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## HEALTH AND SAFETY COMMISSION

### Review of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) - Results of the Discussion Document and The Way Forward

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#### Issue

1. To report on the results of the Discussion Document and next steps with the Review of RIDDOR.

#### Timing

2. In the normal course of business. PSA targets and the Incident Contact Centre contract are both due for change in 2008. Work needs to maintain pace to ensure any regulatory change sensibly coincides with these break-points.

#### Recommendation

3. That the Commission:
  - notes the analysis of the discussion exercise and key issues drawn out at paragraphs 6 et seq and 11 and the summaries in **Annexes 1 and 2**; and
  - notes the next steps: a thorough review, examining in more depth key issues arising from the discussion exercise, returning to HSC in Summer 2006 with full proposals for consultation.

#### Background

4. Briefly:
  - The requirement to report broadly the current range of injuries etc. direct to enforcing authorities was established by the RIDDOR 1985 Regulations;
  - These were reviewed, leading to RIDDOR 1995, which consolidated and simplified reporting requirements and removed legal barriers to paperless reporting;
  - In 2000, the 'Revitalising' Strategy document committed to a further review of RIDDOR to address low reporting levels;
  - Telephone and internet reporting via the Incident Contact Centre went live in 2001, aiming to simplify and so motivate reporting;
  - In March 2005, HSC approved publication of a Discussion Document to explore

stakeholder views on possible changes, as the first step of a fundamental review.

5. BOMEL Limited undertook an independent analysis of the discussion responses and delivered their report in November 2005. The summary is at **Annex 1**. HSE commissioned independent focus-group research on SME attitudes to RIDDOR and the results are summarised at **Annex 2**.

## **Argument**

6. The discussion exercise drew a relatively small number of responses (289), the majority from the health and safety community and health and safety professionals in large organisations, most in the services sector. This is very much the 'traditional' audience highlighted in the HSC Strategy: "...experts talking to experts...". There were few responses direct from employers and small businesses. Accordingly, as the Review progresses, we will need to ensure closer engagement with a wider range of stakeholders. On the other hand, the SME research, although limited, drew directly on the views of those who run small businesses and provides valuable insight.
7. The two exercises showed a significant difference in attitude between large and very small organisations. Larger organisations were broadly accepting of the reporting duties and system and appeared to have considered its problems and the issues raised within the constraints of that framework. Small firms were largely unaware of RIDDOR, and, when prompted, were frank about their being unlikely ever to comply. They also questioned more fundamental issues, particularly the need for such a system duplicating, as they saw it, other state-run reporting and record keeping systems associated with the emergency services, NHS and benefits payment.
8. The discussion exercise and SME research showed a wide range of opinion on the questions and issues raised, and has given a new degree of clarity on key issues, underlying concerns and perceived barriers to change. In some cases opinion from those who responded was divided (eg on whether to remove ill-health reporting). In other cases responses point to a shared view against change (eg removing Dangerous Occurrence reporting). However, in both cases, reasons given against change appear to flow from underlying concerns about, for example: possible data loss; sending wrong messages if requirements are removed from RIDDOR; and impairing enforcing authorities' ability to respond quickly.
9. Overall, there is agreement that RIDDOR has serious flaws, as highlighted in the Discussion Document, and that change is needed to address them, particularly to simplify requirements. The underlying issues of concern identified as barriers to some change options indicate that respondents may be making the assumption that RIDDOR is the only way to achieve the outcomes they see as important. These issues will be explored in the next stage of the Review. By taking a broad view of ways to secure outcomes, it may be that these issues can be resolved, keeping options for change open while maintaining the support of stakeholders.

## **Issues**

10. As noted above, the discussion responses and SME research have highlighted a range of key issues. Alongside needing to be driven by the HSC Strategy and the need for better regulation, dealing with these issues will be fundamental to identifying an effective and acceptable option for change. These key issues are:

- The use of RIDDOR for gathering statistics, to meet both national needs and international obligations. Needs and uses must be clearly identified and understood. At present, not all stakeholders appear to appreciate the wide range of data sources other than RIDDOR;
- The use of reports and data to drive reactive and proactive investigation and enforcement by HSE and local authorities. Clarity about needs for, and uses of, potential sources of information must underpin the selection of options for change and be capable of explanation to stakeholders;
- The value of RIDDOR as a driver of behaviour re. safety management in larger organisations and a signal of important issues to consider; and, related to this issue,
- The relevance of RIDDOR, with its drawbacks in some areas of information gathering, in relation to the increasing importance of occupational health issues;
- The widespread lack of awareness and under-reporting in small firms and some tough messages from the research about possible attitude and motivation;
- The role of RIDDOR in dealing with occupational road risk.

11. In addition to the above specific issues, some broader points:

- Definitions are prone to misunderstanding and inconsistency, even among large organisations with access to professional advice;
- Reflecting issues identified and feeding into the HSC Strategy, respondents in both exercises feel that communication with HSE is predominantly enforcement related (this issue is broader than the RIDDOR Review, but colours attitudes to reporting).

### **Next steps**

12. The Review of RIDDOR will now move into its next stage. This will involve a thorough review of the whole reporting system and its principles, including exploring the issues above, with a view to significant simplification while preserving necessary outcomes. This will lead to detailed and costed proposals for change being brought to the Commission for consideration in early Summer 2006 with a view to launching a formal consultation.
13. A particular feature of the work will be a zero-based review of information needs and exploration of options for its efficient and timely collection. Steps will be taken to proactively engage a wider range of stakeholders than responded to the discussion exercise.

### **Consultation**

14. In addition to the external discussion and small firms research exercises, a SCS Cross-HSE Group and LACORS guided the production of this paper and consideration of the next steps. The Economists and Legal Adviser's Office have been consulted.

### **Presentation**

15. There is likely to be a high level of interest in the next stage of the Review and the eventual outcome. Results of the discussion exercise and small firms research will be published on the web, alongside information about the next steps with the Review, and that it will include examination of the issues raised.

## **Costs and Benefits**

16. None at this stage. The next stage of the Review will examine the enforcing authorities' information needs and the costs and benefits in more detail.

## **Financial/Resource Implications for HSE**

17. None at this stage.

## **Environmental Implications**

18. None.

## **Other Implications**

### International/European

19. Change could have implications for continued compliance with the Framework Directive and possible ratification of the Protocol of 2002 to the Occupational Safety and Health Convention 1981 (No.155). These issues will be considered during the next stage of the Review.

## **Action**

20. Commissioners are asked to note the results of the Discussion Document and next steps for the Review.