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HEALTH AND SAFETY COMMISSION

Implications of the 2004/05 health and safety statistics

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Issue

1. Early analysis of the latest statistics and trends during the first half of Revitalising pose questions for priorities in the Fit3 programmes. These affect both HSE and Local Authority enforced sectors.

Timing

2. Routine.

Recommendation

3. The Commission is invited to discuss the implications of the statistics and give any strategic steers it wants to at this stage.

Background

4. The statistics for 2004/05 are summarised in annex 1. We base our judgement on progress towards the Revitalising targets on them. The judgements are (i) fatal and major injury target: *not met*, (ii) ill health target: *probably met* and (iii) days lost target: *possibly met*. The trends since 99/00, the start point for Revitalising, are more informative, particularly in understanding what is happening in relation to injuries. These trends are discussed in annex 1 and presented graphically in annex 2.

Argument

Are plans and priorities *within* the programmes still right?

5. We have considered whether the programme plans and their underlying intervention logic models (ILMs) need to be revised in light of the statistics.
6. The ILMs, and so the plans, have been built on a behavioural model, identifying the type and scale of activities needed to produce the required changes in each level of

precursor behaviours. Although the scale of activities is related to the reduction in injury or ill health needed in targeted sectors, any change to account for the new stats would be marginal. This assumes that the priority accorded to each injury/ill health type in each sector stays the same (see next section).

7. On balance, we do not think it is worthwhile carrying out a detailed review of individual programme plans. The plans will be kept under review and the FIT3 surveys (first reports likely end December) will provide more direct feedback on changing awareness and behaviours in targeted sectors for active programme management.

Are priorities/resource allocation *between* programmes right?

Injury Reduction

8. The trends described in annexes 1 and 2 show significant differences in progress between sectors and types of injury. The Injury Reduction Programme Board will be considering these issues shortly; their initial reaction should be available by the time of the Commission discussion.
9. In considering trends in injuries, we need to take account of the Institute for Employment Research (IER) analysis. The IER suggests that major injury rate rises during economic upturns and the net effect of this and occupational change since 99/00 is an estimated 1- 5% increase in major injury rate. Their work also provides hard evidence for the proposition that ‘new’ employees are at higher risk and this is one of the underlying reasons for the economic cycle effect. Annex 3 lists some of the other main findings. Looking at the raw statistics, the following trends in major injury rate warrant further examination.
 - Rising trend in handling and slips & trips
 - Falling trend for falls, struck by and machinery
 - Rising trend in services (up 17%)
 - Falling trend in production industries (down 9%)
10. These overall trends disguise significant variations between sectors and between sub-sectors within those broad categories. The table in annex 4 shows, for each sector and sub-sector, the trend, the rate (relative to the overall major injury rate) and the weight (in terms of number of employees and injuries). In thinking about priorities for action we can combine this data as follows, defining a large sector as having say >1M employees:

	Large sectors	Small sectors
Rising & high relative rate	Transport Public administration	Furniture manufacturing Recycling Fabricated metal

Rising & low relative rates	Retail & wholesale; Hotels & catering; Finance & business	Social work
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11. On this basis the highest priority sectors are either wholly HSE enforced (Public admin) or mixed HSE/LA (Transport). The next tier includes mainly LA enforced sectors in services (Retail, Hotels and Finance) and mainly HSE enforced in production (Furniture, Recycling and Fabricated Metal).
12. Public administration is already targeted by the Public Services Programme. Transport is a diverse sector and so does not lend itself readily to targeting within programmes. It is worth noting that the sector with the highest relative and rising rate, recycling, is currently very small but growing rapidly under the influence of government policies for increasing waste recycling. This emerging industry is already being targeted within the Injury Reduction Programme.

Ill health and Days lost

13. We are unable to provide a comparable analysis of the ill health and days lost statistics because the data arise from surveys. At this stage we only have a high level picture. Even when further work is complete, the sample sizes are too small to produce meaningful trends at a sector level. The available analysis of high level trends since 99/00 is shown in annex 1. In the case of ill health, the prevalence figures for 03/04 and 04/05 show parts of the services sector (health & social work, public administration and education) and construction having consistently high rates.
14. We are asking the Institute for Employment Research to consider whether they can repeat their analysis for ill health and days lost. This is unlikely because of the limitations mentioned above. Intuitively one might expect the higher injury risk for 'new workers' to affect ill health risk as well. However, ill health usually has some latency period between exposure and onset that would tend to blur any economic cycle effects.
15. The ill health progress judgement is based on several different sources and is therefore considerably more robust than the days lost judgement. Within the evident downward trend for the latter, results for individual surveys are likely to fluctuate and it is quite possible that the next move will be upwards. The good progress at the Revitalising mid-point does not therefore argue for any slackening of effort on these programmes.

Consultation

16. Fit3 programme, LASP

Presentation

17. The 2004/05 statistics have already been published and the implications considered at the stakeholder conference in November. There would be Ministerial and stakeholder interest in any changes to the programmes if these were considered necessary.

Costs and Benefits

18. N/A

Financial/Resource Implications for HSE

19. Would only arise if changes to programmes were contemplated.

Environmental Implications

20. None

Other Implications

21. There could be implications for local authorities if programme priorities were to change.

Action

22. The Commission discussion will inform the Fit3 programme's decisions on any changes to programme priorities.