

Human Health and Social Work Activities statistics in Great Britain, 2018

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This document can be found at www.hse.gov.uk/statistics/industry/health.pdf



Key statistics

in the Human Health and Social Work Activities sector in Great Britain, 2018

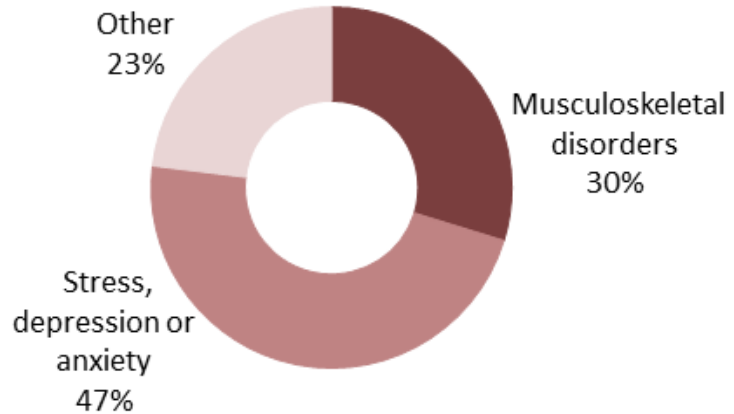


195,000

workers suffering from work-related ill health (new or long-standing). The rate of total self-reported work-related ill health has been broadly flat.

The rate of total self-reported work-related ill health has been broadly flat.

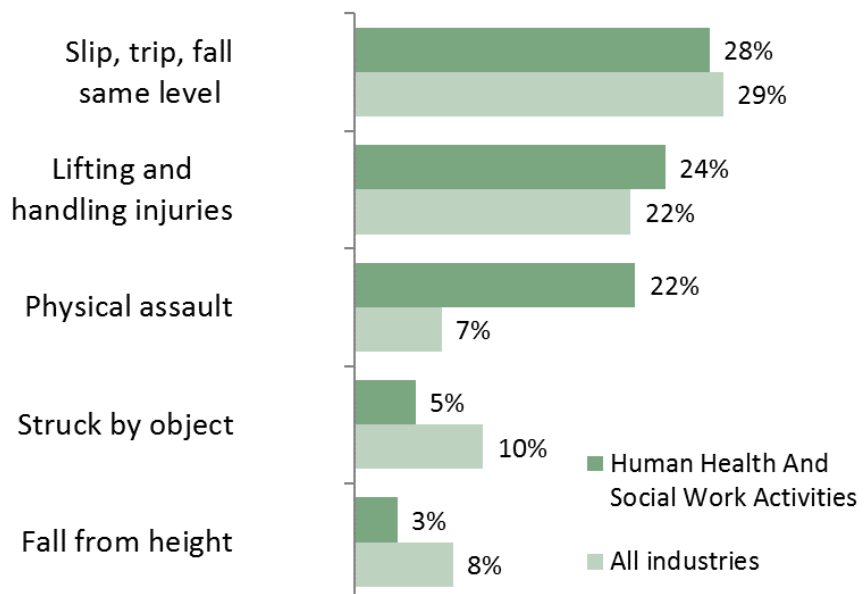
Source: LFS, 2017/18. Many of these illnesses were long-standing ill health conditions.



71,000 non-fatal injuries to workers each year.

The rate of self-reported non-fatal injury to workers shows a downward trend.

Source: LFS, annual average 2015/16-2017/18.



Source: Non-fatal injuries reported under RIDDOR 2015/16-2017/18.

RIDDOR is used here as the LFS is not able to provide a breakdown to this level of detail.

Proportions of reported non-fatal injuries are shown for the most common five kinds.

Introduction

This report provides a profile of workplace health and safety in the Human Health and Social Work Activities¹ sector.

Human Health and Social Work Activities includes three broad industry groups:

- Human Health activities – covering hospital activities, medical and dental practices and other health activities such as speech therapy, chiropody, homeopathy;
- Residential Care activities – this covers the provision of residential care combined with nursing, supervisory or other care as required by the residents; and
- Social Care activities (without accommodation) – covering the provision of social assistance services directly to clients.

The Human Health and Social Work Activities sector is a major employer accounting for 13% of the UK workforce². This report considers the current health and safety situation in the sector, focusing on three aspects:

- 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.

- 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.

¹ The 'Human Health and Social Work Activities' sector is defined by section Q within the 2007 Standard Industrial Classification. See www.ons.gov.uk/ons/guide-method/classifications/current-standard-classifications/standard-industrial-classification/index.html for more details

² Annual Population Survey, 2016



Work-related ill health

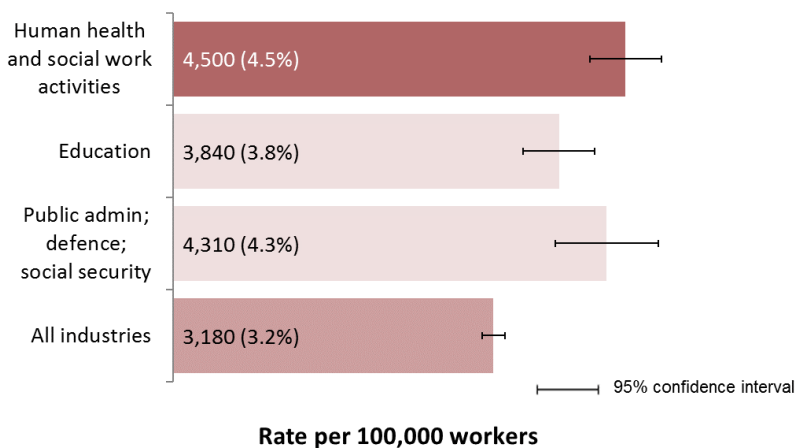
All illness

In Human Health and Social Work Activities:

- There were an estimated **195,000** work-related ill health cases (new or long-standing)
 - **47%** were stress, depression or anxiety
 - **30%** were musculoskeletal disorders.
- Cases of stress, depression or anxiety account for a higher proportion of ill health cases in education than in all industries (44%). The proportion of musculoskeletal disorders is lower than in all industries (35%).

Source: LFS, annual 2017/18

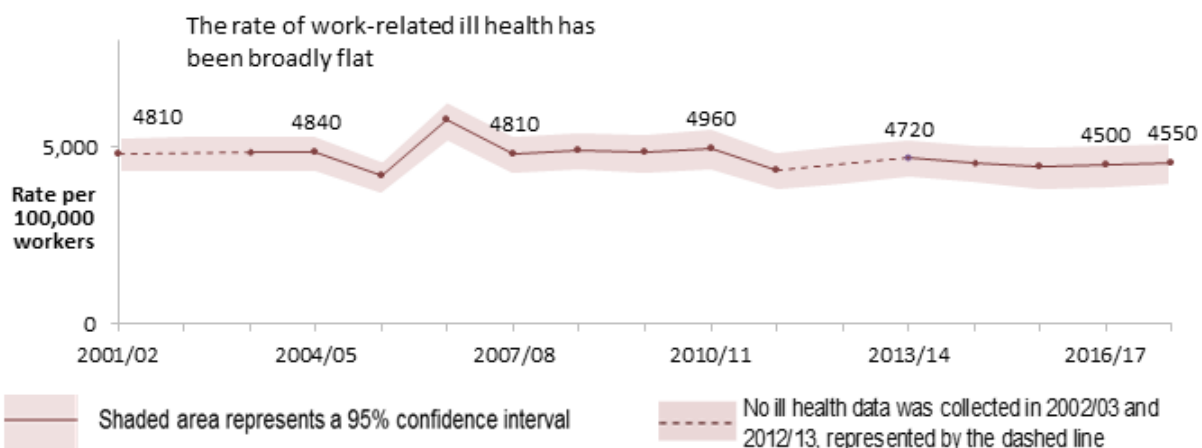
Human Health and Social Work Activities compared with other selected industries



- Around **4.5%** of workers suffered from work-related ill health (new or long-standing cases).
- This rate is statistically significantly higher than for workers across all industries (**3.2%**).

Source: LFS, annual average 2015/16-2017/18.
95% confidence intervals are shown on the chart.

Changes over time



Source: LFS annual, from 2001/02 to 2017/18.



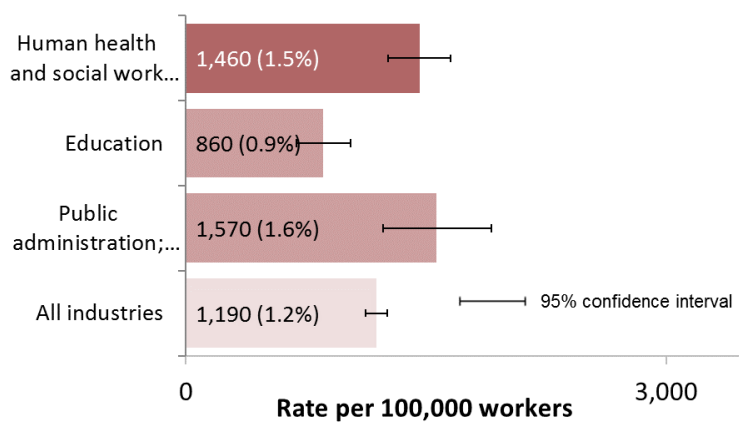
Work-related ill health

Musculoskeletal disorders

In Human Health and Social Work Activities there were an estimated **58,000** work-related cases of musculoskeletal disorder (new or long-standing). This is about one third of all ill health in this Sector.

Source: LFS, annual 2017/18

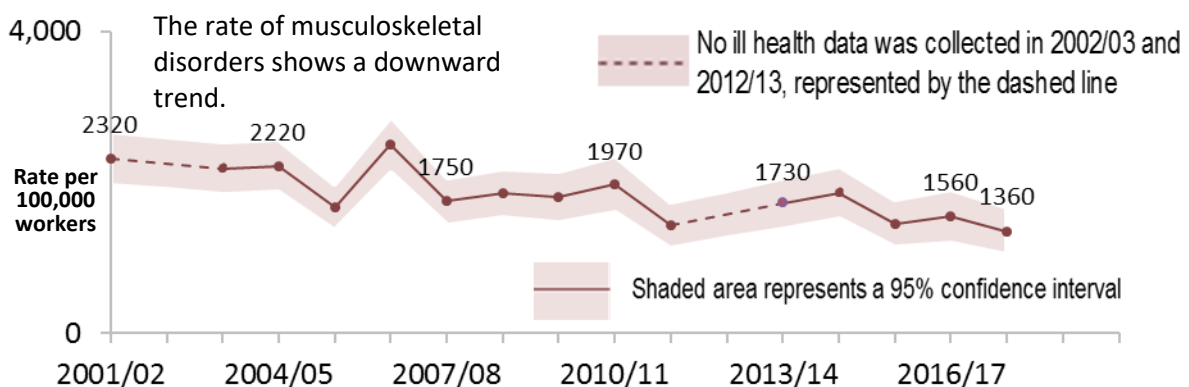
Human Health and Social Work Activities compared with other industries



- Around **1.5%** workers in the sector reported suffering from a musculoskeletal disorder they believed was work-related. (New or long-standing cases).
- This rate is statistically significantly higher than the rate for workers across all industries. (**1.2%**)

Source: LFS, annual average 2015/16-2017/18. 95% confidence intervals are shown on the chart.

Changes over time



Source: LFS annual, from 2001/02 to 2017/18.



Work-related ill health

Stress, depression or anxiety

In Human Health and Social Work Activities there were an estimated **89,000** work-related cases of stress, depression or anxiety (new or long-standing), almost half of all ill health in this Sector

Source: LFS, annual average 2015/16-2017/18

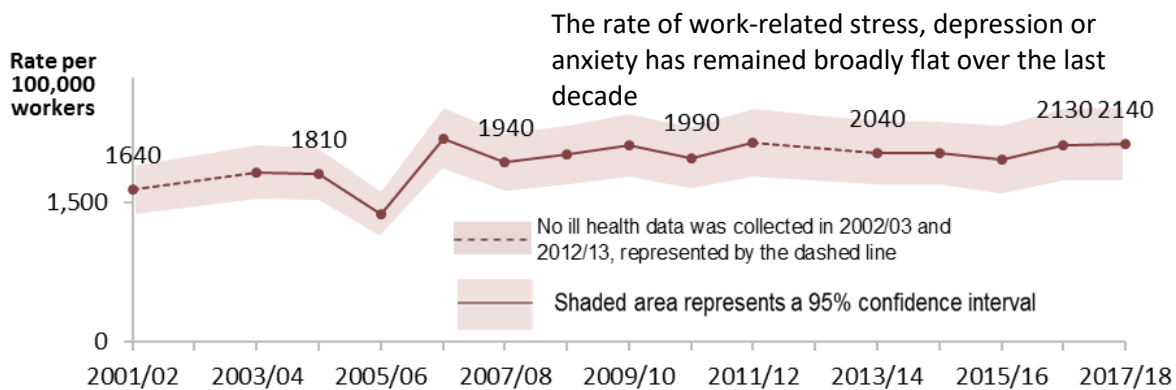
Human Health and Social Work Activities compared with other industries



- Around **2.1%** of workers in the sector reported suffering from stress, depression or anxiety they believed was work-related. (New or long-standing cases).
- This rate is statistically significantly higher than the rate for workers across all industries (1.3%).

Source: LFS, annual average 2015/16-2017/18.
95% confidence intervals are shown on the chart.

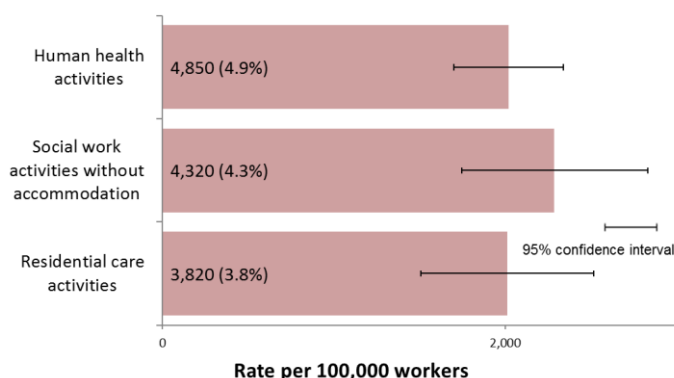
Changes over time



Source: LFS annual, from 2001/02 to 2017/18

Differences between main parts of Human Health and Social Work Activities

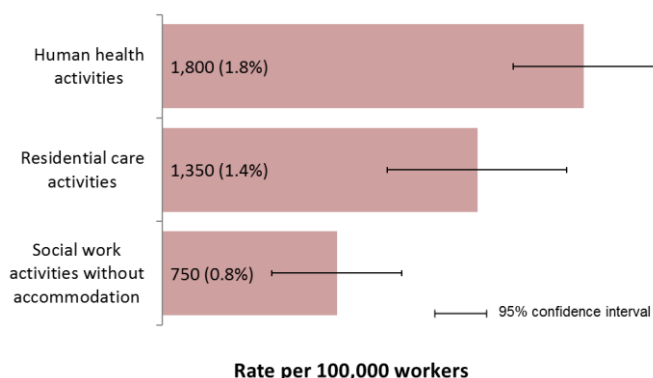
All work-related illness



- The rate of overall ill-health is not statistically significantly different between the components of health and social care.

Source: LFS, annual average 2015/16-2017/18.

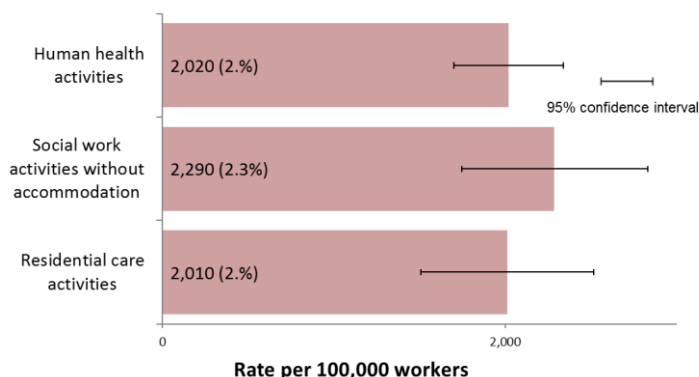
Musculoskeletal disorders



- The rate of musculoskeletal disorders is statistically significantly higher for Human health than for Social work activities without accommodation.
- The rate for Residential care activities is not statistically significantly different from the others.

Source: LFS, annual average 2015/16-2017/18.

Stress, depression or anxiety



- The rate of Stress, depression or anxiety between the components of health and social care is not statistically significantly different.

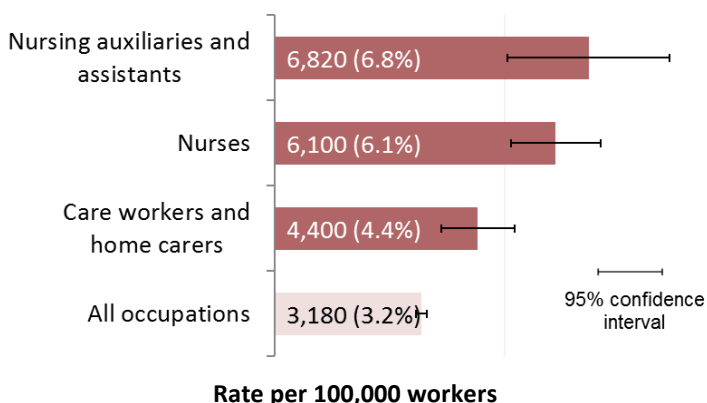
Source: LFS, annual average 2015/16-2017/18.



Work-related ill health

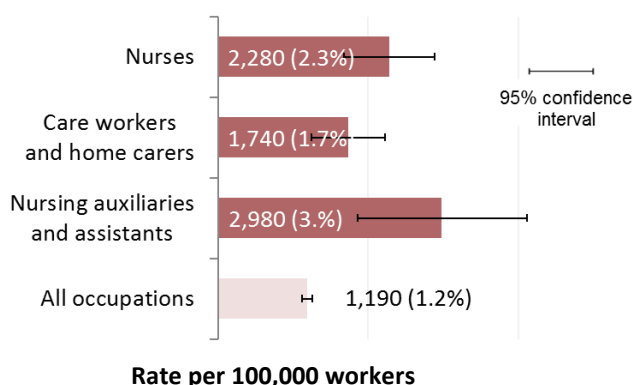
Occupation

All work-related illness



- Nursing auxiliaries / assistants, Nurses and Care workers / home carers all report a statistically significantly higher rate of illness than across all occupations.

Musculoskeletal disorders



- Nurses and Care workers / home carers and Nursing auxiliaries / assistants all report a statistically significantly higher rate of musculoskeletal disorders than across all occupations.

Stress, depression or anxiety



- Stress, depression or anxiety is also statistically significantly higher for nurses (2.7%) than all occupations (1.3%).

- Nurses and Nursing auxiliaries / assistants lose about twice as many days (two days per worker) due to self-reported illness caused or made worse by current or most recent job as across all occupations.
- Other occupations may also be at a higher risk, but we can only reliably estimate the rate for occupations that have a fairly large number of workers.

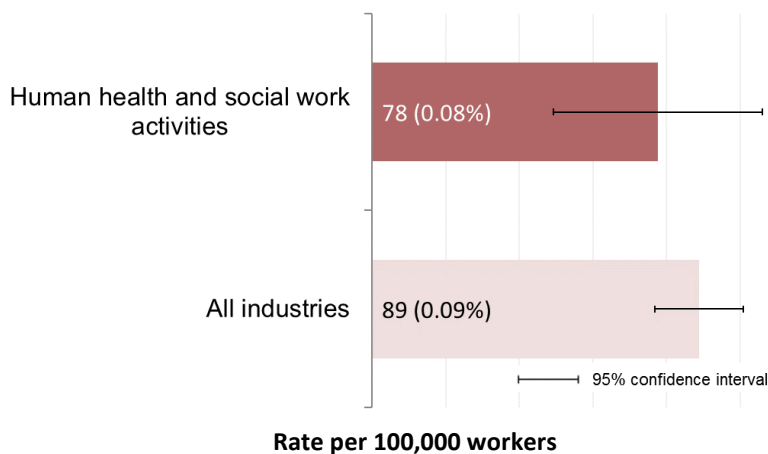
Source: LFS, annual average 2015/16-2017/18.



Work-related ill health

Other conditions

Occupational lung disease



Source: LFS, seven-year average 2010/11, 2011/12, 2013/14-2017/18. 95% confidence intervals are shown on the chart.

- Each year, around 3,000 workers in Human Health and Social Work Activities suffer with breathing and lung problems they believe were caused or made worse by their work. This is around 0.1% of workers in the sector.
- This proportion is not statistically significantly different to the rate for workers across all industries (0.1%).

Occupational asthma

- The Human Health and Social Work Activities 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.
- However, small numbers of cases are associated with certain Human Health and Social Work Activities-related jobs, eg nurses, nursing auxiliaries / assistants and medical / dental technicians.

Source: THOR – THORR04 & 5

Contact Dermatitis

- The rate of contact dermatitis is statistically significantly higher than in all industries – 8.6 compared to 3.8 per 100,000 workers.
- This reflects high rates in some health occupations, including dentists and nurses.
- Contact with soaps and cleaners have consistently been among the most commonly recorded causes.

Source: THOR – THORS04 & 5



Work-related injuries

Fatalities

In Human Health and Social Work Activities there were:

- no fatal injuries to workers in 2017/18;
- six fatalities over the last five years.

three of these six fatalities were a result of physical assault.

Source: RIDDOR, 2017/18; RIDDOR, 2013/14-2017/18



Work-related injuries

Labour Force Survey

– HSE’s preferred data source for non-fatal injuries

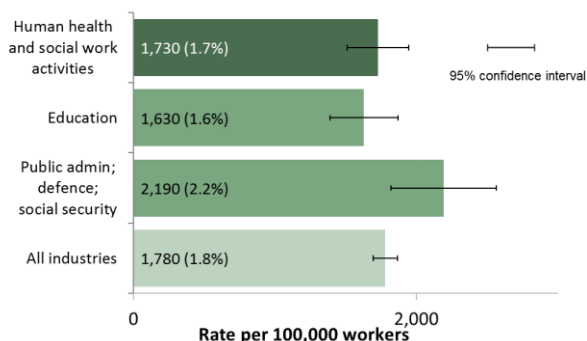
In Human Health and Social Work Activities in 2017/18 there were an estimated **71,000** work-related cases of injury. Of these:

- 40% involved over three days and
- 31% over seven days absence.

The proportion of injuries involving over three or seven days absence is higher than for all industries (33% and 26%).

Source: LFS, annual average 2015/16-2017/18

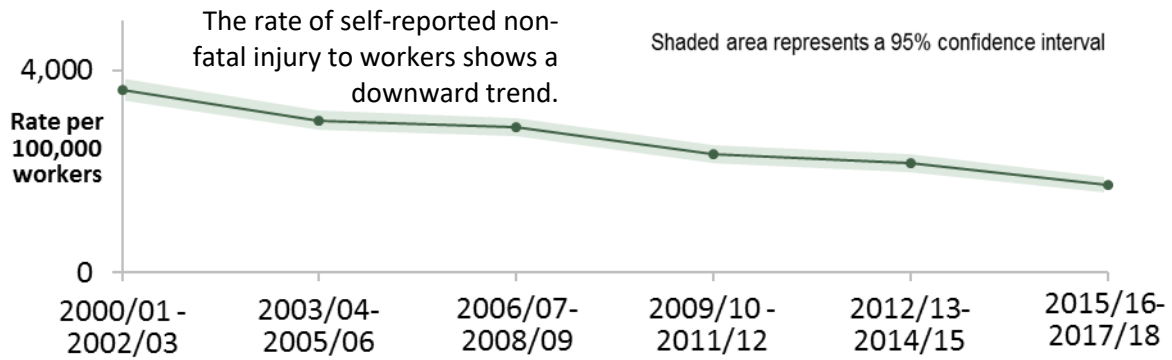
Human Health and Social Work Activities compared with other industries



- Around **1.7%** of workers in this sector suffered from an injury.
- This is not statistically significantly different to the rate for all industries (1.8%).

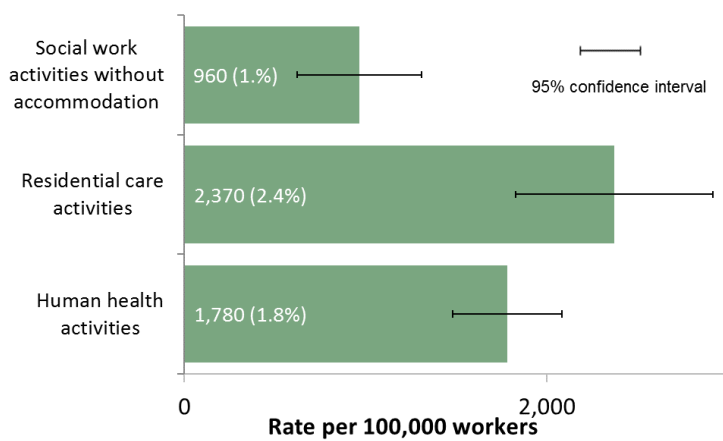
Source: LFS, annual average 2015/16-2017/18

Changes over time



Source: LFS, annual three-year average 2000/01 – 2017/18

All work-related injuries for different parts of Human Health and Social Work Activities



- The rate for all self-reported injuries is statistically significantly higher for Residential care activities and Human health activities than for Social work activities without accommodation.

Source: LFS, annual average 2015/16-2017/18



Work-related injuries

Supporting information from RIDDOR[#]

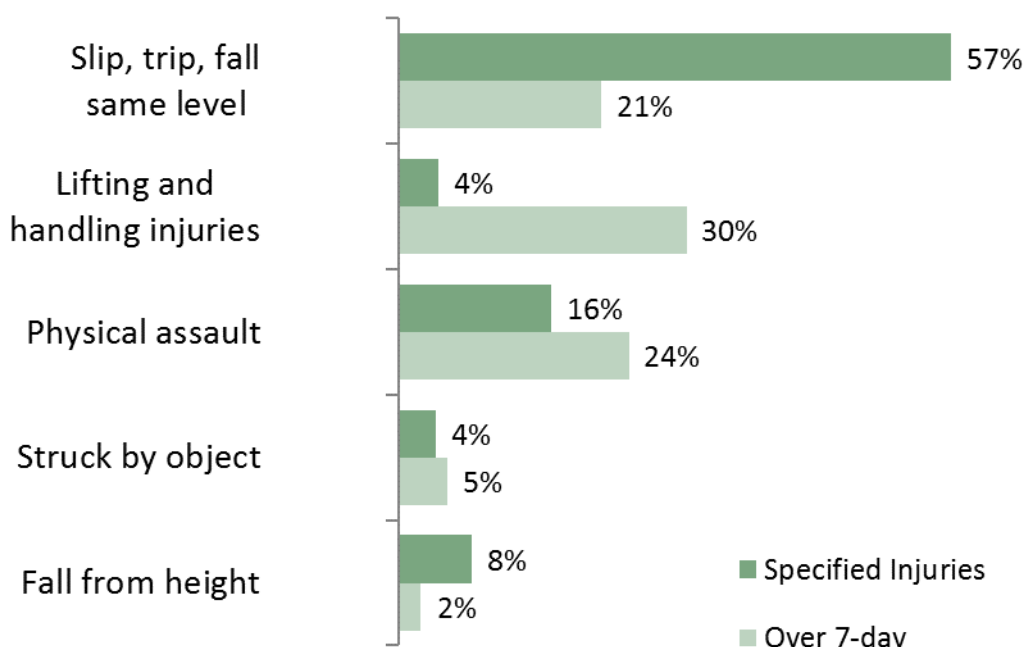
In Human Health and Social Work Activities **12,623** non-fatal injuries to employees were reported. Of these:

- **2,623** (21%) were specified injuries^{##} and
- **10,000** (79%) were over 7-day injuries.

In all industries 26% were specified injuries

Source: RIDDOR, 2017/18

Accident kind for reported non-fatal injuries to employees



Source: RIDDOR, 2015/16 - 2017/18

- Lifting and handling injuries are much less likely to result in a fracture.
- The proportion of non-fatal injuries that are due to **assault** is **three times** as high as in all industries. (See page 2.)

[#]The LFS gives the best indication of the scale of workplace injury within the sector. RIDDOR provides additional information for non-fatal injuries, but needs to be interpreted with care. Non-fatal injuries are substantially under-reported, especially for the self-employed. Variations in reporting rates both between industries and over time make comparisons difficult. However, RIDDOR can be used for analysis at a detailed level not available through the LFS, for example, around the kind of incident.

^{##}For the full list of specified injuries, see www.hse.gov.uk/riddor/reportable-incidents.htm

Work-related injuries

Occupation



- Nursing auxiliaries and assistants are the only identifiable occupation where the rate of self-reported injury is statistically significantly higher than that for all occupations. Around 3.3% report an injury compared to 1.8% for all occupations.
- The rates for Care workers and home carers (2.3%) and nurses (1.8%) are not statistically significantly higher than for all occupations.
- There may be other higher risk occupations where the numbers employed are not big enough to provide reliable estimates.

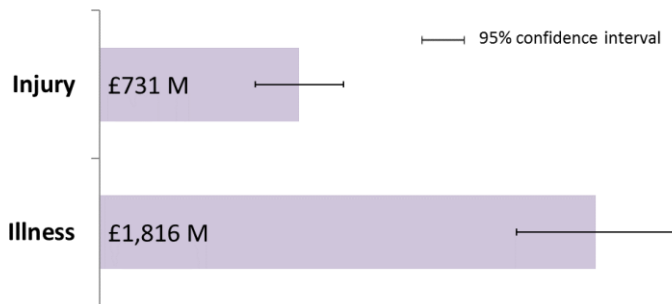
Source: LFS, annual average 2015/16- 2017/18.

Impact of health and safety failings



Economic cost

Economic cost of workplace injury and new cases of work-related ill health in Human Health and Social Work Activities



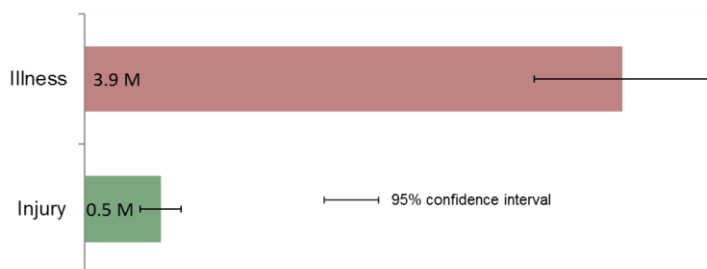
- The total cost in 2016/17 is estimated at **£2,547 million**, (95% confidence interval £2,208 M - £2,885 M)
- This accounts for 17% of the total cost across all industries (£14,895 M)

Source: HSE Costs to Britain, 2016/17.

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. This cost is shared between individuals, employers and government/taxpayers.

Working days lost

- In Human Health and Social Work Activities around **4.4 million working days** (full-day equivalent) were lost each year between 2015/16 and 2017/18 due to:



- workplace injury (12%) and
- work-related illness (88%).

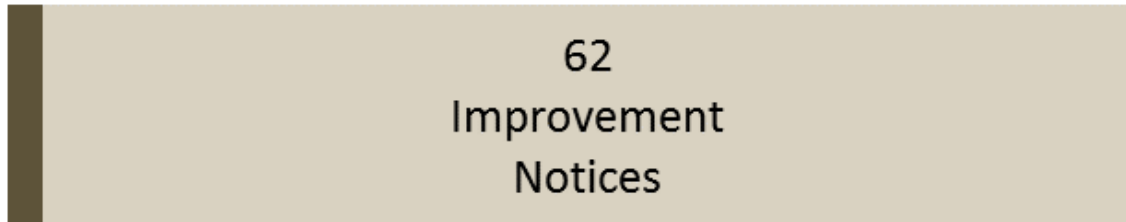
Source: LFS, annual average 2015/16-2017/18

- That is equivalent to around **1.4 working days lost per worker** and statistically significantly higher than the average days lost per worker across all industries (0.96 days).
- Assuming a full-time working year equates to 225 working days, this is equivalent to around **20,000 full-time workers** being absent from the workforce **for the whole year**.



Enforcement

Enforcement notices issued by HSE to businesses in this Sector, 2017/18p



2 Prohibition Notices

Provisional figures for 2017/18 show a total of **64 notices** issued by HSE inspectors in Human Health and Social Work Activities.

- 62 were improvement notices and
- two were prohibition notices.
- This is similar to the 68 notices issued in 2016/17.

There were **14 prosecution cases**[#] in 2017/18, each with a conviction for at least one offence, and:

- almost **£4.5 million** in total fines^{##} averaging **£321,000** per conviction.
- In 2016/17 there were 26 cases resulting in:
 - 19 convictions (94%);
 - £1.8 million total fines; and
 - average fines of £94,000.

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 Crown Office and Procurator Fiscal Service (COPFS) with a view to prosecution).

[#]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.

^{##} New sentencing guidelines for health and safety offences came into force February 2016. A feature of these guidelines is that the fine is related to the turnover of organisations and, as a result, large organisations convicted of offences are receiving larger fines than seen prior to these guidelines.

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 38,000 households 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.

- 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.
- Self-reported injuries: Workplace injuries sustained as a result of a non-road traffic accident, as estimated by the LFS.

Specialist physician surveillance schemes (THOR): Cases of work-related respiratory and skin disease are reported by specialist physicians within The Health and Occupation Reporting network (THOR) surveillance schemes.

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.

RIDDOR: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 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.

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 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.

HSE Enforcement data: The main enforcing authorities are HSE and local authorities. In Scotland, HSE and local authorities investigate potential offences but cannot institute legal proceedings and the Crown Office and Procurator Fiscal Service (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.

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.pdf

Annex 2: List of tables

The data in this report can be found in the following tables:

Tables	Web Address (URL)
Work-related illness	
Ifsillind	www.hse.gov.uk/Statistics/lfs/lfsillind.xlsx
THORR04	www.hse.gov.uk/Statistics/tables/thorr04.xlsx
THORR05	www.hse.gov.uk/Statistics/tables/thorr05.xlsx
THORS04	www.hse.gov.uk/Statistics/tables/thors04.xlsx
THORS05	www.hse.gov.uk/Statistics/tables/thors05.xlsx
CAN05	www.hse.gov.uk/Statistics/tables/can05.xlsx
IIDB01	www.hse.gov.uk/Statistics/tables/iidb01.xlsx
DC01	www.hse.gov.uk/Statistics/tables/dc01.xlsx
Ifsillocc	www.hse.gov.uk/statistics/lfs/lfsillocc.xlsx
Workplace injuries	
Ifsinjind	www.hse.gov.uk/Statistics/lfs/lfsinjind.xlsx
Ifsinjocc	www.hse.gov.uk/statistics/lfs/lfsinjocc.xlsx
RIDIND	www.hse.gov.uk/Statistics/tables/ridind.xlsx
RIDFATAL	www.hse.gov.uk/Statistics/tables/ridfatal.xlsx
Costs to Britain of workplace injury and illness	
COST_Tables1516	www.hse.gov.uk/Statistics/tables/costs_tables1617.xlsx
Enforcement	
Notices	www.hse.gov.uk/Statistics/tables/notices.xlsx
Prosecutions	www.hse.gov.uk/Statistics/tables/prosecutions.xlsx
Other tables can be found at:	www.hse.gov.uk/Statistics/tables/index.htm

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 an assessment by the Office for Statistics Regulation (OSR). The OSR considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Health and Safety Executive's responsibility to maintain compliance with the standards expected by National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the OSR promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

An account of how the figures are used for statistical purposes can be found at 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

A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/
Additional data tables can be found at www.hse.gov.uk/statistics/tables/

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