Achieving the *Revitalising Health and Safety* targets
Statistical progress report, November 2006

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 sixth such annual report. It presents our judgements on progress to 2005/06, against 'pro rata' target reductions corresponding to six-tenths of the full ten-year targets: 6% for fatal and major injuries, 12% for ill health incidence and 18% for working days lost. In each case we assess whether progress is 'on track' to meet the ten-year targets.

The assessments of progress represent HSE statisticians' best judgements based on the information available at November 2006. 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.

ONS Omnibus: Office for National Statistics survey of psychosocial working conditions in Great Britain.

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 2005/06

Reported major injuries	→	The rate of employee major injury reported under RIDDOR shows no clear trend since 1999/2000. It fell in 2000/01 but then rose up to 2003/04. There have been reductions in the last two years – by 2.1% in 2004/05 and 6.6% in 2005/06 – but it is too soon to say if these will translate into a longer-term trend.
Fatal injuries	↘	The rate of fatal injury to employees shows a declining trend since 1999/2000, despite a sharp rise in 2000/01, and is now at its lowest recorded level. Because of the relatively small numbers of fatal injuries, their impact on the fatal and major injury target is small.
Reported over-3-day injuries	↘	Movements in other reported injuries do not contribute directly to the target assessment but provide relevant information in understanding injury trends. The rate of employee over-3-day injury has decreased since 1999/2000 in every year but one (2003/04).
Self-reported injuries in the Labour Force Survey (LFS)	↘	The Labour Force Survey gives a measure of injuries which is not affected by under-reporting in RIDDOR, but it does not currently identify major injuries separately. The annual rate of *total reportable injury* in the LFS shows a statistically significant fall between 1999/2000 and 2005/06. The rate of *all workplace injury* (including absences of 3 days or fewer, which are not reportable) showed a similar drop.
Surveys of companies	→	Surveys of firms were undertaken in manufacturing and some service industries, covering the period 1999/2000 up to 2004/05. Rates of major and over-3-day injury from these surveys generally support the picture from RIDDOR and the LFS. The reporting of injuries is also higher for major than for over-3-day, but the surveys offer no substantive evidence of changes in reporting practices during the survey period. Hence for the time being our assessment of trends is based on reported major injuries, without any adjustment for under-reporting.

Overall direction	→	Overall, the sources indicate that there is no clear trend since 1999/2000 in the rate of major injury to employees (which dominates fatal and major injuries), or in the level of major injuries reporting. There are uncertainties in this area, especially for the period up to 2003/04. We are conducting further work to improve our understanding of major injuries trends, in the context of the observed falls in fatal, reported over-3-day and self-reported injury rates.
Size of change	As the rate of fatal and major injury has shown no clear trend since the base year, our conclusion is that progress in the first six years of *Revitalising* as a whole is ***not on track to meet the target***. However there have been ***reductions in the last two years*** in major injuries as well as in other injury indicators.	

Please see Annex for charts showing recent trends in injury indicators.

Ill health incidence: Assessment of change from 1999/2000 to 2005/06

Musculo-skeletal disorders	↘	Self-reported work-related musculoskeletal disorders show a statistically significant reduction between 2001/02 and 2005/06. THOR surveillance data point to a reduction over the *Revitalising* period 1999 to 2005, especially for cases seen by rheumatologists rather than occupational physicians.
Stress, depression or anxiety	↘	Self-reported work-related stress, depression or anxiety shows a statistically significant reduction between 2001/02 and 2005/06, including a significant fall in the latest year. THOR surveillance data show levels rising from 1999 to 2001, and falling since then. The ONS omnibus survey shows a decline in the proportion of people saying their job was very or extremely stressful, from 16% in 2004 to 12% in 2006.
Asthma/ short-latency respiratory	↘	THOR data show consistent and statistically significant decreases in asthma from 1999 to 2004, and a further fall in 2005. Occupational physician data for overall respiratory disease also show a significant drop. The number of cases compensated under the IIDB is smaller and has fluctuated since the base year, with some recent rises.
Dermatitis / skin	↘	THOR data show consistent and statistically significant decreases in dermatitis from 1999 to 2004, with a further fall in 2005. Occupational physician data for skin disease overall also show a significant decline.
Infections	→	Different sources (THOR specialist doctor reports and IIDB cases) give very different pictures of the incidence of work-related infectious disease and do not show a clear trend.
Mesothel-ioma/long-latency respiratory	↗	The rate of mesothelioma deaths and other cases of asbestos-related disease, which dominate this category, continues to increase. However, for ages under 65 years the rate of mesothelioma deaths in 2004 was lower than in 1999. Death rates from coal workers' pneumoconiosis and silicosis are on a long-term downward trend, and were lower in 2004 than in 1999. In terms of numbers, the impact of these diseases on the overall target is small.
Vibration-related	→	In the period since 1999, IIDB compensated cases of vibration white finger have reduced in number, while those of carpel tunnel syndrome have increased – though these too have fallen in the latest two years. Vibration-related conditions presenting to THOR have remained broadly constant. Recent RCI data on risk control indicate improving workplace standards.
Hearing loss	→	The number of new compensated cases of occupational deafness has fluctuated since 1999. The number of cases presenting to the THOR network has generally fallen but quite erratically.

Overall direction	↘	The evidence suggests that work-related ill health incidence has fallen since 1999/2000 for musculoskeletal disorders, stress and most other kinds of illness for which reliable data are available on changes over the period. Assessed from self reports, the total prevalence of work-related illness shows a statistically significant reduction over that period.
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 illness in the LFS. On this basis, the reduction ***since 2001/02*** has clearly exceeded the *Revitalising* 'pro-rata' target of 12%: it is statistically significant, with a central estimate in the order of 25% (range of possibilities 17% to 33%). There is no comparable estimate for the base year, ***1999/2000***; the closest LFS data suggest that there was a small rise between then and 2001/02 (perhaps in the order of 5%). We conclude that progress over the first six years of the *Revitalising* period is ***on track to meet the target***.	

Working days lost: Assessment of change from 2000-02 to 2005/06

Days lost from ill health	↘	The number of working days lost per worker due to work-related ill health, estimated from the Labour Force Survey (LFS), showed a statistically significant fall from 1.4 days in 2001/02 (the closest available to the *Revitalising* base year) to 1.0 days in 2005/06.
Days lost from injuries	↘	The number of working days lost per worker due to workplace injury, estimated from the LFS, showed a statistically significant fall from 0.36 days in 2000/01 (the closest available to the *Revitalising* base year) to 0.26 days in 2005/06.

Overall direction	↘	Taking ill health and injuries together, since 2000-02 the estimated number of working days lost per worker has shown a statistically significant reduction, from 1.8 days to 1.3 days in 2005/06. The limited available data followed a statistically significant downward trend. The fall in the single year to 2005/06 was also statistically significant.
Size of change	The central estimate for the decrease is in the order of 25%, with a range of possibilities (95% confidence interval) from 15% to 35%. Most of this range is greater than the pro-rata *Revitalising* target of 18%. We conclude that progress since 2000-02 is ***probably on track to meet the target***.	

Key for all three targets:

↗	Rise since base year	↘	Fall since base year	→	No clear change since base year

Health and Safety Executive
Statistics Branch
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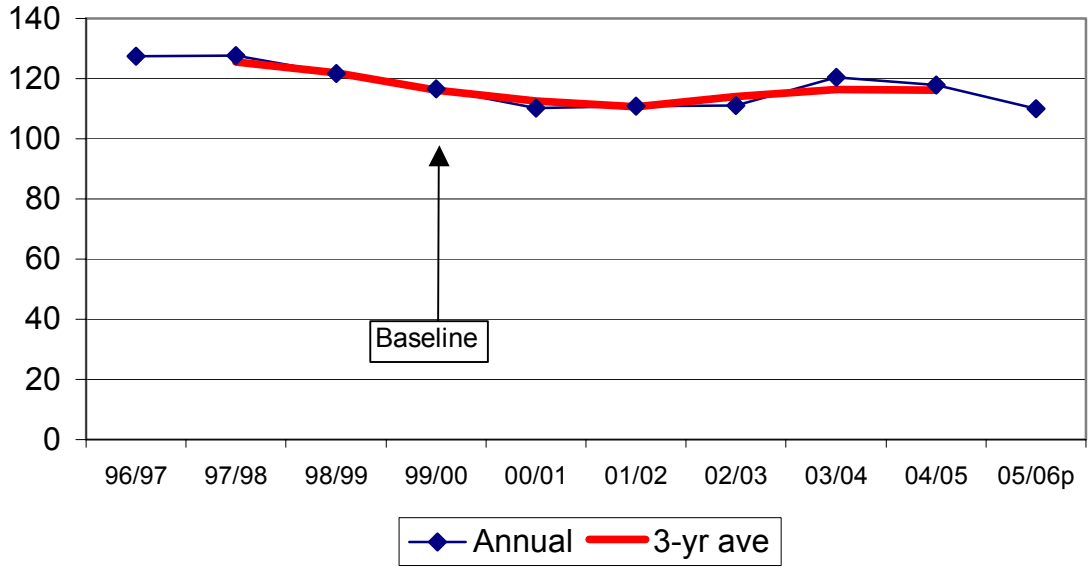
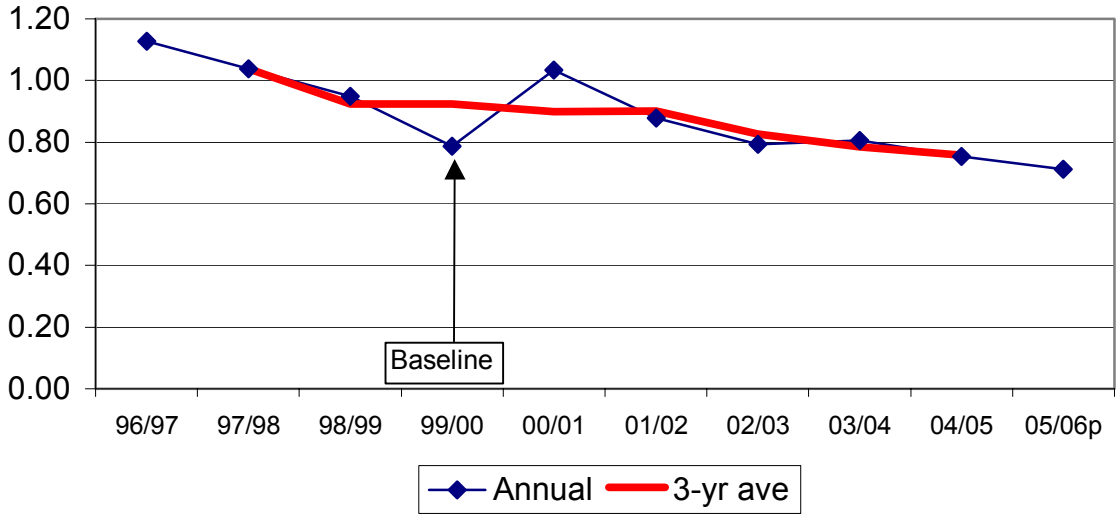
Annex: Injury trends

Rates per 100 000

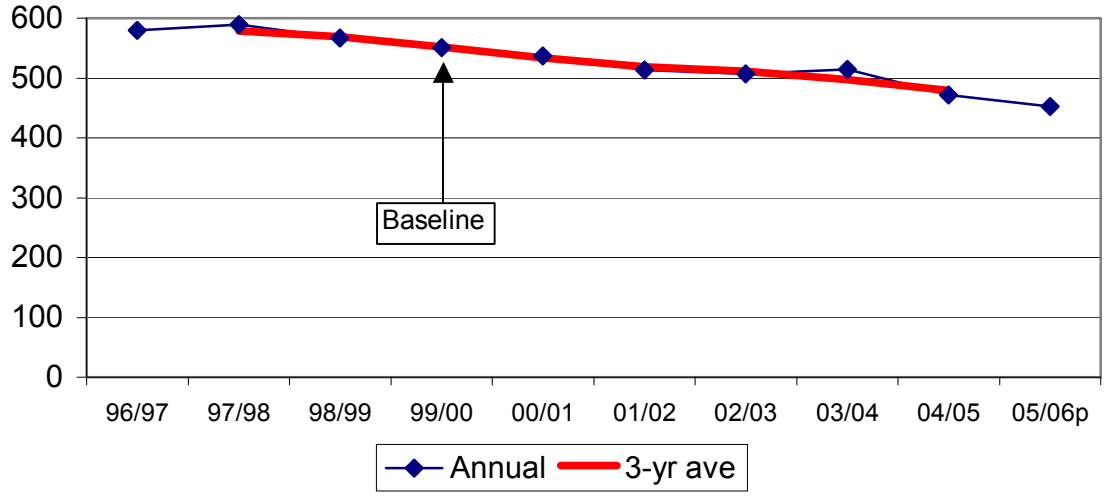
Reported major injuries to employees



Fatal injuries to workers



Reported over-3-day injuries to employees



LFS reportable injuries to workers