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# The Review of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

The Health and Safety Commission hopes that publication of this Discussion Document will stimulate consideration and discussion of the issues raised. We would welcome your comments on our analysis and the proposals for change.

These can be sent using the electronic comment form on the consultation webpage at

<http://www.hse.gov.uk/consult/index.htm>

and returned by e-mail to [riddor.dd@hse.gsi.gov.uk](mailto:riddor.dd@hse.gsi.gov.uk).

If you wish to make a hard copy return, please refer to the relevant annex at the end of the document and send your comments to:

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To reach us no later than **30 June 2005**

The Commission tries to make its consultation procedure as thorough and open as possible. Responses to this discussion document will be lodged in the Health and Safety Executive's Information Centres after the close of the consultation period where they can be inspected by members of the public or be copied to them on payment of the appropriate fee to cover costs.

Responses to this discussion document are invited on the basis that anyone submitting them agrees to their being dealt with in this way. Responses, or part of them, will be withheld from the Information Centres only at the express request of the person making them (Under the Code of Practice on Access to Government Information; Environmental Information Regulations 1992 and the Data Protection Act 1998). In such cases a note will be put in the index to the responses identifying those who have commented and have asked that their views, or part of them, be treated as confidential.

Many business e-mail systems now automatically append a paragraph stating the message is confidential. If you are responding to this DD by e-mail and you are content for your responses to be made publicly available, please make clear in the body of your response that you do not wish any standard confidentiality statement to apply.

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DISCUSSION  
DOCUMENT

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## CONTENTS

|  | <b>Pages</b> |
|--|--------------|
| <b>FOREWORD BY THE CHAIR OF THE HEALTH AND SAFETY COMMISSION, BILL CALLAGHAN</b>                           | 3            |
| <b>INTRODUCTION</b>  | 4            |
| <b>Part 1 AIMS AND SCOPE OF THE REVIEW</b>   | 5-6          |
| <b>Part 2 WHAT ARE THE KEY OBJECTIVES OF RIDDOR</b>  | 13           |
| <b>Part 3 CURRENT ISSUES FOR RIDDOR</b>  | 14-17        |
| <b>Part 4 PROPOSALS FOR CHANGE</b>   | 18-22        |
| <b>Part 5 WHAT HAPPENS NEXT</b>  | 23           |
| <b>ANNEXES</b>   |              |
| <b>Annex 1</b> The Background to RIDDOR  | 24-25        |
| <b>Annex 2</b> Summary of current European Union obligations and potential international legal obligations | 26-29        |
| <b>Annex 3</b> Questionnaire and Reply Form  | 30-34        |
| List of references and links   | 35           |



**FOREWORD BY THE CHAIR OF THE HEALTH AND SAFETY COMMISSION,  
BILL CALLAGHAN**

This Discussion Document is an important step for the RIDDOR Review, as it will be the first opportunity since the last Review in 1994, to look at the reporting system and its direction.

There seems to be an acceptance and even enthusiasm among stakeholders for a change to the current Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) as well as support for a fundamental review. Now the Review needs to move forward in line with the Health and Safety Commission (HSC) Strategy and in partnership with other initiatives within Government. The Review will look at the different objectives of RIDDOR, examine them in turn and seek to identify a way forward.

RIDDOR is one of the most important sources of information for the enforcing authorities and guides some, but not all, regulatory activity. However, the case has yet to be made as to whether RIDDOR is really the best means of gathering information on occupational health and for the purposes of health and safety statistics, or whether we could rely on other mechanisms to collect this information.

We also need to review the reporting system in relation to dangerous occurrences and whether it might be possible to make changes to allow more dangerous occurrences to be reported, and more importantly for the reporting system to encourage the sharing of experiences and lessons learned.

A recent public forum identified that a stronger link should be made between the requirements in the Management of Health and Safety at Work Regulations 1999 for internal monitoring, recording and investigation of incidents and the requirements to inform the enforcing authorities of incidents and to keep records. There was also discussion as to whether it might be possible to enforce RIDDOR more effectively and whether the current reporting and recording requirements should be extended to cover 'at work' work-related road traffic incidents.

These are all important issues for the Review but we also need RIDDOR and the reporting system to be key drivers for improving behaviour and standards of health and safety management to help us achieve our vision of a world in which sensible health and safety is a cornerstone of a civilised society. The Review is above all a unique opportunity to go back to first principles to develop a reporting system to take us to 2010 and beyond.

I look forward to your responses.

**BILL CALLAGHAN**

## INTRODUCTION

### Who?

1. We are seeking views in this *Discussion Document* (DD) on the Review of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) from everyone with health and safety responsibilities: e.g.

- safety managers;
- safety representatives; and
- those who measure health and safety performance.

2. We are also interested in receiving views from all organisations and businesses interested in effective business management. This is because information collected under RIDDOR is important in achieving the more general aim of improving the well-being of workers and those exposed to work activity. We would especially welcome responses from micro<sup>1</sup>, small and medium-sized businesses.

### Why?

3. We are reviewing the Regulations following a commitment made by the HSC in the Revitalising Health and Safety Strategy Statement<sup>2</sup> to undertake a fundamental review of the health and safety incident reporting regulations. By a fundamental review, we mean one that looks at the whole reporting system and its principles rather than one that just proposes amendments or changes to the current reporting system. We also want to ensure that the Regulations are fit for purpose and deliver as far as possible what duty holders and the enforcing authorities need.

4. **We would like to underline that this DD contains no formal proposals for changes to the Regulations. Instead, we have identified where possible changes might be made to benefit both the enforcing authorities and duty holders. Equally, notwithstanding RIDDOR's imperfections, there is a case for "no change". If you think this, please let us know.**

### When and How?

5. The consultation period is twelve weeks. You may reply on all the proposals or only those in which you have a particular interest. We have a dedicated web page that will allow on-line completion and we would prefer to receive replies electronically as this will help us to analyse the results more easily, but we welcome your replies in whatever format you choose. Paper copies of the DD will be made available on request.

## PART 1 – AIMS AND SCOPE OF THE REVIEW

### Aims

6. The aims of the Review are:

- to look in particular at:
  - the needs of the Health and Safety Executive (HSE) and local authorities (LAs) ('the enforcing authorities') for the information currently collected (and where business also has the same needs);
  - the need for basic information for duty holders to monitor health and safety performance in the workplace; and
  - issues around occupational ill health;

in the wider context of the HSC Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond<sup>3</sup>;

- to investigate the reasons why some employers do not report the injuries, ill health and incidents that they are required to report under current arrangements;
- to look at whether we can take a more 'joined-up' approach, working with others in the public sector, to capture reports and information and, where possible, reduce bureaucracy and minimise the regulatory burden on employers; and
- to develop a system which drives improvements in reporting behaviour and standards of health and safety management.

### Reasons for the Review

7. The main reasons why we are reviewing the Regulations are:

- **to meet the commitment in the Revitalising Health and Safety (RHS) Strategy Statement Action Point 3 and in the Government's response to the Environment, Transport and Regional Affairs Select Committee recommendation<sup>4</sup>;**
- **to ensure that the reporting system is in line with HSC's strategy for Workplace Health and Safety in Great Britain to 2010 and beyond;**
- **to meet HSC's commitment to examine the impact and effectiveness of health and safety regulation in line with its ongoing programme of**

**rationalising and modernising health and safety legislation;**

- **to ensure that the information on incidents that is required by statute, with criminal sanctions for failure to provide it, is kept to the minimum necessary for legitimate regulatory purposes;**
- **to ensure that businesses can achieve compliance with the Regulations without undue administrative costs, while continuing to improve standards of health and safety; and**
- **to ensure that the reporting system takes account of any changes as a result of the merger of HSE's work to regulate health and safety in the rail industry with the Office of Rail Regulation.**

### **Scope of the Review**

8. We are committed to a fundamental review of RIDDOR that looks at the whole reporting system and its principles rather than one that just proposes amendments or changes to the current reporting system. We are also happy for the scope of the Review to include radical proposals for changes to the current reporting arrangements as well as 'do nothing'.

9. However, we do not propose to look at more specific notification or incident reporting requirements present in health and safety legislation such as the requirements relating to – construction, design and management; genetically modified organisms; ionising radiation; nuclear incidents at nuclear installations; offshore installations; pesticides and veterinary medicines; and pressure systems. We would also prefer to limit discussion of other non-HSE incident-reporting frameworks except where there are clear links to the current RIDDOR reporting system<sup>5</sup>. We would, however, welcome views on the current relationship between RIDDOR and other monitoring, surveillance, reporting and recording requirements. Other reporting systems, such as the statutory Accident Book requirement under social security legislation, also provide important information for the monitoring of health and safety performance.

## **PART 2 – WHAT ARE THE KEY OBJECTIVES OF RIDDOR**

10. While we appreciate that there are a range of different objectives that are met by RIDDOR, the fundamental objectives for us are to provide information to guide the enforcing authorities' regulatory activities and to meet legal obligations. The fundamental principle underlying the reporting system must be that the reporting system guides enforcement action.

11. One of the most important tasks for the Review will be to achieve a degree of consensus on these key objectives of RIDDOR and how we can prioritise the subsidiary objectives of RIDDOR in such a way so as to meet them either through RIDDOR or by other means. Clarity of purpose was identified as a key issue following a limited consultation with stakeholders at a Public Forum on the Review held on 20 January 2005.

12. The current objectives of the Regulations can be summed up as:

- to provide information to guide the enforcing authorities' regulatory activities;
- to ensure duty holders are aware of health and safety failures and the need to act upon them to improve their health and safety management systems;
- to provide data for national health and safety targets and published statistics on injuries and ill health; and
- to meet relevant legal obligations under domestic, European and, where relevant, international law.

13. These objectives are discussed in more detail below.

### **Guiding the enforcing authorities' regulatory activities**

14. The enforcing authorities use the information obtained from RIDDOR notifications and reports:

- i. to guide regulatory activities (mainly for the purposes of investigation but also to guide other activities such as the operation of permissioning regimes) ('investigation');
- ii. to inform planning processes, the development of strategies, and to provide information etc. ('intelligence'); and
- iii. to provide statistical information on injuries, ill health, and incidents that helps us to identify and track trends and progress, to target activities, and to inform guidance on prevention ('statistics').

It is important to underline that information from RIDDOR reports is for 'regulatory' purposes. This is wider than just for the purposes of enforcement in particular cases.

## **Investigation**

15. RIDDOR information helps identify incidents that may require investigation in accordance with the HSC Strategy, HSC Enforcement Policy Statement<sup>6</sup>, the HSE Enforcement Management Model and Incident Selection Criteria (LAs also use this framework in accordance with HSC's mandatory guidance to LAs, issued under Section 18 of the Health and Safety at Work etc. Act 1974). This sort of information is needed quickly so that the enforcing authorities can ensure that duty holders take action to deal immediately with serious risks; and where duty holders fail in their responsibilities, they can be held to account.

16. The enforcing authorities' minimum requirements are for real-time reports of incidents that allow inspectors to make the right interventions when the consequences of exposure to risk arise. The HSC Strategy commits the enforcing authorities to continue to identify circumstances that require investigation and possible enforcement action. Some information is needed quickly, e.g. from major accidents, to ensure that duty holders deal with the most serious risks and can be held to account, as necessary.

17. Currently, the enforcing authorities target investigations of incidents through Incident Selection Criteria that reflect the principles of the HSC Enforcement Policy Statement. Inspectors consider the severity and scale of potential or actual harm, the seriousness of any potential breach of law, knowledge of the duty holder's past health and safety performance, the wider relevance of the incident and any general public concern, and current enforcement priorities.

## **Intelligence**

18. Information from RIDDOR reports is also used to inform the enforcing authorities' planning processes, the development of strategies, and provides information etc. that allows them to plan, organise and target their regulatory work in accordance with the HSC Strategy. This information enables them to target industries, occupations and areas where there are high numbers of incidents and/or a higher level of risk, and to focus on industry-specific issues. It is also essential for developing HSC/E's strategic programmes and for evaluating their impact and helping identify where inspectors and duty holders need guidance.

## **Statistics**

19. These are important for the Government and HSC/E's wider public and political needs, especially in tracking 'performance' in relation to our Public Service Agreement (PSA)<sup>7</sup> and RHS targets<sup>8</sup> and for identifying trends.

## **Other issues**

20. There is also the issue of maintaining a statutory requirement to report incidents under criminal law and penalties for non-compliance. RIDDOR makes it a

criminal offence to fail to report. It should therefore apply only where necessary, and not where merely convenient for the enforcing authorities or where the data can reasonably be obtained from other non-statutory sources. RIDDOR may be a suitable candidate to trial the effectiveness of alternative penalties such as administrative fines or fixed penalty notices.

Question 1 - What are your views on using RIDDOR to trial alternative penalties such as administrative fines or fixed penalty notices?

21. Voluntary reporting arrangements have sometimes proved successful but given the potential seriousness of incidents, and public interest, we believe that the enforcing authorities should continue to require notification and reporting in order to maintain public and stakeholder confidence in the reporting system.

**Ensuring duty holders are aware of health and safety failures and the need to act upon them**

22. Many organisations and businesses use information from RIDDOR to help them monitor their health and safety performance. Organisations need to measure what they are doing to implement their health and safety policies, to assess how effectively they are controlling risks, and how well they are developing a positive health and safety culture. Under the Management of Health and Safety at Work Regulations 1999, employers should have arrangements in place to monitor the effectiveness of their health and safety management systems. This includes active systems that monitor the achievement of plans and the extent of compliance with standards as well as reactive systems that monitor accidents, ill health and incidents. RIDDOR is by definition a reactive system in that it is triggered after an event and provides a minimum amount of data on health and safety incidents for performance monitoring and other health and safety management purposes. We need to consider how we can make RIDDOR more effective in helping employers in this area.

23. The current RIDDOR requirements are intended to ensure that organisations collect and keep a minimum amount on health and safety incidents connected with their undertakings. This legal requirement to record information is as important as the requirement to report and there is an issue as to whether a more explicit link needs to be established with the requirements of the Management of Health and Safety at Work Regulations 1999. This is because such a link could influence duty holders' behaviour with regard to their internal monitoring, recording and investigation of incidents. However, while RIDDOR provides useful data on health and safety performance, organisations need to recognise that RIDDOR alone is not a reliable measure of health and safety performance. An important question to be considered as part of the Review is the extent to which RIDDOR can or should be used to drive duty holder behaviour.

24. Duty holders (i.e. employers, the self-employed or those in control of premises), safety representatives and safety committees, trades unions, industry bodies, economists, academics and lawyers, also use RIDDOR data:

- as a source of information and statistics on work-related hazards;

- to inform their dealings with the enforcing authorities or at a national policy level;
- to provide a common framework against which to compare performance against other businesses or organisations (benchmarking);
- to promote their business (e.g. secure contracts) by demonstrating good health and safety management;
- to demonstrate corporate social responsibility;
- to improve working conditions; and
- to inform or support personal injury civil claims cases.

Question 2 – Should a more explicit link be made between the reporting and recording requirements of RIDDOR and the requirements of the Management of Health and Safety at Work Regulations 1999?

Question 3 – How can RIDDOR’s reporting and recording requirements be used to drive or influence duty holder behaviour?

### **Providing data for national health and safety targets and published statistics on injuries and ill health**

25. RIDDOR reports are used to provide statistical data on injuries, ill health, and incidents and to help to identify and track trends and progress, to target activities, and to inform guidance on prevention.

26. This statistical data is extremely important for the Government and HSC/E’s wider public and political needs, especially in tracking HSC/E’s ‘performance’ in relation to our PSA/RHS targets and for identifying trends. Statistics from RIDDOR reports can also be used to help target industries, occupations and circumstances where there are high numbers of incidents and/or a higher level of risk, and to focus on industry-specific issues. They also provide the basis for:

- some of the key health and safety statistics that HSE and LAs publish annually - mainly those on injuries;
- information for employers, safety professionals and the insurance industry to assist their work in assessing risk; and
- statistics that help meet Great Britain’s commitment to provide statistics to the European Union and to other international organisations.

27. However, while it is accepted that statistics from RIDDOR reports are of use to both enforcers and duty holders, there is a question over whether RIDDOR is really the best means of gathering information for the purposes of health and safety statistics, or whether we could rely on other mechanisms to collect this information.

28. The new Workplace Health and Safety Survey (WHASS), which is currently being piloted, will help establish an overall picture of the state of health and safety in Britain's workplaces, improving HSE's evidence base in relation to our targets and reduce HSE's current reliance on the Labour Force Survey (LFS), where space constraints limit the scope for health and safety data collection. However, WHASS has been designed to supplement rather than replace current sources of data such as RIDDOR, the LFS, Self-Reported Work-related Illness (SWI) household surveys, the voluntary reporting of occupational diseases by specialist doctors as part of THOR (The Health and Occupation Reporting network) and other non-SWI sources including the Department for Work and Pension's (DWP) Industrial Injuries Scheme. Despite its limitations, the LFS is likely to remain an important source for estimating the level of (self-reported) work-related ill health (and injuries), simply because of its large sample size. The strength of WHASS will be in backing this up with data on hazards, risk control, health and safety climate etc and being able to study the relationship of these with injury and illness rates. The LFS will still be required to measure progress against the targets and if RIDDOR information ceased, would provide HSE's only information on long-term trends whether or not the WHASS succeeds.

29. There are also issues over the extent to which current EU requirements in the Framework Directive and commitments to provide national statistics to Eurostat might present a barrier preventing the disconnection of the collection of statistical information from other RIDDOR objectives. *We would welcome your views.*

*Question 4 – Should the collection of statistical information on injuries from accidents arising from work and on occupational ill health be disconnected from other RIDDOR objectives?*

### **Meeting relevant legal obligations under British and European law and potential international obligations**

30. In domestic law in England and Wales, a notification or formal report of a death under RIDDOR must result in the Coroner holding a jury inquest into the circumstances of the death. Different arrangements apply in Scotland, where the Procurator Fiscal Service is responsible for enquires into all sudden, suspicious or unexplained deaths, including work-related deaths. There may also potentially be legal obligations under the Human Rights Act 1998 in respect of RIDDOR, as RIDDOR notifications and reports are usually the means by which the enforcing authorities are alerted to incidents and the information received is used to make decisions on whether or not to investigate.

31. Specific key legal obligations under European law are:

- the Framework Directive (89/391/EEC) (Articles 9.1 (c) and (d)) – requirements to keep lists of over-3-day injuries and to report incidents to the competent authority;

- the Extractive Industries (Mining and Quarrying) Directive (92/104/EEC) and the Extractive Industries (Boreholes) Directive (92/91/EEC) (Article 3.4) - requirements to report incidents to the competent authority; and
- requirements in the Biological Agents Directive (2000/54/EC) to report certain diseases and dangerous occurrences to the competent authority (Article 7.2).

Additional information is available in **Annex 2**.

32. There are no current obligations under international law but the International Labour Organisation (ILO) through ILO Conventions can impose legal obligations on Member States, if ratified or accepted by Member States. The UK has not yet ratified or accepted ILO Occupational Safety and Health Convention 1981 (No. 155) or the Protocol of 2002 to the Occupational Safety and Health Convention 1981 (No.155) which strengthen recording and notification procedures for occupational accidents and diseases and promote harmonisation of recording and notification systems.

33. These are the current legal obligations but information from RIDDOR reports is also used to produce national statistics on workplace injuries for Eurostat. These statistics are currently provided by agreement with Eurostat under the European Statistics on Accidents at Work Project methodology. However, there are currently proposals to introduce a new Regulation to provide a firm legal basis in European law for the collection of accident, occupational ill health and possibly public health statistics. This would have the effect of placing a legal requirement to provide these statistics to Eurostat and would allow the European Commission to introduce Commission Regulations to specify in detail the types and categories of statistics to be provided.

### **Key objectives**

34. We have identified the following as key objectives for any future revised notification and reporting system:

- **to provide information to guide the enforcing authorities' regulatory activities; and**
- **to meet relevant specific legal obligations.**

35. The fundamental principle underlying the reporting system must be that the reporting system guides enforcement action. This must be the basis for the Regulations despite the importance of influencing duty holder behaviour and the provision of national published statistics on injuries and dangerous occurrences. We recognise that there is a risk that the focus of the reporting system may appear to be the needs of the enforcing authorities but we hope to gain acceptance from stakeholders for this approach by being clear about the objectives and about what the enforcing authorities really need rather than what they might like to have. We would welcome your views.

Question 5 - Do you agree that these are the key objectives for any future revised notification and reporting system or should we prioritise the objectives in another way?

## **PART 3 - CURRENT ISSUES FOR RIDDOR**

### **Under-reporting**

36. An important weakness of RIDDOR is the significant level of under-reporting of incidents to the enforcing authorities, the extent of which is indicated by the results of annual supplements to the LFS and the development of SWI surveys and other data sources in the mid-1990s.

37. While the enforcing authorities have systems in place to ensure that they find out about nearly all work-related fatalities, current figures suggest that employers and the self-employed, respectively, report around 40% and less than 5% of the non-fatal injuries they should report under RIDDOR. RIDDOR reports also substantially understate the level of work-related occupational diseases. The overall reporting levels for dangerous occurrences cannot be estimated but it can be assumed that with the exception of dangerous occurrences on the railways or in the extractive and major hazard industries, reporting is minimal.

38. As a result of under-reporting and the poor quality of many reports, the enforcing authorities do not receive the good quality intelligence they need to inform their regulatory activities and to target their resources effectively. This 'intelligence' gap can be filled in different ways, for example by following up reports to gain further information in relation to the construction industry or by specific sectoral surveys. HSE is currently developing the WHASS as an important source of information on risks, risk management, health and safety climate and their relation to accident and ill health occurrence.

39. One answer to under-reporting would be to increase compliance action, through enforcement campaigns or blitzes or spot checks by inspectors, however, this would mean moving limited and finite resources away from other important work.

### **Occupational disease and ill health**

40. It is a fact that RIDDOR reports of occupational disease do not provide a comprehensive indication of the national scale of occupational disease. Occupational ill health is so under-reported via RIDDOR that it begs the question whether we should persevere with ill health reporting under RIDDOR given that there are other, more effective sources for national occupational ill health information and statistics.

41. The main weaknesses of the current reporting system are:

- the level of under-reporting – due to the strict criteria that need to be met for a case to be reported as well as the reporting mechanism itself;
- the limited scope of reporting due to restrictions on the range of diseases and work activities included in the Regulations;

- the difficulty in establishing definite causal links between cases of ill health and work – e.g., most musculo-skeletal disorders such as back pain may have occupational or non-occupational causes and can reflect physical or psychosocial factors or both; and
- the reporting trigger, which is a statement by a doctor to the employer that an employee is suffering from a prescribed disease. Doctors may have no knowledge of the employee's work but the trigger relies on doctors making the link between the disease and the occupation. Doctors are also under no obligation to report the case to the patient's employers or give a specific diagnosis when certifying sickness to an employer.

42. HSE has focused its efforts instead on collecting and analysing data from more reliable sources of information like SWI and surveillance data from specialist doctors in THOR, claims for disablement benefit under the DWP's Industrial Injuries Scheme, and information on deaths from mesothelioma and other occupational diseases. However, SWI surveys and other mechanisms do not provide HSE and the LAs with the information needed to guide their enforcement activities and cannot replace RIDDOR's immediacy and specificity.

43. HSE has also launched initiatives such as the recent Workplace Health Direct Scheme pilot that may in the future provide information to HSE as well as providing an occupational health, safety and return-to-work support service for small and medium enterprises. Voluntary reporting systems such as the construction industry's occupational health pilot scheme may also offer another source of information.

44. There is also a wider question as to whether information on occupational ill health provided under RIDDOR could be replaced by working in closer partnership with other Government Departments such as the DWP and the Department of Health (DH).

### **Dangerous occurrences**

45. The current requirement to report dangerous occurrences under RIDDOR is designed to obtain information primarily about incidents which have a high potential to cause death or serious injury but which happen relatively infrequently.

46. There are five lists of reportable dangerous occurrences - a General list, and four additional lists covering Mines, Quarries, Railways and Offshore. The dangerous occurrences are a mixture of precursor events, significant incidents, and some triggered solely by injury from specific causes. The current lists of dangerous occurrences in the Regulations are for historical reasons, detailed, prescriptive and industry or sector-specific, and do not include what might be thought of as equally important or significant 'near miss' incidents. As a result, the overall level of reported dangerous occurrences tends to be misleading in that it only reflects reporting practice in a small number of industries and sectors.

47. While dangerous occurrences, which occur in the mining, offshore and railway sectors and major hazard sites, are generally well reported, the reporting of 'general' dangerous occurrences is patchy, and although we know that dangerous

occurrences are substantially under-reported, we have no measure of the true extent.

48. Whatever the true extent of dangerous occurrences, it is important to underline that the information contained in the reports that we receive is important. Not only do the reports provide operational information for the enforcing authorities but they also extend our knowledge about the health and safety implications of some existing plant, machinery, equipment and technologies. This knowledge and information we do not wish to lose especially in relation to our permissioning regimes.

49. HSE is currently developing a new PSA Major Hazards target to reduce major hazard precursor incidents<sup>9</sup>. The proposed targets for the offshore and onshore sectors are measured using currently reportable RIDDOR dangerous occurrences. The RIDDOR Review provides an opportunity to consider whether to identify and develop a small number of dangerous occurrences as meaningful measures for indicating performance in controlling major hazards more inclusively, such as loss of containment. Such a suite of dangerous occurrences would not be restricted to control of major accident hazards (COMAH) sites and would embrace the key onshore major hazard industries - Chemical/Oil Refining, Mining, Explosives, Gas Distribution, Hazardous Pipelines, Biological Agents.

### **Inaccurate compliance**

50. Some duty holders misunderstand the requirements to notify and report incidents and cases of diseases. The most obvious examples of inaccurate compliance relate to the understanding, and interpretation, of key terms in the Regulations such as 'major injury', 'over-3-day injury', and 'dangerous occurrence'. There is confusion over whether or not to report 'major injuries' that do not involve more than three days absence from work, with some duty holders appearing to consider the 'over-3-day' criterion as a minimum threshold, while others interpret the 'major injury' definition on a common-sense basis relating to the severity of the injury.

51. There is also confusion over the interpretation of an over-3-day injury and the concept that the day of the accident does not count. Benchmark Research's Occupational Health and Safety Survey for 2002<sup>10</sup> found that 59% of respondents said that the case of a person off work for three days after straining their back lifting crates would need to be reported.

52. There are similar problems with the interpretation of some dangerous occurrences and occupational diseases.

### **Inadequate detail**

53. RIDDOR reports do not provide the right kind of detail for the data to be of use in particular circumstances. The construction industry, for example, has identified that RIDDOR data is of little value in targeting preventive action because the information captured on the forms is inadequate. This could be addressed through developing a range of forms or adapting current forms to provide more information.

## **Working in partnership with Other Government Departments and other public bodies**

54. We believe that there could be scope for HSC/E to work more in partnership with the DWP or the DH and organisations like the NHS to address issues around reporting of injuries and occupational ill health and, most importantly, the provision of information.

55. The DWP has overall responsibility for the Industrial Injuries Scheme, which is administered by Jobcentreplus. This scheme provides no-fault compensation benefits for those injured at, or suffering a disease caused by work. Up until the early 1980s, the HSE received information from the Department of Health and Social Security in relation to work-related injuries and diseases claims for short-term absences but following changes to the social security system, this flow of information stopped. There may be scope to work in partnership with the DWP to look at information flows and to achieve efficiencies by joining together work to identify industrial diseases and work to prevent them.

56. The DH is responsible for promoting and facilitating joined-up working across government in order to make progress towards meeting the 'Our Healthier Nation' target on accidents. The National Health Service and GPs could also be important sources of information on work-related injuries and occupational ill health. We are already working closely with networks of GPs and other doctors with regard to the provision of occupational health statistics.

57. Greater working in partnership could also help to soften the impact of changes arising, in particular, from the proposal to remove the requirement to report occupational diseases outlined in Part 4 of this DD.

## PART 4 – PROPOSALS FOR CHANGE

58. To help the Review to focus on the whole reporting system and its principles, we have developed some proposals where we feel changes might be made to benefit both the enforcing authorities and duty holders. These proposals are only intended as starting points for discussion – they are not fully developed or costed.

59. During internal discussions and following limited consultation with stakeholders, there seems to be a degree of acceptance of the need for RIDDOR to change to meet current concerns with the reporting system. However, change is not cost-free and we would welcome your views on the likely impact and costs of these proposals on your business or organisation. Any changes to the Regulations and the reporting system will be made in a staged way beginning with this consultation on broad proposals for change. This approach is intended to ensure that there is an opportunity to assess fully the impact of any changes on stakeholders and the enforcing authorities.

60. This list of proposals is not exhaustive. We would welcome your suggestions. We have also indicated where we believe changes could be made to the reporting system in the short to medium term.

### **PROPOSAL 1 - REMOVE THE CURRENT REQUIREMENT ON DUTY HOLDERS TO REPORT OCCUPATIONAL DISEASES.**

61. This proposal arises from recognition both within HSE and beyond that RIDDOR is only of limited use when it comes to occupational ill health. It is doubtful whether RIDDOR is, or can ever become, the main 'driver' of investigations by the regulators of cases of occupational ill health. It is also clear that RIDDOR is not an effective source of statistical information compared to other more reliable sources of information such as the SWI surveys or surveillance data from specialist doctors in THOR.

#### Benefits

- It would allow the enforcing authorities to simplify the current Regulations and Guidance by removing the current detailed Schedule and guidance and would be deregulatory.
- It would be simpler for duty holders than the current reporting system.
- It could act as a driver to encourage a wider review of how occupational ill health data should be collected and used.

#### Risks

- Stakeholders may lose confidence in a reporting system seen as focussing almost exclusively on safety incidents at the expense of occupational ill health. There might also be difficulties over identifying work-related upper limb disorders that may be the result of cumulative exposure rather than as a result of a clearly identifiable accident.
- The enforcing authorities will lose a source of 'real time' intelligence on occupational ill health as a result and will not be able to carry out immediate enforcement action e.g. in relation to cases of occupational dermatitis
- There is a risk of potential challenges under the Human Rights Act 1998.

Question 6 – What are your views on the removal of the current requirement on duty holders to report occupational diseases?

We would also welcome your views on the likely impact and costs to your business or organisation.

**PROPOSAL 2 – REMOVE OR MAKE CHANGES TO THE CURRENT REPORTING REQUIREMENT ON DUTY HOLDERS TO NOTIFY AND REPORT SOME DANGEROUS OCCURRENCES.**

62. While there may be good reasons to continue to require the reporting of dangerous occurrences in some industries and sectors, there are also good reasons to review the current list of dangerous occurrences and to ask whether a more goal-setting rather than prescriptive approach to dangerous occurrences would be more appropriate, including, for example, a more generic list of dangerous occurrences

63. There may also be scope for reducing the number of listed dangerous occurrences by possibly introducing voluntary arrangements to learn from dangerous occurrences, similar to the web-based Safety Alert Data & Information Exchange (SADIE) system developed by the Steel Construction Institute as part of the 'Step Change Initiative'. SADIE is a simple and effective way of sharing information and safety lessons from a range of accidents and incidents, including dangerous occurrences. A possible objective for the RIDDOR Review could be to consider developing a wider system for sharing information and safety lessons from a range of accidents and incidents.

Benefits

- This could assist duty holders by reducing the costs of having to notify and report specific dangerous occurrences to the enforcing authorities.
- The enforcing authorities would be able to move resources to other priority areas of work.
- Changes to the list of dangerous occurrences e.g. introduction of a more goal-setting requirement, could allow more dangerous occurrences to be reported than currently.

Risks

- If the requirement were to be removed, there might be a risk that duty holders might reduce investigation and prevention of dangerous occurrences.
- Changes to the list of dangerous occurrences could damage HSE's Hazardous Installation Division's capacity to improve its regulation of major hazards, and may lead to setbacks, especially offshore.
- Removing the RIDDOR requirement would mean replacing it with a range of specific tailored provisions that might complicate rather than simplify reporting requirements for some duty holders.

Question 7 – What are your views on removing the current reporting requirement on duty holders to notify and report some dangerous occurrences?

We would also welcome your views on the likely impact and costs to your business or organisation.

Question 8 – Should we adopt a more goal-setting rather than prescriptive approach to dangerous occurrences e.g. by developing a more generic list of dangerous occurrences?

Question 9 – What are your views on developing a wider system for sharing information and safety lessons from a range of accidents and incidents?

**PROPOSAL 3 - REMOVE THE CURRENT REPORTING REQUIREMENT ON DUTY HOLDERS TO NOTIFY AND REPORT 'MAJOR INJURIES' REPLACING IT WITH A REQUIREMENT TO REPORT AND RECORD ALL WORK-RELATED OVER-3-DAY ABSENCES**

64. This proposal would mean that duty holders would be required to report and record all work-related absences, including occupational ill health if this was linked to a particular work activity, leading to more than 3 days absence from work.

Benefits

- Duty holders would find it easier to report incidents, as they would not need to identify whether an injury was major or not, only whether the injured person was unable to carry out the full range of their normal duties for more than 3 days (excluding the day of the injury).
- This would continue to meet the relevant provisions of the Framework Directive.
- An advantage for the enforcing authorities would be that it would be easier to develop a simpler and more presentable PSA target i.e. one that used fatalities and injuries leading to more than 3 days absence from work.

Risks

- Duty holders may find it difficult to distinguish between absences due to minor illnesses such as colds, flu, stomach upsets and headaches and work-related sickness absence and may make reports to the enforcing authorities 'just in case'.
- For the enforcing authorities, some of the currently reportable 'major injuries' categories would be lost e.g. acute illness or unconsciousness or serious incidents where the injured person recovered and returned to work before the over-3-days reporting trigger.
- There would be no continuity with the current PSA target, which relates to fatalities and 'major injuries'. The current statistical series and trends would also be affected. There would be greater reliance on the LFS to indicate trends and to act as an indicator for any differently based target.

Question 10 – What are your views on removing the current reporting requirement on duty holders to notify and report 'major injuries' replacing it with a requirement to report and record all work-related over-3-day absences?

We would also welcome your views on the likely impact and costs to your business or organisation.

**PROPOSAL 4 - CONSIDER WHETHER TO MAKE 'AT WORK' WORK-RELATED ROAD TRAFFIC INCIDENTS REPORTABLE UNDER RIDDOR.**

65. We have included this proposal to allow this issue to be considered as part of the Review. The Dykes Report, published in November 2001<sup>11</sup> included a recommendation that at the next review of RIDDOR, HSC/E should consider how 'at work' road traffic incidents involving fatalities, major and over 3-day injuries should be reported to the enforcing authorities. A similar recommendation was made by the Work and Pensions Select Committee in its Fourth Report on the Work of the HSE published on 14 July 2004.

66. HSC/E's existing policy on 'at work' road traffic incidents is based on the premise that we do not generally seek to apply HSW legislation where there is more specific and detailed law (in this case the Road Traffic Acts and related regulations

administered by other enforcing agencies) that adequately protects public and worker safety. Road traffic law is enforced by the police and others, e.g. the highways authorities and traffic commissioners. The police will, in most cases, take the lead in the investigation of road traffic incidents on the public highway. HSE would only make limited use of this information to target enforcement action.

#### Benefits

- It would encourage duty holders to manage work-related road safety as part of their overall health and safety management system.
- It would allow the enforcing authorities to be able to build up a statistical database on the extent of incidents where there had been a safety management failure.
- Reports could be used to target investigations by the enforcing authorities.

#### Risks

- Notification and reporting of all work-related road safety incidents would add an unnecessary burden on business.
- The enforcing authorities would have to handle a potentially very sizable increase in the number of reports and potentially serious resource implications as a result.
- HSC/E might find itself being diverted from its current HSC Strategy priorities to the detriment of its strategic programmes.

#### Question 11 – What are your views on making ‘at work’ work-related road traffic incidents reportable under RIDDOR?

*We would also welcome your views on the likely impact and costs to your business or organisation.*

67. We have developed proposals where we feel changes might be made to benefit both the enforcing authorities and duty holders but we would welcome your suggestions for other proposals or issues that we should examine further.

#### Question 12 - What other proposals or areas should HSC/E examine further?

### **Proposed way forward**

68. Our suggested way forward for the RIDDOR Review in the short to medium term includes the following proposals:

- remove the current requirement on duty holders to report occupational diseases;
- overhaul the dangerous occurrences requirements to make them more goal-setting;
- strengthen the links between RIDDOR and the requirements of the Management of Health and Safety at Work Regulations 1999; and
- work in partnership with other Government Departments and public bodies like the NHS.

69. These proposals could be taken forward without causing major disruption to the current PSA/RHS targets or statistical series. However, there could be important

resource implications especially if there was support for the introduction of new arrangements to collect information on occupational diseases or for a new HSE-backed system to share information or safety lessons learned in relation to dangerous occurrences.

## **PART 6 - WHAT HAPPENS NEXT**

70. We will acknowledge your response. We will also consider whether we need to contact you to discuss your response. We will ensure that all the responses are made publicly available unless respondents request confidentiality. We will take into account the views of everyone who replies to the proposals.

71. If there are major differences emerging between the various consultees, we may seek to involve HSC Advisory Committees or other groups or organisations to resolve any problems or differences.

72. We will analyse the responses received and then prepare a paper for the HSC reporting on the Review. The final decision on the way forward will rest with the HSC.

## **THE BACKGROUND TO RIDDOR**

1. The RIDDOR Regulations were first introduced in 1985 to replace various regulations that did not cover all types of employment. During the 1970s and early 1980s, HSE received data on claims for injuries and short-term ill health through the Department of Health and Social Security's Industrial Injuries Scheme. The Department notified HSE of 400,000 to 500,000 such claims a year but this stopped when the benefit system was re-designed. Under RIDDOR, the number of notifications has never exceeded 200,000, suggesting severe under-reporting.

2. In the 1980s, HSE gained approval from the Employment Department for a supplementary set of questions in the 1990 Labour Force Survey aimed at securing a more realistic estimate of the level of occupational injury and ill health in Great Britain. The results were published in the December 1992 issue of the Employment Gazette. The results identified a number of weaknesses with RIDDOR – the most important being the level of under-reporting both for injuries and for ill health. This has been confirmed by subsequent LFS.

3. HSC/E consulted on proposals for changes to the Regulations in 1994. When RIDDOR 1995 came into force on 1 April 1996, the Regulations:

- simplified the legislative framework by replacing five older sets of Regulations with one comprehensive set of Regulations;
- allowed gas incidents to be reported in line with the anticipated shape of the privatised gas supply and transportation industry;
- simplified reporting requirements in relation to 'major injuries' and persons not at work and included a new requirement to report injuries to people at work caused by acts of violence;
- introduced new plain English report forms to make reporting easier (the new report forms were awarded the Clear English Standard by the Plain Language Commission);
- paved the way for new reporting systems e.g. by telephone and e-mail; and
- updated in a limited way the lists of reportable dangerous occurrences and of occupational diseases.

4. In May 1997, HSE ran a successful pilot for a new reporting system through a centre in Glasgow. On 1 April 2001, HSE in partnership with LAs launched an incident reporting service to provide employers with an integrated 'one stop shop' for them to:

- report details of all reportable work-related injuries, diseases and dangerous occurrences;

- reduce paperwork and give employers a choice of methods for reporting incidents – either by Internet, e-mail, ‘phone, fax or post; and
- publish information on a website of reported incidents, broken down by type of incident, geographical regions and industrial sector.

5. The Regulations were scheduled for a fundamental review in 2000. The HSC subsequently committed itself to undertaking a fundamental review of the health and safety incident reporting regulations (Action Point 3 of the Revitalising Health and Safety (RHS) Strategy Action Plan). However, work on the Review was delayed because of other priority work.

### **SUMMARY OF CURRENT EUROPEAN UNION LEGAL OBLIGATIONS AND POTENTIAL INTERNATIONAL OBLIGATIONS**

#### **A: LEGAL OBLIGATIONS**

##### **European Union (EU)**

1. The Council Directive on the introduction of measures to encourage improvements in the safety and health of workers at work or **The Framework Directive (89/391/EEC)** (Articles 9(1)(c) and (d)) requires employers to keep lists of occupational accidents resulting in workers being unfit for work for more than three working days. Employers must prepare reports for the authorities on occupational accidents in accordance with national law and practice. Member States must define what employers' obligations are and what should be included in the reports. Employers must provide workers' representatives with the lists and the reports on the accidents.

2. Other European Directives requirements include: Article 3(4) of both the Extractive Industries (Mining and Quarrying) Directive (92/104/EEC) and the Extractive Industries (Boreholes) Directive (92/91/EEC); and requirements in the Biological Agents Directive (2000/54/EC) to report certain diseases and dangerous occurrences to the competent authority.

3. Other relevant European legislation includes regulations establishing the legal framework for the production of Community statistics through Community Statistical Programmes – the European Statistics on Accidents at Work (ESAW) Programme; and requirements on common safety indicators in the Railways Safety Directive (2004/49/EC) and regulations on rail transport statistics that require that statistics on accidents be provided according to the categories laid down in the Regulations. The schedule of occupational diseases in the Regulations also takes account of the Commission Recommendation 90/326/EEC concerning the European schedule of occupational diseases (superseded by Commission Recommendation 2003/670/EC of 19 September 2003). There are currently proposals to introduce a new Regulation to provide a firm legal basis in European law for the collection of accident, occupational ill health and possibly public health statistics.

##### **International**

4. The International Labour Organisation (ILO) through ILO Conventions, Recommendations etc. can impose legal obligations on Member States, if ratified or accepted by Member States. The UK has not yet ratified or accepted ILO Occupational Safety and Health Convention 1981 (No. 155) and more specifically, the Protocol of 2002 to the Occupational Safety and Health Convention 1981 (No.155), which strengthens recording and notification procedures for occupational accidents and diseases and promotes harmonisation of recording and notification systems.

5. The Protocol requires Member States that ratify it to establish and periodically review requirements and procedures for the recording and the notification of occupational accidents and diseases and, as appropriate, dangerous occurrences, commuting accidents and suspected cases of occupational disease. This must be done in consultation with the most representative employers' and workers' organisations.

6. The requirements and procedures determine employers' responsibilities:

- to record occupational accidents and diseases and, as appropriate, dangerous occurrences, commuting accidents and suspected cases of occupational disease;
- to notify the authorities or other designated bodies of occupational accidents and diseases and, as appropriate, dangerous occurrences, commuting accidents and suspected cases of occupational disease;
- to provide appropriate information to workers and their representatives;
- to keep and maintain records and use them for the establishment of preventative measures; and
- not to institute retaliatory or disciplinary measures against workers for reporting.

7. The requirements and procedures also determine:

- the information to be recorded;
- the length of time records are to be kept;
- the measures in place to ensure the confidentiality of personal and medical data in the employers' possession;
- the arrangements for notification of occupational accidents and occupational diseases;
- the data to be provided in any notification;
- the criteria to be used for notification purposes; and
- the time limits for notification.

8. The Protocol also requires Member States to publish annual statistics that are representative of the country as a whole and compatible with the latest international schemes of the ILO or other relevant international organisations.

**B: MAIN EU DIRECTIVE TEXTS**

| Text  | How implemented   | Discussion   |
|---|---|--|
| <p><b>Framework Directive (89/391/EEC)</b></p> <p>Article 9<br/>Various obligations on employers<br/>1. The employer shall:</p> <p>...</p> <p>(c) keep a list of occupational accidents resulting in a worker being unfit for work for more than three working days;</p> <p>d) draw up, for the responsible authorities and in accordance with national laws and/or practices, reports on occupational accidents suffered by his workers.</p> | <p>Regulation 7 of RIDDOR</p> <p>Regulations 24 and 25 of the Social Security Claims and Payments Regulations 1979 may help to implement this provision by requiring employers of mines, quarries and premises covered by the Factories Act 1961 or employers of 10 or more persons to keep an Accident Book.</p> <p>Regulations 3, 4 and 7 of RIDDOR</p> | <p>Regulation 7 requires duty holders (including employers) to keep records of reportable events including over-3-day injuries.</p> <p>The Accident Book is a record of any personal injury to an employee as a result of an accident and does not include details of the period of incapacity (i.e. whether the injury resulted in the worker being unfit for work for more than three working days) so does not fully implement the provision. The Accident Book is a list of accidents causing personal injury.</p> <p>This provision is met by reporting incidents using the Incident Contact Centre or by completion of the relevant F2508 report form, and keeping reports under regulation 7.</p> |
| <p>2. Member States shall define, in the light of the nature of the activities and size of the undertakings, the obligations to be met by the different categories of undertakings in respect of the drawing-up of the documents provided for in paragraph 1 (a) and (b) and when preparing the documents provided for in paragraph 1 (c) and (d).</p>  | <p>The requirements in relation to the documents provided for in paragraph 1 (c) and (d) are covered by Regulation 2 (1), 2(2), 3, and Schedules 1, 2, 4, 5 and 6 of RIDDOR.</p>  | <p>There is an issue over whether this provision of the Framework Directive requires employers to report over-3-day injuries to the responsible authorities. The current legal view is that there may be a requirement.</p>  |

| Text   | How implemented   | Discussion   |
|--|---|--|
| <p><b><i>Biological Agents Directive</i></b></p> <p>Article 7<br/>Information for the competent authority</p> <p>...</p> <p>2. Employers shall inform forthwith the competent authority of any accident or incident which may have resulted in the release of a biological agent and which could cause severe human infection and/or illness.</p>                | <p>Regulation 3 and 4; Schedule 1 paragraphs 8 and 10; Schedule 2 paragraph 7</p> | <p>The current COSHH Regulations (S.I 2002/2677) would have to be amended as only the RIDDOR requirement implements this provision of the Directive.</p> |
| <p><b><u>Extractive Industries Directive (Drilling) 92/91/EEC</u></b></p> <p>Article 3<br/>General obligations</p> <p>4. The employer shall, without delay, report any serious and/or fatal occupational accidents and situations of serious danger to the competent authorities.</p>  | <p>Regulation 3 and 4: Schedule 2 Part V</p>                                      |  |
| <p><b><u>Extractive Industries Directive (Surface and Underground Mineral Extracting Industries (i.e. mines and quarries) 92/104/EEC</u></b></p> <p>Article 3<br/>General obligations</p> <p>4. The employer shall report any serious and/or fatal occupational accidents and situations of serious danger to the competent authorities as soon as possible.</p> | <p>Regulation 3 and 4: Schedule 2 Parts II and III and Schedule 5.</p>            |  |

**QUESTIONNAIRE & REPLY FORM**

There are three ways to comment:

1. By using the following questionnaire form, if you wish to send a written response.
2. By submitting your response on the electronic feedback form supplied on our internet consultation site; <http://www.hse.gov.uk/consult/live.htm> ;or
3. By sending your views to the e-mail address below.

Email: [riddor.dd@hse.gsi.gov.uk](mailto:riddor.dd@hse.gsi.gov.uk)

HSE will present the responses to the HSC for a decision on the next steps.

## QUESTIONNAIRE FORM

### 1. Please provide some background information about yourself/your organisation

|                      |                      |               |                      |
|----------------------|----------------------|---------------|----------------------|
| Name                 | <input type="text"/> | Telephone No  | <input type="text"/> |
| Name of Organisation | <input type="text"/> | Email Address | <input type="text"/> |
| Address              | <input type="text"/> |               |                      |

#### Role: (Please tick one box)

|                |                          |                       |                          |                                |                          |
|----------------|--------------------------|-----------------------|--------------------------|--------------------------------|--------------------------|
| Safety Manager | <input type="checkbox"/> | Safety Representative | <input type="checkbox"/> | Health and Safety Professional | <input type="checkbox"/> |
| Employer       | <input type="checkbox"/> | Self-employed         | <input type="checkbox"/> | Health and Safety Consultant   | <input type="checkbox"/> |

#### Organisation: (Please tick one box)

|                            |                          |                                |                          |                                   |                          |
|----------------------------|--------------------------|--------------------------------|--------------------------|-----------------------------------|--------------------------|
| Company                    | <input type="checkbox"/> | Employer organisation          | <input type="checkbox"/> | Trade union/employee organisation | <input type="checkbox"/> |
| Government/<br>Public Body | <input type="checkbox"/> | Charity/Voluntary organisation | <input type="checkbox"/> | Professional body/institution     | <input type="checkbox"/> |
| Local Authority            | <input type="checkbox"/> | University/academic            | <input type="checkbox"/> | Legal organisation                | <input type="checkbox"/> |
| Private Individual         | <input type="checkbox"/> | Other (please specify)         | <input type="text"/>     |                                   |                          |

#### Are you responding on your own behalf or on behalf of the whole of your organisation or a specific part of it?

#### Industry/Sector: (please specify)

#### Size of Organisation/Membership: (please tick one box)

|     |                          |     |                          |       |                          |       |                          |         |                          |          |                          |
|-----|--------------------------|-----|--------------------------|-------|--------------------------|-------|--------------------------|---------|--------------------------|----------|--------------------------|
| 1-4 | <input type="checkbox"/> | 5-9 | <input type="checkbox"/> | 10-49 | <input type="checkbox"/> | 50-99 | <input type="checkbox"/> | 100-249 | <input type="checkbox"/> | Over 250 | <input type="checkbox"/> |
|-----|--------------------------|-----|--------------------------|-------|--------------------------|-------|--------------------------|---------|--------------------------|----------|--------------------------|

### 2. How well does this document identify and address the key issues? (Please tick one box)

|      |                          |          |                          |
|------|--------------------------|----------|--------------------------|
| Well | <input type="checkbox"/> | Not well | <input type="checkbox"/> |
|------|--------------------------|----------|--------------------------|

### 3. Is there anything you particularly liked or disliked about this exercise?

(Please continue on a separate sheet if necessary)

## Confidentiality:

Please indicate with a cross in the box below **if you do not** wish details of your comments to be made available to the public. Your instruction here will take precedence over any automatic notes on emails that indicate that the contents are confidential.

Please treat my response as confidential.  (X means confidential)

Alternatively, to treat your comments on a particular section as 'confidential', please insert bracketed text '(Treat as confidential)' within that section response.

## REPLY FORM

**Please tick an appropriate box, write your comments or do both**

|  |
|--|
| <i>Question 1 (para. 20) - What are your views on using RIDDOR to trial alternative penalties such as administrative fines or fixed penalty notices?</i>   |
| <br><br><br><br>   |
| <i>Question 2 (para 24) – Should a more explicit link be made between the reporting and recording requirements of RIDDOR and the requirements of the Management of Health and Safety at Work Regulations 1999?</i> |
| YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| <i>Question 3 (para 24) – How can RIDDOR's reporting and recording requirements be used to drive or influence duty holder behaviour?</i>   |
| <br><br><br><br>   |
| <i>Question 4 (para 27) – Should the collection of statistical information on injuries from accidents arising from work and on occupational ill health be disconnected from other RIDDOR objectives?</i>           |
| YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| <i>Question 5 (para 35) - Do you agree that these are the key objectives for any future revised notification and reporting system or should we prioritise the objectives in another way?</i>                       |

YES

NO

*Question 6 (para 61) – What are your views on the removal of the current requirement on duty holders to report occupational diseases? We would also welcome your views on the likely impact and costs to your business or organisation.*

*Question 7 (para 63) – What are your views on removing the current reporting requirement on duty holders to notify and report some dangerous occurrences? We would also welcome your views on the likely impact and costs to your business or organisation.*

*Question 8 (para 63) – Should we adopt a more goal-setting rather than prescriptive approach to dangerous occurrences e.g. by developing a more generic list of dangerous occurrences?*

YES

NO

*Question 9 (para 63) – What are your views on developing a wider system for sharing information and safety lessons from a range of accidents and incidents?*

*Question 10 (para 64) – What are your views on removing the current reporting requirement on duty holders to notify and report ‘major injuries’ replacing it with a requirement to report and record all work-related over-3-day absences? We would also welcome your views on the likely impact and costs to your business or organisation.*

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*Question 11 (para 66) – What are your views on making ‘at work’ work-related road traffic incidents reportable under RIDDOR? We would also welcome your views on the likely impact and costs to your business or organisation.*

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*Question 12 (para 67) - What other proposals or areas should HSC/E examine further?*

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**ADDITIONAL COMMENTS**

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|  |
|--|

***Thank you for completing this questionnaire.***

*Please send it to:  
Maureen Disson  
Health and Safety Executive  
Policy Group – Cross Cutting Interventions Division  
9SW  
Rose Court  
2 Southwark Bridge  
London SE1 9HS  
Email: riddor.dd@hse.gsi.gov.uk*

## LIST OF REFERENCES AND LINKS

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<sup>1</sup> Businesses with fewer than 10 employees.

<sup>2</sup> The Government and HSC are committed to undertake a fundamental review of the health and safety incident reporting regulations (Action Point 3 of the Revitalising Health and Safety (RHS) Strategy Action Plan) published in the Revitalising Health and Safety Strategy Statement – June 2000. See <http://www.hse.gov.uk/revitalising/strategy.pdf>

<sup>3</sup> See <http://www.hse.gov.uk/aboutus/hsc/strategy2010.pdf>

<sup>4</sup> See <http://www.publications.parliament.uk/pa/cm199900/cmselect/cmenvtra/31/3102.htm> for details of the Select Committee's report. The link to the Government's response is not available.

<sup>5</sup> Examples of non-HSE incident reporting frameworks include: the statutory Accident Book requirement under social security legislation (Department for Work and Pensions); adverse patient incidents (including staff) (National Patient Safety Agency); civil aviation, (Civil Aviation Authority (CAA)/Air Accident Investigation Board) (AAIB); the Electricity, Safety, Quality and Continuity Regulations 2002 (DTI); environmental and pollution incidents (the Environment Agency); medical devices (Medical Devices Agency); merchant shipping (Marine and Coastguard Safety Agency/Marine Accident Investigation Branch); and road traffic accidents (the Police, Department for Transport, Highways Agency).

<sup>6</sup> See <http://www.hse.gov.uk/pubns/hsc15.pdf>

<sup>7</sup> See <http://www.hse.gov.uk/aboutus/plans/sr2004.htm>

<sup>8</sup> See <http://www.hse.gov.uk/statistics/targets.htm>

<sup>9</sup> Current major hazard precursor incidents have to be reduced by 2007/08 from a 2001/02 baseline:

- A 5% reduction in the number of reports made to HSE by licence holders, which indicate a challenge to nuclear safety;
- A 45% reduction in the number of major and significant hydrocarbon releases in the offshore oil and gas sector;
- A 15% reduction in the number of relevant RIDDOR reportable dangerous occurrences in the onshore sector.

<sup>10</sup> See <http://www.benchmark-research.co.uk/publications/industrial/index.cfm>

<sup>11</sup> See <http://www.hse.gov.uk/roadsafety/traffic1.pdf>

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# DISCUSSION DOCUMENT

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The full text of this and other Discussion Documents can be viewed  
and downloaded from the Health and Safety Executive web site on the internet:

**[www.hse.gov.uk/disdocs/](http://www.hse.gov.uk/disdocs/)**

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Copies of this Discussion Documents are available from:

Maureen Disson  
Health and Safety Executive  
Tel: 020 7717 6399