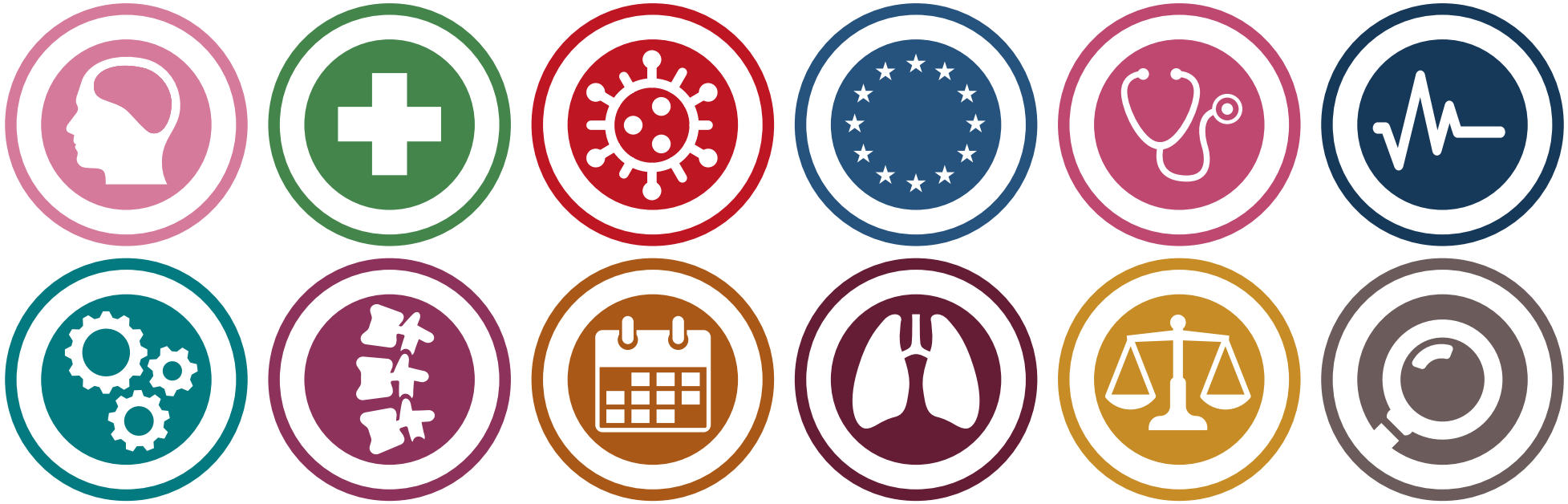
Health and safety at work

Summary statistics for Great Britain 2021



Key facts

1.7 million

Workers suffering from work-related ill health (new or long-standing) in 2020/21

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

0.8 million

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2020/21

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

0.5 million

Workers suffering from work-related musculoskeletal disorders (new or longstanding) in 2020/21

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

Coronavirus Pandemic

The coronavirus (COVID-19) pandemic has impacted health and safety statistics in 2020/21. No new data on working days lost and economic costs is available. However, two new measures have been developed to explore the impact of coronavirus on work-related ill health in 2020/21

93,000

Workers suffering from COVID-19 in 2020/21 which they believe may have been from exposure to coronavirus at work (new or long-standing)

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

0.6 million

Workers suffering from a work-related illness caused or made worse by the effects of the coronavirus pandemic (new or long-standing) in 2020/21

Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

0.4 million

Workers sustaining a non-fatal injury in 2020/21

Source: Estimates based on self-reports from the Labour Force Survey

142

Workers killed at work in 2020/21

Source: RIDDOR

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, including deaths from mesothelioma

Work-related ill health

1.7 million

Workers suffering from work-related ill health (new or long-standing) in 2020/21

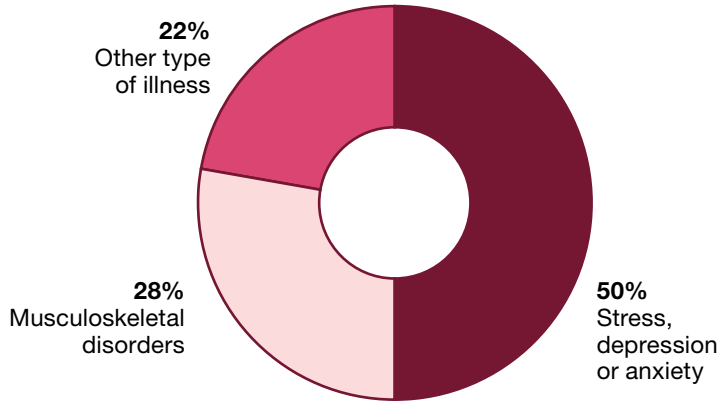
850,000

Workers suffering from a new case of work-related ill health in 2020/21

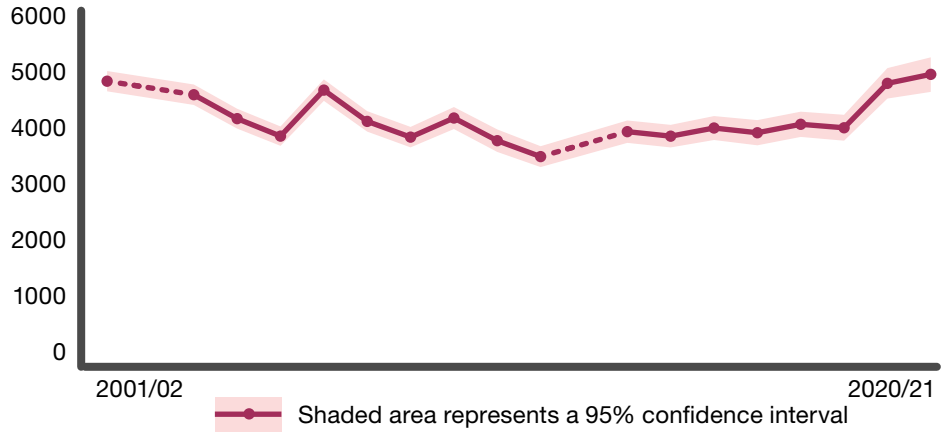
13,000

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, 2020/21



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



No ill-health data collected in 2002/03 or 2012/13 represented by a dashed line

In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related ill health had been broadly flat. In 2020/21 the rate was higher than the 2018/19 pre-coronavirus levels.

No new data on working days lost is available for 2020/21. Data for earlier periods can be found at https://www.hse.gov.uk/statistics/lfs/lfs-archive.htm

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 https://www.hse.gov.uk/statistics/causdis/index.htm

Work-related stress, depression or anxiety

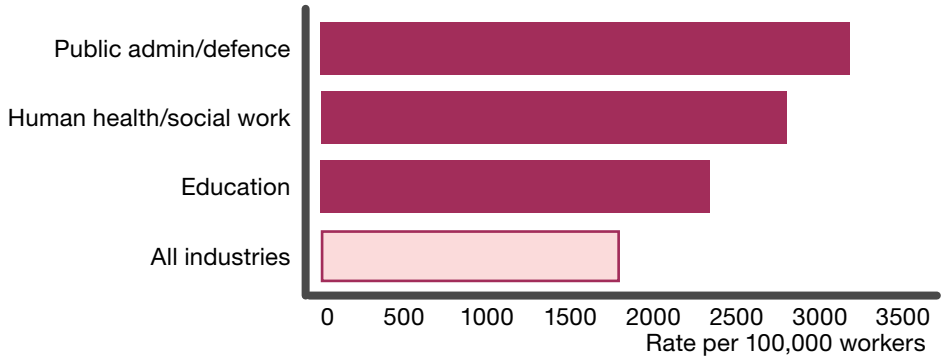
822,000

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2020/21

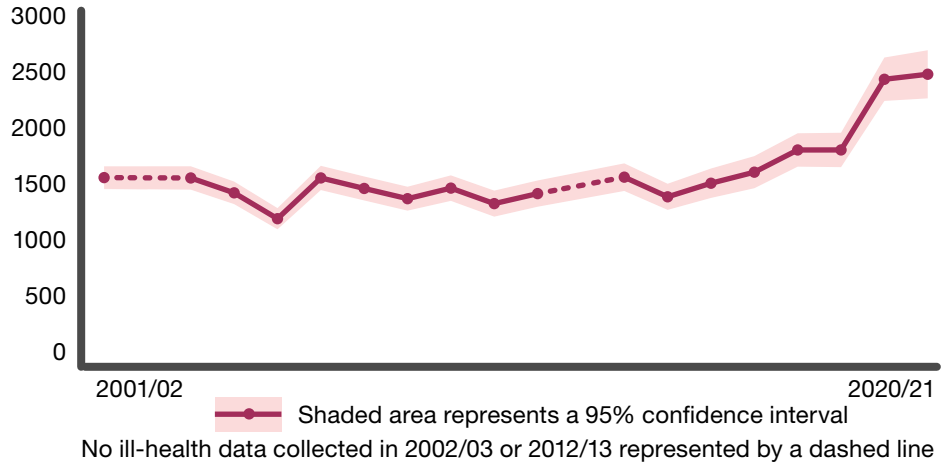
451,000

Workers suffering from a new case of work-related stress, depression or anxiety in 2020/21

Industries with higher than average rates of stress, depression or anxiety, averaged 2018/19–2020/21



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



In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing. In 2020/21 the rate was higher than the 2018/19 pre-coronavirus levels.

Workload, lack of support, violence, threats or bullying and changes at work were estimated to be the main causes of work-related stress, depression or anxiety prior to the pandemic based on 2009/10-2011/12 LFS data.

In 2020/21 the effects of the coronavirus pandemic were also found to be a major contributory factor to work-related stress, depression or anxiety.

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 https://www.hse.gov.uk/statistics/causdis/index.htm

Work-related musculoskeletal disorders

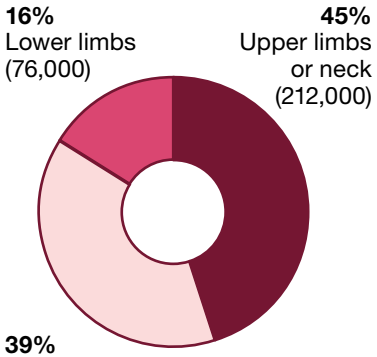
470,000

Workers suffering from work-related musculoskeletal disorders (new or long-standing) in 2020/21

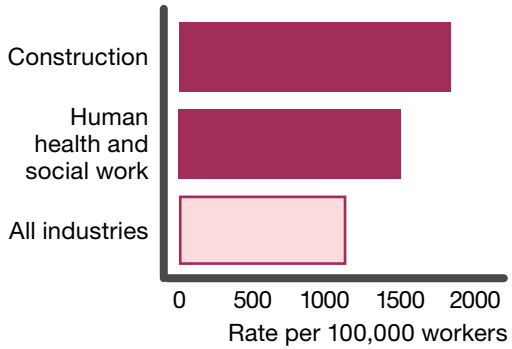
162,000

Workers suffering from a new case of work-related musculoskeletal disorder in 2020/21

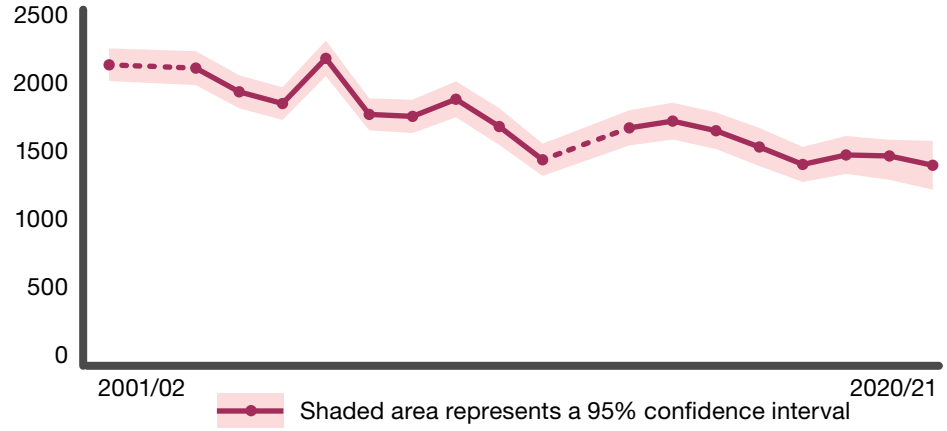
Musculoskeletal disorders by affected area, 2020/21



Industries with higher than average rates of musculoskeletal disorders, averaged 2018/19–2020/21



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



No ill-health data collected in 2002/03 or 2012/13 represented by a dashed line

Prior to the coronavirus pandemic, the rate of self-reported work-related musculoskeletal disorders showed a generally downward trend. In 2020/21 the rate was broadly similar to the 2018/19 pre-coronavirus levels.

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

In 2020/21 the effects of the coronavirus pandemic were also found to be a contributory factor to work-related musculoskeletal disorders.

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 https://www.hse.gov.uk/statistics/causdis/index.htm

Occupational lung disease

12,000

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

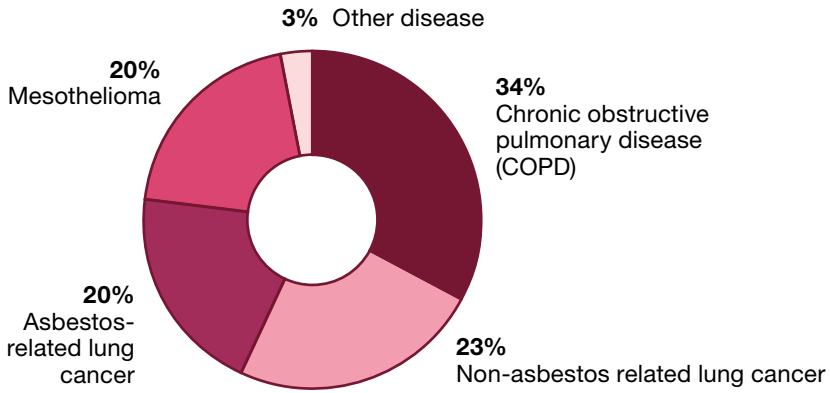
2,369

Mesothelioma deaths in 2019, with a similar number of lung cancer deaths linked to past exposures to asbestos

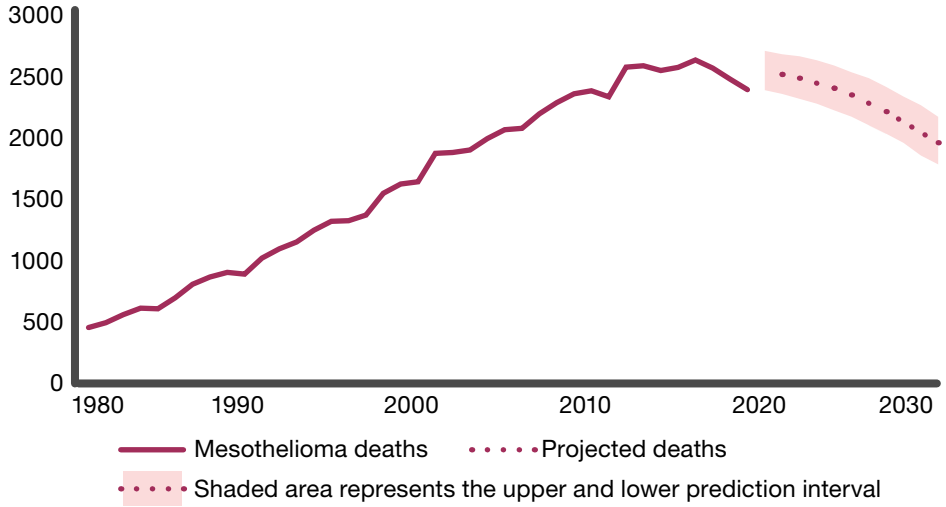
17,000

Estimated 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-reports from the Labour Force Survey

Lung diseases contributing to estimated current annual deaths



Annual mesothelioma deaths and future projections to 2030



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

Annual mesothelioma deaths are expected to reduce over the period 2020 to 2030.

Prior to the coronavirus pandemic, the rate of annual new cases of occupational asthma seen by chest physicians had been increasing with 174 estimated cases in 2019.

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

Coronavirus pandemic

93,000

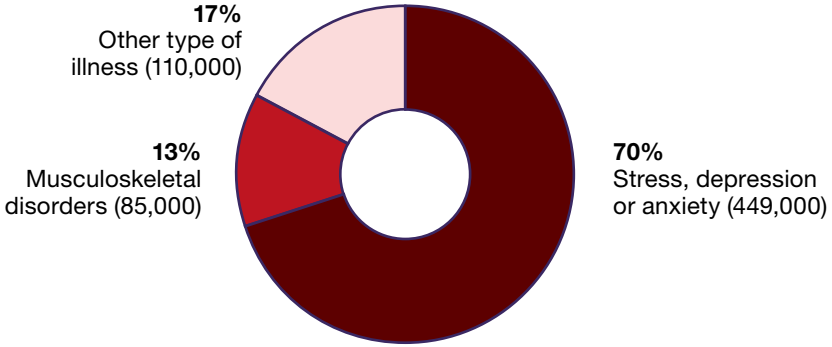
Workers suffering with COVID-19 in 2020/21 which they believe may have been from exposure to coronavirus at work (new or long-standing). Around half of those suffering were in human health and social work activities

645,000*

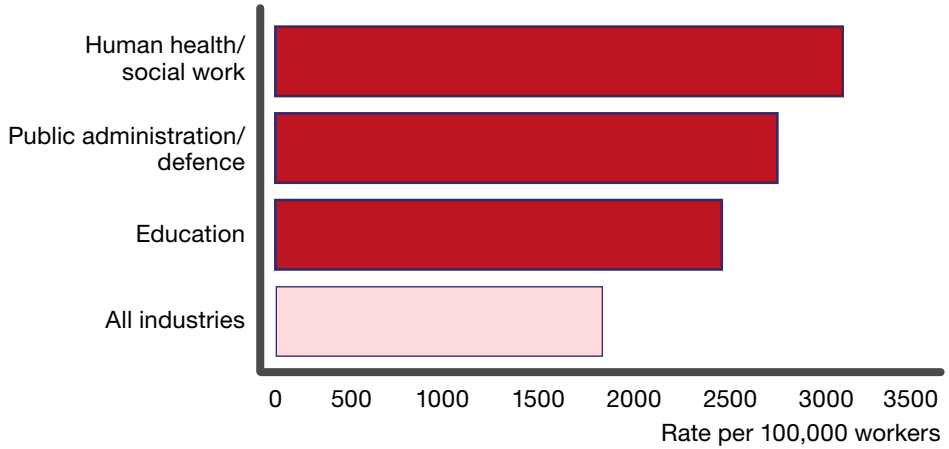
Workers suffering from a work-related illness caused or made worse by the effects of the coronavirus pandemic (new or long-standing) in 2020/21. Around 20% of those suffering were in human health and social work activities

**Excludes the 93,000 workers in the first statistic*

New and long-standing cases of work-related ill health caused or made worse by the effects of the coronavirus pandemic by type, 2020/21



Industries with higher than average rates of new and long-standing work-related ill health caused or made worse by the effects of the coronavirus pandemic, 2020/21



Reliably identifying the source of exposure for COVID-19 that is widely prevalent in the community is difficult and self-reports may under- or overestimate the true scale.

These estimates of numbers of workers who suffered ill health as a result of the coronavirus pandemic should not be subtracted from the overall estimate of work-related ill health. We cannot assume that those individuals would not have otherwise suffered a work-related illness in the absence of coronavirus.

A technical report describing these new measures and their limitations is available at www.hse.gov.uk/statistics/assets/docs/covid-19.pdf

Estimates 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/coronavirus/index.htm

Workplace injury

142

Workers killed at work in 2020/21

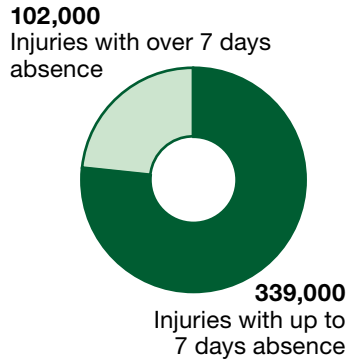
441,000

Workers sustaining a non-fatal injury according to self-reports from the Labour Force Survey in 2020/21

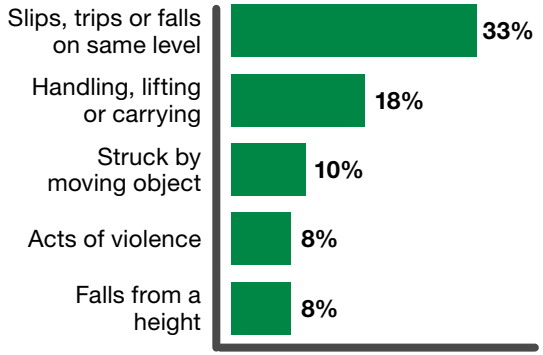
51,211

Employee non-fatal injuries reported by employers under RIDDOR in 2020/21

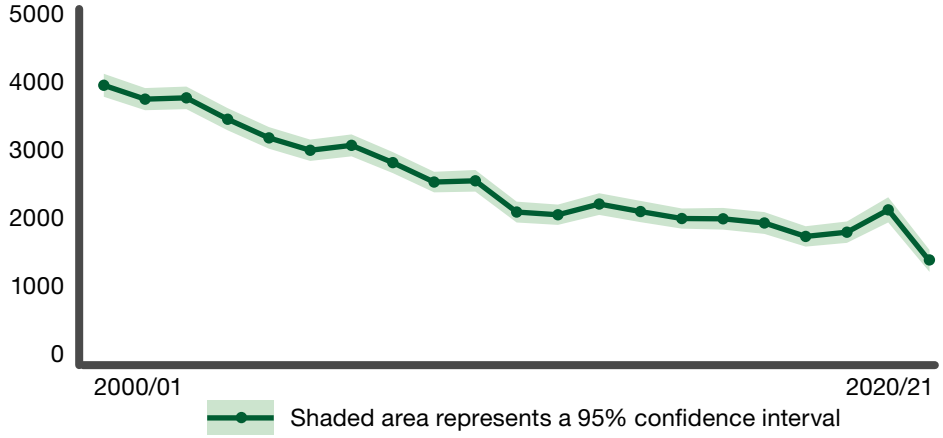
Estimated self-reported non-fatal injuries, 2020/21



Non-fatal injuries to employees by most common accident kinds (as reported by employers), 2020/21



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



The rate of fatal injury showed a generally downward trend but has been broadly flat in recent years.

Prior to the coronavirus pandemic, the rate of self-reported non-fatal injury to workers showed a generally downward trend. In 2020/21 the rate was lower than the 2018/19 pre-coronavirus levels.

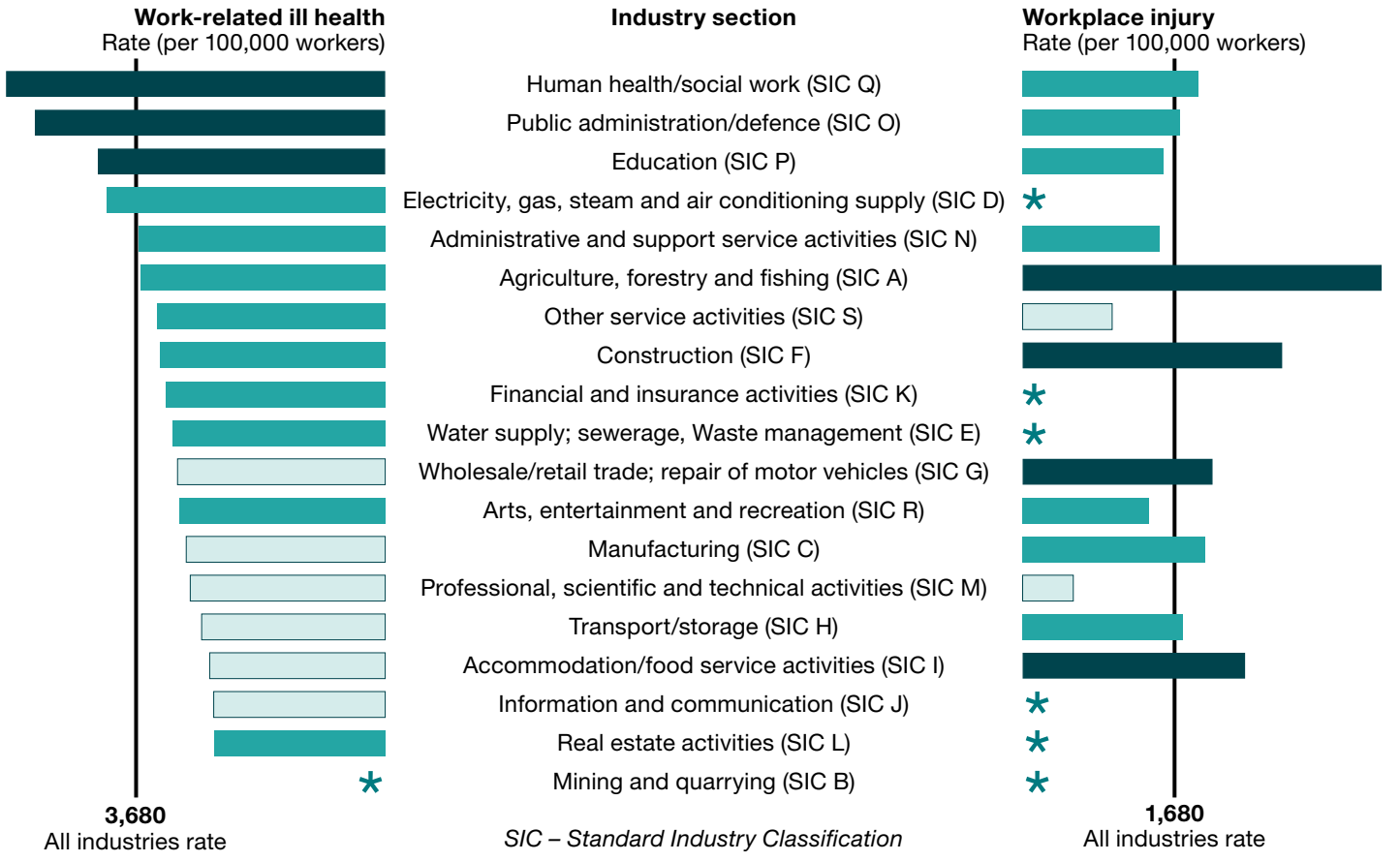
Prior to the coronavirus pandemic, the rate of non-fatal injury to employees reported by employers showed a downward trend. The rate fell further in 2020/21, though more sharply than previously seen.

No new data on working days lost is available for 2020/21. Data for earlier periods can be found at https://www.hse.gov.uk/statistics/lfs/lfs-archive.htm

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

Industries

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



Source: Labour Force Survey annual average estimate 2018/19–2020/21

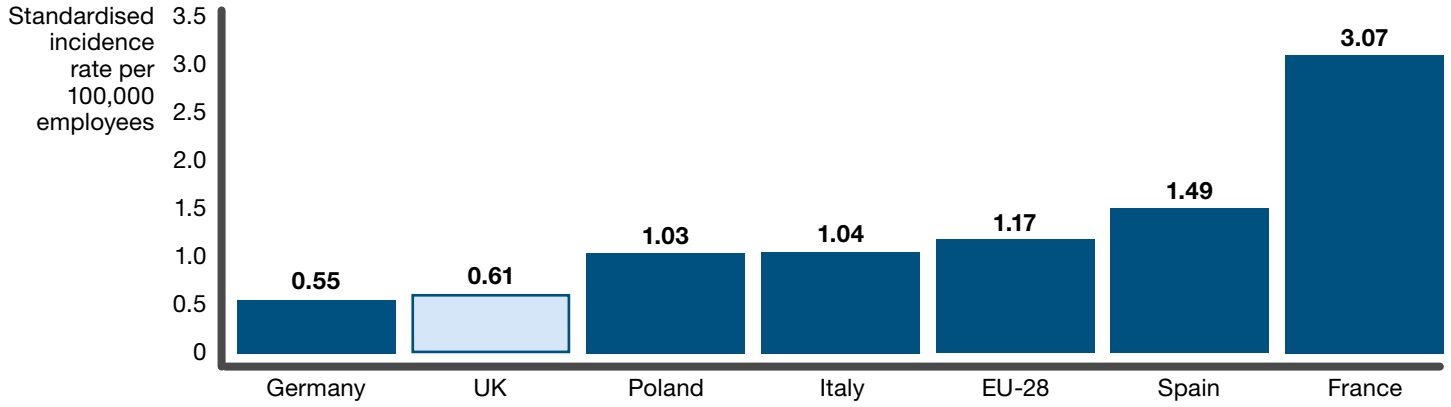
Industries with ill-health rates statistically significantly higher than the rate for all industries were human health and social work, public administration and defence and education.

Agriculture, forestry and fishing, construction, accommodation and food service activities and wholesale and retail trade (including motor vehicle repair) had statistically significantly higher injury rates than for all industries.

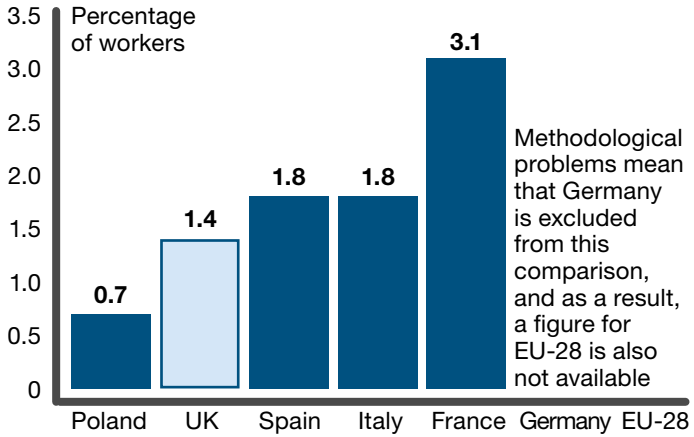
To find out the story behind the key figures, visit www.hse.gov.uk/statistics/industry

European comparisons

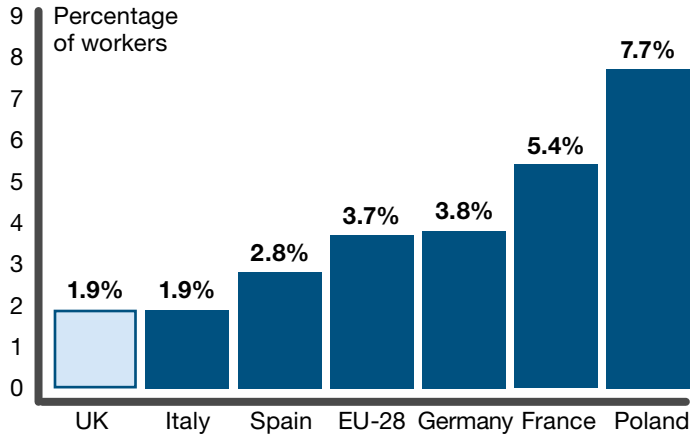
Fatal injuries in large EU economies (Eurostat 2018)



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



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



This data relates to when the UK was a member of the EU.

The UK consistently has one of the lowest rates of fatal injury across the EU. Compared to other large European economies, the 2018 UK fatal injury rate was a similar order as Germany, and lower than France, Spain, Italy, Poland, and the EU average.

In 2013 the UK rates of non-fatal injuries and work-related ill health, resulting in sick leave, compared favourably with many EU countries.

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

Enforcement

185

Cases prosecuted, or referred to COPFS for prosecution in Scotland, by HSE where a conviction was achieved in 2020/21

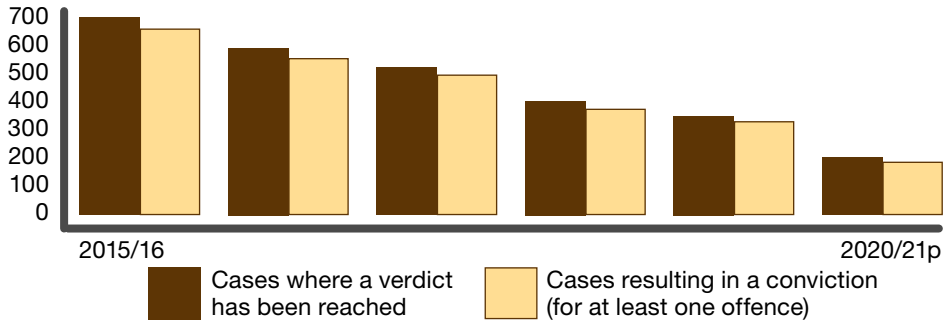
2,929

Notices issued by HSE in 2020/21

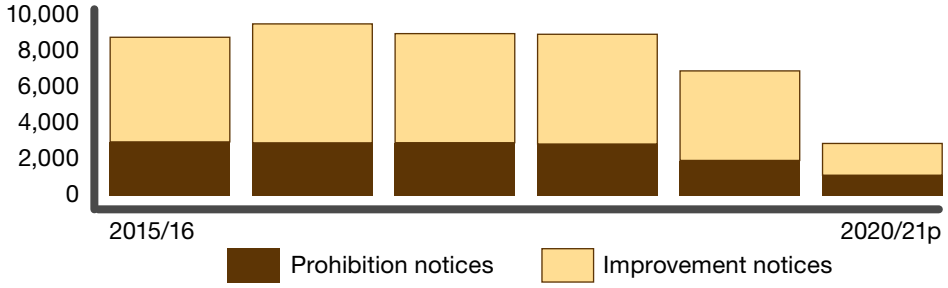
£26.9 million

In fines resulting from prosecutions taken, or referred to COPFS for prosecution in Scotland, by HSE where a conviction was achieved in 2020/21

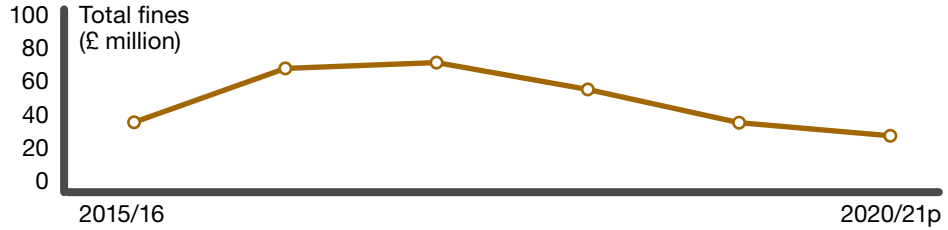
Prosecution cases brought by HSE and, in Scotland, COPFS



Enforcement notices issued by HSE



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



The restrictions imposed by the coronavirus pandemic has had an impact on the number of prosecutions and notices issued.

This year has seen a substantial fall in the number of cases prosecuted.

The number of notices issued by HSE bodies showed a substantial decrease compared to the previous year.

Though the total value of all fines has decreased from 2019/20, the average fine per case has increased from £107,000 to £145,000.

Find out the story behind the key figures, visit http://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 37,000 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. New questions related to the effects of the pandemic on work-related ill health were added to the survey this year. 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, over-seven-day and specified non-fatal injuries to workers 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).

Death Certificates

Some occupational lung diseases, including the asbestos-related diseases mesothelioma and asbestosis, can be identified from the recorded cause of death.

Enforcement

Due to the impact of the coronavirus pandemic, data collection for notices issued by Local Authorities was not possible for this year's publication. 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.

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.

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 mean of transport in the course of work. Data related to European comparisons refers to when the UK was a member of the EU.

The coronavirus pandemic has impacted health and safety statistics and no new data on working days lost and economic costs are available in the 2021 publication. Further information on the impact of the coronavirus pandemic on the interpretation of Health and Safety Statistics in 2020/21 can be found at www.hse.gov.uk/statistics/assets/docs/covid-19.pdf

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 and enforcement figures in this report are National Statistics.

National Statistics status means that statistics meet the highest standards of trustworthiness, quality and public value. They are produced in compliance with the Code of Practice for Statistics, and awarded National Statistics status following assessment and compliance checks by the Office for Statistics Regulation (OSR). The last compliance check of these statistics was in 2013.

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Last updated: **December 2021**

Next update: **November 2022**

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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