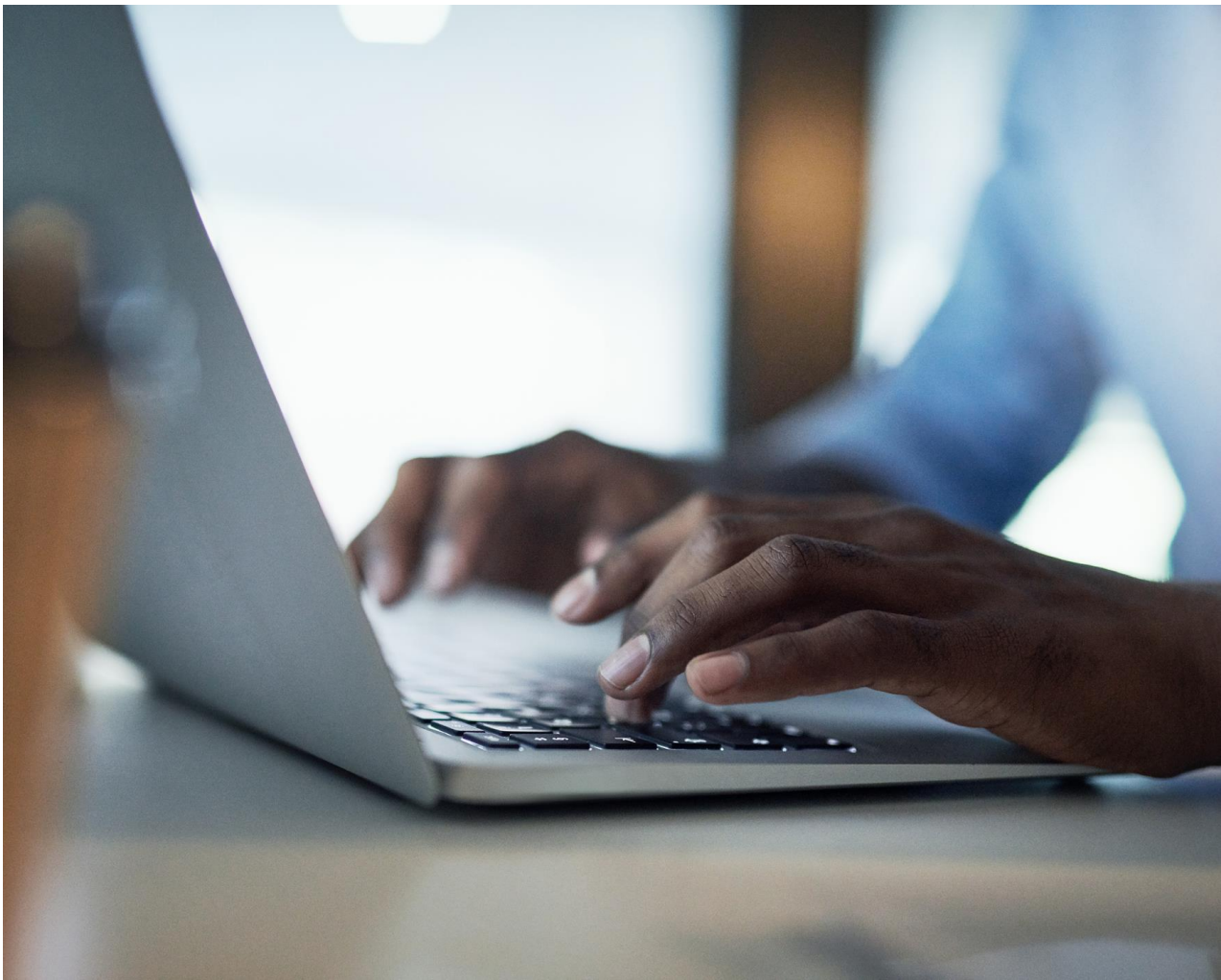


# Construction statistics in Great Britain, 2021

Data up to March 2021

Annual statistics

Published 16th December 2021





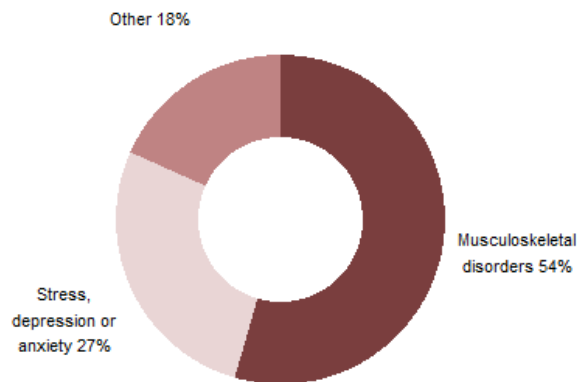
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## Key statistics

### Ill health

74,000 workers suffering from work-related ill health (new or long-standing) averaged over the three-year period 2018/19-2020/21



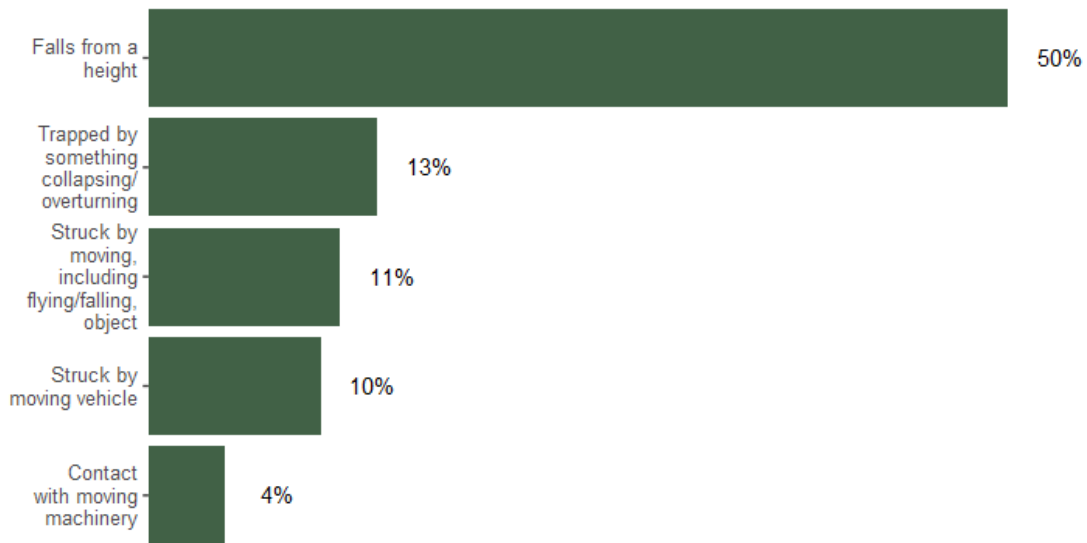
Prior to the coronavirus pandemic, the rate of self-reported work-related ill health had been broadly flat. In 2020/21 the rate was not statistically significantly different to the 2018/19 pre-coronavirus level.

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

### Fatal injuries

There were 39 fatal injuries to workers in 2020/21p. This is in comparison with the annual average number of 36 fatalities for 2016/17-2020/21p

*Source: RIDDOR, 2020/21 Note: p is used in this document to indicate provisional figures due to be finalised in 2022*

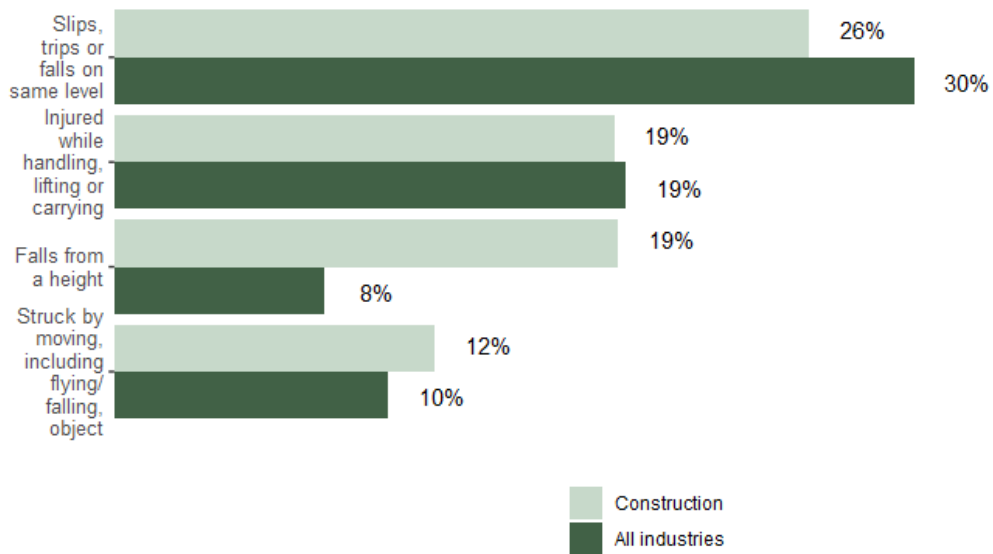


*Source: RIDDOR, 2016/17-2020/21. Accident kinds are shown for the top 5 causes of fatal injury.*

## **Non-fatal injuries**

61,000 non-fatal injuries to workers each year averaged over the three-year period 2018/19-2020/21. Prior to the coronavirus pandemic, the rate of self-reported non-fatal injury to workers showed a downward trend. 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*



*Source: Non-fatal injuries reported under RIDDOR 2018/19-2020/21. RIDDOR is used here as the LFS is not able to provide a breakdown to this level of detail. Accident kinds are shown that account for 10% or more of injuries*

# Introduction

This report provides a profile of workplace health and safety in Construction<sup>1</sup>

Construction includes three broad industry groups:

- Construction of buildings – general construction of buildings, including new work, repair, additions and alterations;
- Civil engineering – civil engineering work, including road and railway construction, and utility projects; and
- Specialised construction activities – covering trades that usually specialise in one aspect, common to different structures. For example: demolition, electrical, plumbing, joinery, plastering, painting and glazing.

There is an overlap between these groups, for example roofing work may be carried out by a specialist contractor and so included in Specialised construction activities or by a general contractor as part of Construction of buildings.

This sector accounts for 6% of the workforce in Great Britain<sup>2</sup>

**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. 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](http://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](http://www.hse.gov.uk/statistics/coronavirus/covid-19.pdf)

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<sup>1</sup> The Construction sector is defined by section F within the 2007 Standard Industrial Classification. See [www.hse.gov.uk/statistics/industry/sic2007.htm](http://www.hse.gov.uk/statistics/industry/sic2007.htm) for more detail.

<sup>2</sup> Annual Population Survey, 2020

# Work-related ill health

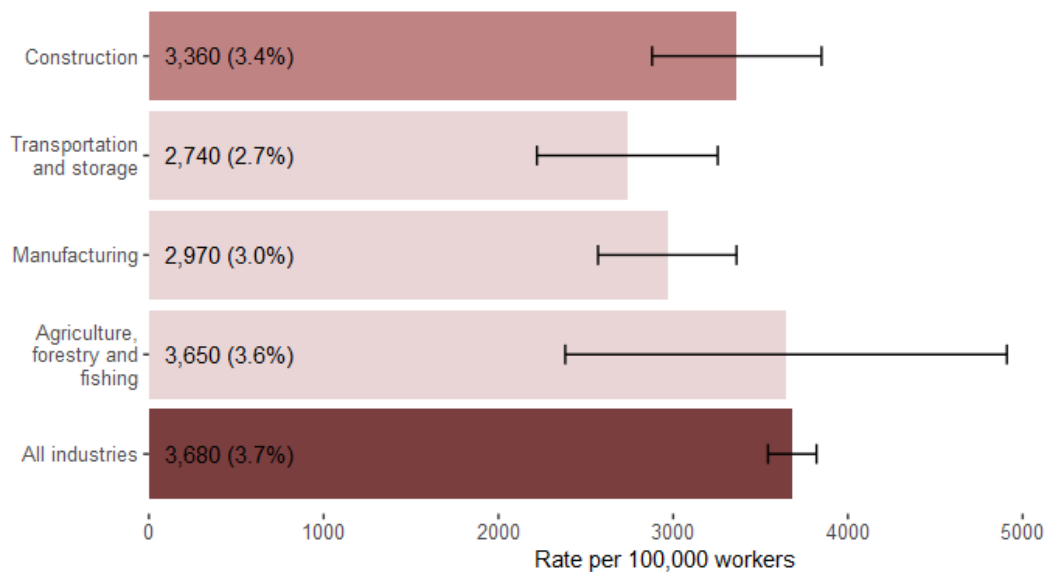
## All illness

In Construction:

- There were an estimated **74,000** work-related ill health cases (new or long-standing),
- 54% were musculoskeletal disorders.

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

## Construction compared to industries with similar work activities



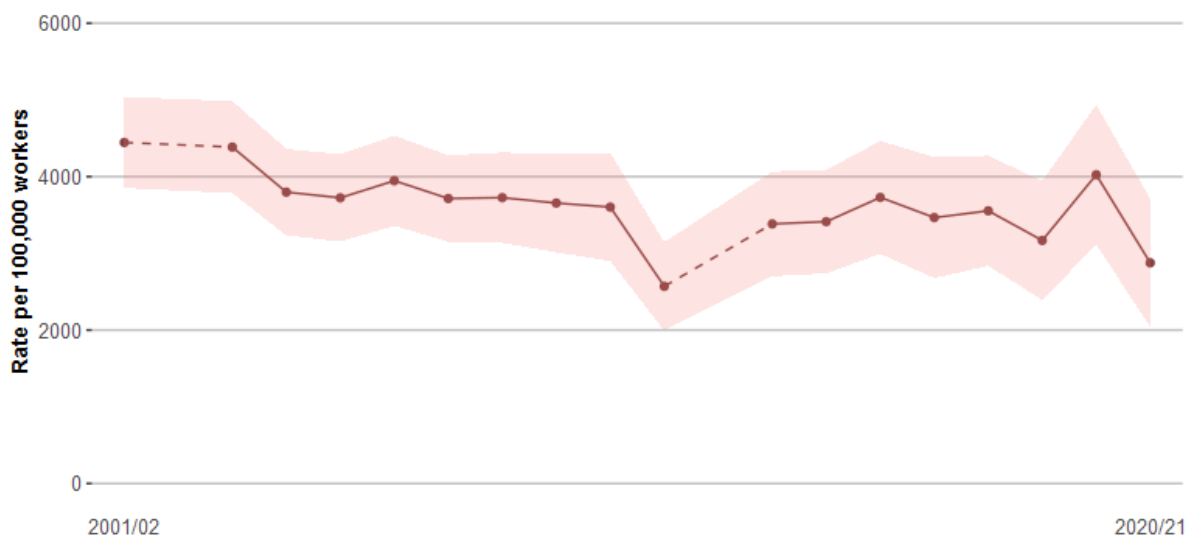
In the latest year Construction had an ill health prevalence rate of 3360 per 100,000 workers which compares to the all industry rate of 3680 per 100,000

- Around **3.4%** of workers suffered from work-related ill health (new or long-standing cases)
- This rate is not statistically different 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



Prior to the coronavirus pandemic, the rate of self-reported work-related ill health had been broadly flat. 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

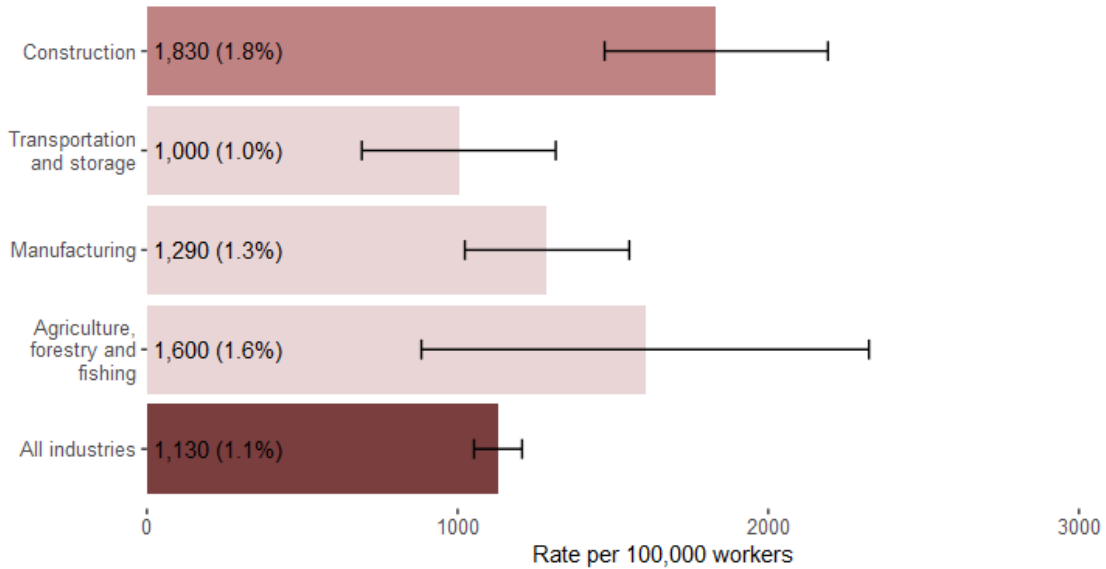
### Musculoskeletal disorders

In Construction:

- There were an estimated 40,000 work-related cases of musculoskeletal disorder (new or long-standing), 54% of all ill health in this sector.

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

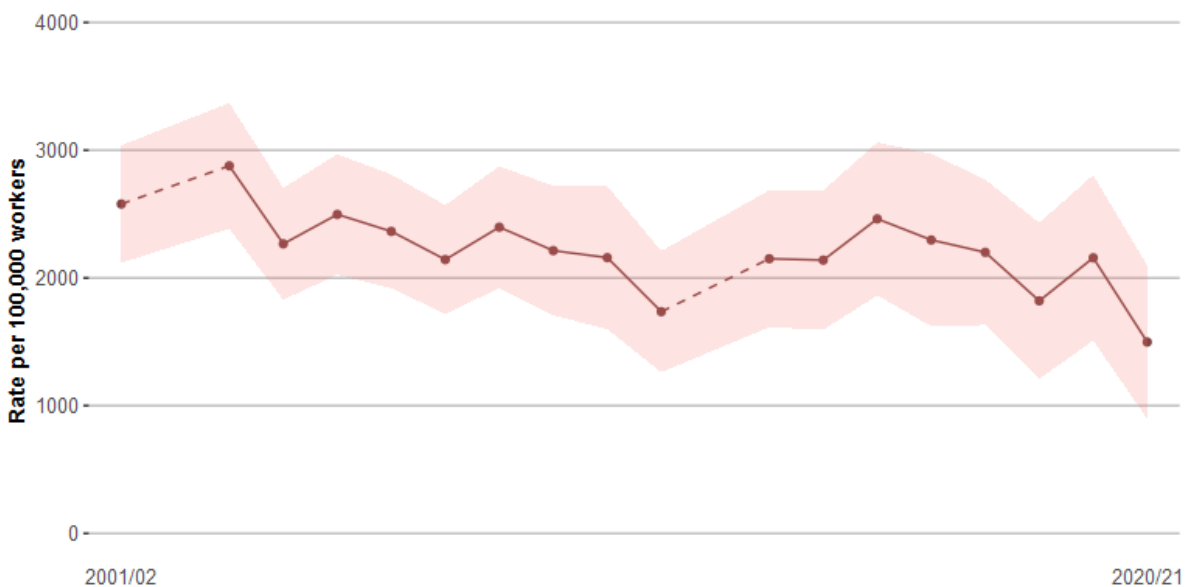
### Construction compared to industries with similar work activities



- Around 1.8% 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 statistically significantly higher 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 had been broadly flat. 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*

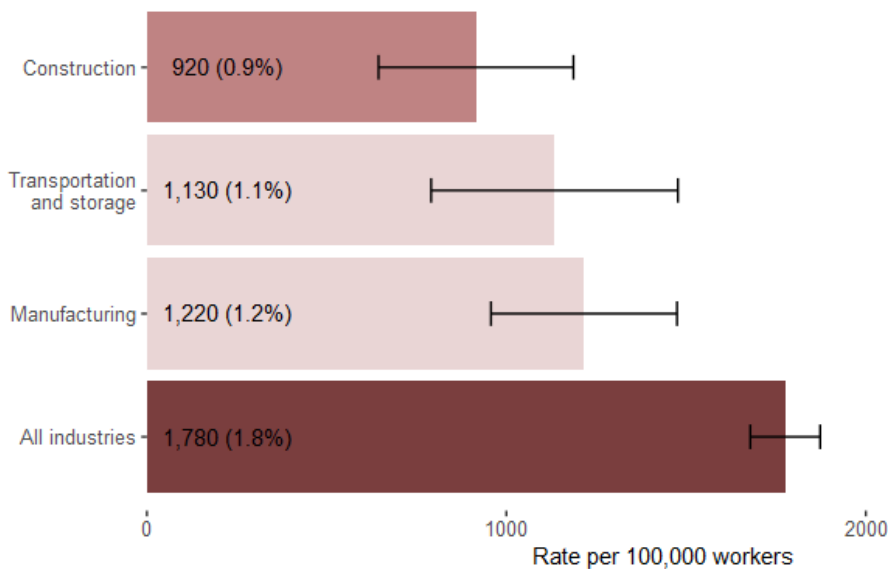
## Stress, depression or anxiety

In Construction:

- There were an estimated 20,000 work-related cases of stress, depression or anxiety (new or long-standing), 27% of all ill health in this sector.

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

### Construction compared to industries with similar work activities

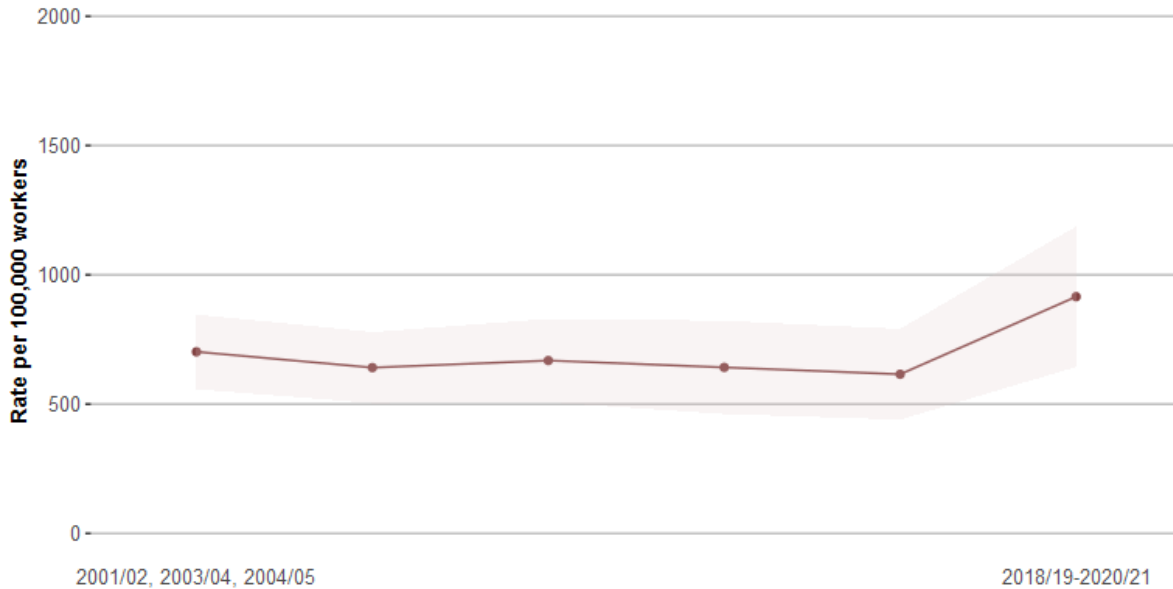


- Around 0.9% of workers in the sector reported suffering from stress, depression or anxiety they believed was work-related (new or long-standing cases).
- This rate is statistically significantly lower than that for workers across all industries (1.8%).

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

*95% confidence intervals are shown on the chart*

## Changes over time



Prior to the coronavirus pandemic, the rate of work-related stress, depression or anxiety 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.

*Shaded area represents a 95% confidence interval*

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

## Other conditions

### Occupational asthma

- According to reports from the chest physician reporting scheme for occupational respiratory disease, the rate of occupational asthma is 0.5 per 100,000 workers.

*Source: The Health and Occupation Reporting network (THOR); annual average 2018/19-2020/21p*

### Chronic Obstructive Pulmonary Disease (COPD)

- There are various causative factors linked to COPD including occupational exposure to fumes, chemicals and dusts and environmental pollution. Smoking is the single most important causative factor.
- An analysis of COPD, based on the UK Biobank study, identified a number of occupations for which the prevalence of COPD was significantly higher compared with all other occupations. Within the construction sector, roofers were identified as being one of the occupational groups with a higher than the

all occupation average prevalence of COPD.

*Source: Work-related Chronic Obstructive Pulmonary Disease (COPD) in Great Britain, 2019*

see: [www.hse.gov.uk/statistics/causdis/copd.pdf](http://www.hse.gov.uk/statistics/causdis/copd.pdf)

### Contact dermatitis

- Certain occupations within construction have shown an elevated rate of contact dermatitis. In 2018-2020, these occupations compared to the all occupation rate (2.14 per 100,000 workers) as follows:
  - Floorers and wall tilers: 1.3 per 100,000
  - Plasterers: 10.2 per 100,000
  - Carpenters and joiners: 2.4 per 100,000
- The overall rate for construction is 1.6 per 100,000 workers which compares to the all industry rate of 2.14.

*Source: The Health and Occupation Reporting network (THOR), annual average 2018-2020p*

### Occupational cancer

HSE commissioned research to look at the burden of occupational cancer in Great Britain. The occupational cancer burden research indicates:

- Across all industries past occupational exposure to known and probable carcinogens is estimated to account for about **5%** of cancer deaths and **4%** of cancer registrations currently occurring each year in Great Britain.
- This equates to about **8,000** cancer deaths and **13,500** new cancer registrations each year.
- Of those 8,000 deaths, it is estimated that around **3,500** would be in the Construction sector.

*Source: Burden of occupational cancer in Great Britain*

[www.hse.gov.uk/statistics/causdis/cancer.pdf](http://www.hse.gov.uk/statistics/causdis/cancer.pdf)

- An epidemiological study of mesothelioma, a form of cancer that follows the inhalation of asbestos fibres, in Great Britain suggests that about 46% of currently occurring mesotheliomas among men born in the 1940s is associated with the construction industry including carpenters, plumbers and electricians. 17% can be attributed to asbestos exposures through carpentry work alone.

- A key factor in causing the higher risks now seen in these former workers appears to be the extensive use of insulation board containing brown asbestos (amosite) within buildings for fire protection purposes.

*References see mesothelioma*

[www.hse.gov.uk/statistics/causdis/mesothelioma/mesothelioma.pdf](http://www.hse.gov.uk/statistics/causdis/mesothelioma/mesothelioma.pdf)

### **Other conditions**

Other conditions that can affect construction workers include:

- Occupational deafness; and
- Hand arm vibration (largely made up of two conditions, vibration white finger and carpal tunnel syndrome).

*Source: Our main source of information on both these conditions is from new claims from the IIDB. Further detail is available at*

[www.hse.gov.uk/statistics/causdis/deafness/index.htm](http://www.hse.gov.uk/statistics/causdis/deafness/index.htm) *and*  
[www.hse.gov.uk/statistics/causdis/vibration/index.htm](http://www.hse.gov.uk/statistics/causdis/vibration/index.htm) *respectively*

# Work-related injuries

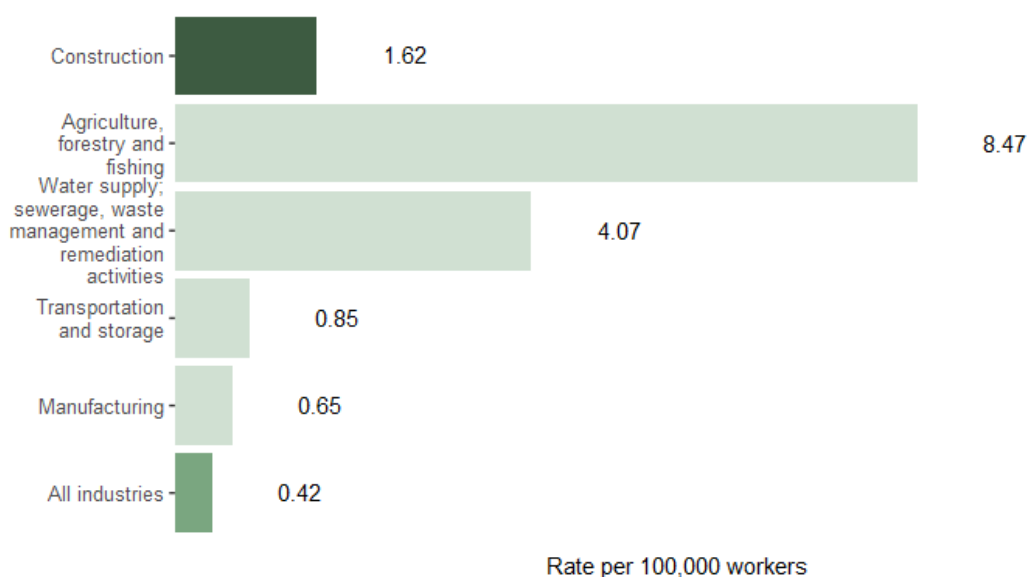
## Fatalities

In Construction there were:

- There were 39 fatal injuries to workers and 4 to members of the public in 2020/21;
- An average of 36 fatalities to workers and 5 to members of the public each year over the last five years;
- 50% of deaths over the same five year period were due to Falls from a height.

*Source: RIDDOR, 2020/21; RIDDOR, 2016/17-2020/21*

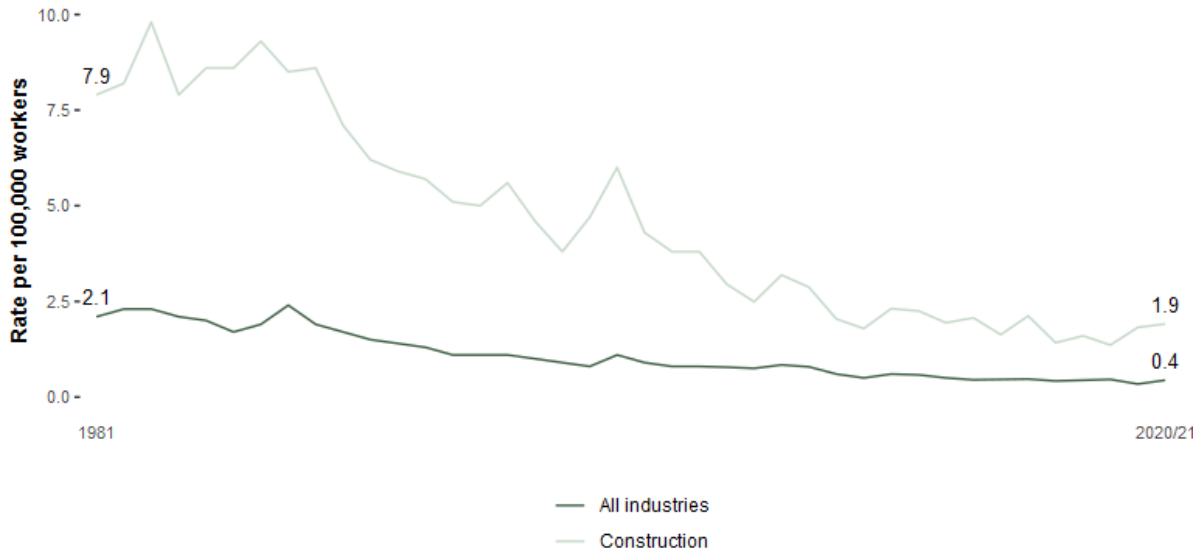
## Construction compared to industries with similar work activities



The fatal injury rate (1.62 per 100,000 workers) is around 4 times the all industry rate.

*Source: RIDDOR, 2016/17-2020/21*

## Changes over time



The rate of fatal injury to workers shows a downward trend.

*Source: RIDDOR 1981 to 2020/21*

## Non-fatal injuries

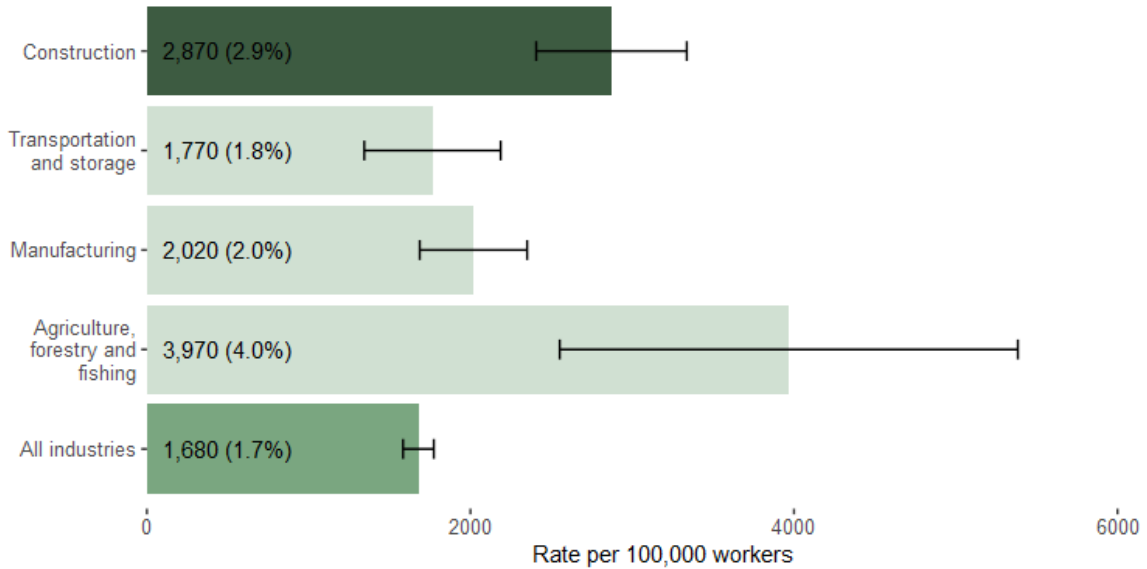
The Labour Force Survey is HSE's preferred data source for non-fatal injuries. The latest estimates show that in Construction there were:

- 61,000 cases of non-fatal work-related injury
- 41% involved over three days and 25% over seven days absence.

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



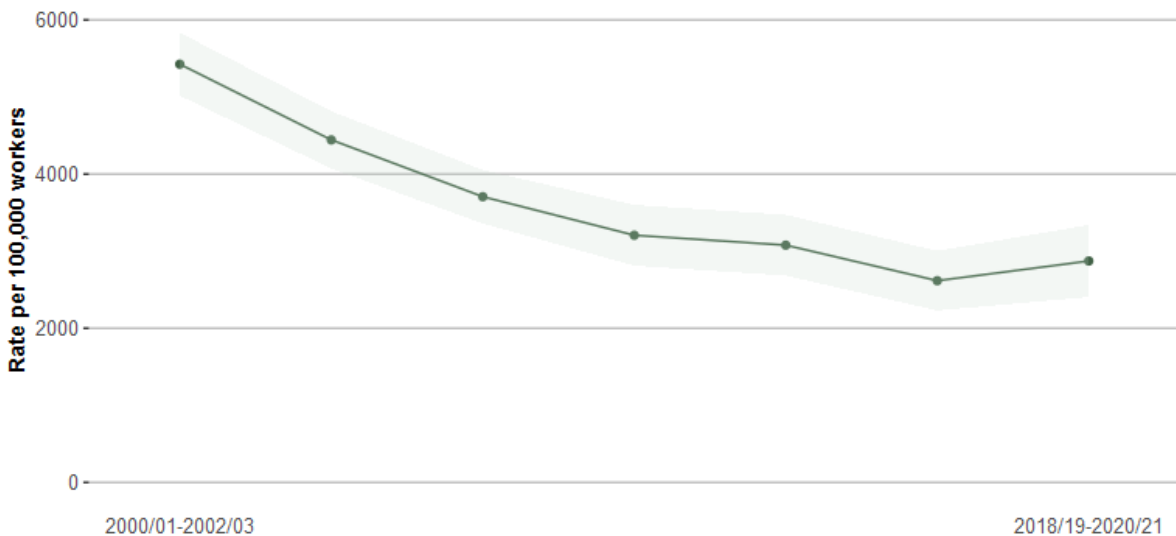
### Construction compared to industries with similar work activities



- Around 2.9% of workers in this sector suffered from an injury
- This rate is statistically significantly higher 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



Prior to the coronavirus pandemic, the rate of self-reported non-fatal injury to workers showed a downward trend. 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*

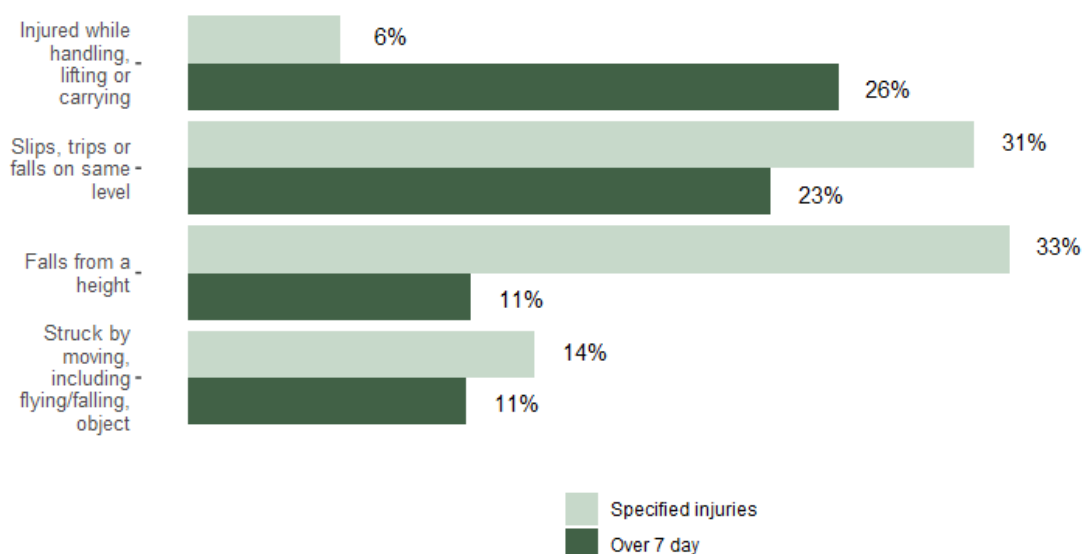
*Shaded area represents a 95% confidence interval*

Supporting information around work-related injuries is available from RIDDOR reporting<sup>3</sup>. In Construction there were:

- 3,464 non-fatal injuries to employees reported by employers under RIDDOR in 2020/21p.
- 1,252 (36%) were specified injuries<sup>4</sup> and 2,212 (64%) were over seven-day injuries.

*Source: RIDDOR, 2020/21p*

### Main accident kinds for the latest three years (2018/19-2020/21)



*Source: RIDDOR, 2018/19-2020/21*

<sup>3</sup> 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.

<sup>4</sup> For the full list of specified injuries, see [www.hse.gov.uk/riddor/reportable-incidents.htm](http://www.hse.gov.uk/riddor/reportable-incidents.htm)

## Enforcement

Provisional figures for 2020/21p show a total of 1,260 notices issued by HSE inspectors in Construction:

- 46% were improvement notices and
- 54% were prohibition notices
- This is compared to the 1,995 notices issued in the previous year

There were 76 prosecution cases led by HSE or, in Scotland, the Crown Office and Procurator Fiscal<sup>5</sup> where a verdict was reached in 2020/21, resulting in:

- 66 (87%) with a conviction for at least one offence;
- £5.3 million in total fines averaging around £80,000 per conviction.<sup>6</sup>
  - In 2019/20 there were 144 cases resulting in 138 convictions (96%). This led to £7.8 million in total fines and average fines of around £57,000

*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).

---

<sup>5</sup> 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.

<sup>6</sup> 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.

Ill health assessed for disablement benefit (IIDB): New cases of specified 'prescribed diseases' (with an established occupational cause) assessed for compensation under the Industrial Injuries Disablement Benefit scheme.

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](http://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](http://www.hse.gov.uk/Statistics/lfs/lfsillind.xlsx)

THORR04: [www.hse.gov.uk/Statistics/tables/thorr04.xlsx](http://www.hse.gov.uk/Statistics/tables/thorr04.xlsx)

THORR05: [www.hse.gov.uk/Statistics/tables/thorr05.xlsx](http://www.hse.gov.uk/Statistics/tables/thorr05.xlsx)

THORS04: [www.hse.gov.uk/Statistics/tables/thors04.xlsx](http://www.hse.gov.uk/Statistics/tables/thors04.xlsx)

THORS05: [www.hse.gov.uk/Statistics/tables/thors05.xlsx](http://www.hse.gov.uk/Statistics/tables/thors05.xlsx)

CAN05: [www.hse.gov.uk/Statistics/tables/can05.xlsx](http://www.hse.gov.uk/Statistics/tables/can05.xlsx)

IIDB01: [www.hse.gov.uk/Statistics/tables/iidb01.xlsx](http://www.hse.gov.uk/Statistics/tables/iidb01.xlsx)

DC01: [www.hse.gov.uk/Statistics/tables/dc01.xlsx](http://www.hse.gov.uk/Statistics/tables/dc01.xlsx)

lfsillocc: [www.hse.gov.uk/statistics/lfs/lfsillocc.xlsx](http://www.hse.gov.uk/statistics/lfs/lfsillocc.xlsx)

### Workplace injuries

lfsinjind: [www.hse.gov.uk/Statistics/lfs/lfsinjind.xlsx](http://www.hse.gov.uk/Statistics/lfs/lfsinjind.xlsx)

lfsinjocc: [www.hse.gov.uk/statistics/lfs/lfsinjocc.xlsx](http://www.hse.gov.uk/statistics/lfs/lfsinjocc.xlsx)

RIDIND: [www.hse.gov.uk/Statistics/tables/ridind.xlsx](http://www.hse.gov.uk/Statistics/tables/ridind.xlsx)

RIDFATAL: [www.hse.gov.uk/Statistics/tables/ridfatal.xlsx](http://www.hse.gov.uk/Statistics/tables/ridfatal.xlsx)

RIDHIST [www.hse.gov.uk/Statistics/tables/ridhist.xlsx](http://www.hse.gov.uk/Statistics/tables/ridhist.xlsx)

RIDKIND [www.hse.gov.uk/Statistics/tables/ridkind.xlsx](http://www.hse.gov.uk/Statistics/tables/ridkind.xlsx)

### Enforcement

Notices: [www.hse.gov.uk/Statistics/tables/notices.xlsx](http://www.hse.gov.uk/Statistics/tables/notices.xlsx)

Prosecutions: [www.hse.gov.uk/Statistics/tables/prosecutions.xlsx](http://www.hse.gov.uk/Statistics/tables/prosecutions.xlsx)

Other tables can be found at: [www.hse.gov.uk/Statistics/tables/index.htm](http://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](http://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](http://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](http://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/](http://www.hse.gov.uk/statistics/about/revisions/)  
Additional data tables can be found at [www.hse.gov.uk/statistics/tables/](http://www.hse.gov.uk/statistics/tables/).

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Journalists/media enquiries only: [www.hse.gov.uk/contact/contact.htm](http://www.hse.gov.uk/contact/contact.htm)



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