

Progress in Health and Safety outcomes since 2000

Workplace injuries: Assessment of change from 1999/2000 to 2009/10

Reported major injuries	↘	The rate of employee major injury reported under RIDDOR shows a falling trend from 1997/98 to 2002/03, and again from 2003/04 to 2009/10. The discontinuity in the data series in 2003/04 can be accounted for by changes in recording systems. These resulted in some types of injuries being classified as major that would previously have been classified as over-3-day. After adjusting for this discontinuity, a reasonably conservative estimate of the change in the major injury rate between 1999/00 and 2009/10 is a reduction of 22%. Using the unadjusted data, the major injury rate fell by 13% between 1999/2000 and 2009/10.
Fatal injuries	↘	Year on year fatal injury figures are subject to fluctuation given the relatively small numbers. Therefore it is more appropriate to use a smoothed trend to analyse worker fatalities than the raw data (see annex). The smoothed rate of fatal injury to workers has fallen by 38% between 1999/2000 and 2009/10.
Reported over-3-day injuries	↘	The reported rate of employee over-3-day injury has decreased since 1999/2000 in every year but one (2003/04) and it is now 33% below the 1999/2000 level.
Self-reported injuries in the Labour Force Survey (LFS)	↘	The Labour Force Survey gives a measure of self-reported injuries that is not affected by under-reporting. The annual rate of total reportable injury in the LFS shows a statistically significant fall of 45% between 1999/2000 and 2009/10 (with a range of possibilities - 95% confidence interval - from 37% to 54%). The rate of all workplace injury (including absences of 3 days or fewer, which are not reportable) has also fallen substantially since 1999/00.
Overall direction	↘	All outcome measures show substantial decreases. Taking together the findings from these different measures, it is reasonable to estimate that the rate of work-related injury has fallen by at least 30% over the ten-year period.

Ill health incidence: Assessment of change from 1999/2000 to 2009/10

Musculo-skeletal disorders	↘	The 2009/10 incidence rate of self-reported work-related musculoskeletal disorders was statistically significantly lower than that in 2001/02, the closest available year to 2000. THOR surveillance data points to a fall in reported cases from rheumatologists 1999 to 2009, although some or all of this fall may be due to changes to referral rules and procedures.
Stress, depression or anxiety	→	The incidence rate of self-reported work-related stress, depression or anxiety in 2009/10 is of a similar order (not statistically significantly different) to 2001/02. THOR surveillance data shows a mixed picture with a downward trend in psychiatrist reports of work-related mental health between 2000 and 2009, but with an upward trend in occupational physician reports over the same period.
Asthma/short-latency respiratory	↘	THOR data shows a statistically significant decrease in occupational asthma cases from 1999 to 2009.
Dermatitis / skin	↘	THOR data show a statistically significant decrease in work-related skin disease from 1999 to 2009.
Mesothelioma/long-latency respiratory	↗	The rate of mesothelioma deaths and other cases of asbestos-related disease, which dominate this category, continues to increase. Death rates from coal workers' pneumoconiosis and silicosis are on a long-term downward trend. Most mesothelioma deaths occur in men; male death rates at younger ages are now falling with total annual deaths projected to peak within the next 10 years.
Vibration-related	↘	In the period between 1999 and 2007, the annual total of compensated cases for conditions linked to vibration fell substantially. A widening of the prescription rules saw this number increase between 2007 and 2008 but cases remain way below the figures seen at the beginning of the decade.

Hearing loss	→	The number of new compensated cases of occupational deafness has fluctuated since 1999.
Overall direction	↘	Stress and musculoskeletal disorders are the largest components of work-related illness. Based on self-reports, there has been a statistically significant reduction of 15% in the overall illness incidence rate between 2001/02 and 2009/10 (with a range of possibilities - 95% confidence interval - from 7% to 23%).

Working days lost: Assessment of change from 2000-02 to 2009/10

Days lost from work-related ill health	↘	The estimated number of working days lost per worker due to work-related ill health in 2009/10 was statistically significantly lower than in 2001/02, according to the Labour Force Survey.
Days lost from work-related injuries	↘	The estimated number of working days lost per worker due to workplace injury in 2009/10 was statistically significantly lower than in 2000/01, according to the Labour Force Survey.
Overall direction	↘	Based on self-reports of working days lost due to work-related illness and injury, there has been a statistically significant reduction of 30% in the days lost per worker between 2000-02 and 2009/10 (with a range of possibilities - 95% confidence interval - from 20% to 40%).

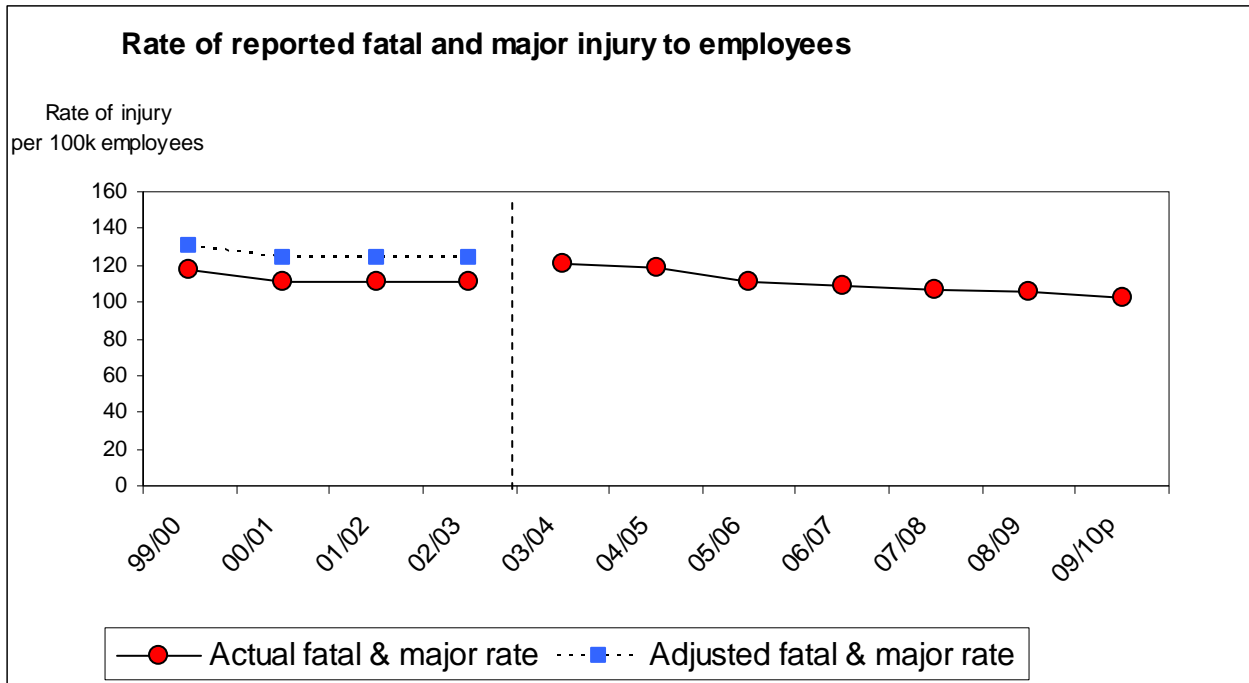
Please see the Annex for charts showing recent trends for injuries, ill health and days lost

Key:

↗	Rise since 2000	↘	Fall since 2000	→	No clear change since 2000
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 Statistics Branch
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Annex: Recent trends in work-related injuries, ill-health and days lost



Vertical dotted line represents discontinuity in reported major injury series see <http://www.hse.gov.uk/statistics/discontinuity.pdf>

The adjusted rate represents our best estimate of the true trend after allowing for the discontinuity. See <http://www.hse.gov.uk/statistics/discontinuity2.pdf>

