



**PROTECTING PEOPLE  
AND PLACES**



# Health and safety at work

## Summary statistics for Great Britain 2024




# Key facts

 **1.7 million**

Workers suffering from work-related ill health (new or long-standing) in 2023/24

Source: Estimates based on self-reports from the Labour Force Survey for people who worked in the last 12 months

 **0.6 million**

Workers sustaining a workplace non-fatal injury in 2023/24

Source: Estimates based on self-reports from the Labour Force Survey

 **33.7 million**

Working days lost due to work-related ill health and workplace non-fatal injury in 2023/24

Source: Estimates based on self-reports from the Labour Force Survey

 **0.8 million**

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2023/24

Source: Estimates based on self-reports from the Labour Force Survey for people who worked in the last 12 months

 **61,663**

Employee work-related non-fatal injuries reported by employers under RIDDOR in 2023/24

Source: RIDDOR

 **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

 **0.5 million**

Workers suffering from work-related musculoskeletal disorders (new or long-standing) in 2023/24

Source: Estimates based on self-reports from the Labour Force Survey for people who worked in the last 12 months

 **138**

Workers killed in work-related accidents in 2023/24

Source: RIDDOR

 **2,257**

Mesothelioma deaths in 2022, with a similar number of lung cancer deaths linked to past exposures to asbestos

Source: Counts from death certificates and estimates from epidemiological information

 **14.5 billion**

Annual costs of new cases of work-related ill health in 2022/23, excluding long latency illness such as cancer

Source: Estimates based on HSE Cost Model

 **7.1 billion**

Annual costs of workplace injury in 2022/23

Source: Estimates based on HSE Cost Model

 **21.6 billion**

Annual costs of workplace injury and new cases of work-related ill health in 2022/23, excluding long latency illness such as cancer

Source: Estimates based on HSE Cost Model



# Work-related ill health

**1.7 million**

Workers suffering from work-related ill health (new or long-standing) in 2023/24

**609,000**

Workers suffering from a new case of work-related ill health in 2023/24

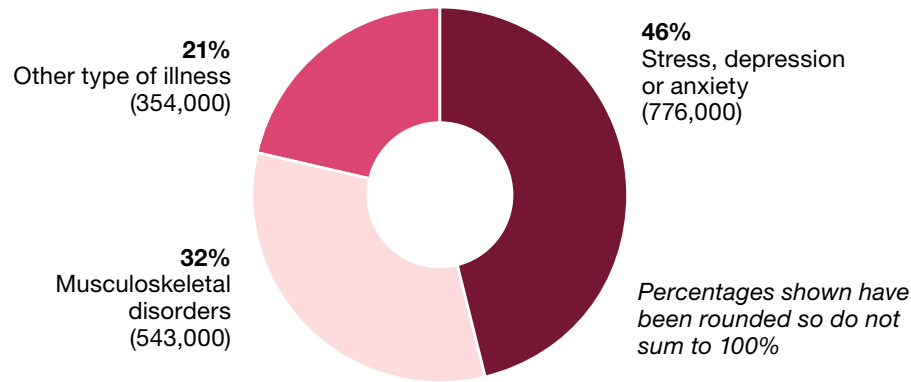
**29.6 million**

Working days lost due to work-related ill health in 2023/24

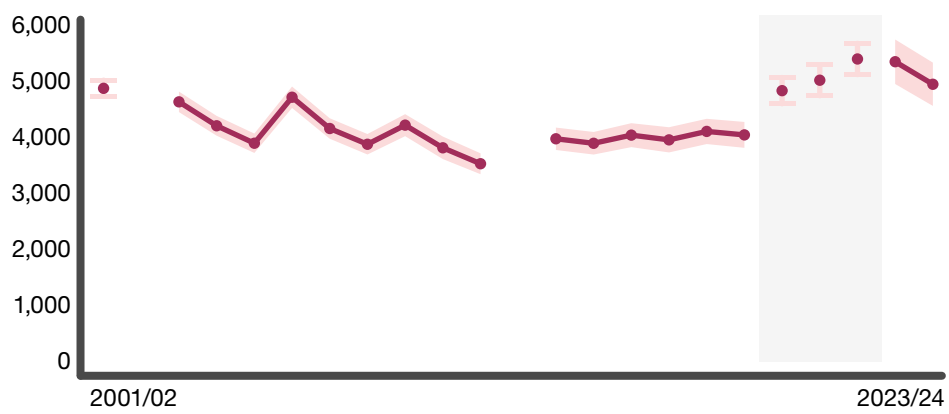
**13,000**

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, 2023/24



Rate of work-related ill health per 100,000 workers: new and long-standing



The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column  
 Shaded area and error bars represent a 95% confidence interval  
 No ill health data was collected in 2002/03 or 2012/13

## Change over time

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

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

*Estimates of ill health based on self-reports from the Labour Force Survey (LFS) for people who worked in the last 12 months and deaths 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/index.htm](http://www.hse.gov.uk/statistics/causdis/index.htm)



# Work-related stress, depression or anxiety

## 776,000

Workers suffering from work-related stress, depression or anxiety (new or long-standing) in 2023/24

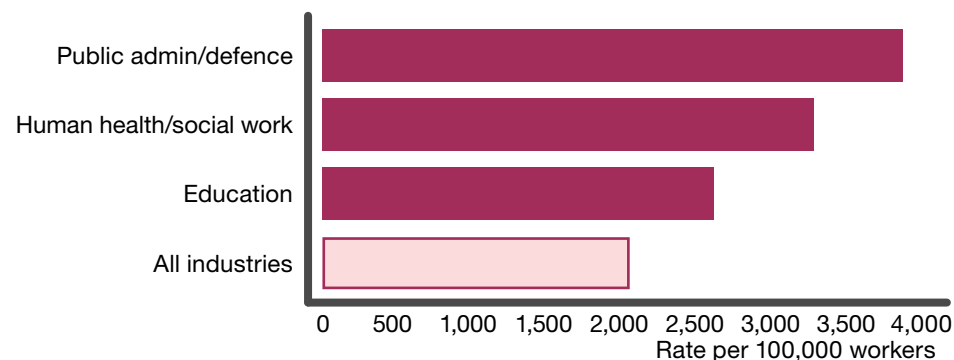
## 300,000

Workers suffering from a new case of work-related stress, depression or anxiety in 2023/24

## 16.4 million

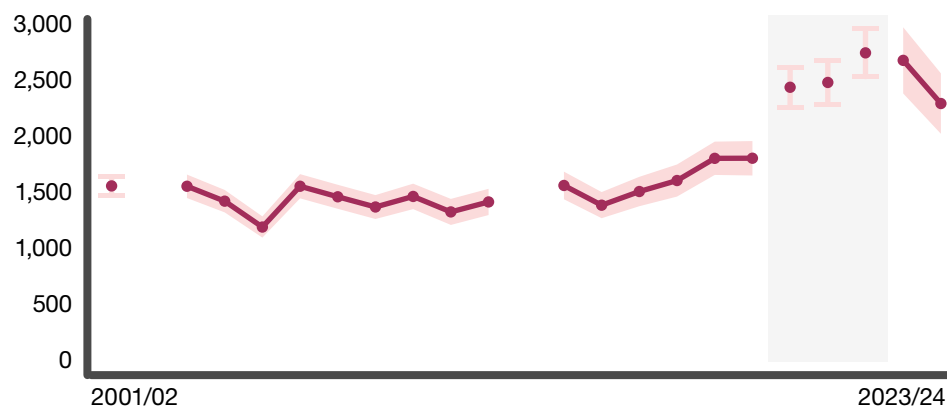
Working days lost due to work-related stress, depression or anxiety in 2023/24

Industries with higher-than-average rates of work-related stress, depression or anxiety, average estimate over 2021/22–2023/24



*These estimates are restricted to ill health in current or most recent job*

Rate of work-related stress, depression or anxiety per 100,000 workers: new and long-standing



The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column

Shaded area and error bars represent a 95% confidence interval

No ill health data was collected in 2002/03 or 2012/13

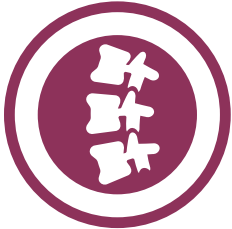
### Change over time

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. The current rate is higher than the 2018/19 pre-coronavirus level.

Prior to the coronavirus pandemic, **working days lost per worker** due to self-reported work-related stress, depression or anxiety showed no clear trend. The current rate is similar to the 2018/19 pre-coronavirus level.

*Estimates based on self-reports from the Labour Force Survey (LFS) for people who worked in the last 12 months*

To find out the story behind the key figures, visit [www.hse.gov.uk/statistics/assets/docs/stress.pdf](http://www.hse.gov.uk/statistics/assets/docs/stress.pdf)



# Work-related musculoskeletal disorders

**543,000**

Workers suffering from work-related musculoskeletal disorders (new or long-standing) in 2023/24

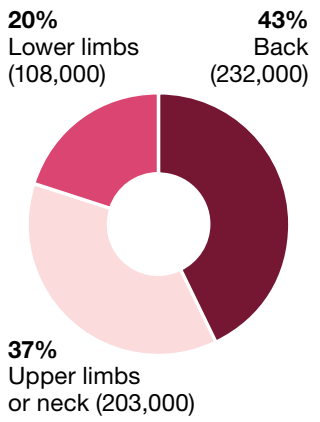
**168,000**

Workers suffering from a new case of a work-related musculoskeletal disorder in 2023/24

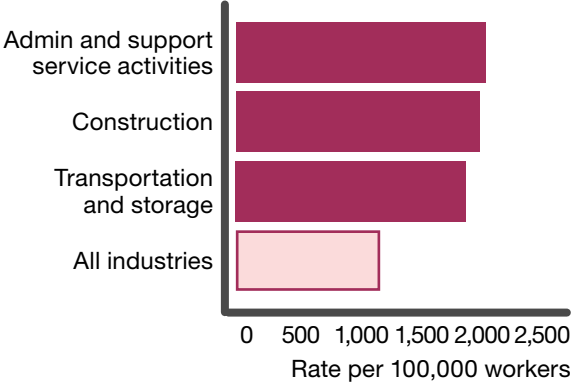
**7.8 million**

Working days lost due to work-related musculoskeletal disorders in 2023/24

Work-related musculoskeletal disorders by affected area, 2023/24

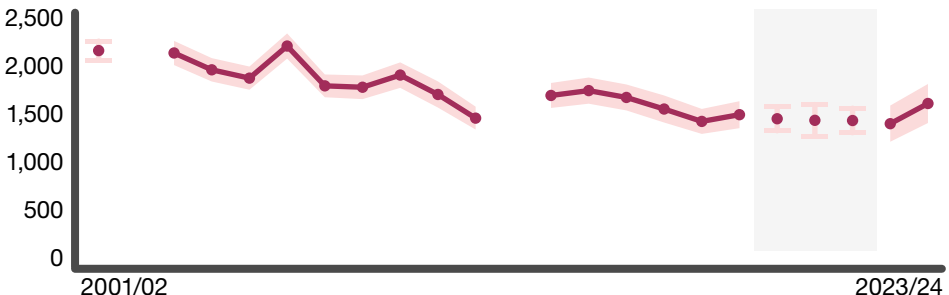


Industries with higher-than-average rates of work-related musculoskeletal disorders, average estimate over 2021/22–2023/24



These estimates are restricted to ill health in current or most recent job

Rate of work-related musculoskeletal disorders per 100,000 workers: new and long-standing



The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column  
 Shaded area and error bars represent a 95% confidence interval  
 No ill health data was collected in 2002/03 or 2012/13

## Change over time

Prior to the coronavirus pandemic, the **rate of self-reported work-related musculoskeletal disorders** showed a generally downward trend. The current rate is similar to the 2018/19 pre-coronavirus level.

Prior to the coronavirus pandemic, **working days lost per worker** due to self-reported work-related musculoskeletal disorders showed a generally downward trend. The current rate is similar to the 2018/19 pre-coronavirus level.

Estimates based on self-reports from the Labour Force Survey (LFS) for people who worked in the last 12 months

To find out the story behind the key figures, visit [www.hse.gov.uk/statistics/assets/docs/msd.pdf](http://www.hse.gov.uk/statistics/assets/docs/msd.pdf)



# Occupational lung disease

## 12,000

Lung disease deaths each year estimated to be linked to past exposures at work

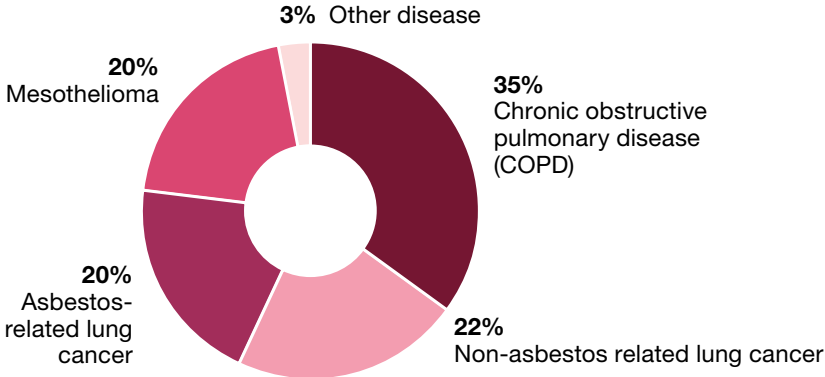
## 2,257

Mesothelioma deaths in 2022, with a similar number of lung cancer deaths linked to past exposures to asbestos

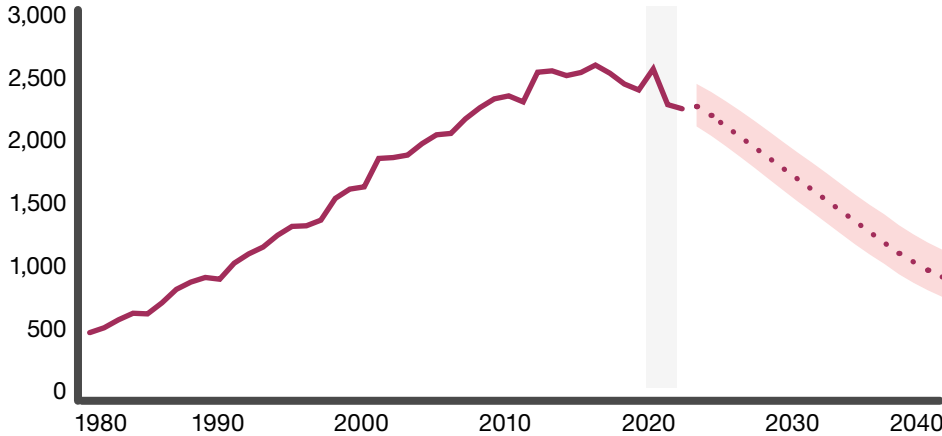
## 20,000

Estimated new cases of breathing or lung problems caused or made worse by work, averaged over the last three years according to self-reports from the Labour Force Survey

Lung diseases contributing to estimated current annual deaths



Annual mesothelioma deaths and future projections to 2040



The data for 2020 to 2021 includes the effects of the coronavirus pandemic, shown inside the grey shaded column

— Mesothelioma deaths    ..... Projected deaths  
 Shaded area represents a 95% confidence level

### Change over time

Annual **mesothelioma** deaths are expected to reduce over the period 2023 to 2040.

The rate of annual new cases of **occupational asthma** reported by chest physicians has been broadly constant since 2010. There is more uncertainty in recent years due to the effects of the coronavirus pandemic.

Occupational lung diseases account for around 12,000 of the 13,000 total deaths estimated to be linked to past exposures at work.

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



# Workplace injury

## 138

Workers killed in work-related accidents in 2023/24

## 604,000

Workers sustaining a workplace non-fatal injury according to self-reports from the Labour Force Survey in 2023/24

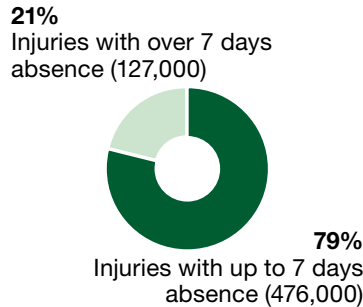
## 61,663

Employee work-related non-fatal injuries reported by employers under RIDDOR in 2023/24

## 4.1 million

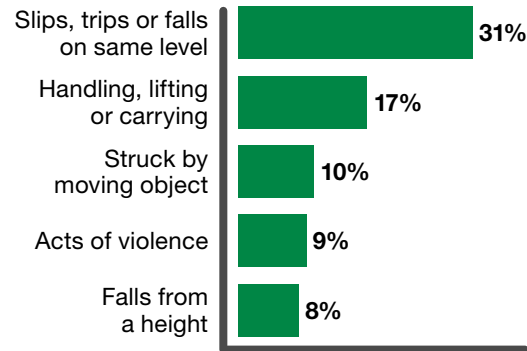
Working days lost due to workplace non-fatal injuries according to self-reports from the Labour Force Survey in 2023/24

Estimated self-reported workplace non-fatal injuries to workers, 2023/24

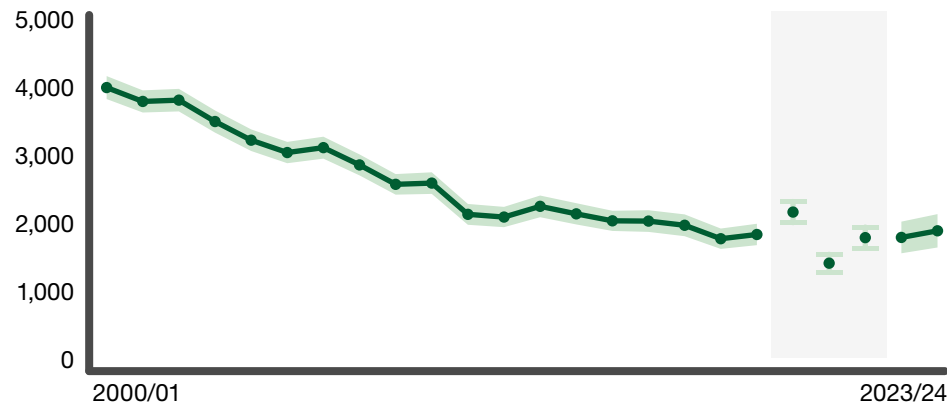


Estimates do not sum to 604,000 due to rounding

Employee work-related non-fatal injuries reported by employers by most common accident kinds, 2023/24



Estimated rate of self-reported workplace non-fatal injuries per 100,000 workers



The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column

Shaded area and error bars represent a 95% confidence interval

### Change over time

Over the long term, the rate of **fatal injury to workers** showed a downward trend, though in the recent years prior to the coronavirus pandemic the rate had been broadly flat. The current rate is similar to pre-coronavirus levels.

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.

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.

To find out the story behind the key figures, visit [www.hse.gov.uk/statistics/causinj/index.htm](http://www.hse.gov.uk/statistics/causinj/index.htm)



# Costs to Britain

**£21.6 billion**

Annual costs of workplace injury and new cases of work-related ill health in 2022/23, excluding long latency illness such as cancer

**£14.5 billion**

Annual costs of new cases of work-related ill health in 2022/23, excluding long latency illness such as cancer

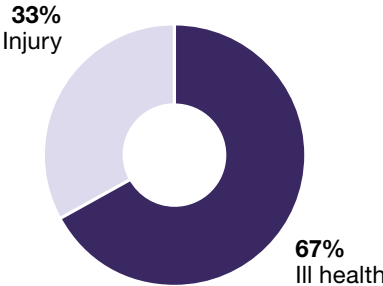
**£7.1 billion**

Annual costs of workplace injury in 2022/23

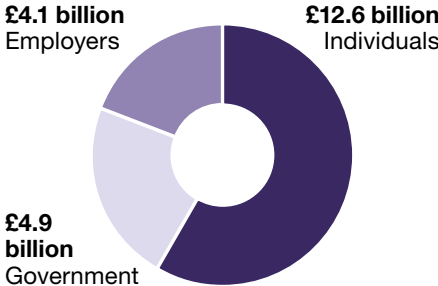
*Estimates from HSE Cost Model based on Labour Force Survey and RIDDOR for 2021/22, 2022/23, 2023/24 (referred to as 2022/23 cost estimate)*

Costs to Britain of workplace injuries and new cases of work-related ill health by:

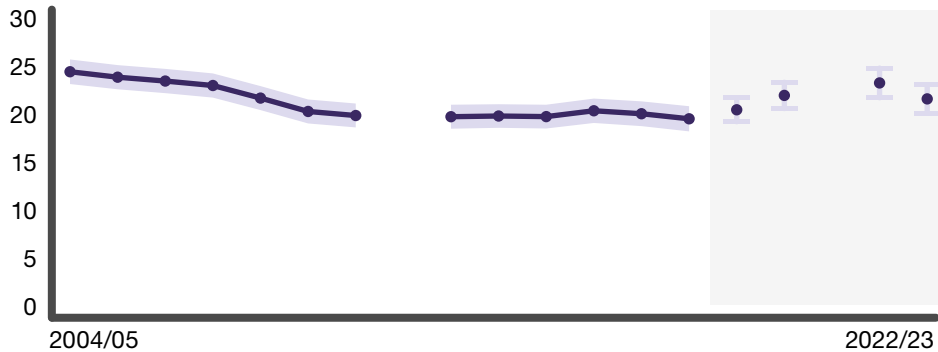
Type of incident



Cost bearer



Costs to Britain of workplace injuries and new cases of work-related ill health (£ billions)



Data based on three-year rolling average, with the named year based on the middle year of the three, eg 2021/22, 2022/23, 2023/24 average is referred to as 2022/23.

Data points within the grey shaded column include estimates based on years affected by the coronavirus pandemic.

Shaded area and error bars represent a 95% confidence interval

No costs estimate is available for 2011/12 or 2020/21

## Cost components

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

All costs presented are in 2023 prices

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

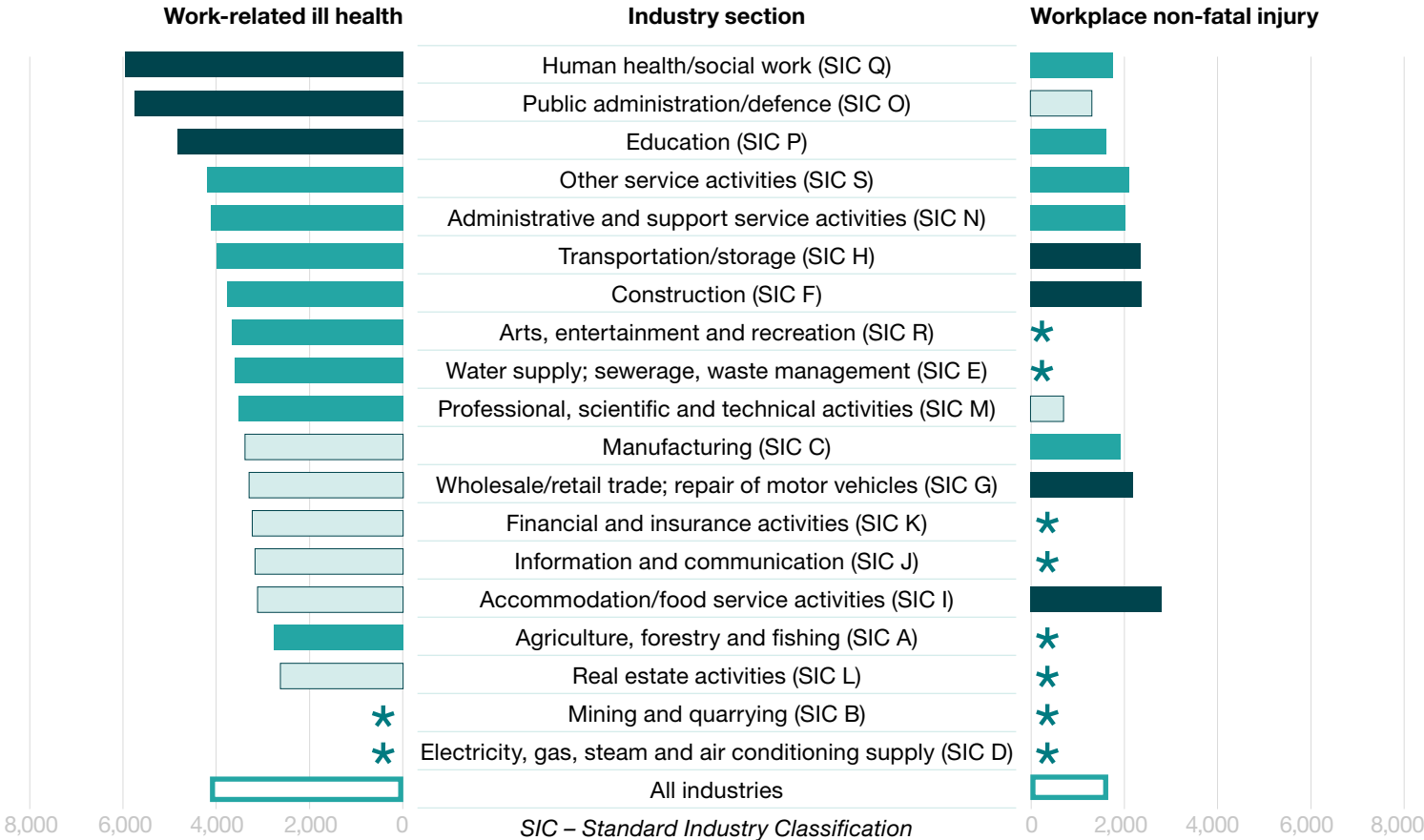
For estimates of the costs of work-related cancer in Great Britain, visit [www.hse.gov.uk/research/rrhtm/rr1074.htm](http://www.hse.gov.uk/research/rrhtm/rr1074.htm)





# Industries

Rate of self-reported work-related ill health and workplace non-fatal injury by industry, per 100,000 workers



Statistically significant – higher  
 No statistically significant difference  
 Statistically significant – lower  
\* Indicates sample cases too small to provide reliable estimate

Source: Labour Force Survey average estimate over 2021/22–2022/23, restricted to ill health or injury in current or most recent job

## Comparisons

Industries with statistically significantly higher rates of **work-related ill health** compared to the average rate across all industries were human health and social work, public administration and defence, and education.

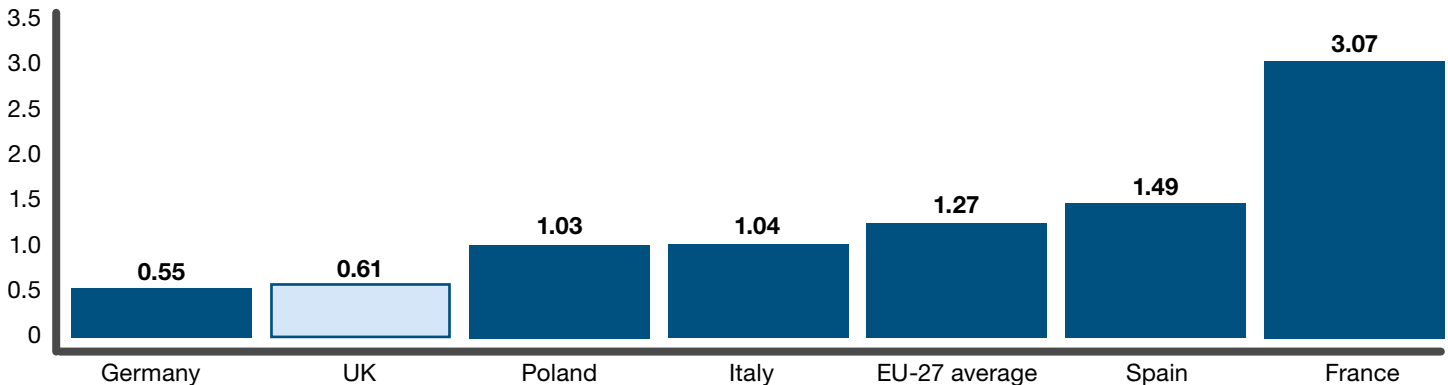
Accommodation and food service activities, construction, transportation and storage, and wholesale and retail trade (including motor vehicle repair) had statistically significantly higher **workplace non-fatal injury** rates compared to the average rate across all industries. Historically, agriculture, forestry and fishing estimates have shown this sector to have a higher rate, however no estimate is available for this latest period.

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

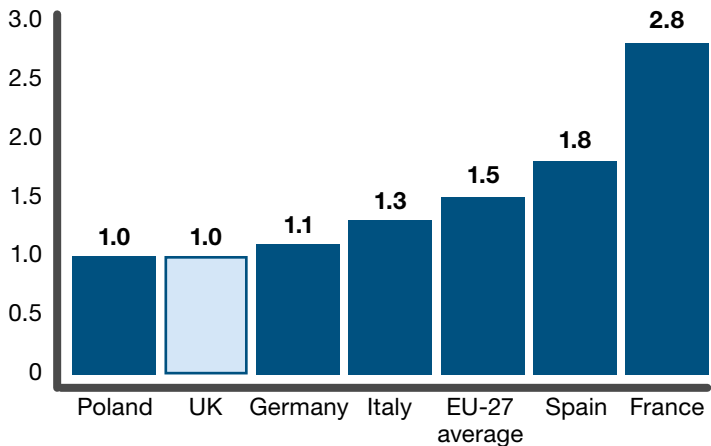


# Comparisons with European countries

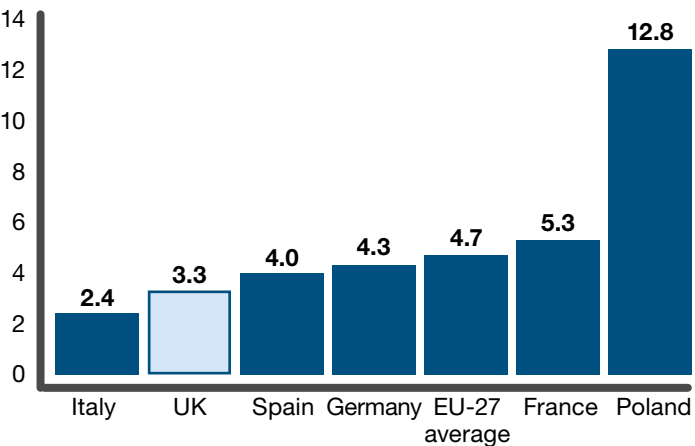
Standardised incidence rate of work-related fatal injuries in large European economies, per 100,000 workers (Eurostat, 2018)



Percentage of workers with a self-reported workplace non-fatal injury resulting in time off work in the previous 12 months (EU and UK Labour Force Survey, 2020)



Percentage of workers suffering from a self-reported work-related health problem resulting in time off work (EU and UK Labour Force Survey, 2020)



### Injuries and ill health

The UK consistently has one of the lowest **rates of fatal injury** across Europe. Compared to other large European economies, the 2018 UK fatal injury rate was a similar order as Germany, and lower than France, Spain, Italy, Poland, and the EU-27 average.

In 2020, the UK **rates of workplace non-fatal injuries and work-related ill health** resulting in time off work compared favourably with many European countries.

The EU-27 average includes the 27 countries in the European Union as of 2020 and thus excludes the United Kingdom.

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



# Sources

## The Labour Force Survey (LFS)

The LFS is a national survey run by the Office for National Statistics (ONS). Currently, around 23,000 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 and defined non-fatal injuries to workers and members of the public are reported by employers. Statistics of employer reported non-fatal injuries published in this document exclude those on railways and offshore.

## 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.

## 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 account for differences in the industrial structure of employment across selected European countries 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 selected European countries. In 2020 the EU-LFS included an ad-hoc module asking about workplace accidents and work-related health problems in the previous 12 months. This module was added to the UK LFS in 2020.

Eurostat variables have been derived by the ONS according to the Eurostat specification, and the HSE have produced appropriate measures (percentages) for comparison with European countries.

## Coronavirus pandemic impact

Data from all sources was impacted by the coronavirus (COVID-19) pandemic, particularly data for 2020/21 and to a lesser extent 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](http://www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm)

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.

## Accredited Official Statistics

This publication is part of HSE’s suite of Accredited Official Statistics.

With the exception of Comparisons with European countries, all figures in this report are Accredited Official Statistics.

HSE’s official statistics practice is regulated by the Office for Statistics Regulation (OSR). Accredited Official Statistics are a subset of official statistics that have been independently reviewed by the OSR and confirmed to comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics. Accredited official statistics were previously called National Statistics (and still referenced as such in Statistics and Registration Service Act 2007).

These statistics were last reviewed by OSR in 2013. It is the Health and Safety Executive’s responsibility to maintain compliance with the standards expected. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the OSR promptly. Accredited Official Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

HSE Chief Statistician: **Simon Clarke**

Contact: [statsfeedback@hse.gov.uk](mailto:statsfeedback@hse.gov.uk)

Last updated: **November 2024**

Next update: **November 2025**

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 read 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/)

There is information regarding the quality guidelines used for statistics within HSE at [www.hse.gov.uk/statistics/about/quality-guidelines.htm](http://www.hse.gov.uk/statistics/about/quality-guidelines.htm)

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