Historical picture statistics in Great Britain, 2023

Trends in work-related ill health and workplace injury
Data up to March 2023
Annual statistics
Published 22 November 2023

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Summary

This report presents an assessment of the longer-term trends in work-related illness and workplace injury using a range of data sources. (Note- the time-period covered is different for each data source, but generally covers years from at least 1990). The latest information and trends over more recent years is available at www.hse.gov.uk/statistics.

In recent decades there have been large reductions in both fatal and non-fatal workplace injuries. However, the picture for ill health is mixed.

Workplace injuries

Over the long-term the number of fatal injuries to employees has substantially reduced. There has also been a large reduction in non-fatal injuries. Prior to the coronavirus pandemic the rate of self-reported non-fatal injury to workers showed a generally downward trend and the current rate is similar to the 2018/19 pre-coronavirus level. Likewise for RIDDOR reported injuries, prior to the coronavirus pandemic the rate of non-fatal injury to employees reported by employers showed a downward trend and the current rate is below the 2018/19 pre-coronavirus level.

Work-related illness

The rate of total self-reported work-related ill health (including both new and long-standing cases) has declined from the level seen in the 1990s, but in the recent years prior to the coronavirus pandemic had been broadly flat. The rate of self-reported work-related musculoskeletal disorders has similarly reduced since the 1990s, though continued to show a generally downward trend in the recent years prior to the pandemic. In contrast, the rate of self-reported work-related stress, depression or anxiety had shown signs of increasing in the recent years prior to the coronavirus pandemic, having been broadly flat since around 1998/99.

The rate of total self-reported work-related illness was higher in 2022/23 than the 2018/19 pre-coronavirus level, driven by a higher rate of self-reported work-related stress, depression or anxiety. For self-reported work-related musculoskeletal disorders, the rate in 2022/23 was similar to the 2018/19 pre-coronavirus level.

Annual mesothelioma deaths have remained broadly level over the last 10 years following a sustained increase over earlier decades since 1970, largely due to past exposures. Numbers are expected to decline during the 2020s.

Work-related ill health

All illness

In 2022/23, an estimated 1.8 million workers in Great Britain were suffering from an illness which they believed was caused or made worse by work (either new or long-standing), equivalent to a rate of 5,250 per 100,000 workers (5.2%).

To look at the long-term trend in work-related ill health we generally consider how the rate has changed, rather than the number of cases, as the rate accounts for variations in the number of people in work between years.

The rate of self-reported work-related ill health had been falling in earlier years but in the recent years prior to the coronavirus pandemic had been broadly flat. The current rate is higher than the 2018/19 pre-coronavirus level.

Figure 1: Estimated rate of self-reported work-related ill health per 100,000 workers, Great Britain (new and long-standing cases)
Source: Labour Force Survey

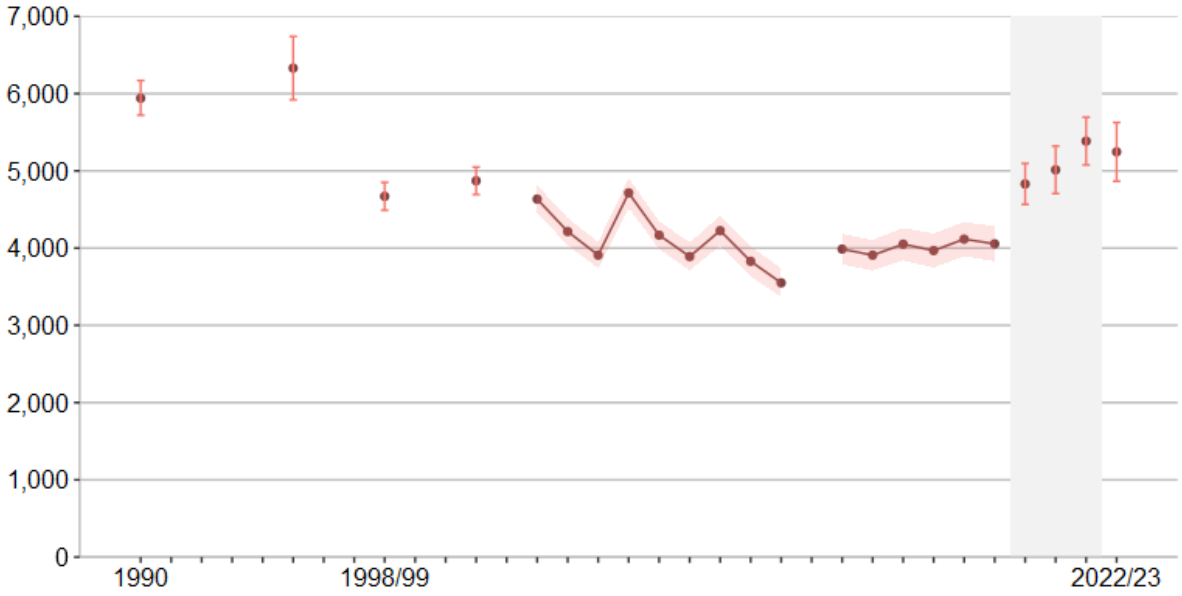

Chart notes:

- Ill health data was collected periodically up until 2003/04 and annually thereafter except for 2011/12 where no data was collected.
- Estimates for 1998/99 and earlier relate to England and Wales; thereafter estimates relate to GB. However, estimates are broadly comparable for the entire period.
- Shaded area around line and error bars around points represents a 95% confidence interval.
- Data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the shaded grey column.

Musculoskeletal disorders

Musculoskeletal disorders accounted for around a quarter of all cases of self-reported work-related ill health in Great Britain in 2022/23.

Prior to the coronavirus pandemic, the rate of self-reported work-related musculoskeletal disorders showed a generally downward trend. The current rate, at 1,400 cases per 100,000 workers (1.4%), is similar to the 2018/19 pre-coronavirus level.

Figure 2: Estimated rate of self-reported work-related musculoskeletal disorders per 100,000 workers, Great Britain (new and long-standing cases)
Source: Labour Force Survey

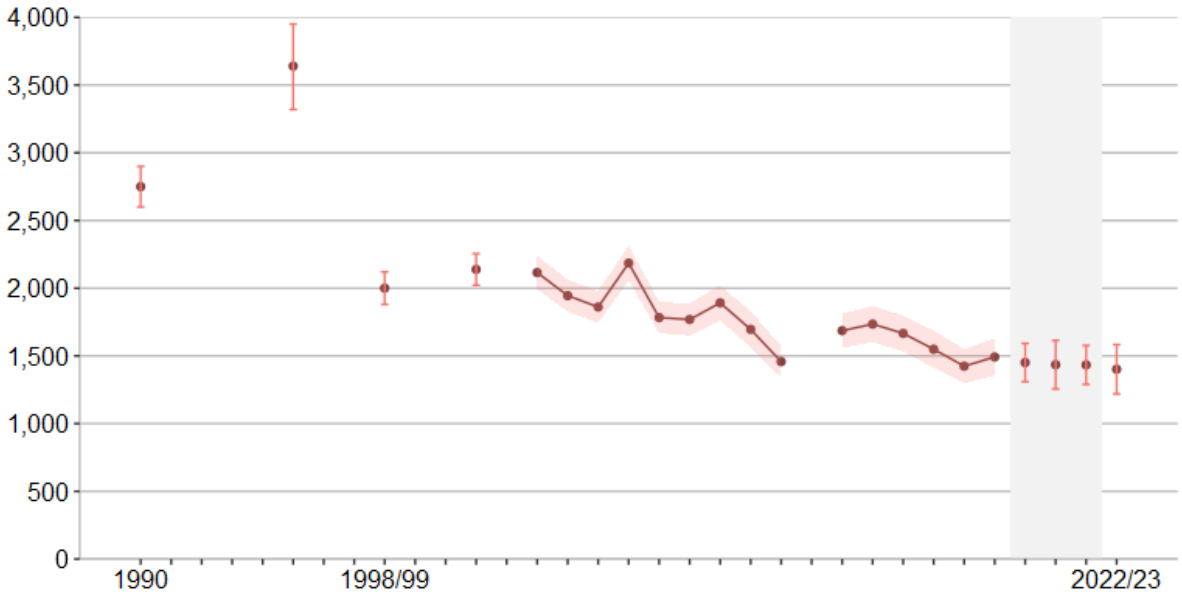

Chart notes:

- Ill health data was collected periodically up until 2003/04 and annually thereafter except for 2011/12 where no data was collected.
- Estimates for 1998/99 and earlier relate to England and Wales; thereafter estimates relate to GB. However, estimates are broadly comparable for the entire period.
- Shaded area around line and error bars around points represents a 95% confidence interval.
- Data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the shaded grey column.

Stress, depression or anxiety

Stress, depression or anxiety accounted for around a half of all cases of self-reported work-related ill health in Great Britain in 2022/23.

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, having been broadly flat since 1998/99. The current rate, at 2,590 cases per 100,000 workers (2.6%), is higher than the 2018/19 pre-coronavirus level. It is likely that awareness of work-related stress and attitudes towards it changed in the 1990s, which will have affected reporting levels.

Figure 3: Estimated rate of self-reported work-related stress, depression or anxiety per 100,000 workers, Great Britain (new and long-standing cases)
Source: Labour Force Survey

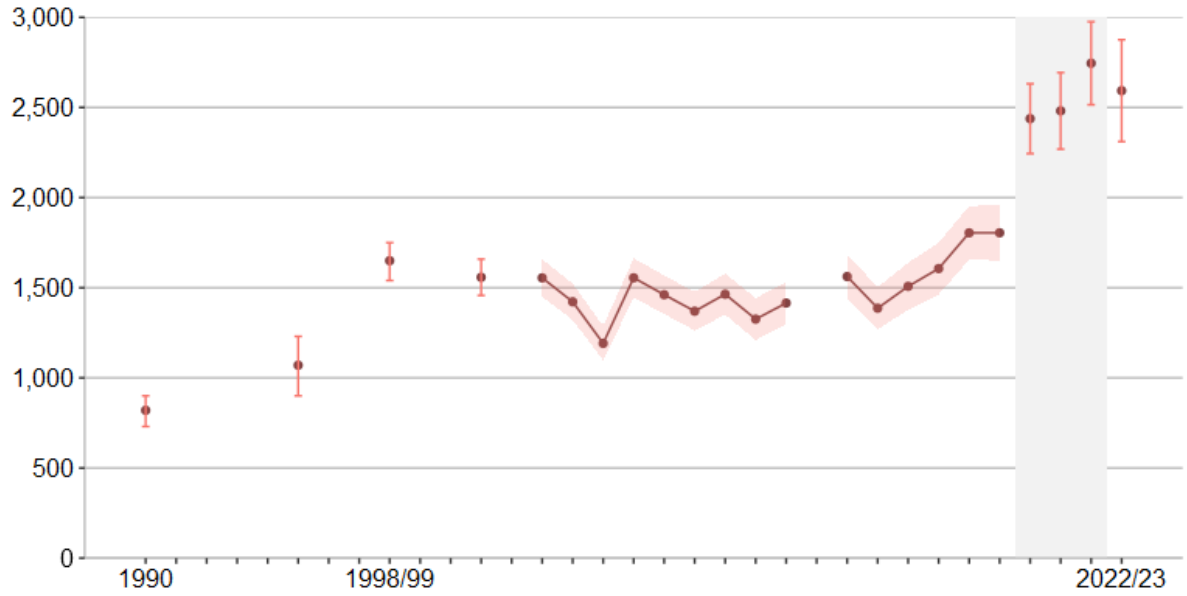

Chart notes:

- Ill health data was collected periodically up until 2003/04 and annually thereafter except for 2011/12 where no data was collected.
- Estimates for 1998/99 and earlier relate to England and Wales; thereafter estimates relate to GB. However, estimates are broadly comparable for the entire period.
- Shaded area around line and error bars around points represents a 95% confidence interval.
- Data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the shaded grey column.

Occupational lung disease

Typically, 2-4% of cases of self-reported work-related illness are reported as “breathing or lung problems”. This general category is likely to include a wide range of illnesses: some caused by, and others aggravated by work; some that can occur rapidly following exposure to respiratory hazards, and others that take many years to develop.

In 2022/23, an estimated 38,000 (95% confidence interval 22,000 to 55,000) workers in Great Britain were suffering from a work-related breathing or lung problem (either new or long-standing).

In the years prior to the coronavirus pandemic, the rate of self-reported breathing or lung problems had been broadly flat since the mid-2000s, having been higher previously. The current rate is similar to the 2018/19 pre-coronavirus level.

Figure 4: Estimated rate of self-reported work-related breathing or lung problems per 100,000 workers, Great Britain (new and long-standing cases)
Source: Labour Force Survey

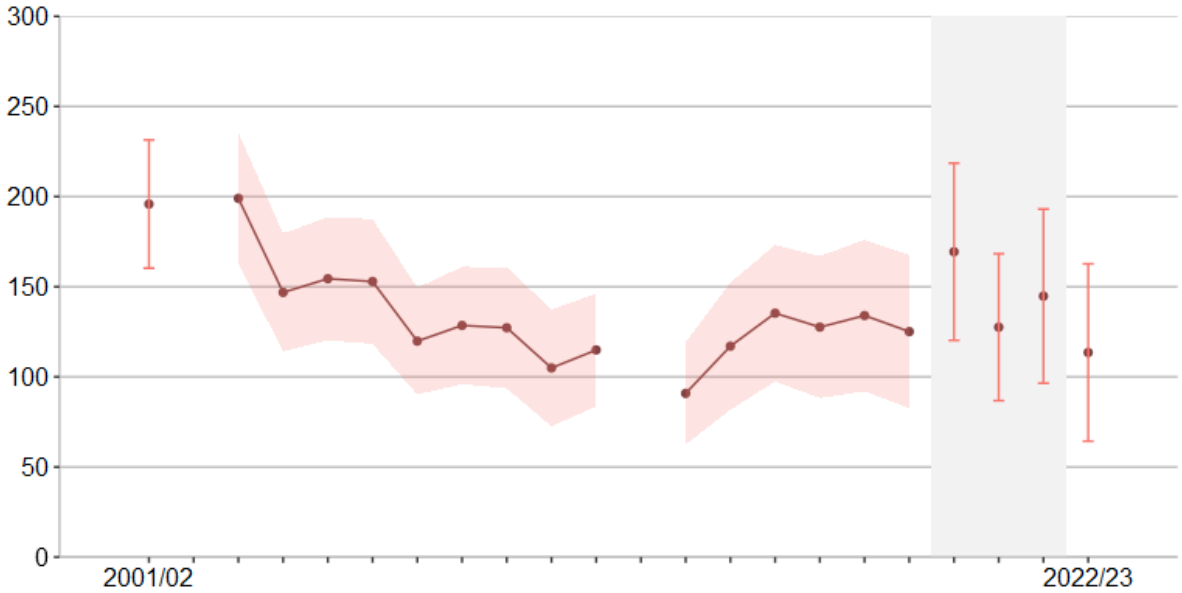

Chart notes:

- No ill health data was collected in 2002/03 and 2011/12.
- Shaded area around line and error bars around points represents a 95% confidence interval.
- Data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the shaded grey column. Part of the estimates of breathing or lung problems for these years is likely to be COVID-19 arising from infection at work.

Specific occupational lung diseases

Long-term trends for certain specific occupational lung diseases can be assessed where data have been collected consistently over extended periods, for example based on death certificates or the Industrial Injuries Disablement Benefit (IIDB) scheme.

Trends for mesothelioma (an asbestos-related cancer), asbestosis (a form of pneumoconiosis caused by inhalation of asbestos fibres), and silicosis (a form of pneumoconiosis caused by respirable crystalline silica) are shown in Figure 5 and Figure 6 below.

Figure 5: Annual number of mesothelioma and asbestosis deaths and cases assessed for IIDB in Great Britain, 1974-2022
Source: HSE Mesothelioma register, Death Certificates; Industrial Injuries and Disablement Benefit scheme.

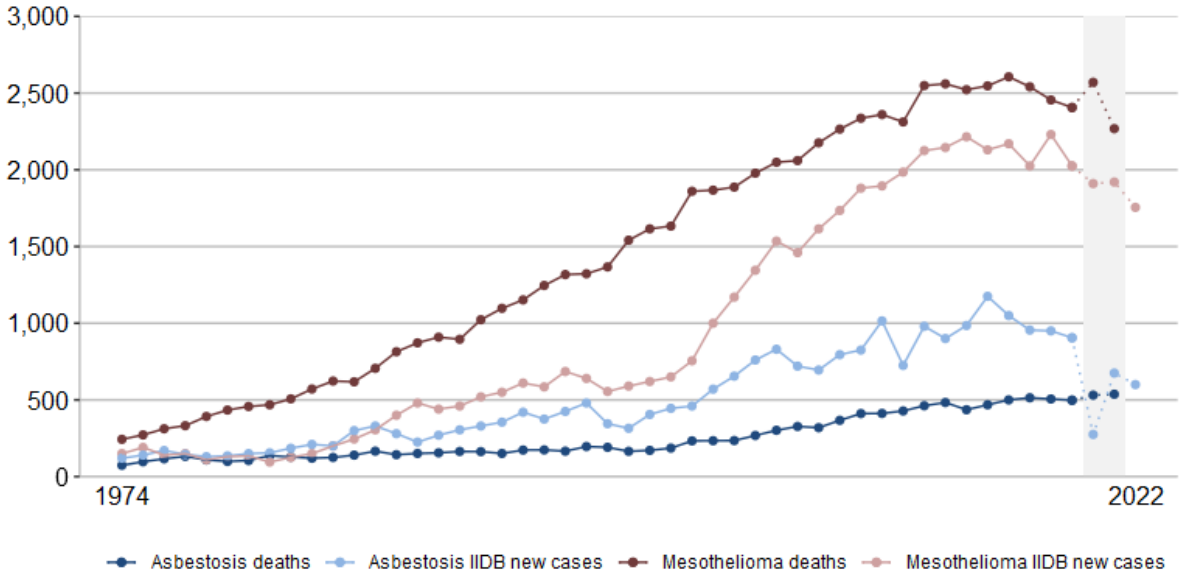

Chart notes:

- Latest available data is 2021 for mesothelioma and asbestosis deaths.
- Data for 2020 and 2021 includes the effects of the coronavirus pandemic, shown inside the shaded grey column.
- Some individuals with occupational diseases who then developed COVID-19 may have died earlier than otherwise. Delays in death certification or omission of occupational disease recording on death certificates of those with COVID-19 could also have occurred.
- Assessments of new IIDB cases were substantially reduced in 2020 and may also have been affected during 2021, though this less likely for mesothelioma due to its prioritisation for assessment.

Annual mesothelioma deaths have remained broadly level over the last 10 years. This follows a sustained increase over earlier decades since 1970, when annual numbers were around 10-fold lower than currently. Numbers are expected to decline during the 2020s. Annual mesothelioma IIDB cases have followed a similar trend. Deaths mentioning asbestosis (excluding those that also mention mesothelioma) have also increased substantially, as have the numbers of the asbestosis IIDB cases. These cases are largely a consequence of heavy past occupational asbestos exposures and the fact that the disease typically take decades to develop.

Figure 6: Annual number of silicosis deaths and cases assessed for IIDB in Great Britain, 1974-2022

Source: Death Certificates; Industrial Injuries and Disablement Benefit scheme

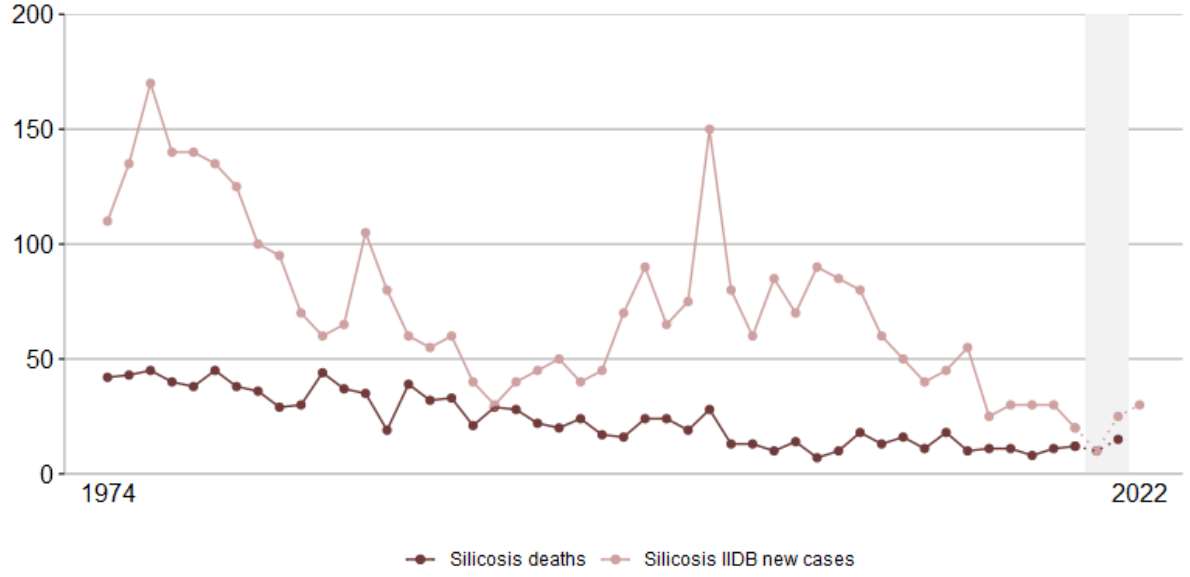

Chart notes:

- Latest available data is 2021 for silicosis deaths.
- Data for 2020 and 2021 includes the effects of the coronavirus pandemic, shown inside the shaded grey column.
- Some individuals with occupational diseases who then developed COVID-19 may have died earlier than otherwise. Delays in death certification or omission of occupational disease recording on death certificates of those with COVID-19 could also have occurred.
- Assessments of new IIDB cases were substantially reduced in 2020 and may also have been affected during 2021.

There has been a steady decline in annual silicosis deaths since 1974, with numbers in recent years less than half those in the 1970s. Annual IIDB cases have tended to fluctuate considerably, though there is also evidence of a reduction over the period.

Further information about specific occupational lung diseases is available at [www.hse.gov.uk/statistics/causdis/index.htm.](www.hse.gov.uk/statistics/causdis/index.htm)

Workplace injury

Fatal injury

In 2022/23, 135 workers were killed in work-related accidents in Great Britain including 91 employees and 44 self-employed workers.

While data on fatal injuries to the self-employed have only been collected since 1981 (when the Notification of Accidents and Dangerous Occurrences Regulations were introduced), data on fatal injuries to employees have been collected under various regulations since at least 1900, though prior to 1981 reporting did not cover all industry sectors; notably, injuries to employees in 'office based' service activities (such as public administration, education and health and social work) were excluded.

Figure 7 below shows the number of fatal injuries to employees in Great Britain notified to enforcing authorities in each year since 1900. While data prior to 1981 is not entirely comparable with later years, the chart demonstrates how deaths at work have reduced substantially over the period, from around 4,400 employee deaths a year to around 200 deaths a year over the course of the 20th Century. There have been further reductions since the year 2000, with a total of 91 employee fatalities in the latest year. This reduction is in part due to changes in the industry composition over the period (for example a shift away from mining, manufacturing and other heavy industry to lower risk service industries).

A comparison of fatal injury numbers between the early 1970s (when the Health and Safety at Work Act was introduced) and current-day, adjusting to allow for the difference in industry coverage of the reporting requirements between these years, suggests that fatal injury numbers to employees have fallen by around 85% over this period, although more recently numbers have been broadly level.

Figure 7: Number of fatal injuries to employees in Great Britain 1900-2022/23p (Note: data for 2022/23 is provisional)

Source: RIDDOR and earlier reporting legislation.

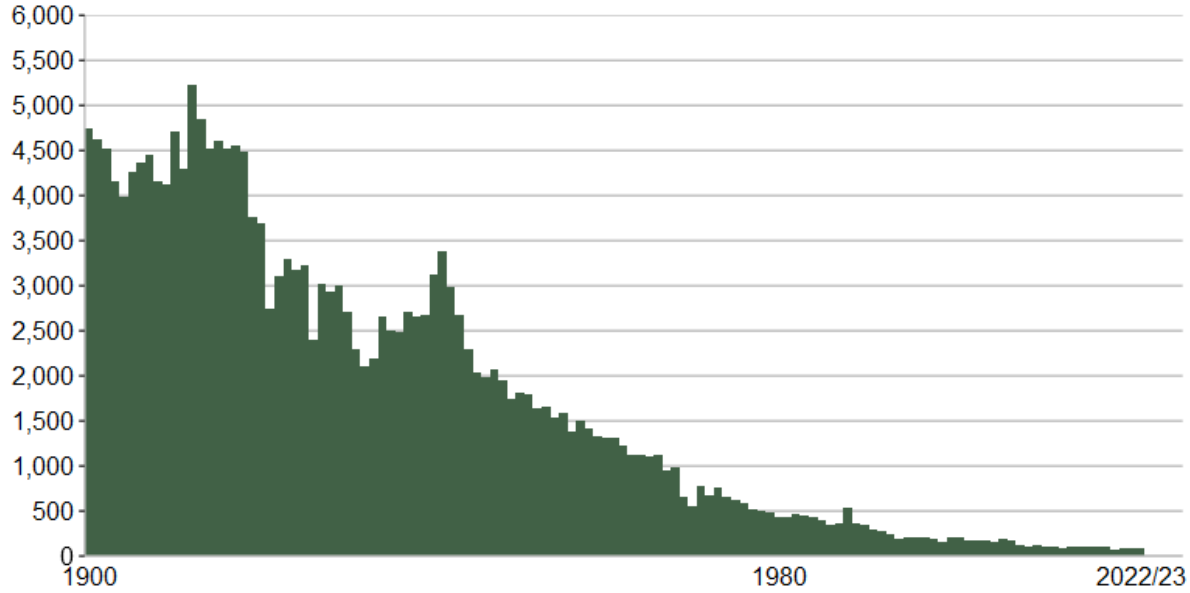

Chart notes:

- Estimates prior to 1980 excludes injuries in public service industries.
- Data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic.

Non-fatal injury

In 2022/23, an estimated 561,000 workers sustained a non-fatal injury at work in Great Britain according to self-reports from the Labour Force Survey, equivalent to a rate of 1,750 injuries per 100,000 workers (1.8%). Around a quarter of these injuries resulted in over-7-days absence from work.

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 level.

Figure 8: Estimated rate of self-reported non-fatal injury per 100,000 workers, Great Britain

Source: Labour Force Survey

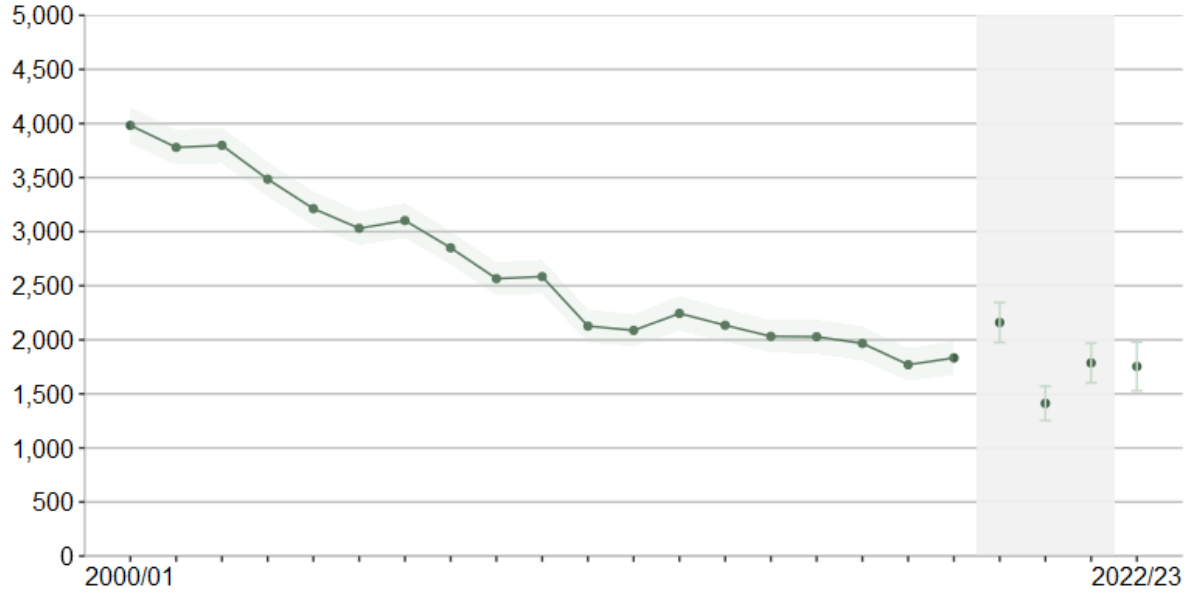

Chart notes:

- Shaded area around line and error bars around points represents a 95% confidence interval.
- Data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the shaded grey column.

Certain work-related injuries also require reporting by employers to the Enforcing Authorities. Since October 2013 this reporting is required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 2013), and previously under various revisions of RIDDOR regulations or earlier legislation - see Annex 1 for more details. Current reporting requirements under RIDDOR 2013 require all non-fatal injuries resulting in over-7-days absence from work or a certain defined set of ‘specified’ injuries to be reported. (This is a change from the previous requirement to report over-3-day absence injuries and the previous ‘major’ injury category).

Changes in the reporting requirements makes comparison of employer reported injuries difficult. However, using what we know about the proportion of over-3-day injuries that result in more than seven days off work (taken from estimates of self-reported injuries from the Labour Force Survey), we can adjust employer reported non-fatal injury data for 2011/12 and earlier years to broadly align with current reporting requirements under RIDDOR 2013.

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 2018/19 pre-coronavirus level (see Figure 9 below). However, reporting by employers is known to be incomplete and may be distorting the trend. The current level of reporting of work-related non-fatal injuries to employees is estimated at around a half.

Figure 9: Rate of employer reported non-fatal injury per 100,000 employees in Great Britain (Note: data for 2022/23 is provisional)
Source: RIDDOR

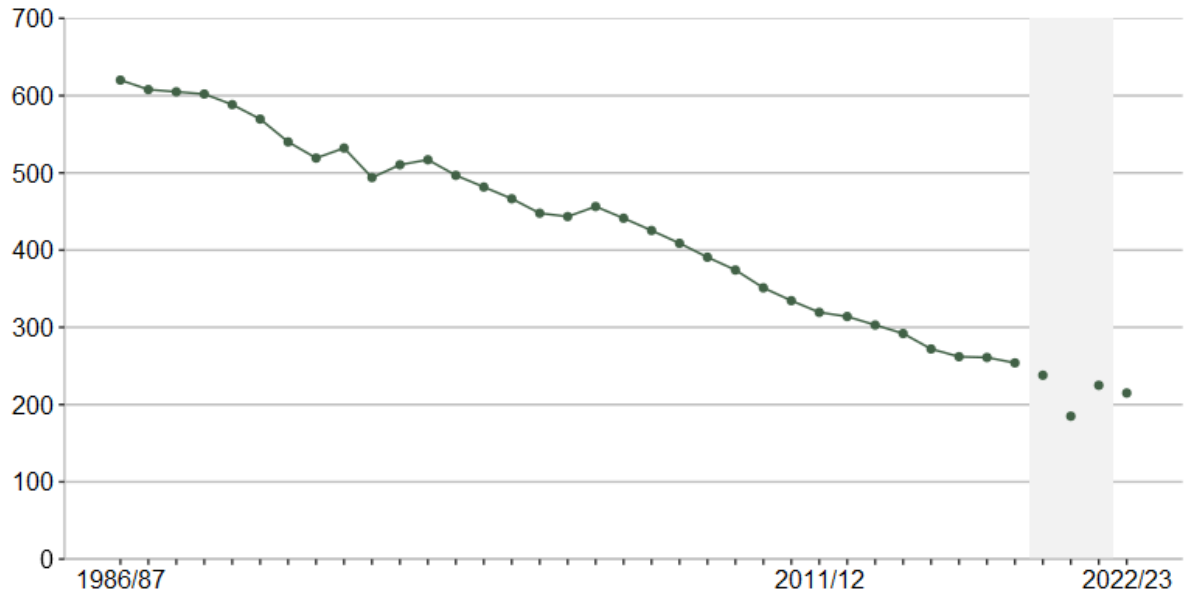

Chart notes:

- Rates for 2011/12 and earlier years have been adjusted to align with current RIDDOR reporting requirements.
- Data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the shaded grey column.

Research commissioned by HSE in 2005 showed that around half of the fall in the rate of non-fatal injury between 1986 and 2003 was due to the changing occupational structure of the GB workforce. The other half was due to residual factors including real improvements in health and safety over the period - see www.hse.gov.uk/research/rrhtm/rr386.htm.

Working days lost

In 2022/23, an estimated 35.2 million working days were lost due to work-related illness and non-fatal workplace injuries in Great Britain; 31.5 million days due to work-related illness and 3.7 million days due to workplace injury. This is equivalent to 1.31 working days lost per worker over the year.

To look at the long-term trend in working days lost we generally consider how the average number of working days lost per worker has changed, rather the total number of days, as the average accounts for variations in the number of people in work between years.

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

Figure 10: Estimated working days lost per worker due to self-reported work-related illness or injury, Great Britain
Source: Labour Force Survey

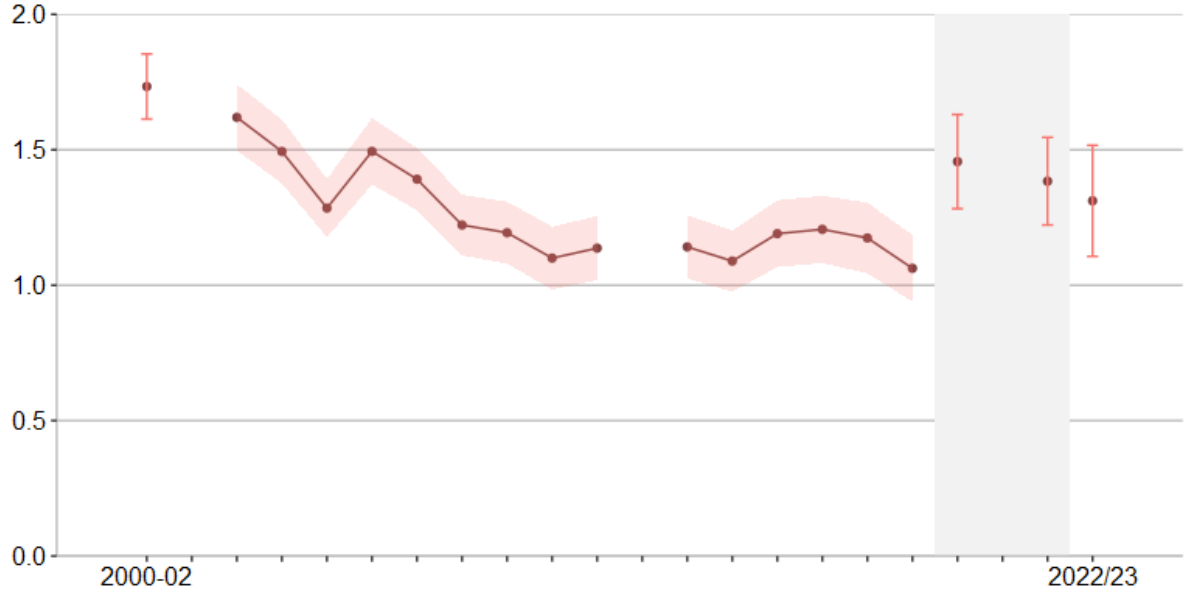

Chart notes:

- No data on working days lost is available for 2002/03,2012/13 and 2020/21.
- 2000-02 refers to 2000/01 injury data and 2001/02 illness data combined.
- Shaded area around line and error bars around points represents a 95% confidence interval.
- Data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the shaded grey column.

Annex 1: Sources and definitions

Sources

Labour Force Survey

Estimates of self-reported work-related ill health and self-reported workplace injury are sourced from the Labour Force Survey (LFS).

The LFS is a national survey run by the Office for National Statistics of currently around 27,000 households each quarter, which provides information about the labour market. HSE commissions a module of questions in the LFS to gain a view of work-related illness and injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE. Further details about the LFS, and more specifically, the HSE commissioned questions, are available from www.hse.gov.uk/statistics/lfs/technicalnote.htm.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (and earlier injury reporting legislation)

Employer reported injuries are sourced from reports made to enforcing authorities under statutory reporting requirements.

Since April 1986 the relevant reporting legislation is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). RIDDOR has been subject to several amendments since that date, the most notable as follows:

- From April 1986, RIDDOR 1985 introduced the requirement to report injuries to workers resulting in over three days absence from work.
- Under RIDDOR 1995 (from April 1996), the legislation was extended to include acts of violence to workers, and deaths to members of the public due to acts of suicide or trespass on railway systems. The list of reportable major injuries to workers included a wider range of fractures and amputations, as well as certain dislocations.
- HSE introduced a new online system for the notification of RIDDOR incidents in September 2011 (although legislation did not change at that time).
- In April 2012 the legal reporting requirement changed from over-3-days' incapacitation to over-7-days. The requirement remains for duty-holders to record over-3-day injuries, but not to report them.

- RIDDOR underwent a more extensive legislative change in October 2013. This included the introduction of the 'specified injury' category to replace the 'major injury' category, and the removal of the requirement to report suicides on railway systems. For more information on RIDDOR 2013, see www.legislation.gov.uk/uksi/2013/1471/contents/made.

More information on data changes affecting RIDDOR statistics is available at www.hse.gov.uk/statistics/riddor-notification.htm.

Prior to RIDDOR, employers were required to report injuries to the enforcing authority under the Notification of Accidents and Dangerous Occurrences Regulations (NADOR, 1981-1985). This introduced the requirement to report fatal or defined major injuries to employees and the self-employed, as well as injuries to members of the public killed or injured as the result of someone else's work activity. Prior to NADOR, reporting was required under various legislation, but chiefly the 1961 Factories Act. Reporting was limited mainly to those employees employed in factories, construction, manufacturing, agriculture and docks, and excluded 'office-based' services activities (such as public administration, education, and health and social work).

Numerical comparison of employer-reported injuries between different time periods requires data to be adjusted on a consistent basis:

- For fatal injuries, the latest years' injury totals are restricted to exclude employee deaths to workers in public service industries (industries defined by sections O-Q in the 2007 Standard Industrial Classification) to make it comparable with the fatal injury count in 1974.

- For non-fatal injuries, the rate of reported injury for years 2011/12 and earlier has been adjusted to allow for the change in the reporting definitions introduced by RIDDOR 2012 and RIDDOR 2013. Data from the Labour Force Survey suggested that around 72% of injuries reported prior to these changes were also in scope of the new regulations; therefore injury rates for this earlier period have been adjusted to reflect this.

Death certificates

Information on mortality from certain occupational lung diseases is available from the cause of death included on death certificates currently recorded in Great Britain using the International Classification of Diseases, revision 10 (ICD-10).

A number of different forms of pneumoconiosis (including asbestosis, coal worker's pneumoconiosis and silicosis) have been recognised as occupational diseases, and included within the ICD classification, for many decades. Mortality statistics for pneumoconiosis recorded as the underlying cause of death can therefore be readily obtained from national data compiled by the Office for National Statistics (ONS) and National Records of Scotland (NRS).

Although mesothelioma was included in the ICD classification only from revision 10, mesothelioma mortality statistics have been compiled on a consistent basis since 1968 based on the HSE mesothelioma register, which includes all deaths where the term 'mesothelioma' was mentioned anywhere on the death certificate.

HSE published mortality statistics for asbestosis – i.e. pneumoconiosis caused by asbestos – are based on the HSE asbestosis register, which includes all deaths that mention the term 'asbestosis' anywhere on the death certificate. This includes a substantial number of deaths in addition to those with asbestosis recorded as the underlying cause of death.

Industrial Injuries Disablement Benefit (IIDB) cases

The Industrial Injuries Disablement Benefit (IIDB) scheme, administered by the Department for Work and Pensions (DWP), compensates employed earners who have been disabled by a prescribed occupational disease (PD). Diseases are prescribed where an occupational cause is well established, and where the terms of prescription can be framed to identify cases of genuine occupational origin.

Pneumoconiosis and asbestos-related diseases have, for many years, been prescribed occupational diseases within the scheme. Although the scheme does not include all cases of these diseases (for example, the onus is on individuals to make a claim and the self-employed are not covered) it does provide a consistent basis for assessing trends over time.

Impact of the coronavirus pandemic (COVID-19) on data sources

Data from all sources was impacted by the coronavirus pandemic (COVID-19), particularly data for 2020/21 and to a lesser extent data for 2021/22. For some sources 2019/20 was also affected. 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.

Definitions

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 (prevalence) include long-standing as well as new cases (incidence). New cases consist of those who first became aware of their illness in the last 12 months. Estimates are based on the most serious work-related illness, as defined by the individual, if they have more than one. HSE has collected data on ill health through the LFS periodically since 1990 and annually from 2003/04 (except 2012/13). However, differences in the survey design, coverage and level of information collected in the surveys in the 1990s means that data presented from the LFS in this report for these years are only broadly comparable with later years.

Self-reported injuries: Workplace injuries sustained as a result of a non-road traffic accident, as estimated by the LFS. HSE has collected data on injuries through the LFS in 1990 and annually since 1993/94. Data are available on a consistent basis since 2000/01, but over-7-day absence injury data are only available from 2003/04.

Confidence intervals: Confidence intervals represent 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.

Rate per 100,000: The number of annual workplace injuries or cases of work-related ill health per 100,000 employees or workers. The rate is constructed by dividing the count of injuries or ill health by the employment estimate. This is then multiplied by a factor of 100,000 to give a rate per 100,000 employees or workers, in line with international standards.

Annex 2: Links to detailed data tables

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

Work-related illness
LFSILLHIST: www.hse.gov.uk/statistics/assets/docs/lfsillhist.xlsx
LFSILLTYP: www.hse.gov.uk/statistics/assets/docs/lfsilltyp.xlsx

Occupational lung disease
MESO01: www.hse.gov.uk/statistics/assets/docs/meso01.xlsx
ASIS01: www.hse.gov.uk/statistics/assets/docs/asis01.xlsx
IIDB01: www.hse.gov.uk/statistics/assets/docs/iidb01.xlsx

Workplace injuries
LFSINJSUM: www.hse.gov.uk/statistics/assets/docs/lfsinjsum.xlsx
RIDHIST: www.hse.gov.uk/statistics/assets/docs/ridhist.xlsx

Working days lost LFSWDL: www.hse.gov.uk/statistics/assets/docs/lfswdl.xlsx

Other tables can be found at: www.hse.gov.uk/statistics/tables/index.htm

National Statistics

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