PROTECTING PEOPLE
AND PLACES

HSE

Health and safety at work

Summary statistics for Great Britain 2022

Key facts

1.8 million

Work-related ill health cases (new or long-standing) in 2021/22

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

36.8 million

Working days lost due to work-related ill health and non-fatal workplace injury in 2021/22

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

0.6 million

Workers sustaining a non-fatal injury in 2021/22

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

0.9 million

Work-related stress, depression or anxiety cases (new or long-standing) in 2021/22

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

0.1 million

Workers suffering from COVID-19 in 2021/22 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

123

Workers killed in work-related accidents in 2021/22

Source: RIDDOR

0.5 million

Work-related musculoskeletal disorder cases (new or long-standing) in 2021/22

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 2021/22

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

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

11.2 billion

Annual costs of new cases of ill health in 2019/20, excluding long latency illness such as cancer

Source: Estimates based on HSE Cost Model

18.8 billion

Annual costs of work-related injury and new cases of ill health in 2019/20, excluding long latency illness such as cancer

Source: Estimates based on HSE Cost Model

7.6 billion

Annual costs of work-related injury in 2019/20

Source: Estimates based on HSE Cost Model

Work-related ill health

1.8 million

Workers suffering from work-related ill health (new or long-standing) in 2021/22

722,000

Workers suffering from a new case of work-related ill health in 2021/22

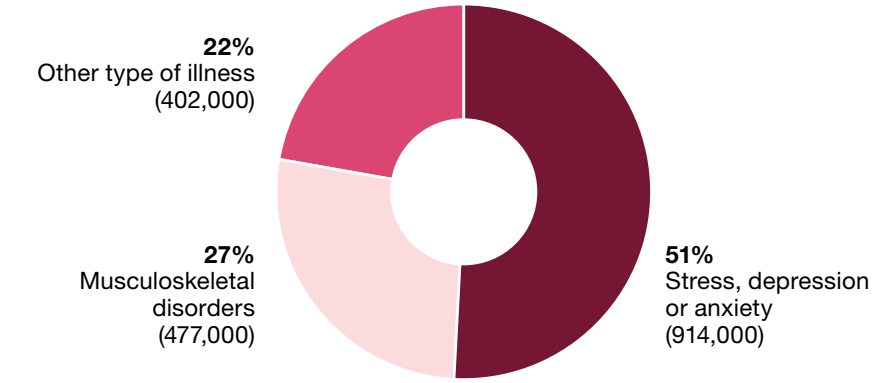
30.8 million

Working days lost due to work-related ill health in 2021/22

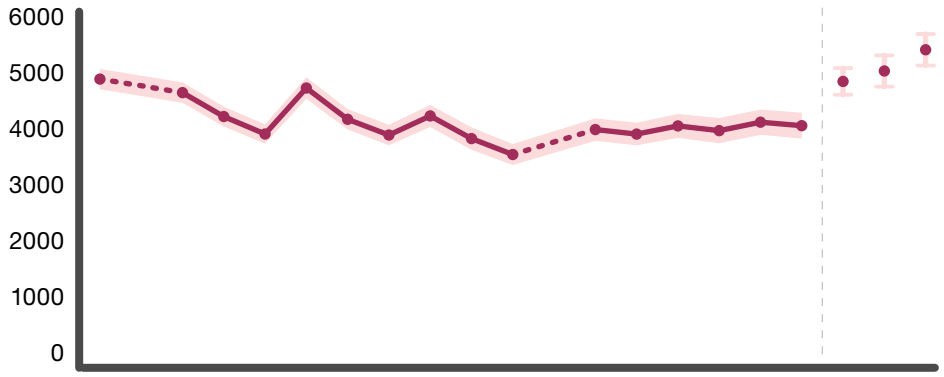
13,000

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, 2021/22



Rate of work-related ill health per 100,000 workers: new and long-standing



Latest data includes the effects of the coronavirus pandemic, shown as a break in the time series

Shaded area and error bars represent a 95% confidence interval

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. The current rate is higher than the 2018/19 pre-coronavirus levels.

Prior to the coronavirus pandemic, working days lost per worker due to self-reported work-related illness had been broadly flat. The current rate is higher than the 2018/19 pre-coronavirus levels.

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

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

Work-related stress, depression or anxiety

914,000

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2021/22

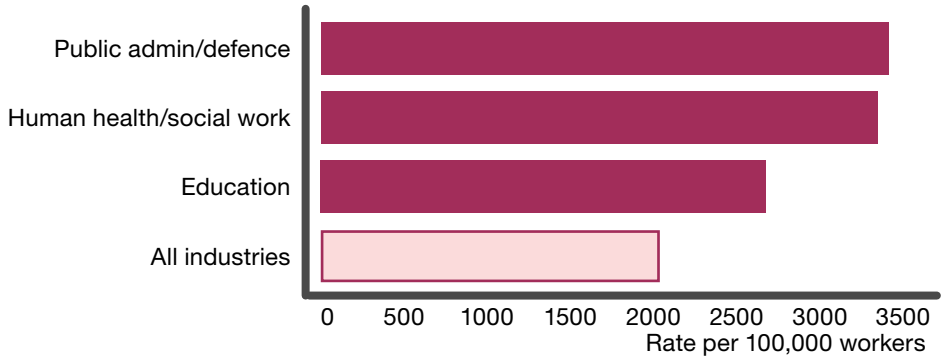
372,000

Workers suffering from a new case of work-related stress, depression or anxiety in 2021/22

17.0 million

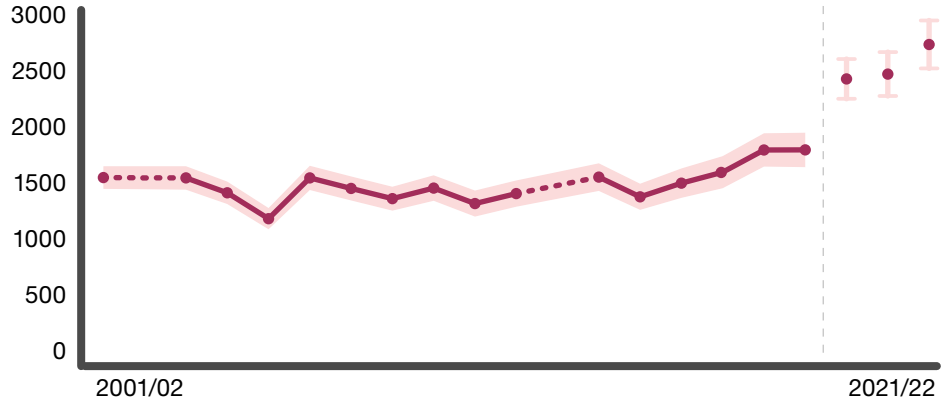
Working days lost due to work-related stress, depression or anxiety in 2021/22

Industries with higher-than-average rates of work-related stress, depression or anxiety, averaged 2019/20–2021/22



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



Latest data includes the effects of the coronavirus pandemic, shown as a break in the time series

Shaded area and error bars represent a 95% confidence interval

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 stress, depression or anxiety had shown signs of increasing. The current rate is higher than the 2018/19 pre-coronavirus levels.

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

In 2021/22, the effects of the coronavirus pandemic were 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/assets/docs/stress.pdf

Work-related musculoskeletal disorders

477,000

Workers suffering from a work-related musculoskeletal disorder (new or long-standing) in 2021/22

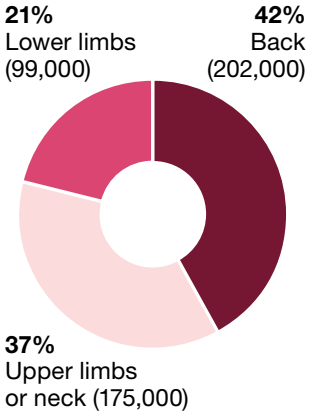
139,000

Workers suffering from a new case of work-related musculoskeletal disorder in 2021/22

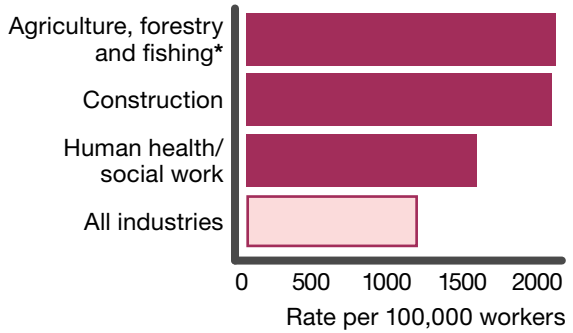
7.3 million

Working days lost due to work-related musculoskeletal disorders in 2021/22

Work-related musculoskeletal disorders by affected area, 2021/22



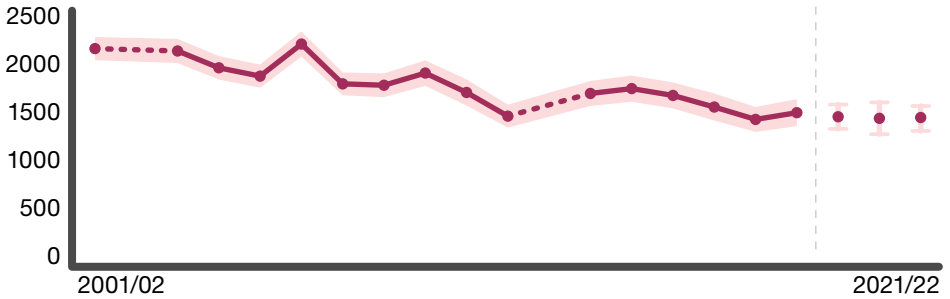
Industries with higher-than-average rates of work-related musculoskeletal disorders, averaged 2019/20-2021/22



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

* Agriculture, forestry and fishing rate based on fewer than 30 sample cases

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



Latest data includes the effects of the coronavirus pandemic, shown as a break in the time series

Shaded area and error bars represent a 95% confidence interval

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. The current rate is similar to the 2018/19 pre-coronavirus levels.

Prior to the coronavirus pandemic, working days lost per worker due to self-reported work-related musculoskeletal disorders showed a generally downward trend. The current rate is similar to the 2018/19 pre-coronavirus levels.

In 2021/22 the effects of the coronavirus pandemic were 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/assets/docs/msd.pdf

Occupational lung disease

12,000

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

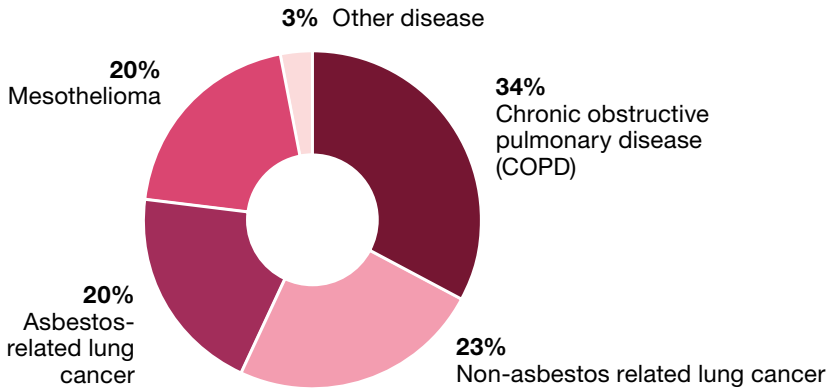
2,544

Mesothelioma deaths in 2020, with a similar number of lung cancer deaths linked to past exposures to asbestos

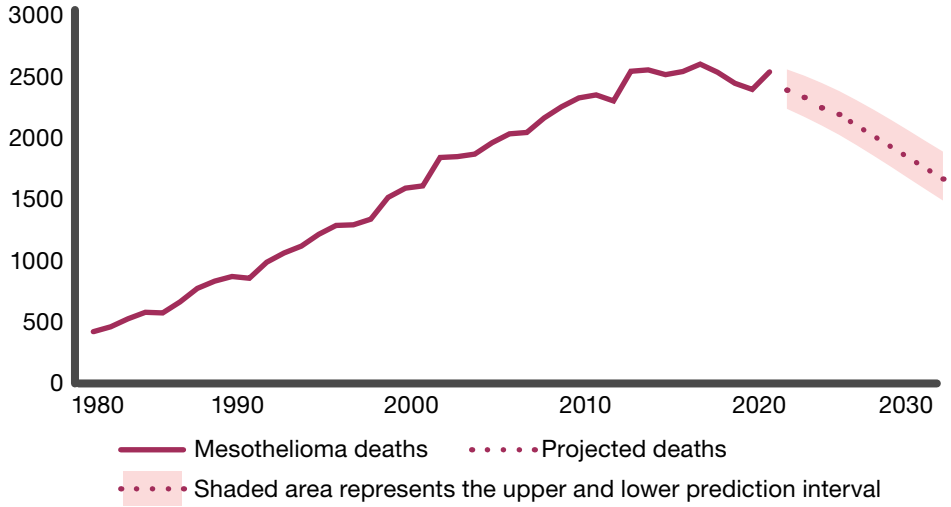
19,000

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 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.

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

Coronavirus pandemic

123,000

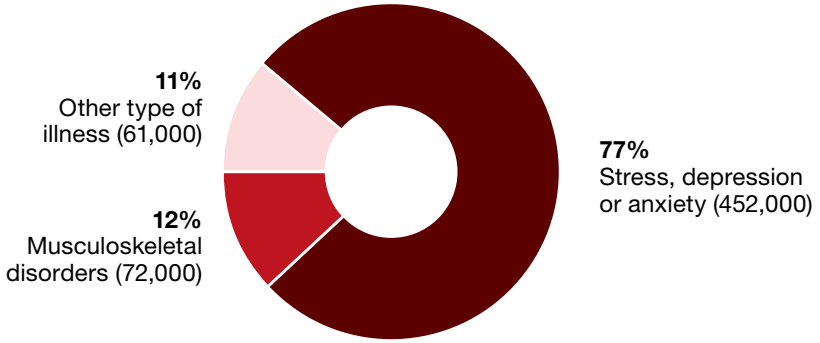
Workers suffering with COVID-19 in 2021/22 which they believe may have been from exposure to coronavirus at work (new or long-standing). Around 40% of those suffering were in human health and social work activities.

585,000*

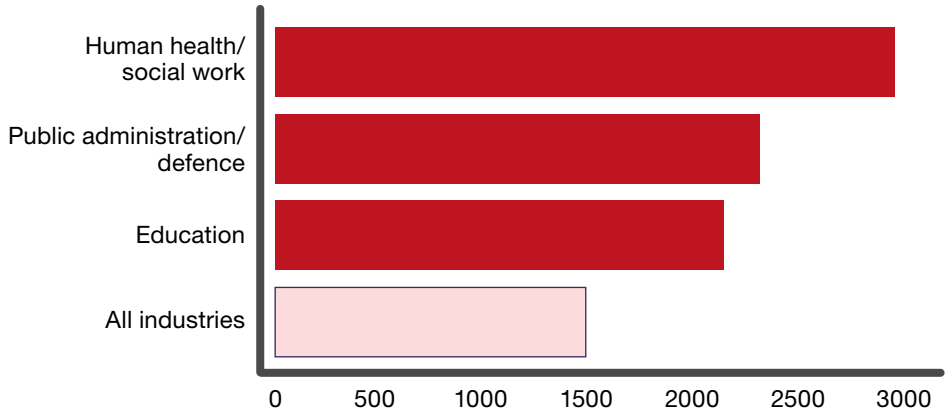
Workers suffering from a work-related illness caused or made worse by the effects of the coronavirus pandemic (new or long-standing) in 2021/22. Around a quarter of those suffering were in human health and social work activities.

** Excludes the 123,000 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, 2021/22



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, 2021/22



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

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.

More information about the measures and their limitations is available at www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm

Estimates based on self-reports from the Labour Force Survey (LFS)

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

Workplace injury

123

Workers killed in work-related accidents in 2021/22

565,000

Workers sustaining a non-fatal injury according to self-reports from the Labour Force Survey in 2021/22

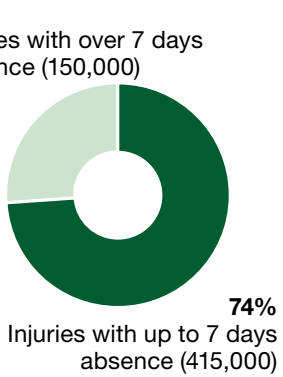
61,713

Employee non-fatal injuries reported by employers under RIDDOR in 2021/22

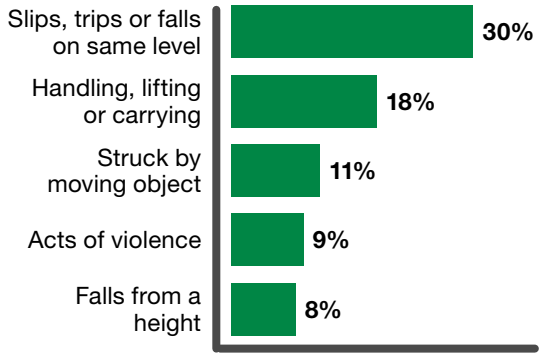
6.0 million

Working days lost due to non-fatal workplace injuries according to self-reports from the Labour Force Survey in 2021/22

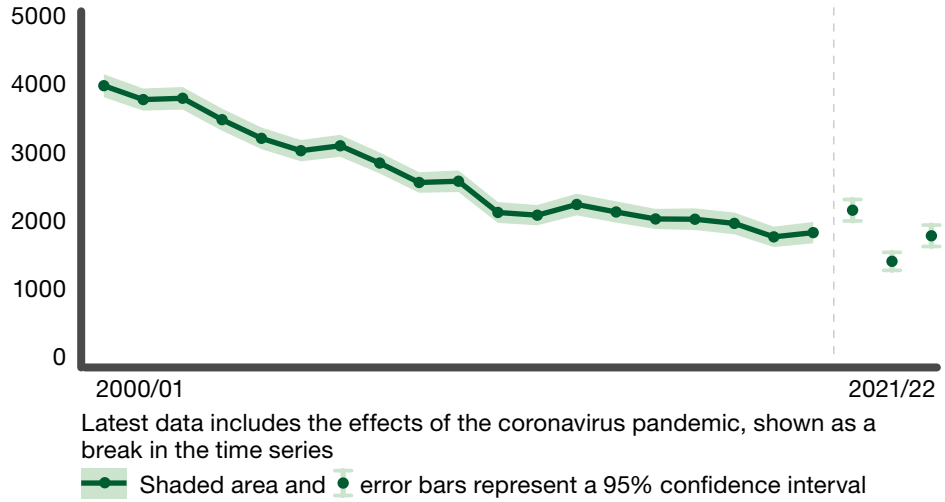
Estimated self-reported workplace non-fatal injuries, 2021/22



Non-fatal injuries to employees by most common accident kinds (as reported by employers), 2021/22



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



Over the long-term, the rate of fatal injury to workers showed a downward trend though in the recent years prior to the coronavirus pandemic, the rate had been broadly flat. The current rate is broadly in line with pre-coronavirus levels.

Prior to the coronavirus pandemic, the rate of self-reported non-fatal injury to workers showed a generally downward trend. The current rate is similar to 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 current rate is below the pre-coronavirus levels.

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

Costs to Britain

£18.8 billion

Annual costs of work-related injury and ill health in 2019/20, excluding long latency illness such as cancer

£11.2 billion

Annual costs of new cases of work-related ill health in 2019/20, excluding long latency illness such as cancer

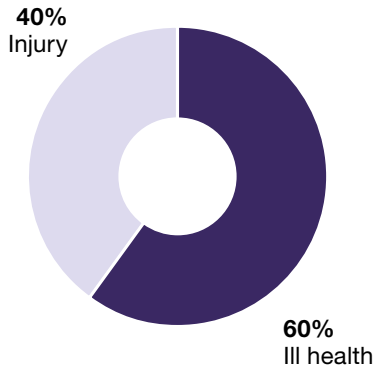
£7.6 billion

Annual costs of workplace injury in 2019/20

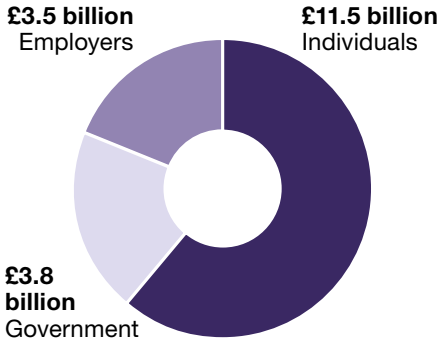
Estimates based on Labour Force Survey, RIDDOR and HSE Cost Model for 2018/19-2021/22 (referred to as 2019/20 cost estimate)

Costs to Britain of workplace injuries and new cases of work-related ill health in 2019/20 by:

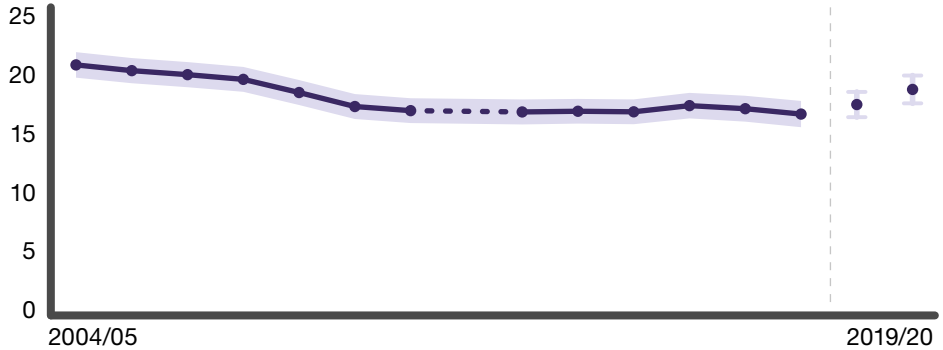
Type of incident



Cost bearer



Costs to Britain of workplace injuries and new cases of work-related ill health (£ billion, 2020 prices)



Latest data includes the effects of the coronavirus pandemic, shown as a break in the time series

Shaded area and error bars represent a 95% confidence interval

No costs estimate is available for 2011/12 represented by a dashed line

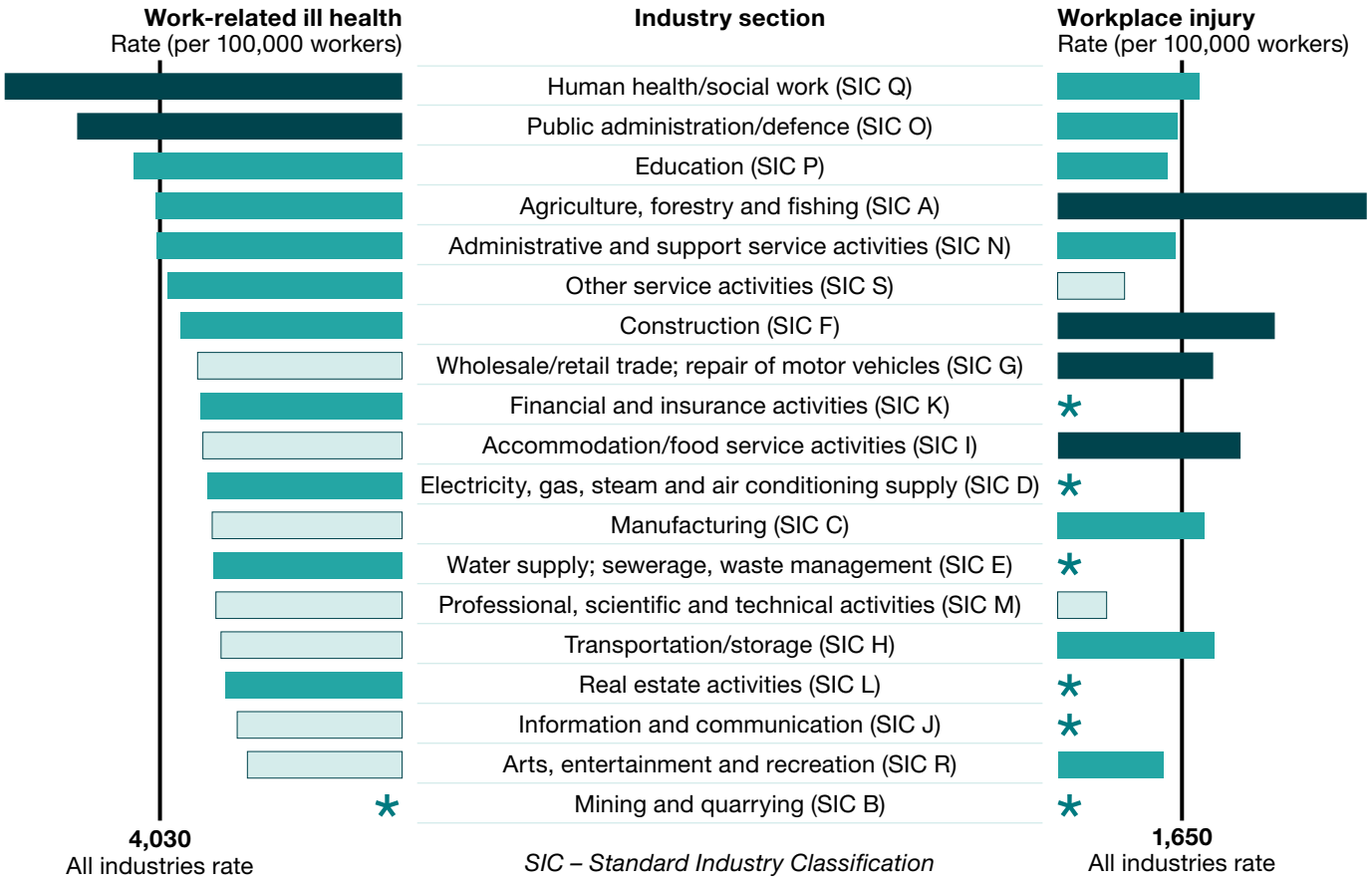
Total costs include 'financial costs' and human costs. Financial costs cover loss of output, healthcare costs and other payments made. Human costs are the monetary valuation given to pain, grief, suffering and loss of life.

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

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

Industries

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



Source: Labour Force Survey annual average estimate 2019/20-2021/22, restricted to ill health or injury in current or most recent job

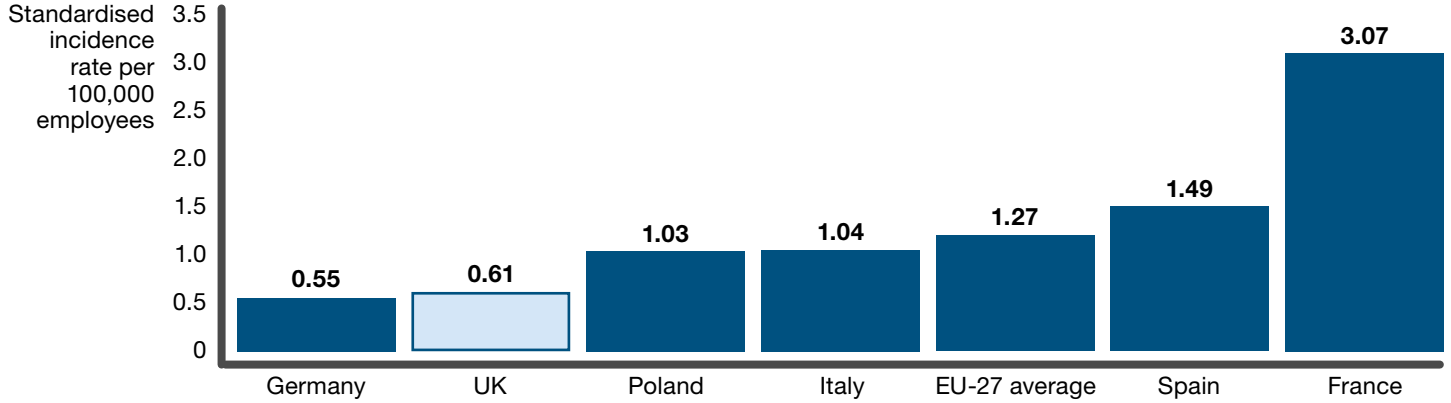
Industries with statistically significantly higher rates of work-related ill health compared to the average rate across all industries were human health and social work and public administration and defence.

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

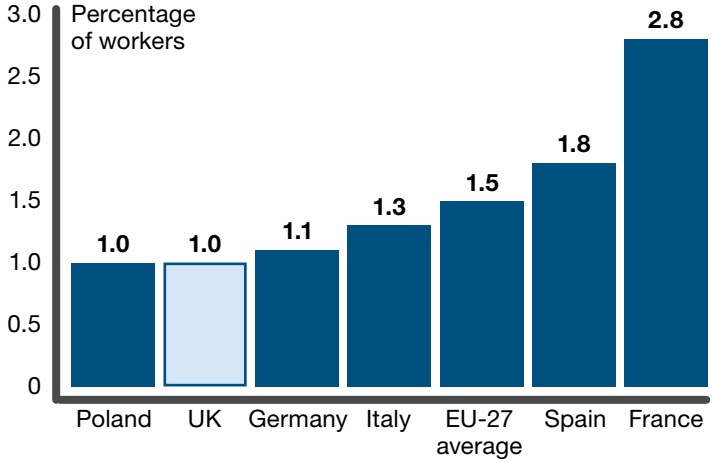
To find out the story behind the key figures, visit www.hse.gov.uk/statistics/industry

European comparisons

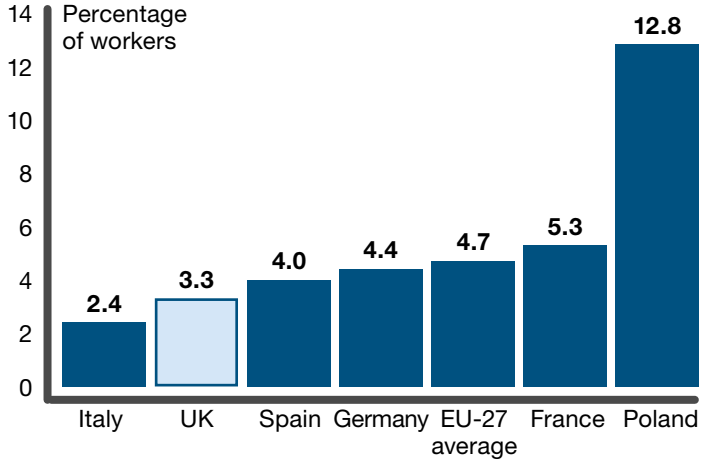
Rate of work-related fatal injuries in large EU economies per 100,000 employees (Eurostat, 2018)



Percentage of workers with self-reported work-related injuries resulting in time off work (EU and UK Labour Force Survey, 2020)



Percentage of workers with self-reported work-related health problems resulting in time off work (EU and UK Labour Force Survey, 2020)



The UK consistently has one of the lowest rates of fatal injury across Europe. 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-27 average.

In 2020, the UK rates of non-fatal work-related injuries and work-related ill health resulting in time off work, compared favourably with many European countries.

The EU-27 average includes the 27 countries in the European Union as of 2020 and thus excludes the United Kingdom.

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

Sources

The Labour Force Survey (LFS)

The LFS is a national survey run by the Office for National Statistics (ONS). Currently, around 36,000 households are surveyed each quarter. HSE commissions annual questions in the LFS to gain a view of self-reported work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

Requirements under which fatal, over-seven-day and specified non-fatal injuries to workers are reported by employers. Published statistics of employer reported non-fatal injuries exclude those on railways and offshore.

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.

HSE Costs to Britain Model

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

Eurostat

Eurostat (the statistical section of the European Commission) publishes data on fatal accidents at work. Fatality rates are standardised to account for differences in the industrial structure of employment across selected European countries and exclude road traffic accidents and accidents on board of any means of transport in the course of work.

European Labour Force Survey (EU-LFS)

A large household survey carried out in selected European countries. In 2020 the EU-LFS included an ad-hoc module asking about accidents at work and work-related health problems in the previous 12 months. This module was added to the UK LFS in 2020.

Eurostat variables have been derived by the ONS according to the Eurostat specification, and the HSE have produced appropriate measures (percentages) for comparison with EU countries.

Coronavirus pandemic impact

The coronavirus (COVID-19) pandemic and the government's response has impacted recent trends in health and safety statistics published by HSE and this should be considered when comparing across time periods. More details can be found in our reports on the impact of the coronavirus pandemic on health and safety statistics at www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm

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

With the exception of European Comparisons, all 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.

HSE Chief Statistician: **Simon Clarke**

Contact: **simon.clarke@hse.gov.uk**

Last updated: **November 2022**

Next update: **November 2023**

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

© Crown copyright 2022
Published by the Health and Safety Executive
November 2022