

## Achieving the *Revitalising Health and Safety* targets Statistical progress report, November 2007

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](http://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 seventh such annual report. It presents our judgements on progress to 2006/07, against pro rata target reductions corresponding to seven-tenths of the full ten-year targets: 7% for fatal and major injuries, 14% for ill health incidence and 21% for working days lost. In each case we assess whether progress is 'on track' to meet the ten-year targets.

This year we are also making statements against the PSA targets for ill-health, injury and days lost targets (<http://www.hse.gov.uk/aboutus/plans/sr2004.htm>). These assess progress to 2006/07 against a 2004/05 base year. To be on track at this stage evidence for pro rata reductions in incidence rate of: 2% for fatal and major injuries, 4% for ill health incidence and 6% for working days lost, are sought. There is greater uncertainty in these assessments because of the much shorter time series.

The assessments of progress represent HSE statisticians' best judgements based on the information available at November 2007. 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](http://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.

## Fatal and major injuries: Assessment of change from 1999/2000 to 2006/07

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 2006/07. Modeling the major injury rate shows a fall between 1999/2000 and 2006/07 within the range 7% to 11%. Furthermore, evidence for the over-3-day injury suggests that overall reporting has improved over the period. Altogether, indications are that the major injury rate is falling and is below the level in 1999/2000.
Fatal injuries	↘	Despite a rise in 06/07 from the previous year, the rate of fatal injury to employees still shows an overall falling trend since 1999/2000, with most of this reduction occurring in the earlier part of the period. Because of the relatively small numbers of fatal injuries, single year figures are subject to fluctuation and we now believe it is appropriate to view the trend using a rolling three year average (see annex). They also have little impact (numerically) on the fatal and major injury target.
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 and reporting trends. The rate of employee over-3-day injury has decreased since 1999/2000 in every year but one (2003/04), it is now 22% 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 in RIDDOR. The annual rate of total reportable injury in the LFS shows a statistically significant fall of 35% (with a range of possibilities - 95% confidence interval - from 26% to 44%) between 1999/2000 and 2006/07. The rate of all workplace injury (including absences of 3 days or fewer, which are not reportable), also showed a drop.
Supporting Research		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. Work is on going to improve understanding of the apparent rise in major injuries that took place in 2003/04, and the reporting of major injuries generally.
<b>Overall direction</b>	↘	The rate of major injury to employees dominates the rate of fatal and major injuries. This rate shows a falling trend 1997/1998 to 2002/03 and again from 2003/04 to 2006/07. The rise around 2003/04 causes some uncertainty but could relate to changes in the reporting system. We are conducting further work to estimate and quantify the impact of these changes. Other information on self-reported injuries and over 3 day injuries supports the assessment of a falling trend.
<b>Size of change</b>		Assuming constant year on year change, in 2006/07 the <i>Revitalising</i> target requires a 7% reduction from baseline (1999/2000), and the PSA target a 2% reduction from baseline (2004/05) in the incident rate of major and fatal injuries. The overall change in the trend for major injuries 1999/2000 to 2006/07 shows around an 8% reduction. Given the scale of this falling trend and supporting evidence from other data series our judgment against these pro rata progress targets is that <b><i>at this stage progress is on track to meet the Revitalising and PSA targets.</i></b>

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

### Ill health incidence: Assessment of change from 1999/2000 to 2006/07

Musculo-skeletal disorders	→	The incidence rate of self-reported work-related musculoskeletal disorders in 2006/07 is of a similar order to that in 2001/02. This latest data showed a statistically significant rise in incidence rate over the previous year. The incidence rate had fallen from 2001/02 to 2005/06. THOR surveillance data points to a fall in reported cases from 1999 to 2006. This is particularly evident in back pain cases seen by Rheumatologists. Changes to referral rules and procedures may have affected the number of back pain cases seen by Rheumatologists over this period.
Stress, depression or anxiety	→	The incidence rate of self-reported work-related stress, depression or anxiety in 2006/07 is of a similar order to that in 2001/02. There had been a fall between 2004/05 and 2005/06, but this was followed by a rise back to the previous level in 2006/07. Both changes were statistically significant. THOR surveillance data shows a mixed picture with a falling trend in psychiatrist reports of work-related mental health between 1999 and 2006 but with occupational physician reports rising between 1999 and 2001 and then remaining steady. The ONS omnibus survey shows an overall downward trend in the proportion of people saying their job was very or extremely stressful between 2004 and 2006, leveling off in 2007.
Asthma/ short-latency respiratory	↘	THOR data shows a statistically significant decrease in occupational asthma cases from 1999 to 2006. The number of cases compensated under the IIDB is smaller and has fluctuated since the base year.
Dermatitis / skin	↘	THOR data show a statistically significant decrease in work-related contact dermatitis and all skin disease cases from 1999 to 2006. The number of dermatitis cases compensated under the IIDB is smaller but has also fallen slightly over the period.
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.
Mesothelioma/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 60 years the rate of mesothelioma deaths in 2005 was lower than in 1999. Death rates from coal workers' pneumoconiosis and silicosis are on a long-term downward trend, and were lower in 2005 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 carpal tunnel syndrome have increased – though these too have fallen for the latest three years. Vibration-related conditions presenting to THOR have remained broadly constant.
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.
<b>Overall direction</b>	→	At this stage the incidence of self-reported work-related ill-health is of a similar order to that in 2001/02 despite earlier indications of a downward trend from 2001/02 to 2005/06. First findings provide nothing to suggest the rise in self-reported illness in between 2005/06 and 2006/07 was related to any changes in survey design. However, further analysis is needed to understand this sudden rise. Surveillance scheme data indicates a mixed picture. This is particularly evident for schemes reporting on musculoskeletal conditions and mental health which are the main components of the ill-health target.
<b>Size of change</b>		Assuming constant year on year change, in 2006/7 the <i>Revitalising</i> target requires a 14% reduction from baseline (1999/2000) and the PSA target a 4% reduction from baseline (2004/05). Based on analysis of all sources against these pro rata progress targets we concluded that <b><i>at this stage progress is not on track to meet the Revitalising or PSA targets.</i></b>

## Working days lost: Assessment of change from 2000-02 to 2006/07

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 downward trend from 2001/02 to 2005/06, with a rise in 2006/07 to a levels not significantly different to that in 2001/02.
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 0.25 days in 2006/07.
<b>Overall direction</b>	↘	<p>The majority of the total days lost per worker estimate is due to work-related ill-health. First findings provide nothing to suggest the rise in days lost due to work-related ill-health between 2005/06 and 2006/07 from the LFS was related to any changes in survey design. However, further analysis is needed to understand this sudden rise.</p> <p>Taking ill health and injuries together, since 2000-02 the estimated number of working days lost per worker showed a statistically significant downward trend from 1.8 days to 1.3 days in 2005/06, with a statistically significant rise from 2005/06 to 2006/07, to 1.5 days. Days lost per worker in 2006/07 was of a similar order to that in 2003/04, but is statistically significantly lower than the 2000-02 base period.</p>
<b>Size of change</b>		<p>The central estimate for the decrease in days lost per worker 2000-02 to 2006/07 is in the order of 12%, (with a range of possibilities - 95% confidence interval - from 2% to 23%), compared to a pro rata target of 21%. We conclude that <b><i>at this stage progress is <u>not</u> on track to meet the Revitalising target.</i></b></p> <p>Days lost per worker estimates between 2004/05 and 2006/07 are not significantly different and not close to the pro rata PSA target of a 6% reduction across that period. We conclude that <b><i>at this stage progress is <u>not</u> on track to meet the PSA target.</i></b></p>

### Key for all three targets:

↗	Rise since base year	↘	Fall since base year	→	No clear change since base year
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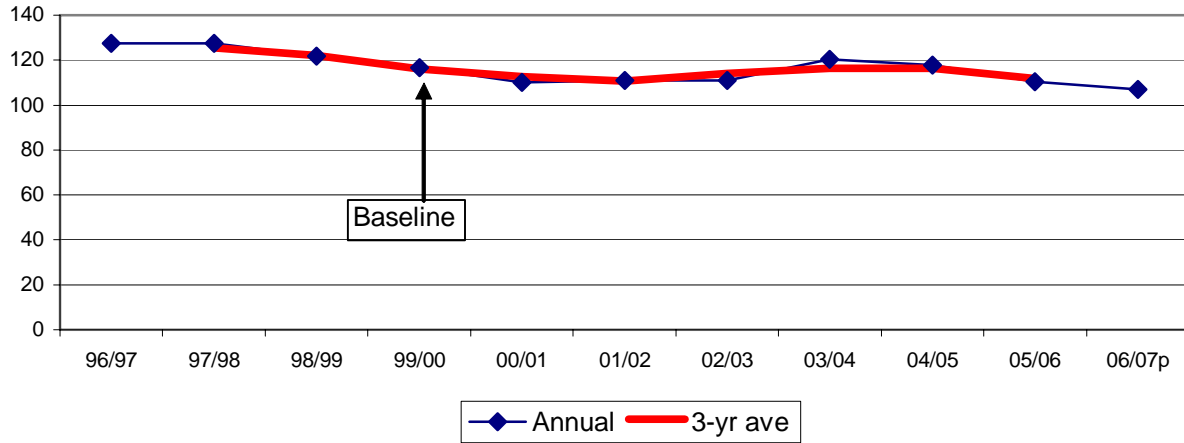
Health and Safety Executive  
 Statistics Branch  
 November 2007

**Annex: Injury trends**

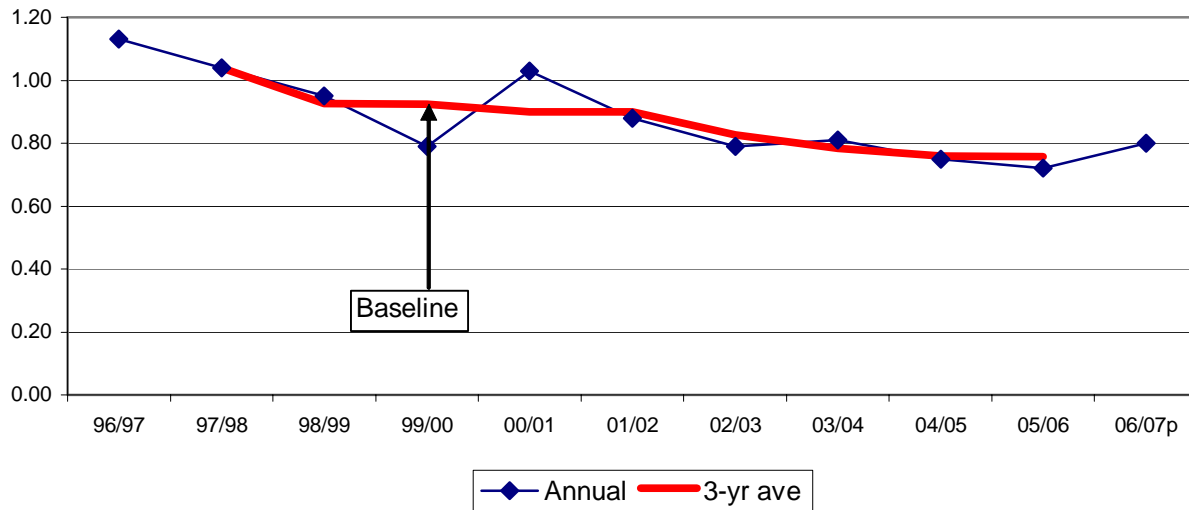
**Annex: Injury trends**

Rates per 100 000

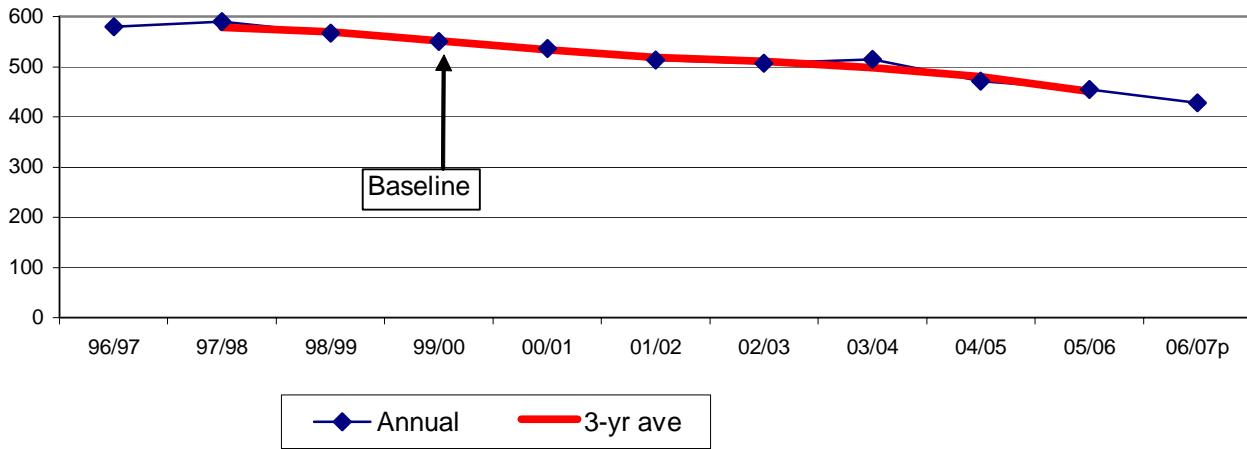
**Reported major injuries to employees**



**Fatal injuries to workers**



### Reported over-3-day injuries to employees



### LFS reportable injuries to workers

