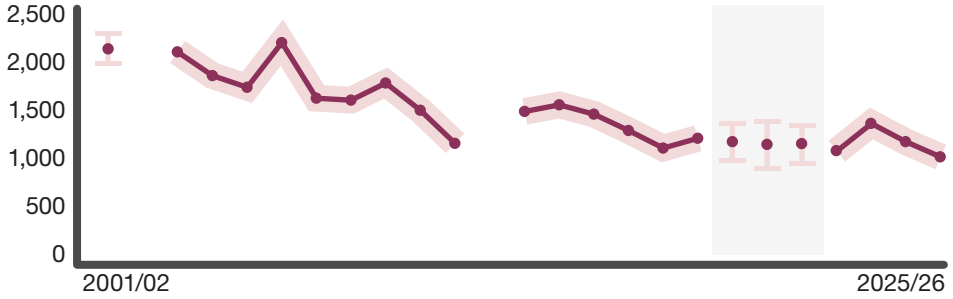
Estimates shown do not sum to 477,000 due to rounding

Industries with higher-than-average rates of work-related musculoskeletal disorders (new and long-standing), 2023/24 to 2025/26



These estimates are restricted to ill health in current or most recent job

Rate of work-related musculoskeletal disorders per 100,000 workers (new and long-standing)



The data for 2019/20 to 2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column.

Shaded area and error bars represent a 95% confidence interval

No ill health data was collected in 2002/03 or 2012/13

Change over time

The rate of **self-reported work-related musculoskeletal disorders** has been broadly flat over the last four years and is similar to pre-pandemic rates.

Working days lost per worker due to self-reported work-related musculoskeletal disorders has been broadly flat in the last four years and are similar to pre-pandemic rates.

Estimates based on self-reports from the Labour Force Survey (LFS) for people who worked in the last 12 months

Find out more about the musculoskeletal disorder figures on the HSE website.

Occupational lung disease

11,000

Lung disease deaths each year estimated to be linked to past exposures at work [1]

2,146

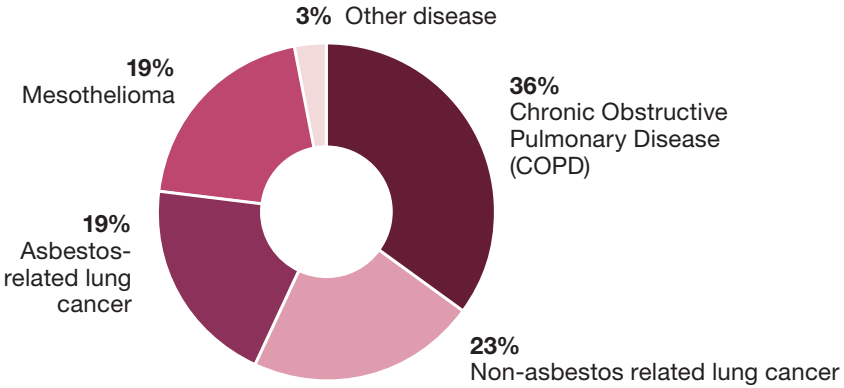
Mesothelioma deaths in 2024, with a similar number of lung cancer deaths linked to past exposures to asbestos [2]

22,000

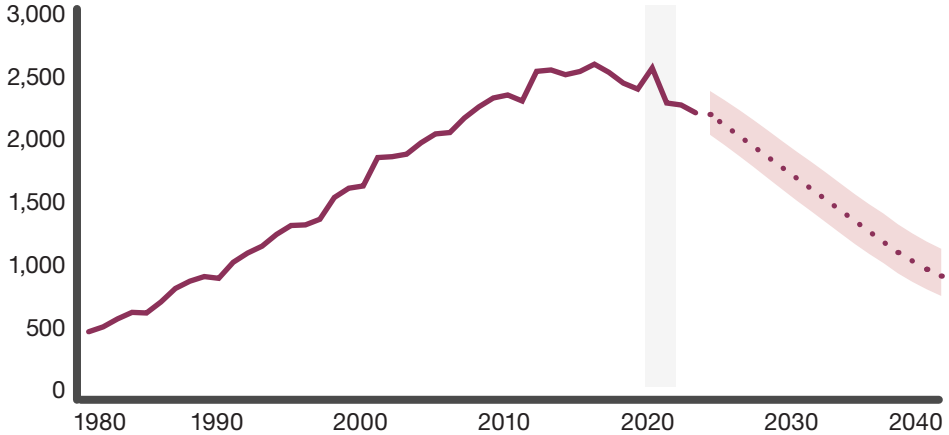
New cases of breathing or lung problems caused or made worse by work, average estimate over 2023/24 to 2025/26 [3]

Occupational lung diseases account for around 11,000 of the 13,000 total deaths estimated to be linked to past exposures at work.

Lung diseases contributing to estimated current annual deaths [1]



Annual mesothelioma deaths and future projections to 2040 [1] [2]



The data for 2020 to 2021 includes the effects of the coronavirus pandemic, shown inside the grey shaded column.

Change over time

Annual **mesothelioma deaths** are expected to reduce over the period 2025 to 2040.[1]

The rate of annual new cases of **occupational asthma** reported by chest physicians has been broadly constant since 2010. There is more uncertainty in recent years due to the effects of the coronavirus pandemic.[4]

[1] Estimate based on death certificate counts and epidemiological information
[2] Counts from death certificates
[3] Estimates based on self-reports from the Labour Force Survey (LFS) for people who worked in the last 12 months
[4] THOR reports from chest physicians

Find out more about the lung disease figures on the HSE website.

Workplace injury

126

Workers killed in work-related accidents in 2025/26 [1]

688,000

Workers sustaining a workplace non-fatal injury in 2025/26 [2]

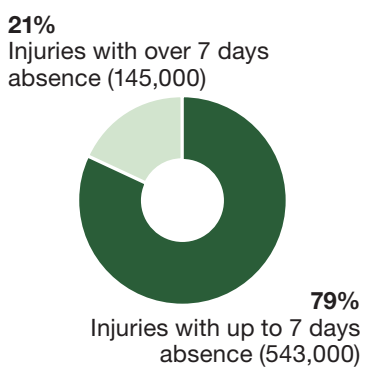
58,298

Employee work-related non-fatal injuries reported by employers in 2025/26 [1]

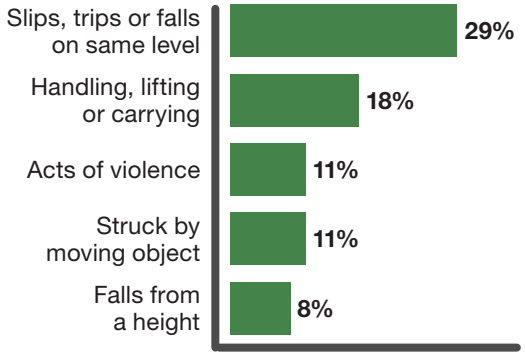
4.6 million

Working days lost due to workplace non-fatal injuries in 2025/26 [2]

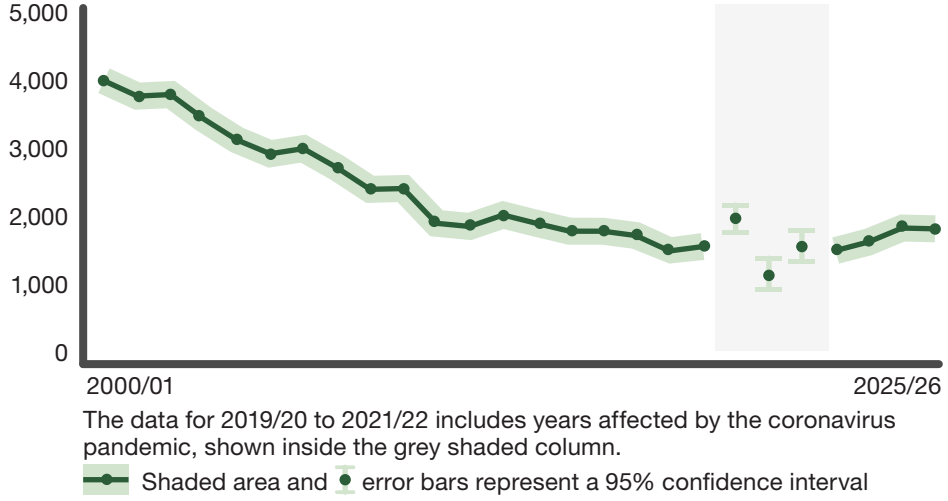
Estimated self-reported workplace non-fatal injuries to workers, 2025/26 [2]



Employee work-related non-fatal injuries reported by employers by most common accident kinds, 2025/26 [1]



Estimated rate of self-reported workplace non-fatal injuries per 100,000 workers [2]



Change over time

Over the long-term, the rate of **fatal injury to workers** showed a downward trend, though the rate of decline has slowed in recent years.[1]

The rate of **self-reported non-fatal injury** to workers has been broadly flat over the last four years and is similar to pre-pandemic rates.[2]

The rate of **non-fatal injury to employees reported by employers** shows a continued downward trend.[1]

[1] *Reports under RIDDOR*
[2] *Estimates based on self-reports from the Labour Force Survey*

Find out more about the injury figures on the HSE website.

Costs to Britain

£24.6 billion

Annual costs of workplace injury and new cases of work-related ill health in 2024/25, excluding long latency illness such as cancer.

Of which:

£17.6 billion

Annual costs of new cases of work-related ill health in 2024/25, excluding long latency illness such as cancer

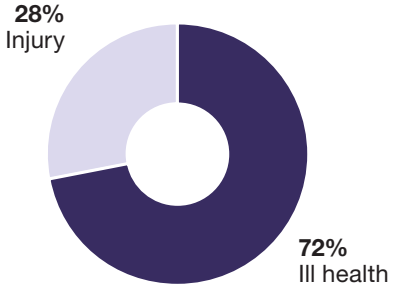
£6.9 billion

Annual costs of workplace injury in 2024/25

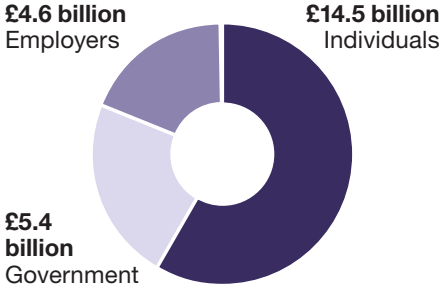
The injury and ill health cost estimates are rounded and therefore do not sum to the £24.6 billion total cost.

Costs to Britain of workplace injuries and new cases of work-related ill health by:

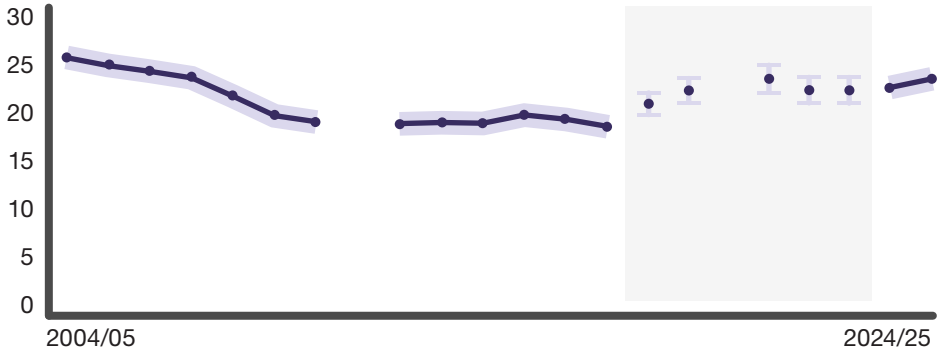
Type of incident



Cost bearer



Costs to Britain of workplace injuries and new cases of work-related ill health (£ billions)



Data based on three-year rolling average with the named year based on the middle year of the three, for example 2023/24, 2024/25, 2025/26 average is referred to as 2024/25.

Data points within the grey shaded column include estimates based on years affected by the coronavirus pandemic.

Shaded area and error bars represent a 95% confidence interval.

No costs estimate is available for 2011/12 or 2020/21.

Cost components

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.

All costs presented are in 2025 prices.

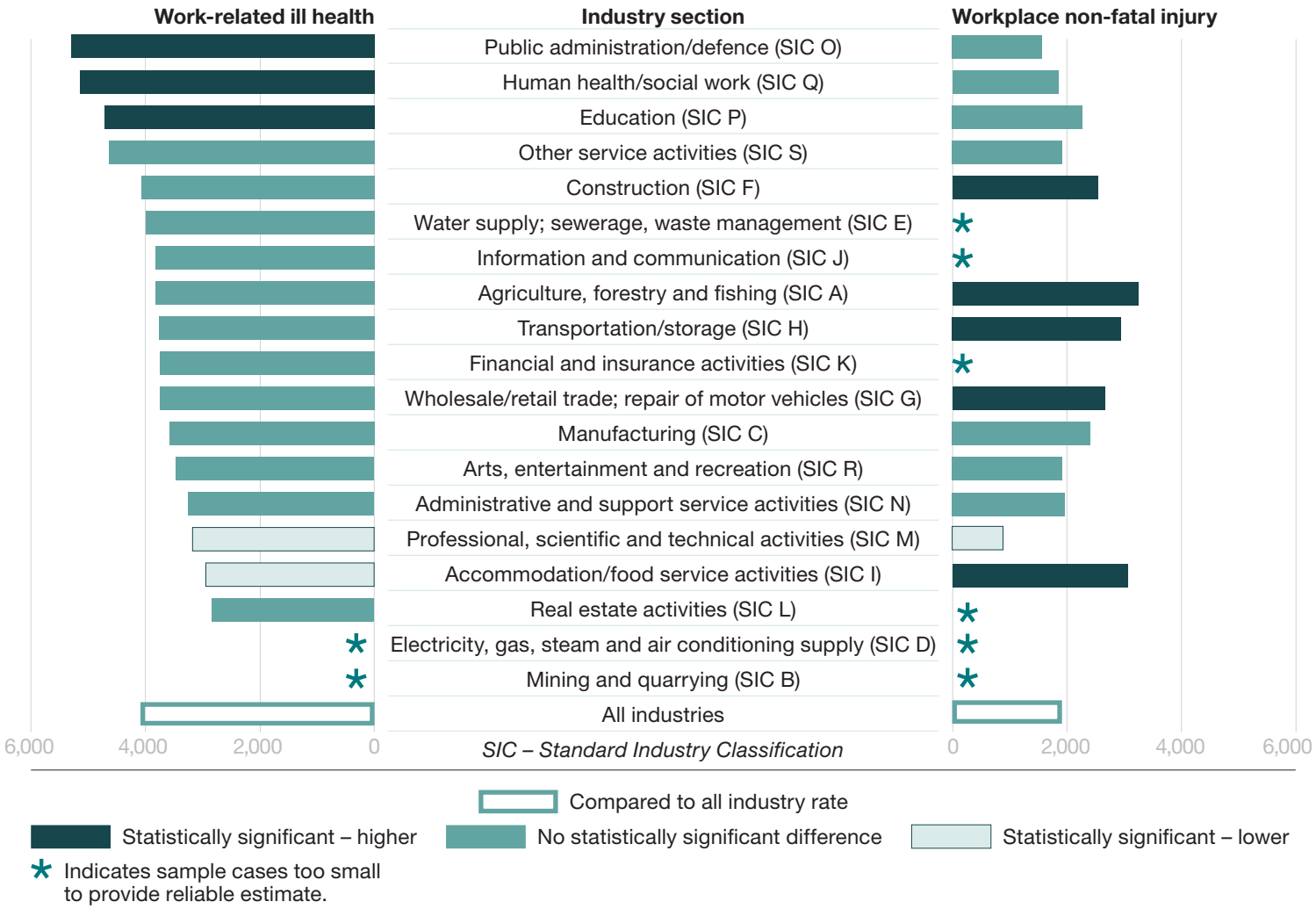
Estimates from HSE Cost Model for 2023/24, 2024/25, 2025/26 (referred to as 2024/25)

Find out more about the costs to Britain figures on the HSE website.

Learn more about the cost of work-related cancer in Great Britain figures on the National Archives.

Industries

Rate of self-reported work-related ill health and workplace non-fatal injury by industry per 100,000 workers, 2023/24 to 2025/26



Comparisons

Industries with statistically significantly higher rates of **work-related ill health** compared to the average rate across all industries were public administration and defence, human health and social work and education.

Agriculture, forestry and fishing, accommodation and food service activities, transportation and storage, construction and wholesale and retail trade (including motor vehicle repair) had statistically significantly higher **workplace non-fatal injury** rates compared to the average rate across all industries.

Estimates based on self-reports from the Labour Force Survey (LFS) for people who worked in the last 12 months, restricted to ill health or injury in current or most recent job

Find out more about the industry figures on the HSE website.

About HSE statistics

Interpretation

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

Confidence interval: An indication of estimate uncertainty and the precision of a sample estimate. It gives a range of values that is likely to contain the true population value. A 95% confidence interval means that if 20 random samples were drawn, we would expect 19 (95%) of the resulting intervals to contain the true population value.

Statistical significance: An indication of whether an observed difference is likely to reflect a true difference in the population rather than random sampling variation. At the 5% level, there is less than a 1 in 20 (5%) chance of observing the difference if no true difference exists.

Three-year average estimates: The average annual estimate over a three-year period, for example 2023/24 to 2025/26, used to improve reliability.

Change over time: Data covering the period 2019/20 to 2021/22 should be interpreted with caution due to the impact of the coronavirus (COVID-19) pandemic on data sources.

Industry classifications (SIC): Industries referred to are classified using the UK Standard Industrial Classification (SIC) 2007.

Sources

Labour Force Survey (LFS): A national survey run by the Office for National Statistics (ONS) of around 36,000 households each quarter. HSE commissions annual questions on self-reported work-related illness and workplace injury. The analysis and interpretation of this data is the sole responsibility of HSE.

RIDDOR: Work-related injury reports under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Fatal injury statistics relate to workers (employees and self-employed), whereas non-fatal injury statistics relate to employees.

The Health and Occupation Research (THOR) network: A surveillance system based on reports from medical specialists on specific work-related diseases.

Occupational lung disease statistics: Estimates derived from death certificates, THOR reports, Industrial Injuries Disablement Benefit (IIDB) data and epidemiological information.

HSE Cost Model: HSE methodology based on the LFS and RIDDOR used to estimate the economic costs of workplace injuries and new cases of work-related ill health.

Accredited Official Statistics

These statistics have been independently reviewed against the Code of Practice for Statistics and are produced to meet standards of trustworthiness, quality and value.

Further information

View the full data in the index of tables on the HSE website.

Find details on data sources, methodologies and National Statistics policies on the HSE website.

HSE Chief Statistician: **Tom Curd**

Contact: statsfeedback@hse.gov.uk

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