

HSE publishes annual work-related ill-health, injury and enforcement statistics for 2020/21

Today, Thursday 16 December 2021, the Health and Safety Executive (HSE) has published statistics that cover work-related ill health, non-fatal workplace injuries and enforcement action taken by HSE, in the 2020/21 period.

- 1.7 million workers suffering from a work-related illness, around half of which were stress, depression or anxiety

Two new estimates have been developed to measure the impact of the coronavirus (COVID-19) pandemic;

- 93,000 workers self-reported catching COVID-19 at work; 52,000 of these worked in the human health and social work sector
- 645,000 workers reported that their work-related illness was caused or made worse by the coronavirus pandemic; 70 per cent of these were cases of stress, depression or anxiety.

The pandemic has affected certain data collection and impacted on assessment of trends, therefore there is no new data on working days lost and the associated economic cost for 2021.

It is not known whether some of the people reporting a coronavirus-related ill health condition would have developed and reported an ill health condition if pre-pandemic working practices had continued. It is therefore not possible to assess the scale of work-related ill health independent of the effects of the coronavirus pandemic.

HSE's Chief Executive, Sarah Albon, commented:

"These annual statistics are important to give us a clear picture of the health and safety risks faced by workers in the Great Britain and help to inform the measures HSE, employers, policy-makers and workers themselves need to take to ensure everyone can go home from work safe and well.

"The 12-month period in question coincides with the first national lockdown and the unprecedented challenges of the pandemic. There have been significant impacts on the labour market, which is reflected in our reporting.

"We worked differently too in responding to the challenges posed by the pandemic, advising across Government, helping to shape guidance for businesses and implementing our Covid Spot Check programme to ensure workplaces were kept as safe as possible."

Of the 1.7 million workers who suffered from a work-related illness (new or long standing) in 2020/21, 800,000 were stress, depression or anxiety, and 28% were musculoskeletal disorders (500,000 workers).

Sarah Albon continued:

“The latest figures on work-related stress reinforce our previous concerns around the scale of this issue in workplaces. Just last month we announced our new Working Minds campaign, in partnership with a number of key organisations, to help employers make recognising the signs of work-related stress routine.

“HSE continues to act as a proportionate and enabling regulator taking the most appropriate actions to achieve the best and quickest result. However, where employers fall short of expected standards, HSE will not hesitate to hold those responsible to account.”

- ENDS -

Notes to Editors:

1. The Health and Safety Executive (HSE) is Britain’s national regulator for workplace health and safety. We prevent work-related death, injury and ill health through regulatory actions that range from influencing behaviours across whole industry sectors through to targeted interventions on individual businesses. These activities are supported by globally recognised scientific expertise. <http://www.hse.gov.uk>.
2. HSE’s statistics on work-related ill health, non-fatal injuries and enforcement are available here [Health and safety statistics \(hse.gov.uk\)](http://www.hse.gov.uk/statistics).
3. Because of the discontinuity presented by furlough and other impacts on data collection, no statistics on working days lost and the associated economic costs are included in this year’s statistics. HSE is publishing a technical note which explains this impact and why it is felt better to omit these statistics rather than present an inaccurate picture <https://www.hse.gov.uk/statistics/coronavirus/covid-19.pdf>.
4. HSE is adopting two new measures to understand the contribution of the coronavirus pandemic to work-related ill health. These will estimate:
 5. COVID-19 due to exposure to coronavirus at work as reported by workers
 6. Other work-related illness caused or made worse by the effects of the coronavirus pandemic, as reported by workers, for example, changes in working conditions caused by the coronavirus pandemic.

This data is gathered from self-reporting by workers. Reports of fatalities from COVID-19 under RIDDOR are not covered in these statistics but are published monthly

<https://www.hse.gov.uk/statistics/coronavirus/management-information.htm>. To note, any disparity between self-reports and formal reports is broadly consistent with historic patterns of reporting.

5. A total of 185 cases were prosecuted in 2020/21 by HSE or, in Scotland, referred to the Crown Office and Procurator Fiscal Service for prosecution, and resulted in a conviction, down from 325 the previous year. This could be attributed to disruption in the court system during this period. The amount taken in fines fell to £26.9 million in 2020/21, although the average fine per case issued was higher compared to

2019/20. Due to COVID-19 the number of enforcement notices issued by Local Authorities is not available for 2020/21. However, HSE issued 2,929 enforcement notices in 2020/21, a decrease of 58% from the previous year.

6. Further information on annual fatal injury statistics released in July can be found at [Statistics – Work-related fatal injuries in Great Britain \(hse.gov.uk\)](https://www.hse.gov.uk/statistics/work-related-fatal-injuries-in-great-britain).

[Foundry sentenced after worker suffers life-changing burns](#)

A foundry has been sentenced for safety breaches after an employee suffered life-changing burns following an eruption of molten slag during a slag tipping procedure.

Telford Magistrates' Court heard how on 21 February 2020, the slag was being poured into a container at Goodwin Steel Castings in Stoke-on-Trent. The container had been incorrectly stored outside during a period of stormy weather. Water accumulated in the container, though it was not visible to the naked eye. When the molten slag was poured into the container, it reacted with the water causing a violent eruption.

The employee, sustained burns to a third of his body including his face, neck, stomach, arms, legs and feet, which required multiple skin grafts.

An investigation by the health and Safety Executive (HSE) found the management of the slag containers was inadequate. They were regularly stored incorrectly outside with the open face up, allowing water ingress. The measures in place to inspect and ensure they were free from water contamination before use were also not adequate.

Goodwin Steel Castings Ltd of Ivy House Road, Hanley, Stoke-on-Trent pleaded guilty to breaching Section 2(1) of the Health and Safety at Work Act 1974. They were fined £133,000 and ordered to pay costs of £5,226.30

Speaking after the hearing, HSE inspector Alex Nayar said: "This injury could easily have been prevented – the risk should have been identified and controls implemented.

"Relevant industry sectors are reminded of the need to ensure that all material and equipment likely to make contact with molten material is free from water contamination as far as they possibly can."

Notes to Editors:

1. The Health and Safety Executive (HSE) is Britain's national regulator for workplace health and safety. We prevent work-related death, injury and ill health through regulatory actions that range from influencing behaviours across whole industry sectors through to targeted interventions on individual businesses. These activities are supported by globally recognised scientific expertise. [hse.gov.uk](https://www.hse.gov.uk)
 2. More about the legislation referred to in this case can be found at: [legislation.gov.uk/](https://www.legislation.gov.uk/)
 3. HSE news releases are available at <http://press.hse.gov.uk>
 4. Further information about gas safety can be found at <http://www.hse.gov.uk/gas/>
-

[Company prosecuted after worker loses hand in lathe](#)

A UK manufacturer of brick products, Ibstock Brick Ltd, has been fined for safety breaches after a worker's hand was entangled and wrapped around the rotating shaft on a lathe.

North Staffordshire Justice Centre heard how, on 28 February 2020, a maintenance engineer was in the process of polishing a metal shaft as it rotated in a manual lathe, using an emery cloth directly by hand and whilst wearing gloves. The emery cloth became entangled around the rotating shaft and dragged the engineer into the lathe resulting in his hand being severed in the machine. The engineer subsequently underwent surgical amputation below the elbow.

An investigation by the Health and Safety Executive (HSE) found that there were failures in the arrangements and controls for the task performed. The risk assessment in place was not suitable and sufficient in that it did not properly assess or address entanglement risk associated with the direct manual application of emery cloth to the workpiece or the use of gloves. There was inadequate training, instructions and supervision to ensure that the risks from entanglement with gloves or the emery cloth were prevented.

Ibstock Brick Ltd of Audley Road, Newcastle under Lyme pleaded guilty to breaching Section 2(1) of the Health and Safety Act 1974 and have been fined £530,000 and ordered to pay costs of £4,548.20

After the hearing, HSE inspector Marie-Louise Riley-Roberts said: "Those in

control of work have a responsibility to assess risk and devise safe methods of working in which their employees should then be instructed and trained. If Ibstock Brick Ltd had, had effective managerial arrangements in place for the task undertaken and ensured their employees were following a safe system of work, based upon risk assessment, safe systems of work, supervision, information, instruction and training, then the life changing injuries sustained by this worker could have been prevented.

Companies should be aware that HSE will not hesitate to take appropriate enforcement action against those that fall below the required standards”.

Notes to Editors:

1. The Health and Safety Executive (HSE) is Britain’s national regulator for workplace health and safety. We prevent work-related death, injury and ill health through regulatory actions that range from influencing behaviours across whole industry sectors through to targeted interventions on individual businesses. These activities are supported by globally recognised scientific expertise. hse.gov.uk
2. More about the legislation referred to in this case can be found at: legislation.gov.uk/
3. HSE news releases are available at <http://press.hse.gov.uk>
4. Guidance on the use of emery cloth is available at [EIS2: The use of emery cloth on metalworking lathes \(hse.gov.uk\)](http://EIS2:The%20use%20of%20emery%20cloth%20on%20metalworking%20lathes%20(hse.gov.uk))

[Company and care home owner admit criminal liability after care home resident dies following lift fall](#)

A lift maintenance company has been sentenced and a care home owner cautioned after a resident and care worker plunged four metres to the basement in a faulty lift at a residential care home.

Damage to the lift had been reported only a week before the incident, which resulted in the death of 85-year-old Kenneth Bardsley. The care worker sustained minor injuries to her mouth, face and left eye.

Manchester Minshull Street Crown Court heard that on 30 January 2017, the employee of the care home on Greenfield Avenue, Manchester entered the lift on the first floor to transport Mr Bardsley to the ground floor dining room. The lift began to descend, but stopped after a few seconds as the corner of a damaged door caught on the lintel plate of the ground floor landing entrance causing it to bend. The lift was held for a few moments until the weight of the lift and its occupants caused the lift door to buckle, which in turn allowed the lift to drop four metres uncontrolled to the basement.

An investigation by the Health and Safety Executive (HSE) found that damage to the left-hand door of the lift had been reported to Lancs and Cumbria Lifts UK Ltd, responsible for the maintenance of the lift, on 23 January 2017. Engineers had attended on the same day to deal with the problem and found that a part was required to complete repairs, but by the time of the incident no repair had taken place.

In the interim, Lancs and Cumbria Lifts UK Ltd attended the care home on the day of the incident for a planned quarterly maintenance visit, but did not follow up on repairing the door and the lift remained in use. An HSE investigation found that mechanical repairs had not been carried out in accordance with good engineering practice and maintenance was of a poor standard.

The care home was owned by Premum Care Ltd, but trading as Serendipity Care Home. It was managed by its sole director Tabinda Dahir who despite being fully aware of ongoing issues with the lift did not ensure that there was a system in place to deal with reports of defects and that action was taken in response to issues identified.

Whilst thorough examination reports had been carried out every six months, as required by law, these had not been provided by Premum Care to Lancs and Cumbria Lifts UK Ltd nor requested by the lift maintenance company to inform maintenance work, despite it being a contractual obligation for them to be provided with the reports.

Lancs and Cumbria Lifts UK Ltd of Douglas Bank House, Wigan Lane, Wigan Manchester pleaded guilty to breaching Section 3(1) of the Health and Safety at Work etc. Act 1974. It was accepted that its failings had not been causative of the lift falling on the 30 January 2017. The company was fined £14,400 and ordered to pay £45,000 in costs.

Premum Care Ltd, of Greenfield Avenue, Urmston, Manchester went into liquidation shortly after the criminal prosecution began.

Speaking after the hearing, HSE inspector Jennifer French said: "This sad case involving a vulnerable resident and a care worker highlights the importance of good communication.

"If Lancs and Cumbria Lifts UK Ltd had been in receipt of the reports, which identified repeated faults, further opportunity would have been afforded to carry out the necessary repairs earlier and prevent this tragic incident occurring.

“Where several parties are responsible for the management of risk an effective system should be place to deal with reports of defects when they are identified.”

Notes to Editors:

1. The Health and Safety Executive (HSE) is Britain’s national regulator for workplace health and safety. We prevent work-related death, injury and ill health through regulatory actions that range from influencing behaviours across whole industry sectors through to targeted interventions on individual businesses. These activities are supported by globally recognised scientific expertise. www.hse.gov.uk
2. More about the legislation referred to in this case can be found at:
<https://www.hse.gov.uk/work-equipment-machinery/loler.htm>
<https://www.hse.gov.uk/legislation/hswa.htm>
3. HSE news releases are available at <http://press.hse.gov.uk>

[Sawmill fined after worker’s finger is severed in machinery](#)

A sawmill has been fined after a worker injured his finger when his hand came into contact with the moving parts of a machine.

Plymouth Magistrates’ court heard how, on 20 March 2018, an employee of Truro Sawmills was examining the moving parts at the rear of a saw to check why it had been cutting inaccurately. The saw remained in operation while he did so, and his glove became caught in the moving parts causing him to sever his index finger on his left hand.

An investigation by the Health & Safety Executive (HSE) found the company failed to ensure that access to a cross-cut saw’s dangerous moving parts was prevented by the use of a guard, and failed to deliver adequate training to their employees.

Truro Sawmills of Pendale, Penhallow, Truro, Cornwall pleaded guilty of breaching Regulation 11 (1) of the Provision and Use of Work Equipment Regulations 1998 (PUWER) and Section 2 (1) of the Health & Safety at Work Act 1974. The company was fined £40,000 and ordered to pay costs of £15,594.

Speaking after the hearing, HSE inspector Melissa Lai-Hung said: “This injury was easily preventable. Employers should make sure they properly assess and

apply effective control measures to minimise the risk from dangerous parts of machinery.

“Those in control have a responsibility to devise safe methods of working and to provide the necessary information, instruction and training to their workers.”

Notes to Editors:

1. The Health and Safety Executive (HSE) is Britain’s national regulator for workplace health and safety. We prevent work-related death, injury and ill health through regulatory actions that range from influencing behaviours across whole industry sectors through to targeted interventions on individual businesses. These activities are supported by globally recognised scientific expertise. www.hse.gov.uk
2. More about the legislation referred to in this case can be found at: www.legislation.gov.uk/
3. HSE news releases are available at <http://press.hse.gov.uk>