Construction statistics in Great Britain, 2025

Data up to March 2025
Annual statistics
Published 20 November 2025

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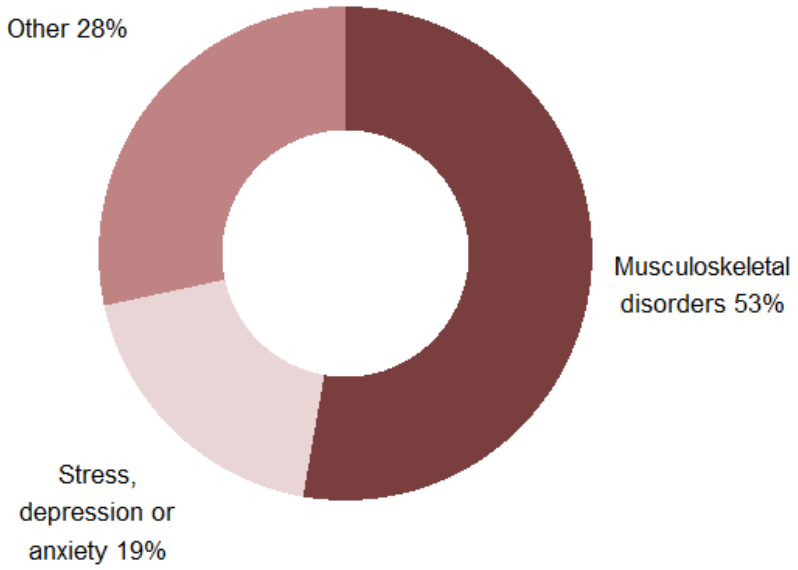
Key statistics

Ill health

79,000 workers suffering from work-related ill health (new or long-standing) averaged over the three-year period 2022/23-2024/25.

Percentage of self-reported work-related ill health by type in Construction: new and long-standing



Source: LFS, average estimate over 2022/23-2024/25

In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related ill health had been broadly flat. The rate for the latest period was not statistically significantly different from the 2016/17-2018/19 period.

Fatal injuries

There were 35 fatal injuries to workers in 2024/25p.

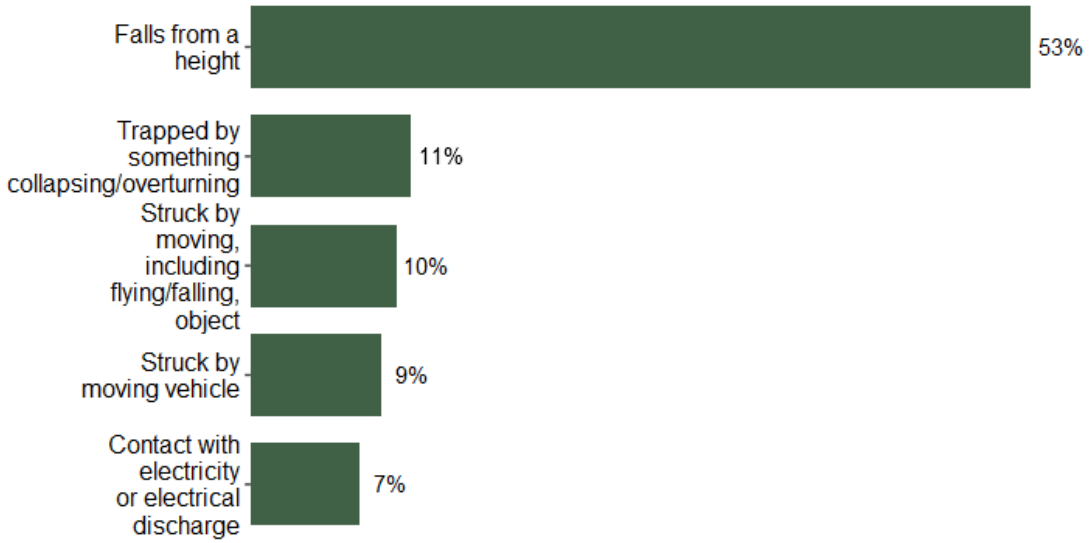
This is in comparison with the annual average of 40 fatalities over the five-year period 2020/21-2024/25p.

There were 4 fatal injuries to members of the public in 2024/25p.

This is the same as the annual average of 4 fatalities over the five-year period 2020/21-2024/25p.

Source: RIDDOR, 2024/25p

Percentage of fatal injuries by accident kind in Construction



Accident kinds are shown for the top 5 causes of fatal injury.

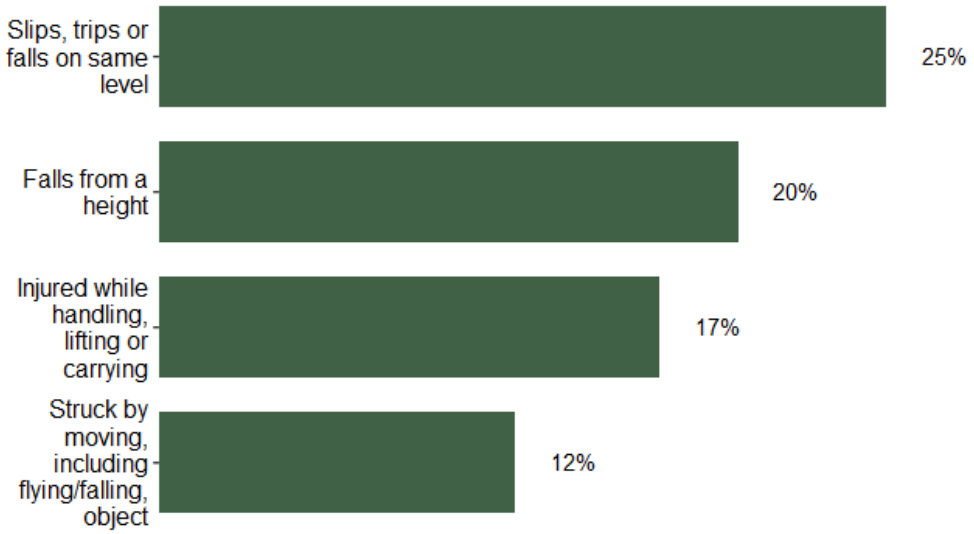
Source: RIDDOR, average over 2020/21-2024/25p

Non-fatal injuries

50,000 workers sustained non-fatal injuries at work averaged over the three-year period 2022/23-2024/25. 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 was not statistically significantly different from the 2016/17-2018/19 period.

Source: LFS, average estimate over 2022/23-2024/25

Percentage of non-fatal injuries by accident kind in Construction



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 non-fatal injuries.

Source: RIDDOR, average over 2022/23-2024/25p

Introduction

This report provides a profile of workplace health and safety in the Construction[1] sector which comprises 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[2].

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

[2] Annual Population Survey, 2024

Work-related ill health

All illness

In Construction:

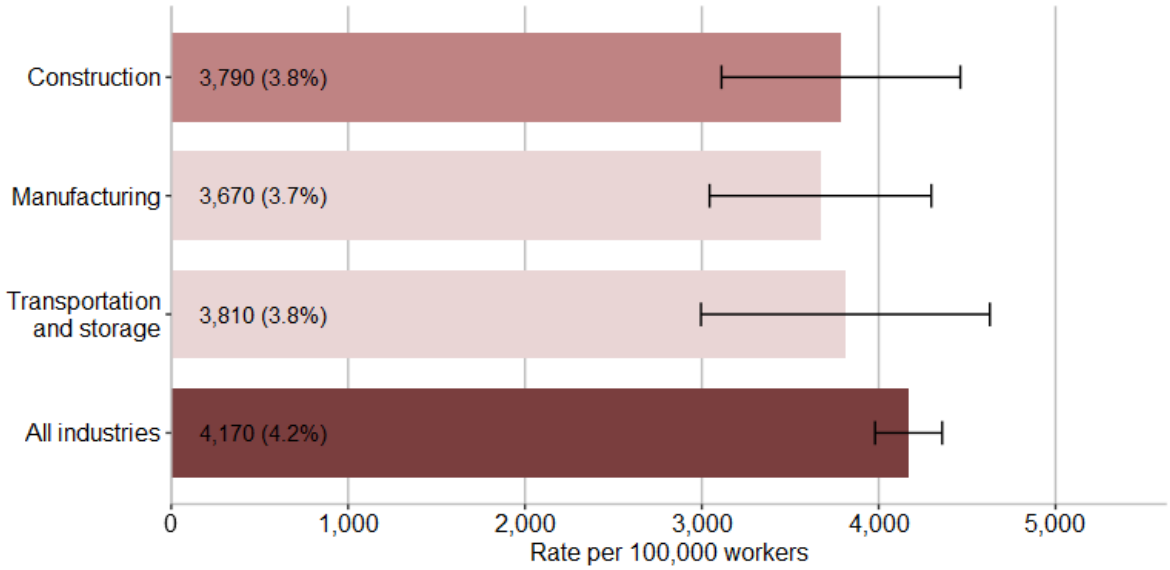
- There were an estimated 79,000 workers suffering from work-related ill health (new or long-standing)
- 53% were musculoskeletal disorders.

Source: LFS, average estimate over 2022/23-2024/25

Construction compared with other selected industries[3]

- Around 3.8 % of workers in the sector suffered from work-related ill health (new or long-standing)
- This rate is not statistically different than that for workers across all industries (4.2%)

Rate of self-reported work-related ill health in Construction compared with other selected industries, per 100,000 workers: new and long-standing

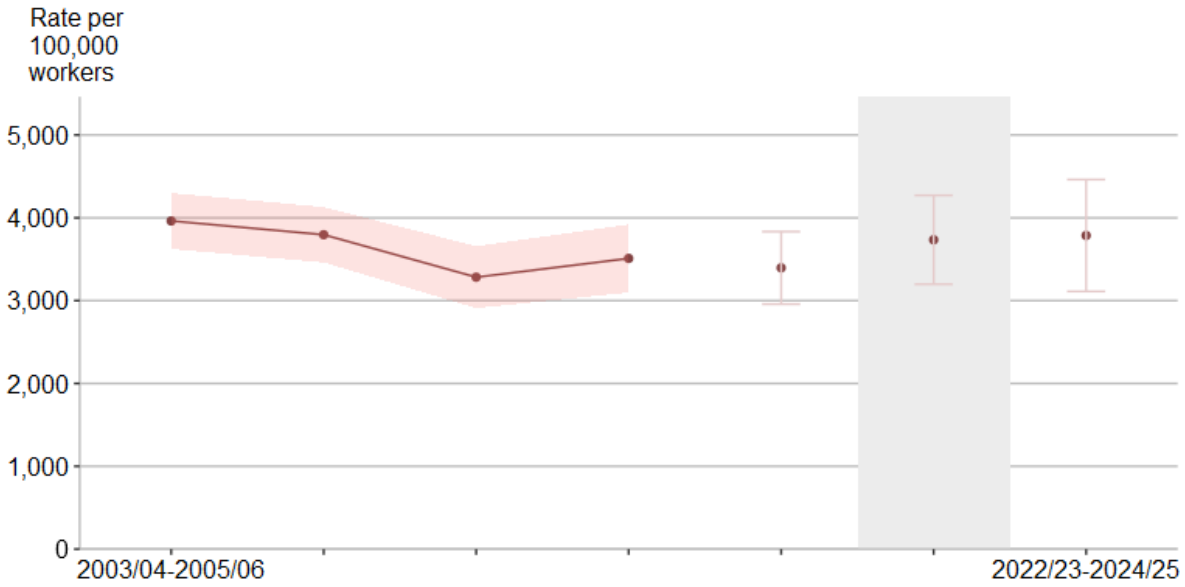


95% confidence intervals are shown on the chart.
Source: LFS, average estimate over 2022/23-2024/25

[3] Selected manual type industries are generally those with either a higher rate of work-related ill health or workplace injury compared to the rate for all industries

Changes over time

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



In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related ill health had been broadly flat. The rate for the latest period was not statistically significantly different from the 2016/17-2018/19 period.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, average estimate from 2003/04-2005/06 to 2022/23-2024/25

Musculoskeletal disorders

In Construction:

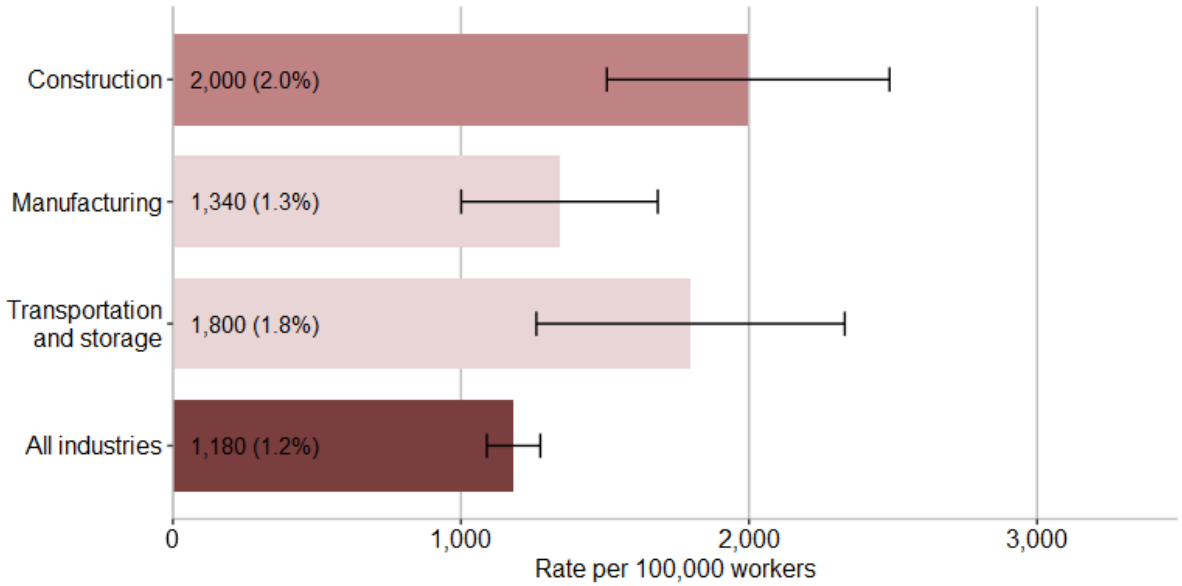
- There were an estimated 41,000 workers suffering from a work-related musculoskeletal disorder (new or long-standing), 53% of all ill health in this sector.

Source: LFS, average estimate over 2022/23-2024/25

Construction compared with other selected industries

- Around 2.0% of workers in the sector suffered from work-related musculoskeletal disorders (new or long-standing)
- This rate is statistically significantly higher than that for workers across all industries (1.2%)

Rate of self-reported work-related musculoskeletal disorders in Construction compared with other selected industries, per 100,000 workers: new and long-standing

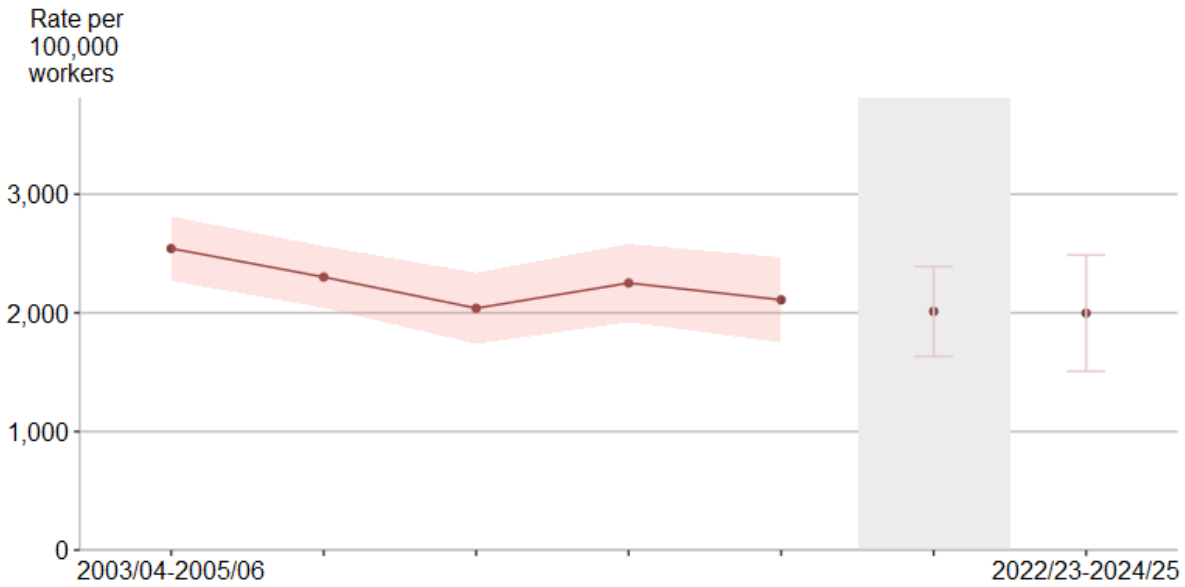


95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Changes over time

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



In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related musculoskeletal disorders had been broadly flat. The rate for the latest period was not statistically significantly different from the 2016/17-2018/19 period.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, average estimate from 2003/04-2005/06 to 2022/23-2024/25

Stress, depression or anxiety

In Construction:

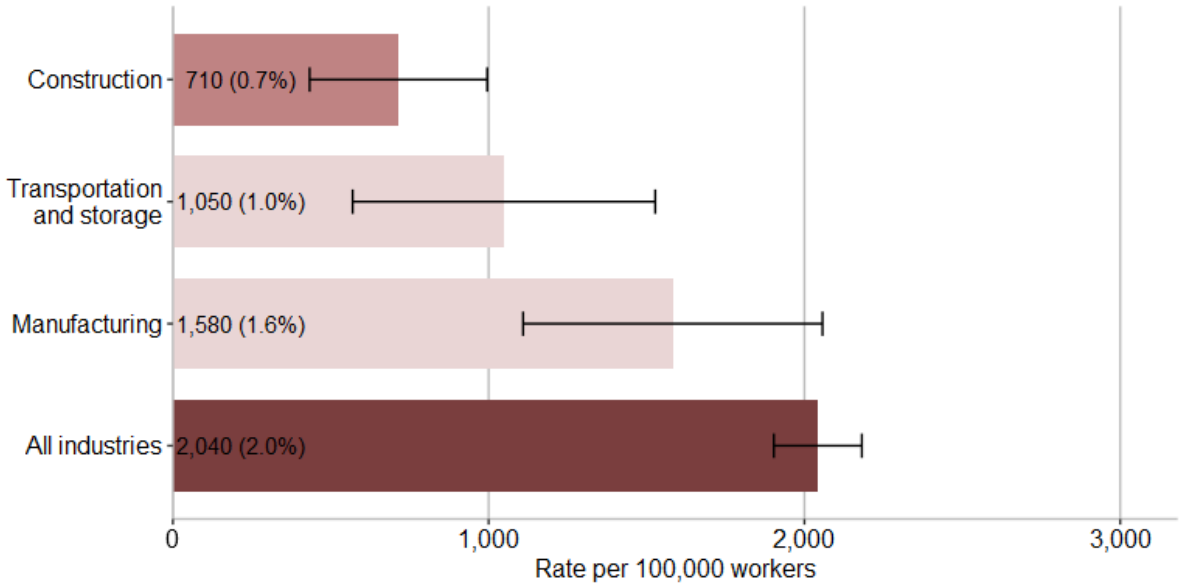
- There were an estimated 15,000 workers suffering from work-related stress, depression or anxiety (new or long-standing), 19% of all ill health in this sector.

Source: LFS, average estimate over 2022/23-2024/25

Construction compared with other selected industries

- Around 0.7% of workers in the sector suffered from work-related stress, depression or anxiety (new or long-standing)
- This rate is statistically significantly lower than that for workers across all industries (2.0%)

Rate of self-reported work-related stress, depression or anxiety in Construction compared with other selected industries, per 100,000 workers: new and long-standing

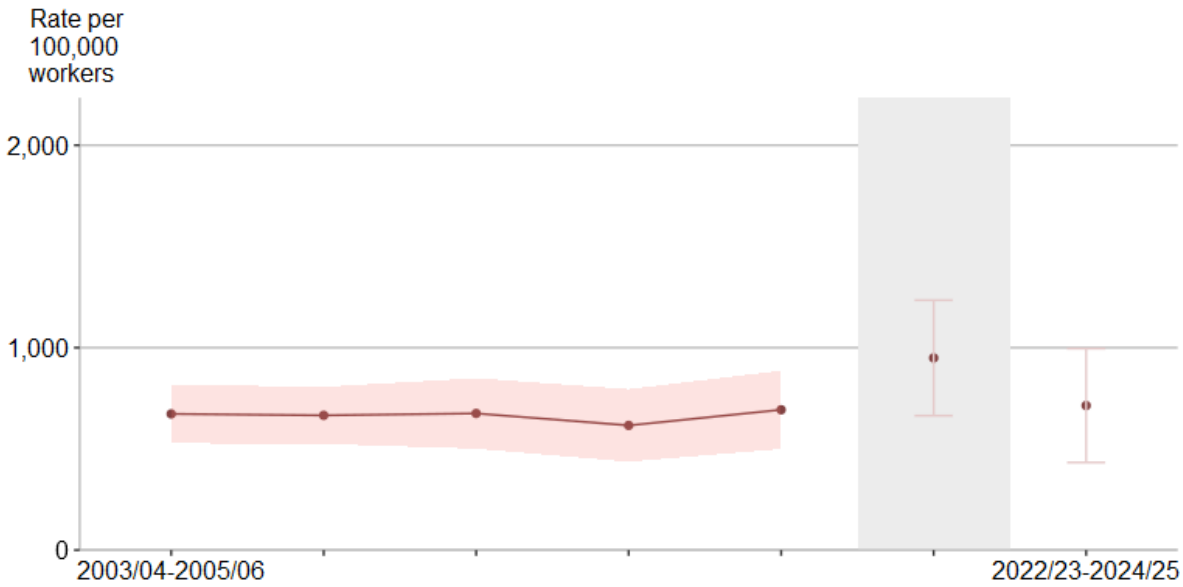


95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Changes over time

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



In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related stress, depression or anxiety had been broadly flat. The rate for the latest period was not statistically significantly different from the 2016/17-2018/19 period.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, average estimate from 2003/04-2005/06 to 2022/23-2024/25

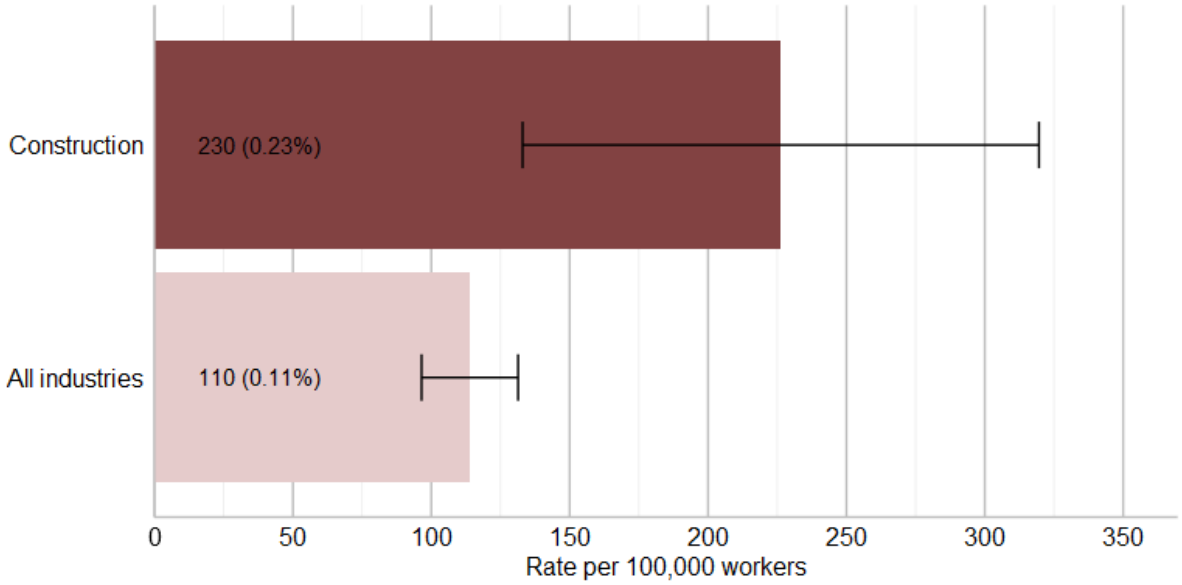
Lung disorders

In Construction:

- There were an estimated 5,000 workers suffering from a work-related breathing or lung problem (new and long-standing). 0.23% of workers in the sector
- This rate is statistically significantly higher than that for workers across all industries (0.11%)

Source: LFS, average estimate over 2017/18-2024/25

Rate of self-reported work-related breathing or lung problems in Construction compared with the all industry average, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2017/18-2024/25

Other conditions

Self-reports of work-related ill health from the Labour Force Survey give the best indication of the overall scale of work-related ill health in Great Britain. However, since estimates are based on a survey, this source can be limited when looking at less common work-related ill health cases. There are a range of supporting ill health data sources to supplement the Labour Force Survey estimates, including death certificates, specialist physician surveillance schemes (THOR) and epidemiological research.

Occupational asthma

According to reports from the chest physician reporting scheme for occupational respiratory disease, the rate of occupational asthma in the Construction industry is 0.3 per 100,000 workers.
Source: THOR-SWORD, average over 2022-2024

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

Contact dermatitis

Certain occupations within construction have shown an elevated rate of contact dermatitis. In 2022-2024, these occupations compared to the all occupation rate (0.93 per 100,000 workers) as follows:

- Painters and decorators 12.7 per 100,000
- Plasterers: 10.6 per 100,000
- Construction and building trades n.e.c.: 3.9 per 100,000.

The overall rate for construction is 1.9 per 100,000 workers which compares to the all industry rate of 0.93.

Source: THOR-EPIDERM, average over 2022-2024

Occupational cancer

A research study published in 2012 on the occupational burden of cancer in Great Britain showed that for each year, known and probable occupational carcinogens are estimated to account for:

- 5% of cancer deaths (8,000 deaths in 2005)
- 4% of all new cancer registrations (13,600 registrations in 2004)

Of the estimated deaths in 2005:

- Around 3,500 were attributed to past work in construction industries.
- About 70% of these cases were caused by past exposure to asbestos (associated with lung cancer and mesothelioma)

Of the 13,600 registrations in 2004:

- Around 5,400 were attributed to past work in construction industries.
- Similar to deaths, exposure to asbestos accounted for a large proportion, with solar radiation and silica accounting for a smaller, but still significant, amount.

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 and 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.

Source: Epidemiological studies

Other conditions that can affect construction workers include:

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

Source: IIDB, 2024

Workplace injuries

Fatal injuries

In Construction:

- There were 35 fatal injuries to workers in 2024/25p.
- This is in comparison with the annual average number of 40 fatalities for 2020/21-2024/25p.
- 53% of deaths over the same five-year period were classified as Falls from a height.
- There were 4 fatal injuries to members of the public in 2024/25p.
- This is the same as the annual average of 4 fatalities over the five-year period 2020/21-2024/25p.

Source: RIDDOR, 2024/25p

Construction compared with other selected industries

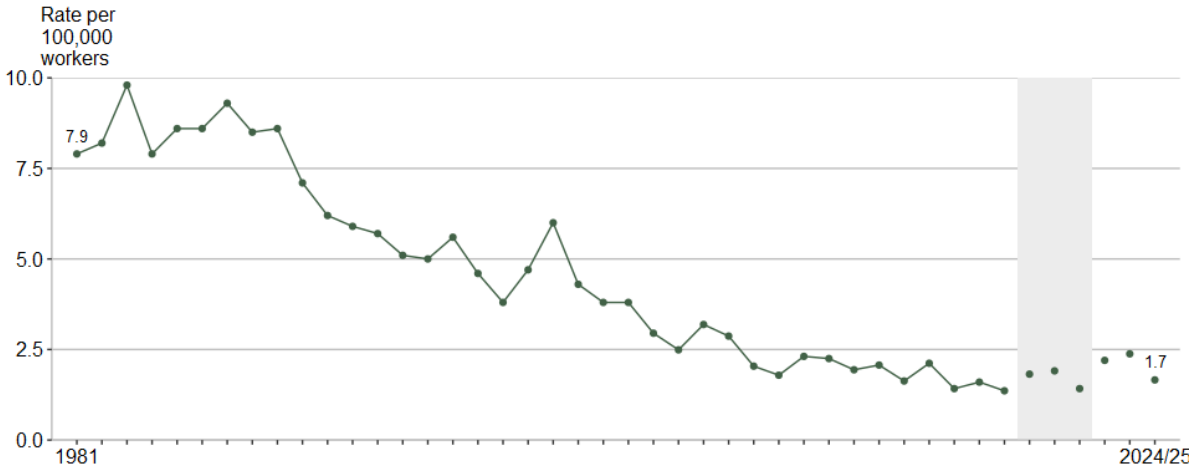
- The fatal injury rate in Construction is 1.92 per 100,000 workers.
- This is around 4.8 times the all industry rate.

Rate of work-related fatal injuries in Construction compared with other selected industries, per 100,000 workers

Source: RIDDOR, average over 2020/21-2024/25p

Changes over time

Rate of work-related fatal injuries in Construction, per 100,000 workers



The rate of fatal injury to workers in construction showed a downward trend, with signs of flattening out in more recent years.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column.

Source: RIDDOR, 1981 to 2024/25p

Non-fatal injuries

The Labour Force Survey is HSE's preferred data source for non-fatal injuries.

In Construction:

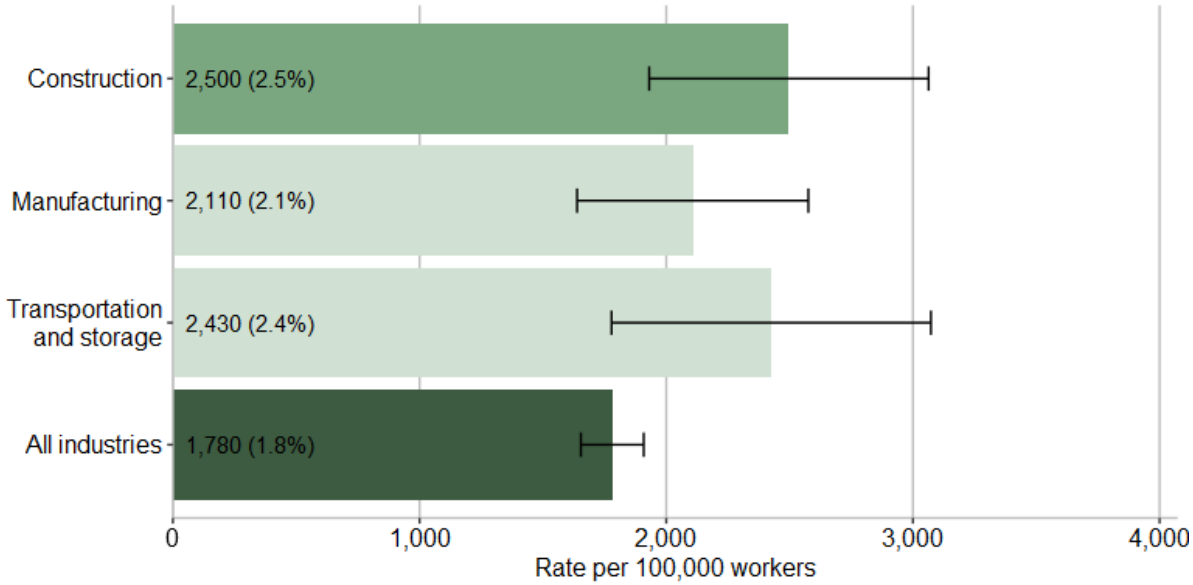
- There were an estimated 50,000 workers who reported sustaining a workplace non-fatal injury.
- 29% of these workplace non-fatal injuries resulted in absence from work of over 7 days.

Source: LFS, average estimate over 2022/23-2024/25

Construction compared with other selected industries

- Around 2.5% of workers in the sector sustained a workplace non-fatal injury.
- This rate is statistically significantly higher than that for workers across all industries (1.8%)

Rate of self-reported workplace non-fatal injuries in Construction compared with other selected industries, per 100,000 workers

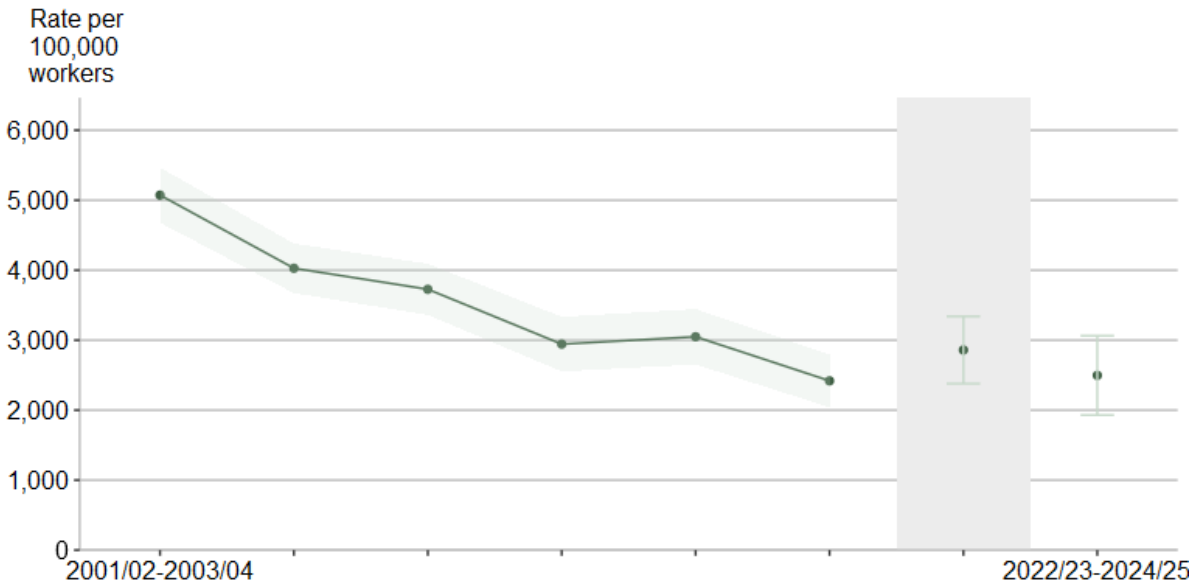


95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Changes over time

Rate of self-reported workplace non-fatal injuries in Construction, per 100,000 workers



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 was not statistically significantly different from the 2016/17-2018/19 period.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

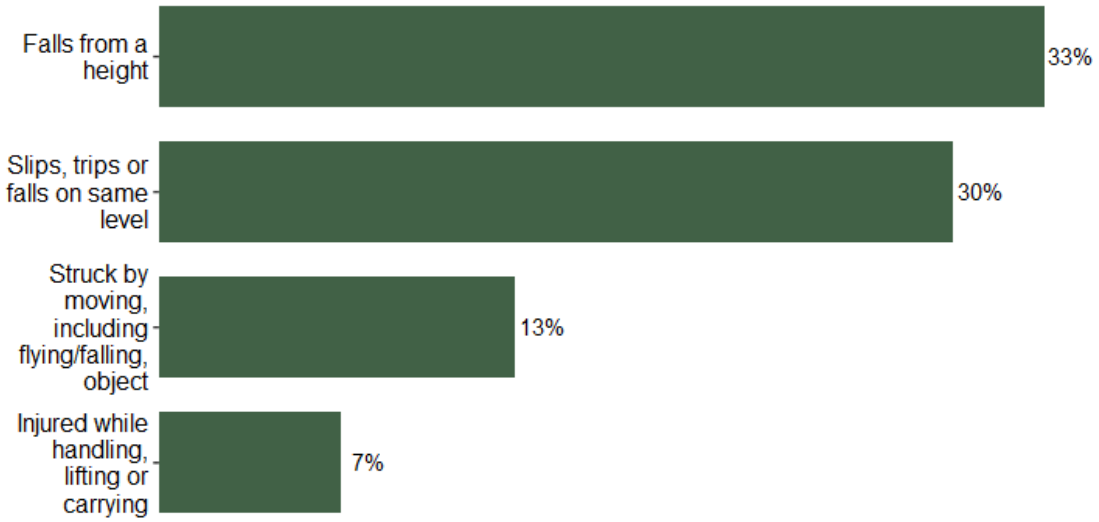
Source: LFS, average estimate from 2001/02-2003/04 to 2022/23-2024/25

Supporting information around work-related injuries is available from RIDDOR reporting[4]. In Construction:

- There were 3,726 non-fatal injuries to employees reported by employers under RIDDOR in 2024/25p.
- 1,525 (41%) were specified injuries[5] and 2,201 (59%) were injuries resulting in the incapacitation of a worker for over seven days

Source: RIDDOR, 2024/25p

Percentage of non-fatal work-related specified injuries by accident kind in Construction

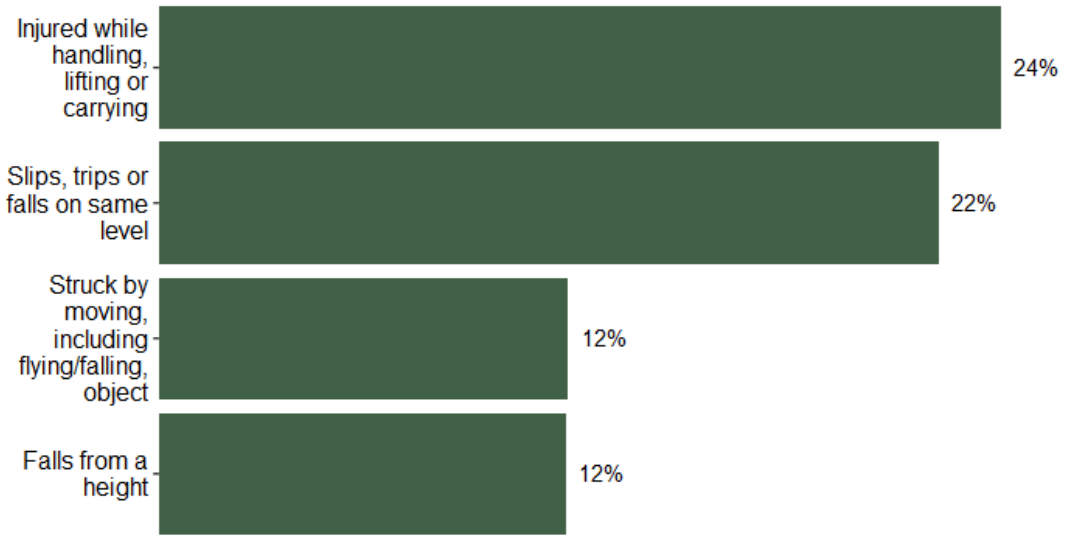


Source: RIDDOR, average over 2022/23-2024/25p

[4] 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.

[5] Specified injuries are a defined list of injuries. The full list is at www.hse.gov.uk/riddor/reportable-incidents.htm

Percentage of non-fatal work-related injuries resulting in incapacitation of a worker for over seven days by accident kind in Construction

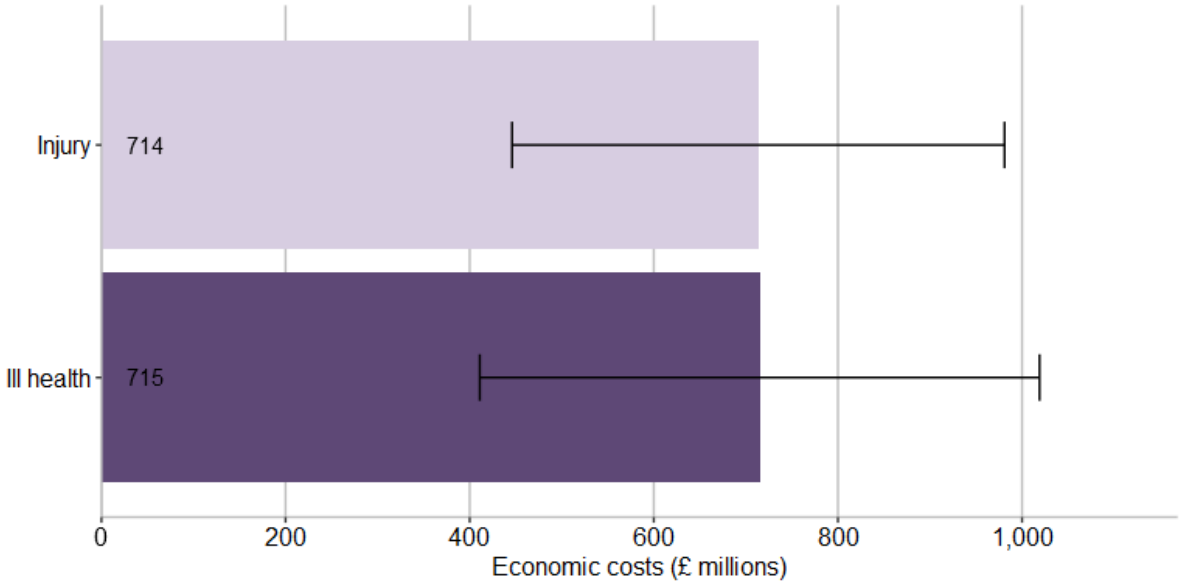


Source: RIDDOR, average over 2022/23-2024/25p

Economic Cost

- The total cost in 2023/24 is estimated at £1.4 billion, (95% confidence interval £1,022M - £1,836M)
- This accounts for 6% of the total cost of all work-related ill health and injury (£22.9 billion)

Economic costs from work-related ill health and workplace injury in Construction, in £ millions (2023/24 prices)



Estimates based on LFS (self-reported work-related ill health and workplace non-fatal injuries) and RIDDOR (work-related fatal injuries). 95% confidence intervals are shown on the chart.

Source: HSE Costs to Britain, 2023/24

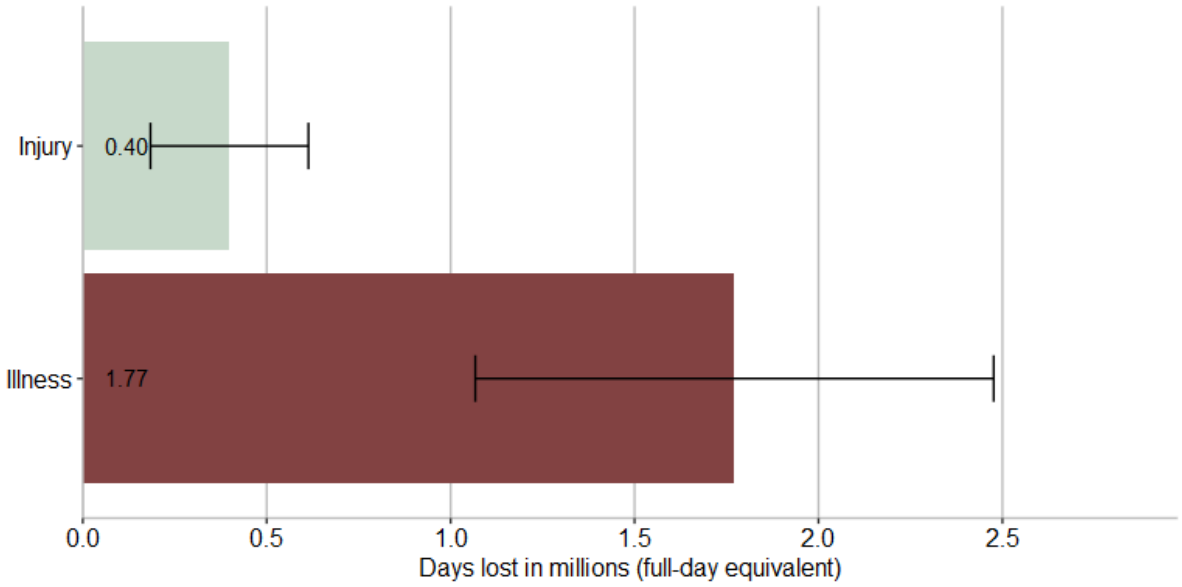
Workplace injury and ill health impose costs: both financial (for example in terms of lost output and healthcare costs) and non-financial (the monetary valuation of the human cost of injury and illness in terms of loss of quality of life and, for fatalities, loss of life). Taken together, this gives the total economic cost to society. This cost is shared between individuals, employers and government/taxpayers.

Working days lost

In Construction around 2.2 million working days (full-day equivalent) were lost each year due to:

- Workplace injury (18%) and
- Work-related illness (82%)
- That is equivalent to around 1.1 working days lost per worker which is not statistically different than the all industry level (1.1 days)

Working days lost from self-reported work-related ill health and workplace injury in Construction, full-day equivalent



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

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 31,000 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. Reporting of respiratory disease by chest physicians is through the Surveillance of Work-Related and Occupational Respiratory Disease scheme (THOR-SWORD). Reporting of skin disease cases by consultant dermatologists is through the occupational skin surveillance scheme (THOR-EPIDERM).

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 Costs to Britain Model: Developed to estimate the economic costs of injury and new cases of ill health arising from current working conditions. The economic cost estimate includes estimates of financial (or direct) costs incurred (either in terms of payments that have to be made or income/output that is lost) and the monetary valuation of the impact on quality and loss of life of affected workers.

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.

Notes:

Percentages presented on charts in this document use rounded data and so may not sum to 100% in all cases.

p is used in this document to indicate provisional figures due to be finalised in 2026

For more information, see https://www.hse.gov.uk/statistics/assets/docs/sources.pdf

Annex 2: Links to detailed tables

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

Work-related illness
lfsillind: https://www.hse.gov.uk/statistics/assets/docs/lfsillind.xlsx
THORR05: https://www.hse.gov.uk/statistics/assets/docs/thorr05.xlsx
THORS04: https://www.hse.gov.uk/statistics/assets/docs/thors04.xlsx
THORS05: https://www.hse.gov.uk/statistics/assets/docs/thors05.xlsx
CAN05: https://www.hse.gov.uk/statistics/assets/docs/can05.xlsx
IIDB05: https://www.hse.gov.uk/statistics/assets/docs/iidb01.xlsx

Workplace injuries
lfsinjind: https://www.hse.gov.uk/statistics/assets/docs/lfsinjind.xlsx
RIDIND: https://www.hse.gov.uk/statistics/assets/docs/ridind.xlsx
RIDFATAL: https://www.hse.gov.uk/statistics/assets/docs/ridfatal.xlsx
RIDHIST: https://www.hse.gov.uk/statistics/assets/docs/ridhist.xlsx
RIDKIND: https://www.hse.gov.uk/statistics/assets/docs/ridkind.xlsx

Costs to Britain of workplace injury and illness
COST_tables: https://www.hse.gov.uk/statistics/assets/docs/costs_tables.xlsx

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

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For information regarding the quality guidelines used for statistics within HSE see https://www.hse.gov.uk/statistics/about/quality-guidelines.htm

A revisions policy and log can be seen at https://www.hse.gov.uk/statistics/about/revisions/

Additional data tables can be found at https://www.hse.gov.uk/statistics/tables/

Lead Statistician: Paul Benson

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Journalists/media enquiries only: https://www.hse.gov.uk/contact/contact.htm