



Human health and social work activities statistics in Great Britain 2019

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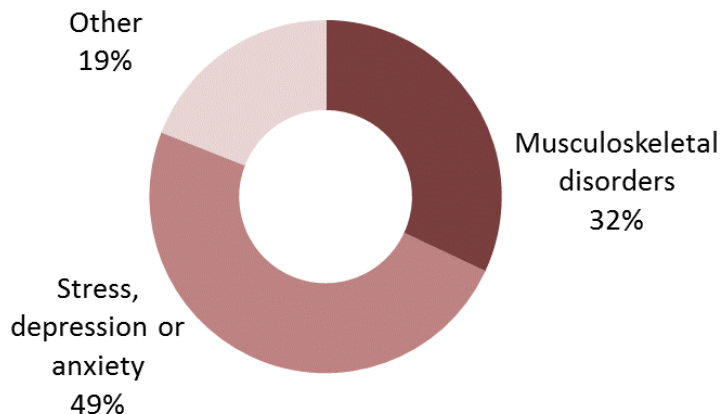
Key statistics

in the human health and social work sector in Great Britain, 2019



187,000

workers suffering from work-related ill health (new or long-standing)



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

Source: LFS estimated annual average 2016/17-2018/19



There was **1** fatal injury to workers in 2018/19p. This is the same as the annual average number of 1 fatality for 2014/15-2018/19

There were **23** fatal injuries to members of the public in 2018/19p. This is slightly lower than the average of 28 fatalities for 2014/15-2018/19

Source: RIDDOR, 2018/19

Note: p is used in this document to indicate provisional figures due to be finalised in 2019/20



74,000

non-fatal injuries to workers each year

Injuries with over 7 days absence
21,000



Injuries with up to 7 days absence
53,000

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

Source: LFS, estimated annual average 2016/17-2018/19

Introduction

This report provides a profile of workplace health and safety in human health and social work¹.

Section Q of the 2007 Standard Industrial Classification (SIC) divides Human health and social work activities into three broad industry groups:

- Human health activities (SIC 86) – covering hospital activities, medical and dental practices and other health activities such as speech therapy, chiropody, homeopathy;
- Residential care activities (SIC 87) – 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 (SIC 88) – covering the provision of social assistance services directly to clients.

This sector accounts for around 13% of the workforce in Great Britain².

¹ The 'Human health and social work' sector is defined by section Q within the 2007 Standard Industrial Classification. See www.hse.gov.uk/statistics/industry/sic2007.htm for more detail.

² Annual Population Survey, 2018



Work-related ill health

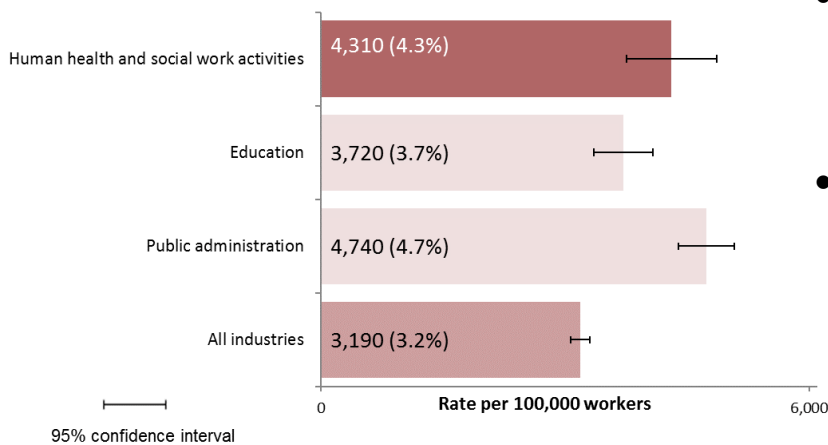
All illness

In human health and social work:

- There were an estimated **187,000** work-related ill health cases (new or long-standing)
- **49%** were stress, depression or anxiety

Source: LFS, estimated annual average 2016/17-2018/19

Human health and social work compared to industries with similar work activities

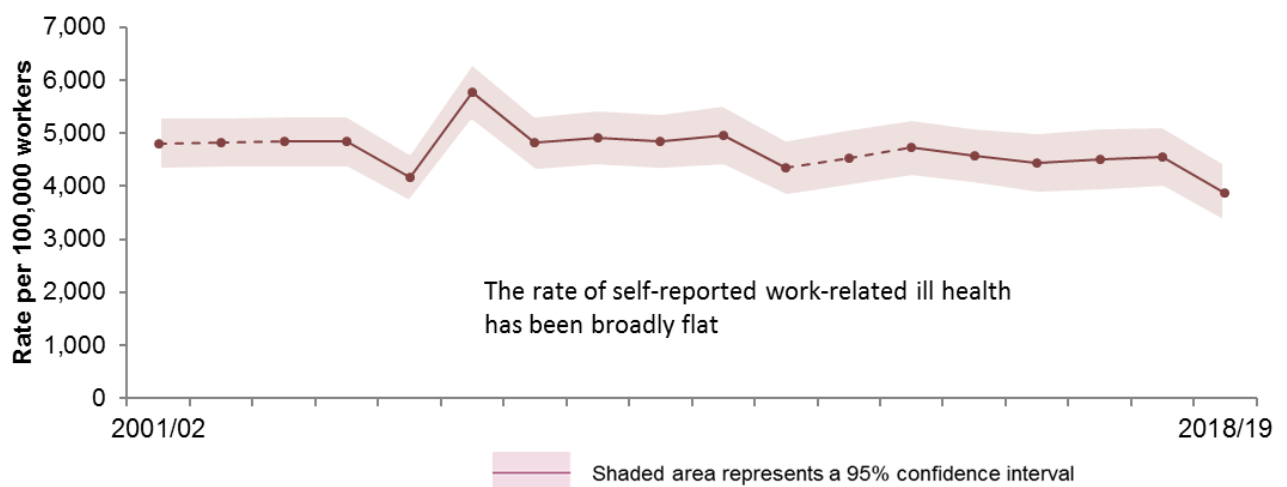


- Around **4.3%** of workers suffered from work-related ill health (new or long-standing cases)
- This rate is **statistically significantly higher** than that for workers across all industries (**3.2%**)

Source: LFS, estimated annual average 2016/17-2018/19

95% confidence intervals are shown on the chart.

Changes over time



Source: LFS annual estimate, from 2001/02 to 2018/19



Work-related ill health

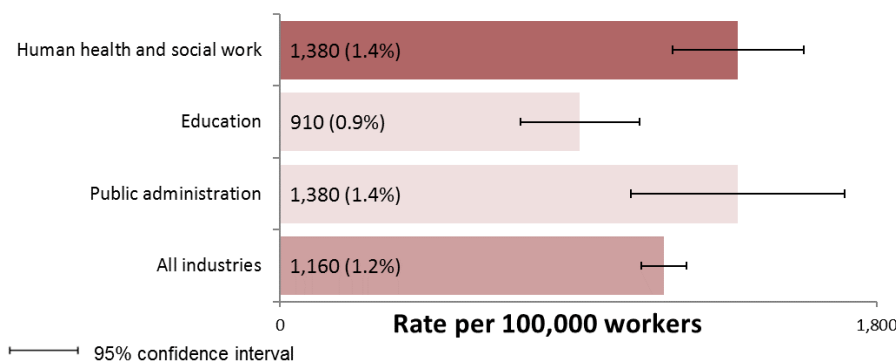
Musculoskeletal disorders

In human health and social work:

- There were an estimated **60,000** work-related cases of musculoskeletal disorder (new or long-standing), about a third of all ill health in this Sector

Source: LFS, estimated annual average 2016/17-2018/19

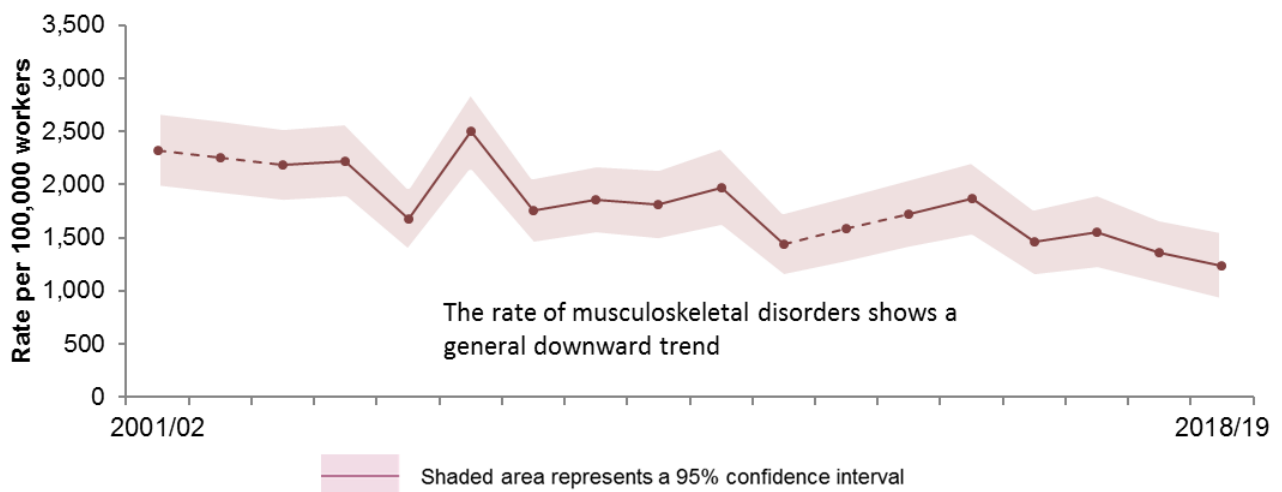
Human health and social work compared to industries with similar work activities



- Around **1.4%** of 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 that for workers across all industries (**1.2%**)

Source: LFS, estimated annual average 2016/17-2018/19
95% confidence intervals are shown on the chart.

Changes over time



Source: LFS annual estimate, from 2001/02 to 2018/19.



Work-related ill health

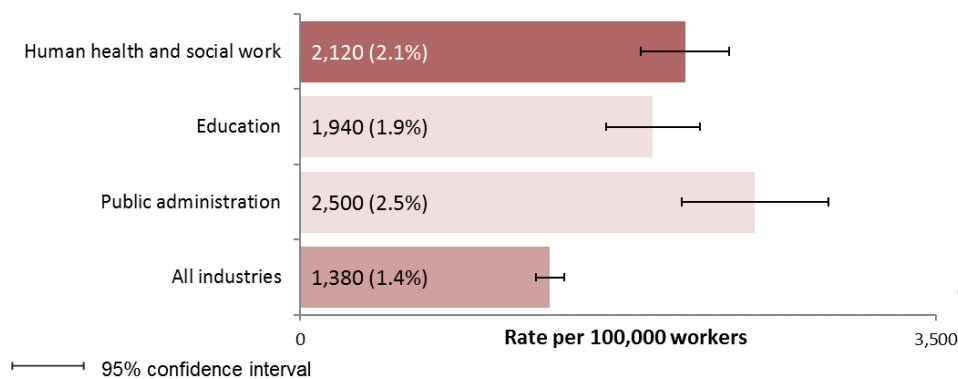
Stress, depression or anxiety

In human health and social work:

- There were an estimated **92,000** work-related cases of stress, depression or anxiety (new or long-standing), around half of all ill health in this Sector.

Source: LFS, estimated annual average 2016/17-2018/19

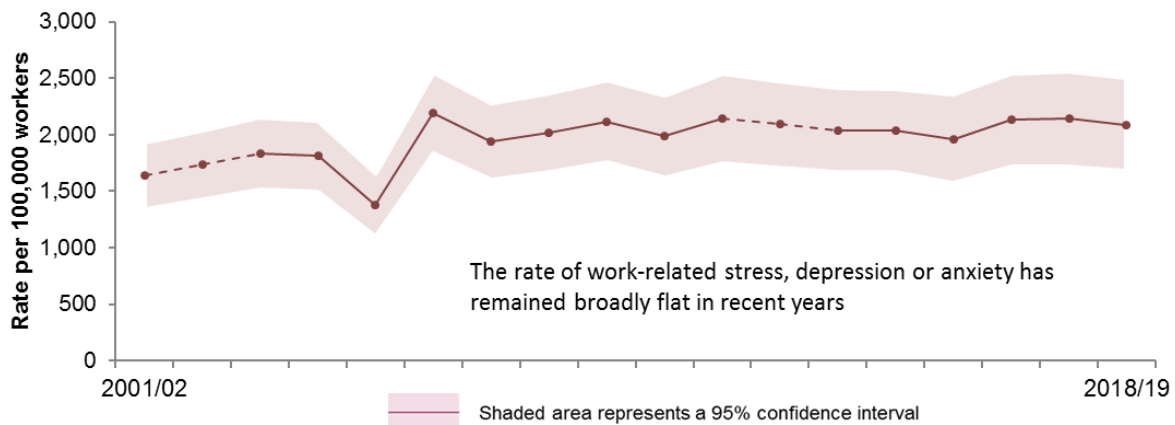
Human health and social work compared to industries with similar work activities



- 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 that for workers across all industries (**1.4%**)

Source: LFS, estimated annual average 2016/17-2018/19

Changes over time



Source: LFS estimated annual average, from 2003/04 to 2018/19



Work-related ill health

Contact dermatitis

- Medical practitioners and Nurses are occupational groups that suffer from more than four times the all industry rate of contact dermatitis.
- The rate per 100,000 workers for human health and social work is double that for all industries (5.6 compared to 2.8 per 100 000 workers).

Source: The Health and Occupation Reporting network (THOR), annual average 2016-2018p



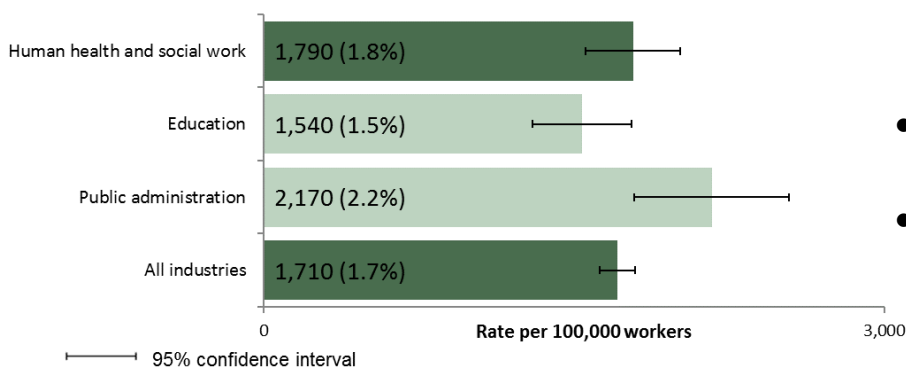
Work-related injuries

The Labour Force Survey is HSE’s preferred data source for non-fatal injuries. The latest estimates show that in human health and social work there were:

- **74,000** cases of non-fatal work-related injury
- **38%** involved over three days and **29%** over seven days absence

Source: LFS, estimated annual average 2016/17-2018/19

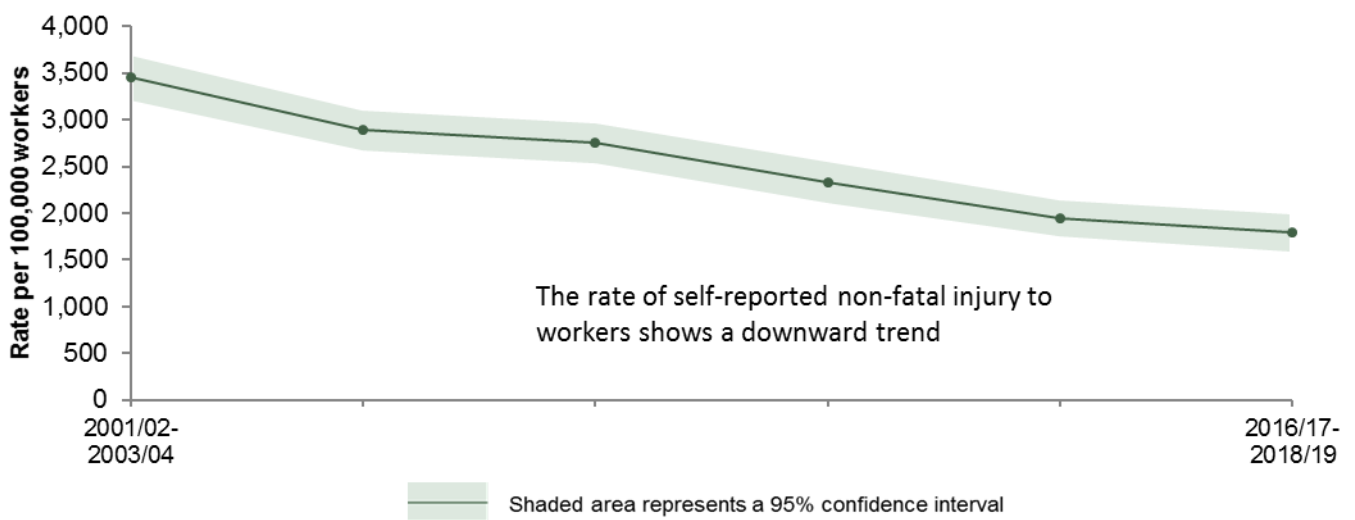
Human health and social work compared to industries with similar work activities



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

Source: LFS, estimated annual average 2016/17-2018/19

Changes over time



Source: LFS, grouped by 3 years, estimate annual average 2000/01 – 2018/19



Work-related injuries

Supporting information around work-related injuries is available from RIDDOR reporting[#]. In human health and social work there were:

- **12,148** non-fatal injuries to employees reported by employers under RIDDOR in 2018/19p.
- **2,517** (21%) were specified injuries^{##} and **9,631** (79%) were over seven-day injuries.

Source: RIDDOR, 2018/19

[#]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 since it is known that non-fatal injuries are substantially under-reported, especially for the self-employed. Possible 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

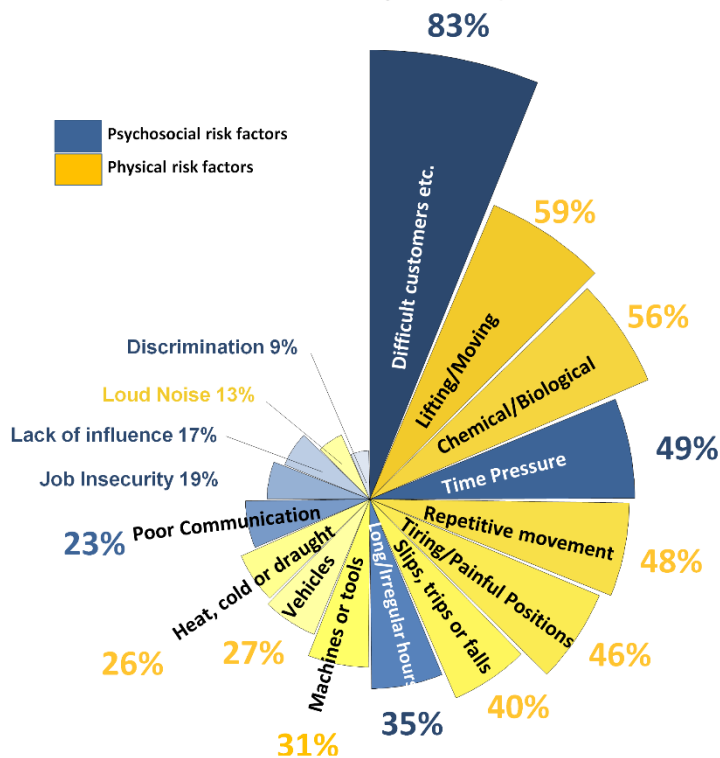


Workplace risks

European Union Occupational Health Agency survey 2014[#]

Percentage of workplaces in the human health and social work sector reporting the presence of workplace risks^{##}

% of establishments with risk present (Human health and social work)



- Physical risks were more commonly reported than psychosocial risks
- The main psychosocial risks related to difficult customers and time pressure

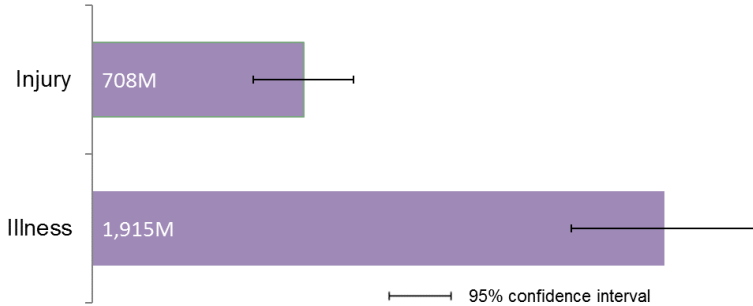
[#] A 2014 survey, commissioned by the European Union Occupational Safety and Health Agency (in collaboration with the Health and Safety Executive), explored the extent that various risks are present in the workplace (regardless of whether the risk is under control), as reported by the person who knows most about safety and health in the workplace. The chart shows the extent of these various risk factors in workplaces in the Human health and social work sector in the UK. Full details of the UK results, including measures of how risks are managed within the sector can be found at www.hse.gov.uk/statistics/oshman.htm. The source is known as ESENER 2014

^{##} For workplaces with five or more employees reporting the presence of various workplace risks, regardless of whether risk is under control.



Economic Cost

Economic cost of workplace injury and new cases of work-related ill health in human health and social work

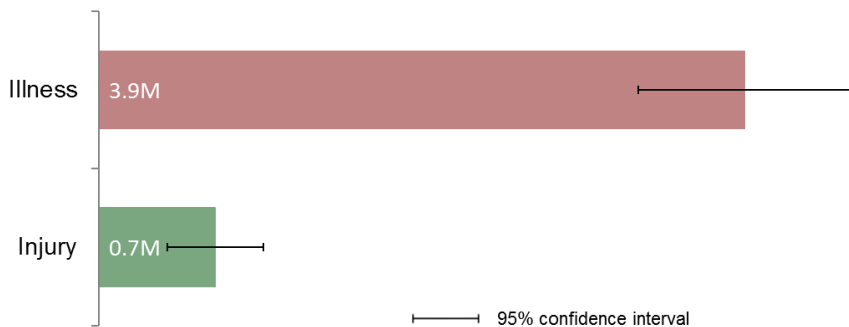


- The total cost in 2017/18 is estimated at **£2.6 billion**, (95% confidence interval £2,267 M – £2,980 M)
- This accounts for **18%** of the total cost across all industries (£14,885 M).
- This sector has the highest economic costs of workplace injury and new cases of work-related ill health.

Source: HSE Costs to Britain, 2017/18

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 around **4.6 million working days** (full-day equivalent) were lost each year between 2016/17 and 2018/19 due to:

- workplace injury (**15%**) and
- work-related illness (**85%**).

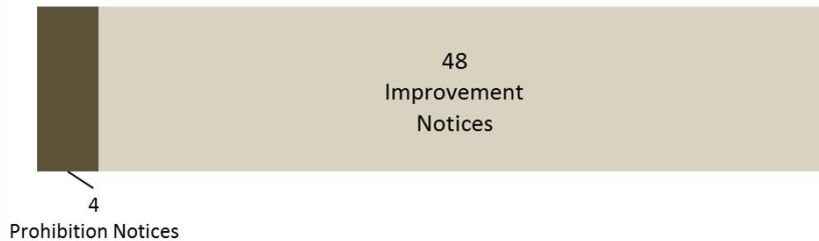
Source: LFS, estimated annual average 2016/17-2018/19

- That is equivalent to around **1.4** working days lost per worker which is statistically significantly higher than the all industry level (0.9 days).



Enforcement

Enforcement notices issued by HSE to businesses in this Sector, 2018/19p



Provisional figures for 2018/19p show a total of **52 notices** issued by HSE inspectors in human health and social care.

- 92% were improvement notices and
- 8% were prohibition notices.
- There has been a slight decrease in the number of notices issued compared to the previous year (64 in 2017/18).

There were **7 prosecution cases**[#] led by HSE or, in Scotland, the Crown Office and Procurator Fiscal where a verdict was reached in 2018/19, resulting in:

- 7 (100%) with a conviction for at least one offence;
- £4.3 million in total fines^{##} averaging over £615,000 per conviction.
 - In 2017/18 there were 14 cases resulting in 14 convictions (100%); this led to £4.9 million total fines and average fines of around £349,000

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

The Labour Force Survey (LFS): The LFS is a national survey run by the Office for National Statistics of currently around 37,000 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.

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.

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.

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 workplace injuries or cases of work-related ill health per 100,000 employees or workers.

95% confidence interval: The range of values within 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: Links to detailed tables

The data in this report, and other related data, can be found in the following tables:

Tables	Web Address (URL)
Work-related illness	
lfsillind	www.hse.gov.uk/Statistics/lfs/lfsillind.xlsx
THORS04	www.hse.gov.uk/Statistics/tables/thors04.xlsx
THORS05	www.hse.gov.uk/Statistics/tables/thors05.xlsx
Workplace injuries	
lfsinjind	www.hse.gov.uk/Statistics/lfs/lfsinjind.xlsx
lfsinjocc	www.hse.gov.uk/statistics/lfs/lfsinjocc.xlsx
RIDIND	www.hse.gov.uk/Statistics/tables/ridind.xlsx
RIDKIND	www.hse.gov.uk/Statistics/tables/ridkind.xlsx
RIDHIST	www.hse.gov.uk/Statistics/tables/ridhist.xlsx
RIDFATAL	www.hse.gov.uk/Statistics/tables/ridfatal.xlsx
Costs to Britain of workplace injury and illness	
COST_Tables1718	www.hse.gov.uk/Statistics/tables/costs_tables1718.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 assessment and compliance checks by the Office for Statistics Regulation (OSR). The last compliance check of these statistics was in 2013.

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. Details of OSR reviews undertaken on these statistics, quality improvements, and other information noting revisions, interpretation, user consultation and use of these statistics is available from www.hse.gov.uk/statistics/about.htm

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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Journalists/media enquiries only: www.hse.gov.uk/contact/contact.htm

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