

Public administration and defence; compulsory social security statistics in Great Britain, 2021

Data up to March 2021

Annual statistics

Published 16th December 2021

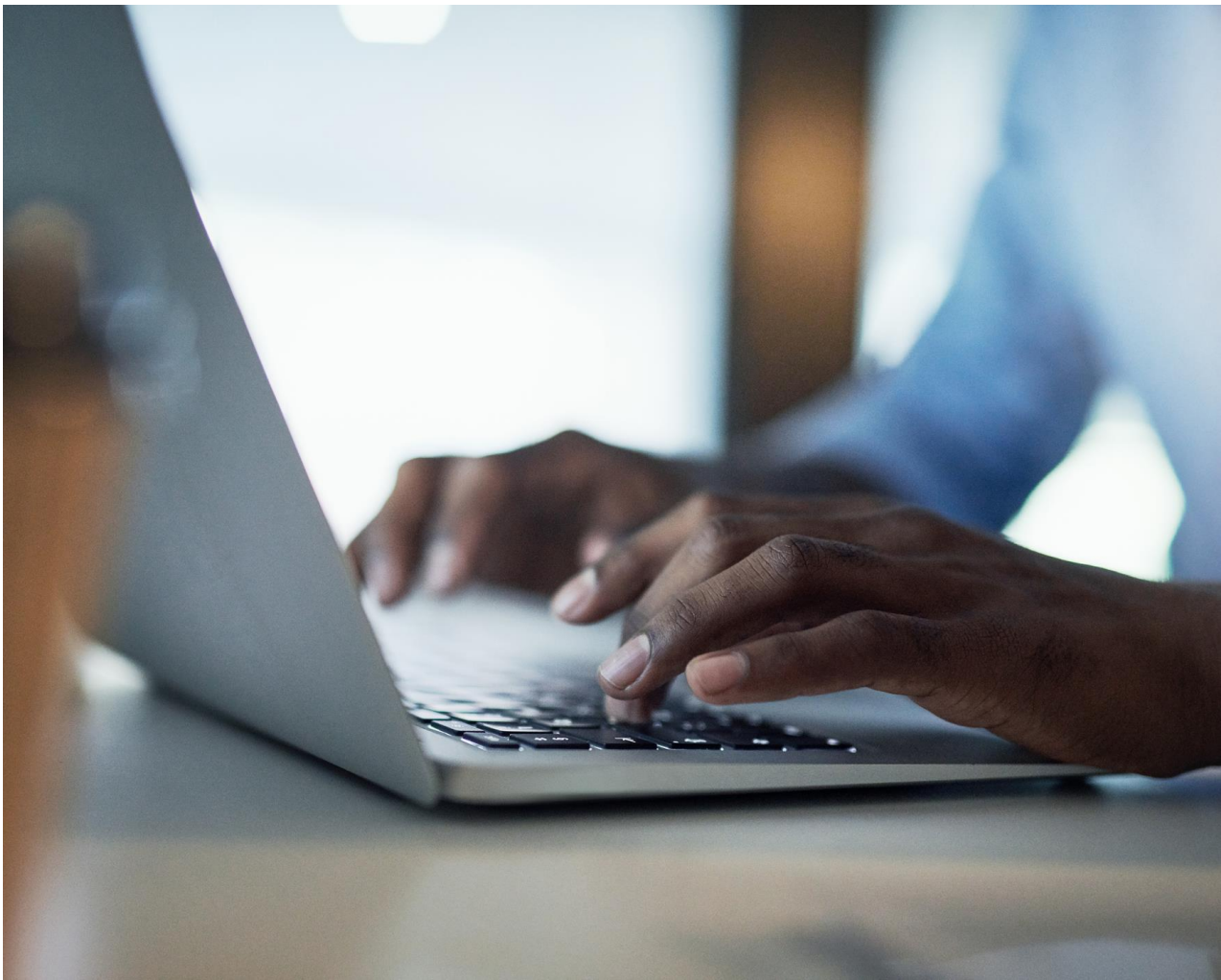


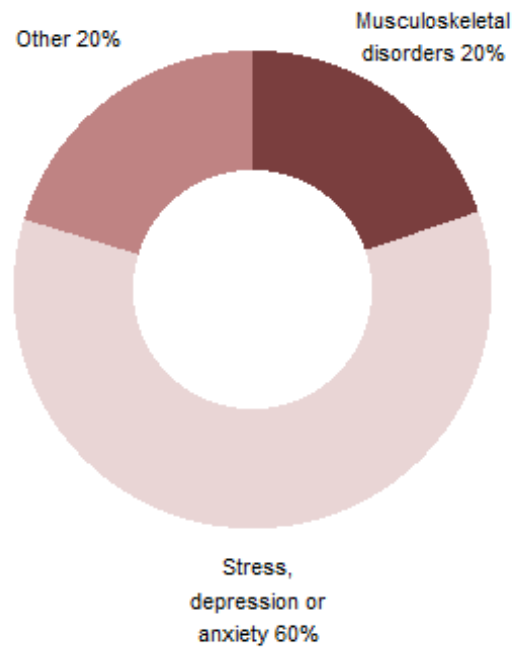
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Key statistics

Ill health

117,000 workers suffering from work-related ill health (new or long-standing) averaged across the three-year period 2018/19-2020/21.



In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related ill health showed signs of increasing. In 2020/21 the rate was not statistically significantly different to the 2018/19 pre-coronavirus level.

Source: LFS estimated annual average 2018/19-2020/21

Fatal injuries

There was 1 fatal injury to a worker in 2020/21p. This is in comparison with the annual average of 3 fatalities per year during 2016/17-2020/21.

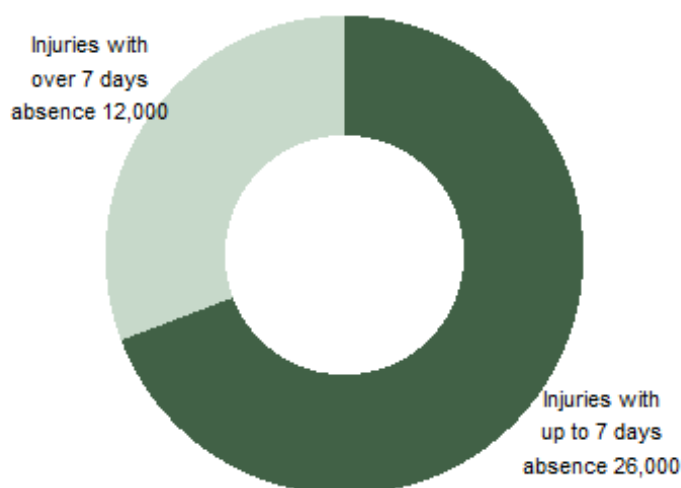
There were 2 fatal injuries to members of the public in 2020/21p. This is in comparison with the annual average of 2 fatalities to members of the public for 2016/17-2020/21.

Source: RIDDOR, 2020/21

Note: p is used in this document to indicate provisional figures due to be finalised in 2022

Non-fatal injuries

37,000 non-fatal injuries to workers each year averaged across the three-year period 2018/19-2020/21.



In recent years prior to the coronavirus pandemic, the rate of self-reported non-fatal injury to workers had been broadly flat. The rate for the latest period, which includes years affected by the coronavirus pandemic, is not statistically significantly different from the previous period.

Source: LFS, estimated annual average 2018/19-2020/21

Introduction

This report provides a profile of workplace health and safety in Public administration and defence; compulsory social security¹.

This sector includes activities of a governmental nature, normally carried out by the public administration, local or national. It covers civil and criminal law courts, taxation, national defence, public order and safety, immigration service, foreign affairs, the administration of government programmes and compulsory social security activities.

These activities are included even where the work is carried out by non-government businesses, for example in privately run prisons.

This sector accounts for 7% of the workforce in Great Britain².

Important Note: The coronavirus (COVID-19) pandemic and the government's response has impacted recent trends in health and safety statistics published by HSE. The coronavirus pandemic has also affected certain data collections and consequently, no new data on working days lost and economic costs is available in 2020/21. In addition, two new measures have been developed to measure the impact of the coronavirus pandemic on self-reported work-related ill health. Our previously published data on working days lost relating to earlier periods can be found in archived tables. www.hse.gov.uk/statistics/lfs/lfs-archive.htm. More details can be found in our technical report on the impact of the coronavirus pandemic on health and safety statistics. www.hse.gov.uk/statistics/coronavirus/covid-19.pdf

¹ The Public administration and defence; compulsory social security sector is defined by section O within the 2007 Standard Industrial Classification. See www.hse.gov.uk/statistics/industry/sic2007.htm for more detail.

² Annual Population Survey, 2020

Work-related ill health

All illness

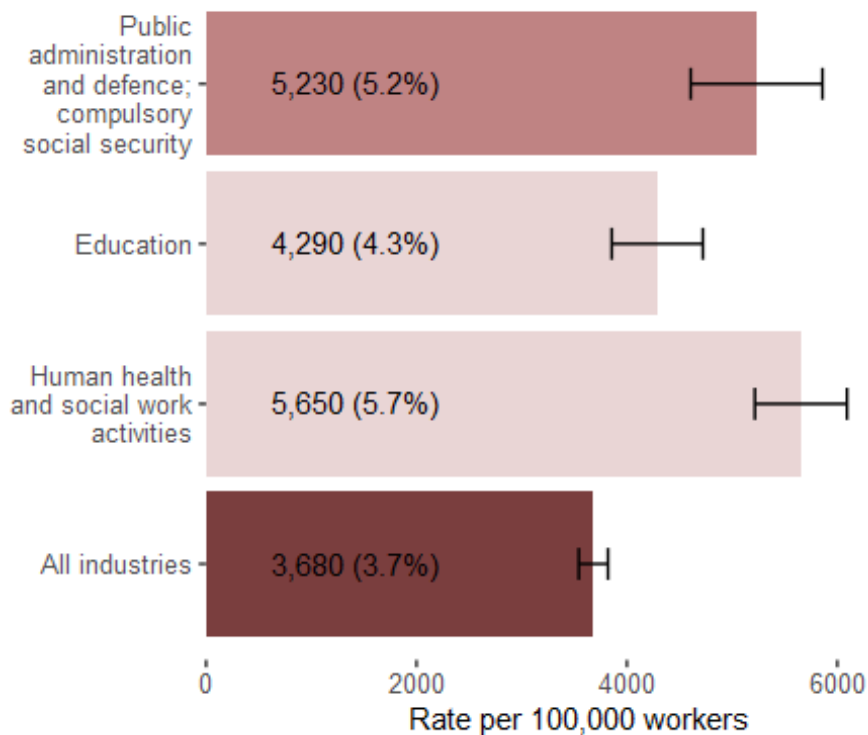
In Public administration and defence; compulsory social security:

- There were an estimated 117,000 work-related ill health cases (new or long-standing).
- 60% were stress, depression or anxiety.

Source: LFS, estimated annual average 2018/19-2020/21

Public administration and defence; compulsory social security compared to industries with similar work activities

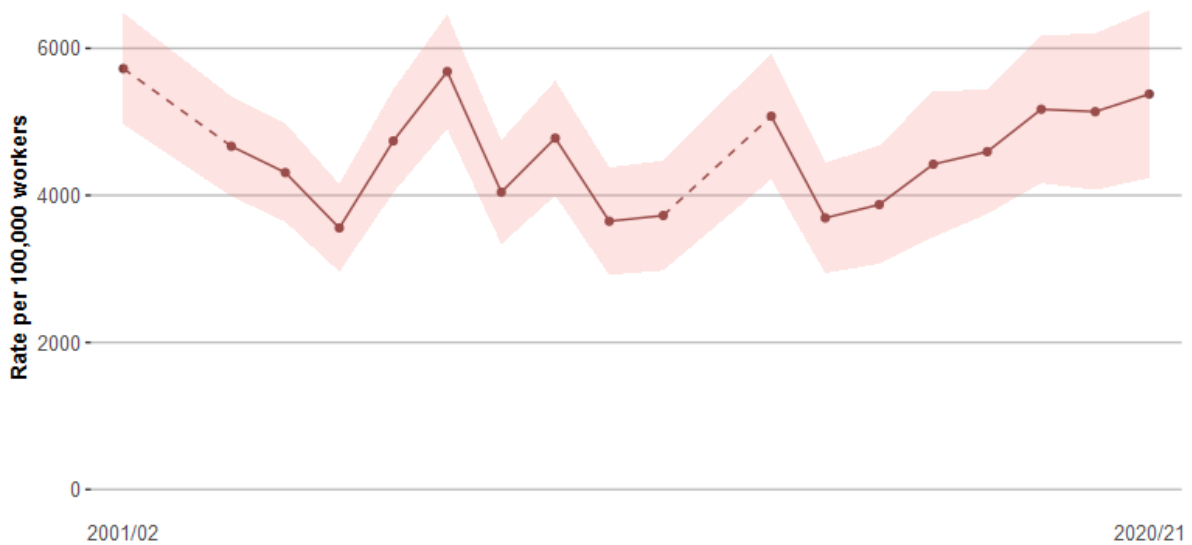
- Around 5.2% of workers suffered from work-related ill health (new or long-standing cases).
- This rate is statistically significantly higher than that for workers across all industries (3.7%).



Source: LFS, estimated annual average 2018/19-2020/21
95% confidence intervals are shown on the chart

Changes over time

In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related ill health showed signs of increasing. In 2020/21 the rate was not statistically significantly different to the 2018/19 pre-coronavirus level.



No ill health data was collected in 2002/03 and 2012/13, represented by the dashed line

Shaded area represents a 95% confidence interval

Source: LFS annual estimate, from 2001/02 to 2020/21

Coronavirus pandemic and work-related ill health

In Public administration and defence; compulsory social security:

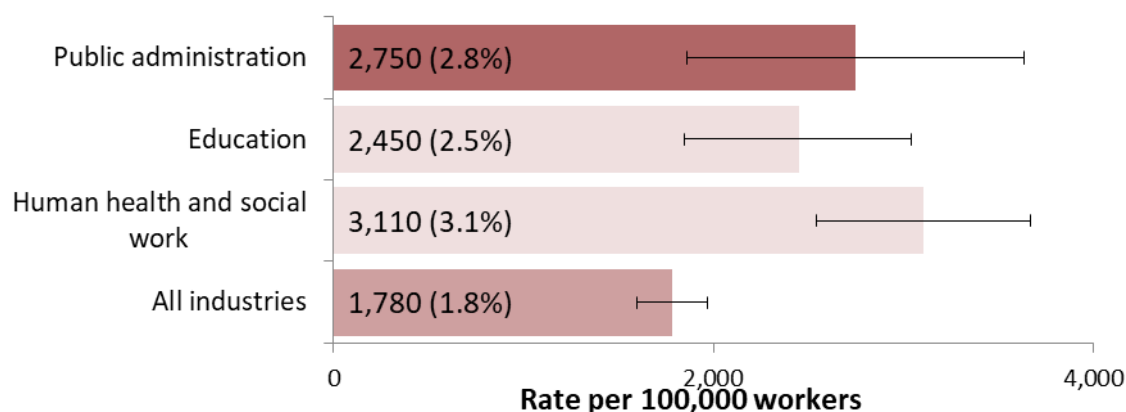
- There were an estimated 65,000 workers suffering from a work-related illness caused or made worse by the effects of the coronavirus pandemic (new or long-standing) in 2020/21.

Source: LFS

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

Work-related illness caused or made worse by the effects of the pandemic in Public administration and defence; compulsory social security compared to industries with similar work activities

- Around 2.8% of workers in the sector reported suffering from a work-related illness they believed was caused or made worse by the effects of the pandemic (new or long-standing cases).
- This rate is statistically significantly higher than that for workers across all industries (1.8%).



Source: LFS

Musculoskeletal disorders

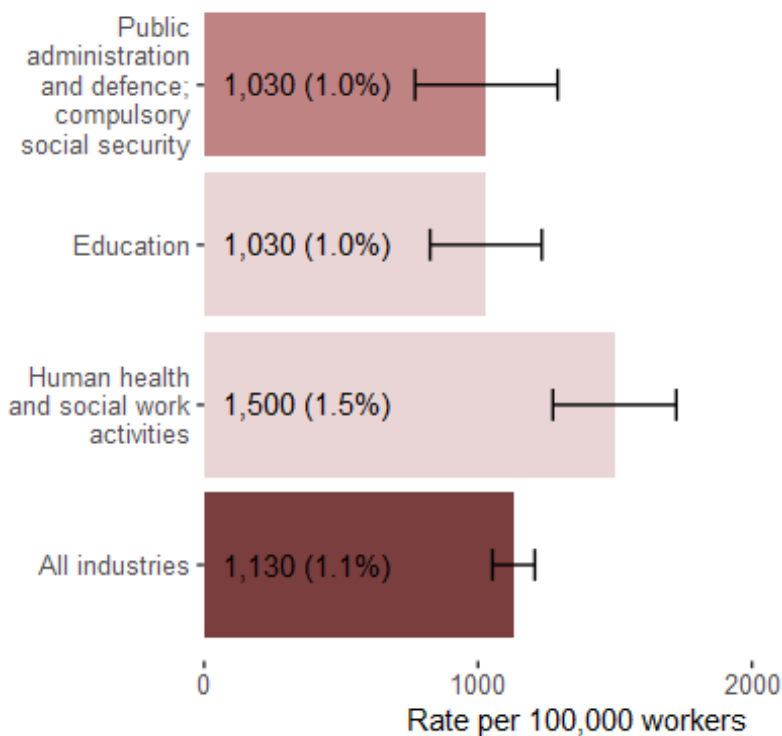
In Public administration and defence; compulsory social security:

- There were an estimated 23,000 work-related cases of musculoskeletal disorders (new or long-standing), accounting for 20% of all ill health in this sector.

Source: LFS, estimated annual average 2018/19-2020/21

Public administration and defence; compulsory social security compared to industries with similar work activities

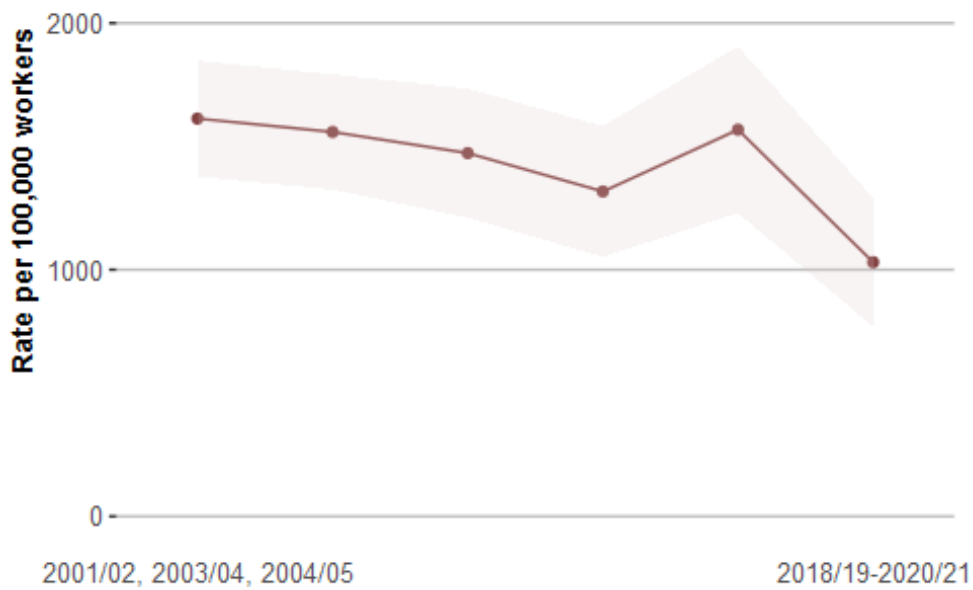
- Around 1.0% of workers in the sector reported suffering from a musculoskeletal disorder that they believed was work-related (new or long-standing cases).
- This rate is not statistically different than that for workers across all industries (1.1%).



Source: LFS, estimated annual average 2018/19-2020/21
95% confidence intervals are shown on the chart

Changes over time

Prior to the coronavirus pandemic, the rate of musculoskeletal disorders showed no clear trend. The rate for the latest period, which includes years affected by the coronavirus pandemic, is lower than the previous period.



Shaded area represents a 95% confidence interval

Source: LFS annual estimate, from 2001/02, 2003/04, 2004/05 to 2018/19-2020/21

Stress, depression or anxiety

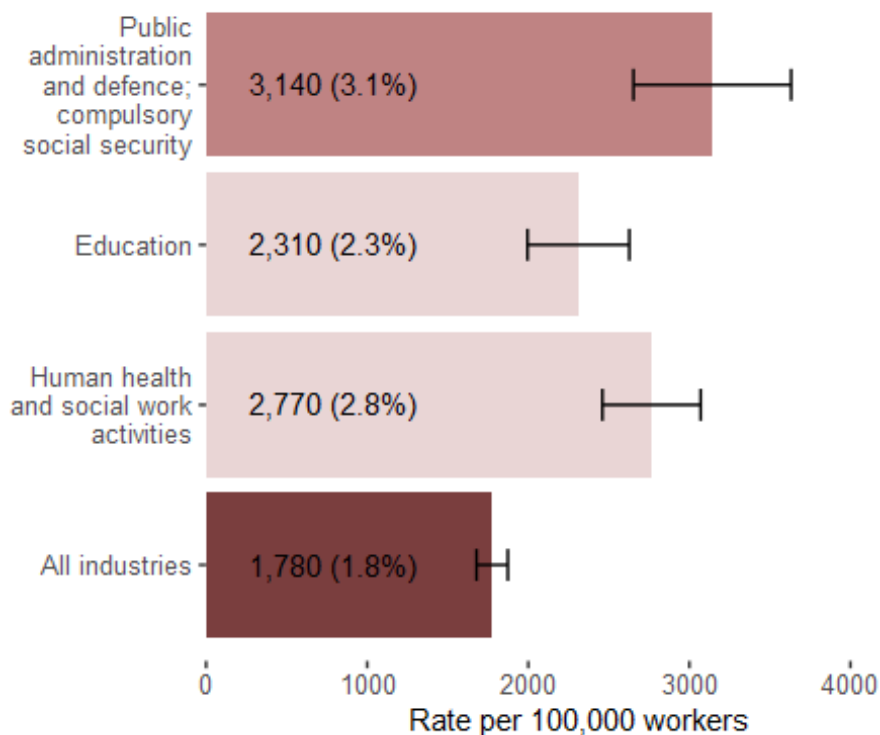
In Public administration and defence; compulsory social security:

- There were an estimated 70,000 work-related cases of stress, depression or anxiety (new or long-standing), accounting for 60% of all ill health in this sector.

Source: LFS, estimated annual average 2018/19-2020/21

Public administration and defence; compulsory social security compared to industries with similar work activities

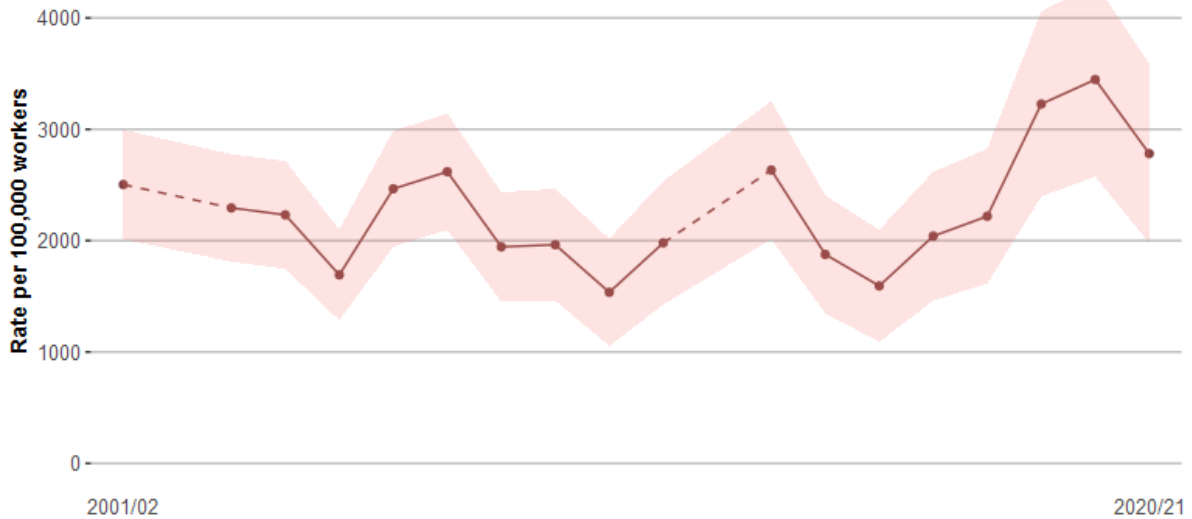
- Around 3.1% of workers in the sector reported suffering from stress, depression or anxiety they believed was work-related (new or long-standing cases).
- This rate is statistically significantly higher than that for workers across all industries (1.8%).



*Source: LFS, estimated annual average 2018/19-2020/21
95% confidence intervals are shown on the chart*

Changes over time

In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had been increasing. In 2020/21 the rate was not statistically significantly different to the 2018/19 pre-coronavirus level.



No ill health data was collected in 2002/03 and 2012/13, represented by the dashed line

Shaded area represents a 95% confidence interval

Source: LFS annual estimate, from 2001/02 to 2020/21

Work-related injuries

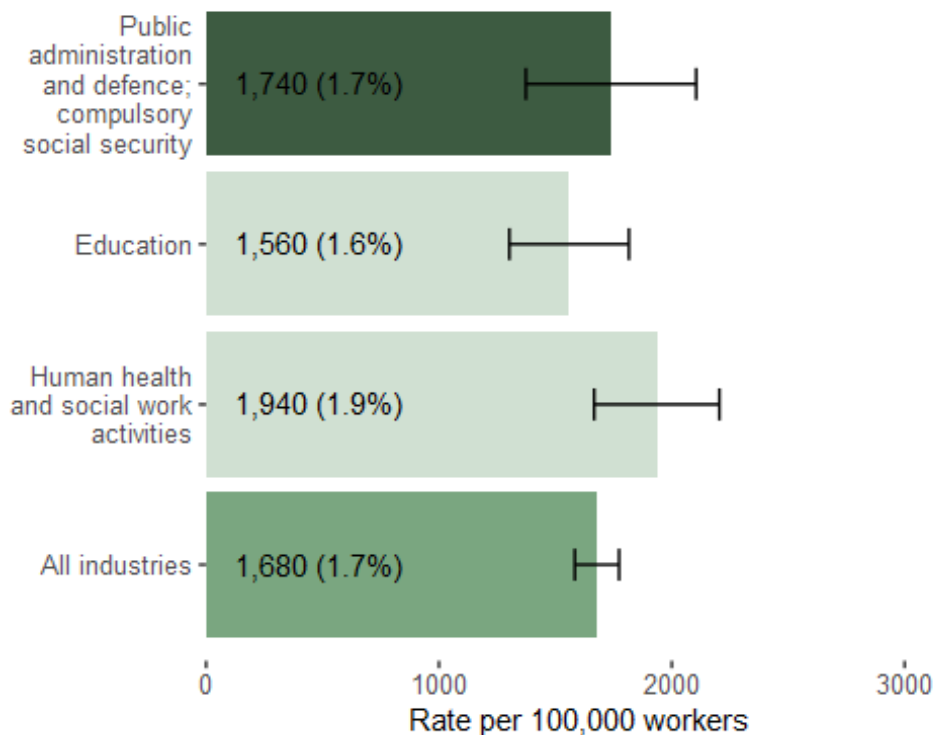
The Labour Force Survey is HSE's preferred data source for non-fatal injuries. The latest estimates show that in Public administration and defence; compulsory social security there were:

- 37,000 cases of non-fatal work-related injury
- Of these, 34% involved over three days absence and 31% over seven days absence.

Source LFS, estimated annual average 2018/19-2020/21

Public administration and defence; compulsory social security compared to industries with similar work activities

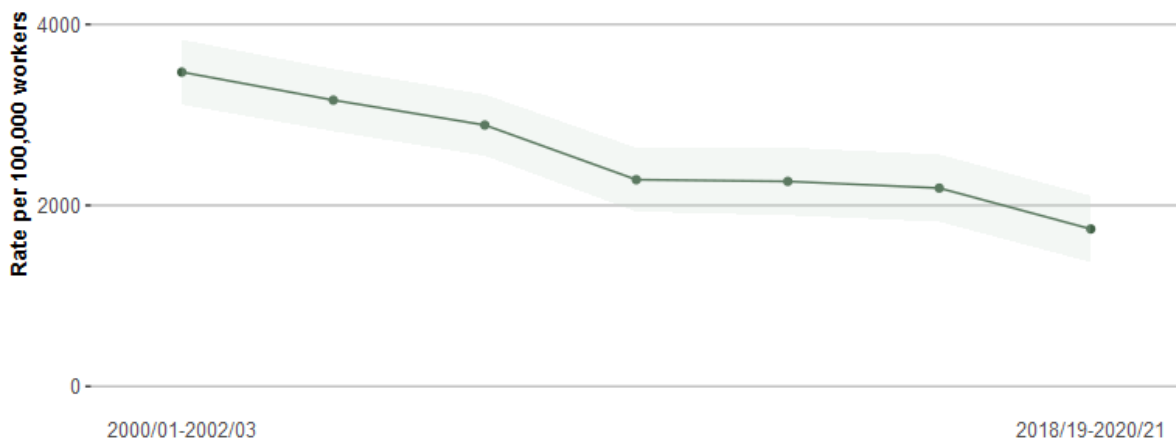
- Around 1.7% of workers in this sector suffered from an injury.
- This rate is not statistically different than that for workers across all industries (1.7%).



Source: LFS, estimated annual average 2018/19-2020/21
95% confidence intervals are shown on the chart

Changes over time

In recent years prior to the coronavirus pandemic, the rate of self-reported non-fatal injury to workers had been broadly flat. The rate for the latest period, which includes years affected by the coronavirus pandemic, is not statistically significantly different from the previous period.



Source: LFS, grouped by 3 years, estimated annual average from 2000/01-2002/03 to 2018/19-2020/21
Shaded area represents a 95% confidence interval

Supporting information around work-related injuries is available from RIDDOR reporting³. In Public administration and defence; compulsory social security there were:

- 3,050 non-fatal injuries to employees reported by employers under RIDDOR in 2020/21p.
- 787 (26%) were specified injuries⁴ and 2,263 (74%) were over seven-day injuries.

Source: RIDDOR, 2020/21p

³ 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.

⁴ For the full list of specified injuries, see www.hse.gov.uk/riddor/reportable-incidents.htm.

Enforcement

Provisional figures for 2020/21p show a total of 1 notice issued by HSE inspectors in Public administration and defence; compulsory social security, which was an improvement notice.

- This is compared to the 23 notices issued in the previous year.

There were 3 prosecution cases led by HSE or, in Scotland, the Crown Office and Procurator Fiscal⁵ where a verdict was reached in 2020/21, resulting in:

- 3 (100%) with a conviction for at least one offence.
- £973,000 in total fines averaging around £324,000 per conviction⁶.
 - In 2019/20 there were 4 cases all resulting in a conviction (100%). This led to £481,000 in total fines and an average fine of around £120,000 per conviction.

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).

⁵ 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.

⁶ 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.

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 can be found in the following tables:

Work-related illness

lfsillind: www.hse.gov.uk/Statistics/lfs/lfsillind.xlsx

Workplace injuries

lfsinjind: www.hse.gov.uk/Statistics/lfs/lfsinjind.xlsx

RIDIND: www.hse.gov.uk/Statistics/tables/ridind.xlsx

RIDFATAL: www.hse.gov.uk/Statistics/tables/ridfatal.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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