Key facts

1.4 million
Work-related ill health cases (new or long-standing) in 2018/19
Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

0.6 million
Work-related stress, depression or anxiety cases (new or long-standing) in 2018/19
Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

0.5 million
Work-related musculoskeletal disorder cases (new or long-standing) in 2018/19
Source: Estimates based on self-reports from the Labour Force Survey, people who worked in the last 12 months

9.8 billion
Annual costs of new cases of work-related ill health in 2017/18, excluding long latency illness such as cancer
Source: Estimates based on HSE Costs to Britain Model

0.6 million
Workers sustaining a non-fatal injury in 2018/19
Source: Estimates based on self-reports from the Labour Force Survey

69,208
Non-fatal injuries to employees reported by employers in 2018/19
Source: RIDDOR

147
Fatal injuries to workers in 2018/19
Source: RIDDOR

5.2 billion
Annual costs of workplace injury in 2017/18
Source: Estimates based on HSE Costs to Britain Model

28.2 million
Working days lost due to work-related ill health and non-fatal workplace injuries in 2018/19
Source: Estimates based on self-reports from the Labour Force Survey

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

2,526
Mesothelioma deaths in 2017, with a similar number of lung cancer deaths linked to past exposures to asbestos
Source: Counts from death certificates and estimates from epidemiological information

15.0 billion
Annual costs of work-related injury and new cases of ill health in 2017/18, excluding long latency illness such as cancer
Source: Estimates based on HSE Costs to Britain Model
Work-related ill health

1.4 million
Workers suffering from work-related ill health (new or long-standing) in 2018/19

497,000
Workers suffering from a new case of work-related ill health in 2018/19

23.5 million
Working days lost due to work-related ill health in 2018/19

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, 2018/19

- 19% Other type of illness
- 37% Musculoskeletal disorders
- 44% Stress, depression or anxiety

Working days lost by type of ill health, 2018/19

- 17% Other type of illness
- 29% Musculoskeletal disorders
- 54% Stress, depression or anxiety

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

The rate of self-reported work-related ill health showed a generally downward trend but has been broadly flat in recent years.

Similarly, working days lost per worker due to self-reported work-related illness showed a generally downward trend but has been broadly flat in recent years.

Estimates of ill health based on Labour Force Survey (LFS) self-reports and deaths are 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/
Work-related stress, depression or anxiety

602,000
Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2018/19

246,000
Workers suffering from a new case of work-related stress, depression or anxiety in 2018/19

12.8 million
Working days lost due to work-related stress, depression or anxiety in 2018/19

Industries with higher than average rates of stress, depression or anxiety, averaged 2016/17–2018/19

- Public admin/defence
- Human health and social work
- Education

The rate of self-reported work-related stress, depression or anxiety was broadly flat but has shown signs of increasing in recent years.

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

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

Estimates of work-related stress, depression or anxiety are 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/causdis
### Summary statistics for Great Britain 2019

#### Work-related musculoskeletal disorders

- **498,000**
  - Workers suffering from work-related musculoskeletal disorders (new or long-standing) in 2018/19

- **138,000**
  - Workers suffering from a new case of work-related musculoskeletal disorder in 2018/19

- **6.9 million**
  - Working days lost due to work-related musculoskeletal disorders in 2018/19

#### Musculoskeletal disorders by affected area, 2018/19

- **19%** Lower limbs (95,000)
- **41%** Upper limbs or neck (203,000)
- **40%** Back (200,000)

#### Industries with higher than average rates of musculoskeletal disorders, averaged 2016/17–2018/19

- Construction
- Agriculture, forestry and fishing
- Human health and social work
- All industries

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

The rate of self-reported work-related musculoskeletal disorders showed a generally downward trend.

Similarly, working days lost per worker due to self-reported work-related musculoskeletal disorders showed a generally downward trend.

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

Estimates of work-related musculoskeletal disorders are 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/causdis/](http://www.hse.gov.uk/statistics/causdis/)
Summary statistics for Great Britain 2019

**Key facts**

- **12,000**
  - Lung disease deaths each year estimated to be linked to past exposures at work

- **2,526**
  - Mesothelioma deaths in 2017, with a similar number of lung cancer deaths linked to past exposures to asbestos

- **18,000**
  - 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-reported estimates from the Labour Force Survey

**Lung diseases contributing to estimated current annual deaths**

- **3%** Other disease
- **20%** Mesothelioma
- **20%** Asbestos-related lung cancer
- **23%** Non-asbestos related lung cancer
- **33%** Chronic obstructive pulmonary disease (COPD)

**Estimated rate of new cases of occupational asthma relative to 2018**

To find out the story behind the key figures, visit [www.hse.gov.uk/statistics/causdis/](http://www.hse.gov.uk/statistics/causdis/)
Workplace injury

147
Workers killed at work in 2018/19

581,000
Workers sustaining a non-fatal injury according to self-reports from the Labour Force Survey in 2018/19

69,208
Employee non-fatal injuries reported by employers under RIDDOR in 2018/19

4.7 million
Estimated working days lost due to non-fatal workplace injuries according to self-reports from the Labour Force Survey in 2018/19

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

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

The rate of non-fatal injury to employees reported by employers shows a downward trend.

Estimates of non-fatal injuries are 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/causinj/
Costs to Britain

£15.0 billion
Annual costs of work-related injury and new cases of ill health in 2017/18, excluding long latency illness such as cancer

£9.8 billion
Annual costs of new cases of work-related ill health in 2017/18, excluding long latency illness such as cancer

£5.2 billion
Annual costs of workplace injury in 2017/18

Costs to Britain of workplace injury and new cases of work-related ill health in 2017/18 by:
- type of incident
  - 35% Injury
  - 65% Ill health

- cost bearer
  - £3.0 billion Employers
  - £3.4 billion Government
  - £8.6 billion Individuals


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

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

Shaded area represents a 95% confidence interval. No costs estimate is available for 2011/12, represented by a dashed line.

### Industries

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

**Work-related ill health**

<table>
<thead>
<tr>
<th>Industry Section</th>
<th>Rate (per 100,000 workers)</th>
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</thead>
<tbody>
<tr>
<td>Electricity, gas, steam and air conditioning supply (SIC D)</td>
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<td>Human health/social work (SIC Q)</td>
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<td>Water supply; sewerage, Waste management (SIC E)</td>
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<tr>
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<tr>
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<tr>
<td>Real estate activities (SIC L)</td>
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<tr>
<td>Wholesale/retail trade; repair of motor vehicles (SIC G)</td>
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<tr>
<td>Manufacturing (SIC C)</td>
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<tr>
<td>Professional, scientific and technical activities (SIC M)</td>
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<tr>
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<td>Accommodation/food service activities (SIC I)</td>
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**Workplace injury**

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</tr>
</tbody>
</table>

**All industries rate**

- **3,190**: All industries rate
- **1,710**: All industries rate

**SIC – Standard Industry Classification**

**Compared to all industry rate:**

- **statistically significant – higher**
- **no statistically significant difference**
- **statistically significant – lower**

- **indicates sample cases too small to provide reliable estimate**


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**Industries with ill health rates statistically significantly higher than the rate for all industries were Public administration and defence, Human health and social work and Education.**

**Agriculture, forestry and fishing, Construction, Accommodation and food service activities, Wholesale and retail trade (including motor vehicle repair), Public administration and defence and Manufacturing 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](http://www.hse.gov.uk/statistics/industry)
European comparisons

Fatal injuries in large EU economies (Eurostat 2016)

The UK consistently has one of the lowest standardised rates of fatal injury across the EU, lower than other large economies and the EU average.

Non-fatal injuries in the UK were at a similar level to other large economies in 2013.

UK rates of work-related ill health resulting in sick leave were lower than most other EU countries.

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

**364**
Cases prosecuted, or referred to COPFS for prosecution in Scotland, by HSE where a conviction was achieved in 2018/19

**11,040**
Notices issued by all enforcing bodies in 2018/19

**£54.5 million**
In fines resulting from prosecutions taken, or referred to COPFS for prosecution in Scotland, by HSE where a conviction was achieved in 2018/19

This year has seen a fall in the number of cases prosecuted, continuing the trend from the previous year.

The number of notices issued by all enforcing bodies showed a decrease compared to the previous year, continuing the long-term downward trend in notices issued.

The level of fine issued in 2018/19 has decreased compared to the previous year. The average fine per conviction is at the same level as 2017/18 so this decrease is related to the fall in the number of cases completed.

To find out the story behind the key figures, visit [www.hse.gov.uk/statistics/enforcement.htm](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. 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
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.

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 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 means of transport in the course of work.

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.

More information about our data sources can be found at [www.hse.gov.uk/statistics/sources.htm](http://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, enforcement and Costs to Britain 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  October 2019
Next update  October 2020

More information about our data sources can be found at [www.hse.gov.uk/statistics/sources.htm](http://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](http://www.hse.gov.uk/statistics/about/revisions/index.htm)

Data tables can be found at [www.hse.gov.uk/statistics/tables/](http://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](http://www.hse.gov.uk/statistics/about/quality-guidelines.htm)