

Achieving the *Revitalising Health and Safety* targets Statistical progress report, November 2005

The *Revitalising Health and Safety* strategy statement, launched in June 2000, set three national targets for improving health and safety performance by 2010:

- to reduce the incidence rate of ***fatalities and major injuries*** by 10%;
- to reduce the incidence rate of cases of ***work-related ill health*** by 20%;
- to reduce the number of ***working days lost*** per worker from work-related injury and ill health by 30%;

and to achieve ***half*** the improvement under each target by 2004.

The Health and Safety Executive (HSE) set out its technical approach to measuring progress against the *Revitalising* targets in a *Statistical Note* published in June 2001, on the website at www.hse.gov.uk/statistics/statnote.pdf. Among other things, this said that a report on progress would be prepared each autumn, comparing the latest data with those for the base year (1999 or financial year 1999/2000).

This document is the fifth such annual report. It presents our judgements on progress at the mid-point of the *Revitalising* period (2004 or financial year 2004/05), against the target reductions of 5% for fatal and major injuries, 10% for ill health incidence and 15% for working days lost. Because this is the mid-point, this year we are also producing a more detailed progress report, which will be placed on the website and subjected to external peer review, as promised in the *Statistical Note*.

The assessments of progress represent our statisticians' best judgements based on the information available at November 2005. They are subject to uncertainty, for example because some research is not yet complete, and because some of the data come from surveys which are affected by sampling error.

The judgements make use of data from a number of different sources (which was also a commitment from the *Statistical Note*). These are listed here and described in much more detail on the website at www.hse.gov.uk/statistics/sources.htm:

RIDDOR: Injuries reported to HSE or local authorities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

LFS: Estimates of self-reported injuries, ill health and days lost from the Labour Force Survey; for ill health also known as SWI (self-reported work-related illness) surveys.

THOR: New cases of work-related illness seen by occupational physicians and disease specialist doctors in The Health and Occupation Reporting network.

IIDB: New cases of prescribed diseases assessed for compensation under the Industrial Injuries Disablement Benefit scheme.

WHASS: Interim results on workers' perceptions of changes in risk control from the Workplace Health and Safety Survey standalone worker survey.

RCIs: HSE inspectors' ratings of Risk Control Indicators measuring workplaces' compliance against aspects of hazard management.

Fatal and major injuries: Assessment of change from 1999/2000 to 2004/05

Reported major injuries	→	The rate of employee major injury dropped by 2.2% in 2004/05 but shows no clear trend since 1999/2000. The rate of major injury is 117.7 per 100 000 employees in 2004/05 compared with 116.6 in 1999/2000.
Fatal injuries	→	The rate of fatal injury to employees rose by 30% in 2000/01 and has dropped since then. The rate of 0.7 per 100 000 employees in 2004/05 is about 0.5% less than in 1999/2000. Because of the relatively small numbers of fatal injuries, their impact on the fatal and injury target is small.
Reported over-3-day injuries	↘	The rate of employee over-3-day injury has generally decreased since 1997/98, and is now the lowest on record. This does not contribute to the target assessment but is relevant information in understanding injury trends.
Labour Force Survey (LFS) and surveys of companies	↘	The annual LFS rate of reportable injury dropped by 22% between 1999/2000 and 2004/05. The rate of “all workplace injury” (including absences of 3 days or less) dropped by 20%, suggesting that the trend in reportable injury, defined as more than 3 days absence, does not reflect a tightening up on absence management. Surveys of firms in manufacturing, retail, wholesale and hotel industries indicate a decrease in the over-3-day injury rate in those industries (mainly in large firms). This supports the picture from RIDDOR and the LFS of a decrease in over-3-day injury.
Surveys of companies – major injuries	→	The rate of major injury has fluctuated in manufacturing with no clear trend but is higher in recent years in retail, wholesale and hotels.
Surveys of companies - reporting	→	In both manufacturing and services surveys, the reporting of major injuries fluctuated between 1999/2000 and 2004/05, showing no clear change. The surveys suggest that changes in reporting behaviour have not contributed to the trends in reported major injuries: hence the assessment of trends is based on reported major injuries, without any adjustment for under-reporting.
Overall direction	→	All the sources indicate that there is no clear trend in the rate of major injury to employees, or in the reporting of major injuries. Reporting does not impact on trends in major injuries. The conclusion is therefore of no clear change in the rate of fatal and major injury.
Size of change		The rate of fatal and major injury has fluctuated and is around 1% higher in 2004/05 compared with 1999/2000, the base year of the <i>Revitalising</i> targets. The mid-point target for a reduction of 5% in the rate of fatal and major injury in the five years has therefore not been met.

III health incidence: Assessment of change from 1999/2000 to 2004/05

Musculo-skeletal disorders	↘	Self-reported work-related musculoskeletal disorders show a statistically significant reduction from 2001/02 to 2004/05. THOR surveillance data also point to a reduction over the <i>Revitalising</i> period 1999 to 2004, though the occupational physician component shows a non-significant increase. The related indicators of risk control show a neutral picture.
Stress, depression or anxiety	→	Self-reported work-related stress, depression or anxiety has remained at essentially the same level between 2001/02 and 2004/05. Overall THOR surveillance data shows levels increasing from 1999 to 2001, and falling since then, though reports from occupational physicians have remained level. It is not clear where levels in 2004 stand in relation to 1999. However, recent data on risk control suggest a possible worsening.
Asthma/short-latency respiratory	↘	THOR data show consistent and statistically significant decreases in asthma from 1999 to 2004. Occupational physician data for overall respiratory disease also show a significant drop. WHASS data on workers' perceptions of respiratory hazards suggest an improvement over the last 12 months.
Dermatitis / skin	↘	THOR data show consistent and statistically significant decreases in dermatitis from 1999 to 2004. Occupational physician data for skin diseases overall also show a significant decrease. WHASS data on workers' views of the risk of skin problems suggest an improvement over the last 12 months.
Infections	→	Different sources (THOR specialist doctor reports, IIDB cases and RIDDOR) give very different pictures of the incidence of work-related infectious disease and none shows a clear trend.
Mesothelioma/long-latency respiratory	↗	Numbers of mesotheliomas and other asbestos related diseases continue to increase, though mesotheliomas at ages under 45 have been reducing for 10 years. Death rates from coal workers pneumoconiosis and silicosis are on a long-term downward trend but show little change in the last 10 years. In terms of numbers, the impact of these diseases on the overall target is small.
Vibration-related	→	Over the last five years compensated cases of vibration white finger have reduced in number, while those of carpal tunnel syndrome have increased. Vibration-related conditions presenting to THOR have remained broadly constant. Risk control measures suggest some recent improvement.
Hearing loss	→	The number of compensated cases of occupational deafness has increased from 225 in 1999 to 325 in 2004. In contrast, the number of cases presenting to the THOR network show an erratic but fairly clear downward trend.
Overall direction	↘	The evidence suggests that while work-related stress incidence shows no clear change since 1999/2000, musculoskeletal disorders and most other kinds of work-related illness are lower. Assessed from self reports, the total burden of work-related illness shows a statistically significant reduction. Evidence from other sources is consistent with this.
Size of change		Given the consistency of evidence that the level has reduced, it is reasonable to assess the size of reduction using the most broadly based source, self-reported work-related illness in the LFS. On this basis, the reduction since 2001/02 has probably met the <i>Revitalising</i> target of 10%: it is statistically significant, with a central estimate in the order of 15% (range of possibilities 8% to 23%). There is no directly comparable estimate for the base year, 1999/2000; the closest SWI data suggest that it was a little lower than the 2001/02 level. Most components of THOR surveillance data give estimated 1999 to 2004 reductions which meet the 10% target. We conclude that the target has probably been met.

Working days lost: Assessment of change from 2000-02 to 2004/05

Days lost from injuries	→	The estimated number of working days lost per worker due to workplace injury was 0.30 days in 2004/05, compared with 0.36 days in 2000/01 (the closest available to the <i>Revitalising</i> base year); the difference between the two rates was not statistically significant.
Days lost from ill health	↓	The estimated number of working days lost due to work-related ill health per worker was 1.2 days in 2004/05, statistically significantly lower than that of 1.4 in 2001/02 (the closest available to the <i>Revitalising</i> base year).
Overall direction	↓	Taking injuries and ill health together, since 2000-02 the estimated number of working days lost per worker has shown a statistically significant reduction, from 1.8 days to 1.5 days in 2004/05. The limited available data also followed a statistically significant downward trend.
Size of change		The range of possibilities (95% confidence interval) for the decrease is from 3% to 23%. The central estimate is in the order of 10-15%, suggesting that the reduction since 2000-02 was possibly enough to meet the 15% <i>Revitalising</i> target.

Key for all three targets:

↗	Rise since 1999/2000	↓	Fall since 1999/2000	→	No clear change since 1999/2000
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